

STATE COUNCIL ON MENTAL HEALTH (SCMH) MEETING

July 9, 9:00 a.m. – 12:00 p.m.

In person at Hale F Conference Room, 2201 Waimano Home Road, Pearl City 96782 and via Zoom

DRAFT MINUTES

Members Present: Katherine Aumer, John Betlach, Lea Dias, Heidi Ilyavi, Jackie Jackson, Kathleen Merriam, Ray Rice, Mary Pat Waterhouse, Marian Tsuji (ex-officio)

Members Excused: Naomi Crozier, Jon Fujii, Christine Montague-Hicks, Kristin Will

Guests: Gavin Takenaka, Forrest Wells, Charlene Takeno, Steve Pavao, Troy Freitas, Tosa Lobendahn, Eliza, Kelly Penn, Ian Suda

AMHD/CAMHD Staff: Carolyn Weygan-Hildebrand

I. Call to Order

Katherine Aumer, chairperson, called the meeting to order at 9:04 a.m., and quorum was established.

II. Welcome and Announcements

K. Aumer welcomed all and made a few announcements:

- Meeting protocol. In case of communication technology-related interruption that could not be restored in 30 minutes, the meeting will automatically be terminated and resume on July 16th, at 9 am using the same zoom links used of this meeting. Community input will be received in the designated part of the agenda as well as throughout the meeting.
- Council vacancies are the same as the past month. The Boards and Commissions office are vetting some applicants.
- Council members are invited and welcomed as volunteers of AMHD and CAMHD:
 - July 23, 2024, UH Manoa Campus Center UH Health Career Opportunities Program (HCOP) mini career and college fair for high school seniors and others who are transitioning to UH. AMHD and CAMHD will have a booth to share information about mental health careers.
 - September 7, 2024, Hilton Hawaiian Village. Hawaii Pacific Basin Area Health Education (AHEC) Annual Health Workforce Summit. AMHD and CAMHD will have a booth and are also coordinating panel presentations.
- Thanks to Tosa Lobendahn and Senator San Buenaventura for recommending certificates of recognition and appreciation from the Senate. These certificates were signed by Senators and presented to outgoing officers and members namely R. Ries, E. Lau-James, K. Seguancia, C. Knightsbridge, and A. Beninato.
- K. Aumer recognized M. Tsuji, ex-officio member, who announced the following:
 - Introduced Dr. Gavin Takenaka as the new AMHD Administrator
 - Dr. Ken Luke has stepped down as HSH Administrator, and will continue serving as a clinical psychiatrist. AMHD is looking for a new HSH administrator.

III. Review and Approval of Minutes

M. Waterhouse moved to approve the minutes for April and June. H. Ilyavi seconded. Motion passed.

IV. Community Input

None

V. New Business

A. Presentation

“Kona Paradise Clubhouse and Oahu Clubhouses”

Steve Pavao and Troy Freitas

Steve Pavao. He introduced himself as the Hawaii Island Branch Chief/AMHD Community Center Branch. He supervises and oversees all the Community Mental Health Clinics as well as the clubhouses on the Hawaii Island. He reported that AMHD is working diligently on the many issues with the Kona Clubhouse:

“ (1) Shortage of staffing. There were 5 positions that were filled for the Clubhouse. But through the years, people left and then the Legislature cut the 2 vacant positions so there are only 3 positions left. It is very difficult to run a clubhouse with 10-15 consumers with only one staff if the other staff members are out on leave. We are working with DHRD on recruitment.

(2) Issue is the location. There have been ongoing challenges with the landlord. There have been recurring plumbing problems that pose a serious health hazard, so the Clubhouse was temporarily moved while we rectify the plumbing issue with the landlord. Since the lease for the Kona clubhouse location has also expired, we were able to find a location in Kailua-Kona. The location is within walking distance to the homeless shelter, parks, and group homes where most of the members live. We are in the process of getting a lease for the property. We are also working on staffing the Clubhouse. If there are at least 2 staff members on board, The clubhouse can open on a part-time basis.”

Troy Freitas. He is Steve’s counterpart branch chief for Oahu. He supervises and oversees all the Community Mental Health Clinics as well as the clubhouses on the island of Oahu. He shared briefly about Oahu’s Clubhouses with highlights reflected in the attached powerpoint slides.

He shared that Clubhouses across the islands support each other. In relation to Kona Clubhouse, he also updated that he has talked to Steve and AMHD’s medical director, but not yet to the new AMHD administrator, about the possibility of having Oahu clubhouse staff transit to the Big Island to assist and to support the Big Island and Kona Community.

Q&A, Discussion were directed at the Kona Clubhouse situation

Q. How many staff do you currently have?

A. One staff, who is on extended leave, and one staff who is temporarily relocated to the clinic because we can’t open the Clubhouse right now.

Q. How many members would want or are trying to use the Clubhouse in Kona?

A. The numbers have gone up and down. Through COVID, the numbers has gone down because the Clubhouse was closed. The average members would be 15-20 members a day.

Q. Does accreditation allow for future funding or the opportunity to take in certain type of responsibility or opportunities?

A. The major purpose (of the accreditation) is to know ourselves, and for the rest of the clubhouse community, that we are meeting the criteria of a Clubhouse. We're running an accredited psychosocial rehab program. We also do CARF accreditation.

Q. Are you noticing any of these issues with any of the other Clubhouse locations or are the other locations closed for this long, or is it limited to just Kona?

A. The Clubhouse in Hilo is fully staffed and does not have any problems and staffing issues like Kona.

Q. Have you thought about changing pay rates and things for the Kona community?

A. I have inquired about. But I have not gotten a response back. Shortage differential is something that the State uses when we have these kinds of shortages. The other thing that we can do is flexible hiring. People with experience could come in at a higher rate than just the base pay. We're trying to do everything we can but it's still not enough because we don't have the positions filled and the Clubhouse is still closed.

Q. What are the exact job titles for the positions that are open and what are the minimum qualifications? Have you looked into 89-day hire?

A. Social worker IV or Human Service Professional VI. The positions require a bachelor's degree, plus a year and a half or 2 years of experience of case management. Specifically, we are looking at someone who has assigned case load for 1 to 3, did assessments, created a recovery plan or treatment plan or goal plan, and monitoring people's progress on the plan. We have looked into 89-day hires.

Q. Some of the people for Oceanview were having a hard time getting to meetings. What maybe for the future for Pahoa and Oceanview in terms of satellite.

A. That is something that we have looked at but that is really a long drive to Kona or Hilo. Doing a satellite for one day could be possible.

Eliza, from Root and Rise, commented that they have the capacity to bring somebody in a supportive position to help out with the Clubhouse. Steve Pavao suggested that Eliza reach out to him regarding getting volunteers.

B. Presentation

"Assisted Community Treatment (ACT): The Process and the New Law"

Connie Mitchell

Connie Mitchell serves as the Executive Director of the Institute for Human Services (I.H.S.) She discussed along the attached Powerpoint slides (coming soon). She opened by sharing that Assisted Community Treatment (ACT) is also known as MH10. ACT is the process of intervening and giving treatment to people who are mentally ill who really need treatment but are so ill that they are unable to actually consent to the treatment. She pointed out that there the criteria for petitioning for ACT. Also, ACT is essential to prevent the danger posed by the person, is medically appropriate and is in the person's medical interests. ACT petitions require documents including: Medical records; Arrest records; Family – Reach out to the family for their support; Client history; Case Notes; Treatment plan, and Psychiatrist approval. The psych evaluation is done to determine if client clinically meets criteria; Pictures/short videos.

Since the initial law passed, there has been reiterations or different changes to the Statute that have enabled advocates to really move a little bit faster with the orders. Every time a person is petitioned for ACT their rights are protected by a guardian ad litem (GAL) who is appointed by the Court. The iterations that have come since the first law redefined the definition of dangerousness to mean imminent dangerousness. Every time there is a change in the law, it is because there are new services that come up and we (service providers) ran into another roadblock that made it difficult for people to access treatment. ACT statistics include:

- Able to medicate 82 people since ACT was submitted.
- 25 petitions were granted.
- Working on 21 more petitions.
- Have 13 guardianship orders that we were able to successfully do.
- More than 50% of the people I.H.S.' medicated in this program alone are people who just took the medication willingly with assertive outreach.

So, the goal is not necessary to do ACT in the program, but to get some people on medication so that they can transform their lives. Work is ongoing in expanding the program because with more people, there will be more case managers who have to be equipped. There is need for more GALs and to work with the teams. There's a need for more physicians and providers who could be APRNs to get on the street. So, these are some of the challenges.

Q & A, Discussion

Q. What kinds of things, legislatively, would the Council need to do so that it could facilitate people being able to go to these new crisis centers?

A. The Law that was just passed, which the Council help support, it's going to make that happen. Right now, they're just more experiencing some construction things in order for that to be fully executed. They're rolling it out and planning it out, like how the police will be able to take people to these behavioral health crisis centers. The idea is, basically, "change the law so that it wasn't only the emergency rooms that the police could take people to but now there is the behavioral health crisis center. I believe, maybe, it includes our homeless triage center, too, because we're a special treatment facility licensed as such.

Q. You mentioned 82 people were medicated and out of the 82, 25 were granted petitions. Roughly, how many more would be eligible for these services? Do you have an estimate of the need and the requirement for expansion?

A. There's a huge need. For the 200 + people that we've evaluated in our program, we only did the 25 ACT orders. Many people are being treated by other treatment teams, and we did want to overstep if they didn't want to do the ACT. So, we're trying to educate more case management team to be able to do ACT, support them and be able to help them do it.

Q. Are there any issues with getting reimbursement for those that are Medicaid for the LAIs?

A. Not for the medication itself. The street medicine part is something that is not being paid for yet, and we're really looking forward to that rolling out through Medicaid.

Ian Tsuda from the AG's Office added: In relation to ACT petitions. For a couple of years now, there's been a change in the law which indicated that AG would assist individuals in pursuing these orders. Essentially, representation for the entity or individual. It's a limited scope of representation, but it is representation, nonetheless, throughout the entirety of the proceedings. So, this year HB 2159 was passed, which kind of elaborated on the scope of our responsibilities. But it's the same responsibility, nonetheless. We are wanting to get the message out to the public and we're

contemplating creating a website or a web page where the public can access information about what they would need to provide us in order for us to be able to pursue a petition as well as who to contact and some general information on the process. In addition, for the upcoming legislative session, we're taking a look at a lot of mental health. Primarily under Chapter 334 of the Hawaii Revised Statutes. We are trying to see different areas where we can improve things, such as be more efficient, if there is room for new innovations that may improve the process as well. You know those are things that that we're looking to. So, if the Council have things or ideas that you'd like to see implemented in law changes we're interested in hearing your ideas.

Q. Do you have the certain crisis number?

A. It would be my office number and I will provide that for you.

Q. There was this question or concern, on the new law, in the number of cases on the Hawaii State Hospital. As you know, that's part of the continuum of care that also needs to be successful.

A. I had spoken with Deputy Director Marian Tsuji. I went and did some training at the HSH on ACT, and I'd really like to see more of the ACT orders petition at the HSH. If they were to do that, it would prevent many readmissions to the hospital.

M.P. Waterhouse added she spoke to Deputy Director Tsuji, and she spoke to the Judge that was going to oversee the ACT Orders. The judge agreed that not all the people that are going to come before him need to go to the Hospital. There is language in there that allows the judge to say that they do not need to be in the Hospital, they can be discharged outside and come to the next hearing. This is not a written agreement but a verbal one.

C. Member Onboarding (Updating Current tools like guides and websites)

Support staff, C. Weygan-Hildebrand, pointed out that July and August are designated by Council By-laws and year-round calendar as onboarding time. While onboarding is considered to be something for new members, members could use a refresher. The onboarding tools that are currently available are the membership guide, the website, and an internal sharepoint. The Welcome Guide is still solid, although some parts needs updating. The newest member, Christine Montague-Hicks, saw this at the May Retreat already. So that Council members need to go to only one online resource, the Sharepoint will be eliminated and most of its contents will be moved to the website. The website is being updated with the support of the State's Electronic Technology Services Department (ETS). The ETS had some recommendations like: 1) Redo the logo with a minimalist approach, and 2) Have more photos, including possibly studio photos of Council members. C. Weygan-Hildebrand sought permission to have a local graphic artist amend the logo.

K. Aumer move to have a graphic artist amend the logo for the Council to consider. J. Betlach seconded. The motion passed.

K. Aumer requested staff to look into getting photography services for members who need studio photos for the website. She requested those who have already to email them to staff. C. Weygan-Hildebrand will look into it. She also requested members to email her if they have any suggested changes to improve the Welcome Guide.

VI. Old Business

A. 2024 Legislation Update

K. Aumer asked if the Council has more tasks for the current committee or if it can be dissolved. H. Ilyavi moved to dissolve the Ad Hoc Committee for 2024 Legislation. Jackie Jackson seconded. Motion passed.

For things to look at in the future, J. Betlach commented that many bills changed during the legislative session and may be ending up not doing what it is supposed to do. He pointed out the need to pay attention to these changes as they can happen quickly.

B. SCMH Planning Retreat

K. Aumer sought approval for the Council goals that were presented last month, and whether there are further comments.

M.P. Waterhouse moved to approve the goals as the one year Items and the actionable items that members are going to hold the Council accountable to until 2027. J. Jackson seconded. Motion passed.

The following members and actions are to start the ball rolling:

1. Increase Council effectiveness – Some members already volunteered and acted on reaching out to targeted groups. The volunteers include F. Wells, J. Betlach, M.P. Waterhouse, and C. Montague-Hicks.
2. Increase equity- The direction was to look at equity for rural areas. There were already ideas to start with community mental health centers, DOE, and stronger telehealth capabilities, and possible legislation. The first year is to explore what DOE has.
3. Create a more complete “map” of statewide MH challenges and resources. Year 1 effort includes seeking partnership with MHA Hawaii for a resource directory. MHA releases biannually and is about to release this year’s edition. The Council will explore to support an annual release instead of a biannual one. M.P. Waterhouse excused herself from this as she is on the MHA board. Staff will reach out to Bryan Talisayan, MHAH president. The initial volunteers for this are K. Merriam, J. Jackson (Oahu), and J. Betlach (Hawaii Island).
4. Attack workforce development challenges. The first-year work is to track what is already out there, such as monitoring HB1830 and hearing more about the reported rate study of AMHD. The initial volunteers are K. Aumer, J. Fujii, and H. Ilyavi.
5. Improve comprehensive care coordination. For the first year, a presentation from AMHD first on inventory of housing is sought as well as identifying new funding sources for group homes. Also, for the Council to meet with insurance providers to review different parts of the care coordination system to discuss policies. The initial volunteers are the same as in 4.

C. MHBH -Planning Council Role

The meeting packet includes the technical guidance for this year’s FY25 mini-proposal. C. Weygan-Hildebrand shared that the guidance was released on June 30 so the time frame for proposing will be short like in past years. She informed the Council that both DOH and the Council will have little time to complete this year. She pointed out that SAMHSA has heard the recommendation of many Councils for earlier planning. So, at least for the full proposal that is due next year, SAMHSA is targeting to release a guidance in April.

VII. Informational Reports by Council Members

- A. **Island Representative Reports** –none
- B. **Government Sector Representative Reports**

1. *Behavioral Health*. K. Merriam share a comprehensive report last meeting and has nothing to add.
2. *Social Services*. R. Rice updated the following about APS: Efforts continue in identifying mental health trainings and community resources for workers; NAMI's participation in the new hire training is being rescheduled to August; Crisis Intervention Training for workers covered behavioral triggers, interaction with individuals in crisis, and de-escalation techniques; More resources on and for dementia training are being sought; Information has been shared about Oahu's Crisis Outreach Response and Engagement program; The Governor is signing the palliative care in inpatient setting. Hawaii was the first in the nation to get approval for outpatient care services. Guidance are being worked on.
3. *Vocational Rehabilitation*. L. Dias' written report was part of the packet. She highlighted that numbers were going up this past quarter, as well as successful employment outcomes; There is a challenge of having 45 vacancies out of 111 positions; Hawaii will be submitting a grant application for the new Disability Innovation Fund.
4. *MedQUEST and HACDACS*. J. Fujii updated about Hawaii's work on seeking 1115 waiver to requirements in order to test new ways of improving health care. This includes community integration services, which is along the outreach that Connie Mitchell was discussing. Among those included are nutrition supports, medical respite, rental assistance expansion, utility payment, and justice for all things. This is still on the path to approval and Feds have a backlog. (See Powerpoint slides)

VIII. Adjournment

K. Aumer asked if Maui members will still be excused next month and thought that there is need for Maui to be represented. The meeting was adjourned at 12:10 p.m.

Handouts

1. SCMH_070924 Public Notice and Agenda.pdf
2. SCMH Attendance Log SFY2024 .pdf
3. SCMH April 9 Meeting Minutes DRAFT ONLY.pdf
4. SCMH June 18 2024 Meeting Minutes DRAFT including four attachments.pdf
5. FY2025 Mini-app State Instructions for BGAS - MHBG.pdf
6. SCMH - DVR-VRA Report 7.09.24.pdf
7. Reference AMHDPProviderDirectory_July23_rev.web_.pdf
8. Reference Clubhouse International Standards. English.pdf



Oahu Clubhouses

Presentation to State Council on Mental
Health & Substance Abuse
July 9, 2024

Where?

1. Makaha
2. Diamond Head
3. Kaneohe
4. Kalihi
5. Waipahu

Kauhale Lahilahi Clubhouse (Makaha)



Kauhale Lahilahi

1. Accreditation (first) visit scheduled January 2025!
2. Four staff. No vacancies.
3. Community Outreach efforts.
4. Home Depot Foundation installing garden for Wellness standard.

Hale O Honolulu Clubhouse

(Kalihi)



Hale O Honolulu Clubhouse

1. Fully accredited until March 2027
2. Eight staff, one vacancy.
3. Social recreation highlight: Sunset dinner cruise community outing later this month.
4. One member and two staff currently in Boston for Clubhouse training.

Ko'olau
Clubhouse
(Kaneohe)



Ko'olau Clubhouse

1. Fully accredited until April 2026
2. Six staff, two vacancies.
3. Programming efforts to improve young adult engagement.

Waipahu Aloha Clubhouse (Waipahu)



Waipahu Aloha Clubhouse

1. Accreditation lapsed in 2022.
 - Scheduling accreditation visit late 2024 or January 2025.
2. Nine staff, one vacancy. New supervisor started in June!
3. Logistical challenges moving back to Waipahu.

Diamond Head Clubhouse (Diamond Head)



Diamond Head Clubhouse

1. Fully Accredited until September 2024.
 - Scheduling accreditation visit for later this year.
2. Five staff, no vacancies.
3. Two new Transitional Employment jobs for members.

Questions?





Mahalo!

Troy Freitas

808-478-6207

troy.freitas@doh.hawaii.gov