

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

Virtual Meeting via Zoom
September 8, 2020
9:00 a.m. – 11:30 a.m.

Members Present: **Dang, Cynthia “Cindi”;** **Ilyavi, Heidi;** **Knightsbridge, Christopher;** **Lau-James, Eileen;** **Matayoshi, Carol;** **Nagao, Lani;** **Pascual-Kestner, Rusnell;** **Reed, Tara;** **Ries, Richard**

Members Absent: **Fujii, John**

Members Excused: **Crozier, Charleen “Naomi”;** **Martinez, Beatrice “Kau’i”;** **Shimabukuro, Scott**

Guests Present: **Fujisaki, Riley;** **Talisayan, Brian (Mental Health America);**

DOH Staff Present: **Haitsuka, Stacy;** **Hiraga-Nuccio, Madeleine;** **Keane, Gregory “Greg”;** **Nazareno, Jocelyn**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
I. Call to Order	Chair R. Ries called the meeting to order at 9:01 a.m. Members and guests introduced themselves. Quorum was not established by 9:06 a.m. Therefore, the meeting continued as an information only meeting.	For information only.		
II. Meeting Announcements	R. Ries shared the following announcements: <ul style="list-style-type: none"> • The SCMH continues to do its part to Stop the Spread of COVID-19 by holding its meetings virtually for the time being. Handouts are distributed electronically a week before the meeting. • To use our time efficiently during today’s meeting, he asked Council members and guests to follow the following basic virtual Council meeting courtesies: <ul style="list-style-type: none"> ○ Please address any comments or questions during the 	For information only.		

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	<p>meeting to him.</p> <ul style="list-style-type: none"> ○ Members and guests may raise their “hand” virtually, type into the chat box, or orally interject during the meeting to get his attention. ○ Please wait to be acknowledged before speaking. This will help to keep the meeting organized and the audio clear for minute taking purposes. <ul style="list-style-type: none"> ● In general, only Council members are allowed to speak during the meeting, unless speaking as a presenter or sharing information during the Community Input section of the agenda. He will do his best to include and acknowledge guests when appropriate. ● For Council members who need to take a break and step away from the meeting, please notify him before leaving as the Council needs to keep track of when Council members leave and return to verify quorum. ● If at any time a Council member has an issue with the meeting connection, please consider closing your Internet browser and rejoining the meeting by re-clicking on the Zoom link or joining by phone as an alternate option. ● If not speaking, please place yourself on mute. This will help with the feedback noise and will allow for everyone to hear the person speaking. 			
<p>III. Consideration and Approval of Review Minutes</p> <ul style="list-style-type: none"> ● August 11, 2020 	<p>The draft minutes for the August 11, 2020 meeting were reviewed. There were no amendments.</p> <p>Quorum was established at 9:23 a.m.</p> <p>C. Matayoshi made a motion for the minutes from the August 11, 2020 meeting be approved. E. Lau-James seconded the motion.</p>	<p>Finalize minutes as drafted.</p> <p>Ayes (7); Noes (0); Abstentions (1)</p> <p>Motion passed.</p>	<p>S. Haitzuka</p>	<p>10/05/20</p>

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IV. Community Input	<p>Pursuant to section 92-3, Hawaii Revised Statutes, community members will have three (3) minutes to speak during this time.</p> <p>E. Lau-James shared the following feedback as a community member.</p> <ul style="list-style-type: none"> • Parents of children who are attending DOE schools via distance learning are experiencing stress during this time. She is a parent of two young children. • Parents (including those working from home) must be next to their young children for distance learning. The child cannot operate the computer, connect to the video class session and participate independently. • How stress is affecting mental health for parents when they are dealing with the stress of distance learning is a concern. <p>R. Ries commented that he empathizes with parents who are in the situation E. Lau-James shared. He related the situation to building an airplane while flying it. The ability to adapt in a pressured environment can be stressful. He hopes the school system is responsive. He thanked E. Lau-Janes and T. Reed for participating in today’s meeting while they are tending to their children and their distance learning needs.</p>			
V. New Business <ul style="list-style-type: none"> • SCMH Member Orientation Materials for Fiscal Year 2021 	<p>R. Ries asked Council members to review the handout listing the orientation materials. He explained that materials will be shared with all Council members, not just new members, as was done in previous years. Council members can anticipate electronic access to the materials in October 2020.</p> <p>He noted that there is a significant amount copying that will require staff to physically produce copies, order binders, collate the copies into binders with tabbed sections, and arrange for postage and mailing. Staff are not physically in the office every day during the week which will affect the delivery time for physical copies. With the Council’s support of electronic access, we can support “going green” and</p>			

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	<p>reducing the Council’s carbon footprint.</p> <p>If there are any additional items Council members would like to add, please contact Stacy by September 16, 2020.</p>			
<p>VI. Permitted Interaction Group (PIG) Reports</p> <ul style="list-style-type: none"> • PIG for the Letter to the DOH Deputy Director of Behavioral Health Administration (DD BHA) Regarding the Impact of COVID-19 on Recipients of Mental Health Services 	<p>This section of the agenda includes a brief summary of PIG activities since the last Council meeting including meeting dates, discussions, and recommendations on topics approved at previous Council meetings. If sharing a longer report, PIG members may e-mail it to S. Haitsuka no less than 10 calendar days prior to the next Council meeting.</p> <p>The following updates were provided by R. Ries.</p> <ul style="list-style-type: none"> • A copy of the finalized letter was shared as a handout. • The DOH Is obligated to respond to the Council’s letter. When Mr. Mersereau responds, we will share his response with the Council. • It was noted from last month’s meeting that the Council is interested in having Mr. Mersereau attend a future Council meeting either during Part II of our Council Retreat or a regular Council meeting. • At this time, is the Council supportive of dissolving this PIG at this time? <p>***L. Nagao joined the meeting at approximately 9:23 a.m.*** ***Quorum was achieved at this time.***</p> <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> • None. <p>C. Matayoshi and R. Ries made a motion to dissolve this PIG. T. Reed seconded the motion.</p>	<p>Members of this PIG are: C. Knightsbridge, E. Lau-James, T. Reed, and R. Ries</p> <p>Ayes (8); Noes (0); Abstentions (0)</p>		

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<ul style="list-style-type: none"> • PIG for Website, Social Media, and Advocacy 	<p>The following updates were provided by T. Reed.</p> <ul style="list-style-type: none"> • She would like to step down from serving on this PIG. <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> • R. Ries suggested that the PIG contact S. Haituka to schedule a PIG Zoom meeting to identify what areas of the website, social media and advocacy that the PIG may want to focus on. He suggested agenda items could focus on what information would PIG members find helpful and discuss whether those items are appropriate to recommend for placement on the State Council’s website. • C. Dang suggested that the PIG meet to identify its goals. R. Ries supported this PIG activity and added that the PIG could then present their goals at a future State Council meeting for consensus. • E. Lau-James asked if the State Council website could be outsourced? She suggested the PIG could include this topic as one of its goals. • R. Ries cautioned that outsourcing may have risks involved and may include some challenges. • R. Ries suggested the PIG look into the website’s design. He noted that the State Council is responsible for its website. • H. Ilyavi expressed interest in joining this PIG. • R. Pascual-Kestner expressed interest in joining this PIG. <p>C. Dang made a motion to add H. Ilyavi and R. Pascual-Kestner as members of this PIG. C. Matayoshi seconded the motion.</p>	<p>Motion passed unanimously.</p> <p>Members of this PIG are: C. Knightsbridge, C. Dang, C. Matayoshi, H. Ilyavi, and R. Pascual-Kestner</p> <p>Ayes (8); Noes (0); Abstentions (0)</p> <p>Motion passed unanimously.</p>		

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<ul style="list-style-type: none"> • PIG for Legislation 	<p>The following updates were provided by C. Dang.</p> <ul style="list-style-type: none"> • C. Dang shared her thoughts on scheduling a legislative training for Council members before the 2021 Legislative Session. She was thinking that the legislative training could occur before or after the Council’s Retreat. • She suggests having this training at the Council’s December meeting on 12/8/20 from approximately 9:30 a.m. – 10:00 a.m. • She approximates that the presenter may need about 30 minutes on the agenda (20 minutes to present and 10 minutes for questions). • She also thought that it would be a good idea to send questions to the presenter in advance of the training. • She anticipates DOH will provide legislative priorities related to mental health. <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> • Council members were generally in support of C. Dang inquiring with a legislator to provide training at the Council’s December meeting. 	<p>Members of this PIG are: C. Knightsbridge, E. Lau-James, T. Reed, and C. Dang</p>		
<ul style="list-style-type: none"> • PIG for the SCMH Retreat 	<p>The following updates were provided by E. Lau-James.</p> <ul style="list-style-type: none"> • The timeframe to process the retreat paperwork is still about six (6) weeks. • The facilitator does need to finish up with a few documents. • The retreat dates is still tentatively for October/November and the plan is to still invite Lt. Governor Josh Green to speak for 15 minutes and asking Deputy Director Edward Mersereau to speak for 15 minutes for Part II, unless the Council would like to invite them to Part I instead. • The retreat start time will be the usual Council meeting start time which is 9:00 a.m. but she is wondering if the Council meeting could start at 8:30 a.m. for a total meeting time of 4.5 hours to allow for the Council to have its formal meeting at the beginning 	<p>Members of this PIG are: Eileen Lau-James and C. Knightsbridge</p>		

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	<p>and then have its Retreat for the rest of the time.</p> <ul style="list-style-type: none"> • She is working with the Council’s selected facilitator to coordinate the retreat agenda as well as the meeting materials and supplies. • She is also working with the facilitator for a pre-Retreat assignment. <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> • R. Ries stated that the invitation to Lt. Governor Josh Green and Mr. Mersereau will be sent on official Council letterhead. • C. Dang asked for a copy of the retreat agenda when it is ready. • R. Ries stated that a 4.5 hour total Council meeting and Retreat timeframe is reasonable to him. • R. Ries confirmed that due to the paperwork processing timeframe, moving the Retreat to the Council’s November meeting is reasonable but the start and end times for the Council meeting and the Retreat need to be confirmed. <p>E. Lau-James made a motion to have the Council meeting start at 8:30 a.m. (instead of 9:00 a.m.) and end at 1:00 p.m. C. Matayoshi and C. Dang seconded the motion.</p>	<p>Ayes (9); Noes (0); Abstentions (0)</p> <p>Motion passed unanimously.</p>		
<p>VII. Island Reports</p> <ul style="list-style-type: none"> • Kauai Service Area Board 	<p>This section of the agenda includes a brief summary from Council members representing their respective Service Area Board about discussion from their board meetings and when applicable, updates on requested items identified at previous Council meetings. If sharing a longer report, PIG members may e-mail it to S. Haitsuka no less than 10 calendar days prior to the next Council meeting.</p> <p>The following updates were provided by L. Nagao.</p> <ul style="list-style-type: none"> • KSAB met with quorum at its last meeting. 	<p>For information only.</p> <p>L. Nagao represents the KSAB on the SCMh.</p>		

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<p>(KSAB)</p> <ul style="list-style-type: none"> • Maui Service Area Board (MSAB) 	<ul style="list-style-type: none"> • KSAB needs to increase its membership. Currently there are only three (3) members. • CARES Act COVID funding was distributed to community agencies for COVID/behavioral health assistance. • Teen groups and businesses are needed to assist with skatepark maintenance and repairs. • The Child and Adolescent Mental Health Division (CAMHD) Family Guidance Center has had challenges due to staff recently retiring. • There has been an increase in case collaboration as telehealth options continue to expand. • Funding for telepsychiatry through the John A. Burns School of Medicine (JABSOM) Department of Psychiatry is working well. • There were reports about Wilcox Hospital seeing an increase in emergency department visits for drug and alcohol related impairment, severe intoxication and severe alcohol use disorder. • The Hawaii CARES Program is limited to providing only referrals for Alcohol and Drug Abuse Division (ADAD) contracted providers versus all available substance use providers statewide. She is unsure if access to referrals will be expanded. <p>The following updates were provided by T. Reed.</p> <ul style="list-style-type: none"> • MSAB met last month • Biggest news is that funding was redirected away from Maui suicide prevention. • One MSAB member works for Mental Health America Hawaii and helped to continue providing informational services and training for suicide prevention and bullying. • The needle exchange program operated through Waikiki Health Center changed its hours. • Telehealth kiosks have been setup at the Maui Community Mental Health Center (CMHC) clinic in Wailuku for consumers to use for attending meetings and communicating with staff. Maui CMHC continues to work on telehealth coordination and technology challenges. 	<p>T. Reed represents the MSAB on the SCM.</p> <p>MSAB meets monthly on the 1st Monday from 2-3 p.m.</p>		

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<ul style="list-style-type: none"> • Oahu Service Area Board (OSAB) • Hawaii Service Area Board (HSAB) 	<p>Council members shared the following comments:</p> <ul style="list-style-type: none"> • C. Dang asked if there is someone on Maui who can work with Oahu on telehealth? Oahu is looking at telehealth services too. T. Reed said she would e-mail the info to S. Haitzuka to share with C. Dang. <p>The following updates were provided by C. Dang.</p> <ul style="list-style-type: none"> • She did not attend last month’s meeting. • Since the meeting was moved to the Central-Leeward Oahu Community Mental Health Center (CLOTSS), this location has made this meeting more accessible. • The OSAB has had the following agenda items: Comprehensive Integrated Service Area Plan (CISAP), recruiting OSAB members, electing OSAB officers, and reviewing OSAB bylaws. • She deferred contacting schools for youth representation in the midst of the COVID-19 pandemic and with distance learning in progress. <p>The following updates were provided by C. Matayoshi.</p> <ul style="list-style-type: none"> • Dr. Hannah Preston-Pita was the presenter at the last HSAB meeting. She works at the Big Island Substance Abuse Council (BISAC). BISAC is breaking ground on a residential/detox facility that will be located at the old Hilo hospital site. • She is having trouble finding a copy of the previous CISAP. S. Haitzuka is also looking for any old copies. • HSAB continues to look at island resources and is collaborating with providers. • Funding for chronically homeless who cycle in and out of jail has been discussed. There are two initiatives – Stepping Up Initiative and Familiar Faces Initiative – are being developed. The Stepping Up Initiative focuses on reducing the number of people with mental illness in jails. The Familiar Faces Initiative is similar to a program developed by King County Jail in Seattle, Washington. The program focuses on helping individuals who have a mental 	<p>C. Dang represents the OSAB on the SCMH.</p> <p>OSAB meets monthly on the 3rd Wednesday from 9-10 a.m.</p> <p>C. Matayoshi represents the HSAB on the SCMH.</p> <p>HSAB meets monthly on the 4th Tuesday at 9:30 a.m.</p>		

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	<p>health diagnosis and/or a substance use disorder and have been booked four (4) or more times in a 12 month period. For more information about these initiatives, please visit: https://csgjusticecenter.org/states/hawaii (Stepping Up) and https://www.naco.org/sites/default/files/documents/Familiar%20Faces%20Brief.pdf (Familiar Faces)</p> <ul style="list-style-type: none"> • According to a report from Nolan Espinda, previous Public Safety Division (PSD) Director, it costs approximately \$190/jail day. • She asked if the Council is interested in writing a letter to DOH on these two initiatives. She noted that providing mental health services during this time in jail would be great. <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> • R. Ries asked C. Matayoshi to consider asking the HSAB to write a letter including data to support their position to support the initiatives. Then, the State Council could consider their letter and consider writing a letter of support on top of the HSAB letter. • L. Nagao expressed that she feels it costs more than \$190/jail day. • C. Matayoshi shared that PSD’s annual budget was reported as \$280M which is a large sum and includes funding for correctional facilities. • L. Nagao shared that the Native Hawaiian population is over-represented in Hawaii jails. <p><u>Comprehensive Integrated Service Area Plans (CISAP)</u> The Council will review CISAPs which are island/County-based plans that includes information and data about current and future mental health services. With this CISAP information, the Council may then review and consider what is presented and use that information for Council discussions.</p>			

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	<p>Reviewing the CISAP is a covered activity under the SAB and State Council Bylaws. Each island SAB representative is responsible for obtaining a copy of the most recently completed CISAP.</p>			
<p>VIII. State Agency Representative Reports</p> <ul style="list-style-type: none"> • Hawaii Public Housing Authority (HPHA) • Department of Health Child Adolescent Mental Health Division (DOH CAMHD) • Department of Human Services (DHS) MedQUEST (MQD) Division Medicaid Program • Department of Human Services (DHS) 	<p>This section of the agenda includes a brief summary from Council members representing their respective state agencies about agency data, agency information related to behavioral health and when applicable, updates on requested items identified at previous Council meetings. If sharing a longer report, PIG members may e-mail it to S. Haitsuka no less than 10 calendar days prior to the next Council meeting.</p> <p>The following updates were provided by K. Martinez.</p> <ul style="list-style-type: none"> • No report. <p>The following updates were provided by S. Shimabukuro.</p> <ul style="list-style-type: none"> • No report. <p>The following updates were provided by J. Fujii.</p> <ul style="list-style-type: none"> • No report. <p>The following updates were provided by R. Pascual-Kestner.</p> <ul style="list-style-type: none"> • He would like to share State Council information with DVR staff including information about his role on the Council. 	<p>For information only.</p> <p>K. Martinez represents HPHA on the SCMH.</p> <p>S. Shimabukuro represents DOH CAMHD on the SCMH.</p> <p>J. Fujii represents DHS MQD Medicaid Program on the SCMH.</p> <p>R. Pascual-Kestner represents DHS DVR on the SCMH.</p>		

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Division of Vocational Rehabilitation (DVR)	<ul style="list-style-type: none"> • He is known as the “data guy” based on his experience working with DVR. • He would like to know what information he can share with his DVR leadership. • Approximately 70% of DVR participants live with a disability and are in need mental health services. <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> • R. Ries noted that this Council is a great way to hear from other members about how their experiences and areas of specialty are affected by or are related to mental health. • R. Ries suggested that the Council member’s role could be a Retreat topic. • The Council’s voice needs to be known/heard and shared with DOH. Even if DOH doesn’t act on the Council’s recommendations, a response is required. 			
IX. Specialty Area Representative Reports <ul style="list-style-type: none"> • Hawaii Advisory Committee on Drug Abuse and Controlled • Mental Health Providers 	<p>This section of the agenda includes a brief summary from Council members representing specialty areas about activities related to behavioral health and when applicable, share updates on requested items identified at previous Council meetings. If sharing a longer report, PIG members may e-mail it to S. Haitsuka no less than 10 calendar days prior to the next Council meeting.</p> <p>The following updates were provided by J. Fujii.</p> <ul style="list-style-type: none"> • No report. <p>The following updates were provided by R. Ries.</p> <ul style="list-style-type: none"> • He is currently working 9-11 hour workdays and is doing a lot of crisis call responses. He knows he is not the only provider who is extending their time to assist individuals who need support. 	<p>For information only.</p> <p>J. Fujii represents HACDACS on the SCM.</p> <p>R. Ries represents mental health providers on the SCM.</p>		

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	<ul style="list-style-type: none"> • More and more telehealth insurance claims are being denied by health insurance companies. • A concern is for providers who have small office spaces. Many providers want to consider dropping services. The patients still need to access services elsewhere but, due to the type of health insurance they have, they cannot get telehealth and are only eligible for face-to-face services. • Some providers like R. Ries offer services pro bono or publico services which does hurt the providers business because they are not charging for their time or their services. • The law allows to have telehealth provided. • There is a low reimbursement rate for some health insurance plans. As a result, some providers only accept commercial health insurance plans. • He has advocated for providers accepting individuals with health insurance plans with low reimbursement rates and has considered writing a letter to the insurance commissioner regarding this insurance rate and reimbursement issue. • Regarding the COVID-19 pandemic, the # of positive cases has increased, the # of COVID related deaths continues to rise and there is an increase in the # of individuals who need support. • There has been good COVID-19 messages on Oahu but patients are confused about what to do when they test positive. Providers are doing COVID-19 related education including wearing a face covering and physically distancing from other people. • There is a rising concern about domestic violence as well as concerns for mental health, riots/civil unrest and political tension. <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> • L. Nagao commented that she has experienced being required to use a certain online platform to access her healthcare provider's telehealth services. She acknowledged that the insurer is looking out for the patient's confidentiality and protected health 			

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<ul style="list-style-type: none"> Parents and Family Members of Mental Health Service Recipients 	<p>information (PHI).</p> <ul style="list-style-type: none"> R. Ries shared that his experience with using online portals is good but feels that providers should not be required to use a specific online platform to provide services to their patients. L. Nagao mentioned that SB2395 during the 2016 legislative session required parity for telehealth services. In part, the bill stated that, “Reimbursement for services provided through telehealth shall be equivalent to reimbursement for the same services provided via face-to-face contact between a healthcare provider and a patient.” <p>The following updates were provided by H. Ilyavi.</p> <ul style="list-style-type: none"> Young children with in-person treatment needs are struggling with online services. Parents need and want to access services for their children who need mental health support but services are all waitlisted. She is sympathetic but is looking to the Department of Education (DOE) for guidance and is trying to help these individuals by linking them with free tutoring services. There are many resources that need to be vetted, sorted by island and sorted by type of resource. She has had to use Google to search for resources. If someone is in crisis, it is not appropriate to send them a list of online resources. That would be too overwhelming. Another concern is mobilizing contact tracing. <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> C. Knightsbridge noted that the Substance Abuse and Mental Health Services Administration (SAMHSA) funds mental health technology centers that provide resources and supports. For more information about SAMHSA’s Mental Health Technology Transfer Center Network, view their website at: https://mhttcnetwork.org 	<p>H. Ilyavi and E. Lau-James represent parents and family members of mental health service recipients on the SCMH.</p>		

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<ul style="list-style-type: none"> Consumer Advocates 	<ul style="list-style-type: none"> C. Knightsbridge shared that as a consumer and a parent of two children, he understands that working at home while the children are at home participating in their distance learning classes is difficult. And, kids need to eat too (a lot)! There is a lack of structure to help parents and parents are taking on a bigger role as an educator during this time of distance learning. C. Knightsbridge mentioned that one community resource he is familiar with is www.oneOahu.org. While every island and county is different, he feels that there should also be a website for oneHawaii.org as we are one state. R. Ries mentioned that this could be an area for the Website, Social Media and Advocacy FIG. <p>The following updates were provided by E. Lau-James.</p> <ul style="list-style-type: none"> She has two (2) young children distance learning online at home. Technology goes in and out. She is constantly listening to teachers manage large groups of children in their virtual classrooms. It is complete chaos! For parents, finding a room in their house for kids to participate in their distance learning sessions is challenging. Each child needs access to technology hardware and a space where they are not distracted. Parents like me are working from home at the same time. Her husband lives with a mental illness and with his bipolar disorder, he is also at home listening to the kids doing distance learning. She plans to attend the National Alliance for Mental Illness (NAMI) Hawaii meeting tonight and will share broader feedback about family members. <p>The following updates were provided by N. Crozier.</p> <ul style="list-style-type: none"> No report. 	<p>N. Crozier, C. Knightsbridge and T. Reed are consumer advocates on the</p>		

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	<p>The following updates were provided by T. Reed.</p> <ul style="list-style-type: none"> As an advocate, she feels that resources are not being given fairly. For example, she feels that resource distribution is not fairly distributed with consideration for individuals who live on a fixed income. These are individuals who do not qualify for additional resources. The cost of lunch for children who are now distance learning at home is an added expense. Transportation and other costs are also expenses that someone living on a fixed income may need help with. <p>The following updates were provided by C. Knightsbridge.</p> <ul style="list-style-type: none"> He likes the idea of having the Council website be a resource center. He doesn't want to alienate teachers and wants the Council to act by advising the DOH to lean on (apply pressure to) the DOE to increase access to resources. He feels the Council can advise about resources and how the DOH is allocating funding for those resources. <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> E. Lau-James commented that Mental Health America has a resource list on their website. Their resource list can be accessed through: https://mentalhealthhawaii.org/help/ R. Ries asked how mental health service participants access the equipment they need for their educational supports? He suggested doing a survey to get input about supporting educators. L. Nagao shared that she wants the Council to look at their strengths and move forward by focusing on our strengths, lifting up and empowering each other. There is enough negativity around us. C. Dang commented that discussion is needed about what each member sees as their role and how they see the Council evolving as a resource center. 	SCMH.		

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	<ul style="list-style-type: none"> • R. Ries suggested that the Council consider inviting professional mental health organizations such as NAMI Hawaii and Mental Health America Hawaii to a future Council meeting. • C. Knightsbridge suggested focusing on transparency in resources and sharing simple charts with simple captions are ways the Council could highlight citizens' positivity and their strengths. 			
X. Presentation/ Guest Speaker	<p>R. Ries introduced Dr. Amy Curtis as the guest speaker.</p> <p>Dr. Amy Curtis, Adult Mental Health Division (AMHD) Administrator, shared the following updates.</p> <ul style="list-style-type: none"> • The focus of work has been on COVID-19 rapid response, specifically to address isolation and quarantine. • AMHD currently provides both state-operated and purchase of service (POS) contracted services including inpatient and outpatient treatment, case management, and community support services. • Inpatient services are provided at the Hawaii State Hospital (HSH) and thru Sutter Health dba Kahi Mohala. She noted that any information the Council would like about the HSH can be directed to Dr. Run Heidelberg, HSH Administrator. • When Mr. Mersereau became the Deputy Director for the DOH Behavioral Health Administration (BHA), he wanted to look at areas where overlap was occurring and identify system silos. • Statutory mandates that require AMHD to provide services for include court examinations for fitness and when the court places an individual in the custody of the Director of Health. These individuals are justice involved and are released into the community on Conditional Release (CR), Released on Conditions (ROC), participating in mental health court or jail diversion, or are released on probation. • AMHD works to reduce and prevent serious mental illness (SMI) and promotes mental health holistically statewide. 			

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	<ul style="list-style-type: none"> • AMHD services individuals who are uninsured or underinsured. • Areas where AMHD is examining include stabilization services for individuals who are returning to the community and options for detox services. • BHA is looking to be a one stop shop system where individuals can receive help from a statewide coordinated entry system. The Hawaii CARES Program merged with the Crisis Line of Hawaii. This means that all callers can receive telephonic behavioral health support from one statewide call center. This includes support for mental health, substance abuse and behavioral health services. The Hawaii CARES Program is also the entry point for the Hawaii Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG) Isolation and Quarantine (Iso/Quar) Hotel placements. • Additional Hawaii CARES Program staff have been hired to assist with COVID/CARES and it has been challenging to get services up and running in a short timeframe. • AMHD's strategic plan focuses on four (4) priority areas: <ol style="list-style-type: none"> 1. Telehealth – Using technology to provide health services including in-home treatment. Federal grant funds pay for telepsychiatry services. 2. Integration – Coordinating primary and behavioral health services in a holistic person-centered care setting. 3. Evidence-based practice – Using evidence-based practices and data driven decision making. 4. Special populations – Addressing the needs of consumers diagnosed with co-occurring substance use conditions, other chronic or physical conditions, including intellectual/developmental disabilities, and/or who are justice involved. • AMHD is also looking at staff roles and examining organizational efficiency. • HB1620 (2020 legislative session) will become law on September 15th. This bill is meant to assist with efforts to decriminalize 			

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	<p>individuals who live with mental illness. If a question about the individual's fitness is raised, and a fitness evaluation for petty misdemeanor charges is ordered, there is a pilot project with the first district court to see how the system can better determine appropriate supports for individuals who need them. The goal is to have quick evaluation turn around times and quick linkage to treatment. This bill is a step in the right direction.</p> <p>https://www.capitol.hawaii.gov/measure_indiv.aspx?billtype=HB&billnumber=1620&year=2020</p> <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> • R. Ries wants the Council to be known by Dr. Curtis and vice versa. He recognized the diversity of the Council's membership. • L. Nagao shared that COVID Act CARES funding originally with the Alcohol and Drug Abuse Division (ADAD) for addiction and CARES navigation included a directory of ADAD providers versus all providers. Dr. Curtis shared that the intent is for the Hawaii CARES Program to be a one stop shop to obtain information about substance abuse, mental health and behavioral health services but she isn't speaking specifically about services that ADAD contracts for. • C. Dang asked Dr. Curtis to suggest initiatives the Council could support AMHD's goals. Dr. Curtis referred back to AMHD's strategic plan and the four (4) priority areas. She also mentioned looking at the Hawaii CARES Program. She mentioned that help is needed by thinking outside the box about ways to integrate primary care and behavioral health care services. 			
XI. Old Business	There were no old business agenda items.			
X. Closing Announcements/ Meeting Evaluation	<p>There were no closing announcements shared.</p> <p>R. Ries invited members to share their feedback about today's meeting including what they felt was good about the meeting, constructive</p>	For information only.		

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	<p>criticism about what could be improved, and offer suggestions for improvements.</p> <ul style="list-style-type: none"> • R. Ries shared that this is the 2nd time the Council is using the new meeting format. He feels that it has been a positive change for the Council’s meetings and meeting discussion. • R. Ries encouraged constructive criticism about the meeting and welcomes all feedback. • T. Reed commented, “Great job today!” <p>The next SCMH meeting is scheduled for Tuesday, October 13, 2020 via Zoom from 9:00 a.m. to 11:30 a.m.</p>			
IX. Future Agenda Items	R. Ries encouraged Council members to share any future presenters or new agenda items if they think of any.	For information, only.		
X. Adjournment	The meeting was adjourned at 11:28 a.m.	For information only.		
Electronic Mail Outs	<p>The following handouts were e-mailed to SCMH members and individuals on the SCMH e-mail distribution list:</p> <p>E-mail with Handout Set 1 of 3 (total of 5 handouts)</p> <ol style="list-style-type: none"> 1. September 2020 Meeting – Agenda 2. August 2020 Meeting – Draft Minutes 3. August 2020 Meeting – FY21 Attendance Log 4. September 2020 Meeting – New Business, SCMH Member Orientation Materials List 5. September 2020 Meeting – Closing Announcement, CDC Article <p>E-mail with Handout Set 2 of 3 (total of 7 handouts)</p> <ol style="list-style-type: none"> 6. August 2020 Meeting – New Business, Mental Health Block Grant Letter of Support (FINAL) 7. August 2020 meeting – PIG, Letter to Deputy Director Behavioral Health Administration (FINAL) 8. August 2020 Meeting – PIG, Retreat Facilitator Bio Statement 	For information only.		

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	<p>9. August 2020 Meeting – PIG, Retreat Tentative Agenda</p> <p>10. August 2020 Meeting – Island Report, HSAB Familiar Faces Brief</p> <p>11. August 2020 Meeting – Island Report, HSAB Going Home HI Grant Application</p> <p>12. August 2020 Meeting – Island Report, HSAB Stepping Up Overview</p> <p>E-mail with Handout Set 3 of 3 (total of 8 handouts)</p> <p>13. August 2020 Meeting – State Agency Report, DOE Ho’o’ha’aeo February Newsletter</p> <p>14. August 2020 Meeting – State Agency Report, DOE Return to Learn School Reopening Plan</p> <p>15. August 2020 Meeting – State Agency Report, DOE Speak Now Anti-Bullying App</p> <p>16. August 2020 Meeting – State Agency Report, DOE Student Services Branch</p> <p>17. August 2020 Meeting – State Agency Report, HPHA Slides</p> <p>18. July 2020 Meeting – Presentation, BHHSURG</p> <p>19. July 2020 Meeting – Presentation, HI CARES Program</p> <p>20. HSAB – Meeting Minutes, May 2020</p>			