REPORT TO THE TWENTY-SEVENTH LEGISLATURE
STATE OF HAWAII
2013

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

The role of the State Council on Mental Health ("Council") is to advise, monitor, review and evaluate the provision of mental health services in the state. The Council is an active advocate that provides a voice for children, youth, adults, and their families on behavioral health issues. Its membership is comprised of dedicated volunteers representing consumers, family members, 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 Hawai`i.

The Council's mission is to advocate for a Hawai`i 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 Hawai`i where people of all ages with mental health challenges can enjoy recovery in the community of their choice. Further, the Council's directives include:

- 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 on issues of concern, policies and programs;
- Provide guidance to the mental health authority in the development and implementation of the state mental health systems;
- Monitor, review and evaluate the allocation and adequacy of mental health services within the state.

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" pursuant to Section 334-10 (3), Hawaii Revised Statutes (HRS). This Plan, which is also known as the Community Mental Health Services Block Grant Plan, provides the framework for statewide implementation and improvement of mental health services. The Substance Abuse and Mental Health Services Administration (SAMHSA) is the federal agency responsible for the award and management of the annual Community Mental Health Services Block Grant to each state and territory.

The annual report on the implementation of the State Plan for Fiscal Year (FY) 2012 is submitted in response to the HRS. "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."

In accordance with its mission, Council members reviewed the priorities of the State Implementation Reports from the Child and Adolescent Mental Health Division (CAMHD) and the Adult Mental Health Division (AMHD) and provided feedback to the Chairperson of the State Council. The Chairperson then incorporated Council input in the report.

Council Response to Review Implementation of the FY2012 State Plan

Child and Adolescent Mental Health Division Priorities[1]:

Priority 1. Implement Primary Care Collaboration
This priority should be marked "progress" instead of "achieved."

Priority 2. Support for Youth Homeless Outreach
Resumption of education is one indicator. What about high school completion and assessment of health literacy? Whereas we need to have more Native Hawaiians providing services, we also cannot be dependent on one person for a whole community. What is the cultural system being evolved? For example, use of Kupunas, mentors, etc. This priority could have benefited from the use of comparison measures to previous years and goals for the current year.

Priority 3. Support Suicide Prevention
This priority does not give a definition for "ASIST," and stating goals would have been helpful.

Priority 4. Conduct Mental Health Assessments, Screening, Consultation and Mental Health Services for Juvenile Justice Youth
What outcomes is CAMHD looking for? Is it resuming education? High School diploma? Decrease recidivism? Prevention of teen pregnancy?

Priority 5. Fund Transition Age Youth Services
The military provides dollars to the Department of Education (DOE) that includes education and other supportive services. Perhaps the collaboration needs to include the DOE and Public Health Nursing since the military schools have high usage of psychotropic medication.

Priority 7. Support Evidence-Based Services Committee and its initiatives
Public Health Nurses should be included since they provide consultation to the schools. This priority is difficult to measure.

Priority 11. Fund Annual Consumer Survey
The whole Department of Health needs to work at bringing service into culture versus culture into service. Consumer satisfaction with cultural sensitivity would be greatly improved. It would have been helpful if this priority had goals.

Priority 13. Promote Children's Mental Health Public Awareness Activities
This section needs to be written from the perspective of what outcome is to be achieved.

Adult Mental Health Division Priorities[2]:

Priority 19. Trauma
A better title for this priority would be: Implement a Trauma Informed System of Care

[1] See page 5 of Appendix
[2] See page 13 of Appendix

Priority 21. Public Awareness and Support
The Network of Care is an important tool and usage (hits) indicates that it is well received by the community.

Priority 22. Health Information Technology
This is very important for small communities since they cannot have the same access to psychiatric services as the major population centers.

Priority 23. Peers
Peers helping peers is important, but also, what is valuable is, peers in a number of various positions, which serves as a role model for others seeking employment. Perhaps, an outcome could have been: increasing employment of consumers in various employment roles. The training for peer specialists can be beneficial to recovering consumers trying to re-enter the workforce.

In summary, the basic approach to creating priorities or strategies for improvement in the delivery of services falls into one of the most common problems with strategic planning and implementation: they almost exclusively focus on "activities" as goals, not on "outcomes." Ideally, activities should be part of strategies to affect outcomes. Doing a certain number of trainings or outreach activities or presentations is not a goal in itself. For example, the goal in suicide prevention is not to do lots of activities in support of suicide prevention, but to decrease the number of suicides or "major" suicide attempts.

Generally speaking, most of the priorities or goals are tailored to the point of view of the bureaucracy, not the point of view of the end customer. What we are measuring is not necessarily what is most important to the end user or customer or client; in fact, the vast majority of consumers may be completely unaware of the initiatives except a new requirement for reports or paperwork.

The CAMHD priorities in many cases are noted as "Achieved" or "Not Achieved." In some cases, they should be graded as "Progress." For example, priorities 1, 7, 10 and 14 should have been marked "Progress." Also for the CAMHD Priorities, several of the priorities cite figures for the current year; it would be helpful to show a comparison against previous years to see if progress is being made. In the AMHD report, it's noted that the data collected this year will be used as a baseline for future reports. This will be helpful in judging progress.

The Council lauds both CAMHD and AMHD on making progress on their priorities in the past year, while working with continued budget restraints. The Council believes that much work needs to be accomplished in serving consumers and family members, and is committed to continuing to work closely with both divisions with optimum insights and feedback from those they serve.

APPENDIX

Child and Adolescent Mental Health Block Grant
Report on State Priorities of FFY2012
to the State Council on Mental Health

Priority 1. Implement Primary Care Collaboration - Achieved

CAMHD issued a Request for Proposals to solicit proposals to partner on integrating behavioral health into primary care. A contract was awarded to the Hawaii Primary Care Association to develop pilot projects at two community health centers. The two community health centers should begin screening for mental health issues in children and will turn to CAMHD for consultation and referral.

Collaboration with the University of Hawaii, John A. Burns School of Medicine, Department of Psychiatry is in the works. The project will survey the needs of primary care centers and provide education and training to address the behavioral health educational needs of the staff.

Priority 2. Support Youth Homeless Outreach - Achieved

CAMHD continued its contractual arrangement with Hale Kipa to provide outreach services to homeless youth. The purpose of the contract is to provide outreach services to any youth in the City & County of Honolulu, less than eighteen years of age, without shelter and in need of support services, including mental health services, to stabilize their living situation. This year, Hale Kipa was successful in assisting 29 youth into more permanent residence, such as returning home or being placed in an apartment or a temporary living program.

During the year, 434 youth outreach contacts were made, 340 were provided drop-in services (food, shower, mail, group therapy), 48 were provided sex assault prevention information, five youth accessed mental health services, and seven youth were provided crisis intervention services. The Youth Outreach (YO!) program also provided 14 presentations to increase community awareness of its services, with 329 youth being made aware of the YO! services through a variety of community presentations. The YO! Program provides basic need supplies to homeless youth and provided over 11,000 items, such as nutrition bars, first aid and hygiene supplies, and information packets. The program provides case management to those willing to receive services, with the care coordinators helping the youth to achieve goals. During the year thirteen of the youth were assisted in maintaining or resuming their school education, and 43 were provided case management services.

Since 2009, block grant funds were used to serve the mental health needs of homeless children and their families. The provider, Catholic Charities Hawaii, positions its Koastal Kids Program along the Waianae Coast of the island of Oahu. The Waianae Coast, which is home to a primarily Native Hawaiian population, is a haven for chronic and newly homeless families.

Many families often live on the beach, while others frequent the homeless shelters. The program focused on assisting homeless children and families living on the beaches of the Waianae Coast, primarily individuals of Native Hawaiian decent. Catholic Charities' Mental Health Specialist is Native Hawaiian and has lived on the Waianae Coast her entire life. She is able to build rapport with the families and connect them with appropriate resources. Parents are now willing to share their concerns around stress, discipline, self-esteem, parenting, and developing healthy relationships. The Mental Health Specialist provided individual counseling to 15 children and adolescents. She employs the evidence-based Trauma-Focused Cognitive Behavior Therapy. She also provided group counseling to 26 children at the Ma`ili Land Transitional Shelter and 12 adolescents at the Pai`olu Kaiaulu Transitional Shelter. At Pai`olu, she uses the evidence-based treatment model, Structured Psychotherapy to Adolescents Responding to Chronic Stress. This 12-week model focuses on skill building for traumatized youth and incorporates Dialectical Behavior Therapy. Outreach and informal counseling were provided to 42 homeless children and families on the beaches.

Priority 3. Support Suicide Prevention – Achieved

CAMHD continued to support the implementation of the State Suicide Prevention Plan. CAMHD partners with its sister Dept. of Health agency, the Injury Prevention & Control Program, which staffs the Hawaii Prevent Suicide Task Force. During the year, the Task Force focused on developing its next strategic plan and continuing its training initiatives. Many of the trainings were coordinated by the new neighbor island task forces. Gatekeeper trainings were implemented statewide:

O`ahu: Seven two-day ASIST trainings were held on Oahu for 160 individuals. The trainings were held at the Queen Lili'uokalani Children's Center, University of Hawai`i campus center and at Tokai University. Participants were staff who provide services to at-risk youth. Six three-hour safeTALK trainings were held on Oahu for 114 individuals.

Hawai`i: Thirty-six safeTALK trainings were held at Hilo Medical Center, University of Hawai`i at Hilo, HOPE Services, Kona Adult Mental Health, and DOE schools. Five hundred thirty-nine individuals attended the three-hour safeTALK trainings. The Prevent Suicide Kona Task Force completed one safeTALK training in Kona for nine participants.

Maui: A two-day ASIST training was held at Maui Community College to train 30 individuals. A safeTALK training was held for 20 Maui Police Department recruits.

Kaua`i: Five safeTALK trainings were organized for 140 individuals at Kauai Police Department, Kauai Community College, DOE schools, Queen Lili`uokalani Children's Center and a church.

A prominent mental health advocate, Mary Jadwisiak, provided suicide prevention/mental health workshops for health care professionals on Maui, Kaua`i, Big Island and O`ahu to 78 individuals. Teachers, parents, health care professionals, care-givers and community members were provided a better understanding of adolescent mental health. Ms. Jadwisiak also

conducted Grand Rounds at Queen's Medical Center and Tripler Army Medical Center for 24 psychiatry residents.

With the block grant dollars, the Injury Prevention and Control Program supported the LGBT Conference and the Healing After Conference. The LGBT (lesbian, gay, bisexual and transgender) youth conference was focused on building skills and collaboration among youth serving providers to enhance the safety and well-being of LGBT youth throughout the state. Two hundred participants attended, but the response was so great that 100 names were placed on the waiting list. The purpose of the Healing After Conference was to raise awareness of the public health issues related to suicide prevention and to encourage discussion of the responses and possible resolutions to this challenge.

Priority 4. Conduct mental Health Assessments, Screening, Consultation and Mental Health Services for Juvenile Justice Youth – Achieved

Since 2004, CAMHD has partnered with the Family Court on the provision of mental health assessments of youth in the juvenile justice system. According to the Agreement, Family Court of the First Judicial Circuit may contract with mental health professionals to provide mental health assessment services, prioritizing those youth who are not otherwise eligible for mental health assessment services from any other state agency or private insurance plan. Youth are provided mental health assessments and a portion of them are found to be in need of mental health services. During the year, 36 mental health assessments were performed, along with one psychosexual assessment.

Since 2007 CAMHD has partnered with the Family Court specialty court, Juvenile Drug Court. Juvenile Drug Court was started in the First Circuit, covering the City & County of Honolulu, in 2001. The focus of the court is on providing intensive supervision and comprehensive drug treatment services for youth and their families. The drug courts use a model of rapid intervention, immediate access to treatment, judicial leadership, frequent and direct contact with the drug court judge, and graduated sanctions and incentives. CAMHD's contribution is the provision of psychological evaluations, case consultations, and mental health screenings. Services are provided by a Clinical Psychologist that the court secures. The Judiciary's clinical psychologist performed seven psychological evaluations, 28 mental health screenings using the Trauma System Checklist, and 13 case consultations with recommendations made to the Court.

CAMHD continued its partnership with Girls Court by supporting the provision of mental health services. The Family Court of the First Circuit began a court for juvenile girls in 2004. The focus of the court is gender-specific programming to address the special needs of adolescent girls in the judicial system. The girls and their parents/guardians attend court proceedings once every five weeks. Following their appearance in court, parents/guardians attend a parent education and support group. The girls meet separately to focus on issues such as teen pregnancy prevention, domestic violence prevention and intervention, healing from trauma, substance abuse, and setting positive and healthy goals. The girls receive intensive supervision and participate in workshops and activities. This year, however, Girls Court experienced wholesale

staff turnover. Now that new professional staff have been hired and a new cohort of girls was admitted, the program resumed providing services. Three mental health reports were completed for Girls Court.

Priority 5. Fund Transition Age Youth Services - Achieved

To address the needs of youth who are transitioning to adulthood, CAMHD continued its initiative to ensure youth have transition plans and support the youth to achieve their goals. The concept makes block grant funds available to assist young adults achieve their educational, vocational, or life goals, or to assist with housing needs. The mental health care coordinators work with the youth to identify goals for their future and use the funds to help them move toward goal attainment. The services or supports provided are individualized to address the hopes and dreams of the young person. The services and supports fell into the categories of education, medical/health care needs, transportation, vocational, employment, and housing and were paid to various vendors. This year, perhaps because of the poor economic situation, many requests were for clothing. Fifty-two youth were provided clothing and other personal goods, 24 were provided tuition and educational supplies, and four were provided transportation support.

GUIDING PRINCIPLES - HAWAII CHILD AND ADOLESCENT SERVICE SYSTEM PRINCIPLES (CASSP):

- ***Respect for Individual Rights***
- ***Individualization***
- ***Early Intervention***
- ***Partnership with Youth and Families***
- ***Family Strengthening***
- ***Access to Comprehensive Array of Services***
- ***Community-based Service Delivery***
- ***Least Restrictive Interventions***
- ***Coordination of Services***

Priority 6. Support Department of Defense Collaborations – Not Achieved

This year, although there was dialog and agreement to collaborate, no major programs were implemented this year. CAMHD did assist on a small project with the military on training for children of deployed troops. CAMHD co-sponsored with the U.S. Army presentations by Dr. Ken Ginsburg, a nationally renowned pediatrician and a leading authority on developing resilience in children and adolescents. Presentations were held at Tripler Army Medical Center, at two schools near Kaneohe Marine Corp Base and Schofield Barracks, and on Maui.

CAMHD plans to continue discussions with the military, Department of Education and the faith-based community to see how it can best serve the needs of children in military families. Should CAMHD move ahead to collaborate and provide block grant funding support, one challenge is finding a mechanism to transfer funds from a state agency to a federal agency.

Priority 7. Support Evidence-Based Services Committee and its initiatives – Achieved

Over the last year, the EBS Committee continued its efforts to disseminate and implement evidence-based practices into the Child and Adolescent Mental Health Division (CAMHD) service system, as well as the larger system of care. The committee continued its work across four major service initiatives.

First, work continues for maintaining and increasing interdisciplinary and inter-agency collaboration for all committee initiatives. Specifically, the committee has continued to meet monthly to design and implement its dissemination and implementation projects. Attendees represent a wide array of stakeholders such as parent partners, researchers, therapists, and academicians from a wide variety of contexts.

The committee's second effort focuses on collaborating with CAMHD's Clinical Services Office on creating training opportunities for youth therapists. Data about CAMHD's train-the-trainer demonstration project were analyzed and interpreted. The results suggest that teaching and demonstration behaviors on evidence-based practices can be reliably coded and that a train-the-trainer approach can work in teaching therapists evidence-based practice techniques.

The committee's third initiative aims to influence the state of Hawaii's pre-service training institutions (e.g., Psy.D. and MSW educational programs) that are training and producing future therapists. The work group disseminated the results of a survey to these institutions on evidence-based practice training efforts at local and national research conferences. Results suggested that Hawaii's training institutions are teaching only a limited number of evidence-based practice approaches. Therefore, the committee has formally invited these training programs to start a dialog about supporting training opportunities in evidence-based practice.

Finally, the committee has continued its work on increasing consumer knowledge of and demand for youth evidence-based practices. The committee officially launched a website targeting parents of special needs youth, http://helpyourkeiki.com. All information on the website was built collaboratively with various committee parent partner members, and social marketing efforts have begun for increasing the site's public visibility and impact.

Priority 8. Develop Centralized and Real-Time Data Outcome Reporting System – Achieved

The Veterans Health Information Systems and Technology Architecture (VistA) electronic health record is currently being used statewide throughout the CAMHD system. CAMHD is in the process of upgrading to the Resource and Patient Management System (RPMS), which is an upgraded version of VistA that has achieved Meaningful Use compliance in other states. Meaningful use is an emerging set of federal standards to improve the safety, quality, and efficiency of health care. The upgrade to RPMS will improve CAMHD's compatibility with various systems across the country and to engage in sharing initiatives at the local level. VistA currently provides immediate hands-on access to client data such as client progress notes

across multiple disciplines, clinical measures and outcomes, provider's treatment and progress summary data, and historical service utilization.

Priority 9. Support Clinical Staff Training – Achieved

CAMHD held a Care Coordinator Conference which focused on family involvement and engagement. The conference was well attended by the care coordinators, with 80% of care coordinators present. With the assistance of the Mental Health Transformation Grant, care coordinators from the neighbor islands were able to attend the conference.

Priority 10. Hire Programmer/Developer for New Electronic Health Record System - Achieved

This position is responsible for training and coordinating at the clinical level, and provides clinical data entry guidance as necessary. As defined in the prerequisites, the candidate must have mastered the Electronic Health Record concepts and operations and must be able to develop workflow and integrate health record, video teleconference, and required documentation.

Priority 11. Fund Annual Consumer Survey – Achieved

Block grant funds were used to fund the annual Youth Services Survey for Families (YSS-F) Consumer Survey. Through a contract, SMS Research conducted the survey to eliminate the conflict of interest in collecting, analyzing and writing up a final report of the results. The survey gives consumers the opportunity to share their perceptions of services provided, collect data on some outcome-related areas, and ask caregivers about their satisfaction with received services and behavioral outcomes as a result of the services. A total of 207 completed surveys were used in the analysis. Statistically the sample was representative of the CAMHD population. There was overall satisfaction with CAMHD services, with 36% agreeing and another 51% strongly agreeing that they were satisfied with CAMHD's services. Overall program assessment by consumers (87%) is very high and increased over last year (73%). Consumers are most satisfied with CAMHD in terms of its Treatment participation (.44), Child Outcomes (.28) and Access (.13). Consumers are less satisfied with Social Connectedness, Cultural Sensitivity, and Child Functioning. Unlike previous years in which Child Outcomes was the domain with the largest impact, the data this year indicate that Treatment Participation has the largest impact.

Priority 12. Support Family Partner Organization - Achieved

An initiative to strengthen parent partner involvement at Central Oahu Family Guidance Center was completed in 2011, supported by the Mental Health Transformation Grant. This is seen as a demonstration pilot project to be replicated at other branches.

Priority 13. Promote Children's Mental Health Public Awareness Activities – Achieved

The Children's Mental Health Matters Campaign Committee, chaired by Hawai`i Families as Allies, developed an educational program for fifth and sixth graders, called "Wear One, Share One" challenge. The students are provided a short (30 minute) presentation about friendships--how to make a friend, how to be a friend and a little about bullying. Using role play, various scenarios are presented and the kids discuss what happened and what they could do to make the situation better. At the end of the presentation, the students are given two wristbands that say, "Make a Friend, Be a Friend" with instructions to wear one and share the second one with someone they haven't necessarily been friends with, and who doesn't already have a wristband. They are told that that this is not a popularity contest, but an opportunity to befriend new people. According to teachers and faculty, they have noticed a positive change in the students' behavior. For example, they have overheard youth on the playground reminding each other about using kind words.

Based on the positive feedback of the pilot site, the Children's Mental Health Matters Campaign Committee hopes to repeat the program with each incoming 5th grade class at every elementary school on Oahu and in Hawaii. Additional presentations have been conducted at Kauai and Oahu schools. A training was conducted with school staff and community stakeholders from the Big Island and another Oahu complex.

To promote awareness about suicide, including youth suicide, the various neighbor island task forces conducted awareness raising activities.

Hawai`i Island: Sign waving at Ka`u, Waimea, Kona, Honoka`a, Hilo and Keaau. A memory quilt was completed by suicide survivors.

Maui: Mayor's Proclamation of Suicide Prevention Week, brown bag presentation at Cameron Center, Lahaina Women's Night Out for Suicide Prevention.

Kaua`i: Mayor's Proclamation of Suicide Prevention Week, "Suicide Prevention Talk Story" on Kauai cable television, and awareness banners.

O`ahu: Gubernatorial Proclamation of Suicide Prevention Week with the Lt. Governor, and a Suicide Prevention Awareness Event at Fort Shafter—speaking to troops, military families and staff.

Priority 14. Assist Family Partner Organization in Meeting New Requirements- Achieved

This year a consultant was hired to assist Hawai`i Families as Allies (HFAA) research the requirements of accreditation. The HFAA Executive Director and the consultant, a former CAMHD branch chief, have diligently explored the possibility of positioning the organization to develop policies and standards in alignment with national accreditation standards and

credential its staff. Once HFAA is accredited, it will be able to receive Medicaid reimbursements.

Priority 15. Maintain and Update Parent Information Website - Achieved

The Evidence Based Services Committee consumer-friendly website task force hired a website builder, and has launched a website: **http://helpyourkeiki.com.** The website, funded by block grant dollars, provides information designed to help parents of youth with emotional and behavioral difficulties.

Priority 16. Hire Telehealth Coordinator – Achieved

A position description was developed for the Telehealth Coordinator. This position is responsible for technical configuration and installation of hardware and software, and provides support to video teleconference users as well as electronic health record users regarding connectivity, configuration, and coordination issues. The telehealth coordinator was hired and began working at CAMHD.

Priority 17. Update Data Repository System - Achieved

The streamlining of data continues to be a priority for CAMHD. Unnecessary and redundant data reporting have been redesigned or eliminated. Reporting technology has made it easier to report information to Family Guidance Center Branch staff. Outcomes can now be reviewed in light of services received. VistA notifications are transmitted on a regular basis. This allows Family Guidance Center Branch staff to respond to client needs and stakeholder's concerns at a faster rate.

CAMHD has increased its capacity in building better data models to demonstrate financial responsibility and to measure return on investment. The ability to feed quality clinical data into data models allow for closer revenue projections and cost savings.

CAMHD staff is vigorously working with Department of Human Services MedQuest Division to enable new billable services as well as enhance existing procedure codes. Increases in outcomes data and utilization reporting will allow clinical staff the ability to better determine cost effectiveness of services.

Priority 18. Increase Medicaid Reimbursement - Achieved

Over the past year, CAMHD has been nurturing its working relationship with the MedQuest Division of the Department of Human Services. CAMHD provides carve-out services for Medicaid eligible children and youth with high levels of behavioral health problems. MedQuest is favorable to adding further services for Medicaid reimbursement and supports CAMHD's initiatives to provide services through its new telehealth infrastructure.

Adult Mental Health Division Mental Health Block Grant
Report on State Priorities of FFY2012
to the State Council on Mental Health

Fiscal year 2011 is the first year that the Adult Mental Health Division (AMHD) developed the performance indicators. Although the priority areas were encouraged by the Substance Abuse and Mental Health Services Administration (SAMHSA), the AMHD recognized that these indicators are important for service system improvements. The data collected this year are viewed as baseline measurements that the AMHD will build on in the future.

Priority 19. Trauma

The purpose of the Trauma-Informed Care Initiative or TIC IT is to implement a trauma informed system of care for adults served by AMHD. The goal for this priority is to provide training and education on trauma-informed care for AMHD staff and stakeholders as well as to expand the TIC IT initiative to military members and their dependents. TIC IT has three objectives: (1) Enhance screening for trauma and assessment for Post-Traumatic Stress Disorder (PTSD), (2) Offer a clinical intervention (Seeking Safety) for those persons who have experienced trauma and are experiencing symptoms of PTSD, and (3) Develop a trauma-informed workforce through education and training.

During the period, July 2011 through April 2012, the TIC IT project provided: (1) Trauma and PTSD screenings to 1,518 AMHD consumers, of whom 1,238 (81.6%) were assessed positive for trauma and 588 (47.5%) were assessed as likely to meet the criteria for a PTSD diagnosis; (2) Provided 36 AMHD consumers with Seeking Safety, a trauma-specific treatment; and (3) Trauma-informed care training to 779 mental health providers, including 24 consumers who participated in the AMHD-sponsored Hawai`i Certified Peer Specialist (HCPS) Program.

Data on outreach to military members and their dependents were not collected due to the AMHD Mental Illness and Substance Abuse Service (MISA) Coordinator leaving her position with the State in 2011. Plans are underway to hire a replacement coordinator, who will continue to provide outreach to military members and their dependents.

Priority 20. Health Integration

The goal of this performance indicator is to strengthen the Community Mental Health Center (CMHC) staff's primary care knowledge base, and increase the integration of behavioral health and primary care. The measurable target for this priority was for 85% of CMHC consumer charts to contain documentation on assessment of primary care health needs and integration with primary care. The CMHC System Administration had the expectation of collecting this data

via a grant from SAMHSA. Unfortunately, collection of data was deferred due to the non-receipt of the grant and inadequate system resources. The CMHC System Administration plans to apply for future Integration of Primary Behavioral Health Care related grants to support monitoring and tracking of related performance indicators. This resource support will assist the CMHC with the development efficient Electronic Health Record (EHR) documentation and data collection as well as to analyze primary behavioral health integration information in order to evaluate and improve services to individuals with Severe and Persistent Mental Illness (SPMI) with chronic medical illness co-morbidities.

Priority 21. Public Awareness and Support.

In an effort to reach a larger audience of consumers and family members, the Speakers Bureau was developed in which consumers and family members play a significant role in public speaking to community audiences. Through the Bureau, consumers and family members have opportunities to share their story with the hope of reducing stigma, while changing attitudes about mental illness. In addition, the Network of Care (NOC) is also a medium through which the community is able to gain knowledge about mental illness. The NOC is a dynamic interactive website designed to assist individuals with being more involved in community services. The website is designed to provide information about each county's mental health program, providers, support services for consumers and families, linkage to extensive resources about mental health, track bills in the Hawai`i legislature, and make contact with legislators.

The goal of this priority is to increase public awareness and to reduce stigma in the community through education by 50%. The measurable outcome for this indicator is to track the number of community members reached through speaking engagements and the number of hits that the NOC received. In collaboration with the Mental Health Transformation State Incentive (MHT SIG) Grant and the AMHD Office of Consumer Affairs, data was collected based on the Speakers Bureau and NOC programs. For the past fiscal year, through eight (8) Speakers Bureau trainings statewide, 90 consumers were trained. A total of 40 consumers attended speaking engagements to share their story, which reached 1,599 community members (based on sign-in sheets). There were approximately 51,000 hits to the NOC website during the past year.

Priority 22. Health Information Technology.

AMHD plans to expand the use of telepsychiatry to rural areas with an initial focus on the Big Island and future expansion to Maui County, specifically being consider are the islands of Lana`i and Moloka`i. Due to distance and air travel required, both scheduled and unscheduled psychiatry services can be provided more effectively and efficiently through telepsychiatry.

The goal for this priority is to increase the use of interactive technology to promote recovery. The measurable outcome was to increase the number of providers using web-based application for authorization of services by 90%, by establishing baseline for utilization during a 6-month period in rural areas.

Recently, the AMHD purchased telecommunication hardware and software. Installation is in progress. Plans to bring providers on-line are anticipated by the end of the year. As a result, this indicator is deferred until January 2013.

Priority 23. Peer Specialists

Measuring the number of adults with SPMI who are able to work and remain in the workforce as a result of receiving mental health services continues to be a significant component of the recovery movement. The goal for this priority is to develop, train, and sustain peer specialists in the workforce and to increase the number of trained consumers, so that they can be employed and retained in their employment. The target and measurable outcome for this priority was to increase the number of working peer specialists by 100%, and place 75% of newly certified peer specialist in the workforce.

The Office of Consumer Affairs conducted trainings for 23 consumers who were interested in being certified as a HCPS. Of those, 16 consumers were certified and nine are currently employed. Statewide, there are 147 HCPS and 30 are currently employed. Plans are in the works to facilitate a follow-up training for these HCPS in December 2012.

In order to strengthen the role of the HCPS in the workforce, 52 providers were trained on strategies for including HCPS in the workforce. Trainings were held in all counties (O`ahu, Maui, Kaua`i, Hawai`i).