STATE COUNCIL ON MENTAL HEALTH Behavioral Health Administration Department of Health, State of Hawaii Queen's Medical Center: Conference Center November 10, 2009 9:30 a.m. – 12:00 p.m.

Members Present: **Buffenstein, M.D., Alan; Cabatbat, Arthur; Cattaneo, Liesje; Durant, Mike; Hack, Randolph; Hansen, Donna;** Harris, J.T.; Kaneaiakala, Alva; Kiliona, Ku'ulei; Miyoshi, Sandra; Sandal, Candace; Tsark, Amy; Watters, Maile; Wilcox, APRN, Noelani; Young, Carol.

Members Absent:

Members Excused: Shiraki, Ph.D., Steven.

Guests Present: Chargualaf, M.D., Jullyn; Gonzalez, Peter; Jackson, Ph.D., David; Mazurok, Irene; Medina, Carol; Yokote, Sharon.

Staff Present: Appel, Linda; Crockett, Judy; Nazareno, Jocelyn; Sheehan, M.D., William P; Sturgis, Anne.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	The meeting was called to order at 9:50 a.m. and a quorum was established.		N. Wilcox	11-10-09
2. Review of Minutes	The minutes for October 13, 2009 were reviewed by the Council. Mr. Durant made a motion to approve the minutes and Ms. Young seconded.	The motion to approve the October 13, 2009 minutes was passed by the Council.	SCMH Members	11-10-09
3. Community Input	 Persons attending the Psychosocial Rehabilitation Program (PSR) provided oral and written testimony on the benefits of the program. A summary of comments included: The PSR program provided a social structure where everyone cared about each other and it was like being part of an Ohana; Provided a sense of hope, resulting in decreased feelings of isolation, depression and suicide; Learned about the illness, medications and side effects; Learned to recognize development of a crisis and coping through the Wellness Recovery Action Plan (WRAP); Became more focused about daily activities by learning skills such as healthy thinking, conflict management, anger management and public speaking; Applied skills in the PSR kitchen and in the community, which increased self-esteem, confidence and responsibility; 			

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	 Stopped the abuse of drugs and alcohol through court mandated night classes, and, Provided transportation during the weekends including group outings. 			
	 Community members from Hilo gave oral testimony in support of the PSR Program including: PSR community activities such as car washes and rummage sales have worked to de-stigmatize residents' negative views of persons with mental illness. PSR is a wise investment that: 1) decreases the use of expensive psychiatric hospitalization of \$800 to \$1,000 dollars per day; and 2) decreases use of the judicial incarceration system to monitor and treat individuals with serious mental illness. Without the PRS program I'm afraid of what will happen to these individuals and the community that we live in. The clients have made a lot of progress and it would be a shame to see it go to waste. The mental health centers were able to provide good care up until now because they been able to benefit from workers with state jobs that have been very secure. While stability is important in any relationship, it is even more important for someone who has a chronic illness. The loss of PSR and the possible future loss of case managers will reflect on the future stability of the consumers. 			
	 Professionals familiar with the effects of the PSR Program provided testimony on the program: Improved functioning in the community. Without the program, consumers may become isolated, return to the streets, develop suicidal thoughts and relapse back into illness. Provided recovery and healing of traumatic experiences through peer support and empowerment and the learning of productive communication skills such as conflict resolution, active listening and the importance of non-verbal cues. Monitored clients who were homeless or had substandard living conditions for health, hygiene and medical care to prevent problems with infectious agents and the use of hospitals and emergency rooms Provided a point of access for Hilo Medical Center discharge planning. 			

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	 Prior cuts in case management and ACT will exacerbate the problems created by the loss of the PSR program. When these clients come into the emergency room it is the most expensive care that they can get from the State and it is a temporary fix for those in crisis. We have failed them as a community and a health care system once they go back to the emergency department. 			
Community Input Cont'd	 During public testimony, Mr. Hack apologized for acting curt when he kept those providing testimony to the three minute limit. He stated that he was trying to ensure that everyone had a chance to testify. Ms. Hansen encouraged individuals to write letters directly to Governor Lingle. Ms. Hansen continued that it is important for the Council to understand that we represent those who testified and that it is the Council's job to represent them. Ms. Sharon Yokote, community member, commented on the importance of the PSR and case management programs and recommended that funds be shaved a bit on many programs, thus not cutting the PSR lifeline for consumers. Mr. Peter Gonzalez commented that the AMHD has been a stepping stone for him. He stated that consumers must take an active role in doing for themselves-consumers are what make the difference. He further commented that pointing fingers at each other does not help and there's a need to start working together. Dr. William Sheehan responded, stating that as he listened to the testimonies, he understood the concerns expressed. He further stated that he had the impression that people cared for one another and appreciated the benefits that they received from services. Dr. Sheehan acknowledged that the AMHD is doing the best with what it has, and that is his mission. He continued that through no fault of our own, the AMHD resources are shrinking while the demand is increasing. He stated that he did not expect people who are affected to agree with this difficult, uncomfortable decision; however, as a community, we should take what we have learned from these programs – the benefits, the resiliencies to develop new 	Mr. Hack reminded people that if they have written testimony to send it to Department of Health, Planning Office, P. O. Box 3378, Honolulu, Hawaii 96801.	Community at large.	

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	directions, the recovery that has been achieved, and put them to use by doing the best we can. Further, Dr. Sheehan stated that this is not just for the AMHD, but for every consumer, provider, and citizen to step up and help get through these difficult times.			
	• Ms. Wilcox asked Dr. Sheehan if modifications or accommodations to individual's treatment will be made for person's court ordered to the PSR program.			
	• Dr. Sheehan replied that his understanding is that the judge does not actually order AMHD or an agency in this regard; however, this will require further consultation with the Courts.			
	• Ms. Cattaneo, SCMH representative from the Judiciary, stated that the majority of people affected will either be on a probation order or an order as part of conditional release. She continued that over the last few years they have tried to craft most of the orders to allow sufficient flexibility. If there is not enough flexibility, we would go back to court and have the order changed.			
	• Mr. Durant stated that at the last Oahu Service Area Board meeting, the discussion was on having the Clubhouse facilities hold the PSR program with billing of providers for the services. However, a rule change would be required.			
	• Ms. Linda Appel, Oahu Service Area Administrator, replied that there is a rule change that is being worked on currently so that the clubhouses that provide PSR will be able to bill for the services and receive reimbursement.			
	• Dr. Buffenstein commented that such a rule change would enable the private sector to establish a relationship with the insurance companies in order to provide these services. Dr. Buffenstein suggested that the State Council should support this rule change.			
	• Ms. Candace Sandal reported that Hilo consumers have concerns and problems relative to transportation. The PSR program has provided			

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	 transportation to these consumers. Dr. Buffenstein recommended that if it is possible, PSR programs should be kept in some regions on the Big Island where resources are very slim. The Service Area Board would be a source to get input from the community in this regard. 			
5. Results of SCMH Balloting for Officers	 Results of the SCMH balloting for SCMH officers were announced. The officers are: <u>Chair</u>: Mr. Steven Shiraki <u>Vice Chair</u>: Ms. Carol Young <u>Second Vice Chair</u>: Mr. J.T Harris <u>Secretary</u>: Mr. Randolph Hack 			
6. SCMH Comments on Implementa- tion Report of the State Plan	• Ms. Crockett announced that SCMH members' comments on the FY 2009 State Implementation Report are due to the Chair on Wednesday November 18, 2009. The Chair, Dr. Shiraki, will draft a letter to CMHS, SAMHSA, based on comments from the Council which is due to the Office of Planning by Monday, November 23, 2009.	Comments on Implementation Report to SCMH Chair. Letter from Council to CMHS via Office of Planning.	SCMH members Dr. Shiraki	11-18-09 11-23-09
7. Adjournment	Quorum lost at 12:00 p.m. and the meeting adjourned.			
Mail Outs	 SCMH November Agenda, October Minutes and Attendance Log CAMHD Youth Services Survey for Families (YSS-F): Consumer Survey 2009 AMHD/CAMHD Implementation Report of the 2009 State Plan for Mental Health AMHD Power Point handout on the Implementation Report. Community Mental Health Services Block Grant Monitoring Report: February 9-12, 2009 AMHD News: Fall 2009 Oahu Service Area Board August Agenda and Minutes Kaua`i Service Area Board September Agenda and Minutes HACDACS October Agenda and September Minutes 			