

Improving the Utility and Cultural Appropriateness of the Mental Health  
National Outcome Measures to the Pacific Jurisdictions

PJ Work Group Conference Call  
August 20, 2009 at 7:00 – 8:15 PM EDT

**Meeting Notes**

Attendees:

American Samoa: Masele Iafeta  
CNMI: Jessie Aguon and Josephine Sablan  
Guam: Reina Sanchez and Joe Grecia  
Marshall Islands: Marita Edwin and Freddy Langrine  
Micronesia: Benido Victor and Arlynn Linny  
Palau: Everlynn Joy Temengil

CMHS: Olinda Gonzalez  
HRSA: Lynnette Araki  
NRI: Bernadette Phelan

**Update on the SAMHSA-Pacific Jurisdiction Data Initiative:**

Dr. Olinda Gonzalez reported that SAMHSA has a data strategy across the three SAMHSA Centers (CSAT, CSAP, and CMHS) focused on the Pacific Jurisdictions. Dr. Gonzalez will apprise the group of the progress of its implementation on a periodic basis.

**Review of the June 17 Meeting Summary Report:**

Bernadette Phelan reviewed the discussions of the June 17 meeting. Dr. Phelan requested the group to e-mail any corrections to the report. In summary, the proposed modifications for the four NOMS are as follows:

**Employment:** the Employed status will have two sub-categories: the first sub-category captures those employed under a competitive environment while the other captures consumers engaged in productive activities (defined as providing monetary or non-monetary rewards from subsistence farming and/or fishing).

**Living Situation:** the Private Residence will have two sub-categories: the first sub-category captures those living in private residence under a stable housing arrangement while the other captures consumers living in a private residence under a temporary or unstable housing arrangement characterized of frequent change in address. The latter group also includes those at-risk for homeless.

**Social Connectedness:** PJs to conduct a consumer focus group to gather consumer input on their thoughts of what 'social connectedness' mean to them and how best to measure this as an outcome.

**Criminal Justice Involvement:** PJs will conduct an internal assessment of the applicability of this NOM in their Jurisdiction and provide a recommendation to CMHS. The WG used the rest of the meeting time to discuss this NOM in more detail.

**Discussion on Criminal Justice NOM:**

During the meeting, each Jurisdiction provided input to the discussion of the problems, issues, utility, and reporting of this NOM, as follows:

*Guam:* A number of the consumers received referrals to a Mental Health Court. Guam MH agency currently does not have access to the information but finds it an important piece of information for program development. Ms. Reina Sanchez expressed interest to initiate discussions with Guam's criminal justice agency to explore possible data exchange/data use agreement between agencies.

*CNMI:* The CNMI MH agency is in its initial stages of holding dialogues with the criminal justice agency but there has been no data exchange/data use agreement. Although a question in the client assessment form asks for arrest information, the agency database does not capture this information. However, the agency currently tracks the referring agency (one of which is the criminal justice). Mr. Jesse Aguon mentioned the current substance abuse effort to establish the reporting of the arrest data for people with substance abuse disorders. He cited that this can be used as a model for collecting arrest data for people with mental illness.

*American Samoa:* The mental health agency tracks referrals from courts for substance abuse consumers but not for mental health consumers. The American Samoa MH agency does not collect arrest or referral data for people with mental illness. Ms. Lafeta cited two possible data collection methods they can use: adding a question in the client assessment form or establish data exchange agreements with courts or other criminal justice agencies. Ms. Lafeta reported that this information is an important piece of information as court judges have been exerting pressure for the agency to collect the data. This information will ensure that mental health consumers receive services.

*Micronesia:* Similar to other Jurisdictions, Micronesia has court referral data for people with substance abuse disorder but not for people with mental illness. They have tried to incorporate the questions in the survey but have not received responses to the questions. However, Micronesia expressed their desire to continue collecting this data through the survey rather than the criminal justice agency.

*Palau:* Palau MH agency does not collect arrest data. Ms. Temengil cited that when police intervenes, usually the action results to a treatment diversion of the consumer to a provider (or emergency rooms) or referred back to the family. Ms. Temengil, however, expressed interest to initiate discussions with Palau's criminal justice agency to explore possible data exchange/data use agreement between agencies.

*Marshall Islands:* The RMI does not have criminal justice data for mental health consumers. If the individual has alcohol or SA problem, the agency collects arrest information from the court system or Public Safety Department. If admitted in the ER, the agency collects information of the incident from the referring ER doctor on call. The agency reported that this piece of information is useful for planning purposes.

**Discussion of the State Hospital 30-day and 180-day Readmission:**

*Palau:* It utilizes one general hospital with a psychiatric unit. Palau has been reporting the admission and discharges to the URS; however, their existing system is still not set up to report the readmission rates.

*American Samoa:* It utilizes one hospital with 2-3 psychiatric beds. There is an existing plan to build an inpatient unit. The MH agency current gathers data on hospital utilization.

*CNMI:* Utilizes one hospital (Saipan) with 10 inpatient psychiatric beds. The facility also provides psychiatric treatment to forensic clients. Extended or satellite health centers have inpatient beds but they are not considered psychiatric beds. The MH agency currently collects data each year on the number of admission, length of stay, and discharges.

*Guam:* Operated by the Department of Health is a 16-bed psychiatric unit. The facility is used both by the civilian and military population. The MH agency currently has manual access to the data.

*Micronesia:* There is no psychiatric unit but utilizes mental health clinics that operate one holding bed (temporary).

*Marshall Islands:* RMI doesn't have specific Unit (beds) for mental health clients in the hospital or in the mental health clinic. Clients are admitted in the adult wards like other patients, except that they receive care from mental health staffs 24 hours/seven days in a week or until they are discharged. The Ministry of Health has it own Statistics and Planning department and the Medical Record department. Mental Health Unit also collected data from the two departments. The Statistics and Planning department collects data from Mental Health unit through the quarterly reports and annual reports. There is collaboration between the three departments. We use our assessment form when there is a patient referred to us from the Emergency room

#### **Request for Technical Assistance:**

The following Jurisdictions expressed interest to proceed with the consumer focus group in the next coming months:

- Palau
- Guam
- American Samoa
- Marshall Islands

They are requesting for technical assistance on how to conduct the focus group, what to ask and what to report. NRI will prepare a focus group protocol for Social Connectedness, e-mail the protocol to the group, and conduct a separate conference call to discuss logistics, timeline, and any questions on the protocol.

#### **Next Workgroup Meeting:**

The group will meet again in October.