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

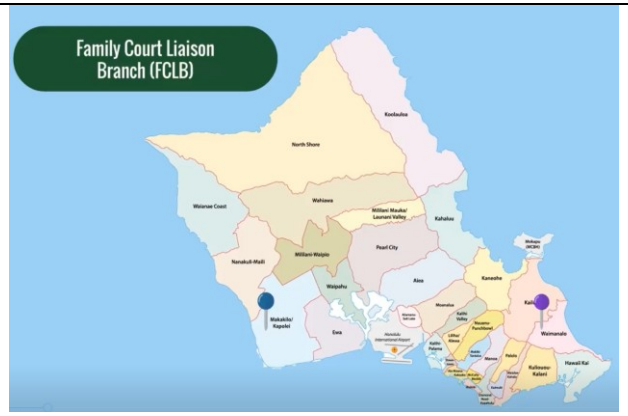
Virtual Meeting via Zoom
July 27, 2021
10:00 a.m. – 12:30 p.m.

Members Present:	**Aumer, Katherine; Beninato, Antonino; Fujii, John; Knightsbridge, Christopher; Lau-James, Eileen; Pascual-Kestner, Rusnell "Rus"; Reed, Tara; Renfro, Jennifer; Ries, Richard**
Members Absent:	**Koyanagi, Dina**
Members Excused:	**Crozier, Charleen "Naomi"; Ilyavi, Heidi; Martinez, Beatrice "Kau'i";**
Guests Present:	**Allen, Kim; Dang, Cynthia "Cindi"; Gleason, Michelle; Jackson, Richard "Rick"; Sabree, Hassan; Talisayan, Bryan; Ulevich, Kate**
DOH Staff Present:	**Curtis, Amy; Haitsuka, Stacy; Merriam, Kathleen; Nazareno, Jocelyn; Shimabukuro, Scott**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
I. Call to Order	Chair R. Ries called the meeting to order at 10:02 a.m.	For information only.		
II. Meeting Announcements	R. Ries shared the following announcements: • The purpose of today's Executive Council meeting is to meet with the Substance Abuse and Mental Health Services Administration (SAMHSA) Program Monitor and Project Officer. • This Executive meeting is open to the public. • There should be time during the agenda for discussion; however, we will try to stay within the timeframes on the agenda out of respect for the SAMHSA representatives participating from the East Coast. • Due to our information sharing and discussion focused agenda, the Council will not be voting on any items today. If there are items that may need further discussion or a vote, the Council will follow up on those items at next month's Council meeting.	For information only.		

III. Community Input	Pursuant to section 92-3, Hawaii Revised Statutes, community members will have three (3) minutes to speak during this time. R. Jackson shared the following Oahu Service Area Board (OSAB) updates: • Regarding the development of a Crisis Intervention Team (CIT) on Oahu, Oahu Service Area Board (OSAB) members are aware of tragic events on the mainland that have involved individuals with mental illness and hope that incidents like those do not occur in Hawaii. • His application for State Council membership is in progress per the Boards and Commissions office.			
IV. Hawaii Mental Health System – Service Area Overview • Child and Adolescent Mental Health Division (CAMHD) • Adult Mental Health Division (AMHD)	Council members received presentations from the DOH CAMHD and AMHD that included information about activities, programs and services they coordinate. Scott Shimabukuro, Acting Administrator for the DOH CAMHD, shared the following information about the CAMHD.  CAMHD is organized across the state as identified by the colored pins. • The CAMHD Central Division office is located in Honolulu on Oahu. • Family Guidance Centers (FGCs) are where community based services are accessed. There is at least one FGC in each County. • On Oahu, o Blue and green pins are known as the Central FGC, with locations in Windward Oahu and Central Oahu. o Red pin is where the Honolulu FGC is located. o Purple pin is where the Leeward FGC is located.			

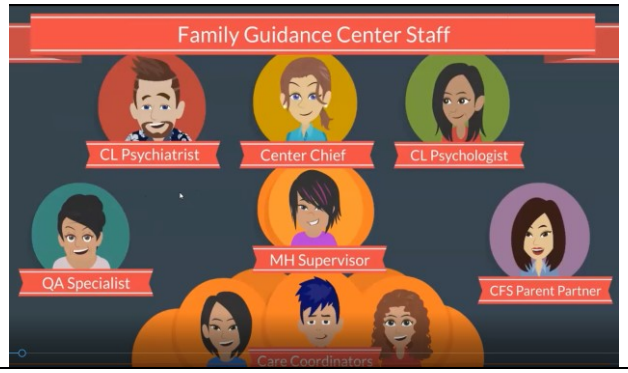
	 • There are Neighbor Islands, ○ Hawaii Island has three physical offices. Red pin is the East Hawaii FGC and green pin is the West Hawaii FGC location. There is also an office in Waimea. ○ Blue pin is where the Maui FGC is located. ○ Purple pin is where the Kauai FGC is located.  • There is a Family Court Liaison Branch (FCLB) serves all adolescents entering into the youth correctional system. ○ Purple pin is where the Youth Correctional Facility is. ○ Blue pin is where the federal youth detention facility is located.	Share a copy of the chart.	J. Fujii/ S. Haitsuka	8/4/21



A typical FGC includes the following types of staff.

- Clinical Leads are a Psychiatrist and Psychologist
- Center Chief is responsible for the FGC operations
- There are usually several mental health supervisors who lead the care coordination team.
- Child and Family Services (CFS) Parent Partners provide peer support to parents with children receiving services through a FGC.
- Quality Assurance (QA) Specialist oversees compliance and program monitoring.

FGCs are Medicaid Fee-for-Service (FFS) providers. In order to obtain services, children need to have an order created by a clinical lead. The order is created after the clinician completes the assessment and meets with the family.



CAMHD's service array includes:

- Intensive in Home (IIH) services
- Functional Family Therapy (FFT) – proprietary evidence-based model
- Multisystemic Therapy (MST) – proprietary evidence-based model
- Emergency Services (ES) – available to all children in Hawaii regardless of their eligibility status and regardless if they are a resident of Hawaii.
- Transition Family Home (TFH) – family is licensed as a foster home but also provide therapeutic services.
- Community-Based Residential (CBR) – different levels within CBR provided in a community residential setting.
- Hospital-Based Residential (HBR) – services provided at Kahi Mohala

CAMHD has a current SAMHSA project to develop a more robust peer array of services. In addition to parent partners in FGCs, CAMHD also has a contract for youth partners. CAMHD is developing a program to certify more youth partners and expand youth partner services.

SCMH members shared the following comments regarding S. Shimabukuro's presentation:

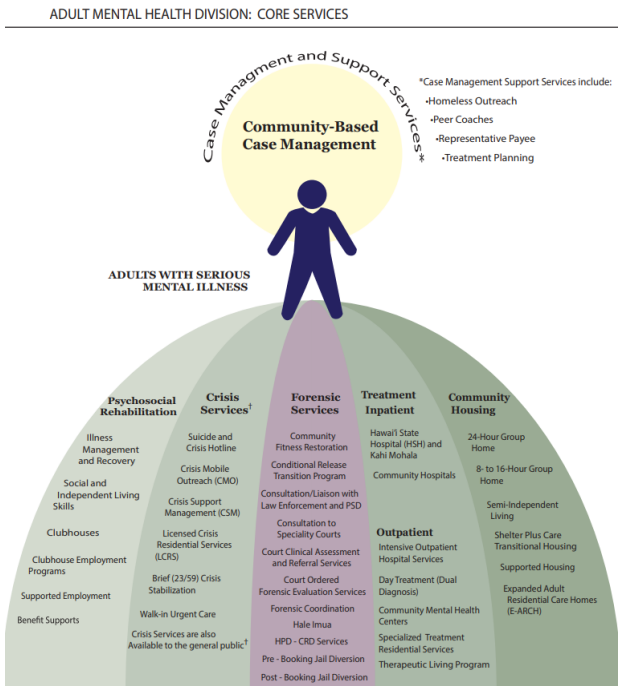
- R. Ries asked about youth partners. When he was a family therapist (MST) with Parents and Children Together (PACT) and when he was with the Center for Cognitive Behavioral Therapy over 10 years ago, he recalls having a difficult time connecting parents to parent

	partners. He also recalls his childhood as an at risk youth and how he felt about efforts to rehabilitate him. He would like to know what the challenges are for recruiting parents and youth partners. S. Shimabukuro acknowledged there are multiple issues. Back then, CAMHD worked with a different parent partner agency. Right now, there are capacity issues. There's only one parent partner in each FGC. CAMHD's data-to-wisdom grant is looking at this issue to help address capacity, training, certification, etc. S. Shimabukuro noted that CAMHD has used youth in a very limited capacity and the intent is to expand youth partnerships statewide. CAMHD is working with the Department of Human Services, MedQUEST Division (DHS MQD) to make this a reimbursable service. • K. Aumer asked about peer specialists. S. Shimabukuro explained that AMHD is able to bill for services performed by Hawaii Certified Peer Specialists (HCPS) but CAMHD cannot. DHS MQD is very supportive of CAMHD's efforts and recognizes the need for statutory changes to allow for billing to occur. • C. Knightsbridge mentioned his experience as a practicum student at Iola Lahui, a rural Hawaiian culturally based behavioral health program where he performed diagnostic assessments. Youth had to be flown to Oahu to get assessed. He pointed out how services could be provided on Molokai and Lanai by practicum students who live on those islands and provide supervision to them remotely. R. Ries suggested partnering with advanced level students who are willing to stay on island for a few days a week. S. Shimabukuro explained that CAMHD staff regularly fly to Molokai and Lanai to provide services and CAMHD is currently working with interns for various clinical responsibilities. • K. Aumer asked about reimbursement for telehealth services. S. Shimabukuro and J. Fujii explained that during the federal public health emergency period for the COVID-19 pandemic, telehealth services are covered as a reimbursed service. The emergency period will continue through the end of 2021; however, the state			

	emergency period will likely end in August 2021. J. Fujii stated that the Hawaii Department of Human Services, MedQUEST Division (DHS MQD) is currently working on guidelines for telehealth beyond the public health emergency period. J. Fujii explained that the COVID-19 public health emergency has accelerated telehealth utilization. From a Medicaid perspective, we see the great use of telehealth and the hope is to continue telehealth access beyond the public health emergency period. J. Fujii referenced a telehealth utilization chart comparing utilization from 2019 to 2020. S. Shimabukuro and R. Ries stated they are interested in seeing this chart. To clarify, telephonic services are those provided over a telephone device without video (no eyes-on). Telehealth services include video as well as audio. K. Aumer clarified her concern for telehealth reimbursement is to ensure neighbor islands continue to have adequate telehealth access with the reimbursement to avoid interruption/delay in care. • T. Reed mentioned Robin Lee, staff at the Wailuku, Maui CAMHD Family Guidance Center is a member of the Maui Service Area Board (SAB). It was mentioned that there is no place for youth to go on Maui for emergency hospitalization. The Maui SAB included this service gap in their Comprehensive Integrated Service Area Plan (CISAP). She is interested in obtaining data on hospitalizations and utilization rates for hospital emergency departments (ED) by youth. S. Shimabukuro noted that due to the small numbers, there could be restrictions on sharing data due to potentially being able to identify the individuals. • R. Ries referenced a Hawaii law stating that reimbursement rates for in-person services are to be the same as reimbursement rates for telehealth services. He is unsure of the law's effective date but has had his claims denied. He is aware there was a draft bill introduced			

	that advocated for telephonic reimbursement being equal to in-person and telehealth rates but that bill died. • K. Ulevich shared that during the emergency proclamation, her organization bills for telehealth at the same rate as in-person services but telephonic services have been billed at a lesser rate. Amy Curtis, Administration for the DOH AMHD, shared the following information about the AMHD. • Like CAMHD, AMHD has services that are state operated (i.e. Hawaii State Hospital (HSH) and the Community Mental Health Centers (CMHCs)) as well as contracted purchase-of-service (POS) providers. • AMHD wants services to be provided in an effective, person-centered environment with the overall goal of services being provided across all counties in a consistent way regardless of location. • "Umbrella person" infographic shows the services and programs offered by the AMHD. This infographic is under revision to add new services that AMHD has developed. o Case management services includes community-based case management (CBCM) and intensive case management (ICM). Programming for co-occurring mental illness and substance abuse (MISA) are included as well as the Palekana program. o Psychosocial Rehabilitation services include illness management and recovery (IMR), social and independent living skills, Clubhouses, and Clubhouse employment and supported employment programs. o Crisis services include Hawaii CARES, crisis mobile outreach (CMO) which is available to anyone in Hawaii who needs crisis assistance, crisis support management (CSM), Licensed Crisis Residential Services (LCRS), stabilization beds, and walk-in urgent care services. o Forensic services include community fitness restoration, conditional release transition program, law enforcement and public safety consultation, specialty court consultation, court-ordered forensic evaluation services, forensic coordination, police cellblock nursing services, and pre- and post-jail diversion.			

	○ Treatment services include inpatient services at HSH and Kahi Mohala and in community hospitals, and outpatient services such as intensive outpatient hospital (IOH) services, co-occurring MISA services, CMHC services, specialized residential services program (SRSP) and therapeutic living program (TLP). ○ Community housing include 24-hour and 8-16 hour group homes, semi-independent living, transitional and supported housing and expanded adult residential care homes (E-ARCH). • AMHD is trying to build peer supports. Currently, AMHD has peers employed but we want to also increase peers in our contracted programs. We have training for HCPS training (this week!) and in the fall, forensic peer specialist training. Looking into stipends and other ways to bring interest and awareness to peer employment. • AMHD is trying to build its array of crisis stabilization services. While we have LCRS and CMO services, we've learned from the COVID-19 pandemic response, there are people needing stabilization services so AMHD will be looking to contract for expanding stabilization services across the state. • AMHD staff have been doing many other COVID-19 pandemic response activities including isolation and quarantine (IsoQuar) services and vaccine clinic point of distribution. We are pivoting back to our primary work and looking to fill staff vacancies. • There is a shared desire from the Hawaii State Judiciary, Public Safety Department, and law enforcement for decriminalizing individuals who live with a mental health condition. • AMHD is in the process of revising its mission and vision statements. Requests for public input was requested and the final statements will be shared soon. She thanked the SCMH for their input.			

	 SCMH members shared the following comments regarding A. Curtis's presentation: • K. Aumer expressed concern for sustainability for peer supports stating, "once established, is it sustainable?" A. Curtis explained that Hawaii Certified Peer Specialist (HCPS) training is done in-house. Additionally, by adding HCPS into AMHD's array of services, peer supports are included in AMHD contracts which allows for reimbursement of their services. • T. Reed shared that she is a HCPS and she is looking forward to attending the next forensic peer training. She also shared that Mental Health America Hawaii is considering a forensic peer specialist training too.			
V. State Council on Mental Health • Who We Are • When and	R. Ries provided a detailed overview of the Council including historical information, membership composition, strategic planning and Focus Area priorities, and Statewide Comprehensive Integrated Service Plan (SCISP) and SAMHSA Mental Health Block Grant (MHBG) activities.			

How We Meet • What We Do – Strategic Plan and Focus Area Goals • Our Involvement in the Development of Hawaii's SAMHSA Mental Health Block Grant Application – Reviewing/ Drafting Content	<u>Historical Information</u> • In 1981, Congress passed the Omnibus Budget Reconciliation Act eliminating federal funding for community mental health centers (CMHC) and other mental health and substance use services. Federal funding for mental health and substance use services was replaced with Block Grants to give states greater discretion in the allocation of federal funds and transferred responsibility for the persons living with mental illness back to the states. • In 1984, with Act 218, the Hawaii State Legislature, amended chapter 334, Hawaii Revised Statutes (HRS), establishing a 15 member State Council on Mental Health and Substance Abuse, and establishing 15-member service area boards to advise CMHCs in each county. The service area boards were called the Service Area Boards on Mental Health and Substance Abuse (SAB), and the law stated that the role of the Council and boards was advisory. • In 1985, Act 6 amended the law to change the membership of the SABs from 15 members to 9 members. The member's role consisted of participating in the development of CMHC plans and budgets, and of providing advisement of service area needs. Members of the boards are service area residents and providers, with the majority being residents and non-providers. • In 1986, Congress passed the State Mental Health Planning Act, which authorized small grants to states to develop community-based programs and the institution of state planning councils. These state planning councils were comprised of citizens who advised, reviewed, monitored and evaluated all aspects of the development and implementation of the State Plan. • In 1993, with Act 210, the Hawaii Legislature amended the name of the State Council on Mental Health and Substance Abuse to the State Council on Mental Health (SCMH) and changed the composition of the Council from 15 members to 21 members. Meanwhile, the service area boards retained their name, the Service Area Board on Mental Health and Substance Abuse (SAB). • In 1989, Department of Justice's lawsuit and resultant settlement agreement with the Adult Mental Health Division (AMHD) in 1989, the			

	Community Plan for Mental Health Services was implemented as an order of the court on January 21, 2003. The Plan expanded Service Area Administrators' (SAA) oversight to County-level administrators and consolidated the SABs from 8 to 4 (one per County). • In the Community Plan, the Service Area Administrator's responsibility in relation to the SABs was to write an annual Comprehensive Integrated Service Area Plan. This integrated plan addressed service needs identified in the seven service areas inclusive of County-specific analysis and solutions: o Crisis Services, o Treatment, o Case Management, o Community Housing, o Psychosocial Rehabilitation, o Co-Occurring Mental Illness and Substance Abuse, and o Forensics • In 2004, a minor change was made to the chapter 334-11, HRS regarding the SABs to reflect changes in the Community Plan. The only change made to the statute on SABs was clarification that the SABs advised each SAA, rather than each CMHC. <u>State Council on Mental Health (SCMH) Membership</u> • Currently, the SABs are guided by the Hawaii Administrative Rules (HAR), the HRS 334-3, 334-11, and the Sunshine Law under HRS 92-1. • Members serve on a voluntary basis, are appointed by the Governor and confirmed by the Senate. • A member is usually appointed to a four-year term, and thereafter, a maximum of another four-year term. • One member of each SAB has a dual role by also serving on the SCMH. The purpose of this dual role is to bring county-level issues and concerns, including the county-based Comprehensive Integrated Service Area Plans (CISAP), to the SCMH. • The SCMH and SABs elect their own executive officers and create their own bylaws in compliance with federal/state statutes and administrative rules. • Meetings are open to the public.			

	• With the passing of Act 218 in 1984, the law stated that the SCMH's role is advisory. That being the case, the SCMH advises the Governor through the DOH Behavioral Health Administration (BHA) in a few key ways including the allocation of mental health resources, statewide needs, and programs affecting two or more service areas. NOTE: The DOH, through its Behavioral Health Administration (BHA) is the state mental health authority and is statutorily mandated to assure a comprehensive statewide behavioral health care system by leveraging and coordinating public, private and community resources. • The SCMH reviews and comments on the Statewide Comprehensive Integrated Service Plan (SCISP), which is integrated into Hawaii's MHBG application. • The SCMH serves as an advocate for adults with serious mental illness (SMI), children with serious emotional disturbances, other individuals living with mental illnesses or emotional problems, and individuals with co-occurring mental illness and substance use disorders. One SCMH member serves in a dual role membership on the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS). • The SCMH is made up of residents of the State of Hawaii, including mental health service recipients and mental health advocates, student and youth advocates, family members, individuals representing state agencies, specifically, mental health, education, vocational rehabilitation, criminal justice, housing, and social services; public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services; adults living with SMI who are receiving, or have received, mental health services, and family members of mental health service recipients and family members of children with serious emotional disturbances. • Currently, of the 21 membership positions, the SCMH has 13 members appointed. One member is in a holdover status waiting to be re-appointed, and we have three individuals waiting for the			

	Governor's approval for an interim appointment. These individuals will be scheduled for a confirmation hearing with the Senate Health Committee in the 2022 Legislative session. • The SCMH has reached out to the human services and judiciary state agency representatives for help with filling vacancies. • The SABs are doing fairly well with their membership status. Hawaii Island has 4 members, Kauai has 2 members, Maui has 4 members, and Oahu has 8 members. Majority of vacancies are for mental health service recipients, student and youth representatives, and family members. • Lastly, the SCMH recently experienced a major change in its support staff with the retirement of the AMHD Planner who served as the SCMH's primary administrative support. With this position vacant, the AMHD temporarily assigned Ms. Stacy Haitsuka, AMHD Communications and Training Specialist, and she has been helping Ms. Jocelyn Nazareno with administrative support for SCMH activities since June 2020. <u>SCMH Meetings</u> • SCMH meets monthly on the 2nd Tuesday from 9:00 a.m. to 12:00 p.m. HST • Due to the COVID-19 pandemic, the SCMH has been meeting virtually via Zoom. • Prior to the COVID-19 pandemic, the SCMH was meeting in person on Oahu with Neighbor Island members flying to Oahu. <u>SCMH Strategic Plan Focus Area Priorities</u> • In November 2020 and February 2021, the SCMH held its Strategic Planning Retreat in two parts. • At our June 2021 meeting, the members finalized and adopted the SCMH Strategic Plan for 2020-2022, acknowledging that some of our Strategic Plan goals are continuing from the previous plan and some goals have already had significant progress made as a result of Council members participating in Permitted Interaction Groups (PIGs), which are small groups of members who work between SCMH meetings on specific tasks and make recommendations to the			

	for decision making. • The SCMH has also made concerted efforts to raise awareness of the needs for County-level mental health services, especially services in rural areas and service availability issues where there have been issues with access to mental health services. • In summary, the Council's Strategic Plan includes the following 7 Focus Areas: 1. Improving access to mental health services (existing and new) 2. Advocating for the emotional well-being of the community 3. Identifying the tools the Council is empowered to use 4. Outlining an onboarding and reboarding experience for Council members 5. Strengthening the Council's presence as advocates and advisors to the Department of Health leadership, inclusive of neighbor island stakeholders and service area board members 6. Sharing information on the Council's website about existing mental health services (local/state/federal) 7. Identifying, tracking, and sharing the status of the Council's prioritized legislative bills Statewide Comprehensive Integrated Service Plan (SCISP) and Mental Health Block Grant (MHBG) Activities Each year the SCMH reviews the Statewide Comprehensive Integrated Service Plan (SCISP) either as part of the full Hawaii MHBG application or as the mini-application during the 2nd year of the two-year block grant. The SCMH looks forward to reviewing this year's MHBG application and to drafting our section of the MHBG application to provide more detail about SCMH activities and how members connect with their communities and with stakeholders in their area(s) of Council representation. SCMH is a Mental Health Advocate Lastly, I would like to comment that the SCMH has been building positive momentum in its role as mental health advocates in several ways. • We have invited speakers from state agencies and from community organizations to share information and perspectives and with this			

	information, we have been able to have more discussion and when appropriate take a position on the issue or mental health topic. • We have submitted testimony for legislation related to mental health to voice our support, opposition or comments on drafted senate and house bills. • We have made significant improvement in the overall experience that members have when they serve and participate so that there is a welcoming atmosphere to meet and share updates during our respective standing agenda reports. • We have shared our concerns with the Governor and the legislature through our annual legislative report about Hawaii's mental health service system and our recommendations for addressing areas we believe are service gaps. • We have expressed our feedback to the former DD BHA about the COVID-19 pandemic and mental health topics. We hope to continue to have an open dialogue with the newly appointed DD BHA. R. Ries acknowledged there is much more that the SCMH looks forward to being part of as it continues its work to advise, monitor, review and evaluate the provision of mental health services in Hawaii. He thanked each SCMH member and each SAB member for volunteering to serve in these important roles. He emphasized that the SCMH is very active and has taken its responsibilities very seriously. SCMH members shared the following comments regarding the SCMH presentation: • A. Beninato mentioned his interest in public service announcements (PSA) and video production. He wonders what kinds of content would the SCMH want to share. He is looking at sound bites for media circulation. T. Reed suggested inquiring with the cable television providers who may be able to offer free or low cost advertisements as part of its public service airtime. R. Ries mentioned KTUH as an option for media. • J. Renfro thanked everyone for sharing the information about the SCMH. This is her 2nd meeting and she feels she has been warmly	Consider for a task assigned to the Website and Social Media Permitted Interaction Group (WSA PIG).	R. Ries/ S. Haitsuka	8/10/21

	welcomed. She thanked all SCMH members for their commitment and dedication. R. Ries noted it has been over a year that the SCMH has been actively recruiting for a Department of Education (DOE) representative.			
VI. Presenter/Guest Speaker • Questions to SCMH Members Regarding Hawaii's Mental Health Block Grant (MHBG) Funding and Hawaii's Mental Health Care System	R. Ries introduced Mr. Hassan Sabree, SAMHSA Project Monitor and Ms. Michelle Gleason, SAMHSA Project Officer. H. Sabree and M. Gleason participated in a dialogue, question and answer session with SCMH members about various Hawaii mental health and MHBG related topics. • H. Sabree asked about the ratio of SCMH members in various non-state positions. Federal regulatory requirements include having over 50% of members being mental health service recipients, family members and youth/student advocates. R. Ries shared about the recent changes to quorum that helped addressed both being able to conduct meetings and having members who show up at meetings. Changing this law was critical to helping address membership and meeting attendance. The SCMH has been very diligent with recruiting members from the various agencies and areas of representation. H. Sabree explained that the ratio, with respect to membership, (a) parents with children with serious emotional disturbance to other members of the SCMH is sufficient to promote adequate representation of such in the SCMH's deliberation and (b) not less than 50% of SCMH members are mental health service recipients, non-state employees and not providers of mental health services. NOTE: M. Gleason, clarified that SAMHSA identifies "sufficient" number of parents with children with serious emotional disturbance (SED) to be "at least one member." She encouraged the SCMH to verify that the parent has a child who is a child versus an adult son where the parent is now considered a relative.	For information only. Check with H. Ilyavi to confirm the child is actually in the SED system.	R. Ries/ S. Haitsuka	8/10/21

	C. Knightsbridge emphasized the SCMH does meet the requirements H. Sabree stated. R. Ries noted there are at least six (6) members of the 13 filled seats who are not state employees and not a provider at all. E. Lau-James stated see counts that there are at least eight (8) of the 13 filled seats that meet the ratio requirement. M. Gleason stated she looks forward to reviewing Hawaii's MHBG application in September and will watch for an update from the SCMH. She will consider efforts made by the state and by the SCMH to recruit members. She is very supportive of all efforts and will communicate the need for full member from the federal level to the state. She will ask her leadership about what can be done to advocate. C. Knightsbridge emphasized the SCMH has made efforts to reach out via written letters and inquiries to fill vacant agency positions. There is little the SCMH can do to enforce the requirement. R. Ries said that having a letter from the federal level could help. A. Curtis also stated she would help with recruitment efforts. She noted there are a lot of activities being worked on with Judiciary and she can help to advocate for membership. M. Gleason stated after September, she will be sure to send the letter that Hawaii can use to encourage compliance with the federal requirements. She forwarded the SCMH letter to the Judiciary to Marian Tsuji ,who stated she will assist with recruitment. If after reviewing the membership status in September and compared to the 2019 MHBG application, M. Gleason will work with the Hawaii MHBG planner to address the issue. She will ask for Hawaii to give an update and she will stay on top of receiving updates about filling those positions.			

	• H. Sabree pointed out that the SCMH has a "fascinating good problem" explaining that it is great news to hear the SCMH recognizes that recruitment is a challenge and it needs to be addressed. He plans on issuing a recommendation in his program monitoring report stating recruitment is a priority in order for Hawaii to be in compliance with federal requirements. • H. Sabree asked what the SCMH felt its role is in regard to reviewing Hawaii's MHBG application. R. Ries explained that the SCMH receives a draft copy of Hawaii's MHBG application. We review and provide comments. For example, the last two MHBG applications were shared as handouts for today's meeting. The SCMH has commented on both previously and generally supports the application. Comments include strengths and leading edges with what the SCMH sees as opportunities for improvement. Next month the SCMH will meet to review the new Hawaii MHBG application for the next two-year plan. • H. Sabree asked if the SCMH reviews the fiscal allocation for MHBG funds. R. Ries acknowledged the SCMH does review the fiscal information and does its best to wrap its head around the numbers but without the scope of state staff who are versed in the number, it can be confusing. For example, when money is allocated initially for an item but then it's reallocated to something else and we do not really know the reasons or the balance amounts. M. Gleason mentioned about the December 1st report that includes information about spending in the previous federal fiscal year. It shows two expenditure tables and the SCMH should review it. R. Ries noted that J. Tanaka, the AMHD Planner at the time, did present that information to the SCMH.			

	• H. Sabree asked how the SCMH identifies a goal that either made its way into the MHBG application or if it was challenged. R. Ries mentioned the SCMH Strategic Plan Focus Area #1 which includes access to services for first responder mental health support. He also noted the importance of improving Neighbor Island crisis support for immediate response. R. Ries noted that he can share about services in the future as it's difficult to share about past opportunities. For example, looking at someone on Maui who cannot access "boots on the ground" services on their island for whatever reason (i.e., capacity challenges), the SCMH have taken time to consider input form neighbor islands to hear about experiences and challenges. S. Haitsuka noted that the SCMH has discussed about peer support and advocacy for peer trainings. For example, N. Crozier is now helping with the Hawaii Certified Peer Specialist training that is happening today. T. Reed has mentioned being part of the forensic peer specialist training. Looking into warm lines for peer support has also been ways the SCMH has been an advocate for existing mental health services. E. Lau-James added that many SCMH members are new. With the Strategic Plan Retreat, SCMH members were able to hone our approach and plan in a structured and effective way. E. Lau-James stated SCMH Strategic Plan Focus Area #1, Objective 1.1 states, review the draft Hawaii MHBG application. We will work on this as a new membership group and we will develop our Comprehensive Statewide Integrated Service Plan (CSISP) which is part of the MHBG application. • H. Sabree emphasized that the SCMH is in an advisory role however there is a need to establish that there is autonomy within the state; making sure the SCMH is not a "puppet" for the state stating the core purpose of the SCMH.			

	C. Knightsbridge affirmed the SCMH takes its role seriously; seeing our SCMH role as a checks and balance system. Even if the SCMH is not in agreement with the DOH, the DOH doesn't have to agree; but is required to write back to explain. • C. Knightsbridge asked H. Sabree what the SCMH can improve on? H. Sabree shared his preference for addressing areas for improvement. He likes to take a strengths-based approach. He recognizes the SCMH's brutal honesty, being transparent and its recognition of the delays involved in recruitment and in speeding up the appointment process for members. He encouraged the improvement of the onboarding experience for new members and encouraged SCMH members to engage with each other throughout their term. • R. Ries asked H. Sabree and M. Gleason about MHBG funds for SCMH business. For example, he asked whether MHBG funds could be used to purchase SCMH business cards. C. Knightsbridge noted the large amount of legalese that SCMH has to go through. Having a SCMH budget and options for spending would be helpful. M. Gleason defers to the state for its decision making about funding but stated she would check with the SAMHSA Division of Grants Managements (DGM) for their input if it is an allowable cost. She noted as an example that a pamphlet placed in a doctor's office that explains what mental health services are available and who the SCMH is would be an appropriate use of MHBG funds. She emphasized that MHBG funds need to have a specific focus on the seriously mentally ill (SMI) population rather than broad non-specific SMI outreach. A. Curtis noted that there was money allocated for the SCMH however the COVID-19 pandemic has impacted the SCMH's spending (i.e., travel, rental car, lodging, Retreat costs, etc.). • E. Lau-James mentioned the SCMH's efforts are documented in laborious meeting minutes It is excellent that the SCMH has			

	maintained quorum for the entire fiscal year 2021. She credited the painstaking amount of time spent on strategic planning that brought about the opportunity to share so much introspection and reflection of how the SCMH operated before, how it currently operates and how it will operate in the future. For example, she pointed to the SCMH Strategic Plan Focus Area #4 which focuses on outlining the onboarding and reboarding experience for SCMH members. This has never been done before and will greatly improve the experience SCMH members have with being able to join the SCMH and get to work right away with the information they need. She mentioned the SCMH now has digital access to all SCMH files, not just orientation material in hard copy. The digital files are updated regularly and all SCMH members can access the information 24/7. • R. Jackson shared he has participated on the Oahu Service Area Board on Mental Health and Substance Abuse for many years. His focus is for humanitarian care for all. He supports human rights and equal employment opportunities (EEO), including senior citizens and people physical disabilities. He observes that these population groups appear to be underrepresented. M. Gleason commented that there is a section in the MHBG application that allows for various categories of special population groups including lesbian, gay, bisexual, transgender and queer (LGBTQ) as well as Native American, and many other individuals including someone with substance abuse experience, even if these categories are not in statute, the MHBG application does ask whether these population groups are being represented. H. Sabree mentioned diversity and encouraged R. Jackson to address diversity issues within the SCMH. R. Ries noted that sometimes, diversity is not obvious to people and he recognized the SCMH is supportive of learning about each SCMH members' background. For example, he is a Spanish speaking individual but people may not automatically see this simply by			

	looking at him. • H. Sabree asked about training needs and how the SCMH goes about receiving training. R. Ries shared that SCMH members share knowledge during meeting discussions and speakers are arranged to come to meetings to present on specific topics. For example, SCMH members received legislative training and received a presentation about sex trafficking. Many times, the SCMH identifies its training needs by hearing from community members or looking at feedback from other organizations. R. Ries stated the SCMH makes a concerted effort to get to know Neighbor Island community concerns and be inclusive of island-specific issues. R. Jackson noted that years ago, the SCMH would fly Neighbor Island residents to Oahu to attend SCMH meetings; however, those living in rural areas could not fly over because they did not have transportation. He feels the state has been accommodating. E. Lau-James noted with the creation of the legislative permitted interaction group (LEG PIG), the SCMH was able to create its first ever participation guidelines for SCMH legislative activities. The new onboarding process detailed in the Strategic Plan Focus Area #4 addresses the issue of creating a formal training and onboarding process. R. Ries noted that some of the newer SCMH members have signed up to be part of this group so that they can give feedback on their experience. R. Ries noted that previously documents were snail mailed. Expenses are saved and trees are saved. Time is also saved with digital access where before, the SCMH has endured significant delays in receiving the information. SCMH members can now access the materials 24/7 and the files are updated regularly.			

	• H. Sabree asked how SCMH members keep in touch with constituents in their area(s) of SCMH representation. R. Ries shared that sometimes, these could be natural contacts and natural connections. For example, he is a provider of mental health services and sees clients regularly. He also is connected to other service providers through other organizations he is a member of such as the Hawaii Psychological Association. He noted community members are invited to speak at each SCMH meeting. • H. Sabree asked if the SCMH meeting minutes contain documentation of service gaps. R. Ries also noted the SCMH also discussed the lack of prescribers, not just psychologists, but also need for social workers and people who provide psychotherapy and are liaisons for support services. He is not a supporter of psychologists prescribing. He pointed out the need for police psychologists and retaining them on staff when other clinicians leave employment. R. Ries pointed out there are several instances where there is documentation about access to services, specifically about homelessness and the need for crisis response. There have been conversations about the need for a partnership program that helps pay for the cost of tuition with an agreement to stay in Hawaii to live and work. A. Curtis also shared that funding for this type of partnership has been on her mind as well. J. Renfro mentioned about the Hawaii Western Interstate Commission for Higher Education (WICHE) The Hawaii WICHE is actively addressing this issue. The University of Hawaii has a website with information about the Hawaii WICHE higher education partnership (CLICK HERE for handout). H. Sabree clarified that MHBG funds cannot be used for scholarships but he does encourage states in general to address work force issues. M. Gleason also clarified that the reason MHBG funds cannot			

	be used for scholarships is because the funding must target the SMI population and community mental health services. M. Gleason mentioned the SAMHSA Minority Fellowship Program (CLICK HERE for website). • R. Jackson asked about Hawaii law regarding eligibility for state funded services. If an individual has private insurance, does that make them ineligible for state funded insurance? Same for Clubhouse membership. If privately insured, they could not be a Clubhouse member. A. Curtis stated that anyone can participate in Clubhouse regardless of their insurance status. A. Curtis stated that insurance is taken into consideration and looking at the policies for Medicaid and billing. AMHD funds uninsured and underinsured individuals for state services when appropriate. For example, on Neighbor Islands where there are challenges with access to care. A. Curtis stated the AMHD is interested in working with staff from the Housing and Urban Development (HUD) to address their definition of homelessness and how it excludes institutionalized individuals. M. Gleason noted that this would be something to discuss with the SAMHSA Projects for Assistance in Transition from Homelessness (PATH) grant staff (CLICK HERE). Changing legislation is not easy. The MHBG was developed by Congress and while we've come a long way, we've got a long way to go.			
VII. Wrap Up and Next Steps	R. Ries noted there will be time at the next meeting to debrief and consider next steps as a result of information shared during today's meeting. • He expressed appreciation to H. Sabree and M. Gleason for their time. He also concluded by summarizing the mission and goal of the SCMH which involve being participatory and relevant in the			

	development of Hawaii's mental health system. • M. Gleason wrapped up the discussion stating as a result of today's meeting, she has a better idea of who the SCMH is. She feels the SCMH is doing a great job. • H. Sabree wrapped up the discussion stating he was humbled and privileged to meet SCMH members today. He feels the SCMH is doing tremendous work. He can see things from a provider perspective as well as from his federal oversight role. He appreciates and respects the SCMH's work.			
VIII. Closing Announcements	Council members shared the following announcements: • None. The next Council meeting is scheduled for August 10, 2021 from 9:00 a.m. to 12:00 p.m. via Zoom. Note the Council's need meeting end time.	For information only.		
IX. Adjournment	The meeting was adjourned at 12:38 p.m.	For information only.		
Electronic Mail Outs	The following handouts were e-mailed to SCMH members and individuals on the SCMH e-mail distribution list: E-mail (1 of 3) with handouts (total of 8 handouts) 1. July 2021 Executive Meeting – Agenda 2. Child Adolescent Mental Health Division (CAMHD) Service Brochure 3. Adult Mental Health Division (AMHD) Core Services Infographic 4. AMHD Mission, Vision and Guiding Principles 5. Hawaii CARES Contact Card E-mail (2 of 3) with handouts (total of 8 handouts) 1. Hawaii Mental Health Block Grant (MHBG) application for the full Federal Fiscal Year (2020-2021). 2. Hawaii MHBG Cycle 39 Fiscal Documents. 3. State Council's Letter of Support for Hawaii's MHBG Cycle 39 Application.	For information only.		

	Additional Resources: • CAMHD – Brochures (CLICK HERE) • CAMHD 101 – YouTube Video (CLICK HERE) • AMHD – Website (CLICK HERE)			