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

Virtual Meeting via Zoom
May 10, 2022
9:00 a.m. – 12:00 p.m.

Members Present: Katherine Aumer, Antonino Beninato, Charlene "Naomi" Crozier, Jon Fujii, Heidi Ilyavi, Eileen Lau-James, Kathleen Merriam, Richard Ries, and Tara Reed

Members Absent:

Members Excused: Jennifer Renfro, Christopher Knightsbridge, and Kau'i Seguancia

Guests Present: John Betlach, Williamson Chang, Cindi Dang, Jackie Jackson, Ray Rice, Morgan Hi'ilei Serna, Valerie Yin

AMHD Staff Present: Gyan Chaudhary, Amy Curtis, Stacy Haitsuka, Jocelyn Nazareno, Carolyn Weygan-Hildebrand, Iris Tokioka

APPROVED MINUTES

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
I. Call to Order	Richard Ries, Chairperson, called the meeting to order at 9:06 a.m. He welcomed members and guests. He noted that there are 12 current members and one ex-officio members, so seven is required for quorum. Eileen Lau-James called the roll and announced that there is quorum with seven present. R. Ries noted the new meeting arrangement is the hybrid mode. He reminded attendees of the protocol in case of a technical disruption (see announcement in the meeting notice).	For information only
II. Meeting Announcements	Membership: First, R. Ries announced that the following are close to becoming members - Lea Dias, Ray Rice, and Jackie Jackson. He also said that the Governor's Office has received an application from Jeffrey Gallon, who was recommended by and will be the	For Information only

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	representative for the Judiciary. He commented that the Council have pushed for this for over a year now. Second, he encouraged members to look at the attendance log which includes information on attendance, term expiration, former members, and positions in the Council. Finally, he apologized for missing last meeting, a rare occasion. He noted others' feedback that Tara Reed did an excellent job in chairing the last meeting.	
III. Consideration and Approval of Review Minutes • April 12, 2022	The draft minutes for April 12, 2022 were reviewed.	Action: Tara Reed moved to approve the April 12, 2022 minutes. Naomi Crozier seconded. The motion passed unanimously.
IV. Community Input	R. Ries asked if any member from the public wished to provide oral testimony. No one did. He announced that the Council received one written testimony, and following protocol, this was emailed to all members before the meeting. Asked whether the testifier wanted to speak, Morgan Hi`ilei Serna replied that the Council can read her email and she will answer any questions that members might have. Katherine Aumer volunteered to read the testimony, as follows: "*My name is Morgan Hi'ilei Serna, and I am an interested Leeward Oahu community member and a family member of adults with combined mental health/substance abuse disorders. I am writing to demonstrate support for Hawaii's formation of a State Behavioral Health Council and emphasize the need for special educational programs for prevention as well as for families.* *I have seen the need for early intervention and prevention as well as education for families. Though I am only 22 years old, I have seen many family members with serious mental illness too late identified also fall into substance abuse. All too quickly, as a result, few fell into homelessness, and few ended up with broken families. This is despite the fact that my family includes many members throughout multiple generations who have or are pursuing higher education degrees, some with expertise in public health and education. This is despite the fact that my family includes many members who are very*	

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	involved in their communities, especially with their youth and education. This is despite the fact that I had family that were more than willing to provide or find support, housing, childcare, and other *resources, yet were limited by the fluctuating consent of my afflicted family members due to their situation and my family's lack of understanding of not only the disorders themselves, but also of the systems in place. I have seen the difficulties my family members have faced in educating themselves of and navigating between community and state programs to serve the multifaceted needs of my family members suffering from serious mental illness and substance abuse without adding on various legal and financial hurdles. It is my hope that moving forward, a transition into a behavioral health council would be better able to identify and serve these needs throughout Hawaii's communities.* *Mahalo nui for the opportunity to testify on this matter. I commend your council's intention and dedication in such efforts thus far, and I want to encourage your future endeavors in this transition."* R. Ries thanked Morgan for her testimony. He said that the Council is learning about this switch. He added that even if the Council does not transition to such, the Council will still interested in those very topics that were shared in the testimony. He shared that many in the Council are well-acquainted with what has been stated and are the reasons why they are in the Council. T. Reed thanked Morgan and acknowledged that she identified needs like family-intervention skills that are very needed. E. Lau-James acknowledged that it is a beautifully-written testimony and encouraged Morgan to remain active and involved. Morgan thanked everyone.	
V. Old Business • State Council Business Cards – Logo Design Update	R. Ries asked E. Lau James to continue with the business card agenda. E. Lau-James screen-shared the latest iterations of refinements. She said that these included all that the Council members have said thus far. She sought for further feedback.	The Council will continue, and possibly finalize selection next meeting.

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	 Brainstorming and feedback included: • The words, “Mental Health” be right side up; Add “on”. • Consider sun rays coming out behind the mountains • One way of thinking of mental health is not just neurology but of community. Taro root (brain) can be replaced with family. • The river symbolizes the community, tying together the communities and different fields. • Council feels strongly about the inclusion of taro. It can be too generic without the idea of “mental health-y.” • Make logo less busy • All online search leads to “brain” as one that distinguishes mental health. • Multiple taro roots is biologically correct, so there can be actually more roots but it can be too busy. • The leaves are well-drawn. • Consider heart-shaped taro roots. • The hands can be removed or replaced with something. • The logo can be a very tiny in the corner of things so details can be lost. • Think about interaction of mental health care and mental health care services, not just ideas of MRIs and brains. • Have not found a comfortable symbol so help is needed for this. • People holding hands, hands instead of brain. • Pink brain. • Brain idea gives the impression that we are trying to make a change in mental health. • The brain is the quickest way to communicate mental health specifically- all other organizations foster community and support.	

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• What are State Behavioral Health Councils and Should Hawaii Form One? Letter to SAMHSA and Community Input	As it was time for the next presentation, R. Ries wrapped up by saying that this agenda will be carried to the next meeting, and for the Council to possibly choose a final logo design. R. Ries welcomed Captain Kent Forde and introduced him briefly: "*Captain Kent Forde has over 21 years of active-duty uniformed service, with 5 years in the US Air Force and 16 years in the US Public Health Service Commissioned Corps (USPHS). CAPT Forde served in the USPHS in various roles, including three years within the HHS Office of the Secretary (including as a full-time Aide de Camp to the HHS Secretary), 11 years at HRSA (including positions at the Healthcare Systems Bureau, within the Office of the Administrator, the Bureau of Primary Health Care, and the Bureau of Health Workforce), and now two years at SAMHSA as a Public Health Advisor for the Center for Mental Health Services. Captain Forde completed a Doctor of Human Services program from Capella University in 2021."* K. Forde mentioned that he has seven grants and technical assistance in his current portfolio. He reiterated his understanding of the presentation's purpose to be about taking the temperature in terms of activities that the Council is planning. including deciding whether to move more to "behavior health (BH)" or behavioral health council versus "mental health-focused" only or mental health council, and the like. R. Ries responded that the Council is looking to understand, in a deeper way, what that transition means. R. Ries replied that the Council is more broadly-oriented and there is another organization that is parallel, called the HACDACS, which is more focus on substance abuse-related factors. The State Council is interested in substance abuse-related factors but also other factors like the criminal justice system, department of education activities, homelessness issues, a bunch of other mental things, community access to care, even as far as human trafficking, advocacy for youth, especially at-risk youth. R. Ries added that if the Council will be taking steps to move towards the direction of a behavioral health planning council, it would likely be teaming up with HACDACS and taking on some of what they do. But he said that the Council will really feeling strongly about not deviating too far from the important areas to focus on. K. Forde used a Planning Council 101 presentation that was completed in 2014 with the help of the technical assistance provider, Advocates for Human Potential. He explained	Staff will be the liaison between the Council and K. Forde for questions and resource-sharing after this meeting.

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Continuation… What are State Behavioral Health Councils and Should Hawaii Form One?	that he added to the PowerPoint slides the priorities of SAMHSA Assistant Secretary Miriam Delphin-Rittmon. These priorities are: • Preventing Overdose • Enhancing Access to Suicide Prevention and Crisis Care • Promoting Children and Youth Behavioral Health • Integrating Primary and Behavioral Healthcare • Using Performance Measure, Data, and Evaluation He pointed out the important cross-cutting principles that hold these priorities together – equity, financing, recovery and workforce. He said that States are encouraged to do what is right and appropriate for their communities but pointed out that SAMHSA views programs along these priorities. He encouraged attendees to see the slide presentation as the opening to more dialogue. He informed that he meets with Carolyn, Amy Curtis and others on a monthly basis. The slides and comments proceeded and include the following: *Slide on Terminology*- Different states use different terms. The question is whether a Council will be a BH Council is nomenclature only or whether the Council will thoughtfully figure what BH will be. He thanked the State Council members for their service which involves a lot. *Slide on Valuable Connections* - K. Forde pointed out that these three elements information each other -State BH needs, SAMHSA Block Grants, and State Planning Councils. Planning is not top-down. *Slides on Block Grant Overview: Council Involvement*-K. Forde highlighted the importance and requirement for the State Council to be involved. He pointed out that the involvement is a two-way street, not top-down between SAMHSA and Planning Councils. He said that Councils have several reports to comment on. He also pointed out the online portal, WebBGAS, are where applications and reports are submitted and posted. He announced that, in the future, he expects funding for technical assistance for transitions to BH Councils.	

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Continuation… What are State Behavioral Health Councils and Should Hawaii Form One?	*Slides on Substance Abuse Prevention & Treatment Block Grant (SABG)* –He mentioned that there are parallels to the MHBG. *Slides on Planning Council's History and Purpose, Revised and Renewed* – He stressed that there are certain requirements of State Councils that States must meet (e.g., composition). He reiterated that SAMHSA encourages integrated (MH and SA) BH planning councils. He clarified that even under this, Councils must still meet requirements as stipulated for MH planning councils (e.g. Council composition). He stressed that SAMHSA wants to see the right representation, and the recommended and requested Council membership. *Slide on Duty 1. Review the Block Grant*. Councils have the duty to review and advocate. As a federal person, he leaves it up to State on how to advocate. In terms of reviewing, he encouraged to change to a mindset that it is a year-round process, to see the critical role of the State Planner, to be strategic in reviewing, use subcommittees, and to have training like this presentation. *Slide on Duty 2. Monitor, Review, and Evaluate*. K. Forde said that the second duty is advocacy but he removed that for this presentation for previously mentioned reason. On monitoring et al, he pointed out that the Statutes have specific requirements. He drew attention to 3 ideas to help with monitoring - having some members with data and evaluation expertise, tapping State Data staff, and getting the SAMHSA-sponsored State Epidemiology Outcomes Workgroup (SEOW). *Slides on Moving Forward, Context for Future Operations*. K. Forde highlighted SAMHSA's stance to be comprehensive and to reflect what the State's needs are. He said that taking the leap of faith to go into the BH realm is kind of making a stand on what needs to be done. *Slides on Additional Resources.* K. Forde highlighted his willingness to connect the Council with States that have transitioned to BH successfully. He pointed out that Hawaii is not off-course in considering the transition to a BH Council. He concluded by referring to the references (Note: The first cited resource has shared by others at previous Council meetings).	

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Continuation… What are State Behavioral Health Councils and Should Hawaii Form One?	R. Ries opened the Q&A. He asked what would change if the Council changes to a BH Council. K. Forde said that it leads to priorities and the idea of integration. R. Ries commented that those priorities are not foreign at all, as the Council is already considering them as a MH Council. R. Ries said that having a dedicated staff will be one of the advantages and that could be valuable goal, but the Council can be beholden to what SAMHSA wants. K. Forde replied that at the end of the day, SAMHSA wants block grant dollars to work. If it not community-driven or driven by stakeholders, then the program is not hitting the mark. He said that he cannot speak specifically for how States will spend their money. He shared that the seven States that he is monitors have different ways of how they are spending their money. E. Lau-James thanked K. Forde for his presentation. She asked how the Council will benefit or hurt from transitioning or not transitioning. She said that getting full-time staff is beneficial but it looks like becoming a BH Council also means losing the current proportion of representation (percentage of consumers, family members). K. Forde said that the MHBG is pretty static, which means those percentage are not going to change. What can perhaps change is one of looking from a wider BH lens. He said that he will look further into the specific requirements of a BH Council and share those. K. Aumer thanked K. Forde for coming and presenting. She asked what he saw as key benefits or drawbacks. K. Forde said that from anecdotal basis only, Councils can lose focus at the start. Council can also be enriched by more expertise while keeping the same membership requirements. He said that BH Councils have existed for a while now so he will look for evaluative studies to share. He also assured that SAMHSA will be there to support transition so the Council need not be alone. Kathleen Merriam commented that regular contact will give the Council some importance. She said that there is something positive and productive if the Council stays connected with K. Forde and SAMHSA.S he encouraged her fellow members to support such a relationship. K. Forde agreed that such will also give him a chance to hear more than before. Jon Fujii, asked if his understanding is right. He sees the BH as the big umbrella, and MH and BH as smaller umbrellas under this big umbrella. K. Forde agreed that it is a way to	

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Continuation… What are State Behavioral Health Councils and Should Hawaii Form One? • Hawaii State Council on Development Disabilities • Resiliency Training for First Responders – Council Letter advocating self-care time for HPD	think about it, and it was how he did in a previous assignment. J. Fujii, explained that he represents the other Council (HACDACS) and. asked how other States with 2 co-existing councils proceeded (e.g., merged, kept the 2 separate Councils, or created a 3rd Council). K. Forde said that, in his experience, other States have 2 Councils but for Block Grants, the States leveraged the one that is reporting to SAMHSA. He cited Alaska and Michigan for examples. He reiterated that transitioning is not off the chart, as many States have done so. R. Ries thanked Capt. Forde. K. Forde said that he will connect via Carolyn (Staff) with any more questions, answers, and resources. R. Ries ended this segment by reiterating that the Council wants to make good decisions and is willing to make sacrifices for certain benefits. Moving on, R. Ries reviewed the next element under this agenda item. He said that the Hawaii Council on Development Disabilities was invited to share their experience as a Council, knowing that they also had to make transitions. He drew attention to a draft thank you letter for HSCoDD Executive Director Daintry Bartoldus and HSCoDD Past Chairperson Debbie Kobayakawa. R. Ries sorted out 2 letters related to the CIT presentation by Major Lambert; The first is the thank you letter to Major Lambert which has been signed and sent. The other is the draft of the advocacy letter to the Honolulu Police Commission. He commented that the advocacy letter is drafted well and he made formatting suggestions only. He asked if there are any other comments, including if the graphics were okay. Staff asked who else should receive a copy of the letter (cc). R. Ries added Mayor Blangiardi. With no other request or suggestion, R. Ries requested for a motion to approve. R. Ries suggested rendering a similar letter to the other counties. T. Reed suggested that a similar letter be sent to the Maui Police Department also. J. Fujii asked whether the Council wants to hear from the Maui Police first. T. Reed answered that she has done the CIT training and this is an on-going topic. She said the letter will be well received especially if the person-in-charge is cc'd. Naomi Crozier identified the person-in-charge to be Jan Fontanilla. K. Merriam offered that those who run the Oahu CIT (Lambert, Kumi, Heather) wished that the neighbor islands have the full CIT training and not	<u>Action:</u> E. Lau-James moved to approve the Thank You Letter. K. Aumer seconded. The motion passed unanimously <u>Action:</u> T. Reed moved to approve the letter to the Honolulu Police Commission. E. Lau-James seconded. The motion passed unanimously. R. Ries will sign the letter to the HPC and staff will send it. Staff will also draft a letter to the MPC cc. Jan Fontanilla. H. Ilyavi will contact the Hawaii Police Department and ask who would be a good contact for getting someone from the Hawaii Police Department to attend a Council meeting.

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• May as Mental Health Awareness Month • SCMH as a planning council	mainly a mental first aid training. N. Crozier assured that the Maui training is the full 40-hour training and that Maui just finished one recently. Heide Ilyavi pointed out that she has some interaction on the Kona side and would definitely want to encourage more training and understanding with first responders, from Police, EMS and to EMT. She said that in Kona, there is a high rate in homeless and large mental health as well. She said that a sense of dismissiveness is rearing up in the response. R. Ries suggested that a similar letter be sent to Maui Police Commission and to invite Maui Police Department and all other islands to come and present at the Council. T. Reed asked staff if that can be done. Staff responded that one can be drafted following the approved letter to the HPC. Ray Rice asked if he could ask a question. R. Ries gave him the floor. R. Rice asked if, down the road, there is a way to assess the effectiveness of the recommendation after implementation. R. Ries thanked R. Rice for the good idea. Evaluation might be difficult but maybe a check-in later might work. To address the agenda item on Mental Health Awareness Month, R. Ries encouraged all those who are reporting special areas to report also on this. Special reports started and continued after the 11 a.m. presentation. (Please see minutes under reports below). (After the 11 am presentation, R. Ries asked if the action requested to create a PIG for MHBG planning, staff responded in the affirmative.) At 11:01 am, R. Ries welcomed A. Curtis as next speaker. Dr. Amy Curtis, AMHD Administrator, thanked the Council for having her. She opened by saying that she is presenting the first draft of a report on data that Gyan (Chaudhary), one of the planners, and some of the data scientists from the CDC Foundation pulled together. The idea is to have an AMHC community report that can be put on the website annually in the future. She said it is a community report although it also includes some data from the Hawaii State Hospital (institution). She prefaced by stating that the AMHD is working on the "electronic health records" century which will make it easier to make this type of report	Action requested - Tabled

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Continuation… • SCMH as a planning council (AMHD Mental Health Report)	easier to complete in the future. For the present report, it was put together by pulling data from various sources that still needs to be centralized and standardized. She noted the following as she presented: *Slides on AMHD at a glance, vision and mission* -8,394+ consumers serviced in the community through state-operated and purchase of service contracted providers on Oahu and 5 Neighboring Islands. This is still being refined as the count has not been de-duplicated. There are 20 community-based services including case management, supports, crisis, forensics, jail diversion, housing and treatment. There are 12 state operated Community Mental Health Centers and 9 Clubhouses. There a Hawaii State Hospital operation and a 24/7 statewide behavioral health crisis call center. -The Council helped put together AMHD's vision and mission. *Slides on Mental Health Barometer* -The community report should include information from other sources and not just what AMHD is provided. As a start, the current report includes data from the 2020 National Survey on Drug Use and Health (NSDUH). It is slower to come out but is clean. It covers only consumers in non-institutional settings only. Compared to other States, Hawaii has a lower percentage of respondents saying that they had mental illness in the past year. In terms of any mental illness, one consistently sees higher reporting by those in the younger age group as well as In the Big Island. The pattern is the same in the case of serious mental illness, thoughts of suicide, and major depressive episode. This is with the exception of major depressive episode situation where the Big Island is closer to the rest. It is possible that those in the younger age group readily report having illness more than the older group. In terms of received mental health services, one sees almost the same percentage across age groups as well as across counties. Compared to other Sates and US, Hawaii shows less percentage of respondents who needed counseling but did not get it, more received counselling or therapy, and less took prescription for mental health.	

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	-A. Curtis reiterated that she welcomes comments and suggestions on what else is important and need to be covered, including if there are other reports out there that can help complete the picture of mental health in Hawaii. *Slides on AMHD services* -The data covers services for the calendar year 2021 (January to December), and consumer counts are not de-duplicated yet. There were 451 in Hawaii State Hospital (HSH), 2,275 in Community Mental Health Centers (CMHCs), and 5,490 through Contracted services. - Geographically, the consumers served in the Big Island is proportionally far greater (22.7%) than the proportion of its population (14.2%). It is slightly higher also for Kauai but slightly lower for Maui and Oahu counties. -Demographically, there is a large proportion of unknown race or ethnicity so this is an area that needs to be improved in the future. Also, data is only primary race. What stuck out in the available data is the larger percentage of black population in HSH compared to other areas. This can be looked at further with incarceration rate. -Demographically, AMHD serves from 16 and above due to the crisis services. There is very little of the very young and the very old, with the average age being late 40s. CMHC' consumers are particularly older compared to other two services so it is good to look at who is being served where and why. In the future, it is important to separate data on those being helped via crisis service and those that are under case management. - Demographically, the gender data is very binary and this has its limitation. There will be different way to see this in the future. There are more females in the older and youngest age groups. Older is surprising because the life expectancy of females are longer. It is surprising for the younger group. -On substance use, indicators are from clinician data (QOLI Survey data) and show high percentage across the four substances that were asked – alcohol (53%), tobacco (51%), meth (40%), and opioids (18%). The opioids have gone up, the meth a little bit high, and the rest are stable. The rates at HSH are much higher at more than 80 to 90 percent. These are responses from case-managed consumers. The high rates are all concerning. -On crisis services, the report uses 15-minute units received by individuals. The least units of 4,958 units were for crisis mobile outreach (CMO), 9, 334 for crisis support. management/lodging/diem, and 5,709 for licensed crisis residential services (LCRS). In	

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	the future the reports will consider using hour units. In terms of money, the greatest amount when to CMO ($1.7M+), followed by LCRS ($1.2M+), and crisis support the least ($1M+). The data did not include what started to be done in 2021 like the stabilization beds. It does not also include those done for the youth. -On recovery services, the greatest number of active consumers are in two clubhouses in Oahu (Waipahu Aloha and Hale O' Honolulu). The smallest is the clubhouse in Maui. AMHD is still trying to get staff there, also addressing building issues. -On housing services, A. Curtis said that she has described the kinds of housing services offered in the past (eight major categories). The most common are the 24- hour group homes and the majority of these are in Oahu, just like all other types. This includes the Palekana model and in the future the stabilization beds. -On the HSH, the data is from the State Health Planning and Development Agency (SHPDA). The average daily occupancy data in 2021 was certainly affected by the pandemic (e.g., no court appearances) but there are also patterns that emerged across the years. The 2021 data shows increasing trajectory as one would note that the HSH was moving to a new facility. It is still primarily for forensic cases but there is need to think about civil commits also. There is a need to understand for example the criminal justice system. The two common admission diagnoses at HSH remains the same from previous years – schizophrenia, schizoaffective. This data is available in SHPDA. The HSH data also sow the percentage of admission that are drug-induced, and there is no clear pattern established here especially in 2021. There is work being done to standardize information to establish co-occurring conditions and these be addressed more holistically or more patient- or consumer-centric. -Regarding COVID-19, AMHD saw an increase in the percent positivity in 2021, especially the court-evaluated consumers. Geographically, Kauai remained low in 2020 and 2021. Hotspots on Maui and the Hawaii Island shifted while hotspots lessened on Oahu. A. Curtis requested for feedback on what popped out or what was missing. She reiterated that she wants to see this every year to see trends over time. It will be good to see crisis data for example. R. Ries thanked A. Curtis for the excellent presentation. He said that the Council wants to be apprised of both specific and broad perspectives. Council members responded that it	

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	was an excellent or sharing of data and metrics so far. The comments, suggestions, questions, included the following: -R. Ries said it will be helpful to see look at these again , and noted that the parameters were changing from one slide to another. He agreed that crisis data is important and want to see more of that. The Q&A proceeded further as follows: Question: The CDC post data shows that depression and anxiety increase quite a bit in Hawaii during COVID. Is that going to be presented in the report? Answer: We can put that in as well, that's a great idea. Question: Hawaii behavioral health dashboard, that has not been updated since 2018, will that be updated again? Answer: Yes, that is being worked on as part of the Overdose to Action Grant. The dashboard should be updated by August. Question: In regard to the units spent, when you do the math, it comes out to $52 an hour for the professionals providing mental health services, and that seems kind of low? Is this going to be discussed? Answer: Medicaid billing rates are used for some of the units. This is use for case management as a set rate, LCRS, and CMO has a set rate. The billing rates can be shared. Question: For the data on hospitals bed, does that include Queens, Kaiser, Kapiolani and all the private hospitals or just the State? Consumers need to know what changes are out there and impacting them. Answer: With SHPDA, they have data on bed occupancy for all the hospitals. For the year with COVID-19 that HSH was at 90% occupancy, the hospitals that have inpatient	.

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	psychiatric beds were at 48% occupancy as defined by SHPD. I have to look want data we can get about hospitals and county data, and restrictions. Question: The millions of dollars that went into different areas per consumer is eye-opening. I love to see more of where the money goes. Lay people will resonate with this most. Answer: Yes, I hear the following: • More crisis data • The CDC pulse data • SHPDA and Leahi and other hospitals besides HSH, data in the BH dashboard • More financial information per consumer Question: Now that AMHD has this data , where do we go next? Knowing what you know now, what next? Answer: There is something about seeing the data on paper leads to action. AMHD have been working on areas to improve within, and especially with those areas in the neighbor islands. There are workforce development actions that we are trying to do. We are trying to maximize federal grant use as much as we can. • Within the Overdose to action grant, , we are able to address co-occurring disorders more because of what the grant allows us to do (e.g. address stimulants and opioids, not just opioids). • Within the CMHC, have more of a behavioral health approach and address concerns more holistically. • Starting to discuss more about workforce development with community colleges • We have many little initiatives. With Overdose to Action grant, we are able to have more internships for social work and psychology as well to address BH needs. • AMHD now worked out internship with WICHE where psychologists can have internships in different settings where psychologists are needed such as courts, hospitals, CMHC etc. (Big Island has 40% of court evaluation requests) • 20 of staff in DBT training, and soon ready to apply to help consumers. We are looking how to do this statewide including in BH in jails etc.	

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	• Crisis care is also getting a lot of emphasis, like grants working with LGBTQ+. Mental Health Emergency Worker (MHEW) trainings to get those in various systems in various islands, support groups for substance abuse in CMHC focusing on Native Hawaiians. • Making sure that we can such as via First Episode Psychosis for older youth/adolescent to address early intervention and prevention. Question: Are you tracking where you are unable to provide service? That is, where are we helping, where is the need we have turned away? What percentage of needs are being turned away? Answer: The number of vacant positions and the number of consumers turned away is one, especially case management. (Member pointed to Kona Paradise closure and the impact of that). Staffing impacts such as what's happening in Kauai. There is also impact when we have RFP for services to Kauai but we are not getting responses. Question: I am curious if funding also helps. Is there anything that can be done also when people can work elsewhere instead for $15 an hour and are not dealing with mental health and do not need training? Answer: I want to look at this more fully, for example as workforce development. I agree with you that everyone is realizing how BH workers are needed, and everyone is realizing how expensive it is here, and so something has to be done. One that needs to be looked at are the rates, like the Medicaid billing side as it affects the contract rates. The Community Report is a work in progress. It focuses on adult mental health and the CAMHD has the child and adolescent side.	
VI. Strategic Plan Focus Areas and Action Plan: Permitted Interaction Group (PIG) Reports	• PIG for Onboarding and Reboarding (On-Re) • ACTION REQUESTED: To dissolve the current PIG On-Re and form a new one for 2022 • PIG for Public Service Announcement (PSA) • PIG for Hospital Mental Health Care (HMHC) • PIG for Legislation (LEG)	Tabled Tabled Tabled Tabled

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	• PIG for Infographic • PIG Strategic Planning Retreat (SPR)	Tabled Tabled
VII. Informational Reports • Island Representative Reports	Maui Service Area Board (MSAB) report. The MSAB did not meet. For MH Awareness Month, T. Reed said she shared some links with Carolyn before this meeting . Carolyn posted the following via chat: https://www.nami.org/Get-Involved/Awareness-Events/Mental-Health-Awareness-Month https://jedfoundation.org/mham2022/ https://health.hawaii.gov/camhd/cmha22/ T. Reed added the following: https://suicidepreventionlifeline.org/chat/?utm_source=google&utm_medium=web&utm_campaign=onebox	For information and individual action
• State Agency Representative Reports -Department of Health (DOH)	K. Merriam walked through and screen-shared her report that is focusing on mental health activities. (See June 2022 Meeting Handouts) *Alcohol and Drug Administration Division (ADAD)* released the Report on the School Year 2020 Alcohol, Tobacco & Other Drug (ATOD) Survey. Overall, about 11% of students screened for a probable substance use disorder, indicating treatment need, and an additional 14% fell into the positive risk range for problem substance use. Treatment need increased by grade, more than doubling from middle school (8th grade 6.6%) to high school (12th grade 15%) • Gender diverse students (transgender or other gender minority) made up the smallest proportion of the state sample but showed the highest risk for a probable substance use disorder • Adolescents most likely to have a probable substance use disorder primarily identified themselves as Other Pacific Islander (19.7%), Native Hawaiian (15.2%), Hispanic or Latino (16.2%), and of 2 or more ethnicities with Native Hawaiian (13.5%).	The DOH report will be a handout for next meeting.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	• Approximately 37% of students endorsed some level (mild, moderate, or severe) of mental health distress – and among those with severe distress, about one fourth screened as likely to have a problem with substance use. • Less than one third of students that screened in the probable SUD or positive risk categories reported receiving any help, of which about three-fourths reported receiving some type of help at school. The other 70-80% that were likely to need treatment or prevention intervention did not get help even if they thought they should, or did not think that getting help applied to them • Vaping was the most used (25.9% reported current use) and most frequently used (13.8% reported moderate-heavy use) among the substance use behaviors in the past 30 days. Current (20.3%) and moderate-heavy (9.3%) use of marijuana was also higher. *Child & Adolescent Mental Health Division* • Most of their focus this month is May Mental Health Awareness Month. For this year they are calling it Mental Health Acceptance month. This is a national campaign to talk about acceptance rather than awareness. • This coming Thursday I will be interviewing the singer song writer for Kolohe Kai, Roman de Peralta on KHON (Living 808). I'll also be interviewed earlier in the morning on KHON (Wake up 2day). • There will be 5 buildings lit green this month with one of them being the capitol. • We have many KHON segments and social media challenges (on social media we have 4 challenges, one per week for people to post a photo and a caption. For example, the first challenge is what makes you beautiful? This is in reference to Kolohe Kai's video "I think you're beautiful" the video is quite moving) My interview with Roman is in reference to this video that addresses bullying and mental health issues. • The bill passed creating the Office of Resilience and Wellbeing. This office will implement the recommendation of the trauma informed taskforce that is active right now. *Developmental Disabilities Division* DDD is hosting a provider only webinar that will:	

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• Department of Education (DOE) • Department of Human Services (DHS) • Specialty Area Representative Reports	• Share four customized training and technical assistance opportunities made possible through the American Rescue Plan. • Highlight purpose and objectives • Feature the people representing the training and TA groups we've engaged • Explain expectations and expected outcomes for your agency and how you and your staff can get involved. • Provide information and updates about several other ARPA initiatives including Workforce Development and Community Integration Final Rule TA. Finally, the month is also highlighted by a May 18, 2022, Mental Health Fair at the Windward Health Center Jennifer Renfro sent the following to staff, and Carolyn shared this via chat: https://www.khon2.com/living-808/bullying-and-its-impact-on-our-lgbtq-youth/ *Hawaii Public Housing Authority (HPHA)* No report *Med-QUEST Division (MQD) Medicaid Program* J. Fujii reported that coming up in a year or so will be the largest Medicaid enrollment effort or impact since Obamacare passed in 2014. During the pandemic, for the most part, all States kept everyone even if they may not qualify in normal times. A redetermination of qualification is coming up which has not happened in the last two yours. States will be redetermining in the next 12 to 14 months. He requested attendees to help Medicare enrollees know that what to do if they receive a pink envelope. Some rely on Medicare to cover mental health services. Medicaid Hawaii, on its part, will be sending out pink notice letters in pink envelopes. If one receives the envelope, it means that Medicaid is sending something need to be responded to. Medicaid needs something for the recipient to continue being eligible for Medicaid. It is an urgent call. *Hawaii Advisory committee on Drug Abuse and Controlled Substances (HACDACS)*	

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	J. Fujii reported that HACDACS is talking and thinking around Captain Kent Forde's presentation regarding converting to a State Behavioral Health Planning Councils and what that look like. His presentation slides with be shared with the members. The HACDACS is planning on some of the different initiatives over this coming year, and arranged presentations around Medical Marijuana, Harm Reduction, and others. The CARES has been reimagined with two components- ADAD is using AUW for vendor for the substance abuse piece. R. Ries added to the CARES thought that there is a new suicide number. K. Merriam said that the number is 988 and it will start July 16. She added that Civil Beat has a series on mental health and she and AMHD's Belinda Danielson have been interviewed about CARES. *Mental Health Providers* R. Ries commented that most of the providers he has spoken to have been expressing a lot about overwhelming caseloads. Many service recipients are not getting the services they need or are being delayed. There are a lot of people worrying about COVID-19 as there is again an uptick. He wants to encourage providers to be a voice of reason in a scary time. R. Rice asked if there is something the Council could be the voice on the need to increase salaries, be competitive, and retain providers. R. Ries answered that this has been voiced to the Council and the Council has voice it out. R. Ries said that the Council should keep this topic bookmarked and figure out the right people who can act of them effectively. *Parents and Family Members of Mental Health Services Recipients* K. Aumer mention that the housing crisis should be brought up and discussed in the future. This is a big issue especially for those who are struggling with mental health issues. Right now, the housing crisis is getting very severe on the islands. Members chimed it that the situation is really bad with inflation. E. Lau-James reported that she attended the NAMI meeting and the big thing that is causing stress with people in general is the economic crunch. Many are on fixed incomes and the prices of everything are going up. To advocate more effectively, she	

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	encouraged collaborating with others. Rather than saying, "Hey our area of advocacy has a huge need,", we could possibly collaborate with other Councils or other areas of need and maybe troubleshoot and come up with ways where we could solve many problems with one approach that would get someone's attention. We can fix those problems for them by collaborating for them. This is a neat way to be heard and for them to be more receptive to our recommendations. *Youth and Consumer Advocates* No report	
VIII. Meeting Evaluation/Future Agenda Items	Agenda for next meeting: • Front end the Mental Health Block Grant (MHBG) Proposal due September 1, 2022, PIG Creation and Reconstitutions • Discuss bills that was not passed by the Legislature (Finding out Telehealth and School Psychology)	For Information only
IX. Closing Announcements	None	For information only
X. Adjournment	The meeting was adjourned at 12:00 p.m.	For information only
Handouts (Emailed)	The following handouts were e-mailed to SCMH members and individuals the SCMH e-mail distribution list: 1. May 2022 Meeting – Agenda 2. April 2022 Meeting – Draft Minutes 3. April 2022 Meeting – FY22 Attendance Log 4. April 2022 Meeting – Presentation Handouts from Daintry Bartoldus Hawaii State Council on Development Disabilities 5. April 2022 Meeting – Thank you letter to Daintry Bartoldus and Debbie Kobayakawa HSCoDD 6. May 2022 Meeting – SCMH Advocacy Letter to the Honolulu Police Commission DRAFT 7. April 2022 Meeting Community Input from Ramon Melendez UH Graduate Student	For information only

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	8. April 2022 Meeting – DOH Report from Kathleen Merriam 9. April 2022 Meeting – HACDACS Report from Jon Fujii (Minutes, March Meeting) 10. February 2022 Meeting – Thank you letter to Major Lambert HPD 11. March 2022 Meeting – Thank you letter to Mr. Kauha'aha'a Maui Clean and Safe Program	