STATE COUNCIL ON MENTAL HEALTH (SCMH) MEETING

March 11, 2025 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, Tianna Celis-Webster, Lea Dias, Jon Fujii, Heidi Ilyavi, Jackie Jackson, Kathleen Merriam, Christine Montague-Hicks, Ray Rice, Mary Pat Waterhouse, Forrest Wells, Kristin Will, Marian Tsuji (ex-officio)

Members Excused: John Betlach, Naomi Crozier, Asianna Saragosa-Torres

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

Guests: David Litman, Alex St. Martin, Jeanelle Sugimoto-Matsuda, Charleen Takeno, Katrina Mae Tolentino, Raelyn Yeoman

I. Call to Order

Katherine Aumer, chairperson, called the meeting to order at 9:05 am and quorum was established.

II. Announcements

K. Aumer welcomed everyone and addressed meeting protocol and other announcements.

- In case of communication technology-related interruption that could not be restored in 30 minutes, the meeting will automatically be terminated and resume on March 18th, at 9 am using the same zoom links used of this meeting.
- The Council, in its last ad hoc committee, was subject to Zoom-bombing. The Council has taken additional safeguards for this meeting to prevent a similar attack. If it happens at this meeting, immediate efforts will be to immediately remove the offending part and report the source. If the immediate action fails,
- Recent canceled meetings or complaints. This is just to inform all that OIP released an opinion concerning a public complaint about the State Council meeting packet. More information can be found at the OIP website. And this can be addressed further in a needed future agenda.
- There is also a bill regarding meeting packets, which has received mixed reactions by testifiers. This can also be added to a future agenda item.
- Advice and consent. The Senate's Health and Human Services Committee recommended the nominations for Asiana and Tiana. Congratulations to all.
- SCMH vacancies and brochures. The Council finally have a brochure to use to engage others to join the council.
- Events and learning opportunities. NAMI Conference will be on March 24, 2025. And the IVAC Conference will be on April 7-1-, 2025.
- On the public notice and agenda included a logo that the Council approved. Staff is testing to see what will work and not work. The matter of logo letterhead can be included in a future agenda.

III. Approval of Minutes

The October 14, 2024, minutes was table.

Heidi Ilyavi motion to move the New Business agenda item to allow Marian Tsuji to answer any questions from the Council. Mary Pat Waterhouse and Christine Montague-Hicks seconded.

Mary Pat Waterhouse moved to approve the February 11, 2024, minutes. Forrest Wells seconded. Motion passed.

IV. Community Input

Realyn Yeoman commented that the Council's meeting is subject to Sunshine Law and the video recordings and meeting minutes should be posted on the website for the State Council. I know I can request recordings, and I am given a link to the YouTube video, but the public can't view it unless they have the link.

Carolyn responded that we've been working hard on getting a communication specialist for CAMHD. We are now a communication specialist on board and is in training. There is a 3-step process which I can explain that later but we are hoping that State Council's website will updated in a short time.

V. New Business

A. **Presentation "Hawaii Youth Mental Health Needs Assessment – Update"** (See slide presentation)

Q&A

Q-Within the research you found with the rural populations we know that there's a higher need for the mental health services in those populations, was there anything that did a little bit more research on how receptive or how they view mental health treatment and services because I find that seems to be a barrier that we've experienced quite a bit. I just wondered if you had any insights on that to add to how you can address it?

A-the research that I came across on this was all pretty strictly quantitative. And so, it was really looking at numbers. So there wasn't a lot that had to do with perceptions or receptiveness, but I think that that is something that we might consider as we go into our primary data collection phase in terms of what could be a barrier because a lot of the research on treatment utilization is coming just from administrative data. And so, it's not really as much engaged with people who are receiving the services. The answer to the questions is No, I didn't see it pop up in the data but it's something that I think we could use as we go into our primary data collection where we are trying to kind of fill those.

Q-On the issue of the modality, specifically online or online telephone. Did you find that youth were either using that more often that in person or possibly more receptive to that modality rather than in person?

A-Not a lot of data on that. One of the studies that I looked at both in person and online, but it wasn't again really looking at receptiveness as much as one of the youth leadership programs just mentioned that they incorporated both online modalities. So Im expecting we'll see more research loke that in the future, but nothing so far in the peer reviewed literature.

A-We continue to do some data collection as we get out of the pandemic years. We'll get a little bit more information on that. But generally in some of the youth research we've done so far. As much as we all want to rely on the electronic or the social media or telephone kind of modality what we've seen just kind of anecdotally is it's good as a modality to get the youth kind of hooked in to get them engaged. As we have done youth groups, they've said can we meet in person. We like connecting with youth across different communities, but they prefer to come in person. And that's why we've heard from the more qualitative small group work that we've done in the past. So I think there's levers for both, but for the more in-dept and longer sustainability of interventions and programs. They are telling us that they'd rather be warm bodies together and get to that point to have that interpersonal connection.

Q-You use the term under protective factors, strength-based programs. Can you give examples of that?

A-Examples of that tend to be programs that are more focused on the youth themselves dictating and designating what types of services they need, giving them the opportunity to run peer-led groups and things like that. Strengths-based approaches can apply to a broad range of things, but in terms of what I saw in the literature specifically on this round, it had to do with giving youth the opportunity to lead their own groups and kind of conduct their own outreach. So kind of more of what I would call an empowerment approach is what we were seeing, what I say in the literature.

Q-I heard something about the neighbor islands and some differences there but maybe something involving you couldn't get into the details given HIPAA. Were you able to specially look at outcomes by island area or is that not okay? And did you find any specific discrepancies that might be important to at least look at more in detail. I saw something with Maui but I wasn't quite sure about the other neighborhoods.

A-As both Katrina and Alexa mentioned, rurality is definitely one of those things. Even when you look at Oahu and you parse out Honolulu from the more rural areas of Oahu, there is a disparity. When you look across the surveillance data, even the data from Dan Gulanis, you'll see across the board, Oahu tends to have lower rates than the neighbor islands. What we saw from both Katrina's data and data that Dan presented to us Kauai was the highest for deaths but Hawaii Island was the highest for attempts. And Hawaii Island had some indicators in the youth survey that were higher than some of the other neighbor island counties but generally all of the neighbor islands are higher than Oahu. And Hawaii Island and Kauai being the higher of the three neighbor islands or counties that are surveyed consistently across the years.

Q-Have you seen any type of movement in terms of helping to increase those services there? Or is this a point just an awareness building?

A-I think we're better, the things that we're doing better now and the task force is undergoing our strategic planning process right now we presented the state strategic plan to the legislature

about five years ago. So we're at that point also. The thing that we are better at right now is training. We have a pretty strong training system. We're getting out there to different stakeholders to different communities we have four time as far as different types of training curricula out there as we did, I would say 10 years ago and we have many more trainers. From that standpoint we are doing better.

Q-It was mentioned about school complexes. So I understand that there are certain things you're more aware of from certain complexes and there are certain things that you need data about from certain complexes. Not necessarily to answer this form, but to really know which complexes are areas of our concern. And secondly, how the school complex approach can also influence the solutions or the strengths that we have to build in the community.

A-That's a whole other bit that we haven't talked about as the schools. Some of you are aware that in 2019 there's legislation that did pass that now mandates annual training within the DOE public and charter schools. We work with Christine and CJ and other with the High Aware Project and the SPBH Program and the Crisis Program to implement training. However many thousands of teachers there are. It's teachers, counselors, administrators, and part-time teachers and so we've been trying to make sure that gets implemented. And the law that assed also requires schools to have referral protocols in place. But we are getting there. I don't thin we are at a 100% compliance or perfection but we are getting there in terms of building up that side of the system and making sure there's some building of capacity as well as just how to manage or refer a student and what that looks like in different complex areas and communities.

Q-The slide that talked about the four sort of general findings and then there was a Hey these are the things we're watching out for and there was within each one of the four, there was, oh, these are the sort of like maybe sliver linings, or things that we're looking like, Hey, we can then I think remember like community engagement or relationships or building or whatnot, different areas. I was curious was there anything around religious affiliations and like not only Christian stuff, but I get it. There's you know like Oban Dances and those things I mean. Did that come up in any way? What were your guys thought on that?
A-It did not come up in the literature that we were looking at. It's possible that there maybe literature out there if we were using a different set of inclusion exclusion criteria that maybe we could have come across some things like that. But I definitely share your curiosity, and I would imagine that religion definitely play a role. I also thing that sometimes, at least in the research, I think that religion and culture here in Hawaii kind of get intertwined. And it would be interesting to parse those out a little bit. And it's definitely something that we as a task force are trying to be better at as well, because we know that our culture and faith leaders can be very impactful protective factors, especially for our youth, it's a connection to something, an activity, a person, not necessarily mom or dad. And so some of them do identify their faith leaders their connection. And so we've done we have serval faith organizations as part of the task force and I've done training for Buddhist leaders and Catholic leaders and at the catholic schools. So there is some movement there and I think hopefully with some of those larger entities moving, it'll bring along some of the other entities as well to engage in talking about this issue.

B. Election of 2025 Officers

Christine Montague-Heck commented given that we have just on nomination for each of the positions. Can I recommend that we vote without objection to accept the nominations as those individuals for those positions. J. Fujii seconded.

Motion pass.

Chairperson – K. Aumer
1st. Vice Chairperson K. Merriam
2nd. Vice Chairperson J. Betlach
Secretary M. Waterhouse

VI. Old Business

A. Presentation in December and February

Dr. Christopher Knightsbridge Thank You Letter
F. Wells moved to approve the Thank You letter. J. Fujii seconded
Motion passed.

Mark Linscott Thank You Letter

Suggestion: Extend a more formal invite for Mark Linscott encouraging him to come back and give a quarterly update on HSH.

Christine Montague-Hicks moved to approve the Thank You Letter with approve suggestion.
Forrest Wells seconded.
Motion passed.

Belinda Danielson Thank You Letter
Mary Pat Waterhouse moved to approve the Thank You Letter. Forrest Wells seconded.
Motion passed.

B. 2025 Legislation Council Agenda

Questions and Answers for Marion Tsuji

Q-For Senate Bill 1443. How is this bill supposed to facilitate getting more patients to long-term care? This is not happening now. Is it because there's going to be more funding >

A-There is actually two different parts to this bill. (1) very often especially with the aging population, we've got to send patients out for a specialty, it could be the need to see a cardiologist or a nephrologist. They need specialty treatment that we don't have at the hospital. So we use providers that are out in the community. They are charging us whatever right now. And what we are trying to do with this bill is get them so that it is mandatory that we provide reimbursement at the same rate as Medicaid. Because patients that are in the hospital are not able to tap into the Medicaid pot. (2) Getting folks into long-term care. So if we have to go through the RFP process, find a long-term care provider to take these patients and we are doing this as one-offs, It's going to take us a really long time to go through that whole process. So what

this would do is bypass that, we would be able to do sole source without going through procurement, without violating anything and at the same time we would be permitted to go and get a contract with the provider and negotiate our own rates. So it is actually cheaper because once the patient is discharged from the hospital, they are able to tap into Medicaid and what we would do is supplement that Medicaid with a certain amount.

Q-Are these facilities going to be more open to taking these patients or is that an issue?
A-We know of at least on that's really interested in taking our patients.

Q-And the reason they were reluctant to take in patients is because the procurement process was so cumbersome?

A-A lot of the long-term care facilities are not familiar, or they've got thoughts in their head about who this population is and who this is. Horrendous crimes have been committed but you know when you've got a crime that was committed in 1977 and now the patient is 89 years old and can't get out of bed without assistance. Yes, the crime was horrible but I don't think that you're really in any kind of danger.

Q-Senate Bill 1462. The question of the council last time when you were undecided was BHCC data, the council was in support of another site in West Oahu except that the Council didn't know about

A-The way the bill was originally written, it was very specific, and they were saying that the side needed to be in Waianae. It was specific in terms of zip code, and we didn't want to get put into a situation where every legislator who wants a crisis center turns around and says. "oh, well, I want it in my zip code", when it might not be necessarily be the best place to have it. So that's why we ask to have it switched from zip code specific to based on the data.

Q-Is there a way to gather that data or where would that data come from? Do we know?

A-The data is based between the police and the 988. They both are the feeders into the Behavioral Health Crisis Center beside walk-ins. So we know how many MH1s the police are calling the MHEWs for and we also know how many people and where they're coming from who are in crisis that are calling the 988 hotline and we have a deploy the mobile crisis outreach.

Q-In a testimony from someone that opposed it they were saying that the beds aren't utilized?

A-There are different programs in that building. One program is the BHCC where we have chairs and people who are in crisis are welcome to come in. They stay for under 24 hours and if they need further stabilization, we asked them if they want to go tour stabilization bed. There are only 8 stabilization beds in the facility, and they are always full. And if the beds are full, we send the folks to another stabilization center. Separate from the BHCC is the residential section which has 26 housing, like apartments.

Q-At one time I read that this crisis center was going to be open to the public. Anyone could bring a family member, a friend, anyone that needed 24 seven stabilizations. So I just wanted to clarify if that is widely known in the public or is it for first responders?

A-It's for first responders. The way we've been getting the information out to people is through the Hawaii Cares 988 line.

Could requested that Dr. Koyanagi do a presentation or clarify things at the State Council meeting

Q-The Department of Health had hired a consultant to advice on these crisis centers, but that the report's not going to be out till sometime this summer. Is that going to possibly changed the way the crisis centers are going to look or be operated? Is it better to wait to get the full report?

A-With the way things move, we try to move in tandem. We already know that crisis centers don't all look the same. For example, the neighbor islands, we know that they are not going to be able to sustain a crisis center like we have Honolulu. They can not have a standalone crisis center. But they might have for example attached to an FQHC, they could have a section that's devoted to mental health and mental health crisis, and they could have the chairs there. So it will look different.

VII. Informational Reports by Council Members

All oral reports tabled

A. Adjournment

The meeting was adjourned at 12:00 p.m.

Handouts