



Provider Bulletin

for the Adult Mental Health Division

July 2009

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If you have any questions about information in this Provider Bulletin, please contact AMHD Provider Relations at (808) 586-4689.

Aloha!

The purpose of this communication tool is to provide Purchase of Service (POS) providers with up-to-date new or revised information, and to assist us when implementing new Adult Mental Health Division (AMHD) business activities and initiatives. We welcome your ongoing feedback and suggestions for improvement as we work to develop this valuable communication tool. Please contact us if there are any topics you would like to see in the Provider Bulletin.

AMHD Medical Director Corner (Dr. William Sheehan)

It is important to monitor co-occurring medical conditions in our AMHD population. It is pretty well established that individuals who have a severe and persistent mental illness have increased mortality rates. Be sure to consider medical co-occurring conditions at the time of admission to your program, at every medication visit, when you are having case management contact, at recovery plan reviews, and just about any time you and your staff are in contact with consumers. Develop and implement plans to address those medical issues. Encourage adherence to treatment regimens for medical problems. Support, teach, and develop wellness habits such as proper diet, exercise, and lifestyle. Integrating care for medical illnesses along with mental health issues is important, as the two go together as equal parts of a 'whole person' approach to recovery.

As of July 1, 2009, I am in an additional role here, as the Acting Chief of the Adult Mental Health Division. I am looking forward to working with you in my new capacity. We have a great team here at the Division, and I'm honored to be working in this position with our management team and staff. It will take a little time for me to get familiar with the new things of the job, but since I've been here almost 4 years now it I'm hoping not too long! Over the next few weeks, when we see each other or at meetings, we'll talk more. Everyone has been very supportive in this transition, and we'll continue working together to provide great services to our consumers as we make the necessary adjustments to life within the fiscal realities of our times.

Hawaii 2009 Adult Community Mental Health Consumer Survey & 2009 Health and Well-Being Survey

The 2009 Annual Consumer Satisfaction Survey was launched June 1, 2009 and will continue through July 31, 2009. Often referred to as the MHSIP Consumer Satisfaction Survey (instrument developed by the National Mental Health Statistical Improvement Program-MHSIP), a modified version has been used by the Adult Mental Health Division since 2002. The primary purpose of this survey is to collect information about the consumers' perception of services provided to them by Hawaii's public mental health system. In addition to this satisfaction survey, we have for the first time, added a survey to address health and well-being issues.

How will this information collected be used? The satisfaction survey was developed to identify ways to improve services to our consumers and to plan for the future. The AMHD uses service measure outcomes from surveys such as the Annual

Consumer Satisfactory survey and the Hawaii Quality of Life Inventory (QOLI) surveys, to justify funding for existing programs to the Hawaii State Legislature. Thus far, for the month of June, the Annual Consumer Satisfaction survey response rate has been less than 5%; the response rate for the Health and Well-Being survey is even lower. The collection of these surveys in July will be critical to obtaining sufficient numbers to make the analysis meaningful.

We do understand that the economic challenges facing the state have, in many cases, exacerbated the problems providers face concerning understaffing and increased workloads. However, we ask for your assistance to attempt to provide each consumer on your agency's list the opportunity to participate in this survey and to have their voice heard. Higher response rates for these types of surveys translate into more credible service measure outcomes. To help us achieve our goals, we offer the following reminders:

1. **Please appoint a designated contact person for each of your sites.** This person will have the responsibility and authority to coordinate this survey. Please provide this contact person's name and contact information to MHSRET, attention Steven Wong at sycwong@hawaii.edu or via phone (808) 735-1811.
2. **Please utilize the listing of consumers to be surveyed to record the requested information including:**
 - a. Dates when each consumer was given the survey; and
 - b. If the consumer did not receive a survey, the reason; e.g., "Refused," or "Unable to locate."
3. **Self-addressed envelopes were provided to those agencies that did not receive a locked-box, and for those agencies which see consumers in the field.** If more self-addressed envelopes are needed, please contact Steven Wong. Postage will be paid by MHSRET.

MHSRET has assigned staff statewide to pick up the surveys. Please contact Steven Wong when your box is nearly filled or if there are any concerns or questions.

Our Duty To Notice and Act, Part 1 (Rupert Goetz, MD)

One of the most difficult things in clinical practice is not becoming accustomed to what surrounds us daily. A second is stepping outside of our comfort zone. Case in point, adapted for this article from our sentinel events reports in the last year:

Mary (not her real name) went through a lot growing up, including both psychological and physical trauma. One of her ways of coping when overwhelmed was to flee into drugs, a few years back switching from illicit drugs to prescription medication. As consequence, it was not unusual to see her sedated and slurring her words; since she was homeless, seeing her asleep on a park bench was common. Generally, offering support when she seemed open was what could be done. However, one day, she didn't wake up, even though she had been seen shortly before by one of her providers.

For all of us in mental health, such a story will produce soul-searching. We don't know the exact details of the clinical encounter before Mary's death, but at least two difficulties faced the well-meaning provider that may be helpful to summarize:

1. How can you notice when the usual has become unusual?
2. How can you know that a silent, medical mental status emergency has evolved that forces you to act?

In this first of two parts, we will take up the first question. Next month, we will address the second.

When the Usual Becomes Unusual:

Many of you know of the “Boiled Frog” story (http://en.wikipedia.org/wiki/Boiling_frog) that holds a frog dumped in boiling water jumps out, whereas one gradually heated in cool water won't notice to jump until it's too late. While the frog neurobiology is probably wrong, human neurobiology does give us a remarkable capacity to tolerate small, incremental change. This sets us up to miss gradually emerging catastrophes.

Unfortunately, there is no easy preventative fix to this dilemma. You can't jump on every possible crisis, yet you don't want to “miss the one that counts.”

One tool that has helped me over the years and proven robust in a variety of applications is a two-part model suggested by Thomas Gutheil in connection with the clinician's duty to act when faced with varying degrees of danger. He suggested that we think separately about the both the degree of danger and the degree of reliance we have on the client's ability to moderate the danger, i.e., their mental status.

Danger

We all know if we want to prevent a completed suicide, we have to distinguish high lethality from low lethality methods. Jumping from a high building doesn't leave room to change your mind. However, a potential overdose may leave a lot of time to think and call for help. We would all try to stop someone who wants to jump; a minor overdose may not even require a trip to the ER.

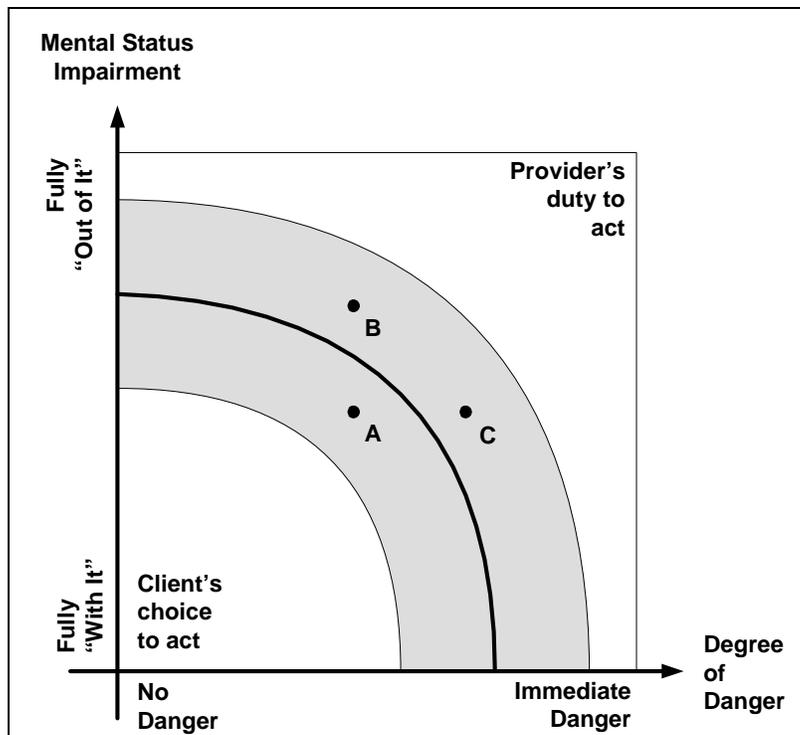
Mental Status

We may not always think about it that way, but a client's mental status deserves similar attention and is on a similar continuum, from fully “with it” to fully “out of it.” Without going into detail here, the decisions a person makes when fully “with it” may not always be to our liking, but we have to respect them. On the other hand, nobody would let a physically fit person who is suffering from severe dementia swim out into the ocean alone.

Danger and Mental Status Together

When we put both together, it becomes possible to see a much more reliable picture of the choices we face. A diagram may help - there still isn't a “clean” line between when we have to take over to act and when we stand back and let the client act, but it may be easier to decide when to do what in the grey zone in which we constantly operate.

Figure: Danger and Mental Status When Deciding Who Acts



The application of this model to Mary's case may be illustrated by the three points in the figure above. If Mary were at "A", we would let her make her own choices; if she were at "B" or "C", we would step in more forcefully. At "A" Mary has the coping mechanisms described above; that is the part that's easy to become accustomed to without remembering how close to the line she constantly lives. When heavily intoxicated, she has clearly moved to "B". Her mental status changed. That is why the ER would at least hold her till she's more sober, should she have come in with vague suicidal complaints. Similarly, if the vague suicidal ideation had changed to specific ideas with a feasible plan and lethal means, the ER would hold her until the danger had been addressed. The degree of danger changed.

Summary:

The bottom line for "acting when the usual becomes unusual" is constant vigilance (duty to notice) paired with weighing danger and the client's mental status together (duty to act). We may not come up with the "right" answer; hindsight will provide its hard lessons. However, we will be one step closer to having "taken over" or "stood back" reasonably.

Next month, we'll look at a model to think about the bottom line for medical mental status emergencies.

AMHD E-ARCH Program

Starting this month, information previously included in a separate AMHD E-ARCH Program Newsletter will now be included in the AMHD Provider Bulletin. While you have received a copy of the monthly AMHD Provider Bulletin in the past, we hope that starting this month, having a single monthly AMHD communication will be a convenient way for you and your staff to keep up-to-date with AMHD E-ARCH Program activities including meeting reminders, announcements, and general information. Additionally, we welcome the larger AMHD provider network to view information about "what's happening?" with the AMHD E-ARCH Program.

RSVP now for the July 17, 2009 AMHD E-ARCH Provider Administrative Meeting: The topic for April's administrative meeting is open to any concerns that AMHD E-ARCH providers would like to share including case management issues, coordination of care concerns, and feedback on how the program can be improved. We will also announce the results of the AMHD E-ARCH provider fiscal audit. **Please call Tehani at 453-6397 by Thursday, July 16, 2009 to RSVP.**

**Friday, July 17, 2009
9:30am – 10:30am
870 Fourth Street, Pearl City**

Summary of the June 19, 2009 AMHD E-ARCH Provider In Service Meeting: Thank you very much to everyone who attended the in-service meeting on June 19, 2009. Attendees will receive a course certificate for participation. The in-service session focused on the significance of the Recovery Plan (also know as the Master Recovery Plan, the Individual Service Plan, and the psych care plan). Attendees learned about the elements of the Recovery Plan and how the plan can be integrated into the care home setting through the discussion of practical examples and scenarios. In addition to the medical care plan, a copy of the Recovery Plan should be on file in the care home. Please document all attempts to obtain a copy of your AMHD resident's Recovery Plan. If you are unable to obtain a copy, please call Stacy at 453-6396.

Reminders:

- Revised Automobile Certificate of Insurance:
If you HAVE NOT faxed or submitted a copy of your revised automobile Certificate of Insurance, please do so as soon as possible. The effective date of the revised coverage should be no later than July 1, 2009. Please refer to handouts sent to you previously.
- Vacation Notification Submitted to AMHD:
Please do not forget to send a copy of your official leave/vacation notice to the OSAA office. At minimum, the notice should include your name/E-ARCH address, leave start and end dates, and names/contract numbers for your substitute staff.

We ask that you send your notice to us at least two weeks prior to the start of your leave/vacation so that we may coordinate with your substitute and the AMHD E-ARCH consumer's team prior to your departure.

- **Psych Care Plan on File in Care Home:**
If your AMHD E-ARCH resident does not have a current psych care plan on file in their care home chart, please request it from the consumer and/or their psych case manager. Care home staff need to be aware of the contents of the psych care plan including, but not limited to, the consumer's crisis plan, needs, and goals.
- **AMHD Oahu Provider Contact List:**
The purpose of the AMHD Oahu Provider Contact List is to identify provider preferences for contacting agency staff. Please use contact information provided in the list if you are unable to obtain the needed information or assistance through direct communication with the psych case manager. AMHD E-ARCH Providers are NOT individually identified in the list. However, your contact information is included on the monthly Department of Health Statewide ARCH/E-ARCH Vacancy List.

AMHD Utilization Management Quarterly Service Authorizations: Please review your authorization form and report any errors directly to AMHD Utilization Management.

Annual Financial Review for Consumer Room and Board: In preparation for the new fiscal year that starts on July 1, 2009, AMHD is working with case managers, AMHD E-ARCH providers, guardians, and representative payees to identify current income, debt, and expenses for every AMHD E-ARCH consumer. Consumers must pay their share of monthly room and board costs. It is the responsibility of the person managing the consumer's funds to pay the monthly room and board amount in full to the AMHD E-ARCH provider. If an AMHD E-ARCH provider does not receive the monthly room and board amount in full, the provider should contact the OSAA office to report the situation. A confirmation letter will be sent to the consumer's team members indicating the current monthly room and board amount effective July 1, 2009.

Please continue to contact the Oahu Service Area Administration (OSAA) Team anytime you need assistance. (808) 453-6397 office; (808) 453-6399 fax.

Community Based Case Management (CBCM)

As many of you already know, Robbyn Takeuchi, Case Management and Support Service Director, has resigned from the AMHD to pursue other opportunities, effective June 19, 2009. We hope you had a chance to say farewell before she left. Robbyn was a valued asset of the Division and we will miss her, but wish her well in her future endeavors.

Until further notice, the following major areas of responsibility for that position will be assumed by other AMHD Service Directors, as follows:

- **Community Based Case Management, Representative Payee, and Peer Coach** - Dr. Edward Suarez (808) 453-6941.
- **Homeless Outreach, Consumer Resource Fund** - Bernie Miranda (808) 453-6944.
- **Bilingual Services, Clinical Supervision Technical Assistance** – Eva Kishimoto (808) 453-6768.

As always, Kaui Martinez, Support Service Specialist, will continue to provide support and assistance for all Case Management and Support Services functions. She can be reached at (808) 453-6942.

Homeless Outreach

The new contract for Homeless Outreach will begin August 1, 2009. Providers selected to administer this service include Kalihi Palama Health Care for the Homeless Project (Oahu), Mental Health Kokua (Maui & Kauai) and Office for Social Ministry (Big Island).

AMHD Website

We continue to update our AMHD Website and revisions are underway. If you have any questions regarding the AMHD website information, please contact the AMHD Provider Relations Director at (808) 586-4689 or email at dawn.mendiola@doh.hawaii.gov.

Learning Opportunities & Opportunities for Growth

1. **NAMI Walks for the Mind of America** is a fundraising and mental health awareness program that is being held on August 1, 2009 in **Honolulu**. There is no registration fee for the walk and everyone is invited to join in. For more information, please contact Audrey Chandler at (808) 371-4966 or the NAMI office at (808) 591-1297.
2. Fundamental Five Non-Profit training series – “Strategic Planning”, by the Grants Central Station, starts on July 14, 2009 in **Maui** at the Cameron Center. Free. For more information, please visit www.grantscentralstation.org.
3. Ethical Standards for CSAC’s will be held on July 22, 2009 in **Honolulu**, Kapolei. 6 ADAD CEUs. \$15. For more information please call Ana Quintal at 692-7528.
4. Fundamental Five Non-Profit training series – “Fundraising & Developmental Strategies”, by the Grants Central Station, will be held on September 8, 2009 in **Maui** at the Cameron Center. Free. For more information, please visit www.grantscentralstation.org.
5. Ethics and Ethical Thinking for CSACs will be held on September 17, 2009 in **Honolulu**, Kapolei. 6 ADAD CEUs. \$15. For more information please call Ana Quintal at 692-7528.
6. Fundamental Five Non-Profit training series – “Volunteer Management”, by the Grants Central Station, will be held on October 7th, in **Maui** at the Cameron Center. Free. For more information, please visit www.grantscentralstation.org.
7. Critical Thinking with Mike Taleff, PhD, CSAC, will be held on October 15th, in **Honolulu**, Kapolei. 6 ADAD CEUs. \$15. For more information please call Ana Quintal at 692-7528.
8. Fundamental Five Non-Profit training series – “Legal & Insurance Issues”, by the Grants Central Station, will be held on November 5th, in **Maui** at the Cameron Center. Free. For more information, please visit www.grantscentralstation.org.
9. Co-Occurring Disorders with Mike Talff, Phd, CSAC will be held on November 12th in **Honolulu**, at the YMCA. 6 ADAD CEUs. \$15. For more information please call Ana Quintal at 692-7528
10. Ethical Standards for CSACs will be held on November 19th in **Honolulu**, Kapolei. 6 ADAD CEUs. \$15. For more information please call Ana Quintal at 692-7528