STATE COUNCIL ON MENTAL HEALTH (SCMH) MEETING

August 13, 9:00 a.m. – 12:00 p.m.
Hybrid meeting via Zoom and
in-person at Hale F Conference Room, 2201 Waimano Home Road, Pearl City 96782

DRAFT MINUTES

Members Present: Katherine Aumer, John Betlach, Lea Dias, Heidi Ilyavi, Jon Fujii, Jackie Jackson, Christine Montague-Hicks, Ray Rice, Mary Pat Waterhouse, Forrest Wells, Kristin Will, Marian Tsuji (ex-officio)
Members Excused: Naomi Crozier, Kathleen Merriam
Staff Present: Keli Acquaro, Belinda Danielson, Trever Davis, Madeleine Hiraga-Nuccio, Jocelyn Nazareno, Gavin Takenaka, Carolyn Weygan-Hildebrand, Valerie Yin
Guests: Dr. Cynthia Dang, Dr. Erik Jul, A. Lee, Dr. Brandon McNichols, Michael Reilly, HPPA Intern, KITV 4 Island News

I. Call to Order

Katherine Aumer, chairperson, called the meeting to order at 9:03 am, and quorum was established.

II. Announcements

K. Aumer warmly welcomed members and guests.

Meeting protocol

- In case of communication technology-related interruption that could not be restored in 30 minutes, the meeting will automatically be terminated and resume on August 20th, at 9 am using the same zoom links used of this meeting.
- Community input will be received in the designated part of the agenda as well as throughout the meeting.

Other announcements

- SCMH vacancies include seats for youth, family member, consumer advocate, representatives for KSAB and MSAB, and Government Sector-Housing.
- K. Aumer formally welcome Forrest Wells as the newest member and he fills the seat for providers.
- The Hawaii Pacific Basin Area Health Education Center AHEC) Annual Health Workforce Summit. will be on September 7th and all are encouraged to check out the free event.

III. Approval of Minutes

Heidi Ilyavi moved to approve the minutes for March 12, 2024. Lea Dias seconded. Motion passed. Mary Pat Waterhouse moved to approve the minutes for July 9, 2024. L. Dias seconded. Motion passed.

IV. Community Input

No community input.

V. Old Business

A. Mental Health Block Grant – Planning Council Role

The Council's Ad Hoc Committee on MHBG Planning and Performance Committee met on August 5, 2024, and received briefings as well as public input on FY25 MHBG mini-proposal.
Carolyn Weygan-Hildebrand, MHBG planner, presented what AMHD and CAMHD has. Please see Request for Comments August 13, 2024, Draft sheet.

She highlighted that the Council and the public are only asked to review and comment on the following:
Section 1. State Information – Here SAMHSA asked States to provide their plans for spending the 3rd allotment of the Bipartisan Safer Communities Supplemental Fund.
Section 2. SAMHSA did not ask for anything this year.
Section 3. SAMHSA asked what for AMHD and CAMHD's projected expenditures for July 1, 2024, to June 30, 2025. The required Table 2 covers the bigger picture, covering other funds that will be spent on mental health and not just the MHBG funds. The required Table 6 is a subset of Table 2 expenditures. It is only asking for the MHBG funds that will be used for systems or non-direct services.
Section 4. SAMHSA only sought questions relating to crisis services.

Belinda Danielson, crisis care services coordinator, updated that the description of crisis services will not change from how it was described in the FY24-25 MHBG Plan. As for the crisis continuum, she summed up that there is a need for crisis stabilization beds. AMHD is expanding crisis stabilization beds on Oahu, Kauai and hopefully to Maui and Hawaii Island. The Behavioral Health Crisis Center (BHCC) just opened for all MH1s to go to.

Marian Tsuji, ex-officio member, added that the DOH BHA division heads attended the National Association of State Mental Health Directors' conference which was dedicated to crisis intervention. There was real concern in the US mainland over suicide, suicide ideation and the response for both adults and children. The message or direction from NASMHD is clear, that States really must take a good look on how we are spending money in crisis and whether we are doing enough. She also added the importance of continuum, that if we grow the pipeline in one area, we got to make sure that that pipeline is built out throughout the system.

Questions, Answers, and Feedback:
Q. K. Aumer - Do you think the current proposal embodies enough in terms of what is allocated for resources and money to meet that crisis for now? I know 5% has to be for crisis services.
A. M. Tsuji- We need to take a good hard look at that. We're going to our budgeting process for the State, so it is going to be a balancing act.

Q. L. Dias - For MHBG, is it the majority or all the federal funding for CAMHD and AMHD and State Council?
A. M. Tsuji -Yes, The Block Grant is the steadiest sources of federal funds for CAMHD and AMHD. Before COVID we have been dealing with the regular Block Grant, and after

COVID and the mass violence around, we have additional supplemental funds. Trever Davis oversees 90 million dollars from SAMHSA for the Emergency Response (Maui) and we have smaller grants that is from SAMHSA for very specific projects. There are other federal money coming but by and large it is the Block Grant that is the steady federal fund source.

M. Tsuji added that nationally, forensic population have just been burgeoning and the re are areas we need to pay more attention to. The country is dealing with co-occurring conditions of mental health, substance abuse, homelessness, and court -involvement. More and more are mandating folks over into the treatment/ hospital side rather than the criminal justice side. The State hospital right is a perfect example of concern where the census is 400 right now. Not only is the hospital not equipped with 400 but that many patients do not belong there. AMHD is lucky to have Dr. Takenaka to help inform how we are going to navigate this in the coming years.

Q. L. Dias - What proportion or a percentage of the Block Grant funds is CAMHD or AMHD? Overall, the whole budget how much of the Block Grant is contributing to the budget?
A. Val Yin - Basically 41.21% goes to CAMHD and 58.79 goes to AMHD of the total MHBG award.
C. Weygan-Hildebrand. For the whole budget, it is hard to say but Table 2 reflects the different sources of funds used by AMHD and CAMHD, and MHBG is a small part of it.

Q. K. Aumer - Val Yin, CAHMD planner, mentioned that there is going to be a discussion on Table 6 regarding those funds. Can the State Council be invited to be part of the discussion about where the monies are going and learn a lot of the allocation process.
A. V. Yin -The meetings are internal CAMHD meetings, but the question will be posed.

Q. H. Ilyavi -It was mentioned that the State Hospital is not a place for forensic individuals where would these people belong? I work for housing, and I house a lot of those people but there is that in between were they are not quite stable. So where do you think they belong?
A. M. Tsuji- In some instances we have them in the hospital for a very short period, just for evaluation. The hospital is kind of a very expensive detox unit. The matter requires a lot of good conversation between AMHD and probably Corrections to really think about creating something that is different, not quiet a hospital and not quiet a correction facility. Hospital level of care is very expensive.

Q. H. Ilyavi- I'm agreement with the answer. I feel like that we don't have anything that is in between right now, certainly not on Hawaii Island. This is kind of the issue here and I work closely with a lot of people on the court system, and they are struggling too. We are recycling people through the courts and through the hospital and they don't fit anywhere so where do they belong? What is the fix?

Q. K. Aumer- Belinda talked about those crisis services, would that be any help?
A. M. Tsuji. Yes.

a. Kristin Will - The problem is we don't have enough of those stabilization beds. The beds are usually allotted for people coming out of the hospital. For example, if someone is coming out of OCCC and bring them into the mental health court, or they are getting an evaluation, they must either go into the hospital or to OCCC. They can't just transition to the crisis shelter.
Q. H. Ilyavi- I agree with you. But there should be something before stabilization. There's the hospital, the jail and then there is stabilization and housing but there is nothing in that in between. And I think we all agree that there really needs to be something in that in between area. A locked facility with very strong needs to the individual who's going through medication issues, alcohol, drug, all of it and we don't have anything. It is the hole in this system that is growing.
A. M. Tsuji -Totally agree and it will be something that we will be looking at for the upcoming legislative session.

Q. K. Aumer- Does those licensed crisis facilities not offer those types of needs?
A. M. Tsuji -The Behavioral Health Crisis Center is really for the immediate intervention. It diverts people from the criminal justice system but there are people that are still going to make it into the criminal justice system.

Additional comments:
K. Aumer- The Council talked about the different types of beds, but the Council has been discussing often there is not enough people to staff those areas and the need for workforce development and funds for that. I notice Carolyn brought up different trainings for Hawaii Crisis Councilors specific programs in that regards. But I don't know if there is any more money allocated to more programs that would help either increase the staff or routine mental health providers here to help staff for those areas. Cause you might be able to bill them but then how would they be staffed it might be difficult. And the last thing I want to mention that question regarding the Mental Health Block Grant and what the State Council has been doing in terms of preventative services for SUD and treatment. The Council has been talking about prevention this past year and I think it is important to identify those social determinates that are contributing. Because we can create a lot of resources to help meet those needs and I think we do but I also think it's a cycle like you are talking about in the pipeline. And being able to prevent a lot of these things from happening in the first place is a very essential part of increasing and maintaining the health and welfare of the State. So, I think we've been on that track a bit of talking about social determinates and identifying those things and being able to provide resources that aren't just reactionary but preventive, but I think we still have a long way to go in that regards.

J. Betlach - Prevention is a very interesting creature. We are really unique in Hawaii and we have a lot of wonderful organizations that people that care how they are reaching people and it's really difficult to reach people and how do we work together and I think that could be rolled into that piece of the social media and maybe including all the different agencies and groups on the platform with the American Mental Health resources that we talked about but as I started doing more research it's a commitment because a lot of our messages just gets lost out there and not reaching the right people.

H. Ilyavi- Another update on workforce development. So, we have now gotten a workforce development grant 2 years in a roll which allows us to pay our residential assistants a $4.00 increase, so we are one of the highest paid in the state, but it is solely on this grant. So, if the grant goes away, I will reduce everyone's pay by $4.00. Without it, it's taken me 3 years to get to a full staff and I still don't have enough relieve staff.

K. Aumer - I think that rate study that has been allocated some money for will be helpful in establishing sort of that pay need and the benchmark. John, I agree with you in terms of messaging and social media presence. I would argue and advocate that I would like the Council to have more funds for this purpose. Please let me know if there is anything the Council can advocate for along this line.

M. Tsuji - I wanted to add that Department of Health received a sizeable workforce development grant from CDC. It's not just for mental health but to overhaul and really develop the entire public health workforce. So, there are several initiatives coming out of that including behavioral health workforce development. There is also a piece going to the Legislatures to develop more peer mentors to help workforce that crosses departments -health, human services, corrections.

F. Well -If we are talking about prevention and working proactively it would be good just to see what preventive, what proactive thing have been more effective in other states and being able to implemented well because there are such a wide gamut of areas we can put resources and just in this discussion the first thing that comes to mind Yes, the funding for the appropriate staffing and resources but and also some sort of promotion of education of that workforce. Because I just in recent hiring through Queens we find that the pool is very small right now for the workforce and the need is very high. So, I might be even at that level just the recruiting or the making desirable jobs but also promoting the education towards a career in mental health.

K. Aumer -We can partner with the higher ed areas to help promote that. And even with the higher ed and certification one the issues is having them to stay here after because is so difficult to find the funds to be able to in between licenses and graduation to stay.

L. Dias- When it comes to the career pipeline there are two issues: Do we have enough people prepared to work in this system and how much we are paying them. As far as the pipeline part, I sit on the State Workforce Development Council and that Council is made up of people who are interested in creating career pathways. So, on that Council you go Adult Education, Community Colleges, people from labor, different industries, etc. and they all are interested in what career pathways are needed in Hawaii and how can they help. So it might be worthwhile for the Chair or our council to talk to that Council to start that kind of conversation.

K. Aumer- Contact information can be exchanged. It would be great if they can come also State Council on Mental Health meetings or we can attend their meetings to develop a partnership. That's a huge part the development of a workforce, maintenance and

payment, there is all these issues. This is one of the key components of making sure all of these resources go to billings and addressing urgent needs for the crisis and forensics are met with the proper individuals that are educated and licensed to be able to do that.

A. Presentation in July – Approval of Thank you letters.

The Council recommended that the first letter emphasize also on the education part and that the second letter have a line to mention the Council's openness to learn more about ACT and the process. J. Fujii moved to approve the thank you letter to C. Mitchell. F. Wells seconded. Motion passed. J. Fujii moved to approve the thank you letter to T. Freitas & S. Pavao. F. Wells seconded. Motion passed.

B. SCMH Planning Retreat

Council members have reached out to members in the community to apply for membership. There is an applicant for the youth seat and is being vetted by the Governor's Office.

C. Member Onboarding (updating current tools)

Forrest Wells and Christine Montague-Hicks are the newest members of the Council. New members are to complete the Ethics training and the Sunshine Law training.

VI. New Business

A. Presentation

"Maui Wildfire Disaster: Response a Year after and Beyond"
By Trever Davis, Project Director for the Maui Behavioral Health

Please refer to PowerPoint presentation

Q&A
Q. J. Fujii -What are ways that the Medicaid health plans be helpful to the process?
A-In the meetings with the Governor's Office for Wellness and Recovery for Medicaid is the credentialing process for provider is challenging it would be beneficial if there is a way to expedite in applying or reapplying for credentialing of providing different services.

Q-Why were people being moved many times?
A-Initially to get people into rooms as quickly as possible to shelter families. And then when there was space available for the larger families they would move them into a large space.

B. Presentation

Transcranial Magnetic Stimulation (TMS) Essentials:
An Overview for Professionals and the Public
By Dr. Erick Jul & Dr. Brandon McNichols, Hawaii Depression Clinic

Drs Jul and McNichols introduced TMS as a safe and effective way of treating people with different mental health disorders or conditions specifically depression. It is a non-invasive procedure that uses magnetic fields to stimulate nerve cells in the brain. High frequency

refers to 10HZ or higher, is helpful for mood regulation, and use to treat depression. Low frequency refers to 1HZ or lower, for reducing and inhibiting, helpful to quiet excessive worry or agitation, and use to treat trauma or anxiety disorder. The side effects that could be experienced include mild to moderate discomfort or pain, headaches, scalp sensitivity, muscle twitching, hearing sensitivity and fatigue.
Their practice focuses on depression. Major Depressive Disorder (MDD) refers to persistently depressed mood lasting a minimum of 2 weeks. Symptoms of MDD include hopelessness, fatigue**,** sleep disturbance**,** guilt**,** change in appetite**,** persistent thoughts or death or suicide. MDD is known to be a disability globally. The lifetime prevalence rate varies, to over 20%. There is 2x greater risk for women than men and 50% have age of onset between 20 to 50. Some 70% of individuals with depressive disorders have comorbid anxiety
The outcomes from treatment include improvement in depression symptoms 83%, symptom relief 62%, find remission. Potential clients must be adult with diagnosis of major depression and must be severe.

Q&A
Q. R. Ries - Do you know of the role of TMS in addiction.
A. There are larger organizations that are researching in different directions, including addiction. I can look up and send your way.

Q. R. Ries – Can you speak to insurance and requirement of 2 failed medication trials before trying something else (e.g. try TMS).
A. Things are changing. For example, there is 1 failed trial in the case of military. There is also a lot of successes.
A. I do feel TMS is a frontline, like this be tried first before medication. It would be good to have more options out there beyond meds especially with side effects from medications.

Q. J. Betlach – How about those with brain injuries, strokes.
A. We have been focused on depression but that is certainly an important area. When consultations are done, we look at recent brain injuries we go won't have TMS. That is just because we are new. We can reference you to other societies and groups in that area.

Q. L. Dias – You mentioned significant time commitments, do you have experience with people who are working and whether they can continue in that.
A. With TMS, it is a time commitment, but clients can continue with their work. They can drive. Most of our clients are working parents. For folks who can tolerate well, there are condensed options of the treatment.

VII. Informational Reports by Council Members

There were no reports except for the written report from L. Dias, brief PowerPoint-supported presentation by J. Fujii, and oral report by R. Rice. The written report and slides are attached. R. Rice reports that his office continued with its efforts in identifying mental health trainings and community resources for its workers; have NAMI participate in new hire training but this was postponed to August; had Crisis Intervention Training. There has been more resource also for Dementia training, but more and different tools continue to be sought. Information has also been shared about the Crisis Outreach Response and Engagement (CORE) program

of Oahu. Last but not the least, Governor Green signed on to plans that made Hawaii becomes the first State in cover palliative care as part of Medicare/MedQUEST coverage.

VIII. Adjournment

The meeting was adjourned at 12:10 p.m.

Handouts

01_SCMH 081324 Public Notice and Agenda.pdf
02_SCMH Attendance Log SFY2025 (070124 to 063025).pdf
03_SCMH 031224 Draft Minutes with Attachments.pdf
04_SCMH_070924 Draft Minutes with selected attachments.pdf
05_SCMH_081324 Draft Thank You Letter to S. Pavao and T. Freitas.pdf
06_SCMH_081324 Draft Thank You Letter to C. Mitchell.pdf

REQUEST FOR COMMENT

FY25 MENTAL HEALTH BLOCK GRANT MINI-PROPOSAL

aka 2025 MHBG Only Application/Behavioral Health Assessment and Plan

AUGUST 13 2024 DRAFT ONLY, PLEASE DO NOT QUOTE

Overview

Mandated by the U.S. Congress, Substance Abuse and Mental Health Services Administration (SAMHSA) community mental health block grants (MHBG) are noncompetitive grants that provide funding to states for mental health services for adults with Serious Mental Illness (SMI) and children/youth with Serious Emotional Disturbances (SED)~~mental health services~~.

Every other year per SAMHSA requirements Hawaii submits a comprehensive grant proposal and between these years a mini-grant proposal. Hawaii's mini-grant proposal for fiscal year 2025 (FY25) MHBG cover this year's requirements as provided in this year's guidance. Click here to view or download SAMHSA's FY2025 Mini-App State Instructions.

Reviewing the Draft Mini-Proposal.

The draft Hawaii FY25 MHBG mini-grant proposal can be viewed and downloaded here.
It may also be viewed in the format in which it will be submitted. Go to
https://bgas.samhsa.gov/Module/BGAS/Users

Username: citiizenHI Password: citizen

Submitting Your Comments

The statutory deadline for submitting the Hawaii FY 25MHBG mini-grant proposal~~application~~ is September 3, 2024. Public comments on the draft application will be accepted via this feedback form until August 28, 2024.

If you experience problems accessing the draft document or issues submitting your comments through the online feedback form, please contact Carolyn Weygan-Hildebrand, AMHD Planner, via e-mail at carolyn.weygan-hildebrand@doh.hawaii.gov.

Mahalo for your consideration and comments!

FY25 MENTAL HEALTH BLOCK GRANT MINI-PROPOSAL

For this mini-grant proposal~~plan~~, SAMHSA is seeking FY25 updates only on the following key elements[1] of the FY24-FY25 MHBG Plan:

Section I. State Information

1. **BSCA Funding Plan 2025**. Describe the proposed. planned activities using the Bipartisan Safer Communities Act (BSCA) Supplemental funds 3rd allotment including an estimated budget.

Section II. No requirement for FY25

Section III. Planning Tables 2

1. **Table 2a**. Funds to be expended for the state calendar year FY25, July 1, 2024 to June 30, 2025, by SAMHSA's categories of funding and activities. This includes all Mental Health Block Grant funding –regular formula grant, COVID-19 Relief supplemental fund, American Rescue Plan Act (ARPA) supplemental fund, and BSCA supplemental funds.
2. ***Table 6a***. Funds to be expended by categories of expenditure for system development/ non-direct service activities. This table covers MHBG grant funds only.

Section IV. Environmental Factors and Plans

1. ***Crisis Services***. Brief narrative of the State's Crisis System. This includes a description of access to crisis call centers, availability of mobile crisis and behavioral health first responder services, and utilization of crisis receiving and stabilization centers. It includes identifying the stage where the system is today based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, how the system will be developed further, and plans for five percent of MHBG funds that have to be set aside for crisis services.

   State Planning/Advisory Council and Input on the Mental Health Block Grant Application. Provide answers to all the questions on: (a) whether the Council was involved in the development and review of the state plan and report and what, if any, were the comments?; (b) mechanisms that the state use to plan and implement community mental health treatment, substance misuse prevention, (Substance Use Disorder) treatment, and recovery support services; (c) whether the Council has successfully integrated substance misuse prevention and SUD treatment and recovery or co-occurring disorder issues, concerns, and activities into its work? Yes or No only; (d) membership representative of the service area population (e.g., ethnic, cultural,

linguistic, rural, suburban, urban, older adults, families and young children?); (e) description of duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED). Also, list State Council members and the membership type using SAMHSA's categorization to determine if the Council composition meets SAMHSA requirements.

[CAMHD provides Crisis Mobile Outreach (CMO) through Hawaii CARES 888 which youth may text or call. CNO provides short-term, face-to-face mental health support and crisis intervention for persons in crisis. CMO is available 24/7 and can be provided where the person may be such as home, school, or elsewhere. The goal of CMO is to help resolve crisis in a least restrictive setting and develop future plans which may improve resiliency.]

FY25 MENTAL HEALTH BLOCK GRANT MINI-PROPOSAL

aka 2025 MHBG Only Application/Behavioral Health Assessment and Plan

Section I. State Information

1. **BSCA Funding Plan 2025**. ***Describe the proposed. planned activities using the Bipartisan Safer Communities Act (BSCA) Supplemental funds 3rd allotment including an estimated budget.***

Hawaii's 3rd allotment will be $282,204. The spending period for this allotment will be September 30, 2024 to September 29, 2026. The 3rd supplement will continue **to build on** the priorities from the 1st and 2nd supplements. This allotment's use is also informed by the islands' recent disaster and emergency experiences needs. Foremost for their mass impact are the Maui wildfire disaster and the murder-suicide involving one family in the Manoa neighborhood of Oahu that especially impacted the islands' education community. The Plan also reflects that the island State is looking to mitigate workforce shortage.

Activity	3rd Allocation Expenditure	Notes
1. Advancing Mass Violence Incidence Response Training: Cultural Responsiveness, Psychological First Aid, and Skills for Psychological Recovery (Training of Trainers; Further content development and finetuning that is Hawaii-informed)	$50,000	This builds on previous year's collaboration with the State's Crime Victim's Compensation Commission.
2. Resiliency Training for First Responders. Taps the International Critical Incident Stress Foundation (ICISF) training program.	$100,000	This is a continuation and final part of the resiliency training package for first responders.
3. Hawaii's crisis counselor certification program. Development and establishment of a niche that will serve also those who did not have a bachelor's or graduate degree	$100,000	This is new for BSCA and will be for partial funding only.

4. 10% Set-Aside for Early Serious Mental Illness	$30,000	This contributes to the services and practices supporting young adults with ESMI.
5. Leadership development- National Disaster Preparedness Summit	$2,204	This is partial funding for attendance of the Summit by one attendee
TOTAL	$ 282,204	

Section III. Planning Tables

Table 2a. Table 2a includes columns to capture state expenditures for COVID relief, ARP funds, and BSCA. Please use these columns to capture how much the state plans to expend over a 12-month period (SFY 2025, 7/1/24 - 6/30/25). Please explain the planned use of COVID, ARP, and BSCA funds during this period in the footnote section. (Explain the numbers provided in Table 2 for these supplemental funds, e.g., total funds received, or portion of the funds received).

Table 2 and its footnotes are work in progress

MHBG Table 2a
Planning Period From 7/1/24 To 6/30/25

ACTIVITY	A. Mental Health Block Grant	B. Medicaid (Federal, State and Local)	C. Other Federal Funds (e.g., ACF, TANF, CDC, CMS, Medicare SAMHSA)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other	G. COVID-19 Relief Funds MHBG [a]	H. ARP Funds (MHBG)[b]	I. Bipartisan Safe Community Funds[c]
1. Mental Health Preventions[a]	0	0	0	0	0	0	0	0	
2. Evidence-Based Practices for ESMI incl FEP 10 percent of total MHBG award[e]	477,224	0	0	0	0	0	0	422,715	30,000
3. State Hospital	0	0	0	103,247,511	0	0	0	0	
4. Other Psychiatric Inpatient Care	0	0	0	291,338	0	0	0	0	
5. Other 24-Hour Care (Residential Care)	0	0	0	14,104,891	0	0	0	0	
6. Ambulatory Community Non-24 Hour Care	3,078,123	0	0	47,547,089	0	0	0	581,820	
7. Crisis Services (5 percent set-aside)[b]	320,025	0	0	12,352,019	0	0	104,595	370,000	
8. Administration (excluding Program and Provider Level)[d]	50,500	0	0	6,223,514	0	0	0	80,811	
TOTAL	3,925,872	0	0	183,766,362	0	0	104,595	1,455,346	30,000

NOTE: The Table entries should add up CAMHD and AMHD projected expenses. However, please note the columns B to F are not complete so far.

Footnotes: Table 2 completion in progress

Table 6a. Funds to be expended by categories of expenditure for system development/ non-direct service activities. This table covers MHBG grant funds only.

SAMHSA's Activity Grouping

Information systems – This includes collecting and analyzing treatment data as well as prevention data under the BG to monitor performance and outcomes. Costs for EHRs and other health information technology also fall under this category.

Infrastructure Support – This includes activities that provide the infrastructure to support services but for which there are no individual services delivered. Examples include the development and maintenance of a crisis-response

capacity, including hotlines, mobile crisis teams, web-based check-in groups (for medication, treatment, and re-entry follow-up), drop-in centers, and respite services.
Partnerships, community outreach, and needs assessment – This includes state, regional, and local personnel salaries prorated for time and materials to support planning meetings, information collection, analysis, and travel. It also includes the support for partnerships across state and local agencies, and tribal governments. Community/network development activities, such as communication, and public education, and including the planning and coordination of services, fall into this category, as do needs-assessment projects to identify the scope and magnitude of the problem, resources available, gaps in services, and strategies to close those gaps.
Planning Council Activities – This includes those supports for the performance of a Mental Health Planning Council under the MHBG, a combined Behavioral Health Planning Council.
Quality assurance and improvement - This includes activities to improve the overall quality of services, including those activities to assure conformity to acceptable professional standards, adaptation and review of implementation of evidence-based practices, identification of areas of technical assistance related to quality outcomes, including feedback. Administrative agency contracts to monitor service-provider quality fall into this category, as do independent peer- review activities.
Research and evaluation - This includes performance measurement, evaluation, and research, such as services research and demonstration projects to test feasibility and effectiveness of a new approach as well as the dissemination of such information.
Training and education - This includes skill development and continuing education for personnel employed in local programs as well as partnering agencies, as long as the training relates to adults with SMI or children with SED for MHBG.

Table 6 and its footnotes are work in progress

MHBG Table 6				
MHBG Planning Period	From	7/1/24	To	6/30/25
ACTIVITY	**A. FY25 Block Grant**	**B. FY25 COVID Funds**	**C. FY25 ARP Funds**	**FY25 BSCA Funds**
Activity				
1. Information Systems	2,303,656	-	1,000,000	-
2. Infrastructure Support	440,000	-	-	5,000
3. Partnership, community outreach, and needs assessment	-	-	-	128,204
4. Planning Council Activities	10,000	-	-	-
5. Quality assurance and improvement	-	-	-	-
6. Research and Evaluation	248,053	-	120,006	-
7. Training and Education	276,202	-	-	290,000
8. TOTAL	3,277,911	-	1,120,006	423,204

Footnotes:

Under FY24 Block Grant, the major expense of $2.3M will be by AMHD for continuing improvement in its electronic health records system. This will be mostly for salaries and wages of a data team via an RCUH agreement. Another $0.44M will be for a rate study focusing on adult mental health service providers.
Under FY25 ARP Funds, the major expense of $1M will be by CAMHD.
Under FY25 BSCA Funds, the major part of $290,000 in training and education will be for Resiliency Training for First responders. The major part of $128,204 expense under partnership, community outreach, and needs assessment will be for. Technical assistance and consultant services to review and improve AMHD and CAMHD's internal disaster preparedness.

FY25 COVID-19 Relief funds: No remaining funds
FY25 ARPA funds: This is the last of remaining ARPA funds.
FY225 BSCA funds – This represents the last of remaining Years 1 and 2 funds, the entire of Years 3 and 4, and $100,000 of Years 5 and 6.

Section IV. Environmental Factors and Plan

Crisis Services.

Briefly narrate your state's crisis system. For all regions/areas of your state, include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization centers.

Since the September 1, 2022 update, the State's crisis system rebranded to Hawai'i CARES 988 with intent to increase user friendliness to someone in crisis or someone helping (see https://hicares.Hawaii.gov/). In addition, the State is currently working on securing a vendor to assist with those continued efforts to include more awareness about crisis services available with digital and traditional media marketing. As previously reported, Hawai'i rated the system is in the sustainment level in the categories of "Someone to talk to" and "Someone to respond". It reported that the system is in major implementation stage (i.e., available for at least 75 percent of the peopled in the state) in "Safe place to go or to be". This is asserted again this year. We continue efforts to establish crisis stabilizations beds in our smaller communities and islands such as Kaua'i, Moloka'i, and Lana'i. Assessments show the need for warm hand-off and consistency in the quality and availability of services. Like all other services in the continuum of care, the crisis care system is experiencing workforce availability issues, as illustrated by the temporary closure of a Licensed Crisis Residential Services (LCRS) in Maui due to the lack of required twenty-four-hour Registered Nurse coverage. This is also evident in the difficulty in hiring and retaining crisis mobile outreach workers in the smaller rural communities and regions such as Kailua-Kona (West Hawai'i) and Kaua'i. Solutions and improvements are sought along those expected of a nationally certified crisis response system. The five percent set aside will continue to increase the crisis continuum, specifically to have stabilization beds across counties and crisis mobile outreach staffing. Hawai'i Cares 988 and the crisis mobile outreach services are available statewide, 24 hours a day, 7 days a week.

The response in the case of youth and children is reiterated here. The crisis system starts with a call to Hawai'i Cares 988. A connection is made to a crisis mobile outreach worker at one of CAMHD's contracted provider agencies. These provider agencies specialize in child and adolescent mental health and may differ from those used for adults. A crisis mobile outreach service may then be deployed to provide mental health assessment for safety and makes recommendations regarding whether the crisis is appropriate for stabilization in the community setting or Emergency Room referral or referral into one of CAMHD's Therapeutic Crisis Homes or the Residential Crisis Stabilization Program. Crisis Mobile Outreach is available to any child in Hawai'i 24 hours a day 7 days a week.

In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.

*a) The **Exploration** stage: is the stage when states identify their communities' needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.*
*b) The **Installation** stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. This includes coordination, training and community outreach and education activities.*
*c) **Initial Implementation** stage: occurs when the state has the three-core crisis services implemented and agencies begin to put into practice the SAMHSA guidelines.*
*d) **Full Implementation** stage: occurs once staffing is complete, services are provided, and funding streams are in place.*
*e) **Program Sustainability** stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.*

Other program implementation data that characterizes crisis services system development.
1. Someone to talk to: Crisis Call Capacity
a. Number of locally based crisis call Centers in state: **One crisis call center.**
i. In the 988 Suicide and Crisis lifeline network: **Yes.**
ii. Not in the suicide lifeline network: **N/A**
b. Number of Crisis Call Centers with follow up protocols in place: **One crisis call center.**
c. Percent of 911 calls that are coded as BH related: **Information not currently available from 911 PSAPs.**
2. Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the toal number of communities): **All communities. Crisis Mobile Outreach (CMO) is available statewide.**
a. Independent of first responder structures (police, paramedic, fire): **Yes.**
b. Integrated with first responder structures (police, paramedic, fire): **No.**
c. Number that employs peers: **One, however, others CMO teams are actively recruiting.**
3. Safe place to go or to be:
a. Number of Emergency Departments: **Twenty-eight.**
b. Number of Emergency Departments that operate a specialized behavioral health component: **Eight.**
c. Number of Crisis Receiving and Stabilization Centers (short term, 23-hour units that can diagnose and stabilize individuals in crisis): **Eight.**

a. Check one box for each row indicating state's stage of implementation

b. Briefly explain your stages of implementation selections here.

Exploration Planning	Installation	Early Implementation Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	Program Sustainment
Someone to talk to					X
Someone to respond					X
Safe place to go or to be				X	

Last year, Hawai'i rated and reported that the system is in the sustainment level in the categories of "someone to talk to" and "someone to respond." This means that the "someone to talk to" is available through Hawaii CARES 988 to anyone statewide, 24 hours a day, 7 days a week. In addition, crisis mobile outreach (CMO) is also available to anyone statewide, 24 hours a day, 7 days a week. Both these services and supports have been in place for more than two decades.

It reported that the system is in major implementation stage (i.e., available for at least 75 percent of the peopled in the state) in "some place to go or to be." This is asserted again this year. Although Emergency Departments (ED) are available on each island, EDs that have a specialized behavioral health component or unit is limited to one on the four major islands for adults but for children and youth, only found on the island of Oahu. Crisis stabilization beds are also limited to only three of the four major islands for adults only.

Assessments show the need for warm hand-off and consistency in the quality and availability of services. Like all other services in the continuum of care, the crisis care system is experiencing workforce availability issues, as illustrated by the temporary closure of a Licensed Crisis Residential Services (LCRS) in Maui due to the lack of required twenty-four-hour Registered Nurse coverage. This is also evident in the difficulty in hiring and retaining crisis mobile outreach workers in the smaller rural communities and regions such as Kailua-Kona (West Hawai'i) and Kaua'i. Solutions and improvements are sought along those expected of a nationally certified crisis response system. The five percent set aside will continue to increase the crisis continuum, specifically to have stabilization beds across counties and crisis mobile outreach staffing.

3***. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system.***
The State seeks to develop the crisis continuum of care with the target to earning a nationally accredited Hawaii CARES 988 as well as establishing formal MOUs/MOAs with and amongst 911 PSAPs, Emergency Departments, Crisis Receiving and Stabilization Centers, and Crisis Mobile Outreach providers.

4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.
The State seeks to use the set-aside for increasing crisis stabilization receiving centers, seeking that residents have access to them in their own communities across every county and island.

5. Please indicate areas of technical assistance needed related to this section.
How have other States addressed issues with staff shortage especially for those services that may require higher levels of credentials such as a Registered Nurse or a Bachelors level?

State Council

How was the Council involved in the development and review of the state plan and report? Narrate in the text box. Also, upload supporting documentation (e.g., meeting minutes, letters of support, etc.). Don't forget to attach the Council's comments after reviewing the Application and Report, if any.

For this FY25 mini-proposal, the State Council on Mental Health met in June 2025 and approved the creation of an MHBG Planning and Performance Committee. The SAMHSA Guidance issued on July 1, 2024 was shared as a meeting handout at its July 9, 2024 meeting. The Committee met on August 5, 2025 for a briefing on status of preparation and contents. This first draft is shared as a handout at its August 13, 2024 full Council meeting.

Comments to be updated

What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?

The State is currently relying on a collaborative leadership within DOH, particularly within BHA, to align efforts, resources and priorities to plan and implement these services. The State Council itself has monthly public meetings where members and resource speakers can talk about relevant topics. The State Council itself is also engaged in advocacy on relevant sub-topics, and have been providing input. See Council's 2024 Report to the State Legislature for example https://scmh.hawaii.gov/about/annual-reports

Has the Council successfully integrated substance misuse prevention and SUD treatment and recovery or co-occurring disorder issues, concerns, and activities into its work? YES NO

Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children? YES NO

Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED. See 2 above, including the cited Report.

Council Members

Start Year: 2025 End Year: 2026

Name	Type of Membership*	Agency or Organization Represented
Katherine Aumer	Family Members of Individuals in Recovery (to include family members of adults with SMI)	
John Betlach	Others (Advocates who are not State employees or providers)	
Naomi Crozier	Family Members of Individuals in Recovery (to include family members of adults with SMI)	
Lea Dias	State Employees	
Jon Fujii	State Employees	
Heidi Ilyavi	Parents of children with SED	
Jackie Jackson	Family Members of Individuals in Recovery (to include family members of adults with SMI)	
Kathleen Merriam	State Employees	
Ray Rice	State Employees	
Marian Tsuji	State Employees	
Mary Pat Waterhouse	Family Members of Individuals in Recovery (to include family members of adults with SMI)	
Forrest Wells	Providers	
Kristin Will	State Employees	

*Council members should be listed only once by type of membership and Agency/organization represented.

Advisory Council Composition by Member Type

Start Year: 2025 End Year: 2026

Type of Membership	Number	Percentage of Total Membership
Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	0	
Family Members of Individuals in Recovery (to include family members of adults with SMI)	4	
Parents of children with SED	1	
Vacancies (individual & family members)	5	
Others (Advocates who are not State employees or providers)	1	
Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others	**11**	**52.38%**
State Employees	6	
Providers	1	
Vacancies	3	
Total State Employees & Providers	**10**	**47.62%**
Individuals/Family Members from Diverse Racial and Ethnic Populations	0	
Individuals/Family Members from LGBTQI+ Populations	0	
Persons in recovery from or providing treatment for or advocating for SUD services	0	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	0	
Total Membership (Should count all members of the council)	**21**	

Public Comment on the State Plan

Title XIX, Subpart III, section 1941 of the PHS Act (42 USC section 300x-51) requires, states will provide an opportunity for the public to comment on the state block grant plan in such a manner as to facilitate comment from any person both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

Did the state take any of the following steps to make the public aware of the plan and allow for public comment? Please answer yes or no as appropriate for questions a – c and provide the URL where the application was posted.

The State Council on Mental Health meetings are public meetings and observes Hawaii's Sunshine Law. The public can provide input on any agenda item or concern. For example, at its August 5 MHBG Planning and Performance Committee meeting, a member of the public provided input to consider using ARP funds to nonprofits who are responding to most immediate needs for mental health services.

A public comment period will also be provided where copies will be posted on the AMHD and CAMHD websites. This will be for at least ten days. Those in the Council's mailing list will be alerted and the DOH will also be requested to announce this matter via the DOH social media outlet.

The Long Path to Recovery: Maui Wildfires, One Year Later

Hawai`i State Council on Mental Health

August 13, 2024

First Year Response

August 2023 – August 2024

Early Needs

Problems

- Housing Instability, Frequent Moves
- 8,000+ Displaced Survivors
- Non-Congregate Shelter (NCS) Re-traumatization
- Inter-governmental Communication
- Outreach

Impacts

- Education
- Transportation
- Social Determinants of Health

Process So Far

Mental Health Updates & Resources

Additional resources can be found: https://www.mauirecovers.org

Immediate Support

HAWAI'I CARES 988

Hawai'i CARES is a 24/7, free support service for help with crisis, mental health, and substance use. CARES staff can deploy crisis mobile outreach workers if a higher level of support is required.

Call: (808) 832-3100

Toll-free: 1-800-753-6879

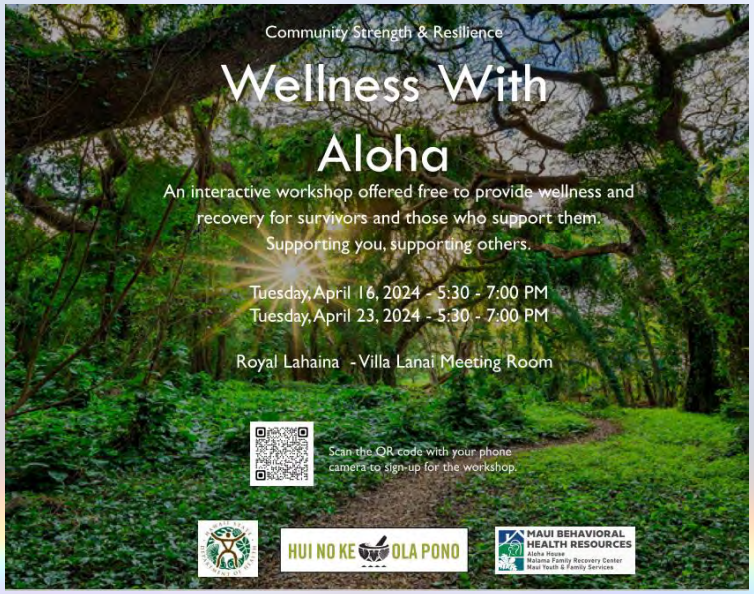
CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC
MAUI COUNTY

DOH continues to offer mental health services for adults and keiki. Walk-ins are welcome and insurance is accepted, but not required.

Lahaina: Ākoakoa Place
(just below Lahaina Civic Center)
Open daily, 9:00 AM – 4:00 PM
Contact: (808) 495-5113

Wailuku: 121 Mahalani Street
Monday-Friday, 7:45 AM-4:30 PM
Contact: (808) 984-2150

Community Resources at The Royal Lahaina



Increased Behavioral Health Support

Funding additional staff and resources for providers to offer more individual, family and group therapy, crisis care and support.

Maui Community Resiliency Center

Creating a safe place to talk story, get support and connect to housing, health and other free resources. Community input drives the program design.

Survivors Become Peer Supports

Funding training for residents to become peers helping with health-related needs, resource connections and long-term, supportive outreach.

Skills and Resilience Training for Helpers

Building helpers' skills to recharge and provide high quality healthcare that meets the needs of a diverse community.

Wellness Activities & Events

Organizing fun events and workshops offering resources and education to build long-term coping, wellness and resilience.

HAWAI'I STATE DEPARTMENT OF HEALTH
BEHAVIORAL HEALTH ADMINISTRATION
SAMHSA EMERGENCY RESPONSE GRANT (SERG) PROJECT

Supporting Maui's Fortitude and Community Revitalization

Contacts: **Trever Davis trever.davis@doh.hawaii.gov;**
Amy Petersen amy.petersen@doh.hawaii.gov

- **Train community members who wish to learn more about suicide prevention and awareness, mental health and substance use issues, or how to better cope themselves.**

- **Support-Based and Suicide Prevention & Intervention <u>Workshops Open and Free to Community Members</u>:**

Survivors Become Peer Supports

Funding training for residents to become peers helping with health-related needs, resource connections and long-term, supportive outreach.

Workshop	Length	Description
Wellness with Aloha	1.5 hours	Identify stress in ourselves and others while discussing strategies to help one another.
Psychological First Aid	2.5 hours	Orient helpers to offer humane, supportive and practical assistance for people who are distressed in ways that respect dignity, culture and abilities.
safeTALK	4 hours	Be more alert to someone thinking of suicide and learn how to connect them with further help.
Youth Mental Health First Aid	8 hours	Teaches parents, family, caregivers, teachers, peers and caring citizens to help an adolescent experiencing a mental health or addictions challenge or crisis.
Mental Health First Aid	8 hours	Teaches how to identify, understand, and respond to signs of mental health and substance use challenges.
Applied Suicide Intervention Skills Training (ASIST)	16 hours (2 days)	Recognize when someone may be thinking of suicide, learn how to provide a skilled intervention and develop a safety plan for further support.

SAMHSA Emergency Response Grant (SERG) Data

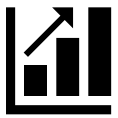
Month Ending

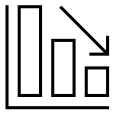
June 2024

Papa Ola Lōkahi
Nānā I Ka Pono Na Mā

MONTHLY OVERVIEW, JUNE 2024
TOTALS BY ACTIVITY TYPE, BY MONTH

Activity	JAN 2024	FEB 2024	MAR 2024	APR 2024	MAY 2024	JUN 2024	Grant Total
Individuals Served	0	33	1,292	1,288	1,769	2,679	**7,061**
Families Served	0	33	274	278	1,038	1,265	**2,888**
Behavioral Health Services *[Clinical Appts.]*	0	2	1,062	1,206	1,172	1,004	**4,446**
Traditional Healing, Cultural & Holistic Practices, Wellness Events *[Non-Clinical Appts.]*	0	5	145	183	369	218	**920**
Events Hosted	0	2	28	51	73	63	**217**
Materials/Items Produced	0	50	45	76	131	352	**656**
Trainings Held	0	2	6	11	7	7	**33**
Training Participants	0	33	282	221	148	238	**922**



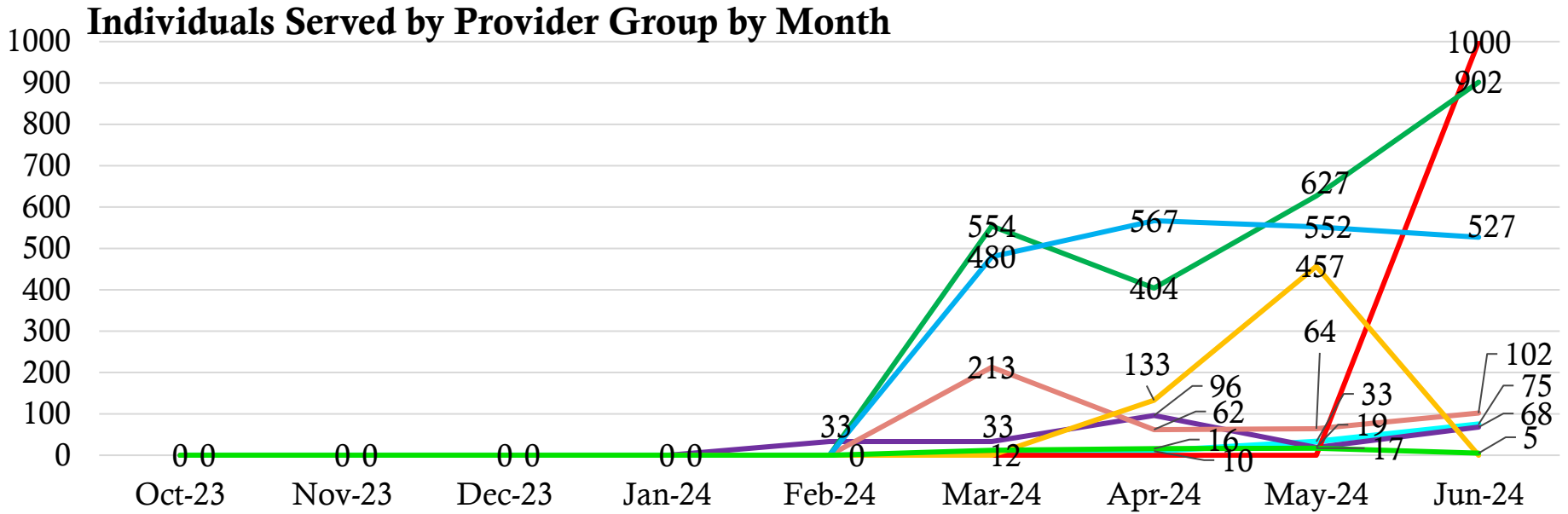


QUARTERLY OVERVIEW, CY24Q2
TOTALS BY ACTIVITY TYPE, BY QUARTER

Activity	CY23 Q4 Oct – Dec	CY24 Q1 Jan – Mar	CY24 Q2 Apr – Jun	Grant Total to Date
Individuals Served	0	1,325	5,736	**7,061**
Families Served	0	307	2,581	**2,888**
Behavioral Health Services *[Clinical Appts.]*	0	1,064	3,382	**4,446**
Traditional Healing, Cultural & Holistic Practices, Wellness Events *[Non-Clinical Appts.]*	0	150	770	**920**
Events Hosted	0	30	187	**217**
Materials/Items Produced	0	95	561	**656**
Trainings Held	0	8	25	**33**
Training Participants	0	315	607	**922**

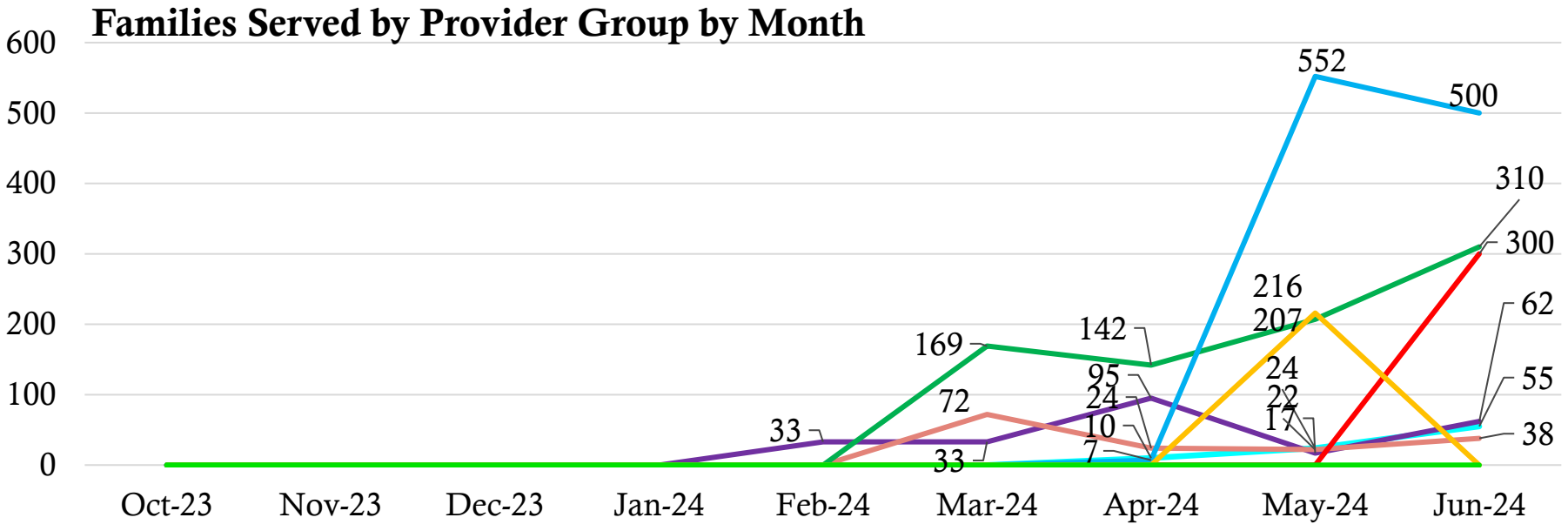
INDIVIDUALS SERVED BY PROVIDER GROUP

- Most providers began grant-funded services in March
- Data covers all populations (adults, children & adolescents)



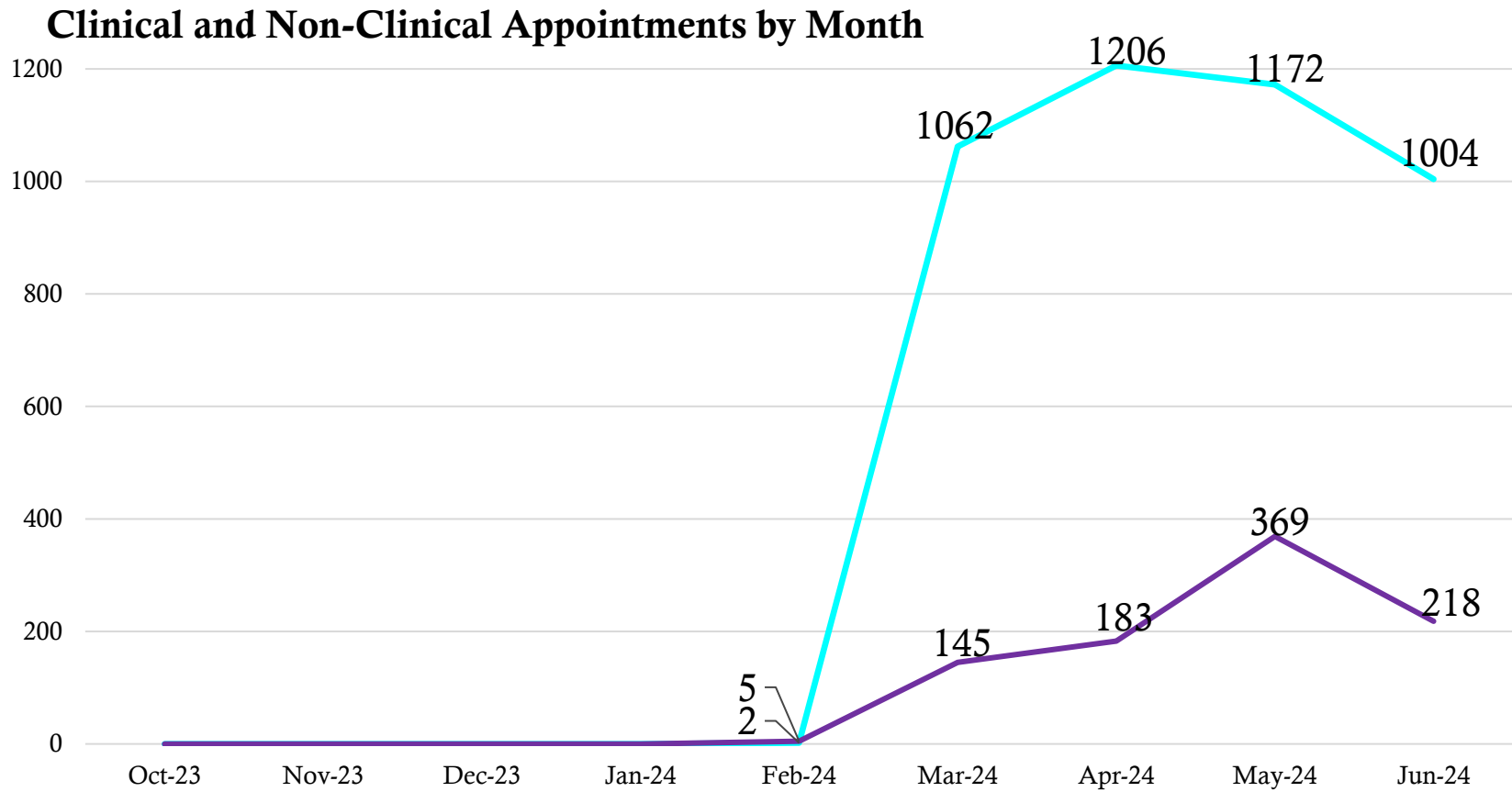
	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Aloha House	0	0	0	0	0	0	10	33	75
Hawai‘i Center for Children and Families (HCCF)	0	0	0	0	33	33	96	19	68
Hoaka Mana	0	0	0	0	0	213	62	64	102
Kula No Na Po‘e Hawai‘i (KULA)	0	0	0	0	0	0	0	0	1000
Maui Family Support Services	0	0	0	0	0	554	404	627	902
Mindful Living Group	0	0	0	0	0	480	567	552	527
Pacific Counseling Group	0	0	0	0	0	0	133	457	0
YMCA	0	0	0	0	0	12	16	17	5

FAMILIES SERVED BY PROVIDER GROUP



	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Aloha House	0	0	0	0	0	0	10	24	55
Hawai‘i Center for Children and Families (HCCF)	0	0	0	0	33	33	95	17	62
Hoaka Mana	0	0	0	0	0	72	24	22	38
Kula No Na Po‘e Hawai‘i (KULA)	0	0	0	0	0	0	0	0	300
Maui Family Support Services	0	0	0	0	0	169	142	207	310
Mindful Living Group	0	0	0	0	0	0	7	552	500
Pacific Counseling Group	0	0	0	0	0	0	0	216	0
YMCA	0	0	0	0	0	0	0	0	0

CLINICAL AND NON-CLINICAL APPTS. BY MONTH



	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Clinical Appointments	0	0	0	0	2	1062	1206	1172	1004
Non-Clinical Appointments	0	0	0	0	5	145	183	369	218

Events Hosted	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**	**Apr-24**	**May-24**	**Jun-24**	**Total**
Aloha House	0	0	0	0	0	0	2	7	10	**19**
Collaborative Support Services	0	0	0	0	0	0	0	0	0	**0**
Guardian Revival	0	0	0	0	0	0	0	0	0	**0**
Hawai‘i Center for Children and Families (HCCF)	0	0	0	0	2	1	10	18	21	**52**
Hawai‘i Psychological Association (HPA)	0	0	0	0	0	0	0	0	0	**0**
Hoaka Mana	0	0	0	0	0	4	4	8	4	**20**
Kula No Na Po‘e Hawai‘i (KULA)	0	0	0	0	0	0	0	0	2	**2**
Maui Family Support Services	0	0	0	0	0	20	29	30	23	**102**
Mindful Living Group	0	0	0	0	0	0	1	2	3	**6**
Pacific Counseling Group	0	0	0	0	0	0	0	5	0	**5**
YMCA	0	0	0	0	0	3	5	3	0	**11**
Monthly Totals	0	0	0	0	2	28	51	73	63	**217**
Quarterly Totals		0			30			187		

What We Have Learned

Effective Solutions

- Outreach in multiple state & federal departments; coordinated communication
- Crisis response & education

Ongoing Challenges

- Cultural sensitivity in approach to mental health recovery
- Social components CRITICAL to ongoing recovery
- Reframing behavioral health as wellness activities
- Compassion fatigue in existing providers

In Development & Future Directions

2023 - 2025

Ka’anapali Campus

Community Resilience Center

- Healing Service Center
- Mental and Behavioral Health
- Community Gathering Space
- Community Meeting Space
- Community Gardens
- Food Basket Distribution

Healing Through Connections

Improving Wellness For All

Gathering,
Providing Social Opportunities,
Sharing Support & Experiences,
Learning & Growing Together

- Wellness Fairs & Community Events
- Behavioral Health & Wellness Services
- Community-Based Peer Supports
- Traditional Healing Practices & Events
- Helping Healers Heal – Support & Trainings

TAKEAWAYS:

- **Slow Shift from Grief & Stabilization to Post-Traumatic Growth**
- **System Sustainability Depends on Communication Among Partners & Resources (BH, Support, Community/SDOH)**
- **Help the Helpers! (Skills, Burnout)**

KE OLA HOU Community Resiliency Center

In the aftermath of the catastrophic wildfires that ravaged Maui, the community is committed to **forging a path to recovery and resilience** through the establishment of the Ke Ola Hou (KOH) Community Resiliency Center. Inspired by other successful models of post-disaster hubs for **behavioral health and community resources**, KOH is designed as a cornerstone of Lahaina's rebuilding and permanent connection-building efforts. KOH provides all-embracing activities to meet both current and long-term needs of its residents. The mission supports an **efficient, resilient, and sustainable** rebuild of Lahaina that **restores the strength, connections, and spirit of its people**.

Ke Ola Hou's programming and any future location(s) are determined through direct input of Maui County's impacted communities. The facility and its operations are guided and supported through generous donations of time, energy and funding from its ever-growing list of partner agencies:

Native Hawaiian Education Association · County of Maui · Hawaii State Department of Health · Rotary District 5000 · Kaiser Permanente · Alano Club of Lahaina · Na Mea Ike Ia · Punawai · Papa Ola Lōkahi Nānā I Ka Pono Na Mā · SAMHSA Substance Abuse and Mental Health Services Administration

Our resilient community will heal from the past, connect and grow in the present, and prepare for the future. Together.

Updated 5/22/2024

This document was made possible, in part, by Hawai'i Department of Health Grant Number 6H07SM089538 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions or policies of SAMHSA, or the U.S. Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions or policies of above partner agencies.

Contact:
Trever Davis, Project Director [trever.davis@doh.hawaii.gov]
Hawai'i State Department of Health, BH Administration

Hawaii Division of Vocational Rehabilitation (DVR) Report
State Council on Mental Health
August 13, 2024

Data Report for July 1 to September 30, 2024 (PY24 Q1)

Total PY24 Served				
	Q1	Q2	Q3	Q4
VR Participants (VR Case Type)	3203			
Potentially Eligible: Students with Disabilities (not VR Participants)	909			
TOTAL	4112	0	0	0

Disability								
Primary Disability Type Group	Q1	Percent	Q2	Percent	Q3	Percent	Q4	Percent
	July – Sept.		Oct. – Dec.		Jan - Mar		April - Jun	
(01-02) Visual	252	7.87						
(03-09) Auditory or Communicative	322	10.05						
(10-16) Physical	538	16.8						
(17) Cognitive	1082	33.78						
(18-19) Psychological or Psychosocial	1009	31.5						
TOTAL	3203	100						

Applications					
by Branch	Q1 July – Sept.	Q2 Oct. – Dec.	Q3 Jan - Mar	Q4 April - Jun	TOTAL
Oahu (OB & SBB)	71				
Hawaii	5				
Maui					
Kauai					
TOTAL	76				

Eligibility Determination					
by Branch	Q1 July – Sept.	Q2 Oct. – Dec.	Q3 Jan - Mar	Q4 April - Jun	TOTAL
Oahu (OB & SBB)	61				
Hawaii	3				
Maui	1				
Kauai					
TOTAL	65				
COMPLIANCE RATE					

Individualized Plan for Employment Developed					
by Branch	Q1 July – Sept.	Q2 Oct. – Dec.	Q3 Jan - Mar	Q4 April - Jun	TOTAL
Oahu (OB & SBB)	66				
Hawaii	0				
Maui	0				
Kauai	0				
TOTAL	66				
COMPLIANCE RATE					

Successful Employment Outcomes					
by Branch	Q1 July – Sept.	Q2 Oct. – Dec.	Q3 Jan - Mar	Q4 April - Jun	TOTAL
Oahu (OB & SBB)	5				
Hawaii	1				
Maui	0				
Kauai	0				
TOTAL	6				

Employment at Exit - Participants			
Employment at Exit	Individuals	Median Hours	Median Wage
Office Clerks, General	2	36	22.39
Landscaping and Groundskeeping Workers	1	4	28.85
Hairdressers, Hairstylists, and Cosmetologists	1	35	52.75
Janitors and Cleaners, Except Maids and Housekeeping Cleaners	1	40	16
Childcare Workers	1	30	16
Total	6	33.5	22.43

Vacancy Report *DVR is actively hiring qualified individuals for various positions.*	
Staff Vacancies as of 8/6/24	
County/Office	**Vacancies**
Oahu/Administration and Staff Services Office	**6**
Oahu Branch	**21.5**
Statewide - Services for the Blind Branch (Ho'opono)	**7**
Hawaii Branch (Hilo/Kona)	**3**
Maui Branch (Maui, Molokai/Lanai)	**3**
Kauai	**4.5**
Total	**45 vacancies/111**