REPORT TO THE THIRTY-SECOND LEGISLATURE
STATE OF HAWAII
2023

PURSUANT TO SECTION 334-10(e), HAWAII REVISED STATUTES,
REQUIRING THE HAWAII STATE COUNCIL ON MENTAL HEALTH TO SUBMIT AN
ANNUAL REPORT TO THE GOVERNOR AND THE LEGISLATURE ON
THE IMPLEMENTATION OF THE STATE COMPREHENSIVE INTEGRATED SERVICE PLAN

PREPARED BY:
HAWAII STATE COUNCIL ON MENTAL HEALTH

SUBMITTED BY:
STATE OF HAWAII
DEPARTMENT OF HEALTH
DECEMBER 2022

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Executive Summary

Hawaii law requires the State Council on Mental Health ("Council") to report to the Governor and State Legislature on the implementation of the State Comprehensive Integrated Service Plan ("SCISP"). This report addresses this in four sections: Introduction, Implementation Landscape in the Year 2022, Annual Performance Indicators and Other Findings, and Future Planning and Council Activities. Each section offers broad recommendations at the end.

The Council addressed the mandate in the last decade by reporting on Mental Health Block Grant (MHBG) two-year plans serving as SCISPs. It is doing so again in this report but recommends that the next SCISP should cover the MHBG plan but not be limited to it.

In 2022, the Council met quorum for all of its publicly-noticed monthly meetings, and its membership composition met MHBG requirements. These conditions made it possible for the Council to hear from 17 key presenters, receive substantial public input on agenda items and community concerns, accept reports from its members, share announcements, and deliberate on agenda topics. The information in this report is possible because of these and is a reflection of them.

The delivery of community-based services included in the final approved MHBG plan started in July 2021 when COVID-19 pandemic-related restrictions and quarantine policies were the same as the previous year. Statewide policies were gradually loosened up in early 2022, but many things did not go back to the pre-COVID-19 pandemic reality. Long waits and delays have become customary. Virtual and online modes, including telehealth services, became more acceptable. The implementation period saw the opening of the Hawaii State Hospital's new psychiatric facility, transitioning of Hawaii CARES to an integrated statewide behavioral health crisis call center, and converting to a three-digit 988-dialing code for the National Suicide and Crisis Lifeline.

The results of implementation reflect the above COVID-19 pandemic-related realities. First, fewer individuals were served because services could not be provided or were limited due to distancing restrictions. This was reflected in results that measured community tenure, community-based services, and houseless children and youth services. On the other hand, the COVID-19 pandemic (“pandemic”) brought more resources for mental health services, making it possible to spend more on stabilization beds and additional crisis stabilization or preventive services and training. This is reflected in results for crisis stabilization services, certified peer specialists and forensic peer specialists, and first-episode psychosis services.

The Council was encouraged by agencies' commitment to improving data to help establish evidence-based directions and actions. It contributed to this need for clarity by delving into the issue of insufficient psychiatric beds, or staffing for such beds, and establishing where and how many psychiatric beds there are for adults, youth, veterans, and neighboring islands. The Council recommends building on this year's improvements to inform the next SCISP and for Plans to be presented earlier for review and deliberation. The Council wants to bring attention to the urgency of several issues and concerns -- worsening workforce shortage, resiliency of first responders, prolonged Kaiser Permanent strike, increasing mental health-related issues during this pandemic, and the Red Hill water contamination disaster’s impact on mental health.

Hawaii Law on the State Council on Mental Health
Source: capitol.hawaii.gov/hrsall/

Hawaii Revised Statutes 334-10 State council on mental health. (a) There is established, within the department of health for administrative purposes, a state council on mental health. The council shall consist of twenty-one members appointed by the governor as provided in section 26-34. In making appointments to the council, the governor shall ensure that all service area boards of the State are represented, and that a majority of the members are non-providers of mental health or other health services, and that a majority of the members are not state employees. The number of parents of children with serious emotional disturbances shall be sufficient to provide adequate representation of such children in the deliberations of the council. The council shall be composed of residents of the State, including individuals representing:

(1) The principal state agencies with respect to mental health, education, vocational rehabilitation, criminal justice, housing, medicaid, and social services;
(2) Public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;
(3) Adults with serious mental illnesses who are receiving, or have received, mental health services;
(4) The families of such adults or families of children with serious emotional disturbances; and
(5) The Hawaii advisory commission on drug abuse and controlled substances who shall be a person knowledgeable about the community and the relationships between mental health, mental illness, and substance abuse.

(b) The council shall elect a chairperson from among its members. All members shall serve without compensation but shall be paid their necessary expenses in attending meetings of the council.

(c) The council shall advise the department on allocation of resources, statewide needs, and programs affecting two or more service areas. The council shall review and comment on the statewide comprehensive integrated service plan and shall serve as an advocate for adults with serious mental illness, children with serious emotional disturbances, other individuals with mental illnesses or emotional problems, and individuals with combined mental illness substance abuse disorders.

(d) If the department's action is not in conformance with the council's advice, the department shall provide a written explanation of its position to the council.

(e) The **council shall prepare and submit an annual report to the governor and the legislature on implementation of the statewide comprehensive integrated service plan. The report presented to the legislature shall be submitted at least twenty days prior to the convening of each regular session.**

(f) A quorum for purposes of doing business shall consist of a majority of the members serving on the council immediately before a meeting begins.

(g) If a quorum is present when a vote is taken, the affirmative vote of a majority of members present shall constitute a valid act of the council unless this chapter, part I of chapter 92, the articles of incorporation, or the bylaws require a greater number of affirmative votes. [L 1984, c 218, pt of §1; am L 1993, c 210, §2; am L 2004, c 79, §3; am L 2018, c 137, §1]

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Introduction

The State Council on Mental Health ("Council") is statutorily required to report to the Governor and the State Legislature on the implementation of the State Comprehensive Integrated Service Plan ("SCISP"). As a Council administratively attached to the Department of Health ("DOH"), the Council forwards this report to the DOH. The DOH submits it alongside other required reports to the State Legislature. This year's Council report has the following four sections and introduces recommendations under each one: Introduction, The Implementation Landscape in the Year 2022, Annual Performance Indicators and Other Findings, and Future Planning and Council Activities.

In the last decade, the Council's annual reports on the SCISP have been on Hawaii's Mental Health Block Grant ("MHBG") plan. This plan comes in the form of a grant application prepared by the Department of Health (DOH) and approved by the Department of Health and Human Services (DHHS) Substance Abuse and Mental Health Services Administration (SAMHSA) on a biennial basis, every odd calendar year. It is a two-year plan that comprehensively assesses needs, gaps, and resources for community-based mental health services. It reports on the different funds that support a substantial part of the State's public mental health care system. It outlines how Hawaii intends to use its allotment of the federal MHBG funds. The last grant application was submitted on September 1, 2021, and it was the main subject of last year's Council report. Every even calendar year, SAMHSA asks if States have any changes to their two-year plans. Any changes are proposed by way of the MHBG "mini-application." Hawaii's last mini-application was submitted on September 1, 2022. SAMHSA also requires States to report their annual progress and Hawaii's last report was submitted on December 1, 2022.

As the planning council for the federal MHBG program, the majority of members of the Council must be individuals in recovery, family members of service recipients (including parents), and/or consumer advocates. The Council must also include service providers and representatives of key sectors. The following individuals served as members during calendar year 2022:

Richard Ries, PsyD
Chairperson, Provider

Katherine Aumer, PhD
1st Vice Chairperson, Family Member

Kathleen Rhoads Merriam
2nd Vice Chairperson, State Agency - Health

Eileen Lau James
Secretary, Family Member

Antonino Beninato
Youth/Student

Charlene "Naomi" Crozier
Service Recipient/ Consumer Advocate

Lea Dias
State Agency -Human Services
Vocational Rehabilitation

Jon Fujii
State Agency- Human Services
MedQuest and HACDACS

Jeffrey Galon Jr. */Kristin Will
State Agency- Criminal Justice

Heidi Ilyavi
Parent

Jackie Jackson
Oahu Service Area Board

Christopher Knightsbridge
Service Recipient/Consumer Advocate

Tara Reed*
Maui Service Area Board

Jennifer Renfro*
State Agency - Education
Student Services

Ray Rice
State Agency- Human Services
Social Services

Kau'i Seguancia
State Agency – Human Services
Housing

Mary Pat Waterhouse
Family Member

Marian Tsuji
Ex-officio, DOH Deputy Director
Behavioral Health Administration

John Betlach**
Hawaii Service Area Board

Jean Okudara**
Parent

Notes:
**resigned in October*
***appointed in November*

Under this section, the Council's broad recommendations include:

1. *Planning process*. The Council sent its comments on the MHBG mini-application through a letter to the federal MHBG program officer (see Appendix 1, pages 9-10). The Council encouraged the State to build on this year's progress to plan and present details earlier, including the involvement of the Council. This recommendation acknowledges that there are veteran members and new ones among Council members. It also recognizes an increase in interested stakeholders since the pandemic.

2. *Council membership*. The Council seeks to have 21 members in 2023. It recommends the appointment of more youth representatives and solving the long-term vacancy for a representative from the Kauai Service Area Board. In 2022, hard-to-fill vacancies were addressed (e.g., criminal justice seat). Last legislative session, the Council supported a bill (S.B. 899) which is related to Council members having demonstrated knowledge of or work experience involving native Hawaiian concepts of well-being, culturally-grounded mental health methodologies, or traditional healing or health practices.

The Implementation Landscape in the Year 2022

In 2022, the Council met quorum for all of its publicly-noticed monthly meetings. The virtual option for attending meetings contributed to this achievement. It invited and heard from 17 key presenters (see Appendix 2, page 11), received substantial public input on agenda items and community concerns (see Appendix 3, page 12), accepted informational reports from its members, shared community announcements, and deliberated on agenda topics.

The Council heard more about what has become familiar and emerging situations. Regarding the broad landscape for delivering mental health care services, 2022 started with pandemic-related restrictions and quarantine policies as the previous year. Statewide policies were gradually loosened up, but many things did not go back to pre-pandemic routines. In getting help, long waits and delays have become norms. Virtual and online modes, including telehealth services, became more acceptable. The year saw expansion in service opportunities with the opening of the Hawaii State Hospital's new psychiatric facility, transitioning of Hawaii CARES to an integrated statewide behavioral health crisis call center, and launching of the three-digit 988-dialing code for the National Suicide and Crisis Lifeline.

More critically, reports of workforce shortage were persistent. Issues that were emphasized and repeatedly brought up at Council meetings include the following:

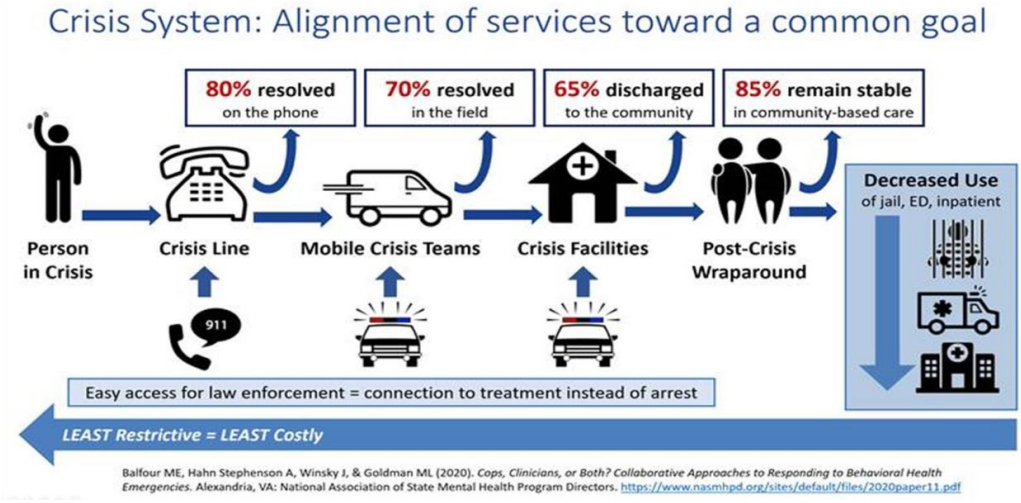
- Loss of workers due to mismatch between pay and cost of housing/living.
- Loss of workers due to retirement, with no replacements.
- Rigidities in career pathways. The examples in the case of psychologists include the need for more internship opportunities, recognition of graduates from schools that do not have accreditation from the American Psychological Association, and different license requirements for different work settings (e.g., school psychologist vis-à-vis clinical psychologist).
- The Kaiser Permanente strike and the need to get mental health workers back to work.
- The mental well-being and resiliency of first responders.

Distressingly, a new and "could have been preventable" issue emerged-- the Red Hill water contamination and mental health-related problems. The effect on mental health was highlighted by extensive public input at the Council's June meeting. Outside, relatively little has been heard about these mental health concerns compared to physical and environmental health.

Under this section, the Council's broad recommendations include:

1. *Telehealth.* In 2022, the Council testified on several telehealth-related bills. It continues to recommend support for better telehealth infrastructure and equity. It calls on the need to recognize the appropriate roles of different forms of telehealth and in-person services in mental health care.

2. *Resiliency training for first responders.* This has been on the Council's agenda all year long. The Council recognizes the critical role of first responders in the mental health crisis care system that is depicted in the infographics below:



Source: National Association of State Mental Health Program Directors (NASMHPD)

The Council has been encouraged by the evidence-based Crisis Intervention Team ("CIT") Program and advocated that agencies, like police departments, provide paid self-care time for its first responders. The Council further recommends culturally-appropriate resiliency training for all first responders across agencies and islands as they are often the first contact to interface with those facing a mental health crisis in our community.

3. *Red Hill water contamination*. Studies of similar disasters indicate short-term and long-term effects on mental health. As a Council, members understand and advocate for mental health. Not having clean water to consume can impact people's mental health. The Council recommends that federal, State, and county authorities give mental health problems adequate recognition and action. It suggests that the State conduct a study on the impact of the Red Hill water contamination on mental health.

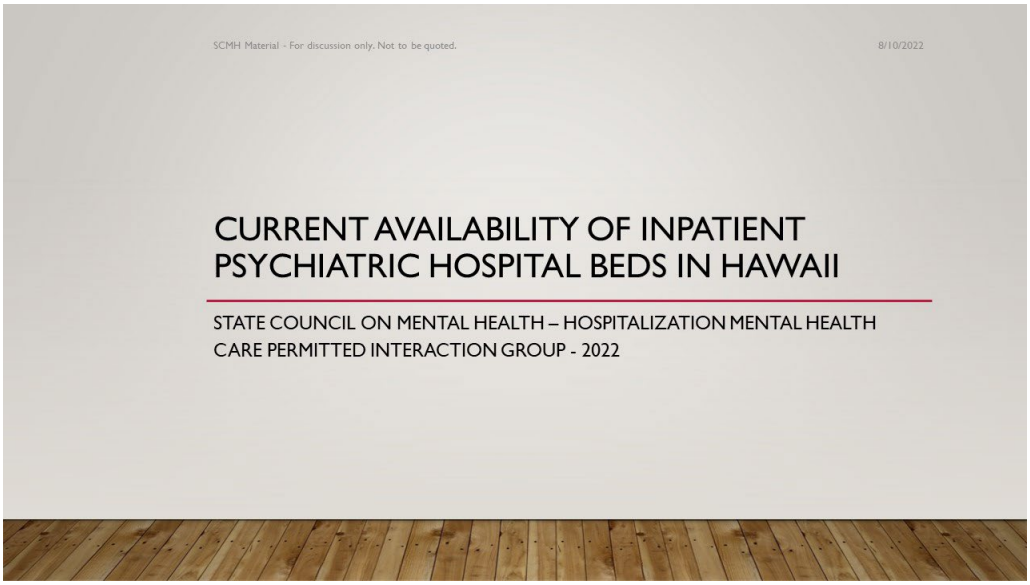
4. *Workforce issues.* The Council recognizes that the mental healthcare workforce shortage is a national issue. It deems Hawaii's situation to be especially critical. It supports solutions, like affordable housing and adequate pay, to help Hawaii grow, attract, and retain workers that make up the state's mental healthcare workforce. It calls for urgency in addressing mental healthcare workforce issues such as the Kaiser Permanente strike and shortages in rural areas. It also suggests that workforce problems be analyzed distinctly in the next SCISP/MHBG plan and other related State plans.

Performance Indicators and Other Findings

On December 1, Hawaii submitted its Mental Health Block grant performance report for Year 1 of implementation to the DHHS SAMHSA. The report covered Hawaii's performance in six priority areas– community tenure, community-based services, crisis stabilization, certified peer specialists and forensic peer specialists, access and services for houseless children and their families, and first-episode psychosis services. As summarized in Appendix 4 (see pages 13-17), the state achieved half of its targets and did not do so in three others. A contributing factor to achievement is the increased resources dedicated to these programs. A contributing element in non-achievement was pandemic-related, where services were limited because of restriction and quarantine policies.

Because there was no data on this, the Council selected to further examine the pressing issue of the lack of psychiatric beds in the State. Through a Council Permitted Interaction Group ("PIG"), a comprehensive assessment sought to identify psychiatric bed capacity for adults, youth, veterans, and neighboring islands (See Appendix 5, pages 18-19). At the Council's April meeting, the PIG's presentation concluded with the following questions:

- *Are we (i.e., Hawaii) utilizing the number of licensed beds?*
- *Inpatient hospitalization is the costliest portion of the behavioral health continuum (approximately $10,000 per day). Can those funds be utilized more appropriately in areas where they can create more impact?*
- *Is there enough crisis intervention care to divert cases that don't need hospitalization to a community-based stabilization beds?*
- *Are there enough stabilization beds to address the need?*
- *Are patients being transitioned after hospitalization to a step-down stabilization facility in a timely manner? How can the Council help support and advocate for programs for step-down stabilization facilities after hospitalization?*
- *Are there enough long-term residential skilled nursing facilities for those unable to live in more independent community settings?*
- *Lack of staffing renders enough beds meaningless. Can the shortage of health care workers and behavioral health care workers be overcome?*



Source: April 2022 Council Meeting

Under this section, the Council's broad recommendations include:

1. *Performance Indicators***.** The Council encourages reporting back performance results and recommends earlier and more frequent reporting. It also suggests a more in-depth examination of data and stories behind the results. In future SCISP/MHBG planning, additional performance indicators should be explored beyond these six current indicators.

2. *Hawaii State Hospital*. The Council has requested a regular update on Hawaii State Hospital's progress. It recommends full support for resources that will improve community tenure results and open the facilities to others beyond the forensic population.

Future State Plans and Council Activities

In 2020, during its virtual planning retreat, the Council affirmed its vision and mission with the following statements:

Vision Statement
A Hawaii where people of all ages with mental health challenges can enjoy recovery in the community of their choice.

Mission Statement
To advocate for a Hawaii where all persons affected by mental illness can access necessary treatment and support to live full lives in the community of their choice.

Its strategic plan for 2020-2022 sought community-centered goals of access to and increased services. In 2022, having a fuller representation of required stakeholders made it possible for the Council to gain more clarity on the many details that can influence access and services such as having stigma-reducing mental health awareness activities in schools, providing employment-gaining support services for vocational rehabilitation; ensuring that Medicare enrollees respond to notice letters that can assure them of continued insurance coverage; letting older adults and others know when open applications are available for federal public housing; getting youth perspectives through surveys/focus groups/youth council; understanding the significance of cultural connection in averting and coping with suicide and related risks; and more.

The Council also listened to agency and advocacy group representatives present data and speak of progress towards a data-driven system of access and care. The presentations of AMHD, Child and Adolescent Mental Health Division (CAMHD), Hawaii Health and Harm Reduction Center (HHHRC), and the Prevent Suicide Hawaii Task Force (PSHTF) informed the Council with data from several national and state information systems. As AMHD Administrator Dr. Amy Curtis stated, "There is something about seeing data on paper that leads to action." HHHRC Executive Director, Heather Lusk, brought attention to the various management information systems and databases that service providers have to navigate, especially when consumers or service recipients have co-occurring conditions (e.g., homelessness, mental illness, substance use, forensic/justice involved). She stressed the need for these systems to be “talking to each other.”

Finally, the Council explored "change" with the question, "What are State Behavioral Health (Planning) Councils, and should Hawaii have one?" It is a concept that SAMHSA has encouraged and has been adopted by different states, resulting in various structures and forms. Public input from a family

member of adults with combined mental health/substance use disorders sought support for its formation, stressing the need for preventive programs and multi-faceted responses for individuals and their family members. The behavioral health approach to service provisions was made more concrete through a presentation on a federally-funded plan to pilot a Certified Community Behavioral Health Clinic (CCBHC) in Maui. In terms of data, a beta version of a new State of Hawaii Behavioral Health Dashboard has been released (bh808.hawaii.gov). The dashboard reflects data on mental health, substance use, and crisis systems that might have to be examined together. Guest speakers from SAMHSA who presented to the Council and the Hawaii Advisory Commission on Drug Abuse and Controlled Substances ("HACDACS") shared how other States addressed this question.

Under this section, the Council has the following broad recommendations for 2023:

1. *Strategic planning retreat*. The Council recommends an in-person Council strategic planning retreat in the early part of 2023 to strengthen bonds, renew commitments, and plan for 2023-2025.

2. *MHBG grant application/SCISP*. The Council recommends that the State build on this year's data improvement. The State should navigate different data systems to inform the next Statewide Comprehensive Integrated Services Plan, covering MHBG requirements but should not be limited to it.

3. *Behavioral Health Planning Council.* The Council recommends more conversation and consensus-building among affected stakeholders on what is appropriate for Hawaii with respect to converting to this format as opposed to maintaining the Council's current structure.

Appendix 1. 2022 State Council Letter on Hawaii's MHBG Mini-Application

DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
HAWAII STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

September 13, 2022

Capt. Kent Forde
CMHS State Project Officer
Substance Abuse and Mental Health Services Division
U.S. Department of Health and Human Services
Rockville, Maryland 20857

SUBJECT: Fiscal Year 2023 Community Mental Health Block Grant (FY23 MHBG) Mini-Application

Dear Capt. Forde:

Aloha!

On behalf of the State Council on Mental Health (SCMH), I am writing to recommend approval of Hawaii's FY23 MHBG mini-application. The Council voted today to support Hawaii's FY23 MHBG Mini-Application that the State of Hawaii Department of Health submitted via WebBGAS.

The public did not comment on the draft application during the two-week public comment period, which ended on August 26, 2022. Meanwhile, the Council met on August 9, 2022, and have these general comments:

- It is restorative and healing that the Department of Health leadership, Dr. Amy Curtis and Dr. Scott Shimabukuro, addressed the request for more details. Because of this, the Council members could ask questions and share their thoughts;
- Societally, there is a grave sense of disconnection in adults and youth and a deeper need for conversation and talk therapy. There is usefulness in seeing more monies for psychotherapy and psychotherapy training and staff development;
- The workforce preparation bottleneck contributes to a workforce shortage. The Council encourages more internship openings in all work settings;
- The workforce shortage is a grave concern. Compensation and service rates are not coping with the high cost of living. There are funded contracts to provide services, but workers are needed to deliver these;

For more information about the State Council on Mental Health, please visit: www.scmh.hawaii.gov

Appendix 1 (continued). 2022 State Council Letter on Hawaii's MHBG Mini-Application

- Telework helps mitigate the high cost of living by reducing the cost of business operations of providers. Solutions like this should be supported rather than discouraged.

In approving the mini-application today, the Council commented that the reasoning for the projected expenditures were laid out well. It also recommended that the State build on this year's process to improve future application along the following:

- Reduce the feeling of being rushed by presenting and discussing details earlier;
- Outline and explain the involvement of the Council more clearly.

In the last two years, the Council conducted its business through public meetings, with agenda presentations and discussions that have a bearing on our response to Hawaii's FY23 MHBG mini-application. The State Council had a quorum in all its public meetings, making it possible to move forward with stability. Vacancies in key positions were also filled during the year, assuring that required stakeholders were at the table. The Council had Executive Committee and Permitted-Interaction Group (PIG) meetings which were conducted within the bounds of Hawaii's Sunshine Law. The agenda and minutes of public meetings are posted on the Council's website, scmh.hawaii.gov.

Thank you for the opportunity to support Hawaii's FY23 Mental Health Block Grant Application.

Sincerely,

Richard A. Rias, Psy.D., M.S.Ed.

Richard I. Rias
Chairperson

c. Dr. Amy Curtis, AMHD Administrator
Dr. Scott Shimabukuro, CAMHD Administrator

Who We Are
In alignment with §334-10, HRS, the State Council on Mental Health (SCMH) is a 21-member Council responsible for advising, reviewing and monitoring the provision of mental health services statewide. SCMH members from diverse backgrounds serve as volunteers, representing mental health service recipients, students and youth, parents and family members, providers, and state agencies including the Hawaii Department of Health, Department of Human Services, and the Judiciary.

The mission of the SCMH is to advocate for a Hawaii where all persons affected by mental illness can access treatment and support necessary to live a full life in the community of their choice. Should you want to contact us in the future, please e-mail DOH.SCMHChairperson@doh.hawaii.gov.

For more information about the State Council on Mental Health, please visit: www.scmh.hawaii.gov

Appendix 2. 2022 Council Meetings – Presentations and Invited Speakers

January 11
DOH Child and Adolescent Mental Health Division (CAMHD) Update
Dr. Jamie Hernandez-Armstrong
DOH BHA CAMHD

February 8
Honolulu Police Department (HPD) Crisis Intervention Team (CIT) Program
Major Mike Lambert
HPD

March 8
Wailuku Clean and Safe Program
Mr. Lawrence Kauha'aha'a

April 12
Hawaii State Council on Developmental Disabilities
Ms. Daintry Bartoldus with
Ms. Debbie Kobayakawa

May 10
SAMHSA Perspective (on State Behavioral Health Councils)
Capt. Kent Forde
SAMHSA MHBG Project Officer

Adult Mental Health Division (AMHD) Community Report
Dr. Amy Curtis with Mr. Gyan Chaudhary
DOH BHA AMHD

June 14
Housing Issues and Behavioral Health: 2022 Homelessness Point-in-Time Count, COVID-19 Pandemic, and Insights for Mental Health Care Services
Ms. Heather Lusk
Hawaii Health and Harm Reduction Center

Telehealth Legislation
Dr. Alex Lichton
Hawaii Psychological Association

June 14 (continued)
FY2021 AMHD Consumer Satisfaction Survey Results
Dr. Amy Curtis with Mr. Gyan Chaudhary
DOH BHA AMHD

July 12
None

August 9
Suicide Prevention and Awareness Month
Dr. Deborah Goebert and
Dr. Jeanelle Sugimoto-Matsuda
University of Hawaii and Prevent Suicide Hawaii Task Force

September 13
Certified Community Behavioral Health Clinic (CCBHC)
Mr. John Oliver
DOH BHA AMHD Maui Branch

Maui Police Department (MPD) CIT, First Responders and Mental Wellness
Sgt. Jan Pontanilla
MPD

October 11
None

November 15
Assisted Community Treatment – What it is and the Existing Hawaii law
Ms. Connie Mitchell with Ellen Carson
Institute for Human Services

Update on CAMHD strategic plan, evaluation report and related legislation
Dr. Scott Shimabukuro
DOH BHA CAMHD

December 13
None

Appendix 3. 2022 State Council Meetings – Substantial Public Input

January 11
None

February 8
Vocational Rehabilitation
Ms. Lea Dias

March 8
None

April 12
S.B. 2645 Inquiry
Mr. Ramon Melendez

May 10
Behavioral Health Planning Council
Ms. Morgan Hi`ilei Serna

June 14
Family Court Judges
Mr. John Betlach

Red Hill Water Contamination
Ms. Lauren McKinney
Ms. Jamie Simike
Ms. Katherine McClanahan
Ms. Meredith Wilson
Ms. Lacey Quintero

July 12
Launching of Crisis Intervention Training ("CIT") Program in Hawaii County
Mr. John Betlach

August 9
Mental Health Challenges During the COVID-19 Pandemic
Ms. Colleen Ching

September 13
Mental Health Challenges of First Responders
Ms. Kelly Yamamoto
Mr. Jon Kurosu
Ms. Kea Smith
Mr. Mark Kunimune

October 11
None

November 15
Impacts of Prolonged Kaiser Permanente Strike
Ms. Andrea Camorra
Dr. Melissa Ring
Dr. Darah Wallstein
Dr. Tami Swonigan
Mr. Izeah Garcia

December 13
Impacts of Prolonged Kaiser Permanente Strike
Dr. Melissa Ring

Appendix 4. Hawaii MHBG Implementation Report for FY22

Highlights of Hawaii MHBG Implementation Report to SAMHSA
Prepared by AMHD Staff

Priority Area #1 **Community Tenure**

Goal: Decrease percentage of individuals discharged from the Hawaii State Hospital (HSH) who are readmitted within six months.

Performance target year 1: Decrease by five percent

Data used and definition:
Readmission Rate: This is based on the number of patients discharged from the HSH during the implementation period and who were admitted back within 180 days or less, excluding patients who were admitted and discharged within 14 days or less.

Notes about measure used: Due to a new law that was first implemented in November 2020, individuals with petty non-violent misdemeanors who are being assessed for fitness to stand trial can be sent to the Hawaii State Hospital for an approximately seven-day assessment. If an individual is found unfit, they are generally released to the community. The population is very different from the longer-term population receiving care at Hawaii State Hospital and were thus excluded from the analysis.

Data Source: DOH AMHD Avatar database

Result:
Readmission rate increased by 2.7 percent.
FY22 (Year 1 implementation)
Readmission rate = 17.6 percent based on 39 readmissions and 221 discharges
FY21 (Baseline)
Readmission rate = 14.9 percent based on 36 readmission and 241 discharges.

Story behind the result:
The readmission rate increased instead of decrease. The COVID-19 pandemic ("pandemic") continued during the implementation year, affecting all consumers, whether recently discharged or not. More data on adverse conditions will be examined.

-more-

Appendix 4 (continued). Hawaii MHBG Implementation Report for FY22

Priority Area #2
Community-Based Services

Goal: Increase access to mental health

Performance target year 1: Increase by five percent

Data used and definition:
Percent change in the number of distinct consumers served across all Adult Mental Health Division (AMHD) service types between the baseline year and implementation year. The AMHD service types covered services provided at the Hawaii State Hospital ("HSH"), Community Mental Health Centers ("CMHCs", and Purchase of Services ("POS") or services that were contracted out.

Data Source: DOH AMHD Avatar database

Result:
The percent increase was 3.4 percent.
FY22 (Year 1 implementation) Count = 7,390
FY21 (Baseline) Count = 7,142

Story behind the result:
The target was 5 percent and the first year result was 3.4 percent, or a difference of 1.6 percent. Restrictions related to the pandemic were not lifted during the early months of the implementation period. Many consumers or target service recipients were not able to receive services due to pandemic-related reasons. On Oahu where the count decreased, Avatar data indicates the top reasons to be the change in level of case management (e.g., needing Intensive Case management+ services) and death of consumers or target service recipients.

Priority Area #3
Crisis Stabilization

Goal: Keep individuals stable within the community

Performance target year 1: Increase by five percent

Data used and definition:
Data to *count distinct individual*s will be cleaned. A set of proxy indicators are used together to indicate performance. These capture the different services that make up AMHD's array of crisis services.

Source of data: DOH AMHD Avatar database, crisis call providers responses to data requests.

-more-

Appendix 4 (continued). Hawaii MHBG Implementation Report for FY22

Results:

Hawaii CARES total calls (# of calls)
FY 2022 Implementation year: 107,138;
FY 2021 (Baseline): 103,955
Change: Increase by 3.1 percent

Stabilization beds available (# of beds)
FY 2022: 10,505
FY 2021: 2,002
Change: Increase by 424.7 percent
The occupancy rates are between 58 to 96 percent

Mental Health Emergency Worker (MHEW) calls (# of calls)
FY 2022: 653
FY 2021: 429
Change: increase by 52.2 percent

Crisis Mobile Outreach (CMO) services (# of services)
FY 2022: 7,987
FY 2021: 7,312
Change: Increase by 9.2 percent

Licensed Crisis Residential Services (LCRS) (# of services)
FY 2022: 11,092
FY 2021: 11,436
Change: decrease by 3 percent

Intensive Case Management (ICM) services (# of services)
FY 2022: 58,888
FY 2021: 67,086
Change: Decrease by 12.2 percent

Story behind the results:
These results were achieved by expanding crisis-related services, with tremendous increases in stabilization beds. In the context of houselessness and co-occurring conditions (houselessness, substance abuse) among those experiencing crisis, the expansion of stabilization beds was noted as a best practice by collaborators. The decrease in LCRS and ICM services can be explained by the impact of the pandemic, where infection by even one consumer necessitated shutdown and non-provision of services to others. Also, further examination may show that stabilization bed services stepped up for LCRS and ICM services.

Priority Area #4
Peer Specialist and Forensic Peer Specialist

Goal: Increase the use of peer specialists in community-based services

Performance target year 1: Increase the number of Hawaii Certified Peer Specialist ("HCPS") by 10 percent

Data used and definition:
Number of individuals who were certified as HCPS

Source of Data: DOH AMHD Performance Information Evaluation and Research ("PIER") Branch data

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Result:
FY22 (implementation year): 31 HCPS
FY21 (baseline year): 21 HCPS
Change: Increase by 47.6 percent

Story behind the result:
The DOH AMHD stepped up the HCPS Training and Internship Program by increasing the number of training and internship opportunities. This includes providing train-the-trainer certification and also Forensic Peer Specialist training and internship opportunities.

Priority Area #5
Houseless Children and Youth

Goal: Increase number of houseless children and youth provided with mental health services

Performance target year 1: Increase by two percent, with 100 as baseline

Data used and definition:
Number of houseless children and youth provided with mental health services
Source of Data: Catholic Charities Hawaii home mental health supports (Koastal Kids Program)

Result:
FY22 (implementation year): 72
FY21 (baseline year): 100
Change: Decreased by 28 percent

Story behind the result:
The shortage of mental health professionals and the pandemic affected the Koastal Kids Program:

- Shortage of mental health professionals – though many people were assessed for mental health disorders and referred for mental health services, due to a shortage of mental health care professionals, there is a waitlist to receive services. Youth who receive only mental health services, are counted toward the baseline measurement. The baseline measure is reflective of a fraction of outreach work done to help houseless children and youth.
- Shutdown of schools due to the pandemic – The Hawaii State Department of Education ("DOE") Homeless Liaisons identify homeless youth and refer them to the Catholic Charities Hawaii Koastal Kids Program to connect them with social and health services including mental health care. Due to pandemic school closures, the number of houseless youths identified by DOE Homeless Liaisons decreased because of school closures.
- Transitional housing converted to permanent housing during the pandemic – Catholic Charities Hawaii Koastal Kids Program work with families who are transitioning from being houseless to obtaining permanent housing. During the pandemic, two of the transitional housing programs converted half of their transitional homes to permanent homes. Subsequently, a lower number of youth were serviced by the Koastal Kids Program.

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- There is a trend of houseless parents leaving their children with family and friends. The parents are homeless, but their children are living in homes. Catholic Charities Hawaii has thus, proportionally providing mental health services to more adults than children.
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Priority Area # 6
First Episode Psychosis Services

Goal: Increase number of youth and young adults who received First Episode Psychosis ("FEP") services

Performance target year 1: Increase by five percent, with 16 as baseline

Data used and definition:
Number of youth and young adults who received FEP services
Source of Data: CAMHD MAX electronic health record system

Result:
FY22 (implementation year): 18
FY21 (baseline year): 12*
Change: Increase by 12.5* percent
*Note: These are the correct values not 16 and 15 percent as previously submitted to SAMHSA.

Story behind the result:
OnTrack Hawaii is the only coordinated specialty care program for first episode psychosis (FEP) in the state. The program serves youth statewide ages 15 to 24. The program is currently funded by federal block grant money and staffed by a psychiatrist and master's level clinicians who split their time supporting other CAMHD programs. Services to youth and families throughout the pandemic have been offered via telehealth, at the OnTrack office, or in the community, wherever the youth and families felt most comfortable. No changes were made to programming or staffing during this year. Future expansion of services will likely be limited by challenges experienced with hiring, training and retention of staff (including administrative assistant, peer support, education and employment support associate) needed to run this program.

Appendix 5. "Current Availability of Inpatient Psychiatric Hospital Beds in Hawaii"

SUMMARY from Council's April 2022 Meeting Minutes

Slide 1 covered a background on the history of psychiatric bed shortages.
Everyone feels that there are not enough beds.

Slides 2 cover SHPDA 2020 data on approved versus license beds.

Kauai:
Samuel Mahelona Memorial Hospital – 9 adult beds
No youth beds on Kauai

Oahu:
Castle Medical Center - 29 beds for adults; No beds for youths
Hawaii State Hospital (HSH) – 202 beds for adults; No beds for youths. All beds must be available for forensic patients.
Kahi Mohala – 88 youth beds; No adult beds
Queen's Medical Center – 35 adult beds; 28 youth beds

Maui:
Maui Memorial Medical Center – 11 adult beds
No youth beds on Maui

Lanai and Molokai:
No adult or youth beds

Hawaii Island:
Hilo Medical Center – 20 adult beds
Kona Community Hospital – 11 adult beds
No youth beds on Hawaii Island

Slide 3 covered data gathered by PIGs.
Psychiatric inpatient beds for VA:
Tripler Army Medical Center (TAMC) – 16 bed locked psychiatric unit

- For diversion of patients that have Tricare or qualify for VA psychiatric service. All eligible veterans can be transferred to the VA psychiatric unit at TAMC from Queen's Medical Center or Castle Medical Center if clinically indicated and beds are available.

Health Care Worker Shortage

- In 2019, 40% of physicians felt burnout
- 2 in every 5 physicians in the United States will be over 65 years old in the next decade and their retirement will affect work force shortages.
- There are also shortages of nurses, case managers, behavioral health workers, and social workers.

Appendix 5. "Current Availability of Inpatient Psychiatric Hospital Beds in Hawaii"

The report points to the following bottleneck that needs attention:

- When emergency psychiatric beds are not available, patients wait and take up bed space in the hospital emergency room (ER). For the neighbor island patients, they are flown to Oahu for inpatient care, and wait in an Oahu hospital ER until bed opens.

For strategies for reducing demand for psychiatric inpatient emergency beds, the PIG found the following:

- Outpatient AMHD array of crisis services:
    - Hawaii CARES
    - Crisis Mobile Outreach (CMO)
    - Crisis Support Management (CSM)
    - Licensed Crisis Residential Services (LCRS)
    - Short- and long-term stabilization beds
    - 988 National Suicide and Crisis Lifeline
- Assisted Community Treatment (ACT) Pilot Program
- Discharge and release practices (step-down facilities)

For the status of the Hawaii State Hospital, the PIG heard the following:

- There are building code issues being addressed for the new psychiatric facility
- Anti-ligature work will be done for older buildings by June 2023
- Funding was sought for the Guensberg building to be renovated into a step-down facility for civilian use. Goal is to have 144 forensic beds and 134 civilian/voluntary beds

The PIG also found information about Samuel Mahelona Memorial Hospital on Kauai, including:

- Plans for long-term psychiatric care facilities are underway
- Increase capacity of long-term care
- Create a continuum of care for behavioral health
- Create a campus model for a multi-generational, multi-use healthcare village.
- $500,000 for the environmental impact statement (EIS) has been approved by the Legislature for this facility.

Notes:

1. As part of this April 2022 presentation, the Council received an index of beds required per 100,000 population. However, the required minimum number of psychiatric beds is still debatable.
2. The above data is as of April 2022 only.
3. The April 2022 meeting minutes is posted at the Council's website, scmh.hawaii.gov

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