JOSH GREEN, M.D.
GOVERNOR OF HAWAIʻI
KE KIAʻĀINA O KA MOKUʻĀINA ʻO HAWAIʻI

KENNETH S. FINK, M.D., M.P.H., M.G.A.
DIRECTOR OF HEALTH
KA LUNA HOʻOKELE

STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA ʻOIHANA OLAKINO
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

December 31, 2025

The Honorable Ronald D. Kouchi,
President and Members of the Senate
Thirty-Third State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Nadine K. Nakamura,
Speaker
and Members of the House of
Representatives
Thirty-Third State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Nakamura, and Members of the Legislature:

For your information and consideration, I am transmitting a copy of the Annual Report on the Implementation of the State Comprehensive Integrated Service Plan to the Legislature, pursuant to Chapter 334, Section 10, Hawaii Revised Statutes.

In accordance with Section 93-16, Hawaii Revised Statutes, I am also informing you that the report may be viewed electronically at:

https://health.hawaii.gov/opppd/department-of-health-reports-to-2026-legislature/

Sincerely,

Kenneth S. Fink, M.D., M.P.H., M.G.A.
Director of Health

Enclosures

c: Legislative Reference Bureau
Hawaii State Library System (2)
Hamilton Library

REPORT TO THE THIRTY-THIRD LEGISLATURE
STATE OF HAWAI'I
2026

PURSUANT TO SECTION 334-10(e), HAWAI'I REVISED STATUTES, REQUIRING THE HAWAI'I 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:
HAWAI'I STATE COUNCIL ON MENTAL HEALTH

SUBMITTED BY:
STATE OF HAWAI'I
DEPARTMENT OF HEALTH
DECEMBER 2025

EXECUTIVE SUMMARY

Pursuant to Hawai‘i Revised Statutes §334-10(e), the State Council on Mental Health (SCMH) submits an annual report to the Governor and Legislature on the implementation of the State Comprehensive Integrated Service Plan. In 2025, the Council continued to fulfill its role as the State’s Mental Health Block Grant (MHBG) planning council, reviewing the FY 2026–2027 MHBG Plan, the FY 2024–2025 Annual Report, legislative developments, informational presentations, and public testimony.

Over the past fiscal year, more people were able to access the public mental health system. There was also growth in the certified peer specialist workforce and more trauma-informed care trainers, showing progress toward a recovery-focused, trauma-informed system. However, challenges remain. Community tenure is still a concern, as readmissions to the Hawai‘i State Hospital point to ongoing gaps in continuity of care. Youth-intensive services continued to have waitlists, and workforce shortages affected the entire system.

To support community-based recovery, the Council sees a need to track more closely how people move from the Hawai‘i State Hospital to step-down and transition services. The Council also encourages the return of accredited Clubhouses, especially on Kaua‘i, Maui, and the Big Island.

As part of its advisory role, the Council held regular briefings, worked on legislative advocacy, and gathered public feedback. For the future, the Council has confirmed its priorities from the 2024 planning retreat and recommends focusing on three main areas: building the capacity of the Council and local boards through more statewide outreach, working with partners to map out local mental health career paths, and finding the best practices on care coordination.

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 16 members in 2025. They are:

Katherine Aumer
Chairperson
Family member

Kathleen Merriam
1st Vice Chairperson
Government -Behavioral Health Sector

John Betlach
2nd Vice Chairperson
Hawai'i Service Area Board
Consumer advocate

Mary Pat Waterhouse
Secretary
Family member

Danielle Bergan**
Consumer advocate

Tianna Celis-Webster
Youth

Naomi Crozier*
Family member

Lea Dias
Government -Vocational Rehabilitation Sector

Jon Fujii
Government - MedQUEST
Hawai'i Advisory Commission on Drug Abuse and Controlled Substances (HACDACS)

Heidi Ilyavi
Family member

Jackie Jackson
O'ahu Service Area Board
Family member

Christine Montague-Hicks
Government -Education

Ray Rice
Government - Social Services Sector

Asianna Saragosa-Torres
Youth

Forrest Wells
Provider

Kristin Will
Government - Judiciary Sector

Marian Tsuji
Ex-officio, DOH BHA Deputy Director

**completed term in midyear*
***New, appointed 12/18/25*

Naomi Crozier completed her two terms and eight years of service. She represented a voice from Maui and provided needed insights on Hawaiian perspectives. Danielle Bergan was recently appointed and will start her term in 2026. Regarding membership, the Council's is most concerned about the extended vacancies in three seats namely the Government- Housing sector, Kauai Service Area Board, and Maui Service Board. The State Council on Mental Health website has recently been updated to support outreach, recruitment and application not only to fill vacant Council seats but also those of the four county-level or local Service Area Boards on Mental Health and Substance Abuse.[1]

[1] see scmh.hawaii.gov

IMPLEMENTATION OF THE STATE PLAN

Hawai‘i Revised Statutes require the State Council on Mental Health to report on the implementation of the State Comprehensive Integrated Service Plan (SCISP). As in prior years, the Council’s review draws heavily on federally required Mental Health Block Grant (MHBG) planning and reporting documents, which currently provide the most comprehensive consolidated source of statewide system-level information. For this reporting cycle, the Council’s review and comments are anchored on the State’s MHBG FY 2026–2027 Plan and Application and the MHBG FY 2024–2025 Annual Report. In addition, the Council incorporates information from presentations, public input, legislative advocacy activity, and other available materials to supplement and contextualize the MHBG information. This multi-source approach supports a broader and more informed assessment of system implementation.

Mental Health Block Grant Program

MHBG FY26–FY27 Plan (“Plan”)

The Plan describes Hawai‘i’s statewide system of community-based mental health services that is multi-tiered and involving many agencies. The Department of Health’s Adult Mental Health Division (AMHD) and the Child and Adolescent Mental Health Division (CAMHD) have central administrative roles. The two divisions deliver services through Community Mental Health Centers, Family Guidance Centers, contracted community-based service providers including the Hawai‘i CARES 988 crisis line, two new Certified Community Behavioral Health Clinics, and a new Behavioral Health Crisis Center. The system serves adults with serious mental illness, children and youth with serious emotional disturbances, and individuals in behavioral health crisis. Among these are individuals experiencing homelessness, involved with the justice system, and/or living with co-occurring substance use disorders.

The Plan highlights several ongoing gaps, including not enough youth crisis stabilization, limited services in rural and neighbor island areas, a lack of supportive housing for adults with serious mental illness, and workforce shortages throughout the care system. The Plan aims to use expected MHBG funds in line with the Substance Abuse and Mental Health Services Administration (SAMHSA) priorities. Overall, the Plan focuses on efficiency and quality care. It seeks continuing improvement in the accuracy of AMHD consumer data for better service delivery and reporting, increasing early detection and access to evidence-based help for youth with First Episode Psychosis, closely tracking stabilization bed use to make the crisis system more efficient and support early intervention, treatment, and recovery, and expanding crisis care by following up with, and supporting youth with serious emotional disorder who may need Crisis Mobile Outreach. Along new federal guidelines, the Plan’s four performance measures and targets correspond more tightly to proposed use of expected MHBG funds (Appendix 2).

In accordance with its role as the state planning council for MHBG program purposes, the Council recommended that SAMHSA approve Hawai‘i’s Plan. In its letter, the Council emphasized that workforce capacity remains the foremost cross-cutting constraint affecting nearly every segment of Hawai‘i’s behavioral health continuum of care. (See Appendix 1).

MHBG FY24–FY25 Annual Report ("Report")

The Report covers the final year, year 2, of the MHBG FY24- FY25 Plan, and the results reported are based on performance measures and targets identified and set in 2023 (Appendices 3a and 3b). The results show an increase in the number of individuals successfully accessing mental health services. The results also show the growing number of peer specialists and trauma-informed care trainers. These improvements show progress toward a recovery-focused system. On the other hand, the results highlight persistent gaps beyond access to and along the continuum of care. Community tenure of the forensic population, as measured by readmissions to Hawai'i State Hospital (HSH) within 6 months, exceeds the target level. The forensic population affected includes many who may also be homeless or have both mental health and substance use disorders. Youth-intensive services were close to meeting their goals but were constrained by waitlists and complex cases. Licensed Crisis Residential Services were available, but only on two islands. Both the Adult and Child and Adolescent Mental Health Divisions still had many staff vacancies, making it harder to provide services.

Given the high readmission rate and the need for better community-based recovery, the Council suggests performance measures that account for transition and step-down services for people discharged from the Hawai'i State Hospital. The Council also suggests focusing more on Clubhouses and supporting their accreditation, especially on Kaua'i, Maui, and the Big Island. Greater statewide oversight is needed, such as bringing back a statewide Clubhouse coordinator.

The next story explains why a continuum of step-down services is important.

> *Mr. O first became involved with the justice system and had psychiatric hospitalizations starting in 2006. After almost ten years without AMHD services, he returned in 2017 through the Hawai'i State Hospital (HSH) and was hospitalized three times by 2022. When he was discharged in 2022, he moved to a Specialized Residential Services Program (SRSP) and got help from an Intensive Case Management Plus (ICM+) team to adjust to life in the community. With this support, Mr. O completed the SRSP and then joined the Hale Imua program. Hale Imua provided a structured step-down setting with a 24-hour group home and a day-treatment schedule that gradually decreased. After finishing Hale Imua, he moved to an 8–16 group home in late 2023 and no longer needed intensive case management. In early 2024, he began Community-Based Case Management. By summer 2025, Mr. O became one of the first residents in AMHD's new Supportive Housing program. He currently lives independently in his own apartment.*

Mr. O's story shows that successfully leaving the HSH requires a coordinated set of services, including different housing options, intensive case management, and supportive housing. Without these supports, many people experience another crisis, which leads to more hospitalizations and higher costs for the system.

Community-based programs that help people find purpose, dignity, and job opportunities are also important for long-term recovery. Clubhouses provide this support, but there are not enough accredited Clubhouses in Hawai'i, especially on the rural neighbor islands. A volunteer's story reinforces the value of Clubhouses.

Ms. W., a Clubhouse volunteer, shares why vibrant Clubhouses matter.

Mental health has always mattered to me because a family member has lived with mental illness for many years. I have served on several mental health boards, but I wanted a more personal experience. I heard the Clubhouse was very effective for people with mental illness.

I volunteered in the clerical unit and worked with Clubhouse members. We wrote thank-you notes, get-well notes, and anything else the Clubhouse needed. The work requirement is part of the Clubhouse model, and I saw how valuable it is for members. It gives them a sense of self-worth as they contribute to the Clubhouse. I also met members who had paying jobs, which is another benefit the Clubhouse offers. It trains members for jobs that companies and organizations request. Staff then work closely with both the member and the employer until everyone is satisfied. This process helps members feel accomplished and valued.

Clubhouse International's accreditation helps make sure Clubhouses provide quality and consistent services. Without a strong Clubhouse, members lose the structure, accountability, and proven practices they need for recovery. This can turn a supportive, life-changing place into a fragmented space that cannot fully help people with their mental health.

Beyond the Mental Health Block Grant Program

In 2025, the Council developed insights from across the state through presentations, Council member reports, legislative advocacy, and a mini-planning retreat. The Council's public meetings also generated public input on some of the meeting topics and general community concerns. All these bring attention to some of the key areas where improvement, lessons, challenges, and new ideas are sought.

Informational Presentations

Throughout 2025, the Council received information and discussed In February, members met the Hawai‘i State Hospital administrator as well as learned about levels of care and the DOH AMHD Housing services. March brought an update on the Hawai‘i Youth Mental Health Needs Assessment, which highlighted new priorities for youth. In April, the focus was on planning for Certified Community Behavioral Health Clinics. In May, members heard about rate studies, their effects on care for adults and children, and concerns about possible federal Medicaid funding cuts. June featured local continuum of care and partners found in each county, with AMHD leaders from Kaua‘i, Maui, Big Island, and O‘ahu sharing local insights and future. August focused on recovery and resilience after the Maui wildfires, as well as results from a statewide workplace wellness and quality-of-life survey. In October, state leadership discussed ways to improve mental health outcomes by transforming the health care system. November introduced a new digital therapy for major depressive disorder. The year ended in December with briefings on labor analytics for the mental health workforce and efforts to build local career pathways through the Mental Health Technician program at Windward Community College. (See Appendix 4).

The Council encourages broad dissemination of these findings, including through its website, to strengthen Hawai‘i’s person-centered continuum of care. The Council also submitted a letter of support for MauiWES, recognizing the need for longitudinal data and sustained recovery resources for those affected by the 2023 Maui wildfires (See Appendix 5).

Legislative Advocacy

In 2025, the Council voted to engage in legislative advocacy, like it did in the past few years. Appendix 6 lists the bills on which the Council provided testimony that ultimately became law. The successful results include the following:

- *Hospital system improvements (SB1443, SB1448):* Establishing payment rate authority, enabling long-term care placements, exempting procurement barriers, and providing emergency funding for Hawai‘i State Hospital repairs.
- *Crisis and homelessness services (HB1462, HB943):* Expanding crisis intervention sites, authorizing intensive mobile outreach, and establishing a Homeless Triage and Treatment Center Program.
- *Justice system reforms (HB727, HB280):* Permanently establishing Women’s Court and Outreach Court, including a pilot Women’s Court in Kona.
- *Population-specific supports*:
SB1442: Updating CAMHD responsibilities.
HB700: Creating standardized cognitive assessments and a dementia data pilot.
- *Telehealth access (SB1281):* Extending reimbursement for interactive telehealth through 2027.
- *Workforce capacity (SCR67):* Calling for coordinated statewide action to fill critical mental health vacancies.

To address the ongoing workforce shortage in the public sector, the Council strongly supported SCR67. This measure highlights the behavioral health workforce needs of the Department of Health, Department of Human Services, Department of Education, Department of Corrections and Rehabilitation, the Judiciary, and other agencies that make up the State’s Continuum of Care. (See Appendix 7).

Members’ Reports

Community Reports were always on the agenda, but these were often tabled to make room for informational presentations and discussions. In 2025, members’ reports showed that communities felt more uncertain about the continuation of services and ongoing improvements, especially because of federal changes. This led members to rely more on the Council for credible information and updates on whether federal policy changes are generating immediate impact. For 2026, the Council was made aware of two new federal programs to monitor for their potential role in improving mental health also. These are the Rural Health Transformation Initiative and the AHEAD (Achieving Healthcare Efficiency through Accountable Design) Model.

Providers continued to raise concerns about workforce shortages and the need to stay open to emerging solutions, including new therapies and technology-supported care. At the same time, members noted that solutions that already exist must be implemented, such as research-based rate studies and training resources that could better equip staff to meet the needs of the specific populations they serve.

The Council also learned that local service area boards need to be revitalized, especially those that have not met regularly or are not fully organized. Doing this would help improve local input and coordination.

Throughout the reports, members agreed that reducing stigma is an important and shared goal. They see chances to work with employers, educators, and other community partners to help lower stigma and build understanding in their respective communities.

Overall, this year's reports make it clear that the Council's role as an information hub is essential. Members count on the Council to share timely updates, raise new concerns, and help everyone stay aware as things change.

Public Input

The Council heard from four individuals with substantial input on either a meeting agenda topic or a general community concern. The public input includes two recovery stories that affirmed the positive role of peer programs, culturally inclusive services, and different therapies in supporting recovery. It also included a sustained concern expressed over patient safety at the Hawai'i State Hospital and legal counsel representation and due-process protections under the current State's assisted community treatment or involuntary treatment program. Workforce-related input articulated concerns over proposed legislative bills that change licensure timelines for psychologists working in correctional settings. Finally, one individual also noted that the use of acronyms in meetings makes the Council's discussions harder to follow. (See Appendix 8).

LOOKING AHEAD

At the end of 2025, the Council held a short retreat to review its 2024 goals and adjust its priorities. Beyond the recommendations that have already been laid out in previous pages, the Council narrows its 2026 focus to three main areas for direct action that will help carry out its planning, advisory, advocacy, and monitoring roles.

1. Strengthening Council Capacity ("Low-Hanging Fruit")
The Council plans to expand outreach across the state to raise awareness of both the Council and local service area boards. Over the next two years, it will create standard outreach tools, including brochures, business cards with Quick Response (QR) codes, presentation templates, and a Frequently Asked Questions resource. To address public feedback about confusing acronyms, the Council has also started making a plain-language glossary for its website.
2. Workforce Development and Local Career Pathways
The Council made workforce development a top priority that needs more analysis and coordination. It will examine current mental health career paths and training programs, map

workforce resources, and identify gaps in recruitment, retention, licensing, reimbursement, and internships. The Council will seek willing collaborators to complete this.

3. Effective Care Coordination Models
The Council will also work to identify best practices as a starting point for effective care coordination models. This will involve briefings from experts and providers, working with insurers and health plans on billing and sustainability, identifying best practices, and analyzing funding gaps and policy barriers that affect long-term success. The Council will be seeking willing collaborators also to advance this.

Appendix 1. State Council to SAMHSA Supporting MHBG FY26-FY27

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

August 12, 2025

Dr. Christopher McKinney
Public Health Adviser/ Government Project Officer
SAMHSA-CMHS-DSCSD-SCPGB
U.S. Department of Health and Human Services
5600 Fisher Lane
Rockville, Maryland 20857

Dear Dr. McKinney:

On behalf of the State Council on Mental Health, I am writing to express support for Hawaii's Mental Health Block Grant (MHBG) Fiscal Year 2026–2027 Application and Plan. The grant targets adults with serious mental illness, youth with serious emotional disturbances, individuals with early serious mental illness, and persons in behavioral health crises.

The Council convenes monthly to advocate for individuals with mental illness, including those with co-occurring substance use disorders. Council activities include engaging with guest speakers, reviewing member updates, and collecting community feedback. These activities inform discussions regarding needs, challenges, and potential actions. The Council addressed Hawaii's MHBG priorities at today's meeting and the August 8, 2025 Planning and Performance Committee meeting.

The Council emphasizes that Hawaii's workforce shortage remains a critical gap that requires overall attention. The Council supports the recommended priority to expand youth services and anticipates progress on additional priorities, including the Bipartisan Safer Communities Act (BSCA) plan for first responder resiliency.

Sincerely,

[redacted]

Katherine Aumer, Ph.D.

Appendix 2. MHBG FY26-FY27 Plan Performance Targets

First Year is from July 1, 2025 to June 30, 2026
Second Year is from July 1, 2025 to June 30, 2027
Prepared by AMHD Staff

PRIORITY AREA 1
MENTAL HEALTH SERVICES

Goal 1
To improve the accuracy and timeliness of consumer data for overall service delivery and reporting efficiency

Performance target
Percent change in reported consumers served – Post fiscal year data accuracy
Baseline: 10 percent change
First Year Target: 8 percent change
Second Year Target: 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 upgrade to the electronic health record system, modified data architecture, and staff workflows are facilitating more timely and complete data entry.

Goal 2
To expand crisis intervention care and services by providing follow up and support to youth with SED who needed Crisis Mobile Outreach services and are not receiving Child and Adolescent Mental Health Division services.

Performance target
Number of clients receiving On-Track Hawai‘i services; Number of potential clients screened to receive FEP services
Baseline: 24
First Year Target: 45
Second Year Target: 50

Data source
Contracted crisis service provider

Description of data
Quarterly report from crisis service contracted provider

PRIORITY AREA 2
EARLY SERIOUS MENTAL ILLNESS

Goal 1

To enhance early detection and improve access to evidence-based intervention and promote better outcomes and quality of life for youth with First Episode Psychosis (FEP).

Performance target

Baseline. 24
First Year Target: 20 clients
Second Year Target: 25 clients

Data source

CAMHD electronic health system

Description of data

Currently most of OnTrack 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 OnTrack clients after they have been screened and determined to need FEP services.

PRIORITY AREA 3
BEHAVIORAL HEALTH CRISIS SERVICES

Goal

To ensure precise, timely, and comprehensive monitoring of stabilization bed utilization that enhances crisis system efficiency and reinforces the delivery of evidence-based early intervention, treatment, and recovery services.

Performance target

Average daily percentage of stabilization beds occupied over 12-month period from among those reported online as working.
First Year Target: ≥75%
Second Year Target): ≥75%

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, targeting optimal utilization.

For the entire plan and proposal,
Visit https://bgas.samhsa.gov/Module/BGAS/Users
Username: CitizenHI Password: citizen

Appendix 3a. MHBG FY24-FY25 Plan Priority Areas and Performance Targets

Prepared by AMHD Staff

PRIORITY AREA 1. COMMUNITY TENURE

Performance target

In both Years 1 and 2, decrease the readmission rate among discharged patients from the Hawai'i State Hospital by five percent.

PRIORITY AREA 2. COMMUNITY-BASED SERVICES

Performance target

In both Years 1 and 2, increase the number of clients served by five percent.

PRIORITY AREA 3. COMMITMENT TO DATA AND EVIDENCE

Performance target 1

In Year 1, increase the number of contracted providers logging in directly and using Provider Connect NX from zero to four providers. In Year 2, increase to fifty providers.

Performance target 2

In Year 1, minimum seventy-five percent 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, increase to ninety 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, increase to twenty-five clients.

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

Performance target 1

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

Performance target 2

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

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

Performance target

In Year 1, one Certified Community Behavioral Health Clinic (Maui). In Year 2, CCBHC maintained

PRIORITY AREA 7. STRENGTHENING BEHAVIORAL HEALTH CARE WORKFORCE

Performance target 1

In both Years 1 and 2, reduce AMHD and CAMHD vacancy rate to a maximum of twenty percent.

Performance target 2

In Year 1, two SAMHSA-certified trainers in trauma informed care. In Year 2, minimum twelve.

Performance target 3

In both Years 1 and 2, increase the number of employed certified peer specialists program graduates by twenty percent.

Appendix 3b. MHBG FY24-FY25 Plan Performance Indicators and Results[2]

Prepared by AMHD Staff

PRIORITY AREA 1
COMMUNITY TENURE (Forensic Population)

Goal

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

Performance target

FY25 decrease readmission rate by five percent

The numbers

FY25 readmission rate increased by 42 percent

The narrative for FY25 result

Target not achieved. Of the 37 readmissions within 180 days in FY25, 438 distinct patients were involved. AMHD continues to make strides amongst the homeless and/or co-occurring substance use disorder population. Of those readmitted, 16 consumers self-reported to be homeless, and 32 self-reported co-occurring substance abuse use disorder.

PRIORITY AREA 2
COMMUNITY BASED SERVICES

Goal

Increase the number of consumers served by community mental health services.

Performance target

FY25 increase by 5 percent

The numbers

FY 25 increased by 10 percent

The narrative for FY25 result

Target achieved. FY24 reported total served as 9,106 and FY25 total served is 10,053. The Year over Year increase is 10.4 percent.

[2] Find the 2024 Mental Health Block Grant report at https://bgas.samhsa.gov/Module/BGAS/Users. USERNAME CitizenHII PASSWORD Citizen

PRIORITY AREA 3
COMMITMENT TO DATA AND EVIDENCE

Goal

Improve mental health outcomes, including reducing disparities among priority populations. The goal aims to achieve two key performance targets.

Performance target 1

FY25 minimum 50 providers

The numbers

FY25 minimum 12 providers.

The Narrative for FY25 result

There are 12 providers currently submitting electronic claims that have already been set up to transition into Provider Connect NX once Avatar NX is finalized in the Production (Live) environment. AMHD still plans to prepare the remaining contracted providers who are submitting paper claims for Provider Connect NX.

Performance target 2

FY25 minimum 90 percent in data completeness.

The numbers

FY25 minimum 21 percent

The narrative for FY25 result

Target not achieved. The data completeness for consumers with data for all metrics (Age, Sex, Homelessness, Race, Ethnicity, Education, Employment) is 21 percent. If Employment is excluded, that number becomes 40 percent.

PRIORITY AREA 4
PROMOTING RESILIENCE & EMOTIONAL HEALTH FOR CHILDREN & YOUTH FAMILIES

Goal

Increase and expand accessibility and reduce health disparities for all youth in need of intensive mental health services.

Performance target

FY25 monitored clients to 25

The numbers

FY25 CAMHD accepted referrals for 24 clients

The narrative for FY25 result

Target not achieved. OT-Hawai‘i services are waitlisted due to a full caseload with high complexity and high needs. OT-Hawai‘i plans to conduct a needs assessment to identify areas for improvement within the OnTrack Program and determine which community resources are needed to increase capacity when OT youth are ready to transition back to the community level of care.

PRIORITY AREA 5
ENHANCING ACCESS TO SUICIDE CARE & CRISIS SERVICES

Goal

Stabilize and improve resilience among individuals in behavioral health crisis.

Performance target 1

FY25 Licensed Crisis Residential Services (LCRS) in at least 2 counties or service areas

The numbers

FY25 counties or service areas 2 (Oahu and Big Island)

Target achieved. LCRS services were maintained in the two local service areas/counties of Oahu and Big Island.

Performance target 2

FY25 maintain minimum average 10 percent

The numbers

FY25 average range 61 to 87 percent

The narrative for FY25 result

Target achieved. The overall occupancy was 72 percent, so at least 10 percent was vacant to ensure an available bed for placement of persons in crisis. All providers contributed to achieving this target. Oahu 69 to 87 percent, Big Island 63 to 82 percent, Maui 61 to 75 percent.

PRIORITY AREA 6
INTEGRATING BEHAVIORAL HEALTH & PHYSICAL HEALTH CARE

Goal

Improve outcomes for adults and youth, especially those with more complex needs.

Performance target

FY25 maintain 1 SAMHSA-certified CCBHC

The numbers

FY25 maintained two CCBHC clinics

The narrative for FY25 result

Target achieved, with a restatement of the target. The target is restated because SAMHSA does not directly provide CCBHC certification. SAMHSA's crucial role is in setting the standards and guidelines for the certification process, which the State ultimately carries out. However, Hawai'i asserts that it has achieved the goal by maintaining its CCBHC in Maui (two clinics). Hawai'i is also completing a CCBHC planning grant that supports DOH's capacity to certify CCBHCs.

PRIORITY AREA 7
STRENGTHENING THE BEHAVIORAL HEALTH WORKFORCE

Goal

Improve mental health outcomes for priority populations. The goal aims to achieve three key performance targets.

Performance target 1

FY25 maintain maximum vacancy rate at 20 percent

The numbers

FY25 CAMHD vacancy rate 19 percent

The narrative for FY25result

Target achieved. Like last year, only the CAMHD vacancy rate is used for the performance numbers. This met CAMHD's target of maintaining or improving on last year's. The year 2 performance target should have been clarified last year to mean maintaining 20 percent or better and not decreasing by another 20 percent. AMHD vacancy data is excluded from the reported measure. A de facto rate needs to be established. AMHD's measure of the vacancy rate is currently based on the number of filled positions out of the established positions. Based on this, the vacancy rate is 39.5 percent. The rate accounts for the loss of 31 (separation) and gain (new hires). It does not account for other temporary appointment options that were more widely used during the year to fill some positions (e.g., de facto). A program specialist position may be listed as vacant, but the position was temporarily filled via a 89-day hire. Moving forward, the AMHD

recently completed a Community Mental Health Center Strategic Plan and Implementation Guide 2025-2026 that seeks to stabilize the workforce and strengthen retention. The elements include retaining experienced staff through enhanced support, expanding permanent positions, adopting innovative work processes, and cultivating a positive and inclusive workplace culture.

Performance target 2
FY25 increase by 12 individuals who are SAMHSA-certified Trauma Informed Care trainer or and other TIC training.

The numbers
FY25 total 14

The narrative for FY25 result
Target achieved. The State can account for at least 14 individuals. The SAMHSA registry for Trauma-Informed Care (TIC) trainers now lists six where it was only two before. There are at least eight more trainers in like programs such as those via Crisis Prevention Institute training. Moreover, the State is also on the path to having more certified TIC professionals. The State's Office of Wellness and Resilience, which coordinates training supportive of Hawai'i as a trauma-informed state, has finally launched the training for the first cohort of certified trauma-informed professionals in the State workforce.

Performance target 3
FY25 increase by 20 percent

The numbers
FY25 increased by 25 percent

The narrative for FY25 result
Target achieved. AMHD completed one Hawai'i Certified Peer Specialist (HCPS) virtual training with 20 students. AMHD adopted a strategic approach to addressing the employment gap. It created a peer specialist internship program as a part of an initiative to increase "Community-based service approaches for justice involved individuals with SMI or SED". This allowed 19 peers to be employed through various avenues in our community, while incorporating training for this population and reducing the stigma that may have been a barrier to hiring these individuals.

Appendix 4. 2025 Full Council Meetings – Invited Presenters and Topics [3]

February 11
Meet and Greet
Mr. Mark Linscott, Hawai'i State Hospital Administrator
DOH AMHD Housing Guide
Ms. Belinda Danielson, AMHD PIER Community Service Coordinator

March 11
Hawai'i Youth Mental Health Needs Assessment – Update
Dr. Jeanelle Sugimoto-Matsuda, Ms. Alexa St. Martin & Ms. Katrina Mae Tolentino, University of Hawai'i

April 8
CCBHC Planning Council
Dr. Courtenay Matsu, DOH AMHD Medical Director

May 13*
Rate Studies and Their Impact
John Valera, BHA ADAD Administrator
Keli Acquaro, BHA CAMHD Administrator
Federal Medicaid Funding Cuts
Jon Fujii

June 10
County Integrated Service Area Planning: context, Insights and the Future
AMHD Staff and AMHD Local Area Branch Chiefs
Rei Cooper – Kauai
Mary Akimo-Luuwai – Maui
Steve Pavao – Big Island
Troy Freitas – Oahu

August 12
From Crisis to Recovery - Health and Resilience After the Maui Wildfires
Dr. Ruben Juarez, Dr. Alika Maunakea & Dr. Christopher Knightsbridge
Hawai'i Workplace Wellness & Quality of Life Survey Results
Dr. Jack Barlie, Dr. Eva McKinsey, Dr. Kevin Thompson & Ms. Erica Yamauchi

October 14
Transforming Hawai'i's Health Care System: Grounded Approaches for Better Mental Health Outcomes
John (Jack) C. Lewin, M.D.
Administrator, State Health Planning and Development Agency & Senior Advisor to Governor Josh Green, M.D., on Healthcare Innovation

November 18
Rejoyn – Transforming Major Depressive Disorder Symptom Treatment with Digital Therapeutic
Christina Garton, Otsuka Precision Health

December 9
The State of our State: Introduction to Labor Analytics for Mental Health Care
Scott Murakami, DOH Public Health Infrastructure Grant Workforce Director
Growing Talents at Home: The Mental Health Technician Path
Christine Park, Ph.D. and Audrey Marie Duque, Windward Community College

I Ka wā ma mua I ka wā ma hope (mini-training)
Dr. Dayna Schulz

[3] No invited presenters on the following meetings: July 8 and September 9

Appendix 5. 2025 Council Letter on MauiWES

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

August 12, 2025

To Whom It May Concern:

Two years after the devastating Maui Wildfire Disaster, we join others in remembrance and reaffirm our commitment to supporting recovery and meeting community needs.

The Council commends the Maui Wildfire Exposure Study (MauiWES) for its rigorous, evidence-based work to understand the wildfires' health and social impacts. With accessible tools like the Maui dashboard and a service component that assesses survivors' needs and links them to mental health and related supports, MauiWES models trauma-informed best practices—ensuring survivors both contribute to research and receive timely help.

We support MauiWES' effort to seek grants and funding to continue research and services but also urge stronger coordination with the Department of Health, its Certified Community Behavioral Health Clinics (CCBHCs), Qualified Public Health Clinics (QPHCs), the Department of Education, the Department of Human Services, and other partners. All have also been on the ground, helping survivors and the island community. By seeking and threading resources together, we can ensure all survivors and affected parties—not only research participants—benefit from a seamless network of care.

Recognizing the Department of Health's broad responsibilities, we see MauiWES as a complementary resource that can strengthen existing programs. Partnerships and diverse funding can amplify the collective impact of our public health and community systems.

As established in HRS 334.10, the State Council on Mental Health advises the Department of Health, Governor, and Legislature on statewide mental health care needs and resources. Our vision is a Hawai'i where

people of all ages with mental health challenges can achieve recovery and live full lives in the community of their choice.

Thank you. For more information, please contact us through our email, doh.scmhchairperson@doh.hawaii.gov.

Sincerely,

[redacted]

Katherine Aumer, Ph.D.

c.
DOH Director
DOH BHA Deputy Director
DOH AMHD Administrator
DOH CAMHD Administrator

Appendix 6. 2025 Bills that the SCMH testified on and that were signed into law

REFERENCE	DESCRIPTION	STATUS
SB1443 SD1 HD1	RELATING TO THE DEPARTMENT OF HEALTH.Establishes maximum rates of payment for medical care for patients of the Hawaii State Hospital or of another psychiatric facility who are under the custody of the Director of Health. Authorizes the Department of Health to establish long-term care payment rates for certain patients discharged to a long-term care facility from the Hawaii State Hospital or another psychiatric facility. Exempts the Department of Health from the Hawaii Public Procurement Code for the procurement of medical care and long-term care for certain patients. (HD1)	Act 050, on 05/14/2025 (Gov. Msg. No. 1150).
HB1462 HD1 SD1 CD1	RELATING TO CRISIS SERVICES. Expands the Crisis Intervention and Diversion Services Program to include at least two sites on the island of Oahu, including one program in an area with a disproportionate number of individuals with mental health disorders or co-occurring mental health and substance use disorders, or both. Authorizes the use of intensive mobile treatment services as part of the Crisis Intervention and Diversion Services Program. (CD1)	Act 300, on 07/07/2025 (Gov. Msg. No. 1411)
HB727 HD1 SD2 CD1	RELATING TO THE WOMEN'S COURT.Permanently establishes the Women's Court Program in the First Circuit. Establishes a temporary two-year Women's Court Pilot Program within the Kona division of the Third Circuit. Requires reports. Establishes a temporary position. Appropriates funds. Sunsets 6/30/2027. (CD1)	Act 228, on 06/26/2025 (Gov. Msg. No. 1330).
HB700 HD1 SD2 CD1	RELATING TO COGNITIVE ASSESSMENTS.Establishes, with certain exceptions, standardized cognitive assessments for qualified Medicare beneficiaries. Establishes a two-year Dementia Data Pilot Program within the Executive Office on Aging to collect and analyze cognitive assessment data. Requires the Executive Office on Aging to report de-identified aggregated data to the Legislature. (CD1)	Act 286, on 07/03/2025 (Gov. Msg. No. 1389).
HB280 HD3 SD1 CD1	RELATING TO THE COMMUNITY OUTREACH. COURT.Permanently establishes and appropriates funds to the Department of Law Enforcement, Office of the Public Defender, and City and County of Honolulu Department of the Prosecuting Attorney for the Community Outreach Court as a division of the District Court of the First Circuit. (CD1)	Act 229, on 06/26/2025 (Gov. Msg. No. 1331).
SB1448 SD2 HD2	MAKING AN EMERGENCY APPROPRIATION TO THE DEPARTMENT OF HEALTH FOR CONSTRUCTION DEFECT REMEDIATION AT THE HAWAII STATE HOSPITAL.Makes an emergency appropriation to the Department of Health to fund construction defect remediation of the Hale HoÊ»ola Building at the Hawaii State Hospital, including the payment of legal fees and costs for special deputy attorneys general. Declares that the general fund expenditure ceiling for fiscal year 2024-2025 has been exceeded. (HD2)	Act 044, on 05/14/2025 (Gov. Msg. No. 1144).
SB1442 SD2 HD2	RELATING TO MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS.Clarifies and updates the responsibilities of the Child and Adolescent Mental Health Division of the Department of Health to reflect the current mental health systems of care that address the mental health needs of children and adolescents in the State. (HD2)	Act 178, on 06/06/2025 (Gov. Msg. No. 1278).
HB943 HD1 SD1 CD1	RELATING TO HOMELESSNESS. Expands existing crisis intervention programs by requiring, and appropriating funds for, the Department of Health to establish a Homeless Triage and Treatment Center Program within its Alcohol and Drug Abuse Division to serve homeless individuals and individuals at risk of homelessness with substance abuse issues or mental illness. Requires the Crisis Intervention and Diversion Services Program to redirect certain homeless persons to the appropriate health care system and services. Authorizes the program to include intensive mobile outreach services. Requires appropriations for the program to be used only for services contracted directly between the Department of Health and the service provider. (CD1)	Act 299, on 07/07/2025 (Gov. Msg. No. 1410)
SB1281 SD2 HD2 CD1	RELATING TO TELEHEALTH.Extends the sunset date of Act 107, SLH 2023, which allows for the reimbursement of services provided through telehealth via an interactive telecommunications system, until 12/31/2027. (CD1)	Act 217, on 06/25/2025 (Gov. Msg. No. 1319).
SCR67 SD1	REQUESTING THE DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT AND THE STATE AGENCIES COMPRISING THE STATE'S PUBLIC MENTAL HEALTH CARE SYSTEM TO COOPERATE MORE CLOSELY TO DETERMINE THE NECESSARY ACTIONS TO EXPEDITE THE HIRING AND FILLING OF CRITICAL VACANCIES, INCLUDING SOLUTIONS TO ADDRESS THE OBSTACLES AND CHALLENGES UNIQUE TO THE MENTAL HEALTH CARE WORKFORCE.	S 4/16/2025: Resolution adopted in final form.

Appendix 7. 2025 Senate Concurrent Resolution on Mental Health Care Workforce

THE SENATE
THIRTY-THIRD LEGISLATURE, 2025
STATE OF HAWAIʻI

S.C.R. NO. 67
S.D. 1

SENATE CONCURRENT
RESOLUTION

REQUESTING THE DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT AND THE STATE AGENCIES COMPRISING THE STATE'S PUBLIC MENTAL HEALTH CARE SYSTEM TO COOPERATE MORE CLOSELY TO DETERMINE THE NECESSARY ACTIONS TO EXPEDITE THE HIRING AND FILLING OF CRITICAL VACANCIES, INCLUDING SOLUTIONS TO ADDRESS THE OBSTACLES AND CHALLENGES UNIQUE TO THE MENTAL HEALTH CARE WORKFORCE.

WHEREAS, the workforce shortage affecting the State and its agencies is the product of numerous identifiable problems and challenges, including obsolete and unproductive recruiting and hiring policies and practices; and

WHEREAS, the quality of the State's public mental health care system has diminished, in part due to hiring practices and policies that make it challenging for state agencies to hire and retain the skilled professionals essential to providing effective mental health care services, affecting a range of critical roles, ultimately undermining the system's ability to meet the needs of the community; and

WHEREAS, the Department of Health, Department of Human Services, Department of Education, Department of Corrections and Rehabilitation, the Judiciary, and other agencies that constitute the Continuum of Care in the State are in desperate need of support as high vacancy rates prevent these agencies from meeting the increasing demand for mental health care services; and

WHEREAS, in addition to the challenges posed by the current workforce shortage, persisting stigmas surrounding mental illnesses and mental health care discourage potential applicants and limit the ability of these agencies to attract applicants; and

WHEREAS, providing care to individuals with serious mental illnesses, emotional disorders, and potentially co-occurring chronic conditions, is a challenging and exhausting occupation that often causes workers to experience burnout, compassion fatigue, post-traumatic stress, and the development or exacerbation of other mental health conditions, which high vacancy rates can accelerate or further exacerbate; and

WHEREAS, it is critical that the State effectively recruit and retain additional public mental health care system employees to relieve current employees and deliver more effective mental health care services in the State; now, therefore,

BE IT RESOLVED by the Senate of the Thirty-third Legislature of the State of Hawai‘i, Regular Session of 2025, the House of Representatives concurring, that the Department of Human Resources Development and the state agencies comprising the State's public mental health care system are requested to cooperate more closely to determine the necessary actions to expedite the hiring and filling of critical vacancies, including solutions to address the obstacles and challenges unique to the mental health care workforce; and

BE IT FURTHER RESOLVED that a certified copy of this Concurrent Resolution be transmitted to the Director of Human Resources Development, Director of Health, Director of Human Services, Superintendent of Education, Director of Corrections and Rehabilitation, and Chief Justice.

Appendix 8. 2025 Council Full and Committee Meetings –Substantive Public Input[4]

February 11
R. Reyno-Yeoman expressed concern over the disbandment of the Patient Protection Committee and feels it is needed ASAP. She raised concerns about the overcrowded state hospital.

March 11
R. Reyno-Yeoman commented that the Council's meeting is subject to Sunshine Law, and the video recordings and meeting minutes should be posted on the website for the State Council.

April 8
R. Reyno- Yeoman raised concerns about Assisted Community Treatment (ACT) orders, particularly the lack of mandatory legal counsel for individuals subjected to forced treatment—arguing this violates constitutional due process and SAMHSA guidelines.

July 8
R. Reyno-Yeoman reiterated concerns from previous meetings regarding the lack of guaranteed legal counsel for assisted community treatment orders and the need for proper medical assessments at crisis centers.

September 9
M. Celeste shared her personal journey of recovery from PTSD and methamphetamine addiction. She credits her success to the support from the NAMI Diamond Head Clubhouse, United Self Help, and the use of Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT). An emphasis was placed on having culturally inclusive recovery pathways.

October 14
J. Gottstein shared Report on Improving Mental Health Outcome and he is shocked about results. He feels system should be organized with Open Dialogue approach.

R. Reyno-Yeoman reiterated concerns from previous meetings regarding lack of legal counsel for forced treatment orders. Raised issue with violation of constitutional rights in the state.

January 28 (Ad Hoc Committee on 2025 Legislation Meeting)
R. Reyno-Yeoman expressed concern about SB474 requiring DCR psychologists to obtain licensure within 10 years from date of employment instead of 2 years. The Hawai'i Psychological Assocation (HPA) opposed on grounds that it lowers qualifications for those who treat prisoners. The State Department of Corrections and Rehabilitation has 3 psychologists on staff, and only one licensed. It has 20 openings.

December 9
M. Celeste pointed to the challenge of understanding acronyms and suggested that the Council address the issue.

[4] No community input during the following meetings: May 13, June 10, August 12 & November 18