STATE COUNCIL ON MENTAL HEALTH

Behavioral Health Administration Department of Health, State of Hawaii

KALANIMOKU BUILDING

June 10, 2014, 9:00 a.m. – 11:30 a.m.

Members Present: Brown, Patrick; Calcagno, Sheila; Crum, Louise; Daraban, Charlene; Durant, Mike; Mansfield, Haaheo; Minami,

Theresa; Park, Benjamin; Shiraki, Ph.D., Steve; Simms, Sandra; Vorsino, Psy.D., Marie.

Members Absent: King, Susan

Members Excused: Foard, Susan; Koyanagi, M.D., Chad; Wilcox, APRN, Noelani.

Guests Present:

Staff Present: Clarke, Judith; Fallin, Lynn; Hiraga-Nuccio, Madeleine; Jackson, Ph.D., David; Keir, Ph.D., Scott; Michels, M.D.,

Stanton; Nazareno, Jocelyn; Pak, Sandra; Tom, Trina; Wise, Tracey.

| AGENDA ITEM | DISCUSSION | RECOMMENDATIONS/ACTIONS/ CONCLUSIONS | PERSON(S) RESPONSIBLE | DATE DUE |
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| 1. Call To Order | Mr. Durant, Chair, called the meeting to order at 9:10 a.m. Quorum was established at 9:12 a.m. | | M. Durant, Chair | |
| 2. Review and Approval of Minutes | Ms. Simms moved and Ms. Crum seconded the motion to approve the minutes of the April 8, 2014 meeting. | Action: With no objections, the motion carried unanimously. | State Council members | |
| 3. Community Input | There was no public testimony on Council agenda items. | | | |
| 4. Annual Review of the Child and Adolescent Mental Health Division Clinical Performance Indicators: FY2013 | Scott Keir, Ph.D. presented on the first part of the Annual Review for Child and Adolescent Mental Health Division's (CAMHD) Performance Indicators. Highlights of the Presentation: CAMHD is moving towards a clinical model. It is a movement toward closer and more frequent monitoring of clients by clinical staff, among other aspects. In an attempt to evaluate CAMHD's move towards the clinical model, | For information only. | | |

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| | there are indicators of six (6) goals that will produce outcomes. For example: • Improve the coordination of services • Improve clinical operations and processes • Improve the quality of services provided • Increase non-state funding for services • Improve outcomes for youth and families • Expand the population served. • The Performance Indicator for CAMHD's direct services shows that there is a steady increase in documented direct services for youth throughout the years. • CAMHD is currently in the process of developing Electronic Health Records (EHR) for their clients. In the EHR there is a tab for patient prescriptions/medications. This is important for the care coordinators, psychologists and psychiatrists to know the type of medications clients are receiving. • CAMHD is in the process of developing the EHR data for effective clinical case management and is working on connecting EHR with other providers. | CONCLUSIONS | RESPONSIBLE | DUE |
| | Length of Services data shows the following: Intensive In Home – There is a decline in the average length of stay for Intensive in Home Services. Community Based Residential III (CBR) – Since 2012, there has been a decline for the average number of days for CBR services. Transitional Family Home – Since 2013, there is a decline in the length for stay for youth receiving this service. Youth Receiving Documented Outpatient Services – The number of youth documented as receiving this service has increased. David Jackson, Ph.D., presented on the Performance Indicators that focus on Quality of Services. Use of Evidence-Based Services data show: Multi-systemic Therapy – 30.8% decrease from FY08-FY13 Multidimensional Treatment Foster Care – 58.6% decrease from FY08-FY13. Functional Family Therapy – 62.9% increase from FY08-FY13 | | | |

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| | Use of Treatment Progress Data – Measures that are used to gather data "The Three Legged Stool of Feedback": Child & Adolescent Functional Assessment System (CAFAS), based on youth's level of functioning. Child & Adolescent Level of Care Utilization System (CALOCUS), which assess the youth's needs based on level of care. Monthly Treatment Progress Summary (MTPS) CAMHD will be adding the Ohio Scales in the future. The goal is to increase the use of data from these measures. Research shows outcomes improve when the use of data are increased and are used in treatment planning by staff. According to the Consumer Satisfaction Survey: A little over 80% of respondents reported participation in treatment. About 80% are satisfied with CAMHD services, and the numbers seem to be increasing. There was low response rate on the consumer survey. In Summary: For the past seven (7) years Federal funds have increased. CAMHD's employees have reported training as an area of need in partnering with families. Overall 2/3 of youth receiving services show improvement. There is a 12.5% increase in youth served from FY11- FY13. CAMHD is working on earlier identification for youth that can benefit from services. In order to expand the CAMHD population, public awareness is needed. Currently, CAMHD has a number of initiatives, such as the "Help Your Keiki" website. The site had 272 visitors hits globally, 234 hits nationally, and 128 hits statewide. The goal is to educate parents so they can request appropriate services for their children. | CONCLUSIONS | RESPONSIBLE | DUE |

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| 5. Island Service Area Board Reports | Hawaii Island Ms. Wise reported on the discussion at the Hawaii Service Area Board (HSAB): The HSAB is reviewing the Federally Qualified Application (FQA) materials for rural areas. The goal is to get the Adult Mental Health Division (AMHD) and CAMHD recognized as a FQA on Hawaii Island. This designation will increase funding streams and increase the flow of potential employees. This agenda item was tabled for the next meeting. The HSAB is focusing on the second item of the Hawaii County Integrated Service Area Plan (CISAP), which is the transition of youth from CAMHD to AMHD. Ms. Wise was unable to confirm with Ms. Francis Lyons if she will accept the Hawaii Service Area Board representative position that is on the State Council on Mental Health. The HSAB also discussed the current reorganization for AMHD and CAMHD and the various vacant positions which is of concern to the board. | For information only. | T. Wise | |
| | Maui Ms. Tom reported on the discussion at the Maui Service Area Board (MSAB) meeting: Members expressed concern about the possible closure of the Molokini Psychiatric Unit. Due to a shortage of staff to maintain both the adolescent and adult units, it may be closing June 10, 2014. One of the MSAB members will meet with the Chief Executive Officer, Mr. Low, to discuss the plans that the hospital has to avert closure of the unit. There was discussion about the need for housing for inmates who are being discharged from prison and entering the community. This issue will be problem-solved at a future SAB meeting. The MSAB is planning an Insurance Fair in September. Insurance carriers are invited to the fair to educate the community about the different kinds of insurance, assist with the enrollment process and receive a sneak preview of the QUEST integration which will take effect January 2015. | For information only. | T. Tom | |

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| | Kauai Ms. Hiraga-Nuccio reported on the activities of the Kauai Service Area Board (KSAB): The KSAB is still not making quorum. There are two (2) potential members waiting for the Boards and Commissions Office's approval. Mr. Troy Freitas, Acting Kauai Center Manager, answered questions about crisis services on Kauai, and the lack of facilities for a crisis residential program. He shared the plans, including the pros and cons, to relocate the Kauai Community Mental Health Center close to the Kukui Grove Center Mall in August. The Kauai Family Guidance Center (KFGC) hired a new full-time clinical psychologist. A total of seven (7) Department of Health (DOH) care coordinators in the KFGC will share their time in both the KFGC and the schools. The care coordinators will focus on youth who have intensive behavioral and mental health services. The Department of Education staff will continue to focus primarily on youth receiving school-based behavioral health services. Oahu No report | For information only. | M. Hiraga- Nuccio | |
| 6. Update on the Assisted Community Treatment Program | Ms. Mary Pat Waterhouse provided an update on the Assisted Community Treatment Program (ACT) which became law January 1, 2014. Ms. Waterhouse shared a checklist which was developed for ease of understanding the bill. She noted the following: If an interested party, i.e., a provider, family members, guardian or concerned citizen, takes an individual (an individual with serious mental illness and/or substance abuse who cycles between homelessness, hospitals and/or correctional facilities) to a provider or facility, the individual still needs to give consent. Law enforcement officers are still hesitant in getting involved to transport an individual to the nearest appropriate facility. However, under an oral exparte (MH2), law enforcement officers are more willing to transport these individuals for needed care or treatment. | For information only. | | |

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| | Plans are in place to put this provision in the correct section of the law during the next legislative session. Ms. Waterhouse asked for the Council support of this law. Presentation Discussion: Ms. Crum asked if anyone is collecting data on this law. Ms. Waterhouse responded that the DOH will be collecting data. Ms. Wise asked if there will be a training module on ACT made available so that trainers on the neighbor islands can refer to it when they train others, such as, the Judiciary and law enforcement officers/staff in their respective counties. Ms. Waterhouse responded that it was a good idea if her team could find a way to provide such a module. | | | |
| 7. Permitted Interaction (PI) Group Reports | Public Education Dates are being finalized for the State Council Retreat. The Airport Hotel is a recommendation for the retreat to be held and for the neighbor island members to stay overnight. Facilitators for the retreat: Ms. Puanani Burgess will present on communication among Council members. Deputy Attorney General, Andy Armitage, will present on the legal aspects of the Council. Members of the PI Group are looking for someone to facilitate on strategic planning. Invitations will be sent to the Service Area Boards (SAB) to invite two (2) members from each SAB. Ms. Simms to draft the invitation letter and send it to staff for the Chair's signature and mailing. Members of the PI Group asked SCMH members to send agenda items that they would like to see added on the retreat's agenda. Homelessness & Housing Group was not able to meet. Mr. Park reviewed the Projects for Assistance in Transition from Homelessness (PATH) Grant submitted by AMHD. Judiciary Judge Perkins is the new judge for the Mental Health Court. Court | Action: Ms. Simms to draft an invitation letter for the Chair's signature. Action: Council members to send suggested agenda items to be on the retreat's agenda. | S. Simms Council members | Before 7/8/14 Before 7/8/14 |

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| | meets every Thursday. Working on new process for Hearings to be more efficient. | | | |
| | Social Services & Health No report | | | |
| 8. Announcements | A funeral service is scheduled for Noelani Wilcox's father this week. | | | |
| 9. Agenda Items for Next Meeting | Public Housing and Eviction – Consumers with Mental Illness Mr. Park will share statistics on the number of consumers living with mental illness that were evicted from public housing. | Action: Mr. Park to share the number of consumers living with mental illness that were evicted from public housing. | B. Park | Future meeting |
| 10. Adjournment | There being no further business of the State Council on Mental Health, the meeting adjourned at 11:15 a.m. | | | |
| Mail Outs | SCMH June 10, 2014 Agenda and draft SCMH April 8, 2014 Minutes. SCMH Attendance Log Assisted Community Treatment (ACT) 221 Petitioner Checklist Annual Review of CAMHD Clinical Performance Indicators: FY2013 Maui Service Area Board on Mental Health and Substance Abuse, Minutes and Agenda, May 5, 2014. Hawaii Advisory Commission on Drug Abuse and Controlled Substances May 27, 2014 Agenda and draft April 22, 2014 Minutes. | | | |

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