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

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

Members Present: **Brown, Patrick; Calcagno, Sheila; Crum, Louise; Daraban, Charlene; Durant, Mike; Harris, JT; Holschuh, Christopher; Kaneaiakala, Alva; Koyanagi, Chad, M.D.; Lorenzo, Katrina; Mansfield, Haaheo; Minami, Theresa; Shiraki, Ph.D., Steve; Simms, Sandra; Vorsino, Ph.D., Marie; Wilcox, APRN., Noelani; Young, Bailey**

Members Absent:

Members Excused: **Foard, Susan**

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

Staff Present: **Balcom, Steve; Clarke, Judith; Fallin, Lynn; Freitas, Troy; Michels, M.D., Stanton; Nazareno, Jocelyn; Pak, Sandra; Rhoads, Kathleen; Sheehan, M.D., William P.; Tom, Trina; Wise, Tracey**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS /CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	• Quorum was established and Chair Mike Durant called the meeting to order at 9:16 a.m. • Mr. Patrick Brown was introduced as the newest member of the Council.		M. Durant, Chair	
2. Review of Minutes	• Corrections to the November 11, 2011 minutes: • Page 2, Item 3 second bullet, change "accent form" to "assent form." This spelling was confirmed by Dr. Michels of the Child and Adolescent Mental Health Division (CAMHD). • The minutes were approved with corrections noted above.	Action: Ms. Daraban motioned to approve the minutes as corrected. Ms. Simms seconded. All members voted in favor.		
3. Community Input	• Ms. Tracey Wise reported that there was a Connect Training in Hilo on November 26-30, 2012. Twenty individuals were trained on the Connect Suicide Prevention modules. • Ms. Sharon Yokote inquired if the Council will be discussing the rights of individuals who are evicted from public housing. • Ms. Yokote also asked if the Council will be discussing services for older consumers through the Permitted Interaction (PI) Groups.	Conclusion: Chair Durant informed Ms. Yokote that the eviction of consumers and services for older consumers are on the PI Groups' agenda.		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS /CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
4. Island/County Reports	<u>Oahu</u> Mr. Brown reported that the Oahu Service Area Board (OSAB) held an election for new Board Officers. Results are: • Patrick Brown – Chair • Ken Brandt – Vice Chair • The OSAB will participate in CAMHD's strategic planning, and a representative from the OSAB will attend CAMHD's Quality Health Assurance meetings. • The OSAB hopes to be involved with, and give input to AMHD's strategic planning efforts. <u>Hawaii</u> Mr. Holschuh reported: • The Hawaii Service Area Board (HSAB) has two new members. • The HSAB suggested that the Department of Health (DOH) allocate clinical and administrative resources based on the number of the population served that may impact the staff to client ratio. • The HSAB noted that due to the large geographic area that staff covers, there is a need for good running vehicles. They also suggested that travel time to serve consumers especially in rural areas be considered in calculating consumer to staff ratios. <u>Kauai</u> • No report. <u>Maui</u> • No report.	For information only. For information only.		
5. Child and Adolescent Mental Health Division (CAMHD) Report.	Dr. Michels reported on CAMHD activities: • CAMHD had a backlog of evaluations for getting kids enrolled for Medicare reimbursement on the Big Island. This backlog has been reduced due to the usage of the Tele-Health equipment. • CAMHD will be converting to a new certified system called "meaningful use" at the beginning of the year. <u>Questions from Council members</u> Do you think that the amount of providers on Hawaii island which is approximately 30% is adequate?	For information only.		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS /CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
	Dr. Michels' Response: Hawaii Island has two (2) psychiatrists with the addition of two (2) psychologists. CAMHD is aware of the workforce issues on the Big Island. Does DOH's re-organization support the increase of resources on the Big Island to match the needs? Dr. Michels' Response: The re-organization is mandated to be cost neutral. One of CAMHD's objectives of the re-organization is to stress the clinical role of providers and to upgrade the visibility and responsibility of clinicians for direct care.			
6. Adult Mental Health Division (AMHD) Report	Dr. William Sheehan reported on AMHD activities: • The Governor has signed the report from the Special Action Team. The report is posted on the AMHD's website. • The Legislative session will begin in January. AMHD is not expecting restrictions but is looking at increasing services in some areas. • AMHD is looking at changing the authorization package to raise units in the future depending on budgetary resources. For instance, AMHD plans to expand services for crisis support management to 30 days. • Community Focus Groups will be conducted in January and February of 2013 to get input from the community about AMHD services. • The Department of Human Services (DHS) is in the process of issuing a contract to Ohana Health Care to be the behavioral health organization. Ohana Health Care will be responsible for providing behavioral health services for the community care services population by March 2013. • DHS has also requested that the Federal government expand the Medicaid Rehabilitation Option services which will result in Federal matching funds for the State. Additions to the waiver include certified peer specialists and clubhouse services. • The position for the AMHD Chief is still being recruited. The position will be called Adult Mental Health Administrator. • AMHD continues to recruit for the Medical Director, performance improvement coordinator, and service coordinators. • AMHD is in the process of re-organization. Three areas of the organization to undergo this process are: Hawaii State Hospital, Community Mental Health Centers and the Division's Operations. • A condition of settling the Hawaii Disability Rights lawsuit was for	For information only.		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS /CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
	AMHD to offer approximately 300 individuals, who were found to be ineligible under the new Eligibility criteria, the opportunity to be re-screened under the pre-July 2010 Eligibility criteria. As of this date, not many of these individuals have responded. Questions from Council members For the Medical Director's position, will this individual be involved with consumers' physical health? Dr. Sheehan's Response: This is not in the Medical Director's job description; however, the DOH applied for a grant to pilot the integration of behavioral health and primary care. The grant was not approved, but the Community Mental Health System Administration is proceeding with the pilot. If Quest-Expanded Access role out occurs, will AMHD become a provider to those insurances? Is it appropriate to discuss an island's wish list for new services in the Community Focus Group meetings? Dr. Sheehan's Response: (1) AMHD is already contracted as a provider for Quest Expanded Access. (2) Yes, the Community Focus Group meetings are a great place to discuss your wish list. The schedule will be out shortly. Hilo is scheduled for January 16, 2013. Regarding CSM, what exactly defines clinical need? Dr. Sheehan's Response: Those are two separate things. The Crisis Support Management is part of the Crisis Services package. It starts with a person not linked with the AMHD system and who calls the ACCESS Line and has a crisis mobile outreach call. Following the outreach, they are eligible for crisis support management until such time as they get linked, stabilized or referred to on-going case management services. If they need extra units, the definition for clinical necessity would be evidenced by a case manager or mental health professional documenting what the need is; what the units would be used for; and a plan on how they are going to be reviewed. A Council member commented on the previous question regarding the integration of behavioral health and primary care. She suggested that there appears to be a payor issue. To have DHS look to Ohana Care for behavioral health without including primary care services – there may be a			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS /CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
	service gap. This results in two systems, two payors and sometimes there is a "disconnect." There appears to be a multitude of choices. The system needs to be user friendly that gives the services that people need. The system needs to assist people make better choices about their health care services. Dr. Sheehan's Response: In Ohana Health Care's response to the Request for Proposal (RFP), the agency linked that in their proposal. It linked the consumer, behavioral health case management team and the medical care coordinator. With the Affordable Care Act and its provisions, the intent is to make people's care more coordinated, more integrated so that they can stay healthier and live longer. This will be another thing for the Council to monitor going forward. Is there a list of AMHD services in simple terms that explain each service? Dr. Sheehan's Response: Yes, AMHD has such a list, which is a synopsis of each service and the counties that these services are offered. AMHD will send the list to Council members.	Action: Staff to distribute a list of CAMHD and AMHD services to Council members.	J. Clarke	1/13
7. ACCESS Line Presentation	Mr. Steve Balcom, Crisis Services Coordinator, addressed ten (10) questions posed by the Chair of the Council. **1. Historical overview of the ACCESS Line – what it was at its inception to the present. Describe budget cuts including staffing and contracts. Describe Memorandum of Agreements (MOAs) within the DOH with the ACCESS Line.** • The ACCESS Line began operations for the island of Oahu in September of 2002 and expanded its operations statewide in February of 2003. • The program was developed primarily as a response to concerns related to the challenges navigating entrance into AMHD services. • The program handled crisis line functions from the county-based hotlines and combined the effort with the crisis services bundled so that anyone calling the crisis line could also have mobile crisis outreach services dispatched to their location without having to make any other calls. • Ten years later, the ACCESS Line continues to provide the same two basic functions; access to care and crisis support.	For information only.		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS /CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
	• When the program was formed it was staffed with 18 people; 12-full time equivalent (FTE); 3.5 FTE and 3.45 FTE. • In 2005, the support staff position was carved out and became the Medical Director's secretary, and 2 positions were carved out and sent to the Utilization Management section to facilitate eligibility follow-up and filing. • Currently, ACCESS Line has 14 full-time staff. During the Lingle Administration, furloughs were imposed and budget cuts resulted in cutting 1.5 FTE from the operational capacity of the program. • There were several staff vacancies between 2009 and 2012 along with a freeze in hiring into vacant state positions. • In September 2012, a waiver was received from the Governor's Office with approval to hire staff. • There exists a MOA between AMHD and CAMHD for 24-hour hotline services for youth and their families. The agreement is for ACCESS Line to receive hotline calls for children, youth and their families and dispatch Crisis Mobile Outreach services on behalf of agencies contracted by CAMHD to provide such services. • Another MOA exists between AMHD and the Alcohol and Drug Abuse Division (ADAD) Access to Recovery Project (ATR). The agreement is to provide screening and referral for persons requesting ADAD-funded ART services. This MOA is currently inactive. Questions from the Council. • The 9,631 calls in September 2012, do you have a data system that can tell you whether one person called 10 times or 9,631 persons actually called, is this feasible? Answer: We do get some reports and there is a copy of a data spread sheet we get out of the system. The system does not filter at that level; we cannot tell if we are getting the same call from the same person. We do know that there is a small group of people who are "frequent callers." Ms. Wilcox commented that when the crisis system was initially conceived, the idea was to provide a single point of entry, to be able to deal with calls, and to provide suicide and crisis services. A key component of the ACCESS Line was that the system was going to be able to handle and manage calls.			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS /CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
	Have you ever had a satisfaction survey for the ACCESS Line? Answer: Will hold a response until we get to that question in the request from the Chair. Mr. Brown asked – In your opinion about the compatibility of having the crisis calls especially suicide calls mingled with other calls – how have you managed that? Somebody who's on the verge of suicide is hearing 10 rings on the phone, while your people are tied up with non-urgent calls. Answer: To answer your question there are a number of functions that can and should be managed through the program, but they have to have adequate resources in order to get them done. My perspective is that the suicide and crisis hotline function is the primary responsibility and the most important function that this program provides for the community. For this reason alone, we need to make sure that we have adequate resources to manage this function. Mr. Brown expressed his dissatisfaction with the response. He noted that there are call systems that structurally are set up so that they do prioritize or triage calls as they come in. This way you won't have a situation of somebody holding with an urgent call when routine calls are being handled on other lines. Mr. Balcom acknowledged that this was a good suggestion and stated that AMHD is looking at this type of system to be able to take a call, triage it and determine the immediacy of the need, then route the call, especially during peak call times. Mr. Balcom continued his presentation: • In 2002 there were 15 full time staff, plus a support staff and supervisor at which time 4,000 calls were received. • In 2012, the numbers of calls doubled with a reduction in the number of staff, and then the function became more difficult. **2. What is the budget for ACCESS Line? What are the line items?** Mr. Balcom stated that budget information has never been made available to the program although the information has been requested on several occasions.			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS /CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
	3. Describe the phone system currently in place and include the data that can be retrieved from the current phone system. • The system operates an Automatic Call Distribution (ACD) system, which is configured in a round-robin style. • Calls enter the system through a main trunk number (832-3100) and routed to available staff logged into the system. • Data that can be retrieved include the rate of calls, broken down into 30 minute increments; the amount of time an agent is logged into the system; the length of time each agent spends on a call; the total number of abandoned or dropped calls, and the number of rings it takes for a call to be answered. • Other program-specific data that can be captured are: the nature of calls, the county where calls originate, and age of the caller. This information is gathered during "live" calls and is manually entered by staff using specific designed codes. **4. Describe what happens when various types of users call the ACCESS Line; this includes but is not limited to clients, families, primary care centers, ER's, providers, 211, the police, etc….Please use a flow chart to describe the processes.** • The ACD system routes all incoming calls through the main trunk to all open workstations. • In the event all staff lines are busy, the new call is placed in a "queue" for holding, and the caller hears a voice message stating that all lines are busy. The queue holds four (4) callers at a time. If a workstation does not become available with 45 seconds, the call is routed to voicemail where callers can leave a message for someone to return their call. • In addition to the main trunk number, there are three (3) independent lines specifically to receive calls from the National Suicide Prevention Lifeline, 911 operators, and TTY calls for the hearing impaired. <u>Questions from the Council</u>. If there are calls that can be held for 45 seconds and then it goes to voice mail, when the staff is returning those calls because they were not triaged, is there a way to ensure staff returns important calls first?			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS /CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE

	Answer: Yes, the staff checks the voicemail when there are no incoming calls and returns the calls that have been logged in voicemail.
	
	Is ACCESS Line a program that allows volunteers or interns?
	Answer: We have discussed the issue of volunteers and interns, which is a good source of assistance for the program and a good opportunity for those individuals. Unfortunately, our current system is not set up to bring in volunteers or interns because it is largely based on the amount of detail/data that has to be both pulled out of and placed into the data system. Modifications would need to be made to allow us to work with volunteers and interns.
	
	5. Describe the educational efforts to inform various users (or constituencies) in the use of ACCESS Line.
	• Efforts to "market" the program has been through formal and informal opportunities at Service Area Boards, provider and stakeholder meetings, public and private schools, Consumer Roundtable meetings and the annual E-ARCH trainings to name a few.
	• Educational efforts were also made to the neighbor island stakeholders.
	
	Due to time constraints, Mr. Balcom gave a brief overview to Questions 14 and 15.
	
	What is the Behavioral Health Administration's (BHA) goal for ACCESS Line and the short and long term plans for the program?
	• BHA's goal is to ensure that when someone from the community calls ACCESS Line there is a person on the other end of the phone to answer the call and provide support.
	• AMHD has been meeting and discussing different options and strategies for short and long goals:
	  • Fill all vacant positions.
	  • Develop strategies to allocate additional staff positions.
	  • Build a triage system into the current phone system to direct non-urgent calls to appropriate departments or functional areas.
	  • Look at developing public private partnerships with local
		Action:
		Mr. Balcom will be invited to return to the next Council meeting to complete his presentation.
			S. Balcom	1/8/13

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS /CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
	communities to be able to open up Warm Lines/Crisis Line functions to the local communities through local public-private partnerships.			
9. Permitted Interaction Groups (PI Groups) Report.	Social Services & Health Update: • Mr. Brown will be joining this group. Public Education Update: Chair Sandra Simms reported on the progress of the Community Focus Group meetings. • She attended a meeting with AMHD's Planner, J. Clarke and the OPIE coordinator, M. Brogan, to discuss the logistics of the Community Focus Groups. • AMHD's Planner has already scheduled the meetings for January and February. All the Community Focus Group meetings will need to be completed and the Service Area Boards develop and submit their plans to AMHD by March. • The draft schedule was sent to the Council by email. She requested volunteers to help facilitate the Focus Groups. Homeless & Housing Update: • Did not have a meeting due to illness of the Interim Chair. Judiciary Update: • The group moved that the Council support a resolution for the Judiciary's budget request to make the Mental Health Court permanent. • The budget for the Mental Health Court is already in the Judiciary's budget and has been every year, but the program has been temporary; thus, the request for permanence for the Mental Health Court program. • Mr. Durant commented that the reason for the resolution is because the Council can write a letter of support for the program when it comes to testifying at the Legislature. • Mr. Durant commented that Senator Suzanne Chun Oakland has	Action: The group plans to schedule a meeting late December to early January. Action: Plans are underway to schedule a meeting in January. Action: Mr. Durant motioned that Council support this resolution. Ms. Mansfield seconded. All members voted in favor. Motion passed.	M. Vorsino C. Holschuh	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS /CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
	been holding meetings to revise the Involuntary Outpatient statute. He explained that there is a need to change the name to Assisted Community Treatment Act and change some of the previsions from the Act. • Mr. Durant stated that he would encourage the Council to review this draft bill prior to the next Council meeting. He plans to invite a guest(s) to attend the next meeting who will explain the Act. • Mr. Durant also mentioned that the Special Action Team Report had a couple of items, such as legal recommendations that sounded very good and the Council will look at these recommendations in the coming meetings. These are the things that will help reduce the census at the Hawaii State Hospital.	Action: Staff to distribute the draft bill to members prior to the next meeting. Add as an agenda item for the next meeting.	J. Clarke	1/2/13
11. Announcements	• Funeral Services for Charlie Daraban's son.			
12. Agenda Items for Next Meeting	• Assisted Community Treatment Bill • Recommendations from the Governor's Special Action Team Report			
13. Adjournment	The State Council on Mental Health meeting adjourned at 11:30 a.m.			
Mail Outs	• SCMH December 11, 2012 Agenda and draft SCMH November 13 2012 minutes • SCMH Attendance Log • AMHD Report to the State Council on Mental Health for November and December • Maui Chief's Round Table Minutes • Judiciary Committee Report – Mental Health Court Program • Oahu Service Area Board on Mental Health and Substance Abuse, July 16, 2012, August 20, 2012, September 17, 2012 Agenda and Minutes. • Updated Health Plans Services/Coverage for Individuals with Severe and Mental Illness in Hawaii – Oahu County			