

STATE COUNCIL ON MENTAL HEALTH

Behavioral Health Administration
 Department of Health, State of Hawaii
 Queen Medical Center: Conference Center
 May 11, 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: Kilion, Ku’ulei; Miyoshi, Sandra; Shiraki, Ph.D., Steven; Tsark, Amy; Watters, Maile.

Guests Present: Appel, Linda; Balcom, Steve; Daraban, Charlie; Gonzalez, Peter;

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

DRAFT

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	Chair, Carol Young, called the meeting to order at 9:44 a.m. and quorum was established. Attendees introduced themselves.			
2. Review of Minutes	The April 13, 2010 minutes were reviewed by the Council. Corrections: <ul style="list-style-type: none"> • Page 7 of the SCMHI By-Laws. Motion failed to disallow Ms. Kilion’s revisions. Votes were 10 (yes) and 1 (no) – A quorum of votes (11) are needed for a motion to pass. 	<u>Action:</u> Mr. Durant moved to approve the minutes with amendments. Ms. Cattaneo seconded. Council passed the motion to approve the minutes with amendments.	SCMH Members	
3. Community Input	<ul style="list-style-type: none"> • Mr. Gonzalez reported that the Maui County Hui will be holding its first Annual Mini Conference in August at the University of Hawaii on Maui. The conference is sponsored by the Transformation Grant. Mr. Gonzalez and several Maui consumers are working on the conference in hopes of sustaining the event after the Transformation Grant ends. • Mr. Gonzalez stated that the Clubhouse on Molokai still has only one staff. Every Tuesday, the Maui Community Mental Health Center Manager has been sending a social worker and psychiatrist to help with the caseload. 			

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4. AMHD Report	<p>Dr. William Sheehan solicited questions from Council members. Questions were:</p> <ul style="list-style-type: none"> • What is the status on the Molokai Clubhouse? • Is the Recovery Model still the goal? • Is the ACCESS Line still requiring three (3) forms of identification for Eligibility Determinations? • How will the Health Providers get psychiatric treatment to the Neighbor Islands? • Will the Quest Providers cut payments for services, or will services be reduced? • What happens to the AMHD case managers, once this transition occurs? <p>In response to the questions above, Dr. Sheehan shared the following:</p> <ul style="list-style-type: none"> • AMHD has published a monthly Provider Newsletter on its website which highlights timely news from the Division about things that affect providers. • Some of the reasons for the decision to transfer consumers to the Department of Human Services (DHS) are: <ul style="list-style-type: none"> • For years, there have been challenges with integrating health care and behavioral health services for people with severe and persistent mental illness. • Adverse health outcomes and financial inefficiencies. • The challenge continues to be a focus on wellness, such as, stop smoking, weight reductions, and lifestyle changes for a better quality of life. • On April 29, 2010, the Department of Health (DOH) and the DHS publicly announced the transition of consumers from AMHD to their Quest Health Plans not the Quest Expanded Access program. • The transition will occur July 1, 2010 for consumers with last names beginning, A – K. The second group, consumers with last names beginning with L – Z will transfer September 1, 2010. Approximately 17,000 individuals are involved in this transition statewide. • There are links on the AMHD and DHS websites that show the PowerPoint slides presented at the public meeting, and also questions and answers that have arisen from stakeholders. • AMHD has transferred funds to DHS and they will pay the Quest Plans a capitated rate. 			

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	<ul style="list-style-type: none"> • DHS will develop a network of professionals to provide the same level of services as AMHD. • As consumers transition to their Quest Plans, the capacity with AMHD’s Purchase of Service providers will reduce and the capacity within the Community Mental Health Centers will increase. Consumers who did not transition to Quest Plans will receive their services from state operated providers in the Centers. • DHS is responsible for overseeing the Quest Plans – administratively, clinically and financially, in addition to monitoring them. <p>Members then expressed the following concerns:</p> <ul style="list-style-type: none"> • How will DHS monitor fidelity so that private, for-profit companies don’t profit from these tax dollars? • Is DHS looking at public health since they are not a public health agency? What about early prevention? • If DHS and DOH are so similar, why not merge, utilize and coordinate the monies as a whole instead of switching, which will cause chaos and cause difficulties for consumers who don’t do well with change? • How will crisis calls and assessments be handled with the transition of consumers to their Quest Plans? • Given the Federal mandate of the Council to review the State Plan and give recommendations to AMHD regarding services to consumers, how will the Council fulfill this mandate now that the consumers are transitioning to the Quest Plans? Do we need an Attorney General opinion on that? <p>Dr. Sheehan continued his responses:</p> <ul style="list-style-type: none"> • The concept of this transition is an admirable one, but not without its challenges. • DHS has a mirror infrastructure to DOH, such as an administrator who is similar to the AMHD Division Chief, a medical director, psychiatrists, compliance person, utilization management, computer person, etc. • In regards to hiring staff at the Molokai Clubhouse, there had been a hiring freeze due to the reduction in force for DHS, and it was anticipated that staff from DHS would move to DOH. Now that this will not occur, the paperwork is progressing to hire three positions on 	<p><u>Action:</u> Dr. Sheehan to invite Dr. Wong or Ms. Patty Bazan of DHS to discuss the Council’s concerns in a future SCMh meeting.</p>	<p>Dr. Sheehan</p>	

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	<p>Molokai; however, DOH is not in a position to pay rent for the Clubhouse.</p> <ul style="list-style-type: none"> • AMHD will continue to provide crisis services for individuals and will probably contract with the Quest Plans to provide this service for their members. • AMHD will continue to provide crisis stabilization services whether individuals have insurance, no insurance, or private insurance. Beyond that they will be transferred to their Health Plans. • In order to provide services and appointments to residents of Hawaii, AMHD has requested identification such as, a birth certificate, State ID, driver's license, or a passport to ensure individuals are whom they say they are. Dr. Sheehan stated that he was unaware that AMHD requested three (3) forms of identification. For situations where individuals were unable to get appointments, those situations are being dealt with on a case by cases basis. • The Recovery Model is still a goal of AMHD. The concept is evolving, maturing, consolidating, in light of budget cuts, etc., and we live it the best way we can. 	<p><u>Recommendation:</u> The Council recommended that Drs. Sheehan and Michels present their reports at the beginning of each SCMH meeting on a rotational basis.</p>		
5. CAMHD Report	<p>Ms. Pak reported on several activities held during Children's Mental Health Awareness Week to raise awareness about the wellness of the entire child. The theme was 'Make a Friend, Be a Friend'.</p> <ul style="list-style-type: none"> • The Mayor of Maui held the Mayor's Dinner and declared a Proclamation in honor of Children's Mental Health Awareness Week. • Hawaii Families As Allies (HFAA) agency held an agency evening at Maui Waena High and Intermediate School where parents worked on transition plans for their children. • Kaua'i held a Health Fair on Saturday at the Kukui Grove Shopping Center. • The Big Island hosted a Community Carnival. • Oahu had sign waiving activities at the State Capitol, Diamond Head Health Center and a Mental Health Resource Fair at University of Hawaii, West Oahu. • There was a Proclamation by Mayor Hannemann declaring last week as Children's Mental Health Awareness week. • The City Council is presenting a Certificate of Commendation to the HFAA organization for their work in assisting parents navigate the Behavioral Health and Educational systems. 			

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	<ul style="list-style-type: none"> • HFAA’s priority is to hire staff members who are either biological, foster, grandparents or ‘hanai’ parents of a child with emotional or behavioral challenges because they are better equipped to relate to parents having lived with similar challenges. • CAMHD has completed the RFP for the family support group and has awarded the contract to HFAA. <p>Dr. Michels reported on the following in regard to the Quest Plan transitions:</p> <ul style="list-style-type: none"> • CAMHD will continue to provide the array of services they provided under the Felix Consent Decree. • CAMHD will continue to oversee the current providers that they have, and continue to work collaboratively in providing care coordination, utilization management, and authorization of services. • The three Plans (HMSA, Kaiser, AlohaCare) will contract with CAMHD. CAMHD will produce contracts for them by June 1, 2010. • The Quest Plans understand that authorizations per individual treatment modalities and certification of therapists and programs would be a joint venture. • CAMHD is committed to being transparent and develop trusting collaborative relationships with the Quest Plans. • As the administrator, he is positioning CAMHD to increase its revenue, use resources more efficiently and be more instrumental in providing mental health care to children in the long term. • CAMHD has received approval to purchase the hardware for the Tele-health equipment. • CAMHD, AMHD and DDD are moving ahead with having unified electronic health records. This will make all Divisions stronger to have consistent and reliable health records. <p>When asked how Department of Education (DOE) fits in with the new structure, Dr. Michels responded that DOE will continue to remain separate. However, CAMHD will continue to work closely with DOE in monitoring youth who are behaviorally challenged and that fall in the intermediate category of the DOE behavioral spectrum.</p>			

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6. Presentation: Pilot Project for the Central Receiving Division	<p>Mr. Steve Balcom, Crisis Services Director for AMHD and Ms. Linda Appel, Oahu Service Area Administrator presented the Pilot Project for the Central Receiving Division. Mr. Balcom explained that the intent of the Pilot Project was to divert unnecessary admissions to Hawaii State Hospital (HSH) which primarily were misdemeanor and petty misdemeanor cases, stabilize consumers when they ended up in jail, and assist consumers in preparing them for their court appearance the next morning. In working with the Honolulu Police Department (HPD), three (3) APRNs, two of which are able to prescribe medications, work a flexible part-time schedule (during peak hours when consumers are likely be arrested) on site at the jail in Central Receiving Division (CRD). Block Grant funds were used initially to fund the pilot project, but the project is now funded by the Police Department who received a three (3) year \$300,000 grant to fund 40 hours a week of nursing services. Additional funding remains necessary to achieve full-time coverage.</p> <p>Highlights of the Presentation:</p> <ul style="list-style-type: none"> • The team is able to provide screening and assessments, medication management, coordinate linkages and referrals for consumers in jail. • If a person is receiving mental health services, the team can notify their case manager of the arrest, and in turn, the case manager can assist the consumer with their court appearance. • Consumers who enter the CRD without their medications are able to get back on their medications. • The nurses are able to assist consumers with their physical health when they enter the CRD. • As a result of this project, police officers at CRD receive training and support in mental health issues, which make their jobs easier. • Community relationships with HPD, Queen’s, Castle and Tripler Hospitals have been strengthened, and discussions have led to the need to expand the program to include pharmacy services, Tele-medicine and adding CRD to the rotation point for psychiatric residences through Queen’s Hospital. • A goal of the project is to build relationships with the judges to reduce unnecessary admissions to HSH by working closely with the newly hired Court-based Clinician. • Another goal of the project is to expand it to the Neighbor Islands. AMHD and MHT SIG have met with the Police Departments and the 			

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	<p>mental health authority in each county and have received interest in the program.</p> <p>Participants asked the following questions or made comments:</p> <ul style="list-style-type: none"> • In regards to the supply of APRN's, it is recommended that they work closely with the UH School of Nursing and include Queen's in lobbying efforts. • Does the gender of the APRN play a role in the hiring process, and does the position have to be males? • If a consumer goes to CRD, is off on his/her medications, is there follow-up to try and get the consumer back on their medications? • The Police Chief on Kauai is very interested in getting his officers trained in mental health issues and would be interested in having a similar program. Is there anything we can do to move this along? • There were several comments about the recent case in the news concerning an individual who was arrested for impersonating a police officer and experienced difficulties with the system in getting medications. <p>Mr. Balcom and Ms. Appel responded to the questions above:</p> <ul style="list-style-type: none"> • Gender does not play a role in the hiring of staff in CRD. Currently, the three nurses are females. If the nurses have to go into a cell, they are accompanied by a police officer. • For consumers not taking their medications and they go to court, the Court-based Clinician can recommend that the judge release the individual to a community program for services, or Crisis Mobile Outreach could be called to assist the consumer and ensure that they are reconnected to services. • The team is looking at utilizing resources from the Transformation Grant and the Block Grant funds to expand the CRD project to the Neighbor Islands. • In regards to the case mentioned above, Mr. Balcom was unable to comment on it due to confidentiality laws. 			

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7. Block Grant Allocation – State Council	Ms. Clarke reminded the Council that Block Grant monies of approximately \$5,700 have not yet been spent, and they have until September of this year to use the funds. She encouraged the Council to think of ways they could use the funds such as a project they are interested in. Last year the Council used some of their funding for a working retreat. This item will be placed on the agenda for members to share their ideas and reach consensus.	<u>Action:</u> Add this item to the next Council meeting agenda.	Staff	6/8/10
8. Island Reports	<p><u>Kaua`i Island</u> Ms Sandal reported on the following:</p> <ul style="list-style-type: none"> • The Planning Committee of The Gallery will meet in July to continue its work. • There was a nice article published in the Garden Isle Newspaper about the Gallery and already Dr. Correale has received calls of interest from the community. <p><u>Lanai Island</u> No report</p> <p><u>Maui Island</u> No report</p> <p><u>Hawai`i Island</u> No report</p>	For information only.		
	Lost quorum at 11:50 a.m. which resulted in the adjourning of the meeting.			
Mail Outs	<ul style="list-style-type: none"> • SCMHMAY 11, 2010 Agenda & April 13, 2010 Minutes • SCM H Attendance Log • Pilot Project for the Central Receiving Division (electronic) • SCM H April 13, 2010 By-Laws • Kaua`i Service Area Board March 25, 2010 Agenda & Minutes • Hawaii Advisory Commission on Drug Abuse and Controlled Substances April 27, 2010 Agenda & March 23, 2010 Minutes 			