



Written Comments

**SCR 140, SD1**  
**REQUESTING THE LEGISLATIVE REFERENCE BUREAU TO CONDUCT A**  
**REVIEW OF THE CHILD AND ADOLESCENT MENTAL HEALTH DIVISION OF**  
**THE DEPARTMENT OF HEALTH**

Comments by the Legislative Reference Bureau  
Charlotte A. Carter-Yamauchi, Acting Director

Presented to the House Committee on Health

Friday, April 15, 2016, 9:00 a.m.  
Conference Room 329

Chair Belatti and Members of the Committee:

Good morning Chair Belatti and members of the Committee, my name is Charlotte Carter-Yamauchi and I am the Acting Director of the Legislative Reference Bureau. Thank you for providing the opportunity to submit written comments on S.C.R. No. 140, S.D. 1, Requesting the Legislative Reference Bureau to Conduct a Review of the Child and Adolescent Mental Health Division of the Department of Health.

The purpose of this measure is to request that the Legislative Reference Bureau conduct a review of the Child and Adolescent Mental Health Division of the Department of Health (Division), and, as a part of the review, the Bureau include and consider the following and provide a comparative analysis to other similar states' systems:

- (1) How the Division assures the accessibility and timeliness of treatment, including to rural populations;
- (2) Interaction of the Division with the Department of Health's other relevant divisions or agencies, the Department of Human Services, the Department of Education, and the Office of Youth Services;
- (3) How the Division manages a statewide system of care to assure continuity of care, effective case management, and communications among patients, families, and service providers;

- (4) The Division's approach to services delivery, measurement, and quality improvement, including assuring access to an array of high-quality clinical services driven by youth care plans, and availability and uniformity of care across the State;
- (5) Reimbursement and revenue enhancement through optimizing Medicaid reimbursement, as well as joint ventures with other child-serving agencies, including progress and compliance in meeting Medicaid regulations;
- (6) Adequacy of payments to the Division's contracted private providers of therapeutic services;
- (7) The structure and function of the Division in regard to its reorganization and mission as the safety net provider of behavioral health services for youth with severe mental health conditions;
- (8) Comparisons of the Division's system of care to other states' systems of care, including: effectiveness of services, use of out-of-state care providers and placement, access to care in rural areas, evidence-based practices, costs of services, adequacy of Medicaid reimbursement contracted provider payment, client satisfaction, and timeline of provider payment; and
- (9) The interface between the Division's system of care for youth with severe mental health disorders as a safety net provider and the systems in place to serve youth with mild-to-moderate mental health conditions, including the Department of Education and the private mental health systems.

The measure also requests that the Bureau submit a report on the review to the Legislature at least twenty days before the convening of the Regular Session of 2017

The Legislative Reference Bureau takes no position on the merits of this measure, but for your consideration, submits the following comments noting our very strong concerns with the scope of the work requested.

As a threshold matter, as currently drafted, the scope of the measure reaches far beyond the Bureau's ability and resources to provide the requested review, particularly in the timeframe provided. The Bureau possesses no specific expertise in determining, analyzing, or qualitatively comparing much of the requested information. Moreover, the single task in paragraph (8) of comparing the Division's system of care to other states' systems, including: effectiveness of services, use of out-of-state care providers and placement, access to care in rural areas, evidence-based practices, costs of services, adequacy of Medicaid reimbursement, contracted provider payment, client satisfaction, and timeline of provider

payment, could potentially take several years for the Bureau to compile, analyze, and report. Even then, the Bureau would be unable to determine certain aspects of the requested review such as the effectiveness of services or the adequacy of reimbursement rates to service providers. Similarly, issues in several of the foregoing paragraphs could constitute studies in and of themselves, such as that in paragraph (5), relating to Medicaid reimbursement. Moreover, we note that even if sufficient funding and an exemption from the Procurement Code were provided to enable the Bureau to contract out this study, it could not be completed within this limited timeframe.

Furthermore, based on the testimony submitted by the Department of Health to the Senate Committees on Commerce, Consumer Protection, and Health, and Ways and Means, the Division is in the midst of a reorganization to improve its operations and interactions with other governmental agencies in order to: meet mandatory Medicaid requirements; and implement the approach to healthcare services delivery and oversight called for by the Affordable Care Act, national healthcare reform requirements, and healthcare provider industry best practices. As such, it seems that any review of the Division's operations at this point in time would not be productive, since the Division's processes will be in a state of flux during the period of the requested review.

However, if the Legislature feels that the study requested by this measure is an appropriate use of the Bureau's resources, then the Bureau requests that the scope of the review be *substantially narrowed to a more manageable objective* so that it can be accomplished in the timeframe allotted.

Thank you again for this opportunity to provide written comments.



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**Testimony COMMENTING on SCR 140, SD1**  
**REQUESTING THE LEGISLATIVE REFERENCE BUREAU TO CONDUCT**  
**A REVIEW OF THE CHILD AND ADOLESCENT MENTAL HEALTH DIVISION**  
**OF THE DEPARTMENT OF HEALTH**

REPRESENTATIVE DELLA AU BELATTI, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date: April 15, 2016, 9:00 a.m      Room Number: 329

1 **Fiscal Implications:** Undetermined staff time to prepare and produce materials and reports for  
2 the review, and overtime compensation costs for staff to catch up on lost work and productivity.

3 **Department Testimony:** This resolution requests the Legislative Reference Bureau to conduct  
4 a review of the Child and Adolescent Mental Health Division (CAMHD) of the Department of  
5 health. The Department of Health appreciates the intent of this measure and offers comments.

6 Youth Served By the Child & Adolescent Mental Health Division

7 CAMHD through its six Family Guidance Centers and Family Court Liaison Branch serves  
8 approximately 2400 children and families statewide per year with serious emotional and  
9 behavioral conditions. CAMHD clients are among the most vulnerable in our community with  
10 complex mental health and psychosocial needs characterized by multi-agency involvement.

11 Evidence-Based Services

12 CAMHD strives to provide evidence-based mental health services. Each enrolled youth can be  
13 assured of being assigned a care coordinator and that their treatment is under the oversight of  
14 CAMHD's licensed clinical staff. If additional mental health services are necessary, CAMHD  
15 relies on its network of contracted providers to provide a variety of services. CAMHD's current  
16 service array include: Psychological Testing and Evaluations, Medication Management, Respite  
17 Supports, Functional Family Therapy, Multisystemic Therapy, Intensive In-Home Therapy,  
18 Intensive In-Home Paraprofessional Support, Independent Living Skills, Therapeutic Respite  
19 Home, Transitional Family Home, Individual/Group/Family Therapy, Coordinated Specialty



1 Care for First Onset Psychosis, Community-Based Residential Levels I, II and III, Partial  
2 Hospitalization, and Hospital-Based Residential. All services provided to youth must adhere to  
3 CAMHD’s *Child and Adolescent Mental Health Performance Standards*, a.k.a. “Orange Book”,  
4 available at:  
5 [https://www.doh.hawaii.gov/sites/camhd/Documents%20Forms%20and%20Resources/Orange%](https://www.doh.hawaii.gov/sites/camhd/Documents%20Forms%20and%20Resources/Orange%20Book.pdf)  
6 [20Book.pdf](https://www.doh.hawaii.gov/sites/camhd/Documents%20Forms%20and%20Resources/Orange%20Book.pdf).

### 7 Statewide Services

8 As the Med-QUEST behavioral health carve-out for youth, CAMHD serves Medicaid-eligible  
9 youth across the state free of charge. CAMHD makes every effort to assure that services are  
10 available and accessible. However, like the rest of the nation, there is a shortage of qualified  
11 mental health professionals, particularly on the Neighbor Islands. This perennial shortage,  
12 coupled with a smaller eligible population base, makes it financially difficult for many providers  
13 to provide residential services on the neighbor islands. Neighbor Islanders, though, have access  
14 to many less restrictive best practice treatments which are highly effective, including telehealth.

### 15 Collaboration on Multi-Agency Youth

16 Because many of the youth served by CAMHD are also being served by the other child-serving  
17 agencies, CAMHD works in close partnership with staff of many other state child-serving agencies at the  
18 community and state levels. At the state level, CAMHD has been engaged in a major effort over  
19 the past several years to improve interagency collaboration. CAMHD is part of the collaborative  
20 Hawai’i Interagency State Youth Network of Care (HI-SYNC). The various agencies that  
21 participate in HI-SYNC are: Community Children’s Council Office (CCC), Child and  
22 Adolescent Mental Health Division, Family Health Services Division, Family Court,  
23 Developmental Disabilities Division, Alcohol and Drug Abuse Division, Department of  
24 Education, Office of Youth Services, Child Welfare Services, Child and Family Services-Parent  
25 Partners, and CAMHD’s Federal Grant-funded Project Laulima. Monthly meetings are attended  
26 by state-level representatives from four DOH divisions: CAMHD, DDD, Early Intervention and  
27 ADAD, from the Department of Education, from Child Welfare Services, from the Office of  
28 Youth Services, from Family Court, from the CCC, and from the Parent Support Agency. The  
29 group has produced a Multi-agency consent form for the release of confidential information

1 among state partners to facilitate collaborative work on specific youth problems and has vetted  
2 the report through all of the relevant Attorneys General.

3 Over the past year, the following initiatives have been taken on by the agencies participating  
4 in HI-SYNC to meet their overall goal:

- 5 • All the agencies work to supply and share data through the Hawaii Youth Interagency  
6 Performance Report (HYIPR) that should prove to be useful to stakeholders, be they in  
7 government or in the private sector.
- 8 • HI-SYNC is in the last stages of finalizing a new Memorandum of Understanding (MOU)  
9 that describes the three major activities of HI-SYNC, specifically:
  - 10 ○ Assemble and analyze data from all participants and share data across agencies.
  - 11 ○ Develop joint policies and design ways for the agencies to work as partners when  
12 they hold similar clients or issues.
  - 13 ○ Establish a forum for the discussion and management of particularly complex or  
14 troublesome cases. The goal is to develop joint treatment and support plans for  
15 individuals who have multiple agency involvement.

16 CAMHD has been working diligently with Med-QUEST Division of DHS to optimize  
17 our use of Medicaid reimbursement and to improve efforts to transition Med-QUEST youth from  
18 CAMHD services to the adult healthcare system. This has included holding monthly meetings  
19 with Med-QUEST staff and involving them in training for CAMHD staff.

20 CAMHD has developed a particularly strong partnership with the Office of Youth  
21 Services (OYS) over the past several years. This has led to the “braiding” of funding for services  
22 to youth in the Juvenile Justice System through an MOA between the two agencies. Youth seen  
23 in Juvenile Court who are not registered with CAMHD can receive CAMHD contracted services,  
24 and payment comes out of the OYS MOA funds. Other instances of strong collaboration with  
25 the Juvenile Justice system include quarterly meetings with the Oahu family court judges and  
26 CAMHD participation in a Statewide Task Force on Human Trafficking.

#### 27 Purpose of the Reorganization

28 CAMHD is the Med-QUEST behavioral health carve-out provider for children and adolescents  
29 in the State of Hawaii. Therefore CAMHD underwent a reorganization to develop the operational



1 structure necessary to provide accessible, effective, high-quality behavioral health services for  
2 Children with Special Health Needs, as well as meet mandatory Medicaid requirements as the  
3 designated, authorized provider for Support for Emotional and Behavioral Development for  
4 children ages three (3) through twenty (20) years who are eligible.

5 The two major purposes of the CAMHD reorganization are to develop a comprehensive  
6 system to document and assure the provision of effective, high quality services through a  
7 continuous quality improvement process, and to strategically consolidate CAMHD's resources  
8 into best practice clinical leadership teams. These functions are critical to CAMHD's ability to  
9 seek revenue enhancements and explore alternative financing mechanisms with Med-QUEST  
10 and other potential third-party payers. CAMHD has been working diligently with Med-QUEST  
11 Division of DHS to optimize our use of Medicaid reimbursement and to improve efforts to  
12 transition Med-QUEST youth from CAMHD services to the adult healthcare system.

13 CAMHD's clinical and program goals are to create better outcomes for the youth  
14 receiving the Division's behavioral health services, while making efficient and effective use of  
15 resources. The CAMHD vision for clinical practice aims to make best use of evidence-based-  
16 practices, and foster the use of least restrictive care settings. National clinical research and  
17 evidence indicates that in-home behavioral health services, supported by regular measurement of  
18 care progress, produces better youth outcomes. The CAMHD reorganization thus seeks to  
19 increase the use of more effective in-home care, and to reduce residential treatment services  
20 placements, to best improve the lives of youth in our care.

21 As a priority for the reorganization, CAMHD is currently engaged in a business process  
22 improvement initiative. The goals of this are to streamline the youth intake, and reduce the time  
23 required for a request for services eligibility, mental health assessment, program enrollment,  
24 assignment of a care coordinator, and the start of therapeutic services. The Division seeks to  
25 make intake and ongoing case processing simpler, more automated and responsive, using IT  
26 systems to reduce the burdens on youth and their families.

27 The overall CAMHD reorganization consolidates multiple quality assurance, compliance,  
28 billing oversight, and IT operations functions towards increased program integrity and  
29 efficiency. This new CAMHD structural approach to healthcare quality assurance uses a

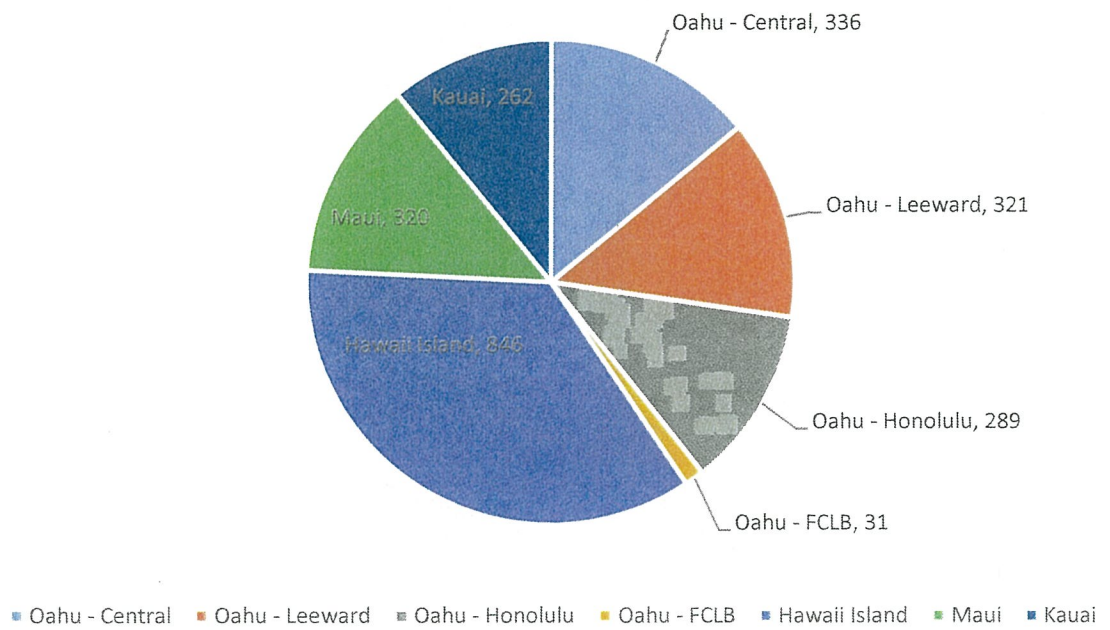
1 continuous quality improvement (CQI) methodology to support the Division's clinical care  
2 model for youth services. Core to the CQI approach is expedient routing and reviewing of key  
3 performance indicators or metrics. This change is under way through the establishment in the  
4 reorganization of a central means for feedback of metrics, information, and issues resolution  
5 through the staff of the Health Systems Management Office (HSMO), Fiscal Office, Clinical  
6 Services Office/Performance Management Office (CSO/PMO), and Family Guidance Center  
7 sections. Under the reorganization the HSMO brings together quality assurance, billing, IT,  
8 audit, and compliance staff, to create the processes and technology systems tools to make this  
9 quality methodology possible. These tools are to be increasingly used by CAMHD's Clinicians,  
10 Care Coordinators, Supervisors, Billing and Compliance, and Management. CAMHD quality and  
11 compliance information is envisioned to inform decision-making, resolve clinical, program, and  
12 billing issues and to make measurable improvements to CAMHD's youth services, programs,  
13 and overall youth outcomes. These programmatic tools are to shape quality improvement in the  
14 use of data-driven decision making. This approach to healthcare services delivery and oversight  
15 via metrics on care, processes, financials, and outcomes is called for by the Affordable Care Act,  
16 national healthcare reform requirements, and healthcare provider industry best practices.  
17 CAMHD clinical and program management seek to drive program improvement in these ways,  
18 for better lives for CAMHD youth, and effective use of resources.

19 We thank you for the opportunity to provide comments.

20 **Offered Amendments:** None.

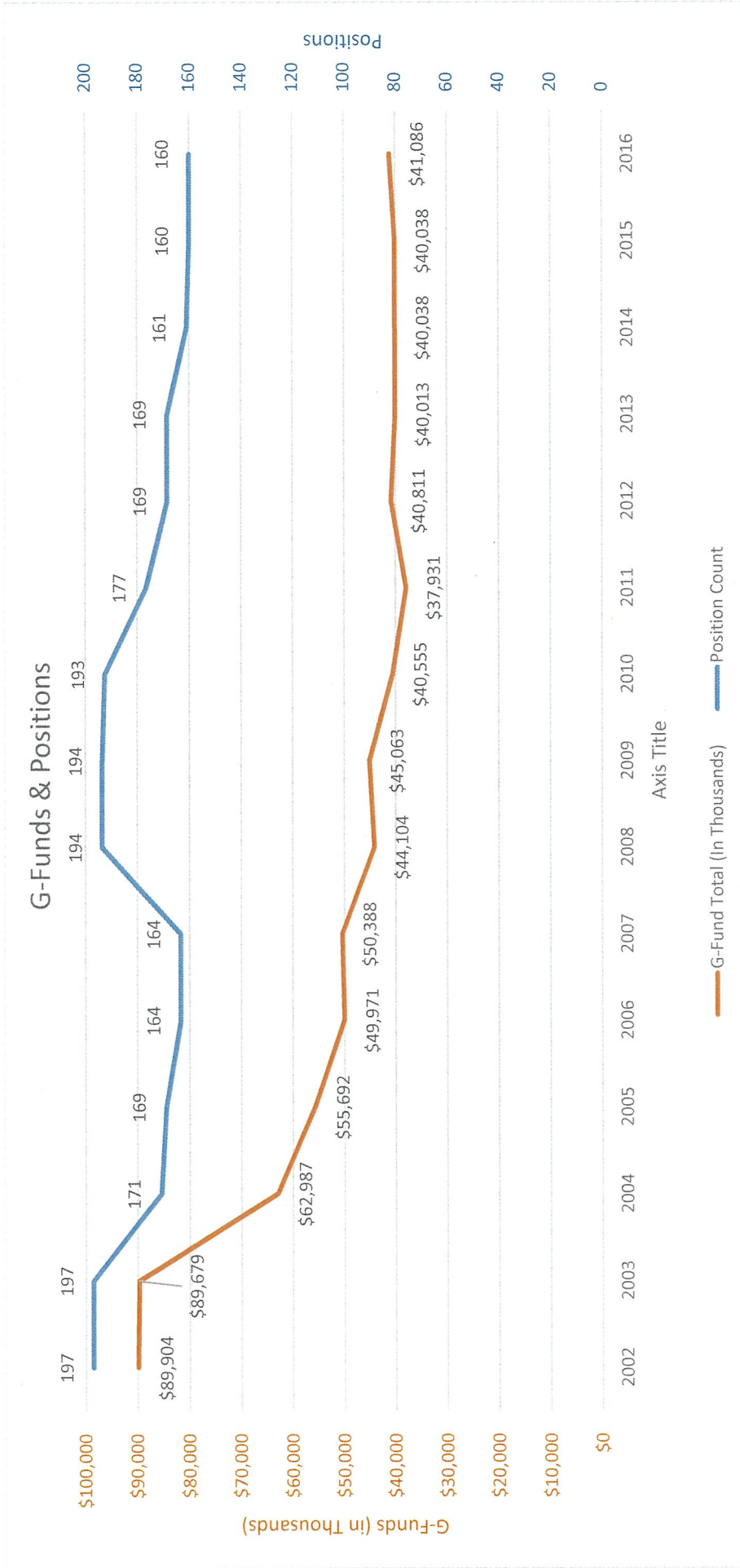
Oahu - Central	336
Oahu - Leeward	321
Oahu - Honolulu	289
Oahu - FCLB	31
Hawaii Island	846
Maui	320
Kauai	262
<b>Total</b>	<b>2405</b>

CAMHD Registered Youth (FY2015)



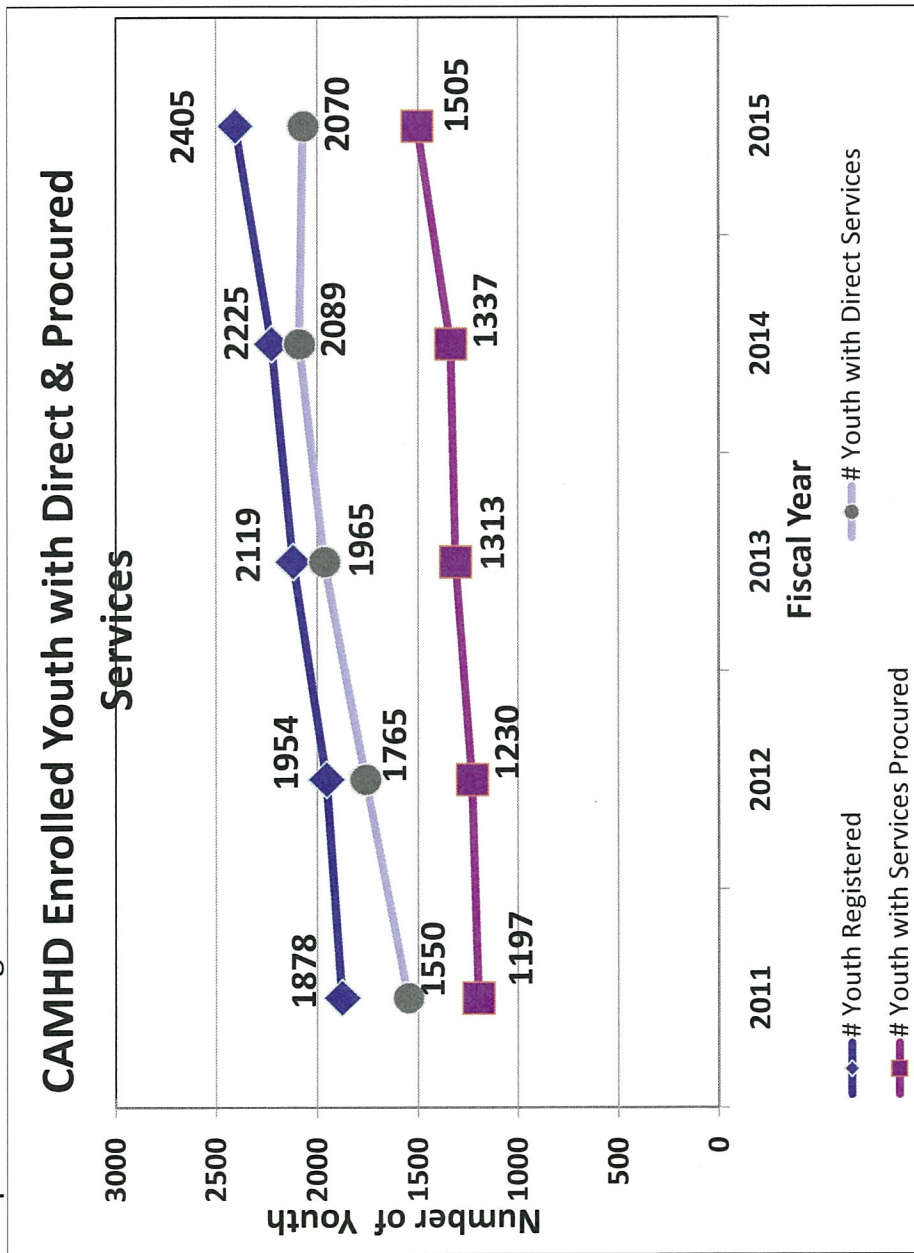
Charts & Graphs of CAMHD Data:

1) G-fund and position losses



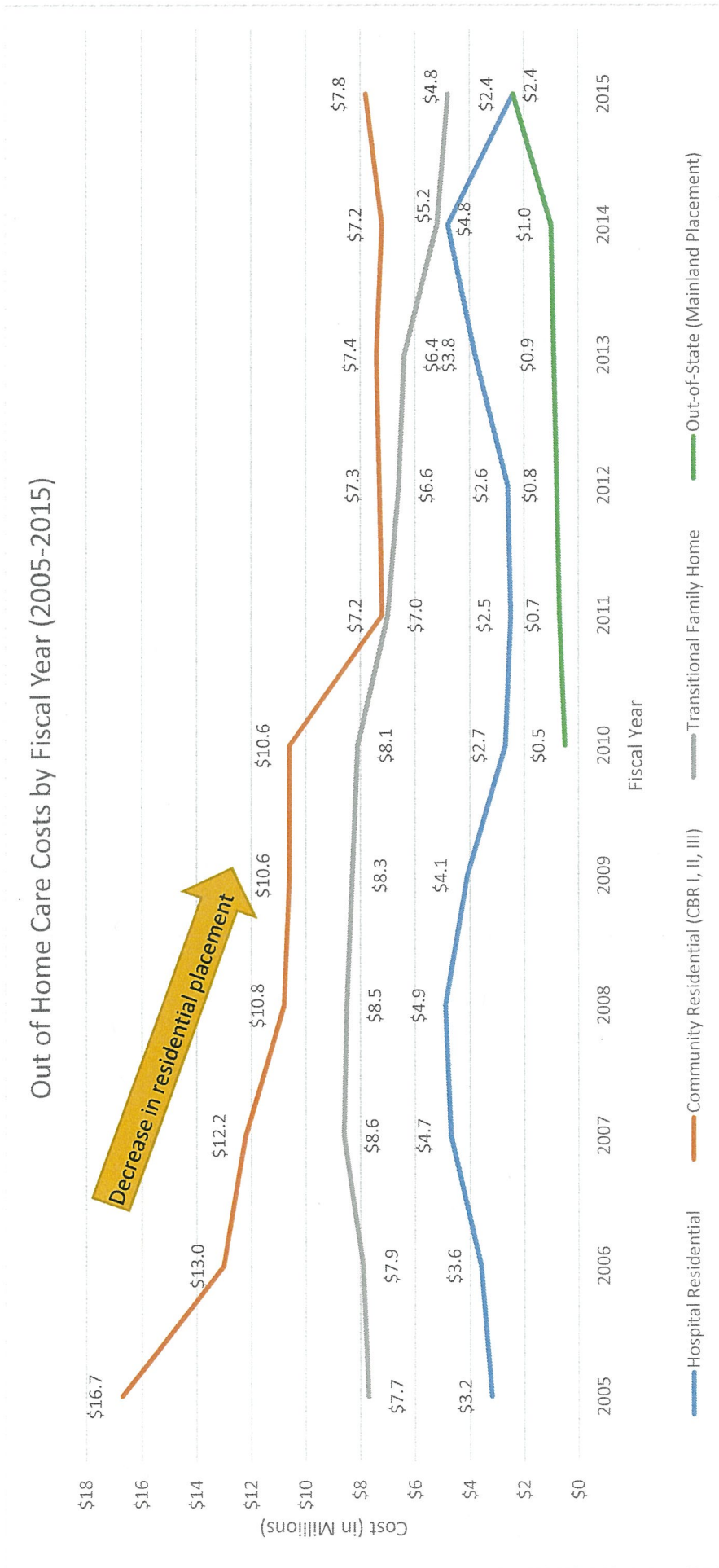


2) Graph of increasing enrollment

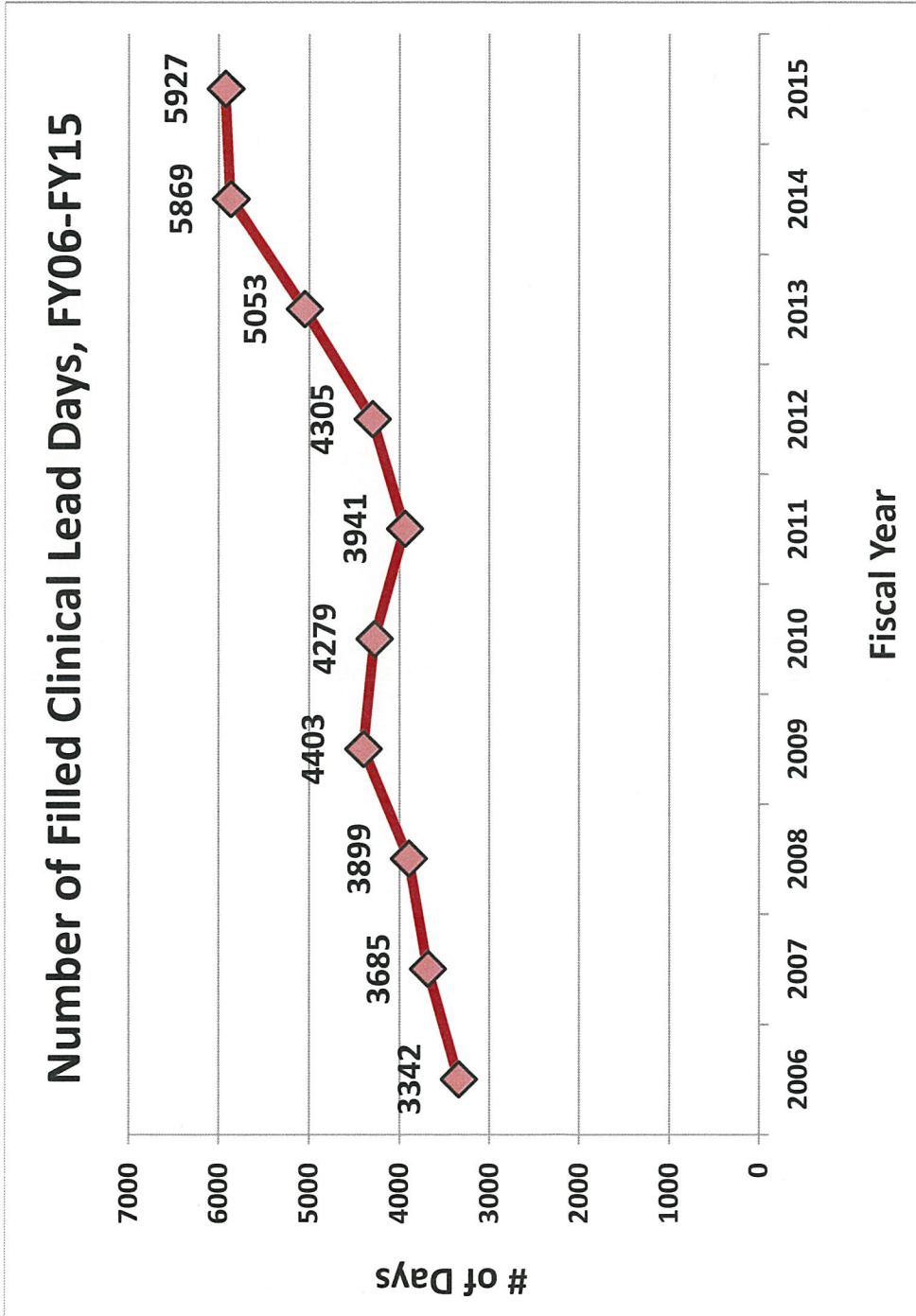




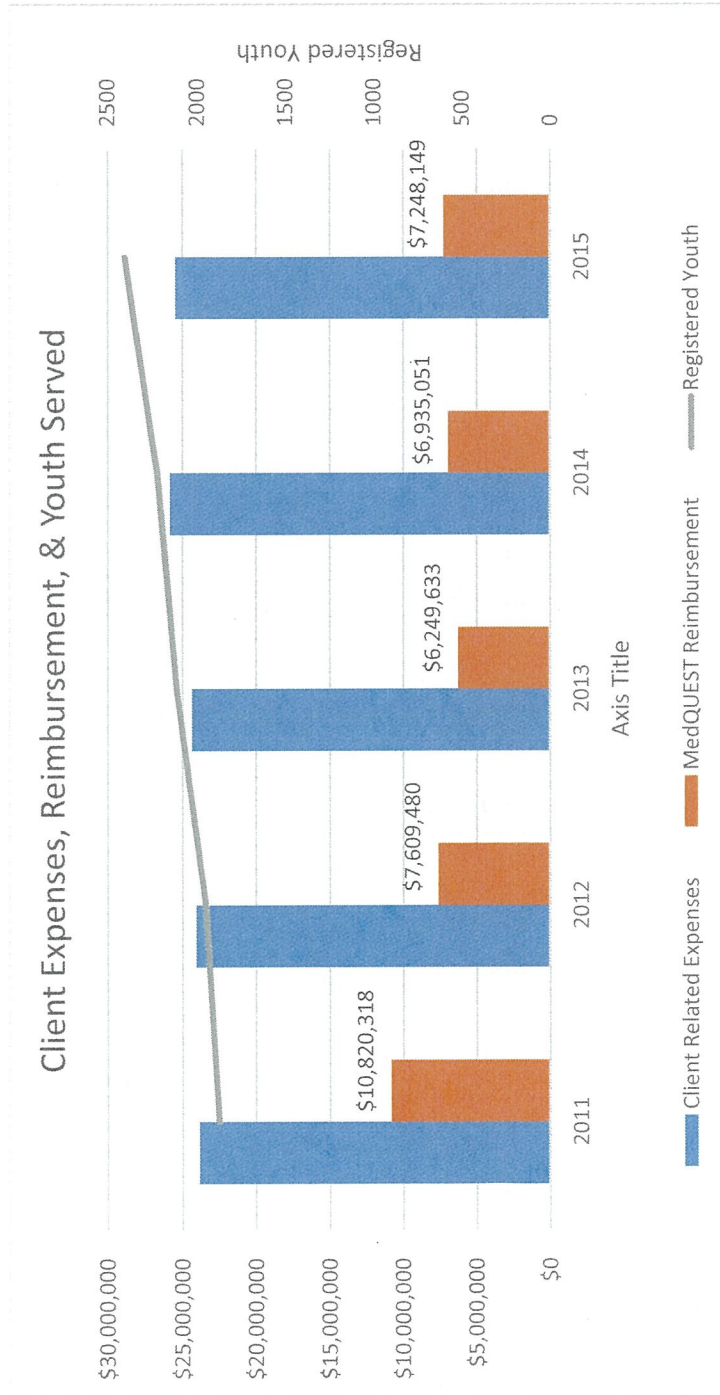
### 3) Graph of decreasing funds spend on out-of-home level of care



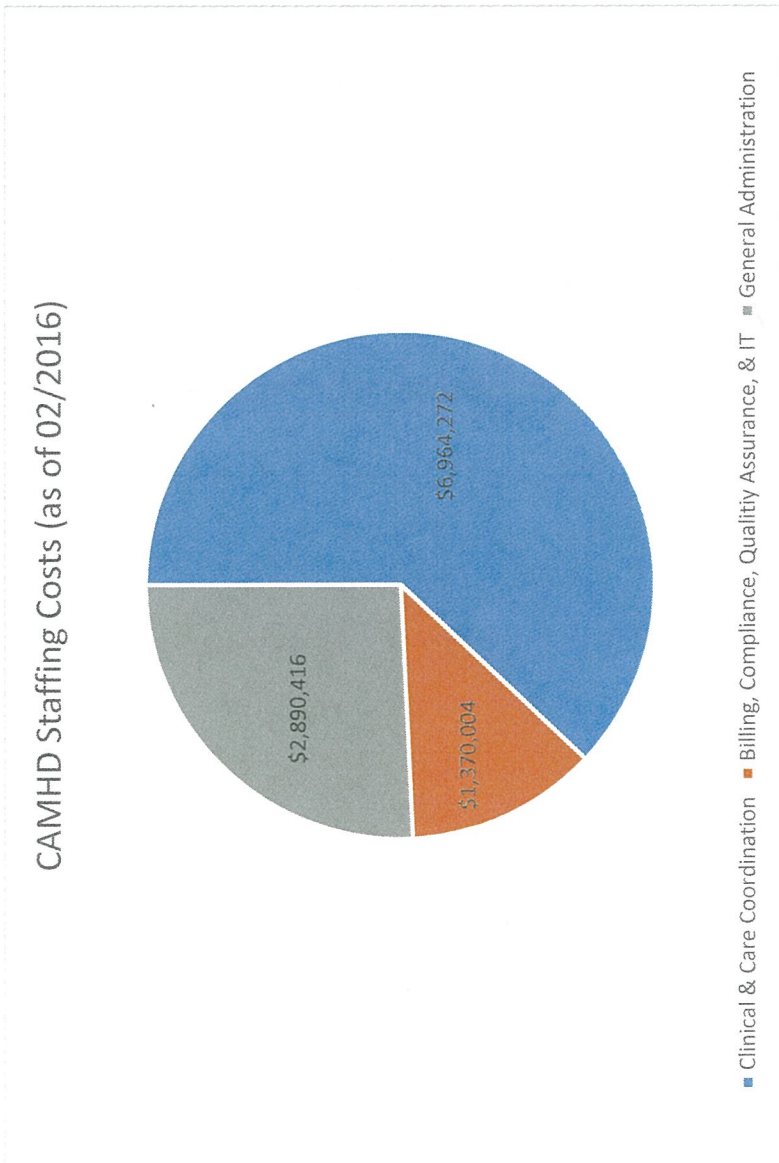
4) Graph of increasing tenure by professional staff



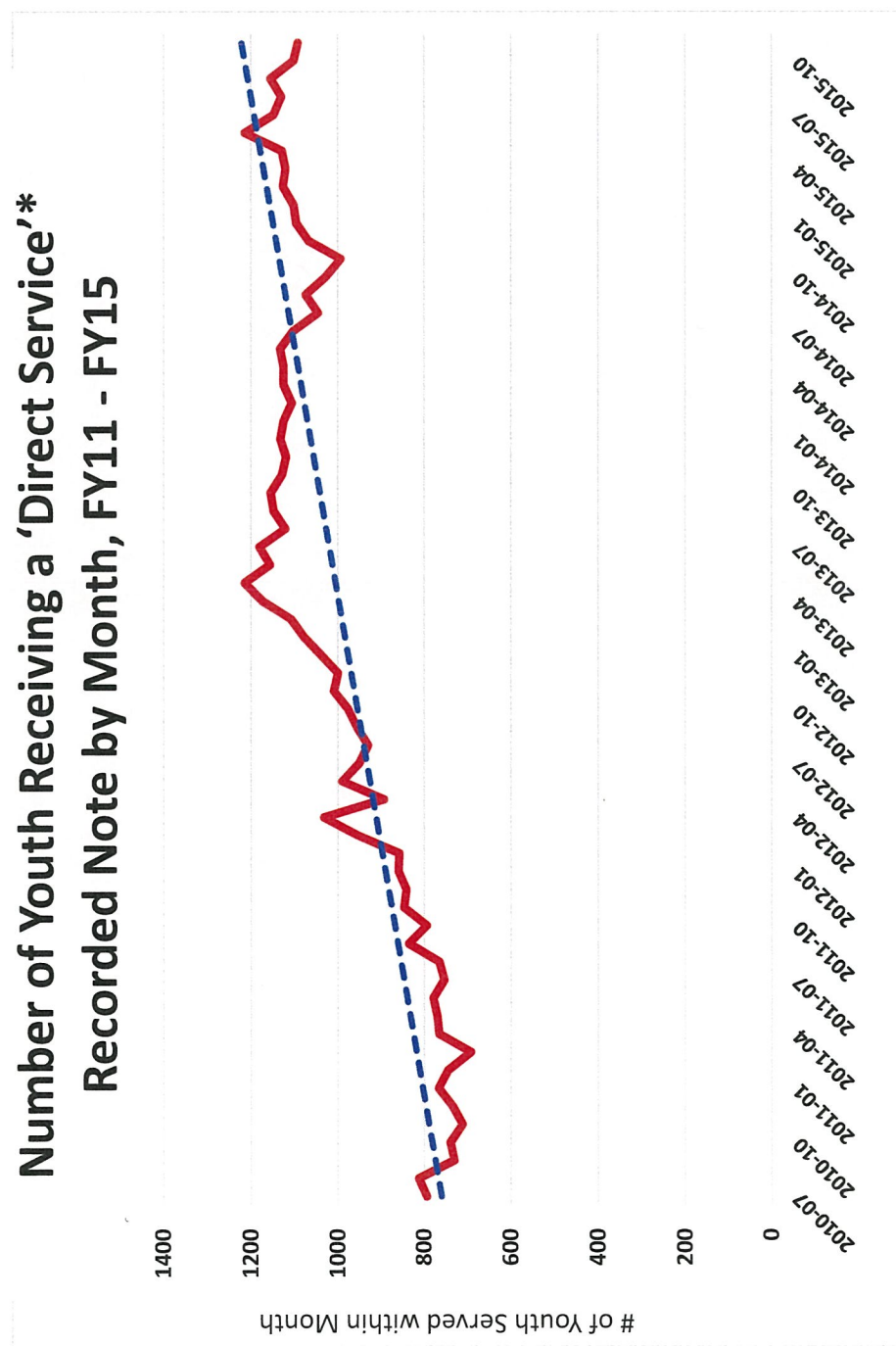
5) Summary statement on dollars spent on client expenses, compared to Medicaid reimbursements and numbers of youth served.



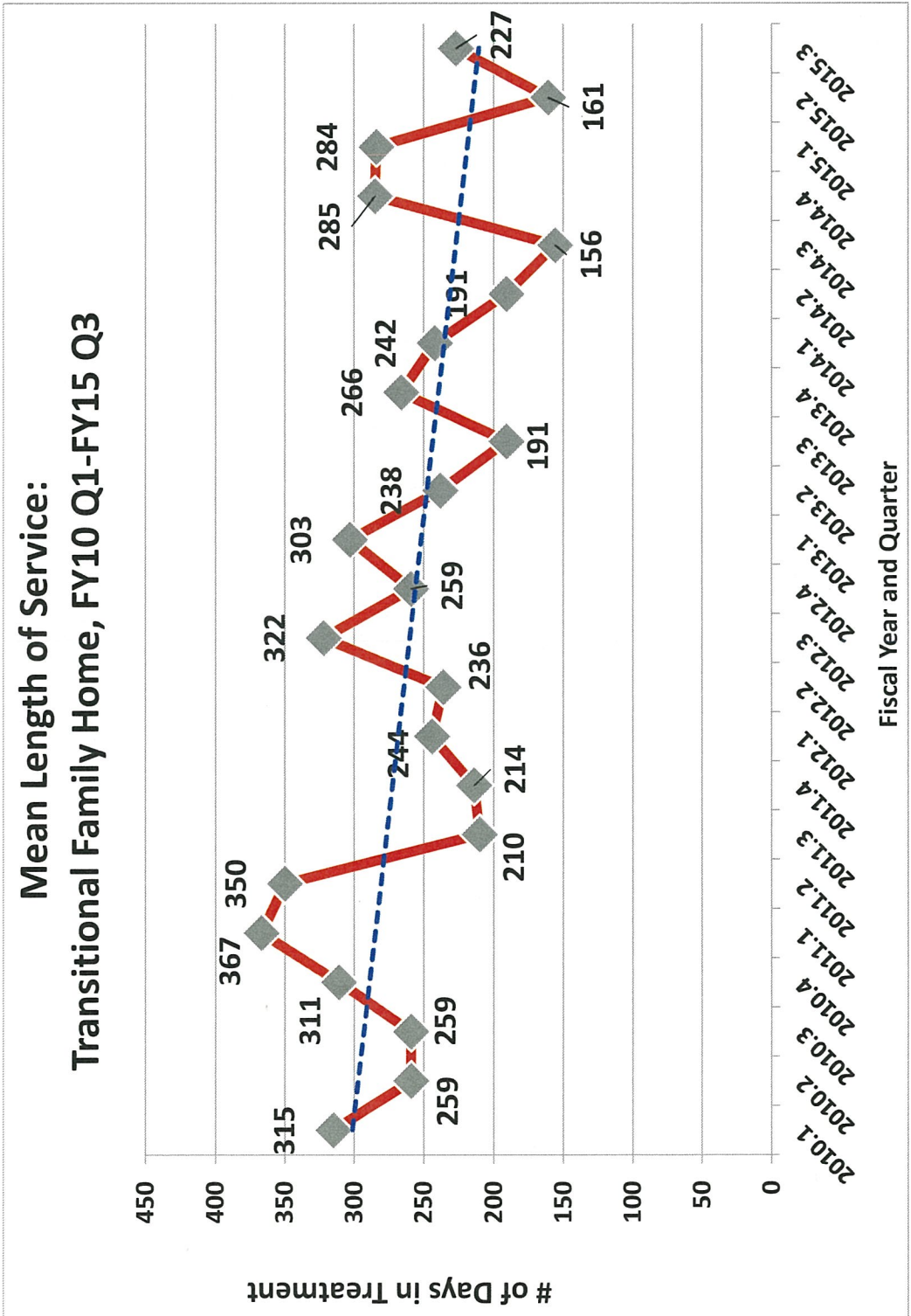
- 6) Total dollars spent on:
- Clinical services personnel including CSD, MHS Is and CCs
  - Pure admin – PHAO and FGC chiefs
  - Clinical Quality Improvement - Billing/audit/IT/compliance business management staff



7) Increase in clinical documentation of youth services



8) Decreasing length of stay for services





**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION  
HISTORIC BUDGET CHANGES (2-4-16)**

FY	Position Count	G-Fund Total	Budget Personnel	Budget Other	Client Related Expenses	Net Change Permanent Positions	Net Change Dollars	Notes from Budget Worksheets
2016	160.0	\$41,085,841	\$11,790,520	\$29,295,321			\$1,047,455	Add funds for collective Bargaining (0/\$984,705) Add funds for a Clinical Psychologist VI (0/\$27,750) Add funds for Grant-In-Aid to Healthy Mothers, Healthy Babies Coalition of Hawaii, this GIA was posted with the wrong Org Code, should have been HTH 560 (0/\$35,000)
2015	160.0	\$40,038,386	\$10,778,065	\$29,260,321	\$25,486,656	(1.0)		Transfer-out 1 Permanent position to Maui District Health Administration (-1/\$0)
2014	161.0	\$40,038,386	\$10,750,315	\$29,288,071	\$25,868,780	(7.5)	\$25,655	Add funds for labor savings restoration (0/\$373,400) Reduce 7.5 Permanent positions and funds for vacancy savings (-7.5/-\$347,745)
2013	168.5	\$40,012,731	\$10,724,660	\$29,288,071	\$24,359,903		Biennium \$48,086 Supplemental (\$846,400)  Total Net Change (798,314)	Adjustments were made in the Biennium budget for a net change of (\$48,086) in addition to the changes made for FY 2012: Add funds for the Decrease in the Federal Medical Assistance Percentage (0/2,476,994) Supplemental Budget Changes: Reduce funds for labor savings (0/-\$373,400) Reduce funds for Purchase of Service Contracts (0/-\$473,000)
2012	168.5	\$40,811,045	\$11,098,060	\$29,712,985	\$24,095,365	(8.0)	\$2,880,096	Add funds for Furlough Restoration (0/\$1,090,491) Transfer-out 1 Permanent position and funds to Operation and Regulatory Excellence Office (-1/-\$59,303) Transfer-Out .50 Permanent position to Maui District Health Administration (-.50/\$0) Reduce 6.5 Permanent and 1 Temporary Position (-6.5/\$0) Add funds for the Decrease in the Federal Medical Assistance Percentage (0/2,428,908) Reduce funds due to fiscal constraints (0/-\$580,000)
2011	176.5	\$37,930,949	\$10,196,712	\$27,734,237	\$23,866,216		Biennium \$841,977 Supplemental (\$3,465,884)  Total Net Change (2,623,907)	Adjustments were made in the Biennium budget for a net change of (0/\$841,977) in addition to the changes made for FY 2010: Reduce funds to reflect American Recovery and Reinvestment Act of 2009, Adjustment for Federal Medical Assistance Percentage (FMAP) (0/-\$1,789,343) Supplemental Budget Changes: Reduce 1 Permanent and 3 temporary positions and funds for Vacancy reduction (-1/-\$158,338) Reduce 12 Permanent positions and funds for Reduction in Force (-12/-\$395,693) Reduce 2 Permanent and 2 Temporary positions and funds for Reduction in Force (-2/-\$414,583) Reduce 2 Permanent positions and funds for Reduction in Force (-2/-\$158,208) Reduce funds for Furlough Savings (0/-\$1,036,859) Transfer in 1 Permanent Position and funds from Community Health Administration (1/\$43,297) Reduce funds for Purchase of Service Contracts (0/-\$1,345,500)



**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION  
HISTORIC BUDGET CHANGES (2-4-16)**

2010	192.5	\$40,554,856	\$12,317,096	\$28,237,760	\$26,502,071	(1.0)	(\$4,508,345)	Add funds for Collective Bargaining (0/\$899,016) Reduce funds for non-recurring equipment costs (0/-)\$31,500) Transfer-out funds to HTH 495, HTH 595, HTH 907 for redistribution of FY09 Legislative reduction (0/-)\$450,785) Reduce funds to meet mandatory reductions (0/-)\$500,000) Reduce 1 Permanent and 1 Temporary position and funds for Vacancy savings (-1/-)\$102,756) Reduce funds to reflect American Recovery and Reinvestment Act of 2009, Adjustment for Federal Medical Assistance Percentage (FMAP) (0/-)\$2,622,320) Reduce funds for Purchase of Service Contracts (0/-)\$1,700,000)
2009	193.5	\$45,063,201	\$11,683,979	\$39,379,222	\$27,904,347		Biennium \$1,000,000 Supplemental (\$40,548)  Total Net Change \$959,452	Adjustments were made in the Biennium budget for a net change of (0/\$1,000,000) in addition to the changes made for FY 2008: Reduce funds for other current expenses to reflect the increase in the Special fund Ceiling (0/-)\$6,000,000) Supplemental Budget Changes: Reduce funds for personal services to reflect Vacancy Savings (0/-)\$40,548))
2008	193.5	\$44,103,749	\$11,724,527	\$32,379,222	\$29,952,007	30.0	(\$6,283,771)	Add funds for Collective Bargaining (0/\$752,180) Add 31 Permanent positions to reflect conversion from temporary to Permanent (31/\$0) Reduce funds for other current expenses to reflect the increase in the Special Fund Ceiling (0/-)\$7,000,000) Reduce 1 Permanent position and funds to reflect vacancy savings (-1/-)\$35,951)
2007	163.5	\$50,387,520	\$11,008,298	\$39,379,222	\$32,619,391		Biennium \$2,380 Supplemental \$414,366  Total Net Budget Changes \$416,746	Adjustments were made in the Biennium budget for a net change of (0/\$2,380) in addition to the changes made for FY 2006: Add funds for Collective Bargaining (0/\$608,149) Supplemental Budget: Add 7 Temporary positions and funds for other current expenses to reflect compliance with Hawaii Youth Correctional Facility (HYCF) Department of Justice (DOJ) Settlement (0/\$382,866) Add funds for non-recurring equipment costs to reflect compliance with HYFH DOJ Settlement (0/\$31,500)

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION  
HISTORIC BUDGET CHANGES (2-4-16)**

2006	163.5	\$49,970,774	\$9,901,918	\$40,068,856	\$38,543,151	(5.5)	(\$5,721,647)	<p>Add funds for Collective Bargaining (0/\$605,769)</p> <p>Reduce funds to reflect 1% efficiency saving for purchase of services (0/-<b>\$777,861</b>)</p> <p>Reduce 1 Temporary position and funds to reflect transfer out to General Administration-Administrative Services Office (0/-<b>\$31,965</b>)</p> <p>Reduce 1 Temporary position to reflect transfer-out to Public Health Nursing-School Health Aids (0/\$0)</p> <p>Add 1 position to reflect conversion from Temporary to Permanent (1/\$0)</p> <p>Reduce 1 Permanent Social Worker/Human Service Professional position and funds at Hawaii Community Mental Health Services as duties are being met by Mental Health Care Coordinators (-1/-<b>\$34,542</b>)</p> <p>Reduce 1 Temporary SW/HSP V position and funds at Hawaii Community Mental Health Services (0/-<b>\$37,369</b>)</p> <p>Reduce 5.5 Permanent positions and 4.5 Temporary Positions and funds to reflect vacancy savings (-5.5/-<b>\$379,223</b>)</p> <p>Reduce funds for other current expenses (0/-<b>\$5,000,000</b>)</p> <p>Reduce funds for other current expenses to reflect deletion of 2 temporary unbudgeted position (0/-<b>\$66,456</b>)</p>
2005	169.0	\$55,692,421	\$9,779,248	\$45,913,173	\$43,678,830	(2.0)	<p>Biennium \$24,500</p> <p>Supplemental (\$7,319,314)</p> <p>Total Net Budget Changes (\$7,294,814)</p>	<p>Adjustments were made in the Biennium budget for a net change of (0/\$24,500) in addition to the changes made for FY 2004:</p> <p>Reduce funds for 1 Clinical Psychologist VI, 1 Mental Health Care Coordinator, and 1 Social Worker IV and other current expenses to reflect transfer-out to Early Intervention Services (-3/-<b>\$256,716</b>)</p> <p>Supplemental Budget Changes:</p> <p>Reduce 1 position to reflect conversion of Permanent to Temporary Status for Assistant Chief (-1/\$0)</p> <p>Add 1 position to reflect conversion of temporary position to permanent status, Planner V (1/\$0)</p> <p>Reduce funds for other current expenses to reflect transfer-out to Tuberculosis Control (0/-<b>\$235,223</b>)</p> <p>Reduce funds for other current expenses to reflect transfer-out to Behavioral Health Administration (0/-<b>\$99,180</b>)</p> <p>Reduce funds for other current expenses to reflect transfer-out for State Match for the title XIX Program (0/-<b>\$2,750,820</b>)</p> <p>Reflect transfer-out to Planning Program Development and Coordination of Services for Persons with Disabilities (0/-<b>\$210,600</b>)</p> <p>Reduce funds for other current expenses to reflect transfer-out to Health Resources Administration Deputy Director's Office (0/-<b>\$61,849</b>)</p> <p>Reduce funds for other current expenses to reflect transfer-out to Environmental Health Administration Deputy Director (0/-<b>\$63,720</b>)</p> <p>Reduce funds for other current expenses to reflect transfer-out to Environment Health Administration - Deputy Director (0/-<b>14,250</b>)</p> <p>Reduce funds for other current expenses to reflect transfer-out to Office of Planning, Policy, and Program Development (0/-<b>\$23,450</b>)</p> <p>Reduce funds for other Current expenses (0/-<b>\$735,656</b>)</p> <p>Reduce funds for other Current expenses for Felix Court Monitor Costs (0/-<b>\$600,000</b>)</p> <p>Reduce funds for other current expenses due to increase in Quest Reimbursements (0/\$-<b>\$2,330,000</b>)</p> <p>Reduce 2 Permanent positions, 3 Temporary position and funds to reflect vacancy savings (-2/-<b>\$194,566</b>)</p>



**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION  
HISTORIC BUDGET CHANGES (2-4-16)**

2004	171.0	\$62,987,235	\$9,973,814	\$53,013,421	\$41,704,641	(26.0)	(\$26,691,767)	<p>Add funds for Collective Bargaining (0/\$1,127,959)</p> <p>Reduce positions and funds for 7 various Temporary positions and other current expenses to reflect transfer-out to Developmental Disabilities Division (0/-<del>\$2,416,310</del>)</p> <p>Reduce positions and funds for 6 Permanent positions (2 Social Worker and 4 Mental Health Care Coordinator) and other current expenses to reflect transfer-out to Early Intervention Services (-6/-<del>\$210,832</del>)</p> <p>Add positions and funds for (9) Temporary positions and other current expenses to reflect transfer-in from Cluster Children's Community Council, Complaints Resolution, Training Institute and Felix Monitor (0/\$602,870)</p> <p>Add positions and funds for 33 various Permanent positions and 35 Temporary positions to reflect transfer-in from HTH 950 HF to HTH 460 HF (33/\$4,496,177)</p> <p>Reduce positions and funds for 38.5 various Permanent positions and 24 Temporary positions and other current expenses to reflect transfer-out to DOE for Children with Autism (-28.5/-<del>\$11,867,311</del>)</p> <p>Reduce positions and funds for 4 temporary positions and other current expenses to reflect transfer-out to DOE for School-Based Behavioral Health Services (0/-<del>\$250,774</del>)</p> <p>Reduce positions and funds for 1 Clinical Psychologist VI, 1 Mental Health Care Coordinator, and 1 Social Worker IV and other current expenses to reflect transfer-out to Early Intervention Services (-3/-<del>\$281,216</del>)</p> <p>Add funds for other current expenses to reinstate Felix Court Monitor Costs (0/\$600,000)</p> <p>Reduce positions and funds to reflect deletion of 6 Mental Health Care Coordinators and other current expenses (-6/-<del>\$195,558</del>)</p> <p>Reduce funds for other current expenses to reflect reduction for Purchase of Service Contracts (0/-<del>\$15,470,814</del>)</p> <p>Reduce funds for other current expenses to reflect reduction in contract services due to reduced caseload and service utilization (0/-<del>\$1,676,692</del>)</p> <p>Reduce positions and funds for 15.5 various Permanent positions to reflect partial reduction to the base budget based on recent caseload analysis (-15.5/-<del>\$610,820</del>)</p> <p>Reduce funds for other current expenses (0/-<del>\$400,000</del>)</p> <p>Reduce funds for other current expenses for travel (0/-<del>\$138,446</del>)</p>
2003	197.0	\$89,679,002	\$8,717,550	\$80,961,452	\$44,740,249		(\$225,233)	<p>Reduce funds for other current expenses to reflect deletion of Grant-In-Aid for Hawaii Intergenerational Network (0/-<del>\$100,000</del>)</p> <p>Reduce funds for personal services to reflect 10% Vacancy Savings (0/-<del>\$125,233</del>)</p>

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION  
HISTORIC BUDGET CHANGES (2-4-16)**

2002	197.0	\$89,904,235	\$8,842,783	\$81,061,452	\$82,860,983	(33.0)	\$2,561,689	<p>Add funds for Collective Bargaining (0/\$381,750)</p> <p>Reduce funds for other current expenses to reflect transfer-out of School-Based Mental Health Services to DOE (0/- \$21,510,474)</p> <p>Reduce funds for other current expenses to reflect transfer-out of lease costs to DAGS Leasing (0/-<del>\$288,964</del>)</p> <p>Reduce funds for other current expenses to reflect transfer-out of School Based Mental Health Svcs to the Hawaii Youth Correctional Facility (0/-<del>\$110,400</del>)</p> <p>Add funds for additional personal services and other current expenses (0/\$34,371,112)</p> <p>Reduce funds for other current expenses due to double budgeting (0/-<del>\$850,923</del>)</p> <p>Reduce funds for Collective Bargaining as a housekeeping measure (0/-<del>\$381,750</del>)</p> <p>Reduce funds for other current expenses to reflect adjustment in Lease Costs to DAGS Leasing (0/-<del>\$2,645</del>)</p> <p>Reduce funds for other current expenses and personal services for MultiSystemic Therapy (MST) (0/-<del>\$4,085,664</del>)</p> <p>Reduce Funds for other current expenses to reflect reduction in base funding for MST (0/-<del>\$2,500,000</del>)</p> <p>Reduce funds for personal services to reflect deletion of Mentoring Leader and Community Technical Assistance (0/- \$267,500)</p> <p>Reduce funds for personal services , CAMHD did not provide sufficient and timely info for this request (0/-<del>\$110,000</del>)</p> <p>Reduce funds for other current expenses to reflect savings in other specialty services (0/-<del>\$1,090,500</del>)</p> <p>Reduce positions and funds for 33 permanent Mental Health Care Coordinators due to the transfer-out of the "Low End" Felix Class to DOE (-33/-<del>\$1,092,353</del>)</p> <p>Add funds for Grant-In-Aid for the Hawaii Intergenerational Network (0/\$100,000)</p>
2001	230.0	\$87,342,546	\$9,574,963	\$77,767,583	\$115,971,498	74.0	<p>Biennium \$3,017,724 Supplemental \$987,858</p> <p>Total Net Budget Changes \$4,005,582</p> <p>Adjustments were made in the Biennium budget for a net change of (0/\$3,017,724) in addition to the changes made for FY 2000:</p> <p>Add funds for other current expenses for increased Outpatient Services (0/\$2,080,029);</p> <p>Add funds for other current expenses for Increased Residential Services (0/\$5,676,600);</p> <p>Add funds for 73.5 temporary Mental Health Care Coordinators (0/\$466,909);</p> <p>Add funds to implement Quest Carve-Out not approved in FY 2001 (0/-161,014);</p> <p>Reduce funds for other current expenses to phase out privately contracted case management services (0/\$-5,044,800)</p> <p>Supplemental Budget Changes:</p> <p>Add 25 permanent positions to reflect transfer-in from various DOH Programs for Mental Health Care Coordinators (25/\$0)</p> <p>Add .50 permanent position from HTH 570 KJ for Clerk Typist II (.50/\$0)</p> <p>Add funds for other current expenses for various outpatient and inpatient mental health services (0/\$987,858)</p> <p>Add 48.5 permanent positions to reflect conversion from temporary to permanent Mental Health Care Coordinator (48.50/\$0)</p>	



**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION  
HISTORIC BUDGET CHANGES (2-4-16)**

2000	156.0	\$83,336,964	\$9,281,555	\$74,055,409	\$77,873,099	8.0	\$22,838,950	<p>Add funds for Collective Bargaining (0/\$188,107)</p> <p>Transfer funds from one temporary PHAO III to HTH 495 HF (0/<del>\$-28,580</del>)</p> <p>Transfer in 1 Position from HTH 495 HF for HFGC Chief (1/\$37,643)</p> <p>Transfer in 1 Position from HTH 420 HK for PHAO III (1/\$0)</p> <p>Transfer in 1 Position from HTH 420 HK for PHAO III (1/\$0)</p> <p>Transfer in 3 Positions from HTH 420 HK for PHAO III (3/\$0)</p> <p>Transfer in 2 Positions from HTH 420 HQ for PHAO III (2/\$0)</p> <p>Transfer-out funds for temporary positions and support services on the Big Island to HTH 495 (0/<del>\$-181,697</del>)</p> <p>Add funds for other Current Expenses for increased general outpatient services due to service capacity growth in other services, including POS and GIA (0/\$8,454,230)</p> <p>Add funds for other current expenses for Intensive Day Services (0/\$4,836,000)</p> <p>Add funds for other current expenses for increased in-sate Acute Residential services (0/\$8,133,393)</p> <p>Add funds for other current expenses for increased purchase of service Residential Services (0/\$1,725,400)</p> <p>Add funds for other current expenses for increased Out-Of-State Residential services (0/\$162,379)</p> <p>Add funds for other current expenses for increased Crisis Services (0/\$127,293)</p> <p>Add funds for other current expenses for increased flex/respice services (0/\$303,392)</p> <p>Add funds for 73.5 temporary Mental Health Care Coordinators (0/\$1,400,731)</p> <p>Add funds to implement Quest Carve-Out to Maximize Fed. Medicaid Reimbursement (0/\$161,014)</p> <p>Reduce funds for other current expenses to phase-out privately contracted case management (0/<del>\$-2,480,355</del>)</p>
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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, April 12, 2016 6:41 PM  
**To:** HLTtestimony  
**Cc:** begoniabarry@gmail.com  
**Subject:** Submitted testimony for SCR140 on Apr 15, 2016 09:00AM

**SCR140**

Submitted on: 4/12/2016

Testimony for HLT on Apr 15, 2016 09:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Barbara Barry	Individual	Support	No

Comments: Aloha, I strongly support this bill, Ms. Barbara Barry

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, April 13, 2016 2:49 PM  
**To:** HLTtestimony  
**Cc:** mendezj@hawaii.edu  
**Subject:** \*Submitted testimony for SCR140 on Apr 15, 2016 09:00AM\*

**SCR140**

Submitted on: 4/13/2016

Testimony for HLT on Apr 15, 2016 09:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Javier Mendez-Alvarez	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Della Au Belatti, Chair  
Richard P. Creagan, Vice Chair  
House Committee on Health

RE: SCR140 SD1, REQUESTING THE LEGISLATIVE REFERENCE BUREAU TO CONDUCT A REVIEW  
OF THE CHILD AND ADOLESCENT MENTAL HEALTH DIVISION OF THE DEPARTMENT OF HEALTH

DATE: Friday, April 15, 2016

TIME: 9:00 A.M.

PLACE: Conference Room 329

State Capitol

415 South Beretania Street

Hello. My name is Ashley Corpuz and I am currently a student at the Myron B. Thompson School of Social Work, Master's program with a concentration in Behavioral Mental Health. I support this bill because I feel that CAMHD should be fulfilling its responsibility to improve the lives of children who are currently living with mental illness. It is important that they receive effective and quality services and support needed in order to see positive outcomes. Because many sectors at the state level are involved, this review should be mandated. Thank you for the opportunity to submit a testimony.

Ashley Corpuz  
94-248 Kahualena Street  
Waipahu, HI 96797