



Provider Bulletin

for the Adult Mental Health Division

May 2010

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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 Chief Corner (Acting Chief, Dr. William Sheehan)

I have updates on two things for you this month, as of May 8, 2010, the day I'm writing this. First, is the budget for fiscal year 2010-2011. At this time, it is with the Governor for review. For the AMHD, the cuts to our operating budget are less than the original 20% proposed cuts when the budget first came out of the House of Representatives. The cuts in the current proposed budget are in the 10% range, which represents the conference committee's budget which passed out of the Legislature before adjournment and is now in Governor Lingle's office.

I understand there is another Council on Revenue scheduled for Thursday, May 27, 2010. There may be some impact on next fiscal year's budget. If the revenue is better than expected, it may affect our budget positively; if worse, it may be negative; if in line with current projections, we'll likely stay as we are.

At this time, the AMHD is expecting to finish this fiscal year within our budget projections, and meet our financial obligations for that time frame. Once we know what our budget will be for Fiscal Year 2011, which runs from July 1, 2010 to June 30, 2011, our course will again be set.

Second, as noted here before, is the Department of Health/Department of Human Services joint informational briefing regarding the transition of QUEST members to their health plans for their mental health as well as their physical health care which occurred on April 29, 2010. Many of you were there for the briefing, and some of you were quoted in the media with your reactions. We have less than two months until the first group transitions over, on July 1, 2010. The second group moves over on September 1, 2010. The presentation is posted at the address below and the questions and answers will be completed and posted in the next few days:

<http://hawaii.gov/dhs/health/medquest/bhqa>

This transition is a time of uncertainty for our consumers affected by the move. Over the next few weeks, as the providers who will provide services for the three QUEST plans are identified, have your staff do everything possible to help the transfer occur smoothly. Please talk with the QUEST plans to discuss contracting with them. If you will not be contracting with them, or if your QUEST consumers are moving to a new provider, you can help by providing coordination, information, and record sharing (with proper consent) to the new providers.

I believe the benefits that will accrue to our consumers by having all their health needs met by one organization will be worth it. The integration of services, clinical information, and utilization data in one place can result in more comprehensive and efficient health care for our consumers. I understand there is concern about this, as there is with any change or new project.

Thank you for your efforts as we make this plan a reality in the next 6 months!

Case Management Service Authorizations

Please note that most Community Based Case Management (CBCM) service authorizations will expire June 30, 2010. **Providers may begin submitting continuing stay requests May 1, 2010 for July 1, 2010 effective dates.** We encourage providers to submit service authorizations early so that we can avoid processing delays given the large volume of authorizations that we will be required to process for the new fiscal year.

Specialized Residential Services Program (SRSP)

As many of you are no doubt aware, AMHD recently went through the Request For Proposal (RFP) process for the Specialized Residential Services Program (SRSP). This program includes a residential option, as well as Day Treatment and Aftercare options for those consumers with dual diagnosis needs. While the program may look much the same as it has in the past, there are several key changes that you should be aware of as you contemplate whether a consumer assigned to your caseload may benefit from the program.

First, while we had separate programs in the past for mental health and dual diagnosis issues, our programs now will all be required to provide Integrated Dual Diagnosis Treatment. For consumers who may need the residential option, an active substance abuse diagnosis is not required in order to be admitted to the program. However, the Day Treatment and Aftercare options are geared towards those individuals with co-occurring mental health and substance abuse issues. The presence of a co-occurring disorder is required for admission.

Secondly, it is important to bear in mind when considering SRSP for consumers that individuals referred to the program must be at a stage where they are ready to actively participate in treatment. Much of the program is built around cognitive-behavioral interventions. Consumers must not only be ready to participate, they must be stable enough to gain benefit and cognitively able to take part in the groups and activities provided within the program.

Finally, SRSP is a Category A service and prior authorization will be required for the residential option. If you anticipate that a consumer assigned to your caseload would benefit from residential treatment you will need to submit a copy of your referral to AMHD Utilization Management (ATTN: Mike Tamashiro), as well as to the program to which you are referring the consumer. AMHD UM will authorize the consumer for admission if they meet the necessary criteria provided and bed space is available. Consumers will not be admitted to residential treatment without an authorization.

With the execution of new contracts our SRSP providers will be Aloha House, Breaking Boundaries, CARE Hawaii and Po'ailani for Residential, Day Treatment and Aftercare, and Helping Hands Hawaii for Day Treatment and Aftercare. If you have any questions regarding these services, please contact Mr. Steve Balcom, AMHD Crisis Services Director, at (808) 306-8269.

Hawaii 2010 AMHD Consumer Survey

The 2009 Annual Consumer Satisfaction Survey is still on target to be launched this month (through June 30, 2010). The primary purpose of this survey, again, 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.

Please contact your SAA should you have any questions regarding the surveys:

Linda Appel	Oahu County	(808) 306-8235
Anne Sturgis	Hawaii County	(808) 960-5065
Thomas Vendetti	Maui County	(808) 357-5446
Angela Correale	Kauai County	(808) 645-7066

E-ARCH Program

Please see below for updates and announcements about the AMHD E-ARCH Program. Thank you for your outstanding service as Primary Care Givers (PCG) and private pay RN case managers. If you have a vacancy, please let us know so that we may schedule a screening appointment.

Monthly Provider Meeting:

- ****MANDATORY**** This month's meeting is our usual mandatory meeting. We usually have two mandatory meetings per year. Please RSVP by calling 453-6397 by May 17, 2010.
- This month's meeting is an administrative meeting.
Tuesday, May 25, 2010
9:30 a.m. – 10:30 a.m.
860 Fourth Street, Pearl City – Leeward Health Center (room to be determined)

AMHD E-ARCH Program News:

- There was one admission and no discharges in April 2010.
- There are several AMHD E-ARCH consumers who are waiting to be accepted for AMHD E-ARCH placement. If you have an open E-ARCH bed and would like to schedule a screening appointment, please call Stacy Haitzuka.
- Thank you to all PCGs who turned in their 1st quarter fiscal report. Outstanding!!
- In April 2010, several PCGs were contacted and asked to submit a copy of their AMHD E-ARCH resident's psych care plan and psych crisis plan. This performance improvement initiative was not meant to be a surprise. Rather, the purpose of the initiative was to find out how well we were doing with meeting program goals and objectives. Please see the summary report for results and additional information.
- The 5th Annual 3-day E-ARCH Training at the Hawaii State Hospital (HSH) was held on April 27, 28, and 29, 2010. Presenters from Queen's Medical Center, Life Foundation, Waipahu Clubhouse, United Self Help, National Alliance on Mental Illness, and Hepatitis Support Network of Hawaii were excellent. Medical directors from Kalihi-Palama and Diamond Head Community Mental Health Centers and clinical staff from HSH also did a fantastic job. A total of 27 PCGs and private pay RN case managers attended.

AMHD Administrative Updates:

- AMHD furlough days for the month of May 2010 is Friday, 5/7/10 and Friday, 5/14/10.
- Standard Operating Procedures (SOPs) are being drafted and will be sent for your review starting this month. Please review and submit your feedback to us.
- Starting this month, 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 Haitzuka.
- We are in the process of updating documents in your provider contract file. If there are documents that are missing and/or need to be updated, we will let you know. Thank you in advance for your understanding.

Topic of the Month:

When the Going Gets Tough!

So you've tried just about everything and your AMHD E-ARCH resident is still experiencing out-of-the-ordinary issues. The pre-crisis plan isn't working. You've been told that the resident does not meet criteria for acute hospital admission. All the while, the resident is displaying an increased agitation, confrontational/hostile mood, and/or is just "not him/herself." These could be signs that have resulted because of something that occurred or could be a sign that a crisis is imminent.

What is a PCG to do? First, remain calm. People around you can feed off your energy. Take a few deep breaths.

Understanding your resident's risks, behaviors, and general routine are a critical part of the providing care. For example, your resident may have specific triggers, pet peeves, or strong dislikes that influence their mood and verbal/nonverbal communication. Other times, signs of distress can be a "red flag" that perhaps a higher level assessment is needed. PCGs are not alone in the advocacy department although during tough times PCGs may feel that way.

An essential action step is to notify team members. Early notification rather than later is important. Do not wait until a crisis is in progress. Calling on team members such as the private pay RN case manager, psych case manager, psychiatrist, physician, therapist, guardian, etc. may offer alternative support for the resident. Document your observations and attempt to communicate with the resident as best you can.

If safety in the home is becoming an issue, for example, the resident's increased agitation is negatively affecting your ability to provide care (i.e. medication adherence, hygiene, general cooperativeness in completing tasks, etc.), potential solutions include a walk-in appointment with their psychiatrist or physician, a site visit from the psych case manager, and/or a team meeting. ACCESS Line (832-3100) is also available to assist with crisis response. If your resident is willing to talk on the phone with an ACCESS Line Screener, please allow him/her to do so.

If the situation escalates and other options have been tried with no success, calling 9-1-1 to request police response may be the last resort. If for any reason the resident is transported off your property, please provide the person transporting your resident with information about medications, treatment needs, and emergency contact information.

As a PCG, it can be overwhelming at times to ride out those tough periods. Your professional experience as care givers help you to focus on providing the best possible care in your home in both the good and not-so-good times. Remembering to use the resources that are available is just one way to prepare, to be proactive, and to be ready for these kinds of situations.

Reminders:

- 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 of your substitute staff. We ask that you please 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 staff 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.
- Do you have a copy of your AMHD E-ARCH resident's psych care plan (also referred to as the consumer's Recovery Plan) and psych crisis plan on file?
Please request these documents from the consumer and/or their psych case manager. Document your efforts to obtain both plans. 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.

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

Learning Opportunities & Opportunities for Growth

THE "BE ORIGINAL" VISUAL ARTS SHOW AIMS TO ADDRESS STIGMA AND DISCRIMINATION AGAINST PEOPLE WITH MENTAL ILLNESS. The Arts Center at Linekona in Honolulu joins VSA Hawaii, the University of Hawaii Center on Disability Studies and the Department of Health Adult Mental Health Division (AMHD) in sponsoring a statewide juried exhibit for artists willing to use their artwork to make a statement to combat discrimination against people with mental illness.

Forty visual artists will show work in the Sixth Annual Breaking Barriers exhibit, April 20-May 11, 2010, at the Honolulu Academy of Arts Center at Linekona. Linekona Center Alban Cooper designed and installed the show.

“For the past six years, the goal of “Breaking the Barriers” has remained the same — to showcase the diversity of two- and three-dimensional visual pieces by artists united to promote the end of negative stigma toward mental illness,” said Philippe L. Gross, Ph.D., of AMHD to founder of the exhibit.

“We continue the education campaign to eliminate discrimination against adults and youth with mental illness. The exhibit emphasizes the human dimension, which we’ve found is the best way to show creativity and the arts.”

Public opinion about mental illness has been negatively skewed by sensationalized coverage of tragic events involving people with mental illness. As a result, people with mental illness can be too ashamed to seek treatment and those already in treatment are often further ostracized.

For more information or comments, please contact Philippe L. Gross, Ph.D., (AMHD philippe.gross@doh.hawaii.gov), Kathleen O’Bryan (VSA Hawaii Executive Director obryanstudio@gmail.com), Susan Miller (UH Center on Disability Studies, millers@hawaii.edu)