

STATE COUNCIL ON MENTAL HEALTH (SCMH) MEETING

December 13, 2022

9:00 a.m. – 12:00 noon

Hybrid meeting via Zoom AND

in-person at Hale F Conference Room, 2201 Waimano Home Road Pearl City 96782

APPROVED MINUTES

Members Present: Katherine Aumer, John Betlach, Naomi Crozier, Lea Dias, Jon Fujii, Heidi Ilyavi, Jackie Jackson, Chris Knightsbridge, Eileen Lau-James, Kathleen Merriam, Jean Okudara, Ray Rice, Richard Ries, Kau'i Seguancia, Mary Pat Waterhouse, and Kristin Will

Members Absent:

Members Excused: Antonino Beninato, Marian Tsuji (ex-officio)

Guests Present: Cindi Dang, Izeah Garcia, Maile Murray, and Melissa Ring

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

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
I. Call to Order	Richard Ries, Chairperson, called the meeting to order at 9:01 a.m. Quorum was established at 9:03 a.m.	For information only
II. Meeting Announcements	<p>R. Ries welcomed members and guests, and announced the following:</p> <ul style="list-style-type: none">For quorum purposes, the three new members will be included after they have mailed back signed and notarized oath-taking documents.In the past if the Council did not have quorum, the meeting would be an informational meeting. There's been some clarity presented by the Office of Information Practices (OIP) and the Council can no longer conduct informational meetings. If quorum is not established at a Council meeting, the Council will allow for public testimony with questions and answers then the Council meeting will have to end. The meeting will have to be reschedule or proceed the following month.	For information only

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	<p>Council members were sent a copy of the OIP guidance that staff received in the late afternoon of December 12.</p> <ul style="list-style-type: none"> In case there is a breakdown in communication technology that cannot be restored within 30 minutes after interruption, the meeting will automatically be terminated and the Council will meet again on Tuesday, December 22nd, at 9am using the same links provided for this meeting. Community input will be received in the designated part of the agenda as well as throughout the meeting. <p>Membership</p> <ul style="list-style-type: none"> R. Ries welcomed the newly appointed members to the Council and requested them to introduce themselves again briefly: <ul style="list-style-type: none"> -J. Betlach briefly introduce himself, reiterating that he is honored to be involved, excited, and looks forward to helping get some of the Council's goals accomplished. It is his second meeting as a member. -Kristin Will briefly is the mental health court coordinator at First Circuit Court and the temporary specialty court administrator. It is her second meeting as member. -Jean Okudara is attending her first Council meeting. She is from Maui. She said: "I am really new at this Council. I am just getting a feel of this and like to understand what my role is as part of the Council. I am pretty excited to start. I wanted to let everybody know, I do have my daughter who lives on the street. She has schizophrenia. So, this is really close to my heart." It was clarified that she is not the Maui Service Area Board representative. R. Ries also reminded that there are several Council members whose terms are ending on June 30, 2023. Members with first terms are asked to reapply. For members who are government employees and whose terms are up are asked to also kindly work with their higher ups for their replacement on the Council. He encouraged each one to check the attendance log for their respective term situation. 	

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	<p>New Governor and DOH cabinet appointees</p> <ul style="list-style-type: none"> R. Ries requested Kathleen Merriam for updates on DOH cabinet appointments. K. Merriam announced that Governor Joshua Green appointed Dr. Kenneth Fink to be the new Department of Health Director. She said that Dr. Fink is an experienced physician executive with a proven background working on health policy at the state and federal levels. He is currently with the Hawaii Medical Service Association of Hawaii as vice president of Medicaid and Medicare programs. He will join the DOH in January 2023. Dr. Libby Char will remain as DOH until then. Marion Tsuji will remain as the Deputy Director of Behavioral Health Administration. It is fortunate because many of the people in the Council have met her and she participates. <p>Handouts</p> <ul style="list-style-type: none"> The printed agenda states that today's speaker is the executive director for the Mental Health Task Force (MHTF). He is the current chairperson of the MHTF but the executive director of Mental Health America of Hawaii (MHAH). Bryan Talisayan will present next time. He cannot make it today due to health reasons. 2023 Report to the Governor. This was not discussed at the PIG but members received it as a handout for today's meeting. R. Ries and M.P. Waterhouse have reviewed the initial draft and sent their comments. R. Ries suggested that the Council go over it today and figure out how to approve and submit it by December 20 to the Department of Health. 	
<p>III. Consideration and Approval of Review Minutes</p> <ul style="list-style-type: none"> November 15, 2022 	<p>The draft minutes for November 15, 2022 were reviewed.</p>	<p><u>Action</u> Naomi Crozier moved to approve the November 15, 2022 minutes. Mary Pat Waterhouse seconded. The motion passed unanimously.</p>

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IV. Community Input	<p>R. Ries announced that the Council did not receive any written testimony. He recognized Dr. Melissa Ring who wanted to give an update on Kaiser Permanente Mental Health Services. Below is a transcript of her testimony: “I've been a licensed psychologist for 40 years. Most recently, I've been living on Maui and work at the Kaiser Permanente Call Center. I also spent many years as a state employee for four different states. Thank you for the opportunity to update you on our efforts to hold Kaiser accountable and improve mental health services to Hawaii residents. I did speak to the Council last time that we've been very concerned about Kaiser's chronic understaffing of mental health therapists, as well as their seemingly lack of interest in resolving our mental health strike. There have been long delays in accessing care and delays between therapy sessions, delays in treatment lead to lack of improvement, and continuing the pain of mental illness. Kaiser has sent information out that there really hasn't been much of an impact by the mental health strike, but their own numbers show that they have been offering less services in the past four months as well as already being very limited in the services that they have available. In addition, six of our relatively small group of therapists left the last two months leading to just 24 left. Many of the contracted providers do not see children, do not take QUEST and do not take Medicare. So, to a large extent, some of the numbers that Kaiser has been putting out there have not reflected the population that you all have a great concern about. In terms of our efforts, most recently, the Employees Union Trust Fund has taken the unprecedented step of allowing members to change health plans outside of open enrollment if they appeal because of inadequate mental health care. They expressed a great deal of concern about that.</p> <p>Our bargaining has not been going well. On Friday, they submitted a proposal that would freeze many therapists’ current wages for several years and offer zero increase in the coming year to the others and only 2% in 24 and 25. That's despite our inflation rate and what's happening in other sectors. This is much less than they provide the mental health workers in California and, clearly, Kaiser is demonstrating they do not value or prioritize mental health care in Hawaii. We're now in our 16th week of the strike. As the most recent proposal, we're not seeing much of an end in sight. So, we'd appreciate it if you would</p>	

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	<p>include these concerns about Kaiser's mental health care and our fight to provide timely and effective treatment in your annual report. I do think that it adversely impacts the overall state mental health system, because they're not pulling their weight. Kaiser members who have quest are being pushed off into the public sector, because Kaiser is not living up to their obligations. So, thank you for your time.”</p> <p>R. Ries thanked M. Ring and asked Council members if they had any questions. He recognized Izeah Garcia who added that if it is a possibility, “we would really appreciate it an opportunity to be placed on the agenda. I think it'd be excellent to hear from Kaiser directly, Kaiser had the opportunity to present to the EUTF last week, but they didn't join. I think it's important that Kaiser be invited to your body to come and share the other side of the story and our members and patients would also be interested in doing the same thing.”</p> <p>In response, R. Ries said that the opportunity exists and replied that I. Garcia reach out to SCMH staff, Carolyn Weygan-Hildebrand, to be put on the agenda.</p>	
V. Old Business	<p>A. Youth Survey – PIG Update</p> <p>B. Advocacy – PIG Legislation 2023 Update R. Ries thanked M.P. Waterhouse for agreeing to facilitate the PIG. M. P. Waterhouse reported that the PIG talked about two legislative matters that the Council needs to address – the 2023 legislative tracking themes and the 2023 report to the governor and legislature.</p> <p><i>List of legislative tracking themes.</i> This guides what bills the Council will track in 2023. M.P. Waterhouse reported that the PIG met on November 29 and reviewed the list of themes that DOH AMHD and CAMHD will use. The PIG recommended using this and added a few more themes. Since the Council is yet to also hear from Bryan Talisayan (Mental Health Task Force), she asked how the Council can finalize the list. Staff, C. Weygan-Hildebrand, said that the Council can approved list today and approve</p>	<p>Tabled</p> <p><u>ACTION</u> M. P. Waterhouse moved to approve the expanded list of themes for tracking legislative bills. Heidi Ilyavi seconded the motion. The motion passed unanimously</p>

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V. Old Business (con't)	<p>additional ones later if needed. R. Ries opened up the floor for discussion and any additional themes. The expanded list of themes included: <u>CAMHD and AHMD themes (from DOH legislative liaisons Stacy Haisuka and Val Yin)</u></p> <ol style="list-style-type: none"> 1. Hawaii Revised Statutes (HRS) <ol style="list-style-type: none"> a. Chapters 321-171 to 321-177 and 321D (CAMHD) b. Chapters 321-192 and 321-198 (ADAD) c. Chapters 334, 704, and 706 (AMHD) 2. Assisted Community Treatment 3. Assisted Diversion/Jail Diversion/LEAD 4. Child Welfare 5. Child Trafficking 6. Clean and Sober Homes 7. Commercial Sexual Exploitation of Children including sex trafficking, prostitution, online transmission of sexual activity with children 8. Conditional Release/Mental Health Court 9. CORE (crisis outreach response engagement) 10. Counseling, Schools. School Counselors 11. Crisis Stabilization 12. Forensically Encumbered/Court Involved 13. Foster Care -Adult/Youth 14. Gender Identity/Expression/Sexual Orientation 15. Hawaii State Hospital 16. Homelessness 17. Involuntary Hospitalization 18. Juvenile Justice 19. Marriage and Family Therapists 20. Mental Health Task Force 21. Mental Health Adult/Adolescent/Youth 22. 988/Hawaii CARES/Suicide Hotline 23. Opioids/Opioid Replacement Therapy 24. Orders to Treat; Treatment Over Objection 25. Psychiatry/Psychology/APRN-Rx 26. School-Based Behavioral Health 	

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V. Old Business (con't)	<p>27. Screen Time, Electronic Devices</p> <p>28. Serious Mental Illness (SMI)</p> <p>29. Sexual Orientation</p> <p>30. Substance Abuse/Use/Treatment</p> <p>29. Trauma Informed Care (TIC)/Task Force</p> <p>30. Wellness and Resilience Office</p> <p><u>PIG's recommended themes at its November 29 meeting.</u></p> <p>31. Telehealth</p> <p>32. Licensure esp. for psychologists. This includes matters covering school psychologists, provisional licensing, other States' psychologists</p> <p>33. Prescription authority of psychologists</p> <p>34. Mental health care preparedness as disaster/emergency response not only for victims and first responders</p> <p>35. Involuntary mental health treatment covering assisted outpatient community treatment or assisted outpatient treatment, orders to treat, and guardianship.</p> <p>36. Others (bills that will be introduced/ tracked by other organizations like Hawaii Psychological Association, Mental Health Task Force, National Association of Social Workers – Hawaii Chapter, SABs, NAMI)</p> <p><u>Themes added by Council members at this meeting.</u></p> <p>37. First responders' resiliency</p> <p>38. Lack of beds being available in for inpatient settings or lack of staffing</p> <p>39. Psychotherapy care in inpatient settings</p> <p>40. Psilocybin therapies</p> <p>41. Inpatient psychiatric units or licensed crisis residential center on neighbor island for adults and children.</p> <p>42. Collaboration with police departments, place for officers to take people in crisis, receive crisis care</p> <p>43. Concerns for safety for mental health practitioners</p> <p>44. Keiki caucus</p>	

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V. Old Business (con't)	<p>45. More dual diagnosis options availability</p> <p>46. Wrapping around services (resource/funding) for CIT Program.</p> <p>47. Clawbacks – Insurance, payments, and reimbursements</p> <p>48. Medication management</p> <p>49. Review of bills (dying) and whether they should be resurrected</p> <p>The Council will prioritize bills and work with other professional organizations on these.</p> <p>Q. Who in the Department of Health or division develops bills?</p> <p>A. (Answer from Val Yin, CAMHD Legislative Liaison). There's a team, each division proposes bills and sends them to Marian Tsuji. Should the Council want bills, the appropriate person is Marian Tsuji. But need to check the State Laws because there's a possibility that the Council can introduce bills independent of the Department of Health. You can also approach a legislator with your concepts and if the legislator agrees they can have the Office of Majority draft the bills on the Council's behalf.</p> <p><i>2023 Report to the Governor and Legislature.</i> C. Weygan-Hildebrand briefly went over the draft report that was not completed for PIG's review. She described the year's report approach as one of correcting course, answering what the law requires as directly as possible along a logic model but also incorporating what really happened in the Council as The first part is an introduction about the law, and tells more about the Council and its 2022 membership and meetings. It highlights that the Council had quorum in all of its 12 monthly meetings and also had good representation from all required sectors. These allowed the Council to discuss many things during the year. The second part is the start of the logic model covering the implementation landscape covering June 2021 to July 2022. The story is that Hawaii was still in COVID-19 pandemic period where waits and delays became customary and telehealth became more acceptable. At the same time, there was more support in terms of federal resources that were not there in the past decade or years. The year</p>	<p><u>ACTION</u></p> <p>M. P. Waterhouse moved to approve the 2023 report including the Council's recommendations today and subject to further refinement by staff. Katherine Aumer seconded. The motion passed unanimously.</p> <p>C. Weygan-Hildebrand will finalize to include Council's feedback today.</p>

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V. Old Business (con't)	<p>also saw workforce shortage, Red Hill water contamination issue, and pandemic-related rise in mental health issues. The third part is performance in such an environment. This covers the report that Hawaii submitted to SAMHSA on December 1 and which has not been presented to the Council yet. The December 1 report is captured in the appendix of the Council's draft report. The appendix presents what was reported last December 1 in a way that is friendlier and more understandable for people. The stories behind the results help understand why half of the targets were achieved and half were not. The third section includes the Council's work on the issue of psychiatric beds shortage. The last section concludes with plans in 2023. Each of the 4 sections ends with broad Council recommendations.</p> <p>Discussions and further recommendations:</p> <ul style="list-style-type: none"> - R. Ries said he would like the Council report to use "consumer or service recipient" or "service recipient" and not "consumers. To him, not using "consumers" helps think of people and not merely opportunities for big organizations to make money. K. Merriam offered the history behind the use of "consumers" and it related to the idea that people are not just patients but people who have a choice in their treatment services. C. Weygan-Hildebrand pointed out that the contents of the Appendix is quoted from a report so it cannot easily be changed. The consensus for the Council 2023 report is to change where it is reasonable from using "consumers" to "service recipients" or "service recipients or consumers." <p>In reviewing the Council recommendations, the following were also pointed out or clarified:</p> <ul style="list-style-type: none"> -Resiliency training is the right verbiage over resilience training -Appendix 2 will be updated to include the presentation by Alex Lichton while an Appendix 3 was created and will be populated with the names of those who provided substantial public input (e.g., Mark Kunimune) - Change workforce shortages to mental healthcare workforce shortages -express that the shortage is <u>especially</u> critical in Hawaii situation. - Use "adequate" in affordable housing, <u>adequate</u> pay. 	

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V. Old Business (con't)	<p>-For the Red Hill issue, add the premise of physical infrastructure as necessary for mental health. Along Maslow’s hierarchy of needs, not having a basic need like clean water affects mental health. Also, the Council must remember to stay on its lane on this issue—mental health concern.</p> <p>- the Mission Statement should read “to advocate for a Hawaii, where all persons affected by mental illness can access the necessary treatment and support necessary to live full lives in the community of their choice”. (“Lives”- plural)</p> <p>-For performance indicators, to request for a bullet point list so the Council does not receive vague paragraph as a report back. Also, request numbers like percentage improvement in number of available services. It was reiterated that performance indicators must be specific and measurable.</p> <p>C. Weygan-Hildebrand explained that the indicators are from the approved 2021 MHBG plan/application and these will be used for one more year. The recommendation for additional indicators can be added for the next round of planning (the next MHBG Plan is due September 1, 2023). There is also question about performance indicators for each of the Council’s recommendations (e.g., resiliency training for first responders), and whether the Council can have these.</p> <p>-In the Kaiser situation, the Council has not had the opportunity to discuss in detail so the way the recommendation is stated is good.</p> <p>-On reporting the availability of inpatient psychiatric hospital beds in Hawaii. There was a suggestion to insert the recommended number per 100,000 people but there was also a recollection about how said index is still being debated.</p> <p>-There was a question about what ICS was. C. Weygan-Hildebrand said that ICR should have been ICM.</p> <p>-For typo errors and other smaller corrections, these can be emailed to staff.</p> <p>R. Ries announced that the Council report is due at the DOH on December 20 and asked whether the Council should meet again before that to approve the final report. Several members noted that the Report is generally very good. C. Weygan-Hildebrand said that the report will be</p>	

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V. Old Business (con't)	<p>finalized to include Council's recommendations today and refinements in grammar, spelling, and accuracy.</p> <p><i>OIP Guidance and PIG 2023 Legislative.</i> In light of the OIP guidance that was received on December 12 afternoon and emailed to members only, the PIG 2023 Legislative as structured cannot continue as an investigative type of PIG. According to Sunshine Law, the Council is supposed to organize a PIG with a very specific purpose, and then have the members right away. And they are only supposed to be meeting three times. The first time is to discuss the scope of what they're going to cover. The second time is to basically report the progress and the third is to recommend to the Council. The PIG is dissolved automatically after that. The Council is supposed to receive the recommendations at one meeting but cannot act on it (vote) until another meeting. So, the OIP made some recommendations for the way that we conduct business moving forward. The members understood that all current PIGs have to be revisited, including the PIG 2023 Legislation.</p> <p>R. Ries opened the floor for discussion how legislative advocacy can be Handled in 2023. He reflected that if the Council has an investigative PIG then said PIG has to address the task in 3 meetings. He inquired about another kind of PIG called "negotiating" PIG.</p> <p>C. Weygan-Hildebrand drew attention to the OIP letter which said that the Sunshine Law now allows boards to set up negotiating PIGs. She has to ask more about this from OIP but according to the letter, "two or more members of a board but less than the number of members that constitute a quorum may be assigned to percent discuss or negotiate any position that the board has adopted at the meeting of the board, provided that the assignment is made, and the scope of each member's authority is defined at the meeting of the Board prior to the presentation, discussion, or negotiation." She also pointed out that an ad</p>	<p><u>ACTION</u> Eileen Lau-James moved to disband the current PIG 2023 Legislation. Chris Knightsbridge seconded. The motion passed unanimously</p> <p><u>ACTION</u> E. Lau-James motion for the formation of either an ad hoc committee or a negotiating PIG for 2023 legislative matters subject to further guidance from the OIP. M. P. Waterhouse and L. Dias seconded. The motion passed unanimously.</p>

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V. Old Business (con't)	<p>hoc committee is also possible. Committees can meet many times but the public must be notified like regular Council meetings. It is an alternative worth exploring. She suggested that the Council can make a motion today to create either a PIG negotiating or ad hoc committee subject to further guidance and recommendation of the OIP.</p> <p>C. Planning – Staff Update on Mental Health Block Grant C. Weygan-Hildebrand covered this in discussing the 2023 Report to the Governor. She expounded on how the string of six performance indicators covers inpatients, outpatients, public (crisis stabilizations), internal (peer specialists), special population (houseless youth), and prevention (first episode psychosis services).</p> <p>See attached staff Update Hawaii MHBG Implementation Report FY22</p>	For information only
VI. New Business	A. Presentation: The Hawaii Mental Health Task Force and Themes for the 2023 Legislative Session	Tabled
VII. Informational Reports	<p><u>Island Representative Reports</u></p> <p>R. Ries mentioned the Council’s need for representatives for Kauai and Maui Service Area Boards. He encouraged those who might know good candidates to encourage them to apply.</p> <ul style="list-style-type: none"> • Oahu Service Area Board (OSAB) – Jackie Jackson <ul style="list-style-type: none"> ○ OSAB had a presentation by Mary Brogan and Dr. Ryan Lee from the DOH Developmental Disabilities Division. ○ Oahu SAB voted to resume its monthly meeting in January 2023. • Hawaii Island Service Area Board (HISAB) – John Betlach <ul style="list-style-type: none"> ○ Teresa Pangburn who helped with the Hawaii Island Service Area Board resigned. HiSAB will not meeting in December due to shortage of administrative help. 	For information only

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	<p><u>State Agency Representative Reports</u></p> <ul style="list-style-type: none"> • Health (DOH) K. Merriam referred to her report last month. She said that she will not be attending the January meeting. She asked the Council if there is any subject matter that they wanted a report on. M.P. Waterhouse requested for an update on the State Hospital. • Med-Quest Medicaid Program (MQD) Jon Fujii reiterated his appeal to anyone who is working with Medicaid members to talk to them about communicating if their mailing addresses have changed. The MQD needs the most accurate addresses to get in touch with them to ensure that they do not lose their insurance coverage. He announced the launching of a short four-week campaign about this. There is a brief 15-minute PSA starting on December 16th in Regal and Consolidated Theaters regarding. This will continue in 2023. It is estimated that members can be losing their coverage as early • Housing (HPHA) K. Seguancia announced that the HPHA will be opening the waitlist for public housing in late January or early February. She will keep the Council posted and provide final information. There are some other issues that need to be addressed before opening for new applications for public housing. • Education (DOE) – No representative • Social Service (SSD) Ray Rice stated that efforts in getting mental health training for DHS Adult Protective Services staff ins ongoing. Planning, implementing and updating web-based information system is also ongoing to help get information from all APS unites on mental health services. APS is 	

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	<p>looking at bipolar depression, schizophrenia, anxiety disorder and others. Answers are sought for services most referred to in their areas, response times, collaboration with mental health agencies and departments, types of services available for caregivers.</p> <ul style="list-style-type: none"> • Vocational Rehabilitation (DVR) Lea Dias reported that VocRehab cleared their waitlist for vocational rehabilitation services statewide. This was completed despite DVR's own staff shortage. She also said that federal government-mandated performance indicators require the program to find people eligible within 60 days. DVR has been consistently meeting that even with staff shortages. She added that she wants to and will appreciate help in reaching out to the Council's excellent speakers from the University on suicide prevention and awareness for the VocRehab counselors and staff. • Judiciary (JUD)- None <p><u>Specialty Area Representative Reports</u></p> <ul style="list-style-type: none"> • Hawaii Advisory Committee on Drug and Abuse and Controlled Substances (HACDACS) update. J. Fujii reported that HACDACS finished its legislative report last week. • Mental Health Providers – None • Parents and Family Members of Mental Health Service Recipients – None • Youth and Consumer Advocates – None 	
VIII. Meeting Evaluation/Future Agenda Items	K. Merriam announced that NAMI or the National Alliance on Mental Illness sponsored a book launching event last December 10 (Saturday). It is for the first book that NAMI has produced entitled, "You Are Not Alone." It is written	For information only

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	<p>by NAMI's medical director, Ken Duckworth. Dr. Duckworth interviewed 131 people and talks about how it's the family members and consumers who are the experts. She hopes that others, including the Council, will use it as a resource.</p> <p>Agenda for next meeting:</p> <ul style="list-style-type: none"> • Bryan Talisayan agreed to present next time. 	
XIV. Adjournment	The meeting was adjourned at 12:03 p.m.	For information only
Electronic Mail Outs	<p>The following handouts were e-mailed to SCMH members and individuals the SCMH e-mail distribution list:</p> <ol style="list-style-type: none"> 1. Agenda for December 2022 Meeting 2. Draft of November 2022 Meeting Minutes 3. First attachment to the November 2022 Meeting Minutes Draft (C. Mitchell Powerpoint Slides) 4. Second attachment to the November 2022 Meeting Minutes Draft (K. Merriam Report) 5. Attendance log for November 2022 Meeting_FY23 6. Draft of SCMH 2023 Report 7. Handout for MHBG Implementation Report FY22 8. Public Input Post Material Fact Sheet 1 (Kaiser, from I. Garcia) 9. Public Input Post Material Fact Sheet 2 (Kaiser, from I. Garcia) 	For information only

**STATE COUNCIL ON MENTAL HEALTH
December 13, 2022 Meeting**

**STAFF UPDATE
Hawaii MHBG Implementation Report for FY22
(Summary)**

Background:

This summarizes Year 1 implementation of the MHBG two-year plan that was submitted to SAMHSA on September 1, 2021. The required report, was submitted to SAMHSA via <https://bgas.samhsa.gov/Module/BGAS/Users>. (Username: CitizenHI Password: citizen)

Priority Area #1 Community Tenure
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Goal: Decrease percentage of individuals discharged from the Hawaii State Hospital (HSH) who are readmitted within six months.

Performance target year 1: Decrease by five percent

Data used and definition:

Readmission Rate: This is based on the number of patients discharged for the HSH during the implementation period and who were readmitted back within 180 days or less, excluding those patients who were admitted and discharged within 14 days or less.

Notes about measure used: Due to a new law that was first implemented in Nov 2020, individuals with petty non-violent misdemeanors that are being assessed for fitness to stand trial can be sent to the Hawaii State Hospital for an approximately 7-day assessment, if found unfit, they are generally released to the community. The population is very different from the longer-term population receiving care at Hawaii State Hospital and where thus excluded from the analysis.

Source of data: DOH AMHD Avatar database

Result:

Readmission increased by 2.7 percent instead of decrease.

FY22 (Year 1 implementation)

Readmission rate = 17.6 percent based on 39 readmissions and 221 discharges

FY21 (Baseline)

Readmission rate = 14.9 percent based on 36 readmission and 241 discharges.

Story behind result:

The COVID-19 pandemic continued during the implementation year, affecting all consumers and not only recently discharged individuals. More data on adverse conditions in the community will be examined.

Priority Area #2
Community-Based Services

Goal: Increase access to mental health

Performance target year 1: Increase by five percent

Data used and definition:

Percent change in the number of distinct consumers served across all adult mental health division service types (HSH, CMHCs, POS) between the baseline year and implementation year.

Source of data: DOH AMHD Avatar database

Result:

The percent increase was 3.4 percent.

FY22 (Year 1 implementation) Count = 7,390

FY21 (Baseline) Count = 7,142

Story behind result:

The target was 5 percent and result was 3.4 percent, or falling short by 1.6 percent. Restrictions related to the COVID-19 pandemic were not lifted during the early months of the implementation period. Many consumers were not able to receive services for pandemic-related reasons. In Oahu where the count decreased, Avatar data indicates the top reasons to be the change of level of care (going up to Intensive care management plus) and death of consumer.

Priority Area #3
Crisis Stabilization

Goal: Keep individuals stable within the community

Performance target year 1: Increase by five percent

Data used and definition:

Data to *count distinct individuals* will be cleaned. A set of proxy indicators are used together to indicate performance. These capture the different services that make up crisis stabilization services.

Source of data: DOH AMHD Avatar database, Crisis Call Providers' response to request for data.

Result:

Crisis line total calls (# of calls)

FY 2022 Implementation year: 107,138;

FY 2021 (Baseline): 103,955

Change: increase by 3.1 percent

-more-

Stabilization beds available (# of beds)

FY 2022: 10,505

FY 2021: 2,002

Change: increase by 424.7 percent

The occupancy rates are between 58 to 96 percent

Mental Health Emergency Worker (MHEW) calls (# of calls)

FY 2022: 653

FY 2021: 429

Change: increase by 52.2 percent

Crisis Mobile Outreach (CMO) services (#services)

FY 2022: 7,987

FY 2021: 7,312

Change: increase by 9.2 percent

Licensed Crisis Residential Services (LCRS) (#services)

FY 2022: 11,092

FY 2021: 11,436

Change: decrease by 3 percent

Intensive Care Management (ICM) Services (# services)

FY 2022: 58,888

FY 2021: 67,086

Change: decrease by 12.2 percent

Story behind results:

This target was achieved by expanding crisis-related services, with tremendous increases in stabilization beds. In the context of houselessness and co-occurring conditions (houselessness, substance abuse) among those experiencing crisis, the expansion of stabilization was noted as a best practice by collaborators. The decrease in LCRS and CRM services can be explained by the impact of the COVID-19 pandemic, where infection by even one consumer necessitated shutdown and non-provision of services to others. Also, further examination may show that stabilization beds services stepped up for LCRS and ICM.

Priority Area #4
Peer Specialist and Forensic Peer Specialist

Goal: Increase the use of peer specialists in community-based services.

Performance target year 1: Increase the number of Hawaii Certified Peer Specialist by 10 percent

Data used and definition:
Number of individuals who were certified as HCPS
Source of Data: DOH AMHD Performance Information Evaluation and Research (PIER) branch data

Result:
FY22 (implementation year): 31 HCPS
FY21 (baseline year): 21 HCPS
Change: Increase by 47.6 percent

Story behind result:
The DOH AMHD stepped up the HCPS program by increasing the number of training and internship. This includes providing Train-the-Trainers level and also Forensic Peer Specialist training.

Priority Area #5
Houseless Children and Youth

Goal: Increase number of houseless children and youth provided with mental health services

Performance target year 1: Increase by two percent, with 100 as baseline

Data used and definition:
Number of houseless children and youth provided with mental health services
Source of data: Catholic Charities homes mental health supports (Koastal Kids Program)

Result:
FY22 (implementation year): 72
FY21 (baseline year): 100
Change: Decreased by 28 percent

Story behind result:
The shortage of mental health professionals and the pandemic affected the Koastal Kids program:

- Shortage of Mental Health professionals – though many people were assessed for mental health disorders and referred for mental health services, due to a shortage of mental health professionals, there is a waitlist to receive services. Youth who receive mental health services only, are counted toward the baseline measurement. The

baseline measure is reflective of a fraction of outreach work done to help houseless children and youth.

- Shutdown of schools due to the pandemic – The State Department of Education Homeless Liaisons identify homeless youth and refer them to the Catholic Charities Koastal Kids program to connect them with social and health services including mental health care. Due to the pandemic school closures, the number of houseless youths identified by homeless liaisons decreased because of school closures during the pandemic.
- Transitional housing converted to permanent housing during the pandemic – The Catholic Charities Koastal Kids work with families who are transitioning from being houseless to obtaining permanent housing. During the pandemic two of the transitional housing programs converted half of their transition homes to permanent homes. Subsequently a lower number of youth were serviced by Koastal Kids.
- There is a trend of houseless parents leaving their children with family and friends. The parents are homeless, but their children are living in homes. Catholic Charities are thus, proportionally providing mental health services to more adults than children.

<p style="text-align: center;">Priority Area #5 First Episode Psychosis Services</p>
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Goal: Increase number of youth and young adults who received First Episode Psychosis (FEP) services.

Performance target year 1: Increase by five percent

Data used and definition:

Number of youth and young adults who received FEP services

Source of Data: CAMHD MAX electronic health record system

Result:

FY22 (implementation year): 18

FY21 (baseline year): 12*

Change: Increase by 12.5* percent

*Note: These are the correct values not 16 and 15 percent as previously submitted to SAMHSA.

Story behind result:

OnTrack Hawaii is the only coordinated specialty care program for first episode psychosis (FEP) in the state. The program serves youth statewide ages 15 to 24. The program is currently funded by federal block grant money and staffed by a psychiatrist and master level clinicians who split their time supporting other CAMHD programs. Services to youth and families throughout the pandemic have been offered via telehealth, at the OnTrack office, or in the community, wherever the youth and families felt most comfortable. No changes were made to programming or staffing during this year. Future expansion of services will likely be limited by challenges experienced with hiring, training and retention of staff (including administrative assistant, peer support, education and employment support associate) needed to run this program.