

STATE ATTACKS HALE NA`AU PONO

IN A NUTSHELL:

Hale Na`au Pono is the main source of services for the seriously mentally ill population along the Wai`anae Coast communities. The State, through its Department of Health, is on a campaign to destroy this organizations capacity from providing all clinical services to these adult seriously mentally ill Wai`anae consumers.

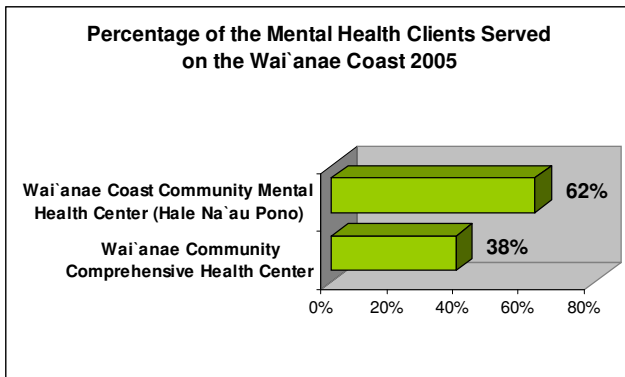


Figure 1.

Hale Na`au Pono (HNP) is also known as the Wai`anae Coast Community Mental Health Center. It is an independently operated (outside of the State's system of Community Mental Health Centers (CMHC)) not-for-profit organization formed by the Wai`anae people, governed by Wai`anae's people, and staffed by a vast majority of Wai`anae residents.¹

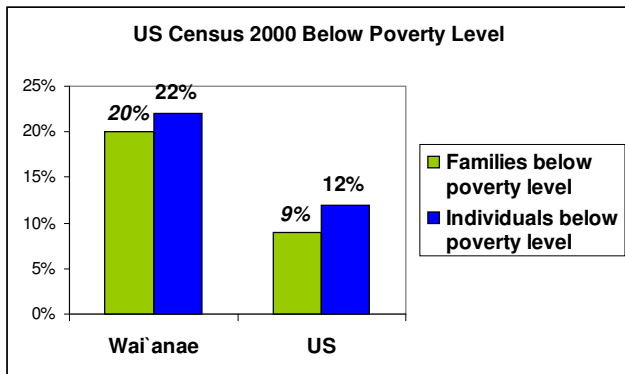


Figure 2.

Hale Na`au Pono serves approximately 1000 individuals a year from all the programs combined; 68% are Native Hawaiians (the rest are Asian, Pacific Islanders, African Americans, Puerto Ricans, and Caucasians), and 54% of our 140

staff and volunteers are Native Hawaiian. Moreover, Wai`anae in 2005 served 62% of all reported mentally ill clients on the Wai`anae Coast (Figure 1).² Furthermore, Wai`anae has one of the highest poverty rates in the state

¹ See History of Hale Na`au Pono contained in Year in Review Handout. Greater details will be posted on our website at www.wccmhc.org

² Adult Mental Health Division Mental Health Services Research, Evaluation and Training Program Department; HNP N= 508; WCCHC N=340

and higher than the rest of the United States (US Census 2000), please see Figure 2. Poverty, disability, and mental illness, are correlated.³ With clinical services closed down from HNP and by not receiving (quality) care, minorities have greater levels of disability, more lost workdays, and more limitations in daily activities (note: minorities are described here as anyone who is not white). Disparity stems from minorities receiving less care and lower quality of care, rather than from severe or prevalent mental illness among minorities (Department of Health and Human Services, 1999).

AMHD attacks first levels of services: OPS & Clubhouse

The first attack upon the Wai`anae programs came at the end of the past fiscal year, July 1, 2007 and followed to well within the next year. The standard clinical service all CMHCs provide is Outpatient services (OPS). HNP has provided this services for over a decade, under contract with the State. By the end of the fiscal year 2007, HNP was not awarded any contract to continue with the services, but merely expected to continue meeting the consumers' service needs. HNP maintained its services for over 8 months without reimbursement. Negotiations with the State were carried on, the State constantly changing its requirements and dragging the negotiations out. Finally, the State insisted on a discriminatory standard (and legally questionable) against HNP requiring that HNP hire a Licensed Clinical Social Worker (LCSW) for services which had been performed by a Licensed Social Worker (LSW).

The function of the social worker on the OPS team was to perform seven out of 8 functions the State Legislature has determined to be appropriate for an LSW license.ⁱ The State Department of Health declared it would refuse to reimburse for an LSW and required HNP to replace that employee with an LCSW. It also declared that it would not pay for all prior costs incurred by HNP for the LSW.

While requiring HNP to hire a Licensed Clinical Social Worker (LCSW) to perform those services, the State has continued to allow its own CMHCs to use the LSW qualifications in those same roles.

³ Hudson, C.G. (2005). Socioeconomic Status and Mental Illness: Test of the Social Causation and Selection Hypotheses. *American Journal of Orthopsychiatry*, 75, 3-18.

As a result of the State's refusal to reimburse for the LSW for the past 8 months of services and for the remainder of the contract Fiscal year, and for its discriminatory practice forcing HNP to a higher standard than all of its State operated CMHC's, the contract negotiation ended and we have not been contracted by the State for this OPS service. Approximately 70 consumers have been affected by this lack of State contract. But more important, the community has lost a valuable outpatient service for the needs of the poor with serious mental illness.

The State has opened its own OPS service with a psychiatrist and a nurse who visits Wai`anae only on certain days and for a limited number of hours. It's style of mental health practice is not appropriate for the cultural, social, and economic needs of the people of Wai`anae. Information on its number of clients served, hours of operations, etc. is not available to us.

The State has tied this OPS service to another significant service we perform, **Clubhouse**. Because we were not given an OPS contract, we were also not contracted to provide Clubhouse services.⁴ Clubhouse services are a significant part of the overall program for many people suffering from serious mental illness. HNP's Clubhouse program has a total membership of approximately 270 individuals. Membership is for a lifetime. It has operated out of a building centrally located in Wai`anae town, convenient for members to attend its program, close to a pharmacy, grocery stores, and within easy walking distance for other medical needs, restaurants, etc. It has a special arrangement with an area dentist whereby many of their dental needs can be met with limited or no costs for services. It has its own kitchen, large gathering rooms, and an active program of aquaculture and agriculture. It provides breakfast and lunch as part of its program. All of its staff members (including administrative leads and selected members) are trained and certified by the International Center for Clubhouse Development.

The State has opened its own Clubhouse program in Makaha at the old Cornet Store with very limited facility and staff. Kathleen Meriam, who also leads all of the State operated Clubhouses, heads this clubhouse. She is

⁴ Hui Hana Pono is our Clubhouse program. The program is built around the need of people suffering serious mental illness, to be engaged in life from a far more expansive approach than merely as "clients treated for mental illness." They are entitled and in need of a social life, engagement in a work-ordered day, opportunities to obtain further education, and a multiplicity of chances to take over their own life's challenges and rewards. Hui Hana Pono is internationally accredited by the ICCD, the International Center for Clubhouse Development. It is the only Clubhouse not operated by the Department of Health.

not from this community. She is not familiar with the cultural and social background of the Wai`anae community.

2nd Attack: Community Based Case Management

The second clinical program attacked by the State is the Community Based Case Management (CBCM) program. On June 2nd, HNP received a letter from the State Department of Health informing us that the State was rescinding its earlier letter of May 2, and that it would not extend the contract for CBCM services. It directed that the consumers now under the care of HNP, approximately 350, be transferred to other CBCM service providers. No reason was provided for the State's selection of HNP to close its services.

The CBCM service in Hawai`i has been in existence for less than 1 year. We have performed our services just as well as, if not better than, other service providers, based on indications of our recent audit and "exit" interview with the program auditors on June 6, 2008.

Based on the AMHD letter rescinding the extension of the CBCM contract, services under CBCM will end on June 30, 2008.

Transitioning 350 seriously mentally ill consumers who have developed a close attachment and familiar relationship with the team at Hale Na`au Pono within one month is no easy task, nor is it appropriate, from a community public health perspective. Indeed, understanding the nature of the illness suffered by many of the consumers, ranging from depression to schizophrenia, the history of criminal conduct from minor infractions to murder and sexual crimes, and the special development of their recovery plans, each one individualized taking into consideration not only their medical and biological, but their social, spiritual, cultural, housing, and environmental needs, to require such a transition by the end of the month is tantamount to medical misfeasance! Not only will the consumers be subject to possible injury, but there will certainly be a risk of unnecessary injury to the community at large.

3rd Attack: Assertive Community Treatment services

On Wednesday, June 4, AMHD called a mandatory meeting of all providers of Assertive Community Treatment (ACT) services. There, the

Department of Health announced that all ACT services were to be terminated in August, 2008, although the contract for such services are scheduled to expire in October, 2008. It was further announced that those consumers presently serviced by ACT teams could transfer those services to the CBCM teams of those agencies.

Hale Na`au Pono currently has a contract for 50 consumers under ACT. The number of consumers actually in this program are just under 40. ACT services are to meet the needs of the most difficult of the consumers who are suffering serious mental illness. Many of these consumers are directly out of the State Hospital or other private hospitals. Some of them are sent to Hale Na`au Pono under a court order. Many of them do not manage change well, are well settled in their living arrangements and in their daily activities, much of which are centered around the activities of Hale Na`au Pono, and are very close to the people at HNP and within the Wai`anae community. This is the most volatile group of consumers serviced by Hale Na`au Pono in Wai`anae. Hale Na`au Pono's ACT services were highlighted as an outstanding example of such service by the Federal Court Monitors in their report to the court.

Without a CBCM team at Hale Na`au Pono to refer these ACT consumers, these consumers are now facing totally new people as they are to be treated by outside agencies. Unlike Hale Na`au Pono's system of coordinated services such as clinical, case management, housing, alcohol, tobacco and drug treatment, agricultural opportunities, etc., the new case management teams will unfortunately only be able to address the clinical/case management aspect of their needs, referring them to other services by other agencies.

Result:

All of Hale Na`au Pono's clinical services, as well as the Clubhouse program, has been attacked by the State Department of Health. The adult services which this community has fought for over the past 25 years, is about to come to an end at the hands of this State administration.

The targeting of Hale Na`au Pono is discriminatory, it is not based on any failure of HNP to meet the quality of care standards of the contracts or of the professional fields of mental health care. There will be potentially disastrous impacts upon the consumers of this community, upon the family

of those suffering from serious mental illness, on the general community, as well as the employees of one of the major employer of the Wai`anae community. Increase of suicides, murders, child molestation, pedophilia, self-mutilation, and violence to self and others among the consumers in the community are among the concerns shared by the staff of Hale Na`au Pono if services are closed. Rather than saving, the long term effect will be much higher costs in dollars as well as social misery.

It is not too late for the State to change course. But this window of opportunity will not be left open for long.

For further information, you may go to our website at www.wccmhc.org or call us at 696-4211.

ⁱ The Legislature set forth the categories of practice to which Social Workers were qualified to perform, depending on their level of licensure. The License Bachelor's of Social Work could practice four out of 8 areas, a License Social Worker (Master's Level) could practice seven and the Licensed Clinical Social Worker, all eight. (HRS §467E-1.5)

The Statute declares (467E-1)

Social work practice is the professional application of social work values, principles, ethics, and techniques in the following areas:

- (1) Information, resource identification, referral services, mediation services, advocacy services, and education of individuals, groups, couples, and families;*
- (2) Preparation and evaluation of assessments and development and implementation of social work service plans;*
- (3) Case management, coordination, casework intervention, and monitoring of social work service plans in the areas of personal, social, or economic resources, conditions, or problems;*
- (4) Administration and development of social service programs, policies, community organization, planning, implementation, and involvement in the evaluation of social systems and social policies;*
- (5) Social work consultation and resource development;*
- (6) Research through the formal design and methodology of data collection and the analysis and evaluation of data, social work programs, social systems, and social policies;*
- (7) Psychosocial assessment, diagnostic impressions, treatment of individuals, couples, families, and groups, prevention of psychosocial dysfunction, disability, or impairment, including emotional, mental, and behavioral disorders, and evaluation of practice effectiveness; and*

(8) Clinical diagnosis or psychotherapy, or both, provided by a licensed clinical social worker.

§467E-1.5 HRS addresses the limits of social work practices, stating:

[T]here shall be limitations on the scope of the practice of social work as follows:

(1) The "licensed bachelor social worker" or "L.B.S.W." may perform duties as defined in paragraphs (1) to (4) of the definition of the practice of social work in section 467E-1 in an agency setting under supervision;

(2) The "licensed social worker" or "L.S.W." may perform duties as defined in paragraphs (1) to (7) of the definition of the practice of social work in section 467E-1; and

(3) The "licensed clinical social worker" or "L.C.S.W." may perform duties as defined in paragraphs (1) to (8) of the definition of the practice of social work in section 467E-1. [L 2002, c 167, §2]

The Department of Health, when it comes to Hale Na`au Pono's Outpatient contract, would not limit the requirement of a "qualified mental health professional" to the limits of the statute. Instead, they determined that the LSW who had been providing therapy services as defined in the statute for the prior years, would not be covered in the Outpatient contract for Fiscal Year 2008.

We have an employee who has been with our agency and in our community for many years. She was previously employed as a therapist the year before, and we simply continued her in that position when the Division failed to extend another contract for the next fiscal year. After keeping her in this position for this long a period of time, and after getting initial agreement by the Division that they would pay for her costs, they finally changed their position, declared that her cost would not be covered, and we needed to get a "Qualified Mental Health professional" to meet the roles from 1 – 7 of HRS §467E-1 of the Outpatient contract. The State's idea of a "qualified" professional is not in line with the Legislative determination.