

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

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

Members Present: Katherine Aumer, Antonino Beninato, Naomi Crozier, Lea Dias, Heidi Ilyavi, Jackie Jackson, Chris Knightsbridge, Eileen Lau-James, Kathleen Merriam, Ray Rice, Kau`i Seguancia, Mary Pat Waterhouse*, Jeff Galon Jr.*

Members Absent: -

Members Excused: Jon Fujii, Tara Reed, Jennifer Renfro, and Richard Ries

Guests Present: KITV 4 Island News, Williamson Chang, Madeleine Hiraga-Nuccio

AHMD and CAHMD Staff Present: Jocelyn Nazareno, Carolyn Weygan-Hildebrand, Valerie Yin

APPROVED MINUTES

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS/PERSONS RESPONSIBLE
I. Call to Order	<p>Katherine Aumer, 2nd Vice-Chairperson, called the meeting to order at 9:00 a.m. K. Aumer explained that Richard Ries, Chairperson, had an emergency and Tara Reed, 1st Vice Chairperson, was excused earlier by the Chairperson.</p> <p>She announced that in case there is a break in telecommunication that cannot be restored within 30 minutes after interruption. the Council meeting will continue on Thursday, July 28, 2022 at 9:00 a.m. using the same location and connection information that is use here.</p> <p>Eileen Lau-James called the roll and quorum was established at 9:09 with 9 members. <i>*Note: After this meeting, the Office of the Governor staff emailed that Mary Pat Waterhouse and Jeff Galon Jr. have been sent letters of their appointment as Council members in the interim and effective as early as June 17, 2022.</i></p>	For information only

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II. Meeting Announcements	<p>K. Aumer shared a few announcements:</p> <ul style="list-style-type: none"> • <u>Sunshine Law Changes</u>. The Governor signed into law some changes affecting how Council meetings will be conducted: <ul style="list-style-type: none"> a. <i>Community input</i>. The new law states that testimonies of interested persons shall not be limited to the beginning of a board’s agenda or meeting. All interested persons shall be afforded an opportunity to present oral testimony on any agenda item. The board may provide for reasonable administration of oral testimony rule. In response, K. Aumer will be asking if there is any public input along the way and not just at the start of the meeting. b. <i>Handout packets</i>. The law requires that meeting packets are to be sent out no later than 48 hours before the meeting. c. <i>Permitted Interaction Group</i>. The law requires new permitted interaction to give boards some flexibility in handling time sensitive items. K. Aumer suggested Council to request further interpretation and application when it comes to actual PIG. • <u>Membership Update</u>. The Council vacancies are for members who can fill the requirements for health service consumer or family member. The Kauai Service Area Board representative slot is vacant but none of the current applicants are from the KSAB. • <u>Meeting Handouts. Hawaii State Ethics Commission and Quick Guide on Campaign Activities for State Officials and Employees</u>. K. Aumer brought attention to this handout. Although it stays for Employees and Officials, it also applies to Commissioners and Council members. She encouraged all not to hesitate and contact the State Ethics Commission if they have any questions. The phone number is (808) 587-0460. 	For Information only

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	<p><u>Presentation on Hawaii. CISAP.</u> K. Aumer confirmed that there will be no presentation on this due to scheduling conflict.</p>	
<p>III. Consideration and Approval of Review Minutes</p> <ul style="list-style-type: none"> June 14, 2022 	<p>The draft for June 14, 2022 minutes was reviewed.</p>	<p><u>Action</u> E. Lau-James made a motion to approve the June 14, 2022, minutes. Naomi Crozier seconded. The motion passed unanimously</p>
<p>IV. Community Input</p>	<p>K. Aumer asked if any of the guests have community input.</p> <p><u>John Betlach, Hawaii Service Area Board member and SCMH applicant</u>, announced the launching of the Crisis Intervention Team (CIT) Training Pilot Program in Hawaii. He said that about 41 organizations came to show support. He described it as a landmark event to see so many organizations working together and showing support.</p> <p><i>Discussion</i> Kathleen Merriam recalled that the Council heard about CIT from Major Mike Lambert. She asked who was hosting the Big Island CIT. AMHD staff offered to find out more.</p> <p><u>Mary Pat Waterhouse</u> introduced herself as a new member. She has been on the NAMI Advisory Council for a while and was glad to be on board.</p> <p><i>Discussion</i> K. Aumer thanked and welcomed M.P. Waterhouse to the State Council.</p>	
<p>V. Old Business</p> <p>A. Strategic Plan Focus Areas and Action Plan: Permitted Interaction Group (PIG) Reports</p>	<ul style="list-style-type: none"> PIG for Onboarding and Reboarding (On-Re). <p><i>Action Requested:</i> <i>To dissolve the current On-Re and form a new one for 2022.</i> <i>To dissolve 2 PIGs, the Infog and PSA, and tasks the new On-Re to review all taks and recommend Council's next steps.</i></p>	<p><u>Action</u> E. Lau-James move to dissolve three PIGs-the old PIG On-Re and PIGs on Infog and PSA, and create a new PIG On-Re. C. Knightsbridge seconded.</p>

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<p>B. SCMH as a Planning Council</p>	<p>K. Aumer continued this from last meeting. There is a need for onboarding and reboarding soon, especially because there are new Council members. The main tasks are to review the existing list of proposed orientation materials and recommend what to use, and to identify what might be missing or needed for 2022. The sets of materials that exists are: (1) The past orientation packet materials; (2) The resource materials on a shared drive that all members should have access; (3) The materials discussed by two other PIGs for infographics brochure and PIG for Public Service Announcements.</p> <p>Mary Pat Waterhouse requested for more explanation about the Onboarding and Reboarding, E. Lau-James thanked her for the good question. These are for new members and also those who have been here but may need a little refresher on the responsibilities, roles, requirements and so forth of being on this Council.</p> <p>K. Aumer asked if there was any input from the public. There was none.</p> <ul style="list-style-type: none"> • PIG for Infographics (InfoG) -dissolved • PIG for Public Service Announcement (PSA) -dissolved • PIG for Hospital Mental Health Care (HMHC) – Was not discussed • PIG for Legislation (LEG) – Was not discussed • PIG Strategic Planning Retreat (SPR) – Was not discussed • Summary of Activities and Role of the SCMH for the MHBG Mini-Application due September 1, 2022. <p><i>Action Requested:</i> <i>To create a PIG for MHBG 2022</i></p> <p>K. Aumer refreshed everyone’s memory about the idea of creating a PIG MHBG. The PIG will lead the review of the MHBG mini-application that is due on September 1 and</p>	<p>The motion passed unanimously.</p> <p>K. Seguancia will work with C. Weygan-Hildebrand to schedule a PIG meeting before August. PIG will present results at the next State Council meeting The following also agreed to be members of the new PIG: J. Fujii (June meeting), J. Renfro (June meeting), A Beninato, and E. Lau-James.</p> <p>Tabled Tabled Tabled</p> <p>E. Lau-James move to create a PIG for the MHBG Mini-application. K. Seguancia seconded. The motion passed unanimously. K. Aumer, as PIG chairperson, will call the first meeting.</p>

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<p><i>Continuation...</i></p> <p>C. What are State Behavioral Health</p>	<p>recommend Council action. C. Weygan-Hildebrand shared the recommendation of staff to have members who can comment also on aspects pertaining to funds/accounting and child and adolescent mental health.</p> <p>After the motion was approved, K. Aumer agreed to be the chairperson. The following also agreed to be members: R. Ries (June meeting), Heidi Ilyavi (June meeting), and Eileen Lau-James. K. Aumer commented that she would gladly work with any accountant.</p> <p>Val Yin, CAHMD Planner, was also welcomed to be part of the PIG. She will defer to her boss about it.</p> <p>K. Aumer asked if there was any input from the public. There was none.</p> <p><i>Informational Presentation:</i> C. Weygan-Hildebrand provided more background about the MHBG Mini-application through a presentation, SCMh as a Planning Council: Focus: MHB-Mini-Application. See powerpoint slides handout.</p> <p>Q&A Q. E. Lau-James asks where do the numbers in Slides 9 and 10 come from? Are these numbers of what these departments spent? Or is that what they're requesting? And who determines these numbers?</p> <p>A. The planning tables are from the application that was approved last year which the Council reviewed. Where do these numbers come from? Technically, in planning, you scan your environment then look at the gaps and needs, and then you prioritize needs and decide what to spend on. It will be your leading administrators, who consult with leadership team and with the accountant and fiscal office folks. The reason for that is, they know what monies are available and what can be spent on what priority.</p> <ul style="list-style-type: none"> • Post-presentation answers from SAMHSA (Kent Forde)- What assistance can help the SCMh further? -No discussion. 	

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<p>Council and Should Hawaii Form One?</p> <p>D. Resiliency Training for First Responders</p> <p>E. State Council Business Cards – Logo Design Update</p>	<ul style="list-style-type: none"> Advocate Letter updates (Honolulu, Maui) K. Aumer shared the letter that has been drafted for Maui. K. Seguancia asked whether the acronym, HPD, in the last part of the first page, should really be MPD and refer to the vacancy of police psychologist there. There was consensus on the need to verify and correct accordingly. K. Aumer asked if the letter can be approved subject to necessary corrections. <p>K. Aumer asked if there was any input from the public. There was none.</p> <ul style="list-style-type: none"> Engaging Hawaii (Big Island)- No discussion. <p>E. Lau-James brought the group back to the progress. She presented 6 that responded to last meeting’s feedback. The words around are now positioned appropriately and has the word “on”. Half of the six images show how a “pink” brain will look. She acknowledged that K. Seguancia recently shared an image of the taro plant with roots. She opened this by encouraging mor feedback to the current logo versions.</p> <div data-bbox="514 1068 1585 1282" data-label="Image"> </div> <p><i>Discussion (More Brainstorming).</i></p> <ul style="list-style-type: none"> -Great job for the progress. These are much more refined. -Ones on the left are good. One can at least have some preferences already. -Line (across) can be removed. 	<p><u>Action</u></p> <p>A. Beninato moved to approve the Letter to the Maui Police Commissioner pending clarification. C. Knightsbridge seconded. The motion passed unanimously.</p> <p>Staff will finalize the letter with needed correction (Is it HPD or MPD?).</p> <p>E. Lau-James will consider the suggestions.</p> <p>C. Weygan-Hildebrand will connect E. Lau-James and Sharla Hanaoka (UHWO).</p>

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	<ul style="list-style-type: none"> - Advertising giants, such as McDonald's and Burger King, and every other company like Nike, have simple logos, and more rounded logos are pleasing to the eyes. You also want a logo that encapsulates whatever it is that you're trying to make a logo for. You want it to stand out and sort of make it look like what it's representing. -2 and 3 have the simplicity - Brain represents mental health. -A lot of people equate the brain with mental health but we are learning so much that mental health is more than neurology. -Make sure that whichever firm we're reaching out to has someone knowledgeable about how important kalo is to the Native Hawaiian community. - Naomi Crozier did such a good job making suggestions with the taro leaves and a river connecting communities and hands holding the roots. - A brain right front and center doesn't quite convey the right message, It's really hard to think about any other logo that would convey because otherwise it would just be a community logo. I don't think we can escape the logo. -The logos are already clean, and there is just a need to tweak here and there. One can show it to creative media guys for feedback on how to tweak further. Maybe, Sharla Hanaoka of UHWO for example. - It does not hurt to just have a third perspective on this lone, and then provide three choices. The only difference between the six is the pink brain. -There is no need to reinvent the wheel (new). These can be tweaked, something like the rainbow because the LGBTQ has that claim on the rainbow. -No one claims the rainbow. -Taro grows in both water and land. There are many varieties. -The mountains look impressive. -We have done an impeccable job at tying community and mental health <p>K. Aumer wrapped up by thanking Eileen and everyone, and suggesting that the work continue around 3 that the Council can pick from. She also requested that staff connect E. Lau-James and Sharla Hanaoka to explore what else can be tweaked.</p> <p>K. Aumer wrapped up this agenda by asking for comments. There were no further inputs.</p>	

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<p>F. May as Mental Health Awareness Month</p> <p>G. Telehealth Legislation (Video of Press Conference on HB1980)</p> <p>H. Housing Issue and Behavioral Health: 2022 Homelessness PIT, COVID-19, and insights for mental health care services</p>	<ul style="list-style-type: none"> • Advocacy Letters to Governor and DOH K. Aumer checked the real-time status and there was a notice of intent to veto HB1980 by the Governor. C. Knightsbridge asked for the DOH response. C. Weygan-Hildebrand said that different parts of the DOH had comments on the Bill but will ask Stacy Haitzuka for the official response of DOH to the Council. • Thank You Letter to Dr. Alex Lichton. A correction was made to the draft letter, with House Bill 1980 and not 1990. <p>K. Aumer asked if there was any input from the public. There was none.</p> <ul style="list-style-type: none"> • Thank You Letter to Heather Lusk K. Aumer drew attention to the handouts of powerpoint slides and thank you letter, noting that H. Lusk gave a very informative presentation. She asked if there were questions about the presentations and handouts. <p>K. Aumer also asked if there was any input from the public. There was none.</p>	<p><u>Action</u> C. Knightsbridge move to approve the Letter to Dr. Alex Lichton with the correction. E. Lau-James seconded. The motion passed unanimously with corrections on the letter.</p> <p><u>Action</u> C. Knightsbridge moved to approve the Letter to Heather Lusk. E. Lau-James seconded. The motion passed unanimously.</p>
<p>VI. New Business</p>	<ul style="list-style-type: none"> • Public Input on Red Hill Water Contamination K. Aumer reminded that there was extensive community input last meeting which led to the establishment of a PIG for the Red Hill Water Toxicity concern. The task of the PIG is to investigate and recommend the direction to take as a State Council on Mental Health. C. Knightsbridge agreed to chair the PIG but members are needed. K. Aumer asked for volunteers. <p><i>Discussion</i></p>	

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	<p>-The input was very provocative, deeply disturbing, and I had no idea how bad it was.</p> <p>-A PIG was recommended because we really do not know what we can do, within the frame of mental health.</p> <p>-C. Knightsbridge said that he would like to help and take on a co-leadership role if somebody else. He suggested that the Council write letters to different departments that would center around mental health. He thinks a good starting point also is to invite back the testifiers to work with the PIG on what do they want regarding this issue. He mentioned that some left their email addressed on the chatbox last meeting. He requested that staff share those with the PIG.</p> <p>-K. Merriam wants to serve in the PIG but commented that she has reasons to be hesitant to join the PIG. It is such a huge community issue and it is entangled with all kinds of government. The government complexities are huge. She wants to figure what do we do with the information and will look at the parameters for a state employee to be on the PIG.</p> <p>-K. Seguancia agreed with K. Merriam that it is a Goliath of a situation. She said she read the minutes and the testimonies. She agreed that the Council is a group that advocates for mental health, and so it is from there that it can respond. The Council will need to figure out how it can provide the most impact, whether it is a health perspective or providing data. She notes that the longer the wait, the more grave impact it will have on their health.</p> <p>-E. Lau-James agreed and advocated for more mental health services, and development of these services.</p> <p>-K. Aumer said that the Council has agreed that the Red Hill crisis has caused severe challenges with people's mental health. The directions can be to have the Council advocate for more mental health services and say so many people are suffering, and they need services, and have the Council strongly urge funding and development of services for Red Hill community members, and emphasize to have proper functioning, clean infrastructure. All these are essential for mental health.</p> <p>-C. Weygan-Hildebrand drew attention last meeting's minutes (page 11 of the State Council meeting minutes for June 14 2022). R. Ries, Chairperson, mentioned a couple of ways the Council can do regarding this issue. (1) Inform mental health professionals the state that they should have a situation awareness, (2) Find specialists who can</p>	

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	<p>provide a presentation or training, and (3) Leadership - Address things through the Department of Health, the Governor and Mayor.</p> <p>-A. Beninato pointed out the Council need to get the people from the Red Hill Contamination on board with us, because then they can tell us what they want, what they want us to do, and who they want us to kind of be heard to. He pointed out that the larger issue of government's incompetence. It is one symptom of a larger issue, and there are mental health issues that stem from this. Really, it's one symptom of a larger issue, which is government's not taking responsibility, and I do not have what we can do.</p> <p>-K. Merriam that listening is one of our strengths in mental health. The Council should start by listening to the people of the Red Hill Contamination and provide them the resources to mental health services.</p> <p>-K. Seguancia agreed that even just knowing where to find resources or what resources are there help.</p>	
VII. Informational Reports	<p><u>Island Representative Reports</u></p> <ul style="list-style-type: none"> • Maui Service Area Board (MSAB) report - No report for Maui • Oahu Service Area Board (OSAB) report J. Jackson said that the Oahu SAB did not meet last month and that the SAB members are working on the Oahu CISAP. <p><u>State Agency Representative Reports</u></p> <ul style="list-style-type: none"> • Department of Health (DOH) K. Merriam asked members what they wanted in a report from DOH and its divisions. She recieved the following suggestions: New HSH buildings; Plans for the old HSH building; Behavioral Dashboard – who the is the contact person; Data on platforms Access to services; and Infrastructures • Hawaii Public Housing Authority (HPHA) K. Seguancia announced that the HPHA opened the Section 8 Project-Based Voucher Waitlist for Palolo Valley and Kuhio Park Terraces. The open period is from July 11-15, 2022 and applications are all done electronically online. and all the information is on the HPHA website (hpha.hawaii.gov). She also reported the partnership with the DOH to do outreach to our different public housing projects where COVID numbers 	

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	<p>are on the rise. Basically, it will lead to providing masks, administering COVID shots and boosters so the families don't have to go to a clinic and get that kind of help.</p> <ul style="list-style-type: none"> <p>Department of Human Services (DVR)</p> <p>Leah Dias briefed the attendees that DVRs help individuals with all kinds of disabilities, from the ages of 14 on up, to get ready for employment. She reports that 2 months ago, the DVR hosted a transition meeting with the Department of Education, Department of Health, Developmental Disabilities DD Council, and the UNH Center for Disability Studies. The meeting was to provide information and opportunities to streamline and collaborate on all the different activities in our agencies, and how we can best provide services to students with disabilities.</p> <p>She also asked what kind of reports the Council wants from the DVR that also led to Q&A as follows:</p> <p>Q-The referral process? A-Anyone with SSI/SSDI is automatically eligible for services. Anyone can refer themselves and anyone can refer anyone else.</p> <p>Q-Public access to direct services? A-See link to our website (https://humanservices.hawaii.gov/vr/)</p> <p>Q-Information on the turnaround time, how long does it take from the time you apply to get services? A- L. Dias will get information for the Council.</p> <p>Department of Human Services (Social Services)</p> <p>Ray Rice also asked the Council what types of information they want him to report on. He briefed members that his work covers Adult Protective Services (APS). APS investigate reports of abuse of elders and dependent adults who live in private homes, apartments, hotels, or hospitals. He reports that a lot of APS clients may have some mental health issue and a large percentage have dementia. Because of the mental health concerns, he said that APS is looking at, maybe the impact on</p> 	

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	<p>family members as well as operators on homes and character. From said angle, APS will be looking at possibly referral resources.</p> <p>There is interest in report on data and metrics on individuals with mental health, updates on tracking mental health issues, , the efforts to address mental health of the family members of all family members involved, tracking of number of referrals to case management program.</p> <p>In response to this report, E. Lau-James shared that what brought her to the Council was her frustration as a family member for being completely unable to help her sick family member get access to mental health services. She believes that others share similar experiences. She referred to a nine-page feedback to that she sent to Mary (?) highlighting the need for mental health help, rather than just keeping people safe (on paper) only.</p> <ul style="list-style-type: none"> • Department of Education report -No report • Med-Quest Division (MQD) Medicaid Program-No report <p><u>Specialty Area Representative Reports</u></p> <ul style="list-style-type: none"> • Hawaii Advisory committee on Drug Abuse and Controlled Substances (HACDACS) No report • Mental Health Providers <p>K. Aumer asked C. Weygan-Hildebrand to send out the template for the reports to the Council members.</p> <ul style="list-style-type: none"> • Parents and Family Members of Mental Health Services Recipients J. Jackson reported that the LDH (?) is having their big conference next weekend on July 16, 2022 from 9:00 a.m. to 2:00p.m. • Youth and Consumer Advocates 	<p><u>Action</u></p>

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	<p>A. Beninato reported that he is trying to figure out how he can be helpful to this Council. He shared a draft survey that targets youth as respondents to get a better idea about the community. The draft contained survey questions on mental health that he finds relevant from the perspective of youth and youth advocates like him. They are all up for modification. He hopes to get it finalized in the next two meetings so he can actually start getting it out. He wants to bring this survey to the right people and thinks that support/letters from the Council and other organizations that members are part of (e.g., K. Aumer in University of Hawaii) can facilitate getting this in the hands of target respondents. The target respondents are University students but maybe also high school students.</p> <p>K. Aumer commended the initiative and suggested that the Council, if sent in its name, approve the survey before it goes out to the community and also have the survey approved by the Institutional Review Board (IRB) since this information will be shared publicly. This can be done through UH, working with a faculty member.</p> <p>There were a few comments as the draft was reviewed quickly such as knowing age (targeting university vs high school age youth because of the big difference in experience), and other demographics, and finding what youth are trying to get help on.</p> <p>A. Beninato asked whether it will be more helpful to have a PIG on student mental health survey for the review, discussion and recommendation on what the Council wants exactly in this survey. K. Aumer requested for a motion to create a PIG and for volunteers. She also requested A. Beninato to chair this PIG. A. Beninato requested those who are working with this segment of the population to be members. J. Jackson and M. Waterhouse volunteered. Val Yin recommended including DOE.</p>	<p>A. Beninato moved that a PIG on student mental health survey be created. K. Seguancia seconded. The motion passed unanimously.</p> <p>A. Beninato will start the PIG via email with the following to be invited as members: K. Aumer, J. Jackson, J. Renfro (DOE), and M. Waterhouse</p> <p>C. Weygan-Hildebrand will send the email addresses of PIG members to A. Beninato</p>
VIII. Meeting Evaluation/Future Agenda Items	<p>Agenda for next meeting:</p> <ul style="list-style-type: none"> September is Suicide Prevention Awareness. K. Merriam would like to invite a couple of people from the Statewide Suicide Prevention Task Force to present at the August meeting. 	For information only

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	K. Aumer gave a shoutout to Val Yin and all for their feedback during the meeting. There were expression of thank yous also the K. Aumer for the successful meeting.	
XIV. Adjournment	The meeting was adjourned at 11:52 a.m.	For information only

Electronic Mail Outs	<p>The following handouts were e-mailed to SCMH members and individuals the SCMH e-mail distribution list:</p> <ol style="list-style-type: none"> 1. July 2022 Meeting Agenda 2. June 2022 Meeting DRAFT Minutes 3. June 2022 Meeting FY22 Attendance Log 4. July 2022 Meeting State Code on campaign activities 5. June 2022 Meeting Powerpoint AMHD Consumer satisfaction survey results 6. May 2022 Meeting DRAFT Advocacy letter to the Maui Police Commission 7. June 2022 Meeting SENT Advocacy Letter DOH HB1980 8. June 2022 Meeting SENT Advocacy Letter GOV HB1980 9. July 2022 Meeting DRAFT Thank You Letter Dr. Lichton HPA 10. June 2022 Meeting Powerpoint Health Lusk Houselessness, MH and SA 11. July 2022 DRAFT Thank You Letter Heather Lusk 	For information only
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SCMH as a Planning Council

FOCUS: MHBG Mini-Application

July 2022

WHY IS SCMH INVOLVED IN PLANNING?

HAWAII REVISED STATUTE 334-10

The council shall advise the department (of health) on allocation of resources, statewide needs, and programs affecting two or more service areas. **The council shall review and comment on the statewide comprehensive integrated service plan** and shall serve as an **advocate** for **adults with serious mental illness, children with serious emotional disturbances, other individuals with mental illnesses or emotional problems,** and individuals with **combined mental illness substance abuse disorders.**

WHERE DOES MHBG PLANNING COME IN?

- No Statewide Integrated Planning in the past few years (No SCISAP for either MH and SUD)
 - Federal Mental Health Block Grant involves and requires a Behavioral Health Planning Council
 - MHBG Planning and Grant Application became *de facto* SCISAP for Mental Health
 - SCMH designated as the Planning Council for purposes of MHBG grant application and implementation

Remember Kent Forde's Presentation

Block Grant Interview

- Grants administered by SAMHSA
 - Substance Abuse Prevention and Treatment Block Grant
 - Mental Health Block Grant
- Annually awarded to states/ jurisdictions based on allotments calculated by legislated formula
- Planning Council involvement required
- Annual applications and reports submitted by the states and jurisdictions

Why Bother with MHBG ?

- 1) Everything counts especially if you are underfunded esp for specific populations (**uninsured, underinsured**)
- 2) It's a **Formula** grant not competitive
- 3) Side benefits (COVID, ARP funds)

Substance Abuse and Mental Health Services Administration				
FY2022 Mental Health Block Grant Final Allotments				
Appropriation \$857,571,000 State-Territory Total \$814,786,630				
State or Territory	FY2021 Final Allotment	FY2022 Final Allotment	Dollar Difference	Percentage Difference
Alabama	\$10,393,794	\$11,970,063	\$1,576,269	15.2%
Alaska	\$1,626,540	\$2,009,320	\$382,780	23.5%
Arizona	\$19,762,210	\$20,309,036	\$546,826	2.8%
Arkansas	\$6,290,522	\$7,226,436	\$935,914	14.9%
California	\$94,190,067	\$107,016,379	\$12,826,312	13.6%
Colorado	\$14,131,439	\$16,077,887	\$1,946,448	13.8%
Connecticut	\$6,971,987	\$8,419,241	\$1,447,254	20.8%
Delaware	\$1,675,774	\$1,726,567	\$50,793	3.0%
District Of Columbia	\$1,702,334	\$1,989,524	\$287,190	16.9%
Florida	\$47,760,577	\$55,973,788	\$8,213,211	17.2%
Georgia	\$23,006,325	\$25,090,473	\$2,084,148	9.1%
Hawaii	\$3,621,113	\$4,116,483	\$495,370	13.7%
Idaho	\$4,240,521	\$4,449,061	\$208,540	4.9%
Illinois	\$25,297,546	\$25,793,477	\$495,931	2.0%
Indiana	\$12,884,705	\$16,334,378	\$3,449,673	26.8%
Iowa	\$5,641,385	\$6,552,022	\$910,637	16.1%
Kansas	\$5,251,758	\$6,039,700	\$787,942	15.0%
Kentucky	\$9,340,762	\$10,720,222	\$1,379,460	14.8%
Louisiana	\$10,420,263	\$10,714,229	\$293,966	2.8%

NOTE: ALLOCATION IS EVERY 2 YRS;
SABG is about twice the MHBG 6/28/22

MHBG

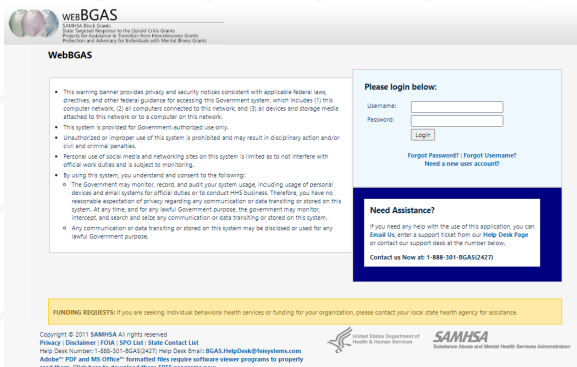
State Effort (MOE – DOH, DHS)

ALL OTHERS

Not up to scale, but you get the idea.

What does Hawaii need to do?

Answer questions as asked



Welcome To WebBGAS
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Application Forms Overview

State Information

[State Information](#)

[Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority \(SA\)](#)

[Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority \(MH\)](#)

[Disclosure of Lobbying Activities](#)

Planning Steps

[Step 1: Assess the strengths and organizational capacity of the service system to address the specific populations.](#)

[Step 2: Identify the unmet service needs and critical gaps within the current system.](#)

Planning Tables

[Table 1 Priority Areas and Annual Performance Indicators](#)

[Table 2 State Agency Planned Expenditures \(SA\)](#)

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[Table 5a SABG Primary Prevention Planned Expenditures](#)

[Table 5b SABG Primary Prevention Planned Expenditures by IOM Category](#)

[Table 5c SABG Planned Primary Prevention Targeted Priorities](#)

[Table 6 Non-Direct Services/System Development \(SA\)](#)

[Table 6 Non-Direct Services/System Development \(MH\)](#)

Environmental Factors and Plan

[1. The Health Care System, Parity and Integration - Question 1 and 2 are Required](#)

[2. Health Disparities - Requested](#)

[3. Innovation in Purchasing Decisions - Requested](#)

[4. Evidence-Based Practices for Early Interventions to Address Early Serious Mental Illness \(ESMI\) - 10 percent set aside - Required MHBG](#)

[5. Person Centered Planning \(PCP\) - Required MHBG](#)

[6. Program Integrity - Required](#)

[7. Tribes - Requested](#)

[8. Primary Prevention - Required SABG](#)

[9. Statutory Criterion for MHBG - Required for MHBG](#)

[10. Substance Use Disorder Treatment - Required SABG](#)

[11. Quality Improvement Plan - Requested](#)

[12. Trauma - Requested](#)

[13. Criminal and Juvenile Justice - Requested](#)

[14. Medication Assisted Treatment - Requested \(SABG only\)](#)

[15. Crisis Services - Required for MHBG](#)

[16. Recovery - Required](#)

[17. Community Living and the Implementation of Olmstead - Requested](#)

[18. Children and Adolescents M/SUD Services - Required MHBG, Requested SABG](#)

[19. Suicide Prevention - Required for MHBG](#)

[20. Support of State Partners - Required for MHBG](#)

[21. State Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application - Required for MHBG](#)

100%

Complete

Complete

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What does Hawaii need to do?

Answer questions as asked

webBGAS
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WebBGAS

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Addictive and MS Office®. Reproduced files require software viewer programs to properly read them. *Click here to download Microsoft Office 2007 software trial.

United States Department of Health & Human Services
SAMHSA
Substance Abuse and Mental Health Services Administration

Welcome To WebBGAS
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Username: CitizenHI
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OMB No. 0930-0168
Expiration Date: 03/31/2025

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0168. Public reporting burden for this collection of information is estimated to average 188 hours per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.

FFY 2022-2023 Block Grant Application

Community Mental Health Services Block Grant (MHBG)
Plan and Report

Substance Abuse Prevention and Treatment Block Grant (SABG)
Plan and Report

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

www.samhsa.gov/grants/block-grants

Technical stuff:

-This year is a mini-application year

- Hawaii is trying to undo The combined application of last year



PLANNING STEPS

Step 1 . Assess th strength and organizational capacity of the service system to address specific populations

IMPROVE DATA, LINK TO STRATEGIES and TARGETS BETTER, AND REDUCE WORDS/TMI Step 1 . Assess the strength and organizational capacity of the service system to address specific populations

Step 2. Identify the unmet service needs and critical gaps within the current system

IMPROVE DATA....Step 2. Identify the unmet service needs and critical gaps within the current system

PLANNING TABLES

Table 1. Priority Arieas and Annual Performance Indicators

REMOVE SABG PART and UPDATE Table 1. Priority Areas and Annual Performance Indicators

Table 2. State Agency Planned Expenditures (SA)

SKIP

Table 2. State Agency Planned Expenditures (MH)

Table 2. State Agency Planned Expenditures (MH)

Table 3. SABG Persons in need/receipt of SUD Treatment

SKIP

Table 4. SABG Planned Expenditures

SKIP

Table 5a. SABG Primary Prevention Planned Expenditures

SKIP

Table 5b. SABG Primary Prevention Planned Expenditures by IOM Category

SKIP

Table 6 Non-Directed Service System Development (SA)

SKIP

Table 6 Non-Directed Service System Development (MH)

Table 6 Non-Directed Service System Development (MH)

PLANNING STEPS

-Organizing data and Information

-Noting SPEG Priorities

- Telehealth
- Integrated care
- Evidence-based Practices
- Special Populations

CARF input

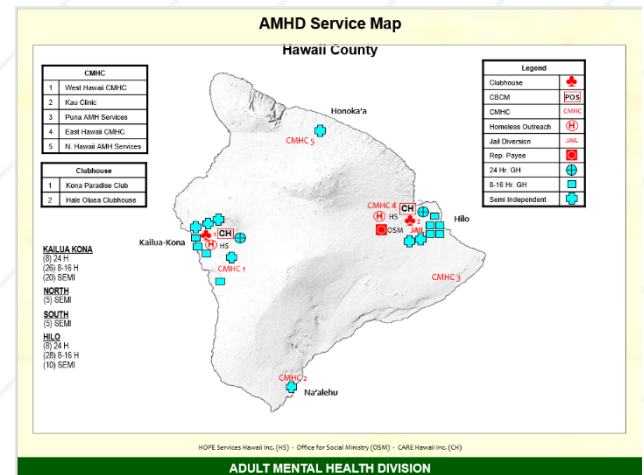
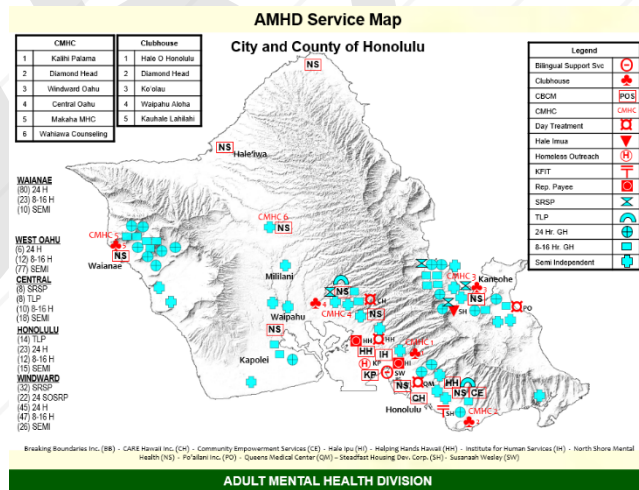
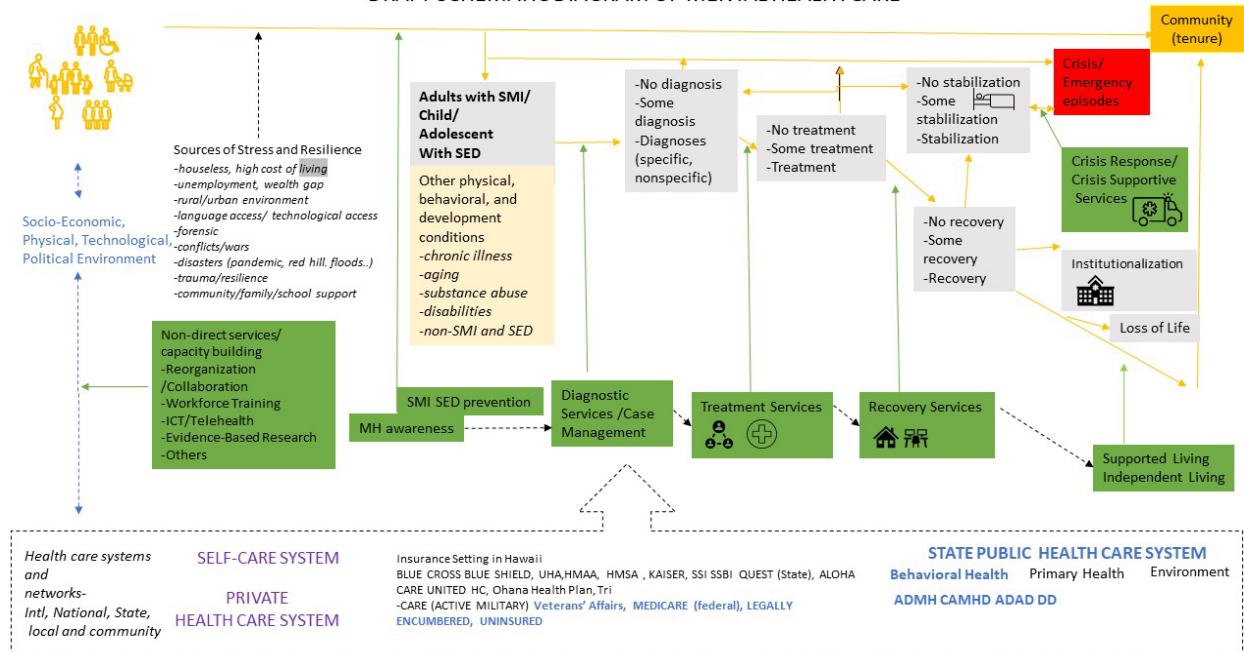
-Workforce Devt

SCMH, SABs, -meetings

SA planning etc

At the moment...

DRAFT SCHEMATIC DIAGRAM OF MENTAL HEALTH CARE



Planning Tables

Table 2 State Agency Planned Expenditures [MH]

States must project how the SMHA will use available funds to provide authorized services for the planning period for state fiscal years 2022/2023. Include public mental health services provided by mental health providers or funded by the state mental health agency by source of funding.

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

Activity (See instructions for using Row 1.)	Source of Funds									
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) ^a	I. COVID-19 Relief Funds (SABG)	J. ARP Funds (MHBG) ^b
1. Substance Abuse Prevention and Treatment										
a. Pregnant Women and Women with Dependent Children										
b. All Other										
2. Primary Prevention										
a. Substance Abuse Primary Prevention										
b. Mental Health Primary Prevention ^c							\$0.00			\$0.00
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) ^d		\$725,000.00					\$570,000.00			\$320,416.00
4. Tuberculosis Services										
5. Early Intervention Services for HIV										
6. State Hospital					\$184,268,038.00					
7. Other 24-Hour Care		\$0.00	\$4,000,000.00		\$74,800,000.00		\$803,000.00			\$1,295,250.00
8. Ambulatory/Community Non-24 Hour Care		\$1,218,934.00	\$2,000,000.00	\$400,000.00	\$96,952,700.00		\$452,536.00			\$203,770.00
9. Administration (excluding program/provider level) ^f MHBG and SABG must be reported separately		\$187,934.00	\$5,000,000.00	\$4,000,000.00	\$39,341,526.00					
10. Crisis Services (5 percent set-aside) ^g		\$2,415,160.00			\$13,120,000.00		\$2,336,000.00			\$1,635,200.00
11. Total	\$0.00	\$4,547,028.00	\$11,000,000.00	\$4,400,000.00	\$408,482,264.00	\$0.00	\$0.00	\$4,161,536.00	\$0.00	\$3,454,636.00

PLANNING
TABLES
-Direct
Services
-Indirect
Services

Planning Tables

Table 6 Non-Direct-Services/System Development [MH]

MHBG Planning Period Start Date: 07/01/2021

MHBG Planning Period End Date: 06/30/2023

Activity	FFY 2022 Block Grant	FFY 2022 ¹ COVID Funds	FFY 2022 ² ARP Funds	FFY 2023 Block Grant	FFY 2023 ¹ COVID Funds	FFY 2023 ² ARP Funds
1. Information Systems	\$417,179.00	\$0.00	\$0.00	\$417,179.00	\$0.00	\$0.00
2. Infrastructure Support	\$512,000.00	\$0.00	\$0.00	\$512,000.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$135,948.00	\$0.00	\$0.00	\$135,948.00	\$0.00	\$0.00
4. Planning Council Activities (MHBG required, SABG optional)	\$15,000.00	\$0.00	\$0.00	\$15,000.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$100,000.00	\$0.00	\$0.00	\$100,000.00	\$0.00	\$0.00
6. Research and Evaluation	\$100,000.00	\$0.00	\$0.00	\$100,000.00	\$0.00	\$0.00
7. Training and Education	\$67,768.00	\$0.00	\$0.00	\$67,768.00	\$0.00	\$0.00
8. Total	\$1,347,895.00	\$0.00	\$0.00	\$1,347,895.00	\$0.00	\$0.00

¹ The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

² The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

PLANNING
TABLES
-Direct
Services
-Indirect
Services

PLANNING TABLES

- Performance Indicators

Planning Tables

Table 1 Priority Areas and Annual Performance Indicators

Priority #: 1
Priority Area: Community-Based Services
Priority Type: MHS
Population(s): SMI

Goal of the priority area:

Increase access to mental health services.

Strategies to attain the goal:

Monitor the number of consumers served in the adult mental health system of care compared to the prevalence of adults with serious mental illness.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number/percent of adult receiving AMHD services.
Baseline Measurement: Unduplicated number/percent of consumers served by AMHD by age, gender, race/ethnicity and county. The baseline measure is 7,762.
First-year target/outcome measurement: Increased by 5%
Second-year target/outcome measurement: Increased by 5%

Data Source:

Census data for Hawaii.
SAMHSA Uniform Reporting Service (URS) tables.

Description of Data:

The baseline measure of AMHD consumers will be increased by 5% over the baseline figure of 7,762 for the current period.

Data issues/caveats that affect outcome measures:

MHBG in the SCMH scheme of things?

Draft	2022	2022	2022	2022	2022	2022	2022	2023	2023	2023	2023	2023	2023
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
CAPACITY BUILDING													
Orientation/Onboarding	xxxx												
Strategic retreat/SCMH Strategic Planning		xxxx	xxxx	xxxx									
Change if needed, Bylaws				xxxx	xxxx								
Membership Recruitment				xxxx									
Meetings (presentations, discussions)													
PLANNING													
SCISAP			xxxx	xxxx	xxxx	xxxx	xxxx						
MHBG	xxxx	xxxx	x						xxxx	xxxx	xxxx	xxxx	xxxx
REPORTS													
MHBG				xxxx	xxxx	xxxx							
LEGISLATURE/GOVERNOR					xxxx	xxxx							
LEGISLATIVE ADVOCACY													
Education		xxxx	xxxx	xxxx	xxxxx								
Legislative Packages					xxxxx	xxxx	xxxx						
Testimonies, Education							xxxx	xxxx	xxxx	xxxx	xxxx		
Vetoes													xxxx
Collaborative Leg Day (?)								x					
PUBLIC OUTREACH/AWARENESS/NON-LEGISLATIVE ADVOCACY													
Mental Health Awareness Month											xxxx		



DISCLAIMER
Nothing is carved
in stone except Sept 1

MAHALO!

For questions?
carolyn.weygan-Hildebrand@doh.Hawaii.gov