

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

Kakuhihewa Building  
June 18, 2013, 9:00 a.m. – 11:30 a.m.

Members Present: **Brown, Patrick; Calcagno, Sheila; Crum, Louise; Daraban, Charlene; Durant, Mike; Foard, Susan; Holschuh, Christopher; Kaneaiakala, Alva.; Koyanagi, M.D., Chad; Mansfield, Haaheo; Simms, Sandra.**

Members Absent:

Members Excused: **Harris, JT; Lorenzo, Katrina; Minami, Theresa; Shiraki, Ph.D., Steve; Vorsino, Psy.D., Marie; Wilcox, APRN, Noelani.**

Guests Present:

Staff Present: **Clarke, Judith; Frazier, Christine; Freitas, Troy; Hiraga-Nuccio, Madeleine; Jackson, Ph.D., David; Keir, Ph.D., Scott; Law, Wayne; Nazareno, Jocelyn; Pak, Sandra; Tom, Trina.**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS /CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	<ul style="list-style-type: none"> <li>• Quorum was established and Chair Mike Durant called the meeting to order at 9:16 a.m.</li> <li>• Ms. Alva Kaneaiakala was acknowledged for her eight years of service on the State Council on Mental Health (SCMH). This is her last meeting.</li> </ul>		M. Durant, Chair	
2. Review of Minutes	<ul style="list-style-type: none"> <li>• The minutes for May 14, 2013 were approved as written.</li> <li>• Chair Durant asked for clarification on the word “rifted.” The word “rifted” was clarified as “Reduction in Force,” in other words, removed.</li> </ul>	<u>Action:</u> Ms. Daraban motioned to approve the minutes. Ms. Mansfield seconded. All members voted in favor.		
3. Community Input	<ul style="list-style-type: none"> <li>• Ms. King commented that Tropic Care was on Maui for seven (7) days and provided medical, dental and eye care to community members. She stated that the event was successful and the community appreciated the assistance.</li> </ul>			
4. Island Reports	<u>Kauai</u> Ms. Calcagno reported that the Kauai Service Area Board did not meet quorum; however, an informational meeting was held. She reported that members are actively recruiting to fill five (5) vacancies.	For information only.		

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	<p><u>Oahu</u> Mr. Brown reported on the follow-up letter (dated June 10, 2013) to the Behavioral Health Administration. He noted that the next step is for the Social Services and Health Permitted Interaction Group to schedule a meeting to meet with Deputy Director Fallin.</p> <p>Mr. Brown noted that the Oahu Service Area Board also discussed the scope of responsibility of the Council. He opined that there is discrepancy between Federal Law, State Law, Department of Health Administrative Rules and informal documents, which appear to limit the scope of the Council to that of advising only the Adult Mental Health Division (AMHD) and the Child and Adolescent Mental Health Division (CAMHD) instead of the Department of Health. Mr. Brown also stated that he believes the Council’s responsibility should be inclusive of services that individuals receive from the Alcohol and Drug Abuse Division (ADAD) to the extent that they have mental health issues, as well as, individuals with mental health issues in the Developmental Disabilities Division (DDD).</p> <p>Council members discussed Mr. Brown’s concerns and raised the fact that the Substance Abuse Mental Health Services Administration (SAMHSA) is recommending for a combined council between the State Council on Mental Health and the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS). Members suggested this is a good idea and combining the Council and HACDACS would prevent misunderstandings.</p> <p><u>Maui</u></p> <ul style="list-style-type: none"> <li>• No meeting held.</li> </ul> <p><u>Hawaii</u></p> <ul style="list-style-type: none"> <li>• Mr. Holschuh did not attend the Hawaii Service Area Board meeting.</li> </ul>			
5. Permitted Interaction (PI) Group Reports	<p><u>Social Services and Health:</u></p> <ul style="list-style-type: none"> <li>• Mr. Brown reported that the PI Group did not have a meeting since the last Council meeting.</li> <li>• The group will be meeting with the Behavioral Health Administrator on a date yet to be determined.</li> </ul>	For information only.		

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	<p><u>Public Education:</u></p> <ul style="list-style-type: none"> <li>Ms. Simms reported that the group met with a representative from “One Wave Design” to discuss the development of a website.</li> <li>Based on the information from the two website vendors that the group interviewed, they noted that there will be a cost involved in maintaining the website and therefore a budget is needed.</li> <li>The group will get quotes from the vendors for maintenance costs and present the budget to the Council.</li> </ul> <p>Ms. Simms motioned that the PI Group will get budget figures to fund the website on an ongoing basis, thereby increasing the Council’s annual budget. Ms. Foard seconded the motion.</p> <p><u>Homelessness &amp; Housing:</u></p> <ul style="list-style-type: none"> <li>Meeting was cancelled and rescheduled in July.</li> </ul> <p><u>Judiciary:</u></p> <ul style="list-style-type: none"> <li>Group has been working on responding to the five (5) questions under the Justice section in the SAMHSA Block Grant Application.</li> <li>The responses to the questions will be circulated to the Council at the next meeting.</li> </ul>	<p><u>Action:</u> Council members voted in favor of the motion. Motion passed.</p> <p><u>Action:</u> Staff to include the Judiciary responses in Council members’ packets.</p>	<p>Staff</p>	<p>7/9/13</p>
<p>6. Child and Adolescent FY2012 Annual Data Review</p>	<p>Scott Keir, Ph.D. and David Jackson, Ph.D. presented the FY2012 CAMHD Annual Data Review. Highlights of the presentation:</p> <p>Number of Youth Registered and with Procured Services by Family Guidance Center (FGC).</p> <ul style="list-style-type: none"> <li>Registered Youth are youth’s first contact with CAMHD where they are assessed to see if they meet CAMHD’s criteria for service provision.</li> <li>63% of the youth served are registered to receive services from CAMHD.</li> <li>There was a decline of youths being served by CAMHD throughout the previous four years, but since FY2011, there has been a slight increase.</li> <li>One way CAMHD has increased the number of youth served has been through improving communications with the Department of Education.</li> </ul>	<p>For information only.</p>		

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<p>6. Child and Adolescent FY2012 Annual Data Review (cont'd)</p>	<ul style="list-style-type: none"> <li>• There was a relatively large increase from one FGC (Big Island), although the increase was spread among all of the FGCs.</li> <li>• Youth Profile: <ul style="list-style-type: none"> <li>• Average age is 14.2 years.</li> <li>• Gender: 62% are males and 38% are females.</li> <li>• Race: 61% are multi-racial.</li> <li>• Diagnosis: 33% have been diagnosed with Disruptive Disorder.</li> </ul> </li> <li>• CAMHD does treat youth with substance abuse problems, but if they have a primary diagnosis of substance abuse, they are referred to ADAD.</li> <li>• Procurement of outpatient services has increased by 30%.</li> <li>• CAMHD will be offering more direct (in-house) therapeutic services. Therefore, increased use of this service in the coming years is expected.</li> </ul> <p>Out-of-home services have shown large decreases since FY2008, primarily due to CAMHD adherence to Child and Adolescent Service System Program (CASSP) principles, which stress less restrictive and more in-home treatment for youth.</p> <ul style="list-style-type: none"> <li>• The hospital residential data shows an increase since FY2011 which could be due to youth not having access to other treatment alternatives that would offer a less restrictive setting.</li> <li>• Multisystemic therapy (MST) services decreased over the past five (5) years. However, CAMHD is working to see an increase in this area. These services are cost reimbursement (paid by CAMHD ahead of time).</li> <li>• Intensive in-home service is the largest service provided by CAMHD at 40% of total services. Data shows that use of this service has decreased over the past four (4) years but the decline has since subsided.</li> <li>• Functional Family therapy data shows a slight increase. Like MST, CAMHD intends to see this service increase. This is also a cost reimbursement service.</li> </ul>			

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	<p>The Good News:</p> <ul style="list-style-type: none"> <li>• More youth are registered and have received services from CAMHD over the past year.</li> <li>• Youth served by functional family therapy increased.</li> </ul> <p>The Bad News:</p> <ul style="list-style-type: none"> <li>• There has been a decrease in evidence based practices such as multisystemic therapy and multidimensional treatment foster care.</li> </ul> <p>Outcome Trends:</p> <ul style="list-style-type: none"> <li>• The Monthly Treatment Progress Summary (MTPS) results, which are completed by providers, look at treatment targets and can be used as an indicator of youth progress.</li> <li>• The Child and Adolescent Functional Assessment Scale (CAFAS) and the Child and Adolescent Level of Care Utilization System (CALOCUS) are completed quarterly and measure functioning of youth. These results for the past 10 years have stayed relatively flat.</li> <li>• Discharge to home has been increasing over time which is in line with CAMHD's goals.</li> </ul>			
7. SAMHSA Site Visit	<p>Chair Durant shared that the SAMHSA site visit is scheduled for September 10 – 13, 2013. The SAMHSA group will be attending the Council meeting and then meet with members afterwards. Mr. Durant discussed the monitoring site visit prompts handout, which include a list of questions that the SAMHSA team will ask members. Mr. Durant noted that a few of the questions are related to the Council's involvement with the budget process.</p> <p>Mr. Brown expressed his concern that the Council does not have any information on the Behavioral Health Administration's budget, how Behavioral Health goes about allocating its budget, projections, and the impact of the Affordable Care Act on the budget. Members agreed that if they don't know about the budget that they should respond honestly.</p> <p>Mr. Brown continued that another concern that he has is that the Council should provide comments on the Department's plan and on their recorded</p>	For information only.		

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	<p>progress on meeting their goals. He stated that there isn't an overall Behavioral Health Administration plan to comment on and no clear set of strategic goals that's being worked on.</p> <p>Mr. Brown further pointed out that he is also concerned about commenting on the "Statewide Comprehensive Service Plan," which he thinks does not exist. He mentioned that according to the Administrative Rules there should be a four-year comprehensive plan for Behavioral Health Administration and there's no strategic plan for AMHD. He acknowledged that CAMHD has put together a strategic plan.</p>			
8. Announcements	<ul style="list-style-type: none"> <li>• None</li> </ul>			
9. Agenda Items for Next Meeting	<ul style="list-style-type: none"> <li>• Circulate the SAMHSA Site Visit Agenda</li> <li>• Allocation of Resources – CAMHD and AMHD's budgets</li> </ul>			
10. Adjournment	The State Council on Mental Health meeting adjourned at 11:30 a.m.			
Mail Outs	<ul style="list-style-type: none"> <li>• SCMH June 18, 2013 Agenda and draft SCMH May 14, 2013 minutes</li> <li>• SCMH Attendance Log</li> <li>• Mental Health Block Grant On Site Monitoring Visit Prompts for State Council on Mental Health</li> <li>• CAMHD Annual Data Review and Presentation FY2012</li> <li>• Oahu Service Area Board on Mental Health and Substance Abuse, April 15, 2013 Agenda and Minutes.</li> <li>• Hawaii Advisory Commission on Drug Abuse and Controlled Substances, March 28, 2013 Agenda and April 25, 2013 Minutes</li> </ul>			