

STATE COUNCIL ON MENTAL HEALTH MEETING

February 14, 2023

9:00 a.m. to 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, Antonino Beninato, John Betlach, Naomi Crozier, Lea Dias, Heidi Ilyavi, Jackie Jackson, Eileen Lau-James, Kathleen Merriam, Jean Okudara, Ray Rice, Richard Ries, Kristin Will, Mary Pat Waterhouse

Members Absent: -

Members Excused: Jon Fujii, Chris Knightsbridge, Kau'i Seguancia

Guests Present: Ayada Bonilla, Fern Yoshida

Staff Present: Run Heidelberg (Guest Presenter), Madeleine Hiraga-Nuccio, Jocelyn Nazareno, Carolyn Weygan-Hildebrand

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
I. Call to Order	Richard Ries, Chairperson, called the meeting to order at 9:01 a.m. Eileen Lau-James called the roll. Quorum was established at 9:11 a.m.	For information only
II. Meeting Announcements	<p>R. Ries welcomed members and guests. He announced the following:</p> <ul style="list-style-type: none">• Meeting protocol. In case of a telecommunication breakdown that cannot be restored within 30 minutes after the interruption, the meeting will automatically be terminated. The Council will meet again the following Tuesday at 9 am using the same links provided for this meeting.• Members guide. Members conceived the Guide at the last Strategic Planning Retreat. It is primarily meant for new members to help with	For Information only

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Meeting Announcement (continuation)	<p>orientation. A soft copy of the first edition of the Members Guide was emailed to all members.</p> <ul style="list-style-type: none"> • Community input will be received in the designated part of the agenda and throughout the meeting. • Membership. There are still vacancies on the Council and the Service Area Boards (SABs). The Council needs two more SAB representatives. Applications can still be filed. Last year, the Boards and Commissions Office set an internal cut-off date of March 10. • Carolyn Weygan-Hildebrand asked if she could contact Papa Ola Lokahi, the Office of Hawaiian Affairs, and other agencies who testified to last year's Senate Bill 899. The bill sought for Native Hawaiian representation. R. Ries and Katherine Aumer agreed to the idea. • Agenda and handouts. R. Ries reminded us that the Council has a packed schedule and for all to help with time management. 	
III. Consideration and Approval of Review Minutes <ul style="list-style-type: none"> • January 10, 2023 	The draft minutes for January 10, 2023 was reviewed.	<u>Action</u> E. Lau-James moved to approve the January 10, 2023 minutes. Lea Dias seconded. Motion passed unanimously
IV. Community Input	<p>The Council did not receive any written testimony. John Betlach spoke as a member of the public. He mentioned a report that looked into the SNAP program issue. He said that the information did not find an increase in SNAP applications. Instead, people have not been able to apply because the online application needs to be fixed, and there is a staff shortage. He is concerned, especially for people with disabilities and the elderly not having benefits for the last 3-6 months. R. Ries asked the rest if any had any idea to address glitches, staffing, or what it is in staffing. Kristin Will shared the difficulty of hiring people to fill positions in her Department and that the quality of people hired could be better. R. Ries suggested that the Council could do some brainstorming on ways the Council can make an impact on issues of staff shortages.</p>	For information only

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V. Old Business	<p>A. Election of 2023 Officers Ries announced that the current meeting's zoom account does not have the polling tool. He pointed out two options – vote by raising a hand or postpone until the next meeting when another account can be used. K. Aumer said either option was acceptable. Heidi Ilyavi said she was okay with raising her hand. E. Lau James and Mary Pat Waterhouse said the election could be postponed given the meeting's packed agenda. Also, because some members are not present. R. Ries agreed with the postponement and encouraged that no additional nominations be made.</p> <p>B. Strategic Planning Retreat R. Ries revisited this topic and recommended that the Council approve having another Strategic Planning Retreat, have a target date, and create a negotiating permitted interaction group (PIG) to work on the program contents and with staff on administrative-related matters like procurement and logistics. R. Ries asked what everyone thought about June. C. Weygan-Hildebrand pointed out that the funding for this retreat needs to be used by June 30, 2023. E. Lau James reiterated the need to start planning because of logistics. It can be a stretch to do things by June. M.P. Waterhouse commented that if funds are used before June 30, 2023, the Council should be able to have a retreat later in the year.</p>	<p>Tabled for next meeting</p> <p><u>ACTION</u> M.P. Waterhouse moved that the Council have a Strategic Planning Retreat and a negotiating Permitted Interaction Group (PIG) be created to work with staff on planning details. E. Lau-James seconded. The motion passed unanimously</p> <p>The members for this negotiating PIG will be: A. Lau-James, R. Ries, M.P. Waterhouse, J. Betlach, and Kathleen Merriam.</p>

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V. Old Business	<p>C. Hawaii State Hospital (HSH) Update – Informational Presentation by Dr. Run Heidelberg, HSH Administrator.</p> <p><i>Note: Dr. Heidelberg was invited to speak at 10:35 am and not 9:35 am as listed in the agenda. He presented at 10:35 am accordingly.</i></p> <p>Dr. Heidelberg thanked the Council for the opportunity to update. By way of introduction, he said that he had been the HSH administrator for over a year and the medical director before that for three years. He started as a psychiatric technician straight out of the army in 1994. He is a DNP and APRNx but not practicing in that role. He says he enjoys working with the population. He introduced HSH as one that wants to be relevant, multidisciplinary, and appropriate. He explained that staff may join not knowing much. Still, they are trained, like getting their Mental Health Technician certificate first and gradually into other certification programs to move around. The HSH needs a responsive and supportive staff, so he said they never stop improving. He stressed that the desire is to promote a safe and appropriate environment for patients., If patients are not dangerous, they are moved to units where they should be. He explained that the HSH has partnerships with the academe- UH JABSOM psychiatric department, social worker slots for HPU, and Chaminade University, and as a teaching institution. PRIDE is the acronym that captures the values that HSH strives for and appreciates – professional, respectful of all patients and staff, integrity, diversity, and excellence.</p> <p>With the help of a slide presentation, he updated as follows: <u>Slide 1.</u> A diagram of the different units or facilities provided an overview of the campus. Dr. Heidelberg pointed out that Guensberg units were built in 1950 and 1952 and are still open. The Unit F buildings are closed for renovation (anti-ligature project), so beds there are unavailable. Once those are finished, the Unit will be for patient care. The completion was set for February, but due to supply chain issues, that has been moved to May</p>	For information only

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	<p>or June this year. Some legislative bills seek to make Guensberg a crisis center where folks may get the urgent care they need instead of being admitted to the hospital.</p> <p><u>Slide 2.</u> The old Goddard building was demolished, and the built-in place is the new facility. The concept is Hale Ho'olā, a place where people can heal, which is taken seriously.</p> <p><u>Slide 3.</u> Statistics of admission and discharges from 2008 to the present. The trend shows an uptick in admission and keeps pace with discharges. The number went up to over 300, but there was quite a drop during the pandemic. There was a slowdown in discharges, and that can be due to placement in the community. Patients are found to need more care.</p> <p><u>Slide 4.</u> Statistics drilled down on 2021 and 2022. He said that HSH folks are proud that in 2022, there were more <u>safe</u> discharges than admission. Patients are supported with anger management skills and behavior therapy.</p> <p><u>Slide 5.</u> Statistics on admission by legal status. He noted the sharp rise in people who came in as 406 (i.e., needing evaluation). He also noted that many admissions are Act 26, meaning they were admitted for a petty misdemeanor, like sleeping on a park bench, and required to be evaluated for seven days.</p> <p><u>Slide 6.</u> A diagram of HSH reiterates the layout where the upper campus is one for those needing the highest security, the middle campus for those requiring medium protection, and the lower campus for those ready for community integration.</p> <p><u>Slide 7.</u> Cartoon of the bridge. The HSH does a lot of communication gap-bridging in the placement of patients. The HSH relies heavily on panelists, does a lot of training with staff, and have a treatment model for 20 years.</p>	

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	<p><u>Discussion, Q&A</u></p> <p>Q. Some of the charts showed petty misdemeanor, misdemeanor and various classes of felony. Can you give an example of what typically falls under A, B, or C?</p> <p>A. If you are looking at felony A, you are looking at someone like murder or sexual assault 1. These are your more serious types of crimes. If you are looking at felony B, this is tricky because sometimes they will get pleaded down. But typically, you are looking at some of the assaults. These are assaults with broken bones and serious injuries. It could be felony B or C, for using a weapon to burglarize someone's home or for unauthorized entry into a vehicle, depending on how much money is stolen. Misdemeanors are crimes against the family sometimes. If the offense is against a family member, it tends to be a lower charge. A petty misdemeanor can be violating a park closure or sleeping on a bench.</p> <p>Q. This is not minimizing a charge or crime, but wouldn't you agree that we also need to explore circumstances? Because on the outside, someone can look dangerous. However, when you look into the situation, for example, terroristic threatening and park closure violations, it could be that somebody is homeless and extremely psychotic and went to the wrong place. It snowballs to where the law gets involved, and suddenly before you know it, someone is seen as very dangerous, and yet when you talk to the person and look at some of the records, it is almost understandable how some of these things play out. Working with clients that have found themselves in the legal system, their mental illness has snowballed into these labels as being criminals.</p> <p>A. One of the saddest cases was an elderly woman with dementia who went to a building with her family's name on it. Her family used to own the building and got caught trespassing. She ended up at the State Hospital, where she got services. We see cases like this one all the time. We could advocate for elderly patients because many sleep on the park bench or walk into the store for water or food. I call it "crimes of survival," like being thirsty</p>	

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	<p>and needing water or forgetting to pay for a hotdog. There should be some middle ground. The HSH should have enough space for these people, but we need to redesign what we have to be able to accommodate.</p> <p>Q. Do you have a break down by race?</p> <p>A. No break down by race. We will try to get that right. There is difficulty in getting race data, especially with many self-identifying as multi-racial.</p> <p>Q. What is the number of beds you have and what is the occupancy right now or the last statistics on that?</p> <p>A. We currently have 280 patients; the total licensed capacity is 297. Occupancy and capacity will fluctuate as renovations are done. In the last year and a half, we have seen an almost 33% increase in patient loads. During the pandemic, we got down to 180.</p> <p>Q. You mentioned anger management and Cognitive Behavioral Therapy (CBT). One of our group's biggest concerns is out in the non-forensic community of those hospitalized; there is very little talk therapy rendered. People are medicated and more medicated, and it's inhumane, and people come out still alive, not feeling like they have gained wisdom from their experience. It is inspiring to hear that the State Hospital is doing some of the needed therapy. I would like to hear more about those types of services and how they are approached, and I wonder if there is a way to partner with the State Council to urge more of that in the private hospital sectors and others.</p> <p>A. That is something I love. I was trained in CBT and Dialectical Behavior Therapy (DBT) twenty years ago. What makes crime grow (Why did the person get the candy bar)? I am also pleased that we are at the cutting edge in doing formal genomics. We can take a person's blood test to see which type of drugs work best with them. For example, a drug for a fast metabolizer will not be the same for a slow metabolizer. Another thing, we just implemented is clozapine. Clozapine is a drug that, if you put a person on clozapine, they are not going to assault. Like an insulin check, you finger-</p>	

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	<p>stick the person to monitor for clozapine level. Back to the question about anger management and aggression management. All those classes are based around "what are you thinking" and "how can we correct those thoughts"? Dr. Curtis, with the help of a grant, has several people in the community getting trained on DBT which is a 16- month course. We also have 3 or 4 psychologists here going through the training. What we should do is open up and advocate through the legislative process to get these types of training because we see a lot more anxiety, depression, and things that we cannot point out after COVID. The mental health technician program address this and it has graduated 25 received—only 11 work in HSH and so the rest are out in the community.</p> <p>R. Ries thanked Dr. Heidelberg for coming. He said he appreciated his philosophy which he carried in his career. He said that want in partnership with you. He shared that just because someone is psychotic does not mean that the individual does not feel lonely or feel the isolation. Sometimes the goal can simply be human kindness and a sense of connection that can support recovery. Dr, Heidelberg agreed and there’s a need to spread that out in the community.</p> <p>D. Legislative Advocacy The first requested action to approve recommendations of the ad hoc committee required the presentation of individual bills. This agenda was taken up towards the end of the meeting and meeting time was extended for this. <i>Please see summary of discussion and votes on individual bills at the end of this meeting minutes.</i></p>	<p><u>ACTION</u> The Council approved to submit testimony, and for testimony to be in support of the following bills: HB1154, SB263, SB592/HB1122, SB1245 HB1155, HB367, SB471, SB894, HB847, SB850, SB161, SB130, SB129, HB483/SB952, SB242, HB509, HB1116/SB958, SB684, HB81, SB754, SB880, SB279</p>

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	<p>The second requested action pertains to the idea of a legislative resolution for resiliency training of first responders. R. Ries reported that seeking a legislative resolution is one way move forward on the resiliency training goal. Another is for the Council to lead in coordinating the effort. For the legislative resolution, the Council can explore if there is a particular legislator who is willing to introduce a formal resolution to urge the provision of resiliency training for first responders. E. Lau-James asked if the Council should for some type of negotiating PIG and task them with this action. C. Weygan-Hildebrand said a negotiating PIG can work with staff on the details.</p>	<p>The Council did not have enough votes to approve submitting testimony for the following bills: SB915, HB1156, HB509, SB677, HB378, SB162, SB760</p> <p><u>ACTION</u> E.Lau-James moved that the Council explore a legislative resolution urging resiliency training for first responders, and that a negotiating PIG work with staff on the details. Heidi Ilyavi seconded. The motion passed unanimously.</p> <p>The negotiating PIG on Resiliency for First Responders will be E. Lau-James, R. Ries, H. Ilyavi, K. Will, and Jackie Jackson,</p>
VI. New Business	<p>A. Informational Presentation. “Here-to-Help Initiative and School Psychologist Licensure” by Fern Yoshida and Ayada Bonilla <i>Note: This was presented after Informational Reports from Council members and referred to some discussion there.</i></p> <p>Ries welcomed Fern Yoshida and Ayada Bonilla from the Department of Education. F. Yoshida introduced herself as Section Administrator of the Student Support Section out of the Support Services Branch of the Department of Education (DOE). She also introduced A. Bonilla as the Specialist for school-based behavioral health. She described the presentation as about the movement the DOE has embarked upon to</p>	For information only

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	<p>address student mental health and overall well-being. She hoped it would provide information about the programs, practices, and initiatives that answer some of the legislative bills and challenges discussed before the presentation. The presentation was guided by PowerPoint slides as follows:</p> <p><u>Slide 1.</u> How does a school meet the needs of all students? The DOE's the approach is as follows: 1) Establish what the school believes; 2) Make sound choices based on the correct information; 3) Know their students; and 4) Coordinate their resources to meet the needs of all students.</p> <p><u>Slide 2.</u> How to address the approach? Through Hawaii's multi-tiered System of support (HMTSS). This is a critical framework. Foundational beliefs; Data-driven team-based decision making; Universal screening, progress monitoring; Multi-tiered system of evidence-based practices.</p> <p><u>Slide 3.</u> Components of HMTSS. Coordination of resources to best meet the needs of all students. A fluid continuum of integrated support to promote a positive school climate and mitigate learning obstacles before they affect the outcome. DOE has grown the domain of HMTSS from academic and behavioral only to support social/emotional and physical well-being.</p> <p><u>Slide 4.</u> Prioritizing Efforts. It is within the HMTSS framework that mental health is supported. It is recognized that all domains impact mental health , but DOE recognizes that certain practices are prioritized and streamlined. The eight key priorities -Safe and supportive learning environment, on-going screening and progress monitoring, family outreach and resources for vulnerable populations, social-emotional Learning for students and adults, equitable access to mental health services, mental health literacy and connections that support well-being, targeted training for adults (i.e., trauma-informed care, evidence-based practices), suicide prevention, crisis, and trauma response.</p> <p><u>Slide 5.</u> Stable, safe, and supportive learning environments. Current support initiatives: Statewide community of practice for schools.</p> <p><u>Slide 6.</u> Stable, safe, and supportive learning environments. Current support initiatives: Crisis Prevention, making sure schools know how to respond to</p>	

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	<p>threats- student risk assessment; safety care training (de-escalation strategies); Positive behavior intervention and supports- Tiered fidelity inventory of school's behavioral supports implementation, in conjunction with vulnerability assessment with regards to physical and cyberspace security; Speak Now App reporting tool- another way for the student to report bullying on campus, transportation, and during DOE-sponsored activities that they experienced or witnessed, that may be done anonymously and recommended for grades 4-12.</p> <p><u>Slide 7.</u> Social Emotional Learning for students and adults. This is geared toward acquiring and applying knowledge, skills, and attitudes to develop healthy identities, manage emotions, achieve personal and collective goals, empathize with others, establish and maintain supportive relationships, and make responsible and caring decisions. The Current DOE initiatives are: a panorama student social and emotional learning survey and data is used to address schoolwide and individuals; Healthy Habits Health Schools, which is supported by Complex-level staff;</p> <p><u>Slide 8.</u> Mental health literacy and connections that support student well-being. This is part of the DOE response to the Council's conversation on meeting kids where they are at engaging them in conversation. Hence, they develop trusting relationships with adults they engage with daily. For initiatives, the DOE has rolled out "Here to HELP self-aced virtual training modules to increase staff availability to HELP (Honor connectedness, Engage in open conversations, Learn needs and identify strengths, and Provide resources to support mental health). This provides foundational information to support and encourage adults to be able to HELP; For 2023=-24, the SEL student application will be rolled out, which helps connect students to well-being activities and crisis resources. This recognizes that some students may need more time to be ready to engage with adults regarding their concerns; the Project HI AWARE@ grant will help with mental literacy across the State.</p> <p><u>Slides 9/10.</u> Ongoing screening and progress monitoring. This addresses the importance of knowing students and having a pulse on how they are doing; There are formal and informal components, one of which is the Survey which</p>	

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	<p>covers academics, attendance, behavior, and socio-economic Learning. The data provided helps the screening process.</p> <p>This is available to all schools and students; A Behavior Intervention Monitoring Assessment System is a tool implemented covering students who have received individual and group counseling support and covers conduct, negative affect, cognitive/attention, academic, and social. Pre-and post-support assessment results show the support is working, especially in negative affect.</p> <p><u>Slide 11.</u> DOE seeks equitable access to mental health services. The continuum of care is from schoolwide/promotion to Targeted/prevention to Intensive/intervention. All staff and teachers are engaged in promotion; while teachers, school counselors, SBBH, and community providers are involved in prevention to intervention; Current initiatives include school counseling and SBBH staff offering school-based support as well as supplemental community-based services (Hazel Health, Hawaii Keiki, and the UH Center for Cognitive Behavior Therapy).</p> <p><u>Slide 12.</u> A snapshot of the Continuum of Care and what supports include for Tier 1 Promotion for 80-85% of students, Tier 2 Prevention for 15-20% of students, and Tier 3 Intervention for the 3-5% of students that may need. Tier 1 supports include schoolwide SEL and promotion activities, interaction with adults trained in Here-to-Help e-learning modules, Evidence-based strategies of positive behavior intervention system (PBIS), and trauma-informed care to promote positive school climates, balance restorative approach to conflict and mediation with trauma-sensitive disciplinary practices. Tier 2 (more targeted support) supports include responsive classroom interventions – self-monitoring, structured breaks, behavioral contracting, social skills training delivered in group or individualized counseling, check-in, and check-out, increase in critical tier 2 practices -adult supervision, an opportunity for positive reinforcement, and pre-corrections. Tier 3 (more intensive support) supports include increased frequency of individualized counseling or a related service through the Individuals with Disabilities Education Act and Section 504 eligibility, response support for</p>	

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	<p>students in crisis, crisis plans, and connecting student and families to interagency and community resources when needs exceed available school-based support,</p> <p><u>Slide 13.</u> Offering a Continuum of Care. School-based behavioral health is collaborative and involves clinical psychologists, school psychologists, social workers, and behavioral health specialists (direct counseling providers on campus). Current initiative to build the local workforce for school psychologists – Collaboration with Chaminade University includes Education Specialist in School Psychology (EdS) program that is aligned with NASP (National Association of School Psychologists) and for a cohort of 20 in Fall 2023, EdD in Educational Psychology targeting students who will work intensively with students.</p> <p><u>Slides 14/15/16.</u> Targeted adult professional development training (recognizing warning signs and resources and applying evidence-based practices). Current initiatives include "Here-to HELP self-pace, PracticeWise (USDOE grant, access to evidence-based practices, credentialing through Managing Adaptive Practice Direct Service), and Trauma-Informed Care Academy (virtual resource on basics, classroom practices, skills, support for non-instructional and families, boot camp training at complexes)</p> <p><u>Slide 17</u> Suicide prevention, crisis, and trauma response. Current Support Initiative addresses Act 270, which requires that all staff participate in youth suicide awareness and prevention protocol training Project HI AWARE@ Grant to support training enhancement.</p> <p><u>Slides 18/19.</u> Family outreach and resources for the vulnerable population. This promotes learning readiness for all students. Current initiatives providing resources for families, such as "Resources for Families in Unstable Housing" and Project HI AWARE2 grant, will be supporting a Hawaii Statewide Family Engagement Center (e.g., website of SEL Resources for Parents, Families, and Educators that was started during the pandemic)</p> <p><u>Slide 20.</u> Contacts fernyoshida@k12.hi.us and ayada.bonilla@k12.hi.us</p>	

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	<p><u>Discussion, Q&A</u></p> <p>Q. You mentioned that the school is NASP- aligned. Is that the same as being accredited?</p> <p>A. Getting accredited is quite a process. There is NASP-accredited, - approved and -aligned. Because we are quite in our infancy, and we are just launching, we are in the process of going through the approval processes later.</p> <p>Q. How many years will that be?</p> <p>A. They have to get the program up and running for about a year at least, if not 2. They have to show that they can graduate folks at a certain level for NASP to put the stamp approval on there.</p> <p>Q. We have public universities especially on different parts of the island. I notice there was a partnering with Chaminade. That's a private catholic university, why Chaminade?</p> <p>A. It goes back to the other question about the importance of aligning their program to NASP. In order to do that, they need full-time staff and a cohort size of students to sustain the program. We have approached all of our local universities and Chaminade was the one partner that was able to line up all of the things that are necessary in order to launch something.</p> <p>Q. There are several bills regarding school psychology, so is DOE in full support of the bills given the how they are written?</p> <p>A. There are a number and a few duplicators companion bills. There is the school psychologist licensure bill and the other is the incentive program. So we are fully in support with the incentive program which is encouraging folks to get their NCSP which is national certification. The licensure piece is an interesting bill because we fully support our folks being licensed but because of the way our system was develop decades ago, the pathway is a little difficult. Most state credential their staff through their teacher union. So all of their school psychologists are under the same bargaining unit as their</p>	

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	<p>teachers. In Hawaii they are in HGEA bargaining unit 13, so the Teachers Board cannot license our school psychologists because it crosses unions. So the school psychologists are trying to get license from the Board of Psychology. What the Department is proposing is to utilize the National Certification as the means to credential our staff and we would really like to pursue that avenue to credential our staff.</p> <p>Q. There was a proposed bill to make it illegal for schools to provide sex education and specifically with attention to gender identity concern. The school settings indeed are a place where these questions weigh heavy on psychologically well-being. How is it being talked about in a way that emphasizes well-being more than politics? And if not, what can be done to get it there?</p> <p>A. How we are addressing that particular bill is about parental rights. Which is mentioned quite often in that particular bill. We are affirming that we work very closely with our families and that the department is required to notify parents and legal guardians regarding their rights and privacy of their students' needs and that we uphold that. So this is what how we are going to approaching that.</p> <p>Q. Do you support the bill?</p> <p>A. We might be opposing this particular bill but at the very least we will be providing comments.</p> <p>Q. The questions are very heavy topics. There is so much in the presentation- suicide prevention, partnership with CAMHD, drilling it down to parent level or a grandparent with child in grade school. Can we invite our two wonderful presenters back for s bit more dialogue, and not be rushed?</p> <p>A. Sure. If you can provide dates and see our schedule.</p>	

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	<p>R. Ries thank both presenters for the comprehensive and excellent presentation and requested staff to look at the April Council meeting for the suggested conversation.</p>	
<p>VII. Informational Reports</p>	<p>Island Representative Reports</p> <ul style="list-style-type: none"> • <u>Oahu Service Area Board (OSAB)</u> – Jackie Jackson <p>At the last meeting, OSAB commented on data on Oahu consumers under forensic status. There are not enough forensic coordinators at the various treatment services sections (TSS) so the community Mental Heal Centers ar e providing coverage. OSAB is also interested in inviting Tia Hartsock, the new executive director of the Office of Wellness and Resilience, to speak in a future meeting. Jackie was not at this meeting because she had to attend an event at the Youth Correctional Facility. There were a lot of organization involved. The whole premise of this event was ending the incarceration of girls. So it is a good result that the YCF has had no females admitted to the facility for about 3 months. The numbers are coming down, and diversionary program is coming and providing support that is needed.</p> <ul style="list-style-type: none"> • <u>Hawaii Island Service Area Board (HISAB)</u> – John Betlach <p>Because of what seemed like a sound glitch, R. Ries encouraged J. Betlach to try the chat feature. This report will be read.</p> <p>State Agency Representative Reports</p> <ul style="list-style-type: none"> • <u>Behavioral Health (DOH)</u> by K. Merriam – None. See HSH Update. • <u>Med-Quest Medicaid Program (MQD)</u> by Jon Fujii – None. • <u>Housing (HPHA) Reported</u> by Kauai Seguancia – None. • <u>Education (DOE)</u> – No report. See DOE presentation. • <u>Vocational Rehabilitation (DVR)</u> by Lea Dias. <p>The Department is very busy with the legislative session. There is no substantial update. As reported in the past, DVR has no wait list anymore.</p>	<p>For information only</p>

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	<p>The Federal Government is happy that the DVR is taking applications and finding people eligible within the required 60 days, 100 percent at a time. Again, there is support for any type of disability for those who are preparing, obtaining, or holding on to work that might be lost due to a disability. She shared that she can be a point of contact for those in Oahu, and she can direct the inquiry. Finally, the DVR Administrator, Lauren Bates, has announced that she will be retiring. Her last day is March 3, 2023.</p> <ul style="list-style-type: none"> • <u>Social Service (SSD)</u> by Ray Rice. <p>(Continuing from last meeting's report). The meeting took place with Services supervisors and administrators regarding the mental health status in their respective areas. It was a very beneficial meeting- covering a lot of the topics but not all. The rest of the topics will be covered at a future meeting. The meeting report is being written up.</p> <ul style="list-style-type: none"> • <u>Judiciary</u> by Kristin Will <p>The Department is busy with the legislative session. In the Mental Health and Drug court sides, there are two (2) positions that were cut because the funding was taken away. The whole Judiciary is trying to fill positions. Working on the Mental Health Unit, there are two trends that have not been seen before. Across the board, there are more violations by clients for not checking in. Because of COVID, more have been done virtually. Never seen before also is co-occurring diagnosis with more opioid and heroin use. There is also more fentanyl us which is scary.</p> <p>Specialty Area Representative Reports</p> <ul style="list-style-type: none"> • <u>Hawaii Advisory Committee on Drug and Abuse and Controlled Substances (HACDACS)</u>. None. • Mental Health Provider by R. Ries. <p>R. Ries reported that a good number of his colleagues has been approach by Kaiser on the mainland to sign an MOU offering a deal that if they are willing to take on a number of new clients and see them blank number of times</p>	

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	<p>within a certain time frame that will get paid up front and all they have to do is make good on that agreement. The amount that they would get paid is substantially more. He was also approached with the same deal and so he is setting aside time to read the details. There are confusing things about this, especially with the long mental workers strike that the Council has heard about. Is it part of the negotiating strategy? What happens to providers who accept but not deliver, what will Kaiser ask of them? There was a period when Kaiser was difficult to work with as a provider, then during they COVID they became easier to work with. The best way to think about this is perhaps to think in terms of the best interest of those receiving mental health services, but there is also obligation to service providers and institutions (Kaiser is 2nd largest insurance provider). There is also ethical concerns of choosing to support psychologists only.</p> <p>K. Aumer commented that it is confusing when Kaiser offers such to outside providers and refusing to do so for its own providers. E. Lau-James offered how much it requires to increase employee salaries by 25 cents, and one group of workers might be favored with favorable wages at the expense of other group of workers.</p> <ul style="list-style-type: none"> • <u>Parents and Family Members of Mental Health Service Recipients y</u> <p>-H. Ilyavi mentioned that staff shortage is across the board in Kona. All the mental health programs (e.g. clubhouses) are limited, with limited hours, limited shift, or not open at all. There are also people aging out of the system with nowhere to go. People with mental health with dual diagnosis with nowhere to go, with lack of beds and no services.</p> <p>-Jean Okudara shared that her nephew committed suicide in his sober living house. In Maui, there is a need for attention to be given to people in programs, like to young males at the age when they are more susceptible to suicide.</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<ul style="list-style-type: none"> • <u>Youth and Consumer Advocates</u> by Antonino Beninato <p>Antonino Beninato reflected on the youth survey, stating that he "bit off more than he could chew, and his hunger was bigger than his mouth." He also shared the recent experience of a close friend attending high school and in a more intimate special education program setting. The program uses a small classroom off-campus and was recently involved in a small school shooting threat by one of the students. He heard that the student was removed from the classroom and is getting help. The school also brought in 2 security guards for this small classroom. He pointed out that aside from the security guards, mental health specialists were also hired to help the students. He was not aware of the credentials of the MH specialists- whether at the Ph.D. level or otherwise. He pointed out how important it is to be supported by mental health specialists who have the professional training, not just school counselors. Speaking from personal experience, he added that as a semi-troubled youth who hangs around more troubled ones in high school does not take school counselors seriously; School counselors were seen as more obstacles than people to go to for help. He said schools could use more certified mental health specialists with extensive experience and training. He hoped that his sharing would spark ideas in everyone's thoughts. He thinks it is good that schools are putting in people who can actually help. That is helping in the case of his good friend.</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> - R. Reis noted the timeliness of the report given the most recent Michigan school shooting. He said that since the beginning of the year, there had been 67 mass shootings, and many were school shootings. He thinks there is a need for a national-level task force, examining data on human motivation and behavioral intervention. -A. Beninato commented at this point it is a national security issue. Younglings who have had a difficult upbringing of neglect and transgressions, that's a national security issue; Looking at this generation right now who are going to 	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>be the leaders of society; having a whole bunch of people with psychological problems and emotional issues, it not looking good.</p> <p>-E. Lau-James points out that it is an uneasy issue to address, but something in our culture is leaving young men behind. It is important to note that many of the shootings of children involve young men.</p> <p>-K. Will shared how it has gotten outrageous during the pandemic.</p> <p>-A. Beninato pointed out that a lot of anti-feeling sentiment is growing. It is almost like youth being programmed to be that. He named a social media influencer and former kickboxer, Andrew Tate, who promotes anti-empathy ways. Demonizing him will not work as there is a market for his ways, indicating more significant cultural and internal issues. One can asked, "What is it that people need that they are not getting?" Maybe love.</p> <p>-K. Will agreed and shared her experience with high school students sent to her because they did not have the diagnosis that made them eligible for services. She said they just wanted to be heard and hear that we care and listen. The things that some of them go through is beyond imagination.</p> <p>-A. Beninato added that these are things then do not get at home.</p> <p>-E. Lau-James noted the need to make gratitude cool again, with a sense of entitlement as the opposite of gratitude.</p> <p>-R. Ries pointed to the need to be conscious of the upcoming generation and the difference in their political and social milieu. There is a lot more blaming. There is a need for a balanced perspective where everybody is more responsible for caring. There is something that the Council can address here. The Council can plan and think about what it can do with partners. K. Aumer said that behavioral intervention training is one of them, and work is ongoing at schools and universities</p>	
VIII. Meeting Evaluation/Future Agenda Items	<p>Agenda for next meeting:</p> <ul style="list-style-type: none"> • Legislative Advocacy • DOH Director was invited to speak • DOH speakers were invited to join in April again for talk story. 	For information only

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
XIV. Adjournment	The meeting was adjourned at 1: 35 p.m.	For information only
Meeting Packet (Handouts)	<ol style="list-style-type: none"> 1. PUBLIC NOTICE AND AGENDA February 14, 2023 Meeting 2. MINUTES of the January 10 2023 Meeting DRAFT (with attachments) 3. ATTENDANCE log January 10 2023 Meeting_FY23 4. ByLaws - Nominations, Election, and Officer roles 5. Ad Hoc Legislative Committee’s List of Priority Bills to Vote on 6. Sample Draft Testimony for SB 263 – Composition of State Council on Mental Health 	For information only

SUMMARY OF LEGISLATIVE ADVOCACY AGENDA (Taken up at 11:56 a.m. onward)
Summary of discussion and votes on individual bills at the end of this meeting minutes.

R. Ries recognized that decision on bills cannot wait as the bills are being heard. He asked if there were bills that could be prioritized. E. Lau-James said that she is only familiar with the bills that she reviewed so it is important to just go through the bills as far time allowed. R. Ries asked members who could stay beyond 12 noon and excused those who cannot stay. Those still present included K. Merriam, R. Rice, J. Jackson, E. Lau-James, A. Beninato, R. Ries, M.P. Waterhouse, K. Aumer, J. Betlach and H. Ylyavi. E. Lau-James, as chairperson of the ad hoc legislative committee, explained that there is not a lot of time to discuss the 33 bills that the committee identified as priority. Draft testimonies were sent out to members. She explained that the committee members looked at the bills and possible testimonies based on things that the Council prioritized and talked about. She then asked members to base on what they individually know in voting whether or not the Council should testify on a bill along the committee’s recommended direction.

		HB1154	SB263	SB592/ HB1122	SB915	SB1245	HB1156	HB1155	HB637	SB471	SB894/HB847
	SCMH Members	Support?	Support?	Support?	Support?	Support?	Support?	Support?	Support?	Support?	Support?
1	AUMER, Katherine	Aye	Aye	Abstain	Aye	Aye	Abstain	Abstain	E	Aye	Aye
2	BENINATO, Antonino	Aye	Aye	Aye	Abstain	Aye	Abstain	Aye	Aye ***	Aye	Aye
3	BETLACH, John	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye
4	CROZIER, Naomi	E	E	E	Abstain	Aye	Abstain	Abstain	Aye	Aye	Aye
5	DIAS, Lea	Aye	Aye	E	E	E	E	E	E	E	E
6	FUJII, Jon	E	E	E	E	E	E	E	E	E	E
7	ILYAVI, Heidi	Aye	Aye^	Aye	Aye	Aye	Abstain	Aye	Aye	Aye	Aye
8	JACKSON, Jackie	Aye	Aye	Aye	Abstain	Aye	Abstain	Aye	Aye	Aye	Aye
9	KNIGHTSBRIDGE, Chris	E	E	E	E	E	E	E	E	E	E
10	LAU-JAMES, Eileen	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye
11	MERRIAM, Kathleen	Aye	Aye	Aye	Aye	Aye	Abstain	Aye	Aye	Aye	Aye
12	OKUDARA, Jean	E	E	E	E	E	E	E	E	E	E
13	RICE, Ray	Aye	Aye	Aye	Abstain	Aye	**	Aye	Aye	Aye	Aye
14	RIES, Richard	Aye	Aye	Aye	Aye	Aye	**	Aye	Aye	Aye	Aye
15	SEGUANCIA, Kau'i	E	E	E	E	E	**	E	E	E	E
16	WILL, Kristin	E	E	E	E	E	**	E	E	E	E
17	WATERHOUSE, Mary Pat	Aye	Aye	Aye	Aye	Aye	**	Aye	Aye	Aye	Aye
	RESULTS	11 votes	11 votes	10 votes	7 votes	11 votes	**	9 votes	10 votes	11 votes	11 votes

		SB850	SB161	SB130	SB129	HB483/ SB952	SB242	HB509	HB1116/ SB 958	SB677	SB684
	SCMH Members	Support?	Support?	Support?	Support?	Support?	Support?	Oppose?	Support?	Support?	Support?
1	AUMER, Katherine	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye
2	BENINATO, Antonino	Aye	Aye	Aye	Aye	Abstain	Aye	Abstain	Aye	Aye	Aye
3	BETLACH, John	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Nay	E	Aye
4	CROZIER, Naomi	Aye	Aye	Aye	Aye	Aye	Aye	Abstain	Yes	E	E
5	DIAS, Lea	E	E	E	E	E	E	E	E	E	E
6	FUJII, Jon	E	E	E	E	E	E	E	E	E	E
7	ILYAVI, Heidi	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye
8	JACKSON, Jackie	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye
9	KNIGHTSBRIDGE, Chris	E	E	E	E	E	E	E	E	E	E
10	LAU-JAMES, Eileen	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye
11	MERRIAM, Kathleen	E	E	Aye	Aye	E	E	E	E	E	E
12	OKUDARA, Jean	E	E	E	E	E	E	E	E	Aye	E
13	RICE, Ray	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye
14	RIES, Richard	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Nay	Aye
15	SEGUANCIA, Kau'i	E	E	E	E	E	E	E	E	E	E
16	WILL, Kristin	E	E	E	E	E	E	E	E	E	E
17	WATERHOUSE, Mary Pat	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Aye	Abstain	Aye
	RESULTS	10 votes	10 votes	11 votes	11 votes	9 votes	10 votes	8 votes	9 votes	7 votes	9 votes

		HB378	SB162	HB81	SB754	SB880	SB760	SB279
	SCMH Members	Oppose?	Support?	Support?	Support?	Support?	Support?	Support?
1	AUMER, Katherine	Aye	Abstain	Aye	Aye	Aye	Aye	Aye
2	BENINATO, Antonino	Abstain	Aye	Aye	Aye	Aye	Aye	Aye
3	BETLACH, John	Aye	Aye	Aye	Aye	Aye	Aye	Aye
4	CROZIER, Naomi	E	E	E	E	E	E	E
5	DIAS, Lea	E	E	E	E	E	E	E
6	FUJII, Jon	E	E	E	E	E	E	E
7	ILYAVI, Heidi	**	**	Aye	Aye	Aye	Aye	Aye
8	JACKSON, Jackie	**	**	Aye	Aye	Aye	Aye	Aye
9	KNIGHTSBRIDGE, Chris	E	E	E	E	E	E	E
10	LAU-JAMES, Eileen	**	**	Aye	Aye	Aye	Aye	Aye
11	MERRIAM, Kathleen	E	E	E	E	E	E	E
12	OKUDARA, Jean	E	E	E	E	E	E	E
13	RICE, Ray	**	**	Aye	Aye	Aye	Aye	Aye
14	RIES, Richard	**	**	Aye	Aye	Aye	Nay	Aye
15	SEGUANCIA, Kau'i	E	E	E	E	E	E	E
16	WILL, Kristin	E	E	E	E	E	E	E
17	WATERHOUSE, Mary Pat	**	**	Aye	Aye	Aye	Aye	Aye
	RESULTS	**	**	9 votes	9 votes	9 votes	8 votes	9 votes

-Points (Proposed Testimony)

HB1154

-supports the intent of this measure to address better care of individuals. This measure expands the use of the emergency guardianship to include respondents that reside in psychiatric facilities, hospitals and homeless shelters when there is no one else who can or wants this responsibility. It expands the number of days of emergency guardianship from 90 days to 120 days. This is due to the length of time to acquire non-emergency guardianships which often exceeds 90 days. Lastly, it makes explicit the right of the guardianship to agree to medication over the objection of the person. There are times when a medical provider is in this situation and this clarifies what he/she is to do.

SB263 (same position as SB899 from last year)

- The SCMH strongly supports increasing diversity within the SCMH and increasing services to marginalized groups within our state.
- The SCMH recognizes the significance of diversity and equity in addressing access to treatment and support services.
- The SCMH is concerned that, as worded, this measure excludes a number of highly qualified members of the Native Hawaiian community.
- Of note, similar requirements are not stipulated for other individuals who apply for and are nominated by the Governor to serve as an SCMH member.
- To increase the pool of applications for the SCMH, this measure may benefit from eliminating items 1 through 4, including the elimination of work and experience requirements.

SB592 HB1122

- requires certain patients subject to emergency hospitalization to be assessed to determine whether a surrogate or guardian is needed to make appropriate health care decisions for the patient.
- supports the intent of this measure to provide better care of individuals when they do not have the decisional capacity and they do not have family members or guardians to help.

SB1245

- With funding it requires, the Department of Health will provide or contract to provide intervention and stabilization services in each county for mental health and substance abuse.
- The state has limited services in the area, and this is less costly for the state and the community than hospital beds and the Emergency Room revolving door.

HB 1156

- This measure will enable those suffering from severe mentally illness and substance abuse issues to receive more timely treatment and care.
- It broadens the director of DOH orders to treat over objections from Hawaii state hospital to all hospitals and individuals under MH4, MH6 and unfit to proceed to criminal trial. This only applies to individuals who are at imminent harm to themselves or others.
- This allows a psychiatric facility or hospital to request the DOH director to file and pursue a petition for an Order to Treat, and allows the facility or hospital to file a petition if the director does not file expeditiously. It is very appropriate for DOH take the lead on these petitions based on community need, just as for involuntary commitment orders.

HB1155

Many families do not know how to navigate the system and the expertise of the Department of Health will provide valuable assistance. Having the Health Director file petitions is a good idea because many families do not have the capacity to navigate the petition process. There are other States that have given this role to the Department of Health. The stipulated orders and online hearings make sense.

HB637

- Individuals with mental illness and houseless face complex psychiatric burdens;
- They are among the most in need of psychiatric care but receive the least;
- The measure can benefit from more information on evidence-based solutions and continuum of care that will be provided through CARES Hawaii.

SB471

- Individuals with mental illness and houseless face complex psychiatric burdens; Yet, they are among the most in need of psychiatric care but receive the least;
- The measure recognizes that some individuals may be in clear mental health distress and need treatment and support services rather than being in jails or courts.

SB894

- supports the intent of this bill and request that mental health, and more broadly behavioral health, be clearly represented in the reconstitution of the trauma-informed care task force into an advisory board.

SB850

- support the intent of this measure to provide resources for the trauma-informed education prog of the Department of Education Castle Kahuku Complex area. It notes that the potential beneficiaries will be the children, families and communities of one of Oahu's more rural area where the gap between mental health service needs and appropriate services gap may be wider than the urban core.

SB161

- support the intent of this measure to have more mental wellness program for Hawaii's youth population. The YMCA's plan appears to specifically address one of the gap in the continuum of preventive care by helping youth ages, 12-18, in self-awareness, self-esteem, appropriate mechanisms, stress management, and others.

SB130

- support an intent of this measure to protect the well-being of children. It allows state courts not to enforce child custody of a foreign country if the foreign country imposes capital punishment for reasons including apostasy, religious political belief, and homosexuality.

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SB129

- support the intent of this measure to protect the well-being minors by requiring the Department of Human Services to make every effort to ensure that every island has a shelter and related services for minors. The measure also provides clear definition of shelter and related services.

HB483

- support the intent of this measure help victims of abuse recover from the physical, psychological, other injury or conditions suffered along a timeline that this more aligned with evidence. It supports also the intent of this measure to add punitive damages and restorative justice measures as ways to bring about justice for victims.

SB242

-support an intent of this measure to protect the well-being of children. It allows state courts not to enforce child custody of a foreign country if the foreign country imposes capital punishment for reasons including apostasy, religious political belief, and homosexuality.

HB509

- Public educational institutions that serve constituents from a variety of sexual orientations and gender identities should not ban information or curriculum that provides information regarding sexual orientation and gender identity. Creating more barriers to education and sexual education will lead to more discrimination (e.g., Garg, N., & Volerman, A. (2021). A national analysis of state policies on lesbian, gay, bisexual, transgender, and questioning/queer inclusive sex education. *Journal of School Health*, 91(2), 164-175.)
-Studies show that children already experience significant stigma and harassment concerning their gender identity and sexual orientation and this public education ban on inclusive sexual health knowledge would likely exacerbate any mental health issues caused by such discrimination. (e.g., Proulx, C. N., Coulter, R. W., Egan, J. E., Matthews, D. D., & Mair, C. (2019). Associations of lesbian, gay, bisexual, transgender, and questioning—inclusive sex education with mental health outcomes and school-based victimization in US high school students. *Journal of Adolescent Health*, 64(5), 608-614.)

HB1116

-School psychologists should be licensed.
-Recognize that the current system is not well set up well for this
-Monitoring needed

SB677

-support the intent. This provides for training that is needed to make this work
-Other States already do this so there is evidence available of how it works.

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SB684

- Telehealth communication has improved access to diverse and geographical remote areas.
- By allowing for audio only and telehealth communication, the incredible gap in mental health access is closing.
- =Those who are unable to use current virtual technology, will be able to access mental health resources over the phone, serving our aging population.
- Finally, a recent and comprehensive meta analysis (Snoswell et al. 2021) has demonstrated the effectiveness of telehealth including telephone/audio only as comparable, if not more effective than traditional care.
- Snoswell, C. L., Chelberg, G., De Guzman, K. R., Haydon, H. H., Thomas, E. E., Caffery, L. J., & Smith, A. C. (2021). The clinical effectiveness of telehealth: a systematic review of meta-analyses from 2010 to 2019. *Journal of Telemedicine and Telecare*, 1357633X211022907.

HB378

- The proposed “750-foot distance” from schools impacts existing clinics that have been in existence for decades.

SB162

- communications dispatchers are required to report to work during hurricanes, pandemics, and other emergency events, much like firefighters and police officers. They are emergency workers.

HB81

- A feasibility study is in the right direction and impacts an underserved area

SB754

- supports the intent of this measure and recognizes that the a study could be helpful. It is no certain why Ka’u instead of the entire island of Hawaii and/or all rural areas.

SB880

- Providers and family members of individuals with serious mental illness have approached the SCMh with concerns of not being able to secure emergency stabilizations for their loved ones.
- Failure to hospitalize individuals that are presented for emergency mental health examination due to the currently narrowly-defined “imminently dangerous to others” often results in further deterioration of patient’s mental health, and increased risk to the individual or to the community.
- The term of “gravely disabled” needs to be more clearly defined.
- Extending “imminently dangerous to others” from likely to be dangerous within the next 45 days, to likely to be dangerous within the next 90 days will help to protect the community.

SB279

- Ketamine is already FDA-approved