

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

Virtual Meeting via Zoom
January 10, 2023
9:00 a.m. – 12:00 p.m.
Hybrid meeting via Zoom AND
In-person at Hale F Conference Room, 2201 Waimano Home Road, Pearl City 96782

APPROVED MINUTES

Members Present: Katherine Aumer, John Betlach, Naomi Crozier, Lea Dias, Jon Fujii, Heidi Ilyavi, Jackie Jackson, Chris Knightsbridge, Eileen Lau-James, Ray Rice, Richard Ries, Mary Pat Waterhouse, Marian Tsuji (ex-officio)

Members Absent:

Members Excused: Antonino Beninato, Kathleen Merriam, Jean Okudara, Kau`i Seguancia, Kristin Will

Guests Present: Cindi Dang, Izeah Garcia, Mellissa Ring, Raelyn R., Brian Talisayan, Fern Yoshida

Staff Present: Madeleine Hiraga-Nuccio, Jocelyn Nazareno, Carolyn Weygan-Hildebrand, Valerie Yin

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
I. Call to Order	Richard Ries, Chairperson, called the meeting to order at 9:05 a.m. Quorum was established at 9:11 a.m.	For information only
II. Meeting Announcements	R. Ries welcomed members and guests. He announced the following: <ul style="list-style-type: none">Meeting protocol<ul style="list-style-type: none">-In case there is a breakdown in communication that cannot be restored within 30 minutes after interruption, the meeting will automatically be terminated, and the Council will meet again on Tuesday, January 24 at 9am using the same links provided for this meeting.-Community input will be received in the designated part of the agenda as well as throughout the meeting.	For Information only

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	<ul style="list-style-type: none"> • Membership Status: <ul style="list-style-type: none"> -There continues to be three (3) vacancies on the Council, two (2) Service Area Board members and one (1) Department of Education representative. There are six members whose terms will be expiring on June 30, 2023. He thanked those who already applied again. For those who will be completing two terms already (~8 years), the rule requires that that one takes a break for at least one year before applying again. • 2023 State Council Report to the Governor and Legislature <ul style="list-style-type: none"> -The final version was submitted on time and a copy is posted in the Council website. https://scmh.hawaii.gov/about/annual-reports. • Today's agenda and handouts <ul style="list-style-type: none"> - All were encouraged to go through the meeting packet and see a copy of the letter that was sent to the Maui Police Commission, and several materials that are for today's meeting agenda like the notes from the Office of Information Practice, Letter and Statement from Kaiser Permanente, and proposed revision to the Bylaws. 	
III. Consideration and Approval of Review Minutes <ul style="list-style-type: none"> • December 13, 2022 	The draft minutes for December 13, 2022 were reviewed.	<u>Action</u> Naomi Crozier moved to approve the December 13, 2022 minutes. Eileen Lau-James seconded. Motion passed unanimously
IV. Community Input	<p>John Betlach, as a member of the public brought attention to community situation that needs solutions. He talked about a person who had a stroke but who refused services and died later. He also talked about another one who talked to paintings and herself but refused help.</p> <p>Heidi Ilyavi encouraged J. Betlach to contact her on this Big Island situation to help get services for these persons. Jon Fujii also encouraged J. Betlach to</p>	For information only

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	<p>contact him and offered to help from the Department of Human Services/Medicaid perspective.</p> <p>J. Betlach reported further that numerous people cannot get benefits for the SNAP Program. The online process for application doesn't work well so application for the SNAP Program needs to be mail in. He asked the Council for any recommendations that could help folks receiving SNAP services or how to work with a caseworker.</p> <p>N. Crozier commented that Maui is in the same predicament. Folks have lost SNAP benefits or their benefits have been delayed due to shortage of staff. Mental Health Kokua on Maui try to give folks food due to the huge influx of applications and delays in benefit.</p> <p>Suggestions from another guest and two other members on who else can help include the Institute for Human Services, case management at Care Hawaii, and Mental Health Kokua.</p> <p>R. Ries wrapped up by saying that the situation echoes others parts of mental health services, and part of the Council's job is to make the connections happen.</p>	
V. Old Business	<p>A. Youth Survey – PIG Update Tabled. R. Ries reminded that Antonino Beninato wanted this Council to help identify survey questions.</p> <p>B. Advocacy – PIG Legislation 2023 Update Formation of Permitted Interaction Group (Negotiating) Or Ad Hoc Committee? – OIP response and recommended action</p> <p>R. Ries recapped that the investigative permitted interaction group for 2023 legislation was dissolved in light of new understanding about PIG from the OIP's letter to the SCMH. Instead, at the December 2022 meeting, the Council approved a motion to create a negotiating PIG <u>or</u> an ad hoc</p>	<p><u>ACTION</u> Eileen Lau-James moved to create a Legislative Ad Hoc Committee to sift through the bills for the 2023 legislative agenda with the assistance of staff to present the bills to</p>

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	<p>committee for the 2023 legislation subject to further guidance from the Office of Information Practices. The smaller group will sift through legislative bills to determine which bills to track and prepare testimonies for. In an email response, the OIP advised that negotiating PIG is not the right tool. The OIP provided a handout called “Quick Review” which listed four options for how boards and councils can proceed with legislative bills. Under any option, the Council has to vote on bills first before others can work on the details of testimonies. R. Ries asked for any comments. C. Weygan-Hildebrand clarified that the Council can have an ad hoc committee or leave it to staff to sift through the bills. K. Aumer sought clarification whether the tasks of last year’s PIG will essentially be the tasks of this ad hoc committee. Staff answered that the PIG last year met but not along what the law required of an investigative PIG. R. Ries summed up that the ad hoc committee will be like last year’s PIG but meeting notices and agenda need to be out at least 6 days before. It can have at least 2 members but cannot be more than the Council’s quorum. This means it can only have up to 8 members.</p> <p>C. Onboarding – OIP response on PIG for each new member and recommended action.</p> <p>R. Ries said that the Council have three new members since last November, so there are now two cohorts of new members who need onboarding. The forming of a PIG for individual onboarding was put on hold because staff requested time to confirm what was possible. In an email response, the OIP suggested that it may be easy to assign one member to mentor the new member and to use the format of a two-person permitted interaction group. The new members of the Council are Mary Pat Waterhouse, Jackie Jackson, Leah Dias, Kristin Will, Jean Okudara, and John Betlach. R. Ries recommended that PIGs be created for the new members who are present and tabled for the rest.</p> <p>After the 3 PIGs were created, E. Lau-James sought clarification on how to proceed. Staff clarified that the two members can meet on their own. Staff</p>	<p>the Council at the next meeting. Naomi Crozier and Katherine Aumer seconded.</p> <p>Motion passed unanimously.</p> <p>The committee was formed with following volunteers: E Lau-James (chairperson), Katherine Aumer, Jackie Jackson, Naomi Crozier, J. Betlach, Ray Rice.</p> <p>It was acknowledged that Mary Pat Waterhouse, who is not present, expressed interest. She will be added after staff confirms.</p> <p><u>ACTIONS</u></p> <p>E. Lau-James moved that a two-person permitted interaction group be created to assist in onboarding new members. This is for N. Crozier to mentor Jean Okudara. J. Betlach seconded. The motion passed unanimously.</p> <p>H. Ilyavi moved for the creation of another two-person PIG. This is for H. Ilyavi to assist J. Betlach. Lau-James seconded. Motion passed unanimously</p> <p>E. Lau-James moved that a two-person PIG be created. This is for E. Lau-James to assist</p>

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	<p>asked that members refer to the handout today (OIP on the welcoming new members). R. Ries encouraged a reporting back by the PIGs.</p> <p>D. Strategic Planning Retreat – Requested action R. Ries announced that that PIG for Strategic Planning Retreat is dissolved. The group lost its chairperson and never met.</p>	J. Jackson. J. Jackson seconded. Motion passed unanimously.
VI. New Business	<p>A. Informational Presentation The Hawaii Mental Health Task Force and Themes for the 2023 Legislative Session by Bryan Talisayan.</p> <p>Talisayan introduced himself as the Executive Director of Mental Health America of Hawaii (MHAH). He has been with the job since the pandemic. MHAH is about 80 years old. It is a statewide organization with one office in Honolulu and another one in Maui. MHAH services the entire state, and primarily focus on advocacy and education programs like mental health resilience and wellness, suicide prevention, youth, adult mental health first aid, and those types of programs. MHAH also convenes the Mental Health Task Force (MHTF).</p> <p>The Mental Health Task Force was re-started in 2018. Its advocacy strategy for this year has not been set up yet. The MHTF's main task is to bring together advocacy groups and individuals and have a more cohesive voice. There are 250 names in the MHAH distribution list, and between 50-100 individuals attend the meetings depending on the time of year. The meetings are sometimes attended also by legislators like Sen. Rhoads and Rep. Belatti. The legislative committees that the group often interacts with cover health, housing, and human services. The 4 priority areas that are expected in the coming session are system and access, housing and shelter/economy, youth mental health, and crisis/prevention. These can change depending on what comes out. Concerns under housing and shelter includes the projected 60% chance of recession this year. A 1% increase in unemployment has been linked to 1% death by suicide.</p>	For information only

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	<p>1% increase in unemployment , 1% death in suicide. Concern for youth mental health has been highlighted by the surgeon general’s report on this. Locally, our schools are increasing support and outreach. We are increasing training for schools. Under Crisis/Prevention, more can be done by improving 988 and the crisis lines, and services. The MHTF relies on key stakeholders also (See attached copy of presentation slides.)</p> <p>The MHTF is meeting on Friday, from 2-3 pm. All are welcome.</p> <p>Q&A.</p> <p>Q. What is your process for reviewing the legislative bills?</p> <p>A. When the Legislature session opens all the bills and policies are posted to the Capitol website. We go through every single bill, search by keywords for mental health, housing and homelessness. This year we are getting help from an advocate that will track the bills for us because it was literally a full-time job for me last session. It was literally seven days-a-week job until the session ended in May or June. We also work with our partners and if they have priorities that they need support on and it's consistent with not just our organization, philosophy and values, and the needs of the community, then we'll definitely support these.</p> <p>E. Lau-James recommended that all Council members, especially new members. She said that it is educational and will answer so many questions and get to know how things work and who's involved in the community and advocacy groups.</p> <p>Bryan Talisayan said that anyone interested in the meetings can email him and request to be on the distribution list. The Task Force meets on the second Friday of every month from 2-3 pm.</p> <p>R. Ries thanked B. Talisayan for the clear and succinct presentation.</p> <p>B. Informational Presentation and Statement:</p> <p>1. Kaiser Permanente Mental Health Workers Strike in Hawaii –</p>	<p>For individual action only. Interested individuals can attend MHTF meetings by emailing bryan.talisayan@mentalhealthhawaii.org</p>

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	<p>Presentation</p> <p>Dr. Melissa Ring presented, instead of Andrea Kumura of the National Union of Health Workers Bargaining Committee</p> <p>Dr. Melissa Ring’s presentation transcript excerpts is as follows:</p> <p>“ I'm a clinical psychologist. I've been licensed for 40 years. I've been in Hawaii for almost seven years now. And thank you for the opportunity to speak again about the mental health services provided by Kaiser and our concerns about the inadequacy of the services that they offer to their members. I want to thank you for including us on your annual report. And I really do look forward to collaborating with the council in the future. I'm currently employed by the Kaiser call center. And what we do is we screen members from across the islands, we listen to their reasons for seeking mental health services. And we try to pair them with the most appropriate services whether that's psychiatry or psychiatry and therapy, or just therapy alone. So we hear the stories and increasingly over the last months and 2021 and early 2022, we were more and more alarmed at the inadequacy of having to tell people that they needed to wait for a very long time before they could get a first appointment or even telling them that they needed to call possible providers themselves and basically ended up getting the same answers we were getting which is ' I'm full.' So, we've been working with Kaiser for about four years now and giving them ideas on ways that we thought that they could make changes to be a more attractive workplace. They were frequently able to hire staff, but they/ we've not been able to keep them. And there's never been a net gain in number of staff. And so, prior to striking, we reached out to try to get regulators involved to see if they could help put some pressure on Kaiser to make some of these needed changes. We did believe that these problems were actually violating state and federal law. So we filed a complaint with DCCA (Department of Commerce and Consumer Affairs) in November 21. And some time after that, with the National Council for quality assurance or Committee for Quality Assurance, we'd hope that would lead Kaiser to make a difference to take our concern seriously. Unfortunately, DCCA has not responded to our</p>	

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	<p>complaint. But six months ago, NCQA (National Committee for Quality Assurance) did put Kaiser on a corrective action plan. The plan required Kaiser to hire dozens more therapists between now and 25, and to correct these chronic systemic violations of meeting the mental health needs of their members. Kaisers access violations unfortunately have persisted. As I said they were able to hire some staff but they lost even more staff. And NCQA even found that Kaiser's lack of access to behavioral health for Kaiser members poses a potential safety risk, and potentially is a risk to the entire system of care because working members may end up having their mental health conditions worsened to the point of leaving the workplace and then putting increase stress on the Medicaid system, the state system and everything. So, Kaiser is the only health insurance company in Hawaii that's under an NCQA corrective action plan and they have not met their goals. For example, Kaiser failed to expand the number of therapists and there's even fewer therapists now. As frontline experts in providing care in Hawaii, we know what can happen to improve Kaiser system, they need to be able to adopt tried and true workplace and care delivery strategies to recruit and retain qualified practitioners. They need to address wages, benefits, working conditions and staffing levels. However, instead of working with us to improve appropriate standards, they've refused to make them patient access, problems continue to worsen. In fact, they've actually shown an unwillingness to even continue past practices to keep staff. I remember back in January of 2020, I was working at the Maui Lani Clinic. And at that time, there had been a state decision not to award a Kaiser Medicaid contract for the coming fiscal year. And I remember as a mental health clinician on Maui thinking up so we'll lose all of these members, maybe we'll have enough staff to meet the needs of the others. But of course, that went away with a pandemic and we continue to get more and more members every year. So we've been on strike without wages for almost five full months. We started at the end of August, we're now into January. We're striking because Kaiser is not meeting the mental health needs of its patients. Healthcare purchasers are taking action. The EUTF (Hawaii Employer-Union Health Benefit Funds) which is the largest purchaser of health insurance in Hawaii, did let their participants know that they could cancel Kaiser insurance in</p>	

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	<p>between open enrollment times if they were concerned about the lack of access to mental health care.</p> <p>So again, the lack of quality behavior health affects everyone in Hawaii. When the second largest insurers in our state doesn't adequately staff behavior health units, the patients aren't seen in a timely manner. They're more likely to decompensate require higher levels of care. And I've seen, you know, I've seen Kaiser's responses, you know, they say that Kaiser is contracting with more therapists, and they say that that's meeting the needs. But many of the contractors do not accept Quest, they do not accept Medicare. Most of them are online, only many of them are on the mainland. And time differences, cultural differences all impact. And, you know, I don't want to bring in all the, the concerns about our disputes, but I want to give you an example. Kaiser claims that hold current, or our current wages, the current wages that we have, are above the Hawaii market. They're proposing freezing wages for over half the staff, and bringing in new staff at wages significantly lower than California. We have been saying that California and Hawaii have very similar cost of living, and that we need to be at least somewhat competitive with California. When we're talking about the differences, Kaiser's proposal is \$8.50 An hour lower for LCSW's, or 17,800, a year, lower than California, and licensed mental health professionals. When you look at numbers, there is significant for the individual therapists, but relatively insignificant for a \$12 billion company. We're not even asking for what California wants. We're asking for less than that. But they will not budge. We have reached out to the Governor, the Governor is very interested in trying to get our strike settled. We appreciate your advocacy. I worked for state hospitals in four different states for over 23 years. I know the impact that the private sector has on the public sector. I'm very attuned to that. And I really hope that we can continue to work together. I can take any questions.”</p> <p>Q. You mentioned Kaiser is the second largest health insurance company. Who is the first largest and show do you fare against compared to their wages?</p>	

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	<p>A. HMSA is the first. Most of the HMSA do not hire people directly. So we're a health maintenance organization. We have a combination of hired staff and contracted staff. In the past, when I have referred people to contracted staff. I had been told that Kaiser pays less per hour than HMSA did. Now Kaiser has been putting more money into their contracts, they have increased their contracted rates, but they have not increased rates for hired staff. And the reason Kaiser's whole model of care is having staff all under one system all under one umbrella. And we really believe in that integrated care, having psychiatrists and mental health and primary care all working together is most important for our most difficult patients, the ones who have medical complications and such. So that's the issue that we have.</p> <p>Q. In the letter that Kaiser sent to us, they had said that they increase their psychiatrist capacity by five full time staff, and contracted more than 100 external providers, identified a several dozen existing contracted providers that are willing to open additional appointments, hired 12 psychiatric nurses and licensed clinical social workers to support referrals, in launch contracts with three national therapy vendors to expand their capacity to refer patients. And based on what you said, am I understanding that they're losing staff at the same rate, so that there's no net gain?</p> <p>A. Yes, or even a higher rate. And then, and if they're talking again, they may be talking about psychiatry staff. So psychiatry staff are different. They don't provide therapy. They see people maybe once every three months, they don't see people very often at all. And it's very different. Again, they hire four (4) they lose six (6).</p> <p>R. Ries recognized Isaiah Garcia. I Garcia commented stated: "Our team is working on an analysis of where staffing ratios currently are. And we could supply that to the committee as well for the record, if that's something that folks would like I can email it to staff, but that's something that we could show that indicates what Dr. Ring was saying, in that we're losing staff at a</p>	

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	<p>faster rate than there hiring, and it's because of a lack of incentives that retain folks, and then also can recruit additional folks to come in.”</p> <p>Dr. Ring commented further, “ They have had these new contracts. I know that the original national contract that they had did not include any providers for either Quest or Medicare. For the short-term providers, they have hired temporary short-term licensed clinical social workers for three month contracts. So, anybody who provides therapy knows that okay, maybe if they fill up their caseload, as soon as they come on, then maybe they'll be able to provide three months' worth of therapy, and that's probably enough. But you know the contracts end at the end of January. So getting someone in now on January, the 10th, is not going to provide adequate services for them.</p> <p>Q. Is it correct that all of Kaiser's providers are mandated to provide services for Medicare and Medicaid patients?</p> <p>A. Yes, we offer services, because we're all salaried. It's not based on insurance reimbursements, or anything like that. We offer the services to the people that are acutely suicidal, and therefore are at high risk, who have you know, serious mental illness who have a high no show rate. All of those things? We offer services to them.</p> <p>Q. How much the reimbursement rate is for a session for. For contracted provider for mental for counseling?</p> <p>A. I do not know, I know that they have increased, they've increased the contracted dollar amounts. In fact, they incentivize some providers with basically prepayment, and so payment for no shows and things like that. So they started doing that with contractors but are not considering wage issues with their own staff. And then you know, it really impacts their model of care. But that's a business decision of theirs.</p> <p>Q. I contacted Kaiser before about pre-doctoral internship opportunities. They didn't have any in Hawaii but California had a bunch of options, but I</p>	

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	<p>didn't want to go to California to finish it on. They have postdoc stuff here in Hawaii. But considering how they're cheaping out so much on paying mental health providers, why aren't they taking advantage of the one time that everybody cheats out with a pre doctoral internship interns?</p> <p>A. To some extent, they don't want to pay for the infrastructure that's required. You've got to have a core number of therapists and you've got to have a core number of therapists that really love their job and want to teach and it's just deteriorated. Kaiser never offered it here, but it's deteriorated to the point that it would be a good learning experience. That would be a goal because how do you grow a work starts, you grow it with internships with postdocs with a career path.</p> <p>2. Kaiser Permanente Mental Health Workers Strike in Hawaii – Statement</p> <p>Eileen Lau-James read the letter from Kaiser Permanente dated January 4, 2023 and signed by Dionicia Lagapa, Vice-President of Ambulatory Operations, Kaiser Permanente Hawaii (see attached)</p> <p>R. Ries asked Dr. Ring for any response to the statement.</p> <p>She said, “In terms of some of the facts on contracting with additional external providers. As a call center staff member, we begged them to do something about the credentialing process. We absolutely begged “What are you doing”? “What can you do”? We've reached out to private providers, we urge them to contract with Kaiser, they would not take us seriously until we went on strike. So yes, they have contracted with more people, that's wonderful. Usually what happens is people new in private practice, they would put an application to Kaiser, it would take five months. By the time the five months were finished, they'd already filled all their slots. So, the whole issue with contracting is one thing. The second, psychiatrists increased by five, part of how they hire psychiatry staff is roughly half of the psychiatry staff they have our locum tenens staff, which are basically contractors. So they contract to come to Kaiser for a year and they rotate</p>	

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	<p>out. So some of them eventually will become employees, but most of them rotate out. So that works for psychiatry for the most part but members don't like it that much. But that's been a practice for psychiatry for a long time. And as I said the 12 Registered Nurses and the 12, Licensed Clinical Social Workers are primarily doing triage work, which is work that we as call center staff used to do. Those are problems for during the strike. Our concerns are what happened before the strike, as well as they say that they're offering competitive wages within Hawaii. Competitive wages within Hawaii are not sufficient to staff people. But how are we going to build that workforce in Hawaii? If they just say, I don't care what the cost of living is? Then in terms of the good faith bargaining? There's not much to say. It's been very, very contentious and difficult, and we've made tons of concessions. “</p> <p>R. Ries recognized Izeah Garcia who wanted to respond to the Statement. “We'll send you that write up of the NCQA plan and outlining where Kaiser has not been up to par to the committee. As to Dr. Ring's point, we've negotiated for four years in private and it wasn't until we went on our open-ended strike within three days strike before that, and we started to show these systemic issues in public that they've actually started to move on some issues, but not the core issues. That's why we've been out for 20 weeks so far. We've gathered support from to end this strike -Senator Hirono and her colleagues). The Governor's becoming involved and hopefully getting this settled in a way that addresses some of the systemic issues. The default isn't to make this a public fight. It's just that we don't want to have an open-ended negotiation with no end in sight. And we think it's the public's interest to know what's happening in the second largest providers, negotiations and in their system of care as well. So that's the reason why we come out here is to shine a light on what needs to change in the system. So hopefully, the lives of patients are improved and the lives of our members as well. And again, this is usually how public or how statements from the employer comes, they read something up and send it in and say that's it. And our members show up and give their perspective. And we're a member led organization, staff, we provide support.”</p>	

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	<p>R. Ries concluded the Q&A by adding that the Department of Commerce and Consumer Affairs (DCCA) confirmed in an email response that the complaint by NUHW is still under investigation and DCCA does not comment on complaints that are still under investigation.</p> <p>B. Organizational Matter</p> <p>1. 2023 SCMH Officers, nominations for voting in February 2023.</p> <p>R. Ries explained that nomination needs to be on the agenda at least a month before election of the year's officers. Per bylaws, elections are by ballot and usually at the first meeting of the calendar year. The Council did not have nominations I the agenda last December so it was added in this meeting with the intent of having the elections in February. Nominations were opened, including self-nomination. The nomination continues after this meeting as provided by the By-laws and nominations should be emailed to staff, C. Weygan-Hildebrand.</p>	<p>For information only The following nominations were received at this meeting:</p> <p>Chairperson: Richard Ries Katherine Aumer</p> <p>1st Vice-Chairperson: Katherine Aumer Kathleen Merriam Mary Pat Waterhouse John Betlach</p> <p>2nd Vice Chairperson: Kathleen Merriam J. Betlach</p> <p>Secretary: Eileen Lau James Jackie Jackson</p> <p>For individual action: Members can email Carolyn for any more nomination, including self-nomination</p>

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	<p>2. Updates to Bylaws, recommendations for voting in February 2023 R. Ries explained that amendment to the bylaws cannot be voted on without presentation at a prior meeting first. C. Weygan-Hildebrand is recommending that Council make a change to Article Five, part one. This change would reflect the current Sunshine Law requirement and actual practice that the Council been having since COVID of meeting virtually with one in person location since a few months back. This will be visited again in the next meeting.</p>	For information only
VII. Informational Reports	<ul style="list-style-type: none"> • Island Representative Reports <ul style="list-style-type: none"> ○ Oahu Service Area Board (OSAB) – Jackie Jackson -OSAB members agreed not to have a December meeting, as members were traveling or busy with other things during the month. ○ Hawaii Island Service Area Board (HISAB) – John Betlach -SAB was not able to meet in December because of support staff resignation. Meetings will be restarted in January 2023. -SAB chairperson, Renee Rivera, has been talking with Kauai over the getting together as a board and address quorum issues. <p>On the issue of county SAB membership and quorum issues, R. Ries recommended that the SAB from the neighbor island contact the Council’s Chairperson on solutions that they want the Council to take action on.</p> • State Agency Representative Reports <ul style="list-style-type: none"> ○ Med-Quest Medicaid Program (MQD) - Jon Fujii On the 23rd of December, the Congress passed an Omnibus law. The law decoupled eligibility redetermination from the end of the COVID-19 public health emergency. This means that Medicaid states across the 	

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	<p>nation now have a firm date that they can use to start planning for member redetermination. For Hawaii, this will start in April and redetermination process takes at least 2 months. About 450,000 members will go through this process of redetermination. So how this affects mental health in Hawaii is that many folks with Medicaid benefits have mental health access. There is a need to make sure that when their time comes that they go ahead and respond to information that the DHS is going to send to them about member redetermination.</p> <ul style="list-style-type: none"> ○ Social Service (DHS) - Ray Rice The big news is that the division is planning to meet with Adult Protective Services providers and administrators next week to discuss any challenges their staff may be facing when it comes to vulnerable adults accessing mental health services in their areas. The agency is looking to speak with those supervisors and administrators that are on Oahu, East Hawaii, West Hawaii, and Hawaii. The wish is to cover topics and questions like: Which mental health services are used the most, to the most types of mental health services needed; the types of mental health services needed for family members and caregivers; response times when referred for mental health services; collaboration with mental health agencies and providers; caregiver burnout; challenges in screening and assessing vulnerable individuals for mental health services. After having this open discussion, the next step would be to step back and just review the information and find out where we are. ○ Vocational Rehabilitation – Leah Dias The Council is encouraged again to look to the DVR if they know anyone who has a disability, including mental health disability. One can go to the website, https://humanservices.hawaii.gov/vr/apply/referral/ The DVR is getting more fully-staffed, and performance is 100 percent on time with application for services. 	

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	<p>Q. Where can I direct my clients at the Salvation Army who are interested in vocational rehab? Dose substance use disorder qualify as a mental health disorder under you?</p> <p>A. The contact number is on the chat (see https://humanservices.hawaii.gov/vr/apply/referral/) . We also have training for higher level, college, university, doctoral training, pay for tuition, college credits, etc. Yes. As long as they're not actively using drugs, it's impairing their ability to engage in school and work.</p> <ul style="list-style-type: none"> • Specialty Area Representative Reports <ul style="list-style-type: none"> ○ Providers – R. Ries <p>Things seem to be kind of the same. Most of the providers that I interface with are expressing a lot of overwhelm with their caseload. I feel like I'm going to be saying that for a while.</p> ○ Parents and Family Members of Mental Health Service Recipients <p>-H. Ilyavi responded on the ack of services. She said that, unfortunately, people in crisis are not being treated for crisis at the time of need. It's a lot of delays and a lot of resource delays for families and children, as well as adults, and here on the Big Island, and particularly. And I think we can all kind of iterate that across the board.</p> <p>-E. Lau-James provided a personal testimony. (Transcript recording) “My husband is diagnosed with schizo affective disorder. And when he decompensates, things get pretty ugly at home. With the help of Kaiser's team, Kaiser was able to help me file a MH2 for him for police officers to come and take him in for mandatory assessment at the hospital. So, we got him hospitalized at Queen's Kekela. And I wanted to comment on his experience there. Queen’s Kelela inpatient psychiatric ward looks like something straight out of “One Flew Over the Cuckoo's Nest”. Nothing happens, people just walking around at the unit. I think the idea is to stabilize them and to keep them supervised on suicide watch, making sure that they can be kept in a safe environment while they're being</p> 	

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	<p>medicated. My husband was there for five days. And in that five days, nobody had a discussion with him, and there was no therapy. It was just wandering around a very, very cold, quiet psychiatric ward, with 30 people shuffling around in hospital gowns and people monitoring them from a distance. It's a really, really, really depressing environment. But my experience with the doctor was extremely disheartening. The doctor felt like he was out of the 1960s Asylum playbook. He did not listen to me as I was stating my concerns. "This is my husband's history. I need you to know that this is a very delicate situation. And these are the medications he's on this is his history". And every single turn I was cut off every sentence with the doctor saying "I can't listen to this right now", "You have three more minutes" and every sentence he cut me off. He said, "Since there was drugs in your husband's bloodstream, it's out of my control but has to be referred to Child Welfare". I told him our life is very, very stable and this is okay. But you need to understand that we're at this precipice where my husband may consent to therapy. And you're threatening him while he's in the psychiatric ward to report him to CPS. It was just a very hostile, threatening environment for my husband. And there was no therapy. Because we have private insurance, I wanted help to set up some type of stepdown plan for my husband for when he gets out to stop this revolving door. And he said, "Well, I don't even know what you mean by stepdown". So, when I told him people with private insurance don't have the option for a long-term case manager then he acknowledged it and said "I understand that.", "I'm very well aware". The he went on, "It's really ironic actually, that, you know, it's not available to you. And we have what we have, and that is all I can do. I can only keep him for three days". That was the tone I got and I was just taken aback. I suggested that his therapists come visit while he was in the hospital, and it was not an option at all. The last thing that this doctor said to my husband before he was discharged from this horrible place "So how long do you think it's going to be before you go back to doing drugs again, after we release you?"</p>	

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	<p>I don't know how much say the Council in terms of what we can do to affect hospital policy. Maybe we can support programs where we support more therapists going into see hospitalized patients. I was talking to the nurses at Kekela about the step down programs and about CIT training for police officers. They were not really informed or educated about these programs or about updates to the laws where it's little bit easier to get people hospitalized.”</p> <p>J. Betlach commented that on Hawaii Island, people weren’t getting any treatment. Hawaii Island needs the psychiatric, counselling and wrap around services. It is very crucial whether we use the CAHOOTS model or the other stabilization center models. We need to really integrate the nonprofits, the police, and many of the staff in different government positions have been supporting, trying to change this.</p> <p>R. Ries recognize Raelyn R. Raylan shared: “ I do have a mentally ill brother that I'm very active with. But he is in California and we just had him in the hospital there. What you're describing Eileen, it's just not that way in California. I hear about this in Hawaii, about the dumping from the hospitals onto the streets. You don't have as much of that because you do have private hospitals with developed social work staff, whose job it is to address where people go. They in the hospitals. My brother is on Medicaid, Medicare, even though he's in a private mental health hospital, they have therapy in there, they have group sessions. All these things are missing here. So to me, it's like addressing civil rights laws to get more people treated when you don't have any of these services is kind of putting the chicken before the egg. That's just my thought on it.”</p> <p>E. Lau-James that it’s a monumental task but that’s why everyone is here to help facilitate having the infrastructure and services for all of that.</p> <p>H. Ilyavi commented, “I'm finding over the last few years is I've done my own little research on the side, and it all seems to come down to money. Just because you're going to get what you pay for. Right? So, if AMHD hasn't</p>	

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	<p>increased a residential pay rate in 12 years, or they haven't paid in two years for a program. Clearly that broken program is going to disappear. And if their pay rate is still \$15 an hour, what kind of people are you going to get to come into residential to take care of people? I'd be curious about all the doctors and the people that you worked with over the weekend. Where is their background? Are they just feeling like it's going to come down to money? Training? If we could do a little research there, we could start to maybe knock on doors about that, and put some pressure.”</p> <p>J. Betlach added:” I've noticed that other fathers in other professions from the police to people that are been employed in different government positions have also advocated about funding for these wraparound services, so that they can bridge the gap.”</p> <p>H. Ilyavi commented further: if we could at least start at the at the bare minimum, what are our pay rates? Where are we going? Where are they stemming from? And if that's the issue, where things are starting there, and then we can build on it. I think we have to start to get to the root cause of some of this and then start to advocate in that direction.</p> <p>H. Ilyavi suggested that there be a PIG to research pay rates across all mental health position across all islands comparable and comparable to that insurance rate and that of the mainland.</p> <p>C. Weygan-Hildebrand said that staff can try to ask the questions- who can speak who can present? And then if there's somebody who can at least present their approach, then you can at least listen to that first and then have your PIG after.</p> <p>MarianTsuji suggested inviting Dr. Amy Curtis to speak to the Council because she has been working on trying to get pay rates. She added that one of the things that DOH does do because the pay rate and the pay ranges are so suppressed, is the implementing a matrix to be able to pay above the minimum. The matrix looks at credentials, years of experience, and breadth</p>	

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	<p>of experience that somebody like psychologists or psychiatrists might have. This bumps up pay above the minimum so that at least DOH can be in the game to compete for folks.</p> <p>Note: There were no other reports.</p>	
VIII. Meeting Evaluation/Future Agenda Items	Agenda for next meeting:	
XIV. Adjournment	The meeting was adjourned at 11:58 a.m.	For information only
Electronic Mail Outs	<p>The following handouts were e-mailed to SCMH members and individuals the SCMH e-mail distribution list:</p> <ol style="list-style-type: none"> 1. AGENDA January 2023 Meeting 2. MINUTES December 2022 Meeting Minutes DRAFT 3. ATTENDANCE log December 2022 Meeting_FY23 4. 2023 Report to the Governor and Legislature POSTED ONLINE 5. SCMH letter to the Maui Police Commission dated December 14 2022 6. OIP Tip on Negotiating PIG and Legislation 7. OIP Tip on PIG for each new member 8. Kaiser Permanente Hawaii Letter and Statement 9. Organizational Matter SCMH Bylaws with proposed revision 	For information only

Advocacy Strategy

To maximize organizational efficiency through focused efforts on priority areas & increased support of partners.

SYSTEMS & ACCESS

Telehealth, licensure, fiscal, etc.

HOUSING & SHELTER

YOUTH MENTAL HEALTH

CRISIS & PREVENTION

MENTAL HEALTH TASKFORCE

COLLABORATIVE PILLARS

HIPHI

HCAN
HYSN

HANO

PHOCUSED

HPHA

MHA National



STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378

January 4, 2023

Aloha Chair Riese and fellow State Council on Mental Health board members,

Thank you for your invitation to attend your January board meeting to discuss the NUHW strike. Due to our ongoing bargaining, it would not be appropriate for us to discuss the details of the current negotiations in a public forum. However, we did want to share information that we hope you will find useful.

We greatly value our mental health professionals and the important work they do. As such, we are deeply disappointed that NUHW leadership has rejected several very competitive offers with wage proposals above market for mental health professionals in Hawaii.

NUHW has been engaged in a corporate campaign against Kaiser Permanente since the strike began in August 2022 and has been spreading misinformation about our mental health services in an attempt to gain leverage at the bargaining table.

We want to reach a mutually beneficial contract and we want our people back doing what they do best – taking care of patients. We are committed to working with NUHW at the table to negotiate and move toward finding solutions and addressing the real challenges in mental health care in Hawaii.

As you understand the importance of mental health access and the challenges in the current job market, we want to assure you that we are doing everything possible to care for our members. In 2022, we took the following actions to improve patient access:

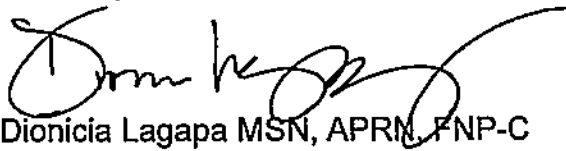
- Increased our psychiatrist capacity by five full-time staff (Kaiser Permanente psychiatrists are employed by Hawaii Permanente Medical Group)
- Contracted with and credentialed more than 100 external providers, 62 of these since the strike started.
- Identified several dozen of our existing contracted providers who are willing and able to open additional appointments for Kaiser Permanente patients.
- Hired 12 psychiatric nurses and licensed clinical social workers to support referrals and therapy during the strike.
- Launched contracts with three National Therapy vendors to expand our capacity to refer patients externally.

The most recent data we have reflects these efforts are meeting with some success. In Q3 of 2022, 100% of Kaiser Permanente Hawaii patients with urgent mental health needs received a therapy appointment within 48 hours. Also, we are currently contracted with more than 300 community providers, of which approximately 100 are taking new patients.

We regret that we are not able to attend your meeting and strongly believe that the best place for substantive and productive labor negotiations is at the bargaining table and not at a public forum.

Kaiser Permanente continues to bargain in good faith with NUHW to reach a fair and equitable agreement and we are committed to partnering with our behavioral health professionals to bring this situation to a close.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dionicia Lagapa', with a stylized flourish extending from the end.

Dionicia Lagapa MSN, APRN, FNP-C
Vice President of Ambulatory Operations
Kaiser Permanente Hawaii