

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

Virtual Meeting via Zoom
April 11, 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: John Betlach, Lea Dias, Naomi Crozier, Katherine Aumer, Jon Fujii, Heidi Ilyavi, Jackie Jackson, Chris Knightsbridge, Eileen Lau-James, Kathleen Merriam, Jean Okudara, Ray Rice, Richard Ries, Kau`i Seguancia, Mary Pat Waterhouse, and Marian Tsuji (ex-officio)

Members Absent: Antonino Beninato

Members Excused: Kristin Will

Guests Present: Keli Acquaro, Maile Murray, Fern Yoshida

AMHD and CAMHD Staff Present: Gyan Chaudhary, Madeleine Hiraga-Nuccio, Jocelyn Nazareno, Carolyn Weygan-Hildebrand, and Valerie Yin.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
I. Call to Order	Richard Ries, Chairperson, called the meeting to order at 9:00 a.m. Quorum was established at 9:02 a.m.	For information only
II. Meeting Announcements	R. Ries welcomed members and guests. 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	For Information only

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	<p>terminated, and the Council will meet again on the following Tuesday, at 9am using the same links provided for this meeting.</p> <ul style="list-style-type: none"> Community input will be received in the designated part of the agenda as well as throughout the meeting. <p>Membership</p> <ul style="list-style-type: none"> The Senate Housing and Human Services Committee recommended advise and consent for four nominees – Heidi Ilyavi, John Betlach, Mary Pat Waterhouse, and Kristin Will. The Governor’s Boards and Commissions Office are still processing the other applications and are doing the same for all other commissions and boards. The goal is to fill all 21 seats. The Kauai and Maui Service Area Boards seats are challenging to fill and so filling up all 21 remains challenging. <p>Events (Flyers in Handouts)</p> <ul style="list-style-type: none"> There will be a May 3 Mental Health Awareness Fair at Windward Community College which Kathleen will cover in her report. June 1-2 Native Hawaiian Health and Wellness Summit. There is no registration fee. Members are encouraged to attend. For members in the neighbor islands who want to attend, the question of travel expense can be addressed at next month’s meeting. June 7-11 National Mental Health of America Conference. This will be in Washington DC but there are some virtual sessions. Registration is free for the virtual sessions. Members are encouraged to attend some of these virtual sessions. Note that some of these are very early in the morning Hawaii time. These events are worth attending but puts more pressure on busy schedules. These are not requirements, but the Council can explore next month about the Council’s June schedule. <p>Naloxone News</p>	

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	<ul style="list-style-type: none"> By summer, it is reported that naloxone will be available in a nasal application as an over-the-counter drug instead of a prescription drug. This is a major development. It is being used for folks who are showing symptoms for overdose on opioids. 	
III. Consideration and Approval of Review Minutes <ul style="list-style-type: none"> March 14, 2023 	The draft minutes for March 14, 2023, were reviewed.	<u>Action</u> Katherine Aumer moved to approve the March 14, 2023 minutes. Lea Dias seconded. Motion passed unanimously.
IV. Community Input	None	
V. Old Business	<p>A. Election of 2023 Officers</p> <p>After being postponed twice, the election of 2023 officers were conducted via Zoom's polling feature.</p> <ul style="list-style-type: none"> Chairperson - There were two nominees, Richard Ries and Katherine Aumer. R. Ries reiterated that he was stepping down and so that left K. Aumer as the only nominee. R. Ries congratulated K. Aumer and offered her support. Marian Tsuji thank R. Ries for the all the time and effort he put as Council Chairperson. K. Aumer thanked R. Ries and all. 1st Vice-Chairperson -There were four nominees including K. Aumer who was no longer available for the position. The ballot was adjusted to include the remaining three -Kathleen Merriam, Mary Pat Waterhouse, and John Betlach. Members were reminded that K. Merriam and J. Betlach were nominees for the 2nd Vice Chairperson. 2nd Vice-Chairperson – K. Merriam was no longer available for the position. That left J. Betlach as the single nominee. Secretary – The nominees were E. Lau-James and J. Jackson. <p>R. Ries congratulated all the elected officers and announced that they will begin their terms next month.</p> <p>B. Thank You Letter for February 14th and March 4th, 2023 speakers.</p>	<p>The members elected the following as 2023 Officers.</p> <p>Katherine Aumer – Chairperson Kathleen Merriam – 1st. Vice Chairperson Jon Betlach – 2nd Vice Chairperson Eileen Lau-James – Secretary</p> <p><u>Action</u></p>

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	<p>R. Ries drew attention to two draft letters of thank you for recent guests and asked members if there were any comments. He pointed out that the letter to Dr. Fink also served as a summary of what was discussed and shared. There were no comments received.</p> <p>C. Approval of By-Laws Amendment. R. Ries reminded that there was an amendment proposed last January to amend the section under Article V regarding meetings. He referred to the meeting handout for exact verbiage.</p> <p><i>Article V: Meeting 1. b. Each Council meeting shall be held virtually and at least one in-person physical location in accordance with the Hawaii Revised Statutes (Sunshine Law) through video teleconferencing facilities on each island.</i></p> <p>D. Legislative Advocacy Update by E. Lau-James The Ad Hoc Legislative Committee did not meet again. The Council submitted at least 33 testimonies so far. Of the bills that the Council agreed to send testimonies on, there are a few bills that are still alive (see handout). There was a discussion on the interpretation of telehealth bill, HB907. Specifically, if it was consistent with what the Council want. The Council will dig deeper about this.</p> <p>Related to legislative advocacy. R. Ries asked M. Tsuji about the loan. forgiveness program that Dr. Fink brought up during his presentation. M. Tsuji commented the Governor’s loan forgiveness program is going through</p>	<p>E. Lau-James motioned to approve the the thank you letters for: 1) Ms. F. Yoshida and Ms. A. Bonilla, DOE 2) Dr. K. Fink, DOH J. Jackson seconded. The motion passed unanimously</p> <p><u>Action</u> E. Lau-James’s motion to approve the By Laws amendment which modifies meeting location to virtual and one in-person meeting site. J. Betlach seconded. The motion passed unanimously</p> <p><u>Action</u> C. Knightsbridge motioned to write a letter to the” money” chairpersons encouraging them</p>

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	<p>the legislature and everybody are right on board with it. Chris Knightsbridge asked if there is anything specific that the Council can to help advocate or support this? M. Tsuji explained that a letter of support would be great to reiterate the other testimony that the Council already submitted about the workforce needs in terms of mental health. This is one tool of many that are coming through the legislative session that the council is looking for support in funding these things. Asked what. M. Tsuji commented I think we just want it very broad and for the funds to go over to JABSOM. Once the funds go over to JABSOM, the Council would contact Lee Buenconsejo, the interim Dean, to encourage her to appropriate money towards mental health and the Department of Psychiatry. It is a two- step process - get the money first and go for allocation.</p>	<p>to fund loan forgiveness program that goes to JABSOM, and other bills supporting mental health workforce such as, but not limited to, to the bills that the Council is already aware of. E. Lau-James seconded. The motion passed unanimously.</p>
VI. New Business	<p>A. Welcome and Presentation: Ms. Keli Acquaro. Acting Administrator & West Hawaii Family Guidance Center Branch Chief. (see PowerPoint presentation)</p> <p>Q&A, Discussion</p> <p>Q. How does the crisis mobile outreach team reach out to kids in a way that makes them want the service so that in the future when they could benefit from the service, when they're adults, that it can still be a useful service to them?</p> <p>A. In the child-serving system, we come up against this every day. If you're a minor, and you're not at the age where you can consent, your parents are the ones consenting for services. But kids and teens consent in a different way. They consent by participating or not participating. The parents can want the services all they want, if the child doesn't want the services, they're not going to be engaged in them. And then it's questionable how much benefit it can have if they're not feeling like this is something that's going to help them or is very meaningful activity. A lot of what we've been trying to do, more recently, is come at things through a more trauma-informed approach. This is something that's been coming out of our Data to Wisdom system of care grant. The data overwhelmingly supports a more trauma informed approach. A lot of</p>	

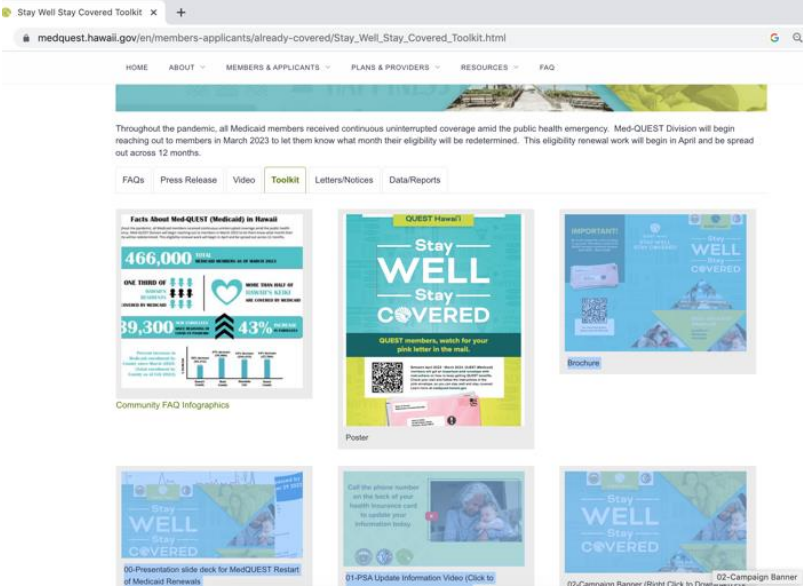
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	<p>the elements in that kind of an approach are things like meeting the child where they are. Asking them what would be helpful for them and what they think would help them now. Adults have a lot of ideas about what we think kids need or should do. But sometimes kids have different ideas. And we do try to empower them to talk about what they think would be helpful from a mental health perspective or in responding to this crisis.</p> <p>A. lot of the trauma-informed approaches is also around safety and predictability, answering their questions about what's going to happen next, how much control they are going to have or not have. Those kinds of things are sometimes the things that can make a crisis scary for kids “Not knowing where am I going to go? What's going to happen? Am I going to get in trouble?” Those are the kinds of things that kids are wondering about when a crisis happens. It's kind of things where you're really trying to engage the child or the teen in their own process, and then really helping the parents understand how they can do the same.</p> <p>Q. How are you supporting kids as they transition into adulthood? What's the plan for that? That group of kids that are now becoming adults that now need to transition into.</p> <p>A. We provide a lot of support to them and want to make sure that they continue to be supported into adulthood. For the kids that we think are going to meet that threshold of having a severe mental illness, we do that referral. We do continue to monitor them, even after the transition to make sure that they're participating and not fall through the cracks. The other piece of this, they do have other support and services that they could qualify/ Maybe they just need some routine medication management to keep them stabilized on their medications or need some outpatient therapy. So those are all things that we can make sure that they have access to before they leave our system. The other thing that does sometimes happen is once they're old enough to make their own decisions, their own health decisions, sometimes they've been in services for a long time at that point and are not interested in any mental health services. So, what we try to do for those young adults is make sure that</p>	

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	<p>they understand that it's their choice and it's their health. We try to do the best hand off that we can.</p> <p>We have been meeting quite a bit with the Adult Mental Health Division and with the MedQuest Division to talk about other ways that we could fortify this transition. Also talk about recently, historically CAMHD has not followed kids post-discharge from CAMHD. We don't have a lot of longitudinal data about where the kids are after they leave CAMHD. We've been talking to our own research and evaluation team about what it would take to get that kind of data.</p> <p>Q. How is the funding now matching where the data is showing? If you are showing certain islands in a greater need and then is the funding flowing accordingly? How is that working out?</p> <p>A. For example, with Crisis Mobile Outreach legislation, now that we're starting to get better data out of our system, we were able to say our first pilot program site should be on Oahu, that's where we have the highest volume of crisis calls and that's where we have the most need. When there was an opportunity to expand to a neighbor island site, we were able to say, let's look at the data. Let's figure out where the areas of greatest need are. Data shows that the Big Island and Maui have needs in terms of crisis mobile outreach response. It's exciting to be able to look at our utilization data, look at where people need help, look at where we need more service capacity, more providers, more types of services and be able to make real time decisions about that. This is the best data that we've had so far to be able to make those kinds of decisions.</p> <p>Q. What are the cut off age for CAMHD?</p> <p>A. Per our statute, it is 3 years old through 17 years old, but we don't cut off kids when they turn 18 years of age. Sometimes there are kids who are already in our system, they're kind of in the middle of their episode of care, and we continue to serve them until they're done with their treatment, or kids who are</p>	

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	<p>in the Department of Education who are getting services from us through their Individualized Educational Plan. And those kids can be in school through 20 year of age or older. If we're a related service in the IEP, sometimes we can continue to provide services. The limitation that we have is that because we're a child serving system. We do have residential treatment facilities, but residential treatment facilities can't mix children and adults. So, when a minor turn 18 they can't be living in a facility that has children in it.</p> <p>Q. What is considered a serious need? If someone is bipolar or has a huge amount of depression, they may not qualify for services and CAMHD can only work with people with schizophrenia. Are your hands tied on this?</p> <p>A. Our eligibility criteria is broader than AMHD. For the child population, you must have a qualifying diagnosis. The only diagnosis that does not qualify is having an intellectual or developmental disability or kids who have substance abuse. Our system is largely a cognitive behavioral system.</p> <p>Q. Dr. Amy Curtis spoke about having some sort of dashboard that will eventually become available. Is that going to be also part of CAMHD? Is it together integrated, separate, independent, and it will be publicly available so others will be able to access that information?</p> <p>A. It is separate. AMHD is developing a separate system. I am not aware of public facing dashboard. I'm happy to talk to Amy more about what they have got in the works and what might be a comparable thing for CAMHD right now. The dashboards and system that's been built for CAMHD are largely internally facing, meaning it's for us to use to provide clinical oversight. It does come with the ability for us to have a customer portal, which we're hoping is going to launch pretty soon, which would be a way for kids and families who are already working with us to have access to their plans, their team contact information, and different things like that.</p> <p>Q. It was mentioned that data for the older youth is increasing. Will it be available to use for planning the next two years so that we will know which directions maybe this Council can recommend?</p>	

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	<p>A. Yes, the data will be available for the Council.</p> <p>Finally, a plug for Mental Health Acceptance Month. Wear green and participate in activities in your respective islands.</p>	
VI. Information Reports	<p>Island Representative Reports</p> <ul style="list-style-type: none"> ○ Oahu Service Area Board – J. Jackson ○ At the SAB meeting on March 15, 2023, there were several announcements made, including: ○ May 4 event- 2023 Mental Health Awareness and Awards event by Mental Health America of Hawaii. ○ May 24- 27 – National Conference of the National Alliance on Mental Health. ○ Establishing certified community behavioral health centers in Oahu. One will be in Pearl City. ○ Bids happening ○ Tia Hartsock from the Office of Wellness and Resilience will be presenting in May. ○ Hawaii Service Area Board -J. Betlach ○ Hope Services was awarded a contract to work with people with challenges in the community. It will sub- contract with smaller nonprofit agencies to provide other services. Hope services is very important for the Crisis Intervention Team (CIT) for wraparound services and helping people right away. ○ April 2 was Autism Awareness Day, there will a little race on the first week of May. ○ CIT Training was held on West Hawaii. The training went pretty well and more CIT Training will be scheduled in the future. ○ There was SAB discussion on working with people that are coming out the criminal justice system, LIM program, apple seed program, a program to work directly with people. The program to be unfolding on the Big Island and on the County. 	For information only

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	<p>State Agency Representative Reports</p> <ul style="list-style-type: none"> ○ Department of Health BHA – K. Merriam May is Mental Health Month. DOH is partnering with the Windward Community College to do a Mental Health Fair this year at their campus on May 3, 2023, from 10 a.m. to 1 p.m. There will be about 40 agencies and groups at the Fair. It's a free event. There will be stickers people can wear and green ribbons to symbolize mental health. CAMHD also has a social media challenge as a way of engaging more to participate in MH month (see https://health.hawaii.gov/camhd/cmha23/) ○ Housing (HPHA) Reported by K. Seguancia HPHA opened the waitlist with the Governor signing the emergency proclamation on homelessness. The waitlist was opened by geographic area, starting with the Leeward side, Honolulu, Central, and Windward. The last waitlist closed last week, and now HPHA is going through that waitlist. Because of this emergency proclamation, HPHA can bypass, but still following procurement, some processes to expedite and contract out with private contractors to turn and fill a little over 200 housing units. The units will be targeted primarily at individuals for families by the end of May. HPHA is excited to be able to serve new families. We are also working with some nonprofit agencies to outreach homeless families and individuals to help them complete applications online and not miss technical requirements and deadlines. Finally, we continue to work with the service providers, especially if many of our homeless families or individuals need help with verification or certain documents, they may not always have readily on them. ○ Med-Quest Medicaid Program (MQD) - Jon Fujii MedQuest has a new website, https://medquest.hawaii.gov, as part of its rebranding effort. As emphasized in past meetings, Hawaii wants to make sure that all eligible beneficiaries are served. Hawaii also does not want to lose on the federal funding match that is provided for those insured by MedQuest. Hawaii wants to minimize any kind of losses from Medicaid for 	

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	<p>reasons that could have been preventable. Hawaii's cut of. Everyone can go the website to learn more about what they need to do. For Council members, the Appearance toolkit, for example, is a bunch of resource materials that can be accessed and printed (posters, banners)</p>  <p>There is a Quick Facts section About Medicaid in Hawaii:</p> <ul style="list-style-type: none"> ○ A total of 466,000 Medicaid members as of March 2023 ○ 1/3 of Hawaii' residents are covered by Medicaid ○ 139,300 new enrollees since the beginning of COVID ○ More than ½ of Hawaii's keiki are covered by Medicaid ○ Biggest enrollment was on Maui Island 47% increase ○ Education (DOE) – No report ○ Social Service (SSD) - Ray Rice ○ We had a discussion with Adult Protective Services (APS) administrators and supervisors regarding mental health resources statewide. And some of the things that came up as needed were increase in mental health housing and bed capacity, and the mental 	<p>Useful tools</p>

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	<p>health training for personal caregivers as well as some of the current home staff.</p> <ul style="list-style-type: none"> ○ We Looked at APS crisis intervention training. We have reached out to some local agencies here and the administrators are going through the curriculum. We are hoping that there will be something set up for APS work for CIT. ○ Discussions covered a a roadmap to help in navigating the mental health system. Something to assist workers in getting vulnerable adults through the application process and referral process in order for them to receive support services, medication management; challenges for discharge; getting effective mental health services to individuals experiencing a crisis in the community need for more providers in rural areas because there is need for water, electricity, and services for those who live in rural areas; Costs maybe one of the barriers to getting services set up. The workers, the administrators and supervisors are aware of the need for services; they're questioning whether or not there is commitment to get more money for these mental health services. ○ Vocational Rehabilitation (DVR) updates from L. Dias ○ Director of Human Services Kathy Betts was unanimously approved by the Senate. ○ DVR is still facing a lot of trouble with recruiting rehabilitation counselors. We're at about a 33% vacancy rate. We're getting a lot of interest from people from the mainland, but then they don't follow through. So still short staffed. ○ DVR is doing good with services; we serve people quickly despite our staff shortages. ○ ○ Judiciary – None <p>Specialty Area Representative Reports</p>	

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	<ul style="list-style-type: none"> • Hawaii Advisory Committee on Drug and Abuse and Controlled Substances (HACDACS) update -J. Fujii <ul style="list-style-type: none"> ○ The Council of Mental Health are tracking a bunch of bills and HACDACS are submitting testimonies and scheduling out what the speakers that are going to be coming in over the course of 2023. ○ At the March meeting there was a presentation on substance use in Native Hawaiian Community and Cultural Healing. ○ The University of Hawaii Mapuna Lab is schedule to come to the meeting. ○ In May there will be a law enforcement perspective on fentanyl, ○ In, June, there will be trauma for our recovery-oriented system of care. ○ In, July and August there will recovery communities, local and international perspective. ○ In September, there will be a Cannabis Task Force update and it's dipping into legislative reporting. • Provider -R. Ries <p>Most providers continue to be very busy with a large influx of referrals. Kaiser Permanente mental health workers strike is now over. Shortly before that, several private providers that are credentialed under Kaiser and can treat patients who has Kaiser insurance were offered an advanced lump sum payment in exchange for a legal agreement to take on a certain number of new cases. A lot of my fellow colleagues were pretty happy to take this big lump sum payment and then contracted to see a bunch of new people. There is still a tremendous bottleneck of people with long wait lists that are taking on new clients. If any of you are looking to find some therapy, you might find it really hard to get a first appointment.</p> • Parents and Family Members - Heidi Ilyavi <ul style="list-style-type: none"> ○ There is burnout in our industry, not just mental health, healthcare in general, pharmacists, etc. West Hawaii lost so many case managers. 	

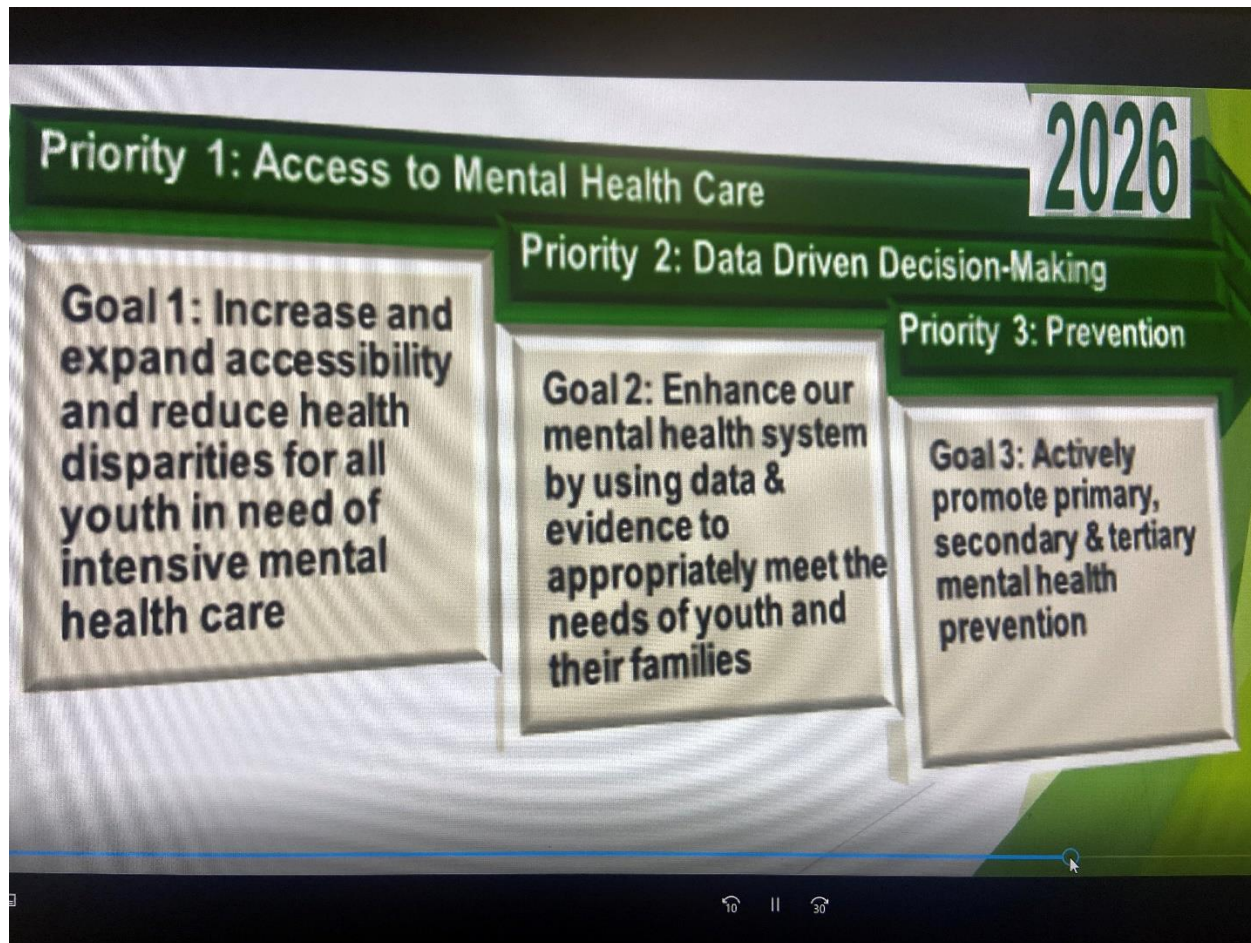
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	<p>For our residential program, we have not been able to open a new facility because we don't have staffing. There may be one applicant every few months. Typically, they don't pass the drug screening, or they make it through the background check but not follow through, or they find another job in the process because the process of hiring takes long.</p> <ul style="list-style-type: none"> ○ AMHD hasn't upgraded their bed day rates in 12 years, there's been no update as to when or how or if AMHD plan to upgrade the rates soon. ○ Staffing remains just a constant nightmare. Those of us that are working are just working doubles, triples, weekends, whatever we can to just keep the doors open. We're slowly but surely losing more and more people because of the challenges. ○ Housing in our community is very challenged right now. it is very significant in the Kona community. Hilo is a bit better than the Kona community side and people are moving further and further out driving hours to go to work. <ul style="list-style-type: none"> ● Parents and Family Members - K. Aumer I am trying to find some culturally sensitive and relevant resources for mental health. I find there's only a few resources out there. She implores the council to let her know if there are centers available. Trying to find some culturally sensitive and relevant resources for mental health. Talk therapy and CBT is well evidence based and provided within the psychological community but providing other types of healing that are culturally relevant are needed and appropriate for those who may not necessarily identify Western methods. <p>R. Ries wrapped up this section by saying the need to look more into this. M. Tsuji reminded about the grant that Hawaii received to have a Center for Excellence (Mecca of Resources from across the nation) for Native Hawaiian, Asian Americans, and Pacific Islanders. There will be something up by the end of the year.</p>	

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	<ul style="list-style-type: none"> Youth and Consumer Advocates by Antonino Beninato -None 	
IX. Meeting Evaluation/Future Agenda Items	Agenda item suggestions: <ul style="list-style-type: none"> Carolyn Weygan-Hildebrand to send an invite to Tia Hartsock to a State Council meeting. Dementia-related topics, find out how many mental health or psychiatrists, psychologists are needed and how much money it would take for these positions. Request to have strategic planning retreat 	Information only
X. Adjournment	The meeting was adjourned at 12:04 p.m.	For information only
Electronic Mail Outs	Handouts HSH Presentation by Dr. Heidelberg Mental Health & Wellness Fair WCC Thank You Letter to Dr. Fink Thank You Letter to F. Yoshida and A. Bonilla MHA Conference Virtual Sessions Aha Hoolokai 2023 Native Hawaiian Wellness Summit UHWO SCMH Legislative Advocacy Active Bills and Sample Testimonies as of April 38, 2023 SCMH Reference for Approval of Bylaws Amendment	For information only

Child & Adolescent Mental Health Division STRATEGIC PLAN 2023-2026

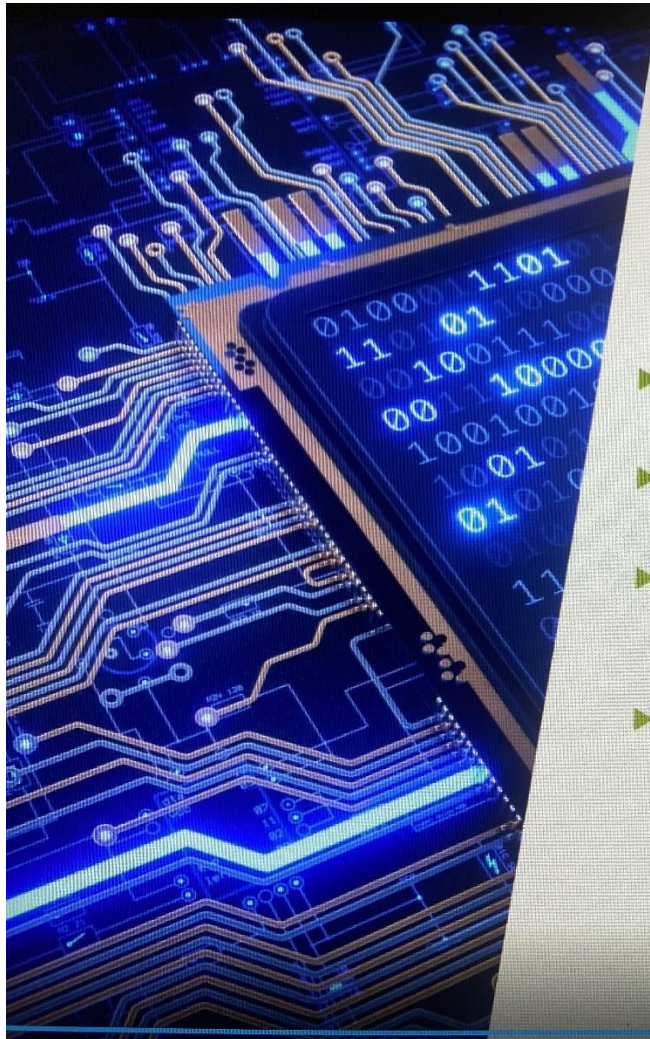


- ▶ **VISION:** Thriving children, healthy families, supportive communities
- ▶ **MISSION:** To promote resilience and well-being in children and families by providing quality mental health services.



ccess to ental Health are

- ▶ Improve the efficiency of intake
- ▶ Expand OnTrack
- ▶ Work with DOE and OYS to identify youth in need
- ▶ Improve outreach to youth who have used crisis services
- ▶ Develop inclusive practice standards to improve care to youth in marginalized populations



Data Driven Decision Making

- ▶ Develop culture that values data-driven decision making
- ▶ Increase the availability of real-time data at all levels
- ▶ Increase the use of research and local evidence to inform decisions at all levels of the system
- ▶ Increase the efficiency and effectiveness of workflows to improve client outcomes

Prevention

- ▶ Primary - mental health acceptance and education
- ▶ Secondary - early detection and intervention, family engagement
- ▶ Tertiary - quality mental health services and clinical oversight