Hawai‘i

UNIFORM APPLICATION

2026 - 2027

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

Center for Mental Health Services

Division of State and Community Systems Development

DRAFT FOR PUBLIC COMMENT ONLY
PLEASE DO NOT QUOTE

PLANNING STEPS
Step 1: Assess the strengths and organizational capacity of the service system to address the specific populations

1. Please describe how the public mental health and substance use services system is currently organized at the state level, differentiating between child and adult systems.

The Hawai'i Revised Statutes (HRS) Chapter 334 directs the State Department of Health (DOH) to "*foster and coordinate a comprehensive mental health system utilizing public and private resources*." It aims to reduce the incidence of mental or emotional disorders and substance abuse. The goal is also to treat and rehabilitate victims in the least restrictive and most therapeutic environment possible. Further, it instructs the DOH to provide treatment for homeless individuals with severe and persistent mental health challenges, enabling them to live in a permanent dwelling or homeless facility.

Within available funds and designated programs, the DOH must promote and operate a community-based mental health system. This system should serve people of all ages, ethnic groups, and geographical areas of the State. It must ensure resources and services are distributed appropriately and monitored based on standards, goal attainment, and outcomes.

Departmental rules define elements of the system, but it must include at least: (1) Informational and educational services for the public and groups; (2) Collaborative services with public and private groups for prevention, treatment, and rehabilitation; (3) Consultation services for the Judiciary, educational institutions, and health or welfare agencies; (4) Case management, outreach, and follow-up; (5) Emergency and non-emergency intervention services; (6) Community-based and relevant outpatient services; (7) Residential care in small, homelike, appropriately staffed treatment facilities; (8) Short-term psychiatric treatment in accessible facilities; (9) Intensive psychiatric treatment and linkages to community resources for specialized cases; (10) Training programs and standards for mental health fields; (11) Rehabilitative services for individuals with short-term or long-term disorders and substance abuse.

HRS Chapter 321 mandates the establishment of a statewide interdepartmental cluster for services to children with DOH at the helm. This cluster comprises representatives from the major child-serving agencies with statewide authority

and responsibility, including the Department of Education, the Department of Health, the Department of Human Services, the Judiciary, the Office of the Governor, and the Office of Youth Services, who serve as regular members. The cluster is tasked with (1) providing preventative health services for children and youth; (2) offering diagnostic and treatment services for emotionally disturbed children and youth; and (3) delivering treatment and rehabilitative services for mentally ill children and youth.

In carrying out the law, the DOH comprises three main health administrative units: Health Resource Administration, Environmental Health Administration, and Behavioral Health Administration. The Family Health Services Division, within the Health Resources Administration, focuses on promoting family well-being, encompassing maternal and pediatric mental health. The Behavioral Health Administration serves the MHBG's target population through two of its four divisions- Adult Mental Health Division (AMHD) and Child and Adolescent Mental Health (CAMHD). AMHD focuses on adults, 18 years of age and above. CAMHD leads coordination and specialized programming for children and adolescents (birth to 17), as mandated and clarified by Act 178 of the last legislative session.

2. Please describe the roles of the SMHA, the SSA, and other state agencies with respect to the delivery of mental health and substance use services.

The Department of Health (DOH) is the State Mental Health Authority (SMHA) and Single State Agency (SSA) responsible for the State's federal community mental health block grant and the substance use prevention treatment recovery services block grant, respectively.

Hawai'i's laws are designed to address complex needs through coordinated action. Under HRS Chapter 334, the DOH is mandated to provide and promote a community-based mental health services system and to provide consultation services to the Judiciary, to educational institutions, and to health and welfare agencies. These agencies are primarily the Judiciary, the Department of Education (DOE), and the Department of Human Services (DHS). The statute also requires that the State Council on Mental Health include representatives from the State agencies responsible for mental health (DOH), education (DOE), vocational rehabilitation (DHS), criminal justice (Judiciary), housing (DHS), Medicaid (DHS), and social services (DHS).

HRS Chapter 321 further strengthens the DOH's interagency role, particularly in the areas of children's mental health and offender rehabilitation. For children and youth, DOH must coordinate care planning and services with the Department of Education and other child-serving agencies. In substance abuse services, HRS 321 directs DOH to build cooperative relationships with public and private agencies, including the Judiciary, the Department of Public Safety, and the Office of Youth Services. This law also creates interagency bodies to address treatment for offenders, fostering

shared planning and enable data sharing. These provisions ensure that individuals—especially those involved in the justice system and at high risk—receive care through joint departmental efforts. Effective January 1, 2024, the Department of Public Safety was formally renamed the Department of Corrections and Rehabilitation, with law enforcement functions transferred to the newly established Department of Law Enforcement.

HRS Chapter 321D creates an Interdepartmental Cluster for Services to Children and Youth with membership including the DOH, the Departments of Education and Human Services, the Judiciary, the Office of Youth Services, and the Office of the Governor. This cluster coordinates services for children and youth who require assistance from multiple systems by developing integrated service plans, designating lead case management agencies, and monitoring implementation and outcomes. The Department of Education provides behavioral health services in schools and coordinates with the DOH for students. The Department of Human Services manages Medicaid and social service supports. The Judiciary directs behavioral health supervision for justice-involved populations. Housing, rehabilitation, and youth service agencies address housing, workforce, and at-risk youth needs.

A comprehensive picture would include direct and indirect roles in delivering mental health services. Some of these roles may be defined by statutes, acts, resolutions, memoranda of agreements or understandings, or more informal arrangements. Alphabetically, the agencies and roles include the following:

Accounting and General Services (DAGS). Support for planning, operations, and sustainability of mental health services through its administrative, technical, fiscal, and logistical support (e.g., State Procurement Office, Office of Information Practice, Enterprise Technology Services).

Attorney General (AG). Supports *Assisted Community Treatment (ACT)* by helping prepare, file, and present petitions in Family Court for individuals with serious mental illness or substance use who cannot comply with treatment voluntarily. Its Family Law Division handles civil commitment and guardianship cases. At the same time, its Health and Human Services Division advises the Department of Health and other agencies on legal compliance and mental health program implementation.

Budget and Finance (B&F). Its statutory functions in budgeting, fund management, oversight, and capital financing are fundamental to the operational and financial capacity of Hawai’i's mental health system. DOH and other agencies rely on B&F structures to fund, expand, and sustain behavioral health initiatives in compliance with HRS 334.

Business, Economic Development & Tourism (DBEDT). Its statutory functions help shape social conditions tied to mental health and the broader ecosystem of mental wellness; funding investments and providing data to inform planning.

Commerce and Consumer Affairs (DCCA). Its statutory responsibilities are around licensing, regulation, consumer advocacy, and licensing board administration, which enable quality, accountability, and accessibility of the State's mental health workforce and services.

Corrections and Rehabilitation (DCR). Its statutory responsibilities seek to ensure that individuals within the criminal justice system receive appropriate mental health services, both during incarceration and as they transition back into the community.

Defense (DOD). Under DOD is the Hawai'i Emergency Management Agency (HI-EMA), which is responsible for coordinating disaster preparedness and response across all state agencies; ensuring that mental health and trauma response efforts are integrated into the broader emergency management system.

Education (DOE). Its statutory responsibilities include a direct role in delivering school-based mental health services and supports, and an essential indirect role in collaborating with DOH, training staff, referring students, and informing policy. The role connects students to mental health services within the educational system and through the broader health care infrastructure. Additionally, the representative serves as a sector representative for education in the State Council on Mental Health.

*Hawaiian Affairs (OHA), O*ffice of. It funds initiatives for the wellness of Hawai'ians, advocates for cultural responsiveness in state services, and is a participating member of Papa Ola Lōkahi , the federally- and state-recognized Native Hawaiian healthcare system.

Hawai'i Homeland (DHHL). Its statutory role is indirect, mainly centered on improving environmental and socioeconomic conditions that significantly impact well-being—especially for Native Hawai'ian beneficiaries.

Hawai'i Health System Corporation (HHSC). HHSC operates several regional health systems that include behavioral health services as part of their comprehensive care offerings. Mental health services for individuals in need include inpatient and outpatient care, psychiatric evaluations, medication management, and psychotherapy. These services are designed to meet the needs of individuals experiencing mental health crises or requiring

ongoing psychiatric care. Emergency departments handle mental health emergencies, providing immediate care stabilization for individuals in crisis. The facilities are as follows: East Hawai'i Region: Hilo Benioff Medical Center, Honokaa Hospital and Skilled Nursing, Kaʻū Hospital, Yukio Okutsu Veterans Care Home; West Hawai'i Region: Kona Community Hospital, Kohala Hospital; Kauaʻi Region: Kauaʻi Veterans Memorial Hospital, Samuel Mahelona Memorial Hospital; Oahu Region: Leahi Hospital, Maluhia, Daniel K. Akaka State Veterans Home. Affiliates include Kahuku Medical Center: A critical access hospital and long-term care facility in rural Oahu; Aliʻi Community Care Inc., dba (1) Roselani Place, providing assisted living on Maui, and (2) Aliʻi Health Center: a physician practice in Kona; and the Hawai'i Health Systems Foundation.

Human Resources Development (DHRD). It serves as a backbone supporting Hawai'i's mental health infrastructure through human resource management. It manages civil service hiring and position structure, sets mental /medical standards for state employment, provides training and wellness programs, and oversees appeals and personnel governance structure. This needs to be reviewed by someone who knows HHSC.

Human Services (DHS). Directly oversee Medicaid/MedQUEST (coverage, authorization, abuse investigation, annual reporting) and Medicaid design and eligibility (shaping coverage and access to mental health services via policy design reimbursement, telehealth rules); coordinates foster care, youth corrections, referrals, and case management involving mental health needs; key agency addressing adult economic independence, day-to-day supports, and pathways to recovery, self-sufficiency – vocational rehabilitation for counseling and employment, cash benefits, food support, case coordination, housing coordination through partnership with the Hawai'i Public Housing Authority, and development disability and aging resources; Government agency with members representing Medicaid/MedQuest, social services, and vocational rehabilitation on the State Council on Mental Health.

Judiciary. The crucial statutory roles include evaluating mental fitness and criminal responsibility; ordering commitment, conditional release, or discharge; diverting eligible defendants into treatment-focused courts; issuing emergency custody orders; and accessing consultation from clinical professionals. The Judiciary's special courts play a vital role in connecting individuals to mental health services—especially those entangled in the criminal justice system. While Mental Health Court is the most directly focused on helping those with serious mental illnesses, other courts (Veterans, Drug, Juvenile, Women's) integrate mental health treatment as part of broader rehabilitation or restorative justice efforts.

Labor and Industrial Relations (DLIR). Its primary mandate covers collaborative workforce development and vocational rehabilitation, enabling individuals with mental health conditions to access employment, rehabilitation, and integrated support services. It plays a role in supporting health workforce development and workers' safety.

Law Enforcement (DLE). It acts primarily as a first responder and enforcer of legal processes related to mental health, providing crucial links between the justice system and mental health care. While not a treatment provider, its roles in crisis intervention, enforcement of court orders, and program collaboration are vital to the State's mental health service delivery framework.

University of Hawai'i System (UH). The University of Hawai'i system — including the Research Corporation of the University of Hawai'i and community colleges — plays a multi-faceted role in Hawai'i's mental health services by: Training and educating the future mental health workforce; conducting research that informs and improves services; providing direct clinical and counseling services; and especially in educational settings; Collaborating with government agencies to support service delivery and policy; Engaging in public education and prevention initiatives.

Governor's Office. The Governor's Office functions as the central executive leadership body shaping mental health service delivery through policymaking, funding, interagency coordination, and public advocacy. While it does not directly provide clinical services, its roles are crucial in setting priorities, securing resources, and fostering collaboration statewide. Currently within it are the Office of Wellness and Resilience, Statewide Office on Homelessness and Housing Solutions, and the Boards and Commissions Office. The OWR is mandated to promote a statewide trauma-informed care framework across government and community sectors, lead the development of peer specialists program framework, and address prevention of secondary traumatic stress among first responders; The SOHHS identifies and address gaps in homelessness services; The Boards and Commissions Office supports the vetting and appointment of members to the various boards, councils and commissions.

Lt. Governor's Office. This Office plays a supportive, coordinating, and advocacy role in mental health service delivery. This administration is specifically supportive of early childhood education (Be Ready Keiki) as a foundation for well-being.

State Legislature. It has a fundamentally indirect role covering lawmaking, budget appropriation, oversight, special committees/task forces, constituent advocacy, public awareness, and engagement in stakeholder collaboration.

Local governments of the Counties of Kaua‘i, Maui, and Hawai’i, City, and County of Honolulu. Local governments have direct and indirect roles in delivering mental health services by providing local outreach, crisis response support, homelessness and housing assistance, community development, and public awareness and outreach. They act as vital bridges between state mental health agencies, community providers, and residents in the local area setting.

3. Please describe how the public mental health and substance use services system is organized at the regional, county, tribal, and local levels. In the description, identify entities that provide mental health and substance use services, or contribute resources that assist in providing these services. This narrative must include a description of the current service system's attention to the MHBG and SUPTRS BG priority populations listed above under "Populations Served."

At the community level, direct mental health services are delivered through DOH-operated Community Mental Health Centers (CMHC) and Family Guidance Centers (FGC), supported by a statewide network of Purchase-of-Service (POS) providers. Crisis response is anchored by Hawai‘i CARES 988, a 24/7 crisis hotline offering suicide prevention, crisis counseling, and referrals to local mobile outreach teams, and immediate linkage to services. In the past two years, service capacity has expanded through the launch of a pilot Community Certified Behavioral Health Clinic (CCBHC) and a Behavioral Health Crisis Center (BHCC), strengthening access to timely, coordinated and comprehensive behavioral health support.

Federal block grant priorities are embedded with Hawai‘i’s mental and behavioral health services. AMHD channels the Mental Health Block Grant to services for adults with serious mental illness and individuals in crisis, while CAMHD uses the grant to serve children and adolescents with serious emotional disturbance or early-onset serious mental illness. Priority populations include adults, children and adolescents who are homeless and/or justice-involved. In parallel, ADAD allocates the Substance Use Prevention, Treatment, and Recovery Services Block Grant, prioritizing pregnant and postpartum women, individuals who use intravenous drugs, families affected by substance use, and individuals involved in the criminal justice system.

In Hawai‘i, the regional level of governance is the same as the State level with four counties serving as the local level: O‘ahu (City and County of Honolulu), Maui (including islands of Moloka‘i, and Lāna‘i), Kaua‘i, and Hawai‘i (Big Island). The state does not have a federally recognized tribal government, as exists for many American Indian and Native Alaskan groups. However, Native Hawai’ians are federally recognized as the Indigenous people of Hawai‘i. The Native Hawai’ian Health Care Improvement Act established and mandates the nonprofit, Papa Ola Lōkahi to lead efforts to improve the health status of Native Hawai’ians and increase their access to health care.

Child and Adolescent Mental Health Division

The Hawai‘i State Department of Health, Child and Adolescent Mental Health Division (CAMHD) is the state’s public mental health and Medicaid provider for intensive mental health services for children and youth, ages 3 through 17, with a serious emotional disturbance. The CAMHD has developed a comprehensive array of evidence-based services and supports delivered through an integrated public-private partnership consisting of contracted community-based agencies, state-managed, community-based CAMHD Family Guidance Centers, and a Centralized State Office that provides oversight of administrative, fiscal, and clinical operations. The CAMHD provides services, free of charge, to youth who meet clinical criteria for a serious emotional disturbance and who qualify for funding support from the state based on one of the following: (1) they have QUEST-Integration (i.e., Medicaid funded) insurance; (2) they have been certified as qualifying for special education under the Individuals with Disabilities Education Act (IDEA) and their Individual Education Plan (IEP) team requests CAMHD services; or (3) they are involved in the Juvenile Justice system and are referred to CAMHD by the Office of Youth Services. Small numbers of other youth may become eligible for CAMHD services based on their qualifying for a particular special program, typically grant-funded.

The provision of CAMHD services occurs across three branches (O‘ahu, Neighbor Island, and the Family Court Liaison Branches) that include seven regional family guidance centers (FGCs), which serve clients across the state in both rural and urban locale. The Neighbor Island Services Branch includes the East Hawai‘i Family Guidance Center, West Hawai‘i Family Guidance Center, Maui Family Guidance center (serving Maui, Moloka‘i, and Lāna‘i), and Kaua‘i Family Guidance Center. The O‘ahu Services Branch includes the Honolulu O‘ahu Family Guidance Center, Leeward O‘ahu Family Guidance Center, and the Central Oahu Family Guidance Center (offices located in Pearl City and Kāne‘ohe). The Family Court Liaison Branch is located on the Hawai‘i Youth Correctional Facility Campus and provides services to youth who are detained or incarcerated.

CAMHD services include assessment, case management, and an array of therapeutic supports provided in the home and community, or in temporary out-of-home placements. The CAMHD makes every effort to provide culturally sensitive, child and family centered services, and to include the youth and family in all aspects of the service planning and treatment decisions. The CAMHD works closely with other child-serving agencies such as the Department of Education, the Department of Human Services Child Welfare Services, the Office of Youth Services, and Family Court, and CAMHD often receives applications for service from these agencies. Additionally, many CAMHD clients are referred by their caregivers or pediatricians. Further, Hawai‘i law allows adolescents 14 years or older to self-refer for mental health care without consent from their parents or guardians but medications are prescribed only upon the consent of the clients’ parents/guardians.

In state FY24, 13% of youth who received CAMHD services had a co-occurring substance use disorder. All youth who receive CAMHD's standardized initial evaluation are queried about substance use concerns (including caregiver history of substance abuse). CAMHD youth with a co-occurring substance use concern are provided with integrated, evidence-based treatment that addresses both their mental health concern, and their co-occurring substance use concern, within the service and level of care best suited to their individualized needs. Treatment services may include evidence-based in-home approaches, such as multisystemic therapy, functional family therapy, cognitive-behavioral and motivational interview approaches or in out-of-home treatment, including at the Bobby Benson Center, which provides specialized services for substance use, using primarily cognitive behavioral, motivational, and trauma-informed approaches.

The MHBG funds services and programs for youth such as:

- The state's only first-episode psychosis (FEP) program called On-Track Hawai'i (OT-Hi). OT-Hi services are provided in-person on the island of O'ahu, with virtual services and occasional in-person visits to other major islands statewide, Maui, Hawai'i Island and Kaua'i. With the help of SAMHSA Technical Assistance, CAMHD recently received approval to receive Medicaid reimbursement for OT-Hi. It is hoped with Medicaid reimbursement. there will be better access to FEP services statewide.

- Kealahou Services, which provides therapeutic and supportive services for girls, ages 11 to 18, who are experiencing mental health and behavior concerns because of trauma. Youth receiving Kealahou Services may have experienced neglect, sexual abuse, physical abuse, sexual exploitation, family violence, sudden loss, community loss and/or poverty.

- A dedicated psychologist position to assist CAMHD's Clinical Services Office to address mental health crisis needs for CAMHD clients and serve as a resource for emergency rooms/departments. Hawai'i's 988 program, Hawai'i CARES 988, is also supported by the MHBG.

- Supports for CAMHD including but not limited to:
    - Training and education for CAMHD staff especially for licensed mental health professionals.
    - Research and evaluation of CAMHD services for quality improvement and cultural appropriateness.
    - Interagency coordination for policy changes amongst public service agencies and for better access to care and for a more coordinated approach for youth who are receiving services from more than one agency, for example Child Welfare, Education and mental health.

- Statewide Mental Health Assessment to determine youth mental health needs and resources available for CAMHD can better determine which and how to fill in gaps for youth mental health.
- Other areas such as information systems, administration.

Adult Mental Health Division

The Adult Mental Health Division (AMHD) delivers a full continuum of care, ranging from immediate crisis interventions - including brief telephonic or online support – to long-term placement in Expanded Adult Residential Care Homes (E-ARCH) with no predetermined discharge date. Except for crisis response and the new Certified Community Behavioral Health Clinic (CCBHC) model—currently in the preliminary approval stage and operating only on Maui —most services require an eligibility determination based on diagnosis and insurance status. Under the Community Mental Health Center (CMHC) model, AMHD primarily serves uninsured adults with serious mental illnesses, many of whom also experience homelessness, justice involvement, substance use disorders, or chronic physical health conditions.

For Medicaid/Med-QUEST beneficiaries enrolled in the Community Care Services (CCS) program, access is "any-provider," meaning individuals with severe and persistent mental illness (SPMI) can receive services from AMHD or any other qualified provider. Utilization is tracked through the Department of Human Services' Med-QUEST system rather than AMHD's records. The CCBHC pilot, launched on Maui with a "no-wrong-door" philosophy, extends AMHD's reach to all Mental Health Block Grant (MHBG) and Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTSGB) populations and beyond by creating a fully integrated, eligibility-agnostic pathway to care.

To ensure accessibility, AMHD is organized into four county-based service areas:

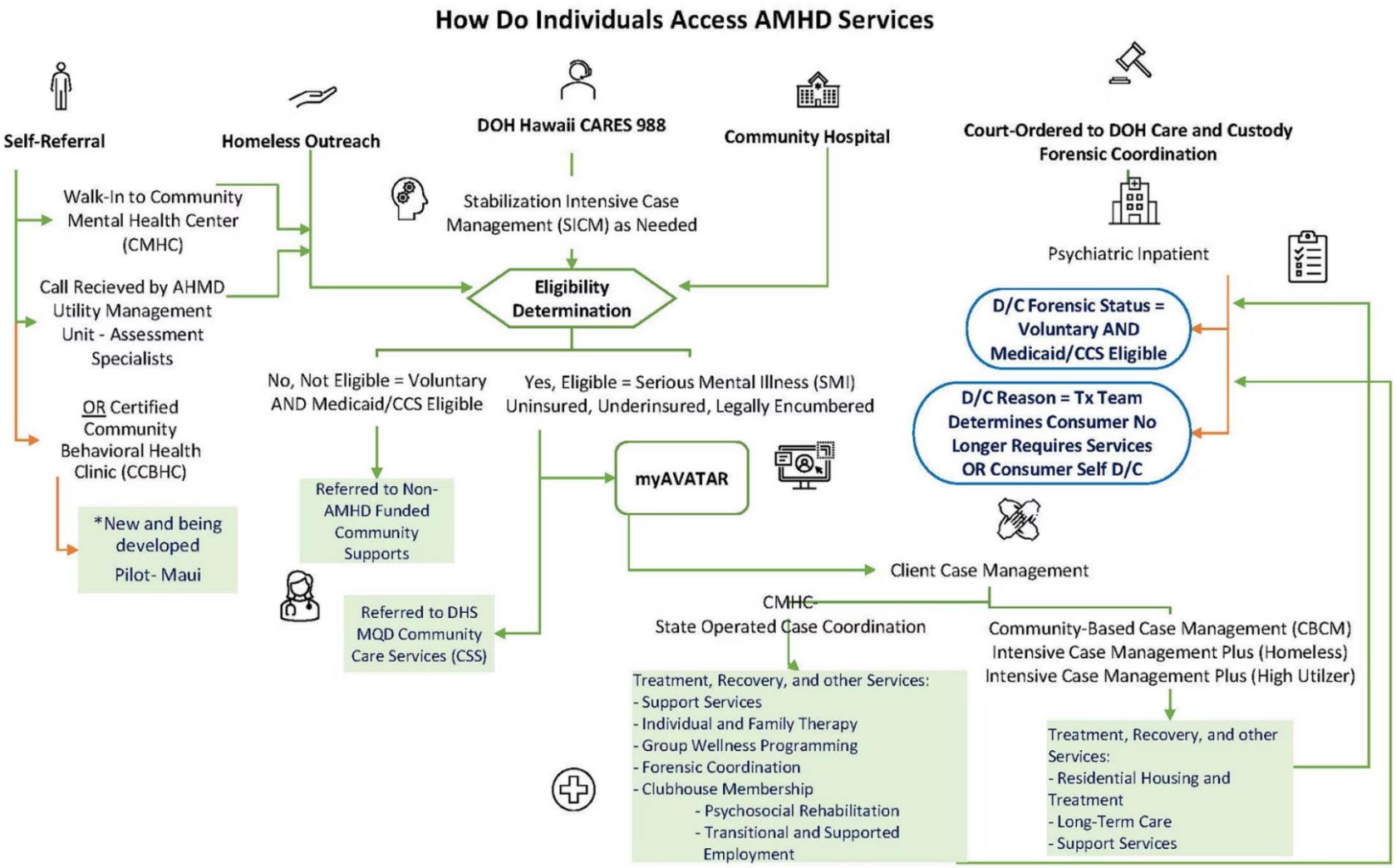
- Oʻahu – The most populous county, encompassing urban, suburban, and rural communities; home to statewide resources such as Hawaiʻi State Hospital, the Behavioral Health Crisis Center pilot, and the Court Evaluation Branch.
- Maui – Comprised of the Islands of Maui Molokaʻi, and Lānaʻi; The small urban areas are in the island of Maui but the entire county is generally rural. Maui island is the site of the CCBHC pilot program.
- Hawaiʻi – The large island by area, entirely rural.
- Kauaʻi - Rural and the least populous

This county-based structure, combined with the expanding CCBHC model, is designed to streamline access, expand service eligibility, and ensure more consistent mental and behavioral health coverages statewide. A diagram on how individuals access AMHD services is attached.

CONTINUUM OF CARE

What does AMHD do?

Access to Services: A Simplified Illustration of Entry and Transition Pathways as of September 12, 2023



O‘ahu Service Area

O‘ahu is the most populous of the four service areas, with 1,016,494 residents according to the latest DBEDT Dashboard. In the calendar year (CY) 2024, it served approximately 45 percent of the estimated 9,104 AMHD consumers reported in a July 31, 2025 draft edition of the AMHD Community Report. As the largest service area, O‘ahu offers the broadest array of mental health services, summarized below from the FY 24-25 MHBG application:

State-Operated Community Mental Health Centers & Clinics

- Treatment Services Sections (TSS):
  - East Honolulu TSS
  - West Honolulu TSS
  - Windward O‘ahu TSS
  - Central-Leeward O‘ahu TSS
- Clinics**:** Wahiawa Clinic, Makaha Clinic

State-Operated Clubhouses (Rehabilitation Services)

- Diamond Head Clubhouse
- Hale O Honolulu Clubhouse
- Koolau Clubhouse
- Waipahu Aloha Clubhouse
- Kauhale Lahilai Clubhouse

Contracted Providers

- Case Management Services:
  - Community-Based Case Management (CBCM)
  - Intensive Case Management for High Utilizers (ICM)
  - ICM + for Homeless Individuals
- Crisis Response & Care:
  - Crisis Management Outreach (CMO)
  - Crisis Support Management (COM)
  - Licensed Crisis Residential Services (LCRS)
  - Mental Health Emergency Workers (MHEW)
  - Behavioral Health Crisis Center

- Inpatient & Other Clinical Services:
    - Psychiatric Inpatient Treatment
- Long-Term Care:
    - Expanded Adult Residential Care Homes (E-ARCH)
    - Skilled Nursing Facilities (SNF)
- Residential Services:
    - Therapeutic Living Program (TLP)
    - 24-Hour Group Homes
    - 8- to 16-Hour Group Homes
    - Semi-Independent Housing
    - Supported Housing
- Support Services:
    - Homeless Outreach
    - Day Treatment / Co-Occurring Disorders
    - Intensive Outpatient Hospitalization (IOH)
    - Specialized Residential Services Program (SRSP)

O‘ahu Service Area Board for Mental Health and Substance Abuse (OSAB) is the volunteer advisory board and currently has five active members and four vacancies.

Kauaʻi Service Area

Kauaʻi is home to 73,292 residents—about 5 percent of Hawaiʻi's population—and served roughly 5 percent of AMHD consumers in 2024. As the smallest service area, it delivers a focused set of programs:

State-operated facility

- Kauaʻi Community Mental Health Center
    - Līhuʻe Rehabilitation Services Section

Contracted providers

- Clubhouse services
    - Friendship House (Kapaʻa)
- Crisis response and care
    - Crisis Management Outreach (CMO)
    - Crisis Support Management (CSM)
- Residential services
    - 24-hour group home
    - 8–16-hour group homes
    - Independent housing

The Kauaʻi Service Area Board for Mental Health and Substance Abuse (KSAB) is the volunteer advisory board, is currently inactive due to 100 percent vacancy.

Maui Service Area

Maui is home to 164,837 residents—about 11 percent of Hawaiʻi's population—and in 2024 served roughly 29 percent of AMHD consumers, including those in the pilot CCBHC model.

State-operated facilities and services:

- Certified Community Behavioral Health Clinic (CCBHC pilot)
    - Wailuku Branch
    - Lahaina Branch
- Community Mental Health Center (CMHC)
    - Main Branch
    - Rehabilitation Services Section (Maui)

    - Lānaʻi Services Section
    - Molokaʻi Services Section
- Clubhouse (rehabilitation services)
    - Hale O Lānakila Clubhouse

Contracted providers:

- Case management
    - Community-based case management (CBCM)
- Crisis response and care
    - Crisis management outreach (CMO)
    - Crisis support management (CSM)
- Residential services
    - 24-hour group home
    - 8–16-hour group homes
    - Semi-independent housing
- Support services
    - Homeless outreach
- Treatment services
    - Day treatment / co-occurring disorders

The Maui Service Area Board for Mental Health and Substance Abuse (MSAB) is the advisory body and currently has four active members and five vacancies.

Big Island/Hawai‘i Service Area

The Big Island service area covers all of Hawai‘i Island, with 200,629 residents—about 14 percent of the State’s population—and served 21 percent of AMHD consumers in 2024.

State-operated facilities and services

- Hawai‘i County Mental Health Community Center (CMHC)
  - Hilo Office
  - Forensic Services Section (Hilo)
  - East Hawai‘i Clinic Section
    - Hilo Clinic Unit
    - North Hawai‘i Unit (Honoka‘a)
    - North Hawai‘i Unit (Kamuela)
    - Puna Unit
  - West Hawai‘i Clinic Section
    - Kona Unit
    - Ka‘ū Unit
  - East Hawai‘i Rehabilitation Services Section
  - West Hawai‘i Rehabilitation Services Section
- Clubhouses (rehabilitation services)
  - Hale ‘Ōlue‘a (Hilo)
  - Kona Paradise Club

Contracted providers

- Case management services
  - Community-Based Case Management (CBCM)
- Crisis response and care
  - Crisis Management Outreach (CMO)
  - Crisis Support Management (CSM)
  - Licensed Crisis Residential Services (LCRS)
  - Mental Health Emergency Workers (MHEW)

- Residential services
    - 24-hour group homes
    - 8–16-hour group homes
    - Semi-independent housing
- Support services
    - Homeless outreach

The Hawai‘i Service Area Board for Mental Health and Substance Abuse (HSAB) is the volunteer advisory body and has four active members and five vacancies.

PLANNING STEPS
Step 2: Identify the unmet service needs and critical gaps within the current system, including state plans for addressing identified needs and gaps with MHBG award

1. Please describe how your state conducts needs assessments to identify behavioral health needs, determine adequacy of current services, and identify key gaps and challenges in the delivery of quality care and prevention services.

Hawai'i's behavioral health system leverages robust national and state-level data sources, targeted special studies, and structured community input processes to identify and monitor critical service gaps. The system's continuous improvement approach considers both progress made and areas still in need of attention, viewing the "glass" as both half-full and half-empty. Additional detail and explanation are provided in the next question's answer.

Child and Adolescent Mental Health Division

Needs assessments have been completed by CAMHD staff in collaboration with university partners and have included topics such as examining service needs and planned strategies for complex cases placed out of state and the extensiveness of providers clinical decision-making knowledge). At present, the CAMHD is in year 3 of a 5-year contract with the University of Hawai'i, School of Public Health, to do a statewide youth mental health needs assessment. The preliminary findings indicate that only 20% of number of reported middle school children attempted suicides received mental health care. This assessment as well as CAMHD's electronic data, there are higher numbers of youth needing and are receiving mental health care on Hawai'i Island.

The CAMHD serves youth experiencing a significant mental health crisis via Crisis Mobile Outreach (CMO) and other supports and services within its array. Hawai'i does not have continuous funding for extended crisis stabilization units for youth. Youth in crisis (i.e., suicidal thoughts, feelings, and/or behaviors, non-suicidal self-injurious behaviors, psychotic) are often referred to Emergency Rooms (ERs). This often results in youth having an extended stay in the ER for stabilization, until a "bed" becomes available at one of the two youth acute in-patient hospitals in the state. The state of Hawai'i consists of eight major island separate by water, with the majority of health resources, including both youth acute

in-patient psychiatric hospitals, located on the island of O‘ahu. ER staff may not be trained to respond appropriately to youth crises, and many youths do not receive appropriate mental health treatment in the ER.

The State Legislature temporarily funded a pilot project to provide Expanded Crisis Services (ECS) for Hawai‘i Island and O‘ahu. This program sought to provide follow-up supportive services to youth who had a Crisis Mobile Outreach encounter but were not an existing CAMHD client. The purpose of ECS is to further stabilize the youth and family with short-term therapeutic interventions and to connect youth and families with supports in the community and/or with state agencies. ECS is meant to prevent unnecessary use of crisis services, such as visits to the emergency department, use of acute psychiatric hospitalization, and other out-of-home treatment, or law enforcement intervention. Hale Kipa, a non-profit, was awarded the ECS contract. This pilot has steadily increased the number of youths served, but the funds are expected to end imminently. The lack of funding for youth mental health stabilization services will result in a critical gap mental health.

CAMHD’s Research and Evaluation Team is a collaborative partnership between CAMHD and the University of Hawai’i at Mānoa. The CAMHD collects service and clinical data from each client served that, in aggregate form, is used to inform quality improvement efforts within the CAMHD system. More information about CAMHD’s Research and Evaluation efforts is publicly available on the CAMHD website: https://health.Hawai’i.gov/camhd/publications/

Adult Mental Health Division

The Department of Health Adult Mental Health Division is currently conducting formal needs assessments for Crisis Services and Certified Community Behavioral Health Clinic Planning, as well as Providers’ Services Rate Study, with results expected later this year. AMHD is also in the final year of its 2021-2025 Strategic Plan that prioritized four themes – Telehealth, Integrated Care, Evidence-Based Practices, and Special Populations (“T.I.E.S.”). These themes have centered efforts in recent years, including the use of MHBG funds. Progress has been shaped by both constraints, such as staffing and provider shortages and turnovers, and opportunities, including supplementary grants and new strategic partnerships. With MHBG funding support, AMHD has advanced its data and data infrastructure improvement initiative, which is vital to for targeting interventions more precisely and optimizing the use of limited resources.

2. Please describe the unmet service needs and critical gaps in the State's current mental and substance use systems identified in the needs assessment described above. The description should include the unmet needs and critical gaps for the required populations specified under the MHBG and SUPTRS BG "Populations Served" above. The State may also include the unmet needs and gaps for other populations identified by the State as a priority.

Hawai‘i’s behavioral health system demonstrates strengths in strategic planning, evidence-based practice, and community engagement, yet significant unmet needs and service gaps remain among priority populations served under the Mental Health Block Grant (MHBG) and Substance Use Prevention and Treatment Block Grant (SUPTRS BG).

Despite NSDUH- reported prevalence rates like national levels — 21.16% for any mental illness (AMI) and 5.06% for serious mental illness (SMI)—Hawai‘i faces a substantial treatment gap. Further analysis is needed to fully understand this gap; however, among adolescents with SED, only about 26% accessed services, despite high rates of depressive symptoms and suicidal thoughts. Substance use disorders (SUDs) present similar challenges: nearly 18% of adults meet SUD criteria, yet more than 75% may not receive needed treatment. These gaps reflect structural barriers such as workforce shortages, limited residential and outpatient services, and insufficient integration of care for co-occurring disorders.

Crisis response capacity is improving through initiatives such as the Hawai‘i CARES 988 call center; however, mobile crisis teams and 24/7 stabilization services remain limited statewide. Rural and neighbor island regions continue to face persistent challenges related to provider shortages, transportation barriers, and limited access to specialized services. The 2024 Point-in-Time Count report and sub-reports highlight critical gaps in care for houseless individuals—up to 33% of whom report mental illness in O‘ahu—with even higher rates among veterans and older adults.

Among youth, the state’s Child and Adolescent Mental Health Division (CAMHD) has emphasized prevention, access, and data-driven improvement, but the need for school-based services and trauma-informed care remains high, especially in the aftermath of disasters like the Maui wildfires. Findings from that study reveal ongoing emotional distress among children and worsening health outcomes for affected adults, despite community resilience.

The Adult Mental Health Division (AMHD) has used MHBG funds in alignment with its strategic themes of Telehealth, Integrated Care, Evidence-Based Practices, and Special Populations. The Uniform Reporting System (URS) 2023 report data indicate ongoing challenges, including low penetration rates for community mental health services (6.5

per 1,000 compared to 17.4 nationally), lower rates of supported employment, and less social connection. Consumer feedback indicates a notable disparity between satisfaction with services and perceived improvement in well-being — while over 80% of respondents express satisfaction with the services received, fewer than 70% report satisfaction with the outcomes of those services. There is a need to strengthen the use of person-centered, recovery-oriented interventions that are responsive to the diverse needs and conditions of its consumers. It is critical to be supported by a more robust and reliable data and information system to ensure timely, accurate, and actionable insights that drive continuous quality improvement. It is also critical to address persistent workforce shortages and turnovers that continue to affect the delivery of quality care and the maintenance of a full continuum of services.

AMHD continues to face challenges in extracting reliable, replicable data for varied uses and times. Nevertheless, preliminary unduplicated counts for calendar year (CY) 2024 provide a clearer picture, than five or so years ago, of the system's capacity to support individuals with serious mental illness. In 2024, AMHD's community-based mental health services served 8,434 consumers while the Hawai'i State Hospital served 710 forensic inpatients.

Service distribution across local areas reflected population size and capacity:

- Oʻahu - Largest service area, served 45% of all consumers
- Kauaʻi - Smallest service area; served 5 %
- Maui - Three main islands, Served 29 %
- Hawaiʻi Island –Largest island area; served 21%

Housing data point to significant constraints. In CY 2024, the number of consumers enrolled in housing services declined from 866 individuals at the start of the new year to just 531 by year's end. Part of this decrease was due to temporary unavailability of units undergoing renovation; those units have since returned to service. However, a more persistent loss of housing capacity stems from a growing gap between the provider reimbursement rates paid and increased costs of leasing or renting properties, making it financially unfeasible for some providers to maintain their existing units. Referral data further underscore the challenge that there are very limited HUD-supported units for low-income consumer who often rely only on general assistance for income. These units that have been supported by the federal Department of Housing and Urban Development (HUD) cap rent at 30% which is the most affordable housing for the very low-income consumers. Other options are market price-based options in a State with the highest cost of living, and thus leaving many of the most vulnerable individuals on referral lists without affordable housing options.

Crisis call volume also illustrates system demand and capacity. In CY 2024, Hawai‘i CARES recorded 9,123 to 11,451calls per month. Annual call totals and urgency rate by region were as follows:

- O‘ahu - 31,248 calls (40% urgent)
- Kaua‘i - 1,419 calls (37% urgent);
- Maui County:
    - Maui island - 6,102 calls (49% urgent)
    - Moloka‘i - 71 calls (37% urgent)
    - Lāna‘i - 18 calls (33% urgent)
- Hawai‘i County
    - Hilo - 8,157 calls (51% urgent)
    - Kona - 2,129 calls (54% urgent)

Housing or homelessness issues were the primary reason for 1,687 crisis calls, with the highest share from O‘ahu (53%), followed by Hilo (11%) and Maui (9%).

Additional service utilization data further highlights needs: of 6,552 Crisis Mobile Outreach (CMO) visits, only 7.2% were youth. Stabilization Intensive Case Management (SICM) admissions totaled 692 representing 490 distinct consumers, many of whom were homeless, had a mental illness, and/or co-occurring substance use disorder, with the highest concentration in Kona on Hawai‘i Island.

Local service area assessments and feedback from key stakeholders—including the State Council on Mental Health, HACDACS, service area board, and peer specialist summit attendees—consistently highlight several pressing priorities. These include bolstering the behavioral health workforce, strengthening coordination and integration of care, and ensuring the long-term sustainability of peer specialist programs. Stakeholders also emphasize the urgent need for supportive housing, culturally grounded services, and trauma-informed crisis services. These priorities have gained traction at the highest levels. Executive advocacy, legislative bills and resolutions, and local initiatives have advanced measures such as budget approvals for critical workforce positions, student loan forgiveness programs for health professionals, support for first responders’ resiliency training, and more. During this planning period, uncertainty emerged around federal funding over education and Medicaid influencing both planning and implementation efforts.

Using a Results-Based Accountability framework, Hawai‘i is delivering services (“how much”) and aligning with evidence-based practices (“how well”) but must continue efforts to ensure that individuals and families are “better off.” Closing the treatment gap, expanding crisis and housing supports, addressing workforce shortages with workable solutions, and maintaining strong cross-sector partnerships remain essential to turning the curve on Hawai‘i’s behavioral health challenges

3. Please describe how the state plans to address the unmet service needs and gaps identified in the needs assessment. These plans should reflect specific services and activities allowable under the respective Block Grants. In describing services and activities, grantees must also discuss plans for the implementation of these services and activities. Special attention should be made in ensuring each of the required priority populations and any other populations prioritized by the state as part of the Block Grant services and activities are addressed in the implementation plan.

The strategic directions of CAMHD and AHMD directly address unmet needs and service gaps of the MHBG’s target populations. Using a Results-Based Accountability framework, data from both divisions offer indicators on "how much is being done," "how well it is being done," and "whether anyone is better off." While Hawai‘i demonstrates strength in evidence-based programming and strategic planning, significant needs remain in integrated care, youth services, SUD treatment, crisis response, and rural access. Sustained progress will require coordinated data use, active community engagement and support for service providers, and strong cross-agency alignment.

The key services and activities planned for FY26-FY27 MHBG funds include:

<u>Children and Adolescent Mental Health Division</u>

Each strategy pursued by CAMHD aligns with MHBG-allowable activities and includes concrete steps to deliver targeted, evidence-based supports for youth with FEP and clients with EMSI, and multi-system-involved youth across all islands.

Key Services and Activities Planned:

1. Early Intervention for Psychosis
    a. Allowable MHBG Activity: Early Serious Mental Illness Services
    b. Implementation:

i. Leverage State Medicaid-reimbursed On-Track Hawai‘i services to provide services on island(s) other than O‘ahu (O‘ahu aka Honolulu City & County is the most populated island in the state and has a greater number of health providers compared to other islands.).
ii. Hire an additional FEP clinician(s) and continue telehealth services to service areas on island(s) other than Oahu
iii. Continue to track number of clients serviced and may add number of clients screened for CAMHD FEP program aka On-Track
    1. Note: CAMHD has Family Guidance Centers to provide services in the in all counties of Hawai‘i: the City & County of Honolulu and the Counties of Hawai‘i, Maui, and Ka‘ūa‘i.

2. Workforce Development
    a. Allowable MHBG Activity: Outpatient treatment for serious emotional disturbance
    b. Implementation:
        i. Hire additional trauma-trained therapists
        ii. Subsidize tele-therapy capacity and multidisciplinary case conferences
        iii. Conduct annual outcome reviews (symptom reduction, school engagement)

3. Expanded Crisis Services for Youth
    a. Allowable MHBG Activity: Crisis Services, Trauma services and outreach.
    b. Implementation:
        i. Advocate for continued funding of Expanded Crisis services for youth who have had a Crisis Mobile Outreach Encounter and are not currently receiving CAMHD services.
        ii. Track referral sources, admissions, discharges, and youth transitioned to other CAMHD services

<u>Adult Mental Health Division</u>

AMHD will allocate the next cycle of MHBG funds in a way that will address the priority areas identified above — one focused on closing two of the most critical gaps affecting outcomes and supporting understaffed administrative and fiscal support functions. This balanced approach aims to meet the needs of target populations while strengthening back-office capacity. The strategy is grounded in AMHD current strategic plan themes and reflects community input, as well as ongoing planning processes with Service Area Boards, HACDACS, and the State Council on Mental Health.

Key Services and Activities Planned:

1. Expansion of Crisis Response and Stabilization Services:
    a. Allowable activity under MHBG: Crisis services.
    b. Implementation: Increase mobile crisis response capacity and post-988 stabilization services (e.g., expanding stabilization intensive case management [SICM] and pursuing Behavioral Health Crisis Centers [BHCC], and Certified Community Behavioral Health Clinics [CCBHC] in underserved areas).

2. *Information Systems and Performance Improvement:*
    a. Allowable activity under MHBG: Planning and data infrastructure.
    b. Implementation: Continue modernization of AMHD's data system, engage all to improve service tracking, consumer care and outcomes, and engage in continuous improvement in conformance with accreditation standards (e,g, CARF or Commission on Rehabilitation Facilities).

3. *Disaster Recovery, Recovery and Resilience, and Trauma-Informed Care:*
    a. Allowable activity under both Block Grants: Trauma services and outreach.
    b. Implementation: AMHD anticipates the completion of its ongoing needs assessments, and also the completion of the Hawai'i Prevent Suicide Task Force Strategic Plan. It will review compelling recommendations from these assessments and plan to support MHBG target populations within available resources.

PLANNING STEPS
Step 3: Required Planning Tables

Table 1: Priority Area and Annual Performance Indicators

At least one indicator for each of the four MHBG target populations

PRIORITY AREA ONE - MENTAL HEALTH SERVICES
Target Population #1 - SMI Adult with SMI including older adults

Goal: To improve the accuracy and timeliness of consumer data for overall service delivery and reporting efficiency
Measure: Percent change in reported consumers served – Post fiscal year data accuracy
Baseline: 10 percent change – pending confirmation
First Year Target (end of 2026): 8 percent change
Second Year Target (end of 2027): 5 percent change
Data source: AVATAR NX
Description of Data: AMHD will track the percent change in total number of consumers served and reported in the community over a 12-month period (fiscal year) at approximately 3 months and 6 months following the close of the fiscal year to gauge improvements in timeliness and completion of service- and authorization-related data. Decreasing percent change will signal that upgrades to the electronic health record system, modified data architecture, and staff workflows are facilitating more timely and complete data entry.
Data issues: Reporting periods overlap with the implementation of the Avatar NX electronic health record system, which requires the development of new data entry and reporting processes, continuous training, and stable staff across all providers and service areas, as well as across administrative or data teams involved in data collection or reporting processes. Some variability may be due to changes that occur during this transition period.

PRIORITY AREA ONE - MENTAL HEALTH SERVICES
Target Population #2 - Youth with SED, receiving Expanded Crisis Services

Goal: To expand services to youth with SED who are encountered via CMOs and not receiving CAMHD services.
Measure: Number clients served
Baseline: Current value
First Year Target (end of 2026): 45
Second Year Target (end of 2027): 50
Data source: Contracted crisis service provider
Description of Data: Quarterly report from crisis service contracted provider
Data issues: None

PRIORITY AREA TWO - EARLY SERIOUS MENTAL ILLNESS
Target Population #3 - Individuals with ESMI

Goal: To enhance early detection and intervention and promote better outcomes and quality of life
Measure: Number of clients receiving On-Track Hawai'i (FEP) services;
Number of potential clients screened to receive FEP services
Baseline measure: Current value
First Year Target (end of 2026): 20 clients
Second Year Target (end of 2027): 25 clients
Data source: CAMHD electronic health system
Description of Data: Currently most of On-Track Hawai'i's clients are referred from CAMHD's Family Guidance Centers and data on the clients are entered into the divisions electronic system. Clients are On-Track clients after they have been screened and determined to need FEP services.
Data issues: On-Track also keeps its own statistics

PRIORITY AREA THREE - BEHAVIORAL HEALTH CRISES SERVICES
Target Population #4 - Individuals in need of BHCS

Goal: To enhance efficiency in providing "*a safe place to go*" amidst surges in demand.
Measure: Average daily percentage of (online/working) stabilization beds occupied over 12-month period
Baseline measure: Current value pending
First Year Target (end of 2026): 65%-85%
Second Year Target (end of 2027): 75%-85%
Data source: AVATAR NX and data reports from contracted providers
Description of Data: AMHD will track daily stabilization bed occupancy rates as the percentage of stabilization beds occupied or filled. Ranges are targeted to allow for balance between maintaining both optimal utilization and surge capacity.
Data issues: Data governance framework design is part of ongoing improvement. Reporting periods overlap with the implementation of the Avatar NX electronic health record system, which requires the development of new data entry and reporting processes, continuous training, and stable staff across all providers and service areas, as well as across administrative or data teams involved in data collection or reporting processes. Some variability may be due to changes that occur during this transition period.

Table 2: MHBG Planned State Agency Budget for State Fiscal Years 2026 and 2027

July 1, 2025 to June 30, 2027

Child and Adolescent Mental Health Division

Funding/ Activities*	**MHBG Funds**	Medicaid	Other Federal Funds	State Fund	Others	BSCA
6. Evidence-Based Practices for Early Serious Mental Illness	**1,222,000**	tbd	tbd	tbd	tbd	Please see BSCA Plan (Joint CAMHD & AMHD)
7. State Hospital	-	tbd	tbd	tbd	tbd	see above
8. Other Psychiatric Inpatient Care	-	tbd	tbd	tbd	tbd	see above
9. Other 24 hour Care (Residential Care)	-	tbd	tbd	tbd	tbd	see above
10. Ambulatory Community Non-24 Hour Care	**1,291,000**	tbd	tbd	tbd	tbd	see above
11. Crisis Services	**270,000**	tbd	tbd	tbd	tbd	see above
12. Administration	**90,000**	tbd	tbd	tbd	tbd	see above
TOTAL	**2,873,000**	tbd	tbd	tbd	tbd	see above

NOTES (see next page):

MHBG column only

6. This is also for the ESMI set-aside requirement. Funds the State's only coordinated specialty funding for First Episode Psychosis (FEP) program called On-Track Hawai‘i which includes medication management, psychotherapy, peer and education and employment supports.

10. Funds the Kealahou Program, providing community-based services for girls who have experience trauma. This includes intensive case management with agencies like juvenile justice, child welfare, and education. Kealahou means "the new path."

11. Funds will primarily be used to hire a full-time psychologist to support the Chief Psychologist with crisis issues. This position will serve as a resource for emergency rooms and expanded crisis services, addressing the gap in youth stabilization facilities in Hawai‘i.

tbd – to be determined

Table 2: MHBG Planned State Agency Budget for Two State Fiscal Years
July 1, 2025 to June 30, 2027

Adult Mental Health Division

Funding/ Activities*	**MHBG Funds**	Medicaid	Other Federal Funds	State Fund	Others	BSCA
6. Evidence-Based Practices for Early Serious Mental Illness	**-**	-	-	-	-	Please see BSCA Plan (Joint CAMHD & AMHD)
7. State Hospital	**-**	-	-	291,719,419	-	See above
8. Other Psychiatric Inpatient Care	**-**	-	-	5,426,000	-	See above
9. Other 24 hour Care (Residential Care)	**-**	-	---------	54,554,354	-	See above-
10. Ambulatory Community Non-24 Hour Care	**370,436**	-	3,965,464	117,646,455	-	See above
11. Crisis Services	**1,790,526**	-	1,422,546	19,732,064	-	See above
12.Administration		-	-	9,149,442	-	See above
TOTAL	**2,160,962**	-	5,388,010	498,227,734	-	See above

NOTE: AMHD will use MHBG funds to meet critical gaps as much as feasible - SICM, BHCC, and other services.

Table 4: MHBG State Agency Planned Budget –EMSI Only

Child and Adolescent Mental Health Division

Services for children	
a. EBPs Evidence-Based Practices for children	$ 1,222,000
b. Crisis Services for children	270,000
c. Coordinated Specialty Care (CSC)/EMSI for Children	-
d. Other outpatient/ambulatory services for children	1,2910,000
e. Other direct services for children	-
Other Capacity Building/System Development	-
Administrative Cost	90,000
TOTAL	$ 2,873,000

NOTE: See Table 2 Notes

Adult Mental Health Division

Services for adults	-See note-
a. EBPs Evidence-Based Practices for adults	-See note--
b. Crisis Services for adults	-See note--
……..c. CSC/EMSI for adults	-See note--
d. Other outpatient/ambulatory services for adults	-See note--
e. Other direct services for adults	-See note--
Other Capacity Building/System Development	-See note--
Administrative Cost	-See note--
TOTAL	-See note--

NOTE: There is no separate program under AMHD. Instead, CAMHD's OnTrack Hawai'i may cover older youth/younger adult up to 24 years old, which aligns with typical onset of psychosis

Table 6: MHBG Other Capacity Building/Systems Development Activities

July 1, 2025 to June 30, 2027

Child and Adolescent Mental Health Division

Activity	MHBG
1.Information Systems	510,000
2.Infrastructure Support	220,000
3.Partnership, Community Outreach, and Needs Assessment	184,000
4. Planning Council Activities	10,000
5.Quality Assurance and Improvement	-
6.Research and Evaluation	584,000
7.Training and Education	398,000
TOTAL	1,906,000

NOTES:

1. For CAFAS (Child & Adolescent Functional Assessment Scale) to measure clients' level of functioning before and after CAMHD treatment and Services; and other IT support such as security of CAMHD client data on staff devices.
2. Child & Family Services to provide support and mentorship to CAMHD clients' families
3. Coordination between State & non-profit organizations for policy changes to better serve youth receiving state health services; Youth statewide MH Needs Assessment by UH; Communications & social media
4. State Council planning and planning support activities
5. CAMHD annual research and evaluation using clients, families and providers to measure quality
6. Training for workforce development for CAMHD staff and providers.

Table 6: MHBG Other Capacity Building/Systems Development Activities

July 1, 2025 to June 30, 2027

Adult Mental Health Division

Activity	MHBG
1.Information Systems	$ 3,649, 556
2.Infrastructure Support	-
3.Partnership, Community Outreach, and Needs Assessment	-
4. Planning Council Activities	-
5.Quality Assurance and Improvement	-
6.Research and Evaluation	-
7.Training and Education	-
TOTAL	3,649,556

NOTE:

AMHD will support individuals with serious mental illness and community-based services by improving data and information systems, seeking to migrate fully to an electronic health records system. Funds will cover salaries for an epidemiologist and IT specialists, and a contract for implementing data quality processes. This aligns with department-wide data modernization initiatives and ensures compliance with statewide data policies. The contract also includes travel costs for annual meetings, training on electronic health record systems, data analytics, and in-person training for AMHD staff statewide

BSCA Funding Plan FY26-FY27
Amount of Award: $285,119
Spending Period: September 30, 2025 to September 29, 2027
Bipartisan Safer Communities Act (BSCA) (P.L. 117-159)
Supplemental Funding under the
Community Mental Health Services Block Grant (MHBG)

I. **Statewide Mental Health Emergency Preparedness & Response Plan – Disaster Behavioral Health**

CAMHD and AMHD, as lead divisions in serving MHBG target populations, seek to bolster capacity, and will jointly engage a qualified consultant to review and strengthen both divisions' disaster- and emergency-planning documents, supporting memorandum of agreements and understanding, training curricula including tabletop exercises and drills, and related protocols. Building on lessons learned from recent years of diverse disaster and emergency responses, the consultant will:

- Assess existing resources and identify anticipated vulnerabilities, resources, and community resiliencies
- Clarify disaster behavioral-health roles within and beyond the State Incident Command System
- Produce operationally effective, efficient and nimble plans that and can activated quickly and efficiently
- Clarify the roles of AMHD and CAMHD in state and community disaster behavioral health preparedness, response, and recovery

Budget:

- $100,000 remaining from Fiscal Year (FY) 2024 BSCA grant
- $200,000 newly allocated from FY 2025 BSCA grant

II. **Sustainability of ICISF (International Crisis Incident and Stress Foundation) Resiliency Training & Support for First Responders**

- Support ongoing training of first responders to become ICISF Approved Instructors and continue peer support within first responder disciplines (i.e., Fire, Police, Emergency Management Services (EMS), and others) for greater resiliency for crises on-the-job. The ICISF training was recommended by City and County, and County police and fire departments and agreed to adopt this training for a more coordinated and

cohesive approach to supporting the shared work of responding to and recovering from disasters, crises, and emergencies.
- Work with the State Office of Wellness and Resilience for the latter's role in sustaining ICISF training sustaining and establishing long-term support structures for first responders' resilience.

Budget:
- Remaining FY 2024 funds that was budgeted for resiliency training for first responders.

III. **BSCA Set-Aside for Individuals with Serious Emotional Disturbance (ESMI)**

The EMSI set-aside requirement or at least 10 percent will be earmarked for proposals to:
- Develop and implement a pediatric disaster plan training for the CAMHD to best support youth with ESMI
- Create tailored educational materials and drills to help all individuals with ESMI understand and navigate emergency procedures.

IV. **BSCA Set-Aside for Crisis Services**

Crisis Services set-aside requirement or at least five percent will be earmarked for proposals to:
- Address a need to have Crisis Mobile Outreach workers, as the first responders that individuals in crisis encounter, to be equipped to address the unique needs of individuals in various settings, ensuring effective intervention and efficient support.

IV. **Leadership Development**

Any unspent BSCA funds—resulting from variances in project costs—will be reallocated to leadership development, including sending additional staff to disaster-preparedness summits and conferences and others that support CARF standard of care. ***#end#***