

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

Keoni Ana Building
June 12, 2012, 9:00 a.m. – 11:30 a.m.

Members Present: **Cattaneo, Liesje; Durant, Mike; Foard, Susan; Gonzalez, Peter; Hack, Randolph; Hansen, Donna; Harris, JT; Holschuh, Christopher; Kaneaiakala, Alva; Minami, Theresa; Sandal, Candace; Shiraki, Ph.D., Steven; Simms, Sandra.**

Members Absent: **Kilion, Ku’ulei; Watters, Maile.**

Members Excused: **Daraban, Charlene; Du Bose, Tyra; Koyanagi, M.D., Chad; Wilcox, APRN, Noelani.**

Guests Present: **Varios, Eliza.**

Staff Present: **Clarke, Judith; Fallin, Lynn; Freitas, Troy; Haag, Nancy; Hiraga-Nuccio, Madeleine; Keir, Ph.D., Scott; Law, Wayne; Michels, M.D., Stanton; Nazareno, Jocelyn; Pak, Sandra; Sheehan, M.D., William P.; Tom, Trina; Wise, Tracey.**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	<p>Quorum was established and Chair Durant called the meeting to order at 9:10 a.m.</p> <ul style="list-style-type: none"> • Chair introduced Ms. Nancy Haag, who is the new Chief of the Alcohol and Drug Abuse Division (ADAD), Behavioral Health Administration. • Council members and guests introduced themselves. • The Council recognized four (4) members whose terms will end June 30, 2012: <ul style="list-style-type: none"> • Liesje Cattaneo – Judiciary representative • Randy Hack – Mental Health representative • Donna Hansen – Family member • Candace Sandal – Kaua`i Service Area Board representative 		M. Durant, Chair	
2. Review of Minutes	<ul style="list-style-type: none"> • The minutes for May 8, 2012 were approved as written. • Ms. Sandal motioned to approve the minutes. Mr. Hack seconded. 	<p><u>Action:</u> All members voted in favor.</p>	SCMH Members	
3. Community Input	<ul style="list-style-type: none"> • None. 			

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	<ul style="list-style-type: none"> • Reviewing CAMHD’s annual outcome measures, and • Providing input in developing HIPAA outcome measures and ways to measure these outcomes. • Ms. Sandal seconded the motion. <p><u>Hawaii</u> Mr. Holschuh reported on the activities of the Hawaii Service Area Board (HSAB) and the community:</p> <ul style="list-style-type: none"> • The HSAB did not meet in June due to a lack of quorum. • HSAB is actively recruiting individuals for membership. • In late May, the Consumer, Family, Youth Alliance Conference was held on both sides of the island. • Suicide training for Suicide Alert will be offered in Kohala and Kona areas from June to September this year. <p><u>Kaua`i</u></p> <ul style="list-style-type: none"> • No report. The Kaua`i Service Area Board did not meet. 	<p>regarding the inclusion of an OSAB member on CAMHD’s Task Group</p> <p>For information only.</p>		
5&6. SCMh Committee Structure & Goals	<p>Chair Durant proposed that the SCMh eliminate the current committee structure (Membership, Monitoring, Planning Review, Legislative, Advocacy and the Bylaws Committee) because they have been ineffective and unproductive for too long. He recommended that the Council adopt the following committees:</p> <ul style="list-style-type: none"> • Social Services and Health which aligns with Goal #1 (Ensure there is timely access to an array of services on each island that is consumer-driven, community-focused, evidence based, culturally relevant, and island connected). • Public Education Committee which aligns with Goal #8 (Educate the Public on Mental Health Issues). • Homelessness and Housing Committee which aligns with Goal #6 (Advocate for more types of transitional housing with sufficient supports). • Judiciary Committee <p>Members agreed that these committees should be referred to as “Permitted Interaction Groups” (PI Groups) to be in concert with Sunshine Law.</p> <p>Mr. Hack motioned that the Council abolish the current committees. Ms. Simms seconded, and all members voted in favor.</p>	<p><u>Action:</u> Members voted in favor of the motion.</p>	SCMH members	

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	<p>Mr. Durant motioned that the State Council establish four (4) new PI Groups: Social Services and Health, Public Education, Homelessness and Housing and Judiciary. Ms. Simms seconded, and all members voted in favor.</p> <p>The Council tabled further discussion on appointing members to each PI Group until next meeting when new members join the Council.</p>	<p><u>Action:</u> Members voted unanimously in favor of the motion.</p>	<p>SCMH members</p>	
<p>7. Review Bylaws Amendment on Unexcused Absences</p>	<p>The Council developed a motion to adopt their amendment on page 4 of the State Council Bylaws under Unexcused Absences.</p> <p>Mr. Hack motioned that the following statement be added to the Bylaws under Attendance, IV 6(b) ii. "If a member does not attend meetings for a certain amount of time without providing an excuse that counts as an unexcused absence, the Chair should send a letter to that member suggesting that they resign." Ms. Simms seconded and all members voted in favor.</p>	<p><u>Action:</u> Members voted in favor of the motion.</p>	<p>SCMH members</p>	
<p>8. Child and Adolescent Mental Health (CAMHD) Division Presentation</p>	<p>Scott Keir, Ph.D., CAMHD Research & Evaluation Specialist presented a PowerPoint presentation on CAMHD's FY2011 Satisfaction Survey.</p> <ul style="list-style-type: none"> • This survey is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant monies. • SMS Research was contracted to administer the survey and collect the data to avoid any conflict of interest. • Survey measures parents and youth satisfaction with CAMHD services over the 2011 Calendar Year. • Most questions in the survey are prescribed by SAMHSA, while 20% of the questions are CAMHD related. <p>Results indicated:</p> <ul style="list-style-type: none"> • 343 surveys were collected with a 23% response rate. • 65% respondents were male. • The Hawaii (Big Island) Family Guidance Center had the highest response rate of 34% (117 total responses). • The majority of children and youth had disruptive behaviors. • 8 out of 10 individuals were happy with CAMHD services. • Cultural sensitivity, treatment participation, social connectedness and access to services scored at the 75% rate or higher. • Just over half of respondents (56%) stated that they either 'agreed' or 'strongly agreed' with the statement regarding the outcomes and 	<p>For information only.</p>		

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	<p>functioning of their child. This means that 44% did not agree with the statement about these issues.</p> <ul style="list-style-type: none"> • Parents' assessment of access to CAMHD services scored the lowest; however, parents indicated that their children benefited from therapy, counseling, supports, and staff communication. <p>Dr. Keir noted that CAMHD suggested the above results might be related to agency-wide training issues. In response to these findings, CAMHD held an inter-island training for all Care Coordinators in 2012 to bolster this area. Care Coordinators were able to share information and successes in their practices during this training.</p>			
<p>9. Child and Adolescent Mental Health Division (CAMHD) Report</p>	<p>Dr. Michels reported on CAMHD activities:</p> <ul style="list-style-type: none"> • CAMHD is half-way through completing the SAMHSA 1-year Planning Grant for developmentally delayed children. • Recently SAMHSA released a Request for Application (RFA) for a 4-year Implementation Grant. CAMHD meets the criteria and will submit an application by June 18, 2012. • CAMHD has hired a Branch Chief for the Family Court Liaison Branch (FCLB). This individual will start in mid-July. The new Branch Chief has spent most of her career in Florida in the children's mental health correctional system. Also, she has substantial administrative experiences, as well as technical experience needed to work with this population at FCLB. • A psychiatrist has been hired for the Leeward Family Guidance Center (LGFC) and has worked with local communities in Hawaii. • The Branch Chief position for the LFGC has not yet been filled. • CAMHD is working with the University of Hawaii Information Technology Group to further to update its Electronic Health Records. 	<p>For information only.</p>		
<p>10. Adult Mental Health Division Report (AMHD)</p>	<p>Dr. Sheehan reported on AMHD activities:</p> <ul style="list-style-type: none"> • The Hawaii State Hospital (HSH) census has risen at or above its licensed capacity for the past two weeks. • Licensed capacity at HSH is 202. As of today, the census is 205. • A contributing factor is a significant increase in the number of referrals from the court system to HSH, while discharge of patients has been at its usual rate. This has resulted in increased expenditures of funds and human resources. 	<p>For information only.</p>		

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	<ul style="list-style-type: none"> • Dr. Sheehan reiterated that if this continues, funds may have to be diverted from other areas of the organization, or additional funding may be needed to respond to the increase of consumers at HSH. • Dr. Sheehan explained that individuals enter HSH by court-orders and are released by court-orders. Therefore, to adhere to licensed capacity at HSH, is not an option, even if consumers are clinically ready. Judges ultimately depend on the 3-panel Evaluators to determine if it's appropriate for these consumers to be released back to the community. • Dr. Sheehan stated that after consumers are released from HSH and enter AMHD's community network of services, which are designated from most restrictive (Specialized Residential facilities) to least restrictive (24-hour Group Homes, 8-16 Group Homes, Therapeutic Living Programs), or intermediary care facilities such as Expanded Adult Residential Care Home (E-ARCHs). • He also commented that AMHD contracts with community hospitals with psychiatric units to admit consumers, both on Oahu and the neighbor islands. AMHD also works with the hospitals in the Hawaii Health Systems Corporation (HHSC) to admit some consumers. <p>In response to a Council member's question regarding the expansion of the E-ARCH program to the Big Island, Dr. Sheehan responded that AMHD is unable to expand E-ARCHs to the neighbor islands at this time due to insufficient staff resources.</p> <p>A Council member asked if data was available that compared Hawaii's bed capacity with comparable populations on the mainland. One idea is to investigate San Francisco's counties with Hawaii.</p> <p>Other AMHD Activities:</p> <ul style="list-style-type: none"> • The Community Based Case Management procurement is completed and contracts are in place. • The Molokai Consumer Roundtable meeting was held on May 24, 2012. Minutes from that session were included in Council members' packets. The minutes from the Hilo and Kaua'i Consumer Roundtables will be made available at the next meeting. • Steve Balcom, AMHD Crisis Services Coordinator, has been working with Nancy Kern, the State Suicide Prevention Coordinator from Injury 			

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	<p>Prevention Branch of the Department of Health, to discuss the possibility of splitting the ACCESS Line into two components – crisis response and intake for individuals to access getting their eligibility determinations completed.</p> <ul style="list-style-type: none"> • Dr. Edward Suarez has resigned from being the Program Lead for the Transformation Grant/Trauma Informed Care Initiative (TIC IT). Steve Balcom is the new Lead. • The Consumer, Family and Youth conferences have been completed. The group has changed its name to “Community Alliance for Mental Health.” • Letters have been sent to the Department of Human Services and to the Judiciary to request new members for the Council. <p>Dr. Sheehan, who is a Child Psychiatrist, responded to a Council member’s inquiry to explain Disruptive Disorder.</p> <p>He cited the following: Disruptive Disorder is a group of disorders that are meant to describe diagnoses in mental health that are applicable when a child or adolescent displays disruptive behaviors. Disorders associated with Disruptive Disorder are: Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder, and Conduct Disorders.</p> <p>Dr. Sheehan explained that there’s a degree of subjectivity in these diagnoses and it is meant to be objectified by the criteria that is included in the Diagnostic and Statistical Manuals by which one makes the diagnoses. He continued that this is important for a couple of reasons:</p> <ul style="list-style-type: none"> • Many children develop a more serious psychiatric condition that actually becomes Bi-polar Disorder, Schizoaffective Disorder or Schizophrenia; while, • Some children do not experience these psychiatric conditions as an adult. <p>For these reasons, Dr. Sheehan opined, it is difficult for some children to transition from CAMHD to the AMHD system because their previous psychiatric conditions may not persist into adulthood.</p>			
11. Announcements	None			

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12. Future Agenda Items	<ul style="list-style-type: none"> • The ACCESS Line 			
13. Adjournment	<ul style="list-style-type: none"> • The State Council meeting adjourned at 11:30 a.m. 			
Mail Outs	<ul style="list-style-type: none"> • SCMH June 12, 2012 Agenda and Draft SCMH May 8, 2012 Minutes • SCMH Attendance Log • SCMH Planning Goals • CAMHD Report to the State Council on Mental Health • Adult Mental Health Division Updates for State Council on Mental Health • Molokai Chief's Roundtable Minutes • Draft State Council Committee Reorganization • Bylaws of the State Council on Mental Health • Youth Services Survey for Families (YSS-F): Consumer Survey: 2011 • Oahu Service Area Board on Mental Health and Substance Abuse April 16, 2012 Agenda and Minutes • Hawaii Service Area Board on Mental Health and Substance Abuse April 4, 2012 Agenda and Minutes • Kaua'i Service Area Board on Mental Health and Substance Abuse April 26, 2012 Agenda and Draft Minutes • Hawai'i Advisory Commission on Drug Abuse and Controlled Substances May 24, 2012 Agenda and March 22, 2012 Draft Minutes. 			