

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

Kinau Hale Board Room, 1st floor
November 13, 2018
9:00 a.m. – 11:30 a.m.

Members Present: Boyer, Kathryn; Crum, Louise; Knightsbridge, Christopher; Martinez, Kauai; Nagao, Lani; Lino, Timothy; Ries, Richard; Rocchio, Christopher

Members Absent: Ahu, Shannessy; Crozier, Naomi; Daraban, Charlie; Jackson, Arwyn; Kirby, Candice; Rowe, Caprena; Shimabukuro, Scott; Simms, Sandra

Members Excused: Dang, Cynthia; Kahahane, Ciara; Koyanagi, Chad; Vorsino, Marie

Guests Present: Inaba, Audrey; Lusk, Heather; Matayoshi, Carol; Nitta, Fredrick; Tallet, Maylyn

Staff Present: Fridovich, Mark; Haitzuka, Stacy; Hiraga-Nuccio, Madeleine; Keane, Greg; Pak, Sandra; Tokioka, Iris

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
I. Call to Order / Establishment of Quorum	In the excused absence of Chair Marie Vorsino, 1 st Vice-Chair, Christopher Rocchio called the meeting to order at 9:06 a.m. C. Rocchio welcomed Christopher Knightsbridge as a new member of the Council. Quorum was not established at the beginning of or during the meeting.			
II. Consideration and Approval of Minutes	Due to no quorum, the draft minutes for the September 11, 2018 meeting was not reviewed.	Review draft minutes at the December 11, 2018 meeting.	M. Vorsino	12/11/18

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III. Community Input	<p>C. Rocchio shared information about the Question, Persuade, and Refer (QPR) training. QPR training is similar to the Applied Suicide Intervention Skills Training (ASIST) but it is much shorter in duration of training.</p> <p>The QPR training is approximately 60 to 90 minutes and focuses on training individuals to recognize suicide warning signs and to learn how to question, persuade, and refer individuals for help. Additional information about the QPR training may be found at: https://qprinstitute.com/about-qpr</p> <p>The ASIST model is taught using a two-day training schedule that focuses on the use of the word “suicide” and talking to individuals about suicide. Additional information about the ASIST model may be found at: https://www.livingworks.net/programs/asist/</p> <p>Madeleine Hiraga-Nuccio shared that the safeTALK training is approximately three (3) to four (4) hours in duration and is another resource for suicide prevention where the skills of Telling, Asking, Listening, and KeepSafe (safeTALK) are learned. Additional information about the safeTALK training may be found at: https://www.livingworks.net/programs/safetalk/</p> <p>M. Hiraga-Nuccio also mentioned that student training on suicide prevention includes The Connect program. Additional information about The Connect program may be found at: https://theconnectprogram.org/about-us/</p>	Discuss the possibility of coordinating QPR training for SCMH members.	C. Rocchio	12/11/18
IV. Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS)	<p>Heather Lusk presented information about the HACDACS’s priorities and activities.</p> <p>H. Lusk will provide a copy of her HACDACS presentation slides for SCMH members to review.</p> <p>Priority Area 1: Public Health and Public Safety Partnerships</p>	<p>Identify a future SCMH meeting and invite H. Lusk to return to present updates on HACDACS priorities and activities.</p> <p>Discuss how the SCMH may align its priorities to</p>	<p>M. Vorsino</p> <p>SCMH members</p>	<p>12/11/18</p> <p>12/11/18</p>

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	<p>As of July 1, 2018, the Honolulu Police Department (HPD) has a new Community Outreach Division (COD) under the leadership of Captain Mike Lambert and Sergeant Joseph O’Neal. The COD focuses on addressing homelessness and providing support for homeless outreach activities including support for the Hawaii Law Enforcement Assisted Diversion (LEAD) pilot program and the Health, Efficiency, Long-term, Partnerships (H.E.L.P. Unit). The COD also provides support for crisis intervention training for HPD officers and support for addressing terrorist threats/social media.</p> <p>Currently, the COD is working with new recruits who graduated from the HPD academy and are assigned to the 4th watch. Officers are paired with outreach workers and work together to address issues while they are on patrol in the community.</p> <p>HACDACS activities related to this priority area include:</p> <ul style="list-style-type: none"> • Hawaii LEAD Pilot Program Currently working on referrals and waiting for the Memorandum of Agreement (MOA) with HPD which includes the process for pre-booking jail diversion. Partnerships with the Alcohol and Drug Abuse Division (ADAD), AMHD and with the Institute for Human Services (IHS) for linkage to treatment and to case management support through the AMHD Intensive Case Management Plus (ICM+) Homeless was established. <p>A goal of the Hawaii LEAD Pilot Program is to show outcome data. HACDACS hopes that data will be available after the MOA is completed. University of Hawaii research staff will be asked to assist with data collection, analysis and reporting. Additional information about the Hawaii LEAD Pilot Program may be found at: https://governor.hawaii.gov/newsroom/latest-news/governors-office-news-release-governor-ige-unveils-new-collaborative-partnership-in-homelessness-effort/</p> <p>Use of the MH-1 process where the designated Mental Health Emergency Worker (MHEW) assists HPD with determining</p>	<p>support the work that HACDACS is doing.</p> <p>Distribute H. Lusk’s presentation slides to SCMh members.</p>	<p>S. Haituka</p>	<p>12/3/18</p>

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	<p>whether an individual meets the criteria for involuntary hospitalization and involuntary transport to a designated Emergency Department (ED) for psychiatric examination will continue as appropriate.</p> <p>Coordination with the Judiciary’s Community Outreach Court (COC), the prosecutor and the public defender to identify non-violent, low-level offenders who may be recommended for COC rather than having their cases heard in district courts. Additional information about the COC may be found at: https://www.hhhrc.org/lead</p> <ul style="list-style-type: none"> • HPD H.E.L.P. Unit The City and County of Honolulu provides a bus and coordinates triage and transport immediate, even after hours. This service started in Chinatown and has been effective. Partnerships with Kalihi-Palama Health Care for the Homeless and HIS have been established. Tomorrow, workers will be in Wahiawa assisting Ale’a Bridge staff. Additional information about the HPD H.E.L.P. unit may be found at: http://www.hawaiinewsnow.com/story/36258370/new-hpd-unit-offers-help-to-homeless/ • Crisis Intervention Teams (CIT) Currently Maui has a CIT and Kauai recently started their CIT. Big Island does not have a CIT yet but is planning to have one. HPD received new grant funding for CIT. The National Alliance for Mental Illness (NAMI) Hawaii is working with HPD on CIT training for officers. Additional information about CIT may be found at: http://www.citinternational.org/Learn-About-CIT <p>C. Rocchio mentioned that Dr. Michael Christopher shared about the Queen’s Medical Center (QMC) Living Room Model where individuals who are experiencing a mental health crisis could walk in and receive help on a voluntary basis.</p>			

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	<p>C. Rocchio mentioned that a waiver is still being worked on which addresses individuals who are considered to be “super utilizers” of ED services. This initiative involves coordination with the Department of Human Services (DHS) and Hawaii health insurance plans.</p> <p><u>Priority Area 2: Opioid Use</u> In response to Hawaii’s opioid crisis, a statewide response plan for addressing Hawaii’s opioid and other substance misuse was implemented. Additional information about the Hawaii Opioid Initiative may be found at: https://health.hawaii.gov/substance-abuse/files/2013/05/The-Hawaii-Opioid-Initiative.pdf</p> <p>A total of six (6) work groups were established under the Executive Substance Use Policy Steering Committee were established to address six focus areas including (see slides seven (7) and eight (8) for a description of each focus area)</p> <ul style="list-style-type: none"> • Data/Evaluation • Pharmacy based interventions • Prescriber education and pain management practices • Prevention and public education • Support law enforcement and first responders • Treatment access <p>Work group activities include, but are not limited to:</p> <ul style="list-style-type: none"> • Working on updating plan and initiatives for 2019 to address opioid use including broadening the focus to include other substance misuses, not just opioids. <ul style="list-style-type: none"> ○ Addition of two more operational working groups: Integrated pain management and Screening, Brief Intervention, Referral, and Treatment (SBIRT). Additional information about SBIRT may be found at: https://www.samhsa.gov/sbirt • Increasing awareness of resources such as the Hawaii Health & Hard Reduction Center’s Opioid Initiative website. https://www.hawaiiopioid.org/ 			

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	<ul style="list-style-type: none"> • Developing a public service announcement (PSA) to air on local news channels. • Following up on legislation including bills that address the availability of Naloxone. Specifically, looking at the coordination of dual prescriptions for opioid and Naloxone, addressing the prior-authorization process and the ability for a family member to carry the Naloxone and to administer it in case of an emergency. https://www.hawaiiopioid.org/prevent-overdose/ • Coordinating statewide implementation of the Drop Box Program for individuals to turn over unused prescriptions for safe and proper disposal. http://ltgov.hawaii.gov/blog/hawaii-medication-drop-box-program-launched/ • Addressing the holding of and payment for the vacant treatment bed before an individual is actually physically using the bed. Payment for this bed prior to the individual physically using it is not paid by the provider and would have to be paid by the funder of the program for which the bed is being designated. <p><u>Priority Area 3: Medical Cannabis</u> HACDACS has a physician on board to supporting medical cannabis.</p> <p>Recommendations for addressing medical cannabis in Hawaii include encouraging ADAD to establish a forum to talk about medical cannabis issues and concerns and to increase education about medical cannabis especially among behavioral health providers.</p> <p><u>Priority Area 4: Coordinated Entry System for Substance Abuse</u> Recommendation is to work with ADAD to leverage coordinated entry.</p> <p>For example, having one number to call and a real-time statewide coordinated intake system would optimize resources and efficiency.</p> <p>There are concerns about assessing for level of care and identifying where beds are available versus relying on individual agencies to create</p>			

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	<p>their own screening, admission, and intake process and their own waitlists similar to the housing coordinated entry system. Additional information about the Hawaii Housing First system may be found at: https://humanservices.hawaii.gov/wp-content/uploads/2017/12/Section-346-378-Housing-First.pdf</p>			
<p>V. Adult Mental Health Division (AMHD) Updates</p>	<p>Dr. Mark Fridovich, Adult Mental Health Administrator, updated the Council on AMHD activities.</p> <p>Two handouts were provided to SCMH members including:</p> <ul style="list-style-type: none"> • Rebuilding Hawaii’s Community Mental Health Capacity • Hawaii State Hospital (HSH) New Forensic Facility Update <p><u>Rebuilding Hawaii’s Community Mental Health Capacity</u> AMHD provides population-based support services. See presentation slide three (3) for a list of AMHD funded services. A goal of the AMHD is to build up community supports including staffing, options for diverting admissions from HSH, and using federal funds.</p> <p>Two programs that are being piloted include two types of case management called Intensive Case Management Plus (ICM Plus). AMHD consumers must meet prior authorization criteria to participate.</p> <ul style="list-style-type: none"> • ICM Plus High Utilizer AMHD consumers who require more time to integrate (post-hospital discharge) and remain stable in their community placements. • ICM Plus Homeless AMHD consumers who are homeless and in need of housing services and supports. <p>Staffing for AMHD is challenging including the ability to fill key positions such as psychiatrist and licensed practical nurses (LPN). Branch managers were given the flexibility to upgrade or downgrade the LPN position based on the needs of the branch. The LPN position is the lowest level nursing position where medication administration is allowed.</p>	<p>Information only.</p>		

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	<p>Approximately 1,100 full-time equivalent (FTE) positions are allocated for AMHD staffing across all administrative offices and branches of which, as of July 2018, 930 positions were filled.</p> <p>AMHD needs to complete a rate study analysis prior to proposing an increase in the rates that AMHD pays for services. Three services that are being studied include:</p> <ul style="list-style-type: none"> • Intensive outpatient • Specialized residential • Secure diversion <p>L. Nagao stated that psychiatric services are needed for individuals who are on Medicare. Dr. Fridovich stated that he is not aware of data that indicates there is an issue with obtaining mental health services when individuals are covered under Medicare. For individuals who are uninsured, he stated that these individuals may be linked to Medicare only but may not be linked to AMHD services if they have support or access to services outside of AMHD.</p> <p>Dr. Fridovich stated that mental health services on Kauai are available through the Kauai Community Mental Health Center (CMHC). To the extent possible, the Kauai CMHC is able to provide services to non-AMHD eligible individuals. Regarding DHS and individuals who are served by DHS MedQUEST, these individuals receive services from Kauai CMHC but there are capacity limits (i.e. staffing and resources).</p> <p><u>Hawaii State Hospital (HSH) New Forensic Facility Update</u> A groundbreaking ceremony was held at the Hawaii State Hospital (HSH) on August 2, 2018 where the Governor, Director of Health, Senators and Representatives, HSH/AMHD staff and other stakeholders were in attendance. Virtually 100% of all HSH admissions are forensic by way of court order to the care and custody of the Director of Health. Approximately 50% of these admissions are for individuals who are unfit to stand trial.</p> <p>In addition to creating 144 beds, a main feature of this facility design is</p>			

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	<p>the vertical position (four stories tall) and the ability to clearly see all areas of the floor (line of sight) from the nurse’s station. See presentation slides for images of the facility.</p>			
<p>VI. Nine Months – Window of Hope Project</p>	<p>The Window of Hope Pilot Project was presented by the following individuals: Audrey Inaba, Carol Matayoshi, Dr. Frederick Nitta, and Maylyn Tallet.</p> <p>Two handouts were provided to SCMH members including:</p> <ul style="list-style-type: none"> • Window of Hope Pilot Project Proposal • Nine Months: Window of Hope Pilot Project – January 24, 2017 Final Mentor Services Report <p><u>Window of Hope Pilot Project Proposal</u></p> <p>The drug problem on the Big Island has grown to epidemic proportions. Data for pregnant women on the Big Island suggests that almost half of Hawaii Island’s 37,892 children under age 18 were exposed before birth to alcohol, tobacco and/or illicit drug use. Of the nearly 2,300 pregnant women surveyed island wide, 1,158 women admitted to drinking alcohol or using drugs while pregnant.</p> <p>Providing prenatal healthcare and substance abuse treatment programs for pregnant women using drugs and/or alcohol can help prevent the occurrence of developmental problems that contribute to low academic achievement and the likelihood of delinquent behavior.</p> <p>The Window of Hope Pilot Project was started by Dr. Frederick Nitta, affectionately known as “Hilo’s welfare doctor. Dr. Nitta is an obstetrician-gynecologist (OBGYN) practicing in Hilo for over 20 years. More than 90 percent of his patients are on Medicaid, Medicare or MedQUEST and approximately 30-40 percent of the pregnant women he treats test positive for drugs.</p> <p>A. Inaba shared that a team of advocates went to the Mayor to request support for the project. Compelling statements from Dr. Nitta and testimony from advocates resulted in the Mayor supporting this project. The four (4) goals of this project include:</p>			

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	<ul style="list-style-type: none"> • Identifying women who are pregnant and using alcohol and/or illicit drugs; • Engaging with and assisting pregnant women with entering into prenatal care and refraining from using alcohol or illicit drugs, preferably in their first trimester of pregnancy; • Ensuring that women continue with prenatal care and abstain from alcohol and/or drug use throughout their pregnancies; and • Assisting with abstinence-based recovery. <p>In year one of the pilot project, the goal is to serve a total of 30 pregnant women who test positive for using drugs and/or alcohol in the East Hawaii (South Hilo/Papaikou to Keaau) area.</p> <p>Outcomes of this project indicate that the project is beneficial to the community by reducing costs for prenatally exposed children’s medical care, as well as costs for services including mental and behavioral health treatment, special education, and involvement with child welfare and juvenile justice systems. Additionally, by decreasing the likelihood of delinquent or criminal behavior caused by prenatally exposed children’s developmental problems, the project may have a positive impact on public safety.</p> <p>M. Tallet stated that the Department of Health, Family Health Services Division (FHSD) provided initial support for this project. A. Inaba was the RN but, since her retirement, her position was terminated. The FHSD supports this project.</p> <p>C. Rocchio asked whether this project was shared with Medicaid health plans. A. Inaba, Dr. Nitta, and C. Matayoshi stated that health plans generally support basic pregnancy services but there is a need for additional services that at-risk pregnant women need that are different from the routine needs of pregnant women who are not at-risk.</p> <p>C. Rocchio asked the presenters what the SCMh could do as a result of hearing this presentation. C. Matayoshi asked the SCMh to consider the information presented and to write a letter of support.</p>	<p>Review handouts and discuss SCMh response to hearing this presentation.</p>	<p>M. Vorsino</p>	<p>12/11/18</p>

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	<p>C. Rocchio expressed appreciation on behalf of the SCMH for the presenters who presented the pilot project and asked them to notify the SCMH if there are other ways that the SCMH can support this pilot project.</p> <p><u>Nine Months: Window of Hope Pilot Project – January 24, 2017 Final Mentor Services Report</u> Linking mentors and participants is one way to increase awareness of various community resources related to health and wellness.</p> <p>In the January 24, 2017 report, a total of 19 mentors were recruited of which 14 were trained. A total of 24 participants (mentees) were selected of which 17 were paired with one of the 14 trained mentors. See handout for a list of activities and services that were provided.</p> <p>Outcomes of this initiative indicate that the majority of participants had a positive experience with their mentors and that the four (4) goals of the Window of Hope Pilot Project were met as evidenced by 19 of the 24 participants giving birth to healthy babies and remaining drug-free.</p>			
VII. Island Reports	<p>Kauai Service Area Board (KSAB)</p> <ul style="list-style-type: none"> • No report <p>Oahu Service Area Board (OSAB)</p> <ul style="list-style-type: none"> • No report <p>Maui Service Area Board (MSAB)</p> <ul style="list-style-type: none"> • No report 	For information, only.		
	<p>Hawaii Service Area Board (HSAB)</p> <ul style="list-style-type: none"> • G. Keane reported the HSAB did not meet last month. The next scheduled meeting is November 27, 2018. 			
VIII. Announcements	None			

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IX. Future Agenda Items	- Legislative training for SCMH members	Request Arwyn Jackson to provide legislative training to SCMH members at the December SCMH meeting.	M. Vorsino	12/11/18
X. Adjournment	The meeting was adjourned at 11:32 a.m.			