

STATE COUNCIL ON MENTAL HEALTH

Behavioral Health Administration
 Department of Health, State of Hawaii
 Queen Medical Center: Conference Center
 April 13, 2010
 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; Miyoshi, Sandra; Sandal, Candace; Shiraki, Ph.D., Steven; Wilcox, APRN, Noelani; Young, Carol.**

Members Absent:

Members Excused: **Kiliona, Ku’ulei; Tsark, Amy; Watters, Maile.**

Guests Present: **Gonzalez, Peter; Holt, Sandra; Kamizawa, Prof. Tsukuru; Stotter, Allie; Wilson, Sabina; Yokote, Sharon.**

Staff Present: **Clarke, Judith; Haitzuka, Stacy; Michels, M.D., Stan; Nazareno, Jocelyn; Pak, Sandra; Sheehan, M.D., William P.; Sturgis, Anne; Vendetti, Thomas**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	Mr. JT Harris and Ms. Carol Young called the meeting to order at 9:35 a.m. and quorum was established.			
2. Review of Minutes	<p>The January 12, 2010 minutes were reviewed by the Council.</p> <ul style="list-style-type: none"> • Mr. Harris read Ms. Hansen’s written statements regarding her revisions to the minutes. “There is an error in the minutes under Dr. Stan Michels report – it bothers me that in our state of economy where a lot of other consumer programs have been cut severely or completely that Dr. Michels is agreeing to match State funds to this grant in order to obtain it. I stated that this is not the State of Honolulu, but it is the State of Hawaii. It is important that the outer islands be given more opportunities. To my knowledge he did not say anything about tailoring the Grant given the state of economy, but did say he hoped by the time state funds were due it could work out. It appears in our business world the economy will continue to suffer for many years to come.” • Page 4 of 12, in the Oahu report. WCCHC stands for Waianae Coast Comprehensive Health Center (Hale Na ‘au Pono) not Waianae Comprehensive Community Health Center. 	<ul style="list-style-type: none"> • Mr. Hack moved to approve the minutes with amendments. Ms. Sandal seconded. Motion passed to approve the minutes with amendments. 	SCMH Members	

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3. Community Input	<ul style="list-style-type: none"> • Ms. Sabina Wilson discussed negative trends that have affected the overall mental health system in the Waianae community. She stated that the intent was to save money but instead has resulted in greater financial, social and humanitarian costs. Ms. Wilson cited a case where a consumer with several medical conditions was discharged on a Friday from the Queen’s Medical Center to the Hale Na’au Pono Group home via taxi without adequate medication. In filling the consumer’s prescriptions, it was found that the consumer did not have medical coverage. Due to medical complications, the consumer returned to Queen’s Emergency Room. Ms. Wilson noted that this case as well as similar cases, revealed that: 1) Case management providers have not taken the time to obtain increased authorizations for consumers with special needs, 2) Lack of adequate case management services has evolved into the Housing providers doing case management work due to the 3.5 hour case management limitation, 3) Housing programs have now become a “dumping ground” for clients who have exceeded their 3.5 hours of case management services per month, and 4) Emergency rooms are using their resources for cases that should not have become emergencies. • Attendees comments were: <ul style="list-style-type: none"> • Ms. Hansen stated that she was unhappy to hear about the consumers’ treatment, and she encouraged the Council to resolve the issues. • Ms. Sandal commented that Kaua`i has similar challenges. She reported that CARE Hawaii, who is the emergency responder, receives five (5) hours or (5) five days to provide services to individuals in crisis. The Kaua`i Service Area Board wrote a letter to Dr. Sheehan advocating for CARE Hawaii to receive more hours because Furlough Fridays or weekends were counted as part of the five days; thus, short-changing the time to provide services. • Ms. Sturgis reported that consumers have experienced difficulties due to Furlough Fridays because state agencies were not available. She stated that results of tuberculosis clearances for consumers to get into housing have been delayed. • Ms. Yokote shared her personal challenges with the 3.5 hour limits for case management services. • Ms. Kaneaiakala wanted to know where they (Evercare, Ohana and other Medicaid agencies) were in the mix, in providing care to consumers. 			

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	<ul style="list-style-type: none"> • Dr. Buffenstein explained the challenges resulting from different funding sources. He noted that AMHD funded case management services through the Department of Health (DOH) and its POS providers, such as: CARE Hawaii, Helping Hands, North Shore Mental Health, etc. The Department of Human Services (DHS) now has oversight of the Medicaid programs and contracted services with Ohana and Evercare; however, these programs are on the mainland, which makes it difficult to get prescriptions for consumers. • Mr. Durant noted that based on the cases presented to the Council, it doesn't appear that transition planning is occurring when consumers leave the hospital. <ul style="list-style-type: none"> • Ms. Clarke responded that with respect to the cases in the Waianae area, per Ms. Appel, Oahu Service Area Administrator, there are systemic issues that are being addressed. Ms. Appel held a meeting recently with the team members involved with both cases and they brainstormed and problem-solved the issues. • Dr. Buffenstein continued that there are three (3) steps that providers have to undergo in order to get prescriptions for patients: open the case; get the case pre-authorized, and get authorization for medication. • Discussion in regard to the motion were to: <ul style="list-style-type: none"> • Include doctor visits; • Request streamlining the process of getting prescriptions; and emphasize problems involved in getting prescriptions for consumers with mental illness, which causes pain, suffering and hardships; • Make sure there's enough post hospital medication(s); • The lack of prompt medication undermines recovery; • DHS to include expectations in the contracts of Ohana and Evercare to provide timely pre-authorizations and post-authorizations. • Dr. Buffenstein paraphrased the motion, "We should write a motion expressing our concerns that patients should gain ready access to medication especially upon discharge from the hospital because we are concerned about the pre-authorization process, and we are appealing for patients to have quick access to medications especially those released from the hospital." 	<p><u>Action:</u> Ms. Wilcox moved that the Council write a letter of advocacy to the DHS in regard to the lack of medication as undermining individual ability to recover. Ms. Kaneaiakala seconded.</p> <p>Ms. Wilcox rephrased the motion to include addressing the letter to DHS and copy the Health Plans stating that the process for medication prescription is streamlined and that pre-authorization be re-visited.</p>		

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	<ul style="list-style-type: none"> • Chair called for a vote and requested that this item be placed on the next meeting's agenda. <ul style="list-style-type: none"> • Motion passed: 10 (yes) on Oahu, 1 (yes) on Lanai, 1 (yes) on Maui. 1 abstention. 	<p><u>Action:</u> Mr. Durant with assistance from Dr. Buffenstein to draft the letter to DHS.</p>	M. Durant	5/11/10
Community Input (cont'd)	<ul style="list-style-type: none"> • Mr. Gonzalez of Moloka'i expressed his concerns regarding not receiving the State Council meeting minutes. He stated that according to the Sunshine Law, minutes should be available to community members even if they have not been approved by the Council. • He also reported that the Clubhouse on Moloka'i is still not operational; is only open for half-a-day, and there is only an 89-day hire staff member, which leaves consumers with nothing to do. He is working with Dr. Thomas Vendetti and Maui's Community Mental Health Services Center Manager to resolve this issue. • Ms. Colleen O'Shea-Wallace from the Mental Health Association on Maui expressed the following concerns: <ul style="list-style-type: none"> • The lack of employee coverage at the Moloka'i AMHD Clubhouse. She requested that the paperwork on hiring staff be expedited. • The new policy for scheduling Eligibility Determinations via the ACCESS Line is especially challenging to the Homeless population because individuals need to have a copy of their birth certificate, passport or green card to prove citizenship or legal permanent residency. • The lack of Homeless Outreach workers on Maui impedes the process of assisting consumers to get needed services. • Ms. Miyoshi explained that outreach worker positions, which are funded by DHS, have not been cut. The Homeless Program Branch requires filling outreach and shelter needs on the Neighbor islands as well as in Honolulu. • Ms. Hansen expressed the challenges that Maui is experiencing regarding the homeless population. 	<p><u>Conclusion:</u> Ms. Sandal stated that the Council hasn't had a meeting since January due to a lack of quorum.</p> <p><u>Action:</u> Ms. Hansen and Ms. Miyoshi plan to meet April 26, 2010 to discuss the situation on Maui.</p>		

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4. Island Reports	<p><u>Hawai`i Island</u> No report</p> <p><u>Kaua`i Island</u> Ms. Sandal reported on the following:</p> <ul style="list-style-type: none"> • Kaua`i SAB is concerned about the five (5) hours or five (5) consecutive days allotted for consumers receiving crisis services. • Today, the Service Area Administrator and Ms. Sandal are facilitating a Psychiatric Advance Directive training for consumers at Hawai`i State Hospital. • The Network of Care on Kaua`i is still not operational. • Ms. Medina, MHT, SIG, commented on Ms. Sandal’s report. She explained that Ms. Sharlene Chun-Lum made arrangements for the Network of Care system to be operational. Ms. Medina also explained that the computer and printer were to be located in the main lobby of the Kaua`i Community Mental Health Center, but the lobby was not large enough. As a result, the plan is for the computer to be set up in the Administration building. The candidate for the Peer Educator position will be hired shortly and this individual will be assisting consumers on the system if they are interested. <p><u>Lana`i Island</u> Mr. Arthur Cabatbat reported that:</p> <ul style="list-style-type: none"> • Lanai is still without psychiatric services due to Dr. Baylog’s injury. • It appears that due to the State’s budget challenges, it is difficult to obtain authorization for a doctor from Oahu to service consumers on Lana`i. The plan is to utilize videoconferencing. • The Lana`i Counseling Service is in the process of getting the opinions of the consumers on how they feel about this proposal. • Ms. Hansen commented that videoconferencing should be used as a last resort because due to some consumers’ mental health condition, they may not trust teleconferencing. • The decision was made to ask Dr. Sheehan to address Lana`i’s challenges because consumers are not getting their needs met. 	<p>For information only.</p> <p>For information only.</p>		

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6. By-Laws of the SCMH	<p>Chair asked the Council if the changes to the By-Laws were acceptable.</p> <ul style="list-style-type: none"> • Page 6 of 9, item “b” to read: “All meetings may be held through video teleconferencing facilities on each island until such time funding is available for transportation expenses.” • There was discussion on the need to revise the By-Laws. It was explained that the Council had decided to annually review and update them and had arranged for an Ad-Hoc committee to work on this task. For various reasons the committee was unable to meet. The By-Laws of 2005 are outdated, do not reflect the current practices of the Council, and the Law is cited incorrectly in various areas. • In reference to Ms. Kilionia’s revisions (pink copy), on page 3, item 3b, [US Code, Title 42, Section 300x3(c)], “The Council shall be composed ofthe principal state agencies, etc.,” Ms. Clarke clarified that this section cannot be edited because it is Federal Law. • Since Ms. Kilionia was absent, Mr. Hack made a motion to disallow her revisions for the purpose of conducting business knowing that the By-Laws can be changed in the future. Ms. Sandal seconded. • Ms. Hansen noted that Ms. Kilionia’s revisions should be taken under advisement because the only reason for her absence was due to receiving this meeting’s packet via certified mailed which caused her to relapse. • Mr. Hack responded that according to Ms. Kilionia, she did not attend today’s meeting due to experiencing a sentinel event. He then restated his motion to temporarily disallow Ms. Kilionia’s revision for purposes of conducting business. 	<p>Motion passed: 10 (yes), 1 (no).</p>		
6. Presentation: Youth Services Survey for Families – CAMHD	<p>Dr. David Jackson of CAMHD presented the Youth Services Survey for Families for 2009. He explained that the survey is a standard instrument that is required through the Data Infrastructure Grant (DIG). The tool uses open ended questions, and collects information on parents or other caregivers’ experiences with CAMHD services. Limitations to the survey are that it is a national instrument and is standardized, so that any additional information the Division would want to collect is prohibited.</p>			

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	<p>Highlights of the Presentation:</p> <ul style="list-style-type: none"> • There were 480 completed/usable surveys and the Adjusted Response Rate was 20%. • A majority of consumers were satisfied with each of the different aspects of service (functioning, child outcomes, access, treatment participation, social connectedness, cultural sensitivity). • About 3 out of 4 consumers were satisfied with their services and 8.5 out of 10 responders rated their services as culturally sensitive. • Caregivers rated therapy/counseling as most helpful in the services they received for their children. • Results pointed to features of service delivery, especially outcomes and functioning as having room for improvement. • Parent involvement was rated low; however, CAMHD is working closely with more families, so this will result in more positive results in the future. <ul style="list-style-type: none"> • The survey appeared to include a wide range of disorders including mental retardation, so the question was raised shouldn't these youth with mental retardation receive services from DDD. The response was that some youth may have Dual Diagnoses. • In regard to the Youth Sample and Population Comparison, clarification was requested to explain what is categorized under 'Miscellaneous Disorder' versus 'Other.' CAMHD will research and get back to the Council. • Ms. Wilcox asked if the Department of Education uses a similar survey to get feedback regarding services. The DOE representative on the Council responded that the DOE does collect data on this issue; however, it is not as comprehensive as this tool. • Dr. Jackson encouraged members to e-mail him if they had additional questions. 			
	<p>Quorum lost at 11:45 a.m., which resulted in the adjourning of the meeting.</p>			

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Mail Outs	<ul style="list-style-type: none"> • SCMH April 13, 2010 agenda & January 12, 2010 minutes • SCMH Attendance Log • SCMH May 2005 By-Laws (white copy); SCMH December 8, 2009 By-Laws (yellow copy with track changes); SCMH December 8, 2009 By-Laws (blue copy without track changes); Ku'u lei Kilion a's revisions to By-Laws (pink copy). • Two (2) Letters from Hale Na'au Pono regarding Quality of Care Issues • Kaua'i Service Area Board February 25, 2010 minutes and agenda • Hawaii Advisory Commission on Drug Abuse and Controlled Substances March 23, 2010 agenda and February 23, 2010 minutes. 			