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 Chief Corner (Acting Chief, Dr. William Sheehan)

April will be a month to catch our breath, I think. Right now, all eyes are on the Legislature and the Governor as the budget is negotiated. The Legislature is scheduled to conclude by the end of April, so it has to get resolved one way or the other soon.

At the Division, we are focused on the operational realities of the day. Clinical operations, hospital census, community mental health center administration, Quality Improvement, and provider concerns and grievances keep us plenty busy.

We have a tentative public announcement being scheduled to talk about the transition of Med-QUEST beneficiaries from the Division to their Health Plans, which is planned for late April or early May.

I expect, once the budget for fiscal year 2010-2011 is agreed upon, things will quicken. Whatever is decided about the money issues is likely to affect all of us and the way we do business. The Division is hoping there won’t be large additional cuts to our budget, but it is possible, and we’ll adapt. Economies cycle and we’re at a low point on a cycle right now. At some point, things will get better. They might be very different from the way they were, but they will be better. In the meantime, preparations for any eventuality would be the recommendations for us all. If we get good news, we’ll be relieved. If the news is hard, we’ll be ready to respond.

By next month’s update, I expect we’ll have some more concrete information for the system on the direction we’ll be going in. In the meantime, as always, stick to the basics: focus on the consumer and the consumer’s recovery, provide appropriate clinical services, base those services on thorough professional assessments, intervene according to a thoughtful plan, bill only for services that are legitimately reimbursable, modify your interventions based on the results obtained, and help your consumers to achieve life in the community through recovery.

On another note, I’ve been thinking about outcomes. Like, “what are the outcomes of all these services we provide?” And, “how do we know that the money we’re spending on things really makes a meaningful difference in people’s lives?” So, if you have any outcomes data from interventions your agency has been providing, and would be willing to share it with me, I’d be grateful. Please mail any study or analysis data of service evaluation you might have to me here at the Division at Kinau Hale. Have a great start to your Spring, and I’ll be back next month!
Hawaii 2010 AMHD Consumer Survey

The 2009 Annual Consumer Satisfaction Survey will be launched in mid-May 2010 and will continue through June 30, 2010. 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 (AMHD) since 2002. The primary purpose of this survey is to collect information about consumers’ perception of services provided to them by Hawaii’s public mental health system. This year, the surveys will be administered by the AMHD with oversight provided by the AMHD Service Area Administrators (SAA) for each County.

How will the 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 surveys such as the Annual Consumer Satisfactory survey and the Hawaii Quality of Life Inventory (QOLI) to identify areas where AMHD can improve the access to and quality of its services from a consumer perspective, and to justify continued funding for existing programs to the Hawaii State Legislature. The collection of these surveys will be critical to obtaining sufficient numbers to make analysis meaningful.

We 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 you 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 ask for your cooperation with the following:

1. **Please appoint a designated survey 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 the AMHD SAA for your County:

<table>
<thead>
<tr>
<th>Name</th>
<th>County</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Appel</td>
<td>Oahu County</td>
<td>(808) 306-8235</td>
</tr>
<tr>
<td>Anne Sturgis</td>
<td>Hawaii County</td>
<td>(808) 960-5065</td>
</tr>
<tr>
<td>Thomas Vendetti</td>
<td>Maui County</td>
<td>(808) 357-5446</td>
</tr>
<tr>
<td>Angela Correale</td>
<td>Kauai County</td>
<td>(808) 645-7066</td>
</tr>
</tbody>
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2. **To encourage participation, the AMHD SAAs will be coordinating “meet and greet” gatherings for consumers to provide a time and place at your site where surveys can be completed and SAA’s can answer consumer questions about the survey process.** It is AMHD’s hope that many consumers will be able to fill out surveys and return them to the AMHD SAAs during the “meet and greet” sessions.

3. **Advance notice of the gatherings will be disseminated via provider notices and via informational posters to be placed in provider service locations, including the AMHD Community Mental Health Centers.** AMHD will distribute those notices and posters to providers one month prior to the start of the survey.

4. **A list of consumers being served by your organization who have been randomly selected to participate in the survey will also be provided to you one month prior to the start of the survey.** We ask that providers contact consumers on the list to invite them to the “meet and greet” sessions, especially if the consumer is not expected to visit your office (and therefore will not see the informational notice or poster) before the “meet and greet” sessions begin.

5. **The consumer listing will be provided by AMHD and the distribution of the surveys will be coordinated with the AMHD SAA for each County.**

6. **You will be asked to track the names of consumers who have received a survey and any reasons why a consumer did not receive a survey, such as “consumer refused” or “unable to locate” (i.e., deceased, moved out of area, discharged).** This information is valuable to AMHD to identify ways to improve our survey process and response rates this year and in future years.
7. **AMHD SAA’s** will make every effort to share your cumulative response rates with you weekly throughout the survey period. Case Managers will be expected to follow-up on remaining unreturned surveys.

8. **Utilize the lock-boxes to be provided by AMHD for completed surveys.** AMHD staff statewide will empty the lock-boxes on a regular basis. Please contact your County AMHD SAA when your box is nearly filled or if there are any concerns or questions.

9. **Self-addressed postage paid envelopes will be provided for consumers who would prefer to mail the survey back to us instead of placing it in the lock-box.** If more self-addressed envelopes are needed, please notify your County AMHD SAA.

10. **Self-addressed postage paid envelopes will also be mailed with surveys to consumers who have been discharged.**

**Hawaii Quality of Life Inventory (QOLI) Surveys**

Last month, AMHD urged POS providers to ensure that every AMHD consumer who has not completed a QOLI within the last 6 months be given one. We also asked that the results be uploaded into the AMHD SharePoint website in March. If your agency has not yet completed 100% of this task, please continue to bring this to closure.

We want to extend a special Mahalo to Helping Hands Hawaii for their efforts in bringing this requirement into compliance for their agency. By the end of March, 88% of AMHD consumers served by HHH CBCM had a completed QOLI and they were in the process of uploading them into the website. Good job, HHH!

**AMHD Request for Proposal**

Later this month, the AMHD plans to release a Request for Proposal for Bilingual Support Services (RFP No. HTH 420-7-10), Statewide.

Current and future procurement notices are posted on the State Procurement Office's Procurement Notice website, which may be accessed from: [http://www4.hawaii.gov/bidapps/](http://www4.hawaii.gov/bidapps/). If you have any questions on current or future RFI's and RFP's, please contact the AMHD Contracts Unit at (808) 586-8287.

**E-ARCH Program**

As we continue to focus our administrative efforts on formalizing program policies, some clarification is needed. In prior communications, we discussed the term policy and procedure (P&P) as a potential format that we would use. However, after consultation and further research, we have selected the AMHD Standard Operating Procedure (SOP) format as the preferred format for our program policies.

What does this mean for you? Your input will continue to be valued and considered as we move forward with this initiative. The format of the policy document will include all elements originally intended. Thank you to those providers who have submitted their comments thus far. Please keep sharing your thoughts and recommendations!

**Monthly Provider Meeting:**
- Please RSVP by calling 453-6397 if you plan to attend the next AMHD E-ARCH provider meeting. This month’s meeting is an administrative meeting.

  **Tuesday, April 27, 2010**
  **9:30 a.m. – 10:30 a.m.**
  **870 Fourth Street, Pearl City (Linda Appel’s and Stacy Haitsuka’s Office)**
AMHD E-ARCH Program News:
- There were no program admissions and one program discharge in March 2010.
- There are two potential placements that have been accepted but are pending AMHD utilization pre-authorization and the scheduling of the initial transition meeting.
- There are several AMHD E-ARCH consumers who are waiting to be accepted for AMHD E-ARCH placement (majority are males). If you have an open E-ARCH bed and would like to schedule a screening appointment, please call Stacy Haitsuka.
- Attention PCGs: Your 1st quarter (January to March 2010) fiscal report is due. Please fax to the OSAA office at 453-6399 or hand deliver during business hours. DO NOT mail with your claim form and authorization letter.

AMHD Administrative Updates:
- AMHD furlough days for the month of April 2010 is Friday, 4/23/10 and Friday, 4/30/10.
- SOP Table of Contents has been drafted. Please review and submit your feedback by 4/27/10.
- Starting in May 2010, we will be working with each AMHD E-ARCH resident and their team members to review and complete the new room and board fill-in-the-blank form.
- We continue to monitor the status of timely claims payment. If you are experiencing a payment delay and have questions, please call Stacy Haitsuka.

Topic of the Month:
- What Can Spring Bring?
  Seasons change ever so slightly in Hawaii. Compared to the continental United States, Hawaii residents enjoy year round t-shirt and short pants weather. Spring is one season we can truly embrace. For some, spring may symbolize an opportunity to freshen up, appraise and rejuvenate and/or just simply start anew.

  For care home residents some simple, easy-to-complete “spring cleaning” tasks could be activities such as sorting through clothing and identifying needed wardrobe and/or person hygiene items, scheduling routine and/or annual physical health appointments and sharing personal goals for the 2010 calendar year with team members.

  For PCGs, private pay RN case managers and psych case managers, you may consider doing a thorough review of your resident’s medical and psych care plans. A team meeting at the resident’s care home is a great place and time to address this. An important part of providing appropriate care is ensuring that services are focused around current recovery goals and are inclusive of current physician and psychiatrist input.

  Yes, spring can bring opportunities for positive change. As service providers, we can evaluate our practices and plan for improvements (if appropriate). Please consider taking the time, as a team, to review both plans and verify that services provided are directly related to the consumer’s needs and goals.

Reminders:
- 5th Annual AMHD E-ARCH 3-Day Training for PCGs and Private Pay RN CMs:
  Save the dates!! April 28, 29, and 30, 2010. We are currently accepting pre-registration for the next 3-day training. If you have not attended the training in the last two years, we recommend you/your staff consider attending. Please continue to refer your E-ARCH colleagues, especially those who would like to be an AMHD E-ARCH provider. Please call (808) 453-6397 to pre-register.

- Going on Vacation?
  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/contact 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. If you prefer to fax a copy, our fax number is 453-6399.
• 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. PCGs are responsible for keeping a current copy in the chart. Recovery Plans are updated every six months.

   RN case managers are responsible for attaching the Recovery Plan to the medical care plan. 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.

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

**Hawaii State Hospital Patients Donate $189 to the Hawaii Foodbank**

We know that one way to strengthen your own growth and awareness is to help others “less fortunate”. In keeping with this, several of the Hawaii State Hospital (HSH) patients recently decided to donate a total of $189.00 to the Hawaii Foodbank. How did they do it? They made their donation by pooling a small amount of the stipend payments they could have received from their positive incentive programs.

Reward tokens are given to patients who participate in programs geared toward reaching their individual recovery goals. Their reward tokens can be exchanged for either food, apparel items or small amounts of an allowance at the PIP store (stands for Positive Incentive Program). The maximum number of tokens that a patient can be awarded in a month is 210. The business office at the hospital converts 100 tokens from a patient into a $5.00 allowance.

Since most of the patients at HSH shared with the staff that “I had to use the Foodbank, in the past,” two of the hospital’s Nurse Managers, Mr. Robert Burns and Mr. Mike Quinn, decided to speak with the patients at their daily community meetings regarding how to contribute to the Hawaii Foodbank. After these community meetings, most of the patients decided to convert a large portion of their reward tokens into cash to contribute to the Foodbank.

Through their generous gift, the patients feel good that they are helping to support the Hawaii Foodbank. The people of Hawaii are indeed one Ohana!

**Learning Opportunities & Opportunities for Growth**

**Behavioral Health Initiative - TAMC, Joint Service Family Support Network (JSFSN).** The JSFSN is working on an initiative aimed at creating a community based provider database of professionals who have taken the PTSD/TBI course listed below and who are familiar with the basics of military culture, PTSD and TBI. You do not necessarily have to provide treatment for behavioral health to take the course, but it is intended for licensed counselors, social workers, therapists, etc. There are 2 courses available, and they are free of charge. They can both be taken online, and depending on your licensure you may be eligible for CEUs. Ultimately, the goal is to have a broad range of service providers in the community who can offer a “no wrong door” approach to assisting with mental health issues our service members may face.

If you are interested in taking this course, please follow these steps:

1. Go to: www.aheconnect.com/citizensoldier
2. Click on the tab that says "New Users"
3. Click on "Click here to create your personal user account"
4. Fill in your information. In the first box, there is a space for Army OneSource Referral Code. Enter AOSJCS5 as your code.
5. After you register, you are then able to take the courses.

If you are interested in this initiative, please contact Mrs. Jeanne C. Sablan Community Support Coordinator at (808) 438-4498 or email her at jeanne.sablan@serco-na.com!
**Treating the Invisible Wounds of War - Joint Service Family Support Network (JSFSN).**

The JSFSN is participating in a community outreach program, supported by the U.S. Army, to raise awareness of the unique challenges of Military Service Members and their families and the growing demand for behavioral health services. Over 1.6 million men and woman have served in Operation Iraqi Freedom and Operation Ending Freedom to date. Some individuals are serving as many as four deployments and we’re learning that the “wounds” of war are not limited to the battlefield.

The Army has launched a formal campaign to encourage civilian health and behavioral health providers to complete one of several on-line courses that are focused on “Treating the Invisible Wounds of War.” These courses are designed to help community professionals, who may see a veteran or family member on an unrelated issue, develop a better understanding of the culture in which Service Members, Veterans and their families live and work. The courses also provide best practices for identifying, assessing and treating behavioral health problems that result from the trauma of war.

In addition to better supporting Service Members, those who complete the course will:

- Receive a poster to display in their offices inviting Service Members and their families to talk to a health professional about any troubling symptoms,
- Receive a Certificate of Completion suitable for framing, and
- Be eligible for Continuing Education credit.

You can learn more about these on-line courses at [www.aheconnect.com/citizensoldier](http://www.aheconnect.com/citizensoldier). If you are interested in taking one of the courses, please contact Mrs. Jeanne C. Sablan at (808) 438-4498 or email her at [jeanne.sablan@serco-na.com](mailto:jeanne.sablan@serco-na.com) to get your registration code.

**Upcoming State Procurement Office (SPO) Workshop** For your information, there is an upcoming SPO workshop for providers on April 14, 2010 at 1:30 p.m. The title of the workshop is “Doing Business with the State: An Informational Session for Private Health and Human Service. HRS Chapter 103F.” Providers may register at the following website: [http://www4.hawaii.gov/spoh/tng/wkshpRegistration04.asp](http://www4.hawaii.gov/spoh/tng/wkshpRegistration04.asp)

**SAVE THE DATE! 5th Annual Mental Health Mahalo Awards Luncheon**

May 4, 2010, Ala Moana Hotel, 410 Atkinson Dr., Honolulu, 11:30am to 1:30 pm.

The event will celebrate our community leaders and agencies that have dedicated themselves to enhancing the care and treatment of people with mental health problems through positive and innovative programs and leadership, and have reduced the stigma of mental illness. It is important to recognize the long years of commitment so many have given to improving the mental health of our entire community.