

STATE COUNCIL ON MENTAL HEALTH  
Behavioral Health Administration  
Department of Health, State of Hawaii

Keoni Ana Building  
January 10, 2012, 9:00 a.m. – 11:30 a.m.

- Members Present: **Cattaneo, Liesje; Daraban, Charlene; Durant, Mike; Hack, Randolph; Hansen, Donna; Harris, JT.; Holschuh, Christopher; Kaneaiakala, Alva; Koyanagi, M.D., Chad; Minami, Theresa; Sandal, Candace; Simms, Sandra; Wilcox, APRN, Noelani.**
- Members Absent: **Kiliona, Ku’ulei; Watters, Maile.**
- Members Excused: **Cattaneo, Liesje; Gonzalez, Peter; Shiraki, Ph.D., Steven.**
- Guests Present: **Deveaux, Lisa; Killeen, Kevin; Yokote, Sharon.**
- Staff Present: **Appel, Linda; Clarke, Judith; Fallin, Lynn; Freitas, Troy; Hiraga-Nuccio, Madeleine; Jackson, Ph.D., David; Keir, Ph.D., Scott; Law, Wayne; Nazareno, Jocelyn; Pak, Sandra; Sheehan, M.D., William P.; Shimabukuro, Ph.D., Scott, Tom, Trina; Wise, Tracey.**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS /CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	<p>Mike Durant, Chair, called the meeting to order at 9:15 a.m., and quorum was established. The Chair asked attendees to introduce themselves.</p> <p>New Members to the Council introduced themselves:</p> <ul style="list-style-type: none"> <li>• Ms. Susan Foard – Assistant Administrator for Vocational Rehabilitation Services. Ms. Foard replaces Carol Young.</li> <li>• Dr. Chad Koyanagi – Assistant Professor of Psychiatry with the University of Hawaii School of Medicine. Dr. Koyanagi replaces Dr. Alan Buffenstein, whose term expired at the end of December.</li> </ul>		M. Durant, Chair	
2. Review of Minutes	<p>The minutes for December 13, 2011 were approved with the following corrections.</p> <ul style="list-style-type: none"> <li>• Page 1, Item #3, first bullet: add an “s” to the word Alternative</li> <li>• Page 1, Item #3, second bullet to read Suzanne Chun-Oakland.</li> </ul>		SCMH Members	

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	Ms. Simms motioned to approve the minutes with corrections and Mr. Harris seconded.	<u>Action:</u> All members voted in favor.		
3. Community Input	<ul style="list-style-type: none"> <li>• Mr. Holschuh shared his experiences with case management services contracted through the Adult Mental Health Division on the Big Island.</li> <li>• He noted that spending an hour of quality time with his case manager is very positive, compared to his past experiences where he would spend several weeks in the Psychiatric Ward, at substantial costs to taxpayers.</li> </ul>	For information only.		
4. Island/County Reports	<p><u>Hawai`i Island</u> Mr. Holschuh reported on the following:</p> <ul style="list-style-type: none"> <li>• The Hawaii Service Area Board (HSAB) meeting was held on January 4, 2012.</li> <li>• There are currently six (6) members serving and recruiting efforts are being made to fill the remaining three (3) vacancies.</li> <li>• The Hawaii County Suicide Task Force’s goal for CY2012 is to train the community and providers that interface with youth – so far one training has been held at an elementary school.</li> <li>• Members of the HSAB requested that managers of the Community Mental Health Centers and the Family Guidance Center report monthly on the following: <ul style="list-style-type: none"> <li>• Number of individuals served at each program</li> <li>• Case manager to consumer ratio</li> <li>• Number of sentinel events and the category(ies)</li> <li>• Service Gaps.</li> </ul> </li> </ul> <p><u>Maui County</u></p> <ul style="list-style-type: none"> <li>• No report. No meeting held due to a lack of quorum.</li> </ul> <p><u>Kaua`i County</u></p> <ul style="list-style-type: none"> <li>• No report. No meeting held due to a lack of quorum.</li> </ul> <p><u>Oahu County</u></p> <ul style="list-style-type: none"> <li>• No report. No meeting held due to a lack of quorum.</li> </ul>	For information only.		

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<p>5. Data Availability Reports – Child and Adolescent Mental Health Division</p>	<p>Scott Keir, Ph.D. shared the availability and frequency of data that is reported for the Child and Adolescent Mental Health Division (CAMHD). Published reports discussed were:</p> <ul style="list-style-type: none"> <li>• Annual Factbook – data collected annually and based on a fiscal year. Types of data collected and reported: <ul style="list-style-type: none"> <li>• Number of youth registered and served</li> <li>• Demographic profiles of youth served</li> <li>• Diagnoses of youth served</li> <li>• Services provided</li> <li>• Outcomes for youth served.</li> </ul> </li> <li>• Provider Feedback Report – data collected on a continuous basis and is based on two (2) years worth of data, but reported to contracted providers every six (6) months. Data collected on youths served by contracted providers. Providers are given information on: <ul style="list-style-type: none"> <li>• Number of youth served</li> <li>• Mean days of service</li> <li>• Monthly Treatment Progress Summary (MTPS)) improvement rate – Monitors services provided and rate of improvement monthly.</li> <li>• Child and Adolescent Functional Assessment Scale (CAFAS) improvement rate – Monitors improvements in youths served on a quarterly basis.</li> </ul> </li> </ul> <p>David Jackson, Ph.D. explained other reports and surveys that CAMHD publishes:</p> <ul style="list-style-type: none"> <li>• Provider Satisfaction Survey – data collected annually from contracted providers addressing the following areas: <ul style="list-style-type: none"> <li>• Communication</li> <li>• Timeliness and Helpfulness of CAMHD staff</li> <li>• Ratings for each of the CAMHD Family Guidance Centers (the lower the number, the lower the rating)</li> </ul> </li> <li>• Consumer Survey – data collected from parents/guardians of CAMHD youth and includes feedback on how well CAMHD is providing services to their child. <ul style="list-style-type: none"> <li>• Survey is required by Data Infrastructure Grant (funded by the federal government).</li> </ul> </li> </ul>	<p>For information only.</p>		

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	<ul style="list-style-type: none"> <li>• Measures overall satisfaction for CAMHD services for youth who received or currently receiving services</li> <li>• Offers parent views on assessing CAMHD services</li> <li>• Suggestions for agency improvement also included by parents</li> </ul> <ul style="list-style-type: none"> <li>• Utilization Management Report – data collected on service utilization trends for the following levels of service care: <ul style="list-style-type: none"> <li>• Out of Home</li> <li>• Intensive Home and Community</li> <li>• Outpatient</li> <li>• Supportive services</li> <li>• Crisis stabilization</li> </ul> </li> </ul> <p>CAMHD’s vision for the future: Decision Making will be data-driven</p> <ul style="list-style-type: none"> <li>• Live data showing the progress of youth will be available to staff.</li> <li>• Staff will be able to see a youth’s progress in comparison with the rest of youth CAMHD serves.</li> <li>• Live reports will be generated for Division supervisors, administrators, as well as community members.</li> </ul> <p>Questions/Comments from the Council:</p> <ol style="list-style-type: none"> <li>1. Does CAMHD have a psychiatrist on staff on Maui?</li> <li>2. With the use of VTC, at some point, does the child meet someone in person for psychiatric assistance?</li> <li>3. Have you found that the school system is starting to refer more children/youth to CAMHD?</li> <li>4. Is bullying a part of the surveys?</li> </ol> <p>CAMHD presenters and staff’s responses:</p> <ol style="list-style-type: none"> <li>1. Maui Family Guidance Center does not currently have a psychiatrist on staff. There is however, Tele-Health that is scheduled on a regular basis in each Family Guidance Center and psychologists are able to complete evaluations and refer the information to a psychiatrist.</li> </ol>	<p><u>Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Data should be reported by island, which would indicate if there are service gaps, or if each island’s youths are receiving appropriate services.</li> <li>• Asking parents how children feel about services is inaccurate. Children’s voices need to be heard about their feelings on the subject.</li> </ul>		



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	<p>systems, so data collected needs to be merged in order to do a comprehensive analysis.</p> <ul style="list-style-type: none"> <li>• Data is available on the cost of care.</li> <li>• Quality of Life Outcomes (QOLI) – administered to only case management recipients. Hawaii State Hospital recipients are not included in this outcome data.</li> <li>• Satisfaction with Services</li> </ul> <p>In FY2010 costs for AMHD services: 14,633 people were served. The average cost of care is \$8,226 per person. For community care services alone the average cost of care is \$4,534. In the AMHD system 58% persons were served in Honolulu County, 23% in Hawaii County, 9% on Maui, 4% on Kauai and 6% two or more counties.</p> <p>Dr. Steffen explained the methodology for the implementation of the Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey.</p> <ul style="list-style-type: none"> <li>• Survey is recommended by the Substance Abuse and Mental Health Administration (SAMHSA) in Washington, D.C., and Hawaii questions are also added.</li> <li>• Survey is targeted to recipients to case management services.</li> <li>• Total of 7,600 recipients who received services were selected from the period of July 1, 2010 to December 31, 2010.</li> <li>• Random sample drawn for 95% Confidence Level at 5% Precision with expected Response Rate at 50%: Sample of 732 individuals who had received services.</li> </ul> <p>The MHSIP survey was either mailed or distributed to the individuals through their case management providers.</p> <p>Surveys were collected in different ways:</p> <ul style="list-style-type: none"> <li>• By survey team members</li> <li>• In a drop box</li> <li>• Return mail</li> <li>• To providers</li> </ul>			

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	<p>All data were entered into a database by two data enterers, two times, and discrepant entries were rectified.</p> <ul style="list-style-type: none"> <li>• Response rate was high – 70%.</li> <li>• Mail return response rate was 2-3%.</li> <li>• No identifying information was used on the surveys, except for assigned identification numbers.</li> <li>• All surveys were completed by consumers.</li> </ul>			
6. Adult Mental Health Division Report (AMHD)	<p>Dr. Sheehan reported on AMHD Activities.</p> <ul style="list-style-type: none"> <li>• Community Based Case Management Procurement – Contract award letters have been sent out to bidders. Last month an unsuccessful bidder logged a protest.</li> <li>• Consumer Satisfaction Survey: At the last Consumer Round Table meeting the consumers stated that the 2011 consumer survey was not valid.</li> <li>• Suggestions on how to make this year’s survey more valid is being taken by the AMHD.</li> <li>• Dr. Steffen suggested using the same methodology as 2011, but to include a ‘convenient sample’ in 2012. This means that anyone who wants to fill out a survey will get one also.</li> <li>• What would be the possibility of adding open ended questions? It was noted that the sampling and open-ended questions will be discussed by a small group tasked to plan this year’s survey (2012).</li> <li>• Legislature 2012: The Legislature will open January 15, 2012. AMHD does not have any bills in the administration’s package.</li> <li>• The Health Insurance Portability and Accountable Act (HIPAA) 5010 testing – The Federal Government has instituted new electronic claims billing and payment procedure beginning January 1, 2012. Need to be compliant by April 1, 2012.</li> </ul>	For information only.		
7. Central Receiving Division Project Update	<p>Ms. Linda Appel, Continuity of Care Service Director, Adult Mental Health Division (AMHD), gave an update on the Central Receiving Division Project (CRD):</p> <ul style="list-style-type: none"> <li>• The CRD Project has been on-going for six (6) years on Oahu currently in the Central Receiving Division on Beretania Street in the Honolulu Police Department (HPD).</li> <li>• It is a partnership between AMHD, the HPD and the Human Services Unit (HSU), which provides clinical services.</li> </ul>	For information only.		

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	<ul style="list-style-type: none"> <li>• Clinical services are provided by a licensed Advanced Practice Registered Nurse (APRN), Advanced Practice Registered Nurse with Prescriptive authority (APRN-RX) and/or Registered Nurse (RN) under a contract with HPD. These nurses assist with identifying, intervening with and linking individuals with mental health services.</li> <li>• The key purpose is to evaluate (screen) quickly and to assess whether or not the client is within the AMHD system. The nurses also assess if the client is currently taking medications by prescriptions, whether they have taken the medications, and to figure out where their linkages are in the community, or perhaps prepare them for additional linkages. This is done in consultation with the court-based clinician.</li> <li>• Since this is a crisis situation, no consent is obtained.</li> <li>• Draft Amendment to the Memorandum of Understanding (MOU) between AMHD and HPD has been completed and signed by HPD. This will be forwarded for appropriate review and signatures at the Department of Health (DOH) this month.</li> <li>• The MOU will provide for additional funding for an additional APRN at the CRD during peak times.</li> <li>• From a report that was generated in 2010 there were increases in the following areas for 2011: <ul style="list-style-type: none"> <li>• APRN hours have increased to five (5) hours per shift.</li> <li>• Number of detainees during those shifts (33% total of the total number of detainees in the cell block) increased from 3,010 to 3,899.</li> <li>• Number identified with mental illness and or substance abuse increased from 676 to 970.</li> <li>• Number receiving state funded mental health services increased from 171 to 236.</li> <li>• Number of homeless increased from 912 to 1,388.</li> </ul> </li> </ul> <p>There is a new CRD Pharmacy Project</p> <ul style="list-style-type: none"> <li>• The project entails providing a range of commonly prescribed medications at the CRD through a portable pharmacy.</li> <li>• The CRD pharmacy project is proposed to be contracted by HPD.</li> <li>• Medications will be prescribed by an APRN-RX or Psychiatrist working with the HPD project.</li> <li>• The benefit of this project is to provide medication to detainees to stabilize them and better prepare them for their Court appearance.</li> </ul>			

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	<ul style="list-style-type: none"> <li>• HPD will procure this service.</li> <li>• There is also collaborative effort between AMHD and Queen’s Medical Center, Castle Medical Center and Tripler Army Medical Center on a quarterly basis to discuss what’s happening on the streets, Emergency Rooms (ER), and the CRD.</li> </ul> <p>Another project for the CRD is the Release on Recognizance Pilot Project.</p> <ul style="list-style-type: none"> <li>• This project encourages release on recognizance for AMHD consumers who have been arrested on Petty Misdemeanor and Non-violent Misdemeanor charges and are in CRD.</li> <li>• The proposal is to develop a process where judges would release AMHD consumers to case managers, who would then get support services, shelter and treatment options for the consumers. This would prevent consumers from going to OCCC or to Hawaii State Hospital.</li> <li>• A forum was held with all the Judges and support was received to further development of the project.</li> <li>• Scope of the project and services will be drafted in early 2012.</li> </ul> <p>Council members would like to have data on the following:</p> <ul style="list-style-type: none"> <li>• The number of people transported from the streets to the ERs from Queen’s Medical Center, Castle Medical Center and Tripler Army Medical Center.</li> </ul>			
8. Setting Priorities for the State Council in 2012.	<p>State Council suggestions:</p> <ul style="list-style-type: none"> <li>• Attendance – Would like to see better attendance from Council members.</li> <li>• Improve the video-conferencing connection – Council members would like to schedule the Council meetings at the Keoni Ana Building (main site).</li> <li>• Review and Update the Council By Laws</li> <li>• Publicize Council meetings – Utilize Facebook. Mr. Hack stated that he had started a Facebook page for the Council.</li> </ul>	<p><u>Action:</u> Staff to email and mail the current By-Laws to Council members.</p>	Staff	
9. Announcements	None			
10. Adjournment	The State Council on Mental Health Meeting adjourned at 11:30 a.m.			

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11. Agenda Items for next meeting	<ul style="list-style-type: none"> <li>• Update on Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) Activities.</li> <li>• Health Care Reform Health Homes</li> </ul>			
Mail Outs	<ul style="list-style-type: none"> <li>• SCMH January 10, 2012 Agenda and Draft SCMH December 13, 2011 Minutes</li> <li>• SCMH Attendance Log</li> <li>• Results of the Investigative Committee on Health and Stability – State Council Focus Group</li> <li>• Child and Adolescent Mental Health Division Data and Reports – Availability and Frequency</li> <li>• Adult Mental Health Division – Asking Questions of Mental Health Service Data; MHSIP 2011 – Basic Methodology</li> <li>• Adult Mental Health Division Report</li> <li>• Central Receiving Division at Honolulu Police Department</li> <li>• Hawaii Service Area Board on Mental Health and Substance Abuse December 22, 2011 Meeting Agenda and Draft Minutes for October 27, 2011.</li> </ul>			