



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:

December 26, 2019

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

The Honorable Scott K. Saiki, Speaker
and Members of the House of
Representatives
Thirtieth State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

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

For your information and consideration, I am transmitting a copy of the

Annual Report providing the governor and legislature on Implementation of the State Plan on Mental Health pursuant to §334-10(e) of the Hawaii Revised Statutes (HRS).

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

<https://health.hawaii.gov/opppd/department-of-health-reports-to-2020-legislature/>

Sincerely,

A handwritten signature in black ink that reads "Bruce S. Anderson".

Bruce S. Anderson, Ph.D.
Director of Health

Enclosures

REPORT TO THE THIRTIETH LEGISLATURE
STATE OF HAWAII
2020

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

PREPARED BY:
STATE OF HAWAII
DEPARTMENT OF HEALTH
DECEMBER 2019

HAWAII STATE COUNCIL ON MENTAL HEALTH (SCMH) ANNUAL REPORT TO THE GOVERNOR AND LEGISLATURE

The State Council on Mental Health (“Council”) is an active, advocacy group providing a voice for children, youth, adults, and their families on behavioral health issues. Its membership is comprised of twenty-one dedicated volunteers representing consumers, family members, providers, community members, and state employees who give their time, energy, expertise, and experience to improve and advocate for a system of care that provides quality mental health service to the people of Hawaii.

The mission of the Council is to advocate for a Hawaii where all persons affected by mental illness can access treatment and support necessary to live a full life in the community of their choice. The vision of the Council is for a Hawaii where people of all ages with mental health challenges can enjoy recovery in the community of their choice. Further, as defined by both state and federal law, the purpose of the Council is to:

- Serve as an advocate for adults diagnosed with a severe mental illness, for children and youth diagnosed with serious emotional disturbance;
- Advise the state mental health authority, (the Department of Health (DOH)), on issues of concern, policies, and programs;
- Provide guidance to the state mental health authority on the development and implementation of the state mental health system’s plans; and
- Monitor, review, and evaluate the allocations and adequacy of mental health services within the state on an ongoing basis.

The mission and vision of the Council guides its evaluation of Hawaii’s mental health care through presentations from key community stakeholders, and reports from the Child and Adolescent Mental Health Division (CAMHD) and the Adult Mental Health Division (AMHD). These presentations provide information to the Council on critical issues relevant to mental health for children, youth, and adults in our community.

The Council is legislatively mandated to provide an annual report to the Governor and the Legislature on the implementation of the statewide comprehensive integrated services plan (“Plan”). Section 334-10(3), Hawaii Revised Statutes (HRS) states that, “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.”

The Council’s Response to Review the FY 2019 – FY 2020 State Plan

The plan provides a platform to set priority areas for the Council, support legislative initiatives that the Department of Health is supporting or opposing, and top address priority areas for the divisions in the upcoming year. With this information the Council can best advocate for service participants to be provided excellent quality care on the community.

The report noted several areas of strength for both the adult and child divisions under the Department of Health. As identified, the AMHD's telehealth initiative has been successful in meeting the needs of individuals who live in rural areas and are unable to meet in person with a psychiatrist. Telehealth has also assisted in improving access to psychiatrists in communities where routine community access to in-person psychiatry services are limited. The AMHD Expanded Adult Residential Care Home (E-ARCH) Program has successfully transitioned hospitalized patients to community residential care that do not meet acute psychiatric criteria. This much needed level of service has assisted approximately 42 individuals to transition to a lower level of supported care in the community. Additional community-based long-term care supports may further assist the AMHD in addressing continuity of care challenges for aging consumers, many of whom live with co-morbid health conditions.

The Child and Adolescent Mental Health Division (CAMHD) also identified several areas of strength in the services provided to youth and families. Of note, is the CAMHD's dedicated commitment to the Child and Adolescent Service System Program (CASSP) Principles which have been the foundational premise of their services and philosophy to care since the early 1990's. Additionally, CAMHD provides culturally competent services in an intensive case management paradigm driven by a robust clinical model of care. CAMHD is data driven and has strategically aligned itself to be a leader in the utilization of data to assess client services, coordination with providers, and projection of future client needs. Service providers are required to provide integrated treatment for co-occurring substance use and mental health treatment disorders. The Recovery After Initial Schizophrenia Episode (RAISE) Program is also ahead of the game in service delivery to adolescents experiencing their first episode of schizophrenia. The Director of the RAISE program provided a presentation to the SCMH this past year and the Council was very impressed with the services provided to youth and their families.

As in all systems of care, Hawaii continues to have unmet service needs and critical gaps in its current system. For example, the AMHD identified the following areas: significant shortages in Hawaii's healthcare workforce, the ongoing shortage of psychiatrists across the state, especially Molokai and Hawaii Island and, the shortage of affordable housing. Further, transitional housing, and other community-based services to support individuals with behavioral health challenges impacts access to care, the delivery of care, and health outcomes. The AMHD is committed to addressing the identified service gaps based on availability of funds. Specifically, the AMHD will assess the efficiency of their system, establish population-based services to promote recovery, resiliency and positive outcomes for individuals with serious mental illness, recruit and retain qualified staff, and increase the opportunities for consumer engagement. As a Council, we look forward to hearing the progress on the aforementioned initiatives in monthly Council meeting updates shared by an AMHD representative.

The CAMHD identified the following initiatives increasing access to mental health services for homeless youth; supporting recovery through family peer-to-peer support; and sustaining and expanding evidence-based, trauma informed mental health care.

Council Activities for FY2019

The SCMH held ten meetings during FY 2019. With the assistance of the Legislature last session, changes in quorum requirements resulted in the Council being able to meet quorum in seven of the ten meetings that were held. The October 2018 and May 2019 Council meetings were cancelled. The Council also welcomed two new members during the fiscal year: Candice Kirby and Christopher Knightsbridge, as a result of the Legislators' and Governor's support for their nomination and appointment.

During the fiscal year, the Council discussed and made changes to its website to include the management and sustainability of the site, regular updates to news articles and community trainings, and the posting of agendas and meeting minutes for Council meetings. Council members also received technical assistance from the Substance Abuse and Mental Health Services Administration (SAMHSA) to assist in the development of the website as an advocacy platform.

CAMHD representatives presented on the Consumer Satisfaction Survey. Regular updates from the CAMHD on their strategic initiatives were provided from Dr. Stanton Michels, Administrator. The AMHD Administrator attended several Council meetings to discuss legislative initiatives and strategic plan updates.

Several speakers were invited to present at a Council meeting including:

1. Ms. Heather Lusk, Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) Chair shared an overview of HACDAC's priorities and responses to the prevention of opioid overdoses.
2. Dr. Carol Matayoshi and guests presented on The Nine Months, Windows of Hope project.
3. Edward Mersereau, Deputy Director of Behavioral Health Administration discussed SCMH submitting testimony to the legislature in coordination with the Department of Health.
4. Ms. Diane Lee presented information on Kaiser Permanente's Suicide Prevention Program.

The Council established the following Permitted Interaction Groups to work on short-term Council-approved projects:

1. Legislative Permitted Interaction Group. Attends the Mental Health Task Force meetings and assist the council in keeping abreast of legislative initiatives that may impact community mental health participants.
2. Social Advocacy Permitted Interaction Group. Identify initiatives to advocate through a social media platform for community mental health participants.

3. SCMH Retreat Permitted Interaction Group. Plan a SCMH retreat scheduled for January 2020.

Goals for the coming year

The Council's goals for the coming year are in alignment with the areas of need that community members and stakeholders have presented at the Council meeting. We are also very excited about the Council's current direction and the future initiatives that the Council will be addressing. With the launching of the website, the Council will have a presence on the Internet, and increased public accessibility to resources and trainings.

We look forward to continued collaboration with the CAMHD, the AMHD, community stakeholders, and consumers in the next year.