

STATE COUNCIL ON MENTAL HEALTH (SCMH) MEETING

June 18, 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, Richard Ries, Mary Pat Waterhouse, Marian Tsuji (ex-officio)

Members Excused: Naomi Crozier, Jon Fujii, Eileen Lau-James, Jean Okudara, Kristin Will, Fern Yoshida

Guests: Christine Montague-Hicks (incoming member), Aliza Gebin, Forrest Wells, Cyndy Dang, Karen Blonigan, Mona Trenae, HPPA Intern

AMHD and CAMHD Staff: Jocelyn Nazareno, Carolyn Weygan-Hildebrand, Valerie Yin

I. Call to Order

Katherine Aumer, chairperson, called the meeting at 9:07 a.m. and quorum was established. The meeting was recessed for ten minutes due to communication technology issue at the in-person site. The meeting resumed at 9:27 a.m.

II. Announcements

K. Aumer welcomed members and guests and announced the following:

- In case of communication technology-related interruption that could not be restored in 30 minutes, the meeting will automatically be terminated and resume on June 25th, at 9 am using the same zoom links used of this meeting.
- Membership. July is the usual start for new members. Christine Montague-Hicks will be a member representing July. No additional interim appointments have been announced yet for the remaining vacancies. The Kauai Service Area Board seat will remain vacant since KSAB has no members at all. Membership and recruitment will be discussed further as part of the strategic planning agenda.
- Learning webinars that are relevant to Council work.
 - June 20, 2024. Ask Me Anything About Doing the Right Thing in Mental Health Services: Tackling Long Term Employment. https://bostonu.zoom.us/webinar/register/WN_-4YGlpT4Soamu0oYTBfvkw#/registration
 - June 29th: 2023 on Mental Health Block Grant Uniform Systems on Data Trends. https://www.zoomgov.com/webinar/register/WN_n0plMriuTKC7LUVqRED2zw#/registration
 - Mental Health American Conference September 19-21, 2024. The preliminary agenda is out and some of the sessions will be virtual. <https://mhanational.org/annual-conference>
- In terms of agenda, the approval of minutes will be deferred. Staff are still working on them. Dr. Erik Jul is confirmed as the resource speaker on trans magnetic cranial stimulation but the presentation will not be today but in August.
- Like last meeting, the Council will have a recess for restroom and hydration break
- Ex-Officio message. Marian Tsuji was able to join at 10:49 am. She announced the following:
 - DOH will recommend veto of HB2159, a bill that the Council supported. There was a disconnect between the DOH and the Council that could have gained from more communication. The DOH concludes that this bill will further increase the number of patients in the Hawaii State Hospital (HSH). The HSH is licensed for 297 and has a current census of

385. The bill has parts that will demand more than the capacity of the Hawaii State Hospital. For ACT process, it can increase hospital stay from seven to 14 days on the front end for the initial evaluation. On the back end, when there is N ACT petition filed for a patient, it is up to the judge whether the person could be conditionally released or not. Currently, an individual can require three months of hospital stay while the ACT petition is decided on. More ACT petitions can mean more delays longer than the current three months.

- DOH is waiting for other bills to be signed into law, including the one that expands the criteria on who can be admitted to the Behavioral Health Crisis Center (BHCC). Close to 60 percent of those who go to the BHCC is continue with further stabilization, or treatment, or placement is a community-based program. The other 40 percent go back into the community, often back to the streets.
- Update on administrators. As reported in the news, Dr. Ken Luke will be stepping down from his position as Hawaii State Hospital administrator. The job opening has been posted yesterday. There are well-qualified people expressing interested in the position. Keli Acquaro is now CAMHD's permanent Division Administrator, the first permanent one in five years. Because the position was vacant, the Legislature abolished the position. The DOH had to go back to re-establish the position and this took another year. Dr. Courtenay Matsu, AMHD Medical Director, continues to serve as AMHD acting administrator.
- Answers to Council member questions.

Q. Kona paradise club issues. Staffing - The Hawaii State of Human Resources Department (DHRD) requiring 20 applicants first before interviewing was raised while discussing the Kona paradise clubhouse issue. Location - Is part of the problem due to the mandate to locate only in state-owned buildings?

A. Staffing – We currently ask the DHRD for 10 days or up to 10 applicants, whichever comes first to interview applicants. However, there is still need to wait for DHRD to review applications, and this literally have taken months. There were a number of bills during this legislative session that would have expedited the hiring process, but all died. There were concerns, including those from the labor unions. We are working on a pilot project to expedite hiring in the case of behavioral health and are waiting for Governor approval. Location- We are exploring right now what the different options are. I was out there two weeks ago. There's probably also the option of maybe contracting it out.

Q. Hilo or Kona crisis center. Any news for the Hilo or Kona crisis center?

A. For the neighbor island, there's been talk about having a standalone crisis center, but all of our data and research indicate that there's not enough population to really be able to support a standalone. The data is not based on homeless census bur overall population. On the Hilo side, the Mayor's Office indicated that they had a provider that's proposing to do that. If they have the resources, then we say, “go for it”. But otherwise, we will incorporate the Crisis Center as part of our Certified Community-Based Health Center.

Q. Do you have any information about the mental health review code bill?

A. The bill was shelved because we felt that we could move quicker and get more done, if we did not have a bill. We will be meeting with the AGs office. They did a criminal justice code review a couple of years ago, so they are kind of using that same format chunking it out. This is going to be a multi-year project because the mental health code review has not been looked at for quite some time. The Council is welcome to provide input.

Q. Approval of Minutes

Tabled

R. Community Input

K. Aumer recognized Aliza Gebin who was encouraged to either read her written testimony or provide highlights (see attachment 1). A. Gebin thanked the Council for the opportunity to present testimony. She and Mona Trenae also submitted a written testimony last May (see attachment 2). They are testifying to advocate for those who are affected by the long closure of the Kona Paradise clubhouse. The closure of the club has left significant gap in the limited resources for adults with mental health diagnoses, especially as the only psychosocial day program on the West side of Hawaii Island. Advocating for clients with serious mental illness, they urge the Department of Health-Adult Mental Health Division to take necessary steps to reopen KPC immediately. They are open to collaboration to have the programs and activities that clients need. M. Trenae added also that Kona is already an underserved community and the situation is a disservice to the community. The State has many challenges but there are challenges can be addressed, like improvement in the hiring process. In a dire situation like this case, DHRD processes should have rules that can expedite hiring, such as doing away with the need to wait for 20 applicants before interviewing. Applicants should be interviewed right away. M. Trenae testified further that it took a year for her to have her current government job.

Points of clarification, Q&A:

- H. Ilyavi attest to the detrimental impact of not having clubhouses. She saw decompensation and relapse among consumers who have been doing well in years. One can offer housing services and case management services, but these can only help so much if there are no psychosocial services. She also attests to the work that the two testifiers are doing to try to fill the gaps and needs, but do not have the resources of a clubhouse.
- Is there statewide leadership and support? Clubhouse directors now report to branch managers whose focus is not solely on clubhouses. Clubhouses need staffing and staffing needs supports. Ideally, clubhouses should have at least four to five staff to offer the recommended array of psychosocial activities - day programs, night programs, and employment program. Otherwise, it can become just a drop house location. Implementation across the State has been varied, with differing impact on services and members. Given the dire need, M. Trenae opined that it is better to have some staff rather than shutting down a clubhouse, even if it is a drop house at first.
- K. Aumer asked if the issues can be brought to the attention of M. Tsuji, Council's ex-officio member. She also offered the idea of inviting DHRD to talk more about the hiring process. H. Ilyavi said that since June 3, the email communications have included K. Fink, M. Tsuji, and S. Pavao. K. Merriam clarified that S. Pavao is the branch manager covering Hilo and Kona clubhouses.

K. Aumer led in thanking A. Gebin and M. Trenae for the work that they do and the advocacy today.

S. Old Business

A. Review and Approval of Thank You Letter to Governor Green

R. Ries moved to approve the Thank You Letter to Governor Green. J. Betlach seconded. The motion pass unanimously.

B. 2024 Legislation Updates

M.P. Waterhouse, Committee chairperson, referred to the handout legislative tracking for guidance. She encouraged everyone to identify bills or concepts to pursue next legislature based on the results of this year's work. he bills at the Governor's desk include SB3139, HB1148, HB1830, HB2159,

SB3094. She clarified that the Council did not testify on HB1148 but it became the vehicle bill for the Windward Community College mental health-related programs that the Council supported.

The bills that died include SB3137, HB1831, HB1906, SB2345, HB2451, SB23141, SB2992. She pointed out that some other bills, especially the budget bill, became the vehicle for some of the ideas and funding sought in the bills that died. So overall, the results were good for all the bills or concepts that the Council supported.

K. Aumer announced that the June 25 is the last day for the Governor to declare his intent to veto a bill. July 10 is the last day for the Governor to signed bills into law. Bills that were not vetoed can also become law without his signature. Some laws are dated to effect immediately while others have effective dates well into the future.

Some of the initial thoughts for next legislative session include:

- K. Merriam and M. P. Waterhouse: Supportive housing, or all kinds of step-down programs
- J. Betlach: Bills that may not have been in the Council's radar but are in other Council's or Committee's (e.g., Development Disabilities Council or recreational marijuana) and are very relevant to Council's role. Explore if there are mutually beneficial activities that can be done in anticipation of the future implementation of new laws (e.g., HB1830, helping interns and students become full-fledged licensed professionals).
- M.P. Waterhouse: For the legislative process, when a bill was going to conference committee, the legislative committee should have sent messages to all members, and email conference committees to please support/not support a bill.

K. Aumer thanked everyone and assessed that the Council did a good job and has come a long way from four years ago. R. Ries concurred. He added that it is valuable to monitor and track, and help the Council move advance further.

C. SCMH Planning Retreat

K. Aumer presented the results of the Retreat and referred to the handout containing the summary notes from Dr. Peter Adler/strategic planning retreat facilitator. K. Aumer said that the Council can keep the Retreat's momentum going and led the discussion to further identify achievable and measurable actions and goals in the immediate future.

See attachment 3 for discussion results. The attached will the Plan to be voted on at the July meeting.

VI. New Business

A. Recognition of outgoing SCMH Officers and members

K. Aumer led in recognizing and personally thanking Dr. Richard Ries for his service of two full terms totaling eight years, and providing a solid foundation for the Council to move on. He was thanked for his welcoming spirit and clear inputs. R. Ries reflected that Council has grown from a cold and bookish place when he started to one which can be a force of change. He is proud of the Council, his role, and everyone's / thank K. Aumer and all for the work. He will be attending future meetings every now and then.

K. Aumer also recognized the other council members who have step down from their council position: Christopher Knightsbridge , Antonino Beninato, Kau`i Seguancia, and Eileen Lau-James has also step down from her council position. She announced that the Legislature agreed to honor the services with certificates of appreciation/recognition.

B. MHBG 2024 Planning Council Roles

C. Weygan-Hildebrand briefly summarized what the Council should expect in the next few months. September 1 is the due date for a MHBG Fiscal Year 2025 mini-proposal. The Guidance from SAMHSA will be released on July 1. This means that there is a very little time frame for DOH to prepare the proposal and for Council to review and make recommendations. To mitigate this, the suggestion is for the Council to have an ad hoc MHBG planning and Performance Report Committee. This is similar to past processes, except that this ad hoc committee includes performance report.

Katherine moved to create this committee on the mental health block grant planning. J. Betlach seconded. Motion passed unanimously. The tentative members are K. Aumer, M.P. Aumer, C. Hildebrand and V. Yin.

VII. Informational Reports by Council Members

A. Island Representative Reports

- J. Jackson said the Oahu Service Area Board did not have quorum. T. Freitas shared information about clubhouses.
- J. Betlach shared that the Hawaii Service Area Board (HSAB) discussed about changes in treatment models (CMHC to CCBHC?), the need to take up salary changes with the unions, and explore other sources of funding. He added that Care Hawaii, S. Freitas, came to speak, and had the willingness to come to meetings to share relevant information, including the development of crisis services dashboard.

B. Government Sector Reports.

- K. Merriam walked everyone through the BHA report that covered all four divisions under the DOH Behavioral Health Administration. Each division shared about services and people served, greatest strengths and challenges. *See attachment 4.*
- L. Dias stands on her DVR written report which was sent as a handout.
- R. Rice shared that there is continuing effort to identify mental health training and community resources for their workers; Getting a resource speaker to present on the State Library Telehealth project to the leadership was well-received. The pilot project is in Hilo and the team consists of a pilot health navigator. The team offers computer training with refurbished computers; NAMI will also be participating in a Crisis Intervention Training piece this month.

C. Specialty Area Representative Reports

- R. Ries highlighted the HELP program, which is like a loan repayment program for health workers including mental health workers. The first round of applicants have gone through the process, and leading to some loan repayments; Providers continue to be very busy with long wait list; There is also an ethics training coming very soon for providers.
- H. Ilyavi reported that a child psychologist, Ruben Layla, was convicted of sexual assault on a 14-year-old on the Big Island. He is also under investigation for others. He is a big psychologist for the last 20 years and have seen a lot of kids. *She commented that the Council might want to think about recommending that something be put in place to support those kids who are going through this right now. In the interim, there are probably some kids that could need some support. A lot of state employees, CAMHD*

recommended him through all these programs. He's already admitted to others acts, but they're still under investigation. In response to this, V. Yin said that the contact for CAMHD will be CAMHD administrator, Keli Acquaro, and the AMHD communications team. There was also a suggestion to have a group format and to reach out to SPBH.

VIII. Meeting Evaluation/ Future Agenda Items

- Steven Pavao and Troy Freitas will be coming to talk about clubhouses.

IX. Adjournment

The meeting was adjourned at 12:10 p.m.

Attachments to this Minutes

Attachment 1. Public Testimony June 18 from A. Gebin and M. Trenae
Attachment 2. Public Testimony May 14 from A. Gebin and M. Trenae
Attachment 3. SCMH Planning Retreat Draft of Goals and Immediate Action
Attachment 4. June 18, 2024 BHA Report from K. Merriam

Handouts

01_ AMENDED SCMH_061824 Public Notice and Agenda.pdf
02_SCMH Attendance Log SFY2023 June 2024.pdf
03_DRAFT SCMH Thank You Letter to Speakers (Governor Green).pdf
04_SCMH Legislative Tracking June 2024.pdf
05_SCMH - DVR-VRA Report 6.18.24.pdf

Attachments

Public Testimony June 18 from A. Grebin et al

Public Testimony May 14 from A. Grebin et al

SCMH Strategic Planning Retreat Goals to Action – June 18, 2024

SCMH DOH Report on BHA Divisions from K. Merriam- June, 18. 2024



Root & Rise Hawai'i

88-2615 Papalani Pl.

Captain Cook, HI 96704

June 15th, 2024

RE: Kona Paradise Club Reopen

Dear Hawai'i State Council on Mental Health,

We are writing to provide another testimony of the importance of the Kona Paradise Club (KPC) as an essential mental health resource for our community, which still remains closed since December 2023. We continue to witness the detrimental impact of this long-term, limited access to KPC on the health and well-being of many consumers, and have 55 signatures and statements from consumers, staff, family members of consumers, and community members urging the Department of Health - Adult Mental Health Division to take necessary steps to reopen KPC immediately.

As we shared in our previous testimony, the closure has left a significant gap in already limited resources for adults with mental health diagnoses, especially as the only psychosocial day program on the West side of Hawai'i Island. So many of these individuals suffer from isolation and stigma, compounded by the stressors of mental health symptoms. KPC provides a supportive, safe, and reliable environment to experience a sense of purpose and belonging. Without KPC, many are left with even fewer resources and supports.

Root & Rise Hawai'i, whose mission is to provide mental health support accessible to underserved populations in Hawai'i, continues to help fill the gap during KPC's closures through our Nature & Art as Therapy program, which offers therapeutic workshops and outings four to six times per month. We continue to not only call on AMHD to reopen the Club as soon as possible, but we also invite collaboration with all stakeholders to continue to offer and build programs to meet the needs of our community.

Please see the attached petition and signatures, and if you stand behind this call to action, please sign the petition at ipetitions.com/petition/kona-paradise-clubhouse-re-open-petition.

With gratitude,

Aliza Gebin & Mona Trenae


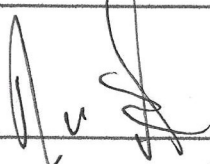


Co-founders, Root & Rise Hawai'i

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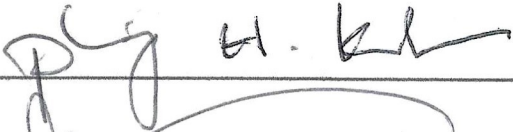


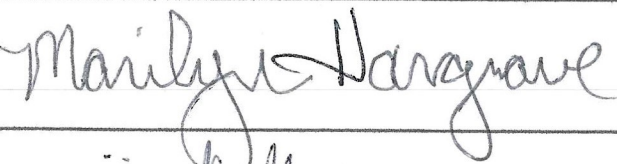
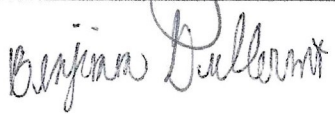
The Kona Paradise Club is an essential resource for psychosocial support in West Hawai'i. The closure has impacted the mental health and/or wellbeing of myself, someone I care about, and/or my consumers. I, the undersigned, kindly request that the Department of Health - Adult Mental Health Division take immediate action to reopen The Kona Paradise Club.

Name	Signature	Date
Maria G.		4/6/24
Kulson S.	Kevin A. Linn	4/6/24
Sara Melendez	Sara Melendez	4/6/24
Joseph Castoro		4-6-24
SAM Statter		4/6/24
Genesis Kepoo		4/06/24
CYNTHIA SMITH	Cynthia Smith	4/06/24
Sean JACOBS	Sean Jacobs	4/6/24

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Name	Signature	Date
Cathy Wong Yuen		4/6/2024
Derek Brown		4/6/24
Cynthia Smith		4-06-2024
Jennifer Abaya		4/6/24
Karey White		4-6-24
Ben Desmond		4-6-24
Emily Radisich		4/6/24
Sky Underhill	- Sky -	4.6.24

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Name	Signature	Date
Phillip Kahane		4/12/24
Wayne Sasaki		4/12/24
Thomas Rivlin		4-20-24
Marilyn Hargrave		4-20-24
Benjamin Guillermo		04-20-24

Signatures

1. Name: Aliza Gebin on 2024-04-15 05:54:09
Comments:

2. Name: Lester Gebin on 2024-04-15 06:02:34
Comments:

3. Name: Carlos Chavez Bugarin on 2024-04-15 06:27:16
Comments:

4. Name: Darlene on 2024-04-15 06:28:05
Comments:

5. Name: Chad Exzabe on 2024-04-15 06:33:05
Comments: Department of Health, AMHD Adult Mental Health Division's Kona Paradis Club is essential asset for our mental health community on the Big Islands West Side and Ka'u districts.

6. Name: Judyann Juario on 2024-04-15 06:33:13
Comments:

7. Name: Heidi Ilyavi on 2024-04-15 06:55:21
Comments:

8. Name: Kimi Palacio on 2024-04-15 07:01:24
Comments:

9. Name: Melody Khodabandeh on 2024-04-15 07:19:18
Comments:

10. Name: Karen on 2024-04-15 08:08:56
Comments:

11. Name: Chalida McCann on 2024-04-15 08:33:43
Comments:

12. Name: Susan O'Malley on 2024-04-15 10:49:16
Comments:

13. Name: Chauntelle on 2024-04-15 11:54:33
Comments: Reopen the clubhouse and support community health.

14. Name: Nicole Keys on 2024-04-15 18:12:38
Comments:
-
15. Name: Susan McGovern on 2024-04-15 19:04:54
Comments:
-
16. Name: Donald Fisher on 2024-04-15 19:18:49
Comments: Please reopen the Kona Paradise Club.
The West side of the island has so few resources. This affects us all.
-
17. Name: Claudia Hartz on 2024-04-15 19:56:28
Comments: Please re-open Kona Paradise Clubhouse.
-
18. Name: Nic Los Banos on 2024-04-15 20:16:34
Comments: Please support more mental health resources in the community!
-
19. Name: Loren on 2024-04-15 20:25:08
Comments:
-
20. Name: Diana Sanchez on 2024-04-15 20:56:38
Comments: Though my son has not yet been to the Clubhouse, he qualifies. The streets are where he went when unmedicated to find companionship. There he met predatory "friends" who took over his rented apartment and introduced him to dangerous drugs. Having options for socializing is not just for fun; for many with s.m.i., it is a survival tool. Please reinstate the Kona Paradise Clubhouse.
-
21. Name: Andi Pawasarat-Losalio on 2024-04-15 23:04:32
Comments: There is so much stigma attached to mental health. The Paradise Club helps makes it easier to get support and accessibility to resources , as well as a place to access peer support. When have so limited resources in our area., The Paradise Club fills a critical need in our community, please bring it back.
-
22. Name: Miho Morinoue on 2024-04-16 02:13:15
Comments: The Kona Paradise Club fills a critical need to support metal health, emotional well-being and neurodivergent population in our community, please bring it back!
-
23. Name: lillian zedalis on 2024-04-17 01:27:01
Comments: Reopen the Club House, mental health services are incomplete without it and puts those with mental illness at risk and further away from recovery.
-
24. Name: Marsha Hee on 2024-04-17 20:51:51
Comments: Aloha,
I am a family member of a loved one living with mental health conditions. The Kona

Paradise Club is a vital resource for many who benefit from its services. Its closure is a huge negative impact for many individuals who rely on it and must struggle now and each day to come without it operating. Please come to the table to work out its reopening soon. Sincerely, Marsha Hee - long time resident of Hawaii Island.

25. Name: Meetu Kelen on 2024-04-22 12:44:01
Comments: Please help us fight to re-open

26. Name: Leah Ross on 2024-04-24 21:09:48
Comments:

27. Name: Joan Kagawa on 2024-04-24 21:38:37
Comments: As a locum tenens psychiatrist who has worked with many clients of The Kona Paradise Club, I can attest to the fact that it provides a safe, friendly, structured environment and a community of support to people who would otherwise would be quite isolated. It serves a great need in the community and I strongly advocate for its reopening.

28. Name: April on 2024-04-25 01:25:25
Comments:

29. Name: Bug on 2024-04-25 09:58:58
Comments:

30. Name: Katrina Zavalney on 2024-04-25 18:22:19
Comments:

31. Name: Jana Ortiz-Misiaszek on 2024-04-26 17:55:50
Comments:

32. Name: Marcia Masters on 2024-05-01 18:34:59
Comments:

33. Name: Mona Trenae on 2024-05-14 19:07:18
Comments: The Club House has been unavailable for far too long! This is a great disservice to our already very underserved population! Please expedite opening to remedy this situation!

34. Name: Daniel Hanato on 2024-05-18 00:18:24
Comments: I like going to it

35. Name: Trudy Garrett on 2024-05-18 00:20:13
Comments:



Root & Rise Hawai'i

88-2615 Papalani Pl.

Captain Cook, HI 96704

May 9th, 2024

RE: Kona Paradise Club Reopen

Dear Hawai'i State Council on Mental Health,

We are writing to provide testimony of the importance of the Kona Paradise Club (KPC) as an essential mental health resource for our community. Since the pandemic, KPC has never fully re-opened, and since December 2023 it has been closed completely. Witnessing the impact of this long-term, limited access to KPC on the health and well-being of many consumers, we have put together a petition urging the Department of Health - Adult Mental Health Division to take necessary steps to reopen KPC immediately. So far, we have 53 signatures and statements from consumers, staff, family members of consumers, and community members.

As the only psychosocial day program on the West side of Hawai'i Island, the closure has left a significant gap in already limited resources for adults with mental health diagnoses. So many of these individuals suffer from isolation and stigma, compounded by the stressors of mental health symptoms. KPC provides a supportive, safe, and reliable environment to experience a sense of purpose and belonging. Without KPC, many are left with even fewer resources and supports.

Root & Rise Hawai'i, whose mission is to provide mental health support accessible to underserved populations in Hawai'i, has helped fill the gap during KPC's closures through our Nature & Art as Therapy program, which offers therapeutic nature- and art-based workshops several times per month. We not only call on AMHD to reopen the Club as soon as possible, but we also invite collaboration with all stakeholders to continue to offer and build programs to meet the needs of our community.

Please see the attached petition and signatures, and if you stand behind this call to action, please sign the petition at ipetitions.com/petition/kona-paradise-clubhouse-re-open-petition.

With gratitude,


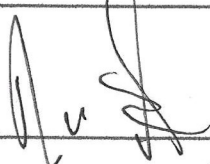


Aliza Gebin

Co-founder, Root & Rise Hawai'i
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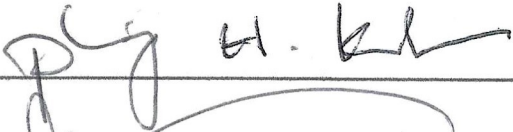


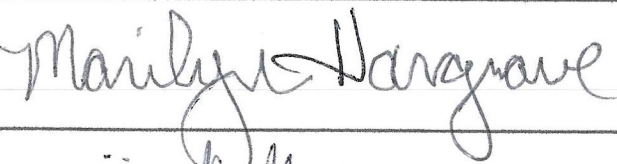

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Joseph Castoro		4-6-24
SAM Statter		4/6/24
Genesis Kepoo		4/06/24
CYNTHIA SMITH	Cynthia Smith	4/06/24
Sean JACOBS	Sean Jacobs	4/6/24

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Derek Brown	Derek Brown	4/6/24
Cynthia Smith	Cynthia Smith	4-06-2024
Jennifer Abaya	Jennifer Marie Abaya	4/6/24
Karey White	Karey White	4-6-24
Ben Desmond	Ben Desmond	4-6-24
Emily Radisich	Emily Radisich	4/6/24
Sky Underhill	- Sky -	4.6.24

The Kona Paradise Club is an essential resource for psychosocial support in West Hawai'i. The closure has impacted the mental health and/or wellbeing of myself, someone I care about, and/or my consumers. I, the undersigned, kindly request that the Department of Health - Adult Mental Health Division take immediate action to reopen The Kona Paradise Club.

Name	Signature	Date
Phillip Kahane		4/12/24
Wayne Sasaki		4/12/24
Thomas Rivlin		4-20-24
Marilyn Hargrave		4-20-24
Benjamin Guillermo		04-20-24

Signatures

1. Name: Aliza Gebin on 2024-04-15 05:54:09
Comments:

2. Name: Lester Gebin on 2024-04-15 06:02:34
Comments:

3. Name: Carlos Chavez Bugarin on 2024-04-15 06:27:16
Comments:

4. Name: Darlene on 2024-04-15 06:28:05
Comments:

5. Name: Chad Exzabe on 2024-04-15 06:33:05
Comments: Department of Health, AMHD Adult Mental Health Division's Kona Paradis Club is essential asset for our mental health community on the Big Islands West Side and Ka'u districts.

6. Name: Judyann Juario on 2024-04-15 06:33:13
Comments:

7. Name: Heidi Ilyavi on 2024-04-15 06:55:21
Comments:

8. Name: Kimi Palacio on 2024-04-15 07:01:24
Comments:

9. Name: Melody Khodabandeh on 2024-04-15 07:19:18
Comments:

10. Name: Karen on 2024-04-15 08:08:56
Comments:

11. Name: Chalida McCann on 2024-04-15 08:33:43
Comments:

12. Name: Susan O'Malley on 2024-04-15 10:49:16
Comments:

13. Name: Chauntelle on 2024-04-15 11:54:33
Comments: Reopen the clubhouse and support community health.

14. Name: Nicole Keys on 2024-04-15 18:12:38
Comments:
-
15. Name: Susan McGovern on 2024-04-15 19:04:54
Comments:
-
16. Name: Donald Fisher on 2024-04-15 19:18:49
Comments: Please reopen the Kona Paradise Club.
The West side of the island has so few resources. This affects us all.
-
17. Name: Claudia Hartz on 2024-04-15 19:56:28
Comments: Please re-open Kona Paradise Clubhouse.
-
18. Name: Nic Los Banos on 2024-04-15 20:16:34
Comments: Please support more mental health resources in the community!
-
19. Name: Loren on 2024-04-15 20:25:08
Comments:
-
20. Name: Diana Sanchez on 2024-04-15 20:56:38
Comments: Though my son has not yet been to the Clubhouse, he qualifies. The streets are where he went when unmedicated to find companionship. There he met predatory "friends" who took over his rented apartment and introduced him to dangerous drugs. Having options for socializing is not just for fun; for many with s.m.i., it is a survival tool. Please reinstate the Kona Paradise Clubhouse.
-
21. Name: Andi Pawasarat-Losalio on 2024-04-15 23:04:32
Comments: There is so much stigma attached to mental health. The Paradise Club helps makes it easier to get support and accessibility to resources , as well as a place to access peer support. When have so limited resources in our area., The Paradise Club fills a critical need in our community, please bring it back.
-
22. Name: Miho Morinoue on 2024-04-16 02:13:15
Comments: The Kona Paradise Club fills a critical need to support metal health, emotional well-being and neurodivergent population in our community, please bring it back!
-
23. Name: lillian zedalis on 2024-04-17 01:27:01
Comments: Reopen the Club House, mental health services are incomplete without it and puts those with mental illness at risk and further away from recovery.
-
24. Name: Marsha Hee on 2024-04-17 20:51:51
Comments: Aloha,
I am a family member of a loved one living with mental health conditions. The Kona

Paradise Club is a vital resource for many who benefit from its services. Its closure is a huge negative impact for many individuals who rely on it and must struggle now and each day to come without it operating. Please come to the table to work out its reopening soon. Sincerely, Marsha Hee - long time resident of Hawaii Island.

25. Name: Meetu Kelen on 2024-04-22 12:44:01
Comments: Please help us fight to re-open

26. Name: Leah Ross on 2024-04-24 21:09:48
Comments:

27. Name: Joan Kagawa on 2024-04-24 21:38:37
Comments: As a locum tenens psychiatrist who has worked with many clients of The Kona Paradise Club, I can attest to the fact that it provides a safe, friendly, structured environment and a community of support to people who would otherwise would be quite isolated. It serves a great need in the community and I strongly advocate for its reopening.

28. Name: April on 2024-04-25 01:25:25
Comments:

29. Name: Bug on 2024-04-25 09:58:58
Comments:

30. Name: Katrina Zavalney on 2024-04-25 18:22:19
Comments:

31. Name: Jana Ortiz-Misiaszek on 2024-04-26 17:55:50
Comments:

32. Name: Marcia Masters on 2024-05-01 18:34:59
Comments:

Draft with June 18 Discussion Update

State Council on Mental Health Strategic Planning Retreat
May 14, 2024

Members Present on May 14: Katherine Aumer, Kathleen Merriam, John Betlach, Mary Pat Waterhouse, Lea Dias, Jackie Jackson, Heidi Ilyavi, Richard Ries, Kristin Will

Members Excused: Ray Rice, Naomi Crozier, Jon Fujii, Eileen Lau-James, Jean Okudara, Fern Yoshida, Maria Tsuji (ex-officio)

Guests and Staff: Keli Acquaro, Forrest Wells, Christine Montague-Hicks (incoming member), Valerie Yin, Jocelyn Nazareno, Carolyn Weygan-Hildebrand

Facilitator: Peter Adler

	Three Year Goal	One Year Objectives	Immediate Actions
#1	Increase Council's effectiveness.	1. Expand council voices and views. ¹ 2. Improve onboarding process.	Targeted outreach to: -Corrections -Youth -Kupuna -Native Hawaiians -LGBTQ -First responders <u>June 18 discussion</u> Summary of Action/Measurable Tasks:

¹ Discussion and decisions: Seats on the council? Liaisons? Advisors for an advisory board?

			<p>Volunteers will reach out as follows:</p> <ol style="list-style-type: none"> 1. Youth – Christine Montague-Hicks, M.P. Waterhouse 2. Kupuna- M.P. Waterhouse, J. Betlach 3. Native Hawaiians, LGBTQ++ - Forrest Wells 4. First responders, corrections – J. Betlach, C. Weygan-Hildebrand and V. Yin <p>C. Weygan-Hildebrand will provide brief introductory material on the Council (e-mail or brochure)</p> <p>R. Ries pointed out to think of kupuna not only in age but ‘kupuna’ in the Hawaiian sense.</p>
#2	Improve equity in access to care.	1. Develop an improved plan for the delivery of MH services in rural areas.	<p><u>June 18 Discussion</u></p> <p>Summary of Action/Measurable Tasks:</p> <p>Council to create an action committee that will figure out the action steps that need to be taken and areas to concentrate on.</p> <p><u>Idea from May 14 which the committee may or may not prioritize/include for action</u></p> <p>Reach out to federally qualified health services.</p> <p>Meet with DOE to discuss.</p> <p>Plan stronger telehealth capabilities with DOH and explore possible legislation.</p>

#3	Create a more complete "map" of statewide MH challenges and resources.	<p>1. Compose an updatable resource directory of services that can be accessed and displays the full life cycle dimensions ("keiki to kupuna")</p> <p>2. Study and then decide on what key (and minimal and updatable) data sets are needed to visually display MH in Hawaii.²</p> <p>3. Review and where possible upgrade website and social media presence.</p>	<p>June 18 discussion: Create a more complete map of statewide mental health challenges and resources. -work with Mental Health of America Hawaii for an updatable resource directory of services for Keiki to kupuna. -work to include what will be helpful to each island/county</p> <p>-Action committee to be created include the following, but not limited to, as members: C. Weygan-Hildeband and V. Yin (staff) M. P. Waterhouse* J. Betlach K. Merriam</p> <p>*M.P. Waterhouse disclosed that she is in the MHAH board. -State Council allotted funds will be tapped to help in the production of said resource.</p> <p><u>Idea from May 14 which the committee may or may not prioritize/include for action</u></p> <p>-Explore possible private and public sources of funding for sustaining effort.</p>
#4	Attack workforce development challenges.	<p>Determine ways higher pay rates for service providers may be achieved by analyzing</p> <ul style="list-style-type: none"> - Pathways and Glidepaths - DHRD recruitment - Rate studies - DOH salaries 	<p>June 18 discussion: Summary of Action/Measurable Tasks: Council to create an action committee that will figure out the action steps that need to be taken and areas to concentrate on. The following were recommended or agreed to be part of this:</p> <ul style="list-style-type: none"> • H. Ilyavi • J. Fujii

² May want to consider what data is needed for a dashboard.

		<p>Monitor implementation of HB1830 (provisional licensing)</p> <p>Formally analyze the current barriers to reimbursement</p>	<p>-This committee will work with relevant constituents/stakeholders like the different professional organizations (APA, ASW)</p> <p><u>Idea from May 14 which the committee may or may not prioritize/include for action</u></p> <p>-Possibly - conduct focused council meetings with invited experts to offer ideas for consideration.</p>
#5	<p>Improve comprehensive care coordination.</p>	<p>Identify new funding sources for group homes.</p> <p>Meet with insurance providers to review the different parts of the care coordination system (its dimensions, services, and providers) to discuss reimbursement policies.</p>	<p>June 18 discussion:</p> <p>Summary of Action/Measurable Tasks:</p> <p>Council to create an action committee that will figure out the action steps that need to be taken and areas to concentrate on. The following were recommended or agreed to be part of this:</p> <ul style="list-style-type: none"> • H. Ilyavi • M.P. Waterhouse • K. Merriam • J. Fujii <p>In covering Goals 4 and 5, the chosen priorities/action areas may lead to the merging of Goals #4 and #5.</p> <p><u>Idea from May 14 which the committee may or may not prioritize/include for action:</u></p> <p>-Appoint a subgroup to look into this.</p> <p>-Set up council meetings with invited insurers.</p>



State Mental Health Council

DOH Report – 06/18/24

Alcohol & Drug Abuse Division

- For SFY2023, our service providers admitted over 3,300 adult and 1,180 adolescents to residential, outpatient, day treatment and therapeutic living programs
- For SY2023, our prevention providers served about 643,000 children, youth, and adults directly and indirectly through individual-based and population-based prevention programs, strategies, and activities
- Formed an opioid settlement program in late 2022 to work with the counties and commence opioid remediation activities per a settlement MOA between the state and the counties, and to address the needs of those with opioid use disorders
- Greatest Strength of the Division staff who are willing to collaborate with community partners to reduce and address substance use
- Greatest Challenge for the Division filling our vacancies before the end of 2024, and staying within budget, given our many projects for SFY2025

Adult Mental Health Division

Basic data related to number of consumers served

- SFY 2023 Hawaii State Hospital Census (Patients served) = 454
- SFY 2023 Community Mental Health Center Census (Consumers served) = 4,272
- SFY 2023 Contracted Purchase of Service (Private Providers) Census (Consumers served) = 4,848
- SFY 2023 Hawaii CARES Crisis Calls (Number of calls) 112,699
 - If excluding 988 calls: 94,894

AMHD opened the Behavioral Health Crisis Center in March. Since opening it has had about 155 admissions with most referrals from crisis mobile outreach and the community/walk-ins.

AMHD also re-opened the Kauhale Lahilahi, The Makaha Clubhouse, a psychosocial rehabilitation program. It had been closed for repairs and renovations. Since re-opening the Makaha Clubhouse was recognized by their Neighborhood Board.

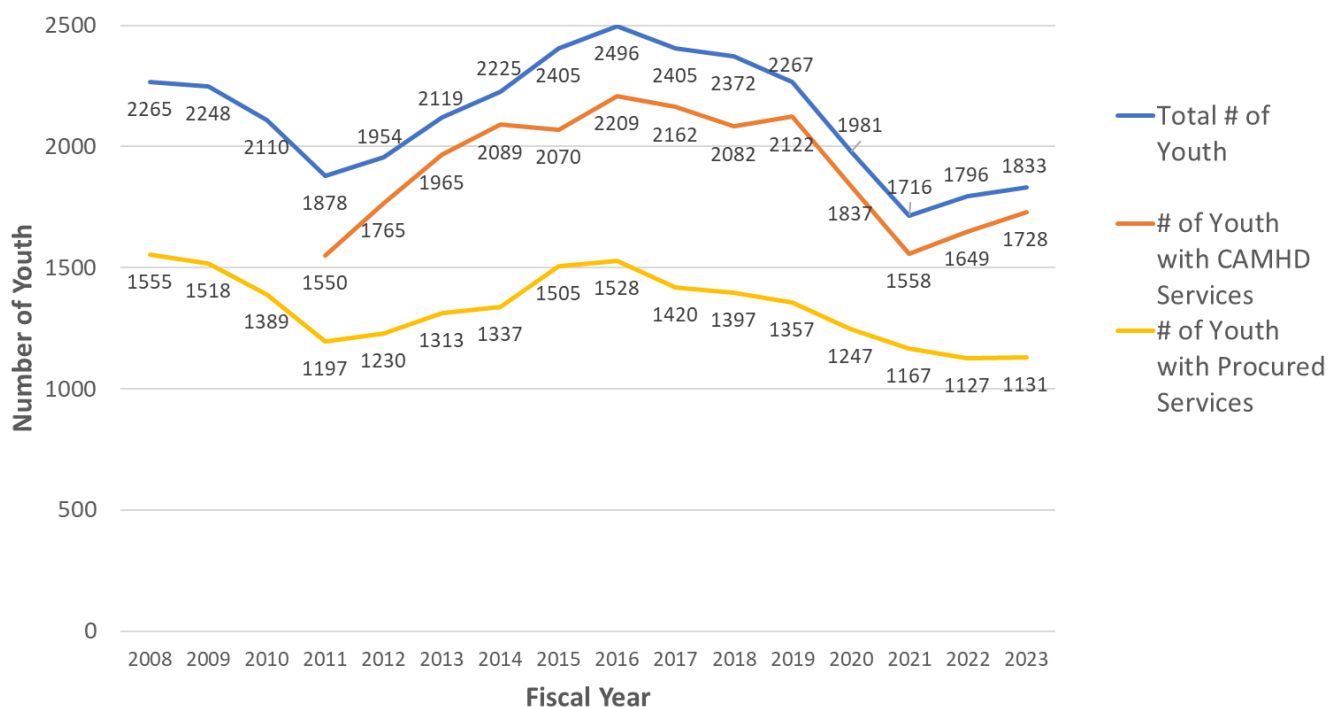
Following the Maui fires, AMHD opened two Comprehensive Community Behavioral Health Clinics on Maui – Lahaina and Kahului. These clinics differ from the traditional Community Mental Health Clinics in that they serve anyone who requests care for mental health regardless of their ability to pay, regardless of residence and regardless of age (children, adolescents, and adults). In addition, AMHD was able to secure federal funding to support the mental health needs of Maui fire survivors through the Crisis Counseling Program (CCP) and a Maui warm line (Malu I Ka Ulu 808-446-6676). The DOH Behavioral Health Administration also received significant federal funding for the SAMHSA Emergency Response Grant (SERG) which provides mental health resources to support resiliency in the Maui community.

This legislative session, AMHD received support for the Behavioral Health Crisis Center, four new group homes as well as more psychologists to do court ordered evaluations. These needed resources will promote more through-put in the continuum of care.

AMHD has started a major project to upgrade its electronic medical records system. The upgrade should provide efficiency, improve coordination, and facilitate more communication with external agencies.

Child & Adolescent Mental Health Division

CAMHD's census is still below pre-pandemic numbers. Even though census is slowly going up, youth with procured (POS contracted) services is flat, likely due to shortages in our behavioral health workforce.



- Crisis Services Expansion – last legislative session, a bill was passed that appropriated funds to CAMHD to pilot an expansion of crisis services at two sites. The pilot will begin in July 2024 and will provide up to 8 weeks of therapy and follow up post-crisis. The two pilot sites are Oahu and Big Island.
- This legislative session, CAMHD received an appropriation to provide rate increases to our POS providers. Those rate increases will be in the new contracts that begin 12/28/24.
- CAMHD applied for a SAMHSA System of Care grant and will find out in the Fall if it has been awarded.
- A Hawaii team of child-serving agencies, including CAMHD, was selected to participate in the National Governor's Association Policy Academy on youth mental health. The project runs through 2024 and will result in a "playbook" for Hawaii's system.

Greatest strength – As a result of our last System of Care grant called Data To Wisdom (“D2W”), CAMHD is able to make data informed decision making at both the client and system levels.

Greatest challenge – diminished behavioral health workforce. We hope to address this through a combination of rate increases, loan forgiveness, partnerships with local universities, and increasingly looking to folks with lived experience as a resource.

Developmental Disabilities Division

- DOH Developmental Disabilities Division (DDD) Administrator Mary Brogan, along with Outcomes and Compliance Branch Chief, Tracey Comeaux and Outcomes Section Supervisor, Carol Batangan-Rivera, attended the 2024 National Association of State Directors of Developmental Disabilities Services (NASDDDS) Conference in Washington, DC from June 12-14, 2024. NASDDDS (pronounced Naz-Dee) is a national nonprofit organization, established in 1964, whose mission is to improve and expand public services, and to assist member state agencies to build person-centered and culturally and linguistically appropriate systems of services and supports for individuals with intellectual and developmental disabilities and their families and guardians.
- DDD anticipates changes to the federal access rule will have a significant impact on the way home and community-based services for individuals with intellectual and developmental disabilities are provided. Implementation of these changes will occur over several years. In summary, the changes intend to increase access and equitable treatment and to remove barriers for individuals with disabilities under Title II of the Americans with Disabilities Act (ADA). Hawaii will need to update existing systems such as Waiver services coordinated by the DOH Developmental Disabilities Division, Department of Human Services Temporary Assistance for Needy Families and Supplemental Nutrition Assistance Program, foster care, Medicare and other federally funded services.
- DDD services approximately 3,700 participants statewide. Participants may receive a variety of Medicaid Waiver 1915(c) home and community-based services and/or Consumer Directed Services (CDS) as identified in their Individual Service Plan. DDD Case Managers coordinate services and supports based on the participants’ unique needs.
- When an individual needs co-coordinated services, for example, an individual is diagnosed with a mental health and an intellectual or developmental disability, they may need assistance from staff in both specialty fields, mental health and developmental disabilities. Whether youth or adult, DDD collaborates with other service providers to assist with linking the individual to appropriate services and supports.
- The best way to learn more about DDD is to visit the DDD website. Here is the link to the DDD Applying for Services Intake Booklet which provides background service information, information about eligibility, and contact information for the intake office. <https://health.hawaii.gov/ddd/files/2018/01/DDD-Intake-Booklet.pdf>