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

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

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

Members Absent:

Members Excused: **Calcagno, Sheila; Foard, Susan.**

Guests Present: **Christopher, Ph.D., Michael; Greer, Mary Prince; Kinsler, Maria; Nagata, Kurt; Worchel, M.D., Jason; Two consumers from Hawaii Island.**

Staff Present: **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	Council Chair, Haaheo Mansfield, called the meeting to order at 9:17 a.m. and quorum was established.		H. Mansfield, Chair	
2. Review of Minutes	Minutes for May 12, 2015 were reviewed and approved as submitted. Mr. Durant motioned to approve the minutes. Dr. Koyanagi and Ms. Daraban seconded.	Action: With no objections, a motion to approve the May 12th minutes carried unanimously.	State Council members	
3. Community Input	• Ms. Trina Tom, of Maui, discussed the negative impact of the closure of the psychiatric beds on Hawaii Island. She expressed concern that approximately one-third of the adolescent beds at Maui Memorial were filled with adolescents from Hilo, and with the closure of mental health beds at both hospitals, there will be a resource issue for these individuals. Ms. Tom asked if an Administrator from the Hawaii Health Systems Corporation (HHSC) could attend a future State Council/Service Area Board			

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	meeting to explain how HHSC plans for the budget cuts, which are effective July 1, 2015.
	• Two (2) consumers from Hilo commented on the budget cuts at Hilo Memorial Hospital. They stated the following:
	  • If there is only one hospital in Hilo and it's already a challenge to get into the hospital, that means, the Licensed Crisis Residential Services (LCRS) beds will be completely filled. (The LCRS only has eight (8) beds).
	  • Consumers who really need assistance will end up on the streets or become suicidal because resources are limited.
	• A consumer from Kauai, stated that he was very appreciative of mental health services, and the solution that it brings in assisting all consumers and helping them in their recovery.
	• Dr. Jason Worchel expressed his concern about the planned Tele-psychiatry program at Kona Hospital. He noted that the plan was developed without community input, local psychiatrists' input, and hospital staff. The plan is to rollout the program in the Emergency Room, Intensive Care Unit, the treatment patient units, and to the medical floors. Dr. Worchel discussed his concerns:
	  • All psychiatric patients will be evaluated and treated through this program. The treating psychiatrists are located on the mainland instead of in Hawaii. Therefore, consumers will lose that personal touch.
	  • Tele-psychiatry has not been used in acute inpatient settings, or in an acute hospital.
	  • Telecommunication, as a liability, is a serious problem especially on Hawaii Island. To attempt to provide services through this system, it is unreliable and leaves patients abandoned by a void in the system because there is no one available to take care of them in the event there is a natural disaster emergency when the system is down.
	  • To have treating physicians on the mainland without knowledge of community resources could be problematic.			

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4. Questions and Answers Regarding Crisis Services on Oahu	Michael Christopher, Psy.D, psychologist from the Honolulu Police Department, entertained preplanned questions from the Council regarding crisis services. Dr. Christopher introduced himself and explained the responsibility of the Honolulu Emergency Psychological Services and Jail Diversion Program (HEPSJDP). He noted that the HEPSJDP provides emergency psychological services and keeps as many individuals who have mental illness out of the jails and diverts them into the mental health system. The program is part of the Honolulu Police Department (HPD) in collaboration with the Department of Health, Adult Mental Health Division (AMHD), and the major hospitals on Oahu. **<u>Questions from the Council</u>** Each month, how often do the HPD officers go out on calls for assistance with individuals living with mental illness? • The Police Psychologists get approximately 300 calls per month from police officers, who are in situations dealing with persons who are mentally ill or emotionally disturbed. For a year, there were 19,000 – 26,000 interactions. How many ACCESS Line calls do you receive from family members each month? • ACCESS Line calls (now called the Crisis Line of Hawaii) from family members are not usually tracked; however, HPD calls the ACCESS Line for Crisis Mobile Outreach (CMO). Approximately 10 calls are received per month. 85 percent of these calls result in MH1s or involuntary trips to the hospital; 10-15 percent of these calls are for CMO. The HPD police psychologists work with case workers to provide assistance to family members, or they contact family members to help the individual at the scene. If someone is identified as having mental illness, and HPD is citing the individual in response to the Sit/Lie Law, how does HPD respond to this individual? • There is no definitive answer to this question. The Sit/Lie law is new. If an officer encounters someone that they have reason	For information only.	M. Christopher, Psy.D	

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	to believe the person has mental illness or is emotionally disturbed, the officer calls the on-call police psychologist. At the time of the call, two decisions are made, 1) the police officer makes an arrest and calls the police psychologist, and 2) the police psychologist makes a determination whether there is a need for a mental health intervention. In essence, you can have just the mental health intervention with no arrest, have an arrest with no mental health intervention, or you can have both. If it is both, the person will be taken to the hospital, arrested but not booked. Do you know how other police departments in other states are managing challenging and/or life threatening behaviors for persons with mental health illnesses? • There are several models that other states use. Some things are the same everywhere but most things are different. The legal issues in which police psychologists have to deal with in terms of the rights of a person and the criteria that need to be followed all come from the Federal Law; however, each state interprets the Federal Law differently. Hawaii is the only State whereby State Law (Hawaii Revised Statutes §334.59) requires the police officer to call the on-call emergency mental health worker. When families call 911, how are they advised when their loved ones are out of control? • Calls are dealt with similar to any 911 call. What kind of training do the HPD Officers currently receive on mental health? • Currently, there are 3-hours of training on how to recognize and respond to mental health situations. • Annually, all police officers go through annual recall and get another 3-hours of training on a particular topic. Police dispatchers also receive 3-hours of training on how to respond to mental health situations. • In August, there will be 24-hours of training for new recruits			

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	for 4-6 hours/day, in addition to the annual 3-hour training for experienced officers. • The Honolulu Police Psychologists are developing an on-lining training that requires a test on specific topics. Topics are: 1. Recognizing and disarming people in crisis; 2. Suicide recognition and prevention; 3. Responding to people who have been traumatized; 4. Responding to domestic abuse; 5. Responding to the mentally ill or emotionally disturbed juveniles; and 6. Responding to the mentally ill or emotionally disturbed adults. How many hours of training and what is the frequency of these trainings for police officers? • Trainings are for three (3) hours on how to recognize and how to respond to mental health situations. • The training was designed to have a 7-year rotational cycle, and each year the focus is on a different topic. Who are the trainers? • The main trainer is Dr. Christopher, and Dr. Tsushima serves as a backup trainer. What procedures are in place when police officers identify that the individuals may have mental health challenges? • This refers to the law, HRS §334.59. The HPD also has a policy #4.22 which spells out the procedures in detail. • Police officers are required to call the Police Psychologists if they have any reason to believe the person has a psychological problem of significance that may put the officers or someone else at risk. Do you have police officers contact you for secondary trauma? • The HPD has in-house Police Psychologists where any police officer can go to for consultation, free of charge.			

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	Many providers and case management agencies in Hawaii inform individuals to call 911 in case of an emergency (mental health crisis). Is this the best practice? • Individuals should call their case managers first. If they can't reach their case manager, they should call the ACCESS Line and ACCESS Line will send a CMO team. If it is an emergency where an individual doesn't want help, then they should call 911. By Federal Law, you have to use the least restrictive means first. Are there any states that are considered "best practice" for responses? • No state does everything the best. Hawaii is the best in terms of having access to a licensed mental health professional all the time. Hawaii is trying to train everyone at the level of Crisis Intervention Training or higher. If 911 is called in a mental health crises, what are the procedures? • The call is treated like any other that goes through 911. Individuals need to inform the 911 dispatcher that the person has a mental illness. What are some suggestions for family members to do in case of a mental health crisis or pre-crisis situation? • The advice is to not wait until the situation gets to a crisis-level. Get help in advance and work with case managers; get family therapy, and seek mental health services. How do HPD and the ACCESS Line interact/communicate? • The Police Psychologists have a separate number to call the ACCESS Line. When HPD calls the ACCESS Line it is to ask about the individual, or to get CMO services to go to the site. Occasionally, ACCESS Line will call HPD when the situation is not safe for CMO to respond to the crisis. What process is in place for adolescents that present with mental health/suicidal/homicidal/drug intoxication challenges?			

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	• The processes are all the same. The HPD treats all these suggested challenges the same as mental health challenges. Could you construct a chart/matrix with all 50 states and territories showing how each responds to crisis? • The Treatment Advocacy Center has a lot of data and charts for all states on crisis response. Do current agencies facilitate annual crisis response training and are there certifications? • For HPD Officers, the training that police officers get is beyond anything such as Crisis Intervention Training or Psychological First Aid. The training is designed to focus on Safe Talk and suicide prevention.			
5. Island Reports	**Oahu** – No report. **Kauai** Ms. Rei Cooper reported that the Kauai Service Area Board (SAB) held an informational meeting. Discussion was on community needs. **Maui** Ms. Trina Tom reported that the Maui SAB did not have quorum. Board members discussed the closure of the hospital beds at Hilo Memorial Hospital. **Hawaii** Ms. Lyons reported that the Hawaii SAB held an informational meeting. The SAB welcomed Greg Keane as the new Branch Chief for Hawaii Island's Community Mental Health Centers. The focus of the discussion was on the transition of youth between the Child and Adolescent Mental Health Division to the AMHD.	For information only.	R. Cooper T. Tom F. Lyons	

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6. Updates from the State Technical Assistance Leadership Academy	Ms. Crum commented that the leadership of the Council was encouraged to place time limits on action times and position them at the beginning of the meeting. Also, the Council should request refreshments from its administration for its meetings.	For information only.	L. Crum	
7. Selection of Three Bullets for the SCMH Strategic Plan	Council members discussed the "SWOT" analysis and selected the top three bullets for each quadrant. **STRENGTHS** • 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. Members 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. **WEAKNESSES** • 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. **OPPORTUNITIES** • 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.	For information only.	M. Vorsino	

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	THREATS • The Council transforms into a no action entity, serves primarily as window dressing to meet the Substance Abuse and Mental Health Services Administration's (SAMHSA) requirements. • Lack of continuity of issues presented to the Council. Strategic planning effort will help with this issue. • Fight stigma against crime regarding mental health illness. The Council discussed and developed an Environmental Scan for the "SWOT" Analysis. • Ms. Vorsino, Psy.D. facilitated this portion of the discussion to assist the group in completing the Environmental Scan Worksheet. (See attached document to the minutes). • Areas for discussion were: trends affecting the United States; trends affecting the State of Hawaii; trends affecting the Behavioral Health Industry; trends affecting the Department of Health/Division, and trends affecting the State Council.		M. Vorsino, Psy.D.	
8. Announcements and other Items	Chair Mansfield asked for volunteers to write portions of the FY2016-2017 Mental Health Block Grant (MHBG) Application to SAMHSA. • The following members volunteered: Ms. Crum, Ms. Simms, Ms. Mansfield and Dr. Vorsino. • Chair then requested a motion to approve these volunteers to be on a Permitted Interaction Group to write portions of the application and to review the final application on behalf of the State Council prior to submission of the application to the SAMHSA. • Mr. Durant moved for these members to be on the Permitted Interaction Group to write portions of the application, and to review the final application to SAMHSA. Ms. Daraban seconded. Chair Mansfield asked members, "What can the Council do with the concerns and issues heard during the Community Input section of the agenda?"	For information only. Action: Council members unanimously approved the Permitted Interaction Group to work on the FY2016-2017 MHBG Application.	Council members	

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	Members suggested the following: • Telemedicine – look at telemedicine as a viable resource when there is a lack of psychiatrist and psychologist available on the outer islands. • As a result of shortage of psychiatrists look at other resources in the mental health field. For instance, utilizing APRN, social workers, psychologist, marriage counselors, etc. If the Council plans to make a presentation to the legislature, the Council should look at the issues beyond telemedicine; look at what needs to be in place, and the stability of the system. • The Maui SAB is watching the private, public partnership at Maui Memorial Hospital. Whoever and whatever the partnerships are developed, the Maui SAB hopes all parties will play a role in funding mental health care. The State Health Planning Development Agency (SHPDA) can help with the issues on beds at the hospitals. • Invite someone from HHSC to attend the next Council meeting to talk about bed space, telemedicine and telepsychiatry. • Invite organizations, such as the military and Hawaii Medical Service Association, who have successful experiences in using telehealth. Chair Mansfield asked Dr. Arensdorf to assist in writing a letter to SHPDA regarding the issues of beds at the hospitals.	<u>Action</u>: Staff to invite an Administrator from HHSC to attend a SCMH meeting. <u>Action</u>: Chair will write a letter to SHPDA.	Staff H. Mansfield	7/14/15 ASAP
9. Future Agenda Items	• 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			
10. Adjournment	The Council meeting adjourned at 11:19 a.m.			
Electronic Documents sent to Members	• State Council on Mental Health Agenda for June 9, 2015 • State Council on Mental Health Draft Minutes, May 12, 2015 • State Council Attendance Log • Strategic Plan for State Council "SWOT" Analysis, Hawaii • Strategic Planning Community Meeting Notes, May 18, 2015 • Environmental Scan Worksheet			

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	• Leadership Academy Notes, May 4, 2015 • Honolulu Emergency Psychological Service & Jail Diversion Program (HEPSJDP) Executive Summary, 2014 • Honolulu Emergency Psychological Service & Jail Diversion Program (HEPSJDP) Report 9.25.14 • Hawaii Advisory Commission on Drug Abuse & Controlled Substances (HACDACS) Agenda, May 28, 2015 and Draft Minutes, April 28, 2015 • Hawaii Service Area Board Agenda and Minutes, April 28, 2015 • Kauai Service Area Board Agenda and Minutes, April 30, 2015 • Maui Service Area Board Agenda and Minutes, April 6, 2015 • Questions and Answers for Crisis Response			