## STATE COUNCIL ON MENTAL HEALTH

Behavioral Health Administration
Department of Health, State of Hawaii
Keoni Ana Building
August 14, 2012
9:00 a.m. – 11:30 a.m.

Members Present Crum, Louise; Daraban, Charlene; Durant, Mike; Harris, JT; Holschuh, Christopher; Kaneaiakala, Alva;

Koyanagi, M.D., Chad; Lorenzo, Katrina; Mansfield, Haaheo; Minami, Theresa; Simms, Sandra; Wilcox, APRN,

Noelani.

New Members: Calcagno, Sheila; Zarate, Michael.

Members Excused: Foard, Susan; Shiraki, Ph.D., Steve; Young, Bailey.

Guests Present: Bernal, Mahea; Lum, Kehaulani; Richardson, Lavonne; Varios, Eliza.

Staff Present: Clarke, Judith; Hiraga-Nuccio, Madeleine; Michels, M.D., Stanton; Nazareno, Jocelyn; Pak, Sandra; Sheehan, M.D.,

William P.; Tom, Trina; Wise, Tracey.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
1. Call To	Quorum was established and Mike Durant, Chair, called the meeting to		Mike Durant	
Order	order at 9:18 a.m. Council members and guests in the audience introduced		SCMH Chair	
	themselves.			
	New members on the Council introduced themselves:  • Sheila Calcagno – Kauai Service Area Board Representative.  • Louise Crum – Judiciary Representative  • Katrina Lorenzo – Youth Representative from Hawaii Island.  • Haaheo Mansfield – Family Member  • Michael Zarate – Maui Service Area Board Representative			
2. Review of	The minutes for June 12, 2012 were approved as written. Dr. Chad	Action:	SCMH Members	
Minutes	Koyanagi moved to approve the minutes. Ms. Simms seconded.	All members voted in favor.		
3. Community	Mr. Holschuh asked the following questions:			
Input	Is there a separate budget for Psychosocial Rehabilitation Services			
	(PSR), and does the monies come out of Case Management funds?			

Page 1 of 8 August 14, 2012

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	Can units for Case Management Services be increased for clients that are not in crisis?			
	<ul> <li>Mr. Zarate asked:</li> <li>Is there a way for the four (4) certified WRAP facilitators on Maui to offer WRAP services to consumers in need?</li> </ul>			
4. Island Reports	<ul> <li>Kaua'i County</li> <li>Ms. Sheila Calcagno reported that the Kauai Service Area Board had their Board elections and the results are as follows:</li> <li>Thomas Dorsey – Chair</li> <li>Mardi Maione – Vice Chair</li> <li>Sheila Calcagno – State Council Representative</li> </ul>	For information only.		
	<ul> <li>Maui County</li> <li>Mr. Michael Zarate reported that the Maui Service Area Board (MSAB) held their elections for new members:</li> <li>Karin Phaneuf – Chair</li> <li>Kevin Block – Vice-Chair</li> <li>Michael Zarate – State Council Representative</li> <li>Mr. Zarate also reported that the MSAB is working with the Mayor of Maui County to discuss changes to transportation in the Maui community bus services. The Mayor was invited to attend the MSAB September meeting.</li> <li>Lanai Island representative on the State Council has recently resigned. Staff is in the process of finding a replacement.</li> <li>Ms. Tom reported that the sale of Lanai island to a private owner and the wind farms on Lanai are causing tension among community members.</li> <li>Hawai'i County</li> <li>No report</li> </ul>	For information only.		
	Oahu County No report.			

Page 2 of 8 August 14, 2012

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ITEM		CONCLUSIONS	RESPONSIBLE	DUE
5. Reports	<ul> <li>Ms. Wilcox reported on the Highlights of the 2012 State System Development Program Conference in Baltimore, Maryland.</li> <li>Ms. Pamela Hyde, Administrator of Substance Abuse and Mental Health Services (SAMHSA), discussed the integration of behavioral health with clinical aspects of services (public health). She encouraged states to look at various populations and be aware of where the trenches are.</li> <li>One of the messages that SAMHSA stressed was that communities are a place where illness can occur as well as health. We need to look at harnessing the energies of our communities.</li> <li>With the movement of the Health Care Reform, there will be a lot of changes.</li> <li>Parity was also discussed to ensure there is equitable treatment. Ms. Hyde used parity as a way to look at prevention and wellness.</li> <li>Future funding ratios – Block Grant (65%), Discretionary (35%), Substance Abuse (70%), and Mental Health funding (30%). When other groups get more funding than others it is challenge to think about integration.</li> <li>Mr. John O'Brien from Center for Medicaid and Children's Health Insurance Program (CHIP) Services talked about making sure there are no discriminations in predicted disability, age, and type of disability.</li> <li>Health Disparities – Assures that all population have equal access to quality behavioral health care. Looking at Revised Culturally and Linguistically Appropriate Services (CLAS) standards. Keeping an eye on our populations, are there particular groups that have been underserved? Does the State Council represent those groups? We need data that informs us on this particular population.</li> <li>Provider Readiness:</li> <li>There needs to be integration with primary care and substance abuse. Our system in Hawaii has made great strides on both sides to try to begin to do that but at the Federal level there will be a greater demand to do this.</li> <li>Computers need to talk to each other.</li> <li>We need to prepare the workforce to deal with all these issues for r</li></ul>	For information only.		

Page 3 of 8 August 14, 2012

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	<ul> <li>People will need to understand the Affordable Care Act, but also begin to implement it. There should be meaningful use incentives for eligible professionals. Our systems must be ready and prepared to meet the service and data demands required to implement the Affordable Care Act.</li> <li>SAMHSA's Leadership Updates:</li> <li>Strategic Initiative #6: Health Information Technology – There is a big issue about prescription drug abuses.</li> <li>Strategic Initiative #7: Data, Outcomes and Quality – "Raising bottom up." Reaching people earlier in primary care; use pieces of data to tell our story.</li> <li>The Evolving Role of Mental Health Planning and Advisory Councils: Integration of Councils – looking at integrating substance abuse partners to evolve into a Behavioral Health Council.</li> </ul>			
	<ul> <li>Ms. Sandra Simms reported on The Governor's Special Action Team on Hawaii State Hospital (HSH) Census.</li> <li>The Legal and Judicial Subcommittee focused on issues: <ol> <li>Forensic examination takes too long which is a big problem. One reason was that court orders were unclear and not received timely. At the last meeting there were discussions about how to address the issues of forensic exams taking so long. There were no solutions, but it was recognized that there were some distinct problems between how District Courts operates and how Circuit Court operates on mental health issues. There is a Court-Based Clinician in the District Court who is assisting Judge Koyanagi. Subcommittee will continue to discuss recommendations to address the problems.</li> <li>Conditional Release Violation – the consensus was that HSH is the only appropriate location to admit individuals who violate their conditional release but this option is too expensive.</li> </ol> </li> <li>Mr. Durant asked if there are delays in court order releases being signed. Ms. Crum stated that a request for early release can be requested of the Court.</li> </ul>	For information only.		

Page 4 of 8 August 14, 2012

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6. Adult Mental Health Division (AMHD) Report	<ul> <li>Dr. Sheehan reported on AMHD activities:</li> <li>Completed Neighbor Islands' Consumer Round Tables. The reports are being compiled into a database along with the report from the Special Action Team on HSH Census. These reports will be put into a plan that will guide AMHD for the next fiscal year.</li> <li>Rate of admission to HSH in the last six months was significantly high. In April and May, AMHD expanded contracted beds at Kahi Mohala from 16 to 40.</li> <li>AMHD approached the Governor's office with the request for assistance. As a result, the Governor initiated a Special Action Team. Three committees were created: (1) Procurement, Human Resources and Financing, (2) Program Capacity and Clinical Operations, and (3) Legal/Judiciary to address the HSH census.</li> <li>The subcommittees have been meeting and will make long and short term recommendations to the Governor that will also include recommendations for the biennium budget for the next two years.</li> <li>Proposals from the Program Capacity and Clinical Operations subcommittee are: (1) Diversion activities, (2) Expanding current service array and (3) Closing service gaps.</li> <li>Proposals from the Procurement, Human Resources and Financing subcommittee are: (1) Rates, (2) Procurement Rules to get things done quickly, and (3) Hiring more staff.</li> <li>Dr. Edward Suarez has resigned from AMHD and moved to CAMHD. Mr. Adam Quon also resigned to work for the USA Vets.</li> <li>Questions and Answers with Dr. Sheehan Is there a separate budget for PSR, and does it come out of Case Management units?</li> <li>Answer: There is no separate budget for PSR; however, it is included in the Community Based Case Management (CBCM) contract.</li> <li>Can units for case management services be increased for clients that are not in crisis?</li> <li>Answer: Additional units can be requested with a valid clinical reason for patients who need more units for their recovery, including people who are not in crisis.</li> </ul>	For information only.		

Page 5 of 8 August 14, 2012

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	Is there a way for the four (4) certified WRAP facilitators on Maui can offer WRAP services to consumers in need?  Answer: AMHD has not considered this before, but Dr. Sheehan will report back on this at the next meeting.  Has AMHD been able to recuperate from the budget cuts?  Answer: 20% of AMHD services were cut; however, with the new fiscal year budget, AMHD can cautiously expand on services.	Action: Look into WRAP facilitators on Maui offering WRAP services.	Dr. Sheehan	9/11/12
	Do you think that environmental factors may have contributed to the spike in June?  Answer: It might be due to several factors: cuts in services three (3) years ago, the increase in Hawaii's population, and the number of court orders for examinations which have increased by 30%.			
7. CAMHD Report	<ul> <li>Dr. Michels reported on CAMHD activities:</li> <li>Attended the SAMHSA Conference in Orlando, which focused on the planning grant. SAMHSA is very pleased with Project Laulima.</li> <li>CAMHD expects to hear from SAMHSA by the end of September whether CAMHD will get the four (4) years implementation grant.</li> <li>Initiative with Hawaii Families As Allies – Ms. Rachael Guay has been working with Hawaii Families As Allies (HFAA) to: (1) have HFAA become more involved with management of cases and families, (2) Work on the process of credentialing, and (3) Get Medicaid reimbursements for the supportive activities that the Parent Partner does with the families by negotiating with the MedQUEST Division. Getting Medicaid reimbursement would diversify funding support for the agency.</li> <li>CAMHD is working with their counterparts in Arizona on several strategies for getting Medicaid reimbursements.</li> <li>The Department of Education will be handling the educational components at CAMHD's residential programs.</li> <li>There will be no more than three (3) Primary Care Initiatives pilot projects: <ul> <li>The Primary Care Associations and Kokua Kalihi Valley Federally Qualified Health Center (KKC FQHC).</li> </ul> </li> </ul>	For information only.		

Page 6 of 8 August 14, 2012

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	<ul> <li>The Department of Psychiatry, Child and Adolescent Division.         There will be two (2) clinic sites in the State.     </li> <li>Project Launch – SAMHSA funded proposal. Will expect to hear in the fall if awarded. If funded it will be jointly chaired by CAMHD and the Family Health Services Administration.</li> </ul>			
	Dr. Koyanagi asked how would CAMHD embed a child psychiatrist in rural areas and not have the psychiatrist see adults. Dr. Koyanagi opined that most of the rural areas are underserved in mental health and many doctors who go to these rural places try to do the right thing by providing services for anyone who needs help.			
	Dr. Michels responded that CAMHD has statewide Telehealth programs, which are in the Family Guidance Centers (FGC). A child can go to the FGC for psychiatric consultation via the telehealth system. Although the psychiatrist is there for children, it will depend on the doctor if they want to see adults. CAMHD is in the early stages of this process and knows there will be situations and challenges like this that will need to be addressed.			
8. Nominations of State Council on Mental Health Officers	<ul> <li>State Council discussed elections for new officers. Results were:</li> <li>Mike Durant – Chair</li> <li>JT Harris – 1<sup>st</sup> Vice Chair</li> <li>Sandra Simms – 2<sup>nd</sup> Vice Chair</li> <li>Charlene Daraban - Secretary</li> </ul>			
9. Discuss Member's Participation on PI Groups	<ul> <li>Council members will select one of the Permitted Interaction Groups (PI Groups) for membership.</li> <li>Membership for each PI Group will be noted on the Attendance Sheet.</li> </ul>	Action: Staff to send PI Group Handout and State Council Planning Goals to members.	J. Clarke	8/15/12
10.Anouncements	None			
11. Agenda Items for Next Meeting	None			
12. Adjournment	The meeting adjourned at 11:30 A.M.			
Mail Outs	SCMH August 14, 2012 Agenda and Draft SCMH June 12, 2012 Minutes			

Page 7 of 8 August 14, 2012

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	<ul> <li>SCMH Attendance Log</li> <li>2012 State System Development Program Conference Report – Noelani Wilcox</li> <li>Child and Adolescent Mental Health Division Report to State Council on Mental Health</li> <li>Adult Mental Health Division Updates for State Council on Mental Health</li> <li>SCMH Permitted Interaction Groups Handout</li> <li>SCMH Planning Goals</li> <li>Maui Service Area Board on Mental Health and Substance Meeting June 4, 2012 Agenda and Minutes, and July 2, 2012 Agenda and Minutes</li> <li>Hawaii Advisory Commission on Drug Abuse and Controlled Substances July 26, 2012 Agenda and May 24th, June 28th Minutes</li> </ul>			

Page 8 of 8 August 14, 2012