

REPORT TO THE THIRTY-SECOND LEGISLATURE
STATE OF HAWAII
2024

PURSUANT TO SECTION 334-10(e), HAWAII REVISED STATUTES,
REQUIRING THE HAWAII STATE COUNCIL ON MENTAL HEALTH TO SUBMIT AN
ANNUAL REPORT TO THE GOVERNOR AND THE LEGISLATURE ON
THE IMPLEMENTATION OF THE STATE COMPREHENSIVE INTEGRATED SERVICE PLAN

PREPARED BY:
HAWAII STATE COUNCIL ON MENTAL HEALTH

SUBMITTED BY:
STATE OF HAWAII
DEPARTMENT OF HEALTH
JANUARY 2024

EXECUTIVE SUMMARY

Hawai'i law requires the State Council on Mental Health ("Council") to report to the Governor and State Legislature on the implementation of the State Comprehensive Integrated Service Plan ("SCISP"). This report addresses this in four sections: State Council on Mental Health, State Plan Implementation, Implementation Landscape, and Appendices. Like the 2023 Report, this report reflects information, insights, discussions, and decisions at the Council's 2023 meetings.

The Council focused on its advocacy role at the beginning and end of the year. It centered on its role as a planning Council for Mental Health Block Grant (MHBG) program purposes in the middle. It sought regular or quarterly updates on the Hawai'i State Hospital and was an information exchange forum throughout the year. Hawai'i law provides for 21 seats, and in 2023, the Council started with 18 members and ended with 16. In 2023, The Council called for 11 monthly full Council meetings and eight Ad Hoc Committee meetings. All members, presenters, and guests opted for the Zoom platform, except for three guests who attended committee meetings in person. The Council will have a strategic planning retreat in 2024 to revisit its work and forge its short-term and long-term strategic direction.

Like it had done in over a decade, the Council reviewed the State's MHBG Plan, currently serving as the SCISP. This year, the Council examined the MHBG FY24-FY25 Plan that Hawai'i submitted for funding and received the MHBG FY22-FY23 Year 2 Performance Report for funds already received. The Council sent a letter to SAMHSA recommending the approval of the latest Plan and brought attention to the following gaps and needs:

- Earlier presentation of Plan draft for meaningful review and comment.
- Better and more specific data around services and performance measures. The State did not meet community tenure targets, and it must drill further into data and evidence to determine what points in the continuum of care will really be able to support community tenure.
- Different types of needed beds in neighboring islands (beyond O'ahu).
- Needs beyond crisis stabilization, mainly psychotherapy services in the hospital inpatient setting and step-down services and supportive housing in the community setting.
- Response to the Maui wildfire disaster, including the hazardous impact on the brain.
- Address public feedback for equity, meeting the needs of the most vulnerable who are experiencing homelessness, and inclusion of peers and families in services and solutions.

Beyond commenting on Plans and reports, the Council started 2024 with its advocacy role.

- *Mental health recovery and the Maui wildfire disaster.* The Council beseeches the Governor to provide a statewide resiliency care program for all "boots on the ground" responders.
- *Growing our local workforce.* The Council joins other stakeholders in asking the 2024 Legislature to pass a law on provisional licensing for various mental health professionals, a subject of the last legislative session's House Bill 1300.
- *Psychotherapy and supportive housing.* The Council seeks more psychotherapy in inpatient settings and supportive housing for those with serious mental illness across the State. It urges legislative resolutions for these, including establishing grounding facts to provide the right solutions at the correct times and places for the right people.

STATE COUNCIL ON MENTAL HEALTH

Vision Statement

A Hawai'i where people of all ages with mental health challenges can enjoy recovery in the community of their choice.

Mission Statement

To advocate for a Hawai'i where all persons affected by mental illness can access necessary treatment and support to live full lives in the community of their choice.

The State Law

Hawai'i Revised Statutes 334-10 State council on mental health. (a) There is established, within the department of health for administrative purposes, a state council on mental health. The council shall consist of twenty-one members appointed by the governor as provided in section 26-34. In making appointments to the council, the governor shall ensure that all service area boards of the State are represented, and that a majority of the members are non-providers of mental health or other health services, and that a majority of the members are not state employees. The number of parents of children with serious emotional disturbances shall be sufficient to provide adequate representation of such children in the deliberations of the council. The council shall be composed of residents of the State, including individuals representing:

- (1) The principal state agencies with respect to mental health, education, vocational rehabilitation, criminal justice, housing, medicaid, and social services;
- (2) Public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;
- (3) Adults with serious mental illnesses who are receiving, or have received, mental health services;
- (4) The families of such adults or families of children with serious emotional disturbances; and
- (5) The Hawai'i advisory commission on drug abuse and controlled substances who shall be a person knowledgeable about the community and the relationships between mental health, mental illness, and substance abuse.

(b) The council shall elect a chairperson from among its members. All members shall serve without compensation but shall be paid their necessary expenses in attending meetings of the council.

(c) The council shall advise the department 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.

(d) If the department's action is not in conformance with the council's advice, the department shall provide a written explanation of its position to the council.

(e) **The council shall prepare and submit an annual report to the governor and the legislature on implementation of the statewide comprehensive integrated service plan. The report presented to the legislature shall be submitted at least twenty days prior to the convening of each regular session.**

(f) A quorum for purposes of doing business shall consist of a majority of the members serving on the council immediately before a meeting begins.

(g) If a quorum is present when a vote is taken, the affirmative vote of a majority of members present shall constitute a valid act of the council unless this chapter, part I of chapter 92, the articles of incorporation, or the bylaws require a greater number of affirmative votes. [L 1984, c 218, pt of §1; am L 1993, c 210, §2; am L 2004, c 79, §3; am L 2018, c 137, §1]

The State Council on Mental Health (“Council”) had 18 members in 2023. They are:

Katherine Aumer

*Chairperson
Family member*

Heidi Ilyavi

Family member

Kathleen Rhoads Merriam

*1st Vice Chairperson
Behavioral Health Sector*

Jackie Jackson

O’ahu Service Area Board

John Betlach

*2nd Vice Chairperson
Hawai’i Service Area Board*

Christopher Knightsbridge

*Until August 2023
Consumer Advocate*

Eileen Lau James

*Secretary
Ad Hoc Committee Chairperson for 2023 Legislation
Family member*

Jean Okudara

Family member

Antonino Beninato

Youth

Ray Rice

Social Services Sector (Adult Protection Services)

Charlene “Naomi” Crozier

Family member, Provider

Richard Ries

*Immediate Past Chairperson
Provider*

Lea Dias

Vocational Rehabilitation Sector

Kau’i Seguancia

*Until November 2023
Housing sector*

Jon Fujii

MedQUEST, HACDAC

Mary Pat Waterhouse

*Ad Hoc Committee Chairperson for 2024 Legislation
Ad Hoc Committee Chairperson for MHBG Planning
Family member*

Kristin Will

Judiciary Sector

Marian Tsuji

Ex-Officio, DOH BHA Deputy Director

Kau’i Seguancia completed two full terms and officially stepped down in November. Chris Knightsbridge resigned in August after determining that he had to leave the islands to complete his doctorate in psychology residency training requirement. Like the rest of the members, both participated actively in Council meetings. They vacated the seats for housing and consumer advocacy, respectively. The three unfilled seats during the entire year were for education and the island area boards for Maui and Kauai. Like in 2022, the Council sought applicants for all seats.

The Council called for eleven (11) full Council public meetings, and all met quorum requirement. These were monthly except in June when Council members were encouraged to take part in an informational tour of the new Hawai’i State Hospital (HSH) Ho’ola facility and the 2023 Aha Hoolokahi Native Hawaiian Health and Wellness Summit. The Council also carried out its work through three Ad Hoc Committees with eight public meetings and three Permitted Interaction Groups that met as needed per Hawai’i’s Sunshine law. The Ad Hoc Committees were for 2023 Legislation, 2024 Legislation, and Mental Health Block Grant Planning. The permitted interaction groups were for investigating the introduction of new bills in 2024, negotiating details of a strategic retreat, and negotiating the drafting and submission of this report.

The Zoom platform made it possible for members to come and participate actively. Many guest presenters could also agree to present because of the virtual option. The year 2023 featured 14 guest presenters (Appendix 1), which included outgoing and incoming administrators and medical directors of the DOH Adult Mental Health Division and Child and Adolescent Mental Health Division. Seven (7) individuals provided substantive community input on either a community concern or council agenda (Appendix 2). The in-person option was used only by three community members attending their first Council meetings.

Council activities centered on legislative advocacy at the start and towards the end of the year. It concentrated on its planning role in the middle of the year. The Council also requested regular updates on the Hawai'i State Hospital (HSH), which DOH AMHD addressed via presentations from outgoing and incoming HSH administrators. As a forum for information exchange, the Council heard reports from its members and informational presentations from guests covering different perspectives on the state of mental health care in Hawai'i.

The Council's Ad Hoc Committee on 2023 Legislation led the review of proposed laws through eight broad topics. The Council tracked fifty-six bills and testified on thirty-one (31), seven of which were eventually signed into law (Appendix 3a). Expressing the strongest support for more mental health care workers, the Council wrote a letter urging the State Legislature to fund the proposed student loan forgiveness program of the University of Hawai'i John A. Burns School of Medicine (Appendix 3b).

The Council's Ad Hoc Committee on 2024 Legislation and Investigative Permitted Interaction Group on Introducing Bills led the Council in revisiting the results of the 2023 legislative session. The Council sought to hear more about HB1300 (provisional licensing) and any current collaborative effort to pursue its reintroduction in the 2024 legislative session.

The Council's Ad Hoc Committee on MHBG Planning led the Council in attending a June 12 SAMHSA Guidance Webinar on MHBG planning. It directed the review of the MHBG FY24-FY25 Plan draft that the DOH AMHD released on August 16, 2023 for public review and comment¹The Chairperson signed the required letter to the Substance Abuse and Mental Health Services Administration (SAMHSA) recommending approval of the Plan (Appendix 4a). The Council also sent a letter to the DOH Director expressing every member's desire to participate in planning meaningfully and the need for the Council to see complete MHBG Plan drafts on time (Appendix 4b).

IMPLEMENTATION OF THE STATE PLAN

Per Hawai'i Revised Statutes, the State Council on Mental Health needs to report on the implementation of the State Comprehensive Integrated Service Plan ("SCISP"). In the last decade, the Council's annual reports on the SCISP have been on Hawai'i's Mental Health Block Grant ("MHBG") plans. The year 2023 was the same where the DOH presented MHBG Plans and Reports only. The Council commented on the MHBG Plan for state fiscal years 2024 to 2025 (FY24-FY25). The Council also

¹ The Final Plan was submitted in the format required by SAMHSA. The Public Draft for Public Comment was intentionally designed for friendlier reading. Look for FY 2024-2025 MHBG Plan Only at <https://bgas.samhsa.gov/Module/BGAS/Users USERNAME CitizenHI PASSWORD Citizen>. See the Plan Draft at <https://health.Hawai'i.gov/amhd/plans/blockgrant/>

received the performance results for Year 2 of the MHBG Plan FY22-FY23, the Plan that was originally submitted on September 1, 2021.

MHBG Plan FY24-FY25. This Plan was completed before the August 8-9 Maui wildfire disaster but was presented and submitted after that. The Plan acknowledged the emotional turmoil in the aftermath of said disaster and the consequent need for immediate response and long-term recovery.

This Plan's analysis of needs and gaps led to these general nuances about Hawai'i:

- More residents report mental health issues, but the mental health care system may be unfamiliar, not accessible, or even culturally new to most. Likewise, the mental health care system is seeing new conditions that it has yet to understand fully (including post-COVID-19 pandemic conditions).
- Outcomes among those already receiving treatments need to be better, and more individuals needing treatment need to be treated. There is a need for evidence-based practices that will work for the unique conditions and populations of Hawai'i.
- The State must reverse the lack of limited data to better guide practice and care. There is a need for integrity, continuity, and equity care, especially with different co-occurring conditions among adults with serious mental health and children and youth with severe emotional disorders. The co-occurring conditions include socio-economic challenges (e.g., chronically homeless, incarcerated), physical health (aging with disabilities, chronic diseases), and behavioral health (substance use disorder).
- Workforce availability is more dire than in other States and better than in many others. The State's shared challenges with the rest of the country and its unique set of island challenges must be examined more incisively and urgently.

The MHBG FY24-FY25 Plan offered the following priority areas of action and performance indicators for the public mental health care system (Appendix 4a).

- *Community Tenure*. Decrease the readmission rate among discharged patients of the Hawai'i State Hospital.
- *Community-Based Services*. Increase the number of clients served.
- *Commitment to Data and Evidence*. Improve data quality and contracted service providers' access to the DOH Adult Mental Health electronic health records system.
- *Resilience and Emotional Health for Children, Youth and Families*. Increase the number of clients served by the On-Track Hawai'i program for First Episode Psychosis.
- *Enhancing Access to Suicide Care and Crisis Services*. Provide stabilization beds in all service areas (counties) and have beds available for placement of persons in crisis.
- *Integrating Behavioral Health Care and Physical Health Care*. Have at least one SAMHSA-Certified Community Behavioral Health Clinic (CCBHC Maui).
- *Strengthening Behavioral Health Care Workforce*.
 - Reduce vacancy rates at the AMHD and CAMHD.
 - Grow the number of SAMHSA-certified trainers in trauma-informed care.
 - Employ more graduates of the Hawai'i Certified Peer Specialist program.

In recommending the approval of this Plan, the Council have the following additional recommendations (Appendix 4a).

- Earlier presentation of the MHBG Plan draft to the Council for meaningful engagement.
- Quantify the capacities of listed mental health care services in the different counties.
- Address the specificity issue in some of identified performance measures.

- Provide psychotherapy services in inpatient settings, including talk therapy.
- Address unmet needs for different types of beds in neighbor islands.
- Address needs beyond stabilization, especially step-down services, and supportive housing.
- Respond to the Maui wildfire disaster, including the possible impact of hazardous chemicals on the brain.
- Address public feedback that sought equity, meeting the needs of the most vulnerable, like people experiencing homelessness, and inclusion of peer organizations, peers and peer mentoring, and family support services.

MHBG Plan FY22 -FY23. Hawai'i submitted Year 2 or the final performance report of this Plan to SAMHSA on December 1, 2023. Year 2 covers July 1, 2022, to June 30, 2023. Hawai'i met the same four targets in Year 1² and missed the same two targets (Appendix 5b). The State asserted that it met the targets covering clients served by community services, crisis stabilization services, Hawai'i's OnTrack program for First Episode Psychosis services, and Hawai'i certified peer specialists. The State did not increase community tenure, nor the number of houseless children and families served.

In explaining the results, the DOH AMHD reports that MHBG funded data infrastructure and information improvement. The early results are indicated by the fidelity of Year 2 data. However, the DOH AMHD will need more time for the next step to provide data-based explanations for the results. The DOH CAMHD reports the houseless children served were not counted in Year 2. The program designed to increase the number of houseless children served lost its transitional housing to permanent housing, prompting the need to revisit the program's measure of effectiveness.

Of the proposed measures, community tenure and crisis care have been discussed at Council meetings more than the other measures. The Council seeks for the use and analysis of data and evidence in explaining and solving the non-achievement of community tenure targets. The public and Council call for more psychotherapy in inpatient setting, step-down services after being discharged from the hospital, more supportive housing where needed, and support for caregivers who often are working on their own in the community. The need for stabilization beds, especially in the neighbor islands been stressed many times.³

Beyond MHBG Plan and Reports. The Council ended 2023 and started 2024 with its advocacy role, highlighting attention to post-Maui wildfire disaster recovery and addressing needs that has been brought to and discussed by the Council.

- *Maui wildfire disaster.* The Council beseeches the Governor to provide a statewide resiliency care program for all who have been helping those impacted by the Maui wildfire disaster (Appendix 6).
- *Growing our local workforce.* The Council joins other stakeholders in asking the 2024 Legislature to pass a law on provisional licensing for various mental health professionals, a subject of the last legislative session's House Bill 1300.
- *Information-based solutions.* The Council seeks legislative resolutions to encourage psychotherapy in inpatient settings and supportive housing for those with serious

² Year 1 results are included in last year's SCMH 2023 Report to the Governor and Legislature.

³ SCMH meeting minutes are currently uploaded at scmh.hawaii.gov

mental illness across the State. These resolutions should include more fact-finding to ground the right solutions at the right places and for the right people.

THE IMPLEMENTATION LANDSCAPE

Spotlight on DVR Success Story

“John applied for Division of Vocational Rehabilitation (DVR) services. He was initially diagnosed with Borderline Intellectual Functioning and Autism. He lived with his grandmother, two aunts, a younger brother, and father. DVR helped him to obtain social security benefits and Supplemental Nutrition Assistance Program (SNAP). DVR also supported him with college, and he was able to receive accommodations and support services through Kapiolani Community College (KCC) TRIO (educational opportunity outreach programs designed to motivate and support students from disadvantaged backgrounds). He was referred to one of the Community Rehabilitation Providers (CRP) for Paid Work Experiences (PWE). While John was working towards employment, life at home continued to be a challenge and it resulted in him being hospitalized and was later diagnosed with bipolar disorder. His health declined, so much so, he stopped walking and started using a scooter. John met with his counselor, and both agreed to close his case to give him time to recuperate, with plans to return when he was ready for employment.

John reapplied for VR services. He moved out of his family home and is renting a room with a roommate. He has a girlfriend and works out regularly at a local gym and fitness center. He was referred to another CRP for PWE and was placed at local nursing home and rehabilitation center. He struggled a bit, but he managed to work through his issues, concerns and challenges through counseling and guidance and personal work adjustment with his counselor. The local nursing home offered John a job as an Activities Assistant that pays \$19.00 an hour. They also paid for his Certified Nurse Aid (CNA) training. He recently passed the CNA examination and has been promoted to a CNA with a pay increase. This is a huge milestone for John as he is thinking “bigger.” He could not believe he passed the CNA exam, and his self-esteem and self-confidence has vastly improved. John is not done yet and he’s exploring postsecondary education.

The story highlights a client as an individual and an effective weaving of public and private sector resources. In this case, an individual’s choice also became a mental health care workforce solution. It is a story that is affirming of the Council’s vision and mission.

For the bigger picture of public mental health care services, the Council notes of the following broad shifts in the implementation landscape:

- *Fresh Start.* The year saw a fresh start with the inauguration of Governor Josh Green and officials. Council members met and greeted the new DOH director and the first executive director of the newly created State Office of Wellness and Resilience. The Council heard

from administrators and medical directors who just arrived or left for the Hawai'i State Hospital, Adult Mental Health Division, and Child and Adolescent Mental Health Division (Appendix 1).

- *Dire consequences and hope in incremental efforts.* The chronic and multi-dimensional mental health workforce shortage issue had dire consequences, while incremental solutions continue to bring hope. Reports of worsening conditions ranged from a stabilization facility not opening to a nonprofit agency's workers described as beyond burnout. Meanwhile, hope is found in the eventual filling of all vacancies at the State's Mental Health Court to needs assessment effort leading to the training of the State's Adult Protective Services staff in the Crisis Intervention Team.⁴
- *Disasters.* The Maui wildfire disaster response took center stage while the recovery stage was ongoing from the COVID-19 pandemic, the Red Hill fuel crisis, and other disasters and emergencies. Operational plans changed. The Council heard the rollout of post-pandemic recertification of eligibility for Medicaid/Med-QUEST, affecting also those needing mental health services. It also heard that disenrollment was paused and postponed after the Maui wildfire disaster.⁵ The new Office of Wellness and Resilience pivoted its work to facilitate the State's immediate disaster behavioral health response while the various State agencies focused on preparing and promoting long-term recovery.
- *Continuum of care, including for workers.* The heightened public interest in mental health care went up further at year end. The Council received an immediate DOH BHA briefing on the violent loss of a mental health worker, Justin Bautista, while in the line of duty. Investigation for many purposes continues, but the initial discussion covered the welfare of mental health workers and the breakdowns in the continuum of care for the mentally ill.

The Council continues to seek action on its 2023 recommendations, including solutions to workforce needs, provision of resiliency training for first responders, and a study on the impact of the Red Hill water contamination. The Council is joining others in reminding that mental health recovery from the Maui wildfire disaster will take a long time and need close attention. Specifically, the Council reminds that the individual toll is not only on survivors and their loved ones but also on all who became disaster responders.

The Council notes again that the MHBG Plan is just one of many Plans that impact mental health care services in the State. It will engage in a strategic planning session to revisit its mandated role amidst the current mental healthcare landscape. It plans to join others in the 2024 legislative process for transparent discussion on policies and using limited resources to address gaps and continuity in mental health care services and workforce needs. Its final meeting action of 2023 calls on the Governor and the Legislature to address resiliency care to all disaster responders to the Maui wildfire disaster.

⁴ The Council meeting minutes are currently uploaded at <https://scmh.hawaii.gov/meetings/agendas-and-minutes>

⁵ The information and ongoing updates are available at medquest.hawaii.gov

Appendix 1. 2024 Full Council Meetings – Invited Presenters and Topics

January 11

The Hawai'i Mental Health Task Force and
Legislative Themes
Mr. Bryan Talisayan
Executive Director
Mental Health America Hawai'i

Kaiser Permanente Mental Health Workers
Hawai'i
Dr. Melissa Ring
National Union of Health Workers Bargaining
Committee

February 14

Here to Help Initiative and School Psychologist
Licensure
Ms. Fern Yoshida and Ms. Ada Bonilla
Department of Education
Student Support Services Branch

March 14

Meet and Greet
Dr. Kenneth Fink, DOH Director

April 11

Welcome and Presentation
Ms. Keli Acquaro
CAMHD Acting Administrator
& West Hawai'i Family Guidance Center
Branch Chief

May 9

Strength, Challenges, and Talk Story
Dr. Amy Curtis, AMHD Administrator

June 13

No meeting

July 11

Presentation on
Office of Wellness and Resilience (OWR)
Ms. Tia Hartsock
Executive Director, OWR

August 9

Current Alcohol and Drug Use Division (ADAD)
Priorities
Mr. John Valera, ADAD Administrator

September 12

Talk Story- Maui Wildfire Disaster
Dr. Jamie Hernandez-Armstrong
Chief Psychologist
Dr. Kurt Humphrey
Medical Director
CAMHD

October 11

Welcome and HSH Update
Dr. Ken Luke
HSH Administrator

November 15

National Caregivers Month
Ms. Savy Makalena
CEO/Founder
Give Me a Break Hawai'i

December 12

House Bill 1300- Will it be introduced again?
Dr. Alex Lichten
Hawai'i Psychological Association

Appendix 2. 2023 Council Full and Committee Meetings –Substantive Public Input

January 10

John Betlach, Naomi Crozier – On Big Island and Maui situation where many are not getting Supplemental Nutrition Assistance Program (SNAP) because of delays in processing applications.
John Betlach – On individuals needing care but refusing help.

February 14

John Betlach - On staff shortages and concern, especially among people with disabilities and the elderly, not having SNAP benefits for 3-6 months.

March 14

Raelyn Reyno Yeoman - On psychiatric care, talk therapy, need for guardians relating to Assisted Community Treatment petitions, lack of and high turnover damaging to trust of people on the street.

April 11

none

May 9

none

June

No meeting

July 11

Raelyn Reyno Yeoman - Over Assisted Community Treatment orders in Hawai'i.
Elsie Javier - On the need of support for community-based caregivers who, unlike hospital-based ones, work on their own.

August 8

Dr. Christopher Au - On the absence of facility for substance abuse on the Big Island, the desperate need for beds, and whether the Block Grant can support.

September 12

none

October 11

none

November 14

Raelyn Reyno Yeoman – On making meeting recordings available to the public just like the Hawai'i Public Safety Oversight Commission.

December 12

none

August 25 (Ad Hoc Committee on Mental Health Block Grant Planning)

Macy Luo-Souza -Comment on the MHBG Plan draft. Recommending reaching out to peer-run organizations in assessing gaps, resources, and solutions.

Appendix 3a. 2023 Bills that the SCMH testified on and that were signed into law

2023 BILL	BRIEF DESCRIPTION	FINAL ACTION
<u>HB1397 HD1 SD2 CD1</u>	HOUSING. Establishes a supportive housing pilot program in the Statewide Office on Homelessness and Housing Solutions. Appropriates funds. Declares that appropriations exceed general fund expenditure ceiling. Effective 7/1/2023. Sunsets 6/30/2025. (CD1)	Act 095, 06/21/2023 (Gov. Msg No. 1196).
<u>HB579 HD2 SD1 CD1</u>	CHILD WELFARE. Establishes the statewide human trafficking prevention program within the department of the attorney general to provide services and assistance to victims of human trafficking and victims of the commercial sexual exploitation of children. Requires reports to the legislature. (CD1)	Act 083, 06/14/2023 (Gov. Msg No. 1184).
<u>HB907 HD2 SD2</u>	TELEHEALTH. Temporarily allows for the reimbursement of services provided through telehealth via an interactive telecommunications system and two-way, real-time audio-only communications in certain circumstances. Defines "interactive telecommunications system". Repeals 12/31/2025. (SD2)	Act 107, 06/22/2023 (Gov. Msg No. 1208).
<u>HB948 HD2 SD2 CD1</u>	CRISIS RESPONSE -YOUTH. Establishes a two-year child and adolescent crisis mobile outreach team pilot program on Oahu and one neighbor island site to expand existing crisis response services. Appropriates funds. Sunsets 12/31/2025. (CD1)	Act 089, 06/14/2023 (Gov. Msg No. 1190).
<u>HB950 HD1 SD1 CD1</u>	ASSISTED COMMUNITY TREATMENT. Authorizes psychiatrists or advanced practice registered nurses, after examination of a person for assisted community treatment indication, to request assistance from the attorney general to file an assisted community treatment petition. Authorizes the family court to use online hearings for assisted community treatment petitions. Clarifies provision of notice for assisted community treatment petitions. Authorizes any interested party to request assistance from the attorney general to file a petition for an extension of assisted community treatment. Extends the time period that a family court may order continued assisted community treatment. Reduces the time period that a family court needs to determine whether assisted community treatment should continue. (CD1)	Act 153, 06/29/2023 (Gov. Msg No. 1256).
<u>SB712 SD2 HD1 CD1</u>	WORKFORCE DEVELOPMENT, TRAUMA-INFORMED CARE. Establishes a trauma-informed certification program at the Windward Community College campus of the University of Hawaii for adult corrections officers. Requires the curriculum to include a level I trauma-informed care course designed for adult corrections officers. (CD1)	Act 078, 06/14/2023 (Gov. Msg No. 1179).
<u>SB894 SD2 HD2 CD1</u>	WELLNESS AND RESILIENCE, TRAUMA-INFORMED CARE. Transfers the Office of Wellness and Resilience from the Office of the Governor to the Department of Human Services on 7/1/2025. Extends the Trauma-Informed Care Task Force dissolution date to 6/30/2025 and establishes the Task Force as an advisory board to the Office of Wellness and Resilience until its dissolution. Reconstitutes the membership of the Trauma-Informed Care Task Force into a permanent advisory board to the Office of Wellness and Resilience to be called the Wellness and Resilience Advisory Board. Effective 1/1/2024. (CD1)	Act 087, 06/14/2023 (Gov. Msg No. 1188).

Appendix 3b. 2023 State Council Letter to the Legislature on Student Loan Forgiveness

JOSH B. GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'AINA O KA
MOKU'AINA 'O HAWAII'



KATHERINE AUMER, PhD
COUNCIL CHAIRPERSON
LUNA HO'OMALU O KA PAPA

STATE OF HAWAII'
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378

April 24, 2023

CHAIRPERSON
Katherine Aumer, PhD
1st VICE CHAIRPERSON
Kathleen Merriam, LCSW CSAC
2nd VICE CHAIRPERSON
John Betlach

SECRETARY
Eileen Lau-James, DVM

MEMBERS:
Antonino Beninato
Naomi Crozier, CPS
Jon Fujii, MBA
Heidi Ilyavi
Jackie Jackson, CFPS
Chris Knightsbridge, MAIR, MACL
Kau'i Seguancia
Lea Dias, MEd
Jean Okudara, CSAC
Ray Rice, MEd
Mary Pat Waterhouse
Kristin Will, MACL, CSAC

**IMMEDIATE PAST
CHAIRPERSON:**
Richard I. Ries PsyD, MEd
EX-OFFICIO:
Marian Tsuji, Deputy Director
Behavioral Health Administration

WEBSITE:
scmh.hawaii.gov

The Honorable Donovan M. Dela Cruz
Chairperson, Senate Committee on Ways and Means
Room 208 Hawaii State Capitol

The Honorable Kyle T. Yamashita
Chairperson, House Committee on Finance
Room 306 Hawaii State Capitol

Dear Senator Dela Cruz and Representative Yamashita:

Aloha! On behalf of the State Council on Mental Health, I am writing to urge you to please fund the proposed student loan forgiveness program of the University of Hawaii John A. Burns School of Medicine (HB300 HD1 SD1), which is intended to increase the healthcare workforce across the islands. Also, please fund the other programs more specific to the mental health workforce. These include, but are not limited to, the Windward Community College's Mental Health Technician Certificate Program (HB1148 HD1 SD2) and Trauma-Informed Certification Program to help the Department of Public Safety's adult corrections officers (SB712 SD2 HD1).

The many issues surrounding mental health care are challenging and complex, and require multifaceted efforts. As part of the challenge, the workforce shortage is a national, state, and local issue. The aforementioned initiatives from our local schools and institutions help ensure that the continuum of workforce solutions will best fit the needs of our islands' diverse population and settings.

Hawaii law, HRS §334-10, established the State Council on Mental Health (SCMH) as a 21-member body to advise on the allocation of resources, statewide needs, and programs affecting more than one county as well as to advocate for adults with serious mental illness, children with serious emotional disturbances, individuals with mental illness or emotional problems, including those with co-occurring substance abuse disorders. Members are residents from diverse backgrounds representing mental health service providers and recipients, students and youth, parents, and family members. Members include representatives of state agencies on mental health, criminal justice, housing, Medicaid, social services, vocational

Appendix 3b. Continuation

State Council on Mental Health
April 24, 2023 Letter to Senator D. Dela Cruz and Representative K. Yamashita
Relating to HB300 HD1 SD1, HB1148 HD1 SD1, SB712 SD2 HD1 and others
Page 2

rehabilitation, and education. Members include representatives from the Hawaii advisory commission on drug abuse and controlled substances and county service area boards on mental health and substance abuse.

Mahalo for the attention. Should you have any questions, please contact us at DOH.SCMHChairperson@doh.hawaii.gov.

Sincerely,



Katherine Aumer

c. DOH Director

VISION: A Hawaii where people of all ages with mental health challenges can enjoy recovery in the community of their choice.

MISSION: To advocate for a Hawaii where all persons affected by mental illness can access necessary treatment and support to live full lives in the community of their choice.

Appendix 4a. 2023 State Council Letter on Hawai'i's MHBG FY24-FY25 Application

JOSH B. GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA
MOKU'ĀINA 'O HAWAII



KATHERINE AUMER, PhD
COUNCIL CHAIRPERSON
LUNA HO'OMALU O KA PAPA

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378

September 12, 2023

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1st VICE CHAIRPERSON
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SECRETARY
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Kau'i Seguancia
Lea Dias, MEd
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Christopher "CJ" McKinney, Ph.D.
Public Health Advisor/Government Project Officer
SAMHSA-CMHS
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, Maryland 20857

Dear Dr. McKinney:

Aloha! On behalf of the State Council on Mental Health, I am writing to let you know that Council members had the opportunity to review Hawaii's Mental Health Block Grant (MHBG) Plan draft that was up for public comment between August 16-27, 2023. This Plan covers the federal fiscal years 2024 to 2025. On the recommendation of its ad hoc committee on MHBG planning, the Council voted to support Hawaii's Plan and application for funding.

The Council is Hawaii's planning council for the Mental Health Block Grant. On May 9, Council members voted to create an ad hoc committee on MHBG planning. Several members of this committee attended the July 12 SAMHSA technical assistance webinar, which, among others, clarified the role of the planning council. The ad hoc committee met on July 25, August 7, and August 25, 2023. The Council received good public comments during these meetings. Council agenda and meeting minutes are archived online via the Council's website, scmh.hawaii.gov.

To fulfill our responsibility as a Council, members have expressed again the need to see an MHBG plan draft much earlier. A complete Plan draft was only available starting August 16, 2023, which limited meaningful

Appendix 4a. Continuation

State Council on Mental Health
September 12, 2023 Council Chairperson's Letter to SAMHSA as required of MHBG Plan
Page 2

participation. Nevertheless, members appreciate the hard work and effort put into improving planning and this Plan. We thank the members of the public who took the time to provide feedback. The Council stands ready to participate more fully in future planning, monitoring, and evaluation of the MHBG.

The Council recommends action on the following recommendations areas:

- Earlier presentation of the Plan draft to the Council and the public for meaningful participation in the planning process and outcomes;
- Addressing non-specificity in some of the performance measures;
- Addressing undercounting of the people served;
- Qualifying the respective capacities of listed services under each of the four service areas;
- Providing psychotherapies in inpatient settings, including talk therapy.
- Meeting unmet needs for different types of beds in neighboring islands (i.e., beyond Oahu), especially beds for children and youth, including staffing shortage issues.
- Addressing needs beyond stabilization, especially step-down services and supported housing.
- Responding to the Maui wildfire disaster, including the possible impact of hazardous chemicals on the brain;
- Addressing public feedback that sought to ensure equity, meeting the needs of the most vulnerable (houseless), inclusion of peer-run organizations, as well as peer, peer mentoring, and family support services.

Thank you for your attention. Please get in touch with us at DOH.SCMHChairperson@doh.hawaii.gov.

Sincerely,



Katherine Aumer

c. DOH Director
DOH Deputy Director for BHA
AMHD Administrator and State Mental Health Commissioner
CAMHD Administrator

Appendix 4b. 2023 State Council Chairperson's Letter to DOH Director on MHBG Planning

JOSH B. GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA
MOKU'ĀINA 'O HAWAII



KATHERINE AUMER, PhD
COUNCIL CHAIRPERSON
LUNA HO'OMALU O KA PAPA

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
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Dr. Kenneth S. Fink
Director
Department of Health
State of Hawaii
Kinau Hale Room 325
2350 Punchbowl Street
Honolulu, Hawaii
96823

SUBJECT: Requesting Timely Receipt of MHBG Plan and Report Drafts

Dear Dr. Fink:

Aloha! On behalf of the State Council on Mental Health, I am writing to express every member's desire to carry out our duties and responsibilities as a planning council for the Mental Health Block Grant (MHBG). Specifically, we request that Plan drafts and reports we need to review and formally comment on be shared with us on time.

In 2021, the Council needed to see a complete MHBG Plan draft on time but did not. In 2022, as part of our response to the year's required mini application, the Council recommended that the Plan be presented much earlier. We did not see any Plan draft this year at our August Council meeting. We understand that delays are partly due to efforts to improve the Plan. SAMHSA requires that the Council chairperson write a letter to SAMHSA that the Council has reviewed the MHBG Plan. Since we have not been provided with the MHBG draft before our August meeting, we have not had ample time to review it, and thus, the letter to SAMHSA had to be delayed.

The Council continually strives to represent the behavioral health needs of the community as well as providers and utilizers of mental health services. We, as members, want to ensure alignment between the proposed MHBG plan and the data, testimonies, and information we, as a council, collect routinely. The Council needs to receive the MHBG plan and report drafts more promptly for members to

Appendix 4b. 2023 Continuation

State Council on Mental Health
September 12, 2023 Letter to DOH Director K. Fink
SUBJECT: Requesting Timely Receipt of MHBG Plan and Report Drafts
Page 2

determine whether the Council can support the DOH-prepared plans and recommendations.

Mahalo for the attention. For more information, please feel free to email us via DOH.SCMHChairperson@doh.hawaii.gov.

Sincerely,



Katherine Aumer

c. BHA Administrator
AMHD Administrator
CAMHD Administrator

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MISSION: To advocate for a Hawaii where all persons affected by mental illness can access necessary treatment and support to live full lives in the community of their choice.

Appendix 5a. MHBG FY24-FY25 Plan Priority Areas and Performance Targets

Prepared by DOH AMHD and CAMHD

PRIORITY AREA 1. COMMUNITY TENURE

Performance target

Decrease the readmission rate among discharged patients of the Hawai'i State Hospital by five percent in Year 1 and another five percent in Year 2.

PRIORITY AREA 2. COMMUNITY-BASED SERVICES

Performance target

Increase the number of clients served by five percent in Year 1 and another five percent in Year 2.

PRIORITY AREA 3. COMMITMENT TO DATA AND EVIDENCE

Performance target 1

Increase the number of contracted providers logging in directly and using Provider Connect NX from zero to four providers in Year 1 and to 50 providers in Year 2.

Performance target 2

In Year 1, 75 percent as the minimum percentage of encounter-level records with complete (non-missing and usable) data across all demographic and health equity-related Electronic Health Record fields. In Year 2, this increases to 90 percent.

PRIORITY AREA 4. RESILIENCE AND EMOTIONAL HEALTH FOR CHILDREN, YOUTH AND FAMILIES.

Performance target

In Year 1, On-Track Hawai'i program for First Episode Psychosis maintains and monitors at least twenty-one clients. In Year 2, this increases to twenty-five clients.

PRIORITY AREA 5. ENHANCING ACCESS TO SUICIDE CARE AND CRISIS SERVICES

Performance target 1

In both Year 1 and 2, all service areas or counties have stabilization beds (Licensed Crisis Resident Services and others)

Performance target 2

The minimum average monthly percentage of stabilization beds available for placement of persons in crisis are at least ten percent in both Years 1 and 2.

PRIORITY AREA 6. INTEGRATING BEHAVIORAL HEALTH CARE AND PHYSICAL HEALTH CARE

Performance target

In Year 1, there is one newly-Certified Community Behavioral Health Clinic (Maui). In Year 2, this new CCBHC maintain its certified status.

PRIORITY AREA 7. STRENGTHENING BEHAVIORAL HEALTH CARE WORKFORCE

Performance target 1

Reduce AMHD and CAMHD vacancy rate to no more than 20 percent in both Years 1 and 2.

Performance target 2

Have at least two SAMHSA-certified trainer in trauma informed care in Year 1 and 12 in Year 2.

Performance target 3

Increase the number of employed certified peer specialists program graduates by at least 20 percent each year.

Appendix 5b. MHBG FY22-FY23 Plan Performance Indicators and Year 2 Results⁶

Prepared by DOH AMHD and CAMHD

The MHBG fund supports AMHD's data and data infrastructure system improvement. The Adult Mental Health Division (AMHD) now has a better-staffed and more organized data team, which is currently working to implement processes to improve data fidelity. More time and organization are needed to provide evidence-based or data-driven explanations of performance results. Thus, current narratives about effects may include anecdotal evidence or proxy measures. One of the primary sources of data is myAVATAR, a behavioral health electronic health record system by Netsmart.

PRIORITY AREA 1. COMMUNITY TENURE

Goal

Decrease percentage of individuals discharged from the Hawai'i State Hospital (HSH) who are readmitted within six months.

Performance target

The second year will target zero percent change. It will target to keep up with the FY22 rate of readmission and not get any worse. This was not achieved.

The numbers

FY22: 5.8 percent readmission rate based on 24 readmissions and 411 discharges

FY23: 8.1 percent readmission rate based on 35 readmissions and 433 discharges

Readmission rate increased by 2.3% (5.8 percent to 8.1 percent)

Note from the data team:

Of the 24 readmissions within 180 days in FY 2022, there were 23 distinct patients.

Of the 35 readmissions within 180 days in FY 2023, there were 33 distinct patients.

Previous FY22 data have been updated to enter additional discharge data in AVATAR retroactively.

Hence, previously reported data will look different.

The narrative for FY23 result:

How was the target not achieved, and how to move forward?

Data fidelity has been a recent improvement. Data-informed evidence of how Hawai'i did not meet the target has yet to be established. However, anecdotally, the State Council on Mental Health received testimonies on the shortage of step-down services, e.g., supportive housing, for those who are transitioning from being inpatient to outpatient. Hawai'i recognizes this gap in community mental health services. The larger island housing and workforce shortage issues complicate answers to this problem. Moving forward, the implementation of a Hawai'i State Hospital Master Plan is in progress, and the Plan covers facility development that supports the Continuum of Care. A Behavioral Health Crisis Center on the island of O'ahu is also up for implementation to help address some of the gaps in the Continuum of

⁶ Find the 2024 Mental Health Block Grant report at <https://bgas.samhsa.gov/Module/BGAS/Users>. USERNAME CitizenHII PASSWORD Citizen

Appendix 5b Continuation

Care. Moving forward, preparing staff amidst workforce shortage includes Training Trainers among staff in practices that are helpful to treatment and recovery – e.g., Cognitive Behavioral Therapy (CBT) and Wellness Recovery Action Plan (WRAP). The State has also been growing its Hawai'i Certified Specialists program, including a forensic population specialization (See Report on Priority 4 below).

PRIORITY AREA 2. COMMUNITY-BASED SERVICES

Goal

Increase access to community mental health services

Performance target

Change by zero percent. In Year 2, the target will be the FY22 and serve more but not serve less than that number. This was achieved.

The numbers

FY22 Count = 7,613

FY23 Count = 7,762

There is a 2 percent increase from the FY22 level

Note from the data team:

Since last year's reporting, retroactive changes to FY22 count data have been made.

The narrative for FY23 result

There are adults who are enrolled and received mental health services under the Community Care Services Program (CCS), managed by the Department of Human Services (DHS), but not yet captured in myAvatar. The above numbers underestimate the actual total numbers of adults served in Hawai'i. Data-informed evidence of how Hawai'i did not meet the target has yet to be established.

PRIORITY 3. CRISIS STABILIZATION

Goal

Keep individuals stable within the community.

Performance target

The number of people served increases by five percent. It is asserted that the set of proxy measures indicate this.

Note: A proxy for the number of people served is a set of indicators. This proxy is offered because the data on the number of people served has to be cleaned further. With a more extensive and experienced data team, AMHD can now critically examine the data for these measures. There is an underlying assumption in using this set of indicators. That is, the demand for crisis response services has yet to return to pre-pandemic level.

Appendix 5b Continuation

The numbers:

Crisis line total calls (# of calls)

FY 2023: 119,291

FY 2022: 106,777

Change: 11.61 percent increase

Stabilization beds available (# of beds)

FY 2023: 940

FY 2022: 623

Change: 51 percent increase

Note: For Year 1 reporting, the data used claims data and for each day a claim was filed for a patient. The results were higher than the above. Starting this year (Year 2), data are now calculated using stabilization bed admissions in myAvatar. While AMHD's stabilization bed program started in December 2020, stabilization bed admissions were documented in myAvatar starting September 2021. Therefore, the FY22 is now the baseline for stabilization beds.

Mental Health Emergency Worker (MHEW) calls (# of calls)

FY 2023: 4,044

FY 2022: 3,336

Change: 21 percent increase

Note: The past estimates were inadvertently based on a subset of the MHEW calls. The current and revised past estimates now reflect all MHEW calls.

Crisis Mobile Outreach (CMO) services (#services)

FY2023: 7,832

FY 2022: 8,069

Change: 2.9 percent decrease

Note: Retroactive changes in crisis mobile outreach service authorization data in AVATAR explain data changes compared to last year's data extraction.

Licensed Crisis Residential Services (LCRS) (#services)

FY2023: 1,023

FY 2022: 985

Change: 3.8 percent increase

Appendix 5b Continuation

Note: The above data is calculated using crisis service authorizations for LCRS in AVATAR. This is a very different extraction method from the data reported last year. This adjustment was made after determining that it was a better way to report for this relatively new program.

Intensive Care Management (ICM) Services (# services)

FY 2023 2,921

FY 2022:3,217

Change: 12.2 percent decrease

Note: The above data is calculated using crisis service authorizations for ICM+ in AVATAR. This is a very different extraction method from the data reported last year. This adjustment was made after determining that it was a better way to report for this relatively new program. This is starting September 1, 2021.

The narrative for FY23 results

The target is achieved by methodically building in the needed components. Since the September 1, 2022 update, the State's crisis system rebranded to Hawai'i CARES 988 to increase user friendliness to someone in crisis or helping (see <https://hicares.Hawai'i.gov/>). In the FY22 MHBG Mini-Application, Hawai'i rated and reported that the system is in the in-program sustainment level in the categories of "someone to talk to" and "someone to respond." It said that the system is in major implementation stage (i.e., available for at least 75 percent of the people in the State) in "A place to go." Hawai'i re-asserted this in the FY24-25 MHBG Plan. Assessments show the need for warm hand-off and consistency in the quality and availability of services. Like all other services in the continuum of care, the crisis care system is experiencing workforce availability issues, illustrated by the non-opening of Licensed Crisis Residential Services in Maui due to the lack of required Advanced Practice Registered Nurses. Solutions and improvements are sought along those expected of a nationally certified crisis response system. The five percent set aside will continue to increase the crisis continuum, specifically with stabilization beds across counties and crisis mobile outreach staffing. The response in the case of youth and children is reiterated here. A separate count for CMO youth is 245. The crisis system starts with a call to the 988 Hawai'i Cares line. A connection is made to a crisis mobile outreach worker at one of CAMHD's contracted provider agencies. These provider agencies specialize in child and adolescent mental health and differ from those used for adults. A crisis mobile outreach service may then be deployed to provide mental health assessment for safety and make recommendations regarding whether the crisis is appropriate for stabilization in the community setting or Emergency Room referral or referral into one of CAMHD's Therapeutic Crisis Homes or the Residential Crisis Stabilization Program. Crisis Mobile Outreach is available to any child in Hawai'i 24 hours a day, seven days a week.

Appendix 5b Continuation

PRIORITY AREA 4. PEER SPECIALIST AND FORENSIC PEER SPECIALIST

Goal

Increase the use of peer specialists in community-based services

Performance target

Increase the number of Hawai'i Certified Peer Specialists (HCPS) by 10%. This target was achieved.

The numbers

There were 31 HCPS in FY22. There were 13 new HCPS this year or 40 percent increase.

Narrative for FY23 result

Hawai'i had one training this year with 13 trainees for the Hawai'i Certified Peer Specialist designation or an HCPS program also specializes in Forensic Peer Specialist area. Beyond training, Hawai'i seeks to support peers further. To illustrate, a 2021 Hawai'i Certified Peer Specialist graduate signed up for and graduated as a Hawai'i Certified Forensic Peer Specialist. He was hired by Adult Mental Health Department to work as team support with the Jail Diversion Program. He assists with transitions from the jail to community placement. In addition to placement of a Hawai'i Certified Forensic Peer Specialist into a Jail Diversion team position, Hawai'i Certified Peer Specialists attended Wellness Recovery Action Plan (WRAP) training. Five HCPS completed the training and became graduates of the program. All of the graduates went on to become Certified WRAP trainers. All training for the HCPS was completed by certified WRAP trainers from the original WRAP developers, the Copeland Center. There are now 5 HCPS that can offer WRAP to other peers throughout the Hawai'ian Islands. HCPS participants came from O'ahu, Kauai, Hawai'i Island, and Maui.

PRIORITY AREA 5. HOUSELESS CHILDREN AND YOUTH

Goal

Increase the number of houseless children and youth provided with mental health services

Performance target

Increased by 4% the number of houseless children and youth provided with mental health services. This was not achieved.

The numbers

Hawai'i is revisiting the measure given changes in the program. There are no numbers to report.

Appendix 5b Continuation

The narrative for FY23 result

This target was set by Catholic Charities Koastal Kids (CC- KK) homeless youth program which receives MHBG funding. Hawai'i CC-KK did not attain the target because transitional housing for the homeless were converted to permanent housing. This conversion occurred during the pandemic and remains as such post-pandemic. As a result, homeless parents are leaving their children with friends and families and mental health assessment for referral to mental health services are not easily done. It should also be noted that due to the shortages of mental health professionals, there is backlog of several month for youth waiting for mental health care.

The Child and Adolescent Mental Health Division is currently working with Catholic Charities to better measure program effectiveness. Family therapy may be part of this measure as opposed to the counts of individual children and youth clients receiving mental health services alone. NOTE: This measure is no longer part of the most recently submitted MHBG proposal.

PRIORITY AREA 6. FIRST EPISODE PSYCHOSIS SERVICES

Goal

Increase number of youth and young adults who received First Episode Psychosis (“FEP”) services

Performance target

Increase by 10 percent the number of youth and young adults who receive FEP services. This was achieved.

The numbers

The FY22 enrollees in On-Track Hawai'i was 18. The FY23 was 21. This is an increase of 17 percent.

The narrative for FY23 result

The FEP target was attained for the second year due to positive “word-of-mouth” reviews and some outreach. The number of referrals to CAMHD’s FEP program, On-Track-Hawai’i (aka OT-Hi), exceeded the number of OT-Hi staff that are available to service clients. OT-Hi hopes to expand its staff to admit a greater number of eligible children and youth with FEP at need, by obtaining Medicaid reimbursement for FEP services through SAMHSA’s technical assistance.

Appendix 6. 2023 State Council Chairperson’s Letter to Governor Josh Green on Resiliency Care for all who responded to the Maui Wildfire Disaster

JOSH B. GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA’AINA O KA
MOKU’AINA O HAWAI’I



Katherine Aumer, PhD
COUNCIL CHAIRPERSON
LUNA HO’OMALU O KA PAPA

STATE OF HAWAI’I
DEPARTMENT OF HEALTH
KA ‘OIHANA OLAKINO
STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378

January 9, 2024

The Honorable Josh Green
Governor, State of Hawai’i
Executive Chambers
State Capitol
415 South Beretania Street
Honolulu, Hawai’i 96813

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SECRETARY
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Jackie Jackson, CFPS
Chris Knightsbridge, MAIR, MAEL
Lea Dias, MEd
Jean Okudara, CSAC
Ray Rice, MEd
Mary Pat Waterhouse
Kristin Will, MAEL, CSAC

**IMMEDIATE PAST
CHAIRPERSON:**
Richard I. Ries PsyD, MEd

EX-OFFICIO:
Marian Tsuji, Deputy Director
Behavioral Health Administration

WEBSITE:
scmh.hawaii.gov

SUBJECT: OFFICIAL RESILIENCY CARE RESPONSE PROGRAM

Dear Governor Green:

The impacts of the 2023 Maui Wildfires on families and businesses on Maui have been devastating, and our hearts and aloha go out to all those impacted by the fires. The Hawai’i State Council on Mental Health acknowledges the incredible efforts of all those helping to meet the needs of those who have lost their family members, relatives, friends, neighbors, homes, jobs, businesses, and normalcy in this tragedy. The members of this Council beseech you to remember the mental health needs of those first responders, government workers, community members, and non-profit leaders who have tirelessly provided necessary and direct services. Often, the mental health needs of these providers can get easily overlooked, especially amid an emergency and soon after when many of the pieces are still being picked up. Risks of burnout and compassion fatigue are likely already underway in the months since the event. Many providers have been described as “first responders without the badges or vests.”

We recognize and applaud the incredible work of your office and the new Office of Wellness and Resilience (OWR), directed by Ms. Tia Hartsock. We commend your deployment of this new office and recognize Director Hartsock’s much-needed assistance and her coordinated work with the community. We request that you specifically implement a Resiliency Care

Appendix 6. Continuation

State Council on Mental Health
January 9, 2024, Letter to Gov. Green on Official Resiliency Care Response
Page 2

Response Program for those working relentlessly to help those directly impacted by the Maui Wildfires and those exposed to traumatic elements. Without a proper official care program that addresses the needs of those providing emergency and behavioral health services, we fear mental health needs in Hawai'i will be exacerbated. Additionally, we risk putting our community in jeopardy again should another crisis occur. The shortage of mental health providers, first responders, and care providers is already threatening the health and welfare of all our islands. By addressing their behavioral health needs, the shortage could become substantially better. Our Council thought it wise to suggest that you consider beginning with those in your own office and following that by extending resiliency services to first responders, community helpers, and non-profit representatives who took action "boots on the ground."

We hope our suggestion is welcome, and we look forward to hearing from you and working with you to continue building pilina to address behavioral health needs. If your office or the Office of Wellness and Resilience have already initiated and implemented actions, we would like to know of those details in your response. We are ready and willing to support you in those efforts and thank you for all your work.

Sincerely,



Katherine Aumer

c
Chief of Staff Brooke Wilson
Deputy Chief of Staff Lori Abe
OWR Executive Director Tia L. R. Hartssock
DOH Director Dr. Ken Fink
DOH BHA Deputy Director Marian Tsuji

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