

STATE COUNCIL ON MENTAL HEALTH
Behavioral Health Administration
Department of Health, State of Hawaii

Keoni Ana Building
February 14, 2012, 9:00 a.m. – 11:30 a.m.

- Members Present: **Cattaneo, Liesje; Daraban, Charlene; Du Bose, Tyra; Gonzalez, Peter; Hack, Randolph; Hansen, Donna; Harris, JT.; Holschuh, Christopher; Kaneaiakala, Alva; Minami, Theresa; Sandal, Candace; Shiraki, Ph.D., Steven; Simms, Sandra; Wilcox, APRN, Noelani.**
- Members Absent: **Kiliona, Ku’ulei; Watters, Maile.**
- Members Excused: **Durant, Mike; Koyanagi, M.D., Chad; Foard, Susan.**
- Guests Present: **Bowles, Bud; Brandt, Ken; Deveaux, Lisa; Eineker, Dan; Fratzke, Mark; Kaneshiro, Steven; Killeen, Kevin; Kinsler, Maria; Kosky, Brenda; Ogomori, Kathy; Peynado, Sonia; Wall, Scott; Yokote, Sharon.**
- Staff Present: **Clarke, Judith; Blonigan, Karen; Hiraga-Nuccio, Madeleine; Krahn, Karen; Law, Wayne; Nazareno, Jocelyn; Pak, Sandra; Sheehan, M.D., William P.; Wise, Tracey.**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS /CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	JT Harris, 1 st Vice Chair, called the meeting to order at 9:15 a.m., and quorum was established. The Chair asked attendees to introduce themselves.		JT Harris, 1 st Vice Chair	
2. Review of Minutes	<ul style="list-style-type: none"> • The minutes for January 10, 2012 were approved as written. Ms. Simms motioned to approve the minutes and Ms. Daraban seconded.	<u>Action:</u> All members voted in favor.	SCMH Members	
3. Community Input	<ul style="list-style-type: none"> • None. 	For information only.		
4. Island/County Reports	<u>Kaua`i County</u> Ms. Sandal reported on the following: <ul style="list-style-type: none"> • No service providers attended the last Kaua`i Service Area Board meeting. • The military is deploying servicemen on Kaua`i in March for two weeks to provide medical care for anyone on Kaua`i, irrespective of having medical insurance. • Some services provided will be: dental care, eye care, and physical care. 	For information only.		

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	<ul style="list-style-type: none"> • There will be free bus service during the event, which is scheduled from 8:00 a.m. to 8:00 p.m. daily in Kapa`a, Lihu`e and Hanapepe. <p><u>Hawai`i County</u> Christopher Holschuh reported on the following:</p> <ul style="list-style-type: none"> • Mr. Larry Walter is the newest member on the Board. The Hawaii Service Area Board (HSAB) now has seven (7) members and two (2) vacancies. • Dr. Puihan Chao provided information about the Jail Diversion Program on the Big Island. She explained: the program’s mission and goals, the referral process, and linkages to other services for offenders in the program. • The Board discussed Service Gaps, i.e. no E-ARCH program, Detox facility and limited transportation in Kona. <p>When asked for clarification about the Detox facility, Ms. Wise, Service Area Administrator, commented that the HSAB noted there is a significant need for a Detox facility for many residents who enter acute services for a short period of time, and then have to go to another island to get long term care.</p> <p><u>Maui County</u></p> <ul style="list-style-type: none"> • Mr. Gonzalez did not attend the Maui Service Area Board meeting. (Staff noted there was no meeting held due to a lack of quorum). • Ms. Hansen reported that she received several calls from individuals who attended the recent meeting on mental health services. She noted that many were angry about the lack of services on Maui. • Mr. Hack explained that the meeting was the Chief’s Round Table, which was held on February 10, 2012. He noted that there were several community members in attendance, i.e. nurses, psychologist from the Molokini Unit and consumers. <p>Council members had several questions about the meeting. Mr. Hack deferred to Dr. Sheehan to address the issues/questions shared at the meeting on Maui during his Adult Mental Health report to the Council.</p> <p><u>Oahu County</u></p> <ul style="list-style-type: none"> • No report. Oahu Service Area Board representative not in attendance. 			

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<p>5. <u>Presentation:</u> Health Care Reform and Health Homes</p>	<p>Mr. Scott Wall and Ms. Karen Krahn discussed the Health Care Reform and Health Homes based on a PowerPoint handout.</p> <p>Mr. Wall presented an overview of the Health Care Reform:</p> <ul style="list-style-type: none"> • March 2010 President Obama signed “The Affordable Care Act” (ACA) into law. ACA will impact four (4) major areas: <ol style="list-style-type: none"> 1. Insurance company accountability. 2. Lowering costs and improving quality. 3. Increasing access and choice. 4. Patient rights and consumer protections. • ACA Timeline – in effect Now <ul style="list-style-type: none"> • Pre-existing condition insurance plans (PCIPs) <ul style="list-style-type: none"> ▪ People who can’t get insurance because of pre-existing medical conditions can apply for PCIP. ▪ Law limits monthly premiums to the average amount private insurers charge for similar coverage. ▪ Hawaii and 20 other states chose to let the federal government run its PCIP instead of creating its own. ▪ PCIPs end on 1/1/14 when insurance companies can no longer deny coverage for pre-existing conditions. • Money Follows the Person(MFP) federal grants <ul style="list-style-type: none"> ▪ For Medicaid recipients only. ▪ Flexible funds to assist people with long-term care needs move from institution to community based setting. ▪ Hawaii Department of Human Services has a MFP called Going Home Plus. ▪ ACA extends MFP grants to 2016 and broadens eligibility standards. • Rescission outlawed <ul style="list-style-type: none"> ▪ Insurance companies would search for insurance application mistakes to find reason to drop person’s health insurance coverage, especially if person had expensive or chronic illness. • Pre-existing condition coverage for kids: <ul style="list-style-type: none"> ▪ Applies to health plan years that started after 9/23/10. ▪ Families may have to wait for next open enrollment period to add a child who was previously denied due to PEC. 	<p>For information only.</p>		

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	<ul style="list-style-type: none"> • Adult children up to age 26 can be covered under parents’ insurance plan. • Ban on <u>lifetime</u> coverage limits: <ul style="list-style-type: none"> ▪ Applies to “essential” benefits listed in law effective 9/23/2010 for new individual insurance plans and group plans. ▪ Annual benefit limits restricted until 2014. • ACA Requires free Prevention Services <ul style="list-style-type: none"> ▪ Applies to anyone with private insurance; no deductibles; co-insurance, or co-payments for certain recommended preventive services. In effect 9/23/2010 for all new individual and group plans. ▪ Drug discounts for Medicare Part D. People in “donut hole” get up to 50% discount on brand name drugs, and 40% on generics until the year 2020. • Free Medicare prevention services offered. Free wellness visits and personalized prevention plan each year for those who have Part B for more than 12 months. • By 2014 Medicaid Eligibility Expansion will include: <ul style="list-style-type: none"> ▪ Low in-come adults without children or a disability will be eligible. ▪ New eligibility rules will be income-based. ▪ Age 19 and over with income up to 133% of poverty level. • State Health Insurance Exchanges: <ul style="list-style-type: none"> ▪ Provides a way for individuals and small businesses to comparison shop to buy more affordable coverage. ▪ Provides subsidies for low-income people on a sliding scale based on income. ▪ Exchange packages must include “essential” benefits, such as outpatient treatment, emergency services, substance abuse, drugs, rehabilitative services and devices, etc. • Created by ACA a new role called Patient Navigators will be trained in the state’s various insurance products such as Medicaid, Medicare, exchange plans. These navigators will help patients and families find right plan for them, assist with enrollment forms, and navigate the health care system. 			

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	<p>Ms. Karen Krahn presented on how ACA is going to insure that everyone in the country has insurance benefits and that every insurance plan covers those kinds of benefits.</p> <ul style="list-style-type: none"> • ACA also changes how health care is delivered. There is a model for how to deliver primary care called Patient-Centered Medical Home (PCMH). • PCMH is led by a team of primary care clinician, and is for everyone with insurance • PCMH key features: <ul style="list-style-type: none"> ▪ Individuals and families are involved in their own health care choices. ▪ Primary care team coordinates care and collaborates with other health care providers. ▪ Team responsible for providing culturally appropriate services by culturally competent team members and sets access standards given to patients in writing. ▪ Office computerized registry; electronic health record, appointment scheduling; e-prescribing, sending and receiving test results and health records. ▪ Performance measured and results available to public to make informed choices. • PCMH versus Health Homes: <ul style="list-style-type: none"> ▪ Not the same thing, terms are not interchangeable. ▪ PCMH model for how primary care should be delivered to everyone regardless of insurance type or health conditions. ▪ Health Home – program that pays for additional services to promote integrated care for Medicaid recipients only with specific chronic conditions. All states are eligible for two (2) years of enhance funding to pay for these health home services. The two (2) years does not start until after the states plan amendment is approved by CMS – in Hawaii that plan is still in draft. • Health Homes: <ul style="list-style-type: none"> ▪ Eligibility is limited to Medicaid recipients having one serious and persistent mental health condition. ▪ Or two or more chronic medical conditions, or one chronic medical condition and at risk of developing another. 			

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	<ul style="list-style-type: none"> ▪ Chronic conditions listed in ACA are: mental illness, substance abuse, asthma, diabetes, heart disease and obesity because of high cost of care, high disparity, and worsening rates. • Health Home services include: <ul style="list-style-type: none"> ▪ Comprehensive care management, care coordination, and health promotion. ▪ Comprehensive transitional care from inpatient to other settings ▪ Individual and family support services. ▪ Referral to community and social support services. • The possible types of Health Home providers are: <ul style="list-style-type: none"> ▪ Provider organizations such as FQHCS, CMHCs and large primary care group practices. ▪ Team of licensed health care professionals: licensed clinicians such as primary care and specialty doctors, nurses, dietitians, psychologists, licensed social workers and physical therapists. It also includes non licensed health workers such as care coordinators, certified nursing assistants, peer or family support workers, and native healing practitioners. • From Coordination to Collaboration to Integration three (3) types: <ol style="list-style-type: none"> (1) Basic Coordination <ul style="list-style-type: none"> ▪ Separate provider organizations, locations, staff, services Electronic Health Records (EHRs) ▪ Information sharing is mostly through written reports and phone calls. (2) Collaborations/Partial Integration <ul style="list-style-type: none"> ▪ Separate provider organizations & EHRs, may be some co-location of staff. ▪ In person or VTC joint treatment team planning or consultation on shared cases. (3) Full Integration <ul style="list-style-type: none"> ▪ Single “one stop shop” provider organization with shared locations, staff, EHRs, treatment planning, warm hand-offs. <p><u>Questions and Answers</u></p> <ul style="list-style-type: none"> • Is it true that the advance funding is based on the approval of the revised state plan, which is 9 federal dollars for each state dollar? Ms. Krahn – yes it is a 90% match, but they don’t pay the 90% match on 			

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	<p>all Medicaid services you receive, only the list of health home services.</p> <ul style="list-style-type: none"> • Are the Federally Qualified Health Centers going to be able to afford psychiatrists under the new plan? Ms. Krahn – that is to be determined. They don’t know the payment from Medicaid for the health home services, and the State Plan amendment hasn’t be written yet. • Is the PCMH in place? Is it accessible to someone who decides today or tomorrow that they are going to be a part of this? Ms. Krahn – You would have to “doctor shop” to find a primary care practice that is already doing most if not all of the things in the ACA. Primary care is continually evolving. • Which way would work better? Ms. Krahn – SAMHSA would like states to develop what they are calling “bi-directional models.” Within the Department of Health, Adult Mental Health Division, and a couple of the Federal Qualified Health Centers, they are looking at a possible integration project to better integrate primary care with the community health centers. 			
<p>6. Child and Adolescent Mental Health Division (CAMHD)</p>	<p>Dr. Michels briefed the Council on CAMHD Activities.</p> <ul style="list-style-type: none"> • The System of Care Expansion Planning Grant Project provides youth with mental health challenges and developmental disorders (MH/DD) in Hawaii with more effective treatment in less restrictive settings than are currently available. • This project will improve the service system’s capacity to meet the needs of youth with MHD/DD and to establish new and realigned mechanisms to fund services for youth with MH/DD. • This project will also service the youth with 55-85 IQ, “at risk” clinical levels, serious emotional disturbance, plus DSM. • Three (3) committees are set up to work on this project. <ol style="list-style-type: none"> 1. Expansion Planning Team, which will function as a management team to meet and discuss various means of expanding current system of care. 2. Strategic Planning Workgroup, which will draft the strategic plan. 3. Workforce Development, which will research best practices in mental 	<p>For information only.</p>		

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6. Child and Adolescent Mental Health Division (CAMHD) cont'd.	<p>health and developmental disorders and training. This committee will also identify gaps in the current system and generate a list of workforce, training and programming needs to be included in the strategic plan.</p> <ul style="list-style-type: none"> • There will be two (2) summit meetings in April and September of 2012 for key stakeholders including the three (3) committees to discuss and provide feedback on the strategic plan. • Others collaborating with CAMHD on this project are key stakeholders from DOH, Department of Human Services, Department of Education and several other child-serving agencies. • The grant is a standing agenda item on the Statewide Quality Assurance Interagency meeting. 			
7. Adult Mental Health Division Report (AMHD)	<p>Dr. Sheehan reported on AMHD Activities.</p> <ul style="list-style-type: none"> • Community Based Case Management (CBCM) Procurement – The protest has been resolved and an implementation plan is underway. There are two (2) additions to the CBCM contract; Mental Health Kokua and Breaking Boundaries. • Legislature 2012: There are no administrative bills for AMHD. There are four (4) bills on Involuntary Hospitalization. • HIPAA 5010 testing: The Federal Government has instituted new electronic claims billing and payment procedures beginning January 1, 2012. • Staffing update at AMHD: Ms. Eva Kishimoto, MISA and Other Special Populations Service Director, has resigned from AMHD. She will be moving to Cincinnati, Ohio in March. <p><u>Questions and Answers</u></p> <ul style="list-style-type: none"> • Ms. Sandal expressed her dissatisfaction with consumers who transition in and out of the Community Mental Health Centers due to having QUEST insurance. This, she stated, does not allow for continuity of care and makes it difficult for consumers to have a consistent psychologist or psychiatrist. Dr. Sheehan responded that when an individual is in a QUEST Plan, the expectation is that they should receive mental health and case management services. Dr. Sheehan explained that AMHD is still willing to provide representative payee services, supportive employment and housing for these individuals. 	For information only.		

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	<ul style="list-style-type: none"> • Ms. Wilcox asked if there are other things that AMHD as a system can assist these QUEST health plans. Dr. Sheehan noted that he would have to take a look at the concerns. • Ms. Hansen asked if Dr. Sheehan could address the concerns that were raised at the Chief’s Round Table meeting on Maui and how were these issues/concerns going to be resolved. Dr. Sheehan acknowledged that approximately 60 -70 community members attended the Chief’s Round Table meeting on Maui, which was an open forum for people to express their concerns. Of note: <ul style="list-style-type: none"> • Consumers expressed that they felt unsafe to express their feelings for “fear of retaliation.” • There were six to seven pages of issues/concerns gathered at the meeting. These issues/concerns will be prioritized and shared with the Council for discussion, feedback and possible solutions. 			
8. Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) Activities	<p>Steven Shiraki, Ph.D. gave an update on the HACDACS Activities:</p> <ul style="list-style-type: none"> • HACDACS focus is on substance abuse, which encompasses a broad range of prevent, treatment and enforcement related concerns. • HACDACS has identified topics to pursue during the FY2011-2012 year. <ul style="list-style-type: none"> • Medical use of marijuana • Prescription drug abuse • Community development at the individual, community and societal/global levels. • There is currently a Bill in the Governor’s Package to amend the HACDACS Commission duties. 	For information only.		
9. Announcements	None			
10. Adjournment	The State Council on Mental Health Meeting adjourned at 11:30 a.m.			
Mail Outs	<ul style="list-style-type: none"> • SCMH February 14, 2012 Agenda and Draft SCMH January 10, 2012 Minutes • SCMH Attendance Log • Health Care Reform and Health Homes Educational Workshop • Child and Adolescent Mental Health Division - System of Care Expansion Planning Grant, Project Overview • Letter to the Substance Abuse and Mental Health Services Administration 			

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	<p>– Response to the 2011 Hawai`i State Implementation Report</p> <ul style="list-style-type: none"> • February 5, 2012 Adult Mental Health Division Report • Hawai`i Service Area Board on Mental Health and Substance Abuse November 2, 2011 Meeting Agenda and Minutes. • Kaua`i Service Area Board on Mental Health and Substance Abuse, October 27, 2011 Agenda and Minutes. • Oahu Service Area Board on Mental Health and Substance Abuse, October 17, 2011 Agenda and Minutes. • Oahu Service Area Board on Mental Health and Substance Abuse, November 21, 2011 Agenda and Minutes. • Oahu Service Area Board on Mental Health and Substance Abuse, December 19, 2011 Agenda and Minutes. • Hawai`i Advisory Commission on Drug Abuse and Controlled Substances, January 26, 2012 Agenda and Draft Minutes, December 22, 2011. 			