

October 10, 2005

State of Hawaii Department of Education
School Based Behavioral Health Services
Andrell Aoki – SBBHS Contracts
P.O. Box 2360
Honolulu, Hawaii 96804

Regarding: North Shore Mental Health - Final report summarizing activities for previous contract period, July 1, 2003 to September 30, 2005.
This report will address the contract: EDN 150-9-09 'Intensive Services.'

Dear Ms. Aoki

Per your request dated October 10, 2005

The following report is in response to your October 10, 2005 letter requesting information regarding North Shore Mental Health's activities for the previous contract period of July 1, 2003 through September 30, 2005.

Let me take this time to thank you for the opportunity to serve the hundreds of youth and their families that North Shore Mental Health has assisted through the School Based Behavioral Health Intensive Services program these past two years. North Shore Mental Health is the first community based behavioral health agency to ever serve the people of the North Shore of Oahu. We believe thousands of North Oahu residents are appreciative of your support to North Shore Mental Health.

To simplify matters I have decided to respond primarily to the points of interest in your October 10, 2005 letter.

- **Overview of Delivery of Services:**

North Shore Mental Health Strengths and Assets

North Shore Mental Health (Now referred to in this report as NSMH) continues to be the only community based mental health agency serving the families of North Oahu. In addition community based NSMH serves the North Oahu schools with locally residing multi-cultural mental health professionals. We believe one of our strengths is that we comply with the original philosophy declared in the Felix decree and the original **CASSP/DOE** orientation to have community based agencies familiar with the geographical area, the schools, and the cultures that they serve.

- **Client Population Served**
- **Client population identification**
- **How was client referred to agency**
- **Types of services delivered by the agency**
- **Average length of stay, duration of treatment**

The services provided by NSMH in 2003-2005 reported in this document are for Intensive Services primarily within the Autistic Spectrum Disorder /Significant Mentally Retarded range of care including Skills Training. These services were primarily conducted in the Hawaii Department of Education Central, Windward, and Leeward school districts. NSMH has primarily serves children and youth of school age through their School Based Behavioral Health Intensive Services and Behavioral Intervention contracts. NSMH also serves CAMHD, DHS, DD/MR, AMHD, and DOJ contracts. This type of contract continuity in the age of our students and clientele we serve supports NSMH as a comprehensive agency delivering behavioral health services in North Oahu.

All HDOE service were provided through an Individual Education Plan. Duration and activity of service with the HDOE provided by NSMH was always determined by an IEP. All NSMH service is developed in coordination with the parents of the youth served, a team of HDOE multi-disciplinary educators, and our NSMH professional support staff. The length of NSMH care is authorized by HDOE, and usually depends upon the type service requested of NSMH to provide. The length of NSMH's care is subject to the Individual Education Plan and varies dramatically from student to student and accordingly to their educational needs.

Client Population

During the Contract period July 1, 2003 through September 30, 2005 North Shore Mental Health served 167 youth and their families.

As of September 30, 2005 North Shore Mental Health was serving 120 youth and their families through their School Based Behavioral Health Intensive Services contract. (In July of 2005 this figure was 135 youth.)

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As of September 30, 2005 North Shore Mental Health was serving with current Code 64 ,Code 66 and Code 65 authorization for HDOE youth and their families.

<u>Title of Service</u>	<u>Code</u>	<u>September 30, 2005</u>
Intensive Instructional Service Consultant	64	72 Youth weekly or as authorized
Parent Training	66	58 Families Weekly

With varied support code service throughout the year (i.e. Codes 35, and 36)

- **Unique Qualities of North Shore Mental Health:**
- **Distinguishing characteristics of NSMH that set it apart from similar programs administered by other agency providers.**
- **How was NSMH able to integrate services with schools, agencies, and other contracted providers.**

For many years the behavioral and mental health needs of North Oahu were unfortunately under served. Unfortunately this same condition was prevalent throughout the State of Hawaii which led in part to the approved settlement of a class action lawsuit in the case of Felix vs. Waihee, (now known as Felix vs. Cayetano). In this decree the State of Hawaii has agreed to provide all necessary services for youth certified as eligible under the Individuals with Disabilities Act (IDEA), or youth certified disabled under Section 504-Subpart D of the Rehabilitation Act of 1973 (as amended in 1974) to benefit from their education. NSMH serves this need in its work with the Hawaii Department of Education and the Department of Health.

In 1996 the Chief of CAMHD, Dr. Richard Munger, personally asked the Director of NSMH to form up an agency to serve North Oahu to provide selected types of behavioral and mental health services that this decree mandated. This request to Dr. Kehoe (Director of NSMH) was based upon the need for a community based behavioral and mental health agency serving the North Oahu communities.

Since Dr. Kehoe and other independent professionals had already been serving the Department of Education since 1992 NSMH providers now have been serving the HDOE in North Oahu for at least the last thirteen years.

Prior to the establishment of NSMH, many if not most families of North Oahu were not adequately served for behavioral/mental health concerns. **NSMH provides immediate face to face behavioral health care to the North Oahu region twenty-four hours a day seven days a week throughout the entire year.** Our resident multi-cultural professional staff members are only employed by NSMH when they commit to being available to their students needs every hour of every day if called upon.

Assignments for care provided by NSMH are always authorized accordingly from the Department of Education and the Department of Health.

NSMH has over thirty-five professional Intensive Services consultants (psychologists, social workers, and child/youth counselors) over one hundred skills trainers available with numerous psychoeducational specialties and cultural backgrounds. NSMH is able to match the expertise of their consultants to the needs of the children and families like no other agency serving North Oahu.

Our work is almost exclusively conducted in the schools, homes and community environments of North Oahu. **Since our inception, we have been a “School Based ” Behavioral Health agency.** We have taken to heart the philosophy that to reach our children with care, we must go to them and provide our care where they attend school.

Presently NSMH operates with four professional office sites within North Oahu. These office sites include the North Shore Health Center, and the Kahuku Hospital both in Kahuku, our North Shore Sunset Beach office site, the Haleiwa Family Health Center, and the Wahiawa Medical Building which serves as the North Shore Mental Health Center. When requested by our students or families these private psychoeducational settings are utilized as a support environment to their school settings.

With many of the families of North Oahu living in financial poverty and often culturally alienated from the metropolitan areas of Hawaii, it is important to reach out to these people with familiar faces, names and locations. We believe these troubled families usually relate to and work better with professionals that live and understand our shared communities. Often many of the identified youth and their families that should be served through this Hawaii behavioral health initiative simply do not or will not engage services that are not locally offered. Our students and their families often state that they would rather go without care than drive two or three hours (round trip) to engage in care or evaluations in Kaneohe or Honolulu.

In keeping with our own timely and responsive philosophy, we primarily work only with North Oahu. Our professional concerns are focused upon the Department of Education’s Central, Windward, and Leeward Districts in areas that we believe we can serve with community based involvement. Our consultants, doctors, and support personnel (skills trainers) live in the communities where they work.

NSMH has integrated its services with the HDOE by simply working side by side with the teachers and administration of the schools we serve. NSMH consultants work primarily in the school settings of our students and consult daily with our client’s teachers. When needed our students or their families family counseling needs are facilitated in community based counseling offices. Our consultants develop their treatment plans in accordance with students I.E.P., and the ‘HDOE Standards Based Guidelines.’

We have written documentation of support from the Central Children's Community Council and the Ko'olauloa Children's Community Council. In addition we have memorandum of agreements with several of the other Felix contracting agencies serving the HDOE. These agreements assure NSMH an excellent working relationship with other professionals assisting the HDOE in this decree project.

We believe in order to ensure timely and responsive services to youth and families in crisis, that NSMH can provide the best professional care. This care coincides with HDOE philosophy to support school and community-based agencies that are located within the communities they intend to serve.

This CASSP Community Based philosophy is extremely important to the families of North Oahu as it is continuously documented in our Central and Ko'olauloa Children's Community Council meetings, and the State of Hawaii Site Testing evaluation findings. This immediate familiar availability to our clientele with high professional care is clearly one of NSMH's strengths.

Another unique asset of NSMH is the growing familiarity of our agency with the community members. As we continue to serve and expand the necessities of our infrastructure growth, NSMH will have more and more time to refine our actual care to the children and families of North Oahu. We wish to thank HDOE, CAMHD, DHS, DD/MR, HDOH and DOJ for their patience with our developing successful process.

We offer in our work a quality beyond our professional expertise. NSMH desires to serve the people that we live among and to enhance our own living environment. We offer when needed our services to help heal the families of **our own North Oahu communities.**

- **Areas Needing Improvement:**

We at NSMH believe that we provide a professional quality of Intensive Services care and behavioral health service beyond any past efforts to provide behavioral health care to the children and families of the North Oahu. Once again we appreciate the opportunity to provide behavioral health care in a manner that our community has never seen before. We at NSMH desire to improve in all areas of service that we provide to the youth, their families and schools we work with.

NSMH is open to any and all constructive request for improvement to any aspect of its service to the Hawaii Department of Education.

- **Barriers to Providing Services:**

It has been a barrier of concern for NSMH to find a professional and ethical balance in our work and the demands of the DOE to comply with their wishes.

Without question the most significant barrier to NSMH in providing continuous quality school based behavioral health care is the delayed payment system to our professionals from the HDOE. It is very difficult to employ and maintain quality providers with such a delayed operation of payment. Often this delayed payment system forces quality providers to seek a more steady source of receiving their earned income. During the contract year 2004-2005 this process has mildly improved.

We believe our next largest challenge will be to continue to develop our services as requested by the AMHD, CAMHD, DD/MR, DOJ, DHS, and possibly the DOE.

In addition NSMH strives daily to find a professional balance with our actual behavioral health care and the litany of business forms and paper work needed to meet the many requirements of functioning with HDOE and other state contracts. We believe in the Felix Decree project, and NSMH earnestly accepts the challenge of refining the only community based mental health agency within North Oahu.

With these challenges we recognize that NSMH is an agency that is literally eight plus years old. We have worked hard to develop a working infrastructure. **We have successfully met the demands of the national accreditation requirements and are presently accredited through “The Council of Accreditation for Children and Families” based in New York, New York.** Our agency is well **protected for professional liability through the “American Psychological Association Trust Fund.”** Our financial independent CPA audits are documented through HDOE (See Attachment A of this report). With intense perseverance NSMH will continue if requested to move toward the personnel requirements (Medicaid) demands.

- **Quality Management Activities:**
 - **Describe quality management activities during the FY03-05 and its compatibility with District QAP**
 - **The Goals for FY01-02**
 - **Measurable objectives which include:**
 - **Parent, student and school satisfaction with the services as was delivered**
 - **Treatment progress and outcome measures related to overall academic achievement and behavioral successes**

- **Timeliness of services, including:**
 - **Percentage of assessments completed and submitted within the 60 day timelines as established under IDEA;**
 - **Percentage of monthly/quarterly treatment and progress summary reports and progress notes submitted during the required timelines as established under the contract terms; and**
 - **Time from authorization of service to initiation of service.**

NSMH is in complete compliance with the quality assurance plans (QAP) of the Central, Windward, and Leeward school districts. Our QAP was written after obtaining these district plans and working toward compliance with their documents.

North Shore Mental Health has developed a Quality Assurance Plan to assess and improve our program. This plan is documented and is on file at School Based Behavioral Health office.

NSMH utilized the following Quality Assurance and Improvement Plan (QAIP) for the years 2003-05 under their School Based Behavioral Health Intensive Services to HDOE. In addition NSMH maintained its professional relationship with the Council on Accreditation for Families and Children, Inc. for the purpose of refining NSMH's quality assurance and evaluation procedures so as to pursue excellence in our School Based Behavioral Health work.

PURPOSE: to define the mechanisms utilized to ensure that appropriate, quality services are provided to children/youth and their families in accordance with the State of Hawaii Department of Education Central, Windward, and Leeward School Districts' Quality Assurance Improvement Plans. When appropriate, NSMH coordinates with individual school complex and individual school QAIP plans.

POLICY: It is the intention of North Shore Mental Health to serve youth and their families of the Central, Leeward and Windward School Districts of the HDOE with a sincere interest in our community at the heart of our work. We intend to provide the highest quality service, taking into consideration the cultural needs of the community, and the individual goals of youth and their families. To ensure quality, service providers will be selected and assigned based on the needs of persons served. All services will be monitored and assessed, with specific attention paid to reaching the goals of the persons served in the most effective, ethical manner possible; and the opinions of the youth and families receiving services, the schools, and the community at large will be sought and utilized.

It will be our policy to coordinate and comply with H.D.O.E District, Complex, and State Quality Assurance Plans as well as local Children's Community Council Quality Assurance Plans.

It is North Shore Mental Health's Quality Assurance Plan to maintain a working relationship with the State of Hawaii Central, Leeward and Windward School Districts' Comprehensive Student Support System (CSSS) educational model. This model is a strengths-based multidisciplinary team decision-making model, which focuses on learning and development.

PROCEDURES:

I. Provider Credentials

A. All professionals providing services through North Shore Mental Health will be appropriately educated, trained and, if required, licensed according to the standards established by HDOE.

1. At the time a professional is being considered for a contract, documentation will be provided to the director for review. Documentation will include, at a minimum:
 - a. a copy of degree
 - b. resume, describing professional experiences
 - c. copy of professional license
 - d. copy of professional liability insurance
 - e. copy of driver's license and automobile insurance (if providing AMHD case management)
 - f. any additional professional documentation required by the HDOE with specific information to enable the provider to become a **Medicaid provider** through NSMH.
 - g. A State of Hawaii authorized 'Criminal Background Check.'

B. Annually, at the time of contract renewal, additional verification of a Professional licensure, professional liability insurance, driver's license and automobile insurance will be provided.

1. If an independent contractor is required to receive supervision, the following documentation will be required:

- a. copy of supervision agreement
- b. schedule of supervision times
- c. occasional reports from supervisor, as requested by the director

C. Annually, at the time of contract renewal, the director and the independent contractor will agree on the scope of services to be provided by the independent contractor. In no case will the independent contractor practice outside the agreed upon scope of services.

1. Addition and/or deletion of a particular service from the scope of services shall be based on:

- a. the independent contractor's attainment of qualifications to provide that service,
- b. the performance evaluation conducted prior to contract renewal, and
- c. if required to receive supervision, a report from the supervising professional of the independent contractor's adherence to highest professional standards.

2. Annually a performance evaluation will be conducted, which shall include the following components:

- a. self-evaluation of skills and abilities, and areas in need of improvement
- b. evaluation by the director of skills and abilities, and areas in need of improvement
- c. records review and clinical review data
- d. satisfaction survey data

II. Psycho-educational Standards

A. Psycho-educational Assignment – Educational Model

1. The director will make all assignment of cases at the time that admission to North Shore Mental Health occurs. This assignment will be based upon:

- a. identified needs of the child or youth as directed by the SSC and the IEP/MP team.
 - b. psychoeducational expertise of the treating professional
 2. A weekly discussion may be held by the director with independent contractors, during which any change in assignment may be made, if appropriate.
 3. A quarterly review of all cases assigned to independent contractors will be made by the Quality Assurance Committee. Changes may be made by the committee, if appropriate.
- B. Psycho-educational Review
1. Monthly each member of the Quality Assurance Committee shall review a random sample of psycho-educational records, of which none will be a psycho-educational record for which that professional has responsibility. Review criteria shall include:
 - a. appropriateness of treatment plan, based on assessed need outcome measures shall include improvement in a student's grades, behaviors, or scholastic criteria as set forth in the student's IEP or MP.
 - b. appropriateness of intervention services, based on treatment plan
 2. Exceptions found through the psycho-educational review process will be brought to the attention of the treating professional and the director. Corrections are to be completed, and provided to the director within two weeks.
 3. An appeal of exceptions may be made by the treating professional at the next scheduled meeting of the Quality Assurance Committee. Documentation of the outcome of this appeal will be placed in the contract file of the treating professional.
- C. Records Review
1. Quarterly each member of the Quality Assurance Committee shall review a random sample of Psycho-educational Records. In no case will the committee member review a record for which he/she is responsible. Review criteria will include:

- a. completeness of records
 - b. timeliness of record entry (HDOE – Defined)
 - c. match between service authorizations and services provided
 - d. match between billed services and charted progress notes
2. Exceptions found through the records review process will be brought to the attention of the treating professional and the director. Corrections are to be completed and provided to the director within two weeks.
3. An appeal of exceptions may be made by the treating professional at the next scheduled meeting of the Quality Assurance Committee. Documentation of the outcome of this appeal will be placed in the contract file of the treating professional.
- D. The Quality Assurance Committee shall meet quarterly, and minutes of its actions kept. Membership on the Committee may rotate.
1. Duties of the committee are:
 - a. to perform clinical reviews, and make service recommendations based on those reviews; and
 - b. to perform records reviews, and to make procedure change recommendations based on those reviews.
 2. Records selected for both psycho-educational and data record reviews shall be a random sample. Both closed and open Psycho-educational Records will be included in the sampling procedure.
 3. The Quality Assurance Committee minutes will be forwarded to the director for review, and action on any recommendations made.

III. Satisfaction Surveys

- A. At least annually, North Shore Mental Health will request feedback, through a formal survey process, from sources with which it works and from whom it receives referrals.
1. A survey form will request information on response time to referrals, satisfaction with services provided, and satisfaction with collaborative efforts. Additional information may be requested, for specific programs/services.

2. The Quality Assurance Committee will review the satisfaction survey, summarize the data, and provide this summary to the director.
3. The director will utilize the satisfaction survey summary results for planning future services.

B. At least annually, North Shore Mental Health will seek community feedback regarding its services.

1. A survey will be prepared and distributed to, but not exclusively to:
 - a. The Children's Community Council Executive Boards
 - b. other human services providers
 - c. physicians, including pediatricians and members of the HDOE Central, Leeward and Windward area hospital staffs
2. Returned surveys will be reviewed by the Quality Assurance Committee, who will summarize the data, and provide this summary to the director.
3. The director will utilize the community satisfaction summary information for planning purposes.

C. Consumer Satisfaction

1. Annually, a random sample of persons currently receiving services, and their families, will be asked to complete a satisfaction survey.
2. Annually, a random sample of persons who no longer are receiving services, and their families, will be asked to complete a satisfaction survey.
3. Survey forms will be reviewed by the NSMH Quality Assurance Committee, who will summarize the data, and provide this summary to the director. Data will be in the aggregate, as well as for specific professional providers. Data specific to each independent contractor will be shared with that professional by the director, and placed in the contract file.

IV. Program Evaluation

A. Goals and Objectives

1. Annually, the director shall prepare for each specific service offered, a list of goals and objectives to be achieved by North Shore Mental Health.
2. Annually the director shall review service statistics and assess the progress toward attainment of goals and objectives.
3. The director shall review the attainment of the goals and objectives in 'The North Shore Mental Health, Inc. Annual Report.'
4. To maintain direct coordination with the Central, Leeward and Windward School Districts Comprehensive Student Support System (CSSS) educational model.
5. To maintain a strengths-based, multidisciplinary team decision making quality assurance model focused on the learning and development of the students we serve.

In addition NSMH will maintain its Quality Assurance and Improvement Program with the following QAIP practices monitored by the NSMH QAIP quarterly committee meeting:

<u>Component</u>	<u>Timeline</u>	<u>Methodology</u>
Adm. services (telephone response, etc.)	Quarterly	Frequency Sampling
Claims processing report	Monthly	HDOE / MIS report
Sentinel events Report	Monthly	Mo. Sentinel report
Clinical Services	Monthly	NSMH Files r review
Professional Services	Annually	HDOE/HDOH Audits
Case management Services	Annually	C.O.A. Review
Staff/Personnel Reviews	Monthly	NSMH MO. QAIP
Service Plan Development	Quarterly	HDOE/ NSMH QAIP
Client Safety	Annually	C.O.A. Review
Member Complaints	Monthly	NSMH QAIP/ C.O.A.
Fiscal Audit	Annually	Nancy Tudor, C.P.A.
Service Testing	Annually	Cen.,Lee, Win. QAIP
Consumer Satisfaction Surveys (Outcomes Rep.)	Closure of	CaseRep. from Cons
Community Stakeholders Satisfaction Surveys	Annually	C.O.A. Review
Children's Community Council's Feedback –	QAIP Mo.	Central & Ko'olauloa

We have utilized this Quality Management plan daily. North Shore Mental Health conducts Quality Assurance Management meetings with minutes, findings, suggestions, and corrective actions documented quarterly. These finding have been shared with the HDOE Contracts Quality Management office.

North Shore Mental Health is fully accredited through the **Council on Accreditation of Services for Families and Children, Inc.** based in New York, New York. Annually NSMH is formally reviewed by C.O.A. and has annually received full accreditation. In February of 2004, NSMH received its on site visit related to a week - long quality assurance review with C.O.A. Re-accreditation was granted from this review until 2008.

Throughout the fiscal years 2004-2005, a random collective study from a **North Shore Mental Health Consumer Satisfaction Survey – Client Rating** was completed by our served population. NSMH used this collective study to improve its service to the people of the North Shore of Oahu. Findings from this survey have been discussed at staff meetings with direct plans for improvement and corrections formulated and followed up on by the director of NSMH.

The following data represents a total **Consumer Satisfaction Survey Client Ratings** for North Shore Mental Health from its quality assurance random collective study for 2001-2003. The number of clients surveyed totaled N=50.

	Yes	No
1. People listened to what you have said	100%	0%
2. Your service plan is addressing what you think is important	98%	2%
3. You were actively included in developing your service plan	100%	0%
4. Your options were explained to you	98%	2%
5. The service plan meets your needs	96%	4%
6. You know who your care coordinator person is	100%	0%
7. Your care coordinator is helpful	98%	2%
8. You were given information about your client rights	100%	0%
9. Do you understand your rights to privacy, dignity, and safety	98%	2%
10. You are satisfied with the services you receive	96%	4%

To date there have been no significant negative reports from any Central, Leeward, or Windward schools regarding treatment progress and/or outcome measures related to overall academic achievement and behavioral successes not being met as dictated from our students I.E.P's.

NSMH has completed all professional assignment contacts and submitted them as established under the IDEA sixty day time guideline during this contract period.

NSMH has a 96% on time submission rate regarding monthly/quarterly treatment and progress summary reports with progress notes or equivalent as established under this contract period.

NSMH has met all HDOE time guidelines from authorization of service to initiation of service during this contract period.

- **NSMH Staff Summary and Types of Services Provided:**
 - **List of employees and subcontractors employed during FY, including their credentials and types of service each provided**
 - **List of all new employees (hired after 0701/01) and volunteers showing status and completion date of mandatory background checks**
 - **Client to staff ration**
 - **Recruitment efforts and results**
 - **Pay scale in relation to market value**
 - **Retention problems, issues**

Adminstration:

Dan Kehoe, Ph.D. Licensed Clinical, Counseling and School Psychologist.
Director, Clinical Supervisor and Clinical Psychologist – ASD/SMR
Background Check 8-17-99

Carol Kehoe, B.A., Business Manager, Payroll Manager.

Natalie Crismon, B.S., Assistant Business Manager – Billings

Elizabeth Snow, B.A., Personnel Specialist – Case Management

Jaime Prigmore, B.A., Billing

Nurse

Lora Chen, M.S., R.N., – Psychopharmacology specialist – Clinical Case manager supervisor **Background Check 2-20-01**

Consultants – School Based Behavioral Health –ASD/SMR (With Criminal Background Check Date Documented – Record is kept in the NSMH Business office)

Susan Anderson, M.S.C.P., Consultant – ASD/SMR specialty **Background Check 8-17-99**

Leilani Auna, M.S.W., Family Trainer – ASD/MR Multi-cultural specialist **Background Check 8-17-99**

Ed Bieda, Psy.D., Child and Youth ASD/MR Consultant **Background Check 2-24-03**

Carmen Chiasson, Ph.D., Licensed Clinical Psychologist – Consultant ASD/SMR **Background Check 6-4-02**

Michael Clark, Ph.D., Psychologist – ASD/SMR **Background Check 10-30-02**

Karen Crisler, Psy.D., Child and Family Consultant- Assessments ASD/SMR **Background Check 2-21-01**

Tom Drumm, M.S.W., Licensed Social Work Consultant – Parent Trainer specialist **Background Check 10-30-02**

Lauren Emoto, Psy. D., Multi-cultural specialist ASD/SMR **Background Check 2-24-03**

Donna Goodwin, Psy.D., Child and Youth Consultant – Parent Trainer **Background Check 10-30-02**

Daniela Granzotto, M.S.C.P., ASD/MR Adolescent and Family Consultant – Secondary Specialist **Background Check 2-24-03**

Mel Hayase, M.S.W. Licensed Social Work Therapist – Seriously Emotionally Disturbed - Multicultural Specialist **Background Check 7-5-00**

Karla Izuka, Psy.D., Youth and Family Consultant ASD/MR **Background Check 10-30-02**

Leonardo Jamias., M.S.W., Social Work Consultant ASD/MR .
Multicultural Specialist **Background Check 2-21-01**

Darlene Jones, M.A., M.S., School Psychologist – ASD/MR Child and
Adolescent Consultant – ASD/SMR **Background Check 2-21-01**

Janet Laconsay, Psy.D., Parent Trainer. ASD/MR Consultant
Background Check 8-17-99

Cindy Stevenson Lee, M.S.W., Licensed Social Work Consultant. Parent
Trainer **Background Check 2-20-01**

Cleo V.H. Lloyd, M.S.W., Licensed Social Work Consultant –Parent
Trainer Substance Abuse specialist **Background Check 3-24-03**

Brenda Lovette, Psy.D. Licensed Clinical Psychologist – ASD/SMR
Background Check 6-17-03

Larry Miller, C.S.W., Clinical Social Work Therapist – Family Trainer
Background Check 2-24-03

Stephanie Moderow, Psy.D., - ASD/MR Consultant. Ethics and Family
Court specialist **Background Check 8-17-99**

Page Odom Psy.D., Parent Trainer Specialist – Assessments **Background
Check 2-21-01**

Jill Panos, Psy.D., ASD/MR Consultant. Multicultural specialist
Background Check 2-24-03

Carrie Parker, Ph.D., Licensed Clinical Psychologist – ASD/SMR
Background Check 11-5-01

Judy Rocap, Licensed R.N., Psy.D., Parent Trainer **Background Check
6-4-02**

Gina Samala, Psy.D., ASD/MR Consultant – Licensed Psychologist
Background Check 3-20-02

Helen Self, M.S.W., C.S.A.C., Social Work Consultant. Substance abuse specialist. Parent Trainer . **Background Check 2-20-01**

Derrick Tollefson, M.S.W., Ph.D. Licensed Clinical Social Worker – Domestic Violence specialist **Background Check 1-29-01**

Kelly Wheeler, M.S.W., Social Worker – Parent Trainer ASD/MR **Background Check 10-30-02**

Katherine Witt, Psy.D., Child and Adolescent Consultant ASD/MR **Background Check 3-24-03**

Adrian Yuen, Ph.D., ASD/MR Consultant **Background Check 2-21-01**

North Shore Mental Health employed over one hundred and fifty skills trainers during this contract period 2003-2005. All criminal background checks were obtained and are available in the NSMH business office.

NSMH client to staff ratio is approximately one student to four NSMH personnel members.

NSMH has never had to recruit IISC consultants as we have always found ourselves with an abundance of qualified professionals wishing to work with us. Our total effort in recruiting **skills trainer** has been to request through our director's friendship with the special education, psychology, and social work department heads of the Brigham Young University Hawaii Campus for interested workers. At the present NSMH has two additional board certified psychiatrists willing to consult with us if the need arises.

NSMH's pay scale in comparison to other Felix providers is lower or equal to all other agencies we are familiar with working through the HDOE in this Felix Decree project. **NSMH's low salary pay structure benefits the HDOE even more regarding IISC Consultants and skills trainers for the contract period . We have kept our reimbursement rates and profit margin extremely low so as to be competitive and to be appealing for the HDOE to continue our contractual agreements with us in the future.**

NSMH has benefited greatly with no retention problems regarding its staff. As stated above we enjoy an abundance of qualified professional employees seeking to work with us. In the last six plus years of operation the NSMH director has had to terminate only one sub-contractor or employee from our staff.

- **Staff Training:**
 - **List of staff training and workshops during FY**
 - **Number of hours employees or subcontractors spent in training**

It is the intention of North Shore Mental Health to provide continuous training to our employees through our professional staff. Additional training will be pursued through community and state of Hawaii resources. NSMH training sessions have been conducted at least twice a month throughout the calendar years. As stated earlier, the American Psychological Association, the American Psychiatric Association and the HDOE 'Best Practices' models will be emphasized in all supervision and training provided by NSMH. NSMH's training procedures will continue to adhere to the, **Interagency Performance Standards and Practice Guidelines State of Hawaii Department of Education Comprehensive Student Support System and Department of Health Child & Adolescent Mental Health Division** manual.

The supervising director (Dr. Kehoe) is a licensed clinical, counseling and school psychologist. He met weekly in two separate staff meetings. These meetings are held at our North Shore Central District Wahiawa Medical Building office in Wahiawa every Monday and Wednesday at 9:00 a.m.

Four group supervision meetings were held monthly at two office locations. These group supervision meeting were conducted by DarLene Jones, M.A., M.S., school psychologist. In addition eight supervising psychologist supervised every NSMH skills trainer for an additional one on one hour monthly. On Wednesday evenings of at 6:00 p.m., an additional IISC supervision meeting was held as needed and conducted by Dr. Kehoe.

NSMH's group supervision model is conducted with a ratio of supervisor to staff, of one supervisor to ten therapists. All NSMH staff members have receive at least 30 hours of basic training including, but not limited to crisis field assessment and intervention, suicide assessment, clinical protocols, documentation, knowledge of community resources as well as the court processes and legal documents relative to emergency procedures. This training will also include specific legal issues governing informed consents with all training to be completed prior to performing crisis outreach services.

Full time NSMH staff members will receive a minimum, one hour per month of individual supervision by a QMHP utilizing a combination of methods such as direct observation, coaching, and role modeling to improve the level of staff skill.

The amount and frequency of supervision may be reduced as authorized by the clinical supervisor on the basis of documented individual aptitude, experience, and satisfactory performance.

A NSMH curriculum of bi-monthly staff training meeting subjects have and will once again include:

- | | | |
|-----------|-----|--|
| July | 1. | Working with the HDOE School Based Behavioral Health (Intensive Services- Psychiatry) Educational Model – CSSS and CASSP Principles |
| | 2. | Working with: Functional Behavioral Assessments and Behavioral Support Plans |
| August | 3. | Coordination and Case Management with the HDOE Education Planning (IEP/MP) Participation with documentation |
| September | 4. | Child Abuse and Neglect Reporting Mandates – Promising Interventions |
| | 6. | When and How to utilize Psychiatric Support – Most promising Psychopharmacological Interventions |
| October | 7. | Clinical Protocols – Legal Documents Relative to Emergency |
| | 8. | Elements of “Best Practice” within the Educational Model |
| November | 9. | What is “Best Practice” for Intensive Services – Written Plans for actual behavioral implementation in the school and the classroom. |
| | 10. | Utilizing a Multi-systemic treatment modality to accessing community based support systems within the educational model. |
| December | 11. | Parent Training – NSMH treatment programs – links to the school |
| | 12. | Parent Training – Best Practice Models – links to the school |
| January | 13. | Intensive Services – Attention Problems and Hyperactivity within the educational setting and ASD/MR student. |
| | 14. | Intensive Services – Conduct and Oppositional Problems within the educational setting and the ASD/MR student. |
| February | 15. | Intensive Services – Depression |
| | 16. | Intensive Services – Anxiety
How PTSD and OCD type behavior alters educational performance |
| March | 17. | Individual Therapy/Counseling Behavioral Interventions – Substance Abuse in the schools and How to work with students and families. |
| | 18. | Intensive Services and Teaching curriculums |
| April | 19. | Recognizing Suicidal Behavior and helping prevent trauma. |
| | 20. | Intensive Services and prevention of violence |
| May | 21. | Supportive Programs for our youth through the summer – Job Placement to “Summer Fun” |

- | | | |
|------|-----|--|
| | 22. | Transitioning Youth to less intensive services within the Educational model. |
| June | 23. | Utilizing Outcome Based Plan Evaluations |
| | 24. | Case Management, School Psychology and SSC Coordination for ESY |

When group supervision meetings are not focused on the above curriculum then case reviews will be conducted. Case reviews allow consultants and skills trainers the opportunity to gain treatment insight and strategy from their fellow behavioral intervention specialist. Confidentiality of name and school are honored during this process regarding the student situation discussed.

In addition to our group supervision and training model, weekly individual supervision is scheduled and required of all providers who are in need of such monitoring.

The North Shore Mental Health supervision model utilized is the ‘**Criteria of Content Selection**’ model. This model utilizes the following guidelines:

1. The Criterion of Utility
2. The Criterion of Universality
3. The Criterion of Maximum Return
4. The Criterion of Selection
5. The Criterion of Difficulty
6. The Criterion of Survival
7. The Criterion of Appropriateness
8. The Criterion of Interest
9. The Criterion of Quality

Supervision and training are linked utilizing the ‘Content Selection’ model which emphasizes a multi-systemic behavioral approach to assisting the youth and his or her family to a more successful and productive lifestyle. In addition to North Shore Mental Health training and supervision opportunities, our subcontractors have regularly taken advantage of the fine H.D.O.E. training classes offered.

All employees and subcontractors with NSMH have been or will be in-serviced with a general orientation and training to the Hawaii System of Care for Felix eligible youth, inclusive of the FCD, IDEA (Special Education), Hawaii CASSP principles, state organizational structure including FERPA, team based decision making, and internal agency policies and procedures.

Continuing education classes are documented in each subcontractor’s personnel file. Continuing education reference classes are documented regarding upgraded training opportunities and our credentialing process participated in by all of our employees.

NSMH adheres to the State of Hawaii HDOE Interagency Performance Standards and Practice Guidelines manual regarding supervision requirements for staff and sub-contractors. An annual evaluation is conducted for each employee sub-contracted with by NSMH. The results of these evaluations are in each NSMH sub-contractor's personnel file located at our North Shore Sunset Beach business office.

It was the intention of the director of NSMH to subcontract most of the School Based Behavioral Health Interventions and ASD/SMR work to licensed professionals who possess their own professional liability (documents of such insurance are kept in the NSMH business office) for services provided. All subcontracted employees were also carried under the North Shore Mental Health, Inc. group liability coverage through the **American Psychological Association.**

- **Evaluation of Staff and Subcontractors**
 - **Evaluation schedule, frequency**
 - **Number of hours employees or subcontractors spent in training**
 - **Personnel involved in the evaluation process**

North Shore Mental Health therapists are supervised by the clinical director of the agency. In-service and supervision is conducted twice weekly. Case review and consultation are formally addressed weekly, or upon need, daily. Skill's Trainers are supervised by their Autism Consultant (IISC) that they are working with and an additional supervising psychologist. Dr. Kehoe is evaluated annually by the North Shore Mental Inc. board of directors.

On at least an annual basis each NSMH consultant is personally evaluated utilizing the form and interview process titled: North Shore Mental Health – Job Performance – Summary Report. This report is utilized to enhance quality care to our patients. The result of this report is documented in each employees and sub-contractor's NSMH personnel file.

This form is presented on page (Page24) of this NSMH Summary Report 2003-2005. The evaluation methodology/criteria is self explanatory as described on the form. Dr. Kehoe is the evaluator with assistance from NSMH professional Autism Consultants for Skill's Trainer evaluations.

NSMH has enjoyed an excellent record of performance from its personnel. We have never had to recruit personnel. Employees who have left our group have usually done so to accept full time positions outside of the Felix Decree.

These few sub-contractors state that they are more interested in finding a more secure financial arrangement than the work that the DOE/Felix Decree work offers.

North Shore Mental Health evaluates its sub-contractors as documented through our Policy and Procedures Manual that is on file for review at the Central, Windward and Leeward District Offices. Problems with staff and sub-contractors with NSMH are dealt with by the director of the agency in accordance to the North Shore Mental Health Policy and Procedure Manual.

Insured by: The American Psychological Association Insurance Trust

Accredited by: The Council On Accreditation for Families and Children, Inc.

**North Shore Mental Health
Job Performance – Summary Report**

Name of Subcontractor _____

Title of Position _____

Annual Performance Report

Purpose of this report: _____

Period from: _____ To: _____

Evaluation Factors

As a basis for objective evaluation, supervisory personnel shall rate the work performance of this employee by using the four evaluation factors shown below:

1. Quality of Work on the Job

Unsatisfactory Satisfactory Above Satisfactory Excellent

Based on: Accuracy Learning speed – Judgment - Ability to work under pressure
Neatness of work Knowledge of duties Application of instruction to work Forethought
Workmanship Follow up and supervision necessary Planning of work

2. Quantity of Work on the Job

Unsatisfactory Satisfactory Above Satisfactory Excellent

Based on: Amount of work produced Employee's application to the job
Manner employee's output affects the flow of work Ability to meet time and work schedules
Regularity of output Skill in handling special assignments

3. Work Attitudes on the Job

Unsatisfactory Satisfactory Above Satisfactory Excellent

Based on: Dependability Stability Relationship to other employees Initiative
Adaptability Cooperation Attitude toward direction or instruction Tact

4. Work Habits on the Job

Unsatisfactory Satisfactory Above Satisfactory Excellent

Based on: Regular or irregular attendace Application of time
Keeps regular working hours Effect of habits on the work of others
Use or abuse of privileges Care or abuse of government property

This employee's work performance during the period shown above was:

Unsatisfactory Satisfactory Above Satisfactory Excellent

Signature of Supervisor _____ Shared with employee on: _____
Date

- **Future Plan of Action for Next Fiscal Year:**
 - **Anticipated personnel changes**
 - **Proposed client to staff ration for upcoming year**
 - **Program improvements**
 - **Accreditation plans**
 - **Submit updated (most recent) agency annual report**
 - **Submit updated (most recent) agency financial audit, if applicable**
 - **Disclose any pending litigation to which NSMH is a party, including disclosure of an judgments, if applicable**

North Shore Mental Health is honored to be able to continue services to the youth and adults of the North Region of Oahu. We thank the DOE, CAMHD, DOJ, DD/MR, DHS. and AMHD for this privilege.

At the close of this DOE. contract period we are pleased in offering more care to our communities and its schools today than at any time in our past. We are well received by the thousands of people who live within the North Region of Oahu. We believe our work is appreciated for our professional expertise and for being community based. Our availability to our clients is unprecedented within the North Region of Oahu.

We are planning as a priority, to continue to improve our staff's skill in providing excellent behavioral health care through our approved State of Hawaii contract work. We hope to continue to improve our work and accomplish our goals of refinement through NSMH in-service activities and quality management adherence.

NSMH's anticipated personnel changes are primarily to develop our fast growing charge from State of Hawaii contract work to increase our behavioral health work.

NSMH anticipates an average ratio of one student to four NSMH personnel for this contract period 2003 – 2005.

In the future NSMH plans to continue to address the needs as stated by the Central Oahu Children's Community Council and the Ko'olalua Children's Community Council. **These councils have in open forum encouraged North Shore Mental Health to expand our community based philosophy as is directed by the State of Hawaii CASSP principles and the original Felix Decree document.**

NSMH plans to improve all aspects of its operation primarily through in-service activities, quality management (QIAP) adherence and refinement of its supervision. With the completion of the NSMH infrastructure during this last contract period NSMH personnel now plan to concentrate on working even closer with the DOE, CAMHD, DOJ, DHS, DD/MR and the AMHD with their quality of care provided.

NSMH is fully accredited by the nationally acclaimed New York, New York based, The Council On Accreditation for Families and Children, Inc. We understand that this accreditation is not required by the H.D.O.E. NSMH believes this affiliation with C.O.A. is another 'Good Faith' effort on our part to work toward excellence in quality of care provided.

Per H.D.O.E. request please find submitted with this 'NSMH Summary Report 2003 – 2005 a copy of the 'North Shore Mental Health – Summary Psychiatric Report Fiscal Year July 1, 2003 to June 30, 2004.' We also are submitting a copy of the "North Shore Mental Health Summary Report for July 1, 2001 to June 30, 2003. These reports represent our "(most recent) agency annual report."

Per H.D.O.E. request please find attached and submitted with this 'North Shore Mental Health Summary Report 2003 – 2004' our most recent agency financial audit. This financial report is **Attachment A** of this summary report.

We are pleased to report that NSMH is not presently and has never faced any litigation to which we are a party to, nor have we been included in any disclosure of any judgment against us at any time.

On a closing note, North Shore Mental Health once again wishes to thank the State of Hawaii Department of Education for the opportunity to work with North Shore Mental Health Inc.

Attachment A

North Shore Mental Health, Inc.

Financial Audit

June 30, 2004

North Oahu Professionals
Caring for
North Oahu Families

Summary Report for:

**The State of Hawaii
Department of Education**

Intensive Services

Fiscal Years July 1, 2003 to September 30, 2005

