

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

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

- Members Present: **Aumer, Katherine; Beninato, Antonino; Fujii, John; Ilyavi, Heidi; Jackson, Richard “Rick”; Knightsbridge, Christopher; Koyanagi, Dina; Lau-James, Eileen; Martinez, Beatrice “Kau’i”; Merriam, Kathleen; Pascual-Kestner, Rusnell “Rus”; Reed, Tara;**
- Members Absent: **Crozier, Charleen “Naomi”**
- Members Excused: **Renfro, Jennifer; Ries, Richard; Rivera, Renee**
- Guests Present: **Betlach, John; Dang, Cynthia “Cindi”; Pakele, James; Reyno Yeomans, Raelyn; Talisayan, Bryan**
- DOH Staff Present: **Haitsuka, Stacy; Nazareno, Jocelyn**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
I. Call to Order	<p>Vice Chairperson C. Knightsbridge called the meeting to order at 9:01 a.m.</p> <p>Members and guests introduced themselves.</p> <p>The following definition of quorum is printed on the 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> <p>For example, if only 16 of the entitled 21 members are appointed, at least 9 must be present to establish a quorum. To validate a council action, of the 9 members present, an affirmative vote from at least 5 is required.”</p>	For information only.		

	Quorum was established by 9:02am.			
II. Meeting Announcements	C. Knightsbridge stated Chairperson R. Ries is not feeling well today.	For information only.		
III. Consideration and Approval of Minutes August 29, 2021 Minutes September 14, 2021 Minutes	<p>The draft minutes for the August 29, 2021 Executive Council meeting were reviewed.</p> <p>The following amendments were requested:</p> <ul style="list-style-type: none"> • None. <p>R. Jackson made a motion for the meeting minutes from the August 29, 2021 regular meeting be approved as drafted. E. Lau-James seconded the motion.</p> <p>The draft minutes for the September 14, 2021 regular meeting were reviewed.</p> <p>The following amendments were requested:</p> <ul style="list-style-type: none"> • None. <p>R. Jackson made a motion for the meeting minutes from the August 29, 2021 regular meeting be approved as drafted. E. Lau-James seconded the motion.</p>	<p>Motion passed unanimously.</p> <p>Motion passed unanimously.</p>		
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>John Betlach, MA, MBA, OLC, EMT, NA submitted the following written testimony prior to today's Council meeting:</p> <ul style="list-style-type: none"> • In higher cost, less service and less relievable service for health services by not filling vacant positions for psychiatrists. • Lack of funding for and education/training for a calming approach for police dealing with conflict. • Police practices of building conflict and escalating conflict creating 			

	<p>violence and burdening the community with the aftermath, suffering, penalties, court time wasted are not tempered by older retired officers anymore.</p> <ul style="list-style-type: none"> • The nation has seen what police above the law can do with no guidelines. • Let's support policies that lower costs, help the community and empower state government workers and community for the better of us all. <p>J. Betlach shared the following concerns:</p> <ul style="list-style-type: none"> • There is a shortage of psychiatrists on staff. Use of independent contractors cost more. Legislators cut psychiatrist positions and for those psychiatrist positions that remain in the budget, they are based on low wage compared psychiatrist positions elsewhere. There is a long process to hire state psychiatrists. • How can the system get away from community confrontation about providing services to folks who need it without court initiating and by de-escalating the situation with police and redirecting the individual to mediation? For example, a person arrested while trying to get services. Looking for a team approach to address concerns; a "touchdown" together mentality. • How can the community help with regards to advocacy? <p>Council members shared the following feedback:</p> <ul style="list-style-type: none"> • C. Knightsbridge noted that the Council has PIGs that are formed to address specific issues. The Council listens to community input and may seek to further look into the issue through advocacy (e.g., write letter to Legislators). • E. Lau-James noted that the Hospital Mental Health Care (HMHC) PIG met yesterday to discuss issues related to this concern, including workforce issues and bedspace for psychiatric treatment. • C. Knightsbridge encouraged J. Betlach to attend Council meetings and submit any specific proposals for Council consideration. • K. Merriam shared that she was able to participate in a coordinated activity with the Hawaii Health and Hard Reduction Center (HHRC) and the National Alliance for Mental Illness (NAMI) Hawaii group. 			
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	<p>These were cost effective ways for Honolulu Police Department (HPD) staff and officers to receive training which resulted in an incredible outcome with crisis intervention team (CIT) training being provided to officers. The goal is to decrease confrontation. There was discussion about creating a uniform patch that officers can wear showing they have received CIT training. This is one step towards addressing concerns and a positive experience overall.</p> <ul style="list-style-type: none"> • R. Jackson noted this is an important topic. He has participated in crisis training with HPD in the past. 			
<p>V. Old Business</p> <ul style="list-style-type: none"> • Template for Council Member Standing Agenda Reports • SCMH Online Member Portal Access to Council Meeting Materials and Confirming Each Council Member Has Accessed the Portal • State Council Business Cards 	<p>C. Knightsbridge asked for updates on the following Old Business agenda items.</p> <p>C. Knightsbridge stated the template for Council member standing agenda reports has been converted into an online fillable form. Council members may use the template to prepare for their respective monthly Council meeting updates.</p> <p>C. Knightsbridge asked if all Council members accessed the online member portal. Council members were given instructions for how to access as well as a copy of the current table of contents.</p> <p>The online member portal is document archive for Council members to reference for Council business.</p> <p>K. Aumer noted that she had trouble locating the Microsoft SharePoint e-mail in her e-mail inbox because it automatically went to her e-mail spa, folder instead of her inbox.</p> <p>Council members needing assistance with gaining access to the online member portal may contact S. Haitsuka for help.</p> <p>C. Knightsbridge noted that the Council is pending approval for the business cards and that a request for block grant funding was submitted pending approval of funds.</p>			

<ul style="list-style-type: none"> • Letter to DOH Deputy Director, Behavioral Health Administration (DD BHA), M. Tsuji Regarding Untimely Completion of the 2022-2023 SAMHSA Mental Health Block Grant Application • Thank you letter to D. Chen Scovell, Hawaii Fetal Alcohol Spectrum Disorder (FASD) Action Group Member • Strategic Plan Focus Area #1 Council Discussion: Identify existing mental health services, payors, and eligibility 	<p>S. Haitzuka stated she followed up for a response but has not received one. She will ask again and provide an update next month.</p> <p>Last month the Council reviewed and edited the draft letter to the Department of Health (DOH) Deputy Director, Behavioral Health Administration (DD BHA), Marian Tsuji.</p> <p>C. Knightsbridge asked whether Council members had additional changes.</p> <ul style="list-style-type: none"> • R. Pascual-Kestner provided his credentials. • K. Martinez noted the extra period at the end of the bullet on the top of the second page. <p>K. Aumer made a motion to approve the letter to DOH DD BHA as amended. R. Jackson seconded the motion.</p> <p>C. Knightsbridge noted that a copy of the final thank you letter was provided as a handout.</p> <p>C. Knightsbridge stated the Council previously did not write thank you letters to guests who presented information to the Council. He hopes that writing letters will give the Council positive exposure and will show that the Council is a place where community members can come to share their concerns about mental health related topics.</p> <p>The Council’s Strategic Plan Focus Area #1, Objective 1.3 states, “By September 2021, using available resources, including stakeholders, within Council members’ area(s) of representation, Service Area Boards and community members, identify existing mental health services, payors and eligibility criteria, statewide and by County, including state funded and non-state funded services.”</p> <p>The goal of this objective is for Council members to learn about what services are in our communities, and how to access them. At last month’s</p>	<p>Follow up on funding approval.</p> <p>Motion passed unanimously.</p>	<p>S. Haitzuka</p>	<p>11/8/21</p>
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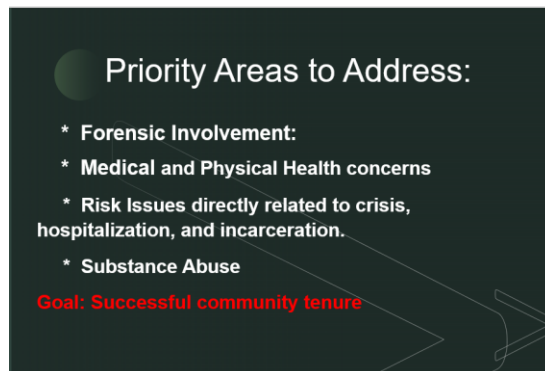
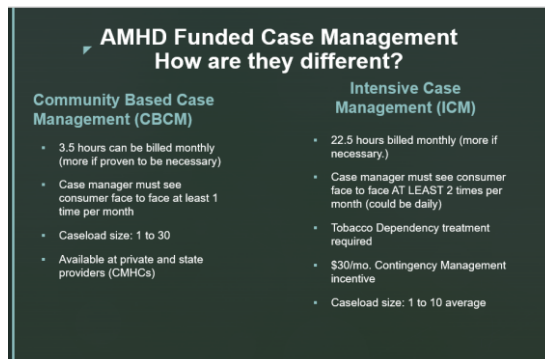
<p>criteria, statewide by county (state funded and non-state funded)</p>	<p>meeting, Council members were asked to jot down mental health resources that they are aware of that are within their area(s) of representation and share this information orally or type into the chat.</p> <p>The handout for today’s meeting provides a categorized list of the resources that were identified last month. The list is divided into two distinct resource categories:</p> <ul style="list-style-type: none"> • Individuals in Recovery, Parents and Family Members • Provider and State Agency Services <p>The goal of the Resource Grid activity was for each Council member to share one or two resources related to their area(s) of representation including mental health insurer, agency or organization name, type of service(s) provided and the website, if known.</p> <p>The handout notes that every Council member is able to contribute something to this list because every member is connected to mental health services in some way whether it be a state agency representative who shares how clients or participants are referred for mental health resources, or a provider representative may share where patients who need additional mental health support get referred to. If you are a mental health service recipient, perhaps you can share where you have looked when you needed linkage to services or where you have been referred.</p> <p>The handout also notes that this is a snapshot and it cannot be the end all. The Council is not expected to identify all resources but can start somewhere in order to learn what is available based on our knowledge and our area(s) of Council member representation.</p> <p>The bottom of the first page of the handout states a disclaimer that says, “The Council as a whole and individually as members does not endorse or otherwise make any recommendations as to the suitability or appropriateness of the listed resources. Individuals who wish to access any of the listed services shall do their own due diligence to research and/or contact the service provider directly to obtain full service information including eligibility criteria and cost/co-pay, as application.</p>			
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	<p>Individuals should consult with their health care provider.”</p> <p>C. Knightsbridge asked Council members to review the handout. There are a few Council members who have not contributed yet. If Council members have additional resources to share, please e-mail S. Haitsuka with the information.</p>	Update list before next meeting.	Council Members/ S. Haitsuka	11/4/21
<p>VI. New Business</p> <ul style="list-style-type: none"> • Ways the Council Can Increase Interaction with the Hawaii Mental Health Task Force (MHTF) • Resiliency Training for First Responders 	<p>C. Knightsbridge encouraged Council members to attend and speak up at Mental Health Task Force (MHTF) meetings.</p> <p>R. Jackson cautioned that there are some people in the community who are very afraid to speak up and come forward, possibly because of stigma or cultural factors. He is interested in learning more about how to decrease fear of participating in community meetings.</p> <p>C. Knightsbridge stated he is a vocal consumer advocate and he is open about his mental illness hoping that doing so will help others to feel more comfortable with sharing.</p> <p>R. Jackson noted that he has had diversity training and he is a mental health consumer. He does his best to persevere when others speak badly about him or say ethnic slurs to him. C. Knightsbridge apologized to R. Jackson for his negative experiences with other who do not speak appropriately.</p> <p>C. Knightsbridge noted that the Council’s role includes advocacy and it’s convenient to be able to connect to community meeting remotely via Zoom to attend and participate.</p> <p>C. Knightsbridge deferred this agenda item to next month’s meeting.</p>			

<p>VII. Strategic Plan Focus Areas and Action Plan: Permitted Interaction Group (PIG) Reports</p>	<p>In this section of the agenda, PIG members may briefly summarize the PIG activities since the last Council meeting including meeting dates, discussions, and recommendations on topics approved at previous Council meetings.</p> <p>If PIG members would like to share a longer report, please e-mail it to S. Haitsuka no less than 10 calendar days prior to the next meeting.</p>			
<ul style="list-style-type: none"> • PIG for Website and Social Media (WSM) 	<p>The WSM PIG was formed at the Council’s July 13, 2021 meeting. WSM PIG members include C. Knightsbridge, J. Fujii, H. Ilyavi and R. Pascual-Kestner. H. Ilyavi is the WSM PIG lead.</p> <p>C. Knightsbridge noted the WSM PIG did not meet last month. The short-term tasks assigned to the WSM PIG include:</p> <ul style="list-style-type: none"> • Researching and providing recommendations for Council discussion and decision making regarding the Council’s website and unofficial social media account. • Increasing unofficial social media postings for local mental health, behavioral health and substance abuse topics to at least four postings per month could be a goal. These postings could include events, meetings, and re-postings as appropriate. 			
<ul style="list-style-type: none"> • PIG for Onboarding and Reboarding (OnRe) 	<p>The WSM PIG will schedule a time to meet.</p> <p>The OnRe PIG was formed at the Council’s September 14, 2021 meeting. OnRe PIG members include C. Knightsbridge, R. Jackson, E. Lau-James, K. Martinez and T. Reed. C. Knightsbridge is the OnRe PIG lead.</p> <p>C. Knightsbridge noted the OnRe PIG did not meet. He will send a Doodle poll with suggested dates and times.</p>	<p>Schedule WSM PIG meeting.</p>	<p>C. Knightsbridge /S. Haitsuka</p>	<p>11/3/21</p>
<ul style="list-style-type: none"> • PIG for Legislation (LEG) 	<p>The LEG PIG was formed at the Council’s September 14, 2021 meeting. LEG PIG members include K. Aumer, C. Knightsbridge, E. Lau-James, R. Pascual-Kestner, T. Reed, J. Renfro and R. Ries. C. Knightsbridge is the LEG PIG lead.</p>	<p>Schedule OnRe PIG meeting.</p>	<p>C. Knightsbridge /S. Haitsuka</p>	<p>11/3/21</p>
		<p>Schedule LEG PIG meeting.</p>	<p>C. Knightsbridge /S. Haitsuka</p>	<p>11/3/21</p>

<ul style="list-style-type: none"> • PIG for Hospital Mental Health Care (HMHC) 	<p>C. Knightsbridge noted the OnRe PIG did not meet. He will send a Doodle poll with suggested dates and times.</p> <p>The HMHC PIG was formed at the Council’s September 14, 2021 meeting. HMHC PIG members include R. Ries, R. Rivera, N. Crozier, C. Knightsbridge, R. Jackson and K. Merriam. E. Lau-James is the HMHC PIG lead.</p> <p>E. Lau-James shared that the HMHC PIG meet on September 27, 2021 and yesterday, October 11, 2021. The meeting notes for September 27th are included as a handout. The meeting notes for October 11th will be shared as a handout for next month’s Council meeting.</p> <p>In summary:</p> <ul style="list-style-type: none"> • E. Lau-James reached out to and received feedback from Alex Lichten a clinical psychologist and an active member of the Hawaii Psychological Association. He is a former DOH AMHD forensic psychologist and is familiar with the involuntary hospitalization process and challenges that individuals face when trying to get emergency mental health care on behalf of their loved one. • E. Lau-James reached out to and received feedback from Mike Durant, parent of a son who committed suicide and an active mental health advocate and volunteer with National Alliance for Mental Illness (NAMI) Hawaii. He is a past member of the State Council and Oahu Service Area Board. • E. Lau-James shared that her reason for joining the Council was to get help for her husband. Her experience was frustrating and she had to learn a lot really fast about the hospital mental health care process. She had to learn about the process for involuntary treatment and still has concerns about accessing mental health care, especially in times of crisis. • C. Knightsbridge stated that a psychiatrist staffing shortage contribute to the issue of timely hospital mental health care. It is also an issue that is directly related to the hospitals’ ability to expand hospital mental health services and increase psychiatric hospital beds, not just in Hawaii but also nationwide. 			
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K. Merriam presented three slides showing information about the AMHD funded case management services.



<ul style="list-style-type: none"> • PIG for Public Service Announcement (PSA PIG) 	<p>Council members shared the following feedback:</p> <ul style="list-style-type: none"> • H. Ilyavi shared that it is very difficult to get access to mental health care in the hospital. Individuals who are in crisis sit in the hospital emergency department with security watching them until a video appointment is setup with the individual and a psychiatrist. The psychiatrist does an assessment and determines the individual's psychiatric status. If the individual is to be flown to another island, which does happen from a Neighbor Island to Oahu, the individuals must first be assessed and approved for inpatient treatment before they are flown. It could be approximately 12+ hours wait time to get connected to a psychiatrist for the assessment. The entire time, that individual is not receiving immediate mental health care. • K. Merriam noted that the overall goal of providing linkage to case management is to help consumers to improve their overall quality of life and to help maintain their community tenure for as long as possible at the lowest level of care as appropriate while coordinating services and supports to address the priority areas noted in the slide. <p>R. Reyno Yeomans suggested that the DOH and the State start talking to private entities that operate inpatient facilities on the continent. For example, she noted her brother has been receiving inpatient care for over a year at Desert Sage in Indio, CA. He receives SSI.</p> <p>The HMHC PIG will meet again to continue its research into hospital mental health care, inpatient psychiatric beds and recommendations for Council consideration.</p> <p>The PSA PIG meet on September 22, 2021. The meeting notes are included as a handout. PSA PIG members include A. Beninato, C. Knightsbridge, R. Pascual-Kestner, R. Ries and R. Rivera. A. Beninato is the PSA PIG lead.</p> <p>In summary:</p> <ul style="list-style-type: none"> • PSA PIG members identified five (5) PSA messages for Council approval including Council awareness; community engagement; COVID-19 and mental health; legislation/resources; and Council 	<p>Schedule HMHC PIG meeting.</p>	<p>E. Lau-James/ S. Haitsuka</p>	<p>11/3/21</p>
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	<p>Strategic Plan goals.</p> <ul style="list-style-type: none"> PSA PIG members identified the following angles/strategies for PSA messaging: Promoting awareness/value of the Council; consider tying in mental health messaging around self-care (not specifically COVID-19); strategic plan goal. Radio PSAs via KTUH 90.1 FM is the target mass communication option for the PSAs to be aired. PSA PIG members drafted four PSA statements for Council review and approval. <p>C. Knightsbridge asked Council members to review the PSA PIG meeting notes and the four drafted PSA statements. He asked Council members to submit changes before the next Council meeting.</p>	Submit edits to the four PSA statements.	Council Members	11/3/21
<p>VIII. Island Representative Reports</p> <ul style="list-style-type: none"> Maui Service Area Board (MSAB) Oahu Service Area Board (OSAB) Hawaii Service Area Board (HSAB) 	<p>In this section of the agenda, Council members who are representing their respective Service Area Board may briefly summarize their board meetings and when applicable, share updates on requested items identified at previous Council meetings.</p> <p>If members would like to share a longer Service Area Board report, please e-mail it to S. Haituka no less than 10 calendar days prior to the next meeting.</p> <p>T. Reed shared the following updates:</p> <ul style="list-style-type: none"> No meeting last month. <p>R. Jackson shared the following updates:</p> <ul style="list-style-type: none"> No meeting last month. <p>R. Rivera shared the following updates:</p> <ul style="list-style-type: none"> None provided. 	For information only.		

<p>IV. State Agency Representative Reports</p> <ul style="list-style-type: none"> • Department of Health (DOH) Adult Mental Health Division (AMHD) 	<p>In this section of the agenda, Council members who are representing their respective state agency may briefly summarize agency data, agency information related to behavioral health and when applicable, share updates on requested items identified at previous Council meetings.</p> <p>If members would like to share a longer state agency report, please e-mail it to S. Haituka no less than 10 calendar days prior to the next meeting.</p> <p>K. Merriam shared the following updates from the four DOH BHA Divisions:</p> <ul style="list-style-type: none"> • Adult Mental Health Division (AMHD) <ul style="list-style-type: none"> ○ Continue to focus on filling vacant staff positions. ○ Working to increase the number of stabilization bed units (SBUs) statewide. Eight SBUs were added on August 30, 2021 on Hawaii Island. ○ Working on increasing the number of peer specialists, including forensic peer specialists trained and employed. A forensic peer specialist training was recently completed. ○ Working to increase jail diversion and Act 26 activities. The goal is to proactively link individuals with mental illness with behavioral health services. • Alcohol and Drug Abuse Division (ADAD) <ul style="list-style-type: none"> ○ Treatment and Recovery Branch <p>Recently release a Request for Information (RFI) on consultation and training for ADAD contracted providers to expand and enhance culturally informed substance use treatment and prevention. The RFI may be viewed here: https://hands.ehawaii.gov/hands/opportunities/opportunity-details/20528</p> <p>A new round of treatment contracts for substance use disorder (SUD) services started on October 1, 2021. Contracts will end on September 30, 2023. There are currently 35 contracted treatment providers providing SUD services statewide.</p> ○ Prevention Branch <p>Current contract are in their last year of their contract cycle ending September 30, 2022. Recently released an RFI for</p> 	<p>For information only.</p>		
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substance use prevention services. This RFI is in preparation for the development of the upcoming Request for Proposals (RFP) for prevention services. The RFI may be viewed here:

<https://hands.ehawaii.gov/hands/opportunities/opportunity-details/20609>

- Quality Assurance and Improvement Office
RFI will be released shortly to seek information to develop the RFP to contract with a provider for a substance use treatment and prevention resource center. This resource center would provide the latest information on substance use prevention and treatment information through evidence-based data findings, research, brochures, etc. and to develop a workforce development and training system that includes developing a comprehensive training curriculum for professional development, leadership skills training and training for the general substance use prevention and treatment workforce.
- Child and Adolescent Mental Health Division (CAMHD)
 - Helped to organize the DOH suicide awareness month social media for September 2021.
 - Active on social media including Facebook and Instagram. Council members are encouraged to follow CAMHD's social accounts and like, share, and repost content.



- Developmental Disabilities Division (DDD)
 - Began implementation of the new 1915(c) home and community based waiver (HCBS) for individuals with intellectual and developmental disabilities which went into effect on July 1, 2021.
 - These 1915(c) waivers are renewed every five years.

	<ul style="list-style-type: none"> ○ Requests for amendments are submitted to the Centers for Medicare and Medicaid Services (CMS) on an ongoing basis. ○ Information about the HCBS waiver including standards for providers can be found here: https://health.hawaii.gov/ddd/ ○ The American Rescue Plan Act of 2021 (ARPA) was signed into law on March 11, 2021. Section 9817 of the ARP provides states with a 10% increase in the federal share of Medicaid-funded HCBS programs from April 1, 2021 to March 20, 2022. States have until March 31, 2024 to spend the ARP funding. CLICK HERE for more information about ARPA. <p>Hawaii received partial approval from CMS for its spending plan. DDD’s portion of the plan includes 14 incentives designed to enhance, expand, or strengthen Hawaii’s 1915(c) HCBS waiver program.</p> <ul style="list-style-type: none"> ○ ARP funding for the 1915(c) waiver is estimated at about \$15 million including supports for participants and families; strengthening provider capacities; workforce development; improving protections for health; safety and well-being; and strengthening system infrastructure and accountability. <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> ● C. Knightsbridge asked about the status of peer specialists. Where are the peer jobs and employment? Does the state hire peers? K. Merriam stated that there are peer jobs and the state does hire peers as members of the case management treatment team. Contracted mental health providers also hire peers to provide support to consumers who are participating in community based programs and support services. ● C. Knightsbridge asked why the pay for peers is minimum wage? He supports advocating for increasing pay for peers. K. Merriam stated that the wages are dependent upon part-time and full-time employment status. She also noted that using their social security wait period for going back to work is one way peers can get to know whether the job will be one they think they can commit to 			
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	<p>for a longer period of time. The wait period is like a trial period. CLICK HERE for more information about the Social Security Administration (SSA) Trial Work Period (TWP).</p> <p>Additionally, some peers are wary of employment hour and their rate of pay as it can affect their eligibility for social security income and/or social security disability insurance (SSI/SSDI). If they earn more than \$1,310 per month, they will be disqualified from SSDI. If they earn more than \$794 per month, they will be disqualified from SSI. The Social Security Administration (SSA) notes that if you can earn a substantial amount of income (also known as substantial gainful activity or GSA), you are not considered to be disabled. CLICK HERE for more information about SSI/SSDI income limits.</p> <ul style="list-style-type: none">• T. Reed shared that she is a peer specialist and received forensic peer specialist training. She thinks agencies do not know how to utilize peer specialists especially when it comes to billing for peer services. Peers can bill for up to six hours of their time. She mentioned it is worth looking into grants that help to pay peer specialists for their work.• E. Lau-James stated that her husband has experience with peer support. She generally encourages peer support especially if it helps the consumer to feel better about navigating the mental health system which can be confusing at times.• C. Knightsbridge emphasized people who have helped him the most are his recovery peers.• J. Fujii mentioned that as of July 1, 2021, specific language was added to MedQUEST contracts around peer support. These MedQUEST contracts include services such as care coordination and health coordination teams, health workers and peer specialists. Peer specialists can be utilized on an as needed basis and are considered part of the Community Care Services (CCS) case management team. There are five Managed Care Organization (HMO) fee-for-service (FFS) health plans providing Medicaid services in Hawaii including UnitedHealthcare Community Plan, 'Ohana Health Plan, Hawaii Medical Services Association (HMSA), AlohaCare, and Kaiser Permanente.			
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<ul style="list-style-type: none"> Hawaii Public Housing Authority (HPHA) 	<p>K. Martinez shared the following updates:</p> <ul style="list-style-type: none"> HPHA staff sometimes have questions about mental health services. Mental health service providers are asked to help when staff notice there is someone who needs help. HPHA continues to watch for U.S. Housing and Urban Development (HUD) updates regarding eviction moratoriums and keeping families updated on option to apply for relief from rent issues due to the COVID-19 pandemic. <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> H. Ilyavi stated that there are a lot of evictions with proper 45-day notification using the eviction procedure with open market housing. She had to move recently because the home she was renting was going to be put on the market to be sold. J. Fujii stated that MedQUEST may be able to assist with issues related to waitlist for housing. MedQUEST can also help by assisting homeless individuals and homeless families with pretenancy support in preparation for housing. 			
<ul style="list-style-type: none"> Department of Human Services (DHS) MedQUEST (MQD) Division Medicaid Program 	<p>J. Fujii shared the following updates:</p> <ul style="list-style-type: none"> He is working with DHS and DOH staff to add behavioral health criteria to the 1147 level of care form. This is a form used for long-term care admission to skilled nursing facilities (SNFs) and expanded adult residential care homes (E-ARCHs). He is also working with DHS, the City and County of Honolulu’s Homeless Planning Office (HPO) and the Governor’s Coordinator on Homelessness (GCH) to address Community Integration Services (CIS) for individuals who have an eligible health need and who are either homeless or at risk for homelessness. CLICK HERE for more information about CIS (scroll to page 11, evaluation priority area 4). MQD is finishing its draft of the 2021 report to the legislature. MQD has had discussions related to Health Services Advisory Group, Inc., the MQD contractor for its External Quality Review Organization (EQRO) Performance Improvement Project related to mental health. MQD has had conversations about ARPA Spending Plan which received partial approval. 			

<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) • Department of Education (DOE) Student Services Branch (SSB) 	<ul style="list-style-type: none"> • MQD is participating in the inaugural cohort for the Medicaid Innovation Collaborative (MIC). The MIC supports the health equity efforts of state Medicaid programs through private-sector, tech-enabled solutions. The inaugural cohort will focus on advancing equity in behavioral health. CLICK HERE fore more information about MIC. <p>D. Koyanagi shared the following updates:</p> <ul style="list-style-type: none"> • CWS continues to be busy with addressing child and parent challenges related to mental health and COVID-19 issues. <p>R. Pascual-Kestner shared the following updates:</p> <ul style="list-style-type: none"> • DVR is off to a positive start to move towards partnership with DOH and DHS DVR. Initial discussions have started with DD BHA M. Tsuji and AMHD Administrator Dr. A. Curtis. <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> • R. Jackson greatly encourages consumers to participate in DVR programs. He has heard stories over the years about how DVR does not work but his experience with DVR resulted in 25 years of service with full-time employment. DVR provided support and it was not a minimum wage job and was not minimal tasks. <p>J. Renfro shared the following updates:</p> <ul style="list-style-type: none"> • None provided. 			
<p>V. Specialty Area Representative Reports</p>	<p>In this section of the agenda, Council members who are representing their respective specialty area may briefly summarize specialty area activities related to behavioral health and when applicable, share updates on requested items identified at previous Council meetings.</p>	<p>For information only.</p>		

<ul style="list-style-type: none"> • Hawaii Advisory Committee on Drug Abuse and Controlled Substances (HACDACS) • Mental Health Providers • Parents and Family Members of Mental Health Service Recipients 	<p>If members would like to share a longer state agency report, please e-mail it to S. Haituka no less than 10 calendar days prior to the next meeting.</p> <p>J. Fujii shared the following updates:</p> <ul style="list-style-type: none"> • HACDACS met on September 26, 2021 and is working to finish its draft of the 2021 report to the legislature. <p>R. Ries shared the following updates:</p> <ul style="list-style-type: none"> • None provided. <p>H. Ilyavi shared the following updates:</p> <ul style="list-style-type: none"> • There continues to be a significant delay in linkage to services on Hawaii Island. • There are not enough specialty providers on Hawaii Island. • Salary rates are also an issue. Lower pay does not incentivize qualified individuals to apply. • Housing prices are affecting providers' ability to live and work in Hawaii. It is too expensive and the housing prices continue to rise rapidly. <p>E. Lau-James shared the following updates:</p> <ul style="list-style-type: none"> • NAMI Hawaii's advocacy committee hasn't been active outside of NAMI Hawaii but there are looking to begin external advocacy efforts for various mental health issues. M. Durant is a member of this committee. • She is concerned for people who need help post-hospital discharge. After hospital discharge, where do individuals go? They have private health insurance. They may have Medicaid. What are the options? <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> • H. Ilyavi shared that sometimes, family and household reintegration 			
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<ul style="list-style-type: none"> • Student/ Youth and Consumer Advocates 	<p>is an option. Other times, the use of a therapeutic family home (TFH) as a place to go temporarily is arranged.</p> <ul style="list-style-type: none"> • C. Knightsbridge asked what Clubhouses are. K. Merriam stated that Clubhouses provide day programming and they operate like a recovery community. They accommodate a range of members. Members work side-by-side with staff. It is not a residential program. Clubhouses help people to get back to work by providing opportunities for skill building in various specialty areas such as administrative, peer support and kitchen/food preparation. Worldwide, there are over 350 Clubhouses in 35 countries. In Hawaii, there are Clubhouses on Kauai, Maui, Hawaii Island (2 sites) and Oahu (5 sites). CLICK HERE for Clubhouse information. <p>E. Lau-James asked if she could visit a Clubhouse. K. Merriam stated yes, it is possible to arrange for a Clubhouse visit and a tour. She encouraged Council members who would like to visit to call in advance and set an appointment time for an in-person visit.</p> <p>K. Aumer shared the following updates:</p> <ul style="list-style-type: none"> • She is interested to learn more about MQD reimbursement regarding mental health services via an out of network provider. <p>Council members share the following comments:</p> <ul style="list-style-type: none"> • J. Fujii noted that coverage depends on severity of the illness or issue. For example, if it is emergency services or urgent care services within 24 hours versus a wellness check within two weeks. He can inquire with MQD regarding timely access to care to find out if, for example, someone calls two days ahead of wanting an appointment, how long is the wait time for an urgent/emergent care appointment. He can also look into the time it takes to schedule a wellness check and a specialty care/surgery appointment. <p>R. Jackson shared the following updates:</p> <ul style="list-style-type: none"> • As a consumer advocate, he finds its kind of a moot point regarding people in the community who advocate and while they do, from his point of view, they are hard to gain access to if you have private 			
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	<p>medical provider. In the past, there were lots of good people in the community who help consumers but nowadays not many are accessible.</p> <ul style="list-style-type: none"> • Over the years, he has noticed consumers who are more willing to speak out about mental illness and he encourages them to speak but he also does not prod them to be active if they are not wanting to or are not comfortable doing so. • He supports advocacy for lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ) individuals. While he does not personally participate as a senior citizen in LGBTQ activities, he encourages being humanitarian and being kind to all people. There is no reason to mock people; it is not a choice. It is just how people are and they want to be accepted for who they are. <p>Council members shared the following comments:</p> <ul style="list-style-type: none"> • C. Knightsbridge acknowledged R. Jackson’s comments earlier regarding consumer not being comfortable with speaking out. The Council and the MHTF are good places to participate. • C. Knightsbridge stated that cultural understanding of cultural differences helps him to approach different situations. <p>A. Beninato, C. Knightsbridge, T. Reed, N. Crozier, and R. Rivera shared the following updates:</p> <ul style="list-style-type: none"> • None provided. 			
<p>VI. Presentation/ Guest Speaker</p>	<p>None scheduled.</p>			
<p>VII. Closing Announcements</p>	<p>Council members shared the following announcements:</p> <ul style="list-style-type: none"> • Council members are encouraged to attend Mental Health Task Force (MHTF) meetings. Please note the following dates. Meeting times are 1:30 p.m. to 2:45 p.m. Fridays: October 29, 2021 / December 9, 2021 	<p>For information only.</p>		
<p>VIII. Meeting Evaluation / Future Agenda</p>	<p>Members were encouraged to share feedback about how today’s Council meeting went either by sharing verbally or typing in the chat.</p> <ul style="list-style-type: none"> • Council members expressed appreciation to C. Knightsbridge for 	<p>For information only.</p>		

Items	<p>facilitating today's Council meeting.</p> <p>The next regular Council meeting is scheduled for November 9, 2021 from 9:00 a.m. to 12:00 p.m. via Zoom.</p>			
XIV. Adjournment	The meeting was adjourned at 11:27 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 (1 of 2) with handouts (total of 9 handouts)</p> <ol style="list-style-type: none"> 1. October 2021 Meeting – Agenda 2. August 2021 Executive Meeting – Draft Minutes 3. September 2021 Meeting – Draft Minutes 4. October 2021 Meeting – FY22 Attendance Log 5. October 2021 Meeting – Old Business, Standing Agenda Report Template with Fillable Fields 6. October 2021 Meeting – Old Business, Online Member Portal Current Table of Contents 7. October 2021 Meeting – Old Business, SAMHSA MHBG Letter to DD BHA M. Tsuji DRAFT 8. October 2021 Meeting – Old Business, Thank you Letter to D. Chen Scovell DRAFT 9. October 2021 Meeting – Old Business, Strategic Plan Focus Area #1 Resource Grid DRAFT <p>E-mail (2 of 2) with handouts (total of 13 handouts)</p> <ol style="list-style-type: none"> 1. October 2021 Meeting – New Business, IVAT-HI CAI Resilience Training for First Responders Presentation Slides 2. October 2021 Meeting – New Business, The Emotional PPE Project Information Sheet 3. October 2021 Meeting – Strategic Plan Focus Areas and Action Plan, SCMH PIG List 4. October 2021 Meeting – Strategic Plan Focus Areas and Action Plan, PSA PIG Meeting Notes, 9/22/21 5. October 2021 Meeting – Strategic Plan Focus Areas and Action Plan, HMHC PIG Meeting Notes, 9/27/21 	For information only.		

	<ul style="list-style-type: none"> 6. October 2021 Meeting – Closing Announcements, Treatment Advocacy Center 21st Century Cures Act Summary 7. October 2021 Meeting – Closing Announcements, Treatment Advocacy Center/Clubhouse International COVID-19 Vaccination for People with SMI 8. October 2021 Meeting – HACDACS Minutes, 6/22/21 9. October 2021 Meeting – MSAB Minutes, 5/3/21 10. October 2021 Meeting – MSAB Minutes, 7/12/21 11. October 2021 Meeting – MSAB Minutes, 8/2/21 12. October 2021 Meeting – HSAB Minutes, 6/22/21 13. October 2021 Meeting – HSAB Minutes, 7/27/21 			
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