

STATE COUNCIL ON MENTAL HEALTH

Behavioral Health Administration
 Department of Health, State of Hawaii
 Queen Medical Center: Conference Center
 June 14, 2011
 9:00 a.m. – 11:30 a.m.

Members Present: **Buffenstein, M.D., Alan; Cattaneo, Liesje; Daraban, Charlene; Durant, Mike; Gonzalez, Peter; Hack, Randolph; Hansen, Donna; Kaneaiakala, Alva; Miyoshi, Sandra; Sandal, Candace; Young, Carol – Chairperson.**

Members Absent: **Kiliona, Ku’ulei**

Members Excused: **Harris, J.T.; Shiraki, Ph.D., Steven; Watters, Maile; Wilcox, APRN, Noelani.**

Guests Present: **Deveaux, Lisa; Deveaux, Van; Killeen, Kevin; Laenui, Poka; Yokote, Sharon.**

Staff Present: **Clarke, Judith; Detucci, Rick; Freitas, Troy; Fridovich, M.D., Mark; Hiraga-Nuccio, Madeleine; Keir, Ph.D., Scott; Nazareno, Jocelyn; Pak, Sandra; Sheehan, M.D., William P.; Tom, Trina; Wise, Tracey.**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	<ul style="list-style-type: none"> The meeting was called to order at 9:20 a.m., and quorum was established. This was the last meeting for Ms. Carol Young and Ms. Sandy Miyoshi. Leis were presented to them as an acknowledgement for their years of service and contributions to the Council. 		C. Young	
2. Review of Minutes	The minutes for April 12, 2011 were reviewed by the Council.	<u>Action</u> Motion passed to approve the minutes.	SCMH Members	
3. Community Input	<ul style="list-style-type: none"> Mr. Gonzalez shared his experiences at the Mental Health America Conference in Washington D.C. The conference covered many varieties of Medicaid and Medicare services in the CMHS programs; Speakers shared new innovative ways to support peer specialist programs and new initiatives for mental health services and non-profit organizations; Met with Congress Woman Maize Hirono’s staff and was able to voice concerns for the island of Molokai. Staff shared information and helpful solutions from the Federal perspective. 	For information only.		

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4. Hawaii State Hospital Report	<p>Dr. Mark Fridovich gave an overview of activities at the Hawaii State Hospital (HSH). Highlights of the presentation:</p> <ul style="list-style-type: none"> • <u>HSH Census (Admissions/Discharges)</u> <ul style="list-style-type: none"> • Licensed for 178 beds and currently has 182 beds filled. • Oldest patient is late 70s and youngest 22 years old. • Admissions are 85% men and 15% are women. • Census Trend: up then lower through spring 2011. • Several patients have serious physical health problems. • Admission last quarter (December – February) showed: 49 admissions, 10 fewer than previous quarters. 70% are readmits. The remaining percentage of admits are people who commit a Class A, B, or C felonies, which are primarily drug and motor vehicle offenses. • Oahu judges account for 33/49 admissions. • 98% forensic commitments – one MH9. • <u>Discharges</u> <ul style="list-style-type: none"> • 48 discharges so far for this year. Patients are discharged to Special Residential Programs such as: Therapeutic Living Programs, State Operated Special Residential Programs (SOSRP), Hale Imua, K-Fit, or to family, friends or self. • Acute Service continues to be implemented. • <u>State Operated Special Residential Programs</u> <ul style="list-style-type: none"> • Capacity for SOSRP is 19 but currently has 18 patients in the program. • 4 patients in transition. • Plan is to expand to 22 beds by mid May 2011. • <u>Other Items</u> <ul style="list-style-type: none"> • Staffing issues continue in some clinical disciplines: Psychology – 4 vacancies; Psychiatry – Using Locum Tenens. • <u>Projects for Calendar 2011</u> <ul style="list-style-type: none"> • Psychological First Aid as follow up to assault cases or other incidents. • Performance Improvement: Medication Errors • Personnel Reorganization: SOSRP and then all of HSH • Acute Services 	For information only.		

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	<ul style="list-style-type: none"> • Capital Improvement Projects • Accreditation – Joint Commission survey • Procurement Activities • Health and Wellness for HSH patients: Weight management, effects of medications, and exercise • Long Term Care Project – 150 beds SNF, on grounds of HSH, private public partnership <p>Questions/Suggestions from SCMH members:</p> <ul style="list-style-type: none"> • Suggestion of an acronym's list in laymen's terms, which would assist members to better understand the terminology in the PowerPoint slides. • Since the Division received a large amount of applications from psychiatrists at the APA Conference, is HSH reviewing those applications? • Dr. Fridovich responded that two psychiatrists and two locum tenens were hired. Two more positions will need to be filled. 			
5. AMHD Report	<p>Dr. Sheehan reported on the following:</p> <ul style="list-style-type: none"> • AMHD's three bills have passed – HB1069 (Time Frames to Regain Fitness to Proceed) and HB1070 (Relating to Conditional Release Timeframes) were signed by the Governor. The Governor is still reviewing HB1071 (Mental Health Release on Conditions of Persons Found Unfit to Stand Trial). • Procurement preparations continue for the Community Based Case Management (CBCM) contract. The date to post the Request for Proposal on the procurement website is June 30th. • Community Forums have been completed. The themes are: more planning is needed, more communication is needed, and more services are desired. Director Fuddy has begun to consider plans and potential for restructuring the Department of Health (DOH) and the Adult Mental Health Division (AMHD). • Budget is reasonably set, but there are more restrictions to be applied to get it to balance. Restrictions are to be made through restructuring and retooling of state government. • Department of Human Services (DHS) – HMSA Quest made an agreement to contract with AMHD for Psychosocial Rehabilitation Services through the Clubhouses. 			

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	<ul style="list-style-type: none"> • Hiring freeze was implemented May 3rd. • The Community Mental Health Centers will go through accreditation shortly. • Mr. Greg Payton the Deputy Director of Behavioral Health Administration has resigned from DOH to go back to his former position at Mental Health Kokua. His last day was May 31, 2011. • The two 89-day hire positions on Molokai were not filled due to the hiring freeze. Provisions are being made to exempt these positions from the freeze. • Council members asked if Medicaid would pay for a portion of peer specialist services. • Dr. Sheehan responded that the plan is to seek reimbursable status for peer specialist and clubhouse services. He continued that in order to achieve this, DOH must renegotiate the Medicaid Plan with DHS. • Dr. Sheehan to further discuss the following topics below at next month's meeting: <ul style="list-style-type: none"> • Hiring of mental health specialist for the Jail Diversion Program • Hiring of peer specialists. 			
6. CAMHD Report	<p>Scott Keir, Ph.D., provided a summary of the 2010 CAMHD Youth Services Survey for Families (YSS-F). This survey was administered in May of 2010 to caregivers of the children and adolescents who receive services from CAMHD in fiscal year 2009:</p> <ul style="list-style-type: none"> • Number of respondents included in the survey results discussed was 548 (response rate of 26%). • The summary included a comparison of the results of the studies completed by clients registered in FY2008 and FY2009. • 79% ('Agree' + 'Strongly Agree') of the respondents indicated that there was overall satisfaction with the services they received from CAMHD. • The two most important things to caregiver's assessment of CAMHD services were 'supportive staff/communication' which scored 33.8% and 'therapy/counseling' which scored 33.1%. • Top three suggestions for improvement regarding CAMHD services were: 	For information only.		

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	<ul style="list-style-type: none"> • 18.4 % of caregivers would like to see ‘coordinator/therapist improvements.’ • 12.4% of caregivers would like to see ‘more customized or special services/transitions.’ • 11.5% would like to see ‘more funding/facilities/transportation.’ • Only 2.6% said that CAMHD’s services could be improved if they did not ‘close cases too soon or extended the length of services.’ • A Council member asked if the transportation percentages were higher for the outer islands versus Oahu. • Dr. Keir will share information on the above breakdown with the Council through an email before the next Council Meeting. 			
7. CAMHD Report	Dr. Michels was not present; however, a written report was submitted to the Council.			
8. Island Report	<ul style="list-style-type: none"> • <u>Kaua`i</u> <ul style="list-style-type: none"> • Ms. Sandal reported that Kauai SAB is still discussing five priority items that they want to work on. • <u>Oahu</u> <ul style="list-style-type: none"> • Mr. Durant reported that three new Governor appointed members were chosen for the Oahu Service Area Board (OSAB). The OSAB will have their next meeting in July. • <u>Maui</u> <ul style="list-style-type: none"> • No report • <u>Hawaii</u> <ul style="list-style-type: none"> • No report 			
9. Testimony on Health Home Care Program – Health Care Homes for	Mr. Poka Laenui, Executive Director of Hale Na`au Pono, the Wai`anae Coast Community Mental Health Center (not State operated), presented testimony on Health Home Care Program.			

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SMI Population	<p>Mr. Laenui summarized the Affordable Care Act (ACA), which provides an opportunity for Health Homes or ‘Health Home Models.’</p> <ul style="list-style-type: none"> • Uses a team approach to address issues of serious mental illness, alcohol and drug addiction services and primary health services. • Encourages communication among the specialists by which the needs of a particular consumer are addressed. • Designated service providers are responsible for providing eligible individuals an array of services which includes the following: <ol style="list-style-type: none"> 1. Comprehensive care management; 2. Care coordination and health promotion; 3. Comprehensive transitional care, including appropriate follow-up from inpatient to other settings; 4. Patient and family support; 5. Referral to community and social support services as relevant, and 6. Use of Health Information technology to link services as feasible and appropriate. • Mr. Laenui stated that the Home Health Model falls under Medicaid’s DHS, not under DOH or AMHD. • The ACA provides for Medicaid to apply for a waiver where primary health care services can be provided within a mental health care facility. Without this type of waiver, the mental health care facility cannot provide the primary health care services. • According to Mr. Laenui, Medicaid allows providers to follow an HMO approach rather than a Fee-For-Service approach, whereby payments are funneled through the Quest contracted programs, i.e. HMSA, Kaiser and Aloha Care. As a result, Medicaid leaves the HMOs to determine the method by which the primary health care physician must unify his/her care with mental health, drug and alcohol services. • Based on the information above, Mr. Laenui expressed the following concerns if the State Medicaid does not take advantage of the waiver under the ACA: <ul style="list-style-type: none"> • Medicaid only looks at one aspect of these multiplicities of services i.e. creating a health information technology to link services, so that all care 			

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	<p>providers can link to a common service.</p> <ul style="list-style-type: none"> • Many consumers have primary health care needs that are impacted by behavioral health issues and vice versa; therefore, consumers should be seen in one setting where a primary health care physician can provide services within a mental health center instead for contracting with separate primary health care facilities. • By using the Medicaid HMO approach, the Home Health model would be difficult to be included in mental health agencies, due to, challenges in obtaining appointments with a primary health care physicians; coordinating a team approach for mental health case management teams with primary health care physicians, and trying to unify services between mental illness, substance abuse and primary health care needs. <p>Mr. Laenui proposed the following:</p> <ul style="list-style-type: none"> • If the mental health agencies could bill Medicaid directly under a Fee-For-Service arrangement under the special provision, the cost for the next two years – 90% would be paid by the Feds and 10% would be paid for by the State as a Demonstration Project during this period. • Rather than the psychiatrist and alcohol and drug services provide services within a primary health care agency, such as a comprehensive health center, the primary health care physician should be placed within a mental health servicing agency. • The placement of the primary health care physician is crucial to the direction of services. For example, in a primary health care facility the direction of services treats the individual from a biological, medical approach, whereas in a mental health care facility, the treatment is directed towards case management, behavioral health services. • Mr. Laenui encouraged the Council to look at these issues and advocate to have the State apply not only for unifying the health information technology system, but to take advantage of the Federal Law provisions, and to complete the application as soon as possible. The application should be submitted by September 2011 for the Home Health Model to start by January 2012. • Council members discussed the merits of the integration of mental health 			

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	<p>and primary care services and decided to advocate for the Home Health Model.</p> <ul style="list-style-type: none"> • <u>Motion</u>: To invite a representative of DHS to discuss the Department's response to the Home Health Model as presented by Poka Laenui. 	<p><u>Action</u> Motion passed unanimously. Request to be added to the next SCMH Agenda.</p>	Staff	6/12/11
10. Announcements	<ul style="list-style-type: none"> • Recruitment continues for new members on the Service Area Boards on Mental Health and Substance Abuse and the State Council on Mental Health. • New members were added to the Oahu Service Area Board, Hawaii Service Area Board and the State Council effective July 1, 2011. 	For information only.		
11. Agenda Items for Next Mtg.	<ul style="list-style-type: none"> • Representative from DHS to Discuss the Home Health Model • Trauma Informed Care Initiative (TIC IT) • Hawaii Public Housing Authority • Community Re-Entry Program • Dr. Michael Christopher • Hawaii Public Housing Authority • MHT-SIG Statewide Leadership Conference • Transition from Youth to Adult 			
12. Adjournment	The meeting adjourned at 11:25 a.m.			
Mail Outs	<ul style="list-style-type: none"> • SCMH June 14th Agenda and Draft SCMH April 12th Minutes • SCMH Attendance Log • Youth Services Survey for Families (YSS-F): Consumer Survey 2010 • Hawaii State Hospital Report • AMHD Report to State Council • CAMHD Report to State Council • Kaua'i Service Area Board, April 28, 2011 Agenda and Minutes • Hawaii Advisory Commission on Drug Abuse and Controlled Substances May 24, 2011 Agenda & Draft January 25, 2011 Minutes. 			