

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

Virtual Meeting via Zoom and On-Site a
June 14, 2022
9:00 a.m. – 12:00 p.m.

Members Present: Katherine Aumer, Antonino Beninato, Jon Fujii, Heidi Ilyavi, Chris Knightsbridge, Jennifer Renfro, and Richard Ries

Members Absent:

Members Excused: Naomi Crozier, Eileen Lau-James, Kathleen Merriam, Tara Reed, Kau’i Seguancia, Marian Tsuji (ex-officio).

Guests Present: John Betlach, Williamson Chang, Dave Chee, Cindi Dang, Raymond Folen, Becky Gardner, Jackie Jackson, Alex Lichten, Heather Lusk, Alec Marentic, Katherine McClanahan, Lauren McKinney, Maile Murray, Lacey Quintero, Jamie Simike, Brian Soni, John Souza, Meredith Wilson

Staff Present: Gyan Chaudhary, Amy Curtis, Jocelyn Nazareno, and Carolyn Weygan-Hildebrand

APPROVED MINUTES

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
I. Call to Order	Richard Ries, the SCMH chairperson, called the meeting to order at 9:00 am. Carolyn Weygan-Hildebrand called the roll and quorum was established at 9:12 am with 7 members out of the 13 current ones. R. Ries wanted to note that the Council has habitually and regularly failed to have a quorum regularly for years, and, in the last three years, the Council has met a quorum regularly.	For information only
II. Meeting Announcements	R. Ries welcomed members and guests. He reminded all attendees of the hybrid nature of the meeting. He encouraged attendees to observe applicable decorum; Attendees were encouraged to use the “unmute“ option except when one is called and acknowledged to speak.	For Information only

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	<p>For announcements, he called attention to the following handouts:</p> <ol style="list-style-type: none"> 1. A copy of June 1, 2022, Midweek story on the Honolulu CORE pilot program. CORE stands for Crisis, Outreach, Response, and Engagement. Some members know about this program. CORE has ambulance-like vehicles that respond to mental health crises. 2. Flyer announcing the availability of a DOH’s virtual training for Hawaii Forensic Peer Specialists. The training will be on July 11-22, 2022. 3. A copy of the “thank you” letter sent to Daintry Bartoldus, Hawaii State Council on Development Disabilities, for the presentation about their organization. <p>He also brought attention to vacancies. The SCMH requires 21 members and has three actual vacancies. Each Service Area Board (SAB) requires nine members, and Oahu has only six members, Hawaii 4, Maui 3, and Kauai 3. The Council and SABs needs to fill vacancies for members representing consumers, youth, and families.</p> <p>R. Ries prepared the attendees by announcing that the Council has a full schedule, including 3 presentations. He updated that Amy Curtis and Gyan Chaudhary will present instead of Stacy Haitsuka for AMHD.</p>	
<p>III. Consideration and Approval of Review Minutes</p> <ul style="list-style-type: none"> • May 10, 2022 	<p>The draft minutes for May 10, 2022 were reviewed.</p>	<p><u>Action</u> Chris Knightsbridge made a motion to approve the May 10, 2022 minutes. Heidi Ilyavi seconded. The motion passed unanimously.</p>
<p>IV. Community Input</p>	<p>R. Ries asked if there was anyone from the public who wished to provide public input. He reiterated the 3- minutes limit for oral testimonies. He acknowledged that members received an email from John Betlach, requesting to be speak on the matter of family court judges.</p> <p><u>Family Court Judges</u> J. Betlach said he is concerned because he has been part of Family Support Services and Fatherhood Initiative, where he saw a lot of fall-out for at-risk families, at-risk youth from</p>	<p>For information</p>

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	<p>divorce, and broken families. He said three nominees for family court judges just got picked through the commission (i.e., Hawaii Judicial Selection Commission). They will be reviewed on Thursday, so input from members is crucial. At least one on the Big Island had some experience dealing with broken families, and the other did not say much about that. He said that it is a concern. While J. Betlach paused to refer to his notes, R. Ries said that he heard stories of families broken up, not only fathers but parents in general. R. Ries commented that one sort of gets surprised by Family Court decisions because sometimes he sees people with terrible criminal or addiction records, repeated abandonment, neglect, abuse, and children not set in any alternative placement. Then, he sees a relatively well-adjusted individual who happened to have a hateful ex-partner and children being ripped away from their families and unable to see their families for years. He notes that granted he did not have data in front of him (Court decisions), it has sometimes been haphazard and cruel. J. Betlach said that was the best way to sum it up; One person may be upset with the other partner, and they use the restraining order as a scornful tactic to win custody and punish the other parent.</p> <p>The real cost happens when the little kids do not get to see their parents. And the other side is when a parent is great with kids and committed, all of a sudden cannot see the kids for 2 to 5 years or however long the system plays it. I have known some in our program who have committed suicide. They would give you the shirts on their backs. Maybe they were too family-oriented and would do anything for their families. He added that he also saw what happened to both parents when someone grumbled. Perhaps some needed jobs or some job assistance or job coaching. They would do everything for their kids, and their kids get taken away for 2 to 5 years. The 2 to 5 years may be a short time in a child's life, but decisions do not need to take what best practices or attachment theory have to say. These are questions to raise to new justices. Have they had experience with broken families? How do they plan to be effective? Will they work with other government agencies and other professionals? They (courts?) have taken away family support and parenting classes.</p> <p><i>Discussion</i> R. Ries pointed out that the State Senate Judiciary Committee will have a hearing on Thursday, June 16, at 10:30 am. The intention is to confirm the three candidates appointed</p>	

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	<p>by Chief Justice Recktenwald. He added that Senator Rhoads, the Committee Chair, would like to know what the public thinks about the nominees. He cited the website capitol.hawaii.gov for more information. He asked J. Betlach what action he wanted from the Council. Chris Knightsbridge also asked if J. Betlach was in support or opposition of their nomination and if there was something particular that he wanted to point out about each nominee. J. Betlach answered that the Council and SABs could look into the Commission and have some input in the future and help the Justice Department. He repeated that one nominee has experience in family courts, and another said she has no experience. He said it is important to ask questions about whether their agenda considers at-risk people and whether they are the best persons to be family court judges.</p> <p>R. Ries wrapped up by saying that those are good questions. He reminded that he has been asking for a Judiciary representative in the Council from day 1. Only recently has a nominee applied to become a Council member. R. Ries noted that the Judiciary member, when he is on board, can be the who can be tapped to say what is actionable for the Council.</p> <p><u>Red Hill water contamination</u></p> <p>R. Ries asked who else wished to testify and there were several more. All came to give community input on the Red Hill fuel leak and water contamination.</p> <p>Lauren McKinney identified herself as a licensed marriage and family therapist. Paraphrasing, she said: "The Red Hill fuel spill contaminated me sometime in November 2021, and I drank and bathed in the contaminated water on Hickam Base. I did not find out that I was contaminated until March, after seeing ten doctors and neurologists and trace tracking where I was and who I was with. They got contaminated as well. I just wanted to share my symptoms - extreme migraines, vertigo, vision loss, and nystagmus. I had brain stem and brain damage, both bilateral. All of us, victims, military members, and civilians, were all having similar symptoms of fuel toxicity, in which the fuel is getting trapped and releasing neurotoxin. We all got sick at the same time. Some of us are bedridden. Some of us were hospitalized. Some of us were unable to go back to work, and I fought so hard to get better, I was able to go back to work, but I found out that I lost the ability to drive. My concern is that I'm a private practice practitioner. I have money. I can see specialty</p>	

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	<p>doctors. Our military families and children, who are most at risk, don't have that kind of time and money to see these doctors. The issue is the military doctors and the people handling this crisis are telling our military families and military members that their medical problems are not related to the fuel but the doctors and specialists are saying otherwise.” She asked the Council to bring this up with the Governor, Lt. Governor, Senators, Legislature, and Representatives. She would like a team of professionals, mental health professionals, and doctors that come in and treat all these people and families affected because people are really, really sick. She no longer drinks tap water; she only drinks bottled water and uses bottled water to brush her teeth. She does not feel safe taking a shower, even in regular public water, and she only takes a shower for 5 minutes. She concluded (paraphrasing): “It is really, really anxiety-provoking. Imagine being bedridden, having vertigo, having a seizure, imagine not being able to drive. This fuel is affecting thousands of people, and we are being gaslighted and told that it's not the Navy's fault.”</p> <p>Jamie Simike lived on the island for almost 20 years in military housing. Paraphrasing, she said, "My children have been gravely affected, as have I. From 2015 to 2016, my daughter had facial paralysis and was admitted for a week. Unexplainable, I lost my vision. We have been diagnosed with multiple tumors, cist, and lesions, and it's severely affected my children neurologically to the point that my son's school was also contaminated. Whenever I was in his classroom, I would double over in several pain. My son is special needs borderline, with Asperger’s syndrome, and the fuel exasperated his symptoms. This contamination affected my kids in school. They couldn't concentrate, which affected their ability to walk. Neurologically it still affects them to this day. We just got over two weeks of relapse, and I'm still suffering; I am losing weight again from severe abdominal pain. I still cannot get treatment on the mainland because the Department of Health and the Navy say the water is fine. I get multiple posts daily from people reaching out asking for help navigating this and how to handle it, not just physically but emotionally. I just did a pull on our contaminated page last week on people getting denied care, people getting denied treatment, are they still seeing active contamination. What is being done between the gaslighting and the flat-out denial of treatment? During our two weeks relapse just recently, including my dog, my daughter lay in bed for three days. She could not get up to even go potty due to serve pain. She begged and pleaded not to bring her to the hospital</p>	

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	<p>because they saw me go to the hospital or they had been to the doctor and not been treated. My children have major respect for the military and major professionals, anybody of authority. That's how they were raised; now, they fear. What is being done is not just damaging physically but mentally. I have a psychology background; I have a strong support system out there. I did not have a strong support system because I was a military spouse. Most military spouses were taught to suck it up and keep going no matter what. We need to do better for the contaminated families, and if we keep with the Rederick that is just affecting military families, you will have thousands more behind me. It's already been confirmed that thousands are ill, and I said that in December.</p> <p>More and more of the truth is coming out, and Hawaii needs to prepare and support not just the military but our residents. It's going to damage the crops; it's going to damage everything, the ecosystem. But for us who love the island, we need to truly stand out, do what is right, and use our voices. “</p> <p>Katherine McClanahan is a military spouse and has lived in Hickam AFB for three years. Paraphrasing here, she said, "I have three reasons to share with you today. First, I wanted to be another family that said we were all affected. We all had physical symptoms last year when our water was contaminated. What concerns me even more, is that my family is not alone and that the symptoms in others of what they experience are almost identical to what other contaminated families have and continue suffering from. My second reason for speaking is to address some comments that made it to the news. In March, speaking to Hawaii News Now, Dr. Michael McGuinness, a senior naval medical officer, stated that we have no evidence to suggest the ongoing acute exposure or symptoms related to the water distribution system. As a speech pathologist, I wish I could ask Dr. McGuinness to elaborate on those statements. Did he simply mean no acute symptoms that require emergency intervention in the hospital because the water is currently safe? Does he believe there are ongoing subacute symptoms of the toxic exposure that continue with people today? As a speech pathologist, I've treated patients in acute care and rehab, and I recognize there are acute symptoms but also many, many more subacute symptoms.</p> <p>But those subacute symptoms still are in no less need of skilled medical care. In that same interview, Dr. McGuinness commented in reply to families complaining that they were still sick; He is quoted saying, "stress can manifest in physical symptoms, and that is</p>	

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	<p>something to consider." In statements such as these about stress, I'm concerned it creates an image that we spouses of military families are unable to cope with stress. If you do imagine this, I would like to ask you also to consider the following: Consider that many military spouses, like myself, spent and continue spending more time inside our homes ingesting much more of the water, handling it more than other family members, and inhaling more of the vapors. I want to agree that, yes, emotional stress can indeed manifest in physical symptoms but so too does contaminated water. Statements implying that stress is the root cause of our problem downplay our symptoms and impede our ability to get skilled care. And third and finally, I just want to plead with you to help get the word out we need medical care. I have some other symptoms I have not shared. Thankfully I am the only one in my family, but seven weeks ago, I developed progressive neurological signs. I've never had any of these symptoms in 52 years. Within days of feeling bilateral tingling in my fingers, I experienced nausea, diarrhea, swaging, and off-balance feeling, and my right ring finger began a tremor that continues today. I progressed to having difficulty walking, telling my husband I felt drugged, decreased fine motor skills, difficulty following a conversation, word-finding difficulty, and apraxia speech, things I was familiar with. These symptoms continue and vary daily. My mother had Parkinson's, so when I began experiencing neuro symptoms that progressed quickly over just three weeks, I wasn't feeling stress; I was feeling urgency, an urgency to precisely document the symptoms I was experiencing, which I did, and urgency to seek prompt medical care which I tried. And an urgency to share, hoping someone will listen in leadership in medical care and help me and the many other families who continue with ongoing symptoms and no clear path to receiving the medical care we need."</p> <p>Meredith Wilson lived in Pearl Harbor Hickam for five years. Paraphrasing here, she said." The Red Hill contamination crisis, regardless of the narrative that Navy leadership may present to the greater Oahu and the national public, remains an ongoing environmental humanitarian and, yes, a mental health disaster. I first became ill in October 2021, starting with many debilitating neurological symptoms, including things that took away my ability to drive and devastating anxiety. I felt an ever-present doom, like something bad was going to happen. As someone normally known to be upbeat, this was definitely not me. My husband and I were worried and visited many doctors to find out what was wrong with me. Blood work and an MRI showed nothing that could help us understand. It wasn't after</p>	

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	<p>Thanksgiving that we learned about jet fuel-tainted water. Unknowingly, we've been showering in it, drinking, brushing our teeth, giving it to our pets, and washing clothes and dishes. My first week connecting the dots between my symptoms and the petroleum exposure was devastating. My husband's employer has poisoned me. They failed to warn us and protect us. We had to tell them something was wrong. I was sick long before I smelled fuel from my kitchen faucet. My mind was a mess because now, what do I do? How do I trust again? These people were supposed to keep us safe, but they harmed me instead. My sense of security was completely shattered. To this day, I still can't turn on a sink to wash my hands or order simple water at a restaurant without thinking about where this water is coming from. What risk am I taking by exposing myself to this water? The US Navy did that to me. They did advertise counseling, and I certainly called to request services but was sadly met with an answer that I would be placed on a waiting list due to the overwhelming demand and low staffing. What a shame to not bring enough help to guide us through this difficult time, and when many of us had to live out in hotel rooms and vastly alter our lives, our homes were so affected. Now, most of us face a huge challenge seeking medical and mental health guidance connected to this exposure. I know for certain that some people intentionally do not mention it, but they are a part of the Red Hill contamination when they go to the ER or Urgent Care because they know they will get better care and not be seen as "Crazy." And many providers don't want to get involved with federal entities, so they are left researching on their own. The Navy wants to say that most of our symptoms solely stem from anxiety, but that's only a part of the conversation. We need advocates and a massive discussion to be taking place between mental and medical health care providers. Because there is substantial scientific evidence that indicates that our type of toxic exposure can cause brain dysfunction due to the neurotoxicants involved. Please don't let this dialog die. Mahalo."</p> <p>Lacey Quintero moved to Hawaii in November 2021. Paraphrasing here, she said: "The minute we stepped out of the plane, we checked in at a hotel that we were required to live at by our military orders. That was the Navy Lodge on Ford Island, an area that wasn't supposed to be affected. That was the day my children began vomiting and having diarrhea; A mysterious thing came over us - aggression, ADHD-like symptoms. My kids had never had anything like this. They were unrecognizable. They have been potty trained for at least two years with no problems. They started pooping and peeing in their pants daily</p>	

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	<p>and had skin problems. That was just my children. As for me, I had nausea, vomiting, all that stuff, everything everyone has said here I had that. I couldn't figure out why. The physical symptoms were so bad that they caused me mental health symptoms. The anxiety and depression, not knowing what was wrong with me, were terrible. We finally got into housing. Unfortunately, it was on Hickam, which, as you know, was affected. I cooked Thanksgiving dinner with jet fuel water, and my whole family became acutely and violently ill. We are still suffering symptoms, and we moved off base because we quickly realized the Navy was not going to fix this issue.</p> <p>We had to take out a \$30,000 loan to get the family out of the base. We now live in Waipahu, where I continue to experience issues that others have said here.</p> <p>The first time I boiled water in this home, which by the way, was bottled water, because I was too scared of my tap water still; I cried because I was worried about the vipers coming out of that bottled water. That's how traumatized we are. I don't feel safe out here knowing the Navy will drag their feet along for three years, and we will wait for the next big leak. Am I safe now? Is all of Oahu safe now? No, no, but I guess we will wait for the next three years to find out and just be terrified while we do. One thing people here haven't talked about is that military families are all experiencing institutional betrayal. You know, Vietnam veterans can talk about that on their own. But we have been completely betrayed by the institution our families still work for—my husband's employer poisoned our family. We start to go to work every day and be a loyal family you know this is the betrayal is probably the number 1 thing besides the physical symptoms that I am still dealing with. We've all been thrown into a trauma response. Some of us have sunken into complete despair and depression, frozen in the inability to act because it is so overwhelming. How do you get out of a contaminated house? For most of us, it took a while, and a lot of us are still trapped in those houses. I am lucky I was able to get out of that. But some people are still stuck in that despair and depression and overwhelmed and can't get out. And they will live in that contaminated house, and those physical symptoms will make that worse. Some of us are dealing with anger because we are in a fight mode and trying to fight the institution that has betrayed us, not only the Navy but the Department of Health. They were supposed to watch out for our health. Instead, they raise the environmental action levels so that the jet fuel levels are ok to be higher. We know that they weren't safe</p>	

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	<p>on November 6th, before the big leak, and I could smell the jet fuel in my shower, and yet that was safe? Or somehow not on the Navy's timeline? Somebody is not looking out for us; that's pretty much all the institutions above us. So, we need help. I don't know who to ask for. The Department of Health has failed us. The Navy has failed us. I mean the Government, really! Where are they? Why isn't this a national emergency? We are out of sight, out of mind in Hawaii? None of us has support systems here, and we are military families without our families.</p> <p>So, I couldn't get off the couch when we were physically ill. We moved here; we have not established doctors—the people who were required to see military providers are being gaslighted and denied. Well, guess what? I'm not one of those people who have Tri-care; select the one where you choose your providers out in town. So, I drive all the way to Kailua to avoid coming into contact with military doctors. Guess what? The doctor I saw had me wait 4 or 5 months to get on the waitlist to see him, and it turns out he is a military provider.</p> <p>So, you know what he told me when I said I have these ongoing stomach pains for five months, I've had blood in my urine for five months, and he said it's probably COVID. Ok, alright, the gaslighting continues. The Department of Health issued a letter that said not to treat for hydrocarbon toxicity and to just treat based on a history of symptoms. Ok, so we are just going to explain all of our symptoms and blame it on our history. Let's not talk about what's going on. So even the civilian providers have not been safe for us."</p> <p><i>Discussion</i> On the question whether the speakers has talked to the Governor about this, J. Simike said she has been to Washington DC and at nine congressional meetings. She spoke to Senators Mazie Hirono and Brian Schatz, Congressman Kai Kahele, and almost every senator and representative. She said she is heading back to DC for more congressional meetings. L. Quintero commented that the person who is the only toxicologist medical doctor in the State represents the Department of Health. Quintero said that this toxicologist is the one who could help them in the State get the correct diagnosis. K. McClanahan added, "We talked about the mental health aspect of this, and I know for some very close to me, they immediately experience the mental health effects of</p>	<p><u>Action</u> C. Knightsbridge made a motion to establish a PIG for the Red Hill Water Toxicity Concern. Antonino Beninato seconded. The motion was unanimously approved.</p> <p>Members will let Carolyn Weygan-Hildebrand know if</p>

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	<p>neurotoxicity. But some of our families are experiencing this consistent and persistent denial root cause of our symptoms. So, I want to encourage that it's now beginning to add the stress and anxiety that may not have been from the direct neurotoxins. We are seeing almost two mental health angles from my family and friends.”</p> <p>On the question of whether all have legal representation, all answered in the affirmative.</p> <p>R. Ries asked the Council members what they thought about ways to address the fact that community members have approached the body in its capacity as advisor to the Department of Health and the Governor. C. Knightsbridge opined that the matter was serious enough to consider. It is serious enough to consider establishing a Permitted Interaction Group to figure out what the Council can do. He commented that the Council has to look at it within the frame of mental health for the Council's voice to matter.</p> <p>On weighing what approach a PIG should take, the following were noted:</p> <ol style="list-style-type: none"> 1) Communication with mental health professionals in the State to inform them that they should have a situation awareness about this issue and that they should be poised to accept clients and treat them for the emotional trauma associated with the situation. 2) Presentations. Find the specialist/s who can provide a presentation or training to mental health professionals on appropriate ways of addressing the issue. 3) Approach leadership. See if Council can address things through the Department of Health, Governor, Mayor, and City Council. <p>R. Ries commented the issue of accountability and transparency needs to be addressed. He encouraged the community members to let the Council know if they would like to contribute or add something more. Several of those present shared their email address via chat. Dr. Amy Curtis, who just joined the meeting, mentioned that she knows the epidemiologist contracted with the Army to work on the impacts of Red Hill. So, if it's helpful to link groups through her, she can be beneficial that way as well. J. Renfro's audio was not working so she had to post on the chat that, as an advocate for School Based Behavioral Health for DOE, she requested to be included in the effort. A. Beninato added via chat that issues have played out in the specific instances, such as the ones brought out here, and their roots lie in much larger and pervasive issues in society.</p>	<p>they want to be members of this PIG.</p> <p>C. Weygan-Hildebrand to get contact information from community members.</p>

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<p>V. Old Business</p> <p>A. Strategic Plan Focus Areas and Action Plan: Permitted Interaction Group (PIG) Reports</p> <p>B. SCMH as a Planning Council</p> <p><i>Con't ...SCMH as a Planning Council</i></p>	<ul style="list-style-type: none"> • PIGs • Summary of Activities and Role of the SCMH for the MHBG Mini-Application due September 1, 2022. <p>R. Ries asked for volunteers as a way to jumpstart the formal reconstitution of PIG OnRe and forming of PIG MHBG/Planning. The following volunteered/were volunteered for PIG OnRe -A.Beninato Jon Fujii, Jennifer Renfro, Kauai Seguancia, and J. Betlach. The following volunteered for PIG MHBG 2022-R. Ries, K. Aumer, and H. Ilyavi.</p> <ul style="list-style-type: none"> • Information Presentation: FY 2021 Consumer Satisfaction Survey Results Introduced by Dr. Amy Curtis and presented by Gyan Chaudhary (AMHD Planner). <p>A. Curtis described the Consumer Satisfaction Survey as a requirement of the Mental Health Block Grant. She added her interest in getting the AMHD to begin using the results for evaluation and change, and not just for reporting. The results will also be shown to the AMHD Strategic Planning and Executive Group, and being presented to the Council first. One purpose for presenting the results is to gather comments, suggestions and insights about any part of the survey.</p> <p>A pdf file of the presentation, <u>AMHD 2021 Consumer Satisfaction Survey Report</u>, will be part of the July 12, 2022 meeting. Please refer to said handout. A copy of the questionnaire was in the June 14 meeting handouts.</p> <p>A. Curtis described that this is a national survey covering 8 domains and 39 statements. There were 381 completed surveys, representing 92% response rate. Respondents were asked what they thought of easing statement using a Likert Scale (strongly disagree to strongly agree). G. Chaudhary explained that the domains were Hawaii-specific, Appropriateness, Satisfaction, Treatment Planning, Access, Functioning, Treatment Outcomes Social Connectedness. The PowerPoint slide presentation focused on positive rating (.i.e., agree and strongly agree). The overall positive rating results ranged from 81 percent for Social Connectedness to 95% for Hawaii-specific domain). Disaggregating the respondents by gender, the biggest gap in positive ratings was in</p>	<p>Tabled due to time constraints</p> <p>Tabled</p> <p>C. Weygan-Hildebrand will email the rest of the members to ask if they want to be part of these PIGs.</p>

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	<p>treatment planning (87% for males, 92 for females). Males were less positive in treatment planning and outcomes). Disaggregated by age, those in the 45- 64 age bracket were most positive in everything especially access. Those in 18-44 were least positive on social connectedness. Disaggregated by diagnosis, those diagnosed with Schizophrenia and related disorders were the least positive on treatment planning and functioning. All were least positive about social connectedness. Those diagnosed with bipolar and mood disorders were most positive on Hawaii -specific and functioning domains. In terms of who provided the services, the widest gap was in social connectedness, with those treated at Mental Health Clinics At 83% and contracted providers at 79%. Overall the results have been stable through the years. Outcome- based domain ratings were pretty good but Hawaii can still work on that. The one that stands out is social connectedness at 81% and needs to be looked at.</p> <p><i>Discussion</i></p> <p>Q. How do we rank nationally? A. Dr. Curtis will get to the Council on that.</p> <p>Q. Do you have any qualitative data like or were there were comments at all that were provided on specifics or was it all quantitative on the Likert scale for these specific domains? A. That’s a good question. Over the years this analysis has primarily been contracted out. We are starting to bring it back inhouse. We will check back with the contractor. Gyan will be doing the next survey and report.</p> <p>Q. I notice that there were some differences in age. Are those differences significant, especially the younger group. What were the respondents really thinking when asked the questions. A. I think those are the questions we want to look at and deep dive on further, especially the social connectedness domain. We have a high percentage of consumers who are estranged from their families or forensic population.</p> <p>Q. Did you see any drop because of the pandemic? A. I expected a little difference but the questions did not lead to an answer to that.</p>	

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	<p>Q. On access, what are we capturing and not capturing? How does it relate to the wider pool that we are not accessing our services?</p> <p>A. You are right. There is a needs assessment that can help address that (NSDUH), which we reported on last time. I'm that one, Hawaii did not look good for long time but that has improved. This particular survey is for AMHD consumers.</p> <p>R. Ries encouraged the Department of Health to sort of get hip, and present to the community some hopeful messages on what we are doing well. If the community understands that we are doing something that has value, it is best for the mental wellbeing of the entire community. The results of this survey certainly point to something worth celebrating.</p>	
C. What are State Behavioral Health Council and Should Hawaii Form One?	<ul style="list-style-type: none"> • Materials from the SAMHSA Project Officer • Draft Thank You letter to Capt. Kent Forde 	Tabled
D. Resiliency Training for First Responders	<ul style="list-style-type: none"> • Advocacy Letter updates (Honolulu, Maui) • Engaging Hawaii (Big Island) 	Tabled
E. State Council Business Cards – Logo Design Update		Tabled
F. May as Mental Health Awareness Month		Tabled

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
<p>VI. New Business</p> <p>A. Telehealth Legislation</p> <p><i>Cont...VI. New Business</i></p>	<p>Telehealth Legislation (Video of Press Conference on HB 1980) Presented by Dr. Alex Lichton with others from the Hawaii Psychological Association</p> <p>Instead of a presentation, a video of a press conference on House Bill 1980 was shared. See video link Telephonic Telehealth Press Conference Live! - YouTube</p> <p>A. Lichton asked the Council to advise the Governor to veto House Bill 1980. He briefed the Council that the bill would restrict telephone sessions from being reimburse by insurance companies. It will not allow reimbursement for telephonic services which is tapped by patients in rural and isolated communities lacking broadband coverage, the poor who do not have access to smartphones, and several others who are intimidated by newer technologies. It can restrict access and bring care to a state that is worse than before the pandemic.</p> <p><i>Discussion</i></p> <p>Q. Does the Department of Health support the bill? A. They have not taken a position. One state entity seems to support it and we have been trying to explain to that individual the problems with the bill.</p> <p>Q. If the Governor does veto what would then be the practice for Telehealth? A. The way that the bill has been presented and the way people understand this bill is “Oh this is a good thing.” We now have authority and statue to provide telehealth. A lot of legislators have been understanding it that way. Kaiser’s testimony said they have been providing reimbursement for telephonic treatment before the pandemic and also provided numbers of cost and described the usage patterns are. So, this idea of “we got something that we could not do before” is a problem.</p> <p>A. If the bill is vetoed, things will remain as they are which means HMSA is not paying for phone sessions. If the bill is signed into law, you are at risk for prosecution for insurance fraud.</p> <p>Q. What is the time frame in writing a letter to the Governor. A. The Notice of Intent to veto is June 27th, and the final deadline is July 12th for the Governor to sign or not sign the bill.</p>	<p><u>Action</u></p> <p>C. Knightsbridge moved that the State Council on Mental Health write a letter to the Governor urging him to veto HB1980 as well as write another letter to the Department of Health urging the Governor to veto HB1980. H. Ilyavi seconded. All present voted in favor of passing the motion except Jon Fujii who abstained. The motion passed by majority.</p> <p>Staff will initiate the first draft for R. Ries to review.</p>

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<p>B. Housing Issue and Behavioral Health</p>	<p>R. Ries suggested that the Council render a letter that specify our main point, and the main point will be suicide risk.</p> <p>Housing Issue and Behavioral Health: 2022 Homelessness Point-In-Time Count, COVID-19 Pandemic, and Insights for Mental Health Care Services By Heather Lusk, Hawaii Health and Harm Reduction Center, Partners in Care</p> <p>Please refer to the pdf file of the presentation slides from Hawaii Health & Harm Reduction Center (HHRC) that will be a July 12, 2022 meeting handout.</p> <p>H. Lusk explained that the Point-in-Time Count of Homelessness (Sheltered and Unsheltered) is required count by the Federal Housing and Urban Development. The 2022 Oahu count was made last March 9, from 5am to 11am, using observation and interview. The report is now available online (see PIT Count — PARTNERS IN CARE (partnersincareoahu.org)). Overall, Hawaii has been trending down, but increased in unsheltered and decrease in sheltered. This is perhaps because perhaps of COVID-19, where social distancing has been required. Native Hawaiians are still significantly impacted in a disproportionate way; twice as many men, but a decrease in children and also veteran population. This can indicate the effectiveness of focusing and consolidating resources on a specific cohort. The next target population will hopefully be unsheltered, mental health and substance abuse population. The demographic on sheltered indicate that 37% report mental health illness. Because it is self-reported, this estimate is believed to be undercounted. The co-occurring count is at 27%. For the unsheltered population, 38% reported having mental illness and 33% reported substance abuse problem. Of the COVID-affected adults, 32% reported mental illness.</p> <p>H. Lusk informed the Council that a New Statewide Substance Use Planning is in progress, under the DOH Alcohol and Drug Division and contracted out with the Department of Psychiatry UH JABSOM. The Plan will be released this year, and presentations are ongoing. She noted that Dr. Gerald Busch is the author of the chapter on mental health and substance use, and recommended that the Council engage and talk to him also. She brought attention to a diagrammatic model continuum of care among the houseless, and</p>	

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	<p>Dr. Busch talking about how the OCCC (Oahu Community Corrections Center) has become the de facto mental health system or big part of the care system. She highlighted the need to build more accessible mental health care services, specifically residential because it is hard to treat houseless folks, let alone psychiatric care on the streets. Some data on the intersection of houselessness, MH and SA show the following: NSDUH- alcohol and marijuana are the most frequent substances identified that make self-reported mental health worse; HCUP on Emergency Visits indicate that among those diagnosed already with a mental health condition, the significant secondary diagnoses related to substance include tobacco, alcohol, meth, and opioid.</p> <p>Some of the major challenges of MH/SA and Houselessness include:</p> <ol style="list-style-type: none"> 1) Our systems not work well together (e.g., different collaborators use different information systems and databases like EMR, WITS HMIS, AVATAR). Folks outside the housing system do not collect data on housing status. 2) Those working in the housing system feel that others push folks to the housing system once they know that they are houseless. The housing providers feel the need for more cross-sector collaboration so the housing can provide housing and others can provide other needed services. 3) It is harder to access treatment when one is houseless, so there is a need for more services especially residential ones. The AMHD has this. 4) Each system has negative impact on the other systems. For example, losing chronic homeless status once a houseless enter residential treatment, and this jeopardizes eligibility for other services. <p><i>Discussion</i></p> <p>R. Ries said that the Council, or at least as Chairperson, would like to explore how to collaborate. He mentioned that Councilmember, Kau’i Seguancia, will be most involved in the intersection between housing and mental health.</p> <p>Q. The lack of staffing is the biggest problem in Kona. There is a new house that can be opened to house eight mental health service consumers but there is no staff to manage the house. There is the lack of staffing for the resources and no day program due to the lack of staffing. If there is something that can be communicated back on how to bring that</p>	

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	<p>up to the State; It is becoming a crisis at this point and what can be done to have and retain staff.</p> <p>A. I hear that across every sector in the non-profit world. I'm trying to work with other colleagues (Hawaii Alliance of Nonprofit Organizations) to identify and figure out how we can go back to, whether it is the Department of Health or others, and say we know monies are tight but if we cannot incentivize, typically, it is with money, at least with more hires, or maybe with caseloads that aren't higher or whatever, We are continuing to lose, particularly the behavioral health sector is getting decimated. On a side note, H. Lusk connected with H. Ilyavi about CIT in the Hawaii County.</p>	
<p>VII. Informational Reports</p> <ul style="list-style-type: none"> • Department of Health (DOH) 	<p>Island Representative Reports</p> <ul style="list-style-type: none"> • Maui Service Area Board (MSAB) report No report • Oahu Service Area Board (OSAB) report No report <p>State Agency Representative Report</p> <ul style="list-style-type: none"> • Department of Health (DOH) No report • Hawaii Public Housing Authority (HPHA) No report • Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACs) No report • Med-Quest Division (MQD) Medicaid Program by J. Fujii MQD is understaff and looking for help on different things. <ul style="list-style-type: none"> • A contract is out to help with Substance Use (?) planning. It is for a vendor to help with project management and strategic planning. 	

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	<ul style="list-style-type: none"> • XPERT vendor, to help with screening/referral/ treatment efforts, addressing an implementation problem involving different codes and working with different hospitals, physicians, conducting, and billing. • Hazel Health has gone remote live for the DOE June 6, 2022, and will go live in-person in schools in August. • Medication Innovation Collaborative. This is to get technology solutions to help with disadvantage population around mental health and substance abuse problem. The target is pregnant moms of Native Hawaiian ancestry who have problems accessing behavioral health both mental health and substance abuse problems. There was a showcase with six vendors. There seem to be no single solution that will work so collaboration will be explored. • Public health emergency for COVID is going to end soon, maybe in January. The Pink Envelope campaign is on, targeting especially those who were assisted during the pandemic period only and are not aware that they have to open and reply something to qualify and continue eligibility. The key message is not to ignore the envelope and for providers to encourage their clients to look out for the pink envelope. • Department of Education report by J. Renfro The person who talked about separation anxiety or separation disorder with, unfortunately, the connection to school shooters. I was in Texas when this last one occurred. Currently, the DOE is putting on a presentation/conference this week, Wednesday to Thursday. We have a national presenter, who is going to talk about “How to support students that are exhibiting some sort of concerning behavior”. There is a fine line, so what we don’t want to do is to connect anyone dealing with a mental health issue with school shooter or something. We must be cautious, and pause when we start talking about behavior of shooters. One main thing is we want to look at those protective factors, and, of course, those mitigating risk factors, and figure out the interventions support. We are going to be training every administrator in the State on identifying how to put support in place - mental health support, suicide screening- all of that statewide. It is the very first time for our office to mandate a training with the growing concern on this. 	

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	<p>Specialty Area Representative Reports</p> <ul style="list-style-type: none"> • Hawaii Advisory committee on Drug Abuse and Controlled Substances (HACDACS) No report • Mental Health Providers No report • Parents and Family Members of Mental Health Services Recipients H. Ilyavi commented that the concerns have grown considerable with resources and staffing, and there is a need to approach the State on how it plans to tackle this issue. There are monies to contract for services but we continue to lose staff, and I do not know when we are going to keep services open, houses open, and more. I have a strong fear that things are not nearly at the worst to where they are going to be. Does anyone has ideas on how we are going to approach the State about funding things, and retaining staff, and things like that? R. Ries recommended sharing of vacancies, hiring of interns, and others. • Youth and Consumer Advocates A. Beninato requested to have a task that he could carry out on his own regarding data collection within the population that he is representing. He just need what information the Council want? What information is important? And what would the Council know from the younger people. We need to figure out a set of questions or topics that the Council want information on and make a clear list of things Council wants to know. He will go out and collect the information. R. Ries suggested A. Beninato to partner up with K. Aumer. We might want to canvass schools, and J. Renfro might be able to help with that on high schoolers and university students and see basic mental health questions and needs questions. Like what symptoms are you most like to struggle with? What diagnosis you might have? Or are you getting services? What do you think the Department of Health can do for you? Or what do you think the Government of Hawaii do for you to support you on your mental health needs? Multiple choice might be easier to collect meaningful data. 	

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VIII. Meeting Evaluation/Future Agenda Items	Agenda for next meeting:	For information only
XIV. Adjournment	The meeting was adjourned at 11:58 a.m.	For information only
Electronic Mail Outs	<p>The following handouts were e-mailed to SCMH members and individuals in the SCMH e-mail distribution list:</p> <ol style="list-style-type: none"> 1. June 2022 Meeting – Agenda 2. May 2022 Meeting – Draft Minutes 3. May 2022 Meeting – FY22 Attendance Log 4. May 2022 Meeting – Draft thank you letter to Dr. Amy Curtis 5. June 2022 Meeting– Presentation handout -Consumer satisfaction survey questions 6. May 2022 Meeting – PowerPoint Slides file from Capt. Kent Forde 7. May 2022 Meeting –Draft thank you letter to Capt. K. Forde 8. May 2022 Meeting – Copy of letter sent to the Honolulu Police Commission 9. June 2022 Meeting – Draft advocacy letter to the Maui Police Commission 10. May 2022 Meeting – Copy of letter sent to HsCODD (Daintry Bartoldus) 11. June 2022 Meeting – Announcement Forensic Peer Specialist Statewide Virtual Training 12. June 2002 Meeting – Copy of MidWeek Cover Story on CORE program 	For information only