

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

AAFES BUILDING
September 10, 2013, 9:00 a.m. – 11:00 a.m.

Members Present: **Brown, Patrick; Calcagno, Sheila; Crum, Louise; Daraban, Charlene; Durant, Mike; Foard, Susan; King, Susan; Mansfield, Haaheo; Shiraki, Ph.D., Steve; Wilcox, APRN, Noelani.**

Members Absent:

Members Excused: **Holschuh, Christopher; Lorenzo, Katrina; Koyanagi, M.D., Chad; Minami, Theresa; Simms, Sandra; Vorsino, Psy.D., Marie.**

Guests Present: **Bowles, Bud; Gunn, Tanya; Grajek, Bernie; Parks, Ph.D., Rashida.**

Staff Present: **Balcom, Steven; Clarke, Judith; Fallin, Lynn; Freitas, Troy; Hiraga-Nuccio, Madeleine; Jackson, Ph.D., David; Keir, Ph.D., Scott; Michels, M.D., Stanton; Nazareno, Jocelyn; Pak, Sandra; Stark, Susan; Wise, Tracey.**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	Mr. Mike Durant, Chair, called the meeting to order at 9:08 a.m. Informational meeting; quorum was not established.		M Durant Chair	
2. Review of Minutes	The minutes for August 13, 2013 were tabled for the next Council meeting.			
3. Community Input	<ul style="list-style-type: none"> • No Community Input 			
4. Update on the ACCESS Line	<p>Mr. Steve Balcom gave the following updates on the ACCESS Line:</p> <ul style="list-style-type: none"> • Most of the hardware and technology are in place both for the upgrade to the phones and the ability to triage phone calls. • A new single service, state-wide number for eligibility assessment will be installed by the end of the month. The number is 643-AMHD. • There is one vacant position and that position will be filled shortly. Also, received approval from the Governor for two (2) new positions for the ACCESS Line. • A third position is requested to assist in the Assessment Unit. 	For information only.	S. Balcom	

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	<p>QUESTIONS and ANSWERS for Mr. Balcom</p> <p><u>Question:</u> What’s the actual experience right now when someone in crisis calls; what are they expected to hear? How does the staff triage?</p> <p><u>Answer:</u> Callers will reach a staff member because staffing has improved on the day shift. The ACCESS Line is closer to the community standard, and performance has improved on a weekly basis – fewer calls are being dropped. All staff on the phones deal with whatever calls are received, whether they are routine calls or crisis calls. The triage system has not yet started. One person will be stationed to answer calls and then route them to the appropriate areas.</p> <p><u>Question:</u> Is the ratio of the increase in calls in line with the number of new employees for the ACCESS Line? Will there be a Warm Line and will this line be included in the triage system.</p> <p><u>Answer:</u> That is one of the reasons for requesting the two additional positions. Over time, the data shows that on average calls have increased from 65,000 in the beginning of the program to over 100,000 calls in 2011 and 2012. Once the triage system is in place, routine business, eligibility-type calls will be routed to other areas of AMHD. That will leave the staff to handle the Warm Line type of calls and crisis calls.</p> <p><u>Question:</u> What about the people who are frequent callers? They are not in crisis but need someone to talk with. Has there been any thought of having a Warm Line run by consumers, such as the State-trained Peer Specialists?</p> <p><u>Answer:</u> That has been part of our current program improvement effort. The final stage of the plan (given to the Council in January) to improve the ACCESS Line is to discuss with key stakeholders whether it is time to send some of the ACCESS Line’s functions back to the counties to develop their own unique programs. Currently, there are four (4) Peer Specialists working in the ACCESS Line office.</p> <p><u>Comment:</u> The term “triage” is a medical term used in disaster settings, which suggests that some will get services, while others do not. A more appropriate term is “immediacy of needs” where everyone will get something rather than nothing. Based on experience and knowledge about the ACCESS Line, there is a limit if staff don’t have the required</p>			

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	<p>educational preparation. Therefore, supervision is the key to assist these staff members deal with complex health issues that often arise in some of the medical-type of calls. Staff needs to know that there is an on-site supervisor at all times should they need assistance in dealing with these complex calls.</p> <p>Mr. Balcom responded that Ms. Danielson, ACCESS Line supervisor, varies her hours to supervise all shifts, and both he and Ms. Danielson are available to supervise staff 24/7.</p> <p>Ms. King recommended that funding is needed to develop a Warm Line.</p>	<p><u>Recommendation:</u> Chair suggested that one of the Permitted Interaction Groups look into the concerns and issues of a Warm Line for the neighbor islands and make recommendations to the Council.</p>	M. Durant	Future Agenda Item
<p>5. Child and Adolescent Mental Health Division (CAMHD) Youth Services Survey for Families (YSS-F): Consumer Survey, 2013</p>	<p>David Jackson, Ph.D. reported on the following:</p> <ul style="list-style-type: none"> • SMS Research, Inc. is contracted by CAMHD to conduct the survey which is paid with Mental Health Block Grant funds. • The survey is contracted to an outside source so that respondents feel comfortable answering questions regarding CAMHD staff's performance. This also eliminates conflict of interest in collecting, analyzing, and writing the final report. • The survey includes 60 items that solicit responses from caregivers about their satisfaction with CAMHD services and the behavioral outcomes for their children. • It allows caregivers to share their perceptions on quality of services and outcomes, and includes the Youth Services Survey for Families (YSS-F) which is required for Federal funding. • Two rounds of surveys were mailed in April through May 2013 with pre-notification postcards preceding each mail out. <p><u>Areas Explored in Survey:</u></p> <ul style="list-style-type: none"> • Outcomes/Functioning • Access • Treatment Participation 	For information only.		

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	<ul style="list-style-type: none"> • Social Connectedness • Cultural Sensitivity • Overall Program Assessment <p><u>Other items included in the survey:</u></p> <ul style="list-style-type: none"> • Descriptive Information: <ul style="list-style-type: none"> • Living situation • Juvenile justice involvement • School attendance/behavior • Open-ended responses: <ul style="list-style-type: none"> • Most helpful service • Ways to improve services • Additional Questions: <ul style="list-style-type: none"> • Emergency Care • Least restrictive services <p>Dr. Scott Keir presented the results of the survey: Survey Response Rate:</p> <ul style="list-style-type: none"> • 1358 surveys sent out • 166 surveys completed – 12% response rate, lowest rate since initiating the survey • 65% responders were male • 35% responders were female • 47% were older than 15 years old • 28% were between 6 to 12 years old • 25% were between 13 to 15 years old • 0% younger than 6 years old • Hawaii Family Guidance Center had the largest response rate of 34% which serves a population of 713. • Windward Oahu Office had 13% response rate out of the 129 population served. • Leeward Oahu Family Guidance Center had a 9% response rate out of the 289 population served. • 80% Agree or Strongly Agree that they were satisfied with CAMHD services. <p>Survey results showed that there is a slight over and under-representation</p>			

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	<p>in the survey sample in some categories, including:</p> <ul style="list-style-type: none"> • Mood Disorders 19% • Pervasive Developmental Disorders 5% • Miscellaneous Disorders 10% <p>Results of composite scores:</p> <ul style="list-style-type: none"> • For the past three (3) years, the graph shows that since last year there has been a decrease in many areas, for example: <ul style="list-style-type: none"> • Cultural sensitivity down 4% • Treatment participation down 7% • Child outcomes down to 10% • Child functioning down 9% <p>Predictors of overall program assessment: Top three(3) items that were most predictive of overall program assessment were:</p> <ul style="list-style-type: none"> • Cultural Sensitivity (0.29) • Treatment Participation (.28) • Child Outcomes (0.27) <p>Caregivers' evaluation of CAMHD services: The most helpful thing about services received were:</p> <ul style="list-style-type: none"> • Therapy/Counseling 50% • In-home treatment 12% • Supportive staff/communication 10% <p>Caregivers' suggestions for improvement</p> <ul style="list-style-type: none"> • More customized or special services/transition 32% • Coordinator/therapist improvements 16% • Don't close case too soon/Extend length of services 10% <p>Summary</p> <ul style="list-style-type: none"> • Overall, caregivers were satisfied with CAMHD services by 80%. • Overall, caregivers rated program assessment by 81%. • Respondents rated the outcomes and functioning domains 48% and 51% respectively, which were lower than other domains. • Overall, results showed program assessment related to cultural 			

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	<p>sensitivity .29; treatment participation .28; child outcomes .27 and access to services .20.</p> <ul style="list-style-type: none"> • Caregivers believe that social connectedness has less impact on the impact of their overall program assessment of CAMHD. • Due to the low response rate of the survey, CAMHD will continue to work on getting a higher rate of response. Now that the contract with SMS Research Inc. has ended, the surveys will be done in-house. <p>QUESTIONS and ANSWERS for the CAMHD Presenters: <u>Question:</u> Hawaii has a population of different ethnic groups; are the surveys in English, or are there translations for the different languages? <u>Answer:</u> No, all surveys are in English.</p> <p><u>Question:</u> When is the point of concern when the percentages decrease, when do your alarms go off? <u>Answer:</u> Statistically speaking it is based on survey and sample size. Sometimes it can be an arbitrary cut point. Anything that has a difference of 5% means it could be 10 people that would make a difference. It is difficult to respond because there is no actual value; it is a subjective thing.</p> <p>Dr. Jackson – When CAMHD’s satisfaction rates are compared with other states; CAMHD is doing well.</p> <p>The presenters noted that CAMHD will be conducting future surveys in-house and is working with the Family Engagement Committee within CAMHD. The committee recommended the following strategies to ensure a higher response rate:</p> <ul style="list-style-type: none"> • Care coordinators to distribute and explain the significance of the survey to respondents, which may get more valid answers; • Care coordinators to provide incentives to respondents; • Install drop boxes at the Family Guidance Centers for responders to drop-off their surveys, and provide prizes to responders and perhaps a drawing for bigger prizes; • Facilitate presentations to share survey results; • Provide responders with a survey report; and 			

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	<ul style="list-style-type: none"> • Reduce the size of the survey. <p>Suggestions from the Council and Substance Abuse and Mental Health Services Administration (SAMHSA) Team:</p> <ul style="list-style-type: none"> • Use email addresses to improve response rate and encourage youth and families to provide their email address when they go to CAMHD for services; • Show the changes of improvement results as an incentive to youth and families to continue completing the survey; and • Make available interpreters or translations for individuals who don't understand English. 			
6. Juvenile Justice Initiative	<p>Dr. Steve Shiraki gave an overview of the Juvenile Justice Initiative Program, which was initiated by the Legislature and the Governor. He explained the following:</p> <ul style="list-style-type: none"> • Policymakers, practitioners and stakeholders are involved in reviewing ways to lower recidivism while saving money for youth in the juvenile justice system. • The group is a committee of 17 individuals from different branches of government (executive, judiciary, legislature) and other organizations. • The group will receive technical assistance from the Pew Charitable Trust Public Safety Performance Project. • The initiative is slated to last six (6) months. • The goal of the initiative: <ul style="list-style-type: none"> • Is to improve outcomes for Hawaii's troubled juvenile justice system; • Develop data-driven policy recommendations for the 2014 Legislature; • Collectively look at how to leverage resources that will create alternative options to incarceration and supports for these youth; and, • Review evidence about what works in the juvenile justice system. 	For information only.	S. Shiraki, Ph.D.	

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7. Island Report Service Area Boards	<p><u>Hawaii Island</u> Tracey Wise, Service Area Administrator reported on the activities of the Hawaii Service Area Board (HSAB):</p> <ul style="list-style-type: none"> • The HSAB is working with the County Mass Transit on fees and route negotiations because recently individuals who are disabled will have to pay for transportation services. • Emergency Department visits for youth with psychiatric-related conditions have been an on-going issue for Hawaii Island. There is no Child and Adolescent psychiatrist to cover at the ER/hospital. Some of the adult psychiatrists from the hospital, community, and AMHD have raised a concern that it's not within their scope to cover youth that come into the facility. They have asked CAMHD to consider an on-call rotation schedule, where there will be shared responsibility between CAMHD, and the community Child Psychiatrist. • Primary Care Pilot Program – The Hawaii Family Guidance Center, in partnership with West Hawaii Health Center, is working to provide a more integrated approach for the youth they are serving. They are providing more education and coordination with the primary care physician from the health center. • There was a training for Lesbian, Gay, Bi-sexual, Transgender Questioning (LGBTQ) individuals in Kona held by the Family Guidance Center on August 21, 2013. • During National Suicide Prevention week August 8-14, AMHD, CAMHD and other community agencies are participating in an island-wide sign waving. Kick off for the rally is at the University of Hawaii (UH), Hilo campus today at 11:00 a.m. • Suicide trainings are being offered at the UH or at the Hawaii Police Department. • AMHD has started a mental health calendar for Family Court, which is the first Wednesday and for District Court on the fourth Tuesday of the month. AMHD is present in jury hearings for any cases that are identified as possible 704, conditional release or release on conditions. • The hospitals on Hawaii Island are collecting data on the need for beds for a detox center. 	For information only.		

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	<p>A Hawaii Service Area Board member raised the concern about youth in schools needing more one-to-one support. There appears to be a service gap between the School Based Behavioral Health (SBBH) population identified by CAMHD, and the SBBH population identified by the therapist at the Department of Education. The HSAB member reported that many youth require a higher level of supervision due to behavioral health concerns. The member noted that these youth frequently drop out of school or need to attend an alternative type of school.</p> <p><u>Maui</u> Ms. Susan King reported on the following for the Maui Service Area Board (MSAB):</p> <ul style="list-style-type: none"> • New board member is Mr. Robert Collesano from Mental Health America on Maui. • The MSAB is still investigating the homeless count. The number of homeless on Maui varies, and depends on the individual or group that you speak with; numbers vary from 800, 1,400 to 1,700. • BRIDGES classes started in the Wailuku shelter and have been well received. • The shelter feels that people with mental illness need to go back to work. As a result, many consumers who had planned to attend the BRIDGES classes were “kicked” out of the shelter due to a lack of employment. The MSAB plans to work with the shelter on this issue. • The MSAB is trying to find a judge to discuss the judiciary system on Maui, specifically about transition of the incarcerated consumers back into the community. • The Suicide Conference that was held on Molokai was successful. Many community members on Molokai attended. <p><u>Oahu</u> Letter to State Council Re: Current Status of Effects of Medicaid Managed Care Model on Consumers.</p>	<p><u>Action:</u> Deferred until next month’s meeting. Council does not have quorum to make a decision.</p>		
7. Permitted Interaction (PI) Groups	<p>Permitted Interaction (PI) Group Reports: <u>Social Service & Health</u></p> <ul style="list-style-type: none"> • The group is working on a proposal to the Council regarding the 			

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Block Grant Reports and Other Activities	<p>issue of transparencies and availability of information from Behavioral Health Administration. The proposal will be shared with the Council at its next meeting.</p> <p><u>Public Education</u></p> <ul style="list-style-type: none"> • Clarification on the website. The Council passed and accepted the proposal from One Way Design to establish the Council’s website and the maintenance of it. • The proposal is with AMHD to process the paperwork. <p><u>Homelessness & Housing</u></p> <ul style="list-style-type: none"> • PI group has been looking into the shelters and the reason for evictions in group homes on Maui. Working out the kinks. The goal is to get more stability for consumers in entering group homes and/or shelters. • Mental Health Kokua is also raising money to get more housing on Maui. <p><u>Judiciary</u></p> <ul style="list-style-type: none"> • PI will be meeting next month to review legislative proposals initiated by AMHD and CAMHD for the 2014 Legislative Session. 			
9. Announcements	<ul style="list-style-type: none"> • NAMI Hawaii Walk is on October 4, 2013. • Children and Youth Day will be on October 6, 2013 at the State Capitol. There will be two booths for CAMHD, one for the program and one for Project Kealahou. • Ms. Susan King will be attending the Mental Health America Regional Conferences on September 26, 2013. 			
10. Agenda Items for Next Meeting	<ul style="list-style-type: none"> • Representative to participate in AMHD’s Strategic Planning process. • Public Housing and Eviction – Consumers with Mental Illness • Transition from Youth to Adult Services 			
11. Adjournment	The State Council on Mental Health meeting adjourned at 11:10 a.m.			

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Mail Outs	<ul style="list-style-type: none"> • SCMH September 10, 2013 Agenda and draft SCMH August 13, 2013 minutes • SCMH Attendance Log • Youth Services Survey for Families (YSS-F): Consumer Survey, 2013 • Oahu Service Area Board on Mental Health and Substance Abuse Memo to the State Council on Mental Health • Maui Service Area Board on Mental Health and Substance Abuse, August 5, 2013, Agenda and Minutes • Hawaii Service Area Board on Mental Health and Substance Abuse, July 15, 2013, Agenda and Minutes • Oahu Service Area Board on Mental Health and Substance Abuse, July 15, 2013, Agenda and Minutes • Hawaii Advisory Commission on Drug Abuse and Controlled Substances August 22, 2013 Agenda and draft July 25, 2013 Minutes 			