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

KINAU HALE BOARD ROOM, 1st Floor

December 9, 2014, 9:00 a.m. – 11:30 a.m.

Members Present: Calcagno, Sheila; Crum, Louise; Daraban, Charlene; Durant, Mike; Foard, Susan; Koyanagi, M.D., Chad; Mansfield, Haaheo; Minami, Theresa; Park, Benjamin; Simms, Sandra; Vorsino, Psy.D., Marie.

Members Absent:

Members Excused: Shiraki, Ph.D., Steve; Wilcox, APRN, Noelani.

Guests Present: Arensdorf, Al; Collesano, Robert.

Staff Present: Clarke, Judith; Fallin, Lynn; Fridovich, Mark, Ph.D., M.P.A.; Hiraga-Nuccio, Madeleine; Jackson, Ph.D.; Keir, Ph.D., Scott; Michels, M.D., Stan; Nazareno, Jocelyn; Pak, Sandra; Wise, Tracey.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS /CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	Mr. Durant, Chair, called the meeting to order at 9:22 a.m.		M. Durant, Chair	
	Quorum was not established until 10:30 a.m., at which time the minutes were reviewed and approved, in addition to other agenda items that needed approval by the entire Council.			
2. Review and Approval of Minutes	Mr. Park moved and Ms. Crum seconded the motion to approve the minutes of August 12, 2014.	Action: With no objections, the motion carried unanimously.	State Council members	
3. Community Input	• None			
4. Adult Mental Health Division (AMHD) Draft Scenario Planning Report	Dr. Mark Fridovich, Administrator of AMHD, presented the draft AMHD Scenario Planning Report. He explained that the report is a culmination of feedback from internal stakeholders (AMHD staff) and external stakeholders (legislators, providers, consumers, and staff from other Divisions).	For information only.		

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4. AMHD Draft Scenario Planning Report cont'd.	 Dr. Fridovich noted the following: The report is a start to describe the job description for AMHD for 2020 and beyond, and the vision of the future trends that will impact AMHD operationally. In the Salient Trends section of the report, stakeholders opined that future trends indicate the following: More elders; Income inequality and fewer caregivers; Increased demand and need for forensic inpatient services Increase demand for outpatient services; New payers; Amplified neighbor island needs; The number of homeless individuals with mental illness may stabilize; The needs for new immigrants will increase; Psychiatric treatment techniques will improve; Connectivity technologies will improve, and Litigation may plan continuing role in system change. In the final section of the report, tasks for AMHD were documented into three sections: Tier 1 Functions – Must do; Tier 2 Functions – Should do, and Tier III Functions – Would Aspire to do (depending on resources). Tiers 1 & II have a strong forensic focus. Tier III focuses on prevention, population-based services, research, education, and training. 			
	Mr. Durant stated that the folks in the Hawaii State Hospital are there because of court orders, while many individuals don't really want to be there. He asked, "How do you deal with that and should there be more outpatient treatment services?"			
	Dr. Fridovich responded that data shows Hawaii has more individuals per capita who are on conditional release for misdemeanors and petty misdemeanors than any other state. He continued that there are limited outpatient treatment services throughout the State and AMHD is working to			

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	rebuild capacity; however, there is a crisis with the provision of forensic services, and there are deficiencies in the number of practitioners statewide.			
	Ms. Mansfield commented that she hopes AMHD positions itself to be less inclined to "lock-up" individuals or use the Courts to enforce treatment. She also stated that she hopes the ideas that will be generated, proposed or recommended are a move toward wellness, and prevention in providing mental health services.			
	Dr. Fridovich responded that AMHD is counting on the Council to help make this a reality. He noted that AMHD is willing to work collaboratively with its community partners to address community provisions and resources.			
	Ms. Mansfield asked about the status of the Council website.			
	Dr. Fridovich responded that the website is in transition and is awaiting approval from the new Administration.			
5. Child and Adolescent Mental Health	David Jackson, Ph.D. and Scott Keir, Ph.D. from the CAMHD Research & Development Office presented the results of the 2014 Consumer Survey.	For information only.		
Division (CAMHD)	Dr. Jackson provided background information on the CAMHD Consumer Survey:			
Consumer Survey, 2014	 CAMHD used different methods for the survey this year. The surveys were distributed to clients currently registered and who received at least three (3) months of service from CAMHD. The care coordinators were involved in distributing the surveys to all potential respondents. The survey items were shortened from 60 items to 37 items. A \$5.00 gift card was given as an incentive to encourage completion of the survey. 			
	 Changes for the 2014 Survey: The survey was conducted in-house. Surveys were distributed during the period of March 1 to March 31, 2014. 			

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	 The methods used for the survey focused on the following domains: 1. Outcomes/Functioning 2. Access 3. Treatment Participation 4. Social Connectedness 5. Cultural Sensitivity 6. Overall Program Assessment 			
	 Dr. Keir presented the results of the survey: 690 surveys were distributed. 236 surveys were completed, resulting in a response rate of 34.2%. 65% responders were male 35% responders were female 21% of the surveys were in Central Oahu, which is 14% of the population. While, Kauai had a slight under representation of 3% of the surveys and 16% of the population. Overall 93% of respondents agreed or strongly agreed that they were satisfied with CAMHD services. This year, the ratings for the Outcomes and Functioning domains were higher than previous years. 			
	 Other results of survey: 85% of respondents agreed or strongly agreed that the Care Coordinator contacted them at least once a month. 85% of respondents agreed or strongly agreed that they were kept informed about the exact services their child was receiving. 80% of respondents agreed or strongly agreed that they were kept informed about how their child was doing. 83% of the respondents agreed or strongly agreed that they were asked for feedback about their child's treatment plan. 60% of respondents agreed or strongly agreed that they were informed about the role of the Parent Partners. 69% of respondents agreed or strongly agreed that they understood about the Parent and Partners. 60% of respondents agreed or strongly agreed that having Parent Partner involvement contributed to their feelings of empowerment as a caregiver. 			

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	 Only 35 % of respondents had knowledge about the Help Your Keiki website. Only 30% of respondents reported to have accessed the Help Your Keiki website. 			
	 The Qualitative Responses for the following questions were: "What Service Has Been Most Helpful to You and Your Child?" 71% found specific services were helpful. 77% found certain aspects of specific services helpful. 63% found specific staff were helpful. 			
	 "What Would Improve the Services Offered?" 77% were satisfied with the current services offered. 24% would like to increase existing services. 21% would like to add resources and services. 			
	 Summary: Over 80% of respondents gave positive ratings on various aspects of services, except for outcomes/functioning. Treatment Participation was the strongest predictor of overall program assessment. Over 80% of respondents gave positive ratings on communication with care coordinators. 			
	Dr. Keir commented that the data from the 2014 Consumer Satisfaction Survey is shared with the CAMHD Family Engagement Committee then is incorporated into their strategic plan. The Committee will discuss how to integrate the findings into the overall CAMHD system. He reported that training is also an important aspect for CAMHD as they address the issues of family empowerment.			
	 Suggestions for future surveys: Consideration will be given to individuals with disabilities in completing the survey. 			

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6. Island Reports	 Maui Service Area Board Dr. Arensdorf reported on the Maui Service Area Board (Maui SAB) activities. Updates to the Molokini Unit: There were two (2) hospital-based meetings on the island. The meetings were supposed to focus on reinstating mental health services. Instead, the group focused on the challenges of financing, collections, funding for education, and proposed legislation for a private public partnership between the hospital and some local entity in the State of Hawaii. Mr. Robert Collesano, Chair of the Maui SAB, spoke to the Chair of the meeting and expressed his disappointment that the focus of the meeting changed from focusing on cuts to mental health services, while other services were being funded. The Operation and Director of the Ka Hale A Ke Ola Shelter Many mental health patients that are homeless and living at the shelter appear to have a high level of evictions. At the last Maui SAB meeting, the new administrators at the shelter. Dr. Arensdorf noted that the new staff appeared to be open to collaborating and engaging with the mental health community and the private non-profit organizations. 	For information only.		
	 Kauai Service Area Board Ms. Calcagno reported on the activities of the Kauai Service Area Board (Kauai SAB): The Kauai Community Mental Health Center is not fully staffed. Interviews for the Kauai Branch Chief position have been completed and a decision will be made shortly. The re-organization has not yet affected Kauai. Plans are in place to hire a new director for the Kauai Friendship House (Clubhouse). The Administrative Service Office of the Department of Health has filled three positions in the Kauai Family Guidance Center. However, there are still two vacancies for case management and they too are undergoing re-organization. 	For information only.		

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	 Hawaii Service Area Board Ms. Wise reported on the activities of the Hawaii Service Area Board (Hawaii SAB). The Hawaii SAB raised three (3) concerns: To be informed on any legislative bills that are being proposed by AMHD, CAMHD or any other parties that are involved with mental health and substance abuse services. 50% of the Alcohol and Drug Abuse Division's (ADAD) requirements for re-certification require face-to-face setting. Due to financial hardships and no educational classes being offered on island, the providers on Hawaii County are requesting the direct face-to-face setting be waived from the requirements for re- certification. As a result of the changes in 2013, the Department of Human Services became a primary player in mental health reimbursements and services. The SAB wanted to know if there was a person on Hawaii Island that is equal to the Service Area Administrator position from the Department of Health and that is identified by the Governor to do this function. 	For information only.		
7. Election of Officers	Ms. Crum announced the results for the 2015 Election for Council Officers: Chair – Haaheo Mansfield 1 st Vice Chair – Marie Vorsino 2 nd Vice Chair – Sandra Simms Secretary – there was a tie. A new ballot will be sent out for the secretary position.	<u>Action</u> : Staff will send a new ballot to members to vote for the Secretary position.	Staff	12/12/14
8. Review and Discussion on the Draft Annual Report to the Governor and Legislature	Chair Mansfield encouraged members to review and provide suggestions as needed, especially in the last paragraph of the document.Ms. Crum commented on the two strategic goals listed on page 3 of the document. She stated that it was very important to note the AMHD's current and continuing critical needs.	Action: Council members to send comments/suggestions to J. Clarke.	Council Members	12/17/14

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8. Review and Discussion on the Draft Annual Report cont'd.	Mr. Park commented that the acronym, MHBG, should be explained on page 2, for the first time it was noted in the document.			
9. Announcements	• The Annual Suicide Convention will be held on the Big Island, on April 23, 2015.			
10. Future Agenda Items	 Mr. Park commented that the Hawaii Public Housing Authority does not keep statistics on individuals with mental health challenges that are evicted from public housing. Transition from Youth to Adult Mental Health Services Community Mental Health Centers Dashboard Report Presentation on the "Help Your Keiki" Website The Ohio Scales 	<u>Recommendation</u> : This item will be removed from future agenda items.		
11. Adjournment	The State Council on Mental Health meeting adjourned at 11:06 a.m.			
Mail Outs	 SCMH Agenda, January 13, 2015 and draft SCMH August 12, 2014 Minutes. SCMH Attendance Log Oahu Service Area Board on Mental Health and Substance Abuse, Minutes and Agenda, August 18, 2014 Oahu Service Area Board on Mental Health and Substance Abuse, Minutes and Agenda, September 15, 2014 Oahu Service Area Board on Mental Health and Substance Abuse, Minutes and Agenda, Cotober 20, 2014 CAMHD Consumer Satisfaction Survey, 2014 AMHD Scenario Planning Report, October 9, 2014. 			