

STATE COUNCIL ON MENTAL HEALTH

Behavioral Health Administration
Department of Health, State of Hawaii
Kinau Hale Board Room
July 12, 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; Harris, J.T.; Kaneaiakala, Alva; Sandal, Candace; Shiraki, Ph.D., Steven; Simms (Retired), Honorable Sandra.**

Members Absent: **Kiliona, Ku’ulei**

Members Excused: **Minami, Theresa; Watters, Maile; Wilcox, APRN; Noelani.**

Guests Present: **Fung, Lester; Oishi, Kiriko; Wise, Denise.**

Staff Present: **Clarke, Judith; DeTucci, Rick; Freitas, Troy; Hiraga-Nuccio, Madeleine; Kishimoto, Eva; Michels, M.D., M. Stanton; Nazareno, Jocelyn; Sheehan, M.D., William P.; Tom, Trina; Wise, Tracey.**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	The meeting was called to order at 9:50 a.m. and quorum was established. New State Council members were introduced: Charlie Daraban, Sandra Simms, and Theresa Minami.			
2. Review of Minutes	The minutes for June 14, 2011 were reviewed and approved by Council members. Corrections: Page 7, first bullet to read: “If the mental health agencies could bill Medicaid directly under a Fee-for-Service arrangement under the special provision for a health home, 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.” Page 7, second bullet change “provide” to “providing.”	<u>Action:</u> Motion passed to approve the June 14, 2011 minutes with corrections.	SCMH Members	

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3. Community Input	<p>Ms. Tracey Wise announced that the Hawaii County Suicide Task Force meets monthly. There are a total of nine (9) Safe Talk trainers, who are suicide alert helper trainers. They have trained more than 400 individuals in the community in Safe Talk. Individuals trained are the Police Department, the faith-based community, University of Hawaii students, all schools in the complex, and 90 nurses at the Hilo Medical Center, with more individuals scheduled to be trained.</p>			
4. Hawaii Public Housing Authority	<p>Ms. Denise Wise, Executive Director, from the Hawaii Public Housing Authority (HPHA) accompanied by Ms. Kiriko Oishi, who is with the HPHA Compliance Office, addressed Council members' concerns regarding the HPHA eviction policy.</p> <p>Ms. Wise stated that the HPHA has 6200 units statewide, which houses 15,000 individuals. They are interested in learning and understanding the challenges faced by groups that this policy negatively impacts, and they are open to others' input.</p> <p>According to Ms. Oishi, they have their own Hearings Board, which handles evictions.</p> <ul style="list-style-type: none"> • In collaboration with the Hearings Officer, her office works toward resolution before eviction occurs. • If the tenants have behavioral challenges, the HPHA ensures that reasonable accommodations are in place, as well as a Live-In Aid if one is needed. <p>Council members had the following questions/inquiries:</p> <ul style="list-style-type: none"> • Is the eviction process in State Rules or is this an Administrative Action outside of the rules? • Is there a distinction between substance issues and behavioral health issues, or are they addressed separately or combined when looking into whether or not a person is going to be subject to the eviction process? Also, are we talking about language proficiency or English as a second language, or just an issue of communication based on past evictions? <p>Ms. Wise responded that the eviction process is in the HPHA policy. They are governed by a Board of Directors where the Board sets policies. When the eviction process is started, only then behavioral health issues may come to the</p>			

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4. Hawaii Public Housing Authority Cont'd	<p>surface. If English is not the person's primary language, a translator is provided. Oftentimes, it is not found that behavioral issues and substance abuse issues are linked.</p> <ul style="list-style-type: none"> • What happens to someone with serious mental health illness, who is hospitalized for 3-6 months? <p>Ms. Wise stated that the HPHA will hold the unit, but the individual needs to communicate with the property manager notifying the manager about their situation. Ms. Wise reiterated that the HPHA works closely with the tenants, schedules meetings with them, and then if there is no response, the eviction notice is processed.</p> <ul style="list-style-type: none"> • What is the Live-In Aid policy? Many people on Maui are not aware that the Live-In Aid is available. Maui has a lot of problems because of HPHA's eviction policy. <p>Ms. Wise explained that the Live-In Aid is also known as a primary care giver. If someone needs to have a Live-In Aid or primary care giver, they are vetted through the property manager. Background checks are performed and reasonable accommodations are made if needed. She continued that the HPHA does not provide mental health services; however, the HPHA has worked with the Adult Protective Services in setting up protective payees to ensure residents pay their rents on a timely basis.</p> <p>Ms. Oishi noted that based on HPHA's policy, Live-In Aids are allowed, but HPHA does not provide Live-In Aids. A need for Live-In Aids is verified with the person's physician.</p> <p>Ms. Sandal credited the HPHA for keeping consumers in their unit and not quickly evicting them, even when one individual was not adhering to his medication regimen.</p> <ul style="list-style-type: none"> • How does HPHA deal with failure to pass inspections due to hoarding? <p>Ms. Wise acknowledged that it is stated in the lease agreement that tenants are required to keep their unit clean and sanitary. Unfortunately, hoarding is occurring in many of HPHA's developments and is an inter-state issue. The</p>			

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4. Hawaii Public Housing Authority Cont'd	<p>HPHA works with tenants who have this issue and it becomes complicated if the tenant is not receptive.</p> <ul style="list-style-type: none"> Concern was expressed regarding a policy that once a person gets evicted, they can never return. How do you trust a person who has a bad reputation or has behavioral health issues, but they need housing? Is there anyway that you can set up an advisory group or have a working group to provide input? <p>Ms. Wise responded that HPHA is willing to re-visit the eviction policy, and is open to work with the State Council to resolve these issues as it impacts the SPMI population.</p> <p>Mr. Harris, Acting Chair, suggested tabling the motion until the next meeting for further discussion.</p>	<p><u>Recommendation:</u> Mr. Hack motioned that the Council form a Permitted Interaction Group to assist HPHA with this matter. Ms. Hansen seconded.</p>		
5. Trauma Informed Care (TIC-IT)	<p>Ms. Eva Kishimoto briefed the Council on the new Trauma Informed Care grant that AMHD received in October 2010.</p> <p>She stated that the Federal Government did several studies and noted that:</p> <ul style="list-style-type: none"> There is a relationship between the seriously mentally ill population and people that experience a significant amount of early childhood trauma, which could lead to difficulties in adjustments, school performance, medical outcomes, and complex medical co-occurring problems. People with serious and persistent mental illness have a life span that was 25 years less than the general population. Studies showed that the seriously mentally ill had a high history of complex traumas. <p>The thrust of the Trauma Informed Care grant is:</p> <ul style="list-style-type: none"> One – Screen, assess and provide interventions for the populations that have experienced significant trauma. Second – Train consumers in these interventions, so that they can market their services to providers within and outside of AMHD's network, thus, providing a source of income for them. Three – Look at how services are delivered, i.e. providers incorporating trauma informed care into their services. <p>Trauma screening, assessment, and some trauma specific services to help consumers, are being implemented during the first year of the grant.</p>			

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5. Trauma Informed Care (TIC-IT) Cont'd	<ul style="list-style-type: none"> • Case management will be paid extra units beyond the cap to do trauma screening. • Providers will be reimbursed 2 hours to complete these tools to do screening. • The implementation will occur on Oahu first to address any problems that are encountered, and then will be implemented on the neighbor islands. • Seeking Safety, which is an evidence based practice for treating people with trauma, will also be implemented. The focus is on teaching them specific skills for learning about their trauma symptoms and dealing with these symptoms. <p>Mr. Hack announced that there will be training for Peer Specialists in Trauma Informed Care this fall. Deadline for applications is this Friday. Interested persons may call Mr. Lennox, or Mr. Hack at the Office of Consumer Affairs.</p> <p>Mr. Gonzalez commented that the Trauma Informed training will be beneficial to the people of Molokai due to many suicides on the island.</p>			
6. AMHD Report	<p>Dr. Sheehan reported on the following:</p> <ul style="list-style-type: none"> • All three of the AMHD bills have been signed by the Governor and are set to become law July 1, 2011. Six (6) persons in Hawaii State Hospital are affected by the new law, and are eligible to leave because their time on un-fit status has ended. • The Community Based Case Management RFP will be posted on the procurement website shortly. • Budget – The Director of Health has begun a review of departmental operations to assess the feasibility of streamlining operations or re-organizing parts of the Department. • The Department of Human Services has posted a Request for Information for the Community Care Services contract. A Request for Proposal is forthcoming. • The hiring freeze was implemented on May 3rd. The Community Mental Health Center system and the Hawaii State Hospital are exempted and have begun hiring. The Division offices are still under the freeze. • The new Deputy Director is Ms. Lynn Fallin; she starts on July 18, 2011. • Dr. Goetz, AMHD Medical Director, has resigned as of June 30, 2011 and AMHD will fill his position. 			

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	<ul style="list-style-type: none"> Governor Abercrombie has approved the Division's request to update the billing, claims payment, utilization management, and technological systems of AMHD. The goal is to improve business operations, so that providers will be compensated for services rendered, in a more efficient manner. 			
7. CAMHD Report.	<p>Dr. Michels reported on the following:</p> <ul style="list-style-type: none"> Budget Restrictions – CAMHD is looking at cutting back on cost reimbursement contracts, cutting back on our purchase of service contracts and reducing a variety of cost reimbursements without eliminating levels of care. The Kealahou Project is making project progress and staff has been hired. CAMHD in collaboration with AMHD will reapply for the Mental Health Block Grant. Due to budget restrictions the grant is going to be smaller this year. Block grant funds paid for CAMHD's Telehealth connections, which resulted in CAMHD having 17 connections. A Telehealth coordinator will be hired shortly to work on the networking. <p>Council members asked the following questions:</p> <ul style="list-style-type: none"> Is CAMHD doing retrospective billing with Medicaid, and how many days are allowed? <p>Dr. Michels responded that up to one year of retroactive billing is allowed. With the assistance of Mr. Brain Higgins, CAMHD is working on billing that has already been approved by MedQuest.</p> <ul style="list-style-type: none"> How are the immigrants from Japan doing as a result of the tsunami? <p>Dr. Michels reported that the girls are returning to Japan in a couple of weeks, and that they have been involved in many activities including counseling.</p>			
8. State Council Retreat	<p>Ms. Judith Clarke reminded the Council that at the State Council Retreat last year, members stated that they would like Dr. Bernadette Phelan and Dr. Judy Stange to return to facilitate Part II of the Retreat. Dr. Phelan is available the second week of August. Due to budgetary constraints, it is unclear whether Dr. Judy Stange will be able to return as well.</p>			

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8. State Council Retreat Cont'd	<p>Mr. Hack motioned that the State Council invite Dr. Phelan to the next Council Retreat. Mr. Gonzalez seconded.</p> <p>Mr. Hack motioned that Ms. Clarke to work with the Executive Officers of the Council to plan the Retreat in August. Mr. Harris seconded.</p>	<p><u>Action:</u></p> <ul style="list-style-type: none"> • Motion passed unanimously by Council members to invite Dr. Phelan to the next Council Retreat. • Motion passed by eleven members, with one abstention. 		
9. Island Reports	<p>There were no island reports.</p> <ul style="list-style-type: none"> • Ms. Sandal was unable to report on the Kaua'i Service Area Board meeting (although the KSAB had a meeting) because she attended the Mental Health Block Grant Conference in Washington, D.C. 			
10. Announcements	None.			
11. Agenda Items for Next Meeting	<ul style="list-style-type: none"> • Community Re-Entry Program • Dr. Michael Christopher • MHT-SIG Statewide Leadership Conference • Ms. Beth Geisting to Discuss the Home Health Model & the Affordable Care Act • Transition from Youth to Adult 			
12. Adjournment	The meeting adjourned at 11:25 a.m.	.		
Mail Outs	<ul style="list-style-type: none"> • SCMH July 12th Agenda and Draft SCMH June 14th Minutes • SCMH Attendance Log • AMHD Update for State Council on Mental Health • Kaua'i Service Area Board, May 26, 2011 Agenda and Minutes • Trauma Informed Care Presentation Handouts 			