

INFORMATIONAL BRIEFING

Senate Committee on Health and Human Services
and
House Committee on Health & Homelessness

February 5, 2024

Hawai'i Department of Health
Behavioral Health Administration - Adult Mental Health Division
Presented by Dr. Courtenay Matsu and Dr. Chad Koyanagi

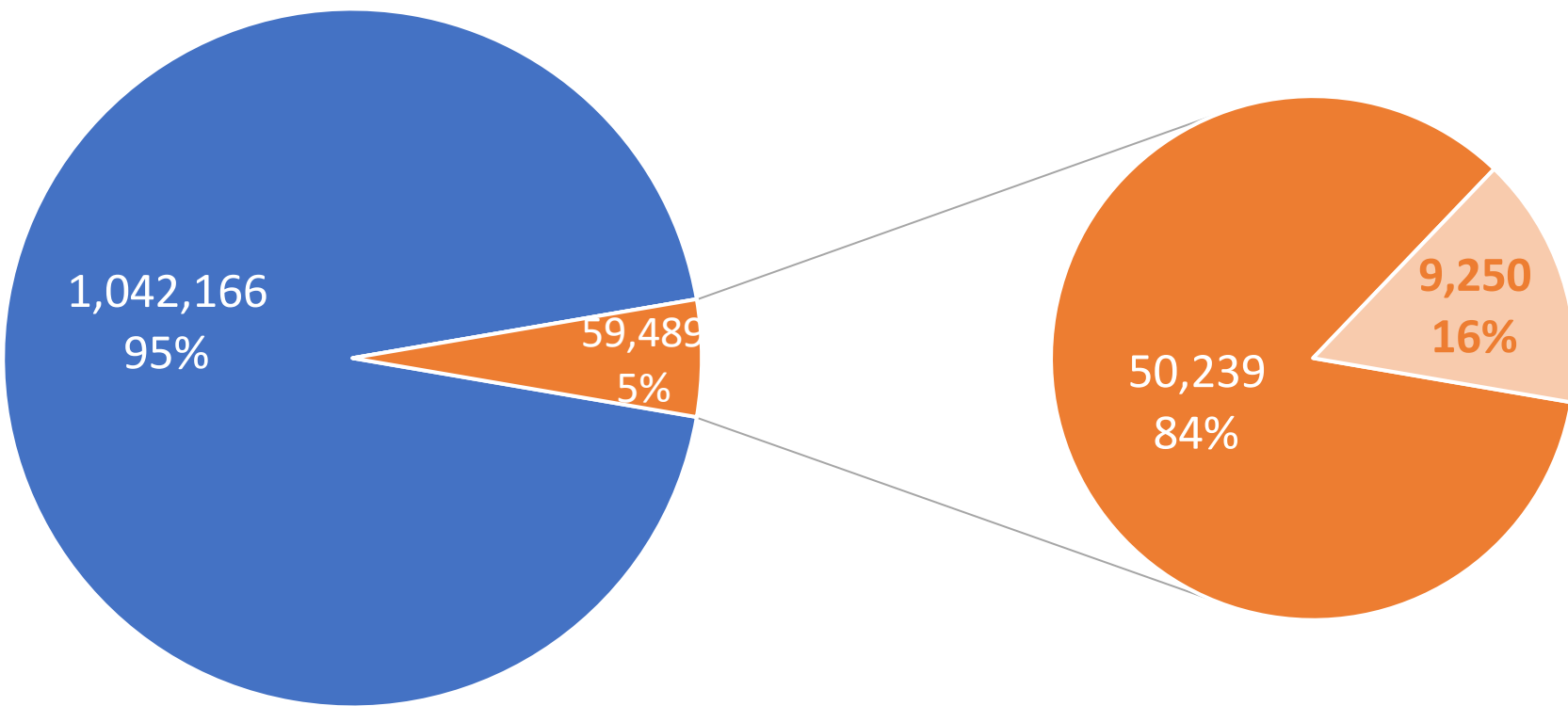
Key Points

- This presentation focuses on adults with a serious mental illness (SMI).
- We have a fragmented payer-centered system of care for those with SMI.
- Upstream care can improve stabilization and reduce risk of decompensation.
- Crisis services can help stabilize individuals and be an on-ramp to additional behavioral health services.
- DOH is working to expand capacity for the entire continuum of care.

Crisis Continuum and Services

HAWAI'I DEPARTMENT OF
HEALTH

Number of Adults with SMI and Served by the Adult Mental Health Division as a program for un/under insured and as a MQD CCS provider

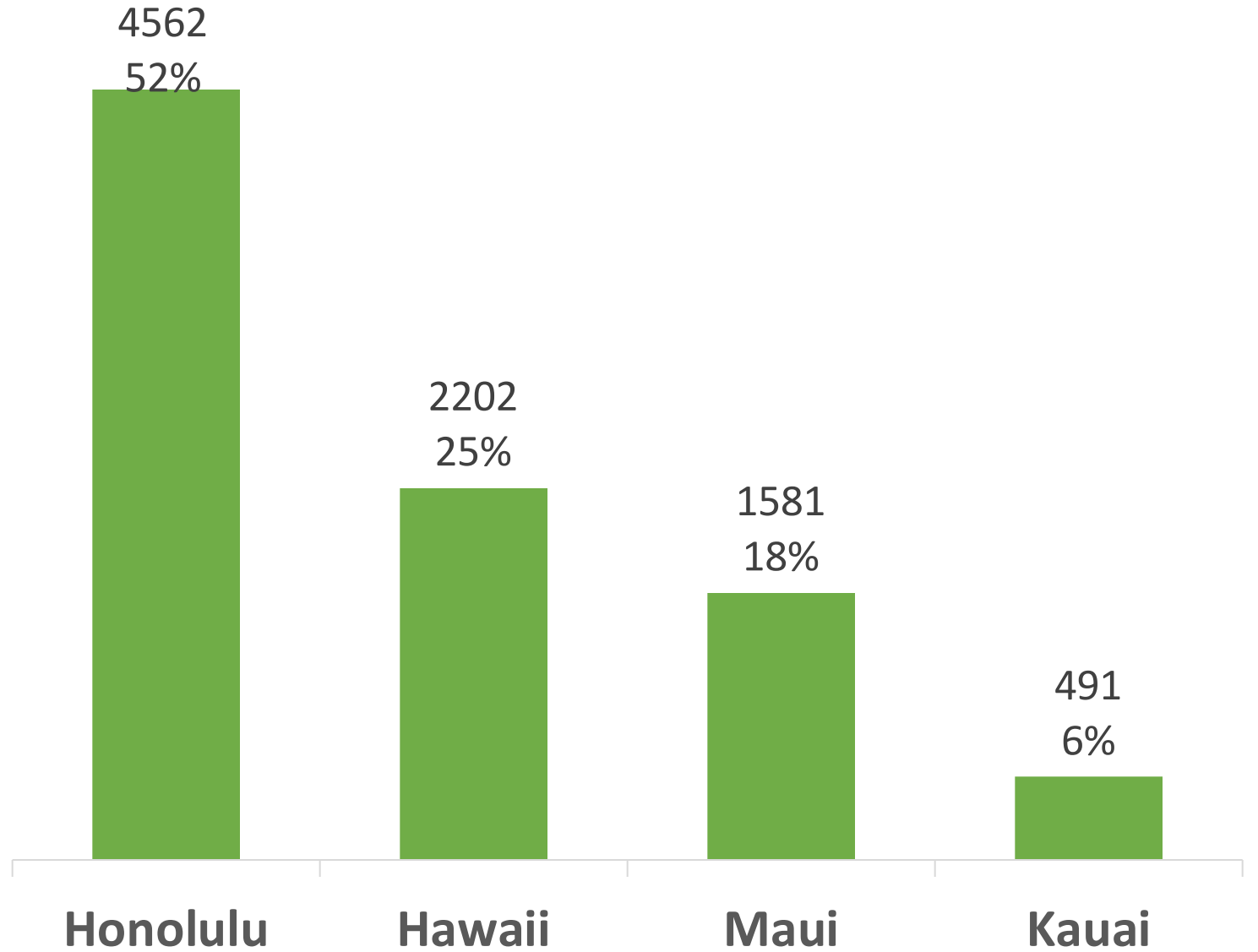


Approximately 16% of adults with SMI receive services from AMHD.

- Adults without SMI
- Adults with SMI
- Adults with SMI served by AMHD

*Based on 2022 SAMHSA Civilian Population Estimates

Number of AMHD
consumers served
by county
01/2023 –
12/2023





3 - 10 DAYS

Crisis

H I C A R E S / 9 8 8

Phone/Text/Chat

Avg. calls: 8,226/mo.
Avg. text/chat: 406/mo.

Mobile Outreach

Avg. 604/mo.

Stabilization Beds

28 Beds

Behavioral Health Crisis Center

Less than 24-hour
observation:
8 Beds
Stabilization up to 7 days:
10 beds



30+ DAYS

Treatment

Outpatient

MH (Adult): 4,612
SA (Adult): 3,300
SA (Youth): 1,180

Intensive CB Support

MH (Youth): 721

Residential

MH (Adult): 80
MH/SA (Youth): 60
SA (Adult): 546

Hospital

Youth: 16
Adult non-HSH: 41
HSH: 340



U P T O 2 Y E A R S

Supported Living

Clean & Sober Homes

450 Beds

Group Homes

620 Beds

Supported Housing

14 Beds

Transitional Family Homes

81 Beds



O N G O I N G

Recovery/ Support

Club Houses

Peer Coaching

Parent Partners

Prevention Supported

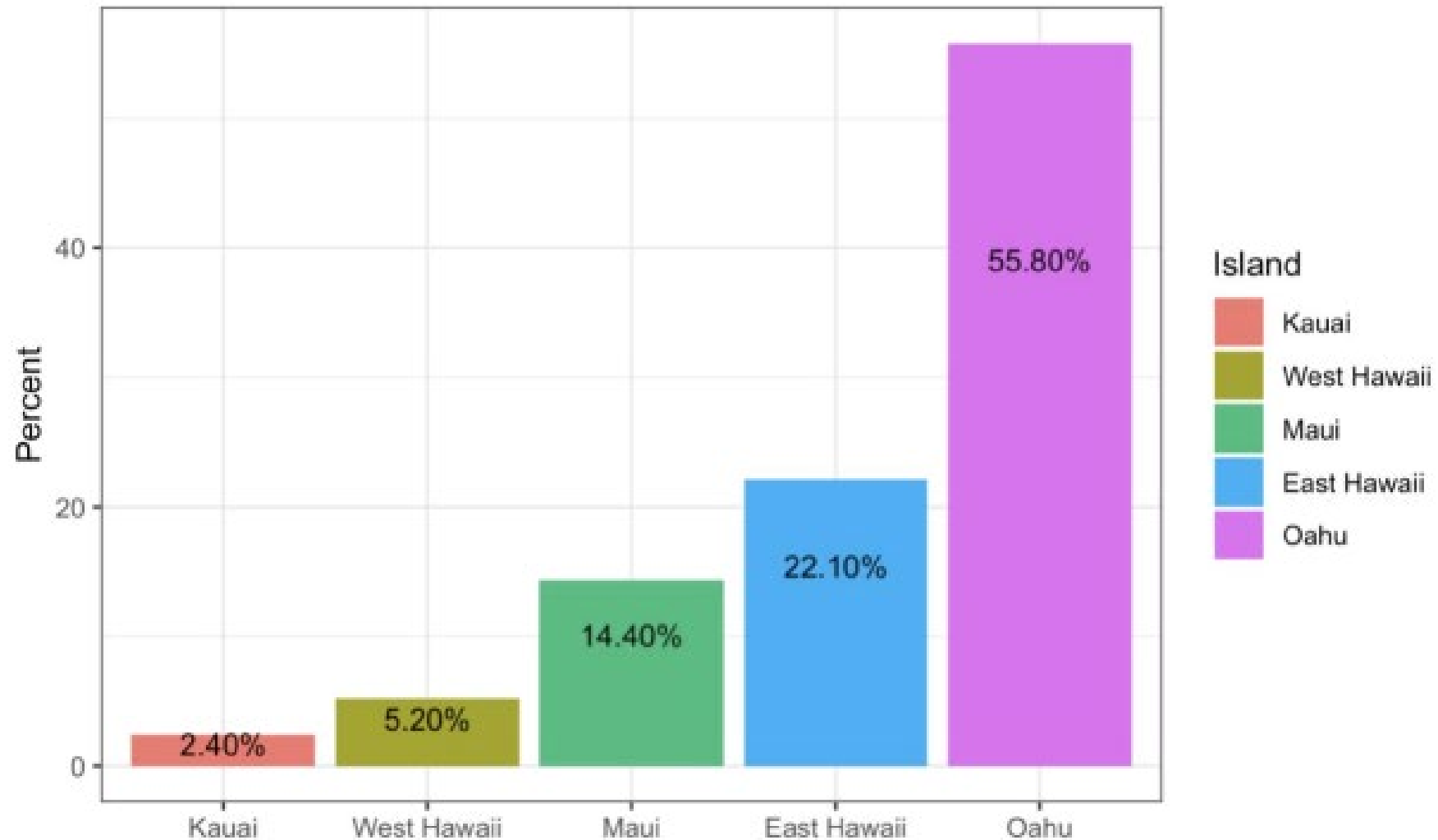
Employment

Supported Education



Crisis Mobile Outreach by Region in 2023

(total=7,245)

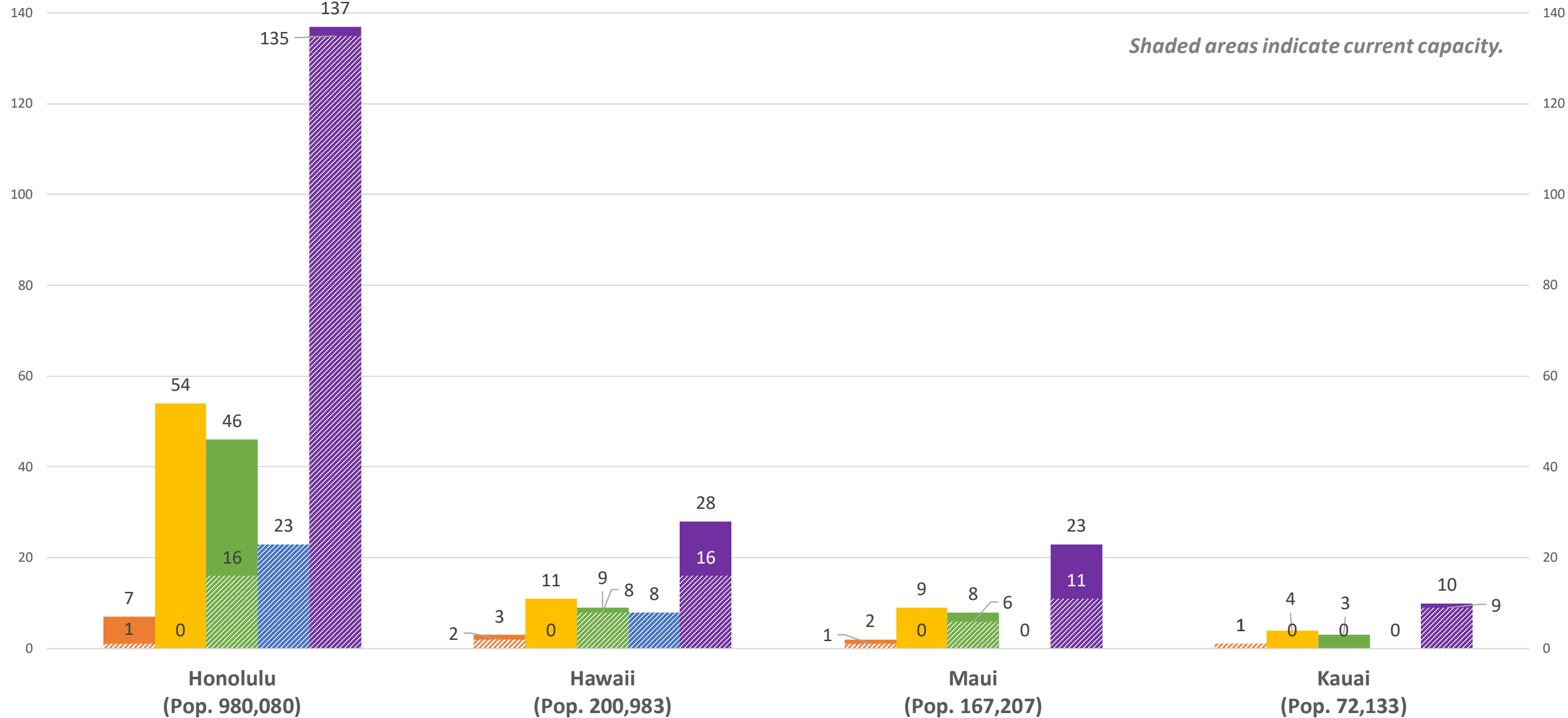


Hawaii's Crisis Care Continuum Needs

Potential capacity needed to serve all individuals needing in-person crisis care using the Crisis Now model

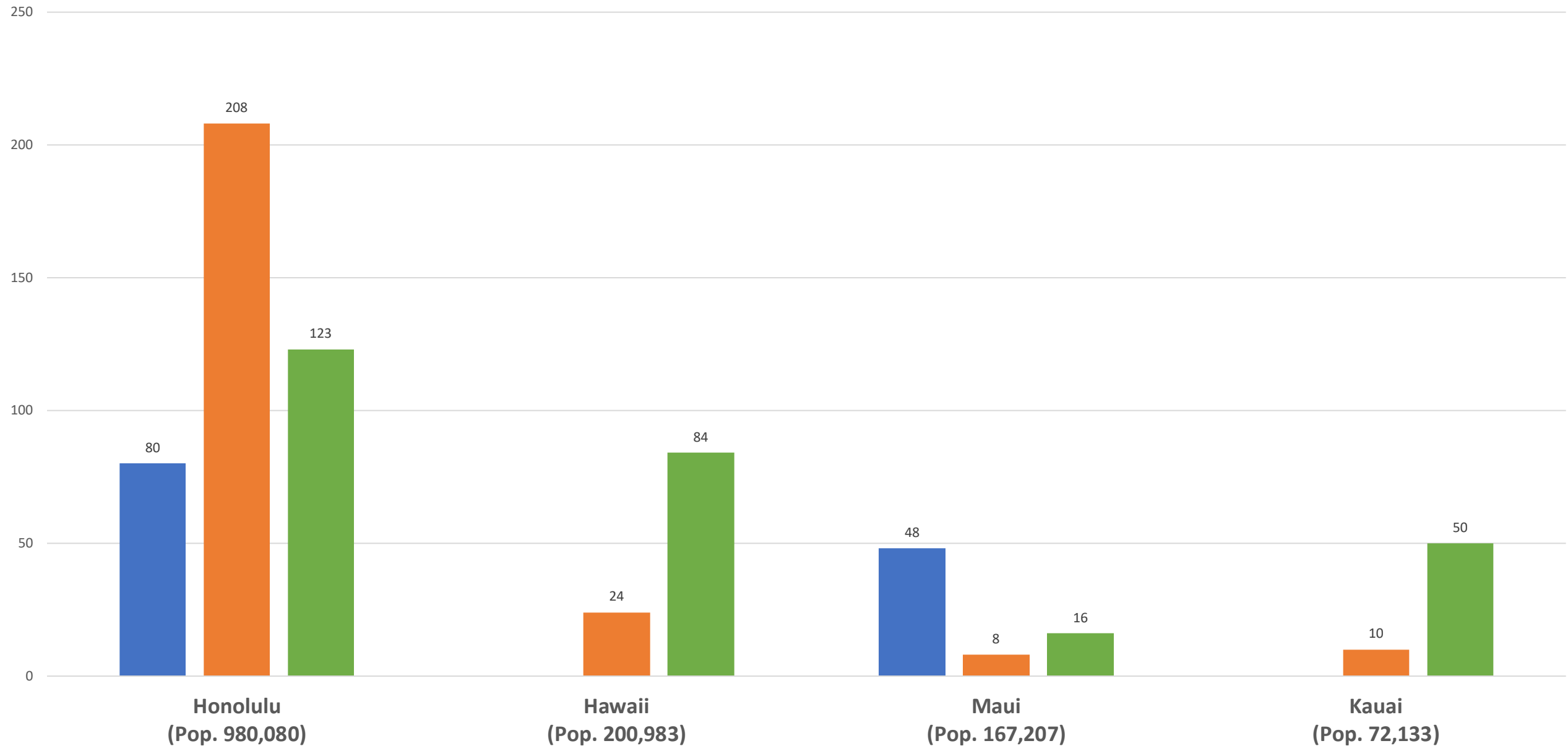
Mobile Crisis Teams Crisis Receiving Chairs Short-term Crisis Beds Long-term Stabilization Bed Acute Psychiatric Inpatient Beds

Shaded areas indicate current capacity.



Hawai'i Residential Placement Capacity

■ Residential Substance Treatment ■ 24 hour group home ■ 8-16 hour group home

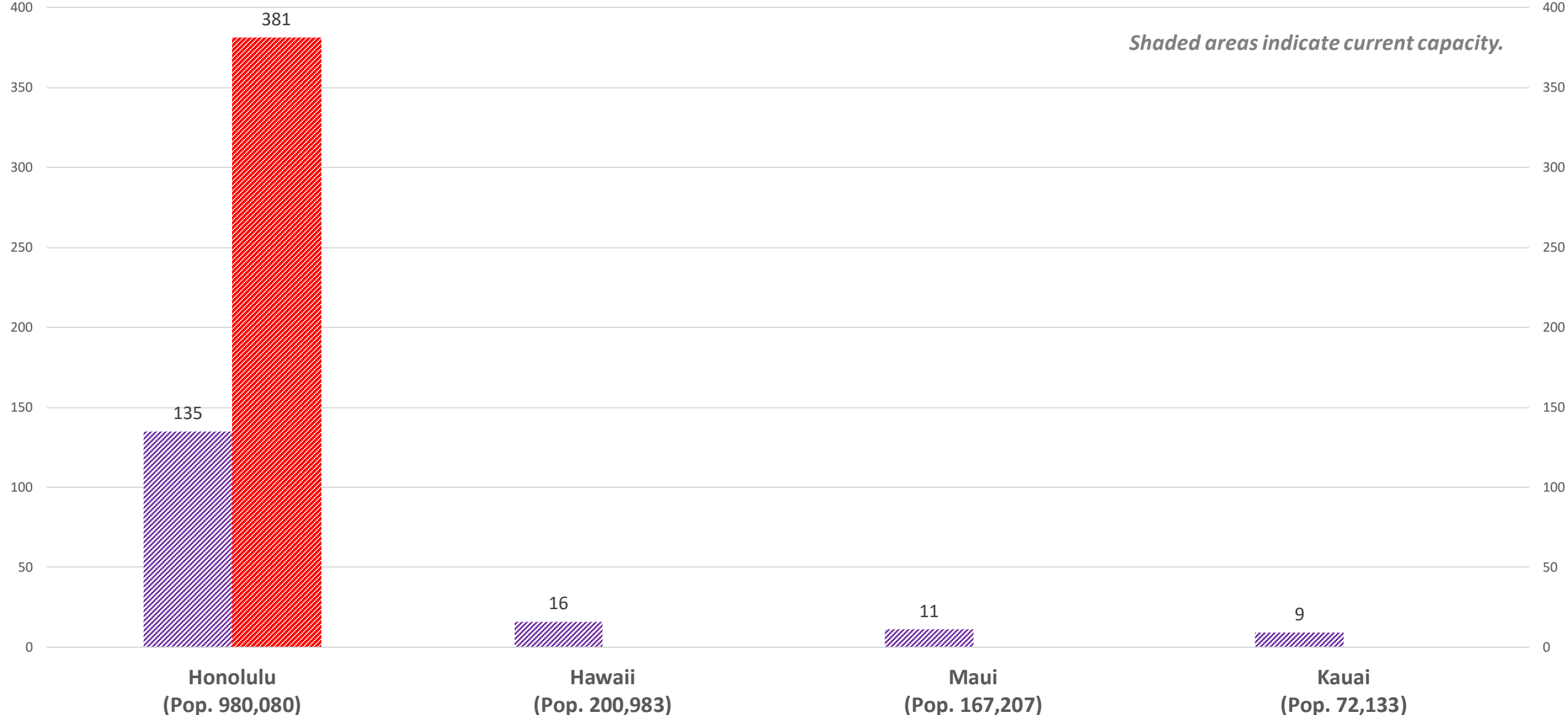


Psychiatric Inpatient Beds – Acute vs. Forensic

■ Acute Psychiatric Inpatient Beds

■ Forensic Psychiatric Inpatient Beds

Shaded areas indicate current capacity.



Behavioral Health Crisis Center: *What it IS*

- For ANYONE
- Crisis Care/Stabilization for mental health or co-occurring substance abuse
- Short-term
- Home-like, non-hospital environment
- Includes:
 - Addressing recovery needs
 - Use of peer specialists
 - Trauma-informed care
 - “Suicide safer” care
 - Safety and security for staff and those in crisis
 - Law enforcement and emergency medical services collaboration.

Behavioral
Health
Crisis
Center:
*What it
is NOT*

NOT a homeless drop-off or homeless triage center

NOT a facility only for pre- or post-diversion jail clients

NOT a drop-off for individuals with significant acute medical needs or who require nursing or care home placement

Benefits of a BHCC

Critical gap filled in the CRISIS
CONTINUUM

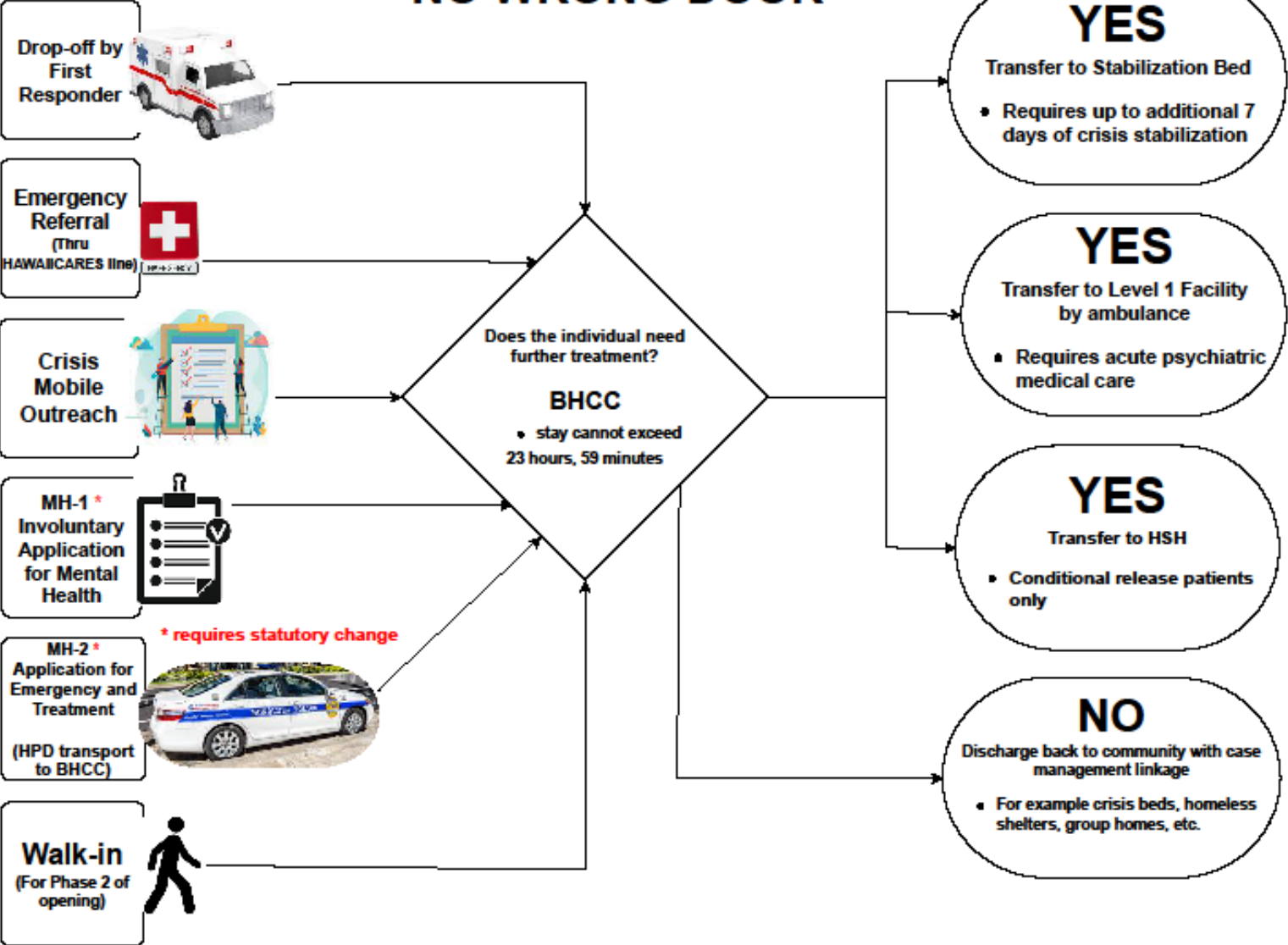
Decreased utilization of law enforcement
time → COST SAVINGS

Decreased use of acute psychiatric
resources → COST SAVINGS

Higher patient satisfaction for many
patients

Additional entry point into the behavioral
health care system

Referral Resources for Behavioral Health Crisis Center "NO WRONG DOOR"



BHCC Pilot: Iwilei Resource Center

- Ground Floor

- Observation – less than 24 hours
- Designated law enforcement drop-off area
- Up to 16 observation chairs

- Mezzanine Level

- Extended observation/crisis stabilization – up to 7 days
- 10-12 beds

- 24/7 Staffing

- Psychiatrist/APRNx
- Nurse
- Peer Specialist
- Case Manager
- Security



Next Steps for BHCC

- Open second site on Oahu or neighbor island
- Integrate as appropriate into Certified Community Behavioral Health Clinic
- Plan future sites and identify resource needs
- Consider incorporating adolescents into program

What else we're doing

- Requesting partial reimbursement rate increase for providers while we conduct rate study, and then will request remaining increase
- Requesting funding for additional supervised group homes

Crisis Continuum Summary

Crisis services can help stabilize individuals and be an on-ramp to additional behavioral health services

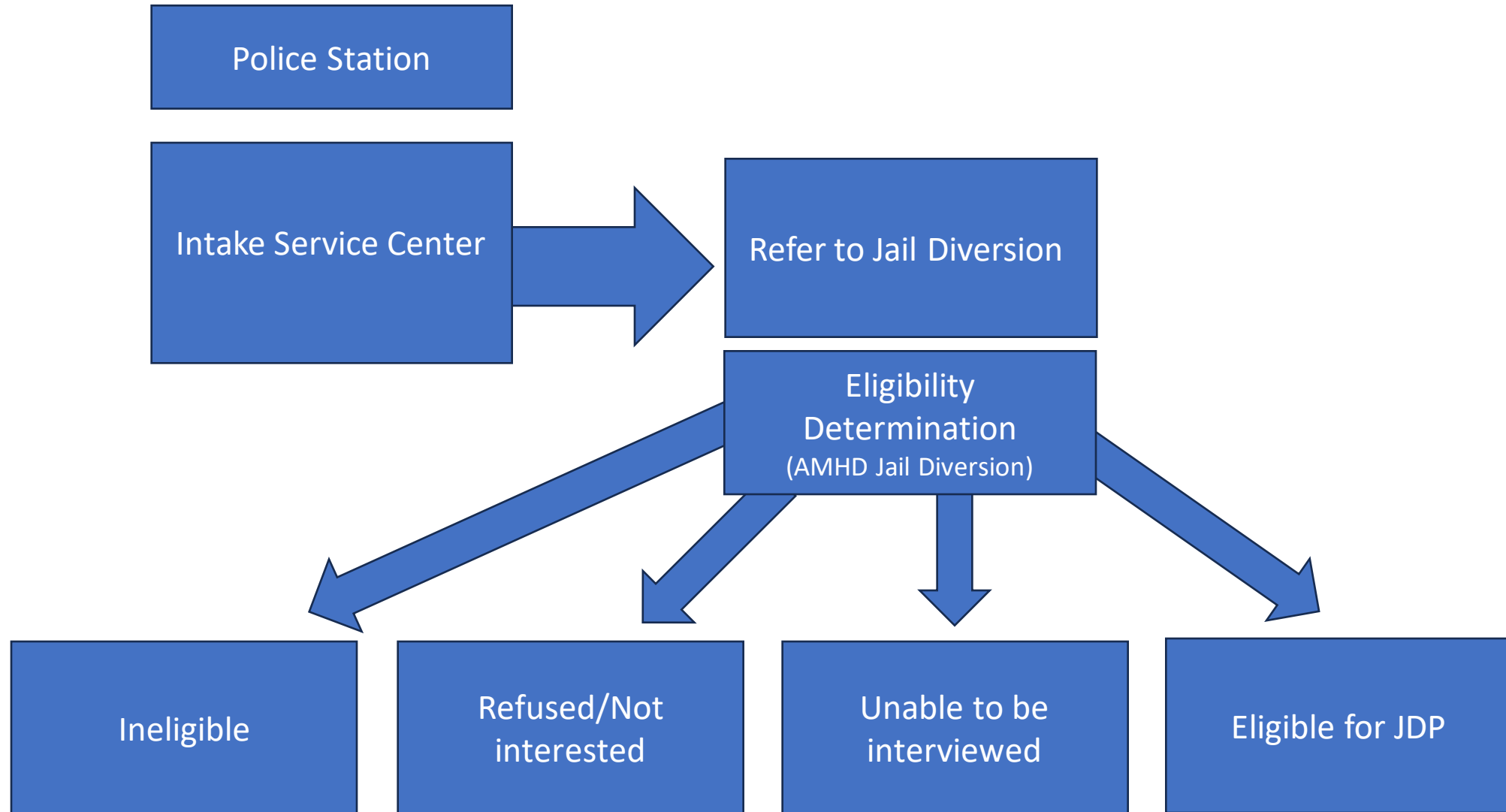
DOH is working to expand capacity for the crisis continuum of care throughout the state

Upstream care can improve stabilization and reduce risk of decompensation

Forensic Jail Diversion Program

HAWAI'I DEPARTMENT OF
HEALTH

Referral Process to Jail Diversion Program (JDP)



Post-Booking Jail Diversion Referrals by Screening Outcome

4/3/2023 – 01/31/2024 | Total referrals=758

Ineligible

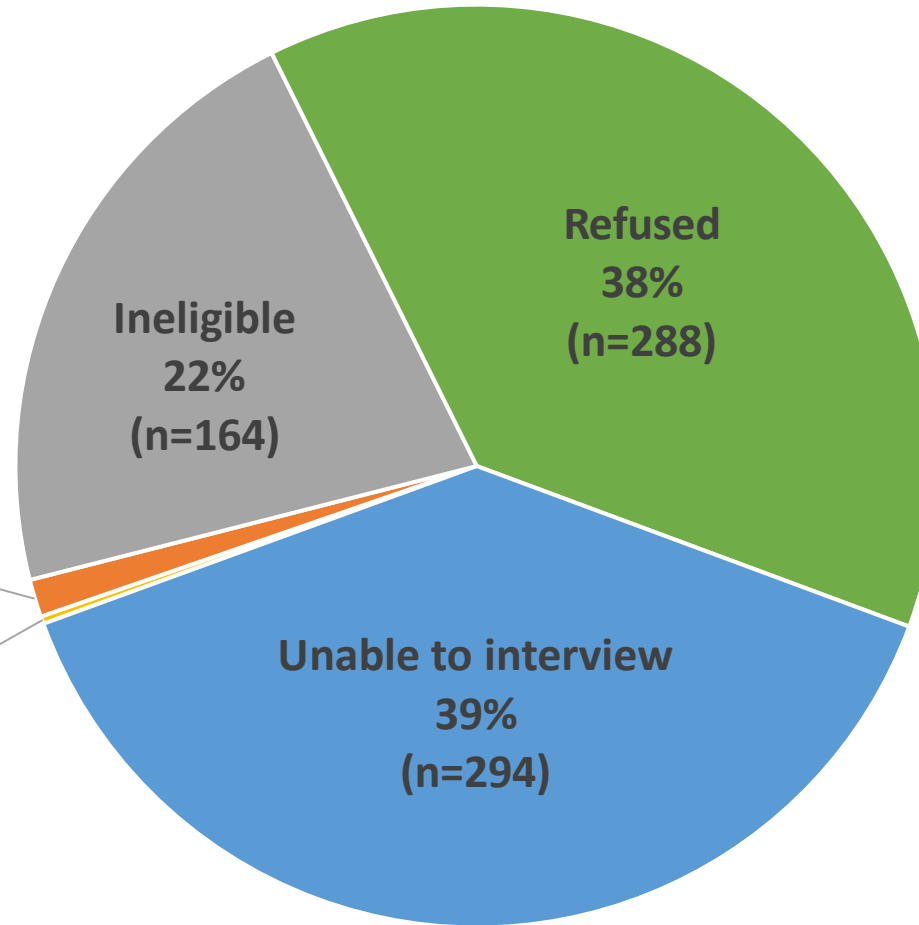
- Legal history - violent
- Screened but ineligible
- Consumer released
- Other

Refused

- Can do on their own
- No reason provided
- No perceived need
- Refuse Dr. change
- Refuse meds
- Still using drugs
- Other

Unable to Interview

- Staff shortage
- Uncooperative or aggressive
- Safety issues in cell block
- Psychiatrically unstable



Eligible, Accepted
1%
(n=10)

Eligible, Not accepted
(JDP pause*)
0%
(n=2)

*Prosecutor paused JDP on 07/26/23. JDP resumed for Circuit Court only on 10/31/23.

Jail Diversion Program Observations

Requires significant resources

Low return on investment

More accurate triage upstream may better utilize limited resources

Should not be expanded until improvements result in increased effectiveness

The Mentally Ill and the Criminal Mind

Characteristics of criminal behavior

Mentally ill

Commit a crime
because of their
mental illness

Criminals

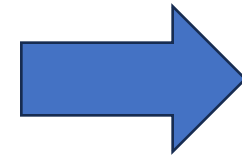
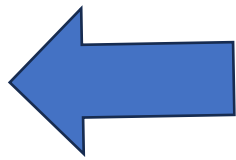
Have a mental
illness and
behavioral issues

Psychosis
Mood disturbance
Anxiety
Trauma

Violent behavior
Antisocial personality
Difficulty with authority

HSH

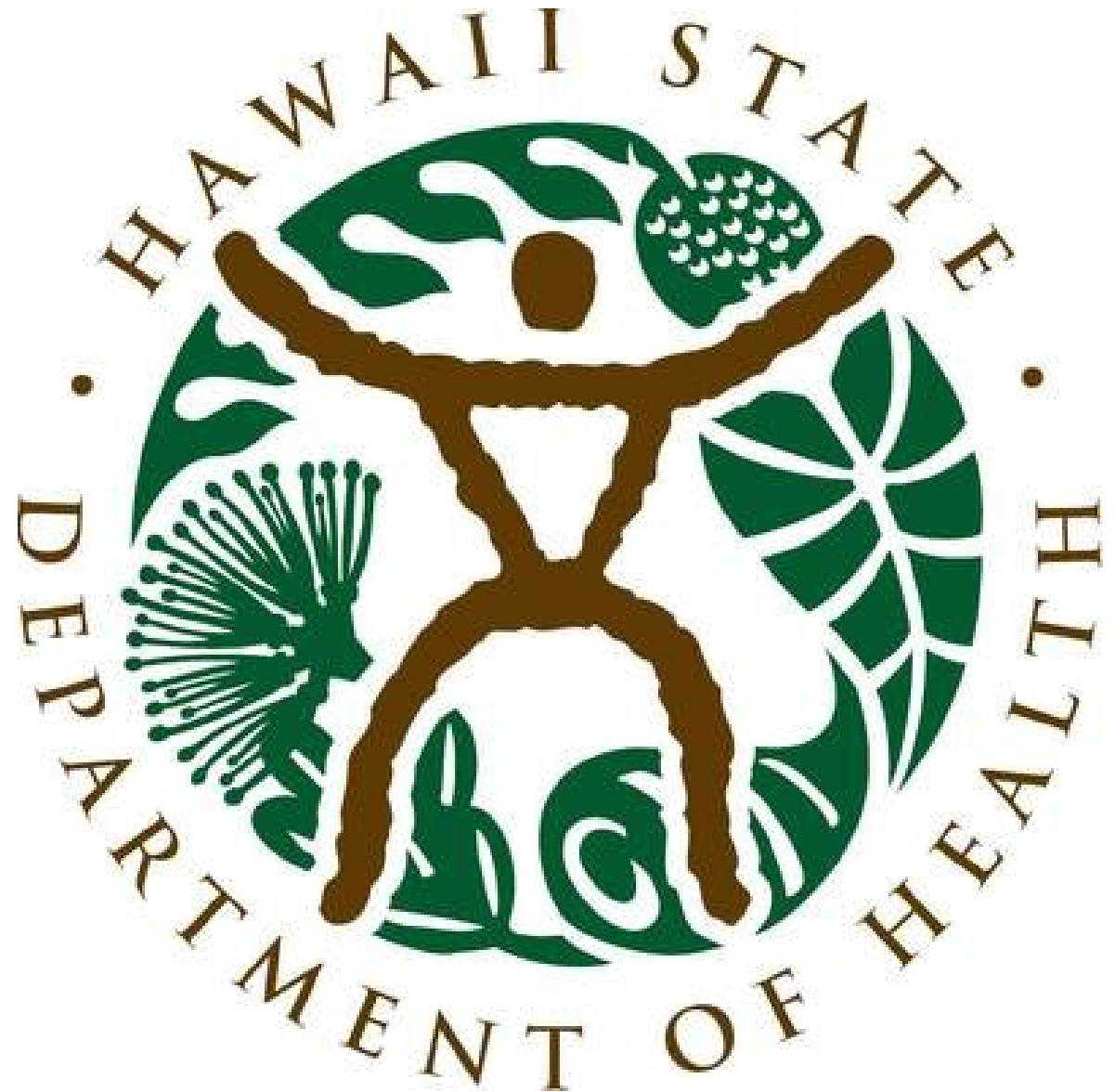
Prison



Thank You

Behavioral Health
Administration

Adult Mental Health
Division





DEPARTMENT OF HEALTH,
BEHAVIORAL HEALTH
ADMINISTRATION

HAWAII STATE HOSPITAL

PRESENTED BY
DR. KENNETH LUKE

FEBRUARY 5, 2024

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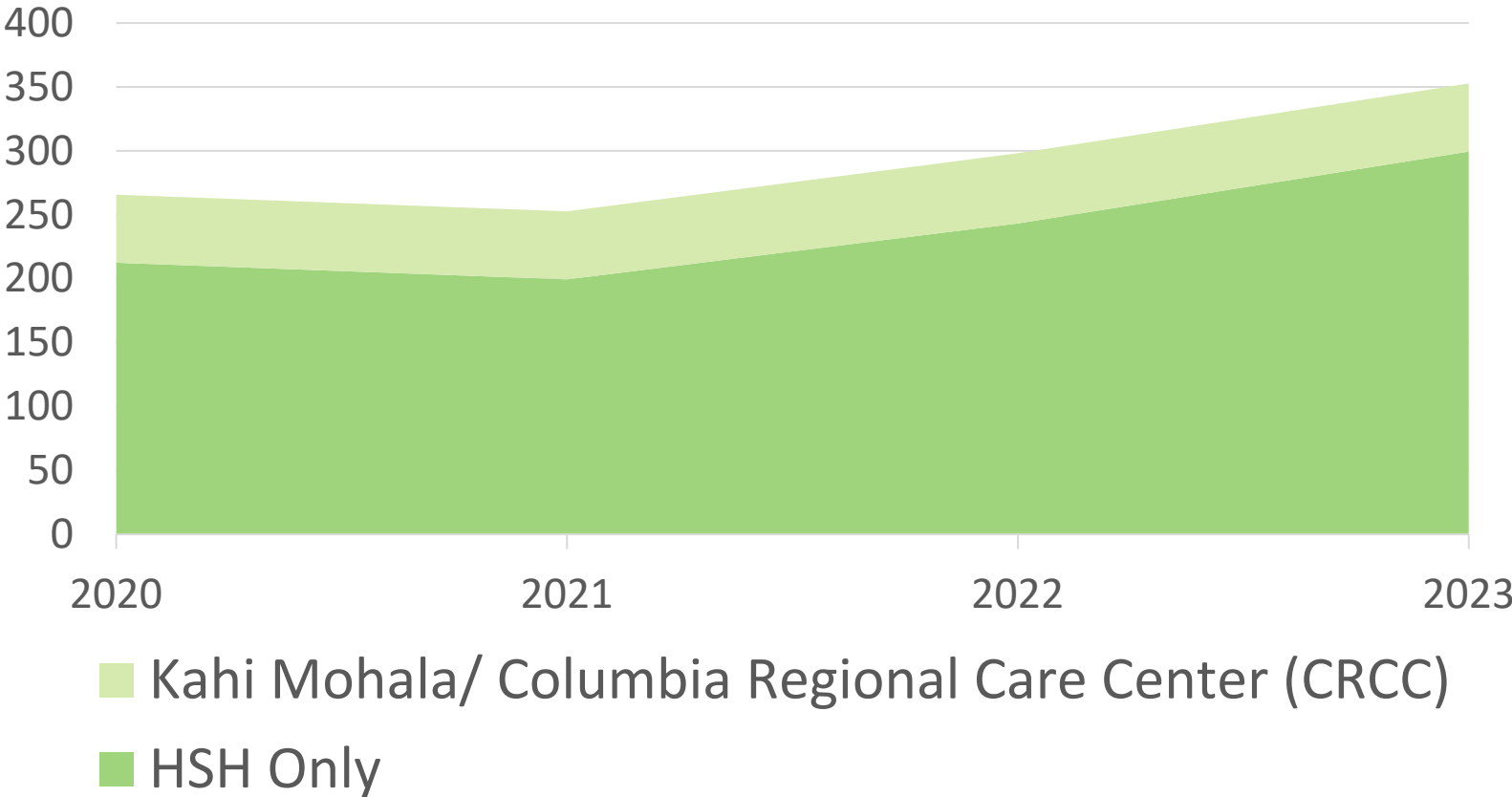


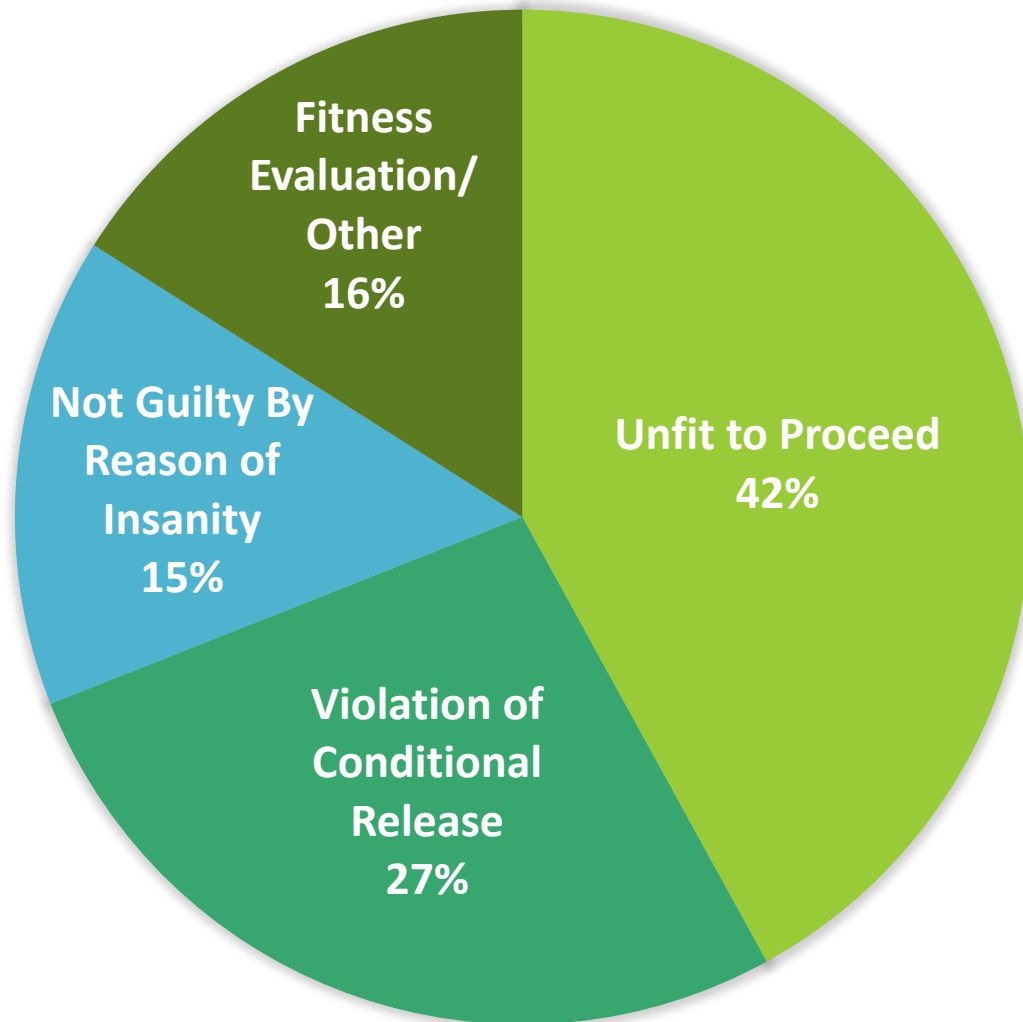
Need for Functioning Continuum of Care

Hawaii needs a full and functioning Behavioral Health Continuum of Care that has:

- 1) An adequate number of points of care.
- 2) Coordination that supports effective transitions along the continuum (or possibly to a different continuum).
- 3) Sufficient capacity.

HSH Census Snapshot 2020-2023





Snapshot of Active Patients by Legal Status

Two Distinct Types of Patients at HSH: The Mentally Ill and the Criminal Mind

Primarily
Mentally ill

Commit a crime
because of their
mental illness

Primarily
Criminal

Commit a crime
even if mental
illness treated

Psychosis
Mood disturbance
Anxiety
Trauma

Violent behavior/impulsive
Antisocial personality/low empathy
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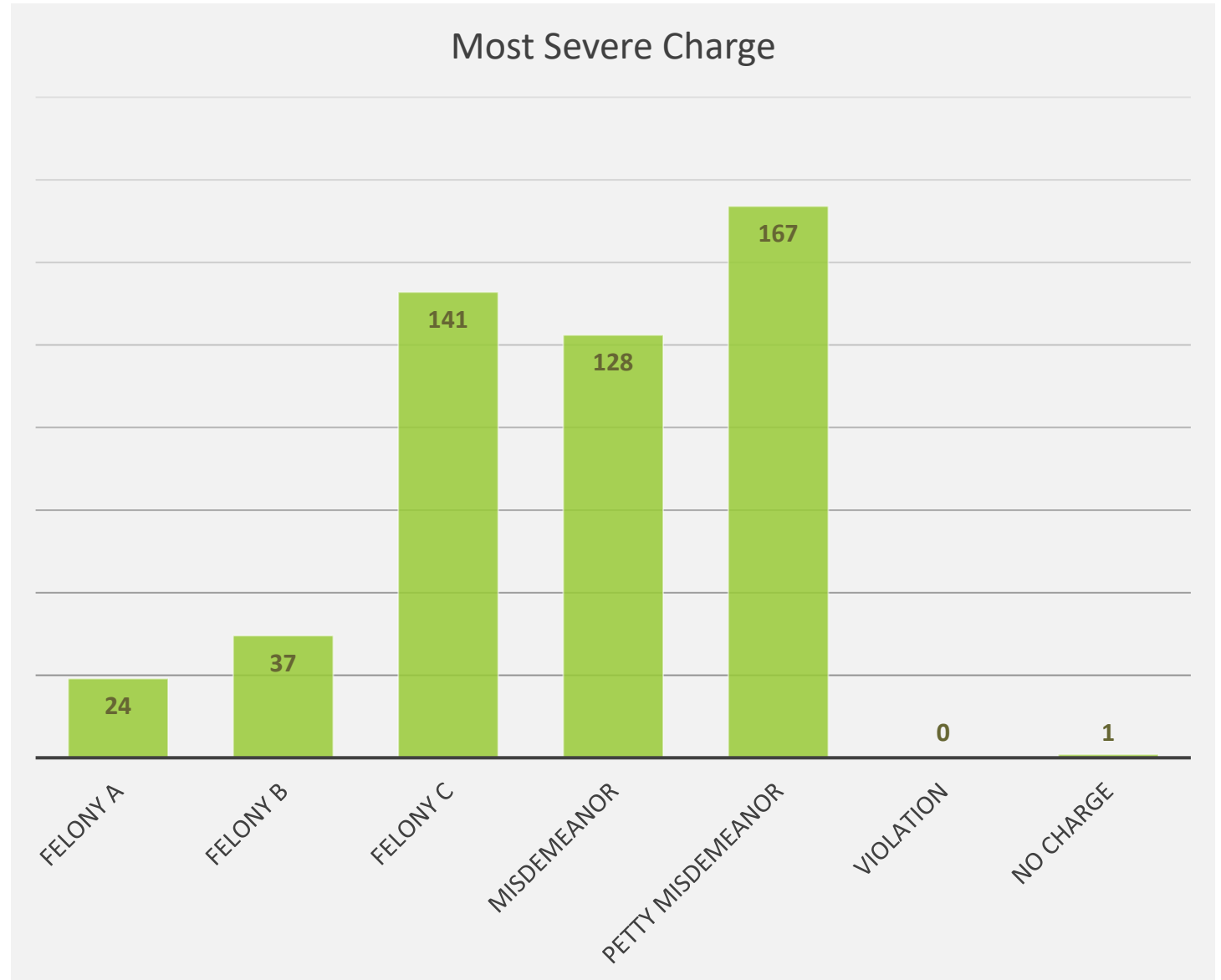
HSH

Prison

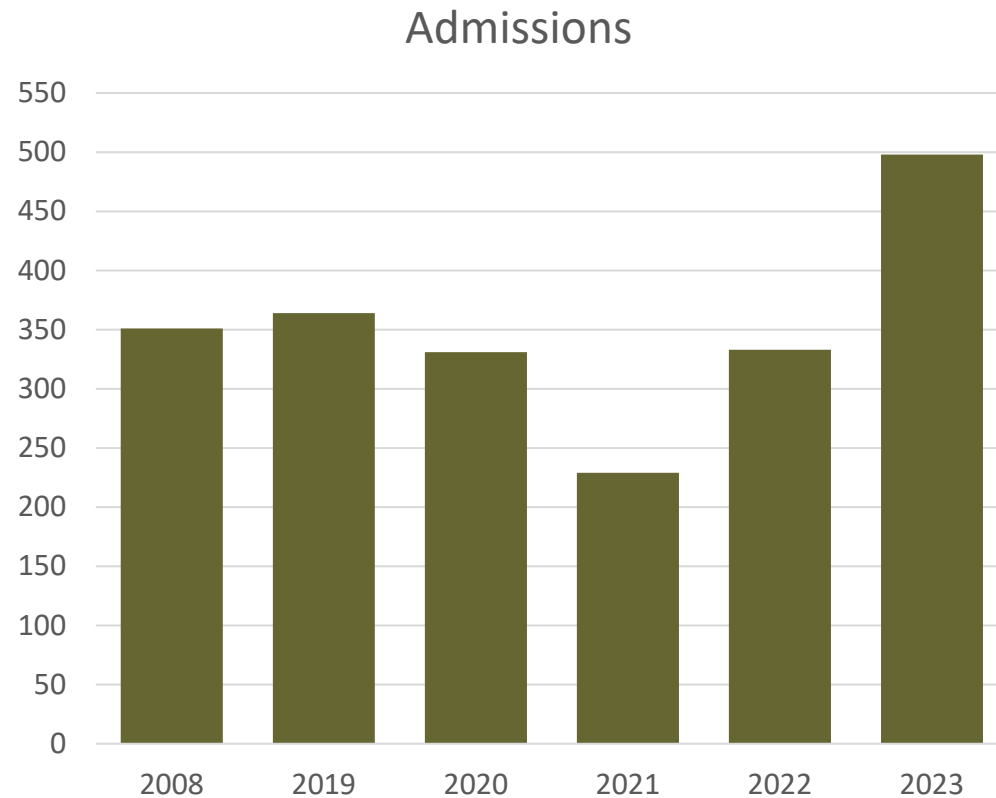
Seriousness of Charges

Most charges involved:

- Petty misdemeanors
- Misdemeanors, or
- Class C felonies (the least serious of felony crimes, such as theft, and property destruction)

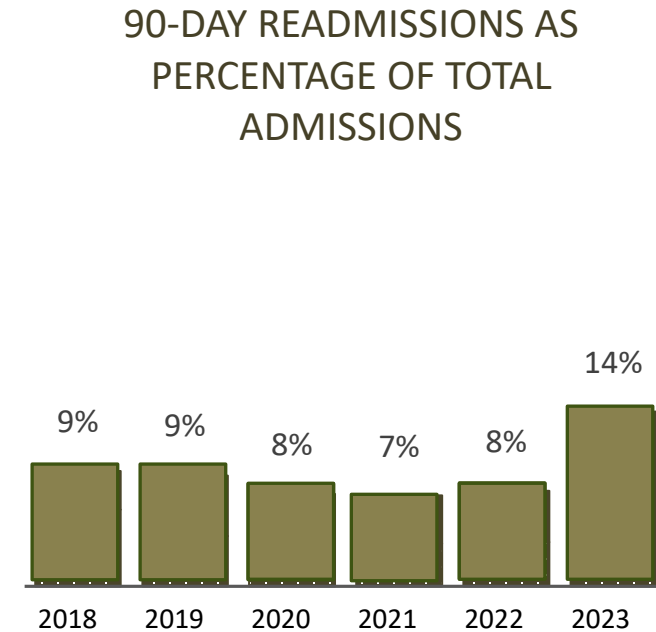
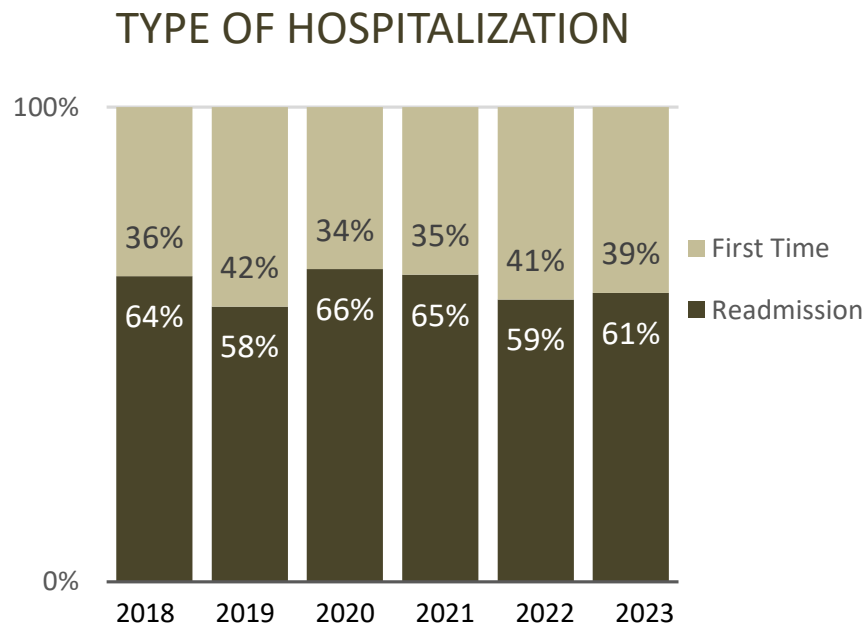


Admission Trends



- Admissions increased in 2023 from prior years.
- Among individuals who were admitted:
 - 61% were previously hospitalized at HSH
 - 70% were unhoused prior to admission
 - 82% were diagnosed with the co-occurrence of substance use

Rehospitalization Status of Admissions (2018 – 2023)



- The majority of patients admitted at HSH were previously hospitalized at HSH.
- Patients readmitted within 90 days of their last HSH discharge comprised a significant proportion of 2023 admissions—a notable increase from the 7-9% range of recent years.

Top 3 Reasons for Admission/Readmission

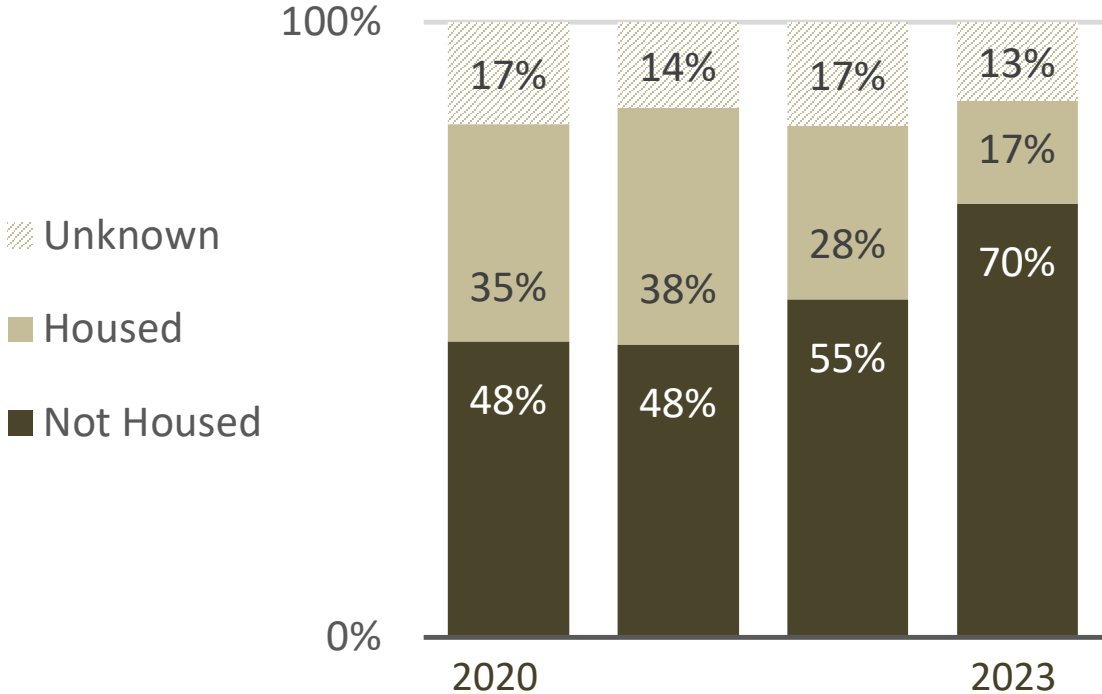
Active substance use, especially methamphetamine.

Houselessness and stressors of being houseless.

Non-adherence to psychiatric treatment and case management.

Housing Status Prior to Admission (2020 – 2023)

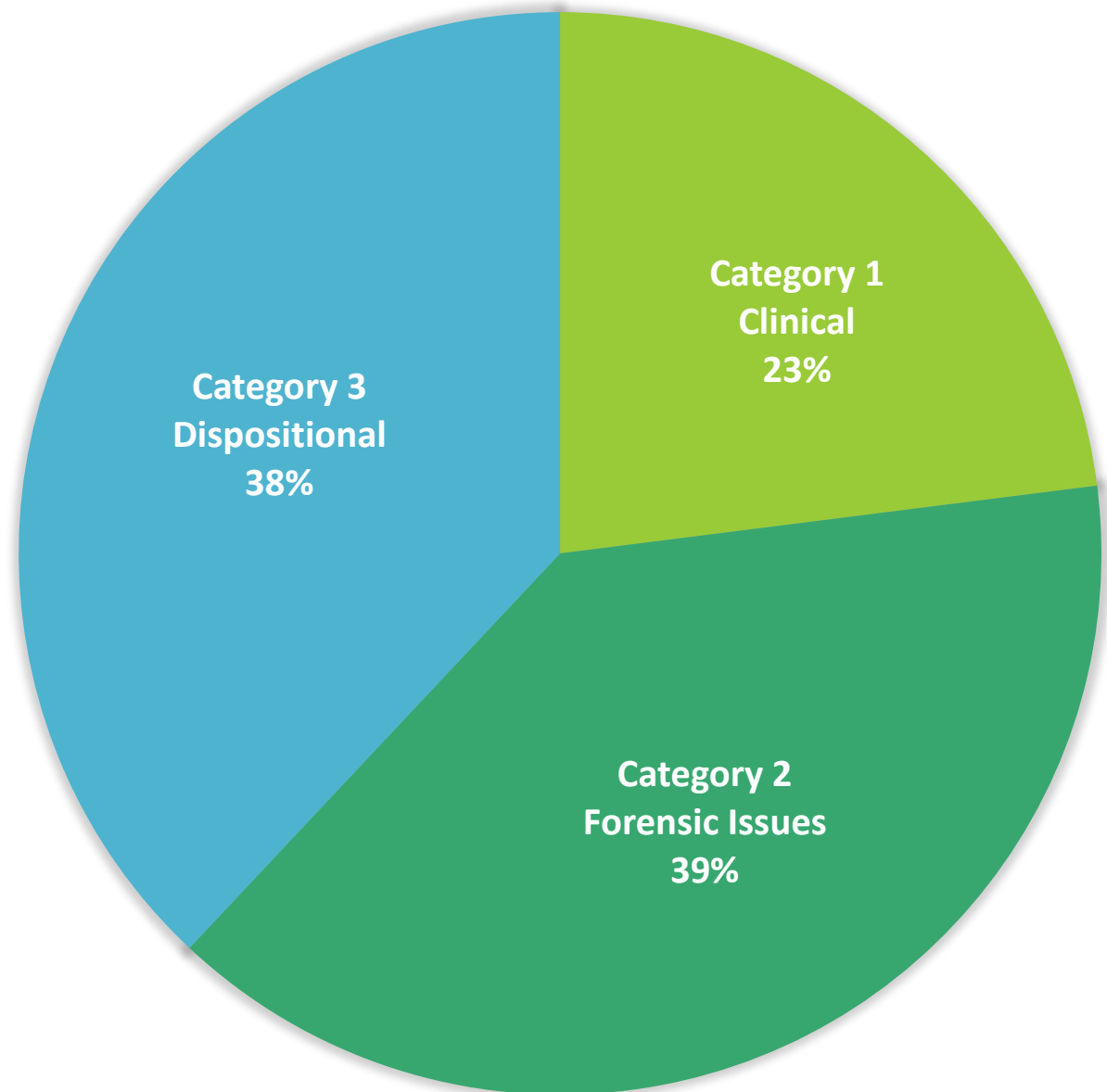
BY ADMISSION YEAR



Barriers to Discharge

- **Category 1** = Individuals needing inpatient care
 - Needs approximately 2 months on average to be stabilized on medication or to clear the effects of active illicit drug use.
- **Category 2** = Stable individuals with outstanding forensic issues
 - Waiting for panel evaluations.
 - Demonstrating to examiners on the board that the individual has recovered to the point that they can be tried out in the community again to gain conditional release (CR) or be placed back on CR.
 - May be better served in a setting best positioned to deal with criminogenic factors.
- **Category 3** = Stable individuals awaiting placement
 - Supervised group home, substance abuse residential, and for between 15-20 patients who are elderly, medically frail patients that require Specialized Nursing Facility (SNF) services.

HSH Patient Distribution by Category



Summary

- HSH census is at record levels; most patients do not need level of care that HSH can provide
- Lack of community capacity and delay in fitness determinations impact discharges
- The entire continuum of care must be enhanced for any one point to work optimally
- HSH has a new leadership team taking a data-based approach to identifying root causes and implementing solutions

Thank You
