

STATE COUNCIL ON MENTAL HEALTH

Behavioral Health Administration
Department of Health, State of Hawaii
Queen's Medical Center: Conference Center
October 12, 2010
9:30 a.m. – 12:00 p.m.

Members Present: **Buffenstein, M.D., Alan; Daraban, Charlene; Cattaneo, Liesje; Gonzalez, Peter; Hack, Randolph; Hansen, Donna; Harris, J.T.; Kaneaiakala, Alva; Mansfield, Haaheo; Miyoshi, Sandra; Sandal, Candace; Young, Carol.**

Members Absent: **Kiliona, Ku'u lei**

Members Excused: **Boots, Jazmin; Durant, Mike; Shiraki, Ph.D., Steven; Watters, Maile; Wilcox, APRN, Noelani.**

Guests Present: **Yokote, Sharon**

Staff Present: **Clarke, Judith; Freitas, Troy; Haitsuka, Stacy; Nazareno, Jocelyn; Pak, Sandra; Sheehan, M.D., William P.; Tom, Trina; Wise, Tracey.**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	The meeting was called to order at 9:40 a.m. and quorum established.			
2. Review of Minutes	<ul style="list-style-type: none">The minutes for September 14-15, 2010 were reviewed by the Council.Mr. Gonzalez moved to approve the minutes of September 14-15, 2010. Mr. Hack seconded.	The motion to approve the September 14-15, 2010 minutes was passed by members.	SCMH Members	
3. Community Input	Ms. Young read an email from Ms. Connie Mitchell, Executive Director of the Institute for Human Services (IHS). Ms. Mitchell wrote in response to Ms. Sharon Yokote's suggestion that a group be developed to discuss the needs of the aging and elderly. In her email, Ms. Mitchell's noted that a Task Force led by Ms. Eva Kishimoto, MISA/Special Population Services Director of AMHD, was already in place to discuss these populations' needs. Ms. Mitchell also pointed out that the concept of braided funding is one that would be good to apply not only for children but for everyone. She stated that IHS serves very complex, homeless adults with mental health problems and has needed to seek funding from various state and federal departments to achieve outcomes for this population.			

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4. Med Quest Report	<ul style="list-style-type: none"> Mr. Harris reported on the progress of the transition of AMHD Quest consumers to their Health Plans: <ul style="list-style-type: none"> There has been no increase in the number of phone calls from members or providers related to the transition. Initially, the Department of Human Services (DHS), AMHD and the Quest Health Plans met every two weeks when the transition started in July. Now that the transition has occurred, the group has decided to meet on an as needed basis. Each Health Plan has completed an assessment to determine the acuity and the services that will meet the needs of consumers. The acuity also determines how often case managers meet with each member. Quest members still have access to 24-hour crisis intervention and can still call the ACCESS Line, For Aloha Care Quest members, they can call their assigned care coordinator or their Behavioral Health program 24/7. HMSA Quest members have a Service Center which has a triage system that handles crisis intervention. Kaiser has a Behavioral Health Call Center for their members. Council members asked questions about the Psychosocial Rehabilitation Program (PSR). <ul style="list-style-type: none"> How does Clubhouse work for Quest members? Does Kathleen Merriam Rhodes oversee all Clubhouses? How are Clubhouses funded and who monitors them? What were the restrictions for funding Clubhouses? What are the admission and discharge criteria? How are walk-ins handled? Staff from the Community Mental Health Center as well as its Administration responded: <ul style="list-style-type: none"> Clubhouse members with HMSA Quest insurance were transitioned to APS PSR programs. Aloha Care members will continue to stay with the AMHD clubhouses. Ms. Rhodes still oversees the AMHD Clubhouses. HMSA or HMA has qualitative oversight over APS PSR programs. They ensure those PSR programs adhere to PSR standards, not AMHD's standards. 	<p><u>Recommendation:</u> Chair recommended that members hold their specific questions about Clubhouse billing when staff from the Clubhouse is invited to attend the meeting.</p>		

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	<ul style="list-style-type: none"> • AMHD continues to provide services and Clubhouse services for Maui, Moloka'i and Lana'i and is reimbursed by the insurance companies because there are no Quest programs on these islands. • Funding for Clubhouses are from the general funds. • The Clubhouse referral process is the same as AMHD referral process. • If an AMHD consumer walks into a Clubhouse, that person's provider will make the referral. • For walk-ins that are not in the AMHD system, persons will be evaluated for AMHD services, or their private provider can make the referral. • In regards to how HMSA bills DHS Medicaid and how DHS ensures that this money is spent on consumers, Mr. Harris responded that HMSA is paid a capitated rate and encounter data is collected for every service that is provided. • Council members then discussed information they would like in the quarterly report from MedQuest Division. <u>Motion:</u> The SCMHD requests from the Department of Human Services MedQuest Division quarterly reports on the Quest Transition. Report to include: <ul style="list-style-type: none"> • Complaints, • Medication compliance • Financial information – expenditures, budget variances, • Number of people served, and • Number of consumers who transitioned but returned to AMHD. 	<p><u>Action:</u> By unanimous vote, members passed the motion.</p>		
5. CAMHD Report	<ul style="list-style-type: none"> • Ms. Sandra Pak presented the Child & Adolescent Mental Health Division Strategic Plan for 2011-2014 via PowerPoint. • Ms. Pak stated that every four years DOH is required to develop and present to the Governor and Legislature, and release for public comment a statewide children's mental health service plan. She noted that in 2007-2011 the plan focused on the following items: <ol style="list-style-type: none"> 1. Decrease stigma/increase access 2. Develop resource management plan to manage CAMHD's resources better. 3. Improve CAMHD's services through performance management program and practice development program. 			

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	<ol style="list-style-type: none"> 4. Develop personnel management plan to address concerns about turnovers. 5. Financial plan to get more Medicaid and other kinds of billing. 6. Information technology program. <ul style="list-style-type: none"> • CAMHD's Strategic Plan for the next four years: <ol style="list-style-type: none"> 1. Maximize federal dollars. 2. Integrate health information technology. 3. Integrate all of the health information by keeping information up to date in the electronic health record; tighten up clinical practice and care provided to special populations. 4. Strengthen clinical practice. 5. Increase early access. • CAMHD Financial Strategy: <ol style="list-style-type: none"> 1. Federal revenue generation <ul style="list-style-type: none"> • Increase billable direct care by utilizing our clinical psychologist, child psychiatrist and intensive case managers on staff and work with Medicaid to increase our billable direct care. 2. Integrate financial and clinical records in the electronic health records and link payments to services. 3. Increase efficiency of resources through technology. 4. Collaborate with partners and blend/braid funds on multi-system youth. • Integrating Health Information Technology with: <ol style="list-style-type: none"> 1. Electronic Health Records <ul style="list-style-type: none"> • Increase quality of care to promote evidence based practice. • Quality assurance imbedded in EHR. • Decision support. • Increase accuracy in outcome and practice measures. • Increase quality of care by clinical monitoring via EHR. • Medication management • Increase documentation of client/family contact. • Increase efficiency by real-time information and real-time decisions. 			

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	<p>2. Telehealth (video conferencing)</p> <ul style="list-style-type: none"> • Increase access to care in remote/shortage areas. • Increase family contact/family therapy. • Video-enhanced training. <ul style="list-style-type: none"> • Strengthen Clinical Practice <ul style="list-style-type: none"> • Promote evidence base practice. CAMHD has an Evidence Base Committee who is going to be working with schools and colleges to get evidence practice into their curriculum. • Promote trauma informed care by using grant to continue working with the juvenile justice system and child welfare system educating them on what trauma inform means. • Increase clinical monitoring. • Increase direct care by CAMHD clinicians • By using the evidence base services committee information there is a plan to create a website and materials to educate families about evidence base services so that families can be involved with decision making and planning for the care of the youth. • Have special studies and projects in utilization management to review services and client flow. • Quality assurance embedded in EHR. • Increasing Early Access <ul style="list-style-type: none"> • Work with DOE to facilitate early identification of CAMHD eligible youth. • Improve working relationships with DHS and juvenile justice. • Primary care collaborations. CAMHD is in negotiations with Big Island to provide consultations to a federally qualified health center day clinic. They are very interested for CAMHD to provide consultation to their populations. • Improve inter- and intra-departmental coordination around multi-system youth. • Statewide quality assurance. • In response to the presentation Council members made the following comments/questions: <ul style="list-style-type: none"> • The plan does not address at risk and homeless youth. 			

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	<ul style="list-style-type: none"> • The E-file system for the State does not interface with providers' systems. • Teleconferencing is an excellent form for servicing the rural areas. It would make more sense if every department had teleconferencing equipment, which would make our lives easier and less expensive. • In regards to early identification through the Department of Education (DOE), has CAMHD had any success with getting the Department of Education's cooperation in this process? Is CAMHD assisting DOE with the red tape to expedite getting kids identified early for services? Maybe the Council could put this concern in writing to the DOE. • It has been very challenging in working with the DOE in regard to homeless youth • Most of the challenges that our youth are experiencing begins at home, especially on Moloka'i, where drug abuse is prevalent in the home. • Movement of psychiatry into federally qualified health care clinics is really a positive thing. • It is hoped that CAMHD keeps the issues of privacy in mind when developing electronic health records. • There are concerns about psychiatrist medications and their long term effects on young people. • Chair stated that the Council should address some of these concerns with Dr. Michels at the next meeting. 			
AMHD Report	<p>Dr. Sheehan reported on the main issues that the Division is working:</p> <ul style="list-style-type: none"> • The Behavioral Health Administration and Family Health Service System are involved in the development of the electronic health records. The system is called RPMS. • Quest Transition – Mr. Harris already gave a report on that. • Third Party Administrator – A contract has been award to a company called Health Plan Services (HPS) and HPS has gotten a subcontract called Community Behavioral Health Management (CBHM), which is actually an affiliate of APS. • The third party administration is contracted with AMHD to do all of the billing, claims payment activities, and all of the utilization activities. They will do everything from receiving the claims to paying the claims and issuing the check to providers. 			

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	<u>Oahu</u> No report			
7. Discussion on the Maui Service Area Board DVD	<p>Ms. Young stated that currently there is a lawsuit involved with the Maui DVD; therefore, Council members need to be sensitive to that.</p> <ul style="list-style-type: none"> • Ms. Hansen asked if members viewed the DVD. • The response was that not everyone viewed it. • Ms. Hansen stated that it is good for everyone to see it. She explained that the DVD shows how consumers on Maui have suffered, and reiterated that on Maui and the outer islands, once a service is taken away there is no other service to fill the gap. The DVD portrays that and explains what's lacking throughout Maui County (Moloka'i and Lana'i). • Ms. Hansen continued that she didn't think the State Council as a whole understands the gravity of how the island has been affected by everything. The reason she felt so strongly for the Council to view the DVD is that Maui doesn't have the backing of the State Council to make a difference. • She asked the Council to find the time to view the DVD, which would be appreciated. • Ms. Young asked Ms. Hansen if there was some sort of action she wanted the Council to take. • Ms. Hansen responded that she didn't think there could be any action if everyone didn't see the DVD. That's why she felt strongly that after the SCMH Retreat; they could have viewed it together. She stated that if people haven't viewed it, she didn't see how any action could be taken. 			
8. Peer Specialist Report	<p>Ms. Judith Clarke provided a Status Report on the Peer Specialist Program. She stated that this was Group #1's (from the SCMH Retreat/Training) goal to investigate the whereabouts of the 131 individuals who were trained as Hawai'i Certified Peer Specialists (HCPS).</p> <ul style="list-style-type: none"> • Ms. Clarke noted that 131 persons were trained from 2004 to 2009; some were placed at the CMHCs as well as with the POS providers. 			

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	<ul style="list-style-type: none"> • The report shows the number HCPS trained and currently working in each category per island. • The report also shows that some HCPS were also trained as Peer Educators, Benefit Educators, Certified WRAP Facilitators and MHTSIG's Speakers Bureau. • There are six (6) vacancies for peer specialists at the CMHCs – one position at East Hawaii CMHC, two at West Hawaii CMHC, one at Kauai CMHC, one at Makaha Clinic and one at Kalihi-Palama CMHC. • For the Speakers Bureau, HCPS are trained to share their stories at such places as, the Lions and Rotary Clubs, the Boys and Girls Clubs, and at schools. • Dr. Ed Suarez and Mr. Bill Lennox will be invited to the Council meeting to share about the future of the HCPS program. • It was clarified that two individuals were trained to be HCPS on Kaua'i. • The Maui CMHC center manager noted that there are no HCPS on Maui County. She stated that the positions were vacant and later eliminated by the Legislature. 	<p><u>Action:</u> Staff to invite Dr. Suarez and Mr. Lennox to the next Council meeting.</p>	Staff	11/9/10
9. Mission Statement	<p>Mr. Harris explained that Group #2 from the Retreat was to discuss developing a mission statement for the Council.</p> <ul style="list-style-type: none"> • Mr. Harris reported that Dr. Stange gathered mission statements from other states and sent it to the Council for discussion. • It was noted that Dr. Stange sent some excellent materials and the information would be helpful in developing Hawaii's mission statement. • Chair asked for volunteers to participate in a small committee to develop a mission statement. Mr. Hack, Ms. Mansfield and Dr. Buffenstein volunteered. 	<p><u>Action:</u> Committee to develop a mission statement for the SCMH and report at the next Council meeting.</p> <p>Staff to email AMHD and CAMHD's mission statement to the committee.</p>	Mr. Hack, Ms. Mansfield, Dr. Buffenstein.	11/9/10
10. Future Agenda Items	<ul style="list-style-type: none"> • Representative from CORE to talk about what CORE is doing. • Staff from Hawaii State Hospital to discuss updates. • Mental Health in prisons • Availability of videoconferencing sites to start the State Council meeting earlier. Council wants to start the meeting at 9:00a.m. and end at 11:30a.m. beginning January 2011. • Legislative Report for the next meeting 			

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11. Announcements	None.			
12. Adjournment	The meeting adjourned at 12:00 PM.	.		
Mail Outs	<ul style="list-style-type: none"> • SCMH October 12, 2010 Agenda • SCMH Draft September 14-15, 2010 Minutes • SCMH Attendance Log • SCMH Annual Agenda Calendar • SCMH Retreat – Levels of Consensus • SCMH Retreat – Evaluation Form • California, Virginia, Wisconsin, Kentucky and Kansas Mission Statements • Hawai`i Certified Peer Specialists Status Report • Hawai`i Advisory Commission on Drug Abuse and Controlled Substances September 28, 2010 Agenda and Draft August 24, 2010 Minutes. 			