

STATE COUNCIL ON MENTAL HEALTH (SCMH) MEETING

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

Members Absent: Jean Okuda, Kauai Seguancia

Members Excused: Antonino Beninato, Jon Fujii, Kathleen Merriam

Guests: Cyndy Dang, Chelsea Gonzales, Tia Hartsock, Elsie Javier, Raelyn Reyno Yeoman

Staff Present: Dr. Courtney Matsu Jocelyn Nazareno, Carolyn Weygan-Hildebrand, Valerie Yin

I. Call to Order

Katherine Aumer, chairperson, called the meeting to order at 9:04 am. Eileen Lau-James, secretary, declared quorum at 9:04 a.m.

II. Announcements

K. Aumer warmly welcomed members and guests.

She announced that Christopher Knightsbridge emailed announcing his need to step down from the Council and that this will be his last Council meeting. She thanked him for his service and expressed the Council's appreciation for this active engagement not only in the Council but in the community at large. C. Knightsbridge replied that in the last six years, he has seen how the Council has grown and how everyone works together to get things done. He acknowledged that the Council has good leaders, in R. Ries and K. Aumer. Others expressed thank you and aloha via chat.

Marian Tsuji, ex-officio member and DOH Deputy Director, took a moment to introduce Dr. Courtenay Matsu who just came on board as AMHD medical director. K. Aumer, on behalf of the Council, welcomed Dr. Matsu and thanked her for coming.

Meeting protocol

K. Aumer shared the protocol in case of communication technology-related interruption She also covered the protocol for community input.

Membership Update

K. Aumer announced that all remaining Council members can remain members.

III. Consideration and Approval of Meeting Minutes – May 9, 2023

ACTION: E. Lau-James moved to approve the minutes. Richard Ries seconded. The minutes was approved unanimously.

IV. Community Input

K. Aumer recognized Raelyn Reyno Yeoman. R. Yeomans brought up a concern regarding Assisted Community Treatment (ACT) orders in the Hawaii. She asserted that over a year ago, the legislature has stripped the individual's right to legal counsel for individuals who are subject to ACT orders. She cited that SAMHSA (Federal Substance Abuse and Mental Health Services Administration) outlined the whole process for civil commitment, and one of the process' 10 points is the rights of individuals to legal counsel. In the last legislative session, the Judiciary submitted testimony on guardian ad litem, who have been substituted for legal counsel, may not give legal advice. So, Hawaii currently has individuals under ACT orders that are being forced to be treated, majority looks like they are from the I.H.S. (Institute for Human Services). With the passage of House Bill 950, people asserting petitions under the ACT petition process will be able to seek help from the Attorney General's Office. It is uncertain how that can be done without addressing an individual's due process. She also wanted to bring to attention to the initial order being extend to more than one year and the implication of not having legal counsel for up to two years. She stated that she is not against treatment, but she is not sure about addressing due process. She express that her real concern also is the population being subjected to ACT order. The disparate impact is on the indigent, which also mean groups like Native Hawaiians that make up the indigent.

K. Will wondered how ACT can be done. In their case where an individual is put in the hospital, it is up to the individuals to take their medication. It is the individuals' rights.

Mary Pat Waterhouse who noted that individuals can only have public defenders for incarceration. That includes going into the State Hospital. The AG's office is tapped to help with application only, and not there to defend anyone.

K. Aumer requested that the SAMHSA reference be shared with the Council later. Ms. Yeoman posted the following in chat. <https://www.samhsa.gov/sites/default/files/civil-commitment-continuum-of-care.pdf> K. Aumer summarized that this concern centers on an individual's due process. It is a very important issue, but the Council is not in a place to productively cover it yet. She mentioned that it can be put in next meeting's agenda but needs to gather more background. She thanked everyone. R. Yeoman offered California's Care Courts as one example to look at.

K. Aumer recognized Jackie Jackson. J. Jackson expressed the following sentiment, "I just wanted to highlight and I'm not sure if this is the proper forum. But IHS recently on July 1 also completely cut off their meal service program. I know it's affecting the homeless this personally, my I have a brother who's out there. And I just got this text from him. You know, today he's struggling loneliness, heartache, hunger, and realizing the gravity and weight of homelessness and addiction on his life. And I know that crime is going to increase because you can go from serving people three meals a day to nothing, and that do not influence the community that utilizes those services. So, I'm not sure if there's anything we can do, but I just wanted to highlight it, I see, you know, death is going to increase.... I think we can at least know what's happening...have a conversation in that regards."

K. Aumer agreed and said she'd appreciate that.

V. New Business

A. Presentation

“Office of Wellness and Resilience” with Tia LR Hartsock

K. Aumer welcomed and congratulated Tia Hartsock on her new role.

T. Hartsock thanked the Council for inviting her. She was glad to be back in a familiar space and explained that she worked in CAMHD. She traced the beginning of the Office of Wellness and Resilience to the Task Force on Trauma-Informed Care that sought its creation in 2021. She said:

“So, in 2022, last year, we introduced legislation to create this office, there was several pieces to this legislation, including implementing the framework for that the task force is developing. The other two large pieces of this was to look at how to coordinate the reform efforts happening across the state around trauma informed care...The other big piece that this office was set up to do was to address or meet unmet needs and barriers in response to the COVID 19 pandemic. So how are we doing as a state? How are the students doing? How are they how is the staff doing? How are the communities doing in the time of pandemic...We got funding for six staff. And it looks and we're really looking at these three major areas of focus to implement the legislation and address the unmet needs of the communities around trauma informed care. So, the first kind of area that we're looking at is workforce wellness, as a state, how are we addressing the wellness of the workforce, providing training and technical assistance to state agencies around trauma informed care practices, around resilience research, and around creating wellness for the departments and those whom we serve. And the last piece is really looking at how we're implementing this framework across the street to create a trauma informed state. What kind of programs are being created? How are we able to inform them? How are we able to look at policies and procedures, both programmatic policies as well as legislative policies in order to better implement and effectively implement the framework of the task force?” She continued, “In the workforce wellness piece... Having worked in the state prior to the pandemic, there was already an issue of recruitment and retention. And it's only been exacerbated with the pandemic. And as more people are leaving the field retiring. This concept of the great resignation across this country, it has quite an impact on the workforce.... Those are the concepts of burnout, compassion, fatigue, and vicarious trauma as they relate to secondary traumatic stress. What are we doing as a state to address these, these needs and these concepts that are emerging even more so in a post pandemic world? So, we're coming up with a strategic plan right now on how to implement that across the state permits.” She continued “...if you've never heard of trauma informed care before, this is really the six principles that we're looking at the task force, the trauma informed care Task Force is developing standards right now and really looking at how to really look at creating a Hawaii-informed trauma-informed care approach... The real concept is if we have a healthy workforce, we will have healthy communities, and the goal is to create healthy communities. And then just these concepts of vicarious trauma, burnout, and self-care, how are we addressing these formally? And really, where do we start when it comes to this concept of self-care, and we transition to the concept of organizational self-care, organizational wellness So it's not just you go take care of yourself. It's more of how our organization and departments are formally investing in and looking at the recruitment and retention of a healthy workforce.”

Discussion

R. Ries commented that there are two basic places where there is exceptional need for forays into resiliency and trauma informed care. He said, “The first is in our first responders, such as EMS

workers, OSHA and safety, police, and fire. We have had multiple visits to our council by workers from that particular workforce, coming to us giving compelling, tearful, powerful testimony begging for help. And we have tried, I think, to initiate ways to address that part of which was our invitation of you here. The second one is about the mental health care provided by our hospitals, specifically our private hospitals with respect to inpatient services, and an incredible problem with a lack of trauma informed care as an orientation. We also received a multitude of testimony from folks, service recipients, directly family members of service recipients, that the services feel very Inhumane and that there are no talk therapy or psychotherapy services included. Even in instances where someone is questioning whether they want to still live. In fact, it's more like they come in they're given some medications, they're kind of trapped in a room and then let go when time passes. And not only is there not psychotherapy, offered with a warm attitude, but there's not really a whole lot of follow up care. So those two big pieces we have our first responders that are often the very first people to interact with folks out on the street that are maybe confused and struggling. People on the brink of needing trauma informed care, as well as the first responders suffering themselves with their own increasing compassion, fatigue, and burnout. So, I just wanted to say that those are there might be more topics, but the State Mental Health Council has been aware of are tracking and looking to contribute in some way to efforts on those two fronts. So, I hope that my comment is welcome. And thank you."

T. Hartsock shared that she is getting that feedback from first responders – firefighters, sheriffs, EMS (emergency medical service), police. It is also typical in the mental health field. She said the issue has been there for many years but the number of requests for training on trauma-informed care has been highest since the pandemic. She shared the issue of having only two certified trainers in Hawaii—Heather Lusk and her- so they are working on a curriculum and certification program with UH School of Social Work and Outreach College. Regarding the private hospitals, she said she has not spoken to them. It was clarified that R. Ries did mean hospitals like Queen's and Kapiolani or about every hospital other than the Hawaii State Hospital.

M. Tsuji said she was glad to hear that Heather Lusk is also certified now. She shared that T. Hartsock has been the lone certified trainer for a long time.

K. Aumer recognized Elsie Javier. E. Javier said, "It is my first time here. Thank you so much because I'm coming from a background of caregivers. So, my agency is the only one on the state that supports caregivers. In the community we're doing I'm doing a placement medical frailty agency that has the mental health aspect to kind of assist caregivers because there wasn't a lot in the community. And I think the caregivers get pushed on the side because they don't want to see anything. So, with the goal of my agency is kind of bring that and to the forefront and provide support, especially with clients that they have in their home with SMI. And then they're having to deal with it. Right now, they don't have a support out there. They're not equipped. Hospitals have that opportunity to call on somebody, whoever. These caregivers, they don't. So that's what I'm trying to bring out. And it's going to be this form of education and awareness is going to allow for a lot of more, I guess, open caregivers to be able to take in clients with SMI, because that's what my barrier is right now. So, with them having to understand and with interventions and things. Thank you.

T. Hartsock shared that they have started a conversation with the department directors around establishing some baseline data from state employees on level of need to help inform the direction that this office is going to go and how to create programming's that will be supportive. It will be

through a survey. It will be voluntary and anonymous for employees to fill out and will be looking at the needs around supervision, around support, around burnout, and vicarious trauma. OWR is working with the University of Hawaii's Department of Psychology and Social Sciences Research Institute on this. She encouraged state employees to participate. She mentioned that if the Council is looking to create and submit, specifically around trauma, trauma informed care, resilience, wellness, to please let her know. There is an organization going on for the next legislative session.

B. State Council on Mental Health 2023 Report to the Governor and Legislature: Mid-Year Checkpoint

K. Aumer brought attention to the Report as one of the meeting's handouts. She reminded that the Council had recommendations in that report. She noted its broad recommendations and asked if there's any thoughts about them at this point. She noted that here is the resiliency training for first responder and concerns like workforce issues, there was also the Red Hill water contamination issue. She encouraged members to keeping those things in mind so that when we do write the report we have, it does reflect our work. It does reflect our contemplation, and the business that we've done.

C. Old Business

A. 2023 Mental Health Block Grant (MHBG) Planning Update.

M. P. Waterhouse updated that the ad hoc committee met and were able to wrap it up enough to give the Council something to give feedback on. She turned it over to C. Weygan-Hildebrand to present the four slides that the committee decided on.

C. Weygan-Hildebrand said that the Committee requested to introduce the topic with a few slides. First, the Federal Fiscal Year 2024-2025 MHBG plan is not a plan on how to spend MHBG funds only. The plan is a requirement for spending the money, but the required plan is for a public mental health care system. Because of this, it has been serving as the mandated State Comprehensive Integrated Service Plan (SCISP). So, for this year/s MHBG Plan, the effort is to try to align it with other required local area and State plans. The formal guidance on how to complete the MHBG plan was released only last June 30. There are many questions that need to be answered and requiring much data information. The practical approach this year will be to answer required questions only and not the requested only kinds. This is what Washington State has been doing. The one that has bothered the Council is the matter of meaningful participation when the process is rushed. This year, unfortunately, the issue will be same. It will be good if the ad hoc committee meet before the September 1 deadline for their recommendations to the Council. The Council can once again review their recommendations after the September 1 submission Texas communicates to their Council that there is a provision to revise a plan after the September submission, if that is warranted. So, the Council can recommend revisions even after the Plan has been submitted. As a planner, C. Weygan-Hildebrand's last practical recommendation is to approach this plan with the end in mind. She encouraged everyone to try to select performance indicators that uses existing reliable data that are already being collected. The system has never had enough resources so it is good to build on what state and local systems are already prioritizing. You have heard about priorities of AMHD and CAMHD from Amy Curtis and Keli Acquaro.

the next step for me is to draft and answer to those things, knowing what I've I'm collecting right now. So, my partner in this is Valerie Bell, who's the county planner. So, what we did was to really, you know, go through that guidance, fleshed it out and see what the answer an example of how Massachusetts how Massachusetts answered the questions is a very good way. And then maybe that is one thing we will present to the committee, and you can look and give it a shot. And that one will most likely not have the numbers again, you know, the budget and all that. From what I can see that we aren't we won't be ready with that in the next week or so. But I think in two weeks' time I think we can I can have the draft of the answers based on what I gathered from everybody else. And then that can be presented through this strategic planning executive group who are the leaders that can also be presented to you? But I do recall that at your committee meeting, somebody said, where is the voice of the workers in that process? Yeah. So, they recommended a Google survey to do that. And so, I'm, I'm trying to think about how to do that. If we can do it this time, we cannot do it this time, at least try to be make it part of the, you know, make that recommendation in the plan to say do it, then we can implement it. I think that's the one major thing that I heard from the committee to say, there's the voice of the workers.

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B. June Council Activities: Sharing about the Hawaii State Hospital Tour, Native Hawaiian Health Summit, and others.

Do we need more time on this? I will also want to acknowledge huge thank you. We thought that was also part of the report, the Hawaii State Hospital visit thank you to those who could make it out in June, it was a wonderful opportunity to meet with the individuals there. It was a real privilege, actually, to see how much work goes into that area. And a part of me was wondering if it would behoove us to take a look at the other facilities that are available on the island.

K. Aumer reported that the Council did not meeting in June but had an informational tour of the Hawaii State Hospital. The Council was also encouraged to attend a learning event at the Native Hawaiian Health and Wellness summit and the Mental Health of America National Conference as well as SAMHSA webinars during Prevention Week.

Discussion

Council members who joined the tour noted the following about the Hawaii State Hospital:

- More programs are offered to clients.
- Hospital was better coordinated.
- Director Ken Luke welcomed input from Council members on how to better serve the population the Hospital serves.
- There should be more facilities available to serve the forensic population to help with HSH overcapacity.
- Have a pilot program designed and supervised by folks that work at HSH that would take place in OCCC or other such places while the person is waiting to get into HSH to help with their mental health needs.
- There is a need to have a program to help integrate the forensic population back into the community.
- Incorporate into the Mental Health Block Grant planning concerns around transitioning clients from HSH into the community.

Native Hawaiian Health and Wellness Summit

R. Ries reported that there were kupuna addressing on a wide variety of topics. A lot of booths, giving out swag. There were cultural events, students' presentation, and free native Hawaiian plants were given out. It was a neat place to do some networking with folks. One thing that he was most struck from the student presentations is the free use of Hawaiian terminology. It seems like a lot of these Hawaiian concepts are just part of their everyday language when they're talking about services to the community.

K. Aumer recognized C. Weygan. The Department of Human Resources spoke at the Summit on recruitment and invited people to attend a webinar they are putting out.

PIG Strategic Planning

PIG was not able to meet. Carolyn Weygan-Hildebrand will send out a doodle poll.

Ad Hoc Committee on Legislation to meet in September for wrap up session.

D. Information Reports

A. Island Representative Reports

1. *Oahu Service Area Board (OSAB)*. Jackie Jackson reported that the Board did not meet, they were not able to establish quorum.
2. *Hawaii Service Area Board (HSAB)*. J. Betlach reported the Board did not meet also.

B. State Agency Representative Reports

1. *Behavioral Health, Department of Health (DOH)*. C. Weygan-Hildebrand shared the crisis care system was recently rebranded with the simpler "Hawaii CARES 988." The Council can invite Belinda Danielson, Crisis Care Coordinator, for more information.
2. *Social Service*. Ray Rice updated they are exploring resources for the crisis intervention trainings that were mentioned for Adult Protective Services workers. At least one of two identified agencies will present in September so trainings can be identified to help staff who are working with clients in crisis. APS is also trying to identify resources for capacity for assessing decision making capacity for some of the clients that the division work for. They are trying to reach back to Hawaii telehealth who has helped before about possibly working together and providing the services to the clients that we serve.
3. *Judiciary*. K. Will announced that Judge Kuriyama, the judge for conditional release (CR) has retired. The new judge for conditional release is Donald Johnson. Trish Morikawa is still the judge for the Mental Health Court. The Department is trying to collaborate more with the Hawaii State Hospital to help integrate the forensic population back into the community with services and programs for these folks to go into.

C. Specialty Area Representative Reports

1. *Providers*. R. Ries reported there's been some discussion amongst psychologists regarding concerns over the way that insurance companies disparately engage in requirements for mental health providers. Some mail information on paper while others expect providers to log into a website. They require different paperwork. So, there have been some discussion over how time consuming the requirements are for a clinician, and how it takes away from

the focus on the actual clinical care. There is discussion brewing about trying to address this in some way.

Regarding general excise (GE) tax, when a provider like him sees a client through the Veterans Affairs, or through one of the federal clinics like West TRICARE, he is not allowed to charge the client nor insurance care the GE tax. That is the same if the patient is from Kaiser Health Maintenance Organization (HMO). As a general sense, most providers in private practice do charge clients the GE tax. A legislative bill last year sought GE tax exemption for food and medicine. It did not pass. This is a topic of discussion among providers. People were polled about this, and 81 percent agreed that there should be GE tax exemption for food and medicine, which covers mental health services.

1. *Family members.* Heidi Ilyavi expressed her concerns about the housing issues on the Big Island. Big Island is having some staffing issues which adds to the housing issues. So, many families are becoming homeless and there is just no fix in sight soon. Because of the staffing issues, some of the housing that is currently available are closing. In addition to that those who are working in the non-profit world, those in mental health or medical are struggling to find housing themselves. During COVID, Hawaii did a big pitch of inviting people to come live here which purchased up a lot of properties and now the rental market here for locals is very, very limited. This is happening not only on Hawaii Island but on Maui also. There are a lot of issues on Hawaii Island and we're going to see it fall out more and more in the mental health system. She reiterated that a there needs to be a fix in sight.

E. Lau-James commented on the issue of step-down services. She said that it is something that doesn't get a lot of attention. The lack of step- down services is a priority for the National Alliance on Mental Health (NAMI) as well. Hawaii does not have the infrastructure and there aren't enough step-down places available. She felt that pushing for those step-down services as a Council would be huge.

2. *Consumer Advocate.* C. Knightsbridge shared the reason why he will be moving. He will be living for Nevada to finish up his doctorate in clinical psychology. People have been asking if he will return to Hawaii. He said he does not know because it is just insanely expensive here. He said that the pay here is just not good enough to do things that families want to do, like buy a house and settle down. It is easier to do that in other states like Nevada. Right now, he thinks that money seem to be the only thing right know that will help Hawaii be competitive in addressing workforce shortage. The Council can advocate for better reimbursement rates. Little things add up like the GE tax for practitioners, paying back student loans for local students that go to the local universities- UH, Chaminade and Hawaii Pacific University, He adds that like local students, he wants to stay here, it was his whole goal to graduate here, stay on and work with our population. The Council can write letters of support to the Legislature and to have them pass some kind of law to make some program to do these things. "It's my last meeting and I want to say thank you again to everybody. I also want to acknowledge one of my closest friends on the council, Eileen James, she has been so supportive, the last six years working so hard together, and she's just an awesome secretary. And Dr. Ries as well, he has been so supportive and helpful to me personally, going through a lot of stuff these last years with the closure of my school and everything, I just wanted to show my appreciation to them and all of you all. Thank you."

The council members thanked C. Knightsbridge for everything he had done on the Council and bid their farewell to him.

R. Rice asked about a study or a comprehensive study on the number of the health professionals needed and why. Carolyn Weygan-Hildebrand said that she will ask Dr. Curtis.

E. Meeting Evaluation/ Future Agenda Items

No further discussion

F. Adjournment

The meeting was adjourned at 11:34 a.m.

Handouts

1. PUBLIC NOTICE AND AGENDA July 11, 2023 Meeting
2. ATTENDANCE log May 9 2023 Meeting
3. ANNOUNCEMENT –
4. MEETING MINUTES DRAFT– May 2023 meeting
5. Report to the Thirty Second Legislature State of Hawaii 2023
6. FY24-FY25 Mental Health Block Grant Cross-Planning with Other Plan Mandates
- 7.



THE OFFICE OF WELLNESS AND RESILIENCE

Hawai'i Session Laws 2022 - Governor Ige signed **Act 291** to establish OWR in the Office of the Governor. In December 2022, **Governor Green appointed** the 1st Executive Director. As of May 2023, **six staff** across the state will implement the charge of Act 291.



OWR's focus: **STRENGTHEN OUR COMMUNITIES**

- * WORKFORCE WELLNESS *
- * TRAINING & TECHNICAL ASSISTANCE *
- * TRAUMA-INFORMED PROGRAMS & POLICIES *



WORKFORCE WELLNESS

Address burnout, compassion fatigue and vicarious trauma



TRAINING & TECHNICAL ASSISTANCE

Build upon skill sets to better approach and respond to trauma survivors

