

**REPORT TO THE TWENTY-FOURTH LEGISLATURE
STATE OF HAWAII
2007**

**PURSUANT TO SECTION 334-10 (E), HAWAII REVISED STATUTES,
REQUIRING THE DEPARTMENT OF HEALTH TO SUBMIT AN
ANNUAL REPORT TO THE GOVERNOR AND THE LEGISLATURE ON
IMPLEMENTATION OF THE STATE PLAN FROM THE HAWAII
STATE COUNCIL ON MENTAL HEALTH**

AND

**PURSUANT TO THE HAWAII ADMINISTRATIVE RULES, TITLE 11,
DEPARTMENT OF HEALTH, CHAPTER 175 (11-175-03) (b),
REQUIRING THE DEPARTMENT OF HEALTH TO SUBMIT AN
ANNUAL REPORT**

**PREPARED BY:
STATE OF HAWAII
DEPARTMENT OF HEALTH
NOVEMBER 2006**

HAWAII STATE COUNCIL ON MENTAL HEALTH (SCMH)
ANNUAL REPORT TO THE GOVERNOR AND LEGISLATURE
Legislative Session 2007

This annual report is in response to HRS 334-10 (e): “The Council shall prepare and submit an annual report to the Governor and the Legislature on implementation of the statewide comprehensive integrated service plan. The report to the Legislature shall be submitted at least twenty days prior to the convening of each regular session”.

This annual report is also in response to Hawaii Administrative Rules, Title 11, Department of Health, Chapter 175, 11-175-03 (b).

I. Advise the Department on Statewide Needs

The SCMH provides input on Statewide needs through processes involved in the development of the Comprehensive Integrated Service Area Plans on Mental Health for each county and the annual Statewide Comprehensive Integrated Service Plan. In addition, the Council has developed a reporting and tracking system for Service Area Board issues/recommendations for review by the Council. Issues identified include:

- Stigma & discrimination;
- Recovery planning training for staff and consumers;
- Special needs of chronically homeless persons;
- Development of supervisory model and training for AMHD staff; and,
- Provision of culturally competent services.

II. Review Services, Statistics and Other Information

The Plan for Community Mental Health services for adults requires that the County Service Area Boards, each of which is represented on the State Council, participate in the formulation of the County Comprehensive Integrated Service Area Plans which are then integrated into the Statewide Comprehensive Integrated Service Plan.

The State Plan is reviewed by the SCMH consistent with state (HRS 334-10 (c) and federal (P.L. 102-321) mandates. This includes reviewing the guiding cross-cutting principles, cultural competence, recovery, evidence-based practices, service definitions, level of care criteria, service background, integration of services, partnering, budgeting, and goals, objectives and performance indicators of the system.

A. Adult

- Review Service Area Plans;
- Review County Plans;

- Review of annual State Plan;
- Review of annual Implementation Report of the State Plan;
- President’s New Freedom Commission on Mental Health publication, distribution and focused discussion;
- Review monthly Chief’s Report on Implementation of Services;
- Review of Sentinel Events;
- Review Supported Employment Program;
- Review AMHD anti-stigma presentation;
- Received presentations from Statewide Service Directors on core services: Crisis Services, Treatment, Case Management, Community Housing, Vocational Rehabilitation, and services to AMHD’s two Special Populations - Forensic Services and MISA Services;
- Received presentation from Statewide Clubhouse Director;
- Special Session with the AMHD Chief on the “Action Plan” for implementation of the Plan for Community Mental Health Services;
- Reports on Implementation of the Medicaid Rehabilitation Option in Hawaii;
- Participation in 2nd Annual Best Practices Conference;
- Attendance at annual CMHS, SAMHSA Planning Conference;
- Report of SCMHS consumer on the National SAMHSA Consumer/Survivor Committee;
- Presentation from new Hawaii Director of Mental Health Association;
- Presentation of State Plan at Consultative Peer Review

B. Child and Adolescent

- Review reports on caseloads at CAMHD Family Guidance Centers;
- Medicaid Review of CAMHD MedQUEST Program;
- Juvenile Justice Plan;
- Quarterly Sustainability Reports;
- Review of results of Performance Indicators;
- Reports from State Council DOE Representative on Implementation of School-Based Behavioral Health; and,
- SAMHSA Grants

III. Advise Department on Allocation of Funds and Resources

A. Adults with Severe and Persistent Mental Illness

- Review of the four County Plans and the seven Statewide Service Plans and the State Comprehensive Integrated Services Plan for expansion of core services and ensure core service funding in all four counties;

- Received Report on Block Grant funded project “Grant Writing and Grant Acquisition Capacity Building” (consumer organization, United Self-Help/ University of Hawaii School of Social Work)
- Recommended Block Grant funding including increasing anti-stigma funds; and,
- Reviewed AMHD budget request for 2005 legislature.

B. Child and Adolescent

- Provided input that Block Grant fund increases be utilized to include services that will assist the transition population.

IV. Review and Comment on the State Plan

- State Council letter in support of the State Plan, and
- State Council letter in support of the Implementation Report.

State Plans and Implementation Reports from the CAMHD and AMHD are reviewed by Council members for Adults with Serious and Persistent Mental Illness and Children with a Serious Emotional Disturbance and provide feedback to the Chairperson of the State Council. The Chairperson incorporates Council input in the submittal letters for the State Plan and the Implementation Report.

V. Advocacy Activities for Adults with Severe and Persistent Mental Illness

- Mental Health Parity legislation;
- Advanced Directives legislation; and,
- Unrestricted Access to Psychotropic Medication.

VI Council’s Activities Regarding Implementation of the State Plan

- Assess progress, review, and provide input for Implementation Report, including review of National Outcome Measure (NOMs) as follows:
 - Increase Access to services: In FY 2005 AMHD increased services to 962 consumers (8,489 served), as compared to FY 2004 (7,529 served). Also contributing to increased access was AMHD’s new policy on “presumptive eligibility” especially relevant for persons with MISA (Mental Illness/Substance Abuse) and who are homeless or arrested.
 - Decrease Re-admissions of forensic and non-forensic patients within 30 and 180 days of discharge at Hawaii State Hospital and Kahi Mohala Hospital: In FY 2005, there were no non-forensic patients readmitted within 30 days of discharge (180 days to be measured next year) and for forensic patients, the

- 2% target for FY 2005 was not exceeded – only 6 persons of 294 discharges were readmitted within 30 days of discharge.
- Provide Evidence Based Practices (EBPs): AMHD measurement of ACT (Assertive Community Treatment) has been initiated with 9% receiving such services. Fidelity monitoring of the ACT practice has been initiated. Tracking of EBPs Supported Housing and Supported Employment has been initiated.
 - Consumer Perception of Recovery Outcomes: In FY 2005, 592 of 855 consumers (69.2%) reported positively about recovery outcomes as compared to 517 of 760 consumers (68%) in FY 2004. Measure includes well-being, relationships, life circumstances, and potential recovery. This represents an improvement of 1.2% over the previous year. County scores are highest on Kauai (75.6%), followed by Hawaii (70.9%), Oahu (67.9%), and Maui (66.4%).
 - Decrease Homelessness: The AMHD is committed to incremental reductions in the number of consumers experiencing homelessness as a major priority. By continuing to refine the documentation of homeless consumers and expand best housing practices such as “Housing First” and establishment of “wet”, “damp” and “dry” housing, an impact on chronic homelessness is expected to be realized.
 - Increase Full-Time and Part-time Employment: In FY 2005, 788 of 3,618 (22%) consumers sampled were employed, which is a 2.7% increase over FY 2004 with 810 of 4,231 (19.1%) consumers employed.
 - Increase the Number of Persons Living Independently: In FY 2005, 2,495 of 3,446 persons sampled reported living independently as compared to 435 of 658 who reported living independently in FY 2004. Increases in independent living occur through the AMHD’s Supported Housing program that maximizes funding opportunities with other city, state and federal agencies.
- Participate in ongoing monitoring of the Plan for Community Mental Health Services with the AMHD Chief, Court Evaluation Team and AMHD consultants and staff. Noted AMHD accomplishments in FY 2005 included:
 - Implementation of the Action Plan for the Plan for Community Mental Health Services was continued with significant additions to the AMHD infrastructure and clinical service capacity including:
 - Administrative and CMHC clinical positions were significantly increased;

- Operational processes of the AMHD including the Executive Team were restructured;
- Utilization Management was streamlined to reduced the number of services requiring prior authorization from 36 to six services;
- A Quality Management Program was established to improve AMHD services including a stakeholder driven Quality Council (QC) and a Quality Improvement Committee (QIC);
- An AMHD Provider Relations Director was hired to work with the extensive network of 40 private purchase of Service (POS) providers including development and categorization of provider grievances and appeals; and development of a provider survey and newsletter;
- Newly revised Consumer Protection policies and procedures on consumer abuse and neglect were approved and distributed, and reports developed on consumer grievances and appeals and Sentinel Events;
- Target Population Reports were researched and written on the availability of a core set of services to individuals discharged, transferred or diverted (DTD) from Hawaii State Hospital and those at-risk of hospitalization (*FY 2004 Target Population Report: An Overview of the DTD Group* (AMHD MHSRET Technical Report # 0500506).
- Staff capacity funding was provided for case management to meet the best practice staff to consumer ratios of 1:20 for Intensive Case Management and 1:40 for Targeted Case Management, and revision of the ACT (Assertive Community Treatment) fidelity tool.
- Improvement in Recovery Planning (formerly Treatment Planning) was initiated through external consultation resulting in system wide technical assistance, training and new guidelines.
- Legislative support was provided to increase and strengthen the infrastructure and service capacity of the CMHCs with new functional organization charts for eight CMHCs reflecting both new and continuing positions for Case Managers, Case Management Coordinators, Case Management Team Leaders, Case Management Specialists, Clubhouse/PSR Coordinators, Clubhouse specialists, Forensic Coordinators, Jail Diversion Coordinators, Jail Diversion Specialists, MISA Coordinators, Licensed Clinical Social Workers, and Advanced Practice Registered Nurses (APRNs) with Prescriptive Authority. A new CMHC Leadership

Team has been developed with the charge of developing and implementing a CMHC Performance Management Plan and also to guide CMHC-specific Performance Management Action Plans.

- Forensic Services have been established to divert persons from the criminal justice system, track persons on Conditional Release (CR) and assist reentry of sentence inmates and hospitalized forensic patients back into the community. In FY 2005, completed actions included establishment of policies and procedure for oversight of community and hospital forensic programs and for CR programs, monthly monitoring of all CR Cases by CMHC Forensic Coordinators, training of Public Safety and CMHC forensic staff to support community reentry of consumers from prisons and jails, and establishment and implementation of the Big Island model of jail diversion (SAMHSA funded) in each county.

VII. Programs Affecting Two or More Service Areas

A. Adult

- COSIG grant
- Forensics and Jail Diversion
- Warm and Welcoming Policy Development and Implementation
- Cultural Competency
- Fully Integrated Consumer Involvement
- Anti-stigma and Discrimination

B. Child and Adolescent

- Mental Health Services for the Juvenile Justice Population
- Involvement of Young Adults in Helping to Facilitate Transition to Adulthood
- Multidimensional Treatment Foster Care
- Anti-stigma and Discrimination
- Homeless Youth Outreach