AGENDA ITEM	DISCUSSION	RECOMMENDATIONS AND/OR ACTIONS	PERSON RESPONSIBLE	DATE DUE
	always been sort of either cast off or left out, and so they have always advocated for themselves to be in control of themselves and their community. I understand that more now because of the rehabilitation counselor I worked with and her program. I think that what has happened is very arrogant. This is my last meeting but I'll be checking back and I'll be holding the administration to do that. Ms. Sandal: The motion before us is that administration track any crisis or re-hospitalization of transition consumers from Waianae Center. Yes! Let the honesty be to them; they are the ones that created the problem. We would like an answer to that in six months at the State Council. Shall we vote on that? I do believe we have quorum right now. Mr. Hack: No quorum. Dr. Morelli: Aloha Karen, I was just wondering if you can lend us some idea of or some explanation or insight has to why ACT was being eliminated. Ms. Krahn: Certainly, this was going to be my presentation for today. We have been discussing within the Division the future of ACT services for a long time. We have looked at a number of different pieces of information, including certain outcomes of our system. We have looked at providers of ACT nationally. We've also taken a look at information that has been published by Medicaid and compared our claims and utilization data, in terms of both utilization and cost of ACT services. Finally, we looked at our own fidelity monitoring results in terms of how faithful our providers are to the model. We came to the decision a few weeks ago that we were going to discontinue ACT as a bundled treatment service program. The way ACT is designed right now it is a self-contained treatment team that contains a number of mental health professionals and mental health workers that offer a wide variety of services to a consumer on an individual basis (bundled services). We have decided to			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS AND/OR ACTIONS	PERSON RESPONSIBLE	DATE DUE
	discontinue it as a bundled service but to continue to provide all of the components of all of those services that consumers were receiving from that self contained ACT team; to split them out and to offer them separately – more like a menu approach. A consumer will receive community based case management as the basic foundation service and then additional services that the consumer may need or want, that is customized for them, will be added in, whether it's employment counseling, substance abuse treatment or other services. One of the reasons for that decision is because, as of July of last year, case management transitioned into a more team approach where we now have a psychiatrist, nurse, and peer specialist assigned to every case management team. Some of the components that were part of an ACT team are now automatically present in every case management team. There are a lot of additional services that would need to be added to provide the full array that ACT was providing. Two years ago, Medicaid published draft rules indicating that they intend or would like to unbundle ACT for payment purposes in the future. Right now, they are paying for "ACT". It doesn't matter what the services are, they are paying for it as "ACT". They want to split that out and pay for each service separately. Case management gets paid separately from the substance abuse (treatment) from the medication management, etc. They tend to do this when they decide that they no longer want to pay for a certain portion of the bundle of services included. I'm not saying it was substance abuse, but let's say, for example, there is a substance abuse treatment that they decide that they no longer want to pay for. Since ACT is bundled and they are paying for "ACT" regardless of what services you are getting from ACT, they have to continue to pay for substance abuse treatment. But, if they unbundle them and pay for each one individually, they can weed out a particular service that they decide they no longer want to pay for. Those draft rules are not yet final, but a number of states are anticipating that they will become final and that they will become rule. The trend right now is to unbundle			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS AND/OR ACTIONS	PERSON RESPONSIBLE	DATE DUE
	ACT services. Ms. Gonzalez: Aloha, Karen. Are there going be separate enterprises that are scattered along? Ms. Krahn: The CBCM will still be a self-contained team. But for some of the services, like employment counseling and substance abuse treatment, we are in the process of trying to figure out whether that is something we can add to the array of community based case management services or whether it's a separate service or separate provider. We have a series of meetings scheduled on all of the islands to talk to ACT consumers and ask them how they think this would work best for them, so that we can plan going forward and assure that the consumers continue to receive all the services that they want and need. It is not etched in stone as yet. How that is going to happen is where we want your input and feedback. One of the reasons I came today was to ask for some preliminary input and feedback from all of you and to let you know that informational meetings are going on around the state over the next few weeks. Dr. Morelli: Was any consideration taken for existing service providers who are really an established part of the community? Ms. Krahn: That was only one reason. There were six other reasons; so if I can get through these, we will talk about the transition. Dr. Morelli: The pain that people are feeling stems from…it, almost looks like folks are being ignored who have really given their guts to this. How could they have been folded into what you currently attempting to do? Ms. Krahn: I will address that first and then go back to the reasons why it was discontinued. I think that is what people need to know right now. Several of our ACT providers also			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS AND/OR ACTIONS	PERSON RESPONSIBLE	DATE DUE
	have a CBCM or case management arm/or team or programs that they are contracted with us to provide. The largest of those are CARE Hawaii. They have already indicated to us that they intend to transition all of their consumers that are receiving ACT services into one of their own CBCM teams. They are going to take an ACT team and convert it into a CBCM team so that those consumers will continue to receive services from the same group of people that have always served them in the past. They are doing that to maintain that continuity of care. Now there are some situations where there is an ACT provider that doesn't have a corresponding case management team in that geographic location. For example, Helping Hands Hawaii has an ACT team in Hilo but they don't have a case management services contract for the Big Island. Consequently, Helping Hands Hawaii consumers will need to be transitioned to a different provider through the state's case management services and the same is true of Waianae as well. Dr. Morelli: Was there any way it could have worked out so that they could continue with the same folks? Ms. Krahn: Are you referring to Hilo? Dr. Morelli: Here, in Waianae. Ms. Krahn: Because the Waianae case management contract is ending, there isn't a case management team in Waianae to transition them into. Dr. Morelli: Okay, so the other question is why is their case management team ending? Ms. Krahn: I'm sorry but I am not prepared to talk about it today and cannot publicly discuss a provider's contract. Dr. Morelli: It feels like there's some, you know whether it's intended or not, some sort of deliberate move to			