

STATE COUNCIL ON MENTAL HEALTH

Behavioral Health Administration
Department of Health, State of Hawaii
Queen's Medical Center Conference Center
April 12, 2011
9:00 a.m. – 11:30 a.m.

Members Present: **Daraban, Charlene; Cattaneo, Liesje; Durant, Mike; Gonzalez, Peter; Harris, J.T.; Kaneaiakala, Alva; Mansfield, Haaheo; Miyoshi, Sandra; Sandal, Candace; Wilcox, Noelani; Young, Carol – Chairperson.**

Members Absent: **Kiliona, Ku'uilei**

Members Excused: **Boots, Jazmin; Buffenstein, M.D., Alan; Hack, Randolph; Hansen, Donna; Shiraki, Ph.D., Steve; Watters, Maile.**

Guests Present: **Deveaux, Donald & Lisa; Jackson, Ph.D., David; Keir, Ph.D., Scott; Killeen, Kevin.**

Staff Present: **Clarke, Judith; DeTucci, Rick; Hiraga-Nuccio, Madeleine; Michels, M.D., Stan; Nazareno, Jocelyn; Pak, Sandra; Payton, Gregory; Sheehan, M.D., William P.; Tom, Trina; Wise, Tracey.**

DRAFT

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	The meeting was called to order at 9:20 a.m. and quorum established.		C. Young	
2. Review of Minutes	The minutes for March 8, 2011 were reviewed by the Council. <ul style="list-style-type: none">• Mr. Durant voted to approve the minutes. Ms. Daraban seconded.• Corrections to the December 14, 2010 minutes – J.T. Harris was not listed in the 'members' present' section, although he was in attendance.	<u>Action</u> <ul style="list-style-type: none">• Motion passed to approve the minutes.	SCMH Members	
3. Community Input	<ul style="list-style-type: none">• Mr. Gonzalez announced that two suicides occurred on Molokai last month.• An 18 year old male and a male in his 30s committed suicide by shooting themselves in separate incidences.• The stigma of mental illness is very prevalent on Molokai, which makes it difficult to provide mental health outreach to families.• Request for workshops on Molokai, Lanai and Maui to educate individuals on mental health services. <ul style="list-style-type: none">• Ms. Young asked members if they had a chance to review the Community Input document submitted by Poka Laenui.	<u>Action</u> Staff to invite Mr. Laenui to the next SCMh meeting.	Staff	May 10 th

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	<ul style="list-style-type: none"> • SCMH members discussed the merits of the document and determined that this item should be added to next month's agenda. • Ms. Sandal motioned that the Council place the Health Home Care Program on next month's agenda. Ms. Kaneaiakala seconded. • Ms. Wilcox recommended that Mr. Laenui be invited to answer questions. 	<u>Action</u> <ul style="list-style-type: none"> • Motion passed. All members voted in favor. 		
4. Introduction of Deputy Director of Behavioral Health Admin.	<p>Mr. Gregory Payton, Deputy Director, introduced himself and reported on his experiences in Behavioral Health.</p> <ul style="list-style-type: none"> • 30 years in the field of mental health • Worked in three States on the Mainland before coming to Hawaii for 15 years • Executive Director for the Waianae Mental Health Center • Regional Manager for Kaiser for Behavioral Health • Worked for Mental Health Kokua as its Executive Director • 22 years as a CARF surveyor <p>Council members asked Mr. Payton the following questions.</p> <ul style="list-style-type: none"> • Since each island has their own behavioral health challenges, in the future, will forums be held on each island? • Based on other state's systems, are there any that Hawaii could benefit from? <p>Mr. Payton responded:</p> <ul style="list-style-type: none"> • As travel is permitted, these requests could be accommodated, or if not, forums could be held by videoconference. • There are a few systems that align with Hawaii due to a state run system. • The South Carolina system is one that could be replicated because it is a state-run system. • The City of Chicago has a mental health system similar to Hawaii. It is run by the city and there are 12 satellite offices around the city. <ul style="list-style-type: none"> • There is much that can be learned from these systems; such as: how they managed to maximize their revenue, manage their outcomes, improve the performance of staff, and met the needs of individuals from different communities. 	For information only.		

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5. FY2010 CAMHD Fact Book	<p>Scott Keir and David Jackson, PhDs from the Research and Evaluation Office of CAMHD provided a summary of the FY2010 data findings of CAMHD services, outcomes and client characteristics.</p> <p>Highlights of the Presentation:</p> <p><u>Population served</u></p> <ul style="list-style-type: none"> • Decrease in the past year not only for CAMHD registered youth, but also for youth served. • Reasons for the decrease: The referral process between DOH and DOE is very cumbersome – A subcommittee has been formed to address these issues. The plan is to work closer with DOE in sharing information and data. • Average age served in FY2010 is 14.1 years old – little change over time. • 1/3 are females and 2/3 are males served in FY2010 – this is consistent over time. • Majority of youth served are in the multi-racial category because most of the population living in Hawaii is of mixed race – little change in population characteristics over time. • Youth served by primary diagnoses from FY2005 to FY2010 shows that only proportions of diagnoses show a slight change. • Almost across the board, there is decline in number of youths served. <p><u>Services Provided</u></p> <ul style="list-style-type: none"> • Intensive Home and Community are the most frequent provided services, which includes intensive In-Home and MST services • There is a decline in the provision of four of the five categories of services (intensive home, out-of-home, supportive services, outpatient). The biggest drop within six years is the Out-of-Home services. • The move is toward more home based services to keep children and youth in their homes as much as possible. <p><u>Outcomes</u></p> <ul style="list-style-type: none"> • The CAFAS functional scale is one of the primary instruments for collecting data for outcomes. • 67% improvement rate on the CAFAS, 2/3 of individuals show improvement from the beginning of their services. • There is a slight increase in successful discharges within the last three years. 	<p><u>Action:</u> Staff to email the website address for the CAMHD Annual Factbook to Council members.</p>	J. Clarke	

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	<ul style="list-style-type: none"> • There are decreases in several types of unsuccessful discharges. • There is an increase in the number of discharges to youths' homes. This needs further investigation because the youth's home may not be the best place for their living situation. <p><u>Summary</u></p> <ul style="list-style-type: none"> • Overall number of youth are decreasing • Client characteristics remain similar • Decrease in most procured services • Maintaining youth improvement rates <p>Ms. Wilcox asked the team if the DOE is using the same instrument as CAMHD in collecting their data.</p> <p>Dr. Michels stated that the hope is closer coordination and more communication between CAMHD and DOE.</p> <p>Ms. Wilcox noted that since the DOE has a Research and Evaluation Division and they are also providing mental health services, it is important for the Council to get information from the DOE on the status of children and youth educationally and in terms of progress.</p> <p>Ms. Wilcox motioned that a request be made to the DOE Research and Evaluation Division to provide data to the Council similar to CAMHD's presentation. Ms. Daraban seconded. All members voted in favor.</p>	<p><u>Action</u> Motion passed. Request will be added to a future SCMH Agenda.</p>	<p>Staff</p>	<p>Future Agenda</p>
<p>6. CAMHD Report</p>	<p>Dr. Michels reported on the following:</p> <ul style="list-style-type: none"> • CAMHD has a total of 15 Telehealth sites, including residential provider sites. • Telehealth sites will allow better communication between branches, parents, youth and therapists. • Sites are also being used for meetings and administrative purposes, which will decrease travel expenses. • The Kealahou Project (SAMHSA funded system of care grant to provide specialized trauma-informed care for adolescent girls) is about to start recruiting clients in July. 	<p>For information only.</p>		

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6. CAMHD Report cont'd	<ul style="list-style-type: none"> • CAMHD will be working closely with DOE, the Juvenile Justice, Office of Youth Services and DHS to provide services to these girls. • As a special project, 30 girls from Sendai, Japan, displaced from the tsunami will be participating in the grant. • The Interagency MOA – the new interagency cooperation agreement has been signed by DOH, DHS, DOE, HFAA and the Judiciary. It provides a forum to exchange information in three areas: Data Analysis; Joint policy and programmatic discussions, and Development of Unified treatment plans and braided funding for special high acuity cases that cross agency lines. • Increase Direct Clinical Care by CAMHD staff, in participation with providers. In this effort, which is part of CAMHD's strategic plan, services will be provided both directly, face-to-face and by Telehealth. <p>Mr. Gonzalez expressed his concerns that due to a breakdown in communication and collaboration between CAMHD and the islands of Molokai and Lanai, families need the services but are not receiving them.</p> <p>Dr. Michels responded:</p> <ul style="list-style-type: none"> • A peer coordinator from Maui goes to Lanai once every other month to work with youth and families. • He has also approved travel for the clinical director on Maui to go to Molokai and Lanai. • As a follow-up, he will contact the Branch Chief on Maui to discuss these concerns. 	For information only.		
7. MedQuest Dashboard	<p>Mr. Harris reported on the MedQuest Dashboard</p> <ul style="list-style-type: none"> • Data collected as of December 10, 2010. • The numbers appear low for some of the Health Plans because data was not inputted into their systems. The next report should be more accurate. • Another reason for the low numbers is that clients are not showing up for their follow-up appointments. 	For information only.		
8. AMHD Report	<p>Dr. Sheehan reported on the following:</p> <ul style="list-style-type: none"> • New Deputy Director of Behavioral Health is Mr. Greg Payton, who started March 21. • Loretta Fuddy was confirmed by the Senate and is now the Director of Health. 			

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8. AMHD Report cont'd.	<ul style="list-style-type: none"> • Bills for AMHD continue to make their way through the Legislature committees. • The RFP for the community based case management contracts will be posted shortly. • The Community Forums, which were conducted on Oahu and the Neighbor Islands, are almost complete. Themes were: more planning efforts and communication, and more services were requested by participants. • AMHD is complying with the Governor's request of a 10% budget restriction while continuing to provide effective services to consumers. 	For information only.		
9. Island Reports	<p><u>Kaua'i</u> Ms. Sandal reported on the following:</p> <ul style="list-style-type: none"> • The Veterans Administration presented information on their mental health and substance abuse programs for veterans. Information shared was well received by the Board. • Members will be discussing priorities for the Board to work on based on what can be accomplished. <p><u>Maui</u></p> <ul style="list-style-type: none"> • No report <p><u>O'ahu</u></p> <ul style="list-style-type: none"> • No report <p><u>Hawai'i Island</u></p> <ul style="list-style-type: none"> • No report 			
10. Permitted Interaction Group Report	<p>The Permitted Interaction Group included C. Young; R. Hack, and Dr. Buffenstein reported on the status of the letter to Department of Human Services regarding the need to fund the Clubhouse model statewide through the Medicaid Rehab Option.</p> <ul style="list-style-type: none"> • The group found that AMHD had been working on this and had been given the go ahead by DHS to bill Medicaid for these programs. • The Hawaii Administrative Rules (HARs) need to be changed to reflect the billing options. <p>Dr. Sheehan noted that the HARs are with the Deputy Attorney's Office awaiting approval.</p>	For information only.		

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11. Letter to Hawaii Public Housing Authority	<p>Chair noted that a letter of response was received from Ms. Denise Wise of the Hawaii Public Housing Authority.</p> <ul style="list-style-type: none"> Ms. Wise will be invited to a future SCMH meeting to discuss the concerns regarding the eviction policy for consumers with Serious Mental Illness. 	<p><u>Action</u> Staff will invite Ms. Wise to a future SCMH meeting.</p>	Staff	Future Meeting
12. Announcements	None.			
13. Agenda Items for Next Meeting	<ul style="list-style-type: none"> Hawai'i State Hospital Trauma Informed Care Initiative (TIC IT) CAMHD Consumer Survey Results Community Re-Entry Program Dr. Michael Christopher Hawaii Public Housing Authority MHT-SIG Statewide Leadership Conference Transition from Youth to Adult 			
14. Adjournment	The meeting adjourned at 11:30 a.m.			
Mail Outs	<ul style="list-style-type: none"> SCMH April 12th Agenda and Draft SCMH March 8th Minutes SCMH Attendance Log CAMHD Annual Factbook PowerPoint Presentation MedQuest Dashboard Letter of Response from D. Wise, Hawaii Public Housing Authority AMHD Report to State Council CAMHD January – March 2011 News National Suicide Prevention Lifeline Online Postvention Manual After a Loss or Attempt – Crisis Line of Central Virginia, Inc. Kaua'i Service Area Board, February 24, 2011 Agenda and Minutes Hawaii Advisory Commission on Drug Abuse and Controlled Substances March 22, 2011 Agenda & Draft January 25, 2011 Minutes. 			