

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

Kinau Hale Board Room, 1st Floor
May 12, 2015
9:00 a.m. – 11:30 a.m.

Members Present: **Arensdorf, M.D., Alfred; Crum, Louise; Dang, Psy.D., Cynthia; Daraban, Charlene; Foard, Susan; Koyanagi, M.D., Chad; Lyons, Frances; Minami, Theresa; Park, Benjamin; Simms, Sandra; Vorsino, Psy.D., Marie; Wilcox, APRN, Noelani.**

Members Absent: **Steve Shiraki, Ph.D.**

Members Excused: **Calcagno, Sheila; Durant, Mike; Lyons, Frances; Mansfield, Haaheo.**

Guests Present: **Brandt, Ken; Collesano, Robert.**

Staff Present: **Balcom, Steve; Champion, M.D., Michael; Clarke, Judith; Cooper, Rei; Fridovich, Ph.D., M.P.A., Mark; Hiraga-Nuccio, Madeleine; Keane, Greg; Nazareno, Jocelyn; Pak, Sandra; Tom, Trina.**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To Order	Dr. Vorsino, 1 st Vice-Chair, called the meeting to order at 9:10 AM. Quorum was established at 9:20 AM.		M. Vorsino, 1 st Vice-Chair	
2. Review of Minutes	Minutes for March 10, 2015 were reviewed: <ul style="list-style-type: none"> • Corrections to the minutes: In the Members Present section on page 1, add: Cynthia Dang, Psy.D and Susan Foard. Ms. Simms motioned to approve the minutes with the corrections noted; Mr. Park seconded.	<u>Action:</u> With no objections, a motion to approve the March 10 th minutes was carried unanimously.	State Council members	
3. Community Input	None.			

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<p>4. Adult Mental Health Division (AMHD) ACCESS Line</p>	<p>Mr. Steve Balcom updated the Council on the ACCESS Line. He noted the following steps taken to improve the abandonment call rate to hit its target of 90%:</p> <ul style="list-style-type: none"> • The eligibility process was taken out of the ACCESS Line Unit and transferred to the Utilization Management Assessment Team. This allows the ACCESS Line staff to focus on crisis-type calls. • A new statewide toll free number has been established for individuals to call for eligibility services: 643-2643. • Two (2) full-time positions have been approved and filled. • Part-time or on call positions have been established to fill-in when there is a need for additional staffing. • A waiver was received, which gives authority to fill vacant positions outside of the regular hiring process. This will expedite filling vacant positions. <p>Mr. Balcom also shared several graphs titled, “Crisis Calls Answered before Abandonment” for CY2012, 2013, and 2014. Results showed the following:</p> <ul style="list-style-type: none"> • For the CY2012 graph, the gap between calls coming in and calls answered were substantially low. The target rate was not met. • As part of the improvement process, from CY2013 to current, the gaps between calls have improved and the target rate has been met or has been exceeded. <p>The rate of abandoned calls is monitored in two (2) ways: 1) calls that come into the program that are missed prior to the recorded announcement, and 2) calls that occur after the recorded announcement and the caller is prompted to leave a message or hold. The target is to answer calls prior to the announcement within three (3) to four (4) rings, and target for calls after the announcement is 5% or less.</p> <p>Other improvements to the ACCESS Line are:</p> <ul style="list-style-type: none"> • Refocus the ACCESS Line program back to its original function, which is to handle crisis calls. As a result, the 	<p>For information only.</p>	<p>S. Balcom</p>	

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	<p>ACCESS Line’s name will be re-branded as the “Crisis Line of Hawaii,” effective July 1, 2015.</p> <ul style="list-style-type: none"> • A communication plan and press information about the name change are being developed for distribution to the community. <p><u>Questions from the Council</u></p> <p>How is satisfaction measured both from the provider’s standpoint and consumers?</p> <ul style="list-style-type: none"> • AMHD has worked with the University of Hawaii’s research team to measure satisfaction with the ACCESS Line. The goal is to continue to work with the team to develop ongoing satisfaction processes. <p>What are the responsibilities of the Ohana Community Care Services Program (CCS) now that there are CCS consumers? CCS case managers have stated that it is difficult to connect with the ACCESS Line.</p> <ul style="list-style-type: none"> • The ACCESS Line is a crisis line and the three (3) major functions are: 1) Warm Line, 2) Supportive crisis counseling over the phone, and 3) Dispatch crisis services out into the community when individuals need immediate assistance. The Crisis Line is available to anyone statewide. • Other crisis services that AMHD has are: Crisis Mobile Outreach (CMO) where teams are available to anyone in the State who are in need of that level of intervention regardless of who their payer is, also, Crisis Support Management (CSM) and Licensed Crisis Residential Services (LCRS). • The reason that AMHD does not authorize crisis services for CCS consumers is because the CCS program has developed their own internal crisis services, which is similar to AMHD’s CMO and CSM programs. <p>Describe the relationship between the police psychologist, 911 and the ACCESS Line?</p> <ul style="list-style-type: none"> • The relationship between law enforcement, the public and the ACCESS Line services is complex. AMHD does not have a separate 911 line that is attached to the program. These type 			

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	<p>of calls are transferred to the ACCESS Line from the 911 operators.</p> <ul style="list-style-type: none"> The police psychologist's role is to assist with law enforcement personnel when they are engaging with someone with mental health challenges, and to help determine whether or not the individual's symptoms at that moment rises to the level of the individual being a danger to self or others. 			
<p>5. Questions Regarding Crisis Services on Oahu</p>	<p>Pre-planned questions from the Council were sent to Mr. Balcom and Dr. Michael Christopher, Honolulu Police Department (HPD) Psychologist, regarding crisis services on Oahu. (Since Dr. Christopher was absent from the meeting, questions pertaining to him were deferred until the next Council meeting).</p> <p>Mr. Balcom answered the questions specific to the ACCESS Line.</p> <p>Q2 – b. When families call the ACCESS Line, how are they advised when their loved ones are out of control?</p> <p>A2 – b. Because of the Health Insurance Portability and Accountability Act (HIPAA) when dealing with adult children, ACCESS Line workers are very limited to specific information that can be given to parents without the consent.</p> <p>Q2 – c. Can you comment on how other states are handling mental health crisis situations?</p> <p>A2 – c. There isn't any comprehensive state by state comparison data to look at, but we do know that each state is a little different. Hawaii is one of the few statewide systems for crisis line and crisis services. Other states have multiple systems in place based on geographic areas. There are specific components of a crisis system that are considered to be Best Practices:</p> <ul style="list-style-type: none"> Mobile outreach services; Having psychiatric support attached to crisis teams; The use of peer support as part of the crisis team; and The use of the police department. 	<p>For information only.</p>	<p>S. Balcom</p>	

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	<p>Q4. Many providers and case management agencies in Hawaii inform clients to call 911 in case of an emergency (mental health crisis). Is this Best Practice?</p> <p>A4. It not Best Practice. There is a need to develop a mental health response system so that those who call 911 with a mental health crisis can be assisted.</p> <p>Q6. What are some suggestions for family members to do in case of a mental health crisis or pre-crisis situation?</p> <p>A6. Make sure family members are well informed about the person's illness and services the person has, contact information for their providers and consents to speak with these providers. Other important information are:</p> <ul style="list-style-type: none"> • Develop a Wellness Recovery Action Plan (WRAP) or Advance Directive. • Note changes in the person early and have conversations with them. • Early intervention question: How do I get information to address a family member's needs who is considered to have a serious mental health (SMI) condition? Answer: There are agencies that you can provide information on SMI: (1) Mental Health America and (2) National Alliances. <p>Q7. How do HPD and the ACCESS Line interact/communicate?</p> <p>A7. The HPD and the ACCESS Line workers communicate through 911 and also through interaction with emergency workers.</p> <p>The ACCESS Line supports the clinical services project at the Central Receiving Division of HPD, and the AMHD supports the clinical program at the cell block with people who get arrested and need mental health services.</p>			

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6. Island Reports	<p><u>Oahu</u> Cynthia Dang, Psy.D. reported on the Oahu SAB activities:</p> <ul style="list-style-type: none"> • At the March meeting members invited the Child and Mental Health Division (CAMHD) representative to update the Board on CAMHD initiatives. • This information will assist the Board in the development of its County Comprehensive Integrated Service Area Plan (CISAP). <p><u>Maui</u> Dr. Arensdorf reported that the Maui SAB did not have quorum; however, an informational meeting was held. The Board discussed an issue on misuse of prescription drugs in the homeless shelter on Maui and discussed how to report the issue.</p> <p><u>Kauai</u> Ms. Rei Cooper reported that the Board did not have quorum. She reported that Steve Balcom did a presentation on the changes to the ACCESS Line.</p> <p><u>Hawaii</u> Mr. Greg Keane reported that the Hawaii SAB did not have quorum but had an informational meeting and discussed the Hawaii County CISAP.</p>	<p>For information only.</p> <p>For information only.</p> <p>For information only.</p> <p>For information only.</p>	<p>C. Dang</p> <p>A. Arensdorf, M.D.</p> <p>R. Cooper</p> <p>G. Keane</p>	
7. Discussion and Passage of Motion	<p>Council members discussed the motion: “To Approve State Council Officers to Participate in the Substance Abuse and Mental Health Services (SAMHSA) State Technical Assistance Projects.”</p> <p>After discussing the motion, Ms. Simms motioned to have a Permitted Interaction Group to discuss strategic planning for the Council. Ms. Crum seconded.</p> <p>Ms. Vorsino motioned to convene a second Permitted Interaction Group for the Leadership Academy. Ms. Foard seconded.</p>	<p><u>Action:</u> Members voted unanimously to approve the Council Officers’ participation in the SAMHSA Technical Assistance projects.</p>	<p>M. Vorsino, 1st Vice-Chair</p>	

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8. Review and Discussion Strategic Plan “SWOT” Analysis	<p>Council members discussed the “SWOT” analysis in anticipation of developing a Council Strategic Plan.</p> <p><u>STRENGTHS</u></p> <ul style="list-style-type: none"> • Representation from various state organizations – Child and Adolescent & Adult Mental Health Divisions, Department of Human Services, Department of Vocational Rehabilitation, the Housing Authority, and family representation. • Council is provided with numerous presentations regarding a variety of topics in mental health at our request and regular updates are provided by AMHD/CAMHD about current projects in those organizations. • A council that is very considerate of each other’s opinion, respectful dialogue occurs and is diversified in its membership and members who are passionate, committed and very skilled. • Have Videoconferencing (VTC) system that enables Oahu and Neighbor Island participants and issues to be discussed and which facilitates broad geographic coverage with input from the community Service Area Boards. <p><u>OPPORTUNITIES</u></p> <ul style="list-style-type: none"> • Get information about legislative initiatives early on before session begins along with talking points, and secure Council approval for Chair, Vice Chairs to submit testimony in a timely and relevant manner. • Invite legislative leaders to council meetings. • Develop a Council website. • Improve opportunities for Service Area Boards to be successful in achieving quorum. • Develop and fully implement a strategic plan. <p><u>WEAKNESSES</u></p> <ul style="list-style-type: none"> • Lack of consumer (adult/youth) representation. • Have a hard time meeting quorum and keeping members on the service area boards. • Lack of a yearly strategic plan. <p>Neighbor Island concerns do not have sufficient information;</p>	For information only.	M. Vorsino, 1 st Vice-Chair	

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	<p>cannot respond in a timely manner; unable to act due to State regulations.</p> <p><u>THREATS</u></p> <ul style="list-style-type: none"> • Losing members because their term is up with the added difficulty of recruiting new members. • The Council transforms into a no action entity, serves primarily as window dressing to meet SAMHSA’s requirements. • The need to ensure individuals who work with diverse groups have access to them because this group is expanding • Lack of continuity of issues presented to the Council Strategic planning will help with this issue. • Fight stigma against crime regarding mental health illness. <p>Ms. Crum motioned to approve the State Council’s “SWOT” Analysis, so that the Council can move forward to develop a strategic plan. Ms. Simms seconded.</p>	<p><u>Action:</u> With no objections, the motion to approve the SWOT Analysis carried unanimously.</p>		
<p>9. Updates to the 2016-2017 Mental Health Block Grant Application</p>	<p>Ms. Clarke shared the new Proposed Revisions to the FY2016-2017 Mental Health Block Grant Application.</p> <ul style="list-style-type: none"> • <u>Health Care System and Integration</u> – This section focuses on how states are implementing the Affordable Care Act, health insurance marketplace, enrollment and primary and behavioral health care integration. Information reported should reflect the connection between behavioral and physical health. • <u>Evidenced-based Practices for Early Intervention for the MHBG</u> – States were directed to Set Aside 5 percent of their MHBG allocation to support evidence-based programs that provide treatment to those with early serious mental illness (SMI) including but not limited to psychosis at any age. • <u>Participant Directed Care</u> – As states implement policies that support self-determination and improve person-centered service delivery, one option that states can consider is the role that vouchers may play in their overall financing strategy. 	<p>For information only.</p>	<p>J. Clarke</p>	

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	<ul style="list-style-type: none"> • <u>Crisis Services</u> – Efforts to build an evidence-based system of care for adults diagnosed with a severe mental illness (SMI), children with a serious emotional disturbance (SED) and persons with addictive disorders and their families. The crisis response system approach needs to provide the infrastructure to improve care coordination and outcomes, manage costs and better invest resources. • <u>Community Living and Implementation of Olmstead Section</u> – Provide legal requirements that are consistent with SAMHSA’s mission to reduce the impact of substance abuse and mental illness on America’s communities. States need to provide services in the most integrated arrangement appropriate and prohibit needless institutionalization and segregation in work, living, and other settings. • <u>Quality and Data Collection Readiness</u> –The overarching goals are to ensure that services are evidence-based and effective; that they are person/family-centered; that care is coordinated across systems; that services promote healthy living; and that they are safe, accessible, and affordable. 			
10. Announcements	<ul style="list-style-type: none"> • The Mental Health America Awards Luncheon is today at the Ala Moana Hotel. 			
11. Future Agenda Items	<ul style="list-style-type: none"> • Develop a Permitted Interactive Group to research and propose a Bill to change the definition of “quorum.” • Transition from Youth to AMHD Services • Community Mental Health Centers’ Dashboard Report 			
12. Adjournment	The Council meeting adjourned at 11:25 a.m.			
Electronic Documents sent to Members	<ul style="list-style-type: none"> • State Council on Mental Health (SCMH) Agenda, May 12, 2015 • SCMH Draft Minutes, March 10, 2015 • SCMH Attendance Log • State Council on Mental Health “SWOT” Analysis • FY2016-2017 Mental Health Block Grant Application • Copy of Calls Abandon Rates for April, March 2015 			

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	<ul style="list-style-type: none"> • Copy of Calls Answered Before Abandonment 3rd Quarter • Copy of Crisis Line Data Calls Answered Before Abandonment CY2012 – 2014 • Hawaii Service Area Board Agenda and Minutes, March 24, 2015 • Kauai Service Area Board Agenda and Minutes, March 19, 2015 • Maui Service Area Board Agenda and Minutes, March 2, 2015 • Hawaii Advisory Commission on Drug Abuse and Controlled Substances April 28, 2015 Agenda and draft March 24, 2015 Minutes. 			