STATE COUNCIL ON MENTAL HEALTH
Behavioral Health Administration
Department of Health, State of Hawaii

Kalanimoku Building
August 13, 2013, 9:00 a.m. – 11:30 a.m.

Members Present: **Brown, Patrick; Calcagno, Sheila; Crum, Louise; Daraban, Charlene; Durant, Mike; Foard, Susan; Harris, JT; King, Susan; Koyanagi, M.D., Chad; Shiraki, Ph.D., Steve; Simms, Sandra; Vorsino, Psy.D., Marie; Wilcox, APRN, Noelani.**

Members Absent:

Members Excused: **Holschuh, Christopher; Lorenzo, Katrina; Mansfield, Haaheo; Minami, Theresa.**

Guests Present: **Bazin, Patricia**

Staff Present: **Blonigan, Karen; Clarke, Judith; Fallin, Lynn; Higgins, Brian; Hiraga-Nuccio, Madeleine; Nazareno, Jocelyn; Pak, Sandra; Tom, Trina; Wise, Tracey.**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	Mr. Mike Durant, Chair, called the meeting to order at 9:07 a.m. Mr. Durant announced that Mr. JT. Harris is leaving the islands to relocate to Oklahoma.		M Durant Chair	
2. Review of Minutes	The minutes for July 9, 2013 were approved as written.	Action: Mr. Brown motioned to approve the minutes. Ms. King seconded. All members voted in favor. Motion passed to approve the minutes.		
3. Community Input	• No Community Input			
4. Announcement of New Council Officers	New Council Officers are: • Chair – Mr. Mike Durant • 1st Vice-Chair – Haaheo Mansfield • 2nd Vice-Chair – Sandra Simms • Secretary – Charlene Daraban	For information only.	M. Vorsino, Psy.D	

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5. Behavioral Health Services In Medicaid	Ms. Patricia Bazin, Health Care Services Branch Administrator, presented a PowerPoint Presentation on Behavioral Health Services in Medicaid. Highlights of the presentation: • Medicaid beneficiaries have access to standard behavioral health services from their respective health plan. These services include: psychiatrist, psychologist, psychotropic medications, acute psychiatric hospitalization and substance abuse treatment. • Individuals with severe mental illness and severe and persistent mental illness (SMI/SPMI) have access to specialized behavioral health services. These services include: case management, psychosocial rehabilitation, clubhouse, intensive outpatient hospitalization, peer specialist, supported employment. • Department of Human Services (DHS) has a comprehensive behavioral health program called Community Care Services (CCS), which provides behavioral health services to QUEST Expanded Medicaid (QExA) members who have SMI/SPMI. The contractor managing the CCS contract is paid a full-risk capitation payment with responsibility for providing the complete scope of behavioral health services. • The 'Ohana Health Plan is the current contractor for CCS that provides services to approximately 800 members. • QExA members aged 65 years and older, blind or disabled, diagnosed with SMI/SPMI, receive their standard behavioral health services as well as any specialized behavioral health services from the CCS program. However, those with "legal encumbrances" must obtain their specialized behavioral health services from the Adult Mental Health Division (AMHD). • There will be three (3) transitional phases of transferring responsibility of provision of behavioral health services for Medicaid consumers with a SMI/SPMI into the CCS program where they will receive their standard behavioral health as well as their specialized behavioral health services from one provider. • **Phase 1**: Responsibility for providing behavioral health care services for QExA members with SMI/SPMI will transition from AMHD to the CCS Program, starting September 1, 2013.	For information only.	Patti Bazin	

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	• **Phase II**: Responsibility for providing behavioral health care services for QUEST members with SMI/SPMI will transition from their QUEST Health Plans to the CCS Program by 2014.
	• **Phase III**: Implementation of QUEST Integration health plan contracts, where QUEST and QExA will be combined into one health plan, will occur by January 1, 2015.
	• SMI/SPMI eligibility diagnoses to get CCS services are:
	  • Schizophrenic Disorders
	  • Schizoaffective Disorder
	  • Delusional Disorder
	  • Mood Disorders – Bipolar and Depressive Disorders
	  • Substance Induced Psychosis
	  • Post Traumatic Stress Disorders – effective 10/1/13
	  • Substance Abuse Induced Psychosis – effective 10/1/13
	• The SMI/SPMI functional eligibility are:
	  • Demonstrates the presence of a qualifying diagnosis for at least 12 months or is expected to demonstrate the qualifying diagnosis for the next (12) months;
	  • Meets at least one of the criteria demonstrating instability and/or functional impairment;
	  • GAF <50; or
	  • Clinical records demonstrate that member is unstable under current treatment or plan of care; or
	  • Requires protective services or intervention by housing /law enforcement officials.
	• Members who do not meet the eligibility criteria, but the MQD's medical director or designee believes that additional services are medically necessary for the member's health and safety, are evaluated on a case by case basis for provisional eligibility.
	• Starting October 1, 2013, CCS will expand their services by adding five (5) new behavioral health services.
	  • Peer Specialist
	  • Clubhouse
	  • Supported Housing
	  • Representative Payee
	  • Supported Employment			

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	In response to a Council member's inquiries regarding the status of consumers that transitioned from AMHD to their QUEST Health Plans, Ms. Bazin noted that DHS monitored the consumers the first year. The most recent monthly report is as follows: • 1,604 individuals received specialized behavioral health services. • Thirty-nine consumers received acute psychiatric hospitalizations. • Four were readmitted within seven (7) days after discharge from an acute psychiatric hospitalization • Eight received crisis services. • There were 2,168 visits to see a Primary Care Provider (PCP) or Behavioral Health Provider. • There were seventy-five emergency visits and about 90% had follow-up after their acute psychiatric hospitalization admissions. Ms. Bazin stated that DHS and AMHD are collaborating to get the list of consumers who will transition to the CCS Program. She also stated that DHS plans to collect the number of acute psychiatric hospitalizations, emergency department visits during the month of August, and use the data as a baseline before Med-QUEST Division (MQD) takes over to see how DHS is doing – better, same or worse. **QUESTIONS and ANSWERS for Ms. Bazin** Question: In the Community Meeting a week ago, it was emphasized that the individuals who are transitioning from AMHD to CCS, Dr. Fridovich and you, in the public presentation a week ago, emphasized that those people will have the option of remaining with their current caregiver or provider, or transition to CCS. Is this still correct? Response: These individuals can remain with their current caregiver or provider. However, how providers bill the MQD will be different. Question: How about the issue of a lack of communication between AMHD and CCS in terms of medical records. Does that get better? Response: What was discussed was a lack of communication between AMHD and the QExA Health Plans. CCS has their own records to manage, but they have a Business Associate's Agreement with United Healthcare. CCS is receiving files from United Healthcare on medical needs as well as behavioral health needs for that population. Another			

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	thing that DHS did when they went live with CCS was that 'Ohana Health Plan completed assessments in conjunction with the health plan's medical service coordinator. In addition, the medical and behavioral health needs for the 800 individuals were assessed on-site. It is anticipated that the same thing will occur for individuals transferring from AMHD. Question: Individuals who don't meet the criteria, or never had a previous diagnosis, or who may feel that they need behavioral health assistance, what happens to them? Response: Individuals, who have a SMI/SPMI diagnosis but may not meet CCS' eligibility criteria, will not receive services. However, if their GAF score is say 65, and they have difficulty going to the doctor, have difficulty taking medications, or have difficulty with the law, services maybe offered temporarily to see if services help, or if services should continue. In some cases, the individual's health plan would complete a psychological evaluation. Question: The Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) recently came out and there are some eligibility requirements where the diagnosis has changed. How are you going to deal with that? Also, is there any talk about having a transitional specialist for individuals that are transitioning from adolescence to young adulthood? Response: DHS has not looked at that yet. Additionally, there has not been a lot of movement from the Child and Adolescent Mental Health Division (CAMHD) into this program. There maybe opportunities for improvement and that is something DHS will work on. Question: You mentioned that AMHD provided DHS a list of individuals that would be transferring to the CCS program; can you state the kind of consumers that are on the list? CCS was served by APS Healthcare on Maui (APS Healthcare used to be the contractor for CCS). Response: These individuals are currently being served by AMHD through either their purchase of service (POS) providers or served by the Community Mental Health Centers (CMHCs), or individuals who are going to clubhouse. Providers will bill CCS directly instead of MQD.			

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	Question: Are the providers required to have a psychiatrist integrated on their teams? In my observations, the case management teams who have a psychiatrist on their team do a much better job of taking care of patients than the ones without a psychiatrist. Response: Yes, that is one of the things that Ohana is doing to ensure psychiatrists are built into teams. Question: In your annual evaluation from the 2012 External Quality Review Organization (EQRO), they use a set of criteria quality indicators devised by the Health Care Effectiveness Data and Information Set (HEDIS) for the QUEST and QExA Health Plans to measure performance; is there any thought to having those measures applied this year or in the future? Response: It is called the NCQA or National Committee of Quality Assurance and they have HEDIS. The EQRO report is for the QUEST and QExA programs. NCQA does an accreditation for behavioral health organizations and also have specific HEDIS measures. DHS is looking into implementing the HEDIS measures for the CCS Program. Question: Out of the three QUEST Plans, Kaiser Permanente was rated superbly. Unfortunately they only serve less than 10% of Medicaid individuals. The other two plans are AlohaCare and HMSA. I noticed that the AlohaCare's ratings were dismal; they had 37 quality indicators for those six (6) areas and almost half of those were rated below the national level or below the 10th percentile. Is there any kind of provisions for de-certifying or probation to put pressure on providers to improve their services? Response: DHS is looking at the following interventions: • reimburse providers' for quality in addition to fee for service; • find ways to identify areas where providers can improve on quality based on real time quality measures; • encourage all health plans to put in an electronic feedback system to get real time quality measures; • encourage providers to implement their electronic health records; • find ways to do a better job at gathering data; • expand data gathering so we can get copies of lab results for our			

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	beneficiaries, this way DHS can pull that data and look at the HEDIS measures; • work with Department of Health to get access to the childhood registry of immunizations; and • apply leverage financial incentives by withholding money until programs improve their quality measures. Question: If someone doesn't have services but wants to apply for services, in the past, they would call the ACCESS Line and AMHD would assign them to a provider. Is that process going to be any different? Response: We have been working with AMHD on this coordination, and AMHD will continue to complete eligibility determinations and continue to provide services until individuals transfer to CCS.			

6. Island Report Service Area Boards	Oahu
	Mr. Brown reported:
	• Dr. Michels and Ms. Kimberly Allen, from CAMHD, did a presentation on CAMHD's strategic planning process.
	• The Service Area Board (SAB) discussed the current status of the quality of care that is being provided to consumers with mental illness on Oahu under the new managed care plan.
	
	Maui
	Ms. Susan King reported:
	• Maui SAB discussed the Suicide Task Force and a jail situation where the consumer recently attempted suicide. The consumer was to be released, became very agitated because there were no services in place for his transition to the community. When the staff tried to get the Crisis Mobile Outreach to intervene, the ACCESS Line told the staff to call back 45 minutes prior to the consumer's release which was the following day.
	• The MSAB discussed possible solutions to prevent this from occurring in the future:
	  • Create a better system to "hand off" consumers exiting jail to the community, especially those who need transitional housing.
	  • Discussed having one of the judges on Maui speak with the
		For information only.
		
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			P. Brown
			
			S. King	

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	MSAB to better understand the transition process for these individuals; and • Place a case manager on-site at the jail to assist with consumer transitions. • United Self Help is taking BRIDGES into the Wailuku homeless shelters. A series of 12 classes are scheduled. • The Maui SAB is investigating the problems at the shelter and the reasons for the non re-payment of their loan to the Maui County. • The group wants to increase the shelter staff's awareness of mental health issues for individuals living with SMI/SPMI. • The support group in the Family Life Center will begin shortly. Council members then discussed the transition of incarcerated consumers back to the community due to a lack of coordinated services after incarceration. Based on the discussion, members realized that this is a larger issue that impacts several departments. Judge Simms (retired) suggested that the Council may need to investigate this issue by creating a Permitted Interaction (PI) Group to look closer at the issues, and perhaps invite Mr. Ted Sakai, Administrator of Public Safety Division to a Council meeting to gain a better perspective. <u>Hawaii Island</u> Ms. Tracy Wise reported on behalf of Mr. Holschuh: • The SAB is advocating for individuals with a disability who for the past two years received a waiver to take the bus. As of July 2013, the bus fare has increased to $45 per month with no waivers for these individuals. • The Alcohol and Drug Abuse Division (ADAD) has restarted certifying identified non-accredited programs. So far, two programs have been certified within the last 45 days. • Mental Health Calendar begins in North Hawaii. This means that those individuals that are on conditional release or release on conditions, and who are going through the 704 process, will be able to be a part of a new calendar in the North Hawaii area. Every first Wednesday of the month, if the individual has family court there will be an AMHD staff present to ensure there is continuity of care to improve timeframes to access to mental health services and early	<u>Recommendation</u>: Create a PI Group to investigate the transition of consumers to the community post incarceration. For information only.	Council members T. Wise	Future agenda item.

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	intervention in out-patient treatment. • The SAB is concerned with the psychiatric coverage at Kalani Ola and will continue to monitor the situation. • The coverage at Kalani Ola, a psychiatric unit of the Kona Hospital, was supposed to be a shared relationship between Kalani Ola, AMHD and any community psychiatrist practicing in this area for a total of three (3) individuals. Coverage was never consistent, and was primarily staffed by AMHD. The position covers all emergency department's consults coming in from Waimea, Kohala, Kau, and Kona, as well as covering medical-surgical department, the intensive critical unit, and a nine (9) bed psychic unit in Kona. • With the retirement of the lead physician on June 30, 2013, the East and West Hawaii Center Managers in collaboration with the CMHC Systems Administration and AMHD will address these concerns. <u>Kauai</u> Sheila Calcagno reported the following • Kauai SAB is still trying to recruit board members. • There are five (5) vacancies, which includes two (2) board members whose terms ended June 30, 2013. • A member from the Friendship House is starting a dual diagnosis meeting twice a month. • Mr. Wayne Law, the Service Area Administrator, has retired.	For information only.	S. Calcagno	
7. Behavioral Health Admin. Presentation	Deputy Director Lynn Fallin of the Behavioral Health Administration presented the Expenditure Reports for CAMHD and AMHD. Before her presentation, Deputy Fallin acknowledged the work of ADAD on Hawaii Island and noted that they have accredited four (4) Big Island Substance Abuse Council (BISAC) programs to date. She also gave an update on the discussion since her meeting with the Social Service and Health PI Group's meeting on July 11, 2013. She announced that AMHD's website needed to be redone and a new website is in place. As reports are finalized, they will be posted on the website. For example, reports such as: consumer satisfaction surveys, focus group information, strategic plans, array of services and other information that maybe of interest to the Council.	For information only.		

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	Deputy Fallin reported that the Developmental Disabilities Division (DDD) is working on their strategic plan, and AMHD is in the process of planning theirs. For the ADAD division, she noted that their four – five year plan is close to ending, so they are revisiting the plan for possible updates, etc. Deputy Fallin explained the budgeting process, which starts in August for programs and ends in May the following year. The process is as follows: • The programs develop their budget which is submitted to the deputies and the Administrative Services Office for review. • After their review, the budget is submitted to the Director of Health for her review. The Director of Health convenes a small group, which is tasked with prioritizing the budget based on mandates and a number of concerns. • The budget is then sent to the Budget and Finance Department for review. After their review, it is sent to the Governor's Office, and then to the Legislature for review, discussions, and finalization. • Based on the legislature's review, the final decision on the allocation for each program is based on major policy issues, special funds and vacancies. The final budget is not finalized until April, and the Governor then signs the budget into law. Deputy Fallin reported on the total expenditures for CAMHD and AMHD for the past three years: FY2011 $166,341,671 FY2012 $165,077,699 FY2013 $149,813,052 (data not complete) • AMHD Outpatient Total Expenditures for the past three years: FY2011 $62,381,320 FY2012 $63,807,863 FY2013 $61,192,064 (data not complete; most likely to reach $65 million) • AMHD FY2012 Outpatient POS Expenditures by County – this reflects the population of the county: Honolulu $27,235,143 71%			

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	Hawaii $ 6,927,697 18% Maui $ 3,959,398 10% Kauai $ 449,701 1%* *All consumers are case managed at the Kauai CMHC. • AMHD FY2012 Expenditures for the CMHCs by County: Hawaii $ 8,454,737 Honolulu $ 4,184,273 Kauai $ 2,292,889 Maui $ 1,605,270 • CAMHD Total Expenditures for the past three years: FY2011 $45,772,470** FY2012 $43,624,799** FY2013 $34,403,732 (data not complete) **There is a drop in expenditures between FY2011 and FY2012. This decrease is due to more utilization review and better management of resources. • CAMHD FY2012 Outpatient POS Expenditures by County: Hawaii $13,755,298 45% (greater cost, more kids served) Honolulu $11,486,426 38% Maui $ 2,939,411 10% Kauai $ 2,346,728 8% • CAMHD FY2012 Expenditures by Family Guidance Centers: Honolulu $ 7,869,744 (cost includes administrative cost) Hawaii $ 1,909,656 Kauai $ 837,210 Maui $ 586,674 **QUESTIONS and ANSWERS for Deputy Fallin** Question: For the AMHD expenditures, it appears that Maui County is lower than Kauai County. Since Maui County has three islands (Maui, Molokai and Lanai), why are the expenditures disproportionate? Response: There are different variables affecting these numbers; some, which are based on needs, capacity and sustainability. For a more detailed response, further follow-up is needed.			

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	Question: The same is a concern for the POS expenditures by counties for CAMHD expenditures. Why are there such differences for the expenditures? Response: First, the demographics for each county play a big role on these expenditures. For example, on Hawaii County, there are a lot of factors that affect these numbers, such as the high usage of drugs. The CAMHD is involved with working with the Department of Education, DHS, and the Courts in looking at better serving these youth. Ms. Wise, Service Area Administrator from Hawaii Island, agreed with Deputy Fallin's explanation. She stated that on Hawaii Island, for AMHD, they have the highest court ordered individuals on conditional release, and release on conditions in East Hawaii compared to the State; almost by 50%. On Hawaii Island, Ms. Wise opined that these results are based on a lot of psychosocial stressors. She noted that Hawaii Island has probably the most frail bus system, a pretty significant amount of ice and marijuana usage, and a significant amount of individuals with developmental disabilities. She reiterated that Hawaii Island has many challenges within a huge geographic area. Question: What about the AMHD website? Is there a timeframe when it becomes operable? Response: The site has changed and is working. Documents are being uploaded on it. In concluding her presentation, Deputy Fallin shared that AMHD has undertaken a number of initiatives, such as: • Restored the case management hours and crisis support services that were cut; • Currently looking at the high utilizers of services that affect the system, the emergency departments and the State Hospital, and also looking at the integration of behavioral health and primary care for consumers as a result of the Affordable Care Act; and • Since the Governor has reconvened the Special Action Team, Deputy Fallin continued that there are plans to introduce legislation during the next legislative session for the State Hospital.			

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8. Permitted Interaction (PI) Group Reports and Other Activities	Social Services and Health: • Ms. Vorsino passed out the input on the Block Grant (yellow handout) on Children and Adolescent Behavioral Health Services. • Mr. Durant – What is Project Kealahou? • Ms. Vorsino – It is the trauma informed care project that provides services to girls on Oahu. • Project Laulima – They had their first year which was a planning grant for the DDD and CAMHD. Goals are to get both divisions to the table to discuss services for youth with co-occurring disorders. The grant is for four (4) years to implement services. • Meeting with Deputy Director Fallin update: The websites are going to be more functioning. Plans are to put more reports and information on the website for the public. • Mr. Brown – Ms. Fallin has provided in her report today a step forward from what we heard at the July 11th meeting. Mr. Brown articulated his concerns and therefore proposed an on-going meeting where the Council and the Behavioral Health Administration would continue to discuss challenging issues and be involved in the upgrade of the AMHD website. He also expressed that he would like to be involved as an individual, as the Chair of the Oahu SAB, and as a Council member, with the AMHD Strategic Planning process. Council members explained that the Council would have to vote for an individual to be an official representative for the Council with the AMHD Strategic Planning process. They stated that they would consider this action at the next Council meeting. Public Education: • For the SCMH website, the cost will be $6,400 to setup the website, and thereafter a monthly maintenance fee of $195.00 would be needed. • Ms. Simms moved to accept the *One Wave Design* proposal to establish the State Council Mental Health's website along with the maintenance cost. Ms. Daraban seconded. • All members voted in favor. Motion passed.	For information only. <u>Action</u>: Council members to consider voting for a representative to be involved with the AMHD Strategic Planning process. <u>Action</u>: Members approved unanimously *One Wave Design* to develop the State Council's website.	SCMH members SCMH members	Future agenda item.

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9. Selection of Ad Hoc PI Group to Work with AMHD and CAMHD on the FY2014 MHBG Application	• Council to form an Ad Hoc Committee to review the draft FY2014 Mental Health Block Grant (MHBG) Application. • The following members volunteered to work on the committee: Ms. Simms, Ms. Crum and Mr. Brown.	Action: Staff to contact Ms. King to inquire if she wants to join the Ad Hoc Committee.	Staff	After the meeting.
10. Announcements	• NAMI Walk is scheduled on October 5th. • The first Sunday in October is Youth Day.			
11. Agenda Items for Next Meeting	• Council Representative to participate in AMHD's Strategic Planning process. • Public Housing and Eviction – Consumers with Mental Illness. • Transition from Youth to Adult Services.			
12. Adjournment	The State Council on Mental Health meeting adjourned at 11:30 a.m.			
Mail Outs	• SCMH August 13, 2013 Agenda and draft SCMH July 9, 2013 minutes • SCMH Attendance Log • Behavioral Health Services in Medicaid Presentation • QUEST Behavioral Health Dashboard • One Wave Designs Proposal for the State Council website • Behavioral Health Administration Expenditure Highlights for CAMHD and AMHD • Mental Health Block Grant Application Narrative Section O – Children and Adolescent Behavioral Health Services • Social Services and Health PI Group Memo to State Council • Maui Service Area Board on Mental Health and Substance Abuse, July 1, 2013, Agenda and Minutes • Oahu Service Area Board on Mental Health and Substance Abuse, June 17, 2013, Agenda and Minutes • Kauai Service Area Board on Mental Health and Substance Abuse, June 27, 2013 Agenda and Minutes • Hawaii Advisory Commission on Drug Abuse and Controlled Substances July 25, 2013 Agenda and draft May 23, 2013 Minutes			