

REPORT TO THE THIRTY-FIRST LEGISLATURE
STATE OF HAWAII
2022

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 2021

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

Aloha!

The Hawaii State Council on Mental Health is legislatively mandated to submit an annual report. §334-10(3), HRS states that, “The Council shall prepare and submit an annual report to the governor and the legislature on the implementation of the statewide comprehensive integrated service plan (SCISP). The report presented to the legislature shall be submitted at least twenty days prior to the convening of each regular session.”

This annual report is divided into the following sections:

- ❖ WHO We Are
- ❖ WHAT We Do and WHEN We Meet
- ❖ COUNTY LEVEL Service Area Boards on Mental Health and Substance Abuse (SABs)
- ❖ RESPONSE to the FY2022 – FY2023 Substance Abuse and Mental Health Services Administration (SAMHSA) Community Mental Health Services Block Grant (MHBG) Application
- ❖ ACTIVITIES, ACHIEVEMENTS and CONTRIBUTIONS from July 2020 through December 2021
- ❖ ANTICIPATING a productive 2022

WHO We Are

The Hawaii State Council on Mental Health (“Council”) is responsible for advising, reviewing and monitoring the provision of mental health services statewide. In alignment with §334-10, Hawaii Revised Statutes (HRS), the Council is comprised of twenty-one seats for members from diverse backgrounds serving as volunteers and representing mental health service recipients, students and youth, parents and family members, mental health service providers, and state agencies including the Hawaii State Departments of Health (DOH) and Human Services (DHS), and the Judiciary.

The Council’s mission is to advocate for a Hawaii where all persons affected by mental illness can access the treatments and supports necessary to live a full life in the community of their choice.

The purpose of the “Council” is to:

1. Advise agencies and policy makers in their efforts to establish a comprehensive community-based mental health system, utilizing public and private resources that aim to prevent, reduce, and heal mental disorders and substance abuse among children and adults;
2. Advocate for the mental health needs of each County in partnership with the County Service Area Boards on Mental Health and Substance Abuse (SABs); and
3. Represent recipients of mental health services in our communities and throughout the state.

Table 1: As of December 1, 2021, Council membership includes:

Areas of Representation	Council Member Physical Location			
	Kaua’i	Oahu	Maui	Hawaii
Service Recipients and Child/Youth Representatives		2	1	
Parents of a Child Receiving Support for Emotional and Behavioral Disturbance (SEBD) Services		1		
Family Members		2		
Service Area Board (SAB) Representatives		1	1	1
Providers		1		
State Agency Representatives		6		
Mental Health Stakeholders/Community Members				
Total Filled Positions* (out of 21 seats total): *includes holdover and interim appointments		13	2	1

WHAT We Do and WHEN We Meet

The Council serves as an advisory body to the Governor through the DOH. The Council's functions and directives include:

- Advising the DOH on allocation of funds and resources, statewide needs, and programs affecting two or more service areas (HAR 11-175-03);
- Producing, reviewing and commenting on the Statewide Comprehensive Integrated Service Plan (SCISP) and report of the statewide that is included in Hawaii's Substance Abuse and Mental Health Services Administration (SAMHSA) Community Mental Health Services Block Grant (MHBG) application, submitted by the DOH Adult Mental Health Division (AMHD);
- Serving as an advocate for adults with serious mental illness (SMI), children diagnosed with a serious emotional disorder (SED), and other individuals with mental illness, substance use disorder, or combined mental illness/substance abuse disorders (co-occurring), and in collaboration with the Hawaii Advisory Commission on Drugs and Controlled Substances (HACDACS); and
- Monitoring, reviewing and evaluating not less than once each year, the allocation and adequacy of mental health services within the state including statewide mental health service budget review, service area planning, capacity and population data relative to service needs, and identifying service gaps and areas for improvement.

Generally, the Council utilizes three primary mechanisms to engage with stakeholders which include:

1. Listening to feedback shared by community members and stakeholders via presentations and community input, engaging with representatives from the state mental health authority and policymakers about topics related to community mental health and substance abuse, and offering, for consideration and inclusion in the SCISP, recommendations for addressing service gaps.
2. Extending its surveillance, advocacy, learning and outreach activities to other established meetings including, but not limited to, Mental Health Task Force meetings which are hosted by the Chair of the House Health, Human Services and Homelessness Committee and co-facilitated by the Executive Director of Mental Health America Hawaii and the Community Deputy Director of the Hawaii Health and Harm Reduction Center, and HACDACS meetings.
3. Prioritizing island and County-based feedback regarding substance misuse prevention, substance use treatment and recovery services, mental health and homelessness supports and resources.

The Council meets monthly each second Tuesday from 9:00 a.m. to 12:00 p.m. HST to conduct official Council business.

To be added to the Council's monthly meeting e-mail distribution list for handouts and announcements and to request time on a future agenda to discuss topics, please e-mail:

DOH.SCMHChairperson@doh.hawaii.gov

For more information, please visit the Council's website: <https://scmh.hawaii.gov/>

COUNTY LEVEL Service Area Boards on Mental Health and Substance Abuse (SABs)

In alignment with §334-10, HRS, the County SABs are each comprised of nine volunteers who are service area residents (e.g., reside within the County). The majority of SAB members are mental health and/or substance abuse treatment service recipients and non-providers.

SABs are an advisory body to the Governor through the DOH. They are linked to the Council’s purpose and functions, and are responsible for:

- Advising the County-based service area administrator (DOH AMHD Community Mental Health Center Branch Program Managers) about service area needs to prevent and treat mental health or emotional disorders, combined mental illness/substance abuse disorders (co-occurring), and persons affected by these disorders;
- Providing advice, guidance, and recommendations to HACDACS and the Council on mental health and substance abuse activities within each County including County-based mental health service budget review, service area planning, capacity and population data relative to service needs, and identifying service gaps and areas for improvement; and
- Producing a County-based comprehensive integrated service area plan (CISAP) shared annually with the Council.

Table 2: County Service Area Board (SAB) Membership as of December 1, 2021

Areas of Representation	SABs by County			
	Kaua’i	Oahu	Maui	Hawaii
Service Recipient	1	2	1	2
Family Member		2		
Child/Youth Representative				
Provider	1	2	1	1
Mental Health Stakeholder/Community Member		1	2	1
Total Filled Positions* (out of 9 seats total for each SAB): <small>*includes holdover and interim appointments</small>	2	7	4	4

SABs meet monthly on various days/times. Please e-mail the County Service Area Administrator (Community Mental Health Center Program Manager) to be added to the SAB monthly meeting e-mail distribution list for handouts and announcements and to request time on a future agenda to discuss topics, please e-mail us.

County Service Area Administrator (Community Mental Health Center Program Manager) E-mail:

- Kaua’i SAB, Rei Cooper rei.cooper@doh.hawaii.gov
- Oahu SAB, Troy Freitas troy.freitas@doh.hawaii.gov
- Maui SAB, John Oliver john.oliver@doh.hawaii.gov
- Hawaii SAB, Steven Pavao steven.pavao@doh.hawaii.gov

Table 3: Mental Health and Substance Abuse Services Offered by County*

NOTE: Services known by the SABs and Council members were included

Services by Category**	Services by County			
	Kaua'i	Oahu	Maui	Hawaii
24/7 Behavioral Health Telephonic Support and 24/7 Suicide Prevention Lifeline (808) 832-3100 or toll free (800) 753-6879	✓	✓	✓	✓
Behavioral Health Onsite Crisis Response Services	✓	✓	✓	✓
Behavioral Health Crisis Shelter Beds		✓	✓	✓
Detox/Day Treatment/Intensive Outpatient Hospital (IOH)		✓	✓	
Forensic/Justice Involved Coordination	✓	✓	✓	✓
Hawaii Certified Peer Specialists/Forensic Peer Specialists	✓	✓	✓	✓
Hawaii Clubhouses/Psychosocial Rehabilitation Friendship House (Kaua'i) Hale O Lanakila (Maui) Kauhale Lahilahi, The Makaha Clubhouse (Oahu) Waipahu Aloha Clubhouse (Oahu) Hale O Honolulu (Oahu) Ko'olau Clubhouse (Oahu) Diamond Head Clubhouse (Oahu) Hale Oluea Clubhouse (Hawaii) Kona Paradise Clubhouse (Hawaii)	✓	✓	✓	✓
Homeless Management Information System (HIMS)	✓	✓	✓	✓
Homeless Outreach	✓	✓	✓	✓
Inpatient Psychiatric Hospitalization	✓	✓	✓	✓
Intensive Case Management (High Utilizer)		✓		
Intensive Case Management (Homeless)		✓		
Mental Health Case Management	✓	✓	✓	✓
Mental Health Emergency Workers (MHEWs)		✓	✓	
Police Cellblock Central Receiving Division Nursing Services		✓		
Psychiatric Nursing	✓	✓	✓	✓
Psychiatry Services	✓	✓	✓	✓
Psychological and Therapy Services	✓	✓	✓	✓
Psychosocial Rehabilitation Services	✓	✓	✓	✓
Representative Payee/Financial Management	✓	✓	✓	✓
Residential Services (various levels of housing)	✓	✓	✓	✓
Stabilization Bed Units (SBUs)		✓		✓
Substance Abuse Treatment and Rehabilitation (various)	✓	✓	✓	✓
Supported Education and Supported Employment	✓	✓	✓	✓

**Some services require enrollment/eligibility per funding source criteria and are therefore, not available to the general public.

Table 4: Mental Health and Substance Abuse Service Gaps/Areas of Need by County as Identified by SAB and Council Members*

Services by Category**	Service Gaps/Areas of Need by County			
	Kaua'i	Oahu	Maui	Hawaii
Additional pre-crisis intervention application in community (e.g., promoting de-escalation, early intervention)	✓	✓	✓	✓
Additional crisis stabilization beds in the community	✓	✓	✓	✓
Affordable Housing	✓	✓	✓	✓
Family support networks/healing services/parent partners	✓	✓	✓	✓
Hawaii Certified Peer Specialist (HCPS) Lack of Positions	✓	✓	✓	✓
Inpatient Detox via Emergency Department	✓	✓	✓	✓
Inpatient Psychiatric Hospitalization Non-Forensic/Voluntary Status Beds	✓	✓	✓	✓
Mental health and resiliency support services for first responders	✓	✓	✓	✓
Peer supports/non-crisis warm line services, and case management	✓	✓	✓	✓
Psychotherapy services in inpatient settings	✓	✓	✓	✓
Rehabilitation services for exploited populations (e.g., sex trafficking, human trafficking)	✓	✓	✓	✓
Rural and Neighbor Island services (e.g., telehealth access)	✓	✓	✓	✓
Timely access to professional services and reimbursement (e.g., Insurance navigation support for coverage types/service acquisition and authorization/billing/payor assistance)	✓	✓	✓	✓
Tobacco dependence treatment/"Stay Quit" support when transitioning from inpatient to outpatient	✓	✓	✓	✓

*NOTE: Stronger encouragement will be offered to the SABs to complete their annual CISAPs which helps to identify service gaps and areas of needs within their respective county/islands.

RESPONSE to the FY2022 – FY2023 SAMHSA MHBG Application

As submitted to the Center for Mental Health Services, the FY 2022 – FY 2023 Substance Abuse and Mental Health Services Administration (SAMHSA) Community Mental Health Services Block Grant (MHBG) 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 MHBG is also referred to as the Statewide Comprehensive Integrated Service Area Plan (SCISP).

The Council uses the MHBG 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 achieve optimal recovery and maintain or improve their overall quality of life.

For FY 2022-2023, the MHBG application was combined to include substance use prevention and treatment and mental health services. The Council reviewed and commented only on the sections completed for the mental health services portion of the full MHBG application.

A full copy of the SCISP and the SAMHSA MHBG application is available at:

<https://health.hawaii.gov/amhd/plans/blockgrant/>

Organizational Capacity

The DOH Behavioral Health Administration (BHA) is led by Deputy Director Marian Tsuji who 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). Each Division led by leadership team members who plan, implement, monitor and report behavioral health services and supports they each arrange or provide.

Behavioral Health System of Care for Adults, Children and Youth

Statewide, the MHBG 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)
- 16 Community Mental Health Center (CMHC) main and satellite clinics – 7,762 adults with serious mental illness (SMI) in FY 2020
- 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)
- 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 46 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. Eligibility criteria for AMHD services falls within the general category of diagnoses for SMI. Behavioral health crisis services do not require eligibility criteria be met and are available statewide to all Hawaii residents.

AMHD's strengths include:

- Short-term stabilization beds inclusive of intensive case management services where adults are provided with wrap around support, treatment, restorative interventions, and medical and rehabilitative services in a 24 hour a day, 7 day a week supervised setting with onsite nursing services for approximately 14 days;
- Telepsychiatry services provided in collaboration with the University of Hawaii Department of Psychiatry to deliver healthcare remotely as an effective way of overcoming barriers to accessing care, especially for underserved and difficult to access populations in rural areas and within homeless communities; and

- Coordinated entry system that incorporates the use of the Homeless Management Information System (HMIS) that allows for an electronic client assessment referral and secure data sharing platform to prioritize scarce housing resources for those with the greatest and most immediate needs. This system streamlines the housing referral process for the U.S. Housing and Urban Development (HUD) designated subpopulations.

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. Eligibility criteria for children and youth served by CAMHD falls within the general category of Severe Emotional and Behavioral Disturbances (SEBD). Behavioral health crisis services do not require eligibility criteria be met and are available statewide to all Hawaii residents.

CAMHD's strengths include:

- Commitment to the Hawaii Child and Adolescent Service System Program (CASSP) Principles including respect for individual rights, individualization, and early intervention;
- Group and family therapy services; and
- Partial hospitalization services in a short-term licensed non-residential day treatment setting that provides a highly structured, intensive milieu with a focus on medical and psychiatric resources for youth with SEBD, therapeutic supported diversion from inpatient care, and restoration to a level of functioning that enables a youth's return to the community while keeping them connected to their family/community.

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.

The Council supports efforts to address the unmet needs and service gaps noted in the MHBG application, and seeks support from the Governor and the Hawaii Legislature for funding and resources. AMHD and CAMHD identified several unmet needs and service gaps, many of which the Council has acknowledged in its regular and Executive meetings.

Administrative and operational needs

- Staffing
 - Direct care physicians providing psychiatric inpatient and community-based services
 - Psychologists, psychiatric nurses, and behavioral health therapists
 - Hawaii Certified Peer Specialists and Forensic Peer Specialists providing peer support within the mental health system, criminal justice system (e.g., Jail/Prison, Mental Health Court, Community Outreach Court, Drug Court), and child/youth engagement while employed above the minimum wage as members of the individuals' mental health treatment team

- Clubhouse staff for holiday and weekend coverage and who are able to provide job coaching skills to Clubhouse members
- Staff development and training
 - Improve the supply of trained and culturally competent behavioral health professions and paraprofessionals
 - Expand and sustain evidence-based, trauma-informed mental health care
- Infrastructure
 - Expend interaction communication technologies to engage individuals and families
 - Enhance communication among scarce resources
 - Expand capacity of the electronic medical records (EMR) system to improve clinical care and communication
 - Expand interagency partnerships and collaborations within the system of care

Clinical service delivery needs and service gaps

- Early intervention and prevention services
 - Expanding First Episode Psychosis (FEP) and early serious mental illness (ESMI) services
 - Incorporate resilience planning to promote self-direction in youth and young adults
 - Strengthening support for youth-to-adult transitions
- Crisis services
 - More Crisis Stabilization Bed Units (SBUs), especially for Neighbor Island residents
 - Urgent care for behavioral health services provided within a crisis triage center or SBU
 - Training Mental Health Emergency Workers (MHEWs) for Kaua'i and Hawaii Island.
- Inpatient psychiatric hospitalization
 - Capacity for hospital psychiatric bed availability for non-forensic (voluntary) individuals
- Aging and older adult services
 - Behavioral health Skilled Nursing Facility (SNF) beds
 - Licensed Adult Residential Care Home (ARCH) beds for behavioral health/co-morbid/co-occurring in-home support
- Expanding access to community-based services
 - Access to behavioral health care in rural and geographically remote areas
 - Transportation options to access in-person appointments, employment and other obligations, especially for Neighbor Island residents
 - Additional residential group home beds statewide
 - Psychosocial rehabilitation (PSR) services outside of Hawaii Clubhouses
 - Homeless outreach, houseless youth and family peer-to-peer support
 - Culturally appropriate initiatives to meet the needs of Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) populations

Table 5: Council’s Findings After Reviewing the FY 2022-2023 SCISP

MHBG Application Section	Council’s Assessment			
	County/Community Needs Addressed/Met (System Strengths)		Expansion/Support Funding Needed (Service Gaps)	
	Adult	Child/Adolescent	Adult	Child/Adolescent
Strengths of the Service System	✓	✓		
Organizational Capacity	✓	✓		
Unmet Service Needs and Service Gaps			✓	✓
10% Required Set Aside for Early Interventions to Address Early Serious Mental Illness (ESMI)	✓	✓		
Person-Centered Planning	✓	✓		
Statutory Criterion for the Service System	✓	✓		
Epidemiology, Prevalence and Incidence Rates	✓	✓		
Financial Resources and Funding	✓	✓		
Trauma-Informed Care	✓	✓		
Criminal Justice/Juvenile Justice Process	✓	✓		
Crisis Prevention/Crisis Intervention	✓	✓		
10 Guiding Principles of Recovery	✓	✓		
Olmstead Plan	✓	✓		
Collaboration with state agencies for child welfare, juvenile justice, and education	✓	✓		
Monitoring of Service Utilization, Costs Outcomes, and Staff Training	✓	✓		
Suicide Prevention Plan	✓	✓		
Need to Develop New Partnerships			✓	✓
Council membership representative of the service area population	✓	✓		
Council ability to gather meaningful input from service recipients, family members, state agencies and community stakeholders	✓	✓		

Development of New Partnerships

Integrated care and coordinated entry services are terms that are routinely referenced as a goal for both the AMHD and CAMHD. The Council supports efforts to integrate behavioral health and physical health services to ensure person-centered services are being provided in a timely manner and in communities where services are needed.

Noted in the MHBG application are the following existing or new AMHD and CAMHD partnerships with state and county agencies, private and non-profit organizations, community advocates and service recipients:

- Hawaii Interagency State Youth Network of Care (HI-SYNC)
CAMHD, Family Health Services Division, Early Intervention Section (EI), Developmental Disabilities Division (DDD), Department of Education (DOE) School Based Behavioral Health (SBBH) and Special Education (SpEd) Services, Department of Human Services (DHS) Child Welfare Services (CWS) and Office of Youth Services (OYS), and the Judiciary's Family Court.
- Alcohol and Drug Abuse Division (ADAD)
- Governor's Coordinator on Homelessness (GCH)
- Hawaii Public Housing Authority (HPHA)
- The Queen's Medical Center
- University of Hawaii School of Social Work, John A. Burns School of Medicine, Department of Psychiatry, Department of Psychology, School of Nursing, and Center on Aging
- City and County of Honolulu Office on Housing and Homelessness
- Various community-based mental health and substance abuse contracted treatment providers
- Various Hawaii Legislators and House and Senate Committee Chairpersons

ACTIVITIES, ACHIEVEMENTS and CONTRIBUTIONS from July 2020 through December 2021

Prior to the COVID-19 pandemic, the Council arranged for its meetings to be held in-person and via video teleconferencing (VTC) locations on Oahu and each Neighbor Island. Adopting the Office of Information Practices (OIP) virtual meeting guidance, the Council transitioned to 100% virtual meeting format.

Below are highlights from the Council's meetings from July 2020 through December 2021.

Meetings

- Regular Meetings
The Council scheduled 18 consecutive regular monthly meetings.
The Council achieved quorum for each of these 18 meetings; an unprecedented achievement!
- Executive Meetings
The Council scheduled two (2) Executive Council (EC) meetings and achieved quorum for both meetings to discuss the following:
 - EC Meeting 1: Requested by the SAMHSA Project Officer and SAMHSA Program Monitor for a virtual meet and greet and discussion about Hawaii's mental health service system.
 - EC Meeting 2: Reviewed the MHBG application and finalized the Council's letter of support.
- Permitted Interaction Group (PIG) Meetings
A total of 23 PIG meetings were scheduled of which 20 achieved quorum.

Strategic Plan and Retreat FY 2020 – 2022

The Council hosted a virtual Strategic Planning Retreat in two (2) parts. Part I was held in November 2020 and Part II held in February 2021. Both parts were held after the adjournment of the Council's regular meeting and were facilitated by Karen A. Oliver, KEAO Consulting, Inc.

As a result of the retreat activities, the Council produced its Strategic Plan for FY2020 – FY2022 which included seven (7) Focus Areas:

1. Improving access to mental health services (Existing/New)
2. Advocating for the emotional well-being of the community
3. Identifying tools the Council is empowered to use
4. Outlining an onboarding and annual reboarding experience for Council members
5. Strengthening the Council's presence as advocates and advisors to DOH leadership, inclusive of input from Neighbor Island stakeholders and SABs
6. Share information on the Council's website about existing mental health services (local/state/federal)
7. Identifying, tracking and sharing the status of the Council's prioritized legislative bills

An accompanying Action Plan was also produced for each Focus Area to assist Council members with completing Focus Area goals and objectives in smaller action steps.

Permitted Interaction Groups (PIGs)

Hawaii Revised Statutes (HRS), Chapter 92-2.5 (also known as the Sunshine Law) permits the Council to create PIGs. The objective of the PIG is to research/investigate subject matters relating to the business of the Council.

The Council created the following PIGs to address short-term tasks and to present findings and recommendations for Council decision making. All PIGs relate to the Council's FY2020 – FY2022 Strategic Plan.

- Hospital Mental Health Care PIG (2021)
- Infographic PIG (2021)
- Legislative Session PIG (2020-2021)
- Legislative Session PIG (2021-2022)
- Onboarding/Reboarding PIG (2021)
- Public Service Announcement PIG (2021)
- Website, Social Media and Advocacy PIG (2020)
- Website and Social Media PIG (2021)

Mental Health Service System-Related Activities and Guest Presentations

The Council received guest presentations covering the following topics:

- DOH BHA, AMHD and CAMHD Updates
- Homeless assistance, crisis response and homeless outreach
- Ho'ola Na Pua
- Hospital Emergency Department (ED) and challenges with accessing psychiatric and detox services through hospital Eds on voluntary status
- Fetal Alcohol Spectrum Disorder
- Psylocibin-based mental health treatment

Administrative Activities

Council members dedicated time during regular meetings to identify administrative areas of the Council's business that needed review resulting in the following changes:

- Extending monthly meetings by 30 minutes for a total of three (3) hours in duration.
- Highly encouraging Council members to attend and participate in Mental Health Task Force meetings
- Revising the Council's bylaws
- Revising the Council's letterhead and testimony template.
- Requesting funding approval for Council member business cards
- Transitioning to an online member portal for 24/7 access to Council archives and meeting resources

The Council generated a total of 16 official correspondence documents including requests for information/presentation/response, Mahalo letters, legislative testimony, a letter detailing COVID-19 and mental health, and a letter to SAMHSA for the MHBG application.

Mass Communications, Media and Outreach Activities

Council members were featured in the following mass communications, media and other outreach activities.

- Martinez, J. (2021 Oct 17). 'Were in a crisis': Pandemic puts new strain on mental health services in Hawaii. <https://www.hawaiinewsnow.com/2021/10/18/were-crisis-pandemic-puts-new-strain-mental-health-services-hawaii/>
- Martinez, J. (2021 May 5). As Hawaii faces a mental health crisis, psychologists struggle to keep up with patient demand. <https://www.hawaiinewsnow.com/2021/05/05/hawaii-faces-mental-health-crisis-psychologists-struggle-keep-up-with-patient-demand/>
- GOV-Policy on behalf of the Office of the Governor (12 Nov 2021). Governor's policy bulletin: Boards and Commissions – Mental health and substance abuse boards and Hawaii State Council on Mental Health. <https://mailchi.mp/425ff4aa823d/archive-4978682?e=8c561135fb>
- Boards and Commissions on behalf of the Office of the Governor (13 July 2021). Public message about board participation, R. Ries. <https://1drv.ms/v/s!AjajFBpqSgCAjRQq-1d0jvKgUSvY?e=Wbnvfq>

ANTICIPATING a Productive 2022

Our goals for 2022 include continuing to advocate for behavioral health services statewide in the following ways:

- Researching related topics, listening to input from SABs, state agency representatives, stakeholders, and service recipients.
- Writing letters acknowledging where excellent service is being provided and letters advocating for systems improvement where identified
- Testifying on legislative bills that address the Council's legislative priority areas
- Completing Strategic Plan goals and objectives
- Achieving 100% membership for the Council and all County SABs