



## SEOW Quarterly Meeting Minutes

Friday, May 28, 2021

1:00 pm – 3:00 pm

Time	Friday May 28, 2021; 1:00 – 3:00 pm
Location	Zoom Webinar
Address	-
<b>41</b> Attendees	

### Meeting Minutes

1:00pm-1:10pm Welcome and Introductions

1:10pm-1:40pm *Ayada Bonilla*, State Educational Specialist from the Department of Education, presented an overview of the School-based Behavioral Health (SBBH) Program

- Program established in 2001, Ayada has been part of the program since its inception
  - In response to a class action lawsuit, in response to lack of mental health support for students
  - Ensure that students with social, emotional, behavioral, and/or mental health difficulties that impact schooling
- Multi-Tiered System of Support
  - Continuum of support: promotion of academic, social emotional, behavioral, mental, and physical well-being for students to thrive and intensive support for students that need it
  - Foundational Beliefs:
    - the why
  - Data-driven, team based, decision making
    - What's really happening? Issues, concerns, strengths of current system?
  - Universal screening and progress monitoring
    - Are the things we are doing having an impact and affecting outcomes we are aiming for?
  - Multi-tiered system of practices

- Do we have enough support for all of your students?
  - Three tiers:
    - Foundational - impact all students (~80%)
    - Need small group interventions (15-20%)
    - Most support for the intensive, individualized mental health services
- Foundational beliefs
  - United front for student well being, spirit of lokahi
  - Behaviors that impact how think and feel as well as physical well being
    - Substance abuse can affect these, don't target specifically, but develop skills to make decisions for their health
  - Mission: Use the multi-tiered system to work toward outcomes desired
  - Staff:
    - Behavioral Health Specialists: direct support through individual or group counseling. Give skills to make responsible decisions
    - Clinical Psychologists: Some provide direct services, many diagnostic services, direct support and services for intensive need
    - School Psychologists: walk school team (admin, teachers, specialists) on how to help students
    - School Social Workers: front line to family, parents and guardians. Do home visits to ensure they can support their students and connect to community resources
- Data Driven, Team Based Decision Making
  - Someone expresses a concern, and then the team will look at the data for a student, use the data to make decisions
  - Data sources: Look at the picture of the student, not all new data (e.g. attendance, times seeing health office, pediatricians, observations, etc.)
  - Ask questions of the school teams to ensure doing best for the students
  - Are skill v. performance addressed?
- Practice Wise
  - Look at very systems used to address issues

- See what skills the curriculum focuses on
- What are the most effective strategies?
- Hoping to collect data on practices used by direct workers and see how they are doing
- Universal screening and Progress Monitoring
  - Students may raise flag by behavior
  - Some have more internal issues that may not be so obvious
    - Attendance, discipline, grades
    - Want to bring in post-pandemic, students who won't raise flags, so system to screen for students with internalized issues
  - Longitudinal data system
    - Look at history of indicators
    - SBBH supports 5,652 students, 5,026 high risk, 87.76% attendance, 769 incidents
      - A lot due to COVID
      - Establishing baseline this year to implement evidence based strategies and data collection for cleaner data for future
      - Some students with disabilities, some with crisis support

1:40pm-1:50pm      Presentation Q&A

- Is this strictly K-12, or is DOE preschool (including SPED preschool) also included in the data and program?
  - Supports and services is pre-k through high school
  - Supports for pre-k more so for adults in classroom, lots of one to one support, behavior support plans
- In what way are school counselors involved in the SBBH?
  - Focus on tier-1: school wide support, social-emotional learning curriculums, classroom supports
  - As students who may need more support than counselor can provide, then may be sent to review through SSP
- Who makes the referral to the SBBH?
  - Could be parent or teacher with concerns, or admin, or anyone

- Once concern comes in, then identify the needs of the student? Can a counselor provide the support?
  - If too much for counselor, then goes to behavioral health staff
- How do folks become BHS? What are the qualifications? How do people apply? We work with lots of undergrads. Do they have to become teachers first or is there another route, like BA in psych or social work?
  - Depending on the group, qualifications differ
  - For BHS, not a direct requirement for license, but maintain master degree level in mental health or social work
- What were some of your most memorable experiences with the program?
  - Certain students hold closest, ones who came that staff had lost hope in them, wanted out of classroom
  - #1 is building relationships with students, environment where students can trust her, enable ot walk through making good decisions in other environments
  - Some had amazing personalities and then introduce them as they are to teachers
  - Would do “lunch-bunches” in JPO closet (her office), with students, other would come by and want to sign up
  - Loved knowing her students knew she was there for them and had their best interests at heart
- Have you noticed any trends (good or bad) since you began this program?
  - When first started, focus on social, emotional learning (whole child), with shift of expectations of federal government on what students should produce (no child left behind) moved focus to academics and decrease in skills

- Some students now don't have those competencies since they never learned skills
  - Now swinging back in this direction
  - COVID highlighted need for mental health supports
- How do the teachers fit into this?
  - Data driven team based: teachers are the front line creating environments students exist in
  - Deliver school wide supports
  - Identify when classroom supports are not enough for a student, observations, help create plan for support
  - Make sure teachers have skillset to work with students in most effective ways - provide them support too

1:50pm-2:00pm Break

2:00pm-2:30pm *Tamara Whitney*, Program Coordinator from the State of Hawaii Department of Health, and *Michele Nakata*, Supervisor for the Dispensary Licensing Section, who will present substance use data related to the Medical Cannabis Registry Program

- Cannabis use on the rise, some CBD only
- Hawaii and California were first states to implement medical marijuana
- Hawaii
  - Medical only state since 2000
  - Dispensaries opened in 2017 - opened access to patients
  - Include patients that do not live here
  - 2020: joined cannabis regulators national organization to make informed decisions
- OMCCR
  - Mission: safe access to medical cannabis for patients
  - Patient registry to qualify
  - Dispensary licensing to ensure quality

- Patient Eligibility
  - Must register with the program: in state for residents and out of state for visitors
    - In state: need valid ID and from a doctor
    - Out of state: need ID from home state and dr from that state
    - Both must have qualifying debilitating condition
  - Adults patients mostly have severe pain or PTSD
    - Minors must have seizures or PTSD
  - Once dr confirms, send application to them and then register for card
- Applications
  - In state: 2,266 /month
  - Out of state: 315/ month
  - Turn around 3-5 business days, expedite for certain conditions
- Growing by 1.8% per month, ~2.17% of Hawaii population
  - Average patient: male, over 45, on Oahu, has severe pain
  - Minors <1% of patients
  - Most 36-75, oldest is 101, youngest 5
- Conditions of use
  - No use in public space, impacts another person, in concealed container
  - federally illegal - cant transport inter island
  - Must have 329 card and ID on you whenever using
  - Smoke free laws apply
- Patient and Caregiver protections if stay in compliance
  - Non-discriminatory language for school enrollment, housing, medical care, and custody

- Feel no less secure than someone who has more traditional treatment path
  - No patient protection for employment
- Conditions on use, growth, options
- Licenses
  - Only 8 in the state
  - More can be added at some point
- Electronic Seed to Sale tracking
  - Allowing people to grow substantial amounts of cannabis
  - Fear for some leaving the legal system or brought in from somewhere else
  - System accounts for every plant and plant material from cultivation to harvesting to production to lab testing and then retail sales to patient
    - Only way cannabis can exit system is by destruction or sale to patient
- Quality Assurance Testing
  - Every batch tested for standards
  - Other states do random testing or every so often
  - Complete indoor cultivation: green house or solid structure
- Products:
  - Anti smoking: so no pre-rolled joints, spliffs, no “vapes”, no paraphernalia
  - Control temperature of cartridges
  - Ingestibles: edibles authorized beginning 2021 - working on admin rules
  - Topicals
  - concentrates - shatter, resin, etc.
- Dispensaries

- Can dispense up to 4oz in 15 days (not to exceed 8oz in 30 days)
  - 4oz is = 2 sandwich bags = up to 400 joints
- Number of stores and sales increase steadily
- ~40% of card holders go to dispensaries
  - Want to increase so using legal, regulated, lab tested source
- Most sales are “usable” flower,
- then inhalable - growing substantially - use of cartridges, more discrete, not subject to challenges of rolling fresh
  - Also includes concentrates, high THC content
- Data
  - BRFSS will add cannabis-related questions
  - CDC recently have office for assisting cannabis related education and data analysis
    - Hawaii has some funding through this for optional cannabis modules
  - Compare to Colorado
    - They found increase in use/consumption
    - Increase in daily use, and perception that this has no risk of harm
    - Nearly half of adults who report use do so daily
  - YRBS
    - For high school looks flat or downward trend
    - Concerned that even though less people smoking, but vaping and “other” are significantly increasing
    - Colorado
      - Increase in driving after use
      - Increase in dabbing and vaping
  - PRAMS



- Use before and during pregnancy not collected much
- After pregnancy concern too about second hand exposure to infants
- THC crosses placenta barrier and breast milk
- From Colorado
  - Relationship for THC can cause acute psychotic symptoms
  - Young adults find use associated with future psychotic disorders
  - Frequent use can be negatively associated with not graduating high school
- APHA policy that public health use urge states to pay attention to children, youth, and marginalized populations to monitor patterns for public health and safety

2:40pm-2:50pm

#### Presentation Q&A

- Is this the 1st year that you are including the questions in the BRFSS?
  - Yes, this will be first year for Hawaii
- For the Colorado data comparison to HI: what is age of consent for marijuana in CO vs HI? is it 18 or 21 years old?
  - 21 in Colorado
- What is OMCCR to educate patients and dispensaries given the changes in the field?
  - Education has been about access and registration, no public health campaign in place
  - Wanted to launch campaign for education beyond rules and laws
  - Health educator position
- Any directions for our state regarding rec use?
  - Legislation introduced every year

- Dual use system would have impact on patients
- Are specific strains "prescribed" for medical conditions or do they just get access to all products?
  - Doctors don't prescribe a type, so the patient is open to all products at the dispensary
  - Some physicians take stronger stance on what patients use, but rely on dispensaries for advice
  - Start with low concentration product and slowly increase to provide just enough for helping
  - Some states require licensed pharmacist to do this
- If a patient visits a dispensary but doesn't know what to buy, does the dispensary staff offer "advice"? Or is there a policy that the dispensaries refer them back to their certifying physician?
  - Dispensaries will provide suggestions, can ask what form they want
  - If respiratory condition, suggest not smokable forms
  - Depends what the patient is seeking
  - Apps can be used where patients register and enter the type of condition or symptoms they have and then the product they purchase and how used and provide comments about providing relief or unpleasant side effects, can choose to register, share experiences
- Do you see a conflict of interest with producers of cannabis being the retailers & default advisors as to what product to consume? Kinda like Purdue pharma recommending pain killers?
  - No standard dosing information, some for CBD
  - Hundreds of cannabinoids present in the plant
- Are dispensary clients given the information regarding the risk for psychological effects and overdose with products containing high

levels of THC?\* by overdose I don't mean fatal, but having too much THC in their system

- Not currently, looking into health education
- Requirements on warning label but are minimal
- doesn't higher THC mean lower CBD, which I understand is the pain relieving component?
  - Traditionally was the case in plants, but now are bred to adjust the relative concentrations
  - Produce extracts which can be mixed, could be 1:1 or 2:1
- Are there any legislative discussions happening to have protection of State laws in place if an individual transported medical cannabis inter-island?

2:50pm-3:00pm      Closing: The next SEOW Quarterly Meeting will be held on Thursday, August 19, 2021 from 1:00pm – 3:00pm via Zoom