

REPORT TO THE TWENTY-SEVENTH LEGISLATURE
STATE OF HAWAII
2014

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
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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. It’s membership is comprised of twenty-one 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 Hawaii.

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, the Council’s directives include:

- Serving as an advocate for adults diagnosed with a severe mental illness, for children and youth diagnosed with serious emotional disturbance;
- Advising the state mental health authority on issues of concern, policies and programs;
- Providing guidance to the mental health authority in the development and implementation of the state mental health systems;
- Monitoring, reviewing and evaluating 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 (“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.”

This report provides brief highlights on discussions, decisions, presentations and recommendations made by the Council from FY2012 through 2013.

Activities during FY2013

- The Council established four (4) “Permitted Interaction Groups” (PI groups) to allow Council members the opportunity to communicate between meetings. The four groups are: Social Services & Health, Public Education, Homelessness & Housing, and Judiciary. The PI groups were tasked with working on the goals developed by the Council.
- In January and February 2013, the Council participated in community focus groups held for consumers, providers and community stakeholders. Discussions about AMHD services were held on Oahu, Maui, Kauai, Lanai, Molokai and Hawaii Island. Council

members facilitated focus groups and reported on their findings to be included in each county's integrated service plan for the next fiscal year.

- The Council drafted and updated a brochure for publication to help inform the public on the State Council infrastructure and activities.
- The Council initiated steps to develop a website to allow access to the Council's agenda, minutes and other business conducted throughout the year.

Presentations to the Council included:

- Mr. Nathan Marder, Child and Adolescent Mental Health Division (CAMHD), Clinical Specialist, familiarized the Council with the "Help Your Keiki" website.
- Ms. Connie Mitchell, of the Institute of Human Services, and Ms. Marya Grambs of Mental Health America, described the Assisted Community Treatment legislative proposed bill (SB310). This afforded the Council a better understanding of the bill in order to take a position on the legislature and submit testimony.
- In December 2012, Steve Balcom, Adult Mental Health Division (AMHD) Crisis Services Coordinator, reported on the status of the ACCESS Line. Council members expressed concern that the ACCESS Line was improperly handling calls and was in need of better staffing and equipment upgrades.
- In May 2013, as a follow-up visit, Mr. Balcom advised the Council on the changes that were being made to improve the ACCESS Line's capabilities. The improvements included filling vacant positions, better staffing during peak hours, adding on-call staff, adding clerical staff and building a system to better handle emergency calls.
- In June 2013, Scott Keir and David Jackson presented the FY2012 CAMHD Annual Data Review.
- The Council received monthly or bimonthly reports on each Division's activities from the CAMHD and AMHD administrators.

Motions passed by the SCMH

- Passed a resolution to support the Judiciary's budget request to make the Mental Health Court (MHC) permanent.
- Passed resolution to support the Assisted Community Treatment Program (SB310) to provide testimony to the legislature.
- Passed a resolution to have the Public Education PI Group get budget figures to fund the Council website on an on-going basis, thereby increasing the Council's annual budget.

Comments to the FY2014 Community Mental Health Services Block Grant (MHBG) Review:

An Ad Hoc Permitted Interaction Group reviewed and commented on the FY2014 Community MHBG Application. The group comments are listed below:

- The statewide comprehensive integrated service plan does not provide an adequate framework for measurement or evaluation.
- Although CAMHD reported problems of understaffing, they did not provide numbers of authorized positions or numbers of vacancies.
- While CAMHD is very aware of the gaps in service, they do not offer much in the way of addressing these gaps and the current interventions don't seem to be working. More needs to be done to increase early interventions (screenings) to youth including those in the justice system. More resources are needed to address trauma and suicide - prevention/education/treatment. Additionally, more needs to be done to address the transition needs of the youth-to-adult population who do not meet the criteria for the AMHD but still need linkage to services to decrease risk for becoming involved with the criminal justice system, being homeless, being jobless, etc.
- The AMHD cited inconsistent figures on the census at the Hawaii State Hospital. These numbers made the task of comparing results very difficult.
- The collaboration between the AMHD and MHC is very important. Therefore, it would have been appropriate to cite this collaboration in the MHBG application. It should be noted that the AMHD provides MHC consumers with clinical consultations for weekly court hearings, in addition to case management services. The AMHD also provides interns that offer additional clinical services to MHC participants, such as individual therapy and facilitation of the MHC weekly support group.
- The AMHD could have elaborated on the current housing issues in the State such as, not having enough bed space or appropriate placements in the community. These housing issues can increase homelessness and negatively impact the re-entry process to the community when individuals are discharged from incarceration or hospitalization. Although the State has applied for many grants to address the issue of homelessness, there is more that could be done to expand the number of community beds available to consumers.

Future Plans:

- The Council will continue to work with the Department of Health's Behavioral Health Administration to identify specific areas of concern and make recommendations for improving the use of limited resources, while setting goals for each division.
- Ensure that the websites for the AMHD and CAMHD are up-to-date with relevant information for consumers, families and other stakeholders.

- Support the AMHD in their efforts to reduce the census at the Hawaii State Hospital.
- The Council will continue their work towards increasing awareness of mental health concerns, utilize data to support identification of service outcomes and effectiveness, and continue to focus on a system of recovery.

In summary, the Council anticipates that as individuals living with mental illness are impacted by the introduction of the Affordable Care Act, the transition of many consumers to their health plans and to QUEST Expanded Health, the Council should be cognizant of these changes and how it impacts the lives of consumers, negatively or positively.

Therefore, it is imperative that the successful collaboration between the Council and the state mental health authority continue, where consumers, family members, administrators and other stakeholders can build on each other's strengths and experiences in assisting with making the lives of individuals living with mental illness a little easier during these major transitional events.