

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

Virtual Meeting via Zoom  
November 9, 2021  
9:00 a.m. – 12:00 p.m.

- Members Present: **Aumer, Katherine; Beninato, Antonino; Crozier, Charleen “Naomi”; Fujii, John; Ilyavi, Heidi; Knightsbridge, Christopher; Koyanagi, Dina; Lau-James, Eileen; Martinez, Beatrice “Kau’i”; Reed, Tara; Ries, Richard; Rivera, Renee**
- Members Absent: **Jackson, Richard “Rick”; Renfro, Jennifer**
- Members Excused: **Merriam, Kathleen**
- Guests Present: **Bates, Maureen; Cain, Iva; Kawamura, Jon**
- DOH Staff Present: **Haitsuka, Stacy; Nazareno, Jocelyn; Yin, Valerie**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
I. Call to Order	<p>Chair R. Ries called the meeting to order at 9:00 a.m.</p> <p>Members and guests introduced themselves.</p> <p>The following definition of quorum is printed on the agenda: Pursuant to <a href="#">Act 137-18 (SB 203)</a>, 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.</p> <p>For example, if only 16 of the entitled 21 members are appointed, at least 9 must be present to establish a quorum. To validate a council action, of the 9 members present, an affirmative vote from at least 5 is required.”</p>	For information only.		

	<p>Quorum was established by 9:01 a.m.</p>			
<p>II. Meeting Announcements</p>	<p>R. Ries shared the following announcements:</p> <ul style="list-style-type: none"> <li>• He thanked Council members for their understanding over the past 18 months as the Council continues to do its part to stop the spread of COVID-19 by holding its meetings virtually. Handouts are distributed electronically a week before the meeting.</li> <li>• He noted Governor Ige and the County Mayors have relaxed travel requirements to and from Hawaii. S. Haitsuka and J. Nazareno will keep the Council posted of any travel related changes that affect Council meetings including any changes made by the Department of Health (DOH) for their facility use guidelines regarding resuming in-person meetings in DOH facilities as well as the lifting of the Governor’s suspension for state-funded travel.</li> </ul> <p>For at least through January 2022, Council members should plan to participate in Council meetings virtually.</p> <ul style="list-style-type: none"> <li>• To use our time efficiently during today’s meeting, R. Ries asked Council members and guests to follow the following basic virtual Council meeting courtesies: <ul style="list-style-type: none"> <li>○ Please address any comments or questions to him.</li> <li>○ Members and guests may raise their “hand” virtually, type into the chat box, or orally get his attention during the meeting.</li> <li>○ Waiting to be acknowledged before speaking will keep the meeting organized and audio clear for note taking purposes.</li> </ul> </li> <li>• 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.</li> <li>• For Council members who take a break and step away from the meeting, please notify him before leaving as the Council needs to track of when Council members leave and return to verify quorum.</li> <li>• If at any time a Council member has an issue with the meeting connection, please consider closing your Internet browser or Zoom app and rejoining the meeting by re-clicking the Zoom link or joining</li> </ul>	<p>For information only.</p>		

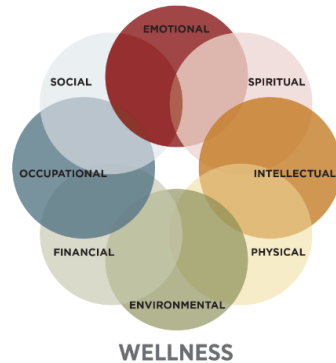
	<p>by phone as an alternate option.</p> <ul style="list-style-type: none"> <li>• If not speaking, please place yourself on mute. This will help with the feedback noise and will allow for everyone to hear speaker.</li> </ul> <p>R. Ries shared the following Council membership updates:</p> <ul style="list-style-type: none"> <li>• The Judiciary representative was selected; however, due to a change in staff, that person will no longer be applying. The Judiciary is in the process of selecting another staff to apply for the Council.</li> <li>• There are three (3) positions that may be filled by a consumer advocate, youth/student representative, or parent/family member.</li> <li>• One (1) position may be filled by a representative for the Kauai Service Area Board.</li> <li>• To view the current Council membership including existing members and their area(s) of representation on the Council and vacancies that Council members could help to recruit new members to join, please refer to the Attendance Log for Fiscal Year 2022 in your meeting handouts.</li> </ul>			
<p>III. Consideration and Approval of Minutes October 12, 2021 Minutes</p>	<p>The draft minutes for the October 12, 2021 meeting were reviewed.</p> <p>The following amendments were requested:</p> <ul style="list-style-type: none"> <li>• None.</li> </ul> <p>K. Aumer made a motion for the meeting minutes from the October 12, 2021 meeting be approved as drafted. H. Ilyavi seconded the motion.</p>	<p>Motion passed unanimously.</p>		
<p>IV. Community Input</p>	<p>Pursuant to section 92-3, Hawaii Revised Statutes, community members will have three (3) minutes to speak during this time.</p> <p>M. Bates shared the following community input.</p> <ul style="list-style-type: none"> <li>• She is the Hawaii State Department of Human Services (DHS), Division of Vocational Rehabilitation (DVR) Administrator.</li> <li>• She shared that DVR's representative to the Council has resigned and DHS will assist to identify a replacement representative.</li> <li>• Regarding the Hawaii blind vending program, DVR is not introducing a bill but is in contact with the DOH to coordinate departmental</li> </ul>			

	<p>testimony related to vending program bills which may be a topic next legislative session. Reference: 2021 <a href="#">HB1112</a> and <a href="#">SB1233</a>.</p> <ul style="list-style-type: none"> <li>• Congress passed the Randolph-Sheppard Act in 1936. This Act gave blind vendors the right to operate their business on federal government property including military troop dining, cafeterias and food service locations. §102-14, Hawaii Revised Statutes (HRS) is known in Hawaii as the Mini Randolph-Sheppard Act which codified federal law and extends the priority for blind vending facilities to state or county public buildings in Hawaii.</li> <li>• <a href="#">Last legislative session, in testimony, DVR recommended</a>, “the legislature consider funding of a pilot project to evaluate expansion of vending facilities to allow persons with mental illness to access use of public buildings for the purpose of providing remunerative employment through vending facilities for self-employment and leverage the expertise of blind vendors as well as other successful entrepreneurs to support this initiative without adjusting the current State laws.”</li> <li>• DHS cannot support a competing program to the Randolph-Sheppard Act due to existing federal and state laws.</li> <li>• DVR, DOH and members of the Hawaii Clubhouse Coalition are included in discussions around this topic to address concerns such as operational needs and program staffing, funding, successful entrepreneurial vending statewide and concerns about criminal history and background check requirements.</li> </ul> <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> <li>• R. Ries noted that, sadly, individuals do have criminal records and perhaps have had issues that they have had to address as part of their mental health recovery.</li> <li>• C. Knightsbridge commented that the Council is not DOH staff but is administratively attached to the DOH. The Council can advocate and testify on this bill topic.</li> <li>• R. Ries invited M. Bates to return to the Council to share updates on future legislative bills related to this topic when available.</li> </ul>			
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<p>V. Old Business</p> <ul style="list-style-type: none"> <li>• Template for Council Member Standing Agenda Reports</li>   <li>• SCMH Online Member Portal Access to Council Meeting Materials and Confirming Each Council Member Has Accessed the Portal</li> </ul>	<p>R. Ries noted that anytime the Council has a new business agenda item that needs to be continued to the next month’s meeting, the Council will have those agenda items listed the following month under Old Business.</p> <p>Last month, Council members received a copy of the revised standing meeting report template that includes online fillable fields. A copy was provided in today’s meeting handouts.</p> <p>The template was not formally adopted at the last meeting. C. Knightsbridge made a motion to adopt the report template. N. Crozier seconded the motion.</p> <p>In September and October, Council members should have received an e-mail from Microsoft SharePoint to access the Council’s online member portal. S. Haitsuka sent an e-mail with step-by-step instructions for accessing the portal.</p> <p>Some Council members mentioned difficulty with receiving the initial e-mail to setup their access but I believe after the initial setup, everyone with access has been okay from that time forward.</p> <p>Any comments from Council members about using the online member portal? Has it been convenient? Do you have suggestions for additional resources or documents that you’d like to have added?</p> <ul style="list-style-type: none"> <li>• R. Ries previewed the portal and the content.</li> <li>• K. Aumer shared that the portal is very convenient and reaching out to S. Haitsuka to set up access was quick and easy.</li> </ul> <p>R. Ries encouraged members who have not yet accessed the portal to please either type into the chat that they would like S. Haitsuka to provide technical assistance or raise their Zoom hand to say they need help. S. Haitsuka is available to assist. This is our Council’s online portal. It is a living portal and will be updated regularly. It is available to Council members 24/7 via Internet access. The Council has not had this level of access to our resources before which takes away much of the mystery of where to find answers for Council business. He encouraged Council</p>	<p>Motion passed unanimously.</p>		
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Integration is a theme in this visual representation of how each of the eight dimensions affect overall quality of life.

R. Ries offered the Council could consider re-categorizing the resources by using the eight dimensions as categories and listing our resources based on their connection to each dimension.

He asked Council members what their thoughts are about re-categorizing and if they support adapting the resources to the eight dimensions.

- C. Knightsbridge commented that this is a cool approach. He sees how this information could be embedded on the Council’s website and how it could be interactive such as clicking on the “emotional” dimension and there could be a list of resources based on that category.
- R. Ries commented that it is a neat way to show how the Council aligns by thematically breaking up resources into these categories for more equal playing field. We could add spiritual resources that are generally pointed towards churches, temples, synagogues, etc.
- E. Lau-James commented that having the categories noted at the top as an overall theme and then listing the resource below allows people to determine where the resources fall according to their needs and preferences is a good way to share versus the Council subcategorizing the resources for people.
- A. Beninato mentioned the colors are dull. He suggested using a brighter color scheme that is more attractive.



<ul style="list-style-type: none"> <li>• Ways the Council Can Increase Interaction with the Hawaii Mental Health Task Force (MHTF)</li> </ul>	<p>C. Knightsbridge made a motion to integrate the Council’s resource grid with the SAMHSA eight dimensions. J. Fujii seconded the motion.</p> <p>Last month, C. Knightsbridge encouraged Council members to attend and speak up in Mental Health Task Force (MHTF) meetings. Whether speaking up as a Council member representing your area(s) of representation or as a community mental health advocate, meetings are meant to be informative through presentations and thoughtful feedback received from attendees.</p> <p>It was also mentioned that sometimes, people may be uncomfortable with speaking up due to stigma or fear of retaliation. It is challenging to speak publicly and to self-disclose personal information.</p> <p>MHTF meetings are sponsored by Representative Ryan Yamane as House Health Committee Chair and are co-facilitated by Bryan Talisayan from Mental Health America Hawaii and Trisha Kajimura who recently accepted a leadership position at the Hawaii Health and Harm Reduction Center.</p> <p>R. Ries asked if the Council is supportive of having time on the MHTF agenda to share about the Council such as who we are, ways to contact us, and perhaps share a few examples of our work. The MHTF will be meeting for the last time in 2021 on December 9<sup>th</sup>. Reasonably, we could ask for time on a 2022 MHTF meeting agenda.</p> <ul style="list-style-type: none"> <li>• C. Knightsbridge supports regular attendance at MHTF meetings. A “pro” for having a standing agenda item is that the Council can give a regular MHTF Council update.</li> <li>• E. Lau-James loves the idea to increase awareness and make others aware of Council activities. She recalls when R. Ries and K. Aumer spoke and recently when K. Merriam represented A. Curtis during a recent MHTF meeting. She recalls K. Aumer was recognized for her creation of the HPU intern program.</li> <li>• R. Ries agrees Council members can make an effort in 2022 to attend MHTF meetings more regularly and maybe no need for a standing MHTF agenda item for the Council. Instead, Council members could make specific requests when we have items to bring to the MHTF for discussion and feedback.</li> </ul>	<p>Motion passed unanimously.</p>		
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	<ul style="list-style-type: none"> <li>• H. Ilyavi supports speaking when we have something to share and when our topics are organized.</li> <li>• R. Ries noted the MHTF is a discussion forum and great venue to speak to a large audience; mostly professional sectors in attendance.</li> </ul>			
<p>VI. New Business</p> <ul style="list-style-type: none"> <li>• Resiliency Training for First Responders</li> </ul>	<p>R. Ries noted this is a topic he had requested for Council agenda discussion a few months ago. It is a topic he is deeply committed to working on. He is a former first responder.</p> <p>In the meeting handouts, there are three handouts related to this agenda topic. One handout has presentation slides from the Coherence Associates, Inc. They were a presenter at the most recent Hawaii Institute for Violence, Abuse and Trauma (IVAT) virtual conference. The second handout shares information about The Emotional PPE Project which is a national project aimed to assist workers in the healthcare field. The third handout shares information about the Hawaii Ku Makani COVID-19 Crisis Counseling program which is a statewide service for anyone experiencing challenges as a result of the COVID-19 pandemic.</p> <p>Resiliency is the capacity to endure stress and rebound to your original form (e.g., sponge). For example, the COVID-19 pandemic affects us and we can resile and move forward even if faced with setbacks.</p> <p>Resiliency training focuses on how to be strong during stressful times; not blaming others; seeing yourself as responsible.</p> <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> <li>• C. Knightsbridge likes the concept of the training; changing the narrative for responsibility.</li> <li>• R. Ries thinks it would be great for HPD to have a psychologist. He would like to invite HPD Captain Mike Lambert to a future meeting.</li> <li>• N. Crozier mentioned Retired Maui Policy Department (MPD) officer Lawrence Kauha’aha’a runs a supported employment program for Maui called the Wailuku Clean and Safe program which helps to link participants to community resources and social services. <a href="#">CLICK</a></li> </ul>			

<ul style="list-style-type: none"> <li>• What are State Behavioral Health Councils and Should Hawaii Form One?</li> </ul>	<p><a href="#">HERE</a> for information about the Wailuku Clean and Safe program.</p> <ul style="list-style-type: none"> <li>• N. Crozier also mentioned Joe Pontanilla is the Program Manager for the Maui County Community Development Block Grant (CDBG). <a href="#">CLICK HERE</a> for information about the Maui CDBG.</li> <li>• N. Crozier shared on Maui, MPD received compassionate mental health training. When calling 911, ask for a CIT-trained officer.</li> <li>• T. Reed recalled the Council discussing the Crisis Outreach Response and Engagement (CORE) Program. <a href="#">CLICK HERE</a> for more information about CORE. Maybe the Council could ask CORE for a presentation about their services.</li> <li>• R. Ries stated a robust first responder system with the right touch points can have a major impact on the community.</li> <li>• T. Reed shared that Mental Health America Hawaii has provided a first responder resiliency training in the past. <a href="#">CLICK HERE</a> for more information about MHA Hawaii’s trainings available via YouTube.</li> <li>• C. Knightsbridge could post the resiliency training resources on the Council’s social media. S. Haitsuka could post the resources to the Council’s website.</li> </ul> <p>R. Ries noted this agenda topic has been mentioned briefly in past Council meetings. He would like to have a conversation about the topic and possibly identify some advantages and disadvantages.</p> <p>In the meeting handouts, there is an information sheet that pulls together research from the SAMHSA website, SAMHSA publication, and the National Council for Mental Wellbeing. SAMHSA defines two types of planning Councils. The definitions are provided on the handout.</p> <p>The Hawaii State Council is a mental health planning. Hawaii does not currently have a behavioral health planning Council.</p> <p>The SAMHSA publication shown on the 1<sup>st</sup> page of the handout may look familiar to Council members who participated in Part 1 of the Council’s Strategic Plan Retreat in October 2020. It was a handout that was recommended reading by Karen Oliver, our Retreat facilitator. <a href="#">CLICK HERE</a> for the publication.</p>			
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	<p>The National Council is a 501(c)(3) membership organization that advocates for policies that ensure people who have mental health and substance use challenges have access to comprehensive, high quality services. The National Council drives policy and social change on behalf of nearly 3,500 mental health and substance use treatment organizations and the more than 10 million children, adults and families they serve. They are responsible for several activities on a national level which are highlighted on the 2<sup>nd</sup> page of the handout. <a href="#">CLICK HERE</a> for information.</p> <p>On the 3<sup>rd</sup> page of the handout, there is a list of states who have established state behavioral health planning councils. <a href="#">CLICK HERE</a> for the list of National Council State/Association Members.</p> <p>R. Ries noted that DOH Deputy Director of Behavioral Health Administration (DD BHA) Marian Tsuji is scheduled to attend the Council's December meeting. She is aware of the Council's request for feedback on the SAMHSA MHBG letter. A copy of the final letter that was approved at last month's meeting is included as a meeting handout.</p> <p>R. Ries thought the Council may want to inquire with Ms. Tsuji about her thoughts on whether Hawaii should establish a Hawaii behavioral health planning council like several other states have done.</p> <p>One thing we have heard from DOH leadership is the concept of integrated care and the need to have coordinated entry to behavioral health services statewide.</p> <p>By supporting the process for Hawaii transitioning to a behavioral health council, it's like we as a Council are kind of saying, "We are all trying to be on the same team and we recognize the need to provide person-centered services. You've (DOH/AMHD/CAMHD/ADAD and HACDACS) said you're working on integrated care. You're building an electronic medical record system that can 'talk' across DOH Behavioral Health Divisions. You're saying there is a need to lean towards a single access point for behavioral health services which is Hawaii CARES. The Council supports these</p>			
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	<p>initiatives and wants to formally show support by transitioning from the Hawaii State Council on Mental Health to the Hawaii Behavioral Health Planning and Advisory Council.”</p> <p>Council members shared the following comments:</p> <ul style="list-style-type: none"><li>• C. Knightsbridge mentioned the lengthy process but generally a good idea.</li><li>• R. Ries noted that the process could potentially result in increased Council reach and ability to advice for mental health and substance abuse, which is what the Council already does, in parts. There may also be more grant funding options as well as dedicated full-time Council staff which would make a significant difference in the Council’s impact and reach.</li><li>• K. Aumer noticed that many statutes are connected to initiative of the MHBG. She will look at what other states have written in law.</li><li>• R. Ries pondered that the Council could potentially lose some autonomy but if strategic, loss may not be the case.</li><li>• K. Aumer noted she is not clear on the specifics of the behavioral health planning councils or who members are.</li><li>• C. Knightsbridge suggested Council members e-mail a list of questions to S. Haituka and Council members can research them.</li><li>• E. Lau-James noted there are two separate sections of the MHBG. One is mental health and the other is substance abuse. She recalls issues with submitting the MHBG application. In the spirit of co-occurring, the MHBG should be used to combine funding for these programs. She noted in her husband’s experience, she could not get care for him from a facility providing both mental health and substance abuse services. The substance abuse service system is separate from the mental health service system.</li><li>• N. Crozier shared that she uses the homeless management information system (HMIS) to get people housed. It is a central place for information about homeless clients. She inputs client’s homeless info, coordinates for supported housing and helps with mental health parts. Other agencies help with other parts of the database which is shared by many agencies. The Council could look into supporting these kinds of shared databases for coordinating care.</li></ul>			
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<ul style="list-style-type: none"> <li>• 2022 State Council Annual Report to the Legislature</li> </ul>	<ul style="list-style-type: none"> <li>• J. Fujii thought it makes total sense to integrate mental health and substance abuse as part of the “big” picture. He mentioned the Web Infrastructure for Treatment services (WITS) that helps with client service data including coordination of care and cost of care.</li> <li>• R. Ries noted the Council definitely wants input from the Service Area Boards who are, by law, inclusive of mental health and substance abuse whereas the Council is specifically named with mental health in title but we do recognize the need to address co-occurring.</li> <li>• R. Ries stated feedback from NAMI Hawaii and Mental Health America Hawaii would be great as well as feedback from mental health and substance abuse providers in the state, maybe the Attorneys General (ATG) and Hawaii Disability Rights Center (HDRC).</li> <li>• E. Lau-James also suggested getting input from HACDACS. J. Fujii agreed to inquire with HACDACS for their feedback as well.</li> <li>• R. Ries stated the Council may need to step back and do these important research steps to understand how the community feels and if they support having a Hawaii behavioral health council.</li> </ul> <p>Council members generally agreed that it would be great to get input from the SAMHSA Project Officer (PO) assigned to the Hawaii MHBG.</p> <p>A copy of the 2020 Council report was provided as a handout. S Haitzuka also sent a copy of the 2021 Council report in a separate e-mail. Both reports are available in the Council’s online member portal.</p> <p>Between now and the Council’s December meeting, we will want to complete the initial draft and present it for final edits and approval at the December meeting.</p> <p>The draft shell of the 2022 report template was also provided as a handout. It mirrors the format of the 2021 report but there is one big addition. We made it clear in previous meetings that we needed to strengthen Neighbor Island representation and recognize the Neighbor Islands uniquely.</p>	<p>Seek feedback from NAMI Hawaii and Mental Health America Hawaii, mental health and substance abuse providers, ATG and HDRC.</p> <p>Seek feedback from the SAMHSA PO.</p>	<p>R. Ries/ S. Haitzuka</p> <p>R. Ries/ S. Haitzuka</p>	<p>12/21/21</p> <p>12/21/21</p>
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<ul style="list-style-type: none"> <li>• Strategic Plan Focus Area #1 Council Discussion: Identify Feasible Ways to</li> </ul>	<p>In the 2022 template, after the State Council’s role is introduced, there is a new section for the Service Area Boards (SABs). This is one way we can recognize the efforts of each of the SAB and pull information from their annual County Comprehensive Integrated Service Area Plans (CISAPs). This has never been a specific highlight in past Council annual reports. The Council is making sure we are inclusive and recognizing the neighbor islands have a prominent place in our report.</p> <p>R. Ries noted that information for the 2022 report will be pulled from our meeting minutes. He emphasized the Council has met every month for 19 months straight, WITH QUORUM including today’s meeting. This is AWESOME!! Thank you for showing up. Quorum wouldn’t be achieved without Council members prioritizing monthly meetings.</p> <p>We have a lot of great details to share with legislators about our work and while we haven’t extended an invitation to them in the past, we may consider doing that when we submit our 2022 report. We could consider sending a hard copy of the report to key legislators such as the Chairperson of the House and Senate Health Committees and the Chairperson for the House and Senate Homelessness and Human Services Committees along with our Zoom meeting information and our Council e-mail address.</p> <p>He asked Council members to read the draft report prior to December’s meeting and be prepared to share edits. We need to finalize the report to meet the legislature report submission deadline which is no later than 20 days prior to the convening of the legislative session. The 2022 legislative session will convene on the 3<sup>rd</sup> Wednesday in January which is the 19<sup>th</sup>. Therefore, our report needs to be submitted before our January Council meeting.</p> <p>R. Ries noted this agenda item continues the Council’s work on Strategic Plan goals and Action Plan steps. Broken down into smaller parts, the larger Strategic Plan can be worked on incrementally. The goal is to have made significant progress on our goals by the end of this year and be able to accomplish them by the June 30, 2022.</p>	<p>Read draft 2022 legislative report prior to December’s Council meeting.</p>	<p>Council Members</p>	<p>12/13/21</p>
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<p>Improve Access to Existing Mental Health Services Including Input from Stakeholders within Council Members' Area(s) of Representation, Service Area Boards, and Community Members</p>	<p>Our Strategic Plan Focus Area #1 is about improving mental health services both existing and new.</p> <p>As a Council, we are limited in our advisory scope. We do not oversee clinical programs. We do not supervise mental health staff. We do not fund programs or informational campaigns for mental health services.</p> <p>What we can do and what we have been doing in increasing ways over the last year and a half is to identify service gaps at the County level, identify where services are being provided and advise the Department of Health, provide recommendations and advocate on behalf of the community.</p> <p>Access to existing mental health services is not a one size fits all.</p> <p>For example, we have heard from the Hospital Mental Health Care PIG (HMHC PIG) that there are many challenges with accessing mental health services through the hospital emergency department. Criteria used to determine eligibility may not always result in the services that someone really needs whether they are in crisis, at risk for decompensation, or are needing to address mental health proactively and voluntarily. Services may also be limited based on the type of health insurance coverage or finances an individual has.</p> <p>R. Ries asked Council members to help identify three to five feasible ways the Council can improve access to existing mental health services. These could be ways that we are already working to address this topic or ways we can consider connecting with those who we represent on the Council to inquire for their feedback. It could be ways we have discussed earlier.</p> <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> <li>• J. Fujii suggested looking at County level service gaps. For example, geographically, where are the services and are they located where people need it. Possibly look into grants to defray expenses for providers to open or expand services. This may be appealing to the providers and address barriers they have with service expansion (e.g., loan forgiveness, housing stipend, incentives).</li> </ul>			
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<ul style="list-style-type: none"> <li>• Strategic Plan Focus Area #2</li> </ul>	<ul style="list-style-type: none"> <li>• H. Ilyavi mentioned short-term goals such as educating the community and providing education and wage incentives. She mentioned longer-term goals such as those that help to round out the “bigger” picture of mental health services vs. needs.</li> <li>• K. Aumer suggested looking at telehealth infrastructure such as providing hotspots for Internet connection as an investment.</li> <li>• C. Knightsbridge mentioned interfacing with educational institutions for internships and partnerships to address workforce challenges to keep Hawaii students in local jobs. He suggested looking at ways to offset the cost of education in shortage areas if they agree to stay and work. He also mentioned that the state needs to speed up the process for hiring new state workers.</li> <li>• R. Ries mentioned approaching licensing boards and be able to explain the process to apply for licensure; explain the requirements or assist with finding a specific course (provide it for free or arrange for it to be available in Hawaii).</li> <li>• K. Aumer noted there is a need to address state funded schools</li> <li>• E. Lau-James commented that peer specialists need mini trainings to help them to gain the skills needed for direct contact with peers. She noted her husband cannot hold a full-time job but he could work and provide peer services where he felt valuable. There is value in offering trainings. Peer support has a therapy component. Lay people need to learn strategies as a family support specialist so there are several peer options – peer specialists, “regular Joe”/non-peers and professionals.</li> <li>• R. Ries mentioned undergraduate students getting trained in the field of behavioral health crisis. He volunteered as a crisis responder answering crisis phone calls.</li> </ul> <p>R. Ries mentioned with this short list, the Council can consider in a future meeting how we may be able to combine this Strategic Plan goal and Action Plan step with other activities we are working on and look at how we want to move forward.</p> <p>R. Ries noted that this new business agenda item may feel similar to the one we just discussed. This topic was listed as part of our Strategic Plan</p>			
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<p>Council Discussion: Identify Ways the Council will Advocate for the Well-Being of the Community Including Evidence-Based Practices, Peer Reviewed Publications and Other Widely Recognized Local/State/National Resources</p> <ul style="list-style-type: none"> <li>• Strategic Plan Focus Area #3 Council Discussion: Identify Tools the Council is Familiar with and Form an Infographic PIG</li> </ul>	<p>Focus Area #2 but it's likely that we may already be working on this Strategic Plan goal from various angles.</p> <p>He asked Council members to reflect and share about ways the Council will advocate in the future or has been advocating of recent for the well-being of the community including evidence-based practices, peer reviewed publications, and other widely recognized local, state and national resources.</p> <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> <li>• None.</li> </ul> <p>This agenda item was tabled to the next Council meeting.</p> <p>R. Ries asked, what does the Council mean by “tools”? He noted he doesn't automatically think about tangible objects that help with a task and it's not immediately obvious what tools are available to the Council but Strategic Plan Focus Area #3 was an administrative Council goal. It's a goal that helps us to recognize ways we can help ourselves to gain knowledge and understanding about ways we can assist our community.</p> <p>He commented that Council members may be familiar with the term “toolkit” – there are many different types of toolkits provided for media distribution or for training purposes.</p> <p>He asked Council members to share what are the tools that help us as Council members to be effective in our role as advisors to the DOH and advocates for people who live with mental illness?</p> <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> <li>• R. Ries noted tools could include:</li> </ul>			
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	<ul style="list-style-type: none"> <li>○ Input from stakeholders and people within our area(s) of Council representation;</li> <li>○ Resources in our community that we are aware of but are not endorsing;</li> <li>○ Online resources;</li> <li>○ Where to go to speak up such as meeting, forums, legislature, and City Council;</li> <li>○ Research by Council members to look into issues at the national, state and county levels;</li> <li>○ Contacting leaders for input;</li> <li>○ Developing rapport with others in the community from agencies and mental health advocacy groups;</li> </ul> <ul style="list-style-type: none"> <li>● T. Reed said the Council’s website is a tool.</li> <li>● K. Aumer noted that the behavioral health dashboard is also a good tool to reference. <a href="#">CLICK HERE</a> for the dashboard.</li> <li>● T. Reed suggested online tools such as SAMHSA’s free resources and information from the National Institute of Mental Health.</li> <li>● T. Reed suggested resources focusing on destigmatizing and various Recovery models.</li> </ul> <p>R. Ries noted that members of the Infographic PIG who will be able to take these suggestions and create an infographic that visually shows what the tools are and how the Council can use them. He stated this is the last PIG the Council will create this calendar year. We currently have six PIG groups actively working on a Council tasks. On the PIG tracking sheet handout, there are members who have expressed interest in joining this PIG. They are: H. Ilyavi, C. Knightsbridge, and T. Reed.</p> <p>E. Lau-James made a motion to create an Infographic PIG (InfoG PIG) with the above members. H. Ilyavi seconded the motion. T. Reed agreed to lead this InfoG PIG.</p>			
<p>A. Permitted Interaction Group (PIG) Reports</p>	<p>In this section of the agenda, PIG members may briefly summarize the PIG activities since the last Council meeting including meeting dates, discussions, and recommendations on topics approved at previous Council meetings.</p>			



<ul style="list-style-type: none"> <li>• PIG for Legislation (LEG)</li> </ul>	<p>existing members and recognizing members when they term out.</p> <p>Looks like this PIG did meet and they provided us with their meeting notes as well as a chart of items to review.</p> <p>There are no recommendations from this PIG for the Council to vote on at this time. C. Knightsbridge asked Council members to review the chat and give input for any additional items.</p> <p>R. Ries noted the next step is for this PIG to meet to continue their work. Their next meeting is scheduled for November 18, 2021.</p> <p>The LEG PIG was formed at the Council’s September 14, 2021 meeting. LEG PIG members include K. Aumer, C. Knightsbridge, E. Lau-James, R. Pascual-Kestner, T. Reed, J. Renfro and R. Ries. C. Knightsbridge is the LEG PIG lead.</p> <p>This PIG also met and provided us with their meeting notes. They shared a copy of the draft participation guidelines that was created by the previous Legislative PIG.</p> <p>The LEG PIG has two items for Council feedback. First, for the type of legislative training and second, for key words or topics to be on the lookout for when LEG PIG members are reviewing bills in January and February.</p> <p>C. Knightsbridge explained that the LEG PIG proposes that legislative training for Council members occur via self-study/training via the Council’s online member portal resources. The alternative would be to continue to coordinate annual legislative training during a Council meeting which does take a significant portion of meeting time to conduct and not all Council members are inclined to participate in legislative activities. Instead, the self-study/training option does not require Council members to complete annual legislative training at any specific time of the year because it is available in the online member portal 24/7.</p> <p>E. Lau-James made a motion to transition the Council’s annual legislative</p>	<p>Schedule OnRe PIG meeting.</p> <p>Motion passed</p>	<p>C. Knightsbridge /S. Haitsuka</p>	<p>12/7/21</p>
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<ul style="list-style-type: none"> <li>• PIG for Hospital Mental Health Care (HMHC)</li> <li>• PIG for Public Service Announcement (PSA)</li> </ul>	<p>training to a self-study/training option via the Council’s online member portal. H. Ilyavi seconded the motion.</p> <p>C. Knightsbridge explained that the LEG PIG proposes that Council Members share their priority mental health legislative bill “key words” to assist the LEG PIG during the bill review process in January/February. Council members were asked to send their key words to S. Haitsuka.</p> <p>The HMHC PIG was formed at the Council’s September 14, 2021 meeting. HMHC PIG members include: R. Ries, R. Rivera, N. Crozier, R. Jackson, C. Knightsbridge, and K. Merriam. E. Lau-James is the HMHC PIG lead.</p> <p>The HMHC PIG met twice and shred their update at last month’s meeting. A copy of their meeting notes for September and October were provided as a handout for today’s meeting as well as a copy of the presentation slides that K. Merriam shared. The HMHC LEG did not meet since the last Council’s meeting.</p> <p>The next step is for the HMHC PIG to meet to continue their research and provide a summary of their findings and any recommendations.</p> <p>The PSA PIG was formed at the Council’s August 10, 2021 meeting. PSA PIG members include: K. Aumer, A. Beninato, C. Knightsbridge, R. River, R. Jackson and R. Ries. A. Beninato is the PSA PIG lead.</p> <p>The PSA PIG met once and their meeting notes are provided as a handout for today’s meeting. Last month, Council members reviewed a draft of four PSAs. Council members were asked to share feedback and any edits.</p> <p>Next step is for the Council to review the four PSAs, any edits and help the PSA PIG to finalize the PSAs.</p>	<p>unanimously.</p> <p>Share legislative bill “key words” via e-mail to S. Haitsuka.</p> <p>Schedule HMHC PIG meeting.</p> <p>Finalize PSAs.</p>	<p>Council Members</p> <p>E. Lau-James/ S. Haitsuka</p> <p>Council members</p>	<p>1/17/22</p> <p>12/7/21</p> <p>12/14/21</p>
<p>B. Island Representative Reports</p>	<p>In this section of the agenda, Council members who are representing their respective Service Area Board may briefly summarize their board meetings and when applicable, share updates on requested items identified at previous Council meetings.</p>	<p>For information only.</p>		

<ul style="list-style-type: none"> <li>• Maui Service Area Board (MSAB)</li> <li>• Oahu Service Area Board (OSAB)</li> <li>• Hawaii Service Area Board (HSAB)</li> </ul>	<p>If members would like to share a longer Service Area Board report, please e-mail it to S. Haituka no less than 10 calendar days prior to the next meeting.</p> <p>T. Reed shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul> <p>R. Jackson shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul> <p>R. Rivera shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul>			
<p>IV. State Agency Representative Reports</p> <ul style="list-style-type: none"> <li>• Department of Health (DOH) AMHD</li> <li>• Department of Human Services (DHS) HPHA</li> <li>• Department of Human Services (DHS)</li> </ul>	<p>In this section of the agenda, Council members who are representing their respective state agency may briefly summarize agency data, agency information related to behavioral health and when applicable, share updates on requested items identified at previous Council meetings.</p> <p>If members would like to share a longer state agency report, please e-mail it to Stacy no less than 10 calendar days prior to the next meeting.</p> <p>K. Merriam shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul> <p>K. Martinez shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul> <p>J. Fujii shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul>	<p>For information only.</p>		

<p>MedQUEST (MQD) Division Medicaid</p> <ul style="list-style-type: none"> <li>• Department of Human Services (DHS) Division of Vocational Rehabilitation (DVR)</li> <li>• Department of Human Services (DHS) CWS</li> <li>• Department of Education (DOE) SSB</li> </ul>	<p>R. Pascual-Kestner shared the following updates:</p> <ul style="list-style-type: none"> <li>• None shared.</li> <li>• The Council received R. Pascual-Kestner’s resignation letter effective October 22, 2021. Due to some priority assignments that are competing for his time. He provided the Council with names of DVR leadership who can help to fund a replacement representative.</li> </ul> <p>D. Koyanagi shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul> <p>J. Renfro shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul>			
<p>V. Specialty Area Representative Reports</p> <ul style="list-style-type: none"> <li>• Hawaii Advisory Committee on Drug Abuse and Controlled Substances</li> </ul>	<p>In this section of the agenda, Council members who are representing their respective specialty area may briefly summarize specialty area activities related to behavioral health and when applicable, share updates on requested items identified at previous Council meetings. If members would like to share a longer state agency report, please e-mail it to S. Haitsuka no less than 10 calendar days prior to the next meeting.</p> <p>J. Fujii shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul>	<p>For information only.</p>		



<p>(HACDACS)</p> <ul style="list-style-type: none"> <li>• Mental Health Providers</li> <li>• Parents and Family Members of Mental Health Service Recipients</li> <li>• Student/ Youth and Consumer Advocates</li> </ul>	<p>R. Ries shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul> <p>H. Ilyavi shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul> <p>E. Lau-James shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul> <p>K. Aumer shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul> <p>A. Beninato shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul> <p>N. Crozier shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul> <p>R. Jackson shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul> <p>C. Knightsbridge shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul> <p>T. Reed shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul> <p>R. Rivera shared the following updates:</p> <ul style="list-style-type: none"> <li>• None provided.</li> </ul>			
<p>VI. Presentation/ Guest Speaker</p>	<p>R. Ries introduced Amy Curtis, Administrator for the Hawaii State Department of Health (DOH), Adult Mental Health Division (AMHD).</p> <p>A. Curtis shared the following updates.</p>			

	<ul style="list-style-type: none"> <li>• AMHD staff including Community Mental Health Center (CMHC) staff from Neighbor Islands, Hawaii State Hospital staff and a psychologist from the Court Evaluation Branch (CEB) will begin participating in a 16-week intensive dialectical behavior therapy (DBT) skills training through psychwire’s remote learning. <a href="#">CLICK HERE</a> for more information.</li> </ul> <p>The Council identified staff training as an area of need. There will be three teams of eight staff participating approximately five to six hours per week. This training is funded through SAMSHA Community Mental Health Block Grant (MHBG) funds.</p> <ul style="list-style-type: none"> <li>• AMHD recently included borderline personality as an eligible AMHD diagnosis. DHS Med-QUEST Division (MQD) also accepts borderline personality as an eligible diagnosis for enrollment with their health plan services. This is one reason for providing DBT training to staff.</li> <li>• There has been recent discussions with the CMHCs for them to become Certified Community Based Health Centers (CCBHCs). There are over 430 CCBHCs operated in 40 states but none yet in Hawaii. <a href="#">CLICK HERE</a> for more information about CCBHCs.</li> </ul> <p>Discussions have occurred with DHS as well. The overall goal is to continue providing holistic services including screenings for primary care, crisis, and co-occurring supports.</p> <ul style="list-style-type: none"> <li>• With calls to the COVID-19 Isolation Quarantine (IsoQ) directed to Hawaii CARES, it was a lesson learned for the importance of prioritizing crisis callers. We cannot negate prioritizing those in crisis (no dropped crisis calls or calls put on hold due to non-crisis call center activities). There will be an RFI that will be released soon for a new crisis line provider that will address only behavioral health crisis calls which we anticipate will decrease the rate for dropped crisis calls. Calls for IsoQ assistance will be handled separately. Basically, the structure of the new crisis call center will be similar to how the Crisis Line of Hawaii worked before the COVID-19 pandemic and before the crisis line merged with Hawaii CARES.</li> <li>• AMHD is looking to increase stabilization bed units (SBUs) from eight beds to 11 beds at ‘Ekolu locations and working on electrical</li> </ul>			
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	<p>issues so that beds can be expanded to 16. AMHD is looking to increase beds in Kona as well as in Hilo and other Neighbor Islands.</p> <ul style="list-style-type: none"><li>• The Hawaii State Hospital (HSH) New Patient Facility (NPF) continues to be prepared for acceptance of patients. 1950 was the last time the state opened a building like this. Going through policies and operations as well as labor union consultation and obtaining licensure are all parts of the preparation process that need to be addressed before patients and staff can be in the building. There is no opening date at this time but the process to open the NPF is moving forward.</li></ul> <p>A. Curtis stated she is very excited that Ted Sakai is helping with the preparations. She cautioned that when the NPF does open, the HSH will need to do anti-ligature work needs to be done where vacated beds for patients moving into the NPF will close for renovations. In other words, the patient's previous bed will not be available for another patient until after renovations are completed.</p> <ul style="list-style-type: none"><li>• Hawaii is one of two states that applied for Transformation Transfer Initiative (TTI) funds from the National Association of State Mental Health Program Directors (NASMHPD) and SAMHSA. If awarded, these funds will be used to develop a bed registry system and provide training. AMHD is looking at options for its current record system and is also looking to add in Native Hawaiians (post-crisis and crisis diversion to support groups and other services such as co-occurring supports) and to add in Lesbian, Gay, Bisexual, Transgender, and Queer (or Questioning) and others (LGBTQA) (training for crisis staff and increase digital media presence). TTI funds also help address workforce challenges including Mental Health Emergency Workers (MHEWs) and law enforcement and crisis staffing. The COVID-19 pandemic derailed some plans but AMHD will submit a proposal for Crisis Intervention Team (CIT) training materials and standardized training. <a href="#">CLICK HERE</a> for more information about TTI.</li><li>• American Rescue Plan Act of 2021 (ARPA) funds and SAMHSA MHBG funds have a 10% set aside requirement. This means that the MHBG</li></ul>			
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	<p>allocation requires Hawaii and other states to set aside 10% of its total allocation for first episode psychosis (FEP) and early serious mental illness (SMI) services. AMHD and CAMHD are working to build an OnTrack database system to increase service eligibility from 18 years to 24 years of age. CAMHD is the lead for this project. <a href="#">CLICK HERE</a> for more information about CAMHD’s OnTrack Hawaii early intervention program.</p> <ul style="list-style-type: none"> <li>• SAMHSA MHBG updates for Cycle 39 include the following expenditures: Epidemiologist (since left and position now vacant); training supplies for the Hawaii Certified Peer Specialist (HCPS) and Forensic Peer Specialist (FPS) trainings; personal protective equipment (PPE) for the CMHCs, nursing program in the Honolulu Police Department (HPD) Central Receiving Division (CRD) through March 2021; State Council’s Retreat Facilitator fee; Report Statistician; and various staff development and training. Total spent is approximately \$234,964.33.</li> </ul> <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> <li>• R. Ries commented that it’s great to hear that AMHD, HSH and CEB staff will receive DBT training. We are in part contributors to pushing for this kind of training and it shows it is now coming to fruition.</li> <li>• R. Ries asked to clarify triage process when calling Hawaii CARES at 832-3100. A. Curtis stated that the triage process should not look any different on the outside and this helps prep for the conversion to the 988 system that is anticipated to go into effect nationwide in July 2022. <a href="#">CLICK HERE</a> for more information about 988. Hawaii’s recent change to a 10-digit statewide calling system versus previously 7-digits is part of the preparation for this 988 conversion.</li> <li>• C. Knightsbridge wants DOH to work on an internship program for local psychology doctorate students. He feels it is unnecessarily competitive for local students to compete with mainland students when local students will likely live and work in Hawaii when their internship is completed.</li> </ul> <p>A. Curtis noted there are challenges with the pay rate for psychologists with regard to supervising interns and providing</p>			
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	<p>direct clinical services as far as their percentage of time.</p> <ul style="list-style-type: none"><li>• J. Fujii asked whether Council members could tour the NPF. A. Curtis stated she would check and let the Council know.</li><li>• R. Ries stated it would be greatly helpful to provide the SAMHSA MHBG budget and expenditure information on paper to help conceptualize. A. Curtis agreed.</li><li>• C. Knightsbridge shared a concern for paying HCPS less than the minimum wage. The state needs to hire HCPS and pay appropriately. A. Curtis replied that she will need to find out more about the pay rate for HCPS. She noted that sometimes a 40 hour full-time work week is not good for HCPS schedules and they may prefer less hours. Sometimes the pay affect other benefits and entitlements such as social security disability insurance (SSDI).</li><li>• N. Crozier shared that she was a HCPS intern in 2010 at Mental Health Kookia (MHK) Maui. They mentored her and eventually hired her at \$12/hour with no benefits. She has since moved on from the initial HCPS position she was hired for to other MHK positions. She sees great value in HCPS internships and is aware organizations offer different rates depending on the tasks and specific job.</li></ul> <p>A. Curtis said she and J. Fujii could look at QUEST Integration contracts which include peers as team members (non-clinical) where the peer is utilized when the QUEST member needs peer supports. J. Fujii added that he can look at the market rate for HCPS.</p> <p>A. Curtis stated there are opportunities to advocate for appropriate pay. She supports doing what is necessary to hire as flexibly as possible. Some peer positions were vacant and others were abolished by the legislature. AMHD is trying to put these positions back into the system but it could be a several year process. She stated the next HCPS training will be in early 2022 and there will be additional FPS trainings in 2022.</p> <p>On the AMHD website under For Consumers, the HCPS application packet is available to download there. Letters of recommendation are required. The ideal HCPS is someone who has significantly</p>			
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	<p>advanced in their Recovery from mental illness, maintains a stable daily routine, and is able to help others in their Recovery.</p> <ul style="list-style-type: none"> <li>• C. Knightsbridge is interested in a career track for HCPS.</li> <li>• N. Crozier emphasized the value of HCPS internships and that she personally is so appreciative of MHK for opening their doors to her and supporting her in career advancement.</li> <li>• T. Reed shared that she is now certified as a HCPS and FPS. She is waiting for her internship. She and others are in limbo just waiting. A. Curtis acknowledged the delay is confirmed internships are being set up and the process is being finalized.</li> <li>• R. Ries stated A. Curtis shared an excellent presentation of updates and it is good for DOH, AMHD and CAMHD to collaborate with the Council and vice versa.</li> </ul>			
<p>VII. Closing Announcements</p>	<p>Council members shared the following announcements:</p> <ul style="list-style-type: none"> <li>• R. Ries stated DOH DD BHA M. Tsuji will attend the Council’s December meeting. The Council looks forward to her attendance. Discussion items include, but are not limited to: Following up on the Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health Block Grant (MHBG) letter that the Council wrote to her. A copy of the signed letter was provided as a handout for today’s meeting; Asking for her input about the Council’s current areas of representation and its advisory capacity to the DOH; Asking for her input about the Council transitioning to a Behavioral Health Planning Council; and Receiving input about topics and preparation for the upcoming 2022 legislative session.</li> <li>• R. Ries noted that Council members are encouraged to attend Mental Health Task Force (MHTF) meetings. The last MHTF meeting for 2021 is scheduled for December 9<sup>th</sup> from 1:30 p.m. to 2:45 p.m. via Zoom. S. Haitsuka will share the Zoom link and meeting notes when available.</li> <li>• E. Lau-James and R. Ries were featured in a recent news segment with Jolanie Martinez from Hawaii News Now. <a href="#">CLICK HERE</a> to access the news segment.</li> <li>• D. Koyanagi announced she will be retiring from DHS CWS at the end</li> </ul>	<p>For information only.</p>		

	of December 2021.			
VIII. Meeting Evaluation / Future Agenda Items	<p>R. Ries encouraged members to share their feedback about how today’s Council meeting went either by sharing them verbally or typing their feedback in the chat.</p> <ul style="list-style-type: none"> <li>• R. Ries thanked Council members for their participation.</li> <li>• Council members congratulated D. Koyanagi on her retirement.</li> <li>• J. Fujii commented that Council members had great conversations during today’s meeting.</li> <li>• Council members thanked E. Lau-James and R. Ries for facilitating and taking notes in today’s meeting.</li> </ul> <p>The next regular Council meeting is scheduled for December 14, 2021 from 9:00 a.m. to 12:00 p.m. via Zoom.</p>	For information only.		
XIV. Adjournment	The meeting was adjourned at 12:05 p.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 (1 of 2) with handouts (total of 11 handouts)</p> <ol style="list-style-type: none"> <li>1. November 2021 Meeting – Agenda</li> <li>2. October 2021 Meeting – Draft Minutes</li> <li>3. October 2021 Meeting – FY22 Attendance Log</li> <li>4. November 2021 Meeting – Old Business, Standing Agenda Report Template with Fillable Forms</li> <li>5. November 2021 Meeting – Old Business, Strategic Plan Focus Area #1 Resource Grid DRAFT</li> <li>6. November 2021 Meeting – New Business, IVAT-HI CAI Resilience Training for First Responders Presentation Slides</li> <li>7. November 2021 Meeting – New Business, The Emotional PPE Project Information Sheet</li> <li>8. November 2021 Meeting – New Business, Ku Makani COVID-19 Crisis Counseling Support Information Sheet</li> <li>9. November 2021 Meeting – New Business, State Behavioral Health Planning Councils Information Sheet</li> <li>10. November 2021 Meeting – New Business, 2020 SCMH Report to Governor Legislature FINAL</li> </ol>	For information only.		

	<p>11. November 2021 Meeting – New Business, 2021 SCMH Report to Governor Legislature DRAFT</p> <p>E-mail (2 of 2) with handouts (total of 15 handouts)</p> <p>12. November 2021 Meeting – Strategic Plan Focus Areas and Action Plan, SCMH PIG List</p> <p>13. November 2021 Meeting – Strategic Plan Focus Areas and Action Plan, OnRe PIG Meeting Notes, 11/4/21</p> <p>14. November 2021 Meeting – Strategic Plan Focus Areas and Action Plan, OnRe PIG Essential Elements List, 11/4/21</p> <p>15. November 2021 Meeting – Strategic Plan Focus Areas and Action Plan, LEG PIG Meeting Notes, 10/18/21</p> <p>16. November 2021 Meeting – Strategic Plan Focus Areas and Action Plan, LEG PIG SCMH Participation Guidelines DRAFT, 12/29/20</p> <p>17. November 2021 Meeting – Strategic Plan Focus Areas and Action Plan, HMHC PIG Meeting Notes, 9/27/21</p> <p>18. November 2021 Meeting – Strategic Plan Focus Areas and Action Plan, HMHC PIG Meeting Notes, 10/11/21</p> <p>19. November 2021 Meeting – Strategic Plan Focus Areas and Action Plan, HMHC PIG AMHD Funded Case Management Presentation Slides</p> <p>20. November 2021 Meeting – Strategic Plan Focus Areas and Action Plan, PSA PIG Meeting Notes, 9/22/21</p> <p>21. November 2021 Meeting – Closing Announcements, SAMHSA MHBG Letter to DD BHA M. Tsuji Revised FINAL</p> <p>22. November 2021 Meeting – Closing Announcements, Letter of Resignation, R. Pascual-Kestner</p> <p>23. November 2021 Meeting – HACDACS Minutes, 7/27/21</p> <p>24. November 2021 Meeting – HACDACS Minutes, 8/24/21</p> <p>25. November 2021 Meeting – HSAB Minutes, 8/24/21</p> <p>26. November 2021 Meeting – MSAB Minutes, 9/13/21</p>			
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