

STATE COUNCIL ON MENTAL HEALTH

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

Members Present: **Buffenstein, M.D., Alan; Daraban, Charlene; Cattaneo, Liesje; Durant, Mike; Gonzalez, Peter; Hack, Randolph; Harris, J.T.; Mansfield, Haaheo; Miyoshi, Sandra; Sandal, Candace; Watters, Maile; Young, Carol.**

Members Absent: **Kiliona, Ku’ulei**

Members Excused: **Boots, Jazmin; Hansen, Donna; Kaneaiakala, Alva; Shiraki, Ph.D., Steven; Wilcox, APRN, Noelani;**

Guests Present: **Yokote, Sharon**

Staff Present: **Clarke, Judith; DeTucci, Rick; Hill, Michelle; Law, Wayne; Lennox, Bill; Medina, Carol; Michels, M.D., Stan; Nazareno, Jocelyn; Pak, Sandra; Sheehan, M.D., Bill; Suarez, Ph.D., Edward; Wise, Tracey.**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	The meeting called to order at 9:35 a.m. and quorum was established.			
2. Review of Minutes	<ul style="list-style-type: none">• The minutes for October 12, 2010 were reviewed by the Council.• Dr. Buffenstein moved to approve the minutes and Ms. Miyoshi seconded.	<u>Action</u> The motion to approve the October 12, 2010 minutes was passed by the Council.	SCMH Members	
3. Community Input	<ul style="list-style-type: none">• Ms. Carol Medina of the MHT-SIG announced:<ul style="list-style-type: none">• The Consumer, Family and Youth (CFY) Alliance held monthly meetings and approximately 270 persons participated in the statewide conference.• CFY Alliance participants will be offered mini trainings on strategic planning, board governance and leadership in preparation for its strategic planning efforts. State Council members are invited to attend.• Next year’s Regional Conference is being planned.			
4. Current Plans for the Hawaii	<ul style="list-style-type: none">• Dr. Edward Suarez presented updates and initiatives on the Peer Support Workforce, which included the following:	For information.		

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Certified Peer Specialist Program	<ul style="list-style-type: none"> • At its peak last year, there were 120 Peer Coaches statewide. The program is currently in its 7th year. • There are 20 consumers trained as Peer Benefit Educators. They are trained at the same level as the Social Security staff. Peer Benefit Educators have been working in the system for a year and all are self employed. • Peer Educators trained by MHT-SIG are currently working in the CMHCs operating the Network of Care program. • MHT-SIG also trained some consumers for the Speaker's Bureau. They are now part of NAMI statewide speaker's bureau. • Currently there are 8 Hawaii Certified Peer Specialists working on CBCM teams across the State. • Mr. William Lennox – Office of Consumer Affairs (OCA) Chief gave background information on the Hawaii Certified Peer Specialist Program (HCPS): <ul style="list-style-type: none"> • The program started in 2003 as part of the Community Plan and the OCA oversees it. • Program began with 131 trained certified peer specialists statewide – several are working within the CMHC system, and some are working in the mental health system with ACCESS Line and with housing and psychosocial rehabilitation providers. • Sixteen certified peer specialist positions were established for the CMHCs statewide – unfilled positions were eliminated by the Legislature last year. • Three persons were trained on Kaua'i (only one is living on Kaua'i); Maui 7; Moloka'i 2; Hawai'i County 26 and Oahu 94. • HCPS are working at the CMHCs on Oahu – Kalihi Palama – 2; Makaha Clinic – 1, Central – 2 and Windward – 1, and POS CBCM – Oahu, Maui. • HCPS are paid \$12.00 to \$18.00 per hour, and those working in the CMHCs are paid by the State while hours worked for providers are billed to AMHD. • Scholarships and travel expenses are available for consumers on the neighbor islands to attend the training on O'ahu. • HCPS' training occurs for two weeks with a written and oral exam. • Dr. Suarez mentioned that AMHD revised its minimum staff qualifications for mental health associates. Mental health associates can be hired by any of 			

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	<p>the AMHD providers as a case manager. The definition for this position now includes the Certified Peer Specialist.</p> <p>Council members asked questions and expressed concerns regarding the HCPS program.</p> <ul style="list-style-type: none"> • Communication is lacking about the status of the program especially on the neighbor islands. • Case managers should be tasked with communicating/contacting consumers about training opportunities statewide, and perhaps the clinics could be sanctioned if they are not contacting consumers about these training opportunities in a timely manner. • When and will there be another training for the certified Peer Specialist? • Dr. Suarez apologized for the lack of notification on the neighbor islands. He stated that the Peer Coaching position is another option for employment statewide and is an opportunity for consumers to stay busy, keep their skills polished, and make a living. • Dr. Suarez elaborated on plans and timelines for the Trauma Informed Care Grant that will be a statewide initiative for the next five years. <ul style="list-style-type: none"> • The intent of the program is to create financial sustainability for peers who go through the training. Internship and additional supports will be in place for supportive self employment. • There will be a Peer Provider work group (providers, consumers, trained peer specialists, administration) tasked with developing curriculum, an internship program, and funding mechanisms for peer providers to do trauma informed care wellness management, recovery and WRAPS. • These activities will take six to eight months to develop with the first training on Oahu planned for this coming fall. • An invitation to interested parties is forthcoming. 			
5. AMHD Report	<ul style="list-style-type: none"> • Dr. Sheehan answered questions based on his AMHD report: (Q-question, A-Answer, C-Comment) <p>Q. How can the Council track those who don't have commercial insurance in the community?</p> <p>A. DOH is still continuing to serve those without any insurance. The State</p>	For information.		

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	<p>should be the payor of last resort or safety net for those without insurance.</p> <p>Q. Who's going to be excluded and who's presently included? Is it just those who have the diagnosis of major depression?</p> <p>A. Consumers currently in the system will continue in the system. However there will be a narrower scope of diagnoses for new people coming into the system.</p> <p>Q. With the changes in the Hawaii Administrative Rules, do you have any suggestions on how the needs of people with depression will be met?</p> <p>A. This is a great opportunity for the community to step up to help these individuals who have SMI. The State can't do everything.</p> <p>Q. The Department of Transportation has an excellent VTC system. Maybe AMHD should look into purchasing its own system.</p> <p>A. AMHD will look into teleconference capabilities for the Division.</p> <p>Q. Can AMHD partner with CAMHD in using their VTC system?</p> <p>A. CAMHD has offered AMHD to use their system. (CAMHD utilization priorities are clinical services first, and then other agencies can use it).</p> <ul style="list-style-type: none"> • Dr. Sheehan clarified a community members' comment regarding the newspaper article in Sunday's (November 7, 2010) paper. <ul style="list-style-type: none"> • Additional CBCM units can be requested outside of the 3.5 hours limit, with a plan for the utilization of the additional units. • Valid, reasonable requests are usually approved. • Ms. Cattaneo, Criminal Justice representative on the Council, noted that in overseeing Conditional Release cases, many times there were no requests for additional hours. • Dr. Buffenstein responded that the process of asking for more units is cumbersome, protracted; thus, people are discouraged in requesting additional units. 			

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5. CAMHD Report	<ul style="list-style-type: none"> • Dr. Michels reported on CAMHD's transition of youth to adult services. <ul style="list-style-type: none"> • Only 3% to 5% of the CAMHD population transfers to AMHD and both divisions collaborate on these transitions. • CAMHD is working on other programs for youth who may not transition to AMHD. For example, the Project Ho'omohala. • The Project seeks to transition youth to adult activities/services and seeks to motivate youth participation in their therapy and peer groups that will be self perpetuating. • CAMHD is developing a mechanism through the Project to provide support activities to youth which can be billed through the Medicaid system. • CAMHD also uses grant monies to assist with youth transition to adulthood. CAMHD allocates grant funds for goods and services that will help youth achieve their life goals, e.g. college tuition, books and supplies, clothing, bicycles or bus passes to assist youth in the pursuit of a career and job opportunities. • Staff in the Clinical Service Office, at the Division office, is assigned to assist the Family Guidance care coordinators with transitioning these youth, especially in challenging cases. • As far as the youth transitioning out of the foster care system, Dr. Michels noted that there is better communication and coordination of services between the Department of Human Services (DHS) and CAMHD. • Through a Memorandum of Understanding, CAMHD is working with the Office of Youth Services, DHS, DDD, ADAD and the Judiciary which allows CAMHD a forum to coordinate care for youth who are impacted across agencies. • For the 95% of CAMHD's population, youth who reach the age of 18 to 21 are encouraged to participate in CAMHD services. • Dr. Sheehan commented that many youth from CAMHD do not meet AMHD's eligibility criteria. For the ones that are referred, there is a desktop eligibility, and a qualified mental health professional reviews the paperwork and the youth is transitioned without having the person come into the office. • Ms. Pak commented that in the last RFP, two providers were tasked with providing services in the independent living program, but enrollment was low. 			

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	<ul style="list-style-type: none"> • Council members suggested that for homeless youth who choose to not receive CAMHD services, something needs to be developed to capture their imagination and commitment. Suggestions were: <ul style="list-style-type: none"> • A clubhouse for youth; • More focus on transition planning; and, • Age appropriate peer specialist. • In regards to the development of the CAMHD's information technology system and the impact on providers, Dr. Michels clarified that a bridge can be built between the CAMHD system and the providers' system. This will facilitate the sharing of data between systems. 			
9. Mission Statement	<ul style="list-style-type: none"> • Mission Statement tabled for the next agenda. 			
12. Adjournment	Lost quorum at 11:25a.m. The meeting adjourned at 11:25 A.M.			
Mail Outs	<ul style="list-style-type: none"> • SCMH November 9, 2010 Agenda • SCMH Draft October 12, 2010 Minutes • SCMH Attendance Log • AMHD Update from Dr. Sheehan, Chief, AMHD • Copy of Letter to Substance Abuse and Mental Health Services Administration/Center for Mental Health Services in response to FY2011 Block Grant Application • Kaua'i Service Area Board July 29, 2010 Agenda and Minutes • Hawai'i Advisory Commission on Drug Abuse and Controlled Substances October 26, 2010 Agenda and Draft September 28, 2010 Minutes. 			