STATE COUNCIL ON MENTAL HEALTH (SCMH) MEETING

October 10, 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

DRAFT MINUTES

Members Present: Katherine Aumer, Lea Dias, Heidi Ilyavi, Jackie Jackson, Eileen Lau-James, Kathleen Merriam, Ray Rice, Richard Ries, Mary Pat Waterhouse, Kristin Will, Marian Tsuji (ex-officio)

Members Absent: Antonino Beninato, Kau`i Seguancia

Members Excused: Naomi Crozier, Jon Fujii, Jean Okudara, John Betlach

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

Guests: KITV 4 News; Raelyn Reyno Yeomans, Greg Uwono, and Fern Yoshida

I. Call to Order

SCMH Chairperson, Katherine Aumer, called the meeting to order and quorum was established at 9:05 a.m.

II. Announcements

K. Aumer warmly welcomed members and guests. Announcements included the following:

Meeting protocol

- In case of communication technology-related interruption that could not be restored in 30 minutes, the meeting will automatically be terminated and resumed on October 17 at 9 am using the same zoom links used of this meeting.
- Community input will be received as listed in the agenda and throughout the meeting.

Membership Update

- The issue of not having a Department of Education representative was reiterated. Meanwhile, the Maui Service Area Board plans to do a more intentional outreach to have members, including someone who can be a Maui SAB representative on the State Council.

Events and resources:

- October 10 is World Mental Health Awareness Month. Related to awareness, all attendees were encouraged to note webinars and othere resources from the Asian American Native Hawaii Pacific Islander Ohana Center for Excellence website, https://aanhpi-ohana.org/. Recordings of pat webinars are posted. At present, ther are two scheduled webinars covering racial and generational trauma.
- The Waianae Coast Comprehensive Health Center is one of the 10 Winners of SAMHSA's Behavioral Health Equity Challenge. The Center was recognized in the substance abuse treatment category. (see https://www.samhsa.gov/about-us/who-we-are/offices-centers/obhe/equity-challenge/winners)

III. Consideration and Approval of Meeting Minutes – September 12, 2023

The September 12, 2023 minutes draft was not ready, and will be reviewed at the October meeting.

IV. Community Input

none

V. Old Business

A. <u>September Presentation</u>

A draft of a Council thank you letter was presented and reviewed. This was for Dr. Jaime Hernandez Armstrong and Dr. Kurt Humphrey provided who provided an informational report on the Maui wildfire disaster response.

Action: Eileen Lau-James motioned to approve and send the said Thank you letter. Richard Ries seconded. The Council voted unanimously in favor of the motion.

B. <u>2024 Legislative Advocacy Updates</u>

Ad Hoc committee chairperson, Mary Pat Waterhouse, reported that the Committee met last October 3, 2023.

- *Testifying*. Last year, a list of themes or topics served guided the bills that Council reviewed. This covered, but was not limited to, the list of DOH topics that were assigned to AMHD and CAMHD. For 2024, M. P. Waterhouse will compare the list of bills of the Hawaii Disability Rights Center for mental illness and to the Council's list to make sure the Council is not missing anything. For bills that the SCMH supported last year but did not pass, she suggested that requests be made to a legislator to introduce again. For the five bills that went into conference and made it through a Conference Draft (CD) but died, she suggested for the Council to look at these bills again. The SCMH can also submit testimonies in opposition of bills, and can do so again.
- *Introducing*. SCMH can also consider advocacy by seeking the introduction of bills and identifying these bills via an investigative Permit Interaction Group (PIG). Hawaii's Sunshine Laws allow PIG members to answer by meet whenever and however they want. However, the Council must follow the 3- meeting structure governing investigative PIG. On the first Council meeting, the Council will create the PIG and its purpose. On the second meeting, the Council hears the recommendation of the PIG. On the 3rd Council meeting, the Council votes on the recommendation of the PIG.

  Action. M.P. Waterhouse moved to create a PIG for the purpose of exploring the Council should engage in the introduction of bills and what bills should the Council do this. She recommended that the members of the ad hoc committee be members of this PIG. E. Lau-James seconded. The Council unanimously voted for the motion to create an Investigative PIG for 2024 Legislation. The PIG members will be M. P. Waterhouse (Chair), E. Lau-James, Kathleen Merriam, Heide Illyavi, Valerie Yin, Jackie Jackson, Katherine Aumer.

- *Discussion*. The above Council can help introduce important bills if no one does – e.g., Workforce Development -related like licensure. The Council is encouraged to collaborate with other agencies such as NAMI, Menta Health America, Hawaii Disability Rights Center, etc. on mental health bills.

VI. New Business

A. Hawaii State Hospital (HSH) Updates. "Meet and Greet" and Presentation by Dr. Ken Luke

(This segment of the minutes will mostly be in first person actual transcript of recording).

K. Aumer welcomed, congratulated and thanked Dr. Luke, pointing out his hosting of the June Tour of HSH. Dr. Luke started the presentation with a brief self-introduction"

" I'm a psychiatrist by training and I have worked at the Hospital since 1992 which was my first job out of residency. At that time, the Department of Justice had stepped in because they thought the Hospital was violating patient rights, there was overcrowding, and the services weren't quite where they had wanted it. So, there's a lot of changes that were made and the hospital has moved forward. But some of the same issues are starting to rise again, especially with overcrowding. The Hospital is currently licensed for 297 beds. It is running over census, averaging at about 315 and today, we are 318. We're overcrowded but there's nobody in the hallways. There's nobody doubling up in a bed. We have repurposed a few of our seclusion rooms, some of our activity rooms and some of our other treatment rooms so that there are appropriate beds. If we exceed 325, we are going to run out of beds. But for now, we are managing and the staff has really been heroic in taking care of patients. We continue to have a decrease in assaults and the amounts of restraints and PRs are not going up.

So how did we get to this point of running over census? We opened the new hospital a year and a half ago. We moved into the new patient facility, Hale Ho`ola. At the same time closed unit U, which was in the old Guensberg building. We closed two of our lower campus buildings which is four patient units on the lower campus to have anti-ligature work done. Work on the two units will be done at the end of the year. There are two other units on the campus that will undergo similar work. Once those two units are open, we're going to gain 30 or 40 beds. I also want folks to know that in addition to the 318 at the Hawaii State Hospital, we have a contract with Kahi Mohala, and they have 48 of our patients. We also have seven patients in South Carolina, in a facility called CRCC or Columbia Regional Care Center. Some of our most difficult and violent patients have gone there. We're looking to have a contract started with Castle Medical Center to take some of our admission.

We've averaged 30 admissions per month. In the past quarter, it's double to 60 per month and we're not sure why this is happening. We actually believe that some of it is that the law enforcement is cracking down. People are getting arrested at higher rates. They're coming to us for court-ordered competency, examinations, etc. So, because of the much higher readmission rate, we just have not been able to catch up.

Here's what I wanted to make sure the Council understands is that even though 72% of our current patients have felony charges, these are most at Class C and below. When we look at our population roughly 20%-So, let's say I'm going to use 300- or around 60 do require robust inpatient care. The next 30% are people who are not quite ready to go out on the community and are considered unsafe. These are people with very serious charges and their past behaviors are not unstable, but unpredictable enough that we would not want to chance them in the community. But 50%, we believe, are appropriate to go back into community. There are just no beds for them, whether it's substance use disorder treatment, whether it's a 24-hour supervised group home, day treatment center, tday treatment program, and those kinds of things. We have them in the community, but the capacity is not enough. And that 50% or 150 that's a game changer for us. Even if we were to just move half of the 150, our hospital would no longer be overcrowded.

And just to give you a quick picture of why we get backed up is our length of stay is not Castle or Queens where patients stay one to two weeks. On average the patients who come into a competency evaluation, will be here for six to nine months. If they're found "unfit to proceed, " \they usually are

here another 18 months. And then if they are found not guilty by reason of insanity, they've here for five or more years. This is my update for this quarter.

Q&A, Discussion.
Q. Once all the beds are brought up to specification, how many beds would you have?
A. 350.

Q. Do you have an issue with staffing? Are you short on staff?
A. Yes, we're short-staffed. The categorization I talked about-- (1) there are a certain percentage that do need robust inpatient care; (2) others who are more long term cannot be put in the community but need the supervision but don't need robust care; and (3) the 50%, that are essentially wait listed. We have 10 active units right now; we're going to have 12. But we want to make some of the units robust inpatient units; we want to make others long term forensic holding units. And then finally, two or three units that are going to be waitlist units, and then we will staff them accordingly. With first units having a rich staffing, the middle having less, and the wait list having even less staffing.; And then I believe our staffing problems maybe lessons.

Q. The patient committee that is available for individuals who have grievances or other sorts of complaints has been disbanded. That Committee had been around since the judiciary intervention, which you previously spoke about. It was one of the items in the consent decree. Why was it disbanded? What has been put in place for individuals inside to be able to voice their grievances and concerns?
A.It was called the Patient Protection Committee and it started off with the good charter. That it would look into any patient grievances about abuse or neglect. It was a committee that we had two members of the public that would help to, more or less, ensure that we were looking into these grievances appropriately and fairly, and that these grievances weren't just swept under the rug. It functioned well for many years but somehow it evolved in the wrong direction. It turned into a disciplinary committee where employees would be found guilty of abuse and neglect. They were using this Committee to make these decisions in which employees would be disciplined, including up to termination. And those disciplinary actions were not being handled appropriately. That committee should have never had gotten into employee disciplinary issues. So, we are going to reformulate that committee. It won't be doing personnel matters. We're going to leave that to our personnel department to do employee discipline. And this is going to be a more oversight committee where we will give not specific employee names, but we will give more anonymous type of information for the committee to look at. So, I expect that committee to probably restart in one to two months, it will still be called the Patient Protection Committee, but it's going to have a different charter.

Q. I wish that there wasn't a reason for the community to be offline at all for any period. I mean, it would be nice to just leave it at work or reconstituting it or making it not available to make personnel decisions, but to still be taking complaints from patients and investigating them. So, my concern is having it offline at all is not good for patients.
A. You know, I accept that and I own that. What happened is we put it on hiatus. Our volunteer services director said we can't have this outstanding. So, he wrote a letter dismissing the two members of the public, which I would have preferred just to have it continue being on hiatus. So, I think it was already a bad decision to put it on hiatus. I agree with you. I think putting a letter out to the o committee members saying that their services weren't needed sort of compounded a bad situation and made it worse.

Q. Is there any current outlet for complaints at this time or a place to go or person to talk to?
A. We still have a grieving process and patients continue to grieve. We continue to investigate all reports of abuse and neglect. What's different is now it's done through our personnel department, our associated administrators, and then it comes to me. We're missing that part where we had community participation and oversight, and we're going to restart that again. It was a mistake to put on hiatus.

Q. How are the members of the public are chosen for this committee, who appoints the members?
A. I don't know. I believe we had these two members for a good 10-plus years. These were just long-standing members. By the time I got on board they were already on the committee and had been for a while. Do you have any ideas how they should be chosen? Because we were thinking about just calling those two members back?

Q. For the Council there's an application process and there's somebody that reviews our applications and deems that we're well suited for the position. So, I wasn't sure if there was a committee above the Hawaii State Hospital that chooses members of the public in an unbiased way for patient advocacy. 'Seems like a pretty important position that not just anyone should have.
A. I agree. And maybe it's something where I can ask the council to put forward names.
Q. I think that's something this Council could consider.
A. On top of the Hawaii State Hospital there's a governing body that includes AMHD chief, the Deputy Director for Behavior Health Administration, and the Director of Health. That's our governing body but there's no oversight committee. I think what you're talking about is a more independent body, and we don't have such an oversight committee. I look at this Council as being something that could more or less keep us honest.

Q. For the State Council on Mental Health, one of the main purposes of this group is to gather information from a variety of stakeholders, from a variety of perspectives, with ultimately the advocacy of the well-being of service recipients. That's definitely something that the Council should discussed further and there's actually some sound logic for us being involved in that kind of process.

Q.What is the typical rate of complaints or frequency of complaints that is received either quarterly or monthly from patients?
A. It is maybe estimated five complaints in a quarter.

Q. Some states have an advisory group of consumer and family advocates attached to an Ombudsman Office. There was an ombudsman person, but she retired. Is somebody getting hired for that a position? The Ombudsman Office might be an office that could coordinate with this committee?
A. We have a patient rights advocate position that somebody is currently acting in. We thought we had somebody, a woman from San Diego, who had a lot of experience and was chosen. But that fell through. We're interviewing again.

Q. Is there any way to have the committee be put back into place with a caveat that there will be possible restructuring as to how public members are selected or whatever any other issues there are with personnel decisions? It seems really bad not to have this committee, the only place where you have two outsiders or public people looking at complaints from patients and issues. So just hoping

there's some room there to get it back online with the caveat that there might be changes as to how these members are selected, etc.
A. I give the Council my word that committee will meet again within the next two months.

Q. About the 50% that could be treated out in the community, and even get better services. How many of those are currently members or people from the community here on Oahu, or are they from neighboring islands as well?
A. Our patient population matches the population. So Oahu with the biggest population has the greatest number of patients, Maui is next and the big island in Hawaii and Kauai. But when you look at the population, Oahu and Maui are underrepresented in our hospital and the Big Island and Kauai are overrepresented in relations to their population. And we believe the reason why is because those two islands have much less mental health resources than Oahu and Maui. So, it sort of makes sense that the islands with better mental health systems have less patients percentagewise in our hospital.

Q. Given the over representation of Big Island and Kauai, do you see that overrepresentation in the 50% of the patients that you are seeing to be better served outpatient wise?
A. Yes.

K.Aumer thanked Dr. Luke for the presentation and conversation. She explained that the Council requested regular updates with this being one of them. Dr. Luke will be attending the Council meeting in December.

VII. Information Reports

A. Island Representative Reports

Oahu Service Area Board (OSAB). Jackie Jackson shared that Connie Mitchell, Institute for Human Services Executive Director, talked about the program and services that the IHS continues to offer to the houseless community. She reported that their homeless triage center has an 80% success rate. The Center is more a detox and stabilization facility. She reassured that the IHS Ohana Community Food Drop resumed. She explained that it was discontinued because of violence and drug promotion in the area. The area continues to be unsafe and the IHS is working with HPD to hopefully clean up that area. She shared that a major part of the meeting was a presentation clarifying Mental Health Block Grant planning.

Hawaii Service Area Board (HSAB). No report

B. State Agency Representative Reports

1. *Behavioral Heath, Department of Health (DOH).* Kathleen Merriam announced AMHD that Dr. Courtney Matsu will serve as Acting AMHD Administrator. She is also the AMHD Medical Director.

2. *Vocational Rehabilitation, Department of Human Services (VocRehab).* Lea Dias reported that DVR staff is reaching out to their consumers who have been affected by the Maui Wildfire. Major issues have been seen covering people with disabilities -- needs for personal care attendants and durable medical equipment.

3. *Judiciary.* Kristin Will updated that the Mental Health Unit is in the process of hiring two new probation officers. One starts this month and the other next month.

4. *Social Services.* Ray Rice updated that they are continuing efforts in identifying worker trainings and community mental health resources for vulnerable adults that are served by APS. Giving service to providers in rural areas continues to be a challenge. Some of the identified needs are completion of mental health assessment for services, case management that will assist individuals, mental health beds, and completion of capacity assessments. Transportation is also needed especially on the neighbor islands. Recent highlights include a September 21 presentation by NAMI which was well-received by APS supervisors and administrators. There are also thoughts of collaborating with others and developing a CIT training specifically for APS workers. Some of the things sought are how to identify behavioral triggers, how to interact with individuals in crisis. looking at the escalation techniques, and self-care. There are a lot of workers who are dealing with a lot of clients with different beats, and being able to take care of yourself in both situations is great.

C. Specialty Area Representative Reports

1. *Providers.* R. Ries reported that providers have been asked through Hawaii Psychological Association, as well as HMSA and Kaiser, if they would be willing to devote a portion of their time to the Maui wildfire ongoing response. Most of the providers have taken some time off of their schedule for that purpose. He shared also that most recently, there's been some buzz going around the trouble in Israel and providers are being encouraged to reach out and provide services to people that are impacted by this. He shared that he has been encouraging colleagues to come from a place of professional compassion for all human beings. He noted that it can get very ugly when people make things political and there have been negative feelings in the Hawaii Psychological Association amongst a subset of individuals with less than popular political views who felt bullied. On workforce needs, he reiterated that most people he has talked say that they really can't take on more cases. Yet, he noted that others are looking for work -- emerging LCSWs and social workers are struggling to even get hired. There is excitement of student loan forgiveness. The governor's office has put out the information on the student loan payment process for individuals working in health care and mental health care. This action seeks to motivate people to remain in the State by offsetting some of the high cost of living.

2. *Family members.* H. Ilyavi said that she was sharing some good news for a change. The first is a collaborative effort that will address some of the dire need for housing. Her employer, the Menthal Health Kokua and Manago Hotel are looking at converting the hotel into housing for people in the Kona Community who need housing and are working for non-profit organizations and in the mental health fields. The team takes possession in January, and it's a $5.5 million grant. With that good news, Carolyn Weygan-Hildebrand also announced that AMHD now has funding to conduct a formal rate study, a study that Heidi and others have been recommending in their reports. Both CAMHD and ADAD have completed rate studies and both will be seeking adjustments to service providers payment.

VIII. Meeting Evaluation/ Future Agenda Items

IX. Adjournment

The meeting was adjourned at 10:51 a.m.

Handouts

1. October 10, 2023 Meeting Agenda
2. September 12, 2023 Attendance Log
3. Draft Letter of Thank You to Dr. Armstrong
4. October 3, 2023 PIG Meeting Notes