

**STATE COUNCIL ON MENTAL HEALTH (SCMH)
Behavioral Health Administration
Department of Health, State of Hawaii**

Virtual Meeting via Zoom
August 9, 2022
9:00 a.m. – 12:00 p.m.

Members Present: Katherine Aumer, Antonino Beninato, Lea Dias, Jon Fujii, Jeffrey Galon, Jr., Heidi Ilyavi, Jackie Jackson, Chris Knightsbridge, Eileen Lau-James, Kathleen Merriam, Ray Rice, Richard Ries, Kau`i Seguancia, Mary Pat Waterhouse

Members Absent:

Members Excused: Naomi Crozier, Tara Reed, Jennifer Renfro

Guests Present: John Betlach, Colleen Ching -KITV 4 Island News, Deb Goebert, Jeanelle Sugimoto- Matsuda, Eileen Awai, rhpatorcinio, Miki, Shelley.

AMHD and CAHMD Staff Present: Gyan Chaudhary, Amy Curtis, Jocelyn Nazareno, Scott Shimabukuro, Carolyn Weygan-Hildebrand, Valerie Yin

APPROVED MINUTES

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
I. Call to Order	Richard Ries, Chairperson, called the meeting to order at 9:05 a.m. Eileen Lau-James called the roll and quorum was established with 14 members.	For information only.
II. Meeting Announcements	<p>R. Ries, Chairperson, welcome everyone. He congratulated and welcomed the five (5) new members -Lea Dias, Ray Rice, Jackie Jackson, Jeff Galon, Jr., and Mary Pat Waterhouse.</p> <p>Jeff Galon Jr. is the newest member of the Council and just began attending last month. He was requested to share a little about himself. He said:</p> <p style="text-align: center;"><i>“At the judiciary, I am the Specialty Court Administrator. Under me, I have the Hawaii drug court program, the mental health court and mental</i></p>	For Information only

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	<p><i>health unit, as well as the veteran's treatment court. I'm from the west side of the island, Waianae. After graduation, I enlisted in the Navy, worked as a hospital corpsman for seven years. Upon discharge, I went into the civilian world, and then eventually made my way to the judiciary, where I've worked my way up from a judicial clerk all the way to consular with the drug court, to mental health court supervisor not to my current role as the administrator of the specialty courts.”</i></p> <p>Mary Pat Waterhouse is the other member who just started attending last month, too. She was also requested to introduce herself again. She said:</p> <p><i>“ I am currently vice chair over at Mental Health America of Hawaii and vice chair at Hawaii Disability Rights Center. I've been on both boards for a long time. I do have a family member with mental illness, and that's how I came onto this board. And I've been involved with Connie Mitchell at Institute of Human Services, over the years to try to change some lives, helping people with mental illness. This is something I've been interested in for a long time.”</i></p> <p>R. Ries had the following additional announcements.</p> <ul style="list-style-type: none"> • Governor has signed a new law regarding how public meetings are conducted. The new law requires that opportunity for public input be provided throughout the meeting, provided that public input is relevant to the agenda. • There is a new attendance log which list current members only, including their current terms. It reflects three vacancies that have to be filled by either consumer or family member or family advocate. Two must be service area board representatives, one each for Kauai and Hawaii. • There are guest speakers today and the schedule will be moved around as needed for time efficiency. 	

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	Kathleen Merriam reminded that September is Suicide Prevention month, and drew attention to the flyer for a September 10 event called “Walk to Fight Suicide.”	
III. Consideration and Approval of Review Minutes <ul style="list-style-type: none"> • July 12 , 2022 	The draft minutes for July 12, 2022 were reviewed. On page 1, The reference to Katherine Aumer’s position needs to be corrected. It should be 2 nd Vice Chairperson not 1 st Vice Chairperson.	<u>Action</u> K. Aumer motioned to approve the July 12, 2022, minutes with corrections as noted. Eileen Lau-James seconded. The motion passed unanimously
IV. Community Input	<p>R. Ries asked if any of the guests have community input.</p> <p><u>Colleen Ching from KITV 4 Island Hawaii News Now</u> gave a community input on the mental health challenges due to the pandemic. She said:</p> <p>“For the past couple of years, our team has done a lot of reporting on the mental health challenges we face due to the pandemic and the stresses of everyday life. Something that has really hit a lot of us close to home in our reporting with colleagues and friends with family is specifically our youths. In our recent meeting with our team, we wanted to launch a campaign targeted towards messaging our youth and our young people on addressing mental health, making it okay with talking about mental health challenges. In doing a lot of research working with Department of Health and looking at the stats Hawaii’s youth are challenged right now. In a 2020 article that Department of Health did, data shows an estimated 11,000 of Hawaii’s youth experienced one major depressive episode in the prior year. We can only imagine as the pandemic drags along; this number probably would grow.</p> <p>There is a new nationwide mental health hotline, 988. We've been doing a lot of reporting on letting our viewers know, not just for youth but for anyone that they can call 988 crisis line should they need support or</p>	

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	<p>need to talk to someone. I did attach some information on what we plan to do, and I wanted to share it with this group just for any feedback.</p> <p>I plan to work very closely with the mayor of all counties to make sure that you know what we do is relevant and the messaging that we do to the youth resonates with them. But thank you for allowing me to share just an overview of what we want to do here in the community. And I wanted to open it up, I don't know if that's appropriate right now for any concerns or questions on what we plan to do.”</p> <p><i>Discussion</i></p> <p>Q. What does the campaign specifically want to target to help eliminate stigma against youth? Not to feel shame for them to come out and get some help?</p> <p>A. To execute a marketing campaign for youths so they can talk about their feelings, not be ashamed to get help. Talk to a friend, talk to anyone they feel close to. We've pulled together a focus group, already have teams from anywhere from 10 to 17. Have ideas of how to message them; how to talk to them. The goal of this is to be able to reduce the stigma, and not be ashamed.”</p> <p>Q. Have you contacted professionals in the area as well so that these younger individuals will have contact resources, or at least have the references for them?</p> <p>A. I talked to Dr. Ries, as a health care professional. We also plan to talk to the big health groups to make sure that we can also educate parents on “here's how to get help, should you have a loved one that needs services”.</p> <p>Q. So what is the plan for getting this information out? Is it going to be done on the news? Or is it commercial segments? Or what is the plan?</p> <p>A. We plan to do this in commercials and more specifically on social media and digital platforms, those are the platforms our youths consume. We do plan to use our traditional television for parents and grandparents, but we plan to do it</p>	

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	<p>multimedia. There'll be a social digital component because all the teenagers are on Tik Tok, Facebook and Instagram. We also want to create a junior Council, which is a forum of Hawaii's youths that are representative, like different schools, different backgrounds, so they can be like peer mentors, in their schools and their peer groups like really being a voice on again, taking that stigma away. We plan to use this group to help us market messaging materials because we want to make sure that whatever we're saying speaks to that age group and not to their parents or their grandparents, we really want this to resonate with them.</p> <p>Q. In terms of the youth that need mental health support are there resources that you are promoting for teens to be able to reach out without their parents' consent?</p> <p>A. That's a great question. I don't know the guidance on minors and being able to reach out without having their guardians be aware. I'll have to reach out to a health care professional. Dr. Ries did share that there are a lot of teens that wouldn't feel comfortable sharing their challenges with their parents or guardians or whoever they live with. When I connect with Dr. Shimabukuro and some other health care professionals that we address that.</p> <p>C. Ching was also referred to Dr. Scott Shimabukuro, Child and Adolescent Health Division administrator, a well as to Antonino Beninato, the representative for youth in the Council. A reference to Act 37, SLH 2020 was also made regarding minor consent law to mental health services.</p>	
V. New Business	<ul style="list-style-type: none"> • Suicide Prevention and Awareness Month Presenters: Dr. Deborah Geobert and Dr. Jeannelle Sugimoto-Matsuda <p>K. Merriam introduced this presentation and informed all that September is Suicide Prevention and Awareness Month. She pointed out that every 2 days, somebody dies by suicide in Hawaii. She added that she got involved when her own brother took his life. As much as suicide is a very depressing topic, she</p>	

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	<p>reminded that there is also this inspiring feature to it all and that’s about the prevention part. She said that two guest speakers will be talking about this. Both are part of the Statewide Suicide Prevention Task Force. Dr. Goebert is from the University of Hawaii Department of Psychiatry while Dr. Sugimoto-Matsuda is from the University’ Public Health program.</p> <p>Please see the presentation slides for presentation summary.</p> <p><i>Discussion</i></p> <p>Q. Can you speak to the cultural nuance of suicide and prevention?</p> <p>A. Most of my work is with youth, the youth talked about family differences and whether or not they can talk about suicide at home. They would say “if I do that I’ll get in trouble. I’ll be punished”. There are also religious differences where a lot of people think that it's considered a sin in their religion. Some of them are surprised that the pope declared it is not a sin and they now recognize that it's associated with mental health but there's still that connotation. A lot of it is related to what we end up seeing in terms of help-seeking. We also see differences by age and the way people respond to it. The rates are higher in Native Hawaiians, especially native Hawaiian youth. As data shows, we are seeing even higher rates in Micronesian. We said the protective factors are connection. Cultural connection is a super important one. We found that cultural and spiritual connection was the number one listed by youth to help them through mental health crises.</p> <p>Q. In general, suicide rates have been going up, the rates for across all groups have been going up, if you look over the century. Why you think that is? What are the reasons?</p> <p>A. We don’t have an answer. I've studied 300 and plus variables and looked at it and tried. We found out that we can maybe predict 10 to 12% of suicide deaths. We know that it's a complicated issue. I think that's the number one thing that is challenging. We look at Eastern cultures, so much is tied into</p>	

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	<p>what's happening in terms of their status in the workplace. And again, that's really simplifying it and it's not simple.</p> <p>Q. There's a question on the chat about mental health professionals in suicide rates. In the world of data, it was psychiatrists that had the highest rate of suicide amongst mental health professionals and there might be various reasons for that, particularly work demands. Is that still the case? Do you know?</p> <p>A. Yes that is correct. It is higher among our EMS workers as well. And first responders, we see higher rates there. And then just generally, dentists are also suffering.</p>	
VI. Informational Reports	<p><u>Island Representative Reports</u></p> <ul style="list-style-type: none"> • Oahu Service Area Board (OSAB) Jackie Jackson said that there was no quorum at the last OSAB meeting. The meeting then was informational only and covered the Adult Mental Health Division's Community Report which was presented to the SCMH. • Maui Service Area Board (MSAB) – None At this point, R. Ries asked about procedures for excusing Tara Reed. It was clarified that T. Reed has expressed the need to step down from the 1st Chairperson position but remain a Council member. C. Weygan-Hildebrand refreshed members of the procedures by reading the Council's Bylaws and its provision on that. It said that if a vacancy should occur, the Council may vote to initiate an election with at least one nomination made 15 days prior to elections. -K. Aumer who is currently 2nd Vice Chairperson. -K. Aumer said she is willing to be 1st Vice-Chairperson. -If there is a resulting vacancy in the 2nd Vice-Chairperson position, M. P. Waterhouse and K. Merriam were nominated. Both said they are willing to be 2nd Vice Chairperson if needed. 	For Information Only.

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	<p><u>State Agency Representative Reports</u></p> <ul style="list-style-type: none"> Department of Health (DOH) K. Merriam prepared a written report that was part of the handouts. Please refer to said handout for details. <p><i>Discussion</i></p> <p>Q. has anything been decided as far as what is going to be done with the older hospital? A. This question will be shared with DOH for a more exact answer.</p> <ul style="list-style-type: none"> Hawaii Public Housing Authority (HPHA) Kau'i Seguancia updated that the Oahu Federal Public Housing opened this week for new applications. Each week will focus on different geographic areas. This week will be for Honolulu and elderly, which means that these are mostly studio units. The next one will be in the Honolulu area for families. These are 1-2-3, and four bedrooms. The third will be between August 22 to the 26th in the Leeward side. These are one, two, and three bedrooms. Finally, the last week in August to September 2 will be the Windward side (e.g. Waimanalo public housing). <p>Q. Will we see somebody from your office help with the homeless population? A. Probably that needs to get tied into homeless providers. I must research more on that because HPHA don't track people who are homeless.</p> <p>Q. Are there any programs that pay for clean and sober living for homeless clients? Where I work, all must transition into a clean and sober house for six months but they don't have any money. All these clean and sober houses require a minimum of \$400 to \$500 a month. Do you know of any programs to apply for money for that?</p>	

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	<p>A. When I use to work with AMHD, there are programs that have damp houses, wet houses, dry houses, etc. Maybe get resources that AMHD currently has contracts for.</p> <p>C. Weygan-Hildebrand suggested having resource speaker on these from both the mental health and substance abuse disorder side.</p> <p>Q. Does Scott Morishige, the state governor’s coordinator on homelessness get in communication with you folks around the validity of these housings and when they come available?</p> <p>A. I’ll check with our planning office with Ben Park. He would be the one who would stay in contact with Scott Morishige.</p> <ul style="list-style-type: none"> • Department of Human Services Vocational Rehabilitation Division (DVR) Lea Dias reported that she has the data on number of people with SMI served but is double-checking it. She summed up that vocational rehabilitation is alive and well although staffing levels are a challenge, as many state agencies are. She asked the members that if they know who's needs help to go to the DVR website or contact her directly. Help is out there for those wanting employment, in danger of losing their employment, or wishing to advance an employment. • Judiciary Department (JUD) J. Galon announced that they are having a training tomorrow, covering how forensic peer specialists can be incorporated into the mental health court unit. This will be with Amy Naylor of Adult Mental Health Division and others. • Department of Human Services on Social Services, none • Department of Human Services MedQuest Medicaid Program, none • Department of Education, none 	

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	<p><u>Specialty Area Representative Reports</u></p> <ul style="list-style-type: none"> • Hawaii Advisory Committee on Drug and Abuse and Controlled Substances (HACDACS). None. • Mental Health Providers. None. • Parents and Family Members Heidi Ilyavi reiterated her concern about staffing. She said that she has been in the State for a long time and the current one is a desperate situation. No one has applied in three months. She talked to FoodBank and other others, and they are in a similar situation. It is a constant concern. <p><i>Discussion</i></p> <p>Q. Is there someone from the Kona world that could be invited to come and address the Council. Maybe the Council can issue a formal communique to the Governor or Department of Health.</p> <p>A. Yes. Someone who can come to speak to the Council</p> <ul style="list-style-type: none"> • Youth and Consumer Advocates. None 	
<p>V. Old Business A. SCMH as a Planning Council</p>	<p>Summary of Activities and Roles of the SCMH for the MHBG Mini-Application due September 1:</p> <p>K. Aumer summarized that the PIG met on July 28 and they learned the status of mini-application from Dr. Amy Curtis (Adult Mental Health Division Administrator) and Dr. Scott Shimabukuro (Child and Adolescent Mental Health Division). The PIG requested that details, especially on planned expenditures be provided today.</p> <p>For the presentation, C. Weygan-Hildebrand as a Planner, framed the presentation by reiterating the requirements for this round of MHBG mini-</p>	

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	<p>application. They are the State’s planning expenditure for state fiscal year 2023, narrative on crisis services and state council. She explained that a public comment draft of the mini-application will be up for a two-week comment period. Dr. Curtis and Dr. Shimabukuro shared a draft of the proposals for spending MHBG grant award funds for AMHD and CAMHD. See handout providing summaries of what was presented.</p> <p><i>Discussion</i></p> <p>R. Ries thanked Dr. Curtis and Dr. Shimabukuro, expressing that it was meaningful for them to come with the requested information. He recalled being in an uncomfortable position last time, where there were significant data pieces missing and we were asked to give a vote of confidence without any information. He concluded that is very restorative and healing for the Council. He commended them for coming up the draft and appreciated.</p> <p>Q. When will the COVID-19 Fund expire? A. This mini-application reflects that Hawaii will be spend from 3 MHBG grants. The regular formula grant has its usual cycle of July 1, 2022 to June 30, 2023. The COVID-19 supplemental fund will expire on March 14, 2023 but there is talk at the federal level about extensions. The American Rescue Plan (ARP) Fund will expire in 2025.</p> <p>Q. If some of the planned expenditures can still be massaged, it will be great to see more monies towards psychotherapy, psychotherapy, training, and staff development. There are multiple reasons. One major one is societally in general, there's a graver sense of disconnection, both in adults and in youth, and that there's more and more of a deep need for real conversation and talk therapy.</p> <p>A. One of our conversations is that we would like to incentivize trainings for a psychotherapist and the reason why is that many psychotherapists are paid fee for service. I can tell you that's a part of the conversation and something were trying to figure out how to do.</p> <p>There is DBT training, which is now getting implemented and we are doing continuations with the CBT as well. More of those psychotherapies twill be used</p>	

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	<p>for cases with co-occurring with a substance use. We'll continue to look at making sure we do train-the-trainers. We are also working with getting enough providers in our state and all these areas. We're also on network with our other projects, too, but it won't help to have these trainings if we don't have enough people to train to then provide it in the state as well.</p> <p>Q. if there were monies to hire more people and more money to hire them at a higher rate, you would have more staff also highly trained staff. Could any of that money possibly go to like opening internship positions in like state hospital or facilities like state facilities here?</p> <p>A. We can't use the community block grant for inpatients. It's the Community Mental Health Block Grant. We are looking at fellowship with WICHE, CAMHD and AMHD where psychologists will be able to go through different settings. We are also looking at workforce development through UH with another federal grant. Internally, we are looking within the state system, and the rate studies and the compensation and how we examine that as well.</p> <p>Q. Regarding rates, can you explain more what you are doing? I'm curious with the state contracts. It seems some of them haven't been updated in several years, and the bed day rates are like 10 years old. What's happening with those rate increases, because that's critical at this time when things are just off the charts.</p> <p>A. There are a couple of things that are connected when we are contracting for services. We are often supposed to look at the CMS rates, and our Med-Quest rates and somewhat match that. So, some of it is looking at the rates that are being offered there and what we can examine. There are times where we have specialized populations or other things that we can put in that. If we're doing a match with the health insurance and things were impacted by that, we have our own studies that we're looking at for our own state staff as well as for services that are not impacted so directly by the billable rate.. We're kind of trying to look at all those factors at once.</p>	

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<p>B. What are State Behavioral Health Council and Should Hawaii form One?</p>	<p>Q. It's a real concern right now, being in on the Big Island of West Hawaii, where rental market has increased significantly, as well as gas prices and electricity and all. We can't maintain staff here because we can't pay them a livable wage.</p> <p>A. As the Medicaid agency we have our fee schedule, sort of a base fee schedule for Medicaid. And that is really old. What we're trying to do is update that bring that into the 21st century. We have to do a state plan amendment. So that's something that we're going to be working on next year. Just for your records, our current state plan refers to 2009 Medicare Fee Schedule.</p> <p>A. It is not just money that our mental health professionals are looking for. They are also looking to telework. DOH is 100% in office throughout the work week, but health professionals prefer to telework. If we can get support for that, that would be helpful, not only to recruit, but also to retain mental health professionals who are looking at other jobs, which where they can telework. So, it's not only pay, but it's also teleworking.</p> <p>Q. There is concurrence about telework. What if you can help identify what those issues are so that we can provide a targeted response? It is interesting why there's a pushback against teleworking. Consumers of mental health often want telework services or telehealth services. Teleworking can save providers quite a bit of money by not having to pay those monthly bills of electricity and water to run an office and air conditioning especially.</p> <p>Q. About the line item called Planning Council with a AMHD listing it at \$15,000. CAMHD at \$5,000. Is that referring to the State Council on Mental Health only?</p> <p>A. It is for the State Council on Mental Health. Historical expenses included activities like the strategic planning retreat.</p> <p>Tabled</p>	

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C. Resiliency Training for First Responders	Tabled	
D. State Council Logo/Business Cards	Tabled	
E. Red Hill Water Contamination- PIG formation	<p>PIG for Red Hill Contamination update by C. Knightsbridge. There's only like one other member. So, I don't even think it's going to happen. We're going to need more people to sign up. Ray indicated interest in joining the PIG. He needs to check with his office.</p>	
E. Strategic Plan Focus Areas and Action Plan: Permitted Interaction Group (PIG) Reports	<ul style="list-style-type: none"> • PIG for Onboarding and Reboarding (On-Re) <p>K. Seguancia reported that the PIG met and examined where the last PIG left off. After examining the materials, this PIG provided the Council with handouts and have the following recommendations as necessary for onboarding as well as reboarding of members:</p> <ol style="list-style-type: none"> 1) Online Portal. This was set up by Stacy Haituka so that members can go to it to review all the handouts. To make it more useful, the PIG is recommending that the contents be organized along a narrative that will help members – who are we, what is our mission, how do we do it, what are our results, and others. 2) Creation of a notebook. The idea is to have a warm welcome for new members. The PIG recalled that there was a material from the 2021 Strategic Planning Retreat which can be expanded and created into a guide. This contains tips and quotes from members. The PIG is recommending that the Council approve the creation and distribution of this guide. 3) Checklist of material to review. This is for new members to sign off on. It is important to have members accountable for reviewing all the materials and familiarize themselves and set a deadline of three months. <p>C. Weygan-Hildebrand added that staff will work hard to get the portal restructured by September if the Council approves. She also added that the Council needs to approve funding for printing-related cost if the idea of a</p>	<p><u>Action</u> K. Seguancia approval of recommendation from the onboarding and reboarding PIG as presented today. E. Lau-James seconded. The motion passed unanimously.</p>

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	<p>notebook is approved.</p> <ul style="list-style-type: none"> • PIG for Hospital Mental Health Care (HMHC) E. Lau-James suggested to have the PIG for Hospital Mental Health Care be dissolved. <p><i>Discussion</i> The report that the PIG completed can be finalized by staff so that it can be distributed and shared with others.</p> <ul style="list-style-type: none"> • PIG for Legislation (LEG) Chris Knightsbridge reported that the PIG did not meet. He mentioned that he resigned from the Legislation PIG a while ago. He suggested dissolving this PIG and creating a new one when needed. • Strategic Planning Retreat (SPR) No Report. • PIG PSA updates from A. Beninato The PIG for the PSA was dissolved. The PIG for Youth Survey for the high schools was established. In the next couple of weeks, I'm going to be getting the PIG together and getting some headway on that. We were to take the survey to an IRB at UH before we can send it out. 	<p><u>Action</u> E. Lau-James motion to dissolve the PIG for Hospital Mental Health Care. M. Waterhouse seconded. The motion passed unanimously.</p> <p><u>Action</u> C. Knightsbridge motion to dissolve the Legislation PIG. E. Lau-James seconded. The motion passed unanimously.</p>
VIII. Meeting Evaluation/Future Agenda Items	<p>Agenda for next meeting:</p> <ul style="list-style-type: none"> • For the Behavioral Health Council agenda, John Oliver has been invited to shed light on the subject from the perspective of what Maui's plan to pilot a Certified Community Behavioral Health Center. • For the Resiliency Training for First Responder agenda, C. Weygan-Hildebrand followed up on the question about the psychologist position in the MPD. She recommended inviting Sgt. Jan Pontanilla to speak to the Council first before finalizing the advocacy letter's contents. 	Information only

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XIV. Adjournment	The meeting was adjourned at 12:01 p.m.	For information only
Electronic Mail Outs	<ol style="list-style-type: none"> 1. August 2022 Meeting Agenda FINAL 2. July 2022 Meeting Minutes DRAFT 3. July 2022 Meeting_FY23 Attendance Log <i>New Format</i> 4. August 2022 Meeting Announcements Sept 10 Event Flyer from K. Merriam 5. August 2022 Public Input_ Supporting Materials from C. Ching HNN 6. August 2022 Meeting July 12 Presentation Slides on Mental Health Block Grant Mini-Application 7. August 2022 Meeting Reference for Mental Health Block Grant Mini-Application question on Crisis Services 8. August 2022 Meeting Reference for Mental Health Block Grant Mini-Application question on State Council 9. August 2022 Meeting PIG Onboarding and Reboarding Meeting Notes and Reference for Action Requested 10. August 2022 Meeting DOH Informational Report from Kathleen Merriam 	For information only

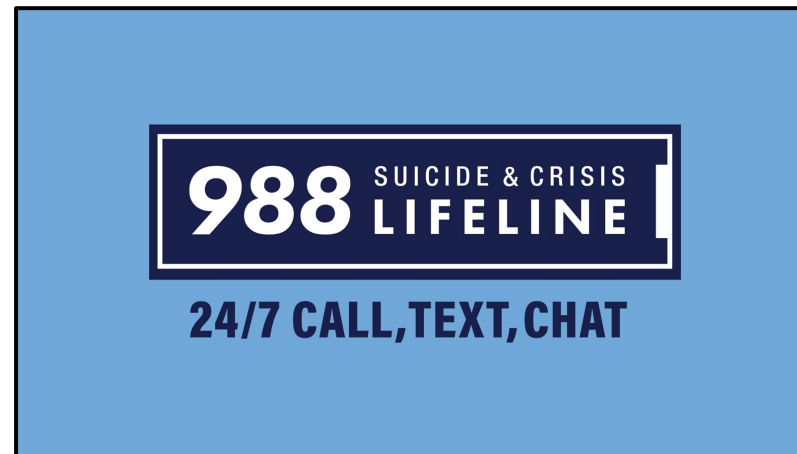
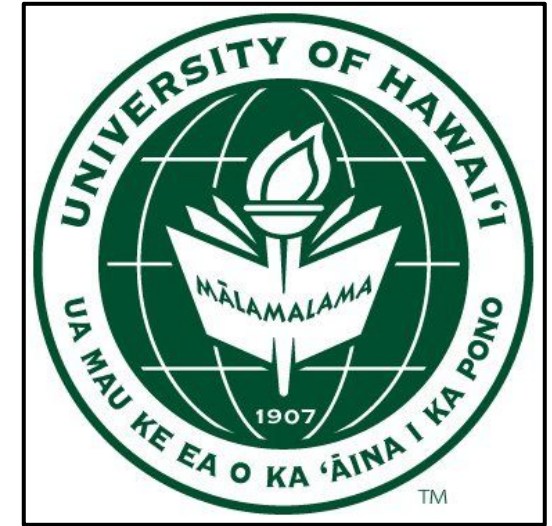
Overview of Suicide Prevention in Hawai'i

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Prevent Suicide Hawai'i Taskforce



Suicide is a profound loss

Talking specifically about suicide can bring up personal experiences and mixed emotions for us.

- We need to be sensitive to loss survivors, attempt survivors, or any of us at risk for suicide or are struggling.

We acknowledge, with love and gratitude...

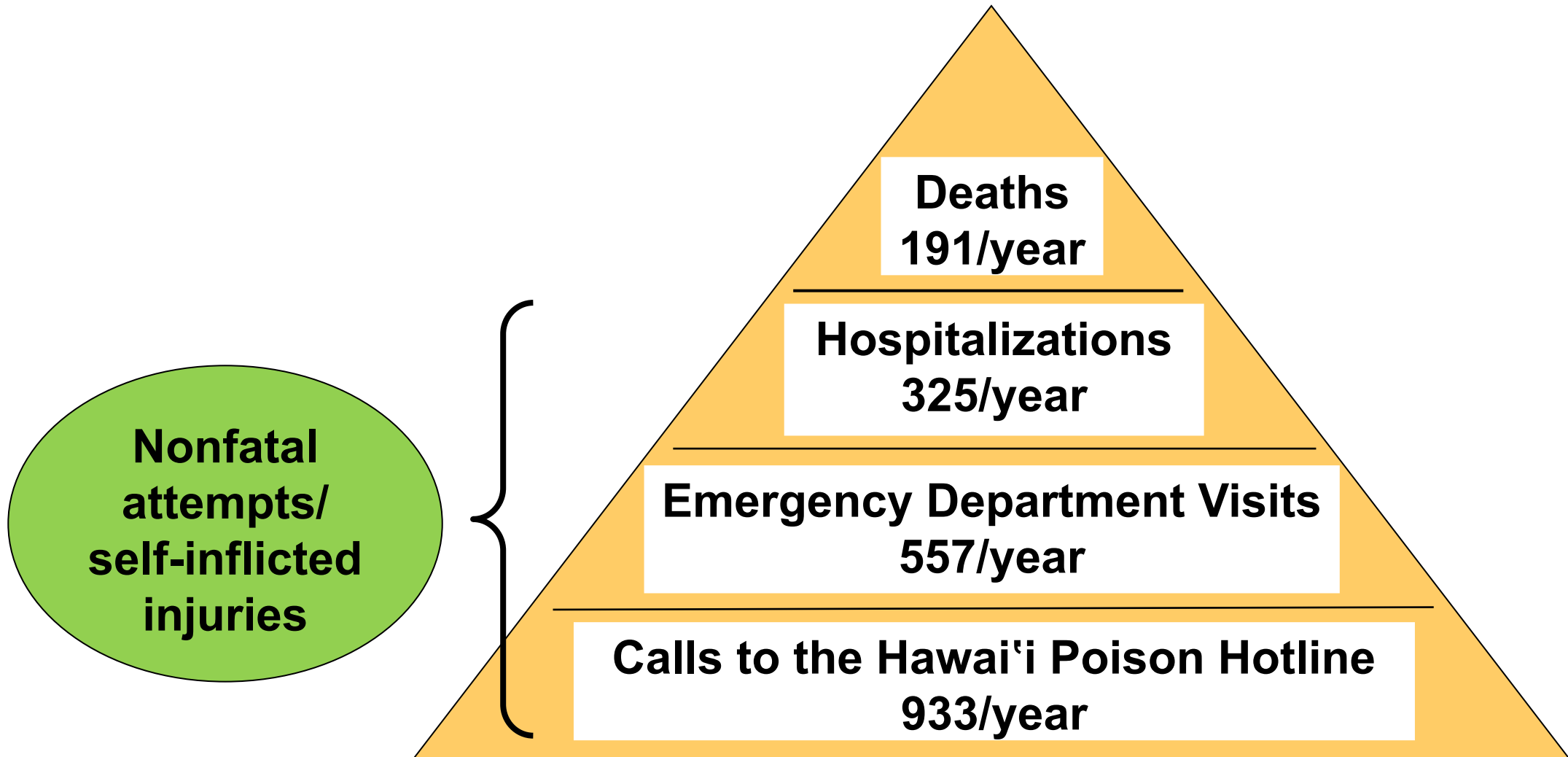
- Those we have lost, those who struggle, those who provide love and support for our families and communities.



Causes of fatal injuries (intentional + undetermined + unintentional) By Hawai'i resident age group, 2016-2020

	0-15 yo (98)	16-29 yo (633)	30-44 yo (890)	45-64 yo (1,570)	65+ yo (1,599)	Total (4,790)
1	drowning 19	SUICIDE 233	SUICIDE 272	poisoning (unintentional) 612	falls 714	poisoning (unintentional) 1,030
2	homicide 17	mvc* – occupant 92	poisoning (unintentional) 234	SUICIDE 310	SUICIDE 175	SUICIDE 1,003
3	suffocation 15	poisoning (unintentional) 81	drowning 81	drowning 167	drowning 130	falls 855
4	SUICIDE 13	drowning 48	mvc*– occupant 65	falls 96	suffocation 130	drowning 445
5	mvc* –pedestrian 8	homicide 36	homicide 59	homicide 59	poisoning (unintentional) 10	mvc* – occupant 274

“Injury Pyramid” for suicides and attempts in Hawai‘i, 2016-2020





Healthy agencies are also protective factors



- Respect, positive organizational climate, support for help-seeking.
- Train all staff, ensuring protocols and resources known to all.
- Have protocols and policies, and revisit regularly.
 - Formalize actions we normally do by “gut instinct.”
 - Fill in pukas – “gray areas” and “what if’s.”
 - Grant people “permission” to act/respond.

Safe messaging - an important protective factor

- If we talk about suicide in an unsafe manner, we can increase risk for others.
- After a suicide death specifically, suicide attempts may increase based on detail given and duration of coverage.
 - Some call this a “contagion effect.”
- Talking about suicide in a safe way can encourage at-risk individuals to seek help, and promote healing.



- List warning signs
- Provide resources
- Getting help is effective
- There is HOPE – suicide is a complex problem, but we can do something about it




- DON'T give detailed descriptions of a suicide or the person who died by suicide
- DON'T glamorize or sensationalize the person or suicide
- DON'T simplify the causes
- DON'T use terms like “failed attempt,” “successful suicide,” “completed suicide,” or “committed suicide”
 - *Instead – “died by suicide,” “took their own life”*

SUICIDE WARNING SIGNS




TALK

Being a burden to others
Experiencing unbearable pain
Killing themselves
Having no reason to live
Feeling trapped



BEHAVIOR

Increased use of alcohol or drugs
Acting recklessly
Withdrawal from activities
Looking for a way to kill themselves, such as searching online for materials or means
Isolating from family and friends
Sleeping too much or too little
Visiting or calling people to say goodbye
Giving away prized possessions
Aggression



MOOD

Loss of interest
Irritability
Anxiety
Depression
Rage
Humiliation

FACT:
Most people who die by suicide communicate their plans in advance...but may not be direct.

Bottom Line:
Is this different for this person?

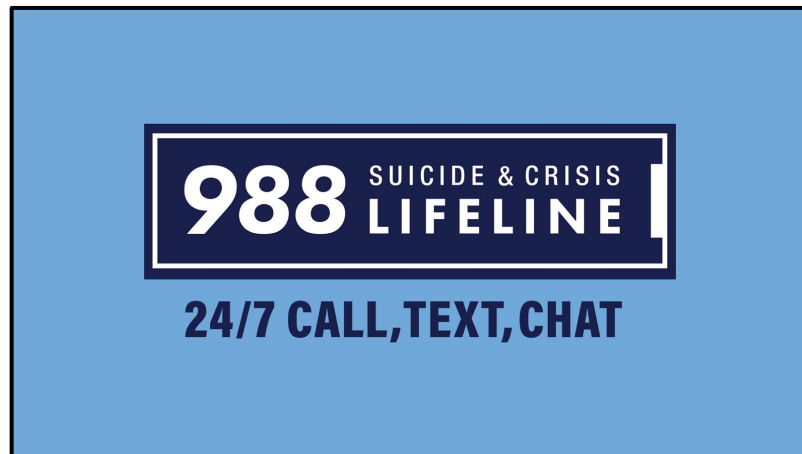


AMERICAN FOUNDATION FOR
Suicide Prevention

24/7 crisis resources

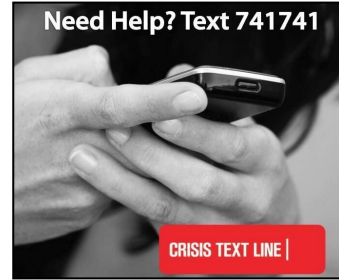
988 - National Suicide Prevention Lifeline

- 24-hour hotline for anyone in emotional distress or a suicidal crisis
- **IMPORTANT: 988 was approved as a shortcut to the NSPL, and was fully implemented in July 2022!**



Crisis Text Line

- 24/7 text support for those in crisis (also trains volunteers)
- Text ALOHA to 741-741
- <http://www.crisistextline.org/>



Hawai'i CARES (formerly crisis line of Hawai'i)

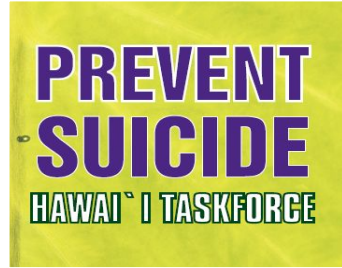
- Local team of professionals available 24/7 for mental health and substance use support

(808) 832-3100
or 1-800-753-6879



Prevent Suicide Hawai'i Taskforce (PSHTF)

- Statewide network of individuals and organizations, originated in 1999
- Statewide taskforce – 3rd Thursday of even months, 2-4 p.m.
- County taskforces – Kaua'i, Maui, O'ahu, Hawai'i



Major Taskforce partners



AMERICAN FOUNDATION
for SUICIDE PREVENTION
HAWAII CHAPTER

Hawai'i Chapter of the American Foundation for Suicide Prevention

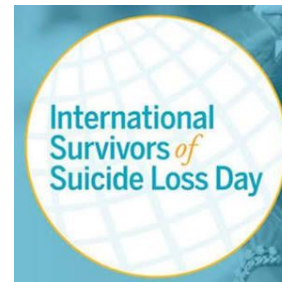
- Leading national organization founded and directed by survivors of suicide
- Survivor groups, “Out of the Darkness” Walks, International Survivors of Suicide Loss Day
- www.afsp.org/hawaii

**Out of Darkness Walk
Sky Gate, Honolulu Hale**

Saturday, September 10th @ 9AM

Civic Grounds, Oahu, Hawaii

Register at
afsp.org/Hawaii



SEIZE THE AWKWARD

Major Taskforce partners

- State agencies
 - Health, Education, Human Services, Public Safety
- Joint Military Taskforce
 - All branches, active and reserves, and the VA
- Mental Health America of Hawai'i
 - Training, advocacy, support to consumers and providers
 - <https://mentalhealthhawaii.org/>
- National Alliance on Mental Illness (NAMI) Hawai'i
 - Peer groups for consumers and caregivers, training, advocacy
 - <http://www.namihawaii.org/>
- Any many more!



The King Kamehameha Golf Club

2500 HI-30, Wailuku, HI 96793

September 08, 2022 8 AM - 1 PM

Cost: \$45.00

Registration

**bit.ly/Maui Or
SPMiniCon Scan**



Other trainings and resources

SafeTALK (3-4 hours)

- Warning signs, asking the question, referral

Connect (3-4 hours)

- Public health approach, risk/protective factors, intervention piece, safe messaging, protocol best practices

Youth suicide and bullying prevention (2-3 hours)

- Overview of both issues

Youth mental health first aid (1 day)

- Overview of mental health and suicide prevention

ASIST (2 days)

- Intervention with intensive role play, including risk assessment and safety planning

General Resources for Mental Health Promotion & Suicide Prevention
You are not alone!

[This is a working list of resources, and is by no means exhaustive, but provides a snapshot of those working to "pass life forward" in our State. For questions about this resource list, contact the Prevent Suicide Hawai'i Taskforce at preventsuicidehi@gmail.com.]

24/7 RESOURCES FOR MENTAL HEALTH EMERGENCIES/CRISIS
If you or someone you know is suicidal, don't hesitate!

IN CASE OF EMERGENCY Call 911

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
www.suicidepreventionlifeline.org

For ANYONE in Crisis: National Suicide Prevention Lifeline (NSPL)
National 24/7 crisis line (phone or chat)
1-800-273-TALK (8255)
TTY: 1-800-799-4TTY (4889)
<http://www.suicidepreventionlifeline.org/>

Note – per recent legislation, the NSPL is transitioning to 9-8-8 as its major phone number. While some communities have already made the switch, phone companies have until July 16, 2022 to complete the transition.

For Youth & Young Adults:
1-800-273-TALK (8255)

<http://www.youmatter.suicidepreventionlifeline.org/>

For Veterans:
1-800-273-TALK (8255)
Press "1" to reach the Veterans Crisis Line
or Text to 838255

Also, confidential chat at <http://www.veteranscrisisline.net/>

CRISIS TEXT LINE |
Crisis Text Line
(for the US & Canada)

 HAWAII CARES
(formerly Crisis Line of Hawai'i)
In addition to continuing to serve as Hawai'i's 24/7 crisis hotline, CARES is now the entry-point and coordinating center for behavioral health services.

 Military One Source
24/7 counseling & hotline provided by the

See resource guide for much more!

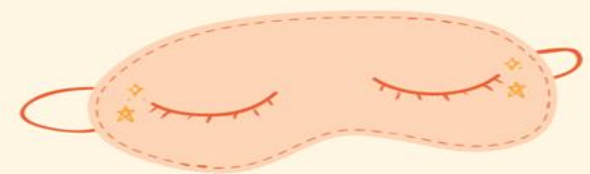
- Crisis resources
- Local collaboratives and organizations
- Trainings (most are free)
- Major events
- Pertinent policies and plans
- National resources

THE SELF-CARE Essentials



KEEP MOVING.

GET A GOOD AMOUNT OF SLEEP.



PAMPER YOURSELF.



DISCONNECT FROM THE INTERNET.

EAT A SERVING OF VEGETABLES DAILY.



DELIGHT IN THE SIMPLE THINGS.



General Resources for Mental Health Promotion & Suicide Prevention *You are not alone!*

[This is a working list of resources, and is by no means exhaustive, but provides a snapshot of those working to “pass life forward” in our State.
For questions about this resource list, contact the Prevent Suicide Hawai'i Taskforce at preventsuicidehi@gmail.com.]



24/7 RESOURCES FOR MENTAL HEALTH EMERGENCIES/CRISIS *If you or someone you know is suicidal, don't hesitate!*



For ANYONE in Crisis: National Suicide Prevention Lifeline (NSPL) *National 24/7 crisis line (phone or chat)*

As of July 2022, the NSPL can now be reached by dialing or texting 9-8-8!
TTY: 1-800-799-4TTY (4889)
<http://www.suicidepreventionlifeline.org/>

**For Youth
& Young Adults:**
Also reached at 9-8-8



<http://www.youmatter.suicidepreventionlifeline.org/>

For Veterans:
Also reached at 9-8-8.
Press “1” to reach the Veterans Crisis Line.



Also, confidential chat at
<http://www.veteranscrisisline.net/>

CRISIS TEXT LINE |

Crisis Text Line (for the US & Canada)

A free, 24/7 support for those in crisis (the organization also trains volunteers to support people in crisis)

- Text ALOHA to 741-741
- <http://www.crisistextline.org/>



Hawai'i CARES (formerly Crisis Line of Hawai'i)

In addition to continuing to serve as Hawaii's 24/7 crisis hotline, CARES is now the entry-point and coordinating center for behavioral health services including substance use disorders, mental health, and crisis intervention.

- Dial either number: 832-3100 or 1-800-753-6879
- <https://hicares.hawaii.gov/>



Military One Source

24/7 counseling & hotline, provided by the Department of Defense, at no cost to service members and their families

- Stateside: 1-800-342-9647
- TTY/TDD: 866-607-6794
- <http://www.militaryonesource.mil/> for confidential chat, and also to view international calling instructions



Trans Lifeline

Trans-led organization that connects trans people to resources.

- 1-877-565-8860
- <https://www.translifeline.org/>

If you need support, please call the
Trevor Lifeline: 866 488 7386

Trevor Helpline

The world's largest suicide prevention organization for LGBTQ young people.

- 1-866-4U-TREVOR (488-7386)
- Text “start” to 678-678
- Chat and resources at <http://www.thetrevorproject.org/>



Hawai'i Poison Hotline

Resource for management of poison exposure, assistance with identification of unknown medications, and severe overdoses.

- <https://www.hipoissoncenter.org/>

LOCAL ORGANIZATIONS AND COLLABORATIONS

Statewide Prevent Suicide Hawai'i Taskforce (PSHTF)

The Prevent Suicide Hawai'i Taskforce (PSHTF) is the state's major public-private collaborative specifically focusing on suicide prevention. PSHTF members provide leadership, set goals and objectives, develop strategies, coordinate activities, and monitor the progress of suicide prevention efforts in Hawai'i. In addition, an email list is maintained for the PSHTF. Examples of information that is shared through the email listserv are: agendas of upcoming meetings; minutes of past meetings; notices of future meetings and conferences; and local and national information shared by PSHTF members and the Department of Health Suicide Prevention Coordinator.

- Main contacts:
 - Gina Kaulukukui – Chair (2021-2022); Kaua'i Police Department (gkaulukukui@kauai.gov)
 - Deborah Goebert – Co-Chair (2021-2022); Department of Psychiatry, University of Hawai'i at Mānoa (gobertd@dop.hawaii.edu)
 - Renee Yu – Suicide Prevention Coordinator, DOH EMS and Injury Prevention System Branch (zeruirenee.yu@doh.hawaii.gov)
- The PSHTF was tasked by the Hawai'i State Legislature to craft a Strategic Plan for Suicide Prevention in Hawai'i. The final plan and report can be found here (bound copies also available by request):
 - <https://health.hawaii.gov/injuryprevention/files/2019/02/Prevent-Suicide-Hawaii-Taskforce-Strategic-Plan-by-2025.pdf>.

Prevent Suicide Hawai'i Taskforce (PSHTF) – Island Taskforces

In addition to the statewide PSHTF, there are county taskforces that address island/community-specific issues.

- Kaua'i – Chair Madeleine Hiraga-Nuccio (madeleine.hiraga-nuccio@doh.hawaii.gov), Co-Chair Patricia Wistinghausen (pwistinghausen@gmail.com), www.preventsuicidekauai.org
- Hawai'i Island coordinators – Yolisa Duley (hduley@hawaii.edu), Joy Hohnstine (joy.hohnstine@k12.hi.us)
- Maui County – Co-Chairs Danielle Bergan (danielle.bergan@mentalhealthhawaii.org) & Kristin Mills (kristin.mills@doh.hawaii.gov), <https://preventsuicidemauicounty.weebly.com/>
- O'ahu point-of-contact – Pua Kaninau-Santos (pkshawaii@gmail.com; angelonmyshoulder@pkshawaii.com), <http://www.oahupshawaiitaskforce.org/>

DOD/Military Partnerships

Collaboration with our military partners has grown exponentially over the past few years. There is now a Joint Military Suicide Prevention Taskforce (JMSPTF), which facilitates cross-branch communication and collaboration.

- JMSPTF Chair – Stefany Garcia – stefany.garcia@navy.mil

Below are points of contact for suicide prevention activities/services in individual branches/services:

- Army – Major Teah Karamath, Suicide Prevention Program Manager – teah.e.karamath.mil@mail.mil, <https://phc.amedd.army.mil/topics/healthyliving/bh/Pages/SuicidePrevention.aspx>
- Army National Guard – Melody Bell, Suicide Prevention Program Manager – (808) 844-6453, melody.r.bell.ctr@mail.mil, <https://hawaiiguardohana.org/suicide-prevention-program.php>
- Army Reserves – Brent Oto, 9th MSC Suicide Prevention Office – (808) 438-1600 x3231, Mobile: (808) 233-9153, <http://www.usar.army.mil/Commands/Support/9th-MSO/>
- Air Force – Mabelle Terrell, Suicide Prevention Program Manager – (808) 449-1603/1608, mabelle.terrell@us.af.mil
- Air National Guard – Barbra Kanani Krafft, LCSW, Psychological Health Specialist – (808) 448-8145, barbra.krafft@us.af.mil
- Coast Guard – Lianne Casupang, LMHC, Sexual Assault Response Coordinator – (808) 291-7720, Lianne.M.Casupang@uscg.mil
- Marine Corps – Rose Barros, Prevention Specialist, Behavioral Health USMC-Hawai'i – (703) 784-2570 x4283, rose.barros@usmc.mil
- Navy – Yojana K. Garcia, LCSW, BCD, Suicide Prevention Program Manager – (808) 474-0045, Yojana.garcia@navy.mil
- Department of Veteran Affairs, Pacific Islands Healthcare System – Justin Fienhold, LCSW, CSAC, Suicide Prevention Coordinator – (808) 433-3472, justin.fienhold@va.gov, <http://www.hawaii.va.gov/services/mentalhealth.asp>

American Foundation for Suicide Prevention (AFSP) – Hawai'i Chapter

Main contacts:

- <https://afsp.org/chapter/hawaii>
- Chapter leadership/coordinators:
 - Kathleen Merriam – k.merriam@live.com
 - Mestisa Gass – mestisa.gass@mentalhealthhawaii.org
 - Elizabeth Warren – afsphinews@gmail.com

AFSP is the nation's leading organization bringing together people across communities and backgrounds to understand and prevent suicide, and to help heal the pain it causes. A small group of board members and volunteers have established a formal Chapter in Hawai'i. AFSP's major activities include the Out of the Darkness Community Walks, International Survivors of Suicide Loss events, "Party for Prevention," and other trainings and awareness activities to increase community knowledge and capacity around suicide prevention.

Hawai'i State Department of Health (DOH)

DOH is the state-designated "lead agency" for suicide prevention activities. The following sections of DOH relate to mental health and/or suicide prevention:

- Emergency Medical Services and Injury Prevention System Branch – main resource for suicide prevention trainings & information, including poison prevention – <http://health.hawaii.gov/injuryprevention/>
 - Renee Yu – Suicide Prevention Coordinator, DOH EMS and Injury Prevention System Branch (zeruirenee.yu@doh.hawaii.gov)
- Adult Mental Health Division – <http://health.hawaii.gov/amhd/>
- Child & Adolescent Mental Health Division – <http://health.hawaii.gov/camhd/>

"A Place in the Middle" – a strength-based approach to gender diversity and inclusion

Directed and produced by Emmy Award-winners Dean Hamer and Joe Wilson, "A Place in the Middle" brings an enlightened Hawaiian perspective to efforts to create welcoming and inclusive schools and communities for children of all ages. This 25-minute film, adapted from the PBS Independent Lens feature documentary "Kumu Hina," approaches diversity and cultural preservation in a youth-friendly way by telling the story through the youth's own point of view. Organizations and educators are welcome to incorporate the film into trainings/curricula, and/or contact Dean and Joe directly for technical assistance.

- <http://aplaceinthemiddle.org/>

Hawai'i State Department of Education (DOE)

- <http://www.hawaiipublicschools.org/Pages/Home.aspx>
- Whole-child supports: <http://www.hawaiipublicschools.org/TeachingAndLearning/StudentLearning/Supports/Pages/home.aspx>

Mental Health America of Hawai'i (MHAH)

MHAH provides trainings, presentations, and resources for adults and youth. The organization also supports individuals and families around mental health issues, and participates in advocacy activities.

- <http://mentalhealthhawaii.org/>, (808) 521-1846
 - MHAH offers one of the most comprehensive and updated **social service directories**, as well as a "**Finding Help Consumer Guide**": <http://mentalhealthhawaii.org/help/>.
 - MHAH recently launched a **smartphone app called "Kokua Life,"** which provides information around suicide prevention, mental wellness, and local resources. The app also features a searchable version of MHAH's social service directory. Information and download instructions can be found here: <https://kokualife.org/>
- MHAH coordinates a Bullying Prevention Taskforce, and houses an online toolkit for bullying prevention (<http://bullypreventiontoolkit.weebly.com/>). They also coordinate the "Rainbow Youth Coalition," a collaboration of organizations with expertise in LGBTQ issues/supports.

National Alliance on Mental Illness (NAMI) Hawai'i

Offers education, advocacy, and support for persons with mental illness and their families. One of NAMI Hawaii's primary focus areas is the support of families and caregivers of those living with mental illness. They offer a "Family-to-Family (F4F) Education" course for caregivers, as well as Family Support Groups. A variety of peer support groups are also offered in various locations.

- www.namihawaii.org, (808) 591-1297

University of Hawai'i at Mānoa, Department of Psychiatry

Hawaii's leader in research, service, and training on mental/behavioral health in Hawai'i and the Pacific Region. The Department also co-houses the "Hawaii's Caring Communities/Systems Initiatives (HCCI and HCSI) for Youth Suicide Prevention," under the direction of Dr. Deborah Goebert (goebertd@dop.hawaii.edu) and Dr. Jeanelle Sugimoto-Matsuda (jsugimot@hawaii.edu).

- Department of Psychiatry – <http://blog.hawaii.edu/dop>
- HCCI/HCSI projects – hcsi.team@gmail.com
- A comprehensive description of the Department's suicide prevention work can be found here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5694974/pdf/hjmph7611_0310.pdf.

Youth Leadership Council for Suicide Prevention

Main contacts:

- University of Hawai'i at Mānoa, Department of Psychiatry (hcsi.team@gmail.com).

The Hawaii's Caring Communities Initiative (HCCI) supports the Youth Leadership Council. Approximately 50 youth from across the state are now part of the Council, serving as advocates for suicide prevention in their respective communities. Interested youth/organizations can contact HCCI for information on the process for becoming involved in the Council (includes an application/interview process to ensure youth's readiness for serving as a youth leader).

Other Partner Organizations and Agencies



There are many groups, formal and informal, that are currently working in suicide prevention. The following list provides just a snapshot of these groups – and thankfully, the list continues to grow!



- Action With Aloha
- Ai Pono
- AlohaCare
- Alu Like
- American Foundation for Suicide Prevention, Hawai'i Chapter
- BRAVEHEART
- CARE Hawai'i
- Castle Medical Center
- Catholic Charities of Hawai'i
- Chaminade University
- Crisis Text Line
- Department of Parks and Recreation (Honolulu)
- Department of Defense and Veterans Affairs (Air Force, Army, Army National Guard, Marines, Navy, Veteran's Administration)
- Family Court
- Gebco Hawai'i
- GLSEN Hawai'i
- Hale Ho'ola Hamakua
- Hale Kipa
- Hawai'i Health and Harm Reduction Center
- Hawai'i Pacific University
- Hawai'i Primary Care Association
- Hawai'i S.P.E.A.R. Foundation of America
- Hawai'i State Department of Education
- Hawai'i State Department of Health (Adult Mental Health Division, Child & Adolescent Mental Health Division, Alcohol & Substance Abuse Division, Emergency Medical Services & Injury Prevention System Branch, Family Health Services Division, Maternal & Child Health Branch, Neurotrauma Supports Program, Tobacco Settlement Fund Management)
- Hawai'i State Department of Human Services (Office of Youth Services)
- Hawai'i State Department of Public Safety
- Hawai'i State Legislature
- Helping Hands Hawai'i
- Highway Inn
- Hilo Medical Center
- Hina Mauka
- Hope Services Hawai'i
- Judiciary – First Circuit
- Kahuku Medical Center
- Kahuku United Methodist Church
- Kamehameha Schools
- Kapi'olani Medical Center for Women and Children
- Ka'u Hospital
- Kaua'i Veteran's Memorial Hospital
- Ke Ola Mamo
- Kids Hurt Too
- Ko'olauloa Community Health and Wellness Center
- Lana'i Community Hospital
- Legacy of Life Hawai'i
- Life's Bridges Kaua'i
- Lili'uokalani Trust
- Maui Community College
- Maui Economic Opportunity
- Maui Memorial Medical Center
- Mental Health America of Hawai'i
- Molokai'i Child Abuse Prevention Pathways (MCAPP)
- Moloka'i Community Health Center
- Moloka'i General Hospital
- National Alliance on Mental Illness (NAMI), Hawai'i Chapter
- O'ahu Economic Development Board
- Office for Social Ministry, Catholic Diocese
- Paul Mitchell School
- Police Departments (all counties)
- Punahou School
- Queen's Medical Center
- Salvation Army
- Samaritan Counseling Center of Hawai'i
- St. Francis Hospice
- Sutter Health Kahi Mohala
- Tripler Medical Center
- University of Hawai'i Community Colleges (Honolulu, Kapi'olani, Leeward)
- University of Hawai'i Hilo
- University of Hawai'i at Mānoa (John A. Burns School of Medicine, Office of Public Health Studies, School of Social Work, Counseling and Student Development Center)
- University of Hawai'i at West O'ahu
- Wahiawa General Hospital
- Wai'anae Coast Comprehensive Health Center
- Wilcox Memorial Hospital

TRAININGS ON SUICIDE PREVENTION, MENTAL HEALTH, AND ASSOCIATED TOPICS

– TRAININGS SPECIFIC TO SUICIDE PREVENTION –


(Trainings with asterisk [] are approved options for Department of Education schools to fulfill Act 270 requirements.)*




Curriculum	Description	Main Contact(s)
<p>*Suicide Prevention Foundations (“Suicide Prevention 101” [SP101]”)</p>	<p>Focus areas: Basic/foundational suicide prevention training, appropriate for audiences as an initial primer to the topic. Topics include landscape of the issue of suicide, risk/protective factors, warning signs, best practices for connecting with someone who may be suicidal, safe messaging, and community resources.</p> <p>Format: Typically 60-90 minutes long, and implemented in person. During the pandemic, virtual allowable with appropriate safeguards in place.</p> <p>Audience: Open to both public and professional audiences. <i>Recommended</i> especially as a starting point for (adult) groups that have not recently had formal suicide prevention training.</p>	<p>Jeanelle Sugimoto-Matsuda, UHM Office of Public Health Studies, jsugimot@hawaii.edu</p> <p><i>DOE schools requesting SP 101 for annual training requirement, contact your district point-of-contact (POC). If you are unsure who your POC is, contact Jeanelle Sugimoto-Matsuda (jsugimot@hawaii.edu).</i></p>
<p>“Connect” Training Program (parent organization = National Alliance on Mental Illness, New Hampshire)</p> 	<p>Focus areas: Connect takes a public health approach to suicide prevention, looking at the individual, social network, organization, and larger community. Connect’s three modules (for adults) cover: 1) foundational information similar to SP 101 (above); 2) connecting with someone who may be suicidal; and 3) review of protocols specific to the agency’s discipline/setting (e.g., schools, healthcare, social services, etc.).</p> <p>Format: Typically 3-4 hours long, and implemented in person. During the pandemic, virtual allowable with appropriate safeguards in place.</p> <p>Audience: Open to both public and professional audiences. Certain trainers are certified in the youth version of Connect. <i>Recommended</i> for agencies that have particular interest in shoring up organizational protocols.</p>	<p>Jeanelle Sugimoto-Matsuda, UHM Office of Public Health Studies, jsugimot@hawaii.edu</p> <p>Deborah Goebert, UHM Department of Psychiatry, goebertd@dop.hawaii.edu</p> <p>http://www.theconnectprogram.org/</p>
<p>*“Youth Suicide and Bullying Prevention” (YSBP) Training</p> 	<p>Focus areas: Mental Health America of Hawaii’s YSBP training offers strategies to recognize and intervene in youth suicide and bullying. In the workshops, participants learn to: 1) define bullying and understand the roles we play in bullying; 2) identify symptoms of depression and recognize signs of suicide; and 3) listen, ask, support, and empower the youth to get help.</p> <p>Format: Typically 2-3 hours long, and implemented in person. Virtual options available (contact MHAH).</p> <p>Audience: Open to both public and professional audiences. <i>Recommended</i> for youth audiences, though adaptable for adults.</p>	<p>Mental Health America of Hawai’i amanda.martinez@mentalhealthhawaii.org (808) 521-1846</p> <p>http://mentalhealthhawaii.org/</p>

Curriculum	Description	Main Contact(s)
<p>*SafeTALK (parent organization = Living Works)</p> 	<p>Focus areas: Early identification and referral steps/skills. Follows the “TALK” acronym: Tells (identify “tells” or warning signs for suicide), Ask (opening a discussion with someone who may be suicidal, asking the question), Listen (active listening), and Keep safe (referring the person to a safety resource). Includes brief practice/role play.</p> <p>Format: Typically 3-4 hours long, and implemented in person. safeTALK is NOT allowed to be conducted virtually.</p> <p>Audience: <i>Open</i> to both public and professional audiences. <i>Recommended</i> for participants that specifically are seeking detailed guidance and practice with initiating a conversation with someone who may be suicidal.</p>	<p>Jeanelle Sugimoto-Matsuda, UHM Office of Public Health Studies, jsugimot@hawaii.edu</p> <p>https://www.livingworks.net/programs/safetalk/</p>
<p>ASIST (Applied Suicide Intervention Skills Training; parent organization = Living Works)</p> 	<p>Focus areas: Picks up on the intervention process where safeTALK leaves off (which is why it is recommended to do safeTALK first). Just like CPR is a life-saving intervention for someone suffering a medical emergency, ASIST is “suicide first aid” for someone who is having thoughts of suicide. ASIST-trained individuals are able to assess an individual’s level of risk, discuss risk and protective factors, and develop a safety plan.</p> <p>Format: Typically two-day training, implemented in person. ASIST is NOT allowed to be conducted virtually.</p> <p>Audience: <i>Open</i> to both public and professional audiences. <i>Recommended</i> that participants complete a foundations training first (e.g., safeTALK) and/or has some professional experience.</p>	<p>Jeanelle Sugimoto-Matsuda, UHM Office of Public Health Studies, jsugimot@hawaii.edu</p> <p>https://www.livingworks.net/programs/asist/</p>

– TRAININGS ON MENTAL HEALTH AND BROADER TOPICS –

(Trainings with asterisk [] are approved options for Department of Education schools to fulfill Act 270 requirements.)*

Curriculum	Description	Main Contact(s)
<p>Safe Messaging in Suicide Prevention</p>	<p>Focus areas: Provides further details on safe messaging guidelines (do’s and don’ts), as well as examples of safe and unsafe campaigns.</p> <p>Format: Typically 60-90 minutes long, and implemented in person. During the pandemic, virtual allowable with appropriate safeguards in place.</p> <p>Audience: <i>Open</i> to both public and professional audiences. <i>Recommended</i> especially for groups/organizations developing and implementing suicide prevention campaigns and activities.</p>	<p>For local info and scheduling: Jeanelle Sugimoto-Matsuda (jsugimot@hawaii.edu)</p>
<p>“LGBTQ+ 101” Training</p> 	<p>Focus areas: Mental Health America of Hawaii’s LGBTQ+ 101 training offers resources and strategies for supporting Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth and families. The training helps organizations create “safe spaces” for LGBTQ youth (e.g., programs that are welcoming and empowering to these youth).</p> <p>Format: Typically 1 hour long, and implemented in person. During the pandemic, virtual allowable with appropriate safeguards in place.</p> <p>Audience: <i>Open</i> to adults, in both public and professional audiences.</p>	<p>Mental Health America of Hawai’i amanda.martinez@mentalhealthhawaii.org mentalhealthhawaii.org (808) 521-1846</p> <p>http://mentalhealthhawaii.org/</p>

Curriculum	Description	Main Contact(s)
<p>* Mental Health First Aid;</p> <p>Youth Mental Health First Aid</p> 	<p>Focus areas: Mental Health First Aid and Youth Mental Health First Aid are full-day education programs which introduce participants to risk factors and warnings signs of mental health issues, build understanding of the importance of early intervention, and teach individuals how to help someone who may be in crisis or experiencing a mental health challenge.</p> <p>Format: Typically 6-8 hours long, and implemented in person. Hybrid options available, if trainer is certified in hybrid/virtual version.</p> <p>Audience: <i>Open</i> to both public and professional audiences.</p>	<p>Jeanelle Sugimoto-Matsuda, UHM Office of Public Health Studies, jsugimot@hawaii.edu</p> <p>www.mentalhealthfirstaid.org</p>
<p>Training programs under the American Foundation for Suicide Prevention (AFSP)</p> 	<p>Focus areas: “Talk Saves Lives” and “More Than Sad” are two trainings that the Hawai’i Chapter of AFSP has been actively implementing, and that AFSP has authorized for virtual delivery with adults. “Talk Saves Lives” is a foundational training that provides basics on suicide prevention concepts. “More Than Sad” helps participants to recognize signs of depression in themselves and others, challenges the stigma surrounding depression, and demystifies the treatment process.</p> <p>Format: Typically 1-2 hours long, and implemented in person. During the pandemic, virtual allowable with appropriate safeguards in place.</p> <p>Audience: <i>Open</i> to both public and professional audiences.</p>	<p>For local info and scheduling: hawaii@afsp.org</p> <p>Curriculum website: American Foundation for Suicide Prevention https://afsp.org/get-training</p>
<p>Sources of Strength</p> 	<p>Focus areas: Sources of Strength is a best practice youth suicide prevention program designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance abuse.</p> <p>Format: Typically 2-3 hours long, and implemented in person. Hybrid options available, if trainer is certified in hybrid/virtual version.</p> <p>Audience: <i>Open</i> to both public and professional audiences.</p>	<p>For local info and scheduling: Deborah Goebert gobertd@dop.hawaii.edu</p> <p>Curriculum website: https://sourcesofstrength.org/</p>

MAJOR AWARENESS ACTIVITIES

Statewide Prevent Suicide Hawai'i Conference

Main contact:

- Taskforce Co-Chairs: Gina Kaulukukui (gkaulukukui@kauai.gov) and Deborah Goebert (goebertd@dop.hawaii.edu)

The “Healing After” conference was originally conceived of by Pua Kaninau-Santos, who lost her son to suicide in 2003 and ever since has been one of Hawaii’s champions of suicide prevention. The aim of the conference is to bring together a community of survivors, advocates, educators, policymakers, and health professionals around the issue of suicide. The conferences aim to increase awareness of suicide, skills to respond to those at risk, and abilities help those who have survived the loss of a loved one.

- **The most recent conference was held in April 2019. Copies of select presentations and handouts can be found here:** <https://www.dropbox.com/sh/7mcyjsrfotsxbr9/AAA7TOFGsZnlidriAbNvxtNa?dl=0>.

“Out of the Darkness” Community and Campus Walks

Main contact:

- American Foundation for Suicide Prevention, www.afsp.org/hawaii for information and registration (all events)

One of the major activities of the American Foundation for Suicide Prevention’s (AFSP’s) Hawai’i Chapter (see “Collaborations and Partnerships”) is the organization of “Out of the Darkness” Community and Campus Walks. The purpose of the Walks is to promote awareness around suicide prevention, as well as to raise funds that will benefit local activities and research. Recent/upcoming walks include:

- Upcoming Walks are set for September 10, 2022, for O’ahu and Hawai’i Island: <https://afsp.org/chapter/hawaii#events>.
- Links to past Hawai’i Statewide Out of the Darkness Walks (moved to virtual “Experiences” during the pandemic):
 - October 2020: <https://www.youtube.com/watch?v=BQkZiNI8WO4>.
 - September 2021: <https://www.youtube.com/watch?v=vCCgqD9IKIA>

International Survivors of Suicide Mini-Conferences

Main contact:

- American Foundation for Suicide Prevention, www.afsp.org/hawaii for information and registration (all events)

Another major activity of AFSP is the organization of gatherings/mini-conferences which coincide with International Survivors of Suicide Loss Day. The event welcomes survivors of suicide loss, and provides a safe and healing space where everyone can comfortably participate in a way that is meaningful to them. Recent/upcoming events include:

- 11/20/2021 (held virtually, due to the pandemic)

GRANT ACTIVITIES

On October 21, 2004, the Garrett Lee Smith (GLS) Memorial Act was signed into law by President Bush at a White House ceremony. The Garrett Lee Smith Memorial Act was introduced by Senator Gordon Smith (R-OR) in memory of his son who had recently died by suicide. This legislation provides a funding mechanism for state agencies, college campuses, and tribal nations to implement suicide prevention, intervention, and awareness programs.

GLS State Grantee – University of Hawai’i at Mānoa, Thompson School of Social Work and Public Health, Office of Public Health Studies (funding period 2021-2026 – <https://www.samhsa.gov/grants/awards/2021/SM-19-006>)

“Hawaii’s Caring Systems Initiative (HCCI) to Prevent Youth Suicide”

- Co-Directors Jeanelle Sugimoto-Matsuda, DrPH (jsugimot@hawaii.edu) and Deborah Goebert, DrPH (goebertd@dop.hawaii.edu)

The overall goal of the Hawaii’s Caring Systems Initiative (HCSI) to Prevent Youth Suicide is to strengthen Hawaii’s suicide prevention system, across all prevention levels (primary, secondary, tertiary), to ultimately reduce youth suicide attempts and deaths. Activities will occur in parallel, at two levels: 1) State level, with focus on engaging healthcare (including mental health) and education systems; and 2) Community level, including intensive work with five “communities of focus.” Activities will include: 1) strengthening communication among stakeholders through the formation of “communities of practice” at both state and community levels; 2) implementing evidence-based trainings; and 3) assessing and strengthening systems. This project builds off of the substantial accomplishments and momentum set forth by the Prevent Suicide Hawai’i Taskforce and Hawai’i Suicide Prevention Strategic Plan.

GLS State Grantee – University of Hawai’i at Mānoa, John A. Burns School of Medicine, Department of Psychiatry (funding period 2011-2014)

“Hawaii’s Caring Communities Initiative (HCCI) for Youth Suicide Prevention”

- Deborah Goebert, DrPH, UH Department of Psychiatry, goebertd@dop.hawaii.edu

The overall goal of the Hawaii’s Caring Communities Initiative (HCCI) is to prevent youth suicide and increase early intervention. This was accomplished by increasing public awareness, increasing community-based support for youth suicide prevention, and expanding gatekeeper training in at-risk communities. Furthermore, HCCI promotes clinical practices and parent education to reach youth who have

attempted suicide. With the goal of preventing youth suicide and increasing early intervention, these projects have positively impacted at-risk communities and the statewide suicide crisis infrastructure in Hawai'i. This Initiative aligns with the State's strategic goals for suicide prevention, and builds upon previous efforts of the Hawai'i Gatekeeper Training Initiative. HCCI implemented two strategic projects entitled Mobilizing Communities At-Risk (MCAR) and Enhancing the Statewide Trauma Network (ESTN), using the rubric of the Communities that Care (CTC) system.

GLS Campus Grantee – Chaminade University of Hawai'i (funding period 2012-2015)

“E Ho'opili No Na Haumana”

- Dale Fryxell, PhD, Chaminade Department of Psychology, dfryxell@chaminade.edu

The E Ho'opili No Na Haumana Project at Chaminade University of Honolulu has been thoughtfully and collaboratively developed to prevent suicide attempts and completions, and to enhance services for students with mental and behavioral health problems such as depression and substance use/abuse that put them at-risk for suicide and suicide attempts. In collaboration with a Native Hawaiian clinical psychologist who lost his son to suicide, the project adapted the QPR (question, persuade, refer) Gatekeeper Training to be more relevant to Asian American and Pacific Islander (AAPI) individuals. The project also created a campus resource center that houses a wide array of resources, available to students and staff, that are specific to the cultures of the diverse peoples of Hawai'i.

GLS Campus Grantee – University of Hawai'i at Hilo (funding period 2012-2015; 2019-2022)

- Yolisa Duley, PhD, Student Health & Wellness Programs, hduley@hawaii.edu

The University of Hawai'i Suicide Prevention Program will serve a highly diverse student population and will target sub-populations that are at high risk for depression, suicide, and substance use issues, including Native Hawaiian and Pacific Islanders, LGBTQ students, students with disabilities, veterans, and students who stigmatize mental health and / or rarely access mental health care prevention and support services. The goals of this grant project are to reduce mental health disparities related to our students' race, ethnicity, gender and/or sexual identity; decrease reported levels of student distress and suicidal ideation on campus; and educate students and campus community about alcohol and substance use and abuse as a means of reducing high-risk and harmful student behaviors. Interventions and strategies used will include suicide prevention gatekeeper trainings, mental health and substance use focus groups, mental health screening, alternative mental health wellness intervention / prevention programming, and stigma reduction education.

GLS State Grantee – Hawai'i State Department of Health (funding period 2008-2011)

- Renee Yu, Suicide Prevention Coordinator, zeruirenee.yu@doh.hawaii.gov

The Hawai'i Gatekeeper Training Initiative (HGTI) was implemented by the Emergency Medical Services and Injury Prevention System Branch (EMSIPSB) of the Hawai'i State Department of Health (DOH). The aim was to reduce suicide deaths and attempts among youth ages 10-24 in our State. HGTI used three evidence-based training curricula: Applied Suicide Intervention Skills Training (ASIST), safeTALK, and Signs of Suicide (SOS). EMSIPSB leveraged grant resources by incorporating gatekeeper training into three systems that already impact significant numbers of youth in both the school and community settings. These agencies included: Department of Education (Peer Education Program, and School-Based Behavioral Health), the Department of Health Alcohol and Drug Abuse Division (agencies contracted to provide treatment services in their Adolescent Substance Abuse Outpatient School-Based Treatment Program, and prevention services in their Youth Substance Abuse Prevention Partnerships Initiative), and the Honolulu Police Department (Emergency Psychological Services/Jail Diversion Program).

GLS Campus Grantee – University of Hawai'i at Mānoa, Counseling and Student Development Center (funding period 2009-2012)

- Kathrine Fast, PhD, UH Mānoa Counseling and Student Development Center, kathrine@hawaii.edu

The project addressed seven goals focusing on infrastructure development needs: 1) assess system-wide and campus specific needs; 2) develop policies and procedures for responding to critical mental health events; 3) identify system-wide and community-based resources; 4) establish campus-specific resource networks; 5) increase awareness and knowledge of risk and protective factors for suicide attempts among gatekeepers; 6) increase awareness and knowledge of risk and protective factors for suicide attempts among students; and 7) develop informational, educational, and training materials regarding risk and protective factors for suicide attempts and mental health adjustment.

PERTINENT POLICIES, PLANS, AND SYSTEMS-BUILDING INITIATIVES

Hawai'i Suicide Prevention Strategic Plan

During the 2016 Hawai'i Legislative Session, HCR 66 was passed, which called upon the Prevent Suicide Hawai'i Taskforce (PSHTF) to form a temporary sub-committee to craft a statewide strategic plan to reduce suicide deaths and attempts in Hawai'i at least 25% by the year 2025. The PSHTF convened this sub-committee (8/2016-12/2017), and the final plan was presented back to the Legislature in December 2017 during an informational briefing. Contact Jeanelle Sugimoto-Matsuda (jsugimot@hawaii.edu) for more information.

- Link to full plan and report –
 - <https://health.hawaii.gov/injuryprevention/files/2019/02/Prevent-Suicide-Hawaii-Taskforce-Strategic-Plan-by-2025.pdf>.
(bound copies also available by request).
- Link to **House Concurrent Resolution (HCR) 66 of 2016** –
http://www.capitol.hawaii.gov/measure_indiv.aspx?billtype=HCR&billnumber=66&year=2016.

Hawai'i Injury Prevention Plan (HIPP)

Available for download at:

http://health.hawaii.gov/injuryprevention/files/2013/09/Hawaii_Injury_Prevention_Plan_2012_to_2017_4mb.pdf

The Hawai'i Injury Prevention Plan (HIPP) is a collaborative effort of the Injury Prevention Advisory Committee (IPAC) and the Emergency Medical Services and Injury Prevention System Branch (EMSIPSB) of the Department of Health. The HIPP's goals are to: 1) provide an overall plan for reducing injuries statewide; 2) provide direction and focus to IPCP's efforts in the next five years; 3) provide guidance to other organizations and agencies involved in injury prevention; and 4) serve as a catalyst for organizations and agencies to collaborate on reducing/preventing injuries. The latest iteration of the HIPP (2012-2017) includes a section focused on suicide prevention, with goals including: 1) develop and implement prevention training for "gatekeepers"; 2) launch a public awareness campaign; and 3) develop and promote effective clinical & professional practices & policies.

Hawai'i State Legislature, Act 270 of 2019 Session

https://www.capitol.hawaii.gov/Archives/measure_indiv_Archives.aspx?billtype=SB&billnumber=383&year=2019

Act 270 was passed during the 2019 Legislative Session, and is now §302A-856 of the Hawai'i Revised Statutes. Act 270 requires all teachers, administrators, and counselors within Hawai'i public and charter schools to receive annual suicide prevention. It also requires schools to have a risk-referral protocol in place, in the event that a student needs support. The Taskforce is collaborating with the Hawai'i State Department of Education to implement these activities.

Hawai'i State Legislature, General Appropriations Act of 2007 (Act 213)

Act 213 requires the Department of Health to establish and implement a suicide early intervention and prevention program and prepare and submit a detailed report to include expenditures and all activities performed. As a result, \$100,000 is appropriated to the Department of Health annually, a permanent "Suicide Prevention Coordinator" position is placed within the Injury Prevention and Control Section, and ongoing trainings (e.g., safeTALK, ASIST, Connect), speaking engagements, project support, and conferences are implemented.

Resources for Safe Messaging

Safe messaging is paramount to any prevention, intervention, or post-vention activities in suicide prevention. We must be especially mindful of messaging guidelines in trainings and social/news media.

- Action Alliance's framework for successful messaging – <https://suicidepreventionmessaging.org/>.
- Resource for social/news media – <https://reportingonsuicide.org/>.

MAJOR NATIONAL/INTERNATIONAL AGENCIES AND RESOURCES

National Suicide Prevention Lifeline (NSPL) – now accessible by calling or texting 9-8-8!

The NSPL is a 24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. The NSPL website also offers live chats and various resources.

- Call or text to 9-8-8
- www.suicidepreventionlifeline.org
- **The NSPL is now connected with several social media sites, including Facebook, Twitter, YouTube, and Tumblr.** Reports will generate referrals to a counselor with the NSPL, who will attempt to make contact with the user.

Crisis Text Line

A free, 24/7 support for those in crisis. Text 741741 from anywhere in the US to text with a trained counselor. The Text Line also trains volunteers to support people in crisis.

- <http://www.crisistextline.org/>
- Text ALOHA to 741-741

Substance Abuse & Mental Health Services Administration (SAMHSA)

SAMHSA is the major government-funded agency that specifically focuses on mental health and suicide prevention. The agency's core functions include releasing and managing block grants and special programmatic funding and providing states, providers, communities and the public with the best and most up-to-date information about behavioral health issues and prevention/treatment approaches.

- www.samhsa.gov
- SAMHSA also sponsors:
 - **Suicide Prevention Resource Center (SPRC)** – The nation's only federally supported resource center devoted to advancing the National Strategy for Suicide Prevention. SPRC offers an extensive online library of free resources, reports, etc.
 - www.sprc.org
 - **Disaster Distress Helpline and Resources** – This service offers a 24/7 helpline, as well as a variety of online resources for anyone experiencing emotional distress related to natural or human-caused disasters.
 - <https://www.samhsa.gov/find-help/disaster-distress-helpline>
 - Call 1-800-985-5990 or Text TalkWithUs to 66746
- **Many products and documents are available for free download and order (including shipping) via SAMHSA's website:** <https://store.samhsa.gov/> (and search for "suicide prevention"). Popular items include:
 - Magnet – "National Suicide Prevention Lifeline, 1-800-273-TALK"
 - Wallet card – "Suicide warning signs: Get the facts and take action"
 - Wallet card – "Having trouble coping? With help comes hope. Suicide warning signs"
 - Wallet card – "Having trouble coping after a disaster? Talk with us."
 - Wallet card – "Assessing suicide risk: Initial tips for counselors"
 - Wallet card – "Suicide assessment five-step evaluation and triage (SAFE-T): Pocket card for clinicians"
 - Brochure – "A guide for taking care of yourself after your treatment in the emergency department"
 - Brochure – "A guide for taking care of your family member after treatment in the emergency department"
 - Brochure – "A guide for medical providers in the emergency department taking care of suicide attempt survivors"
 - Fact sheet – "Recommendations for reporting on suicide"
 - Report – "Preventing suicide: A toolkit for schools"
 - Report – "National strategy for suicide prevention 2012: Goals and objectives for action"
 - Report/toolkit – "SAMHSA's disaster kit"

Action Alliance for Suicide Prevention and the National Strategy for Suicide Prevention

The Alliance is the public-private partnership advancing the National Strategy for Suicide Prevention.

- www.actionallianceforsuicideprevention.org
- The National Strategy presents a national framework for action. It lists goals and objectives that serve as a roadmap for direction.
 - <https://theactionalliance.org/our-strategy/national-strategy-suicide-prevention>
- The Surgeon General's Call to Action report is a more recent tool to advance progress of the National Strategy:
 - <https://theactionalliance.org/our-strategy/national-strategy-suicide-prevention/call-action>

American Association of Suicidology (AAS)

Advancing scientific/programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services.

- www.suicidology.org

American Foundation for Suicide Prevention (AFSP)

Initiatives include research, new educational campaigns, innovative demonstration projects, and policy work.

- www.afsp.org
- **AFSP offers one of the most comprehensive set of resources to support individuals, families, and communities after a suicide loss** – visit the “I’ve Lost Someone” section of their website at: <https://afsp.org/find-support/ive-lost-someone/>.

Find a Helpline – project of New Zealand-based charity “Live for Tomorrow”

Comprehensive directory of crisis numbers and services across the world. The agency works directly with helplines to ensure data remain accurate and reliable.

- <https://findahelpline.com/>
- See here for further description and endorsement by the American Association of Suicidology: <https://suicidology.org/2021/05/19/finda-helpline/>.

Friendship Line for Elders – crisis intervention hotline AND warmline for non-urgent calls

The Friendship Line provides round-the-clock crisis and wellness services, including active suicide intervention, providing emotional support, elder abuse prevention and counseling, giving wellbeing checks, grief support through assistance and reassurance, and information and referrals for isolated older adults and adults living with disabilities. The service is run by the Institute on Aging, a San Francisco, California-based non-profit dedicated to preserving the dignity, independence, and well-being of aging adults and people living with disabilities.

- (415) 750-4111 or (650) 424-1411
- <https://www.ioaging.org/services/all-inclusive-health-care/friendship-line>

“Means Matter”

Harvard University’s “Means Matter” campaign is working to increase the proportion of suicide prevention groups who promote activities that reduce a suicidal person’s access to lethal means of suicide, and who develop active partnerships with gun owner groups to prevent suicide.

- <https://www.hsph.harvard.edu/means-matter/>

Mental Health America

Founded in 1909, Mental Health America is the nation’s leading community-based non-profit dedicated to addressing the needs of those living with illness, and promoting the overall mental health of all Americans.

- <http://www.mentalhealthamerica.net/>

National Alliance on Mental Illness (NAMI)

NAMI is the nation’s largest grassroots mental health organization. NAMI advocates for access to services, treatment, supports, and research and is steadfast in its commitment to raising awareness and building a community of hope.

- www.nami.org

National Institute of Mental Health (NIMH; under the National Institutes of Health)

NIMH is the lead federal agency for research on mental disorders. NIMH is one of 27 institutes and centers that make up the National Institutes of Health (NIH), the nation’s medical research agency.

- <https://www.nimh.nih.gov/about/index.shtml>

SAVE (Suicide Awareness Voices of Education)

SAVE’s work is based on the foundation and belief that suicide should no longer be considered a hidden or taboo topic, and that through raising awareness and educating the public, we can SAVE lives.

- www.save.org

The Connect Suicide Prevention Project

A project of NAMI New Hampshire, Connect is an evidence-based program offering training and resources in prevention/intervention and postvention.

- www.theconnectproject.org

The JED Foundation

JED is a national non-profit, aiming to protect emotional health and prevent suicide for the nation’s teens and young adults. The organization’s three major focus areas are: 1) work with schools to strengthen and evaluate their mental health, substance abuse, and suicide prevention programs; 2) develop resources and create partnerships; and 3) educate and equip students, families, and communities to know when and how to support others who are in distress or struggling with a mental health issue.

- <https://www.jedfoundation.org/>

**CAMHD Priorities for MHBG Mini Grant Proposed Expenditures
August 2022**

SAMSA Category	Estimated Amount	Activity
Evidence Based Practices for SMI incl. FEP	\$648K	On-Track Hawaii (OT-Hi); Based on the OT-NY model (https://ontrackny.org/); staffing, office & training; OT Hawaii brochure link
Ambulatory/Community Non-24-hour Care	\$316K	Homeless Crisis Services by Catholic Charities; and Kealahou (outpatient) Services for traumatized girls (i.e., trafficked &/or sexual, physical & other abuses)
Other 24-hour Care	\$300-\$850K	Pearl Haven Sex Trafficking residential facility
Crisis	\$145K	Crisis Text-line; and LCSW/LSW for Emergency Department tele-case management
Non-Direct Expenses		
<ul style="list-style-type: none"> • Information Systems 	\$336K	<ul style="list-style-type: none"> ▪ Annual Evaluations & Factbooks: https://health.hawaii.gov/camhd/annual-reports/ ▪ Consumer Surveys: https://health.hawaii.gov/camhd/consumer-surveys/ ▪ Provider Satisfaction Surveys: https://health.hawaii.gov/camhd/provider-satisfaction-surveys/ ▪ Technical Reports: https://health.hawaii.gov/camhd/technical-reports/ ▪ Information Systems Training ▪ Electronic Health Records
<ul style="list-style-type: none"> • Infrastructure Support 	\$154K	<ul style="list-style-type: none"> ▪ Child & Family Services (CFS) for family support ▪ Tele-psychiatry e-prescribe ▪ Zoom for telehealth & administrative support
<ul style="list-style-type: none"> • Partnerships, Community Outreach, & Needs Assessment 	\$46K	<ul style="list-style-type: none"> ▪ Child & Family Services (CFS) for family support ▪ Tele-psychiatry e-prescribe ▪ Zoom for telehealth & administrative support
<ul style="list-style-type: none"> • Planning Council 	\$5K for upcoming FFY	
<ul style="list-style-type: none"> • Quality Assurance & Improvement 		Temporarily funded by Data to Wisdom Grant
<ul style="list-style-type: none"> • \$74K Research & Evaluation 	\$206K	<ul style="list-style-type: none"> ▪ Performance Measures, evaluation, and presentation of findings at annual DSCo (Decision Support Collaborative) meeting

SAMSA Category	Estimated Amount	Activity
		<ul style="list-style-type: none"> ▪ Research Staff ▪ EBS Roundtable
<ul style="list-style-type: none"> • Training & Education 	\$74K	<ul style="list-style-type: none"> ▪ Clinical Lead training ▪ Division-wide training and assessments ▪ Practice Development for employee & provider training; incl. Safe Spaces training on gender and sexual minorities

**AHMD Priorities for MHBG FY23 Mini-Grant Proposed Expenditures
(Summary of Tables 2 and 6 entries)
August 9, 2022**

Draft for discussion only, please do not quote

Category	Estimated MHBG FY 2023 Amount	Non MHBG Funds
Table 2. DIRECT SERVICES, INDIRECT SERVICES		
State Hospital		State Funds = 76,320,000
Other 24- Hour Care	Regular = 925,018 ARP = 207,770	State Funds = 27,835,000
Ambulatory/Community Non- 24 Hour Care	Regular = 917,050 COVID-19 Relief = 311,268	Other Fed Funds = 3,159,649 State Funds = 52,940,000
Administration (excluding Program level)	Regular = 215,000	Other Fed Funds = 137,363 State Funds = 5,909,600
Crisis Services (5% set-aside)	Regular = 121,005 COVID-19 Relief = 2,336,000 ARP = 1,838,970	Other Fed Funds = 490,942 State Funds = 4,390,000
Table 6. NON-DIRECT SERVICES ONLY		
Information Systems		
Infrastructure Support	Regular = 367,050	
Planning Council Activities	15,000	
Quality Assurance Improvement	Regular = 350,000	
Research and Evaluation	Regular = 200,000	
Training and Education	Regular = 100,000 COVID-19 Relief = 180,000 ARP = 180,000	Other Fed Funds = 1,057,500

Summary for Direct and Indirect Services Expense

Regular MHBG = 2,178,072
 COVID-19 Relief MHBG = 2,647,268
 ARP MHBG = 1,838,970
 Others Fed Funds = 3,787,954
State Funds = 167,394,600
 Total = 177,846,864

Indirect Services Expense only (Combined MHBG funds only) = 1,392,050

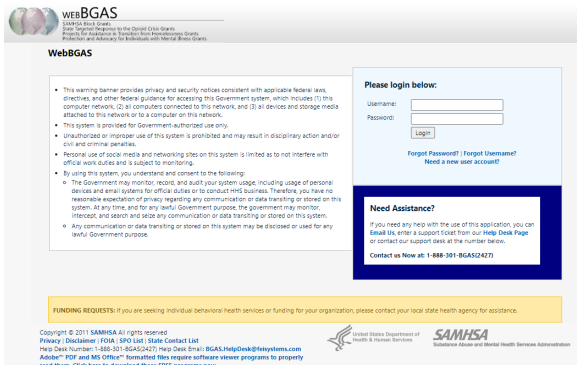
SCMH as a Planning Council

FOCUS: MHBG Mini-Application

August 2022

What does Hawaii need to do?

Answer questions as asked



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Table 6 Categories for Expenditures for System Development/Non-Direct-Service Activities

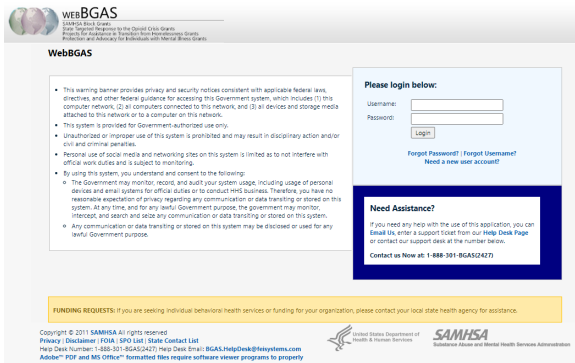
IV. Environmental Factors and Plan

15. Crisis Services

21. State Behavioral Health Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application
Advisory Council Members
Advisory Council Composition by Member Type

What does Hawaii need to do?

Answer questions as asked



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III. Planning Tables

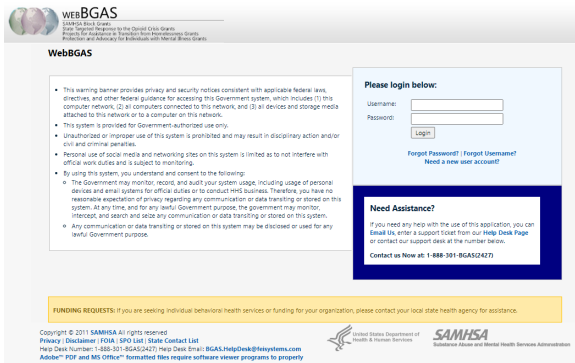
Table 2 State Agency Planned Expenditures
Table 6 Categories for Expenditures for System Development/Non-Direct-Service Activities

*States must project how the State Mental Health Authority will use **available** funds to provide **authorized** services for the planning period for **state fiscal year 2023**.*

*Plans from:
Adult Mental Health Division (AMHD)
and
Child and Adolescent Mental Health Division (CAMHD)*

What does Hawaii need to do?

Answer questions as asked



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Section IV. Environmental Factors and Plan

15. Crisis Services

-Briefly **narrate** your state's crisis system. Include a description of access to crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization centers.

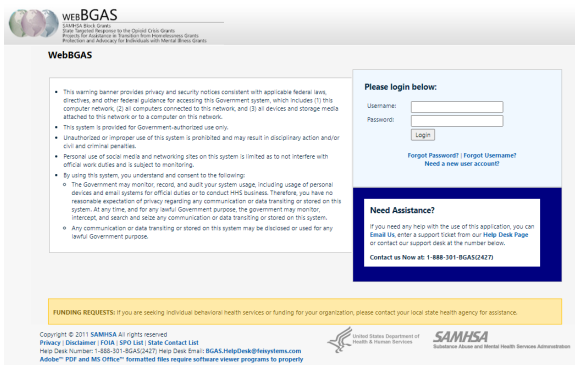
-**identify the stages** where the existing/proposed system will fit in. (Check the box).

-Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, **explain how** the state will develop the crisis system.

-Briefly describe the proposed/planned activities utilizing the **5 percent set aside**.

What does Hawaii need to do?

Answer questions as asked



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Passcode: citizen

Section IV. Environmental Factors and Plan

15. State Council/Public Input

1. How was the Council involved in the development and review of the state plan and report?
2. Please **complete this form** listing the Council members for the state with a description for each member of the council. States must demonstrate (1) that the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council and (2) that no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.
3. Public Input

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

States must project how the SMHA will use available funds to provide authorized services for the planning period for state fiscal years 2022/2023. Include public mental health services provided by mental health providers or funded by the state mental health agency by source of funding.

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

Activity (See instructions for using Row 1.)	Source of Funds									
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) ^a	I. COVID-19 Relief Funds (SABG)	J. ARP Funds (MHBG) ^b
1. Substance Abuse Prevention and Treatment										
a. Pregnant Women and Women with Dependent Children										
b. All Other										
2. Primary Prevention										
a. Substance Abuse Primary Prevention										
b. Mental Health Primary Prevention ^c							\$0.00			\$0.00
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) ^d		\$725,000.00					\$570,000.00			\$320,416.00
4. Tuberculosis Services										
5. Early Intervention Services for HIV										
6. State Hospital					\$184,268,038.00					
7. Other 24-Hour Care		\$0.00	\$4,000,000.00		\$74,800,000.00		\$803,000.00			\$1,295,250.00
8. Ambulatory/Community Non-24 Hour Care		\$1,218,934.00	\$2,000,000.00	\$400,000.00	\$96,952,700.00		\$452,536.00			\$203,770.00
9. Administration (excluding program/provider level) ^f MHBG and SABG must be reported separately		\$187,934.00	\$5,000,000.00	\$4,000,000.00	\$39,341,526.00					
10. Crisis Services (5 percent set-aside) ^g		\$2,415,160.00			\$13,120,000.00		\$2,336,000.00			\$1,635,200.00
11. Total	\$0.00	\$4,547,028.00	\$11,000,000.00	\$4,400,000.00	\$408,482,264.00	\$0.00	\$0.00	\$4,161,536.00	\$0.00	\$3,454,636.00

PLANNING
TABLES
-Direct
Services
-Indirect
Services

Planning Tables

Table 6 Non-Direct-Services/System Development [MH]

MHBG Planning Period Start Date: 07/01/2021

MHBG Planning Period End Date: 06/30/2023

Activity	FFY 2022 Block Grant	FFY 2022 ¹ COVID Funds	FFY 2022 ² ARP Funds	FFY 2023 Block Grant	FFY 2023 ¹ COVID Funds	FFY 2023 ² ARP Funds
1. Information Systems	\$417,179.00	\$0.00	\$0.00	\$417,179.00	\$0.00	\$0.00
2. Infrastructure Support	\$512,000.00	\$0.00	\$0.00	\$512,000.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$135,948.00	\$0.00	\$0.00	\$135,948.00	\$0.00	\$0.00
4. Planning Council Activities (MHBG required, SABG optional)	\$15,000.00	\$0.00	\$0.00	\$15,000.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$100,000.00	\$0.00	\$0.00	\$100,000.00	\$0.00	\$0.00
6. Research and Evaluation	\$100,000.00	\$0.00	\$0.00	\$100,000.00	\$0.00	\$0.00
7. Training and Education	\$67,768.00	\$0.00	\$0.00	\$67,768.00	\$0.00	\$0.00
8. Total	\$1,347,895.00	\$0.00	\$0.00	\$1,347,895.00	\$0.00	\$0.00

¹ The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

² The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

PLANNING
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Timeline

This week (August 8- 12)

- Briefings
- Final draft
- Posting for public comment/ internal staff

Next week (August 15-22)

- Gather comments to the public comment draft from public, staff, leadership
- Staff will work with PIG for final draft

Third week (August 23- August 29)

- Address all comments, and finalize response to the application.
- PIG final recommendation, Governor Designee final recommendation

Fourth week (August 29- Sept 1)

- Submission of approved text and projected expenditures in WebBGAS

Fifth week (Sept 1 to September 13 Meeting)

- PIG report to SCMh, SCMh review and comment, approve
- Communication to SABs and general public.



DISCLAIMER
Nothing is carved
in stone except Sept 1

MAHALO!

For questions?
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