

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

KALANIMOKU BUILDING
March 11, 2014, 9:00 a.m. – 11:30 a.m.

Members Present: **Brown, Patrick; Calcagno, Sheila; Crum, Louise; Daraban, Charlene; Durant, Mike; King, Susan; Koyanagi, M.D., Chad; Mansfield, Haaheo; Simms, Sandra; Vorsino, Psy.D., Marie; Wilcox, APRN, Noelani.**

Members Absent:

Members Excused: **Foard, Susan; Lorenzo, Katrina; Minami, Theresa; Shiraki, Ph.D., Steve**

Guests Present: **Fuatagari, Taraina; Howard, Jocelyn; Larson, Michelle; Matsumoto, Dianna; Mitchell, Ph.D., Mark; Tomlin, Brandon; Tsuchiya, Nicole**

Staff Present: **Champion, M.D., Michael; Clarke, Judith; Freitas, Troy; Fridovich, Ph.D., M.P.A., Mark A.; Michels, M.D., Stan; Nazareno, Jocelyn; Pak, Sandra; Tom, Trina; Wise, Tracey**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	Mr. Durant, Chair, called the meeting to order at 9:10 a.m. <ul style="list-style-type: none">• Updates to the State Council Membership were announced<ul style="list-style-type: none">• Benjamin Parks – New member, representing Housing• Sandra Simms – Membership extended• Christopher Holschuh – Term expired• Katrina Lorenzo – Resigned• Quorum established at 9:20 a.m.		M. Durant, Chair	
2. Review of Minutes	Minutes for February 11, 2014 were approved as written.			
3. Community Input	<ul style="list-style-type: none">• No Community Input			

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4. Presentation – Department of Public Safety Healthcare Division	<p>Mark Mitchell, Ph.D., of the Department of Public Safety (PSD) Healthcare Division, shared information about what happens to an individual once they enter and leave the prison system. Highlights of the presentation:</p> <p><u>Entry into the Jail/Prison System</u></p> <ul style="list-style-type: none"> • When individuals are arrested, they are identified by the police if they have past experiences with the jail/prison system and if they exhibit unusual behaviors. • A report is then generated and sent to the Intake Service Center (the ‘gatekeeper’ for PSD), where a formal pre-screening is performed to identify if individuals have a mental health disorder and/or traumatic history. Individuals are then categorized by non-mental health referrals, general mental health referrals, or emergent mental health referrals. • Individuals in the non-mental health referrals category are processed and placed in the general population of the jail/prison system. • Individuals in the general mental health category are processed and placed in the jail/prison population but are flagged to be seen within 14-days by a psychiatric social worker who evaluates them. The average number of days that individuals are seen is seven (7) days. • If individuals are on medication, there is a psychiatric consult within seven (7) days, and by the second screening if they have a serious mental health condition, they receive a treatment plan. • Individuals in the emergent mental health referrals category are seen within 45 minutes and a decision is made whether or not they need to be in the special housing unit. • There are three (3) modules at the Oahu Community Correctional Center (OCCC): 1) Women’s Module, 2) Crisis Oriented Men’s Module, and 3) Continuing Men’s Module. • Individuals are placed in one of the mental health modules for various reasons based on the following criteria: psychotic, present with psychotic behaviors, or at high risk. • Some individuals stay in these modules for long periods of time if they are not stabilized or are not medication compliant. 	For information only.		

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	<p><u>Discharge from the Jail/Prison System</u></p> <ul style="list-style-type: none"> • Individuals leave the jail/prison system based on the CORE (Competency, Criminal Responsibility, Evaluation). This can be a one-panel or a three-panel evaluation based on a Class A felony or Misdemeanor. • Based on this evaluation, some individuals are placed at Hawaii State Hospital (HSH), while some remain in PSD. • Individuals with a higher level of crime require a three-panel evaluation. Ultimately, the Courts decide placement at HSH. • Some individuals found 'unfit to proceed' are placed at HSH for fitness restoration. Once fitness is restored, individuals are maintained on their medication regiment and proceed with their criminal charges. • If an individual residing on the Mental Health Module for 14-days or more, he or she is required to have a mental health evaluation, receive a comprehensive plan, and participate in discharge planning. • Most individuals in this module are AMHD-eligible for services. These individuals are connected with a case manager and begin discussion on discharge plans. • New clients are often referred to AMHD for an eligibility determination within three (3) days of entry. These clients are often found eligible 100 percent of the time. Also, once eligible, these individuals are linked to case management services. • Upon discharge, individuals on medication are prescribed two weeks of medication. Psychiatrists can also prescribe an extension for another two weeks on a case by case basis. <p><u>Questions and Answers for Dr. Mitchell</u></p> <p>Is there a psychiatrist in the Mental Health Module in OCCC?</p> <ul style="list-style-type: none"> • There is a psychiatrist on the module and there is a separate psychiatrist assigned to the general population. <p>Do you have a way to tell whether you need to coordinate case management with the Department of Human Services or with AMHD?</p> <ul style="list-style-type: none"> • Coordination is facilitated with AMHD because these individuals lost their entitlements while in the jail/prison system, and it takes a while for their entitlements to be restored. 			

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	<p>What about the outer islands, especially at the jail on Kauai, what services individuals who are incarcerated receive?</p> <ul style="list-style-type: none"> • Kauai currently has only one (1) psychiatric social worker. For the outer islands, services are only for patient-level of care. Individuals needing a higher level of care are transferred to OCCC for their care. • The PSD requested new positions for the Halawa Women's facility and a clinical psychologist for each of the outer islands in this year's budget request to the Legislature; the request was approved. 			
5. Island Report Service Area Boards	<p><u>Hawaii Island</u> Ms. Tracey Wise reported on the activities of the Hawaii Service Area Board (HSAB). Members discussed the following:</p> <ul style="list-style-type: none"> • The final version of the HSAB By-Laws. • The schedule of the HSAB meetings. Members agreed to meet the third Monday of every month. • The AMHD and CAMHD bills currently in the Legislature. • The Hawaii Comprehensive Integrated Service Area Plan (CISAP) and narrowed their priorities to: 1) To recognize the Adult Mental Health Division (AMHD) and the Child and Adolescent Mental Health Division (CAMHD) as federally qualified programs in rural areas, and 2) Transitions of youth from CAMHD to AMHD services. • Plans are in place to draft a letter to inquire about the transition of youth from CAMHD to AMHD. <p><u>Kauai</u> Ms. Sheila Calcagno reported on the Informational meeting.</p> <ul style="list-style-type: none"> • Members discussed their concern, about new recruits on the Kauai Police Department, if they are trained or being trained on mental health issues. • Members are contemplating next steps in dealing with substance abuse issues in the County. <p><u>Oahu</u> Mr. Brown reported on the activities of the Oahu Service Area Board (OSAB).</p> <ul style="list-style-type: none"> • The OSAB will not be formally participating in the development of 	<p>For information only.</p> <p><u>Action:</u> Since other counties are interested in the draft letter, Ms. Wise will forward an approved copy to staff for distribution to Council members.</p>	<p>T. Wise</p> <p>T. Wise/Staff</p>	<p>After HSAB approves the letter.</p>

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	<p>the Oahu CISAP.</p> <ul style="list-style-type: none"> Mr. Brown announced that he will be resigning as the Oahu SAB representative on the Council once a replacement is selected. Mr. Brown asked about the status of the AMHD Strategic Plan. Chair Durant responded that he had been interviewed, so he is aware there are activities occurring on the development of the plan. <p><u>Maui</u> Ms. Susan King reported on the following:</p> <ul style="list-style-type: none"> Members decided to focus on two (2) priorities of the Maui CISAP, 1) educating the public on insurance in the County. They plan on inviting the health insurance providers to share about their benefits, etc., and 2) explore the use of telemedicine for Maui County in getting treatment for individuals in the rural areas. Members plan to learn from CAMHD's use of telemedicine through their partnership with the University of Hawaii. 	<p><u>Action:</u> Chair Durant proposed that AMHD report to the Council on the progress of its Strategic Plan.</p>	AMHD Staff	5/13/14
6. Child and Adolescent Mental Health Report	<p>Dr. Michels reported on the following:</p> <ul style="list-style-type: none"> All three bills pertaining to juvenile justice through the Office of Youth Services and Juvenile Justice are still alive and have crossed over to the Senate. The bill for Project Kealahou crossed over to the Senate. Funding for this project will either equal to or more than \$50,000. The hope is to get a little over \$200,000 to fund the positions that will be cut when federal funds end. The other bills are to fund therapeutic services. This request is for five (5) million dollars for Juvenile Justice. Testimony that CAMHD gave jointly with other agencies for secured services would be overseen therapeutically and not by the Corrections Department. CAMHD plans to go to the mainland to look at model programs for these services. CAMHD's re-organization is in progress. The plan is to place the Clinical staff into leadership roles and to standardize the utilization management process. The Mokihana Project on Kauai is undergoing a transformation. CAMHD had been working collaboratively with the Department of 	For information only.		

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6. Child and Adolescent Mental Health Report cont'd.	<p>Education to be able to bill for services; unfortunately challenges arose, and the Mokihana Project will bill for services as the rest of the State departments.</p> <ul style="list-style-type: none"> • Lost Quorum at 10:40 a.m. 			
7. Adult Mental Health Division (AMHD) report	<p>Dr. Fridovich reported on the following:</p> <ul style="list-style-type: none"> • Since the AMHD legislative initiatives that were proposed last year failed, AMHD tried to re-submit the bills, but they are not making progress. • AMHD submitted testimony on two new bills that were submitted by the Senate: 1) Designate a portion of the Hawaii State Hospital (HSH) as a forensic facility, and 2) Design and build a secure inpatient psychiatric facility to service people with mental health illness, and who require strict security and intensive inpatient mental health treatment. <p>Subcommittee #1: Personnel/Finance/Procurement</p> <ul style="list-style-type: none"> • Because of the high census at HSH, there is a need for more staffing. • Budgetary issues are being addressed. • The demolition of the Goddard Building is proceeding. <p>Subcommittee #2: Clinical Operations/Program Capacity</p> <ul style="list-style-type: none"> • For short term solutions, AMHD has made progress in expanding Crisis Services, Case Management units, and expanding the Emergency Departments (ERs) to receive MH1s. Additional ERs are: Straub Hospital, Kaiser Hospital, Wahiawa General Hospital and Waianae Comprehensive Medical Center (once the ER is built.). • For long term solutions, AMHD is implementing a pilot project for high utilizers of Intensive Case Management services, housing initiatives, planning to build a long term care facility on the grounds of HSH in partnership with Avalon Health. • Further plans are to start a Crisis Stabilization Unit. A Request for Proposal has been issued. <p>Subcommittee #3: Legal/Judicial/Legislative</p> <ul style="list-style-type: none"> • Two bills were submitted to amend various sections of the Hawaii Revised Statutes. One bill failed to emerge from the Conference 	For information only.		

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	<p>Committee; the other proposed bill crossed over to the House, but may not proceed further.</p> <ul style="list-style-type: none"> • Dr. Fridovich asked the Council to support AMHD's bills when they are proceeding through the Legislature. 			
8. Permitted Interaction Group Reports	Agenda Item deferred until the April 11, 2014 State Council meeting.			
9. Announcements	<ul style="list-style-type: none"> • Mental Health America Mahalo Awards Luncheon is scheduled for May 14, 2014. • Children Mental Health Awareness Day is May 8, 2014. • Judge Michael Wilson, who oversees Mental Health Court, is being appointed to the Supreme Court. 	<p><u>Action:</u> Ms. Simms will send the Mental Health America flyer to Ms. Clarke for distribution to Council members.</p>	S. Simms/J. Clarke	3/11/14
10. Agenda Items for Next Meeting	<ul style="list-style-type: none"> • Public Housing and Eviction – Consumers with Mental Illness • Transition from Youth to Adult Mental Health Service • Crisis Service – Kauai 			
11. Adjournment	The State Council on Mental Health meeting adjourned at 11:30 a.m.			
Mail Outs	<ul style="list-style-type: none"> • SCMH March 11, 2014 Agenda and draft SCMH minutes for February 11, 2014. • SCMH Attendance Log • Hawaii Service Area Board on Mental Health and Substance Abuse, Minutes and Agenda, January 28, 2014. • Maui Service Area Board on Mental Health and Substance Abuse, Minutes and Agenda, February 10, 2014. • Oahu Service Area Board on Mental Health and Substance, Minutes and Agenda, January 27, 2014. • Hawaii Advisory Commission on Drug Abuse and Controlled Substances March 25, 2014 Agenda and draft February 25, 2014 Minutes. 			