State Council on Mental Health Meeting

December 9, 2025

Meeting Packet Materials

Public Notice and Agenda

2024 Strategic Planning Retreat Goals and Objectives

Member Report -DOH

Member Report – VocRehab

Preliminary Draft – SCMH Annual Report

JOSH B. GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAI'I

KATHERINE AUMER, Ph.D.
COUNCIL CHAIRPERSON
LUNA HO'OMALU O KA PAPA

STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378

STATE COUNCIL ON MENTAL HEALTH MEETING
Tuesday, December 9, 2025, 8:45 a.m. to 3:00 p.m.
Conference Room #4, Terminal 1 Seventh Floor, Daniel K. Inouye International Airport
300 Rodgers Boulevard Honolulu Hawaii 96819

AGENDA

I. Call to Order
This meeting will be chaired and facilitated by SCMH Chairperson with staff support

II. **Roll Call**
By SCMH Secretary

III. Welcome
A. Self- introductions -members and guests
B. Review of Agenda and Protocols

IV. Workforce Futures: Presentations, Conversation & Pathways Forward

A. Presentation and Q&A
The State of our State: Introduction to Labor Analytics for Mental Health Care
Scott Murakami, DOH Public Health Infrastructure Grant Workforce Director

B. Presentation and Q&A
Growing Talents at Home: The Mental Health Technician Path
Christine Park, Ph.D. and Audrey Marie Duque
Windward Community College

C. Insight Exchange – Council Discussion with Presenters and Community Feedback

STATE COUNCIL ON MENTAL HEALTH PLANNING MEETING
Tuesday, December 9, 2025, 8:45 a.m. to 3:00 p.m.

V. Oral Report Presentations

A. State of the Sector: What's Moving Behavioral Health Forward?
-Report from Health Sector member

B. Mapping Our Mandate: Crafting the 2026 Report for State Leaders
-Discussion, Recommendations, and Approval

C. Community Input

VI. SCMH Retreat Goals & Year 2 - Discussion, Prioritization, Recommendations

A. *Navigating the Road Ahead: What's Shaping Mental Health in Our State?*
What we know about forces, trends, and realities that define our Year 2 landscape

B. T*he Priority Pulse Check: Setting Our Compass for Year* 2
-What we must do, What we can't do, What we would love to do

C. *Charting the Course: Council Recommendations for Impactful Action*

D. Community Input

VII. Special Training and Activity

I Ka wā ma mua I ka wā ma hope

with Dr. Dayna Schultz, Psy.D, LCSW, CSAC

VIII. Adjournment

A. Announcements and Presentation – Mental Health Care Community Events and Informational Tools
B. Next Meeting

NOTE: THIS MEETING WILL BE RECORDED

STATE COUNCIL ON MENTAL HEALTH PLANNING MEETING
Tuesday, December 9, 2025, 8:45 a.m. to 3:00 p.m.

HOW TO PROVIDE TESTIMONY/COMMUNITY INPUT:
Written testimony can be emailed to the Council at doh.scmhchairperson@doh.hawaii.gov, mailed or delivered in person to DOH AMHD Hale F Office (Attn: SCMH), 2201 Waimano Home Road, Pearl City, Hawaii , 96782. Oral testimony will be accepted in person at the physical meeting location, as listed on page 1. Oral testimony will be limited to three (3) minutes per person per agenda item or community issue.

HOW TO REQUEST ACCOMMODATION: If you need an auxiliary aid/service or other accommodation due to a disability, please contact please contact the HDOH Non-Discrimination Coordinator, located at 1250 Punchbowl Street, Honolulu, HI 96813 (Phone: (808) 596-4400 or email: doh.nondiscrimination@doh.hawaii.gov as soon as possible. Requests made as early as possible have a greater likelihood of being fulfilled. Upon request, this notice is available in alternate/accessible formats.

The Hawaii Department of Health does not discriminate on the basis of race, color, sex, national origin, age, or disability, or any other class as protected under applicable federal or state law, in administration of its programs, or activities, and, the Department of Health does not intimidate or retaliate against any individual, or group because they have exercised their right to participate in actions protected, or opposed actions prohibited, by 40 C.F.R. Parts 5 and 7, or for the purpose of interfering with such rights. If you have any questions about this notice or any of the Department's non-discrimination programs, policies, or procedures, you may contact:
Valerie Kato, Acting Non-Discrimination Coordinator
Hawaii Department of Health 1250 Punchbowl Street, HI 96813
(808) 586-4400
doh.nondiscrimination@doh.hawaii.gov

MEETING MATERIALS AND OTHER INFORMATION:
The meeting packet will be posted on the Council's website at https://scmh.hawaii.gov/meetings at least three full business days before the meeting. Written testimony will also be posted on the Council's website as it is received. You may also find links to previous Council meeting materials.

#end#

State Council on Mental Health
May 14, 2024 Strategic Planning Retreat

	Three Year Goal	One Year Objectives	Immediate Actions
#1	Increase Council's effectiveness.	• Expand Council voices and views • Improve onboarding	• Volunteers from the Council will engage in targeted outreach, seeking more voices for corrections, youth, kupuna, Native Hawaiians, LGBTQ+, and first responders • Create an SCMH introductory brochure, the first step will be updating of the SCMH website, and AMHD filling its communication specialist position
#2	Improve equity in access to care.	1. Develop an improved plan for the delivery of mental health services in rural areas.	Create an action committee for next steps

	Three Year Goal	One Year Objectives	Immediate Actions
#3	More complete mapping of statewide mental health challenges and resources.	1. Compose an updatable resource directory of services that can be accessed and displays the full life cycle of care ("keiki to kupuna") 2. Study and then decide on what key (and minimal and updatable) data sets are needed to visually display mental health in Hawaii. 3. Review and where possible upgrade website and social media presence.	• Work with Mental Health America of Hawaii for an updatable resource directory of services from keiki to kupuna, working to include what will be helpful for each local area/county/island • Create a committee, work group, or permitted interaction group to propose a short list of possible data sets. • Explore possible private and public sources of funding for both objectives.
#4	Attack workforce development challenges.	1. Determine ways higher pay rates for service providers may be achieved by analyzing - Career pathways and glidepaths - State DHRD recruitment - Providers' rate studies - Department of Health salaries -Barriers to reimbursement 2. Monitor implementation of House Bill 1830 (provisional licensing)	• Create an action committee to determine next steps • Invite subject matter experts to present at Council meetings

	Three Year Goal	One Year Objectives	Immediate Actions
#5	Improve comprehensive care coordination.	• Identify new funding sources for group homes. • Meet with insurance providers to review the different parts of the care coordination system (its dimensions, services, and providers) to discuss reimbursement policies.	• Appoint a subgroup to look into this. • Set up council meetings with invited insurers.

This version finalized and approved on August 13, 2024

State Mental Health Council

DOH Report - 12/09/2025

Adult Mental Health Division

- Basic data related to number of consumers served as of 11/25/25:
  - SFY 2025 Hawaii State Hospital Census (Patients served) = 764
  - SFY 2025 Community Mental Health Center Census (Consumers served) = 3,546
  - SFY 2025 Contracted Purchase of Service (Private Providers) Census (Consumers served) = 5,166
  - SFY 2025 Hawaii CARES 988 Inbound Calls, Texts, and Chats = 102,718
    - Total National Suicide Prevention Line/988 Calls = 24,582
    - Average # of all calls per month = 8,549
    - Average # of texts/chats per month = 635
    - Average # of Crisis Mobile Outreach responses per month = 569

- Highlights of the division
  - The Adult Mental Health Division, Community Mental Health Centers received a three (3) year reaccreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF). Subsequently, AMHD completed a statewide CARF training, which was conducted by the author of the CARF standards annual updates, to set the foundation for incorporating the ASPIRE to Excellence model into our operating culture.
  - Building the infrastructure for peer specialists through an affiliation agreement with Waianae Coast Comprehensive Health Center (via funding through CDC) to provide one year paid internships for peer specialists.
  - AMHD opened the Behavioral Health Crisis Center (BHCC) in March 2024. Since its opening, the BHCC has had 2,628 admissions (as of October 31, 2025), with the majority of referrals from community/walk-ins (74.0%) and crisis mobile outreach (11.9%).

- New projects
  - AMHD received a Certified Behavioral Health Clinic (CCBHC) Planning grant, which is being used to conduct statewide and clinic CCBHC needs assessments.
  - Rate study is in progress to assist with revision of rates and allow payment for contracted services to be competitive.
  - Maui county hosted the mental health and criminal justice conference to review and explore possible intercept model points for action.
  - Kauai county has been engaging stakeholders to improve adult behavioral health services.

Alcohol & Drug Abuse Division

- **Data point(s) about persons served in 2025. The who, where, what, & why of your division for 2025**
    - ADAD's mission is to provide the leadership necessary for the development and delivery of quality substance abuse prevention and treatment services for Hawaii residents. ADAD's primary functions include: grants and contracts management; clinical consultation; quality assurance, which encompasses training, accreditation of substance abuse treatment programs, certification of substance abuse counselors and program administrators, monitoring implementation of prevention activities and treatment services; policy development; planning and coordination of services; and information systems management (i.e., treatment client data system, prevention minimum data set, and needs assessments for substance abuse prevention and treatment services).
    - For SFY2025, our service providers admitted 1,193 adult and 554 adolescents to residential, outpatient, day treatment and therapeutic living programs.
    - For SY2025, our prevention providers served 403,398 children, youth, and adults directly and indirectly through individual-based and population-based prevention programs, strategies, and activities.

- **Special projects that did occur and are occurring for 2025 in your division**
    - Successfully launched Phase 1 of the new case management system called INSPIRE PLUS in late Oct. 2025 and are currently working on bug fixes and system enhancements, as well as continuing to assist users to learn the new system.
    - Development of a pilot project for a homeless triage program established by the Legislature.

- **Key challenges your division faces and how you are addressing them**
    - Continued education of clinicians and prevention specialists in use of the new system
    - Preparing for pre-approvals to expand INSPIRE PLUS to the next few phases, and continuing to meet the many discovery and development deadlines

- **Legislative priorities for the upcoming Leg session**
    - Requesting an increased appropriation for (1) the expansion of substance use treatment and recovery programs, and (2) to expand substance misuse prevention programs.
    - Add funds to cover full year salary for two 1.0 FTE positions transferred from AMHD to provide higher-level IT services for INSPIRE PLUS.

Child & Adolescent Mental Health Division

- Data about persons served in 2025.
    - During the state fiscal year 2025 (07/2024 – 06/2025), CAMHD served 1,674 youth across the state, plus an additional 311 youth who received Crisis Mobile Outreach (CMO) services. Of youth who received CAMHD services (not including CMO), the average age was 13.79 (SD = 3.49), ere 46.58% female, and primarily multiethnic (54.2%). CAMHD clients typically had a primary diagnosis of a trauma- and stressor-related disorder (34.7%), a depressive disorder (20%), or a disruptive behavior, impulse-control or conduct disorder (16.7%).
- Procured services were provided in both in-home (n = 825), out-of-home (n = 129), and out-of-state (n = 8) settings and included supports such as youth peer partner (n = 68).
- Additionally, CAMHD staff provided care coordination (n = 1595), assessment (n = 255), outpatient treatment (n = 127), and medication management (n = 182) service. CAMHD staff also provided specialized trauma-focused treatment services for those who identify as girls (n = 23) and served clients with first-episode psychosis (n = 24).
- Special Projects
    - SAMHSA Children's Mental Health Initiative Grant pilot sites on Maui and in East Hawaii, and will focus on workforce development, crisis response and suicide prevention, and culturally responsive models of care.
    - Psychiatry Redeployment
- Leadership met with staff and stakeholders to redefine the role of the CAMHD child psychiatrists so they are practicing at the top of their license (in other words, focused on doing things that only a child psychiatrist can do, since we have a limited number of them).
    - The intention is to ensure every youth will have easy access to a CAMHD psychiatrist for direct care and/or consultation
- Increased reimbursement rates for contracted providers were approved by the legislature in FY24 and took into effect in FY25.
- Leading Innovation in Keiki Outcomes:
    - CAMHD has developed and is implementing a value-based payment program for providers of intensive in-home services, which includes intensive in-home therapy (IIH), intensive independent living skills (IILS), and adaptive behavioral intervention (ABI). The purpose of this program, Leading Innovation and Keiki Outcomes (LIKO) is to incentivize and reward individual therapists and provider agencies for delivering high quality services and aligning to evidence-based practices.
- Key Challenges
    - Waitlists for services are common especially on Neighbor Islands
    - Service limited in some areas (only tele-health being provided)
        - How we are addressing them
            - Rate increase to attract more providers
            - Value-Based Payment program Leading Innovation in Keiki Outcomes starting soon we can pay providers for improving the quality of their services.
- Legislative priorities
    - Our FY25 request to the legislature for clinical psychologists and administrative support staff positions did not make it to the legislature; we will be trying again in the upcoming session

Developmental Disabilities Division

DDD DATA FACTBOOK 2024

The DDD Data Factbook 2024 is now available! This resource, created by the University of Hawai'i's Office of Evaluation and Analytics for Intellectual/Developmental Disabilities (OEAIDD) in collaboration with the Hawai'i's Developmental Disabilities Division (DDD), provides a snapshot of who DDD serves, the diagnoses and support needs of participants, and the services authorized across Hawai'i during fiscal year 2024 (July 1, 2023-June 30, 2024). It is designed to help staff, providers, and families use data to inform planning, quality improvement, and advocacy for individuals with intellectual and developmental disabilities. We encourage you to explore the factbook and use it as a tool to guide your work and conversations about supporting this community.
https://health.hawaii.gov/ddd/news/ddd-data-factbook-2024/

MOVING FORWARD REPORT

The Department of Health, Developmental Disabilities Division (DDD) is pleased to share *Moving Forward*. Over the past ten years, DDD has taken significant steps to transform how we support individuals with intellectual and developmental disabilities across the state of Hawai'i. Guided by a vision of inclusion, dignity, and independence, we have worked diligently to improve service delivery, expand person-centered approaches, and strengthen operational efficiencies. Today, our system serves over 3,500 individuals statewide, each with unique needs and aspirations.

The *Moving Forward* report highlights not only the measurable progress we have achieved, but also the lessons learned along the way. From implementing evidence-based practices to enhancing provider partnerships, our efforts have centered on ensuring that every person we serve has access to meaningful opportunities, supportive communities, and quality services. These changes have been made possible through the dedication of families, providers, advocates, and stakeholders who continue to collaborate with us to shape a system that is more responsive and inclusive.
https://health.hawaii.gov/ddd/news/moving-forward-report/

Hawaii Divisional of Vocational Rehabilitation (DVR) Report

State Council on Mental Health – 12/09/25

Data Report as of 12/02/25 for October 1 to December 31, 2025 (PY25 Q2)

PY25 Served				
	Q1	Q2	Q3	Q4
VR Participants	3698	3591		
PE Participants (SWD)	1103	1111		
Total	4801	4630	0	0

PY25 Disability								
Primary Disability Type Group	Q1	%	Q2	%	Q3	%	Q4	%
(01-02) Visual	309	8.36	317	8.83				
(03-09) Auditory or Communicative	564	15.25	595	16.57				
(10-16) Physical	592	16.01	565	15.73				
(17) Cognitive	1140	30.83	1088	30.3				
(18-19) Psychological or Psychosocial	1093	29.56	1026	28.57				
Total	3698	100	3591	100	0	0	0	0

HDVR Statewide Data
PY25 / SFY26
7/1/25 - 6/30/26

7/1/25 to 12/2/25	Applications					Eligibility					IPE Developed					Closed-Rehab					Closed-Other				
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD
Oahu Branch																									
OB Section 1(Kapolei)	37	27			64	40	25			65	41	25			66	18	4			22	140	21			161
OB Section 2 (Transition)	46	31			77	34	27			61	36	21			57	13	10			23	18	8			26
OB Section 3 (Honolulu)	49	27			76	42	35			77	37	37			74	17	11			28	107	76			183
Deaf Services Section	2	3			5	4	1			5	5	2			7	3	0			3	6	5			11
Total	**134**	**88**	**0**	**0**	**222**	**120**	**88**	**0**	**0**	**208**	**119**	**85**	**0**	**0**	**204**	**51**	**25**	**0**	**0**	**76**	**271**	**110**	**0**	**0**	**381**
Services for the Blind Branch																									
Counseling Section	13	4			17	11	5			16	7	4			11	0	1			1	7	2			9
Total	**13**	**4**	**0**	**0**	**17**	**11**	**5**	**0**	**0**	**16**	**7**	**4**	**0**	**0**	**11**	**0**	**1**	**0**	**0**	**1**	**7**	**2**	**0**	**0**	**9**
Maui Branch																									
Maui Office	42	31			73	42	33			75	41	35			76	5	5			10	29	4			33
Molokai Office	0	0			0	0	0			0	0	0			0	0	0			0	0	0			0
Total	**42**	**31**	**0**	**0**	**73**	**42**	**33**	**0**	**0**	**75**	**41**	**35**	**0**	**0**	**76**	**5**	**5**	**0**	**0**	**10**	**29**	**4**	**0**	**0**	**33**
Hawaii Island Branch																									
Hilo Office	29	10			39	28	6			34	22	11			33	1	1			2	8	5			13
Kona Office	5	3			8	6	5			11	3	4			7	5	2			7	2	3			5
Total	**34**	**13**	**0**	**0**	**47**	**34**	**11**	**0**	**0**	**45**	**25**	**15**	**0**	**0**	**40**	**6**	**3**	**0**	**0**	**9**	**10**	**8**	**0**	**0**	**18**
Kauai Branch																									
Kauai Section	18	5			23	13	10			23	7	11			18	1	1			2	2	3			5
Total	**18**	**5**	**0**	**0**	**23**	**13**	**10**	**0**	**0**	**23**	**7**	**11**	**0**	**0**	**18**	**1**	**1**	**0**	**0**	**2**	**2**	**3**	**0**	**0**	**5**
Statewide Total	**241**	**141**	**0**	**0**	**382**	**220**	**147**	**0**	**0**	**367**	**199**	**150**	**0**	**0**	**349**	**63**	**35**	**0**	**0**	**98**	**319**	**127**	**0**	**0**	**446**

Q1: Successful Closure in Competitive Integrated Employment (CIE) 7/1/25 – 9/30/25			
Job Title	**Participant**	**Wage**	**Hour Worked**
Aerospace Engineers	1	45.10	40.00
Bookkeeping, Accounting, and Auditing Clerks	1	17.31	20.00
Building Cleaning Workers, All Other	1	14.00	20.00
Cashiers	3	16.54	23.67
Chemical Technicians	1	28.00	40.00
Childcare Workers	1	16.85	40.00
Cleaners of Vehicles and Equipment	1	16.00	25.00
Combined Food Preparation and Serving Workers, Including Fast Food	1	16.00	15.00
Computer and Information Systems Managers	2	47.08	40.00
Computer Network Support Specialists	1	17.99	40.00
Construction and Building Inspectors	1	20.19	40.00
Cooks, Institution and Cafeteria	1	27.48	40.00
Customer Service Representatives	2	14.00	31.00
Dining Room and Cafeteria Attendants and Bartender Helpers	1	14.00	40.00
Dishwashers	2	18.00	36.50
Facilities Managers	1	40.00	40.00
First-Line Supervisors of Housekeeping and Janitorial Workers	1	18.94	40.00
First-Line Supervisors of Production and Operating Workers	1	19.62	40.00
Flight Attendants	1	60.02	26.00
Food Preparation and Serving Related Workers, All Other	2	17.87	40.00
General and Operations Managers	1	100.00	40.00
Healthcare Practitioners and Technical Workers, All Other	1	20.00	30.00
Healthcare Social Workers	1	23.08	40.00
Helpers--Painters, Paperhangers, Plasterers, and Stucco Masons	1	30.03	40.00
Hotel, Motel, and Resort Desk Clerks	1	40.00	40.00
Human Resources Managers	1	25.96	40.00
Janitors and Cleaners, Except Maids and Housekeeping Cleaners	6	16.56	25.67
Landscaping and Groundskeeping Workers	3	16.40	21.67
Managers, All Other	1	24.48	40.00
Medical Scientists, Except Epidemiologists	1	40.00	40.00
Mobile Heavy Equipment Mechanics, Except Engines	1	43.10	40.00
Occupational Health and Safety Technicians	1	46.34	40.00
Office and Administrative Support Workers, All Other	2	18.83	40.00
Office Clerks, General	1	17.00	40.00
Packers and Packagers, Hand	1	19.00	30.00
Pharmacists	1	87.08	40.00
Postal Service Mail Carriers	1	28.85	40.00
Probation Officers and Correctional Treatment Specialists	1	53.84	40.00

Producers and Directors	1	64.90	40.00
Production Workers, All Other	1	15.50	20.00
Property, Real Estate, and Community Association Managers	1	92.31	10.00
Sales Representatives, Wholesale and Manufacturing, Except Technical and Scientific Products	1	40.00	40.00
Secretaries and Administrative Assistants, Except Legal, Medical, and Executive	1	17.73	40.00
Shuttle Drivers and Chauffeurs	1	14.00	25.00
Stock Clerks and Order Fillers	1	14.00	40.00
Substance Abuse and Behavioral Disorder Counselors	1	28.85	40.00
Tax Preparers	1	55.38	10.00
Teachers and Instructors, All Other	1	45.85	18.00
Teaching Assistants, Preschool, Elementary, Middle, and Secondary School, Except Special Education	1	16.50	40.00
Average Total	**63**	**28.63**	**32.92**
Median Total	**63**	**20.19**	**40.00**

Q2: Successful Closure in Competitive Integrated Employment (CIE)
10/1/25 – 12/02/25

Job Title	Participant	Wage	Hours Worked
Adult Basic and Secondary Education and Literacy Teachers and Instructors	1	20.00	40.00
Aircraft Cargo Handling Supervisors	1	27.05	40.00
Bus Drivers, School	1	22.00	20.00
Business Operations Specialists, All Other	1	28.85	40.00
Childcare Workers	1	14.00	30.00
Civil Engineers	1	29.50	40.00
Cooks, Restaurant	1	15.00	30.00
Dishwashers	1	14.00	40.00
Electricians	2	45.50	40.00
First-Line Supervisors of Construction Trades and Extraction Workers	1	43.96	40.00
First-Line Supervisors of Helpers, Laborers, and Material Movers, Hand	1	41.13	40.00
First-Line Supervisors of Office and Administrative Support Workers	1	30.00	35.00
Fitness Trainers and Aerobics Instructors	1	22.59	30.00
Flight Attendants	1	90.00	10.00
General and Operations Managers	1	69.71	40.00
Hairdressers, Hairstylists, and Cosmetologists	1	14.00	24.00
Health Information Technologists and Medical Registrars	1	37.95	40.00
Human Resources Specialists	1	26.70	40.00
Landscaping and Groundskeeping Workers	2	14.11	27.50

Medical and Clinical Laboratory Technicians	1	18.40	40.00
Nursing Assistants	1	17.94	40.00
Occupational Health and Safety Technicians	1	24.57	40.00
Office and Administrative Support Workers, All Other	1	27.00	40.00
Physicists	1	76.92	40.00
Producers and Directors	1	28.19	40.00
Retail Salespersons	1	14.77	18.00
Sales Representatives, Wholesale and Manufacturing, Except Technical and Scientific Products	1	40.38	40.00
Security Guards	2	23.23	40.00
Social and Human Service Assistants	1	15.00	30.00
Stock Clerks and Order Fillers	2	17.85	28.00
Welding, Soldering, and Brazing Machine Setters, Operators, and Tenders	1	20.00	40.00
Average Total	**35**	**29.46**	**34.80**
Median Total	**35**	**25.64**	**40.00**

Cumulative Successful Closures in Competitive Integrated Employment (CIE) (7/1/25 to 6/30/26)			
	Participant	**Wage**	**Hours Worked**
Average Total	**98**	**30.98**	**34.38**
Median Total	**98**	**23.16**	**40.00**

Staff Vacancy Report	
DVR is actively hiring qualified individuals for various positions.	
Staff Vacancies as of 12/2/25	
County	**Vacancies**
Statewide/Administration and Staff Services Office	6
Oahu Branch	11
Services for the Blind Branch (Ho`opono)	7
Hawaii Branch (Hilo/Kona)	5
Maui Branch (Maui, Molokai/Lanai)	3
Kauai	3.5
Total	**35.5/112 (31.7% vacant)**

Note: DVR vacancy rate went up slightly since last quarter; DVR had several new hires, promotions with some exiting DVR to other DHS opportunities and a retirement during the quarter. PD updates continue to be underway with a recent finalization of our SBB/Adjustment supervisor and HB Administrator positions underway for recruitment!

REPORT TO THE THIRTY-THIRD LEGISLATURE
STATE OF HAWAI'I
2026

PRELIMINARY DRAFT
For discussion purposes only
Please do not quote

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

PREPARED BY:
HAWAI'I STATE COUNCIL ON MENTAL HEALTH

SUBMITTED BY:
STATE OF HAWAI'I
DEPARTMENT OF HEALTH
DECEMBER 2025

EXECUTIVE SUMMARY

To be completed after the SCMH December 9, 2025 Meeting

STATE COUNCIL ON MENTAL HEALTH

Vision Statement

A Hawai'i where people of all ages with mental health challenges can enjoy recovery in the community of their choice.

Mission Statement

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

The State Law

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

(1) The principal state agencies with respect to mental health, education, vocational rehabilitation, criminal justice, housing, medicaid, and social services;

(2) Public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;

(3) Adults with serious mental illnesses who are receiving, or have received, mental health services;

(4) The families of such adults or families of children with serious emotional disturbances; and

(5) The Hawai'i advisory commission on drug abuse and controlled substances who shall be a person knowledgeable about the community and the relationships between mental health, mental illness, and substance abuse.

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

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

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

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

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

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

The State Council on Mental Health ("Council") had 16 members in 2025. They are:

Katherine Aumer
Chairperson
Family member

Kathleen Rhoads Merriam
1st Vice Chairperson
Government -Behavioral Health Sector

John Betlach
2nd Vice Chairperson
Hawai'i Service Area Board

Mary Pat Waterhouse
Secretary
Family member

Tianna Celis-Webster
Member, Youth

Naomi Crozier
Family member*

Lea Dias
Government -Vocational Rehabilitation Sector

Jon Fujii
Government - MedQUEST, HACDAC

Heidi Ilyavi
Family member

Jackie Jackson
O'ahu Service Area Board

Christine Montague-Hicks
Government -Education

Ray Rice
Government - Social Services Sector

Asianna Saragosa-Torres
Member, Consumer Advocate

Marian Tsuji
Ex-Officio, DOH BHA Deputy Director

Forrest Wells
Member, Provider

Kristin Will
Judiciary Sector

Naomi Crozier completed her two terms and eight years of service. She represented a voice from Maui, and provided needed insights on Hawaiian perspectives. The Council has expressed concerned about the extended vacancies for the Housing seat, Kauai Service Area Board, and Maui Service Board. The State Council on Mental Health website has recently been updated to support recruitment for Local Service Area Boards.

Summarize meetings – no, types, success, glitches

IMPLEMENTATION OF THE STATE PLAN

Hawai‘i Revised Statutes require the State Council on Mental Health to report on the implementation of the State Comprehensive Integrated Service Plan (SCISP). Over the past decade, however, the Council's annual reporting has centered on the State's Mental Health Block Grant (MHBG) plans because the Department of Health (DOH) has provided only MHBG-related documents. In 2025, DOH again submitted MHBG Plans and Reports in lieu of a broader SCISP. Accordingly, the Council reviewed and commented on the MHBG Plan for Fiscal Years 2026–2027 (FY26–FY27) and received performance results for Year 2 of the FY24–FY25 Plan.

The Council recommends that DOH revisit the statutory requirements to determine whether updates or clarifications are needed to ensure that a full SCISP is developed. At the same time, the Council's 2025 activities illustrate that its work extends beyond MHBG review, encompassing presentations, public input, members' reports, and legislative advocacy that all inform the implementation landscape of mental health services statewide.

Mental Health Block Grant Plan

MHBG Plan FY26–FY27

The Council submitted a letter to SAMHSA recommending approval of Hawai‘i's MHBG plan and proposal (See Appendix 1). The FY26–FY27 plan outlines how DOH—through the Child and Adolescent Mental Health Division (CAMHD) and Adult Mental Health Division (AMHD)—will expand and strengthen a statewide, community-based behavioral health system. The plan describes a continuum covering crisis response, outpatient and residential care, early psychosis intervention, and services for adults with serious mental illness (SMI) and youth with serious emotional disturbance (SED). It emphasizes cross-agency collaboration among DOH, education, human services, judiciary, housing, and county governments.

CAMHD provides a range of evidence-based services through Family Guidance Centers and contracted community providers. Specialized programs include first-episode psychosis treatment (On-Track Hawai‘i), trauma-focused supports for girls (Kealahou), and targeted crisis services for multi-system-involved youth. AMHD's services include crisis lines, mobile outreach, stabilization programs, Community Mental Health Centers, case management, clubhouses, residential programs, and a pilot CCBHC model.

Despite system strengths, the plan acknowledges significant gaps: insufficient youth crisis stabilization options, long emergency room wait times, limited rural provider capacity, persistent housing barriers for adults with SMI, and workforce shortages across the continuum.

The FY26–FY27 plan is organized around four performance indicators aligned with SAMHSA priorities (See Appendix 2). Proposed MHBG investments include:

- expanding crisis response capacity;
- modernizing AMHD's electronic health record system;

- strengthening early psychosis intervention statewide;
- enhancing youth stabilization and trauma-informed supports; and
- expanding training and workforce development within CAMHD.

Both divisions are also advancing disaster-behavioral health planning, supported by Bipartisan Safer Communities Act funds. CAMHD emphasizes person-centered, evidence-based care, while AMHD continues system improvements toward CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation.

The Council recommends that the Department of Health builds on the MHBG plan to more fully meet HRS requirements for an SCISP and review the Statutes to ensure clarity and relevance.

MHBG Plan FY24–FY25 (Year 2 Performance)

The Council received a presentation on the draft MHBG 2026 Report, submitted to SAMHSA on December 1, 2025 (See Appendices 3a and 3b). Year 2 findings show system improvement in several areas, including increased consumer engagement and progress on workforce targets. However, challenges remain, particularly data lag and infrastructure limitations, insufficient youth service capacity, and unstable community tenure for the forensic population.

Although many prior performance indicators were discontinued in the FY26–FY27 Plan, the Council recommends that DOH continue monitoring progress on community tenure, workforce capacity, and other foundational measures essential to long-term system stability.

Beyond the Mental Health Block Grant Plan

In 2025, the Council used its broader authority and resources to gather statewide insights through presentations, public testimony, member reports, and legislative engagement. These activities provided essential context for understanding the State's continuum of care and informed the Council's priorities for action.

Informational Presentations

From February to December, the Council hosted presentations from hospital administrators, university researchers, disaster-response specialists, policy leaders, local government partners, and workforce strategists (See Appendix 4). These sessions deepened understanding of system strengths, emerging needs, and opportunities for cross-sector collaboration.

Early presentations centered on hospital operations, youth mental health trends, housing supports, and data on vulnerable populations. Additional briefings on CCBHC planning, rate studies, and county service area insights highlighted system-wide needs and the importance of sustainable, equitable funding structures.

Following the Maui wildfires—and amid growing workforce strain—summer presentations focused on resilience, trauma-informed recovery, and workforce wellness. Later in the year, sessions on digital therapeutics, system redesign, and workforce analytics illustrated innovative strategies to modernize care and strengthen infrastructure.

The year concluded with a focus on workforce pipeline development, offering concrete strategies for long-term capacity building.

The Council encourages broad dissemination of these findings, including through its website, to strengthen Hawai‘i’s person-centered continuum of care. The Council also submitted a letter of support for MauiWES, recognizing the need for sustained recovery resources (see Appendix 5).

Legislative Advocacy

The Council advanced its advisory role by evaluating and prioritizing bills aligned with its criteria and voting process. Appendix 6 lists all bills on which the Council provided testimony that ultimately became law.

Collectively, the measures enacted in 2025 address system needs across hospital care, crisis response, courts, youth services, aging, telehealth, homelessness, and workforce capacity. Key actions included:

- *Hospital system improvements (SB1443, SB1448):* Establishing payment rate authority, enabling long-term care placements, exempting procurement barriers, and providing emergency funding for Hawai‘i State Hospital repairs.
- *Crisis and homelessness services (HB1462, HB943):* Expanding crisis intervention sites, authorizing intensive mobile outreach, and establishing a Homeless Triage and Treatment Center Program.
- *Justice system reforms (HB727, HB280):* Permanently establishing Women’s Court and Outreach Court, including a pilot Women’s Court in Kona.
- *Population-specific supports*:
    - SB1442: Updating CAMHD responsibilities.
    - HB700: Creating standardized cognitive assessments and a dementia data pilot.
- *Telehealth access (SB1281):* Extending reimbursement for interactive telehealth through 2027.
- *Workforce capacity (SCR67):* Calling for coordinated statewide action to fill critical mental health vacancies.

The Council affirms that person-centered care and recovery depend on strengthening every part of the continuum, and it advocated for SCR67 in recognition of statewide workforce needs. (See Appendix 7)

Looking ahead, the Council’s 2026 priorities—workforce development and supportive housing—will benefit from a second strategic retreat. The Council also notes uncertainty caused by federal policy shifts and recommends continued focus on identifying realistic, high-impact strategies for system resilience.

Members’ Reports

To be expanded and summarized. Additional Review of Reports needed is in progress.

Reports highlight include:

- Federal policies and created uncertainties
- Worsening conditions and services – rural areas incl clubhouses

- Need for resources/training for staff caring for specific population
- Workforce shortages -exploration of other non-workforce supply solutions
- Supportive housing- need for clearer picture

Public Input

Throughout the year, community members raised urgent concerns about patient safety, legal protections, and transparency in Hawai‘i’s mental health system (See Appendix 8). Public testimony called for reinstating the Patient Protection Committee due to reports of overcrowding and deteriorating hospital conditions requiring significant repairs. There was repetitive expression of concern that individuals facing Assisted Community Treatment and other involuntary orders lacked guaranteed legal counsel, representing potential due process violations.

Additional concerns included inadequate medical assessments at crisis centers, severe staffing shortages, and declining recovery and life-expectancy outcomes. At the same time, personal testimonies emphasized the value of culturally grounded recovery supports and evidence-based treatment. The public consistently urged stronger oversight, restored legal safeguards, improved transparency, and meaningful reforms to create a rights-respecting behavioral health system.

THE IMPLEMENTATION LANDSCAPE

Plans, policies, and communication set forth the system’s intended direction, and the implementation landscape demonstrates how success looks likes and what it requires in the case of step-down services after hospital treatment. Another takes a look at the importance of psychosocial services in terms of clubhouses.

Step-Down Services Journey: Hospitalization to Independent Living

(*To be finalized pending additional provider and consumer details; identifying information has been removed.*)

> Mr. O’s involvement with the justice system and psychiatric hospitalizations began in 2006. After nearly a decade outside AMHD services, he returned in 2017 through the *Hawai‘i State Hospital (HSH) and experienced three hospitalizations through 2022. Upon discharge in 2022, he transitioned to a Specialized Residential Services Program (SRSP) and received support from an Intensive Case Management Plus (ICM+) team to stabilize in the community.*
>
> *With this support, Mr. O progressed through SRSP, then entered the Hale Imua program—a structured step-down setting combining a 24-hour group home and a gradually decreasing day-treatment schedule. After completing Hale Imua, he moved to an 8–16 group home in late 2023 and no longer required intensive case management, transitioning to Community-Based Case Management in early 2024.*

By summer 2025, Mr. O became one of the first residents in AMHD's new Supportive Housing program and now lives independently in his own apartment.

Conclusion: Continuum must be provided

Clubhouses-

Section forthcoming.

Conclusion : Consider bringing back a State overall coordinator.

LOOKING AHEAD

To be determined after the December 9, 2025 meeting

What we like to do, What we must do, What we can't do

?For the coming 2026, the Council needs to continue with capacity building, including becoming a full 21-member board, optimizing the use of its website resource, and having more support staff.

?At the same time, it must look at the trends and opportunities, such as the Hawaii Rural Health Transformative Grant.

?Finally, it has to look at community as the past, the present and the future, and whether there is a need for re-centering mental health care as we know it (e.g. Hawaii as Trauma-Informed State.)

Appendix 1. State Council to SAMHSA Supporting MHBG FY26-FY27

JOSH B. GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA
MOKU'ĀINA 'O HAWAI'I

KATHERINE AUMER, PhD
COUNCIL CHAIRPERSON
LUNA HO'OMALU O KA PAPA

STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378

August 12, 2025

Dr. Christopher McKinney
Public Health Adviser/ Government Project Officer
SAMHSA-CMHS-DSCSD-SCPGB
U.S. Department of Health and Human Services
5600 Fisher Lane
Rockville, Maryland 20857

Dear Dr. McKinney:

On behalf of the State Council on Mental Health, I am writing to express support for Hawaii's Mental Health Block Grant (MHBG) Fiscal Year 2026–2027 Application and Plan. The grant targets adults with serious mental illness, youth with serious emotional disturbances, individuals with early serious mental illness, and persons in behavioral health crises.

The Council convenes monthly to advocate for individuals with mental illness, including those with co-occurring substance use disorders. Council activities include engaging with guest speakers, reviewing member updates, and collecting community feedback. These activities inform discussions regarding needs, challenges, and potential actions. The Council addressed Hawaii's MHBG priorities at today's meeting and the August 8, 2025 Planning and Performance Committee meeting.

The Council emphasizes that Hawaii's workforce shortage remains a critical gap that requires overall attention. The Council supports the recommended priority to expand youth services and anticipates progress on additional priorities, including the Bipartisan Safer Communities Act (BSCA) plan for first responder resiliency.

Sincerely,

[redacted]

Katherine Aumer, Ph.D.

Appendix 2. MHBG FY26-FY27 Plan Performance Targets

First Year is from July 1, 2025 to June 30, 2026
Second Year is from July 1, 2025 to June 30, 2027
To be reformatted

PRIORITY AREA ONE -MENTAL HEALTH SERVICES
Target Population #1 -SMI Adult with SMI including older adults

Goal: To improve the accuracy and timeliness of consumer data for overall service delivery and reporting efficiency

Measure: Percent change in reported consumers served – Post fiscal year data accuracy
Baseline: 10 percent change
First Year Target: 8 percent change
Second Year Target: 5 percent change

Data source: AVATAR NX
Description of Data: AMHD will track the percent change in total number of consumers served and reported in the community over a 12-month period (fiscal year) at approximately 3 months and 6 months following the close of the fiscal year to gauge improvements in timeliness and completion of service- and authorization-related data. Decreasing percent change will signal that upgrade to the electronic health record system, modified data architecture, and staff workflows are facilitating more timely and complete data entry.

PRIORITY AREA ONE -MENTAL HEALTH SERVICES
Target Population #2 Youth with SED, receiving Expanded Crisis Services

Goal: To expand crisis intervention care and services by providing follow up and support to youth with SED who needed Crisis Mobile Outreach services and are not receiving Child and Adolescent Mental Health Division services.

Measure: Number of clients receiving On-Track Hawaii (FEP) services; Number of potential clients screened to receive FEP services
Baseline: 24
First Year Target: 45
Second Year Target: 50

Data source: Contracted crisis service provider
Description of Data: Quarterly report from crisis service contracted provider

PRIORITY AREA TWO -EARLY SERIOUS MENTALILLNESS
Target Population #3 -Individuals with ESMI

Goal: To enhance early detection and improve access to evidence-based intervention and promote better outcomes and quality of life for youth with First Episode Psychosis.

Baseline measure: 24
First Year Target: 20 clients

Second Year Target: 25 clients

Data source: CAMHD electronic health system
Description of Data:
Currently most of On-Track Hawaii's clients are referred from CAMHD's Family Guidance Centers and data on the clients are entered into the divisions electronic system. Clients are On-Track clients after they have been screened and determined to need FEP services.

PRIORITY AREA THREE -BEHAVIORAL HEALTH CRISES SERVICES
Target Population #4 -Individuals in need of BHCS
Goal: To ensure precise, timely, and comprehensive monitoring of stabilization bed utilization that enhances crisis system efficiency and reinforces the delivery of evidence-based early intervention, treatment, and recovery services.

Measure: Average daily percentage of stabilization beds occupied over 12-month period from among those reported online as working.
Current value: -
First Year Target: ≥75%
Second Year Target): ≥75%

Data source: AVATAR NX and data reports from contracted providers
Description of Data: AMHD will track daily stabilization bed occupancy rates as the percentage of stabilization beds occupied or filled, targeting optimal utilization.

For the entire plan and proposal,
Visit https://bgas.samhsa.gov/Module/BGAS/Users
Username: CitizenHI
Password: citizen

Appendix 3a. MHBG FY24-FY25 Plan Priority Areas and Performance Targets

PRIORITY AREA 1. COMMUNITY TENURE

Performance target

In both Years 1 and 2, decrease the readmission rate among discharged patients from the Hawai'i State Hospital by five percent.

PRIORITY AREA 2. COMMUNITY-BASED SERVICES

Performance target

In both Years 1 and 2, increase the number of clients served by five percent.

PRIORITY AREA 3. COMMITMENT TO DATA AND EVIDENCE

Performance target 1

In Year 1, increase the number of contracted providers logging in directly and using Provider Connect NX from zero to four providers. In Year 2, increase to fifty providers.

Performance target 2

In Year 1, minimum seventy-five percent of encounter-level records with complete (non-missing and usable) data across all demographic and health equity-related Electronic Health Record fields. In Year 2, increase to ninety percent.

PRIORITY AREA 4. RESILIENCE AND EMOTIONAL HEALTH FOR CHILDREN, YOUTH AND FAMILIES.

Performance target

In Year 1, On-Track Hawai'i program for First Episode Psychosis maintains and monitors at least twenty-one clients. In Year 2, increase to twenty-five clients.

PRIORITY AREA 5. ENHANCING ACCESS TO SUICIDE CARE AND CRISIS SERVICES

Performance target 1

In both Years 1 and 2, all service areas or counties have stabilization beds (Licensed Crisis Resident Services and others)

Performance target 2

In both Years 1 and 2, the minimum average monthly percentage of stabilization beds available for placement of persons in crisis are at least ten percent.

PRIORITY AREA 6. INTEGRATING BEHAVIORAL HEALTH CARE AND PHYSICAL HEALTH CARE

Performance target

In Year 1, one Certified Community Behavioral Health Clinic (Maui). In Year 2, CCBHC (Maui) maintain its certified status.

PRIORITY AREA 7. STRENGTHENING BEHAVIORAL HEALTH CARE WORKFORCE

Performance target 1

In both Years 1 and 2, reduce AMHD and CAMHD vacancy rate to a maximum of twenty percent.

Performance target 2

In Year 1, two SAMHSA-certified trainers in trauma informed care. In Year 2, minimum twelve.

Performance target 3

In both Years 1 and 2, increase the number of employed certified peer specialists program graduates by twenty percent.

Appendix 3b. MHBG FY24-FY25 Plan Performance Indicators and Results[1]

PRIORITY AREA 1
COMMUNITY TENURE (Forensic Population)

Goal

Decrease the percentage of individuals discharged from the Hawai'i State Hospital (HSH) readmitted within six months.

Performance target

FY24 decrease readmission rate by 5%.
FY25 decrease readmission rate by 5%.

The numbers

FY24 readmission rate decreased by 21%
FY25 readmission rate increased by 42%

The narrative for FY24 result

Target achieved. Of the 33 readmissions within 180 days in FY 2023, there were 487 distinct patients. Of the 26 readmissions within 180 days in FY 2024, there were 450 distinct patients. FY24 readmission is 21 percent lower than FY23.

AMHD aimed to strengthens the continuum of care for all individuals across the system. AMHD made strides among the population known to be homeless or with co-occurring substance use disorder. Of those readmitted back, seventeen consumers self-reported to be homeless, compared to 27 in FY23, a 37 percent decrease. Also, 23 consumers were reported with co-occurring substance use disorder, compared to 28 in FY23, an 18 percent decrease.

The narrative for FY25 result

Target not achieved. Of the 37 readmissions within 180 days in FY25, there were 438 distinct patients. AMHD continues to make strides amongst homeless and/or co-occurring substance use disorder population. Of those readmitted, 16 consumers self-reported to be homeless and 32 self-reported co-occurring substance abuse use disorder.

[1] Find the 2024 Mental Health Block Grant report at https://bgas.samhsa.gov/Module/BGAS/Users. USERNAME CitizenHII PASSWORD Citizen

PRIORITY AREA 2
COMMUNITY BASED SERVICES

Goal

Increase the number of consumers served by community mental health services.

Performance target

Increase consumers served by community mental health services.
FY24 increase by 5%
FY25 increase by 5%

The numbers

FY24 increased by 21%
FY 25 increased by 10%

The narrative for FY24 result

Target achieved. The increase comes from the pilot Certified Community Behavioral Health Clinics in Maui, launched this fiscal year.

The narrative for FY25 result

Target achieved. FY24 reported total served as 9106 and FY25 total served is 10053. The Year over Year increase is 10.4%
*Note: FY24 previously reported as 9118. Change due to billing and claims such as adjustments or reverts.

PRIORITY AREA 3
COMMITMENT TO DATA AND EVIDENCE

Goal

Improve mental health outcomes, including reducing disparities among priority populations. The goal aims to achieve two key performance targets.

Performance target 1

Obtain contracted providers using Provider Connect NX.
FY24 minimum 4
FY25 minimum 50

The numbers

FY24 minimum 44
FY25 minimum 12

The narrative for FY24 result

Target achieved. AMHD had a delay in Avatar NX implementation. This is attributed to several factors, including renewal delays, loss of staff, and diverting resources to other pressing issues. After this late start, about 44 connections are expected at report-writing time. Most factors contributing to the late start will not carry over in Year 2.

The narrative for FY25 result

There are 12 providers currently submitting electronic claims that have already been setup to transition into Provider Connect NX once Avatar NX is finalized in the Production (Live) environment. AMHD still plans to prepare the remaining contracted providers who are submitting paper claims for Provider Connect NX.

Performance target 2

Achieve a minimum percentage of encounter-level records that contain complete (non-missing and usable) data across all demographic and health equity-related fields in the Electronic Health Record (EHR).
FY24 minimum 75%
FY25 minimum 90%

The numbers

FY24 minimum 35%
FY25 minimum 21%

The narrative for FY24 result

Target not achieved. In the first year following the rollout of EHR, a late start resulted in only 35 percent of encounter-level records containing complete and usable data across all demographic and health equity fields. However, like the Provider NX initiative, AMHD anticipates that data collection will improve with the enhancements introduced in the recent EHR upgrade. The key variables under assessment include age, sex, race, ethnicity, living situation, employment status, gender identity, and marital status.

The narrative for FY25 result

Target not achieved. The data completeness for consumers who have data for all metrics (Age, Sex, Homelessness, Race, Ethnicity, Education, Employment) is 21%. If Employment is excluded, that number becomes 40%.

PRIORITY AREA 4
PROMOTING RESILIENCE & EMOTIONAL HEALTH FOR CHILDREN & YOUTH FAMILIES

Goal

Increase and expand accessibility and reduce health disparities for all youth in need of intensive mental health services.

Performance target

Expand the On Track-Hawai'i (OT- Hawai'i) program by increasing the number of monitored clients.

FY24 monitored clients 21

FY25 monitored clients to 25

The numbers

FY24 CAMHD accepted referrals for 21 clients

FY25 CAMHD accepted referrals for 24 clients

The narrative for FY24 result

Target achieved. During FY24, the OT-Hawai'i was fully staffed with primary clinicians, a psychiatrist, a supported education and employment specialist, and a youth partner. This increased the opportunity for youth to receive services from OT-Hawai'i and a youth partner.

The narrative for FY25 result

Target not achieved. OT-Hawaii services have been waitlisted due to full caseload with high complexity and needs. OT-Hawaii plans to conduct a needs assessment to identify areas of needed improvements within the OT Program and to determine what community resources are needed to increase capacity when OT youth are ready to transition back to community level of care.

PRIORITY AREA 5
ENHANCING ACCESS TO SUICIDE CARE & CRISIS SERVICES

Goal

Stabilize and improve resilience among individuals in behavioral health crisis.

Performance target 1

Expand the number of service areas with stabilization beds Licensed Crisis Resident Services (LCRS) and others.

FY24 procure LCRS for 4 counties or service areas

FY25 reduce LCRS to 2 counties or service areas

The numbers

FY24 counties or service areas 3 (Oahu, Big Island, and Maui)

FY25 counties or service areas 2 (Oahu and Big Island)

The narrative for FY24 result

Target not achieved. During the reporting period, LCRS services were operational only in three areas: Oahu, the Big Island, and Maui, with the latter experiencing underutilization and

eventual closure. For Maui, two primary factors can be attributed to this low utilization. Firstly, following the Maui wildfire, individuals in need of support reportedly found alternative solutions due to increased available services. Secondly, the utilization-based contract model for service providers proved unsustainable when facilities were underused. Kauai service area previously sought to establish an LCRS from 2006 to 2007. Feedback from potential providers has indicated concerns about insufficient consumer demand to support a viable service on the island Alternative options, such as respite beds and Stabilization Intensive Case Management (SICM) services, were explored, but these efforts failed in attracting providers.

The narrative for FY25 result

Target achieved. LCRS services were maintained in the two local service areas/counties of Oahu and Big Island.

Performance target 2

Minimum average monthly percentage of stabilization beds available for placement of persons in crisis.

FY24 minimum average 10%

FY25 maintain minimum average 10%

The numbers

FY24 average range 13% - 95%

FY25 average range 61% - 87%

The narrative for FY24 result

Target achieved. The average monthly percentage of stabilization beds available for placement of persons in crisis ranged from 13% to 31% (Pearl City facility) to 21% to 43% (Kona). Maui also had stabilization beds with rates of 23% to 95%. Other indicators of availability will also be considered in future planning cycles.

The narrative for FY25 result

Target achieved. The overall occupancy was 72% so at least 10% was vacant for purposes of always having an available bed for placement of persons in crisis. All providers contributed to achieving of this target. Oahu 69% - 87%, Big Island 63% - 82%, Maui 61% - 75%.

PRIORITY AREA 6
INTEGRATING BEHAVIORAL HEALTH & PHYSICAL HEALTH CARE

Goal

Improve outcomes for adults and youth, especially those with more complex needs.

Performance target

Expand services provided to clients to address behavioral and physical health needs by adding a Substance Abuse and Mental Health Services Administration (SAMHSA)-certified at a Certified Community Behavioral Health Clinic (CCBHC)
FY24 obtain 2 SAMHSA-certified CCBHC
FY25 maintain 1 SAMHSA-certified CCBHC

The numbers

FY24 obtained 0
FY25 maintained 1

The narrative for FY24 result

Target not achieved. The pilot CCBHC is in Maui. The priority attention during the year was disaster response and recovery. The pilot CCBHC was started during the fiscal year amidst disaster response and recovery after the tragic Maui wildfire. The CCBHC increased the number of clients served. However, the CCBHC must include many services required to be certified, currently being addressed through contracts and agreements.

The narrative for FY25 result

Target achieved. The target must also be restated because SAMHSA does not directly provide CCBHC certification. SAMHSA's crucial role is in setting the standards and guidelines for the certification process, which the State ultimately carries out. However, Hawaii asserts that it has achieved the goal by maintaining its CCBHC in Maui (2 clinics). Hawaii is also completing a CCBHC planning grant that supports the capacity of DOH to certify CCBHCs.

PRIORITY AREA 7
STRENGTHENING THE BEHAVIORAL HEALTH WORKFORCE

Goal

Improve mental health outcomes for priority populations. The goal aims to achieve three key performance targets.

Performance target 1

Decrease workforce vacancy rates within AMHD and CAMHD.
FY24 maximum vacancy rate 20%
FY25 maintain maximum vacancy rate 20%

The numbers

FY24 CAMHD vacancy rate 20%
FY25 CAMHD vacancy rate 19%

The narrative for FY24result

Target achieved.

The narrative for FY25result

Target achieved. Like last year, only CAMHD vacancy rate is used for the performance numbers. This met CAMHD's target of maintaining or improving on last year. The year 2 performance target should have been clarified last year to mean maintaining 20% or better and not decreasing by another 20%.

AMHD vacancy data is excluded in the reported measure. A de facto rate needs to be established. AMHD's measure of the vacancy rate is currently based on number of filled positions out of the established positions. Based on this, the vacancy rate is 39.5 percent. The rate accounts for the loss of 31 (separation) and gain (new hires). It does not account for other temporary type of appointment options that were more extensively used during the year to fill some of the positions (.e.g., de facto a program specialist position may be listed as a vacant but the position was actually filled temporarily by an 89-day hire). Moving forward, the AMHD recently completed a Community Mental Health Center Strategic Plan and Implementation guide 2025-2026 that seeks to stabilize the workforce and strengthen retention. The elements include Retain experienced staff through enhanced supports, expansion of permanent positions, innovative work processes, and cultivation of a positive and inclusive workplace culture.

Performance target 2

Increase the competency of staff and providers in person-centered care, trauma-informed care (TIC), and resiliency by obtaining SAMHSA-certified trainers in TIC approach or similar program.
FY24 obtain 2
FY25 increase by 12

The numbers

FY24 total 2
FY25 total 14

The narrative for FY24 result

Target achieved. CAMHD has trainers in TIC. CAMHD additionally trained its clinical staff and service providers in *Practice Wise*. Practice Wise is a professional development program for mental health professionals. The training is in two parts: MAP (Managing and Adapting Practice) and MATCH ADTC (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems. MAP identifies elements common across evidence-supported treatments to address complex youth experiences. MATCH ADTC helps clinicians be more proficient in selecting, organizing, and delivering common practices used in evidence-based therapies to improve direct services to clients. CAMHD encourages clinicians to attend professional conferences (i.e., psychiatrists attending AACAP conferences). For FY25, CAMHD plans to continue its subscription to provide Practice Wise to new clinical staff refreshers for

existing clinical staff, as well as clinician training at professional conferences if funding allows. For FY25, AMHD plans to use part of its funding allocation for TIC training, including trainer of trainers.

The narrative for FY25 result

Target achieved. A reassessment of capacity indicates that AMHD has 4 CPI trainers and that majority of AMHD staff are educated, credentialed, and experienced in trauma-informed settings. The State is on the path to having more certified TIC professionals. The State's Office of Wellness and Resilience, which coordinates training supportive of Hawaii as a trauma-informed state, has finally launched the training for the first cohort of certified trauma-informed professionals in the State workforce.

Performance target 3

Increase employment of recently certified peer specialists along with best practices.
FY24 increase by 20%
FY25 increase by 20%

The numbers

FY24 increased by 54%
FY25 increased by 25%

The narrative for FY24 result

Target achieved. This is based on seven employed out of the 13 graduates of the AMHD training. Additionally, CAMHD graduated an entire cohort of certified youth partners. CAMHD's OnTrack Hawai'i (OTH) FEP program hired a 0.5 FTE youth peer specialist who successfully completed the course to be certified as a peer specialist. The FEP Peer Support Specialist have been extremely helpful in helping clients pursue and attain education and/or employment goals. This peer support specialist was one of a group of youths who completed the peer support specialist certification training, which CAMHD provided from its budget. Peer support specialists may be called in to help youth receiving treatment from CAMHD, as appropriate, through a contractual arrangement with Epic Ohana, a non-profit. CAMHD also contracts with Child & Family Services (non-profit) to provide parent-peer support for parents of youth who are receiving CAMHD services.

The narrative for FY25 result

Target achieved. For FY25, AMHD completed 1 HCPS virtual training with 20 students.
AMHD engaged in a strategic approach to the employment gap. It created a peer specialist internship program as a part of an initiative to increase "Community-based service approaches for justice involved individuals with SMI or SED". This allowed 19 peers to be employed through various avenues in our community while incorporating training for this population and reducing the stigma that may have been a barrier for our community to hire these individuals.

Appendix 4. 2025 Full Council Meetings – Invited Presenters and Topics [2]

February 11
Meet and Greet
Mr. Mark Linscott, Hawaii State Hospital Administrator
DOH AMHD Housing Guide
Ms. Belinda Danielson, AMHD PIER Community Service Coordinator

March 11
Hawaii Youth Mental Health Needs Assessment – Update
Dr. Jeanelle Sugimoto-Matsuda, Ms. Alexa St. Martin & Ms. Katrina Mae Tolentino, University of Hawaii

April 8
CCBHC Planning Council
Dr. Courtenay Matsu, DOH AMHD

May 13*
Rate Studies and Their Impact
John Valera, BHA ADAD Administrator
Keli Acquaro, BHA CAMHD Administrator
Federal Medicaid Funding Cuts
Jon Fujii

June 10
County Integrated Service Area Planning: context, Insights and the Future
AMHD Staff and AMHD Local Area Branch Chiefs
Rei Cooper – Kauai
Mary Akimo-Luuwai – Maui
Steve Pavao – Big Island
Troy Freitas – Oahu

August 12
From Crisis to Recovery - Health and Resilience After the Maui Wildfires
Dr. Ruben Juarez, Dr. Alika Maunakea & Dr. Christopher Knightsbridge
Hawaii Workplace Wellness & Quality of Life Survey Results
Dr. Jack Barlie, Dr. Eva McKinsey, Dr. Kevin Thompson & Ms. Erica Yamauchi

October 14
Transforming Hawaii's Health Care System: Grounded Approaches for Better Mental Health Outcomes
John (Jack) C. Lewin, M.D.
Administrator, State Health Planning and Development Agency & Senior Advisor to Governor Josh Green, M.D., on Healthcare Innovation

November 18
Rejoyn – Transforming Major Depressive Disorder Symptom Treatment with Digital Therapeutic
Christina Garton, Otsuka Precision Health

December 9
The State of our State: Introduction to Labor Analytics for Mental Health Care
Scott Murakami, DOH Public Health Infrastructure Grant Workforce Director
Growing Talents at Home: The Mental Health Technician Path
Christine Park, Ph.D. and Audrey Marie Duque, Windward Community College

[2] No presentations on the following meetings: July 8 and September 9

Appendix 5. 2025 Council Letter on MauiWES

JOSH B. GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA
MOKU'ĀINA 'O HAWAI'I

KATHERINE AUMER, PhD
COUNCIL CHAIRPERSON
LUNA HO'OMALU O KA PAPA

STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378

August 12, 2025

To Whom It May Concern:

Two years after the devastating Maui Wildfire Disaster, we join others in remembrance and reaffirm our commitment to supporting recovery and meeting community needs.

The Council commends the Maui Wildfire Exposure Study (MauiWES) for its rigorous, evidence-based work to understand the wildfires' health and social impacts. With accessible tools like the Maui dashboard and a service component that assesses survivors' needs and links them to mental health and related supports, MauiWES models trauma-informed best practices—ensuring survivors both contribute to research and receive timely help.

We support MauiWES' effort to seek grants and funding to continue research and services but also urge stronger coordination with the Department of Health, its Certified Community Behavioral Health Clinics (CCBHCs), Qualified Public Health Clinics (QPHCs), the Department of Education, the Department of Human Services, and other partners. All have also been on the ground, helping survivors and the island community. By seeking and threading resources together, we can ensure all survivors and affected parties—not only research participants—benefit from a seamless network of care.

Recognizing the Department of Health's broad responsibilities, we see MauiWES as a complementary resource that can strengthen existing programs. Partnerships and diverse funding can amplify the collective impact of our public health and community systems.

As established in HRS 334.10, the State Council on Mental Health advises the Department of Health, Governor, and Legislature on statewide mental health care needs and resources. Our vision is a Hawai'i where

people of all ages with mental health challenges can achieve recovery and live full lives in the community of their choice.

Thank you. For more information, please contact us through our email, doh.scmhchairperson@doh.hawaii.gov.

Sincerely,

[redacted]

Katherine Aumer, Ph.D.

c.
DOH Director
DOH BHA Deputy Director
DOH AMHD Administrator
DOH CAMHD Administrator

Appendix 6. 2025 Bills that the SCMH testified on and that were signed into law

REFERENCE	DESCRIPTION	STATUS
SB1443 SD1 HD1	RELATING TO THE DEPARTMENT OF HEALTH.Establishes maximum rates of payment for medical care for patients of the Hawaii State Hospital or of another psychiatric facility who are under the custody of the Director of Health. Authorizes the Department of Health to establish long-term care payment rates for certain patients discharged to a long-term care facility from the Hawaii State Hospital or another psychiatric facility. Exempts the Department of Health from the Hawaii Public Procurement Code for the procurement of medical care and long-term care for certain patients. (HD1)	Act 050, on 05/14/2025 (Gov. Msg. No. 1150).
HB1462 HD1 SD1 CD1	RELATING TO CRISIS SERVICES. Expands the Crisis Intervention and Diversion Services Program to include at least two sites on the island of Oahu, including one program in an area with a disproportionate number of individuals with mental health disorders or co-occurring mental health and substance use disorders, or both. Authorizes the use of intensive mobile treatment services as part of the Crisis Intervention and Diversion Services Program. (CD1)	Act 300, on 07/07/2025 (Gov. Msg. No. 1411)
HB727 HD1 SD2 CD1	RELATING TO THE WOMEN'S COURT.Permanently establishes the Women's Court Program in the First Circuit. Establishes a temporary two-year Women's Court Pilot Program within the Kona division of the Third Circuit. Requires reports. Establishes a temporary position. Appropriates funds. Sunsets 6/30/2027. (CD1)	Act 228, on 06/26/2025 (Gov. Msg. No. 1330).
HB700 HD1 SD2 CD1	RELATING TO COGNITIVE ASSESSMENTS.Establishes, with certain exceptions, standardized cognitive assessments for qualified Medicare beneficiaries. Establishes a two-year Dementia Data Pilot Program within the Executive Office on Aging to collect and analyze cognitive assessment data. Requires the Executive Office on Aging to report de-identified aggregated data to the Legislature. (CD1)	Act 286, on 07/03/2025 (Gov. Msg. No. 1389).
HB280 HD3 SD1 CD1	RELATING TO THE COMMUNITY OUTREACH. COURT.Permanently establishes and appropriates funds to the Department of Law Enforcement, Office of the Public Defender, and City and County of Honolulu Department of the Prosecuting Attorney for the Community Outreach Court as a division of the District Court of the First Circuit. (CD1)	Act 229, on 06/26/2025 (Gov. Msg. No. 1331).
SB1448 SD2 HD2	MAKING AN EMERGENCY APPROPRIATION TO THE DEPARTMENT OF HEALTH FOR CONSTRUCTION DEFECT REMEDIATION AT THE HAWAII STATE HOSPITAL.Makes an emergency appropriation to the Department of Health to fund construction defect remediation of the Hale HoÊ»ola Building at the Hawaii State Hospital, including the payment of legal fees and costs for special deputy attorneys general. Declares that the general fund expenditure ceiling for fiscal year 2024-2025 has been exceeded. (HD2)	Act 044, on 05/14/2025 (Gov. Msg. No. 1144).
SB1442 SD2 HD2	RELATING TO MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS.Clarifies and updates the responsibilities of the Child and Adolescent Mental Health Division of the Department of Health to reflect the current mental health systems of care that address the mental health needs of children and adolescents in the State. (HD2)	Act 178, on 06/06/2025 (Gov. Msg. No. 1278).
HB943 HD1 SD1 CD1	RELATING TO HOMELESSNESS. Expands existing crisis intervention programs by requiring, and appropriating funds for, the Department of Health to establish a Homeless Triage and Treatment Center Program within its Alcohol and Drug Abuse Division to serve homeless individuals and individuals at risk of homelessness with substance abuse issues or mental illness. Requires the Crisis Intervention and Diversion Services Program to redirect certain homeless persons to the appropriate health care system and services. Authorizes the program to include intensive mobile outreach services. Requires appropriations for the program to be used only for services contracted directly between the Department of Health and the service provider. (CD1)	Act 299, on 07/07/2025 (Gov. Msg. No. 1410)
SB1281 SD2 HD2 CD1	RELATING TO TELEHEALTH.Extends the sunset date of Act 107, SLH 2023, which allows for the reimbursement of services provided through telehealth via an interactive telecommunications system, until 12/31/2027. (CD1)	Act 217, on 06/25/2025 (Gov. Msg. No. 1319).
SCR67 SD1	REQUESTING THE DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT AND THE STATE AGENCIES COMPRISING THE STATE'S PUBLIC MENTAL HEALTH CARE SYSTEM TO COOPERATE MORE CLOSELY TO DETERMINE THE NECESSARY ACTIONS TO EXPEDITE THE HIRING AND FILLING OF CRITICAL VACANCIES, INCLUDING SOLUTIONS TO ADDRESS THE OBSTACLES AND CHALLENGES UNIQUE TO THE MENTAL HEALTH CARE WORKFORCE.	S 4/16/2025: Resolution adopted in final form.

Appendix 7. 2025 Senate Concurrent Resolution
Mental Health Care Workforce

THE SENATE S.C.R. NO. 67
THIRTY-THIRD LEGISLATURE, 2025 S.D. 1
STATE OF HAWAII

SENATE CONCURRENT
RESOLUTION

REQUESTING THE DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT AND THE STATE AGENCIES COMPRISING THE STATE'S PUBLIC MENTAL HEALTH CARE SYSTEM TO COOPERATE MORE CLOSELY TO DETERMINE THE NECESSARY ACTIONS TO EXPEDITE THE HIRING AND FILLING OF CRITICAL VACANCIES, INCLUDING SOLUTIONS TO ADDRESS THE OBSTACLES AND CHALLENGES UNIQUE TO THE MENTAL HEALTH CARE WORKFORCE.

WHEREAS, the workforce shortage affecting the State and its agencies is the product of numerous identifiable problems and challenges, including obsolete and unproductive recruiting and hiring policies and practices; and

WHEREAS, the quality of the State's public mental health care system has diminished, in part due to hiring practices and policies that make it challenging for state agencies to hire and retain the skilled professionals essential to providing effective mental health care services, affecting a range of critical roles, ultimately undermining the system's ability to meet the needs of the community; and

WHEREAS, the Department of Health, Department of Human Services, Department of Education, Department of Corrections and Rehabilitation, the Judiciary, and other agencies that constitute the Continuum of Care in the State are in desperate need of support as high vacancy rates prevent these agencies from meeting the increasing demand for mental health care services; and

WHEREAS, in addition to the challenges posed by the current workforce shortage, persisting stigmas surrounding mental illnesses and mental health care discourage potential applicants and limit the ability of these agencies to attract applicants; and

WHEREAS, providing care to individuals with serious mental illnesses, emotional disorders, and potentially co-occurring chronic conditions, is a challenging and exhausting occupation that often causes workers to experience burnout, compassion fatigue, post-traumatic stress, and the development or exacerbation of other mental health conditions, which high vacancy rates can accelerate or further exacerbate; and

WHEREAS, it is critical that the State effectively recruit and retain additional public mental health care system employees to relieve current employees and deliver more effective mental health care services in the State; now, therefore,

BE IT RESOLVED by the Senate of the Thirty-third Legislature of the State of Hawaii, Regular Session of 2025, the House of Representatives concurring, that the Department of Human Resources Development and the state agencies comprising the State's public mental health care system are requested to cooperate more closely to determine the necessary actions to expedite the hiring and filling of critical vacancies, including solutions to address the obstacles and challenges unique to the mental health care workforce; and

BE IT FURTHER RESOLVED that a certified copy of this Concurrent Resolution be transmitted to the Director of Human Resources Development, Director of Health, Director of Human Services, Superintendent of Education, Director of Corrections and Rehabilitation, and Chief Justice.

Appendix 8. 2025 Council Full and Committee Meetings –Substantive Public Input[3]

February 11
R. Reyno-Yeoman expressed concern over the disbandment of the Patient Protection Committee and feels it is needed ASAP. She raised concerns about the overcrowded state hospital.

March 11
R. Reyno-Yeoman commented that the Council's meeting is subject to Sunshine Law, and the video recordings and meeting minutes should be posted on the website for the State Council.

April 8
R. Reyno- Yeoman raised concerns about Assisted Community Treatment (ACT) orders, particularly the lack of mandatory legal counsel for individuals subjected to forced treatment—arguing this violates constitutional due process and SAMHSA guidelines.

July 8
R. Reyno-Yeoman reiterated concerns from previous meetings regarding the lack of guaranteed legal counsel for assisted community treatment orders and the need for proper medical assessments at crisis centers.

September 9
M. Celeste shared her personal journey of recovery from PTSD and methamphetamine addiction. She credits her success to the support from the NAMI Diamond Head Clubhouse, United Self Help, and the use of Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT). An emphasis was placed on having culturally inclusive recovery pathways.

October 14
J. Gottstein shared Report on Improving Mental Health Outcome and he is shocked about results. He feels system should be organized with Open Dialogue approach.

R. Reyno-Yeoman reiterated concerns from previous meetings regarding lack of legal counsel for forced treatment orders. Raised issue with violation of constitutional rights in the state.

January 28 (Ad Hoc Committee on 2025 Legislation Meeting)
R. Reyno-Yeoman SB474 requiring DCR psychologists to obtain licensure within 10 years from date of employment instead of 2 years. The HPA opposed on grounds that it lowers qualifications for those who treat prisoners. DCR has 3 psychologists on staff, and only one licensed. It has 20 openings.

August 8 (Ad Hoc Committee for Planning and Performance Meeting)
K. Merriam reiterated that the staffing shortage is critical, and it has to be addressed.

[3] No community input during the following meetings: May 13, June 10, August 12 & November 18