

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

Keoni Ana Building
February 12, 2013, 9:00 a.m. – 11:30 a.m.

Members Present: **Brown, Patrick; Calcagno, Sheila; Crum, Louise; Durant, Mike; Foard, Susan; Harris, JT; Holschuh, Christopher; Kaneaiakala, Alva.; Lorenzo, Katrina; Minami, Theresa; Simms, Sandra; Vorsino, Psy.D., Marie; Wilcox, APRN., Noelani.**

Members Absent:

Members Excused: **Daraban, Charlene; Koyanagi, Chad, M.D; Mansfield, Haaheo; Shiraki, Ph.D., Steve**

Guests Present: **Bowles, Bud; Brandt, Ken; Curry, Wanda; Everett, Earl; Marrow, Isonna; Kaneaiakala, Erin;**

Staff Present: **Balcom, Steve; Clarke, Judith; Fallin, Lynn; Frazier, Christine; Freitas, Troy; Fridovich, Ph.D., Mark; Law, Wayne; Nazareno, Jocelyn; Pak, Sandra; Tom, Trina; Ulrich, M.D., Daniel.**

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 9:18 a.m. 		M. Durant, Chair	
2. Review of Minutes	<ul style="list-style-type: none"> • Corrections to the January 8, 2013 minutes: <ul style="list-style-type: none"> • Page 2, item 5, second bullet to read, “Why is the use psychotropic medication among children with Hawaiian ethnicity in foster care much higher than in other ethnic groups?” • Page 3, item 6, second paragraph to read, “They explained that the purpose of the bill is to assist....” • Page 3, item 7, under bullets to read “The nature of their mental status or the nature of their disorder prevents them from making an informed decision to be treated.” • Page 5, second bullet, change “verses” to “versus.” • Page 5, second sentence to read, “In this case....” • Page 6, last item in #8, change “Louis” to “Louise.” • In the section on “Members Present,” add Susan Foard. • The minutes were approved with corrections noted above. 	<p><u>Action:</u> Mr. Harris motioned to approve the minutes as corrected. Ms. Simms seconded. All members voted in favor.</p>		

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3. Community Input	<ul style="list-style-type: none"> • Representatives from Breaking Boundaries, an AMHD purchase of service contracted provider, stated that the ACCESS Line has been great with providing services to their consumers. They noted that with all the negative press, there are a lot of positive things occurring at the ACCESS Line. • Bud Bowles, Executive Director of United Self Help, reported that his organization oversaw the Warm Line with 14 consumers and a budget of \$31,000. On a monthly basis, they handled 700 calls and were able to encourage consumers to attend support groups and get involved in social activities. • Chair Durant suggested that if a Warm Line was currently operational, perhaps Hawaii Certified Peer Specialists could be more involved. 			
4. ACCESS Line Presentation	<p>Mr. Steve Balcom, Crisis Services Coordinator, continued his presentation on the ACCESS Line and answered questions from the Council.</p> <ol style="list-style-type: none"> 1. Describe the training for ACCESS Line staff both initial and ongoing, <ul style="list-style-type: none"> • A new staff was recently hired and she is completing her training. Paperwork is being finalized to fill the last of the two (2) vacant positions which will bring the ACCESS Line to full staff capacity. • Continuing to look for other ways to increase or augment staffing to the program either through additional positions or through the development of some level of on-call or float pool ability. This means, we will bring people in during periods of peak activity and open spots in the schedule. 2. What about the ability to handle crisis calls separately from non-crisis situations? Is there a way to always handle a call coming in that is in crisis? <ul style="list-style-type: none"> • The system that is currently in place is the Automatic Call Distribution system, which has some limitations. • The system allows for data collection and has the ability to manage large number of calls. However, it does not have the flexibility to triage phone calls. • Plans are in place to meet with Hawaiian Telcom to develop a strategy for a kind of companion phone system with new 	For information only.		

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	<p>technology that will allow ACCESS Line to change the way that phone calls are received. This new system will allow calls to be routed to the appropriate individual whether it is for information, crisis, eligibility or other business related matters.</p> <ul style="list-style-type: none"> • A follow-up meeting with Hawaiian Telcom is scheduled for next week to discuss the cost and the kind of operating system that would better meet the Division's need. <p>3. Would that system be similar to the 911 system?</p> <ul style="list-style-type: none"> • This system would be staffed by a single operator, and that staff would manage the flow of calls and route calls to other workers. <p>4. Currently what is ACCESS Line's capacity?</p> <ul style="list-style-type: none"> • There are separate lines that enter the system: The main line, 1-800 number handles incoming calls from Oahu and the Neighbor Islands. There are three (3) other independent lines that do not flow into the system of calls. These lines are designated for: the National Suicide Prevention Center Life Line, the local 911 line and a Text Telephone (TTY) line for the hearing impaired. <p>5. So actually you have five (5) operators on call on the phone at one time and is that the maximum?</p> <ul style="list-style-type: none"> • During the peak hours of the day, there are five (5) to six (6) people on the phones, but there are seven (7) work stations. Unfortunately, there are not enough positions that would allow that level of coverage during the day without limiting coverage in the afternoon or at night. <p>6. If you have, for instance, everyone on the phone and a 911 call comes in because that is separate line from the main line, would someone get off the phone and take that 911 call?</p> <ul style="list-style-type: none"> • Yes, that's what they are supposed to do. If staff is on a routine call and a 911 call comes in, the priority is to take the 911 call. <p>7. Do the operators themselves act as a warm line-type operator where they will talk for several minutes or even hours with somebody?</p>			

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	<ul style="list-style-type: none"> • Yes, whatever time is needed to help that person. A significant amount of calls that ACCESS Line gets are Warm Line related calls, where individuals often need someone to talk to, need comfort, need some kind of support, or they need someone to listen to them. <p>8. Being that the new equipment with Hawaiian Telcom and the new set-up that you are thinking about, do you have any idea when you are going to implement that? Do you have budget requirements that maybe involved?</p> <ul style="list-style-type: none"> • Yes there will be costs involved. There will be cost for equipment and installation of new technology. <p>9. What about training? Are there any special training that you are looking at in regard to crisis calls and in reference to adults versus adolescent and children?</p> <ul style="list-style-type: none"> • Information about staff orientation and training that workers go through were included in the packets sent to Council members. <p>10. Are there any new things that are coming out? For Crisis Mobile Outreach with CARE Hawaii, they have staff that are specifically trained in dealing with consumers experiencing crisis and staff who are trained in dealing with children and adolescent. Is there any new training with this new phone system?</p> <ul style="list-style-type: none"> • Workers are trained to respond to folks that are in crisis and provide counseling and support in Warm Line types of phone conditions. They are trained as generalists and are able to handle all calls. <p>11. Do you have the capacity to collect data separately for adults and children?</p> <ul style="list-style-type: none"> • Data is available on the percentage of calls from the Neighbor Island and broken down by age groups. Currently, data is not being collected. <p>Members of the Council then discussed the ACCESS Line. Areas of concern were:</p> <ul style="list-style-type: none"> • The ACCESS Line should not be subject to budget cuts because it's an 			

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	<p>important component of the mental health system.</p> <ul style="list-style-type: none"> The Emergency Room nurses at Queen’s Medical Center are displeased with the non-response from the ACCESS Line. Council members felt that the relationship between the ACCESS Line and the hospitals is important due to the need for timely responses. Council members felt that the ACCESS Line could benefit from having nurse consultation to assist staff. 			
5. Island Reports	<p><u>Oahu</u> Mr. Brown reported on the following:</p> <ul style="list-style-type: none"> The Oahu Service Area Board (OSAB) discussed their plans, goals and priorities for the rest of the year. Main concern is that members are not clear on what they are supposed to do with the knowledge and information that they currently have. Access to systemic behavioral health data or information is essential for them in their advisory role, similar to the needs of the other service area boards having this information. The board drafted a letter which they proposed, if the Council agrees, to be sent to the Behavioral Health Administration (BHA). This letter lays out the basis for collaboration between the Council and BHA to address this deficiency and hopefully show substantial progress by the end of the year. <p>Mr. Brown proposed the Council discuss and approve the draft letter to be sent to BHA.</p> <p>Chair Durant noted that the AMHD website needs to be operational so that information can be made available to the public. He suggested that the Council have a link to that website.</p> <p>BHA Administrator, Lynn Fallin, commented that the Divisions in BHA have dashboards – one is on performance utilization and the other is a fiscal dashboard. She noted that she is willing to share the data that BHA currently has, get input from the Council on what would be meaningful to them, and once everyone agrees, post this information regularly on the website. Deputy Fallin also suggested scheduling a meeting with Council representation to work on this.</p>	<p>For information only.</p> <p><u>Action:</u> Deputy Fallin will schedule a meeting with Council representatives to discuss the BHA dashboard.</p>	Deputy Fallin	ASAP

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	<p><u>Maui</u> Ms. Trina Tom reported:</p> <ul style="list-style-type: none"> • Michael Zarate, State Council representative, has resigned from the Maui Service Area Board (MSAB). The board will select a new representative at their March 4th meeting. • Several months ago, the MSAB engaged in a bus survey and made recommendations for improvement to the Mayor’s designee. The Chair of the MSAB recently read an article in the Maui News which was disappointing because she felt that none of the board’s recommendations were incorporated. MSAB members discussed how they could follow-up with the Mayor’s designee. Ms. Tom cited other examples that appeared that their recommendations were not heeded. • The Maui Police Department (MPD) has been trained to respond to crisis calls related to people with mental illness. The community has made positive comments about MPD’s response. This MPD training was made possible by the Mental Health Block Grant funds. • Mental Health America has hired Mr. Robert Collesano as their new director on Maui. <p><u>Kauai</u></p> <ul style="list-style-type: none"> • No report. <p><u>Hawaii</u></p> <ul style="list-style-type: none"> • No report. 	For information only.		
6. Child and Adolescent Mental Health Division (CAMHD) Report.	<p>The CAMHD Report was given by Dr. Daniel Ulrich, Medical Director. He reported on the following:</p> <ul style="list-style-type: none"> • The Family Court Liaison Branch (FCLB) is working with incarcerated youth. The FCLB provides mental health services to: <ul style="list-style-type: none"> • Hawaii Youth Correctional Facility (HYCF) and the Detention Home • Family Court and the Judiciary. • To enhance psychiatric services, at HYCF, CAMHD is recruiting for a clinical director. In the interim, the Department of Psychiatry at the University of Hawaii is covering these services. • The Clinical Psychiatrist has returned to the Detention Home in Kapolei. 	For information only.		

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	<ul style="list-style-type: none"> • The Wellness Recovery Action Plan Pilot project by Susan Chandler’s group is continuing. 10 cases are involved in the project with three of them specific to CAMHD. These cases were chosen because traditional services are not working for these families. • The Project Laulima is in its implementation phase. • The Primary Care initiative project awarded contracts to the UH Psychiatry and the Hawaii Primary Care Association. The initiative seeks: <ul style="list-style-type: none"> • to integrate mental health and behavioral health into primary care; • from a system standpoint of view, early interventions will lead to cost savings, and early interventions and early identification will lead to better outcomes for youth and their families; • to increase the awareness of primary care providers about screening, assessment, and referral options for youth; and • support primary care providers i.e., family practitioners, pediatricians in consultation with the CAMHD psychiatrists; • CAMHD is in the process of working with Med-QUEST regarding billing for psychiatric services by updating the CPT codes. These codes will assist CAMHD with accurately determining the level of care for services. • CAMHD is crafting testimony on supporting House Bill 651 relating to allow Electronic Prescriptions. <ul style="list-style-type: none"> • Controlled substances require handwritten prescriptions, but these prescriptions have expiration dates. This poses challenges for families due to the 7-day expiration date, and prescriptions could be lost, misrouted or expired. • The bill allows prescriptions to be written via Electronic Health Records and transmission can be sent to families in a safe manner electronically and by encryption. <p>Responses to the Psychotropic Medication in the Foster Population</p> <ul style="list-style-type: none"> • Native Hawaiian youth, i.e. youth who have an open case or investigation in the foster care system, are disproportionately represented in foster care. • Approximately 45% of youth in foster care are Hawaiian or Part Hawaiian, versus, 20% of youth in foster care overall. • 11.5% of Native Hawaiian youth in foster care are on psychotropic 			

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	<p>medication, which is less than 12.2% rate of all foster youth in the system.</p> <ul style="list-style-type: none"> • 21% of Native Hawaiian youth are on atypical medication, while 22% of foster youth are on these medications. <p>Ms. Wilcox expressed concern for some youth in the schools that are taking psychotropic medication but are not known to CAMHD or to School-Based Behavioral Health. She encouraged CAMHD to connect with Public Health Nursing who facilitates many of these assessments.</p>			
7. Adult Mental Health Division (AMHD) Report	<p>The AMHD report was given by Mark Fridovich, Ph.D.</p> <ul style="list-style-type: none"> • Dr. Fridovich introduced himself as the new Acting AMHD Chief effective February 1, 2013. He also reported that Dr. William Sheehan is the new Associate Administrator for Clinical Services (Medical Director) of Hawaii State Hospital. • Dr. Fridovich responded to the Council’s inquiry on AMHD’s position on the Assisted Community Treatment Plan bill and if the bill becomes law, what provision will AMHD provide for services. <ul style="list-style-type: none"> • The Department of Health appreciates the intent of the bill, but is respectfully opposing it and has provided testimony to the legislature. • The AMHD will seek to fully comply with provisions should the bill become law. However, as drafted, it is by no means clear what the specific requirements will be for AMHD and its programs. 	For information only.		
9. Permitted Interaction Groups (PI Groups) Report.	<p>Social Services & Health Update – Group met to discuss requesting several reports from CAMHD and AMHD for the group to review.</p> <ul style="list-style-type: none"> • Consumer Satisfaction Survey from CAMHD and AMHD. • Annual Report from CAMHD and AMHD. • FY2012 AMHD Strategic Plan. • Report on findings on the issues related to eligibility determination from the Developmental Disability Division (DDD). • Planning to invite a guest to attend a future Council meeting to present on a specific topic. <p>Public Education Update: Chair Sandra Simms reported on the Community Focus Group meetings.</p>	<p><u>Action:</u></p> <ul style="list-style-type: none"> • The group plans to request several reports from CAMHD, AMHD and DDD. • Invite a guest to a future Council meeting to do a presentation. 	<p>M. Vorsino</p> <p>M. Vorsino</p>	

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	<p>She noted that she was impressed with the turnout of community members, and the involvement of many Council members in facilitating the groups. Group will work with AMHD's Planner to develop the SCMH website.</p> <p>Homeless & Housing Update:</p> <ul style="list-style-type: none"> • Ms. Kaneaiakala will try to connect with Mr. Holschuh to discuss topics the group will work on. <p>Judiciary Update:</p> <ul style="list-style-type: none"> • The group discussed submitting testimony in support of SB310: Relating to Mental Health (Assisted Community Treatment Plan) 			
11. Announcements	<ul style="list-style-type: none"> • None 			
12. Agenda Items for Next Meeting	<ul style="list-style-type: none"> • None 			
13. Adjournment	The State Council on Mental Health meeting adjourned at 11:30 a.m.			
Mail Outs	<ul style="list-style-type: none"> • SCMH February 12, 2013 Agenda and draft SCMH January 8, 2013 minutes • SCMH Attendance Log • AMHD Report to the State Council on Mental Health for February • CAMHD Report to the State Council on Mental: Hawaii Medicaid Children and Drug Usage by Ethnicity • Research from Nine Independent Studies Conducted over Ten Years on NYS Assisted Outpatient Treatment (Kendra's Law) • Testimony in Support of SB310: Relating to Mental Health Oahu Service Area Board on Mental Health and Substance Abuse, November 19, 2012, Agenda and Minutes. • Maui Service Area Board on Mental Health and Substance Abuse, November 5, 2012, Agenda and Minutes. 			