



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

In reply, please refer to:

December 13, 2021

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

The Honorable Scott K. Saiki, Speaker  
and Members of the House of  
Representatives  
Thirty-first 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 "State Council on Mental Health Annual Report to the Governor and the Legislature on Implementation of the State Plan," pursuant to Section 334-10(e), 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/departments-of-health-reports-to-2022-legislature/>

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth A. Char".

Elizabeth A. Char, M.D.  
Director of Health

Enclosures

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

REPORT TO THE THIRTY-FIRST LEGISLATURE  
STATE OF HAWAII  
2021

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 2020

## **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 comprised of twenty-one dedicated volunteers committed to providing a voice for children, youth, adults, and their families about Hawaii’s behavioral health system. Council members are service recipients, family members, providers, community members, and state employees who share their time, energy, expertise, and experience to advocate for a system of care that provides quality behavioral health services to all people of Hawaii when, where, and how they need it.

The Council’s mission 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 Council’s vision 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, and individuals who live with mental illness or emotional support needs, and individuals who live with co-occurring mental illness and substance use disorders.
- Advise the Department of Health (DOH), the state mental health authority, on statewide needs, allocation of resources, and programs affecting two or more service areas;
- Provide guidance to the DOH through its review and comment on the implementation of the statewide comprehensive integrated service plan; and
- Monitor, review, and evaluate the allocations and adequacy of behavioral health services within the state on an ongoing basis.

The Council’s activities focus on assessing, evaluating, monitoring existing behavioral health services, identifying service gaps, and advising the DOH of its findings. The Council receives information about community behavioral health needs through:

- Council members’ community engagement, stakeholder advocacy, and personal/professional experiences;
- Feedback submitted by the four Service Area Boards on Mental Health and Substance Abuse regarding County-based comprehensive integrated service area planning;
- Informational presentations shared by representatives of community organizations;
- State agency reports, including those shared by representatives of the DOH Behavioral Health Administration, the Child and Adolescent Mental Health Division (CAMHD), and the Adult Mental Health Division (AMHD); and
- Collateral information reviewed from local, state, and national/federal behavioral health resources.

The Council is legislatively mandated to submit 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 the FY 2020 – FY 2021 State Plan**

As submitted to the Center for Mental Health Services, the FY 2020 – FY 2021 Community Mental Health Services Block Grant State Plan (“Plan”) describes, through a detailed assessment, the status of Hawaii’s mental health service system by reviewing and commenting on its organizational capacity and the strengths, populations served, and goals for the behavioral health system of care for adults and children/youth.

The Council uses this Plan as a reference point for setting its priority focus areas, to support legislative initiatives indicated by the DOH, and to advise the DOH about Behavioral Health Administration (BHA) and Division-level considerations related to community mental health activities. With this Plan information, the Council can best advocate for service recipients who rely on community-based behavioral health services and supports to maintain or improve their overall quality of life.

#### Organizational Capacity

The DOH BHA is led by Deputy Director Edward Mersereau. The plan notes that he oversees four BHA Divisions including the Alcohol and Drug Abuse Division (ADAD), Adult Mental Health Division (AMHD), Child and Adolescent Mental Health Division (CAMHD), and Developmental Disabilities Division (DDD). The Plan focuses the AMHD and CAMHD, and mentions the ADAD, each led by Division leadership teams who plan, implement, monitor and report behavioral health services and supports they each arrange or provide.

The AMHD has transitioned to new Administrator leadership and is in the process of implementing re-organization of its administrative branches. The CAMHD and ADAD are also in transition with acting Administrator leadership who are committed to assuring that administrative functions continue uninterrupted.

#### Behavioral Health System of Care for Adults and Children/Youth

Statewide, the Plan acknowledges that the primary ways state behavioral health services are accessed, including an approximate number of served (if noted):

- 15 Federally Qualified Health Centers (FQHCs) – 155,436 patients in 2017
- 16 Community Mental Health Center (CMHC) main and satellite clinics – 7,633 adults with serious mental illness (SMI) in FY 2018
- 7 Family Guidance Centers (FGCs) and a Family Court Liaison Branch
- Various Medicaid programs administered by the Hawaii State Department of Human Services, MedQUEST Division, including the aged, blind, and disabled population (ABD) – 362,037 individuals as of September 2018
- State Judicial System including coordination with staff from probation and the mental health, drug and community outreach courts
- Purchase of Service (POS) state contracted behavioral health service providers

As described in their array of services, the AMHD arranges or provides approximately 45 types of behavioral health services and supports including mental health case management, community residential housing, crisis services, court- and community-based support for forensically encumbered and justice-involved individuals, psychosocial rehabilitation programs, treatment services, long-term care, primary and behavioral health integration, and the Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) Outreach, Access and Recovery (SOAR) program.

AMHD strengths include:

- Telehealth – Improving access to psychiatrists in communities where routine community access to in-person psychiatry services are limited including rural areas and locations where in-person services are challenging or impractical.
- Expanded Adult Residential Care Home (E-ARCH) Program – Transitioning hospitalized patients, most of whom are ordered to the care and custody of the Director of the DOH, to residential long-term care who do not meet acute psychiatric criteria but who require assistance with complex medical and/or behavioral health issues.
- Coordinated Entry System – Strategically housing individuals through the Homeless Management Information System (HMIS), a systematic, prioritized screening and assessment process that emphasizes placement of those with higher immediate needs across all HUD-designated subpopulation groups, including homeless and houseless individuals.
- Special Populations – Services are provided to all eligible individuals including all racial and ethnic minorities, the Lesbian, Gay, Bisexual, Transgender, and Questioning, plus (LGBTQ+) community, Native Hawaiian and other historically underserved populations – 10% of AMHD service recipients indicated they identified as Native Hawaiian and Other Pacific Islander.

As described in their array of services, the CAMHD arranges or provides approximately 28 types of behavioral health services and supports including crisis services and multiple specialized educationally supportive intensive mental health services, such as psychological and psychiatric testing and evaluation, ancillary services, respite supports, family focused therapy, in-home paraprofessional support, family foster care and residential treatment.

CAMHD strengths include:

- Hawaii Child and Adolescent Service System Program (CASSP) Principles – Adoption of these nationally recognized principles was based on input from youth, families and stakeholders.
- Culturally Competent Services – The quality and effectiveness of services arranged or provided by CAMHD are integrated within provider and administration staff competency-based training to assure CAMHD operates in culturally and linguistically relevant ways.
- Clinical Model – Developed to ensure appropriate, effective and efficient treatment where each service recipient is assigned to a “Clinical Lead” who oversees and authorizes their care and services.
- Intensive Case Management – Linkage to a Mental Health Care Coordinator (MHCC) within 48 hours of registration ensures service recipients receive services, behavioral interventions and treatment strategies that are coordinated with the recipient and their family.
- Data-Driven Decision Making – Technical reports, continuous quality management, quality assurance in clinical care, feedback from stakeholders during the quality review process, and proactive identification of areas for improvement emphasize CAMHD’s commitment to using data to drive their decision making.

- Health Information Technology – Developing a secure electronic medical records system that compliments real-time data-driven clinical decision making, supports quality assurance and improvement efforts, and enhances data analytics and billing capabilities is a goal that includes telehealth capability.
- Special Populations – CAMHD received three SAMHSA system of care grants that address special populations including girls with a history of significant trauma, children and youth with co-occurring mental health and developmental disabilities, and returning youth from out-of-state residential treatment programs back to their home communities.

### State Plan Unmet Needs and Service Gaps

Whether it's maintaining or improving existing services, developing new services, or transitioning services to adapt to the current need in the community, it is critical that the Council and the DOH, along with stakeholders and advocates, work together to identify solutions that address areas within the current array of state behavioral health services and supports.

AMHD and CAMHD identified several unmet needs and service gaps, many of which the Council has acknowledged in its FY 2020 activities and will support efforts to address in FY 2021 including:

- Access to care, services and supports
  - Routine access to quality care in rural and geographically remote areas
  - Transportation to access appointments and employment on the Neighbor Islands
  - Individuals with private health insurance are ineligible for Clubhouse psychosocial rehabilitation programming
  - Hospital psychiatric bed availability for non-forensic consumers
  - Expand interagency partnerships and collaborations within the system of care
  - Integrated behavioral health and primary health care to support population-based services that promote recovery, resiliency and positive health outcomes
  - Case management step-down/step-up options, crisis interventions, residential housing, detox facilities, long-term care placements and skilled nursing beds that specialize in caring for individuals with behavioral health or co-occurring issues
  - Increased access to mental health services for homeless youth is needed
  - Support recovery through family peer-to-peer support
  - Sustain and expand evidence-based, trauma-informed mental health care
  - Develop culturally-appropriate initiatives to meet the needs of LGBTQ+ populations
  - Provide early intervention services to address early serious mental illness using evidence-based practices
  - Expand use of interactive communication technologies to engage with service recipients, recovery team members, family/guardians and others
  - Promote self-direction in youth and young adults
- Recruitment and employment
  - Hiring and retaining psychiatrists
  - Hiring and retaining of skilled, trained and experienced behavioral health staff
  - Develop, train, hire and support Peer Specialists in the workforce

## **Council Activities for FY 2020**

The Council meets on the second Tuesday of each month from 9:00 a.m. to 11:30 a.m. and meetings are open to the public. The public is encouraged to attend and observe Council meeting activities and when appropriate, the share comments during the Community Input section of the Council's agenda.

Prior to the COVID-19 pandemic, the Council met in-person at designated sites on Kauai, Maui, Oahu and Hawaii Island. During the COVID-19 pandemic, with guidance from the Office of Information Practices (OIP), the Council transitioned to meeting virtually via Zoom. The majority of members participate via Zoom using both the audio (microphone) and visual (camera) options activated.

### Meetings and Membership

Below is a summary of the Council's meetings and membership during the fiscal year.

- The Council held nine meetings.
- With the assistance of the 2018 Hawaii Legislature, changes in quorum requirements resulted in the Council being able to conduct official business during eight of the nine meetings that were held.
- The November 2019, February 2020 and April 2020 Council meetings were cancelled.
- As a result of the Governor's recommendation for appointment and the Legislature's confirmation, the Council welcomed four new members.
- The following speakers were invited to present information to the Council:
  - DOH, Behavioral Health Administration Updates – Edward Mersereau, Deputy Director
  - DOH, CAMHD Annual Evaluation Summary – Trina Orimoto, Program Improvement and Communications Program Manager, and David Jackson, Research Evaluation Specialist
  - DOH, CAMHD Legislative Initiatives – Scott Shimabukuro, Practice Development Officer
  - DOH ADAD Updates – Janelle Saucedo, Administrator
  - Legislative Training – Arwyn Jackson, Office Manager for Representative Chris Lee
  - OIP Sunshine Law Overview – Lorna Aratani, Staff Attorney

The Council's FY 2018 – FY 2020 Strategic Plan identified six focus areas. The Council felt that its time and effort to address trends, problems and issues related to these focus areas directly related to its Vision, Mission and Who Are We? statements as well as aligned with its purpose, as defined by federal and state law.

### Administrative-Related Activities

Specific administrative-related activities during this fiscal year include:

- Developing a fully functional Council website inclusive of Council-related updates and current behavioral health resource information.
- Developing legislative processes that enhance the Council's ability to review, identify and respond to legislation related to behavioral health system.
- Recruiting and retaining Council members to fully fill all 21 Council membership positions.

### Mental Health Service System-Related Activities

Specific mental health service system-related activities during this fiscal year include:

- Increasing the Council's awareness of behavioral health issues related to human trafficking including learning about the Child Welfare Services (CWS) mandated reporting for sex

trafficking and identifying unfilled needs or problem areas that the Council may consider for its advocacy.

- Increasing community awareness of behavioral health and stigmatization by participating in stigma awareness activities, supporting media campaigns that promote de-stigmatization, writing Letters to the Editor, and creating a calendar of advocacy events.
- Supporting efforts to restore publicly funded addiction services and co-occurring programs by writing letters to the DHS, DOH and the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) advocating for addiction services, specifically services on neighbor islands.

### Goals for the Coming Year

The Council experienced a transition in its administrative support. Long-time DOH CAMHD and AMHD Planners retired after decades of exemplary service. The Council currently receives administrative support from the AMHD Communications and Training Specialist and the AMHD Clerk Steno. FY 2021 is a year for the Council to regroup and to re-prioritize its strategic planning focus areas and activities for FY 2021 – FY 2023. The COVID-19 pandemic, including challenges related to physical/social distancing, travel restrictions and limitations on large gatherings outside our immediate households has not deterred the Council from remaining active in its advocacy and advisory roles. It's reasonable to anticipate the Council will continue to conduct its business via virtual meetings for the foreseeable future including work done through its Permitted Interaction Groups (PIGs).

Goals for the coming year include:

- Receive facilitated technical assistance for the development and creation of the Council's FY 2021 – FY 2022 Strategic Plan
- Elect Council Executive Officers – Chair, Vice-Chair and Secretary
- Recruit and retain Council members to fully fill all 21 membership positions
- Use the Council's FY 2021 – FY 2022 Strategic Plan to guide Council activities
- Create and support efforts of existing Council PIGs, new PIGs and committees
- Strengthen the Council's presence as advocates and advisors to DOH leadership, inclusive of input from neighbor island stakeholders and members of the County level Service Area Boards on Mental Health and Substance Abuse