

## STATE COUNCIL ON MENTAL HEALTH (SCMH) MEETING

August 5, 2024, 2:00 p.m. – 3:00 p.m.

Remotely with one in-person videoconference room at  
Hale F Conference Room, 2201 Waimano Home Road, Pearl City 96782

### DRAFT MEETING NOTES

Committee Members Present: Katherine Aumer, Mary Pat Waterhouse

Committee Members Absent: None

Guests: Forrest Wells, Tram (Big Island)

AMHD/CAMHD Staff: Carolyn Weygan-Hildebrand, Val Yin, Gavin Takenaka, Mike Tamashiro

- I. Call to order  
SCMH Chairperson started the meeting at 2:04 p.m.
  
- II. New Business
  - A. Selection of a Chairperson for the SCMH Committee on Mental Health Block Grant (MHBG) Planning and Performance
    - Katherine Aumer agreed to serve as chairperson with Mary Pat Waterhouse's concurrence.
  - B. Staff presentation on the Fiscal Year 2025 Guidance on MHBG mini-proposal and Hawaii's draft proposal Crisis Services
    - See slide presentation covering background shared by Carolyn Weygan-Hildebrand. The complete mini-proposal draft will hopefully be available to Council members before it is posted for public comment period.
    - Mike Tamashiro provided insights on crisis services.
      - This year, a service provider was contracted to provide stabilization beds in Maui. Last year's staff shortage was addressed by having an An Oahu-based professional fly to Maui. The beds were not utilized and the provider had to close. The service contract was set so the provider was paid only if it is occupied. Non-utilization may be due to the availability of other resources on account of the wildlife disaster (response). The provider could have kept the facility open if payment was not based on occupancy.
      - Crisis services needs to be viewed from a regional perspective in terms of gaps and needs. The recent Maui experience is an outlier. Data trends may provide more insights minus this last one.
      - Crisis services funding come from both State and federal monies. The newly opened behavioral health crisis center received funding during the last legislative session (The pilot was supported by ARPA funds).
      - Staff shortage is an issue as demonstrated by the Maui case. That is across the nation. What can be looked at are the rates which are non-competitive. Now, rates are beholden to fee schedule to Medicaid and contract rates are not competitive (MRO). A rate study will help revisit those rates.

- Carolyn Weygan-Hildebrand addressed directions of Tables 2 and 6 Planned Expenditures as well as the plans for using the Bipartisan Safer Communities Act (BSCA) 3<sup>rd</sup> allotment.
  - Tables will reflect planned priorities of AMHD and CAMHD.
  - For AMHD, Table 2 reflects that MHBG regular and supplemental funds will be spent in two- main areas- Ambulatory Community 24-hour care and Crisis Services 5 percent set aside. The 5 percent crisis services set aside will be spent on stabilization beds. The two MHBG supplement funds, COVID-19 Relief Act and the American Rescue Plan, will be spent down. Part of planned expenditures for ARPA will be revisited. Table 6 reflects the use of MHBG funds for information systems and infrastructure support. Information systems will be for staff (RCUH and AMHD) involved in upgrading the system behind AMHD’s electronic health records (Avatar). The proposed expenditure for State Council activities was reduced based on previous years’ actual spending.
  - For CAMHD, Val Yin reported that the proposed expenditures are being reviewed by the CAMHD’s MHBG committee and will be available shortly.
  - The BSCA supplement funds (3<sup>rd</sup> allocation covering Year 5 and 6 of BSCA funding) will build on 1<sup>st</sup> and 2<sup>nd</sup> allotment priorities namely Resiliency Training for First Responders, Mass Violence Incident Response Training (Whole Community Approach), and Technical Assistance and Consultancy Services for AMHD and CAMHD disaster response planning. Val Yin mentioned that the State Council advocated for the resiliency training for first responders.

C. Committee Discussions, Recommendations

- Crisis Services – At its meetings, the Council have talked and heard of the regional differences, and not having enough beds. There is a need to know exactly where the needs are in the spectrum of beds (stabilization beds to beds for folks discharged from hospital). It will also be appropriate to address staff shortages.
- Information System – There is a need to elaborate more on this and a future presentation at the Council is welcomed.
- The spending of resiliency training for first responders was welcomed.
- The State Council can use more funds to support mapping of mental health resources.
- There is a question on when a complete draft can be viewed.
- Everyone was encouraged to attend the regular Council meetings as they are avenues for public input, connecting, and knowing about resources.

III. Community Input

- Tram asked how the funds presented are tapped and staff confirmed that some of the funds are used directed by State-provided services while others are by contracted services. The state procurement system is tapped and mainly through Request for Proposals (RFP).
- Tram said that there is a need for faster ways to tap resources that can help immediately where folks are really” itching.” She said that folks can have mental health retreats where they can focus on awareness and create changes like diets; educate and targeted ones. She speaks from her nonprofit’s experience.

IV. Adjournment

The meeting was adjourned at 3:05 pm