

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

Keoni Ana Building  
May 8, 2012, 9:00 a.m. – 11:30 a.m.

Members Present: **Cattaneo, Liesje; Daraban, Charlene; Du Bose, Tyra; Durant, Mike; Foard, Susan; Gonzalez, Peter; Hack, Randolph; Hansen, Donna; Harris, JT; Holschuh, Christopher; Kaneaiakala, Alva; Koyanagi, M.D., Chad; Minami, Theresa; Sandal, Candace; Simms, Sandra.**

Members Absent: **Kilion, Ku’ulei; Shiraki, Ph.D., Steven; Watters, Maile.**

Members Excused: **Wilcox, APRN, Noelani.**

Guests Present: **Calcagno, Sheila**

Staff Present: **Chao, M.D., Puihan; Clarke, Judith; Fallin, Lynn; Hiraga-Nuccio, Madeleine; Law, Wayne; Michels, M.D., Stanton; Nazareno, Jocelyn; Pak, Sandra; Sheehan, M.D., William P.; Tom, Trina.**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS /CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	Chair Durant called the meeting to order at 9:14 a.m., and quorum was established. Council members and guests in the audience introduced themselves.		M. Durant, Chair	
2. Review of Minutes	<ul style="list-style-type: none"> <li>• The minutes for April 10, 2012 were approved as written.</li> <li>• Mr. Hack motioned to approve the minutes. Ms. Daraban seconded.</li> </ul>	<u>Action:</u> All members voted in favor.	SCMH Members	
3. Community Input	<ul style="list-style-type: none"> <li>• None.</li> </ul>			
4. Island/County Reports	<u>Kaua`i Island</u> Ms. Candace Sandal reported on the following: <ul style="list-style-type: none"> <li>• The Kauai Service Area Board (KSAB) is still recruiting new members because there will be several vacancies at the end of June.</li> <li>• The KSAB has requested that case managers encourage consumers to get involved with the Service Area Board.</li> <li>• The letter to the Alcohol and Drug Abuse Division (ADAD) is on hold until a new Division Chief is hired.</li> </ul>	For information only.		



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<p>5. Department of Education – Status of Children and Youth Receiving School Based Behavioral Health (SBBH) Services</p>	<p>Ms. Kelly Stern presented on the Status of Children and Youth Receiving School Based Behavioral Health (SBBH) Services with the Department of Education (DOE).</p> <p>Highlights of the Presentation:</p> <ul style="list-style-type: none"> <li>• Department of Education Referral Process: <ul style="list-style-type: none"> <li>• The Comprehensive Student Support System (CSSS) is the framework for schools to address students’ needs to increase achievement and identify behavioral health challenges. This system was initiated 15 years ago.</li> <li>• Student Focus Teams (Peer Review) address academic, behavioral, social-emotional, physical health of students.</li> <li>• Through a system of continuum interventions, students can receive behavioral support plans, assessments and a higher level of counseling.</li> </ul> </li> <li>• The DOE through School Based Behavioral Health (SBBH) services has several levels of interventions to address the needs of children with higher levels of behavioral and mental health challenges. <ul style="list-style-type: none"> <li>• Green Level deals with the Positive Behavior Supports and Interventions. This is a school-wide initiative which focuses on “Peaceful Schools,” and addresses bullying.</li> <li>• Universal Screening for Behavioral Health. DOE is in the process of piloting a universal screening tool to identify the needs of students, and to see if the DOE has the capacity to meet the needs of students.</li> <li>• Intermittent Interventions Walk-ins. Students are able to meet with a counselor or SBBH staff for supports.</li> <li>• Yellow Level provides consultation through the Student Focus Teams. This level provides earlier prevention and interventions for students, where a clinical psychologist, social workers and other agencies are introduced for additional supports and consultation if needed.</li> <li>• Crisis Services - all SBBH staff are trained in Suicide Assessment to handle suicides in the schools.</li> <li>• Targeted Interventions for 6-9 week period. This is a short term intervention, where the school counselor and SBBH staff complete functional behavior assessments and behavioral support planning for each student. Substance abuse education is also provided.</li> <li>• Assessments are completed for eligible students referred for</li> </ul> </li> </ul>	<p>For information only.</p>		

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	<p>evaluations for Special Education, Specially Designed Instructions, and Psychological Evaluations.</p> <ul style="list-style-type: none"> <li>• Red Level – Intensive interventions for 504 and IDEA-eligible students provides counseling services, psychiatric diagnoses and medication management.</li> <li>• Seek Community or other Agency Supports – CSSS process includes working with community resources such as Child and Adolescent Mental Health Division (CAMHD) and other agencies.</li> </ul> <ul style="list-style-type: none"> <li>• SBBH Assessment and Outcome Measures – Data are collected by Districts. Results are collected from teachers, parents and youth. <ul style="list-style-type: none"> <li>• Teacher – Improvement is 66% for externalizing problems</li> <li>• Parents – 48% improvement on the BSI, 46% EXT and 56% INT</li> <li>• Youth – 68% improvement on BSI and 70% INT</li> <li>• ATS (Attitude towards School) shows that student attitude 69% improvement.</li> </ul> </li> </ul> <p><u>Questions and Answers on Presentation:</u></p> <ul style="list-style-type: none"> <li>• How are children identified?</li> <li>• Children are identified through data sets. Data sets are received on attendance, discipline referrals and grades. The Student Focus Team looks at these data and aggregates it into an early warning system, which are color coded (green, yellow, red). Students who fall in the yellow and red areas need interventions.</li> <li>• Are Assessments completed at the school or somewhere else?</li> <li>• Assessments are done at the school level when needed. A student does not need an Axis I diagnosis to receive services and supports. DOE’s mission is reading, writing and arithmetic and to the meet the needs of the students when situations negatively impact their learning. DOE documents the interventions to determine if these students need “higher end” services.</li> <li>• In the last 5 years do you feel there has been a change (up or down) as far as referrals and have there been successes?</li> <li>• Data indicates that the DOE has made slow progress, and success has been in small steps. The DOE is looking at barriers, and how to better</li> </ul>			

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	<p>partner with primary care and community health care providers statewide.</p> <ul style="list-style-type: none"> <li>• Has the number of children that are being serviced in SBBH gone up or down?</li> <li>• Related services have gone down. DOE is in the process of capturing data for students currently receiving services.</li> <li>• A council member shared her experiences with bullying in a Maui Public School for a family member. She noted that the culture in this particular school is one of acceptance among the support staff. However, upon notifying the DOE Maui District Office, she noted that the administration was responsive and addressed the issue immediately.</li> </ul>			
5. Child and Adolescent Mental Health Division Report	<p>Dr. Michels reported on CAMHD Activities:</p> <ul style="list-style-type: none"> <li>• Update on Primary Care Initiative: CAMHD will be able to fund at least one project that is focused on collaboration with one or more community health centers. The Substance Abuse Mental Health Services Administration (SAMHSA) has placed a high priority on primary care efforts. SAMHSA is planning on holding a leadership conference in Honolulu where plans and strategies maybe discussed.</li> <li>• Update on SAMHSA Planning Grant: On April 21, 2012 Project Laulima held a retreat. The emphasis was on how various agencies could work collaboratively on behalf of youth with behavioral problems and intellectual developmental disabilities. Participants were DOE, the Department of Human Services (DHS), Developmental Disabilities Division, Hawaii Families As Allies and CAMHD.</li> <li>• Collaborative Efforts with DOE and specifically with SBBH: CAMHD is the process of developing a trial in Kauai with the Mokihana project where psychiatric services, paid for by DOE, might be billed through CAMHD billing infrastructure.</li> </ul>	For information only.		

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6. Adult Mental Health Division Report (AMHD)	<p>Dr. Sheehan reported on AMHD activities.</p> <ul style="list-style-type: none"> <li>• Update on Community Based Case Management (CBCM) Contract: The contracts are completed and are in the final stages of execution. <ul style="list-style-type: none"> <li>• The Hawaii Certified Peer Specialist (HCPS) program is included in the scope of services of the CBCM contracts. General funds are being used to help pay for the salaries of the new Peer Specialist interns for the first two years of the program; subsequently, AMHD is hoping that the HCPS could be covered as a Medicaid Reimbursement Option (MRO) service where AMHD can get a Federal match.</li> <li>• AMHD will begin to collect acuity data. Acuity scale ratings (low, medium, high) will be tracked with the Denver Acuity Scale to analyze case rates to pay providers instead of using a fee-for-service methodology as used in the past.</li> </ul> </li> <li>• Maui Service Area Update: ACCESS Line and Crisis Services on Maui. AMHD is considering re-evaluating the mission and function of the ACCESS Line.</li> <li>• DHS put out the Request for Proposal (RFP) for Community Care Services for re-procurement. This will be a capitated system.</li> <li>• Legislature Wrap Up: No additional funding or loss of funds for AMHD. In collaboration with the Department of Public Services to build a new, secure forensic facility, no action was taken by the Legislators.</li> <li>• Clarification on the AMHD Case Management prior authorization procedures: Dr. Sheehan announced that case management unit caps will no longer continue and the need for services will be based on a medical necessity standard instead of a numeric standard.</li> <li>• Crisis units will also be covered for medically necessary services for consumers who need assistance after hours.</li> <li>• There was discussion on the effectiveness of the ACCESS Line <ul style="list-style-type: none"> <li>• Points made were that since ACCESS Line is on Oahu, the neighbor islands' needs are not adequately met.</li> <li>• Consumers have difficulty getting clinical or psychiatric appointments through the ACCESS Line.</li> <li>• Crisis response is not always available for consumers located in different locations on the neighbor islands.</li> <li>• Referrals to 911 or to the police have become problematic. A clear delineation is needed for consumers to be referred for 911 services.</li> </ul> </li> </ul>	<p>For information only.</p> <p><u>Action:</u> The link to the DHS RFP will be sent to Council members for review.</p> <p><u>Action:</u> The scope of CBCM services will be sent to Council members for review.</p> <p><u>Action:</u> Staff to invite Steve Balcom, AMHD Crisis Coordinator, to discuss the ACCESS Line.</p>	<p>Staff</p> <p>Staff</p> <p>Staff</p>	<p>Week of 5/8/12</p> <p>Week of 5/8/12</p> <p>Future meeting.</p>

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7. Discuss Goals for the Year	<ul style="list-style-type: none"> <li>• Tabled for June's meeting.</li> </ul>			
8. Review Committee Structure Doc.	<ul style="list-style-type: none"> <li>• Tabled for June's meeting.</li> </ul>			
9. Review By-Laws Amendments on Unexcused Abs.	<ul style="list-style-type: none"> <li>• Tabled for June's meeting.</li> </ul>			
10. Announcements	<ul style="list-style-type: none"> <li>• Consumer, Family and Youth Alliance Conferences are scheduled this month. (See flyer in April's mail out.)</li> <li>• Mental Health America's Awards Luncheon is scheduled for Thursday, May 17<sup>th</sup> at the Ala Moana Hotel.</li> </ul>			
11. Adjournment	<ul style="list-style-type: none"> <li>• The State Council on Mental Health Meeting adjourned at 11:30 a.m.</li> </ul>			
12. Agenda Items for future meetings	<ul style="list-style-type: none"> <li>• The ACCESS Line</li> </ul>			
Mail Outs	<ul style="list-style-type: none"> <li>• SCMH May 8, 2012 Agenda and Draft SCMH April 10, 2012 Minutes</li> <li>• SCMH Attendance Log</li> <li>• School Based Behavioral Health – Department of Education Presentation, PowerPoint Slides.</li> <li>• Adult Mental Health Report to the State Council.</li> <li>• Child and Adolescent Mental Health Report to the State Council.</li> <li>• Possible SCMH Planning Goals</li> <li>• Draft State Council Committee Reorganization</li> <li>• State Council By-Laws</li> <li>• Oahu Service Area Board on Mental Health and Substance Abuse March, 19, 2012 Agenda and Minutes.</li> <li>• Kauai Service Area Board on Mental Health and Substance Abuse March 29, 2012 Agenda and Minutes.</li> </ul>			