

**REPORT TO THE TWENTY-SIXTH LEGISLATURE
STATE OF HAWAII**

2012

**PURSUANT TO SECTION 334-10(E), HAWAII REVISED STATUTES
REQUIRING THE STATE COUNCIL ON MENTAL HEALTH TO
SUBMIT AN ANNUAL REPORT TO THE GOVERNOR
AND THE LEGISLATURE ON IMPLEMENTATION
OF THE STATE PLAN**

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STATE OF HAWAII
DEPARTMENT OF HEALTH
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HAWAII STATE COUNCIL ON MENTAL HEALTH ANNUAL REPORT TO THE GOVERNOR AND LEGISLATURE

Legislative Session 2012

The role of the State Council on Mental Health (“Council”) is to advise, monitor, review and evaluate the provision of mental health services in the state. The Council is an active advocate that provides a voice for children, youth, adults, and their families on behavioral health issues. The Council’s membership is comprised of dedicated volunteers representing consumers, family members, community members and state employees who give their time, energy, expertise and experience to improve and advocate for a system of care that provides quality mental health service to the people of Hawai`i.

The Council is legislatively mandated to provide an annual report to the Governor and the Legislature on the implementation of the statewide comprehensive integrated services “Plan” (HRS 334-10 (3)). This Plan, which is also known as the Community Mental Health Services Block Grant Plan, provides the framework for statewide implementation and improvement of mental health services. The Substance Abuse and Mental Health Services Administration (SAMHSA) is the federal agency responsible for the award and management of the annual Community Mental Health Services Block Grant to each state and territory.

This report provides brief highlights on discussions, decisions, presentations and recommendations made by the Council from FY2010 through 2011.

Activities During FY2010 – 2011

- The Council developed and adopted a Mission Statement as follows:

“The Mission of the State Council on Mental Health is to advocate for a Hawai`i where all persons affected by mental illness can access treatment and support necessary to live a full life in the community of their choice.”
- Members also developed and adopted a Vision Statement, which reads as follows:

“The Vision of the State Council on Mental Health is for a Hawai`i where people of all ages with mental health challenges can enjoy recovery in the community of their choice.”
- As a result of the transition of approximately 1,800 consumers to their QUEST Health Plans from the Adult Mental Health Division (AMHD), the Council was concerned about the impact of this transition on many of these individuals. The Council requested and received monthly and then quarterly updates on the status of these individuals through a Dashboard, which was developed by the MedQUEST representative on the Council. The Dashboard delineated the following information:
 - Number of Medicaid clients receiving behavioral health services;

- Number of acute psychiatric hospitalizations, and the number of readmissions within seven (7) days after discharge from acute psychiatric hospitalizations;
 - Number of discharge plans;
 - Number of members during the reporting period having access to crisis services;
 - Number of visits to behavioral health providers;
 - Number of emergency room visits; and
 - Number of people who received follow-up care within seven (7) days after discharge from acute psychiatric hospitalization.
- The Council approved a permitted interaction group, which included Council members, staff from AMHD, and the Service Area Administrators from each of the four (4) counties to study the issues and problems of the underserved areas and populations statewide. This group was also tasked with addressing transition planning to ensure consumers are successful in the community after leaving the Community Mental Health Centers (CMHC), in light of the shortage of psychiatrists on the neighbor islands. The group recommended the following to the Council:
 - A pilot project should be explored to look at shared resources between the Federally Qualified Community Health Centers and the CMHCs. This pilot project would include AMHD eligible consumers who are already receiving their medical care at the CMHC in Maui and Kauai Counties.
- In June 2011, the Council's Second Vice Chairperson, who is also the Kaua'i Service Area Board representative, attended the National Block Grant Conference in Washington, D.C. The emphasis of the conference was on the new format and requirements of the FY2012 Block Grant Application. SAMHSA's current focus is on integrated health care, accountability and outcomes of services. One important change is that states must now take into account the priorities for specific populations in the context of the changing health care environment and SAMHSA's strategic initiatives. These priority populations, in addition to people living with mental illness, include:
 - Military families;
 - Youth who need substance use disorder services;
 - Individuals who experience trauma;
 - Increased numbers of individuals released from correctional facilities;
 - Lesbian, gay, bi-sexual, transgender and questioning (LGBTQ) individuals; and,
 - Newly insured individuals with low-incomes. (States should identify who will not be covered after FY 2014, as well as those with insufficient coverage and how federal funds will be used to support these individuals who may need treatment and supports.)
- This past September the Council held its annual retreat. The Council wanted the focus of the retreat to be on understanding data to make informed decisions. The Council believed that due to the significant reductions in mental health staff and services, it was important for them to better monitor and collect meaningful data, in order to be knowledgeable and

prepared to address the statewide impact on individuals whose lives have been altered due to budget cuts.

Presentations to the Council Included:

- FY2010 Child and Adolescent Mental Health Division (CAMHD) Fact Book – Data Findings of the CAMHD services, outcomes, and client characteristics. Results showed that the number of youth receiving services from CAMHD is decreasing; client characteristics remain similar; the last six years shows a decrease in the number of out-of-home placements; and the percentage of youth with reliable improvements on the CAFAS (Child and Adolescent Functional Assessment Scale) have been maintained.
- 2010 Youth Services Survey for Families, which is required through the Data Infrastructure Grant. The results were collected from parents or other caregivers’ experiences with CAMHD services.
- The Annual Report on Clubhouses – an overview of the services and supports for consumers.
- Overview and Activities at the Hawai’i State Hospital – Admissions and discharges; residential programs; staffing challenges; and projects planned for the year.
- Updates on the Mental Health Transformation State Incentive Grant (MHT-SIG) activities.
- Presentation from the Executive Director from the Hawaii Public Housing Authority (HPHA) in response to the SCMH concerns on the HPHA’s eviction policy and the impact on the consumers with serious mental illness (SMI).
- Presentation on the Trauma Informed Care SAMHSA Grant – the focus of the grant is to screen, assess and provide interventions for the population that have experienced significant trauma; train consumers and providers in these interventions and assist providers in incorporating trauma informed care into their services.
- The Adult Mental Health Division’s Performance Improvement Coordinator presented PowerPoint slides on the AMHD Performance Improvement Monitoring for discussion and input from the Council.
- Received monthly mail out packets, which included:
 - Minutes from Council meetings;
 - Minutes from four (4) Service Area Board meetings (when available);
 - Minutes from the Hawaii Advisory Commission on Drugs, Alcohol and Controlled Substances (HACDACS);
 - Updates from the MHT-SIG;
 - Updates from the CAMHD and AMHD Administrators; and
 - Other educational materials.

Motions Passed by the SCMNH:

- Create a permitted interaction group to develop a Mission and Vision statement for the Council.
- Request that the Department of Education Research and Evaluation Division provide data to the Council on the status of children and youth in regards to services, outcomes, etc.
- Based on a community member's written testimony on the Health Home Care Program in light of the Affordable Care Act, the Council approved the invitation of the community member to present his testimony to the Council and answer questions.
- Invite a representative from the Department of Human Services to discuss the Department of Health's response to the Home Health Model.
- Form a permitted interaction group to assist HPHA in re-visiting its eviction policy as it impacts the SMI population.
- In preparation for the Council annual retreat, members approved inviting Dr. Bernadette Phelan to facilitate the training and approved staff to work with the Executive Officers of the SCMNH to plan the Retreat.

The FY2012 Community Mental Health Services Block Grant Review

As required by federal mandate, the Council reviewed the FY2012 Community Mental Health Services Block Grant application based on SAMHSA's new format and requirements. The Council critiqued the initiatives, programs and services as they benefit children and youth with serious emotional disturbance and their families, and adults with serious mental illness.

A. Positive Responses to the Application:

- The introduction of the State Plan is good, in that, it points out that Hawai'i is a multi-island state with an uneven distribution of the population among the islands, and its considerable ethnic diversity. The challenges faced by the State are well summarized in the Plan.
- The collaboration of the Divisions to work as a team in servicing our consumers through new programs and services.
- The new format of the Application is easy to read and comprehend, compared to the Plans in the past.
- CAMHD's efforts to increase Medicaid revenue, which is very important to their funding of services.

- The graphs submitted by CAMHD in the report showed all the information in one small area, which was concise and informative.
- The AMHD's Hawai'i Certified Peer Specialist Program will encourage trainees to accept paid internships through the Division of Vocational Rehabilitation. A forensic specialty track should be very beneficial. Of note, the Veteran's Administration has also trained and certified Peer Specialists.
- AMHD plans to expand the use of Telepsychiatry for rural areas, but the question is, can they share the services with CAMHD? Since CAMHD has an established program, it would appear that AMHD would benefit from CAMHD's efforts so that the system would be compatible.
- The proposal for the Forensic Assertive Community Treatment level of care. This is similar to the successful ACT program that was eliminated due to budget cuts.

B. Areas of Concern to the Application

- Council finds that only 1-2% of youth who age out of the CAMHD system will transition to the AMHD services due to eligibility criteria. This statistic is abysmal if we are to have a coordinated system of care through the life span. Although these individuals have become adults and can refuse services, it would seem that more youth would be in need of services.
 - This is an area of concern because many youth remain troubled and don't have access to needed mental health services.
 - This is also a critical area when mental health conditions become serious in the youth to adult transition.
- The Clubhouse Independent Employment Program was left out of the Plan and should have been included because it is the ultimate goal for consumers.
 - Access to Clubhouses is not available to a large population of persons with serious mental illness. This is a concern because consumers with private insurance are no longer eligible for Clubhouse membership.
 - Clubhouses in some areas are understaffed and not able to adequately meet their goals.
- The severe restriction on units of service per consumer for AMHD is unfortunate. We support the increased units and greater flexibility for the case managers.
- AMHD is limited in its utilization of the Management Information System information by the number of end user licenses purchased for e-Cura and AVATAR systems.
- The Council proposes that AMHD should probably have a dashboard item for the ACCESS Line, which provides 24/7 telephonic assistance to callers in need of crisis services and for linkage to mental health services.

Future Plans

- The Council will continue to work with the Department of Health's Behavioral Health Administration to identify specific areas of concern and make recommendations for improving the use of limited resources, while setting goals for when the economy gets better.
- Re-energize the Council's committees to begin to create goals and strategies, as well as identify priorities to be worked on. Periodic reports on these priorities from each committee to be provided to the Council on a quarterly basis beginning in January 2012.
- The Council will continue their work towards increasing awareness of mental health concerns, utilize data to support identification of service outcomes and effectiveness, and continue to focus on a system of recovery.

In summary, the Council anticipates that the cuts to services for people with mental illness will continue to adversely affect the quality of their lives and result in long-term increased costs to local communities statewide. Therefore, it is imperative that the successful collaboration between the Council and the state mental health authority continue, where consumers, family members, administrators and other stakeholders can build on each other's strengths and experiences in assisting with making the lives of individuals living with mental illness a little easier during these serious fiscal times in the state.