

## STATE COUNCIL ON MENTAL HEALTH (SCMH) MEETING

October 11, 2022  
9:00 a.m. – 12:00 p.m.

### APPROVED MINUTES

Members Present: Katherine Aumer, Antonino Beninato, Naomi Crozier, Lea Dias, Heidi Ilyavi, Jackie Jackson, Chris Knightsbridge, Eileen Lau-James, Kathleen Merriam, Ray Rice, Kau'i Seguancia, Mary Pat Waterhouse, Marian Tsuji (ex-officio),

Members Absent:

Members Excused: Jon Fujii, Tara Reed, Jennifer Renfro, Richard Ries, Jeffrey Galon, Jr.

Guests Present: KITV News, Raelyn Reyno, Tein Terrado (IDAH)

Staff Present: Madeleine Hiraga-Nuccio, Jocelyn Nazareno, Carolyn Weygan-Hildebrand, Valerie Yin

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
I. Call to Order	Katherine Aumer, 1 <sup>st</sup> Vice-Chairperson, called the meeting to order at 9:10 a.m. Quorum was established at 9:13am with 10 members.	For information only
II. Meeting Announcements	<p>K. Aumer welcomed members and guests. She announced the following:</p> <ul style="list-style-type: none"><li>• The agenda provides for a community input section at the start and public input will be sought along the way.</li><li>• Access to members' resources. Every member should have received an email from Stacy Haitsuka about the Council's internal portal for members. Members are encouraged to check if they can access the portal. The re- uploading and repopulating of the portal will be incremental. Most of the files needed for new members' onboarding are available. Every member also received a reminder about the required State Ethics Commission training. It is useful to share a copy of your completion certificate with staff for tracking purposes. Thank you to members who have completed this training or the refresher training.</li></ul>	For Information only

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	<ul style="list-style-type: none"> <li>Letters. Two Council letters that were signed and sent out. Copies of these are in the e-mailed handouts – Thank you letter to Dr. Goebert and Dr. Sugimoto-Matsuda and the letter to Capt. Forde on the MHBG mini-application.</li> <li>Request for comments. One of the handouts pertains to the Federal Substance Abuse and Mental Health Administration (SAMHSA) requesting for public comment on SAMHSA’s role in climate change. The deadline is October 31, 2022.</li> <li>Membership. There are three vacancies to fill. The biggest challenge is the vacancy for an island representative from Kauai. The Council needs to ask the Kauai Service Area Board (SAB) their thoughts on how to fill that vacancy.</li> </ul>	
III. Consideration and Approval of Review Minutes <ul style="list-style-type: none"> <li>September 13 , 2022</li> </ul>	The draft minutes for September 13, 2022 were reviewed. A correction was requested to reflect that Naomi Crozier was present. The August minutes should also reflect that she was present.	<u>Action</u> Eileen Lau-James moved to approve the September 13, 2022 minutes with corrections. Lea Dias seconded. The motion passed unanimously, Staff will make the corrections to both minutes.
IV. Community Input	None	
V. Old Business	A. What are State Behavioral Health Councils and should Hawaii form one? <ul style="list-style-type: none"> <li>Replay – SAMHSA Region IX Presentation to HACDACS. K. Aumer recommended that the replay be done after the other Agenda items because two members have indicated that they had to leave and there were motions that needed to be addressed. Because of its length, K. Aumer asked if members had any problem watching the video at their own time.</li> </ul>	<u>ACTION</u> L. Dias move for the Council to watch the video on their own time. E. Lau-James seconded. The motion passed unanimously.  Members will view starting at 54:00 <a href="https://vimeo.com/754459372">https://vimeo.com/754459372</a>

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	<p>K. Aumer then referred also to thank you letter to John Oliver for coming and presenting to the Council. She asked the members if they had any comments on the draft letter (handout). There were no comments.</p> <p>B. Resiliency Training for First Responders</p> <ul style="list-style-type: none"> <li>Letter to Maui – Two of the handouts are letters to Maui, an advocacy and commendation letter to the Maui Police Commission and a thank you letter to Sgt. Jan Pontanilla for joining the Council meeting to answer questions.</li> <li>Statewide Strategy. K. Aumer brought attention to the handout on Mental Health and Wellbeing Strategy for First Responder Organisations in New South Wales Australia. This was shared by Mark Kunimune who testified before the Council last month and was asked for examples of how other places support resilience of first responders. There were no additional comments.</li> </ul> <p>C. Red Hill Water Contamination.</p> <p>Christopher Knightsbridge said that Carolyn emailed him yesterday about the idea of an op-ed. He asked if she had any comments or updates on that.</p> <p>C. Weygan-Hildebrand said she reviewed meeting minutes, it seems like a</p>	<p><u>ACTION</u> Mary Pat Waterhouse moved to approve the Thank You letter to Dr. John Oliver. Heidi Ilyavi seconded. The motion passed unanimously.</p> <p><u>ACTION</u> M. P. Waterhouse moved to approve the letter to the Maui Police Commission. N. Crozier seconded. The motion passed unanimously</p> <p><u>ACTION</u> E. Lau-James moved to approve the Thank You Letter to Sgt. Jan Pontanilla. Kaui Seguancia seconded. Motion passed unanimously.</p> <p>Staff will finalize the above letters and send them.</p> <p>C. Weygan-Hildebrand will coordinate and collect Council members 'input for an op-ed</p>

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	<p>PIG is not the feasible way for the Council to respond but there is enough contents and comments to create an op-ed. (Answers to) Red Hill is moving on but you do not hear in the media is the state of mental health. An Op-ed of 800 words can say, “don’t forget mental health”. The op-ed then can include the points that members commented on.</p> <p>C. Knightsbridge said that the op-ed is kind of the way the Council can do something. M.P. Waterhouse asked C. Knightsbridge to explain the mental health nexus again. He explained that a group of people who were impacted by the Red Hill water contamination came to speak with the Council about three or four months ago. There seem to be a ton of issues, including being gaslit by people when they would come to report their symptoms. They are suffering from incredible amounts of stress, lot of kind of clear PTSD symptoms. What was heard were never on the media. He answered that the main nexus to mental health would probably be trauma and anxiety-based and then just not receiving resource to get treatment for that. He added the importance of coordinating back with those who came.</p> <p>Ray Rice asked if the op-ed would also include and outline resources that will help health directly? C. Knightsbridge said that it is the Council’s op-ed so it should definitely at least consider what we want to put in. K. Aumer clarified what action was needed. It was clarified that the PIG was suggested but was not formed. She asked whether members should contact C. Knightsbridge for op-ed input. C. Knightsbridge asked to contact C. Weygan-Hildebrand for she’s likely going to be coordinating it. We can kind of filter through her and likely review, vote, and publish in future meetings.</p> <p>D. Youth Survey – No Updates</p>	
VI. New Business	A. Hawaii State Hospital Update	For information only

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	<p>K. Aumer recapped that the Council had a deep dive on the topic of hospital beds, assessing the nature of the gaps and needs. She suggested that the Council continue to have a standing agenda on the Hawaii State Hospital every two or three meetings and request for updates. DOH Deputy Director for Behavioral Health Administration, Marian Tsuji, addressed questions that Council members about the State Hospital.</p> <p>Q. Is there any update on the Council's request to tour the new facility. A. will make the arrangements for the State Council to tour the State Hospital. The tour will not include the housing area for patient privacy purposes.</p> <p>Q. There was a news article indicating vacancy in the new facility. A. M. Tsuji responded that she said the article indicated that one housing area in the new facility is currently vacant. She said this was true but the article did not convey the reason why. (<a href="https://www.staradvertiser.com/2022/10/09/hawaii-news/staffing-shortage-cited-as-latest-delay-in-fully-opening-states-new-psychiatric-hospital/">https://www.staradvertiser.com/2022/10/09/hawaii-news/staffing-shortage-cited-as-latest-delay-in-fully-opening-states-new-psychiatric-hospital/</a>) also gave an update on the State Hospital. She said it is really a safety issue. She elaborated (summarizing): <i>"In the lower campus, the new facility is not the only facility. We've got a whole lower campus with older buildings, and the new facility represents the higher security area. We still have folks in there that may act up. And so we're not going to leave any of those housing areas by themselves without backup. If we were to move one of those housing areas just to fill the new facility, that means somebody on the lower campus would be left by themselves."</i></p> <p>Q. The situation with refitting the facility with ligature. A. It had always been planned that as soon as the new facility was opened, that the lower campus would be incrementally shut down so that there can be anti-ligature retrofitting. So as soon as the new facility opened, we shut down two housing areas and they are currently being renovated.</p>	

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	<p>When they are completed, we will open them up and another two facilities, two housing areas will be retrofitted and will continue until the entire campus is retrofitted with anti-ligature fixtures. Another big challenge that we have is workforce. Everybody is going through this throughout the country, health care workers are just not there. We're not looking just at the hospital but the entire continuum, we're talking about community and as well as institution. And you've got to be able to do the prevention, if people are waiting for months at a time to get any kind of treatment. And then to make sure that people have the support they need when they leave the hospital out in the community, that's also going to impact what the flow looks like. So, we are working on workforce development. But that's going to take time to bring people in, get them educated, and to attract folks to come and work for the state.</p> <p>Q. Internship and post-doctoral opportunities for clinical psychologists at the state hospital. How to go about getting internship with a state agency especially if one is from a none-APA school. (APA-American Psychological Association).</p> <p>A. We are also talking with the University of Hawaii School of Psychiatry. Please email me and I will get more information.</p> <p>Q. Regarding the anti-ligatures what exactly does that look like? What does that mean in terms of the building?</p> <p>A. For example, the showerheads and doorknobs are all being redone, so that you can't hang anything on there to hurt yourself. The handles that go on the top of the doors to make sure that the doors don't just slam. Those are all ligature points.</p> <p>Q. Is there any sort of connection with CORE (The Crisis Outreach Response and Engagement Program) and HSH. Are they working together in that regards?</p> <p>A. We're working more with CORE for crisis intervention, more coordination</p>	

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	<p>in terms of stabilization beds, and making sure that we've got crisis beds out in the community. The hospital right now is forensic. So, we're talking about folks that are getting committed via the courts.</p> <p>K. Aumer thanked M. Tsuji for talking with the Council about the HSH.</p> <p>B. Advocacy- Introduction to the 2023 Legislative Session</p> <p>K. Aumer said there are three interrelated things to discuss -the Council wants to know the results of last legislative sessions, an annual report that Council has to submit, and the 2023 legislative session. She asked members to please refer to the very large handout of more than 100 pages. The first page shows that there were two bills that became law, one that was vetoed and the rest failed. For perspective, she shared the estimate that 90% of introduced bills do not become law. The rest of the pages give a glimpse of what happened to each bill, including a sampling of testimonies that legislators had to consider. These can be things to keep in mind as the Council prepares for 2023.</p> <p>For the two other things, she called C. Weygan-Hildebrand to offer an outline of her findings about statutory requirements. C. Weygan-Hildebrand summarized that the mandate of the Council is to report on the implementation of an annual State Comprehensive Integrated Service Plan (SCISP). She noted that there was no specific prescription on how to report on this. Based on reports that are available from the Council's website, scmh.hawaii.gov, she noted that the Council reviewed and reported on different documents. Starting 2013, the Council started commenting on Mental Health Block Grant plan application or reports. In terms of report</p>	<p><u>ACTION</u></p> <p>M. P. Waterhouse moved to convene a Legislative PIG to advise on the annual report and to start formulating our plan for next year in terms of our legislative efforts. E. Lau-James seconded. Motion passed unanimously.</p> <p>The PIG members are: M.P. Waterhouse- chairperson/facilitator K. Aumer Jackie Jackson E. Lau-James</p>

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	<p>audience, it is a report to the Governor and Legislature. Please refer to slides of presentation.</p> <p>For the 2023 Legislative session, she referred to last year's PIG guide for 2023 and pointed out that it recommends the creation of a PIG for legislative matters around October or November. A question was asked whether the Council should be broad-based and look at community needs, like that would encompass more hospital beds, more community beds, etc. C. Weygan-Hildebrand answered that it should include all those things. It is possible for this Council to report only on a few things that they are solid about and care most about. The Council might also want to put its energy on the next round of planning. As a planner, she encouraged alignment of efforts. She encouraged the Legislative PIG include members from CAMHD and AMHD as part of the PIG because the Council will be needing input from CAMHD and AMHD also.</p> <p>C. Communication – SCMH Website</p> <p>K. Aumer asked if there are any ideas that the Council want to add or improve or discuss about the website, especially now there is a new logo or symbol? C. Weygan-Hildebrand informed the Council that the website is being done through HIC and changes will be bounded by such an arrangement. She went through the pages of the website, <a href="http://scmh.hawaii.gov">scmh.hawaii.gov</a>, to review what is currently there. Ideas that could be added include:</p> <ul style="list-style-type: none"> <li>• Council meetings, agendas and minutes. Add selected presentation videos and reports like the one of hospital beds.</li> <li>• Define the Council's niche as far as mental health resources go. The Council has representation from judiciary, education, voc-rehab and others. Maybe this is a space to provide resources so that the interested public can see the connection of these things.</li> </ul>	<p>For discussion only</p>



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	<ul style="list-style-type: none"> <li>• Some kind of elevator speech on what the Council is all about.</li> <li>• Membership bios have been updated. Contact C. Weygan-Hildebrand for further corrections.</li> </ul> <p>Council responses included:</p> <ul style="list-style-type: none"> <li>• When the Council website was put up, there was an impasse on some of the elements to include. In terms of the social media, it was a little bit more of a gray area, because it was an unofficial page. And so there was little bit more leeway. But in terms of posting news and events, do we need to talk about what we want to put up every single week? Do we want to make that some type of standing agenda item?</li> <li>• Have the new logo there now. E. Lau-James will give C. Weygan-Hildebrand for the summary describing the logo and how it relates to the Council.</li> <li>• For news, consider the idea of data scraping along certain themes. The Council or staff does not necessarily have to be the one writing the news or updating the website all the time.</li> <li>• Keep the website an agenda item so the Council can discuss what the Council can with it.</li> </ul>	
VII. Informational Reports	<p>Island Representative Reports</p> <ul style="list-style-type: none"> <li>• Oahu Service Area Board (OSAB) – J. Jackson reported the following: <ul style="list-style-type: none"> <li>○ The OSAB learned that the Kupuna Council of Pokai Bay reported that there were not sufficient mental health services on evenings, weekends, and holidays in the area. OSAB will look further on what can be done to have more services there. DOH Adult Mental Health Division Oahu Administrator, Troy Freitas, will get more information for OSAB’s next meeting.</li> <li>○ OSAB received a presentation from DOH Alcohol and Drug Abuse Division (ADAD)</li> </ul> </li> </ul>	For information only

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	<ul style="list-style-type: none"> <li>○ It approved a summary of its Comprehensive Integrated Service Plan (CISAP).</li> <li>• Maui Service Area Board (MSAB) – No report</li> <li>• State Agency Representative Reports               <ul style="list-style-type: none"> <li>○ Health (DOH) Update. K. Aumer thanked Kathleen Merriam for the wonderful report on DOH. See attached report. K. Merriam added that she did the certified peer specialist training. Seven peers are now interested in becoming forensic peer specialist. AMHD is working on their internships, getting them set up with paid internships, and hopefully getting them into our courts.</li> <li>○ Housing (HPHA) Update. K. Seguancia reported that the waitlist for public housing is opening again. Applicants sought are primarily focused on the geographical areas for Honolulu, Windward side and to Leeward, particularly in Honolulu, because there's a big population of elderly that really need housing.</li> <li>○ Vocational Rehabilitation (DVR) Update. L. Dias shared that like other agencies, the agency has a vacancy rate of 33 percent and had funding issues. VocRehab managed to get through its waitlist of service seekers. So anyone who applies for DVR services now can be served quickly. She also reported that October is National Disability Employment Awareness Month, making the public aware that individuals with disabilities, including people with mental health disabilities are capable of becoming working taxpaying citizens like everyone else. So as part of that DVR does, celebrations recognizing our employees of the year meaning individuals that</li> </ul> </li> </ul>	

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	<p>we've helped into competitive integrated employment. She announced that “The Employer of the Year” for her branch is the Navy Supply Unit called NAVSUP. They're very open a lot of times to working with us in our consumers, getting them into regular civil service completeive jobs. She announced that Friday will be White Cane Walk in Downtown Honolulu starting at the State Capitol, raising awareness about blindness or visually impairment. The following statistics were also shared:</p> <ul style="list-style-type: none"> <li>- DVR served 2581 individuals with disabilities during the period July 2021 to June 2022. DVR expects this to go up by 30.7% .</li> <li>-People were placed in jobs where per hour wages were between \$12 tof \$42.91.</li> <li>-There are 42 People in transitional employment over that last year. There are 334 individuals with most significant disabilities working in supported employment.</li> </ul> <p>E. Lau-James commented that this kind of information can be shared in the website.</p> <ul style="list-style-type: none"> <li>○ Med-Quest Medicaid Program (MQD) Update-No report</li> <li>○ Education (DOE) Update – No report</li> <li>○ Social Service (DHS) Update– R. Rice reported that they had a presentation from New Telehealth on September 22, 2022. The services provided covered primary care, counseling for mental health and substance abuse, as well as healthy evaluations and medications and they focus on rural areas. He also shared that they are working on partnering with other housing agencies that are in the community, specifically for ATS as well as repatriation program. This is a federal program for American citizens that are in foreign countries who need to be assisted due to illness or a lack of money and they have to return to the States.</li> </ul>	

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	<ul style="list-style-type: none"> <li>○ Judiciary (JUD) Updates – No report</li> <li>● Specialty Area Representative Reports <ul style="list-style-type: none"> <li>○ Hawaii Advisory Committee on Drug and Abuse and Controlled Substances (HACDACS)- No report.</li> <li>○ Mental Health Providers – No report.</li> <li>○ Parents and Family Members of Mental Health Service Recipients <p>-E. L James expressed that it is frustrating to hear that there's very few resources directed towards guiding family members on how to successfully advocate for services other than NAMI. She would love additional guidance from the State to direct people who are just completely green to this process on how they can most successfully access care for their family members in a way that doesn't involve calling 911 all the time.</p> <p>- K. Aumer commented that the above is a good point. It might be something the Council can look at legislatively. Because it's difficult, it's that kind of gray area of consent, where someone does need help and access, and the only people trying to help provide that are the family members. But the person themselves might not be able to or willing to provide that kind of consent.</p> <p>-M. P. Waterhouse suggested a presentation on laws regarding consent.</p> <p>R. Rice asked where decision-making capacity assessments and guardianship fit into the brainstorming. K. Aumer commented that it is an ethical conversation that members could have for a very long time regarding consent, agency, health, conception of mental health, role of government. Somebody just needs to talk about the law and what it is right now.</p> </li> </ul> </li> </ul>	

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	<p>K. Aumer acknowledged a public comment from the chat. Raelynn Raeno posted that you need the beds- long term and short term and look at board and care and not just stabilization. That it is what Hawaii is missing. It's hard, potentially unconstitutional, to force medications and not have a bed and supervised setting. She also posted that time has been wasted in expanding the law to cover more individuals. Firstly, civil rights has to be addressed. Other States are addressing this.</p> <ul style="list-style-type: none"> <li>Youth and Consumer Advocates -No report</li> </ul>	
VIII. Meeting Evaluation/Future Agenda Items	<p>Agenda for next meeting:</p> <ul style="list-style-type: none"> <li>Connie Mitchell of the Institute for Human Services can be invited to talk about the current law on consent and family members.</li> </ul>	For information only
XIV. Adjournment	The meeting was adjourned at 11:20 a.m.	For information only
Electronic Mail Outs	<p>The following handouts were e-mailed to SCMh members and individuals the SCMh e-mail distribution list:</p> <ol style="list-style-type: none"> <li>AGENDA October 2022 Meeting FINAL</li> <li>MINUTES September 2022 Meeting DRAFT (includes CCBHC slides)</li> <li>ATTENDANCE log September 2022 Meeting_FY23</li> <li>THANK YOU Letter Draft -John Oliver</li> <li>ADVOCACY Letter Draft -Maui Police Commission</li> <li>THANK YOU Letter Draft – Jan Pontanilla</li> <li>PLAN SAMPLE – Australia First</li> <li>SCMH LEGISLATIVE ADVOCACY -2022 Results</li> <li>SCMH PIG \Legislative Guidelines</li> <li>HSAB- Comprehensive Integrated Service Area Plan 2021 -Priorities</li> <li>DOH Report October 2022 Kathleen Merriam</li> <li>Announcement 1 _Copy of Letter to Kent Forde SAMHSA</li> </ol>	For information only

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>13. Announcement 2_Copy of Letter to Dr. Goebert and Dr. Sugimoto-Matsuda</p> <p>14. Announcement 3_SAMHSA Requesting for Comment</p>	



# State Comprehensive Integrated Service Plan (SCISP) *What's That?*

October 11, 2022

Carolyn Weygan-Hildebrand  
AMHD Planner



# Agenda

Mandate for SCISP— HRS 334

Implementation - SCMH & SABs

Guidance —AMHD PnP 60.112

Review —MHBG as SCISP

Path Forward —Organization? Timeline?  
Contents?







# Mandate

What Hawaii Law says

- Department of Health
- State Council on Mental Health
- Service Area Boards for Mental Health and Substance Abuse (Kauai, Maui, Oahu and Hawaii)

# Department of Health

## Hawaii Revised Statutes

**334-2 Mental health system.** The department of health shall foster and coordinate a comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse, to treat and rehabilitate the victims in the least restrictive and most therapeutic environment possible, and to provide treatment and care for homeless individuals with serious and persistent mental health challenges to enable them to reside in a permanent dwelling unit or homeless facility, as defined in section 346-361. The department shall administer such programs, services, and facilities as may be provided by the State to promote, protect, preserve, care for, and improve the mental health of the people.

Source: [https://www.capitol.hawaii.gov/hrscurrent/Vol06\\_Ch0321-0344/HRS0334/HRS\\_0334-0002.htm](https://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0334/HRS_0334-0002.htm)

## Organizationally-speaking...

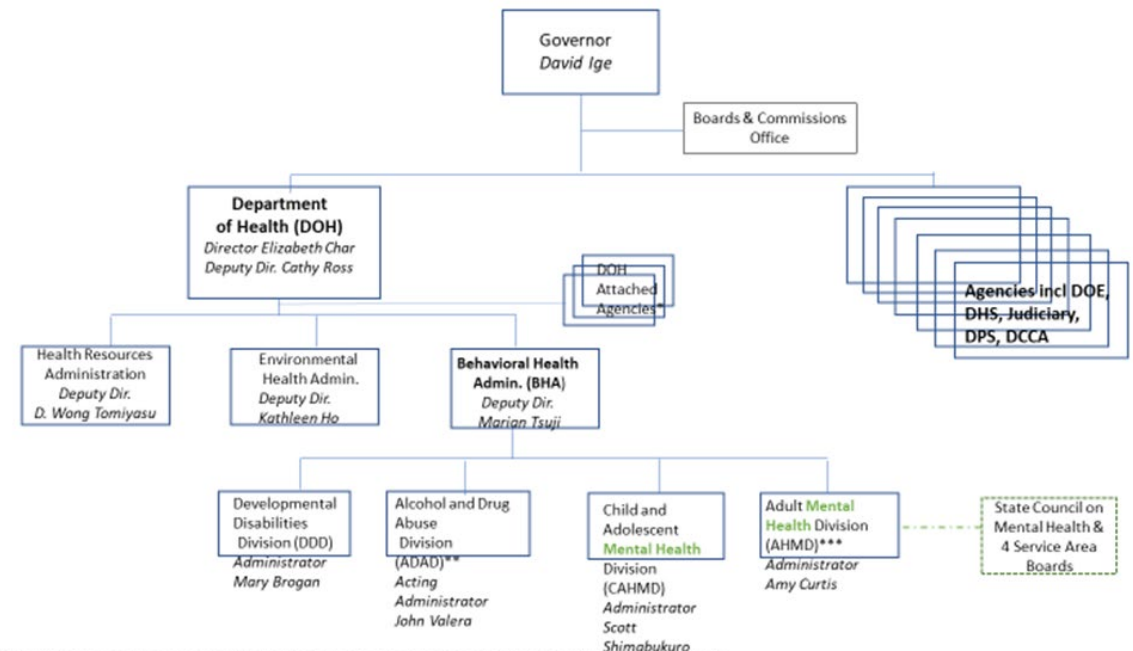
### ADULT MENTAL HEALTH DIVISION

executes responsibilities set forth under HRS 334.

AMHD plans, directs, coordinates, monitors the effectiveness of the State comprehensive adult mental health system that includes programs, services, activities and facilities aimed at primary and secondary prevention of mental illness and its sequelae and treatment and rehabilitation of those impacted by serious mental health.

Note also CAMHD

Source: <https://health.hawaii.gov/orgchart/fy-2022-org-charts-functional-statements/>



\*DOH has 7 Attached Agencies including State Health Planning and Development Agency; State Planning on Developmental Disabilities

\*\*The Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) is administratively attached to DOH, assigned to ADAD

\*\*\*4 Service Area Boards on Substance Abuse and Mental Health are administratively attached to DOH, assigned to AMHD

# Department of Health

**§334-3 Functions of department in mental health.** (a) The department of health within the **limits of available funds** within the designated programs, shall promote and provide for the establishment and operation of a community-based mental health system responsive to the needs of persons of all ages, ethnic groups, and geographical areas of the State, reflective of an appropriate distribution of resources and services, and monitored and evaluated in terms of standards, goal attainment, and outcomes. The elements of the system shall be defined by departmental rules recognizing the need for **at least** the following services:

Source: [https://www.capitol.hawaii.gov/hrscurrent/Vol06\\_Ch0321-0344/HRS0334/HRS\\_0334-0003.htm](https://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0334/HRS_0334-0003.htm)

## **SERVICES (minimum requirement)**

- (1) Informational and educational services to the general public and to lay and professional groups;
- (2) Collaborative and cooperative services with public and private agencies and groups for the prevention and treatment of mental or emotional disorders and substance abuse and rehabilitation of patients;
- (3) Consultation services to the judiciary, to educational institutions, and to health and welfare agencies;
- (4) Case management, outreach, and follow-up services;
- (5) Emergency crisis and noncrisis intervention services accessible to all residents;
- (6) Community-based, relevant, and responsive outpatient services;
- (7) Community residential care comprising a comprehensive range of small, homelike, and appropriately staffed treatment and rehabilitation facilities;
- (8) Short-term psychiatric treatment, preferably in facilities where access to other health and medical services are readily available;
- (9) Intensive psychiatric treatment for patients in need of long-term, highly structured, or highly specialized care and treatment under section 334-2.5, and provision of appropriate community resources;
- (10) Training programs, activities, and staffing standards for the major mental health disciplines and ancillary services; and
- (11) Rehabilitative services for hospital and community-based individuals who have experienced short- or long-term mental or emotional disorders



# Department of Health

## §334-3 Functions of department in mental health.

(b) The department shall revise, refine, and develop the system to ensure optimal responsiveness to the many and varied needs of the people of the State. The development of the system shall be based on an **annual statewide comprehensive integrated service plan that is the cumulative result of comprehensive integrated service area planning within each county**. The statewide plan shall determine the specific content of the department of health budget for the mental health system.

### SPECIFICALLY (fine print):

- (1) Perform statewide assessments of the need for prevention, treatment, and rehabilitation services in the areas of mental or emotional disorders and substance abuse;
- (2) Adopt rules pursuant to chapter 91 for establishing the number and boundaries of the geographical service areas for the delivery of services in the areas of mental or emotional disorders and substance abuse. The department shall periodically review the effectiveness of the geographical service areas in promoting accessibility and continuity of appropriate care to all residents of that geographical area;
- (3) Appoint a service area administrator in each county who shall be responsible for the development, delivery, and coordination of services in that area;
- (4) Ensure **statewide and community-based planning** for the ongoing **development and coordination** of the service delivery system as **guided by needs assessment data and performance related information**;
- (5) Establish standards and rules for psychiatric facilities and their licensing, where applicable;
- (6) Establish standards and rules for services in the areas of mental health and substance abuse treatment, including assurances of the provision of minimum levels of accessible service to persons of all ages, ethnic groups, and geographical areas in the State;
- (7) Ensure community involvement in determining the service delivery arrangements appropriate to each community of the State;
- (8) Cooperate with public and private health, education, and human service groups, agencies, and institutions in establishing a coordinated system to meet the needs of persons with mental or emotional disorders and substance abuse difficulties;
- (9) Evaluate and monitor all services in the fields of mental health and substance abuse where such services are supported fully or in part by state resources;
- (10) Promote and conduct research, demonstration projects, and studies concerned with the nature, prevention, intervention, and consequences of mental or emotional disorders and substance abuse;
- (11) Keep records, statistical data, and other information as may be necessary in carrying out the functions of the mental health system and this chapter;
- (12) Advocate patients' rights in all psychiatric facilities in the State and investigate any grievances submitted to the department by any patient in a psychiatric facility, except as provided in section 334E-2(d). The department shall establish rules and procedures for the purpose of this paragraph within one year after January 1, 1985, and post the rules in a conspicuous manner and accessible place;
- (13) Promote and conduct a systematic program of accountability for all services provided, funds expended, and activities carried out under its direction or support in accordance with sound business, management, and scientific principles;
- (14) Coordinate mental health resources in each county of the State by the development and presentation of a **comprehensive integrated service area plan** developed by the service area administrator in conjunction with the service area board. The service area administrator and the service area board, in collaboration with private and public agencies serving their population, shall submit **recommendations for the statewide comprehensive integrated service plan, including needs assessment, program planning, resource development, priorities for funding, monitoring, and accountability activities**;
- (15) Oversee and coordinate service area programs and provide necessary administrative and technical assistance to assist service area programs in meeting their program objectives; and
- (16) Provide staffing to the state council and service area boards to assist in the performance of their function

# STATE COUNCIL ON MENTAL HEALTH

**§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... (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.

## EVIDENT IMPLEMENTATION OF SCISP REVEALED BY COUNCIL REPORTS

2009 Report	Refers to AMHD State Comprehensive Integrated Service Plan (SCISP) and CAHMD State Mental Health Plan; FY2008 Plan Implementation Report.
2010 Report	Sections of FY2010 State Plans from AMHD and CAHMD; FY2008 Implementation Report.
2011 Report	No review on Plans or Implementation per se. The Council reports having quorum challenges and reorganizing. The Council mentioned changes (Medicaid).
2012 Report	No review of Plans or implementation per se. The Council reviewed the FY2012 MHBG application. The Report also referred to cuts to services, staff shortage.
2013 Report	The Council refers to the <b>Community Mental Health Block Grant (MHBG) Plan as the "plan"</b> providing the framework for statewide implementation and improvement of mental health services.
2014 Report	The Council had an ad hoc permitted Interaction Group comment on the FY2014 Community MHBG application, with comments like the SCISP does not provide adequate framework for measurement or evaluation.
2015 Report	The Council again reviewed a MHBG application as the SCISP; commented that SCISP should outline plans, goals and strategies that are important to both organizations (AMHD and CAMHD).
2016 Report	SAMHSA provided technical assistance. Council developed its(?) strategic plan for 3 years. It reports participating in development of SCISP, writing 3 sections.
2017 Report	The Council reviewed the FY2016 Behavioral Health Report (alluding that it is the SCISP).
2018 Report	The Council reviewed the FY217 Behavioral Health Report ( alluding that it is the SCISP as well as the federal mandate).
2019 Report	The Council reports that it reviewed the FY 2018 State Plan (SCISP report).
2020 Report	The Council reviewed the FY 2020- FY2021 MHBG as the State Plan.
2021 Report	same as 2020
2022 Report	The Council reviews the FY 2022-2023 MHBG application, treating it as the Plan.
2023 Report	?

Source: <http://scmh.hawaii.gov/about/annual-reports>

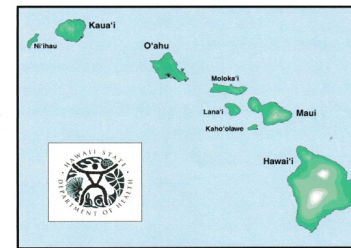
# SERVICE AREA BOARDS for mental health and substance abuse

**§334-11 Service area boards.** (a) A service area board shall be established within the department of health for administrative purposes to advise each service area administrator. Each board shall consist of nine members appointed by the governor... (b) **Each service area administrator and board, in consultation with public and private providers, shall participate in the development of comprehensive integrated service area plans and budgets.** Each board shall **advise** the service area administrator about service area needs to prevent and treat mental or emotional disorders, combined mental illness substance abuse disorders, and persons afflicted by these disorders, and **provide advice, guidance, and recommendations to both the advisory commission on drug abuse and controlled substances, section 329-2, and the state council on mental health.**

## How did SABs respond?

Hardwork, Disconnect

Hawai'i Service Area Board  
on Mental Health & Substance Abuse  
2021 Comprehensive Integrated  
Service Area Plan (CISAP)



ADULT MENTAL HEALTH DIVISION

Submitted to: The Hawai'i State Council on Mental Health

By: The Hawai'i Service Area Board on  
Mental Health and Substance Abuse

On March 24, 2021

Maui SAB - 2020 Service Area Plan



ADULT MENTAL HEALTH DIVISION

November 5, 2020  
Submitted by: Maui Service Area Board

*"I understand that HRS §334-3 requires a CISAP to be developed annually by the Service Area Administrator (e.g., AMHD CMHC Branch Chief) in conjunction with the County SAB but I took it upon myself to write it because the SAB had never submitted a CISAP as far as anyone could remember (at least 20 years) and it was apparent that it would not get done if I didn't do it.*

*I have to say that it was an incredible amount of work for a volunteer and I believe that it is still current and that none of the needs/gaps in services have been addressed. I don't know if it was included in the State Council's annual legislative report but I had hoped that it would be included in the writing of the MH block grant."*


Source: Internal Email AMHD, SAA and SAB CISAP Chair



# ADULT MENTAL HEALTH DIVISION

## Policy and Procedures No. 60.520: AMHD State, County and Service Plans

This PnP made the SAMHSA Community Mental Health Block Grant (MHBG) application the statute-required SCISP

ADULT MENTAL HEALTH DIVISION	
<b>POLICY AND PROCEDURE MANUAL</b>	<b>Number: 60.520</b>
AMHD Administration	Effective Date: 05/16/05 History: 12/15
<b>SUBJECT:</b> AMHD State, County, and Service Plans	Page: 1 of 5
<b>REFERENCE:</b> Hawaii Revised Statutes (HRS) §334-3 (b) (c); Hawaii Administrative Rules, §11-175-11 through §11-175-17; Public Law (P.L.) 102-321, 106-310.	<b>APPROVED:</b>  Title: AMH Administrator

**PURPOSE**

To define Adult Mental Health Division's (AMHD) roles and functions in the development and implementation of state, county and service plans including Statewide Service Plans (SSPs), Comprehensive Integrated Service Area Plans (CISAPs), and Statewide Comprehensive Integrated Service Area Plans (SCISPs), also referred to as the Community Mental Health Services Block Grant (CMHBG).

**POLICY**

1. The AMHD planning process shall be consistent with, federal, and state laws, including the Alcohol, Drug, and Mental Health Administration (ADAMHA) Reorganization Act (P.L. 102-321, 106-310), Hawaii Revised Statutes (HRS) (§334-3, 10, 11), and the Hawaii Administrative Rules §175-11, Subchapters 2 and 3.
2. Timelines for planning tasks shall be consistent with the annual budgeting cycles of the Department of Health (DOH)/AMHD and the CMHBG.
3. The AMHD planning process shall be a dynamic process that ensures comprehensive, integrated, continuous, county-based stakeholder planning activities with the local Governor-appointed Service Area Boards (SABs) and the Governor-appointed State Council on Mental Health (SCMH) throughout the year on a regular basis.
4. The AMHD shall coordinate with the Child and Adolescent Mental Health Division (CAMHD) for compliance with CMHBG submissions and related activities.

# Policy and Procedures No. 60.520: AMHD State, County and Service Plans

## -requires SSPs (Statewide Service Plans)

1. CASE MGMT/PSYCHOSOCIAL REHABILITATION
2. COMMUNITY HOUSING
3. CRISIS SERVICES
4. SPECIAL POPULATION
5. LONG-TERM CARE

-Others specified in HRS will be as needed, determined by AMHD Administrator

-Do not need to be standalone plans, completed by AMHD Service Coordinators or designee

-Contains service definitions, scope of services to be used in purchase and provision of services, standards ensure evidence-based practices or current professional standards, monitoring methods, and PnP.

## - requires CISAPs (Comprehensive Integrated Service Area Plans)

-ADDRESS SERVICE NEEDS IDENTIFIED IN SSPs WITH SPECIFIC COUNTY ANALYSES AND SOLUTIONS

\*\*\*Completed by an AMHD Service Area Administrator or designee in conjunction with the relevant SAB

## -requires SCISP

-DERIVED FROM CISAPS, PROVIDE FRAMEWORK FOR STATEWIDE IMPLEMENTATION AND IMPROVEMENT OF SERVICES; PROVIDES THE FRAMEWORK FOR STATEWIDE IMPLEMENTATION AND IMPROVEMENT OF SERVICES





# MHBG as a Statewide Comprehensive Integrated Services Plan



## DECEMBER 1 IMPLEMENTATION REPORT

- Performance Indicators Progress
- Maintenance of Effort Report
- Other topics, changes each year

## SEPTEMBER 1. ODD YEARS ONLY

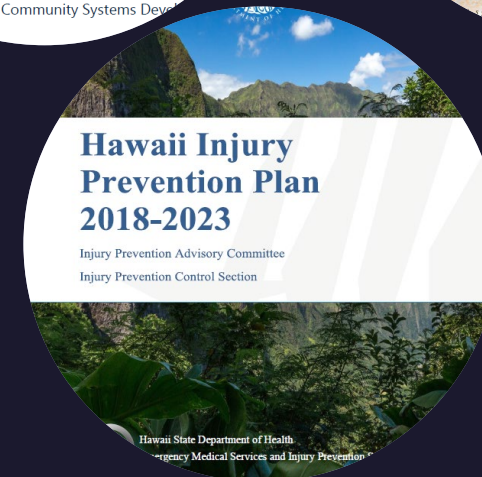
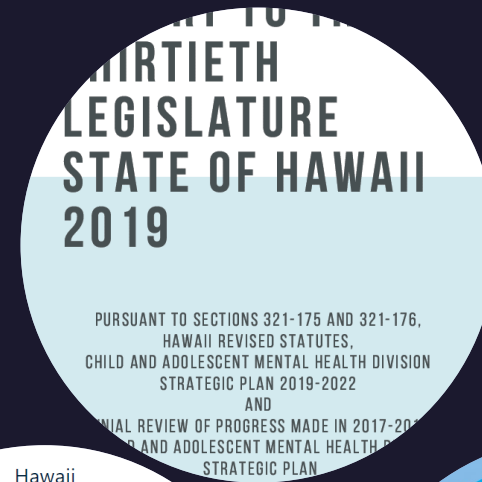
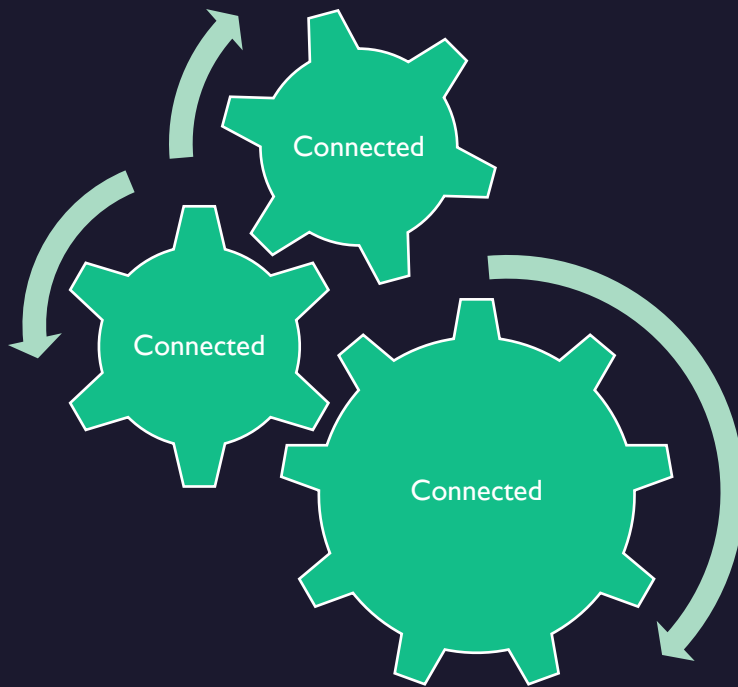
- **Step 1.** Assess strengths and organizational capacity of the service system to address the specific populations.
- **Step 2.** Identify the unmet service needs and critical gaps in the state's current M/SUD system of care as well as the data sources used.
- **Step 3.** Prioritize goals, strategies, and what to spend on ( MHBG seeks performance indicators and data source and planned expenditure)
- **Step 4.** Environmental Factors and Plans, These are narratives that helps explain strategies and objectives. Includes public comments and process, and State Council's response and documented involvement in planning

## SEPTEMBER 1. EVEN YEARS ONLY

- **Step 3.** Projected Expenditures for Year 2 only of MHBG plan.

Step 4. Environmental Factors and Plans. Selected elements but including State Council's response and documented involvement in planning.

# DOH -many plans and reports





# PATH FORWARD

**“Good fortune is what happens when opportunity meets  
with planning.”**

**– Thomas Edison –**



# State Mental Health Council

DOH Report - 10/11/2022

## Alcohol & Drug Abuse Division

- Your comments are welcome for the State Plan 2022 Revision as we are in a "public dissemination phase."
  - a. The website is now available: <https://health.hawaii.gov/substance-abuse/state-plan/>
  - b. The System of Care chapters are also now available as a Review PDF Copy.
  - c. The Statistical Report which was the subject of the first webinar series is also available.
  - d. Historical full plans also available.
  - e. Coming soon: A "comprehensive chapter" with overall themes for the next 5 years with a near-term action plan, and updated data dashboard.
- Working with AG to convene an advisory committee and prepare a needs assessment for the upcoming Opioid Settlement Project
- Challenges with trying to fill vacant positions for procurement, contracting and monitoring functions. In the meantime, maximizing use of 89-day appointments, and training new staff.
- Conducted first substance use primary prevention provider conference in last August to kick-off expanded prevention efforts. Will encourage them to learn more about the SCMHC.

## Adult Mental Health Division

- Basic data related to number of consumers served
  - **Patients served at Hawaii State Hospital**
    - For SFY21, 461
    - For SFY22, 537
  - **Consumers served by community mental health centers (CMHCs)**
    - For SFY21, 2,318
    - For SFY22, 2,351
  - **Consumers served through contracted services**
    - For SFY21, 5,613
    - For SFY22, 5,546
  - **Number of calls to Hawaii CARES**
    - For SFY21, 101,329
    - For SFY22, not yet fully tabulated
- Highlights of the division
  - We have expanded case management-based stabilization beds in Oahu and on Hawaii Island
  - The Commission on Accreditation of Rehabilitation Facilities (CARF) reaccredited our CMHCs for three years.
  - We received and are actively working on TTI grants from NASMHPD to improve LGBTQIA+ training for crisis workers, enhanced technical assistance for our Mental Health Emergency Worker (MHEW) program, and training to support substance use programs focused on Native Hawaiian population in our CMHCs
  - We also continue to administer the Overdose to Action, PATH, CSAM, ECOVID Grant, as well as work with CAMHD on the MHBG



- Over 20 of our staff are going through a 16-month Dialectical Behavioral Therapy (DBT) program
- We have the Forensic Peer Specialist training with nearly 20 new forensic peer specialists. Another training planned for this fall; a national expert consultant convened a forum on 9/28/22 regarding our forensic mental health system.
- New projects
  - We opened the New Patient Facility (NPF) at Hawaii State Hospital and currently have 120 patients in the NPF
  - Maui Community Mental Health Center has been awarded the SAMHSA grant to establish a certified community behavioral health model for outpatient care delivery
  - We are working with a national expert in judiciary and hosted to host a national expert in decriminalizing mental illness this fall

### Child & Adolescent Mental Health Division

- In 2021 approximately 1800 youth and families served. This is lower than in previous years.
- In July CAMHD's Safe Spaces conducted 6 trainings throughout the state and in June represented CAMHD in person on Lanai during the Pride parade and resource fair.
- CAMHD recently awarded a provider to do outreach and referral for youth because we believe youth are being under-identified in the community.

### Developmental Disabilities Division

- DDD is partnering with the MedQUEST Division and Hawaii Independent Pharmacies to administer the COVID bivalent booster and flu vaccines at adult care homes and to DDD homebound individuals and their families across Oahu and Hawaii Island.
- The Office of Enterprise Technology Solutions-Project Advisory Council (ETS-PAC) has approved the BHA request for DDD and CAMHD to expend additional funds to extend the INSPIRE case managements solution design, development, and implementation period through May of 2023. The project went live in February 2017.
- DDD has been working with stakeholders and providers since 2014 to fully implement the Medicaid final rule on Community Integration for all Home and Community Based Settings. Staff across DDD are implementing the final push of intensive monitoring, technical assistance, and work with other agencies to ensure federal compliance of all settings by the March 17, 2023, deadline.
- Providers across the state and especially on the Neighbor Islands are facing a workforce shortage crisis. They are generally unable to attract quality staff because of the competition with other sectors that may pay comparable wages but for far less challenging work.