

STATE COUNCIL ON MENTAL HEALTH

Behavioral Health Administration
 Department of Health, State of Hawaii
 Leeward Health Center
 December 9, 2008
 9:30 a.m. – 12:00 p.m.

Members Present: **Buffenstein, M.D, Alan; Cabatbat, Arthur; Cattaneo, Liesje; Durant, Mike; Gonzalez, Peter; Hack, Randolph; Hansen, Donna; Kilion, Ku’ulei; Morelli, Ph.D., Paula; Sandal, Candace; Shiraki, Ph.D., Steven; Tsark, Amy; Watters, Maile; Wilcox, APRN, Noelani; Young, Carol.**

Members Absent:

Members Excused: **Kaneaiakala, Alva; Miyoshi, Sandra.**

Guests Present: **Andreas, Esq., Ann B.; DeCambra, Ho’oipo; Hemmings, Lydia; Licina, Leonard; Wallace, Colleen.**

Staff Present: **Clarke, Judith; Correale, Psy.D., Angela; Crockett, Judy; Haitzuka, Stacy; Higgins, Brian; Hill, Michelle R.; Medina, Carol; Nazareno, Jocelyn; Sturgis, Anne; Vendetti, Ph.D., Thomas.**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	The meeting was called to order at 9:55 a.m. A quorum was established.		N. Wilcox	
2. Review of Minutes	<p>Corrections to the November minutes were:</p> <p>Page 3, last paragraph, first sentence, delete “held in Georgia”, and insert “done in Hawaii.” In the second sentence, delete “done” in Hawaii and insert “facilitated”.</p> <p>Ms. Wilcox explained the three ways by which items may be placed on the agenda:</p> <ol style="list-style-type: none"> 1. Staff request for agenda items from members by e-mail. 2. SCMh members making a motion to put an item on the agenda prior to commencing the meeting. 3. SCMh members requesting that an item be placed on the agenda for the following month’s meeting. <p>Ms. Wilcox continued that through this process, all members have an opportunity to think about the issues, especially by reviewing the minutes. The minutes are sent to members by both mail and e-mail.</p>		SCMH Members	

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	<p>Neighbor Island member's reported they had concerns about receiving information electronically. They often have computer or printer problems; the amount of download required is difficult, or the information is received just before the meeting.</p> <p>Ms. Wilcox asked Neighbor Island members for items they would like to have on future SCMH agendas: Ms Hansen, Maui SAB, reported that she would like to see follow up on services relative to the budget cuts; Maui's ACCESS Line and the status of homeless children on Maui.</p> <p>Ms. Sandal, Kauai; and Ms. Kiliona, Hawaii, stated their interest in items which reflected consumer input and advocacy.</p> <p>Mr. Hack suggested that the island reports be placed back on the agenda in order that timely updates on local issues are provided to the Council.</p> <p>Mr. Gonzalez moved to have the island reports back on the agenda. Ms. Sandal and Mr. Durant seconded the motion.</p> <p>Ms. Kiliona moved that the island reports be provided orally as opposed to being written. Mr. Gonzalez seconded the motion.</p>	<p>The motion carried for placement of island reports back on the agenda.</p> <p>The motion carried for island reports to be provided orally.</p>	<p>SCMH Members</p> <p>SCMH Members</p>	<p>12-9-08</p> <p>12-9-08</p>
<p>4. Department of Attorney General: Roles and Functions of the SCMH</p>	<p>Ms. Anne B. Andreas, Esq., from the Department of the Attorney General presented consultation on SCMH roles and functions. She commenced her presentation with an overview of the statutes (State: Hawaii Revised Statutes (HRS), Chapter 334-10; Federal: Public Law 102-321) and Department of Health Administrative Rules (175-11) that govern the functions of the Council.</p> <p>These functions include:</p> <ol style="list-style-type: none"> 1. Review plans provided by the State and submit recommendations for modification of the plans. 2. Review and comment on implementation of the State Plan. 3. Prepare and submit an annual report to the Governor and the Legislature on the implementation of the State Plan. 4. Serve as an advocate for adults, children, and other individuals with mental illness. 		<p>A. Andreas, Esq.</p>	<p>12-9-08</p>

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	<p>5. Monitor, review and evaluate the allocation and adequacy of mental health services within the State.</p> <p>Ms. Andreas continued that the most crucial function of the Council is to:</p> <ul style="list-style-type: none"> • Assess needs, receive reports of specific needs by island, by service area and by service area broad representation; • Is a funnel of information to the Department of Health; • Review services, statistics and other available non-confidential information to assure that services are responsive and appropriate; • Consider issues concerning two or more service areas; and • Meets at least quarterly. <p>Ms. Andreas also addressed some of the questions about which SCMH members were seeking consultation:</p> <ol style="list-style-type: none"> 1. Interpretation of the State statues is dependent upon the context of a factual problem or issue. 2. The SCMH is an <u>advisory</u> Council to the Department of Health and to the Director. 3. The definition of a <u>governing</u> Council can be likened to Hawaii’s Board of Education (BOE). The BOE makes the rules that govern how the Department of Education (DOE) handles business. 4. The DOH Administrative Rules specify that the Council function does not include any clinical, administrative or supervisory functions of the Department. If the Department’s actions are not in conformance, or do not agree with the Council’s advice then the Department of Health shall provide a written explanation of it’s position to the Council within 30 days after receiving the Council’s recommendation. 5. In the Department of Health’s Administrative Rules, the Council’s most crucial function is to advise the department on statewide duties, or mental health and substance abuse services through a review of needs assessment data and by acquiring knowledge of community needs by service area board representation. 			

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	<p>6. The Council also advises the Department on allocation of funds and resources for mental health and substances abuse services.</p> <p>7. The Department of Health provides technical assistance to the Council.</p> <p>Due to the time constraints, Ms. Andreas suggested that she provide a written response to the Council's thirteen questions and return to next month's meeting for discussion, additional comments and questions.</p>	<p>Submit a written response to the 13 questions for Council review before the next meeting.</p>	<p>Ms. Andreas, Esq.</p>	<p>1-13-09</p>
<p>8. Behavioral Health Reports</p>	<p><u>AMHD:</u></p> <p>Ms. Michelle R. Hill, Deputy Director for Behavioral Health Division and Acting Chief, AMHD, addressed the issues and concerns of the Council about AMHD's budget.</p> <p>Ms. Hill reported that the projected budget shortfall for the State, over 3 years, is \$1.1 billion. All State departments were instructed by the Governor that they could not submit a request for an emergency appropriation. For the AMHD, who has received an emergency appropriation each year, the situation becomes dire. Last year, AMHD's emergency appropriation totaled approximately \$10 million, which will not be available for 2009.</p> <p>Ms. Hill reported that:</p> <ul style="list-style-type: none"> • The cost of AMHD daily operations for the last fiscal year has been \$99.2 million. • AMHD receives appropriations of approximately \$60.5 million from general (State) funds annually. • The AMHD Special Fund (largely obtained from AMHD's reimbursement from the Medicaid Rehabilitation Option (MRO) was approximately 22 to 23 million dollars last year (due to catch up from previous years); however, this year it will be only about \$13.5 million. • Other federal funds are in the amount of approximately \$1.5 million. <p>Ms. Hill continued, stating that with the lack of Emergency Funds and half the amount of expected special funds, the expected deficit will be approximately \$24 million for the AMHD. CAMHD also has a deficit of approximately \$6-7 million. The Alcohol and Drug Abuse Division does</p>			

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	<p>not have a deficit. Since State law does not allow departments to operate on a deficit, AMHD will have to decrease its spending by \$24 million.</p> <p>Ms. Hill also reported that a three-pronged effort was made to determine how AMHD could sustain the system of care. The first effort was to examine provision of Community Based Case Management (CBCM). It was found that no provider was billing for the maximum amount of CBCM services. However, CMHCs were providing a lesser amount of CBCM per consumer than were Purchase of Service (POS) providers. Despite the different levels in service provision there were no differences in sentinel events between CMHCs and POS providers. Therefore, it was decided to cap CBCM services at the lower range of case management units, which will result in a savings of approximately \$10.2 million by June 2009. Ms. Hill affirmed that individual needs for additional care based on medical necessity will be considered.</p> <p>The second strategy is to refer out consumers who have commercial insurance. The primary impact will be on the CMHCs who now provide services to approximately 416 of the 500 consumers so identified. This will provide a savings of approximately \$2.4 million by June 30, 2009. Combining savings from the first strategy (\$10.2 million) and the second strategy (\$2.4 million), results in savings of \$12.6 million. The balance of the \$24 million deficit; AMHD will have to save by June 30, 2009 is \$11.2 million.</p> <p>The third strategy will be to further examine the array of services. We have asked for input from the field, including consumers and providers, about what we can do to make up for the remaining \$11.2 million deficit. Ms. Hill added that the capping of CBCM was suggested by a provider.</p> <p>Council members responded and provided input on services. Ms. Sandal reported that the situation on Kauai is difficult since one physician is retiring and another is ill. Kauai may not have a psychiatrist in the private sector for consumers to go to.</p> <p>Ms. Hansen stated that on Maui, a psychologist's position is vacant and the island lacks a sufficient number of MDs. Also, physicians often screen out persons with severe and persistent mental illness, from their practices.</p>			

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	<p>Ms. Hill affirmed that the shortfall of psychiatrists on the outer island is recognized and the AMHD is looking for psychiatrists to fill positions. However, she stated, it has not been heard that Kauai is having a shortfall of psychiatrists in the private sector.</p> <p>Mr. Higgins stated that they are working with the health plans and reviewing the network of providers in each region to ensure consumer care once they are transitioned to their private insurance caregivers.</p> <p>Ms. Hemmings commented that there are commercial psychiatrists on Kauai and if Ms. Sandal would like a list, she will provide it to her.</p> <p>Ms. Hansen asked, of the consumers who were on the five CBCM units per month, how many times did they go back into a ward, and what is the success rate with that?</p> <p>Ms. Hill replied that the data she is using is case management unit information and does not include an analysis of individuals going into an acute setting (inpatient). There is no information on the success rate for the units used per consumer per month. She stated that we will need to work harder to obtain better indicators on success.</p> <p>Ms. Hansen expressed her concern regarding the implementation of these cut backs; how they will impact the consumer; and how successful this strategy will be viewed several months from now.</p>	<p>Ms. Hemmings to send Ms. Sandal a list of commercial psychiatrists on Kauai.</p>	<p>L. Hemmings</p>	
<p>9. Announcements</p>	<ul style="list-style-type: none"> • None. 			
<p>10. Agenda Items for Next Meeting</p>	<ul style="list-style-type: none"> • Presentation by Attorney General; Part II • SCMH Membership Committee Report • Report from San Francisco Consultative Peer Review • Video Teleconferencing • Follow-up on services relative to budget cuts • Maui's ACCESS line; and homeless children on Maui. • Consumer advocacy and input. • Island Reports. 			
<p>11. Community Input</p>	<ul style="list-style-type: none"> • Written Testimony from Ho'oiipo DeCambra on CBCM Caps on Provision of Services 			

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12. Adjournment	Quorum was lost at 12:01 P.M. The meeting adjourned at 12:02 P.M.			
Handouts	<ul style="list-style-type: none"> • SCMH Letter of Thanks to Kathleen Merriam • Federal Mandate: Block Grants for Community Mental Health Services 42 300 x-1-9 • State Mandate: HRS 334-10 (SCMH); 334-11 (SABs) • Department of Health, Administrative Rules, 11-175, October 1, 2007 			
Mailouts	<ul style="list-style-type: none"> • November Minutes and December Agenda • HACDACS November Agenda and October Minutes • SCMH Letter to Ms. Barbara Orlando, CMHS, SAMHSA on comment on the Implementation Report of the FY 2008 State Plan. • SCMH Letter to Attorney General Requesting Consultation for the SCMH. • Attendance Log • Hawaii SAB December Agenda and November Minutes • Maui SAB December Agenda • Kauai SAB December Agenda and October Minutes 			