

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

Virtual Meeting via Zoom
March 9, 2021
9:00 a.m. – 11:30 a.m.

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

Members Absent:

Members Excused:

Guests Present: **Lillibridge, Amanda; Lukens, Ashley; Reyno Yeomans, Raelyn; Shin, Doora; Angela (no last name shared)**

DOH Staff Present: **Haitsuka, Stacy; Hiraga-Nuccio, Madeline; Nazareno, Jocelyn**

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 was added to the agenda as of the November 10, 2020 agenda: Pursuant to Act 137-18 (SB 203), Chapter 92, Hawaii Revised Statutes: “(f) A quorum for purposes of doing business shall consist of a majority of the members serving on the council immediately before a meeting begins. (g) if a quorum is present when a vote is taken, the affirmative vote of a majority of members present shall constitute a valid act of the council unless this chapter, part I of chapter 92, the articles of incorporation, or the bylaws require a greater number of affirmative votes.”</p>	For information only.		

	<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> <p>Quorum was established.</p>			
<p>II. Meeting Announcements</p>	<p>R. Ries shared the following announcements:</p> <ul style="list-style-type: none"> • The SCMH continues to do its part to Stop the Spread of COVID-19 by holding its meetings virtually for the time being. Handouts are distributed electronically a week before the meeting. • To use our time efficiently during today’s meeting, he asked Council members and guests to follow the following basic virtual Council meeting courtesies: <ul style="list-style-type: none"> ○ Please address any comments or questions during the meeting to him. ○ Members and guests may raise their “hand” virtually, type into the chat box, or orally get his attention during the meeting. ○ Please wait to be acknowledged before speaking. This will help to keep the meeting organized and the audio clear for minute taking purposes. • In general, only Council members are allowed to speak during the meeting, unless speaking as a presenter or sharing information during the Community Input section of the agenda. He will do his best to include and acknowledge guests when appropriate. • For Council members who 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. • 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 speaker. <p>R. Ries acknowledged that the Centers for Disease Control and</p>	<p>For information only.</p>		

	Prevention (CDC) announced a change in indoor gatherings and mask wearing; however, at this time, he noted that until the state has reassessed its interisland travel requirements and until the DOH has announced a change in its facility policies for resuming in-person meetings in DOH facilities, the Council will conduct its meeting virtually.			
III. Consideration and Approval of Minutes February 9, 2021 (Business Meeting and Retreat)	<p>The draft minutes for the February 9, 2021 business meeting were reviewed. Amendments as follows:</p> <ul style="list-style-type: none"> • Fix typo – “Tera” to “Tara” <p>C. Knightsbridge made a motion for the business meeting minutes from the February 9, 2021 meeting be approved. T. Reed seconded the motion.</p> <p>NOTE: Draft minutes for the February 9, 2021 Retreat were not reviewed.</p>	<p>Finalize minutes as amended.</p> <p>Motion passed.</p>	S. Haitzuka	03/29/21
IV. Community Input	<p>Pursuant to section 92-3, Hawaii Revised Statutes, community members will have three (3) minutes to speak during this time.</p> <p>[No community input was received.]</p>			
V. Permitted Interaction Group (PIG) Reports	<p>R. Ries explained that 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> <p>He asked that oral summaries be brief and if PIG members would like to share a longer report, please e-mail it to Stacy no less than 10 calendar days prior to the next Council meeting.</p> <ul style="list-style-type: none"> • PIG for Website, Social Media, and Advocacy (WSA) <p>WSA-PIG members include C. Knightsbridge, C. Dang, C. Matayoshi, H. Ilyavi and R. Pascual-Kestner. C. Knightsbridge is the WSA-PIG lead.</p> <p>The WSA-PIG met twice since the last Council meeting. There are two recommendations for the Council to vote on today.</p>	For information only.		

Regarding resources to be listed on the Council’s website resource webpage, the WSA-PIG recommends Council members share resources, by category and by island by adding their resource items to the Google sheet that the WSA is currently using (see below for a sample).

The Council’s website needs Council members to assist with listing events (local, state, national) that the Council could include as a resource items.

WSA PIG members met on 2/23/21 and discussed the Council’s website - specifically the Council’s Resources page. WSA PIG members are asked to identify additional categories and suggested resources by Wednesday, 3/3/21. NOTE: Categories and Resources, once vetted by the WSA PIG, will be listed/separated by Island (not County). The next WSA-PIG meeting is Thursday, 3/4/21 at 8:30am via Zoom.

WSA PIG members will present this list at the March Council meeting and Council members will be asked to identify additional categories and resources that meet the following criteria:

- Is it purposeful?
- Is it relevant?
- Is it behavioral health focused?

Category	Suggested Resource (Provide Name of Resource)	List each island the resource is for If you type "Statewide", you are saying the resource is available on Kauai, Ni'ihau, Maui, Molokai, Lana'i, Oahu, and Hawaii Island	Comment/Resource Description (Please share the website link if available)
1 Housing			
2 Employment			
3 Child Care			
4 Food/Nutrition			
5 Substance Abuse	West Hawaii Community Health Center (MAT & HI-RCORP)	Hawaii Island	1. https://www.westhawaiihc.org/
6 Mental Health			
7 Military/Veterans			
8 Clubhouses	A Clubhouse is a unique, voluntary, member-driven psycho-social rehabilitation	Statewide	https://health.hawaii.gov/amhd/consumerclubhouse/
9 Family Support Groups		Statewide/Online	https://namihawaii.org/2021/01/27/join-a-nami-hawaii-support-group/
10 Covid-19 Resources	Additional multilingual, 24/7 support is available to people experiencing emotional distress related to		1-800-985-5990
11 Adult Daycare			

Council members shared the following comments:

- C. Dang pointed out that the WSA-PIG wanted to make sure every area of representation on the Council was included in the Category column to ensure all Council members have a voice for their area(s) of representation.
- E. Lau-James noted that NAMI Hawaii has a very comprehensive resource list. She isn’t sure how to best share that with the Council. R. Ries suggested that the resource list be reviewed first. C. Knightsbridge mentioned the resources be those that Council members have found to be useful.
- R. Ries noted that the bereavement network of Hawaii may be one resource he would consider having shared.

Regarding calendar of event items for the Council’s website calendar, the WSA-PIG recommends Council members add their calendar items to the

Share the link to the Google sheet with Council members.

S. Haitzuka

3/15/21

same Google sheet but on the 2nd tab (see below for a sample).

WSA PIG members met on 2/23/21 and discussed the Council's website - specifically the Council's Calendar of Events page (proposing new page). WSA PIG members are asked to identify behavioral health related events - local/state/national by Wednesday, 3/3/21.

NOTE: Events, once vetted by WSA PIG members, will be listed by month. The next WSA-PIG meeting is Thursday, 3/4/21 at 8:30am via Zoom.

WSA PIG members will present this list at the March Council meeting and Council members will be asked to identify additional events that meet the following criteria:

- * Is it purposeful?
- * Is it relevant?
- * Is it behavioral health focused?

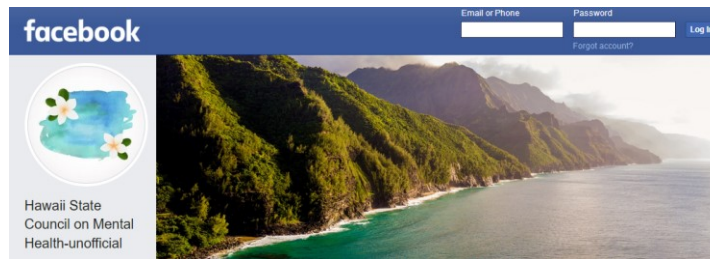
Month	Type of Event: - Local (type island name(s)) - Statewide - National	Organization/Host (Please Share the Event Name)	Comments/Event Description/Date Span (if not entire month) (Please share the event/host website link if available)
January	Statewide	HI State Legislature Opening Day	20th day of January
February			
March			
April			
May			

Council members shared the following comments:

- C. Dang

C. Knightsbridge shared that creating an unofficial Facebook page for the Council was the most practical way to manage the Facebook account. Here's the link to access the Facebook page.

<https://www.facebook.com/Hawaii-State-Council-on-Mental-Health-unofficial-112542660887805/>



About

CONTACT INFO

<https://scmh.hawaii.gov>

MORE INFO

About

We are mental health professionals, family members, and members of the community who volunteer to advocate for Hawaii's citizens on mental health issues. This is our unofficial FB page.

Public & Government Service

There are currently two sample posts on the page: one for the Hawaii CARES 24/7 crisis line and the other for the Family Guidance Center.





Council members shared the following comments:

- H. Ilyavi noted that S. Haitsuka shared how other councils were sharing information on social media and advised on how this could be the done for our Council.
- R. Ries mentioned that he felt the unofficial Facebook page designed by C. Knightsbridge looks good.
- S. Shimabukuro asked who the moderator for the Facebook page would be. C. Knightsbridge clarified that right now he is the moderator but he emphasized that anyone can post to the page and the request would go to the moderators to check the guidelines for the post which include: non-political/non-opinionated, mental health focused content, and resources that are helpful to the community at large. He is happy to have other Council members be moderators as well. C. Dang concurred that there should always be a current Council member who is watching the page.
- S. Shimabukuro asked how often C. Knightsbridge would check for updates. He noted that on CAMHD's social media, sometimes there are comments to posting that are needing to be responded to. C. Knightsbridge confirmed that he would check daily and that the page will alert him when there is a post request submitted.
- H. Ilyavi clarified that the thought process behind the postings was

<ul style="list-style-type: none"> • PIG for Legislation (LEG) 	<p>to have links to existing resources rather than the Council creating new things to post.</p> <ul style="list-style-type: none"> • K. Aumer wondered what the parameters would be for addressing comments to postings, especially those who are asking for help. C. Knightsbridge noted that this is an unofficial page but there will be information shared about accessing help via the Hawaii CARES 24/7 crisis line. H. Ilyavi noted that the page could mirror information already shared on the Council’s website and include 2-1-1 as an option for people to contact for additional help. • R. Ries suggested adding a disclaimer about content made by outside entities are not necessarily endorsed by Council members and is meant to be an informational resource. <p>LEG-PIG members include C. Knightsbridge, C. Dang, E. Lau-James, and T. Reed. C. Dang is the LEG-PIG lead.</p> <p>The LEG-PIG met twice since the last Council meeting. They provided a copy of their rank order results for bills they identified for the Council’s legislative bill tracking. As noted in the February business meeting minutes, the LEG-PIG identified 14 bills and rank ordered them to identify the top seven bills.</p> <p>The LEG-PIG also drafted four testimonies using the approved Council testimony template.</p> <p>Due to limited time during February’s business meeting the Council did not have time to vote on the LEG-PIG’s recommendations and instead we agreed to defer discussion to today’s meeting.</p> <p>C. Dang emphasized the time sensitivity during the legislative session. For future LEG-PIGs, she stressed that February is the month for the Council to receive the draft testimonies, review and approve them so they can be submitted when the hearings were scheduled.</p> <p>C. Dang noted that while the Council did not submit testimony, if the Council did submit, it may have changed the destiny of the bills the LEG-</p>			
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	<p>PIG recommended for the Council’s legislative bill tracking. For example, she noted:</p> <ul style="list-style-type: none"> • SB732 was originally a non-violent response pilot program; current status is bill was gutted and replaced with a study of the Hawaii CARES Program. The drafted testimony was for the non-violent response pilot program. • SB703 was for suicide prevention training; current status is this bill passed the Senate and crossed over to the House; pending hearing. • HB384 was for telehealth; current status is deferred. • HB692 was for sex trafficking prevention; current status is bill was referred but no hearing was scheduled; current status is deferred. • HB812 regarding trauma informed education was referred and it does not have an appropriation; current status is pending hearing. • SB199 regarding ; has a 48-hour notice and will get approved after the wait time; current status is pending hearing. • SB905 regarding the State Council; this bill directly involves the Council. SB899/HB628 were deferred; current status is bill crossed over to the House. SB905 received two Senate hearings. <p>C. Dang mentioned that the Council’s priority bill list was ranked ordered as noted in the handout; however, some of the bills have since died. She inquired about the Council’s preference for re-prioritizing those bills.</p> <p>E. Lau-James emphasized that the LEG-PIG and the Council is learning as we go and are piloting the participation guidelines that were drafted. In hindsight, the voting of the Council’s legislative bill tracking should have happened in February. She identified one of the big hold ups are having to wait a month for decisions to be made at the next Council meeting. She suggested the Council consider holding quick emergency Council meetings to vote on the bills that the LEG-PIG has prioritized and to vote to approve draft testimony.</p> <p>Regarding SB905, E. Lau-James noted drafted testimony includes the position of comments due to the educational requirements for this position that are not required for other Council positions.</p>			
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	<p>C. Knightsbridge supports the Council doing pre-meeting preparation including reading all the handouts that are sent a week prior to the meeting. For example, for today’s meeting, the LEG-PIG had several handouts including draft testimonies. It would be great for Council members to have read the legislative bills pertaining to the draft testimonies ahead of today’s meeting. That way, Council members would then have an idea whether their position on the bill is to support, oppose or share comments only, and whether they have edits for the draft testimonies. Reading the handouts prior to the meeting would help save time during Council meetings and move the discussion along.</p> <p>T. Reed wanted to clarify the role of the LEG-PIG. LEG-PIG members were selected by the Council and have done the work to research, read, prioritize and draft testimony for the Council to review, edit and approve. She expressed concern about the speed for obtaining approval from the Council as it’s very time sensitive work that needs Council approval. One thing she is frustrated about is that the LEG-PIG did meet and did the work but at today’s Council meeting, it feels like there is a re-hashing of the work that was done and that is being presented for Council approval. If Council members are unsure of their position or have not had time to read the bill and consider the draft testimony, she noted that members could abstain.</p> <p>The LEG-PIG will continue to pilot the participation guidelines that we received a draft of in our January 2021 meeting handouts and will revise the participation guidelines when they submit their final LEG-PIG report in June 2021.</p> <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> • R. Ries acknowledged the hard work of the LEG-PIG and noted that the work done so far has been amazing. • S. Shimabukuro noted that SB905 may currently have a far out date; however, the date was pushed out to allow for more discussion and can be changed in the final committee. • R. Ries noted that the Council may have an opportunity next year to revisit these bills if they are introduced again. 			
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	<ul style="list-style-type: none"> • R. Ries suggested that busy Council members may not read all the handouts that are sent a week prior to the meeting; however, a possible option, especially for time sensitive items that require thorough reading as opposed to skimming handouts, may be to have those handouts sent sooner and farther ahead of the meeting (i.e. more than a week prior). C. Knightsbridge suggested a monthly e-mail with updates. • S. Shimabukuro shared that the Child and Adolescent Mental Health Division (CAMHD) has a legislative group. In the early stages of the legislative session, the CAMHD legislative group meets twice a week. He’s not sure that the tempo of the LEG-PIG can keep up with that frequency for meetings. • R. Ries clarified that the LEG-PIG are permitted interaction groups that act as a think tank to work on tasks assigned by the Council and present their findings to the Council for official voting. • Regarding scheduling of emergency Council meetings, R. Ries noted that he supports these types of meetings so long as the Council does not violate the Sunshine Law. He also suggested that the Council could partner with community partners such as the National Association of Social Workers – Hawaii Chapter or the Hawaii Psychological Association, and CAMHD. C. Dang noted the Mental Health Task Force has a legislative process too. • C. Matayoshi commended the LEG-PIG for the work, time and all the effort that has been put into drafting the participation guidelines, researching bills, prioritizing bills for the Council, and drafting testimony. The LEG-PIG has done amazing work so far and she appreciates all of the efforts made. • Regarding re-prioritizing the Council’s priority bill list, he suggested that the LEG-PIG meet and re-order the list with the dead bills placed at the lower end of the list. • Regarding scheduling emergency Council meetings, S. Haitzuka noted that it is possible to schedule; however, it would be efficient if the LEG-PIG meet ahead of scheduling the emergency Council meeting to finalize the agenda and any handouts that need to be reviewed. For example, the LEG-PIG may want to meet to re-prioritize the Council’s priority bill list, update draft testimony 	<p>Look for the reference for emergency Council meetings and provide the citation.</p>	<p>S. Haitzuka</p>	<p>4/2/21</p>
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	<p>based on the most current draft of the bill, etc. C. Dang added that quorum must be achieved in order to vote. R. Ries noted that the public needs to be properly notified as well. C. Dang suggested that the LEG-PIG group meet in two weeks.</p> <p>The LEG-PIG requested the Council’s approval for two draft testimonies.</p> <ul style="list-style-type: none"> • HB812 – Relating to Trauma-Informed Education The recommendation is for the Council to approve the draft testimony in support of HB812. <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> ○ None. <p>C. Dang motioned to approve the draft testimony for HB812. C. Matayoshi seconded the motion.</p> <p>Council members voted to approve draft testimony.</p> <ul style="list-style-type: none"> • SB905 – Relating to the State Council on Mental Health The recommendation is for the Council to approve the draft testimony with comments for SB905. <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> ○ K. Aumer asked that the word “support” in the testimony be bolded. ○ R. Ries noted there are concerns about the educational requirement. While education is required, ho’oponopono is something that people are deeply knowledgeable about and those who are knowledgeable are not necessarily highly educated in terms of achieving a college degree. <p>C. Dang motioned to approve the draft testimony for SB905. C. Matayoshi seconded the motion.</p> <p>Council members voted to approve draft testimony for SB905.</p>	<p>Schedule next LEG-PIG meeting via e-mail to S. Haitzuka.</p> <p>Ayes (14); Noes (0); Abstentions (1)</p> <p>Motion passed.</p> <p>Ayes (12); Noes (0); Abstentions (2)</p> <p>Motion passed.</p>	<p>C. Dang</p>	<p>3/23/21</p>
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<p>(OSAB)</p> <ul style="list-style-type: none"> Hawaii Service Area Board (HSAB) 	<p>response to 9-1-1 calls that involve mental health crises.</p> <p>The following updates were provided by C. Matayoshi.</p> <ul style="list-style-type: none"> HSAB had quorum. Currently the HSAB has three confirmed members and three pending members. Discussion was focused on finalizing the HSAB CISAP. When done, the HSAB CISAP will be shared with the Council. 			
<p>VII. Presentation/ Guest Speaker</p>	<p>R. Ries introduced Dr. Ashley Lukens. She is the co-founder of the Hawaii Clarity Project.</p> <p>The Hawaii Clarity Project is an initiative that aims to expand patient access to include psilocybin-assisted therapy modalities. Through community education, advocacy and legislative action, Hawaii Clarity Project staff have been working to create the necessary legal frameworks, regulatory bodies, and associated governmental mechanisms to help expand therapeutic access to psilocybin in Hawaii.</p> <p>The Council has not taken a position in support, against or neutrally on this topic. Doorae Shin, Project Manager for the Hawaii Clarity Project, reached out to request time on the Council’s agenda to present on this topic.</p> <p>Dr. Lukens shared the following points along with her PowerPoint presentation:</p> <ul style="list-style-type: none"> The Hawaii Clarity Project was co-founded by Robert Paterson and herself with a mission to expand legal, therapeutic medical psilocybin access in Hawaii. Psilocybin is safe and non-addictive. It has been effective in addressing mental health issues such as post-traumatic stress disorder and depression. The Hawaii Clarity Project belongs to a growing psychedelic renaissance. 			

GROUNDBREAKING RESEARCH

Cancer-related depression & anxiety

- 80% of cancer patients who received psilocybin showed significant reductions in anxiety and depression, lasting at least 6 months after a single session. (John Hopkins University)

End-of-Life Anxiety

- "It is simply unprecedented in psychiatry that a single dose of a medicine produces these kinds of dramatic & enduring results" -Dr. Stephen Ross, NYU Langone Center of Excellence on Addiction

Addiction

- A pilot study showed 80% of participants had quit smoking. After one year, it was 67%, making it more successful than current treatments. (John Hopkins University)

...and more!



- There are several research institutions that are conducting research, including research on the use of psilocybin to ease the effects of mental health symptoms (i.e. veteran population).

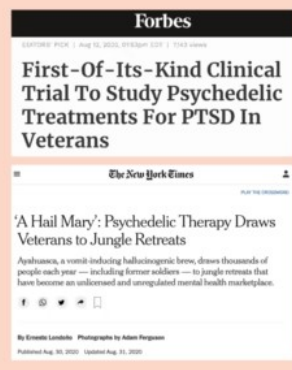
VETERANS & PSYCHEDELICS

Mental Health Crisis Among Veterans

- Between 10-20% of active duty veterans suffer from PTSD, much higher than the general population.
- Rate of drug and alcohol abuse is higher for veterans.
- Rate of suicide for veterans is 1.5x of the general population.
- Over 10% of Hawaii's population consists of veterans.

Promising Benefits

- Psychedelics are a life-saving therapy for many veterans suffering from PTSD and other mental illnesses.
- Heroic Hearts Project supports veterans seeking safe psychedelic therapy, with incredible results.



- The Hawaii Clarity Project is part a broad range of citizen-led initiatives to decriminalize and legalize psilocybin.
- The framework that allows for therapeutic access to psilocybin is important because it creates a designation for therapists to prescribe and administer psilocybin in treatment settings.
- The Hawaii Clarity Project is pushing for therapeutic access to psilocybin is because the setting is critical to the successful integration of the psychedelic experience. For example, where you're dosed, how you're dosed and how you're able to integrate

the insights from the psychedelic experience are critical in driving the critical long-term health benefits of psilocybin.

- There are three vehicles in the legislature that focus on psilocybin. One bill has died but two resolutions are set to be introduced (one in the House and one in the Senate) that require the DOH and the University of Hawaii to create a task force or advisory board to address the potential of therapeutic psilocybin in Hawaii.

OUR VISION

Psilocybin and other psychedelics are destigmatized, decriminalized, and accessible for those who need it.

Because we all know someone who stands to benefit from having access to these important therapies.



Council members shared the following comments:

- E. Lau-James asked about the difference between psilocybin and ketamine. Dr. Lukens noted that access to ketamine is already legal and can be addressed via existing options such as Beyond Mental Health (founded by Dr. Thomas Cook) and also the Ketamine Clinic of Hawaii. Dr. Lukens also noted that it's important for patients to have options that they can try to see what works best for them. She points out that micro-dosing may be popular, she is interested in macro-dosing with long-term integration of that dose with a booster macro-dose at various longer-term intervals (i.e. a year later). Her personal experience with being able to detach her ego from the narratives in her head and being able to grasp those thoughts tangibly was significant for her.
- R. Ries noted that this type of treatment model and regime likely will not make for popular pharmaceutical support but psilocybin is not something that is brand new.
- K. Aumer mentioned that the psilocybin did die but she was

	<p>interested to know what the challenges were and perhaps why the health department did not support the bill. Dr. Lukens noted that the bill may have been ill informed and the broader context in which the Hawaii Clarity Project was trying to introduce the issue was not clear. It was introduced by Senator Stanley Chang on his own volition and he is passionate about addressing mental health care. Hawaii Clarity Project aimed to introduce this bill to dispel the “party drug” image and to emphasize that there would be someone who is trained to provide guidance through the psilocybin treatment process.</p> <ul style="list-style-type: none">• K. Aumer inquired about how Oregon was able to get their psilocybin bill passed. Dr. Lukens noted that Oregon, unlike Hawaii, had a ballot measure that was voted for. Oregon now has a two year implementation period. For Hawaii’s psilocybin bill, the Hawaii Clarity Project used the language from the Oregon bill. Dr. Lukens clarified that there is a difference between medical access and therapeutic access to psilocybin. Medical access requires a diagnoses whereas therapeutic access can be used based on the recommendation of the therapist. This therapeutic access allows broader access for patients who are not diagnosed to have access to this therapeutic psilocybin access.• C. Knightsbridge asked how psilocybin is used to treat substance abuse relative to ayahuasca and ibogaine. Dr. Lukens stated that she does not have access to research that compares the efficacy of each of these substances alongside each other. Much of the research right now is anecdotal since most of the clinical trials are five or ten years in. She confirmed that access to ayahuasca is legal for access in ceremonial settings by a designated ayahuasca church. This setting may not be the most attractive setting for therapists to seek out access for patients. Ibogaine and iboga (the plant medicine ibogaine is derived from) are harder to access. She is unsure how psilocybin stacks up against these substances; however, based on her experience, a macro-dose of psilocybin is not the same of a “party” dose that someone would take before going to an event. Rather, this is a much heavier dose that is administered.			
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	<ul style="list-style-type: none"> • A. Beninato asked to clarify about the use of psilocybin relative to serotonin blocker. Dr. Luken stated that she believes the body reads psilocybin as serotonin. She clarified her Ph.D. is in political science and her mastery of the psilocybin literature is focused on shifting policy around psychedelics. She suggested that additional information can be reviewed in a white paper that is found on the Hawaii Clarity Project website under Resources. https://www.clarityproject.org/ She also suggested another resource, the Multidisciplinary Association for Psychedelic Studies (MAPS). https://maps.org/ • A. Beninato emphasized that he feels it's important for people to understand how psilocybin works, chemically which is the reason why someone can experience something beyond their usual experiences. Understanding how psilocybin can help connect places in the brain that are not usually connected with serotonin makes it a lot easier to understand why it is so effective in changing experiences. • R. Ries mentioned research in the 1950s didn't always result in certain experiences resulting from chemical action. Sometimes it was the result of chemical and receptor inaction which is a flip-around on the way most neurochemical research is oriented. • C. Dang inquired if the Hawaii Clarity Project has knowledge of who would be included as members of the psilocybin task force. Dr. Lukens stated there are recommendations for task force members and she would be happy to suggest an amendment to add a representative from the Council if the Council decides that this is something that they would like to support. <p>To get additional information and updates on the efforts of the Hawaii Clarity Project, please sign up for the alerts (scroll to the bottom of the homepage). https://www.clarityproject.org/</p> <p>D. Shin stated that an e-mail can be shared about upcoming legislation where the Council may decide whether they would like to submit testimony to support the Hawaii Clarity Project's three to five year strategy to move this issue along within the consciousness of the</p>			
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	<p>community and our legislators. Sample testimony can be found on the Hawaii Clarity Project’s website under legislative updates. https://www.clarityproject.org/legislative-updates</p>			
<p>VII. State Agency Representative Reports</p> <ul style="list-style-type: none"> • Hawaii Public Housing Authority (HPHA) • Department of Health Child 	<p>R. Ries explained that 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>He asked that oral summaries be brief and 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 Council meeting.</p> <p>The following updates were provided by K. Martinez:</p> <ul style="list-style-type: none"> • 750 Section 8 vouchers were issued by December 2020 to avoid lapsing funds. HPHA wishes it had more money to assist additional families. • The next initiative is to change some HPHA’s Hawaii Administrative Rules (HAR) to accommodate these types of emergency types of programs and activities, including public housing. • HPHA hopes to open the waitlist for a short period of time for families to apply and likely use a lottery style system. • HPHA is working with private contractors to speed up the prep for available units. • Regarding moratoriums placed on public housing authorities nationwide by the U.S. Department of Housing and Urban Development (HUD), HPHA continues to allow for no minimum rent and only do evictions for health/safety issues (rarely evicted for this reason). HPHA is committed to helping families to pay their rent and encouraging families to pay what they can. • HPHA continues to assist families with personal protective equipment (PPE) and cleaning and sanitation supplies. <p>The following updates were provided by S. Shimabukuro and M. Hiraga-Nuccio :</p>			

<p>Adolescent Mental Health Division (DOH CAMHD)</p> <ul style="list-style-type: none"> Department of Human Services (DHS) MedQUEST (MQD) Division Medicaid Program 	<ul style="list-style-type: none"> Expanded access to services via telehealth has helped to connect remotely with families who need services and support. There are still reduced numbers of applicants. This is a concern and efforts are being made to address this reduction. There appears to be a need; however, due to schools not being in full face-to-face session, many referrals that would normally come thru the educational system have not been consistent throughout the pandemic. S. Shimabukuro met with education department staff to discuss options for remote screening and referrals. Educational outreach to other agencies such as the judiciary, child welfare services, and non-profit agencies for referrals is ongoing. <p>The following updates were provided by J. Fujii:</p> <ul style="list-style-type: none"> DHS MQD is in the middle of the QUEST Integration (QI) re-procurement. QUEST is the state’s Medicaid program run by the DHS MQD. Medicaid is a federal and state partnership program created to assist individuals with limited resources. The award announcement will be released on March 15th and the contract will be effective July 1st. DHS MQD awarded the Community Care Services (CCS) contract for severe mental illness (SMI)/severe and persistent mental illness (SPMI), a carve out health plan, to ‘Ohana Health Plan, the incumbent. The award announcement was released in February and the contract is effective July 1st. Funding is available to support DHS MQD program and to provide “federal match” dollars for qualified programs and services. The federal match is usually about 54%; For example, if Hawaii spends \$100 the federal match would be \$54 for every \$100 spent. DHS MQD is tracking legislative bills including those related to telehealth and various funding related bills that help to sustain existing services and help to strengthen our federal match. DHS MQD is currently working with the DOH Behavioral Health Administration’s (BHA) Child and Adolescent Mental Health Division (CAMHD) to stretch those federal match dollars to support CAMHD’s work. For example, Medicaid federal match dollars are being received for the CAMHD’s INSPIRE electronic medical records 			
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<ul style="list-style-type: none"> • Department of Human Services (DHS) Child Welfare Services (CWS) • Department of Human Services (DHS) Division of Vocational Rehabilitation (DVR) 	<p>system integration project. DHS MQD provides \$10 for every \$100 of system costs incurred by CAMHD.</p> <ul style="list-style-type: none"> • DHS MQD is also working with DOE on programs that support disadvantaged children and assist with Medicaid federal match dollars for those services. <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> • A. Beninato inquired about whether Hawaii’s federal match is across the board or if it differs by type of program or service. J. Fujii noted that the federal match varies. Program related activities are usually based on a 54% match. Other states have a higher or lower match. He noted that most of the DHS MQD federal match has gone to technology but other services have different federal match criteria. For example, during the COVID-19 pandemic, the federal match has included COVID-19 testing and pandemic response activities. Also, salaries, personnel, and rent are around 50% federal match. Other Hawaii departments such as transportation have higher federal match dollars. <p>The following updates were provided by D. Koyanagi:</p> <ul style="list-style-type: none"> • None shared. <p>The following updates were provided by R. Pascual-Kestner:</p> <ul style="list-style-type: none"> • Update on the three priority categories for the DVR waitlist: Category 1: most significantly disabled has been resolved. Category 2: significantly disabled will soon be open. The opening of the waitlist means more participants on the waitlist can now enter and receive services. • On February 22nd, there was a statewide leadership and staff meeting. There were two guest speakers – Kathleen Merriam, Windward Treatment Services Section Supervisor who spoke community mental health resources and about how to balance mental health during the pandemic. This is a topic that leadership 			
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	<p>has been addressing; specifically, how to re-engage with each other while being physically distanced and working remotely. The second speaker was Ka’ala Souza, author of the book Pono: A Hawaiian Style Approach to Balance and Wellbeing. He created a three-minute message online about resiliency in terms of technology and digital resiliency. This is important for DVR staff to understand in order for us to connect with our participants.</p> <p>https://3minutemessage.com/</p> <ul style="list-style-type: none"> The DHS Ohana Nui initiative, “is based on national data and best practices that a multigenerational philosophy of service delivery is more effective than one that separately addresses individuals’ needs.” <p>https://humanservices.hawaii.gov/blog/ohana-nui-kicks-off/</p>			
<p>VIII. Specialty Area Representative Reports</p> <ul style="list-style-type: none"> Hawaii Advisory Committee on Drug Abuse and Controlled (HACDACS) Mental Health Providers 	<p>R. Ries explained that 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.</p> <p>He asked that oral summaries be brief and 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 Council meeting.</p> <p>The following updates were provided by J. Fujii:</p> <ul style="list-style-type: none"> HACDACS continues to monitor its priority bills. He will provide an update for the next Council meeting. <p>The following updates were provided by R. Ries:</p> <ul style="list-style-type: none"> Providers are super overwhelmed due to patients experiencing heightened anxiety, depression and other pressures related to the pandemic. Providers are begging other providers to see patients who need help. He has been working very long hours to help 			

<ul style="list-style-type: none"> Parents and Family Members of Mental Health Service Recipients Consumer Advocates 	<p>patients including taking new patients.</p> <ul style="list-style-type: none"> The Hawaii Psychological Association is generating resiliency training and anti-burn out training for police, fire, ocean safety and emergency medical response staff. It is a voluntary training and a lot of interest has been expressed for this training. <p>The following updates were provided by H. Ilyavi:</p> <ul style="list-style-type: none"> She emphasized that kids are needing access to services. Every resource on the Big Island are waitlisted including educational support, childcare when returning to work, school-based programs with supervision, financial and other assistance are hard to access right now. She is working day and night to help families as much as possible. Thank goodness for telehealth options which has been a saving grace. <p>The following updates were provided by E. Lau-James:</p> <ul style="list-style-type: none"> Each month, the affect of isolation becomes more visible. There are “bubbles” that have been created where people are becoming more and more anxious because they do not have the community that they had prior to the pandemic. She is cautious about the number of individuals who are needing resources but have not reached out or connected with others yet. It will be interesting to see as the state opens up because there are likely people who have needed resources. <p>The following updates were provided by C. Knightsbridge:</p> <ul style="list-style-type: none"> There is a concern for the unemployment insurance delays and the additional requirements that at being put on the claimants to produce. It is so difficult to talk to someone in the office! On top of having to address mental health issues, the pressure of having to address unemployment insurance paperwork and documentation is going to be a big problem in the coming months. <p>The following updates were provided by N. Crozier:</p> <ul style="list-style-type: none"> She has recently been helping consumers who have no 			
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	<p>identification. Some are needing services such as a COVID-19 test. Without an ID of some kind, it is very difficult for case managers to assist with linking to services.</p> <p>The following updates were provided by T. Reed:</p> <ul style="list-style-type: none"> • Nobody is still taking into account the gap group of people who are on a fixed income and do not qualify for unemployment insurance. She has experienced increased expenses as a result of the pandemic. • She is one of two Maui Hawaii Certified Peer Specialists. She recently completed the youth mental health first aid course. Mental Health America-Hawaii is offering remote trainings that are lengthy but are really good trainings. https://mentalhealthhawaii.org/get-connected/ R. Ries commended T. Reed for her achievements in earning the Hawaii Certified peer specialist certification and for all of her dedication and hard work. He emphasized that the peer voice is critical and should be prioritized. 			
<p>IX. Old Business</p> <ul style="list-style-type: none"> • Post-Retreat Facilitator Summary 	<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 as Old Business agenda items.</p> <p>Post-Retreat Facilitator Summary</p> <ul style="list-style-type: none"> • R. Ries noted that the Council received two post-Retreat facilitator summaries from K. Oliver. She submitted the first post-Retreat summary with our December 2020 meeting handouts and the second post-Retreat summary with today’s meeting handouts. • The Council has not voted to accept these post-Retreat summaries formally but he would like the Council to do so at this time to formally acknowledge these documents being received. • He acknowledged the work that K. Oliver has done to help the Council with our Strategic Plan and Action Plan. <p>Council members shared the following comments regarding the Retreat experience:</p>			

	<ul style="list-style-type: none"> • C. Knightsbridge appreciated the snacks and felt that the Retreat (Part II) was far better than Part I. C. Matayoshi, E. Lau-James and H. Ilyavi agreed. • E. Lau-James felt that Part I meandered a little bit as the Council explored various topics and focus areas. • R. Ries acknowledged one of the potential reasons for the improved Part II experience is the honest feedback that was shared via the post-Retreat questionnaire. It is challenging to have a four-hour virtual retreat session each time. The honest feedback after Part I was significant to improving Part II. • C. Dang noted that the Retreat had been talked about for years. She wonders if there's a way to do a Retreat every second or third year. She feels that the results with participation and engagement is phenomenal. She hopes that there is an opportunity to continue to build upon the success in the future. R. Ries recognized that this Council group is a motivated group. He wondered whether there is a need to make a bylaw change. C. Dang suggested having a standing Retreat PIG get together to plan for a future Retreat. She noted that K. Oliver did stay in the background to allow the Council to take charge and run the retreat. The Council really took ownership of this retreat. T. Reed suggested perhaps a comradery style gathering to grow the Council and have time to continue to see gains, get to know each other, engage and become vested in the Council's plans. • C. Matayoshi asked whether the Council has a budget for activities. H. Ilyavi pointed out that due to no travel, there may be money allocated but not spent that the Council could use. E. Lau-James shared about the procurement request process that has been used to make specific requests for activities. • K. Martinez explained that anytime a state department wants to use money for a meeting or activity, S. Haitsuka would need to submit a request to the State Comptroller. She recalls that there were parameters for which meals could be purchased (i.e. light breakfast versus a full meal). There are also guidelines for nutrition choices for the meal items. It is possible to also include a speaker along with the meal. The justification would include all of the 			
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	<p>information to describe why the amount is being requested.</p> <ul style="list-style-type: none"> E. Lau-James felt that the amount of time it took to get all of the funding paperwork completed and approved was laborious. <p>C. Matayoshi made a motion to accept the two post-Retreat summaries submitted by K. Oliver. E. Lau-James seconded the motion.</p>	<p>Motion passed unanimously.</p>		
<p>X. New Business</p> <ul style="list-style-type: none"> Strategic Plan Review and Discussion of Focus Areas and Accompanying Action Plan Items 	<p>In the post-Retreat (Part II) summary submitted by K. Oliver, Appendix 2 and Appendix 3 identifies the current status of the draft Strategic Plan and Action Plan as we left it when the Retreat concluded.</p> <p>R. Ries noted that there is no voting on the Strategic Plan and Action Plan at this time. Rather, right now we are discussing any significant changes we want to make to these draft documents.</p> <p>Focus Area #1 Measurable Objectives Improving Access to Mental Health Services (existing and new)</p> <ul style="list-style-type: none"> 1.1 – R. Ries would like to push the start date back to July 2021 to align with the start of the new term. 1.2 – R. Ries would like to push the start date back to September 2021. If this date does not work for the block grant application timeframe, we may need to adjust the date again in July when we get an update from DOH staff about the block grant application. 1.3 – R. Ries would like to reserve this objective for the WSA-PIG as ad hoc support to coordinate with the Google sheet they are using to collect this information. While the Council does not have authority to approve or deny the Island Service Area Board CISAPs, R. Ries is hoping that all Island Service Area Board representatives could submit their island CISAP by June 2021 which is the close of this current term or if the CISAP cannot be completed by June 2021, provide a blurb to let the Council know why it wasn't completed and what the current status is. He would like to add this as an Action Plan item for this Focus Area. R. Ries acknowledged that C. Matayoshi, C. Knightsbridge, J. Fujii 			

	<p>and N. Crozier volunteered to work on this focus area; however, he wonders if Council members would support categorizing this focus area as an all-Council discussion rather than creating a PIG. He proposes that this focus area be kept on the agenda as new and old business until we complete the noted action steps.</p> <ul style="list-style-type: none"> • E. Lau-James asked whether each Focus Area should have its own PIG with assigned members. R. Ries commented that it may be that each Focus Area needs to be considered on a case by case basis for items that perhaps could be addressed as a whole Council and for the items that cannot be address in this way could then be assigned to a PIG for interim work. • C. Dang cautioned about the differences between a PIG and a standing committee. The PIG meets under special circumstances and has flexibility with the Sunshine Law. The standing committee can go on indefinitely compared to the PIG which is dissolved when the issue is addressed. <p>Focus Area #2 Measurable Objectives Advocate for the Emotional Well-Being of the Community</p> <ul style="list-style-type: none"> • 2.1 – R. Ries would like add a new 2.1 to state, “By April 2021, form a Wellness Brochure PIG” • 2.2 – R. Ries would like to remove (b) • R. Ries would like to combine the new 2.1 with 2.2 (a) • C. Matayoshi, C. Knightsbridge, K. Aumer and R. Ries volunteered to work on this Focus Area. <p>Focus Area #3 Measurable Objectives Identify Tools the Council is Empowered to Use</p> <ul style="list-style-type: none"> • R. Ries would like to push the dates out: <ul style="list-style-type: none"> ○ 3.1 – push the start date to April 2021 ○ 3.2 – push the start date to June 2021 ○ 3.3 – push the start date to August 2021 ○ 3.4 – push the start date to October 2021 • R. Ries noted that the Council has a lot more wiggle room in terms of prioritizing and the timeframes are within the Council’s control so that’s why he is suggested moving these dates. 			
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	<p>Focus Area #4 Measurable Objectives Outline an Onboarding and Annual Reboarding Experience for Council Members</p> <ul style="list-style-type: none"> • R. Ries would like to assign S. Haitzuka and J. Nazareno as the navigators for completing this Focus Area and making sure the Council completes the Action Plan items associated with the objectives. • R. Ries asked that S. Haitzuka and J. Nazareno check in with each other and with E. Lau-James, T. Reed and K. Martinez for their feedback as Council members who expressed interest in joining the Onboarding/Re-Boarding PIG. • R. Ries noted that this Focus Area will help get Council members refreshed and new Council members to “hit the ground running.” <p>Focus Area #5 Measurable Objectives Strengthen the Council’s Presence as Advocates and Advisors to DOH Leadership, Inclusive of Input from Neighbor Island Stakeholders and Service Area Board Members</p> <ul style="list-style-type: none"> • 5.1 – R. Ries would like to delete the current 5.1 and replace it with the current 5.2. He would like to push the start date back to April 2021. • R. Ries would like to clarify in the Action Plan for the new 5.1 (current 5.2) note that, “efforts to share/disseminate/distribute mental health information” is clarified as acceptable via written and oral reports from Council members when he/she shares their report at monthly Council meetings. • 5.3 – will become the new 5.2 • 5.4 – will become the new 5.3; R. Ries would like to clarify so that it says, “Schedule the Director of Health, DD BHA or their designee” to allow the department the opportunity to decide who they would like to have attend. He noted that it may not always be Eddie Mersereau, but that Eddie could designate someone on his staff and this would help the Council to meet its goal for this Focus Area by stating “or their designee.” • 5.5 – R. Ries would like to delete this objective. 			
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	<ul style="list-style-type: none"> • T. Reed, C. Matayoshi, C. Knightsbridge, E. Lau-James, K. Aumer and R. Ries volunteered to work on this focus area; however, R. Ries asked if Council members would support categorizing this focus area as an all-Council discussion, rather than creating a PIG. Allowing all Council members to share written or oral reports each month at Council meetings is already part of the standing Council agenda. • E. Lau-James expressed that she wants every Focus Area to have a PIG formed. She wants the Council to vote on her position at the next Council meeting. • E. Lau-James expressed that she wants every Council member to volunteer to work on at least one Focus Area. <p>Focus Area #6 Measurable Objectives Share Information on the Council’s Website About Existing Mental Health Services Including Local, State and Federal Services</p> <ul style="list-style-type: none"> • R. Ries commended the current WSA-PIG for doing awesome work. • 6.1 – R. Ries recommends disbanding the current WSA-PIG and creating a new Website and Social Media (WSM) PIG that will continue the current tasks and help coordinate efforts in Focus Area #1 as well as Focus Area #6. • R. Ries shared that he left the word “Advocacy” out of the new WSM-PIG’s name because every Council member is responsible for advocacy, not just this one PIG. • R. Ries noted that A. Beninato had shared he may be interested in joining the WSM-PIG when it is created, hopefully at the April 2021 meeting. <p>Focus Area #7 Measurable Objectives Identify, Track and Share the Status of DOH Behavioral Health Administration (BHA) Legislative Bills including Adult Mental Health, Child Adolescent Mental Health, and Alcohol and Drug Abuse Divisions.</p> <ul style="list-style-type: none"> • R. Ries recommends supporting the current LEG-PIG who are a ringer and the Council should be supportive of the LEG-PIGs efforts. • C. Knightsbridge was open to disbanding the current LEG-PIG and creating a new LEG-PIG; however, C. Dang opposed stating that the 			
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<ul style="list-style-type: none"> • Council Officer Elections – Chair, 1st/2nd Vice Chair, Secretary 	<p>current LEG-PIG is busy and disbandment will occur in a couple months when the legislative session concludes. She recommends waiting to dissolve the current LEG-PIG as planned (see the draft Participation Guidelines for Council Legislative Activities).</p> <p>The officer positions for Chair and Secretary were unopposed at last month’s meeting. R. Ries re-affirmed his acceptance of the nomination for Chair and thanked Council members for their support and confidence. E. Lau-James re-affirmed her acceptance of the nomination for Secretary.</p> <p>For Vice-Chair, there were two nominees – C. Knightsbridge and C. Matayoshi. The Vice-Chair is responsible for facilitating Council meetings in the absence of the Chair.</p> <ul style="list-style-type: none"> • Voting results are as follows: C. Knightsbridge received six votes; C. Matayoshi received three votes. <p>C. Knightsbridge was nominated, voted and accepted the nomination for Vice-Chair.</p> <p>For Second Vice-Chair, there were two nominees – T. Reed and K. Aumer. The Second Vice-Chair is responsible for facilitating Council meetings in the absence of the Chair.</p> <ul style="list-style-type: none"> • Voting results are as follows: T. Reed received two votes; K. Aumer received seven votes. <p>K. Aumer was nominated, voted and accepted the nomination for Second Vice-Chair.</p>			
<p>XI. Closing Announcements</p>	<p>Council member shared the following announcements:</p> <ul style="list-style-type: none"> • The 18th Annual Hawaii International Virtual Summit on Preventing, Treating and Assessing Trauma (IVAT) is scheduled for April 27-30, 2021. 			



Website: <https://www.ivatcenters.org/hawaii-summit>

The following chart identifies the cost for registration:

18 th Hawai'i Virtual Summit Registration Fees		
ADMISSION ITEMS	EARLY BIRD (Jan 25– Feb 28)	REGISTRATION FEE (Mar 1 – Apr 20)
Full Summit Registration <i>April 27-30, 2021</i>	\$350	\$385
3 Days Summit Registration <i>April 27-29, 2021 OR April 29-30, 2021</i>	\$300	\$335
2-Days Summit Registration <i>April 27-28, 2021 OR April 28-29, 2021 OR April 29-30, 2021</i>	\$220	\$255
1-Day Summit: Tuesday ONLY <i>April 27, 2021</i>	\$125	\$150
1-Day Summit: Wednesday ONLY <i>April 28, 2021</i>	\$125	\$150
1-Day Summit: Thursday ONLY <i>April 29, 2021</i>	\$125	\$150
1-Day Summit: Friday ONLY <i>April 30, 2021</i>	\$125	\$150

A request for funds was submitted; however, a response is pending. We hope to hear a response by our April meeting to confirm if funding is available and how many Council members will attend.

C. Dang hopes the Council will submit something for the next Hawaii IVAT summit. She noted that continuing education (CE) credits are available for this year's summit.

M. Hiraga-Nuccio mentioned that a reduced registration fee is available for people who volunteer to assist with the summit.

The next Council meeting is on Tuesday, April 13, 2021 from 9:00 a.m. to 11:30 a.m. via Zoom.

XII. Meeting Evaluation / Future Agenda Items

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.

- C. Dang recognized that there is a big "hoopla" around the Senate

	confirmation process for incoming Council members. She would like to do something for outgoing Council members.			
VI. Adjournment	The meeting was adjourned at 11:50 a.m. R. Ries apologized for the extended meeting time and thanked Council members for attending past the 11:30 a.m. end time.	For information only.		
Electronic Mail Outs	The following handouts were e-mailed to SCMH members and individuals on the SCMH e-mail distribution list: E-mail (1 of 3) with handouts (total of 7 handouts) <ol style="list-style-type: none"> 1. March 2021 Meeting – Agenda 2. February 2021 Business Meeting – Draft Minutes 3. February 2021 Retreat Meeting – Draft Minutes 4. February 2021 Meeting – FY21 Attendance Log 5. March 2021 Meeting – PIG, Website/Social Media/Advocacy 2/23/21 Meeting Notes 6. March 2021 Meeting – PIG, Website/Social Media/Advocacy 3/4/21 Meeting Notes 7. March 2021 Meeting – PIG, Retreat Facilitator Post-Retreat Summary E-mail (2 of 3) with handouts (total of 8 handouts) <ol style="list-style-type: none"> 8. March 2021 Meeting – PIG, Legislation 2/8/21 Meeting Notes 9. March 2021 Meeting – PIG, Legislation 2/24/21 Meeting Notes 10. March 2021 Meeting – PIG, Legislation Proposed Council Priority Bill List 11. March 2021 Meeting – PIG, Legislation Rank Order List Results 12. March 2021 Meeting – PIG, Legislation Draft Testimony for HB912 13. March 2021 Meeting – PIG, Legislation Draft Testimony for SB703 14. March 2021 Meeting – PIG, Legislation Draft Testimony for SB732 15. March 2021 Meeting – PIG, Legislation Draft Testimony for SB905 E-mail (3 of 3) with handouts (total of 11 handouts) <ol style="list-style-type: none"> 16. March 2021 Meeting – Presentation Slides, Clarity Project 	For information only.		

	<ul style="list-style-type: none">17. March 2021 Meeting – CAHOOTS Program, Civil Beat Article18. March 2021 Meeting – CISAP Template19. March 2021 Meeting – National Association of Medicaid Directors (NAMD) Medicaid Report for Behavioral Health (February 2021)20. Hawaii SAB Minutes – 1/26/2121. Hawaii SAB Minutes – 11/24/2022. Hawaii SAB Minutes – 10/27/2023. Hawaii SAB Minutes – 9/22/2024. Hawaii SAB Minutes – 8/25/2025. Hawaii SAB Minutes – 7/28/2026. Hawaii SAB Minutes – 5/26/20			
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