

For November 10, 2020,
there are TWO sets of meeting minutes included in this attachment:

SET 1: Council Business Meeting
8:30 a.m. – 9:00 a.m.

SET 2: Council Retreat
9:00 a.m. – 1:00 p.m.

SET 1: Council Business Meeting
8:30 a.m. – 9:00 a.m.

STATE COUNCIL ON MENTAL HEALTH (SCMH)
 Behavioral Health Administration
 Department of Health, State of Hawaii

Virtual Meeting via Zoom
 November 10, 2020
 8:30 a.m. – 9:00 a.m.

Members Present: **Aumer, Katherine; Beninato, Antonino; Crozier, Charleen “Naomi”; Dang, Cynthia “Cindi”; Ilyavi, Heidi; Knightsbridge, Christopher; Koyanagi, Dina; Lau-James, Eileen; Martinez, Beatrice “Kau’i”; Matayoshi, Carol; Nagao, Lani; Pascual-Kestner, Rusnell “Rus”; Reed, Tara; Ries, Richard; Shimabukuro, Scott**

Members Absent: **Fujii, John**

Members Excused:

Guests Present:

DOH Staff Present: **Haitsuka, Stacy; Nazareno, Jocelyn; Pavao, Steven**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
I. Call to Order	Chair R. Ries called the meeting to order at 8:37 a.m. Members and guests introduced themselves. The following definition of quorum was added to the agenda: Pursuant to Act 137-18 (SB 203) , Chapter 92, Hawaii Revised Statutes: “(f) A quorum for purposes of doing business shall consist of a majority of the members serving on the council immediately before a meeting begins. (g) if a quorum is present when a vote is taken, the affirmative vote of a majority of members present shall constitute a valid act of the council unless this chapter, part I of chapter 92, the articles of incorporation, or the bylaws require a greater number of affirmative votes.”	For information only.		

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	<p>For example, if only 16 of the entitled 21 members are appointed, only 9 members would be necessary to establish a quorum and if only 9 members are present, the affirmative vote of only 5 members is needed to validate a council action.</p> <p>Quorum was established.</p>			
<p>II. Meeting Announcements</p>	<p>R. Ries shared the following announcements:</p> <ul style="list-style-type: none"> • The SCMH continues to do its part to Stop the Spread of COVID-19 by holding its meetings virtually for the time being. Handouts are distributed electronically a week before the meeting. • To use our time efficiently during today’s meeting, he asked Council members and guests to follow the following basic virtual Council meeting courtesies: <ul style="list-style-type: none"> ○ Please address any comments or questions during the meeting to him. ○ Members and guests may raise their “hand” virtually, type into the chat box, or orally interject during the meeting to get his attention. ○ Please wait to be acknowledged before speaking. This will help to keep the meeting organized and the audio clear for minute taking purposes. • In general, only Council members are allowed to speak during the meeting, unless speaking as a presenter or sharing information during the Community Input section of the agenda. He will do his best to include and acknowledge guests when appropriate. • For Council members who need to take a break and step away from the meeting, please notify him before leaving as the Council needs to keep track of when Council members leave and return to verify quorum. • If at any time a Council member has an issue with the meeting connection, please consider closing your Internet browser and rejoining the meeting by re-clicking on the Zoom link or joining by phone as an alternate option. 	<p>For information only.</p>		

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	<ul style="list-style-type: none"> If not speaking, please place yourself on mute. This will help with the feedback noise and will allow for everyone to hear speaker. <p>R. Ries stated this meeting will end at 9:00 a.m. and the Council's Retreat will begin at that time.</p> <ul style="list-style-type: none"> Of the 16 Council members, there are 15 members who submitted their pre-Retreat questionnaire responses and all 15 indicated they will attend today's Retreat. Retreat materials and supplies were sent in the mail. 			
III. Consideration and Approval of Minutes <ul style="list-style-type: none"> October 13, 2020 	<p>The draft minutes for the October 13, 2020 meeting were reviewed and amended as follows:</p> <ul style="list-style-type: none"> Page 10, HSAB, 2nd bullet Should be: Community Oriented Correctional Health Services. <p>C. Knightsbridge made a motion for the minutes from the October 13, 2020 meeting be approved. C. Matayoshi seconded the motion.</p>	<p>Finalize minutes as drafted.</p> <p>Motion passed unanimously.</p>	S. Haituka	11/17/20
IV. Community Input	<p>Pursuant to section 92-3, Hawaii Revised Statutes, community members will have three (3) minutes to speak during this time.</p> <p>[No community input was received.]</p>			
V. Summary of PIG and Council Member Reports with Action Items Carried Forward to the December 8, 2020 Meeting	<p>R. Ries stated that due to today's shortened Council meeting, the regular meeting agenda has been modified. In the interest of time, he gave a summary of the action items that will be carried forward to the December meeting and asked members shared updates, if applicable.</p> <p><u>PIG Reports</u></p> <ul style="list-style-type: none"> Website, Social Media and Advocacy PIG <ul style="list-style-type: none"> C. Knightsbridge will schedule a Zoom meeting with other PIG members to identify possible PIG goals and objectives 	Request to schedule PIG meeting	C. Knightsbridge	12/1/20

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	<p>and propose recommendations for PIG action steps for the Council to consider and vote on.</p> <ul style="list-style-type: none"> ○ C. Knightsbridge will draft a letter to the DOH strongly encouraging that they explore the contact tracing app, create an app, and consider participating in the contact tracing program with 14 other states. <ul style="list-style-type: none"> ● Legislative PIG <ul style="list-style-type: none"> ○ Pending notification from C. Dang regarding the legislative training. The Council is looking to have this training at our December meeting. ○ Council members who have questions regarding the legislative process should submit their questions to S. Haitsuka. She will forward all questions to C. Dang so that they can be reviewed prior to the legislative training. ● Retreat PIG <ul style="list-style-type: none"> ○ Invitation letters for guest speakers were sent to R. Ries and he approved them. They were sent to Lt. Governor Josh Green and Deputy Director Mersereau a couple weeks ago. A copy of the letters are included in the handouts. <ul style="list-style-type: none"> ▪ Mr. Mersereau is tentatively scheduled to attend our December meeting. S. Haitsuka will coordinate with his secretary for his attendance. ▪ Lt. Governor Green’s staff will respond to our request within two to four weeks so we can anticipate a response before Thanksgiving. <p><u>Service Area Board (SAB) Reports</u></p> <ul style="list-style-type: none"> ● There was a question last month regarding the due date for the Comprehensive Service Area Plans (CISAP) and budgets. <ul style="list-style-type: none"> ○ In checking the Hawaii Revised Statutes (HRS) for the SABs and the Council, the law does not list a specific date; 	<p>Draft letter to share with December meeting handouts.</p> <p>Confirm training with S. Haitsuka.</p> <p>Submit questions to S. Haitsuka</p> <p>Confirm approximate time during the December agenda.</p> <p>Confirm status of invitation to Lt. Governor Green.</p> <p>Send a copy of the</p>	<p>C. Knightsbridge</p> <p>C. Dang</p> <p>Council Members</p> <p>S. Haitsuka</p> <p>S. Haitsuka</p> <p>C. Matayoshi</p>	<p>12/1/20</p> <p>12/1/20</p> <p>12/4/20</p> <p>12/1/20</p> <p>12/4/20</p> <p>12/1/20</p>

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	<p>however, timely completion of each County CISAP does aide the Council in its ability to review the County level plans and budgets, and to identify resources, needs and programs that affect two or more County service areas, as is the Council’s responsibility per state law.</p> <ul style="list-style-type: none"> ○ The Council uses the CISAPs to assist with advising the DOH of the Council’s findings and as a in our Statewide Comprehensive Integrated Service Area Plan. ○ Council members may review the member orientation materials. S. Haitsuka provided instructions for electronically accessing the member orientation materials. ○ R. Ries recognized the Maui SAB for their work on the Maui CISAP. The Council will hear about Maui’s CISAP from T. Reed at our December meeting. <p><u>State Agency Reports</u></p> <ul style="list-style-type: none"> ● Hawaii Public Housing Authority (HPHA) <ul style="list-style-type: none"> ○ HPHA opened its Section 8 Waiting List from 10/29/20 to 11/2/20. While not frequently opened, it’s encouraging to see it open for a short time, despite operational challenges during the COVID-19 pandemic. CARES Act funding was used. Applicants must have an existing lease and a landlord willing to accept the housing voucher. ● DOH Child Adolescent Mental Health Division (CAMHD) <ul style="list-style-type: none"> ○ Not discussed. ● DHS MedQUEST Division Medicaid Program <ul style="list-style-type: none"> ○ Not discussed. ● DHS Child Welfare Services (CWS) <ul style="list-style-type: none"> ○ Not discussed. ● DHS Division of Vocational Rehabilitation (DVR) <ul style="list-style-type: none"> ○ Not discussed. 	<p>outdated AMHD Policy and Procedure that references the CISAP to S. Haitsuka.</p> <p>Review member orientation materials.</p> <p>Present Maui CISAP at the December meeting.</p>	<p>Council Members</p> <p>T. Reed</p>	<p>12/7/20</p> <p>12/8/20</p>

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	<p><u>Specialty Area Reports</u></p> <ul style="list-style-type: none"> • Hawaii Advisory Committee on Drug Abuse and Controlled Substances (HACDACS) <ul style="list-style-type: none"> ○ Not discussed. • Mental Health Providers <ul style="list-style-type: none"> ○ Not discussed. • Parents and Family Members of Mental Health Recipients <ul style="list-style-type: none"> ○ Not discussed. • Student/Youth Advocate <ul style="list-style-type: none"> ○ Not discussed. • Consumer Advocates <ul style="list-style-type: none"> ○ Not discussed. <p>R. Ries acknowledged that L. Nagao requested to discuss the Office of the National Coordinator for Health Information Technology (ONC) Cures Act at the December meeting. Information about the ONC Cures Act is explained in the handout.</p> <ul style="list-style-type: none"> • Council members were encouraged do research via their area of representation and through provider contacts identify how this Act will be integrated and what ways the providers plan to support the “app economy” mentioned in the handout. 	Review handout and prepare to discuss at the December meeting.	Council Members	12/7/20
VI. Adjournment	The meeting was adjourned at 9:05 a.m.	For information only.		
Electronic Mail Outs	<p>The following handouts were e-mailed to SCMh members and individuals on the SCMh e-mail distribution list:</p> <p>E-mail with Handouts (total of 7 handouts)</p> <ol style="list-style-type: none"> 1. November 2020 Meeting – Agenda (Business Meeting) 	For information only.		

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	<ul style="list-style-type: none"> 2. November 2020 Meeting – Agenda (Council Retreat) 3. October 2020 – Draft Minutes 4. November 2020 Meeting – FY21 Attendance Log 5. November 2020 Meeting – Act 137-18 (SB203) SCMH Quorum 6. November 2020 Meeting – PIG, Retreat Guest Speaker Invitation Lt. Governor Green 7. November 2020 Meeting – PIG, Retreat Guest Speaker Invitation DOH DD BHA E. Mersereau 8. December 2020 Meeting – Office of the National Coordinator for Health Information Technology (ONC) Cures Act Final Rule. 			

SET 2: Council Retreat
9:00 a.m. – 1:00 p.m.

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Members Absent: **Fujii, John**

Members Excused:

Guests Present: **Oliver, Karen (Facilitator)**

DOH Staff Present: **Haitsuka, Stacy; Nazareno, Jocelyn; Pavao, Steven**

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I. Opening Remarks	Chair R. Ries called the meeting to order at 9:05 a.m. He introduced Dr. Karen A. Oliver as the Council’s Retreat Facilitator. <ul style="list-style-type: none"> • Dr. Oliver is an experienced epidemiologist and former program officer and former Chief of Clinical Epidemiology and Quality and Outcomes Programs at the Nation Institute of Mental Health • She previously worked at the Veterans Administration as a Research Health Scientist where she extensively worked on national primary care and mental health integration and telehealth implementation. • She has also worked on benefits consulting, evaluating Maryland’s Medicaid waiver design and their Department of Mental Hygiene. • She has served as an institutional review board member with the University of Wisconsin. • She is trained and published in implementation facilitation, systems 	For information only.		

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	<p>redesign and process improvement. Her areas of expertise include quality improvement, implementation science and facilitation in public and private sectors, primarily for mental health and substance use disorders.</p> <ul style="list-style-type: none"> • She is an Advanced Implementation Specialist for the Opioid Response Network technical assistance grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) and is a Board Member of the National Institute on Drug Abuse Clinical Trials Network grant which focuses on medications to treat opioid use disorder within American Indian and Alaska Native populations. • She earned her bachelor’s degree from Princeton University in Biology and Science in Human Affairs and her Ph.D. from Yale University in Epidemiology and Public Health. 			
<p>II. Welcome and Introductions</p>	<p>K. Oliver greeted the Council and thanked Council for the warm welcome.</p> <p><u>Getting to Know Each Other Exercise</u> Attendees shared their lived experience and/or expertise with regards to mental health and shared their favorite musician/band.</p> <ul style="list-style-type: none"> • K. Oliver Experience: Grew up in a rural area in Vermont on the Canadian border; mom was a public health nurse and dad was a teacher; experience in rural health care; started career on the East Coast, then in the mid-West in Wisconsin before moving to Seattle where she is now based; has family members with mental illness. Musician/band: Bruce Springsteen. • A. Beninato Experience: Oahu; young individual’s perspective with a varied background; worked with many types of individuals. Musician/band: Jazz; Strip club to Classical; Herbie Hancock. • K. Aumer Experience: Oahu/Honolulu; Family/friends with mental illness/ substance abuse; Ph.D. in psychology; employed as a professor. Musician/band: Nirvana; Jazz; Miles Davis 			

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	<ul style="list-style-type: none"> • N. Crozier Experience: Maui; Person in recovery sharing her experience; has worked for Mental Health Kokua for 10+ years as a case manager. Musician/band: Yo-Yo Ma; Led Zeppelin • C. Dang Experience: Oahu; Expertise is working with domestic violence survivors and individuals who have experienced trauma. Musician/band: Ed Sheeran; Led Zeppelin • H. Ilyavi Experience: Big Island; Background in working with people who live with mental illness and substance abuse; Currently working with parents of youth receiving mental health and substance abuse services through Child and Family Services. Musician/band: Harry Connick, Jr.; Jazz from Chicago • D. Koyanagi Experience: Oahu; Worked at Child Welfare Services (CWS) and Child Protective Services (CPS) for 30+ years. Musician/band: 80s Rock music • C. Knightsbridge Experience: Oahu/Manoa Valley/Honolulu; a consumer of mental health services; Family members with mental health and substance abuse issues; brings his authentic experience to the Council. Musician/band: LMFAO • E. Lau-James Experience: Oahu/Kapahulu/Waikiki area; Husband lives with mental illness and substance abuse issues; Friends with mental illness and substance abuse issues; owns a veterinarian hospital and cat clinic. Musician/band: Amuse; The Cure • K. Martinez Experience: Oahu/Kaneohe; 27 years with state government in Hawaii Housing Authority (HHA) now known as Hawaii Public Housing Authority (HPHA) and with the Department of Health, Adult Mental Health Division (AMHD); areas of work experience include homelessness, public housing and community mental health services 			

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	<p>and supports. Musician/band: Country music; George Straight; Nora Jones</p> <ul style="list-style-type: none"> • C. Matayoshi Experience: Big Island/Hilo; Friends who live with mental illness and substance abuse issues; worked for 25+ years with homeless, mental ill/substance abuse (MI/SA) and justice involved populations. Musician/band: Adam Lambert; Queen • L. Nagao Experience: Kauai; Represents Kauai and Lanai on the Council; advocate for collaboration and for Neighbor Islands having a voice in conversations; has family members who live with mental health and substance use disorders; experienced gaps in services on the Neighbor Islands and challenges for accessing care off island; worked in substance use disorder (SUD) treatment for the past 10 years; involved in rural health organizations for Hawaii/Kauai. Musician/band: Classical; Country; Likes to free dance to music; Uses music in her work • R. Pascual-Kestner Experience: Oahu/Waikiki/Honolulu; Certified vocational rehabilitation counselor for 15 years; family members who live with mental health issues; family members who are psychiatric nurses. Musician/band: Eclectic variety; Chicago; Eagles; Lady Gaga (has friends on tour with her; Jazz music (nephew attends Berklee College of Music); YouTube music • T. Reed Experience: Maui; Graduated from UH Manoa with a degree in social work; Working on her graduate degree in Forensic Psychology; is a survivor of “the system”; motivated to change “the system” Musician/band: Tool and Maynard James Keenan • R. Ries Experience: Oahu/Chinatown/Honolulu; As a young boy, lived in a suburban area at the south end of Chicago; parents were hippies; dad was a psychologist; recalls a time when a teenager with a history of being abused by their father moving into his family’s garage; recalls 			

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	<p>taking long walks in the woods with a man who believed he was Jesus Christ (looked/sounded like it); even at a young age and being exposed to different people, he realized people are beautiful. From age 7, he grew up in NYC; At age 15, was briefly homeless and taken in by an immigrant Salvadorian family who barely spoke English; he lived in their basement; the uncle in that family had a mental illness; By age 19, he worked in hospice helping with physical care needs for the terminally ill; Now, a clinical psychologist with expertise in in-depth psychotherapy, not just symptom reduction; is a trauma and hospice psychotherapist serving adults and child/adolescents.</p> <p>Musician/band: He is a professional percussionist; has played at the Blue Note, Hard Rock Café, Jazz Minds, and other night clubs; Little Dragon (met and kissed the lead singer!)</p> <ul style="list-style-type: none"> • S. Shimabukuro Experience: Honolulu; Public mental health; clinical psychology board certified in family psychology Musician/band: Pat Metheny • S. Haituka Experience: Oahu/Kaneohe/Mililani/Pearl City/Honolulu; Supporting the Council's efforts to address Hawaii's mental health system Musician/band: Adds songs to Pandora; Hawaiian; cover bands; Jazz • J. Nazareno Experience: Oahu/Pearl City; Supporting AMHD and the Council Musician/band: 80s music 			
III. Retreat Orientation	<p>K. Oliver reviewed the Retreat agenda and acknowledged the Council's diverse areas of representation and background.</p> <p>She confirmed Council members received their Retreat Box of materials and supplies. She encouraged members to be creative with using supplies during the Retreat. Snacking is okay during the Retreat when not speaking.</p> <p>She thanked Council members for submitting pre-Retreat questionnaire responses which helped her to prepare Retreat activities.</p>			

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IV. Goals and Objectives of Strategic Planning	<p>K. Oliver summarized the goals and objectives of strategic planning.</p> <ul style="list-style-type: none"> • Strategic planning is a dedicated time to pause and look at ways that the Council can be less reactive and more active; • It's an opportunity for the Council to identify what it would like to do, whether little or big, that might increase its efficiency and action; • An opportunity for the Council to influence their environment; and • The Council's Strategic Plan provides a clear direction with action steps and measurable objectives for the Council to use as it works towards achieving the goals identified in the plan. <div data-bbox="562 574 1167 959" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center; background-color: #0070C0; color: white; padding: 5px;">Agenda: 1) Strategic Planning</p> <ul style="list-style-type: none"> * Tool to change mode of operating from less reactive to more active * Anticipate, plan and create the future * Clear direction to maximize options to influence your environment <p style="font-size: small; margin-top: 5px;">* Reference: C4 Innovations Building Infrastructure and Sustainability: A Training Institute for Peer-Run/Recovery Community Organizations</p> </div> <p>She added that strategic planning involves visualizing where the Council wants to be and considering where the Council has been.</p>			

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	<div data-bbox="562 212 1165 365" style="background-color: #0070C0; color: white; padding: 10px; border-radius: 5px; margin-bottom: 10px;"> <p style="font-size: 1.2em; margin: 0;">Agenda: 1) Strategic Planning</p> </div> <ul style="list-style-type: none"> * Where are we today? Review and clarify your vision, mission, and values. * Where do we want to be in the future? See where your organization is heading. * How will we get there? What are the key activities that will get you where you want to be? Set strategic focus areas, objectives and action items, and decide how to make it happen <p>K. Oliver shared about the Center for Social Innovation’s (C4) website; a recovery organization in Boston providing, “training, technical assistance and consultation” to “substance use, mental health, trauma challenge healthcare and human service programs, communities and systems.”</p> <p>She defined three strategic planning terms:</p> <ul style="list-style-type: none"> • Focus Area: Desired result; broad and longer-term (2-year period) • Objectives: Includes measurable goals WITH completion dates (i.e. what will be accomplished in a particular timeframe); for example, increase or decrease by x%. • Action Plan: A detailed breakdown that identifies the steps that will be taken to accomplish the objectives within the given timeframe; specifies who, when, what, where and how. <p>Role of Council Members</p> <ul style="list-style-type: none"> • Be familiar with the Council’s member orientation materials including the Council’s Vision, Mission, and Who We Are statements; Bylaws; purpose (Hawaii Revised Statutes (HRS), Hawaii law); and expectations for Council member participation. 			

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	<div data-bbox="558 212 1169 365" style="background-color: #0070C0; color: white; padding: 10px; text-align: center; border-radius: 5px;"> <h3 style="margin: 0;">Council on Mental Health</h3> </div> <ul style="list-style-type: none"> * <u>Vision Statement</u> The Vision of the State Council on Mental Health is for a Hawai'i where people of all ages with mental health challenges can enjoy recovery in the community of their choice * <u>Mission Statement</u> The Mission of the State Council on Mental Health is to advocate for a Hawai'i where all persons affected by mental illness can access treatment and support necessary to live a full life in the community of their choice * The State Council on Mental Health, also known as the Council, is a diverse group of individuals comprised of consumers of mental health services, family members, representatives from each of the four county Service Area Boards, representatives of state agencies, and other community stakeholders. <p>R. Ries and K. Oliver responded to E. Lau-James who asked for clarification on the Council's Vision and Mission Statements. He shared that the Vision Statement is what the Council aspires towards and is philosophical, involving the action of advocacy; a Mission Statement is what the Council's goals are (what the Council does) to advocate. They may be written similarly in wording.</p> <p>S. Shimabuku and C. Knightsbridge inquired about the possibility of amending the Bylaws and what the procedure is for amending. S. Haitsuka stated that the Council is responsible for revising its Bylaws and does not require external approval.</p>	<p>Verify that the Bylaws can be revised by the Council.</p>	<p>S. Haitsuka</p>	<p>11/7/20</p>

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	<p style="text-align: center;">BY-LAWS of the State Council on Mental Health</p> <ul style="list-style-type: none"> * Purpose: work towards the establishment of a comprehensive community-based mental health system, utilizing public and private resources to prevent and reduce mental disorders and substance abuse among children and adults. * Role: serve as an advisory body to the Department and shall not include any clinical, administrative or supervisory functions of the Department. * Functions (page 1 of 2): <ul style="list-style-type: none"> * A) advise the department on allocation of funds and resources, statewide needs, and programs affecting two or more service areas * B) review and comment on the statewide comprehensive integrated service plan and report of the statewide plan * Functions (Page 2 of 2): <ul style="list-style-type: none"> * C) serve as an advocate for adults with SMI, children with SEBD, and other individuals with mental illness or substance use disorder * D) monitor and review and evaluate not less than once each year the allocation and adequacy of mental health services within the State 			
<p>V. Group Activity: Pre-Retreat Assessment</p>	<p>K. Oliver and E. Lau-James facilitated a Council activity focused on roles. Council members shared their input about what they are expected to do in meetings and what they are expected to do between meetings.</p> <p>E. Lau-James explained that she plans to collate responses in a guidebook which includes roles (similar to a brief job description) into a personalized notebook for each Council member to use as a notebook.</p>	<p>Create guidebooks for Council members</p>	<p>E. Lau-James</p>	<p>1/21/21</p>

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	<p>R. Ries provided an example of how this group activity and the use of a guidebook can be helpful in Council meetings. He has taken steps to revise the meeting agenda format to be inclusive of all Council members by assuring everyone has an opportunity at every meeting to share a report from their area(s) of representation.</p> <p>He emphasized that this information sharing gives a broader picture and greater sense of understanding about mental health related discussions in our community and knowing our role may help Council members to focus more and bring updates to meetings.</p> <p>C. Dang shared that she has observed that Council members do not know what to do as a member. She suggests that developing a process; having a job description presented to them ahead of time, will provide a better understanding of what is expected and can ease some of the anxiousness about participating in and attending meetings. For her, learning about what other Service Area Boards do and what service recipients experience helps her to know what to do.</p> <p>L. Nagao said sharing about roles doesn't pigeonhole us into a narrow role.</p> <p>Council members identified expectations applicable to all members.</p> <ul style="list-style-type: none"> • Attendance (Showing up at meetings to achieve quorum) In addition to Council attendance policy stated Hawaii law (HRS), consider asking Council members to sign a commitment statement like a Memorandum of Understanding (MOU); encourage members to share information about their area(s) of representation (i.e. tone of the message is to encourage and reach out to increase participation). • Volunteer as a member of a Permitted Interaction Group (PIG) Encourage members to participate on PIGs; identify new PIGs that would be useful to address opportunities for change. • Show up, be present and contribute Means being physically present AND actively participating in meetings; become a Council of action 			

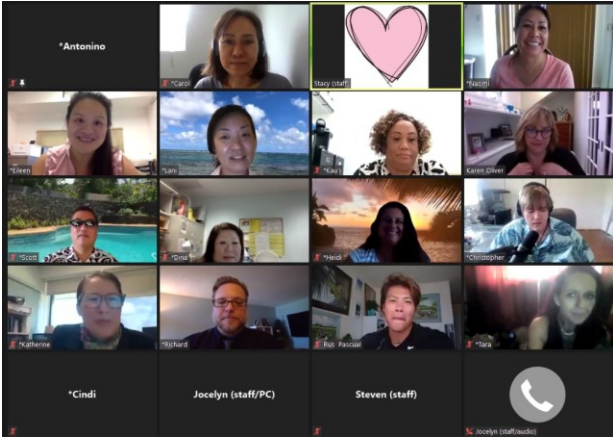
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	<ul style="list-style-type: none"> • Meet with members of the community within the Council members area of representation. Share about the Council and ask community members for their feedback. For example, R. Ries represents mental health providers. He is actively linked with other psychologists, psychiatrists, and social workers. He interfaces with health insurance companies and attends Hawaii Psychological Association meetings. He shares about his interactions when he gives his Council report. He also recognizes that he does not have a mental health provider contact on every neighbor island and that connection needs to be established. • Focus on the Council’s purpose Share what Council members are involved in (i.e. state agencies, mental health providers) that relate to mental health; convey the importance of the Council and its value to the community. • Recruit new members Recruit community members to attend Council meetings; encourage the community to actively participate; recruit new members, especially those who live on the neighbor island; include a job description explaining each position on the Council. • Have measurable outcomes Evidence what has been accomplished and what current Council members can contribute to further those achievements. <p>K. Oliver commented that the next group exercise is similar to creating a performance plan for the strategic plan period.</p> <p>E. Lau-James explained that these functions could be general expectations for each area of representation; not requirements; they are guidelines; goal is to empower Council members to participate.</p> <p>R. Ries noted that for now, this is an initial pilot project and each member should be able to identify three points specific to their area of representation and role. In the future, if successful as a working guide and self-assessment, the Council can codify roles formally in its procedures.</p>			

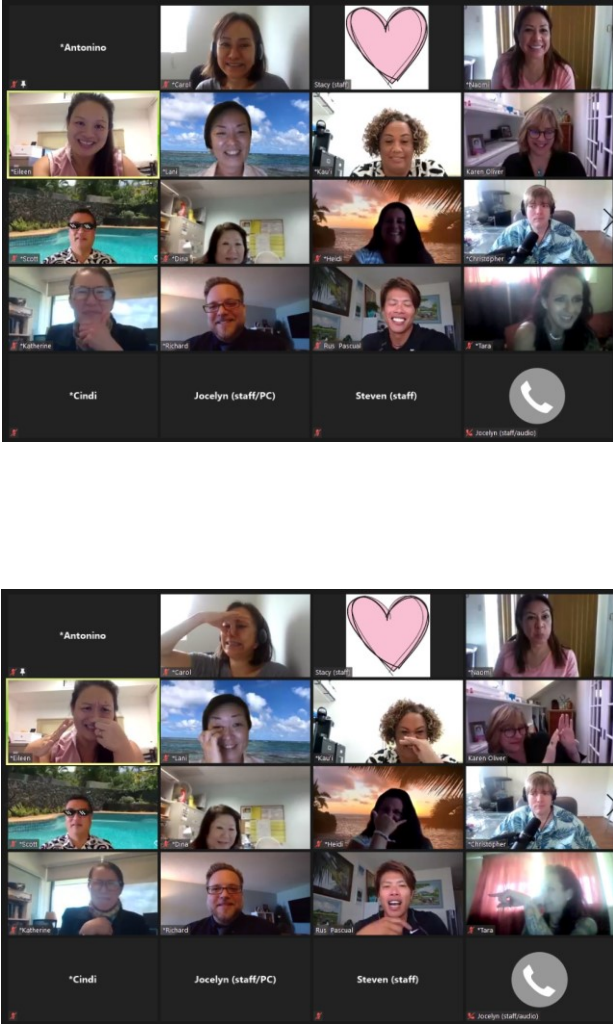
AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
	<p>Council members identified their commitment statements with at least three functions for their area(s) of representation and personal expectations for themselves.</p> <ul style="list-style-type: none"> • For example, <ul style="list-style-type: none"> ○ I plan to... or I will connect/network with... or ○ I will share with the Council/community about... or ○ ...Expressing how roles are interconnected with mental health (or maybe they are not well connected but should be) • E. Lau-James As a family member representative, she can reach out to organizations in the community that represent families such as the National Alliance for Mental Illness Hawaii (NAMI) to build a bridge between the Council and the organization and share input and feedback at Council meetings. Personally, she is willing to volunteer new ideas for PIG activities. • C. Knightsbridge As a service recipient, he shares his personal experiences (personal choice) to fight/battle stigma; encourages other service recipients to share their experiences (when they are comfortable); is a consumer advocate; and build bridges with service recipients and others. Personally, he is willing to volunteer as a PIG member and take ownership and action when he brings up ideas for the Council to consider; use his skills in social media. • L. Nagao As a Service Area Board representative, representing Kauai, she will focus on service gaps, identify who from her community is involved in mental health and who should be involved/linked with mental health; she can continue to participate in discussions with the Kauai Mental Health Consortium (developed in 2014 in partnership with the Kauai Community Health Initiative), “to improve access to mental 			

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	<p>health services through better coordination” between mental health and primary care providers.</p> <p>Personally, she is willing to learn about roles other Council members have and what resources other Council members share; share about her personal experience and her experience in her specialized field.</p> <ul style="list-style-type: none"> • R. Ries As a mental health provider, he will interface with other mental health providers to gather information as well as with other organizations who provide mental health services and bring this information back to the Council; he will listen to patients and clients as well as community members and share this feedback with the Council; he will stay involved with mental health groups (i.e. Hawaii Psychological Association, City and County of Honolulu groups, Mental Health Task Force, social work and psychiatry) and participate in those groups to gather information for the Council. Personally, he is willing to share themes he sees that are related to mental health; he will continue to Chair Council meetings; he will interface better with leadership, media and press when the Council has consensus and wants to see movement. • C. Dang As a Service Area Board representative, representing Oahu, she is willing to do succession planning by helping the next Oahu Service Area Board member; to pass the baton and help that person via a buddy system by introducing them to the Council (inviting them to attend Council meetings before official appointment). <p>Personally, she is interested in producing a Council member orientation and training video explaining the roles and expectations.</p> <ul style="list-style-type: none"> • C. Matayoshi As a Service Area Board representative, representing Hawaii Island, 			

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	<p>she will continue to promote awareness about the Council and the HSAB by attending community meetings, introducing herself, and talking about the Council and HSAB; she will continue to have discussions in the community about mental health related topics; in the past, she has asked providers to give a survey about mental health services to service recipients;</p> <p>Personally, she is willing to invite people to testify at HSAB meetings.</p> <ul style="list-style-type: none"> • K. Martinez As a state agency representative from the Hawaii Public Housing Authority (HPHA), she will continue addressing housing service gaps by supporting opportunities to increase access to mental health services beyond the Hawaii State Department of Health (DOH) Adult Mental Health Division (AMHD) contracted providers; she will continue to share knowledge she has about AMHD funded services with HPHA staff to increase awareness of mental health and crisis services available to HPHA residents and families. <p>Personally, she will continue reaching out to mental health providers and AMHD staff; she will continue arranging mental health trainings for HPHA staff including case management and crisis support.</p> • S. Shimabukuro As a state agency representative from the DOH Child and Adolescent Mental Health Division (CAMHD), he will share Behavioral Health Administration (BHA) activities with the Council; he will share CAMHD reports with the Council; if the Council has questions for other DOH BHA Divisions such as AMHD, Alcohol and Drug Abuse Division (ADAD) and Developmental Disabilities Division (DDD) he will assist with getting the information back to the Council; he will report mental health related legislative activities to the Council. <p>Personally, he would like to know what tools are available to the</p> 			

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	<p>Council to advocate for service utilizers and what tools the Council is empowered to use, will help him to contribute.</p> <ul style="list-style-type: none"> <li data-bbox="436 326 1291 613"> <p>A. Beninato As a youth/student representative, I'm willing to go into the educational community and into the schools to ask students about their experiences with mental health and their experiences during the COVID-19 pandemic. He started asking for feedback and has received some responses about how the COVID-19 pandemic has affected youth/students and their mental health. He is willing to share his findings at the next Council meeting.</p> <p>Personally, on my own and to gather information informally, I'm willing to create a survey to ask for feedback from students and teachers about their experiences but since there's no incentive for participation (gift card) there may not be a lot of participation.</p> <li data-bbox="436 841 1323 1312"> <p>R. Pascual-Kestner As a state agency representative from the Hawaii State Department of Human Services (DHS) Division of Vocational Rehabilitation (DVR), he plans to bring awareness to the Council and its stakeholders of the provision of vocational rehabilitation services for persons with disabilities, including individuals who have a mental health diagnoses, in preparing for, obtaining, retaining, maintaining and advancing in employment.</p> <p>Personally, he will make a concerted effort to facilitate communication between the Council and DVR related to what DVR is currently doing or is planning to implement and how DVR serves participants with mental health and employment challenges.</p> 			
VI. Break	At 10:57 a.m., K. Oliver announced a 15 minute break. She encouraged Council members to stand up and stretch during the break.			

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	<div data-bbox="558 214 1167 370" style="background-color: #4a90e2; color: white; padding: 10px; text-align: center; border-radius: 10px;"> <p style="font-size: 1.2em; margin: 0;">Agenda: BREAK</p> </div> <p data-bbox="611 376 1115 509" style="text-align: center; margin-top: 20px;"> *Tell Me: What is it you plan to do with your one wild and precious life? </p> <p data-bbox="764 516 1041 545" style="text-align: center; margin-top: 5px;"> <i>* Mary Oliver (no relation)</i> </p> <p data-bbox="405 578 1308 685" style="margin-top: 20px;"> During the break, E. Lau-James hosted a group break activity. She shared the game “I Dissent” and everyone who wanted to participate shared their opinions about the statements on the cards. </p>			
<p data-bbox="90 729 361 794">VII. Post-Break Group Exercise</p>	<p data-bbox="405 729 1073 758">The Council reconvened Retreat activities at 11:15 a.m.</p> <p data-bbox="405 802 1299 867">Council members took a few Zoom group photos. E. Lau-James will place photos in the personalized notebooks she’s making for Council members.</p> <div data-bbox="558 898 1167 1333" style="text-align: center; margin-top: 20px;">  </div>			

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VIII. Questions from Morning Session	<p><u>Pre-Retreat Questionnaire Responses</u> K. Oliver thanked Council members for submitting their responses. She was careful to share results without potentially identifying a specific Council member. Responses fell within the following priority areas:</p>			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
	<p style="text-align: center;">Pre-Retreat Questionnaire Over the next two (2) years, what would you like to see as priority areas for the Council?</p> <p style="text-align: center; color: green;">Mahalo for your responses!</p> <ol style="list-style-type: none"> 1) Knowledge, Education, Training 2) Public Policy and Legislation 3) Communication/Dissemination about existing services/Resources <p style="text-align: center;">Pre-Retreat Questionnaire Over the next two (2) years, what would you like to see as priority areas for the Council?</p> <ol style="list-style-type: none"> 1) Knowledge, Education, Training <ul style="list-style-type: none"> -Anti-stigma, -Internal suicide intervention training -Onboarding course for new members -Filling of vacant Council positions 2) Public Policy and Legislation <ul style="list-style-type: none"> -Improved Access to services -Address service gap within housing -Develop community programs with Dept of Public Safety -Council role to advise and check DOH -Advocacy for de-criminalizing MH and SUD -Work more closely with Legislature -Use of peer specialists -Develop integrated community behavioral health centers 			

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
	<p data-bbox="604 219 1108 279">3) Communication/Dissemination about existing services/Resources</p> <ul data-bbox="604 284 1092 451" style="list-style-type: none"> -Disseminate information about existing resources -Easier access to existing resources -Consideration of Insurance in Accessing resources -Social Media and Public Outreach for Council plans -Use of technology -Create and advertise directory of resources <p data-bbox="405 488 1302 591">She explained that Council members identified <u>system related</u> issues that create barriers and limitations for the Council to address priority areas including:</p> <ul data-bbox="441 602 1213 776" style="list-style-type: none"> • Financial resources; • Retaining qualified and skilled professionals; • Barriers to accessing existing mental health services; • Lack of clarity about health insurance company policies; and • Increased use of peer specialists. <p data-bbox="405 821 1314 924">She also noted that Council members identified <u>Council related</u> issues that create barriers and limitations for the Council to address priority areas including:</p> <ul data-bbox="441 935 1297 1146" style="list-style-type: none"> • The Council’s broader influence and political reach; • Public connections; • Structure limits the Council’s ability to respond to legislature in real time (i.e. research required before decision meeting); • PIGs need to be assessed; and • Need a balance of decisiveness vs. consideration. <p data-bbox="405 1192 789 1219"><u>Council’s FY2018 Strategic Plan</u></p> <p data-bbox="405 1227 1220 1255">K. Oliver summarized the Focus Areas identified in the FY2018 plan.</p>			

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	<div data-bbox="562 214 1167 370" style="background-color: #0070C0; color: white; padding: 10px; border-radius: 5px;"> <p style="margin: 0;">3) FY2018 SCMH Strategic Plan Focus Areas</p> <ul style="list-style-type: none"> * 1. Website * 2. Legislative Bills related to MH * 3. Recruit and Retain State Council and Service Area Board Members * 4. Human Trafficking – mandated reporting * 5. De-stigmatization, Access * 6. Addiction Services </div> <p data-bbox="405 643 1192 711">E. Lau-James suggested going step-by-step through each FY2018 trend/problem need.</p> <p data-bbox="405 753 1268 821">Council members reviewed the FY2018 Plan and shared comments and updates regarding the status of trend/problems needs identified.</p> <p data-bbox="405 863 894 893"><u>Trend/Problem Need 1: Council website</u></p> <ul style="list-style-type: none"> <li data-bbox="438 902 1318 971">• Objectives: Website is functional but the gathering of information has not been completed. <li data-bbox="438 1013 1283 1081">• Actions/Strategies: The developer designed the website per the Council’s Scope of Work but procedures have not been developed. <li data-bbox="438 1123 1283 1192">• Outcome/Products: A PIG is assigned and routine website updates are done; information mental health is incomplete. <li data-bbox="438 1234 1299 1481">• Council members comments about Trend/Problem Need 1: <ul style="list-style-type: none"> <li data-bbox="510 1276 1299 1344">○ E. Lau-James asked about the status of the website developer and whether the developer is still working on the website. <li data-bbox="510 1347 1299 1481">○ C. Dang stated she would research the developer’s status; she recalls the developer was an authorized vendor with knowledge of the state website who may still be in business and may be able to help with website updates. 	<p data-bbox="1346 1357 1629 1458">Identify the authorized vendor and website Scope of Work.</p>	<p data-bbox="1703 1357 1803 1386">C. Dang</p>	<p data-bbox="1877 1357 1990 1386">11/30/20</p>

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	<ul style="list-style-type: none"> ○ C. Knightsbridge stated he had friends do audits of the website and they told him that the website developer may not have known about the accessibility requirements that have fines if missing from the website. ○ C. Knightsbridge wants to know who has access to the website for updates. He stated there are dead links and last checked the website a week ago. ○ C. Knightsbridge feels that the Council’s payment of \$15K was too much for the website. S. Haitsuka stated she is not aware of ongoing payments to the website vendor. ○ H. Ilyavi stated she feels the PIG needs to meet to review the website, what needs to be changed and what direction the PIG will recommend that the Council take. C. Dang added she is interested in agenda items in addition to cost and accessibility such as functionality and succession planning and PIG members should e-mail their agenda items to S. Haitsuka. ○ T. Reed expressed her frustration about the lack of actual progress being taken on the website issues that have been identified. This is why she requested to leave this PIG. ○ C. Knightsbridge volunteered to continue to lead this PIG. <p><u>Trend/Problem Need 2: Legislation</u></p> <ul style="list-style-type: none"> ● Objectives: The Council is not timely in responding to bills. ● Actions/Strategies: AMHD and CAMHD have regularly provided updates to the Council regarding legislation; A PIG is assigned but they do not track bills and alert members about bills; A rotating list of persons to testify on bills was developed and testimony was written (for the previous legislative session, not upcoming). ● Outcomes/Products: A PIG is assigned to this item; A process has not been developed for the Council to address legislation. 	<p>Schedule PIG meeting.</p> <p>Check for accessibility and dead links.</p> <p>Check J. Clarke’s files for website vendor info</p> <p>Send PIG agenda items to S. Haitsuka</p>	<p>C. Knightsbridge</p> <p>S. Haitsuka</p> <p>S. Haitsuka</p> <p>Website/Social Media/ Advocacy PIG</p>	<p>11/30/20</p> <p>11/30/20</p> <p>11/30/20</p> <p>11/30/20</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
	<ul style="list-style-type: none"> • Council members comments about Trend/Problem Need 1: <ul style="list-style-type: none"> ○ E. Lau-James stated that this item is still being worked on and is still a priority for the Council. ○ R. Ries noted that the Council has received updates from AMHD and CAMHD; however, he would like the Council to receive non-DOH feedback so other voices are represented in the meeting. ○ E. Lau-James suggested NAMI. ○ C. Knightsbridge suggested Mental Health America. ○ R. Ries suggested Hawaii Psychological Association. ○ C. Dang suggested the Council interface with the Mental Health Task Force and wonders if Representative Mizuno will continue to co-Chair the task force for the next legislative session. She states they do a lot of heavy duty work on legislative bills. ○ E. Lau-James and R. Ries suggest members of the Legislative PIG and other Council members attend task force meetings. ○ Not all Council members are familiar with the Mental Health Task Force. C. Dang stated the Mental Health Task Force was co-Chaired by Rep. Mizuno and T. Kajimura, who used to work at Mental Health America Hawaii. They collectively worked together to identify areas in the community that could benefit from mental health initiatives. They came up with a significant amount of legislation and got together with stakeholders, consumers and other advocates to go through the bills. She felt the task force was productive. C. Knightsbridge agreed. ○ C. Dang stated to ask T. Kajimura the meeting notes and handouts and have them forwarded to Council members including attending meetings. R. Ries stated the next task force meeting is on 12/4/20 from 1:00 – 2:15 p.m. via Zoom. <p><u>Trend/Problem Need 3: Council/Service Area Board Recruitment/Retention</u></p> <ul style="list-style-type: none"> • Objectives: The Council/some Service Area Boards have vacancies. • Actions/Strategies: Legislation was successfully passed to change the requirement for quorum. 	<p>Get Mental Health Task Force meeting notes and info to share with Council members.</p>	<p>S. Haituka</p>	<p>11/25/20</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
	<ul style="list-style-type: none"> • Outcomes/Products: The Council and some Service Area Boards struggle to recruit and retain members. • Council members comments about Trend/Problem Need 3: <ul style="list-style-type: none"> ○ R. Ries suggested that the wording be changed to instead say, “Complete recruitment.” ○ R. Ries stated that he is aware there is at least one additional applicant for the Council’s student/youth vacancy. ○ S. Haituka noted that Council vacancies are listed on the Council’s monthly meeting Attendance Log. ○ R. Ries stated that there still needs to be work done to address vacancies on some of the Service Area Boards. ○ R. Ries volunteered to lead this trend/problem need. <p><u>Trend/Problem Need 4: Human Trafficking</u></p> <ul style="list-style-type: none"> • Objectives: The Council continues to seek additional knowledge about sex trafficking including resources, data and needs. • Actions/Strategies: The Council invited V. Lamb to speak at a Council meeting. She presented sex trafficking community education. She works with Susannah Wesley, an organization contracted by the Department of Human Services (DHS). • Outcomes/Products: The Council continues to identify the needs and problem areas within sex trafficking to be an advocate. • Council members comments about Trend/Problem Need 4: <ul style="list-style-type: none"> ○ D. Koyanagi shared that she is the sex trafficking liaison for DHS Child Welfare Services (CWS) and is more than willing to help. ○ S. Shimabukuro and D. Koyanagi both participate on the Hawaii Commercial Sexual Exploitation of Children (HI CSEC) task force. This task force was originally convened by Judge Radius and stakeholder attendees include representatives from the 			

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	<p>19 has created challenges relative to sex trafficking.</p> <ul style="list-style-type: none"> ○ D. Koyanagi is willing to put together information about sex trafficking, including Susannah Wesley and other agencies that are involved including HPD, Homeland Security, and the FBI as well as the state and federal prosecutors. ○ H. Ilyavi extended a reach out to D. Koyanagi offering to assist if D. Koyanagi lets the Council know what kind of help is needed. ○ S. Shimabukuro shared that he recently visited the new Pearl Haven facility on the North Shore. CAMHD was planning to support a Pearl Haven anti-sex trafficking program; due to COVID-19, funding is no longer available. ○ C. Knightsbridge suggested that the Council advise the DOH on funding as S. Shimabukuro shared. <p><u>Trend/Problem Need 5: Destigmatization</u></p> <ul style="list-style-type: none"> ● Objectives: The Council is not yet fully activated in its advocacy role relative to awareness activities, legislation, media campaigns, or letters to the editors. ● Actions/Strategies: A calendar of advocacy events was not created. ● Outcomes/Products: The Council continues to prioritize increasing awareness of mental health and stigmatization through the media. ● Council members comments about Trend/Problem Need 5: <ul style="list-style-type: none"> ○ C. Dang suggested that this trend/problem need be combined with trend/problem need 1. H. Ilyavi concurred adding that it could be a subgroup within the existing website/social media/ advocacy PIG. ○ K. Oliver noted that SAMHSA provides many resources about brain development and functioning. ○ C. Knightsbridge stated that he spoke with the mental health technology center (MHTTC) and they are willing help. ○ E. Lau-James doesn't think this trend/problem need should be 	<p>Provide current information about sex trafficking in Hawaii.</p>	<p>D. Koyanagi</p>	<p>11/30/20</p>

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	<p>combined with the website/social media/advocacy PIG since there is advocacy specific for mental illness, separate from social media. C. Knightsbridge and L. Nagao concurred.</p> <p><u>Trend/Problem Need 6: Addiction Services</u></p> <ul style="list-style-type: none"> • Objectives: There has been limited advocacy to restore addiction services and co-occurring programs on the neighbor islands. • Actions/Strategies: The Council has not written letters to the DHS or to the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) on the issue of lack of services on the neighbor islands. • Outcomes/Products: The Council has not restored publicly funded addiction services and co-occurring programs on neighbor islands. • Council members comments about Trend/Problem Need 6: <ul style="list-style-type: none"> ○ L. Nagao asked what services were targeted to be restored. ○ C. Dang remembered that a Maui Council member identified an effective program on Maui that was cut due to funding and the issue was brought to the Council. ○ L. Nagao shared that she feels that creating self-reliance and sustainable programs that do not rely solely on state funds is going to be important for any program’s structure due to the vulnerability of closing due to the state’s funding situation and the time it will take our economy to recovery. ○ R. Ries mentioned there are departments with staff devoted to addiction services as are community organizations/agencies who focus on addiction services. He sees the Council as a partner in these existing (i.e. partnering with HACDACS) ○ C. Dang concurred with R. Ries noting that by partnering with others, the Council will not be reinventing the wheel. 			

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	<p>K. Oliver introduced the FY2020 Strategic Plan template. She noted the template is an adaptation of the Council’s FY2018 Plan and the Hawaii Opioid Action Plan. The Council may want to revise it if there is too much or not enough detail.</p> <p>NOTE: Template slightly updated based on Retreat discussion.</p> <p style="text-align: center;">Hawaii State Council on Mental Health Strategic Plan 2020 - 2022</p> <p><u>Purpose:</u> In response to stakeholder feedback about areas of Hawaii’s mental health service system that need improvement, the State Council on Mental Health (SCMH) developed its Strategic Plan to prioritize (1) issues that directly affect more than one County service area (Statewide Comprehensive Integrated Service Area Plan; SCISAP); (2) opportunities for the Council to advocate for mental health services; and/or (3) specific ways the Council can be more effective in its advisory role to the Department of Health.</p> <table border="1" data-bbox="562 589 1165 1464"> <thead> <tr> <th colspan="2" data-bbox="562 589 1165 654">Focus Area #1 XX</th> </tr> </thead> <tbody> <tr> <td data-bbox="562 654 730 743">Strategic Planning: <i>Identified during the Council’s Retreat</i></td> <td data-bbox="730 654 1165 743"> Category: <input type="checkbox"/> Public Policy and Legislation <input type="checkbox"/> Knowledge, Skill-Building, Education and Training <input type="checkbox"/> Communication/Dissemination of Mental Health Information </td> </tr> <tr> <td data-bbox="562 743 730 987">Area(s) of Need Addressed: <i>Council’s purpose and responsibilities as required by Hawaii law</i></td> <td data-bbox="730 743 1165 987"> Area(s) of Need (§334-10, Hawaii Revised Statutes): <input type="checkbox"/> Full Council membership with diverse representation (a, 1-5) <input type="checkbox"/> Effectiveness of the Council in its advisory role to the DOH (b, c) <input type="checkbox"/> Council’s advisory context: Resources; Statewide Needs; and Programs affecting one or more service areas, including review and consideration of County level Comprehensive Integrated Service Area Plans (CISAP) (c) <input type="checkbox"/> Council’s linkage to and advocacy for service recipients (c) <input type="checkbox"/> Council’s knowledge, review and comment on the Statewide Comprehensive Integrated Service Plan (SCISP) and annual report to the Governor/Legislature (c, e) </td> </tr> <tr> <td data-bbox="562 987 730 1044"><i>Includes a narrative statement describing the problem/issue.</i></td> <td data-bbox="730 987 1165 1044">XX</td> </tr> <tr> <td data-bbox="562 1044 730 1125">Outcome(s)/Product(s): <i>What the Council wants to see</i></td> <td data-bbox="730 1044 1165 1125"><input type="checkbox"/> XX</td> </tr> <tr> <td data-bbox="562 1125 730 1279">Measurable Objective(s): <i>What the Council wants to accomplish and by when</i></td> <td data-bbox="730 1125 1165 1279">1.1 – XX 1.2 – XX</td> </tr> <tr> <td data-bbox="562 1279 730 1385">Internal/External Partners: <i>Internal: Council members per their area(s) of representation;</i> <i>External: Specific organizations, agencies and individuals</i></td> <td data-bbox="730 1279 1165 1385"> Internal: <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> X External: <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> X </td> </tr> <tr> <td data-bbox="562 1385 730 1458">Strategies: <i>Action steps the Council will take including PIGs (existing or new), requests for SABs and specialty areas, etc.</i></td> <td data-bbox="730 1385 1165 1458"> <input type="checkbox"/> XX <input type="checkbox"/> XX <input type="checkbox"/> XX </td> </tr> <tr> <td data-bbox="562 1458 730 1464">Status: <i>Updated quarterly (reviewed as a meeting agenda item; 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	<p>In addition to the strategic plan samples shared in the Retreat Box materials (i.e., SAMHSA Strategic Plan FY2019-FY2023), she felt that a local strategic plan has an excellent format and style.</p> <p>Elements from the Hawaii Opioid Initiative’s plan were included in the Council’s strategic plan template since the structure of their plan may help the Council as an ongoing, living document; to update, adjust and define PIGs as progress on each focus area is made.</p> <p>She explained each area of the template:</p> <ul style="list-style-type: none"> • Focus Area (heading): Desired result; broader and longer-term (2-year period) <p>EXAMPLE: The Council’s FY2018 plan indicated focus areas such as its website; addiction; destigmatization; recruiting and training Council members; and sex trafficking.</p> <p>EXAMPLE: The Hawaii Opioid Initiative indicated six focus areas such as access to treatment; prescriber education/pain management practices; data informed decision making; prevention/public education; pharmacy-based interventions/support law enforcement; and first responders.</p> <ul style="list-style-type: none"> • Strategic Planning The Council’s pre-Retreat questionnaire responses fell within three categories. This section ties the Council’s strategic planning process with its Strategic Plan by identifying the category that the focus area most naturally identifies with. • Area(s) of Need Addressed This section ties the Council’s Strategic Plan with its purpose as identified in §334-10, Hawaii Revised Statutes. It includes a brief narrative statement describing the problem/issue and how it relates 			

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	<p>to addressing the state mental health system.</p> <ul style="list-style-type: none"> • Outcome(s)/Product(s) States what the Council wants to see (i.e., the change, the tangible item, etc.) as the end result. The outcome(s)/product(s) are within the Council’s abilities to attain. <p>EXAMPLE: The Council’s FY2018 plan includes one outcome/product statement for each identified problem.</p> <p>EXAMPLE: The Hawaii Opioid Initiative identified several outcomes/ products including improving opioid and related prescribing practices by working with healthcare providers; implementing system-wide routine data collection, sharing resources to increase knowledge and inform practice; coordinating operations/services, assuring effective law and policies and offering specialized training for first responders.</p> <ul style="list-style-type: none"> • Measurable Objective(s) Includes measurable goals WITH completion dates (i.e. what will be accomplished in a particular timeframe). <p>EXAMPLE: K. Oliver shared examples of measurable objectives.</p> <ul style="list-style-type: none"> ○ Complete # stigma related trainings for Council members ○ Present a school mental health topic to 500 youth/students <p>EXAMPLE: The Hawaii Opioid Initiative identified several measurable objectives for each of its Focus Areas including:</p> <ul style="list-style-type: none"> ○ By December 2019, expand coordinated entry system pilot to a statewide system or all ADAD-contracted providers; ○ By October 2019, increase prescriber education regarding 			

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	<p>access to and use of PMO... by an additional 20%; and</p> <ul style="list-style-type: none"> ○ By October 2019, develop data needs and coordinate with the DME on data resources, collection and reporting. <ul style="list-style-type: none"> ● Internal/External Partners Includes individuals and organizations the Council will work with. <p>EXAMPLES:</p> <p>K. Oliver shared examples of internal/external partners the Council may work with who are dedicated to working on the focus area.</p> <ul style="list-style-type: none"> ○ Who is the Council working with in the DOH/Legislature? ○ Who are stakeholders/partners the Council wants to include? <p>EXAMPLE:</p> <p>In addition to its members, the Hawaii Opioid Initiative identified several partners including DOH ADAD/EMS-IPB, HI APRN Nursing Program, HPD/KPD/MPD/HCPD, DCCA Board of Pharmacy, UH School of Pharmacy, JABSOM, HI SA Coalition, and tx/recovery providers.</p> <ul style="list-style-type: none"> ● Action Steps Strategy statements with a detailed breakdown steps to accomplish the objectives; specifies who, when, what, where and how. <p>EXAMPLE ACTION STEP STATEMENTS:</p> <p>K. Oliver noted that these strategies identify the Council's incremental approach to meeting each measurable objective.</p> <ul style="list-style-type: none"> ○ Receive training on... or Meet with... or Create a PIG for... or ○ Research information about... or Develop... or Draft a... <ul style="list-style-type: none"> ● Status Provides a quarterly update on progress made for accountability. <p>Council members shared the following feedback about the template.</p> <ul style="list-style-type: none"> ● E. Lau -James stated she likes the template structure. ● C. Dang shared that she liked the template because it hones in on the 			

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	<p>ideas shared in the pre-Retreat questionnaire responses. She added that this format gives a better idea about how, when and why the Council will work on its goals.</p> <ul style="list-style-type: none"> • L. Nagao related the template to a treatment plan. • C. Dang concurred with L. Nagao’s comment. • C. Dang recommended goals and timelines for PIGs be in the plan. • L. Nagao stated PIGs be part of the strategy to address focus areas. 			
IX. Next Steps	<p>K. Oliver highly encouraged Council members to take an active role in identifying the focus areas that will be included in the FY2020 Plan.</p> <p>L. Nagao asked the Council to discuss whether K. Oliver will gather the Council’s information and draft the plan or whether the Council prefers to draft the plan on its own.</p> <p>C. Dang asked L. Nagao to clarify if she was asking for a summary of today’s Retreat discussion be provided to assist with completing the template. L. Nagao concurred with C. Dang’s suggestion.</p> <p>R. Ries supports K. Oliver drafting plan content stating the Council justified having a facilitator assist with the strategic plan because it would help the Council be productive. He envisions finalizing the draft plan in February.</p> <p>K. Oliver felt the request was reasonable and will confirm with the Scope of Work quote. She confirmed the strategic plan template does not need to be completed today. She will propose template content for the Council to review and decide upon. Initial template content will in part be identified through the Council’s interim work between December and before February’s Retreat.</p> <p>C. Dang shared that she would like the Council to consider first prioritizing all of the ideas, focus on the top three, then upon completion of the top 3, look at other ideas. R. Pascual-Kestner and R. Ries concurred.</p>	<p>Confirm drafting of the Council’s Strategic Plan is included in the Scope of Work.</p> <p>Prioritize strategic planning ideas to identify the top 3.</p>	<p>K. Oliver</p> <p>Council Members</p>	<p>11/30/20</p> <p>12/8/20</p>

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	<p>K. Oliver thanked Council members in advance for submitting their post-Retreat questionnaire responses which she will use to complete the post-Retreat facilitator summary.</p> <p>Agenda for February 9, 2021 (Retreat Part II)</p> <ul style="list-style-type: none"> • Reviewing roles and commitment statements (E. Lau-James' Council Member Guidebook) • Reviewing and editing the FY2020 Strategic Plan (including the Focus Area template with measurable objectives and strategies) • Strategic planning activities to help the Council with next steps (including an Action Plan checklist with deadlines based on the Focus Area measurable objectives and strategies) 			
X. Closing Remarks	<p>R. Ries thanked K. Oliver for facilitating the Council through four hours of strategic planning activities and discussions. He thanked Council members for their attendance and participation throughout the Retreat.</p> <p>R. Ries stated the post-Retreat questionnaire link was shared in the Zoom chat. S. Haitsuka will also e-mail the link. He encouraged members to complete the questionnaire asap while it's fresh in their mind.</p> <p>R. Ries asked Council members to share feedback about today's Retreat.</p> <ul style="list-style-type: none"> • C. Dang stated, "What a productive retreat! Many mahalos to everyone for being here." • L. Nagao stated, "Appreciated everyone's participation, loved hearing all your input and efforts and learning from you!" • C. Matayoshi said, "Thank you all!!!" • C. Dang stated, "Thanks Karen for the great work!" • S. Shimabukuro thanked S. Haitsuka for her help. • C. Dang thanked S. Haitsuka for, "all the work that connected the dots in facilitation." • T. Reed said, "Thank you for everyone's hard work/commitment." • E. Lau-James stated, "A huge Mahalo to Stacy for the enormous amount of work she put into making the Retreat happen!" 	Complete post-Retreat questionnaire	Council Members	11/13/20

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	<p>R. Ries noted that K. Oliver will provide the Council with a post-Retreat summary to review at the December meeting. Retreat (Part II) will be on 2/9/2. He encouraged members to complete interim work before then.</p> <p>He wished everyone a Happy Thanksgiving before adjourning at 12:59 p.m.</p>			
Retreat Materials and Supplies	<p>The following hard copy handouts were provided to Council members:</p> <ul style="list-style-type: none"> • Retreat cover letter and agenda • State Council – Vision, Mission, Who Are We? • State Council – Strategic Plan FY18 – FY20 • Hawaii Revised Statutes (HRS) – State Council • SAMHSA Strategic Plan FY19-FY23 • SAMHSA Prevention Framework • SAMHSA Best Practices for State Behavioral Health Planning Councils • OnStrategyHQ.com – Strategic Planning Process • OnStrategyHQ.com – Strategic Planning/SWOT Analysis Template • WashingtonNonprofits.org – Sample Strategic Plan Timeline • TCC Group – 10 Keys to Successful Strategic Planning • Post-Retreat Questionnaire Form <p>The following supplies were provided to Council members to aide in their engagement and participation in Retreat activities:</p> <ul style="list-style-type: none"> • Pens, Markers, notebook, sticky notes, page flags, stress ball, face mask, laminated expression signs, and facilitator’s business card • Blank thank you card and individually packaged snacks • SAMHSA Mental Health Friend CD; 2020 AMHD Recovery Guide 			
Reference Links to Recommended Reading and Online Resources	<p>The following resources were recommended reading and online resources in preparation for the Retreat.</p> <ul style="list-style-type: none"> • National Council of Non-Profits – How America’s Charitable Non-Profits Strengthen Communities and Improve Lives https://www.nonprofitimpactmatters.org/site/assets/files/1/nonprofit-impact-matters-sept-2019-1.pdf 			

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	<ul style="list-style-type: none"> • National Council of Non-Profits – Strategic Planning for Non-Profits https://www.councilofnonprofits.org/tools-resources/strategic-planning-nonprofits • Nolo.com – Creating a Strategic Plan for your Non-Profit https://www.nolo.com/legal-encyclopedia/create-strategic-plan-nonprofit-29521.html 			
Reference Links to Resources Mentioned During the Retreat	<p>The following resources were shared during the Retreat.</p> <ul style="list-style-type: none"> • Center for Social Innovation (C4) https://c4innovates.com/ • Hawaii Opioid Initiative website https://www.hawaiiopioid.org/ • Hawaii Opioid Initiative Initial Plan https://health.hawaii.gov/substance-abuse/files/2013/05/The-Hawaii-Opioid-Initiative.pdf • Hawaii Opioid Initiative Updated Plan https://health.hawaii.gov/injuryprevention/files/2019/01/The-Hawaii-Opioid-Initiative-2.0.pdf 			