

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

Keoni Ana Building
January 8, 2012, 9:00 a.m. – 11:30 a.m.

Members Present: **Brown, Patrick; Calcagno, Sheila; Crum, Louise; Daraban, Charlene; Durant, Mike; Foard, Susan; Harris, JT; Holschuh, Christopher; Kaneaiakala, Alva; Koyanagi, Chad, M.D.; Mansfield, Haaheo; Simms, Sandra; Vorsino, Ph.D., Marie; Wilcox, APRN., Noelani**

Members Absent:

Members Excused: **Lorenzo, Katrina; Minami, Theresa; Shiraki, Ph.D., Steve; Young, Bailey; Zarate, Michael**

Guests Present: **Kaneaiakala, Erin; Yokote, Sharon**

Staff Present: **Clarke, Judith; Hiraga-Nuccio, Madeleine; Nazareno, Jocelyn; Pak, Sandra; Rhoads, Kathleen; Tom, Trina; Wise, Tracey**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS /CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	<ul style="list-style-type: none"> • Quorum was established and Chair Mike Durant called the meeting to order at 9:17 a.m. 		M. Durant, Chair	
2. Review of Minutes	<ul style="list-style-type: none"> • Corrections to the December 11, 2012 minutes: <ul style="list-style-type: none"> • Page 4; correct spelling of the word ‘roll.’ Should be “role.” • The minutes were approved with corrections noted above. 	<u>Action:</u> Mr. Harris motioned to approve the minutes as corrected. Mr. Brown seconded. All members voted in favor.		
3. Community Input	<ul style="list-style-type: none"> • No community input. • Chair Durant stated that beginning in February, he requested the Administrators, from the Child and Adolescent Mental Health Division (CAMHD) and the Adult Mental Health Division (AMHD), would be listed on the agenda every other month to present their reports. This would give the Council more time to work on Council’s initiatives. • Mr. Durant noted that Administrators are still welcomed to attend the meetings even if they are not listed on the agenda. • Mr. Brown commented that on the months that the Administrators don’t 	<u>Action:</u> Effective February 2013, AMHD and CAMHD Administrators will respond to questions developed by the Council.	S. Michels / M. Fridovich	

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	<p>report, the Council would think of action items that would be placed on the agenda for them to respond at the next meeting.</p> <p>Mr. Durant motioned that for the months that Administrators are not listed on the agenda, the Council will submit action items for the Administrators from CAMHD and AMHD to respond to at the next meeting. Ms. Simms seconded the motion.</p>	<p><u>Action:</u> All members voted in favor of the motion.</p>		
<p>4. Island/County Reports</p>	<p><u>Oahu</u></p> <ul style="list-style-type: none"> • No report. <p><u>Kauai</u></p> <ul style="list-style-type: none"> • No report. <p><u>Maui</u></p> <ul style="list-style-type: none"> • No report. <p><u>Hawaii</u></p> <ul style="list-style-type: none"> • No report. 			
<p>5. CAMHD and AMHD Agenda Items</p>	<p>February Agenda Items for CAMHD and AMHD Administrators:</p> <p>CAMHD:</p> <ul style="list-style-type: none"> • Report on the high usage of psychotropic medication among children in foster care. • Why is the use of psychotropic medication among children with Hawaiian ethnicity in foster care much higher than in other ethnic groups? • What is CAMHD’s attitude toward the above information? <p>Council requests written reports on a regular basis that are understandable.</p> <p>AMHD:</p> <ul style="list-style-type: none"> • What is the AMHD’s position on the Assisted Community Treatment Plan bill? • If the Assisted Community Treatment Plan bill becomes law, what provision will AMHD provide for services? 			

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	<p>Mr. Brown inquired about the AMHD website and when would it be operational.</p> <p>J. Clarke commented that the Resources Management Development (RMD) staff was assigned to update the site; however, this individual is on sick leave.</p> <p>Council members requested that once the website is operational, they would like a link on the site for Council purposes.</p>	<p><u>Action:</u> Staff to follow-up with the RMD Coordinator as to the progress of the AMHD website.</p>	J. Clarke	2/11/13
6. Legislative Proposed Bill	<p>Ms. Connie Mitchell and Ms. Marya Grambs presented the Assisted Community Treatment legislative proposed bill.</p> <p>They explained that the purpose of the bill is to assist those individuals with mental illness, who are being criminalized by being arrested for petty crimes due to their illness and noncompliance with treatment. Further, the presenters stated that the bill will assist individuals to get treatment, keep them out of jails and the hospitals, and reduce the likelihood of these individuals to become homeless.</p> <p>There are seven (7) criteria that a person must meet in order for this bill to be of assistance to them:</p> <ol style="list-style-type: none"> 1. Have severe mental illness or substance abuse problems; and 2. The person is unlikely to survive safely in the community without supervision based on the professional opinion of a psychiatrist; and 3. Have been hospitalized for a severe mental disorder/substance abuse or have been imminently dangerous to self or others, or gravely disabled; and 4. Whose treatment history and current condition make it likely that they may become imminently dangerous to self or others; and 5. Have a history of lack of adherence to treatment that has resulted in hospitalization or incarceration; and 6. Their current mental status or the nature of their disorder prevents them from making an informed decision to be treated; and 7. Assisted community treatment is likely to be beneficial to the person. 	For information only.		

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	<p>How the Assisted Community Treatment Program works?</p> <ul style="list-style-type: none"> • A family member, case manager, outreach worker or mental health program staff files a petition with the Family Court indicating that a consumer meets all seven criteria and presents evidence to support the facts. • If the Court finds the petition to be true, then a notice of hearing will be issued. • At the hearing, the consumer must have an attorney or public defender present. • The person must have at least one psychiatrist to testify that he/she meets the seven criteria, and provide the following: <ul style="list-style-type: none"> • a treatment plan, • identify the provider who will coordinate the care, and • describe medication and benefits of the medication if needed. • Based on the above, the Court will order the consumer to obtain Assisted Community Treatment no more than 180 days. • If the consumer is taken to the treatment site and refuses treatment, the treating psychiatrist will notify the court and the consumer may be hospitalized for treatment. • The consumer can be discharged within 60 days if the psychiatrist feels he/she no longer meets the seven criteria. • The language “no subject shall be physically forced or forcibly detained” will be taken out of the bill because the definition of community treatment includes institutional settings where physically forced medications may be necessary. By deleting this language, it will allow “forcible detention” to allow the police to assist in the transport of a person to treatment under order of the court. The presenters stressed that this is key to the implementation of the order. <p>Council members then asked the presenters questions about the bill and expressed their concerns.</p> <ul style="list-style-type: none"> • How will police officers know who to assist, transport, and seek detainment if a person with mental illness is in violation of a court order? <p>Response: Honolulu Police Department will file the court order in their computer data base.</p>			

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	<p>Mr. Brown commented that the point of the bill and its amendment appears to be about involuntary treatment. However, he noted that the word “involuntary” which is in the current law, is changed to “assisted community treatment.” He also asked for the intent of the word “assist” and the reason for the avoidance of the key term that describes what this legislation is all about.</p> <p>Ms. Mitchell responded that the opponents of this bill focus on a potential violation of a person’s right versus access for treatment. She reiterated that the emphasis is on assisting a person that needs treatment, stay on treatment or get the treatment that they need.</p> <p>Mr. Brown opined that the bill seems to be more of a euphemism that conceals more than it reveals and it’s about doing things to people that they may not want.</p> <p>Ms. Grambs responded that these individuals may not be able to think clearly because their judgment is severely impaired; thus, they are not capable of knowing what the best thing for them is.</p> <p>Mr. Durant used the analogy that it is similar to when a person is in a coma and is unable to know what’s best for them. In this case, he opined, someone needs to make decisions for these individuals.</p> <p>Mr. Brown expressed the following concerns:</p> <ul style="list-style-type: none"> • It appears that Family Court will find this more amenable to their view of civil rights and procedures and more people will be brought into the system through this method. • The “ors” and “ands” in this legislation seems problematic whereby a person may never have had a violent incident in his/her past and the psychiatrist will have to certify that this person has this condition that is not treated. The person may become imminently dangerous to self, so this may be an important threshold that this change to this legislation removes. If somebody is not imminently dangerous to himself or to others, then that removes a lot of the reason for involuntarily doing anything to them. 			

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	<p>Mr. Durant commented that this bill is not about civil rights because the law is there, but they tend to focus on imminently dangerous. For example, you have got to have the guns in their hands and ready to shoot. That was one thing the judge focuses on which is under the current law.</p> <p>Mr. Durant – One of the things about it is that these are the people who don't commit the crimes but are constantly cycling through the mental health service system not following up on their treatment and so the way to get into treatment or force them into treatment is to commit a crime. This is what we are trying to avoid. The fact is that you must be criminal before you are required to get treatment.</p> <p>Ms. Simms motioned that the Council adopt a resolution in support of the Assisted Community Treatment Program Act and provide testimony to the legislature. Ms. Kaneaiakala seconded the motion.</p> <p>Ms. Louise Crum recused herself from voting.</p>	<p><u>Action:</u> Members voted in favor of the resolution, and the motion passed.</p>		
<p>9. Permitted Interaction Groups (PI Groups) Report</p>	<p>PI Groups Activity Reports:</p> <p><u>Social Services & Health Updates:</u></p> <ul style="list-style-type: none"> • Group plans to schedule a meeting next week. • Plan to work on Goal 1 – To insure all consumers have the same access to services. Plans to request data from CAMHD and AMHD. • The other goal is to visit counties to conduct Focus Groups. The group participated in the development of a list of questions for the focus groups and a survey. • Plan to work on Goal 2 – Advocate for culturally competent services that allow for the provision of Hawaiian perspectives on healing. <p><u>Public Education Updates:</u></p> <ul style="list-style-type: none"> • The group met and scheduled community focus group for all counties (see attachment). Council members will be involved in the focus groups and assist with facilitation of the groups. Also worked on an electronic survey that will go out to different role groups. • Group is also tasked to work on the Council's website. 			

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	<p><u>Homeless & Housing Updates:</u></p> <ul style="list-style-type: none"> Group still hasn't met. Ms. Kaneaiakala asked if the procedure for eviction from public housing is uniform throughout AMHD and other places. <p><u>Judiciary Update:</u></p> <ul style="list-style-type: none"> Coordinated the Assisted Community Treatment Plan presentation for today's Council meeting. <p>Mr. Brown asked if the Homeless & Housing PI group is reviewing the eviction policy. He commented that apparently the policy if someone with mental health issues is in public housing and for whatever reason they get evicted it's for life. There is no recourse and no waiting period before they can reapply. That is an issue that Oahu SAB has brought up in the past and is still interested in hearing.</p> <p>Ms. Clarke reported that last year, the former Housing Director from the Hawaii Public Authority (HPHA) presented on the eviction policy at a Council meeting. The director understood the Council's concerns and was willing to work with Council members to possibly revise the procedures. Unfortunately, the director resigned.</p> <p>Ms. Kaneaiakala commented that hiring a medical doctor for AMHD that focuses on mental health and primary care may be beneficial to consumers.</p> <p>Ms. Wilcox stated that primary care and how well the system integrates with the treatment for mental illness is the way to go. AMHD applied for a grant but did not get it so they are working on a pilot to move in that direction.</p>	<p><u>Action:</u> Council suggested staff invite the new HPHA director to attend a Council meeting to discuss the policy.</p>	Staff	Future meeting
11. Announcements	<ul style="list-style-type: none"> Mental Health America Annual Awards Luncheon is scheduled for May 15th, 2012 at the Ala Moana Hotel. Recommendations for individuals to receive awards are still being accepted. This year, an award was added for a family member. 			
12. Agenda Items for Next Meeting	<ul style="list-style-type: none"> Items stated in number 5 for CAMHD and AMHD to report on at the next meeting. 			
13. Adjournment	The State Council on Mental Health meeting adjourned at 11:30 a.m.			

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Mail Outs	<ul style="list-style-type: none"> • SCMHD January 8, 2013 Agenda and draft SCMHD December 11, 2012 minutes • SCMHD Attendance Log • AMHD Array of Services by County • CAMHD Array of Services by County • Draft legislation on the Assisted Community Treatment Bill • ACCESS Line Presentation to the State Council • 2013 AMHD Community Focus Groups Flyer 			