

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

Kalanimoku Building
May 14, 2013, 9:00 a.m. – 11:30 a.m.

Members Present: **Brown, Patrick; Crum, Louise; Daraban, Charlene; Durant, Mike; Foard, Susan; Holschuh, Christopher; Kaneaiakala, Alva.; Mansfield, Haaheo; Simms, Sandra; Vorsino, Psy.D., Marie; Wilcox, APRN., Noelani.**

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

Members Excused: **Calcagno, Sheila; Harris, JT; Koyanagi, Chad, M.D; Lorenzo, Katrina; Minami, Theresa.**

Guests Present: **Brandt, Ken; Kaneaiakala, Erin; Perez, Kayle.**

Staff Present: **Balcom, Steve; Brogan, Mary; Clarke, Judith; Fallin, Lynn; Freitas, Troy; Fridovich, Ph.D., M.P.A., Mark; Hiraga-Nuccio, Madeleine; Law, Wayne; Michels, M.D.; Stanton; Nazareno, Jocelyn; Pak, Sandra; 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 9:10 a.m. 		M. Durant, Chair	
2. Review of Minutes	<ul style="list-style-type: none"> • The minutes for April 9, 2013 were approved as written. 	<u>Action:</u> Ms. Mansfield motioned to approve the minutes. Ms. Daraban seconded. All members voted in favor.		
3. Community Input	<ul style="list-style-type: none"> • No community input. 			
4. Update on ACCESS Line	<p>Mr. Steve Balcom, Crisis Services Coordinator, updated the Council on the progress of the ACCESS Line.</p> <ol style="list-style-type: none"> 1. A staff person was hired to fill the vacant position on May 24, 2013. 2. Reviewing unfilled positions within AMHD to identify two positions than can be reassigned to the ACCESS Line for additional staffing. These positions will be built into the schedule during peak times of the day while incorporating the triage system. 	For information only.		

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4. Update on ACCESS Line (cont'd)	<p>3. Plans are underway to add on-call staff.</p> <p>4. Clerical support staff will be added to the program to assist in routine paperwork and other support functions.</p> <p>Short and Long term goals:</p> <ol style="list-style-type: none"> 1. Plans to build a system for triaging phone calls have been processed and waiting for approval. Target date is mid to late June 2013. 2. The eligibility process will move to the Assessment section of Utilization Management (UM). 3. Calls to the Assessment section will be routed through a statewide single service number. <p><u>Questions and Answers:</u></p> <ul style="list-style-type: none"> • How many staff will be on the phones and how many will be doing background operations? <ul style="list-style-type: none"> • Assessment, which will be handling background operations, is part of UM. This section is separate from the ACCESS Line. • Will UM have staff on call 24/7? <ul style="list-style-type: none"> • No, eligibility requests will not be available 24 hours per day, 7 days per week. Data shows that during after-hours, requests for eligibility is minimal. • Has the staff increase coincided with the increase in the number of calls over the years, or is the staffing level the same? What happens on weekends? <ul style="list-style-type: none"> • Part of the improvement plan for ACCESS Line is to bring in additional staff during the peak times of the day. Plans are underway to bring in staff to match the volume of calls. Weekend call volume remains relatively flat. • When the technology and other changes are in place for ACCESS Line, how will others know about the changes in the operations? <ul style="list-style-type: none"> • Once the changes are fully implemented, the plan is to communicate with the provider network, consumers and other stakeholders about the changes. • Are there plans to put a Warm Line in place? United Self Help has the only Warm Line in the state. Having a Warm Line will take a lot of the pressure off the ACCESS Line. 	For information only.		

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	<ul style="list-style-type: none"> • There was discussion on the shortage of psychiatrists on the island. Two adult and one adolescent psychiatrist recently announced their plans to retire shortly. This discussion led to the need to recruit and attract individuals in the psychiatry field on Hawaii Island. • At the East Hawaii Community Focus Group, stakeholders requested that AMHD and CAMHD apply for Federal Recognition as a Rural Health Program on Hawaii Island. • The Hawaii SAB recommended that if there is majority consensus among the other counties, then the State Council should consider writing a letter to the Director of Health or the Deputy Director of Health in support of applying for Federal Recognition as a Rural Health Program. • The Hawaii SAB had a discussion with the Alcohol and Drug Abuse Division (ADAD) on identifying programs that should be state accredited. The Hawaii SAB is currently creating a list for ADAD specifically for service providers on Hawaii Island that need to be accredited. • The Hawaii SAB requested information from the Substance Abuse Round Table occurring in Hawaii County. This request for information was done in order to gain a direct approach with providers in Hawaii County providing substance abuse or dual diagnoses services. • The Federal Office on Civil Rights visited Hawaii Island. The investigators were looking at compliance from five (5) local schools ranging from elementary to high schools on how well they were dealing with addressing bullying and harassment from a procedural stand point to actual practice. <p>Ms. Tracey Wise noted that Maui County has the same problem as Hawaii Island. They don't have many doctors to see consumers.</p> <ul style="list-style-type: none"> • Mr. Durant commented that Maui SAB to bring this issue up at their next meeting and respond back to the Council. Suggested that the neighbor islands look into using Telehealth. • Ms. Wise will assist in developing a list of the number of psychiatrists practicing on Hawaii Island by private practice, non-private, state, and those who have/use videoconferencing. 	<p><u>Action:</u></p> <ul style="list-style-type: none"> • Maui SAB to discuss if the county is experiencing a shortage of psychiatry providers and if so, do they support the idea of applying for Federal Recognition as a Rural Health Program. • Ms. Wise to submit a list to the Chair of psychiatrists practicing on Hawaii Island. 	<p>Maui SAB</p> <p>Ms. Wise</p>	<p>Next meeting</p> <p>Next meeting</p>

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	<p><u>Oahu</u> Mr. Patrick Brown reported on the following:</p> <ul style="list-style-type: none"> • The Oahu SAB drafted a letter, signed by Chair Durant, and sent to Deputy Director Lynn Fallin. In her response, Deputy Director Fallin made certain requests. One was for the State Council to create a delegation to meet with the Behavioral Health Administration. • The SAB came up with two ideas: (1) To have the Social Services and Health PI Group take the delegated responsibility, and (2) To have Council members volunteer. • Mr. Brown motioned that the Social Service and Health PI Group constitute the delegation which can be expanded by inviting other people as needed to work with BHA. Ms. Kaneaiakala seconded. All members voted in favor. Motion Passed. • He commented that the next step is to draft a response letter to Deputy Director Fallin. • Mr. Brown proposed that the Social Service and Health PI group review the letter, once they agree to it; the letter will be given to Ms. Clarke to distribute to members to review. • Council has about a week to provide input. Any input would be included into the letter and the letter would be signed by Council Chair. Once the letter is sent to BHA, the Council will contact BHA to request a meeting. <p><u>Kauai</u></p> <ul style="list-style-type: none"> • No report. 	<p><u>Action:</u> The Social Service and Health PI Group to constitute a delegation which can be expanded by inviting other people as needed to work with BHA.</p>	<p>Social Service and Health PI Group</p>	<p>6/18/13</p>
<p>6. Permitted Interaction (PI) Group Reports</p>	<p><u>Public Education & Health:</u></p> <ul style="list-style-type: none"> • Ms. Daraban reported that she met with Ms. Mansfield and Ms. Jennifer Barrett who is a website designer. The PI Group will be interviewing two more vendors for procurement purposes. • Questions that will be asked of the vendors: <ul style="list-style-type: none"> • How long will it take to develop a website? • What information will be needed to develop website? • What security measures will be put in place? • What will be done to deter hackers, and of all the websites that the vendor has developed, how many has been hacked? 	<p>For information only.</p>		

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<p>6. Permitted Interaction (PI Group) Reports (cont'd.)</p>	<ul style="list-style-type: none"> • What kind of backup measures will the vendor have in place? • Will there be after hours web support available? <p>Ms. Mansfield asked the Council to consider the following questions once the website is developed:</p> <ul style="list-style-type: none"> • Who will be responsible for maintaining and updating the website? • What entity within the Government would the Council go to get approval to go live? <ul style="list-style-type: none"> • The State Council Brochure – corrections were completed and the brochure just needs the Council’s website address to be printed on it. • Ms. Mansfield motioned to approve the State Council brochure pending the addition of the website information. Ms. Simms seconded. All members voted in favor. Motion Passed. <p><u>Homelessness & Housing:</u></p> <ul style="list-style-type: none"> • Mr. Holschuh reported that the group discussed the AMHD homeless data which is collected from AMHD providers that are providing outreach services. • Group noted that the data is significantly lower than the number of homeless individuals shared at community meetings. • Group will try to obtain data on the homeless population that is representative of each county. • Group plans to review the eviction process that AMHD contracted providers must follow. <p>Chair Durant commented that Senator Suzanne Chun-Oakland is forming a committee to look into homelessness and housing in Hawaii.</p> <p><u>Judiciary:</u></p> <ul style="list-style-type: none"> • The Assisted Community Treatment Bill (SB310) passed both the Senate and House and is now with the Governor for his signature. Implementation of the bill is January 1, 2014. • Group also worked on answering the five (5) questions in the Justice section of the Block Grant Application. 	<p><u>Action:</u> State Council brochure has been approved pending the addition of the website address.</p>		
<p>7. Statewide Community</p>	<p>Ms. Mary Brogan reported on the results of the AMHD Statewide Community Survey.</p>			

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Surveys Results	<p>Ms. Brogan shared that the on-line survey was conducted during January through March 2013 and was designed to solicit feedback from stakeholders about the AMHD. Overall, 168 individuals accessed the survey from all four counties: Oahu, Hawaii, Maui and Kauai.</p> <p>Survey Results:</p> <ul style="list-style-type: none"> • There were variable responses from 152 individuals, but not everyone answered every question. Data shows that Oahu had the largest percent of respondents and Molokai only had one (1) respondent. • Perceived Strengths of Services: 43% of respondents thought that the philosophy of care was a strength followed by 42% said that the array of services was a strength. The timeliness of access to treatment services was the least which scored 11%. • Perceived Unmet Needs the top five (5): <ul style="list-style-type: none"> • Housing at 66%, • Community based crisis residential services 53% • Integrated services for people with mental illness 52% • Education or training 46% • Case management and education 45% • Other categories frequently mentioned: <ul style="list-style-type: none"> • service restricted because of eligibility criteria; • lack of homeless services; limited services for inpatient hospitalization; • representative payee services, and • the ACCESS Line. • Barriers in Accessing Services: 63% of respondents felt there are barriers to accessing services. The top four (4) for barriers to access: <ul style="list-style-type: none"> • lack of outreach to the homeless; • long wait time for eligibility assessments; • services not available on evenings and weekends, and • services not matching what the person needs. • Issues Preventing People From Getting Mental Health Services. The top three (3): <ul style="list-style-type: none"> • individuals do not meet eligibility criteria to receive services; • limited number of mental health professionals that accept clients with Medicaid or Medicare because the reimbursement rate is too low; and 			

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	<ul style="list-style-type: none"> • stigma associated with receiving mental health services. • Consumer Involvement: 40% of respondents indicated that consumers are rarely invited to participate on the task forces, committees and boards, etc. • Recommendation of AMHD Priorities top five (5): <ul style="list-style-type: none"> • supported housing and employment; • needs of homeless people who are mentally ill; • integrated services for people who have mental illness and substance abuse issues; • assure more accountability and quality of services provided by AMHD; and • integrated services for people who have mental illness and physical health issues. <p>Ideas for Improving Services:</p> <ul style="list-style-type: none"> • Assure the state provides stable, accessible, sufficient and quality services for people who are seriously mentally ill. • Improve the overall quality of care. • Increase accountability and stakeholder involvement in the AMHD. • Address access to care for non-forensic clients. • Address and prevent homelessness for mentally ill people. Provide flexible and suitable housing. • Assure there are adequate and equitable services for the neighbor islands. • The other recommendations included: <ul style="list-style-type: none"> • Implement best practices and ensure fidelity to evidence-based treatment models. • Provide supportive services for families. • Improve AMHD business processes and staffing issues. 			
8. Adult Mental Health Division Report	<p>Dr. Fridovich responded to questions posed by the Council.</p> <ul style="list-style-type: none"> • Special Action Team (SAT) Update: <ul style="list-style-type: none"> • Have increased crisis support and have also increased the availability of case management services. • Mr. Balcom presented an update on the ACCESS Line and the eligibility process. 			

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	<ul style="list-style-type: none"> • AMHD will continue working with partners to extend the MH-1 receiving hospitals. • AMHD is expanding its liaison efforts with the Police Departments statewide. • The specific legislative agenda that came out of the SAT did not succeed; so plans are to regroup and plan for next legislative session. • The SAT will reconvene to do a progress report and provide input on next steps in June or July. • The three Inter-Department Action Teams will implement the recommendations of the three subcommittees. • There will be periodic updates as they become available. • How fungible is Hawaii State Hospital (HSH) funding? There are ways in which the HSH budget or the budget from another part of the division might be moved to help another part, but this takes time. • As of today, the current census at HSH is 190. In addition, 40 patients are at Kahi Mohala Behavioral Health, so the total is 230. • The census 18 months ago was 200. <p><u>Questions and Answers:</u></p> <ul style="list-style-type: none"> • Wouldn't it be better to try to implement services that would keep people out of HSH by loosening up other areas? <ul style="list-style-type: none"> • AMHD will continue to provide services in terms of expanding availability, access to quality services, and linkages across crisis services. • Is AMHD looking at the fact that the State is planning to bring people from the mainland (incarcerated individuals), which may impact HSH and mental health services? <ul style="list-style-type: none"> • AMHD continues to meet with their partners in this endeavor. <p>A Council member commented that seven months have passed since the Governor requested the DOH and other agencies work towards implementing the short term recommendations by the end of the fiscal year. He noted that there was no systematic effort by the SAT to follow-up on those short term efforts.</p>			

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	<p>Dr. Fridovich responded that the SAT had completed the short term implementations and have taken initiatives in most areas. However, with the legislative session occurring, the team anticipated that they would reconvene post session in June or July.</p>			
<p>9. Child and Adolescent Mental Health Division Report</p>	<p>Dr. Stan Michels reported on the progress of CAMHD’s re-organization.</p> <p>Dr. Michels shared the general principles which CAMHD is trying to incorporate into its re-organization, taking into consideration the purpose for re-structuring, the strategic planning process, and long term planning. He shared the following:</p> <ul style="list-style-type: none"> • A concept memo was submitted to the Department for preliminary review in the re-organization process. • CAMHD’s position in the larger Health Care Reform arena will be implemented shortly. • Change the mindset of CAMHD to be that of a provider of services instead of a bureaucratic organization. • CAMHD to “touch” more kids face-to-face. • Incorporate CAMHD’s principles into its organizational chart so that it can endure irrespective of the leadership for the next five to ten years. • Eliminate 25 positions that were rifted a few years ago. Of note, during this past legislative session, legislators further reduced CAMHD’s workforce by 7-1/2 positions. <p>Dr. Michels appealed to the Council to support CAMHD and be more active next legislative session to prevent the legislature from making further workforce reductions.</p> <p>Dr. Michels continued his report by highlighting large structural changes to CAMHD including:</p> <ul style="list-style-type: none"> • Strengthening the Clinical Support Services Office. Overall, there is a need to centralize CAMHD activities. • Addressing consistency of operations across the system, i.e. make the clinical experts more accountable to clinical supervision. • Developing a new office of Healthcare Systems Management. This office will have a compliance office to ensure CAMHD is doing business in a nationally standardized way, in addition to grievance 			

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	<p>issues, fiscal issues, billing and linkages to the Management Information System for the development and implementation of the electronic health record system.</p> <ul style="list-style-type: none"> • Developing a Community Based Operations Branch. This branch will oversee the operations and compliance of all geographic sections and to ensure uniform business practices and quality assurance at the section level statewide. 			
10. Announcements	<ul style="list-style-type: none"> • Mental Health America’s 8th Annual Mahalo Awards is scheduled for May 15, 2013 at the Ala Moana Hotel. Mr. Mike Durant and Ms. Susan King are award recipients. • The Living Well Hawaii Project will host an Open House on May 29, 2013, 10:00 – 11:00 a.m., at the Kalihi-Palama Community Mental Health Center. 			
11. Agenda Items for Next Meeting	<ul style="list-style-type: none"> • None 			
12. Adjournment	The State Council on Mental Health meeting adjourned at 11:30 a.m.			
Mail Outs	<ul style="list-style-type: none"> • SCMH May 14, 2013 Agenda and draft SCMH April 9, 2013 minutes • SCMH Attendance Log • ACCESS Line: Plan for Program Improvement • Services Assessment Survey – Adult Mental Health Division • CAMHD Report to the State Council • Children’s Mental Health Awareness Day Flyer • AMHD Report to the State Council • The Living Well Hawai’i Project – Open House Flyer • Oahu Service Area Board on Mental Health and Substance Abuse, March 2013 Agenda and Minutes. • Maui Service Area Board on Mental Health and Substance Abuse, April 2013 Agenda and Minutes. • Hawaii Service Area Board on Mental Health and Substance Abuse April 2013 Agenda and Minutes • Assessing Your Behavioral Health IQ: The Road to Planning Council Integration • Hawaii Advisory Commission on Drug Abuse and Controlled Substances, April 2013 Agenda and March 2013 Minutes 			