

STATE COUNCIL ON MENTAL HEALTH MEETING
DRAFT MEETING MINUTES
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

Members Present: Katherine Aumer (Chairperson), Kathleen Merriam, John Betlach, Mary Pat Waterhouse, Lea Dias, Heidi Ilyavi, Jackie Jackson, Christine Montague- Hicks, Forrest Wells, Kristin Wills

Members Excused: Jon Fujii, Ray Rice, Tianna Celis-Webster, Marian Tsuji (ex-officio)

Member Absent: Asianna Torres Zaragosa

Guests: Scott Murakami, Christine Park, Audrey Duque, Squirrel Celeste, Dayna Schulz

Staff: Carolyn Weygan-Hildebrand, Richalle Patague, Chachie Abara, Stacy Molina

I. Call to Order

Katherine Aumer, Chairperson, called the meeting to order. Mary Pat Waterhouse called the roll and quorum was established with nine members present.

II. Welcome

A. Self- introductions -members and guests

All members and guests present in the room introduced themselves and shared their brief description of the state of mental health care in weather terms. There was a consensus that the weather was generally very far from ideal but was also sunny and fine in some areas.

B. Review of Agenda and Protocols

There will be bathroom break but it lunch will be a working lunch. The day's activities are designed to engage members and attendees to reflect and also think ahead.

III. New Business-Workforce Futures Presentations, Conversation & Pathways Forward

A. Presentation

The State of our State: Introduction to Labor Analytics for Mental Health Care

Scott Murakami, DOH Public Health Infrastructure Grant Workforce Director and Principal Investigator.

See attached PowerPoint Slides

B. Presentation

Growing Talents at Home: The Mental Health Technician Path

Christine Park, Ph.D. and Audrey Marie Duque Windward Community College

See attached PowerPoint Slides

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

The feedback sought included answers to the questions, **xxx**

There was a community input that acronyms are challenging and if there is something that can be done about it.

V. Oral Report Presentations

A. State of the Sector: What's Moving Behavioral Health Forward?

See attached DOH BHA Report and DVR Report

Recorded notes:

- DOH BHA report. The suggested structure for division reports: description of persons served (calendar year), special projects/highlights, challenges and responses, and legislative priorities. The four BHA Administrators provided reports following this outline with some variations. Highlights from Specific Divisions are as follows:
 - Alcohol & Drug Division (ADAD): data points were included by John Valera based on suggestions; report covers who was served and notable projects.
 - Child & Adolescent Mental Health Division (CAMHD): report contains key points and follows suggested structure.
 - Developmental Disabilities Division (DDD): Mary Brogan included links to fuller DDD reports; detailed DDD information provided.
 - Adult Mental Health Division (AMHD): front-page highlights include Hawaii Cares/988 and Behavioral Health Crisis Center (BHCC) data; BHCC has been operational for over a year with data on performance and challenges. Community Mental Health Center achieved CARF accreditation; certified behavioral health clinic on Maui noted.
- DVR presented December 2nd data (mid-program-year). Increased applications and a wide range of employment outcomes across disabilities were highlighted: from minimum wage positions up to high-skilled roles (e.g., pharmacists, managers, teachers). DVR supports career pathways, certifications, education, tools, and post-placement follow-up (6 months and 1 year). Eligibility is broad (from depression to psychosis); DVR can support many with psychiatric or other disabilities.

Recorded discussion points and/or consensus:

- Concern about State Hospital Occupancy and Length of Stay. High hospital occupancy and long lengths of stay discussed; recent high-profile hospital incidents noted to have emotional/system impact. Need for focused strategies to reduce length of stay and improve discharge placements emphasized.
- System Focus: Crisis Intervention & Stabilization. Panel identified crisis intervention and stabilization units as central priorities to treat people in the community, maintain

housing, and reduce inpatient days. Emphasis on interagency partnership rather than siloed work.

- Placement/Step-Down Challenges. Example of a patient awaiting Hawaii State Hospital discharge to a stabilization placement until a group home is ready; highlighted complexity and need for coordinated transitions.
- Opportunities for the Council (Advocacy & Training). Council should continue to advocate for community-based solutions, safe staffed placements post-discharge, and workforce training to manage crises in community settings.
- The Council can help de-stigmatize employment of people with mental health conditions and highlight success stories.

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

See attached draft report

- H. Ilyavi motioned the creation of a negotiating permitted interaction group to help finalize the Council's 2026 Annual Report. J. Betlach seconded and the motion passed unanimously. The following agreed to be members of the PIG Motion: K. Aumer, M.P. Aumer, H. Ilyavi, J. Betlach, and K. Merriam.
- Requested improvement from members includes general proofreading for typos. Also, to correct clubhouse accreditation phrasing.
- For looking forward section of the Annual report, there was consensus to narrow down the strategic retreat priorities to three only (career pathways, outreach, care models). H. Ilyavi motioned to approve the 2026 Annual Report with PIG finalizing. L. Dias seconded, and approved unanimously.
- K. Aumer expressed appreciation for all members noting that serving on the Council is voluntary and times for meeting are not always optimal for all.

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. The 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.

Recorded Notes:

- Strategic Planning / Looking Back & Ahead. Council revisited the prior strategic goals: 1) increase council effectiveness; 2) improve equity and access to care; 3) complete mapping of statewide mental health challenges/resources; 4) address workforce

development challenges; 5) include comprehensive care coordination. Members reviewed accomplishments and gaps to inform the report and next steps.

- Challenges identified: volunteer time constraints for council membership (unpaid), difficulty sustaining participation across islands (e.g., Kauai), and the need for more outreach/visibility to recruit members and inform communities.
- Outreach & Marketing Suggestions. Multiple suggestions to increase visibility: distribute brochures and website info at community events, create business cards with QR codes to the website, develop a glossary of acronyms for public understanding, provide presentation materials for members to use at events, and request marketing support from CAMHD for materials since they have MHBG funding for State Council activities; Use FAQs and plain language to reduce barriers from jargon and acronyms.
- Council Engagement at Community Events. Anecdotal reports that community members (e.g., at a NAMI-sponsored event on Hawaii Island) were enthusiastic upon learning about the State Mental Health Council and signed up; some community stakeholders were unaware of the Council's existence, suggesting room for outreach.
- Actionable Items & Tools for Outreach. Proposed actionable items: identify events for outreach, create templates/letters and materials (business cards, QR codes), develop glossary and FAQs, and coordinate with CAMHD marketing staff for production and distribution.
- Strategic Focus Narrowing/Streamlining: Choose 2-3 Priorities. Members agreed to narrow the previous five strategic goals down to two or three achievable priorities for the next 1–2 years to allow measurable outcomes. Discussion suggested prioritizing workforce development/career pathways and council effectiveness/outreach, plus identifying effective care coordination models.
- Details on Workforce/Career Pathways. Discussion on steps: identify current career pathways and training pipelines, map existing resources (e.g., P-20 Partnerships manages formal career pathways), determine funding gaps and opportunities to support expansion (including internships and private-sector glide paths), and consider how licensing and reimbursement affect workforce sustainability.
- Consensus to keep workforce development/career pathways as a top priority and to focus on identifying existing pathways and opportunities to expand/support them.
- Council Effectiveness / Outreach as Priority. Members chose to keep “increase council effectiveness” (outreach, marketing, materials, island engagement) as a primary focus area, with concrete tactics including events, marketing collateral, glossary, and staff support for materials.
- Identify Effective Care Coordination Models. The third priority identified was to shift the phrasing from an aspirational “improve comprehensive care” to a concrete

objective of identifying appropriate and effective comprehensive care coordination models (research/presentations, stakeholder input, and insurer engagement).

- Suggested next steps include inviting subject-matter presenters (e.g., Jon Fujii) and providers to brief the council and considering insurer/health plan conversations regarding billing and sustainability for certain services.
- Funding & Sustainability Concerns. Members discussed historic shortfalls (e.g., unfunded group home costs) and the need to identify funding mechanisms or contingency funds for unanticipated costs; noted that without sustainable funding and billing pathways, programs rely on goodwill and may be unsustainable.
- Values trading and exercise results. The top values that surfaced include mental health care that is accessible, sustainable, and continuously improving; aloha in indigenous sense valuing holistic and caring of whole community; visibility, valuing transparency, accessibility and responsiveness to diverse voices.
- Legislative advocacy. Three areas were brought up: ensuring preparedness for the rapidly evolving legislative session; determining whether to pursue a more substantive workforce resolution; and addressing controversial policy topics, specifically psychologists' prescriptive authority and assisted community treatment. The consensus was to have informational presentations on the controversial topics. A speaker from APA has been invited to speak on the first one and K. Wills will share what she knows.

VII. Special Training and Activity

I Ka wā ma mua I ka wā ma hope

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

See attached PowerPoint slides

VIII. Adjournment

Hawaii State Council on Mental Health

Overview of Hawaii's Mental Industry and Workforce: An Introduction to Labor Analytics

Scott Murakami, Workforce Director & Principal Investigator

State of Hawaii

Department of Health

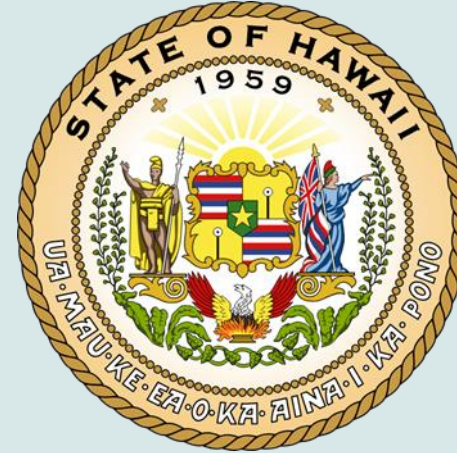
Public Health Infrastructure Grant

Tuesday, December 9, 2025



KA 'OIHANA OLAKINO

State of Hawaii Department of Health



DOH Vision:

- That all Hawai'i residents have a fair and just opportunity to achieve optimal health and well-being.

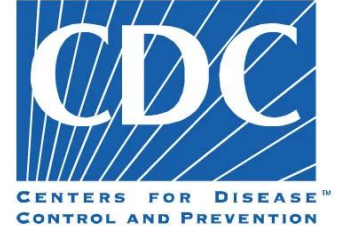
DOH Mission:

- To promote and protect the physical, psychological, and environmental health of the people of Hawai'i through assessment, policy development, and assurance.



KA 'OIHANA OLAKINO

DOH Public Health Infrastructure Grant



Aimed at strengthening America's public health infrastructure.

- 3 Key Principles:
 - Data and evidence driven planning and implementation.
 - Partnerships play a critical role in grant program success.
 - Resources are directed in a way to support equitable access to health.
- 3 Strategies
 - A1: Workforce
 - A2: Foundational Capabilities
 - A3: Data modernization
- Total Hawaii Award: \$23,486,788



KA 'OIHANA OLAKINO

Today's Discussion

- Introduce the use of labor market analysis
 - Familiarize you with the tools available for analyzing Hawaii's labor force
 - Method of standardizing industry and occupation data
 - North American Industry Classification System
 - Standard Occupational Codes
- High level, top-down approach of labor analytics through the private industries providing mental health services.
 - Broad view of the private mental health industry in Hawaii
- Talk bottom-up approach to labor analytics for government organizations
 - Utilizing vacancies to identify recruitment opportunities



KA 'OIHANA OLAKINO

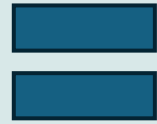
What Role Does Labor Analytics Play in Workforce Planning?

- Within a geographic region:
 - Number of Jobs
 - Median Income
 - Demographic Information
 - Anticipate Retirements
 - Migration Patterns
 - Commuting to Work
 - Transitioning to and from Other Occupations
- Identify Compatible Occupations (Index of Knowledge, Skills, and Ability)
- Anticipate future worker shortages or surplus through the educational pipeline.
- Impact/Scenario Analysis



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Forecasting Labor Market Conditions to Improve Workforce Planning



- Subscription based proprietary labor market analysis and forecasting tool
- Uses a bi-proportional algorithm to remove data suppression from government data.
- Uses big data tool to aggregate large volumes of heterogenous job postings then scrubs and normalizes the data to be queried.



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Overview of Hawaii's Labor Market

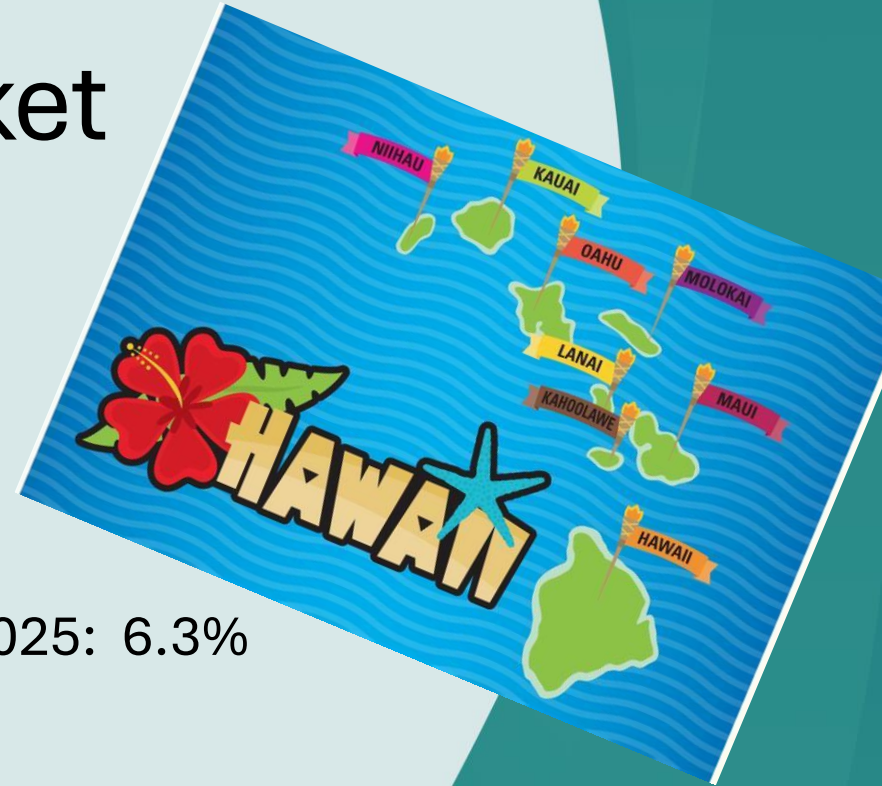
- Hawaii's Civilian Labor Force: 644,200
- Labor Force Participation Rate: 60.5%
- Unemployment Rate for August 2025:
 - 2.6% (non-seasonally adjusted)
 - 2.7% (seasonally adjusted)
- Long-term unemployed (U6 Rate) for 2nd quarter of 2025: 6.3%
- Median Household Income (2023) - \$98,317
- Migration into Hawaii – San Diego, CA
- Migration out of Hawaii – Clark County, NV

Sources:

Department of Business, Economic Development, & Tourism, State of Hawaii, Research & Economic Analysis Division, Labor Market Dashboard: [Research & Economic Analysis | Labor Market Dashboard](#)

Long-Term Unemployment Rate: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics (LAUS): [Alternative Measures of Labor Underutilization for States, Third Quarter of 2024 through Second Quarter of 2025 Averages : U.S. Bureau of Labor Statistics](#)

Median Income and Migration Date: Lightcast, Inc

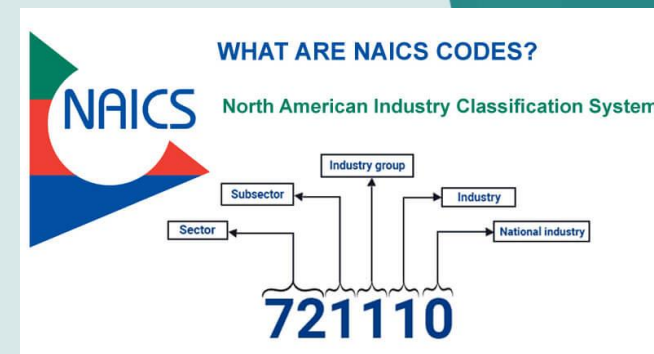


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Composition of Hawaii's Mental Health Private Sector Industries :

North American Industry Classification System (NAICS)

Standard classification of businesses by industry from 2-6 digits.

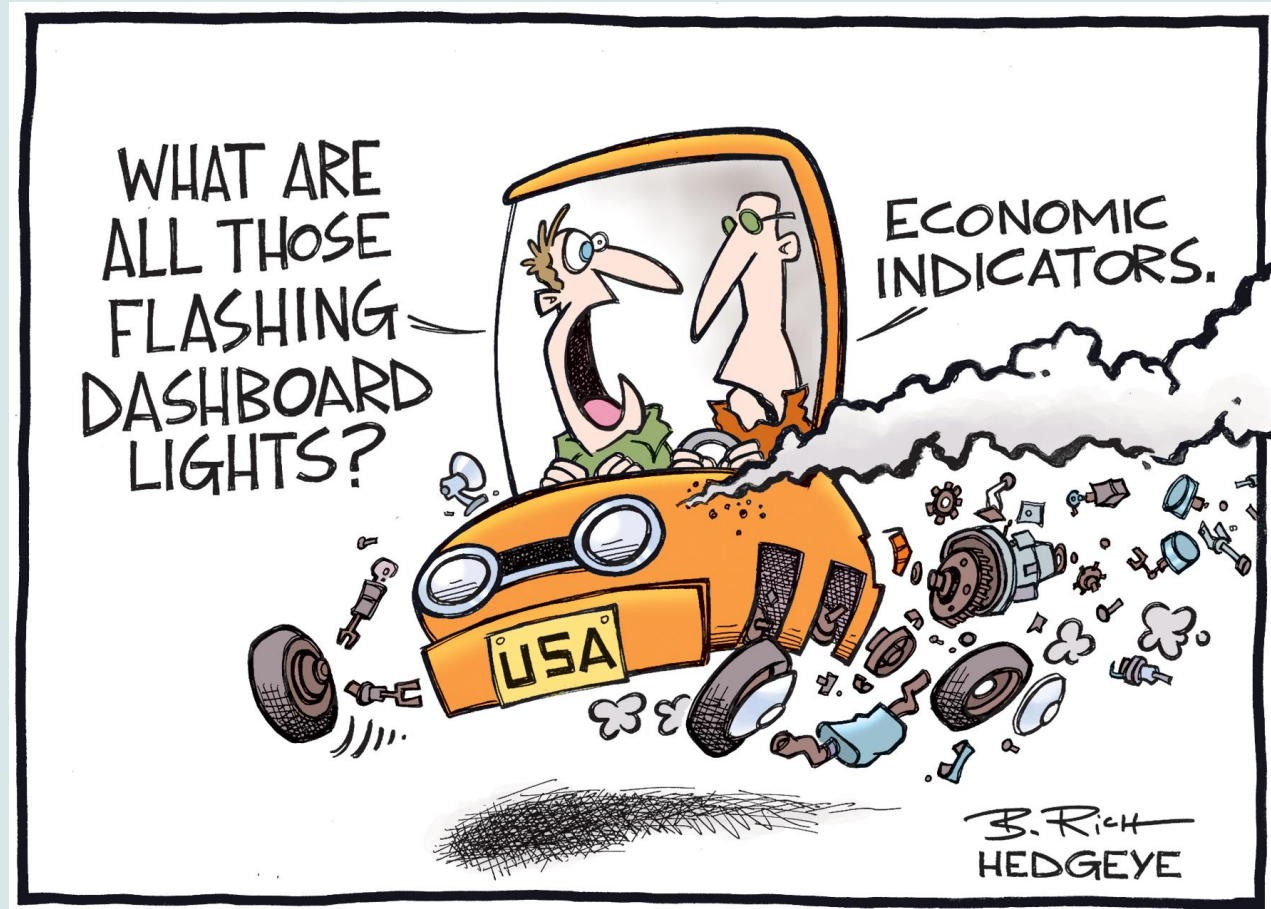


- 621112 – Offices of Physicians, Mental Health Specialists
- 621330 – Offices of Mental Health Practitioners (except Physicians)
- 621420 – Outpatient Mental Health and Substance Abuse Centers
- 622210 – Psychiatric and Substance Abuse Hospitals
- 623210 - Residential Intellectual and Developmental Disabilities Facilities
- 623220 – Residential Mental Health and Substance Abuse Facilities
- 623311 – Continuing Care Retirement Communities
- 624110 – Child and Youth Services
- 624120 – Services for the Elderly and Persons with Disabilities
- 624310 – Vocational Rehabilitation Services



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Economic Impact of Hawaii's Mental Health Industries



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Collective Economic Impact of Hawaii's Mental Health Industries

	Earnings ₁	Property Income	Taxes ₂	Total GRP*
Hawaii County	\$ 110,500,000	\$ 12,300,000	\$ 2,900,000	\$ 125,700,000
Honolulu County	\$ 636,600,000	\$ 54,600,000	\$ 19,000,000	\$ 710,100,000
Kauai County	\$ 30,600,000	\$ 3,700,000	\$ 1,200,000	\$ 35,500,000
Maui County	\$ 88,300,000	\$ 9,800,000	\$ 2,400,000	\$ 100,600,000
State of Hawaii*	\$ 886,000,000	\$ 80,400,000	\$ 25,500,000	\$ 971,900,000

Source: Lightcast, Inc and DOH calculation (for validation)*

Note:

1. Earnings represents all classes of workers (QCEW, Non-QCESW, self-employed, and extended proprietors.)
2. Taxes represent federal, state, and local taxes.



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What is the most important asset to Hawaii's Mental Health Industries?



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Mental Health Industry's Workforce in Hawaii

- Total Number of Jobs: 17,583
- Average Earnings Per Job (State of Hawaii Industry Wide): \$47,724

County	Jobs	Average Earnings per Job
Hawaii County	2,598	\$39,860
Honolulu County	12,272	\$50,485
Kauai County	695	\$44,446
Maui County	2,018	\$42,437
State of Hawaii	17,583*	\$47,724

Source: Lightcast, Inc and DOH calculation (for validation)*

Note:

1. Job include all classes of workers (QCEW, Non-QCESW, self-employed, and extended proprietors)



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Top 5 Occupations employed in Hawaii's Mental Health Industries

U.S. Bureau of Labor Statistics classifies occupations by the Standard Occupational Classification (SOC)

SOC	Description	Employed in Industry Group (2023)	Employed in Industry Group (2024)	Employed in Industry Group (2028)	Change (2023 - 2028)	% Change (2023 - 2028)	% of Total Jobs in Industry Group (2024)	Median Hourly Earnings	Typical Entry Level Education	Work Experience Required	Typical On-The-Job Training
31-1128	Home Health and Personal Care Aides	4,769	4,842	5,213	444	9%	26.7%	\$17.70	High school diploma or equivalent	None	Short-term on-the-job training
21-1018	Substance Abuse, Behavioral Disorder, and Mental Health Counselors	816	949	1,044	228	28%	5.2%	\$26.44	Bachelor's degree	None	None
29-2053	Psychiatric Technicians	538	676	713	175	33%	3.7%	\$25.08	Postsecondary nondegree award	Less than 5 years	Short-term on-the-job training
19-3039	Psychologists, All Other	509	552	630	121	24%	3.0%	\$46.39	Master's degree	None	Internship/residency
11-9151	Social and Community Service Managers	373	423	430	56	15%	2.3%	\$35.37	Bachelor's degree	Less than 5 years	None

Source: Lightcast, Inc.

Note: Data provided at the 6 -Digit Standard Occupational Classification (SOC)



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Incoming Labor Supply:

Educational Pipeline for: Home Health and Personal Aides

3 Programs that feed this occupation

- Total Completions in 2024: 36
- Position Vacancies in 2024: 1,803
- Labor Shortage as of 2024: **-1,767**

Education Pipeline						
Home Health and Personal Care Aides in Hawaii						
Occupational Programs ?						
3		36		1,803		
Programs (2024)		Completions (2024)		Openings (2024)		
CIP Code	Program	Completions (2020)	Completions (2021)	Completions (2022)	Completions (2023)	Completions (2024)
51.3902	Nursing Assistant/Aide and Patient Care Assistant/Aide	0	0	9	17	21
51.9999	Health Professions and Related Clinical Sciences, Other	21	20	14	16	15
51.2602	Home Health Aide/Home Attendant	0	0	0	0	0



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Competing Occupations for: Home Health Aides

Initial data filtered for:

1. Compatibility Index > equal to 90
2. Median Hourly Earnings > \$17.70/hour



O*NET	O*NET Occupation	Median Hourly Earnings*	2023 Jobs*	2024 Jobs*	2028 Jobs*	2023-2028 Change*	2023-2028 Estimated Annual Openings*	Compatibility Index
35-2014.00	Cooks, Restaurant	\$21.39	12,977	13,021	14,077	1,100	2,259	92
37-2012.00	Maids and Housekeeping Cleaners	\$23.60	15,396	15,770	16,341	945	2,490	90
53-7065.00	Stockers and Order Fillers	\$18.52	9,443	9,514	9,983	540	1,666	94
35-3031.00	Waiters and Waitresses	\$22.82	14,950	14,782	15,449	498	3,256	93
31-9092.00	Medical Assistants	\$23.39	4,278	4,337	4,775	497	677	90
39-3091.00	Amusement and Recreation Attendants	\$17.93	4,336	4,578	4,777	441	1,340	92
35-3011.00	Bartenders	\$32.75	3,792	3,906	4,211	419	752	96
31-1131.00	Nursing Assistants	\$21.40	4,968	5,332	5,371	402	828	96
39-5012.00	Hairdressers, Hairstylists, and Cosmetologists	\$20.73	3,868	3,966	4,265	397	612	92
43-4081.00	Hotel, Motel, and Resort Desk Clerks	\$28.15	3,047	3,084	3,439	392	588	92

Source: Lightcast, Inc. and DOH filtering

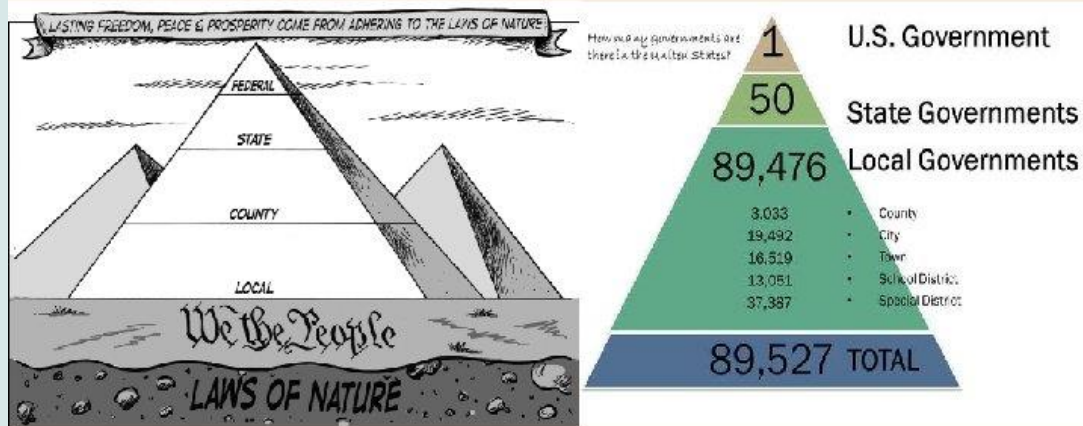


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Government Data as an Industry



Three Levels of Government



Federal (National), State, Local

- Government Industry Data is aggregated and reported in the NAICS by government jurisdiction:
 - Federal: 901
 - State: 902
 - County: 903



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State Government by NAICS

- State Government, Excluding Education & Hospitals – 902999
- Elementary & Secondary School (State Gov) – 902611
- Colleges, Universities, & Professional Schools – 902612
- Hospitals (State Government) - 902622
- All other Schools, & Educational Support – 902619



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Example – State Government

State Government, Excluding Education & Hospitals - 920999

SOC	Description	Employed in Industry (2023)	Employed in Industry (2024)	Employed in Industry (2028)	Change (2023 - 2028)	% Change (2023 - 2028)	% of Total Jobs in Industry (2024)	Median Hourly Earnings	Typical Entry Level Education	Work Experience Required	Typical On-The-Job Training
21-1021	Child, Family, and School Social Workers	343	367	374	32	9%	1.7%	\$31.95	Bachelor's degree	None	None
11-9151	Social and Community Service Managers	152	177	180	28	18%	0.8%	\$35.37	Bachelor's degree	Less than 5 years	None
25-3011	Adult Basic Education, Adult Secondary Education, and English as a Second Language Instructors	63	93	89	25	40%	0.4%	\$22.24	Bachelor's degree	None	None

Elementary & Secondary School (State Government) - 902611

SOC	Description	Employed in Industry (2023)	Employed in Industry (2024)	Employed in Industry (2028)	Change (2023 - 2028)	% Change (2023 - 2028)	% of Total Jobs in Industry (2024)	Median Hourly Earnings	Typical Entry Level Education	Work Experience Required	Typical On-The-Job Training
11-9032	Education Administrators, Kindergarten through Secondary	1,519	1,732	1,738	219	14%	5.4%	\$49.45	Master's degree	5 years or more	None
25-2052	Special Education Teachers, Kindergarten and Elementary School	302	440	461	159	53%	1.4%	\$26.80	Bachelor's degree	None	None
21-1012	Educational, Guidance, and Career Counselors and Advisors	820	884	899	79	10%	2.8%	\$32.07	Master's degree	None	None
25-9045	Teaching Assistants, Except Postsecondary	3,810	3,845	3,885	75	2%	12.0%	\$17.02	Some college, no d	None	None
25-9031	Instructional Coordinators	336	409	408	71	21%	1.3%	\$31.69	Master's degree	5 years or more	None
25-3031	Substitute Teachers, Short-Term	1,476	1,523	1,541	65	4%	4.7%	\$24.07	Bachelor's degree	None	None
13-1151	Training and Development Specialists	24	67	67	43	175%	0.2%	\$29.76	Bachelor's degree	Less than 5 years	None
29-9099	Healthcare Practitioners and Technical Workers, All Other	63	97	96	33	52%	0.3%	\$25.75	Postsecondary non	None	None
21-1093	Social and Human Service Assistants	118	128	145	27	23%	0.4%	\$20.70	High school diploma	None	Short-term on-the-job training

Colleges, Universities, and Professional Schools (State Government) - 902612

SOC	Description	Employed in Industry (2023)	Employed in Industry (2024)	Employed in Industry (2028)	Change (2023 - 2028)	% Change (2023 - 2028)	% of Total Jobs in Industry (2024)	Median Hourly Earnings	Typical Entry Level Education	Work Experience Required	Typical On-The-Job Training
25-9099	Educational Instruction and Library Workers, All Other	246	365	369	123	50%	2.3%	\$21.58	Bachelor's degree	None	None
19-4099	Life, Physical, and Social Science Technicians, All Other	254	364	367	113	45%	2.3%	\$21.95	Associate's degree	None	None
25-9044	Teaching Assistants, Postsecondary	385	443	449	64	17%	2.8%	\$17.46	Bachelor's degree	None	None
25-3041	Tutors	182	228	231	48	27%	1.5%	\$18.38	Bachelor's degree	None	None
21-1012	Educational, Guidance, and Career Co	442	463	484	42	9%	3.0%	\$32.07	Master's degree	None	None
25-3011	Adult Basic Education, Adult Secondar	67	111	103	36	53%	0.7%	\$22.24	Bachelor's degree	None	None

Hospitals (State Government) - 902622

SOC	Description	Employed in Industry (2023)	Employed in Industry (2024)	Employed in Industry (2028)	Change (2023 - 2028)	% Change (2023 - 2028)	% of Total Jobs in Industry (2024)	Median Hourly Earnings	Typical Entry Level Education	Work Experience Required	Typical On-The-Job Training
29-1141	Registered Nurses	900	983	1,022	122	14%	24.8%	\$65.37	Bachelor's degree	None	None
43-6013	Medical Secretaries and Administrative Assistants	83	108	113	29	35%	2.7%	\$23.37	High school diploma	None	Moderate-term on-the-job training

All Other Schools and Educational Support - 902619

SOC	Description	Employed in Industry (2023)	Employed in Industry (2024)	Employed in Industry (2028)	Change (2023 - 2028)	% Change (2023 - 2028)	% of Total Jobs in Industry (2024)	Median Hourly Earnings	Typical Entry Level Education	Work Experience Required	Typical On-The-Job Training
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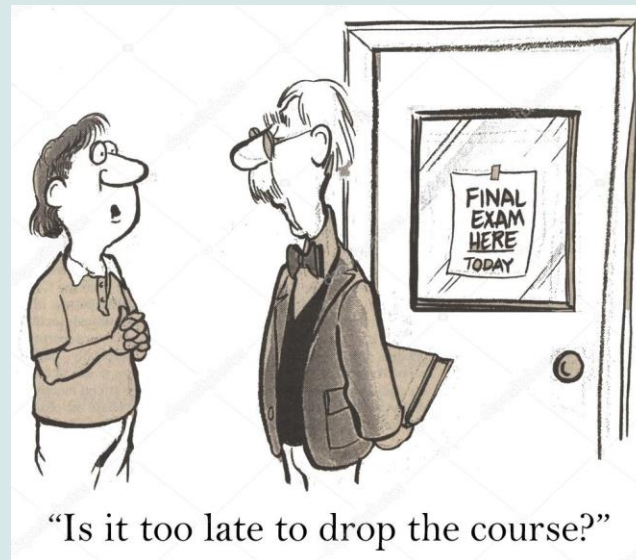
NO DATA AVAILABLE

- Challenge: Data is aggregated by all branches except for hospitals and education.
- Solutions: Use a bottom-up approach. Look at official vacancies reported to the legislature that comes out in the pre-session information briefings.



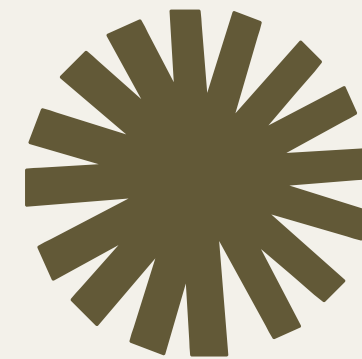
KA 'OIHANA OLAKINO

Closing Question: Is this an impactful and meaningful way of measuring?



KA 'OIHANA OLAKINO

Mental Health Technician



at *Windward Community College*

Certificate of Competence

Program Counselor:

Audrey Duque, LMHC

Program Instructor:

Christine Park, Ph.D, LMHC





Mental Health Technician
Windward Community College

Mental Health Technician/Psychiatric Technician

Occupation Code: 29-2053.00

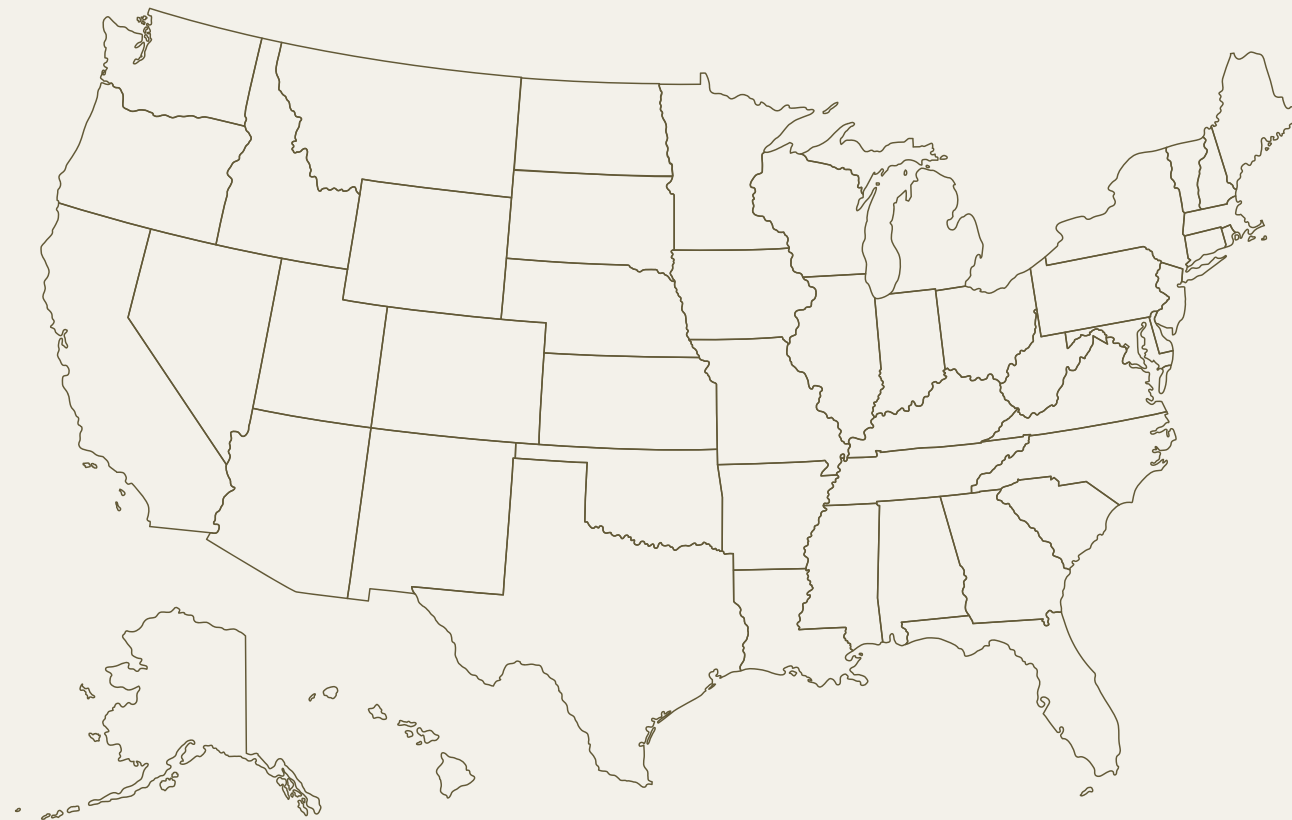
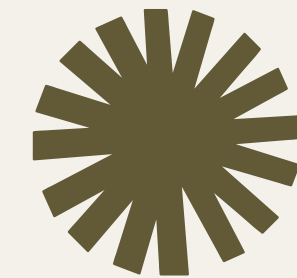


- Care for individuals with mental or emotional conditions or disabilities, following the instructions of physicians or other health practitioners.
- Monitor patients' physical and emotional well-being and report to medical staff.
- May participate in rehabilitation and treatment programs, help with personal hygiene, and administer oral or injectable medications.

Examples of MHT Certifications

Credentials:

- AMCA: American Medical Certification Associations
- AAPT: American Association of Psychiatric Technicians



- Purpose of certifications is to raise the quality of mental health care through training and validate skill sets necessary for the field and to raise the quality of mental health care through training.
- Colleges in states such as Texas, Illinois, New York, Wisconsin, etc. offer programs to help prepare students for certification.

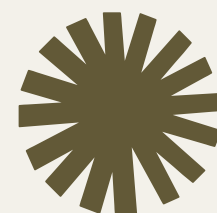
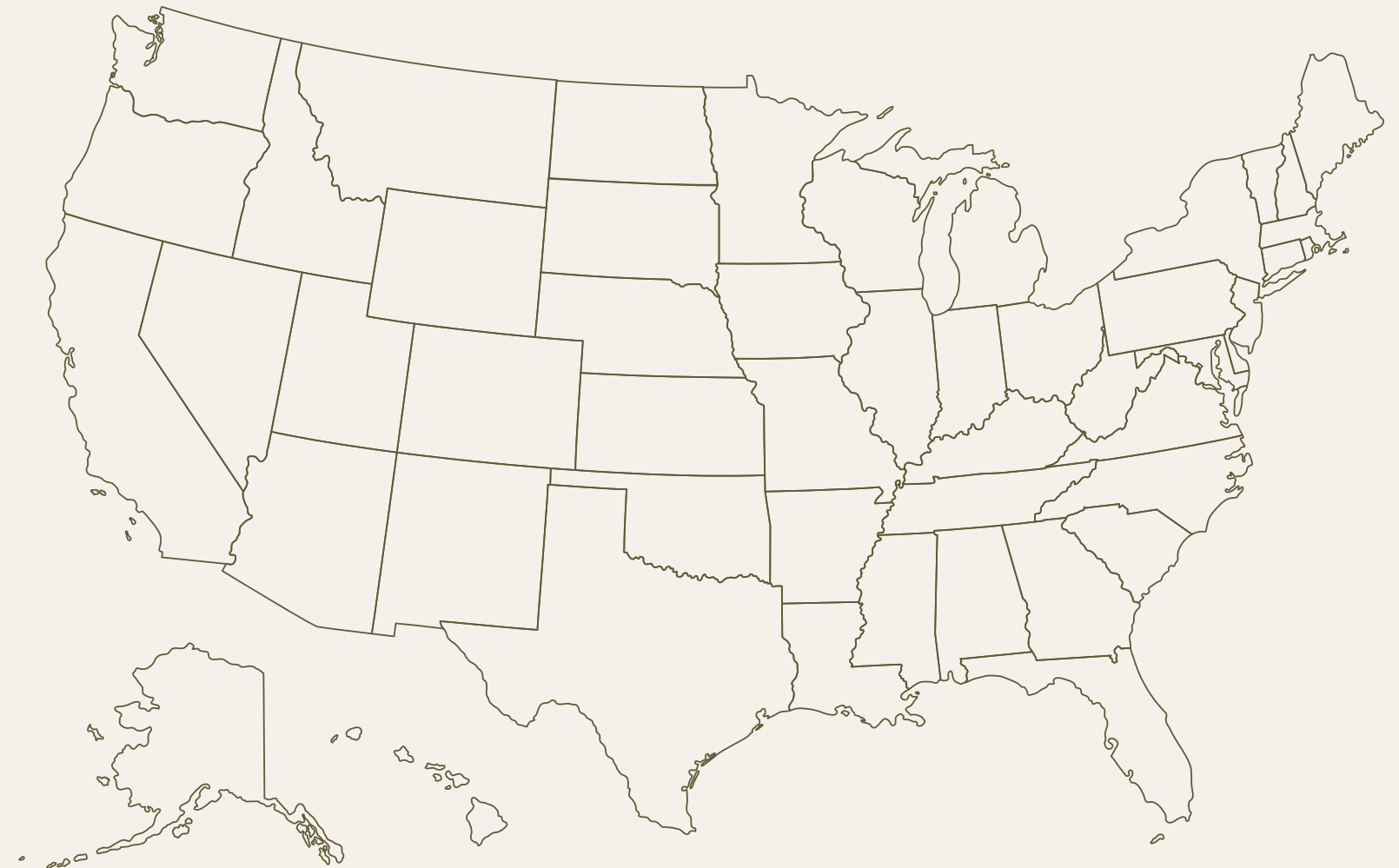
Examples of MHT Certifications

California

Psychiatric technicians in the state of California are required to be licensed members through the Board of Vocational Nursing and Psychiatric Technicians.

Employment:

- Private and state mental hospitals
- Prisons/Corrections
- Substance abuse program/treatment centers
- Educational institutions
- Group homes
- Memory care facilities
- Developmental centers



2024 Median pay: \$42,590 per year / \$20.47 per hour

HISTORY



Joint project with the Hawaii State Hospital

- *Address workforce need for para-medical assistants.*

Partnership with Department of Corrections and Rehabilitation

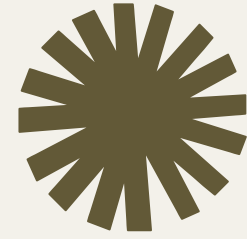
- *Train staff in trauma-informed care to assist individuals in custody.*

Mental Health Technician

Windward Community College

Mental Health Technician

Windward Community College



Program Overview

9-credit program featuring 8-week, online, asynchronous courses designed to be completed in one semester.

**Offered during the Fall and Spring semesters.*

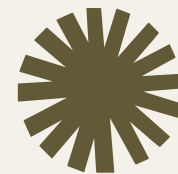
- Provides current service workers with foundational knowledge and skills in mental health.
- Offers a pathway for individuals interested in pursuing careers in the mental health and related fields.

Certificate Requirements

Required Courses:

PSY 100 - Survey of Psychology

PSY 253 - Conflict Resolution & Mediation



Elective Courses:

PSY 170 - Psychology of Adjustment

PSY 224 - Abnormal Psychology

PSY 240 - Developmental Psychology

PSY 270 - Introduction to Clinical Psychology

PSY 271 - Intro to Trauma



Mental Health Technician

Windward Community College

Benefits

Asynchronous classes allow students the flexibility to complete school in their own time.

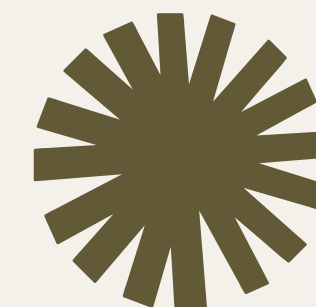
Career planning support from licensed mental health counselors.

Earn college credit that can transfer over to a 2 or 4-year degree.

Potential opportunities for pathways into the workforce.

***Tuition waivers
are available!***

**course textbooks not included*



Program Goals



Mental Health Technician

Windward Community College

To increase enrollment in the program.

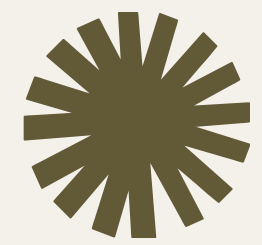
- Identify gaps in the workforce (homeless services, education, treatment facilities)

Establish direct pathways into mental health related jobs/careers.

- Partnerships with community agencies and/or educational institutions
- Work-based learning
- Job Fairs



Future Plans



Mental Health Technician

Windward Community College

- Offer a Certificate of Achievement (30-credits) in Mental Health Tech.
- Offer an AA Degree in Mental Health Tech.

Required Courses (30 credits)

Item #	Title
ENG 100	Composition I
PSY 100	Survey of Psychology
HLTH 123	Introduction to Clinical Skills and Patient Care
PHYL 141	Human Anatomy and Physiology I
HDFS 230	Human Development and Family Studies
PSY 224	Abnormal Psychology
PSY 253	Conflict Resolution & Mediation
PSY 270	Introduction to Clinical Psychology





MENTAL HEALTH CAREER PATHWAY

Windward Community College Certificates

- CoC Mental Health Tech
- CA Mental Health Tech
- ASC Psycho-Social Development



UH Community Colleges

- CoC Substance Use Disorder Counseling
- CoC Prevention Specialist
- CNA Certified Nursing Assistant

UHCC Associates Degree

- AA Liberal Arts
- AAS Human Services
- AAS Mental Health
- AS Mental Health



UH 4-Year Campus Bachelor's Degree

- BA / BS Psychology
- BSW Social Work
- BA Public Health
- BEd Education
- BA Administration of Justice / Criminal Justice
- BA Kinesiology & Exercise Science
- BAS Indigenous Studies
- BA Social Sciences
- BA Public Administration
- BAS Hawaiian & Indigenous Health and Healing



UH Manoa Doctoral Degrees

- PhD Clinical Psychology / Psychology
- PhD Educational Psychology



UH Graduate Studies Master's

- MA Counseling Psychology
- MEd Rehabilitation Counselor Education
- MEd School Counseling
- MA Psychology
- MSW Social Work





MENTAL HEALTH SAMPLE CAREER

Windward Community College Certificates

- Mental Health Technician
- Psychiatric Technician
- Peer Specialist
- Case Manager Aide
- Employment Specialist
- Corrections Officer



UH CC

- Certified Substance Abuse Counselor
- Prevention Specialist
- Certified Nursing Assistant

UHCC Associates Degree

- Human Services Assistant
- Behavior Technician
- Mental Health Aide
- Crisis Intervention Specialist
- Case Manager Aide
- Outreach worker
- Residential Specialist
- Employment Specialist



UH 4-Year Campus Bachelor's Degree

- Public Health Educator
- Program Managers
- Policy / Research Analyst
- Social Worker
- Human Services Professional
- Parole / Probation Officer
- Mental Health Specialist
- Case Manager
- Housing Specialist
- Child Youth Specialist
- Health Care Navigator
- Parole Officer



UH Graduate Studies Master's

- Clinical Mental Health Counselor
- Licensed Social Worker / Licensed Clinical Social Worker / Licensed Marriage and Family Therapist
- School Counselor
- rehabilitation Counselor

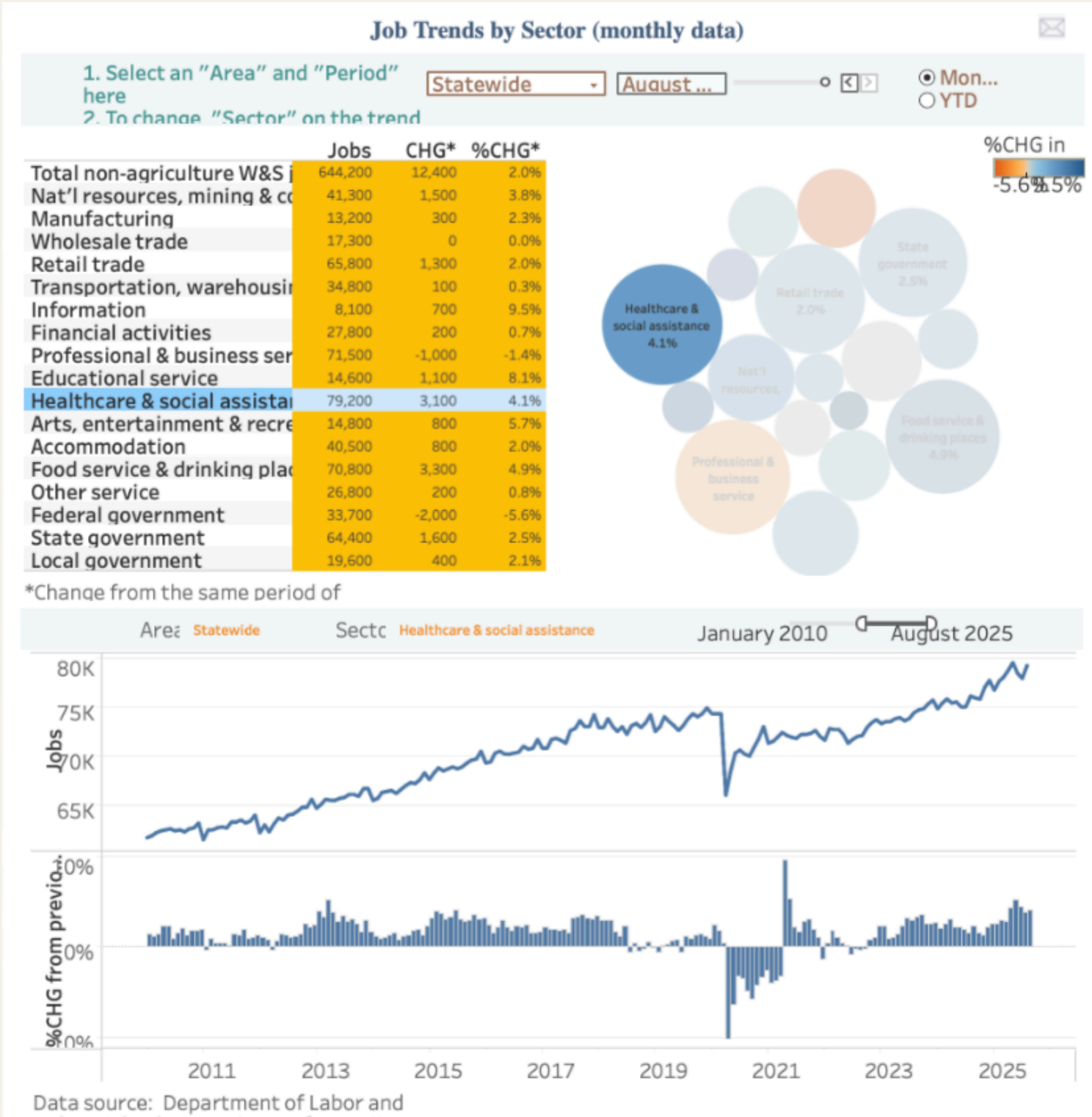
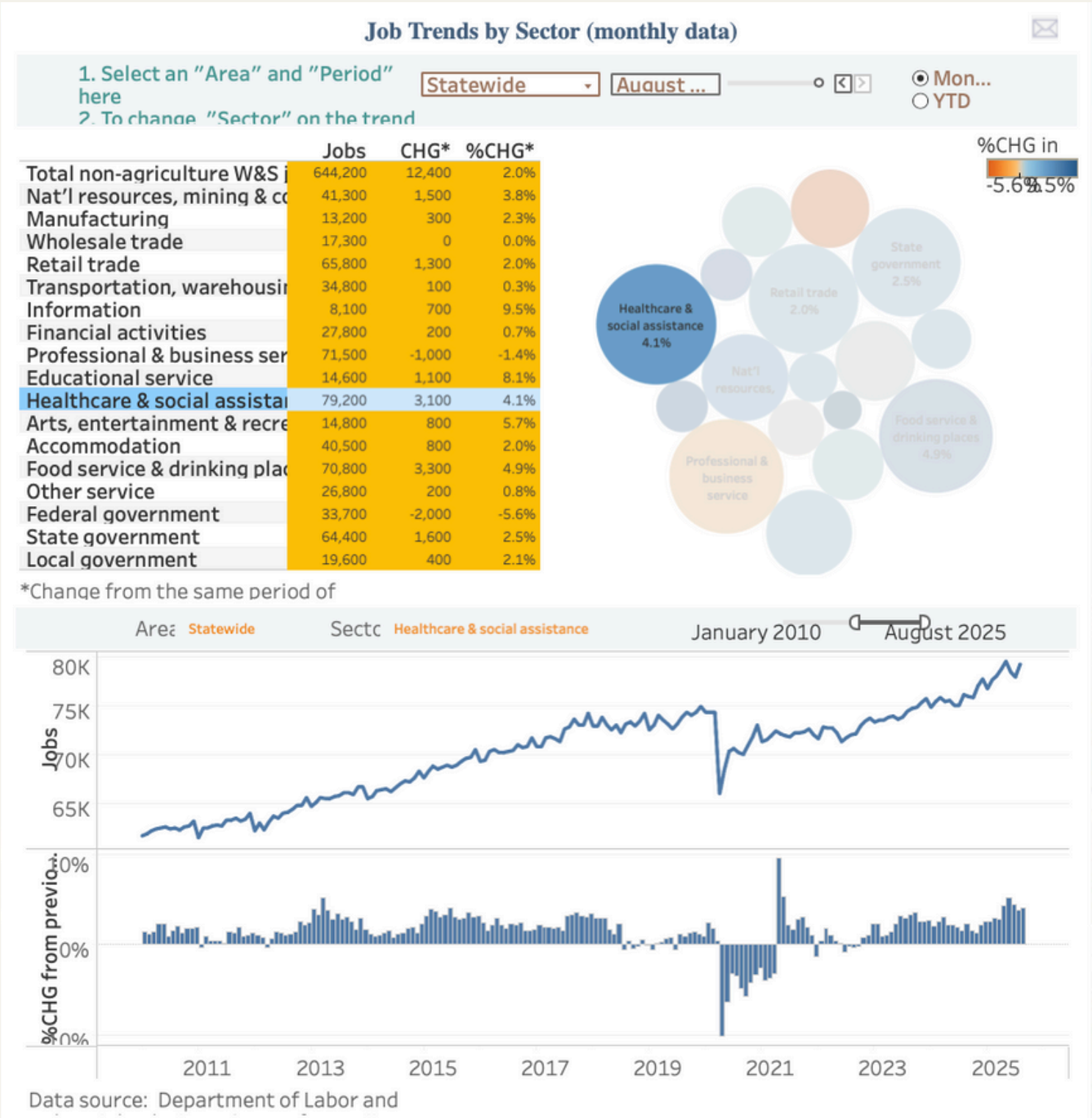


UH Manoa Doctoral Degrees

- Clinical Psychologist



LABOR MARKET DATA



Mental Health Technician *Windward Community College*



MHT Needs

Law Enforcement / Criminal Justice

- Adult Correctional Officers
- Police Officers

Homeless Services

- Institute of Human Services

Hospitals

- Hawaii State Hospital
- Kahi Mohala

Treatment Centers

- Habilitat
- Salvation Army

Department of Health

- Clean and Sober Homes
- Geriatric Care Facilities

• Education

- Educational Assistants
- RBT's

Mental Health Technician *Windward Community College*



Process

Submit the
WCC
application



Once accepted, register
for classes with advisor



Classes
begin!

Mental Health Technician

Windward Community College

Important Dates

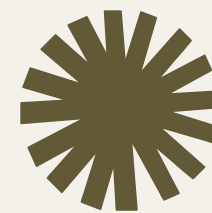
Current enrollment: Spring 2026

Deadline to apply to Windward CC:

December 8, 2025

Registration for courses:

November 11, 2025



First 8-week classes:

January 12, 2026 - March 6, 2026

Second 8-week classes:

March 9, 2026 - May 8, 2026



Thank You!

We'd love to hear from you!

Audrey Duque, LMHC

Mental Health Technician Program Counselor

 amduque@hawaii.edu

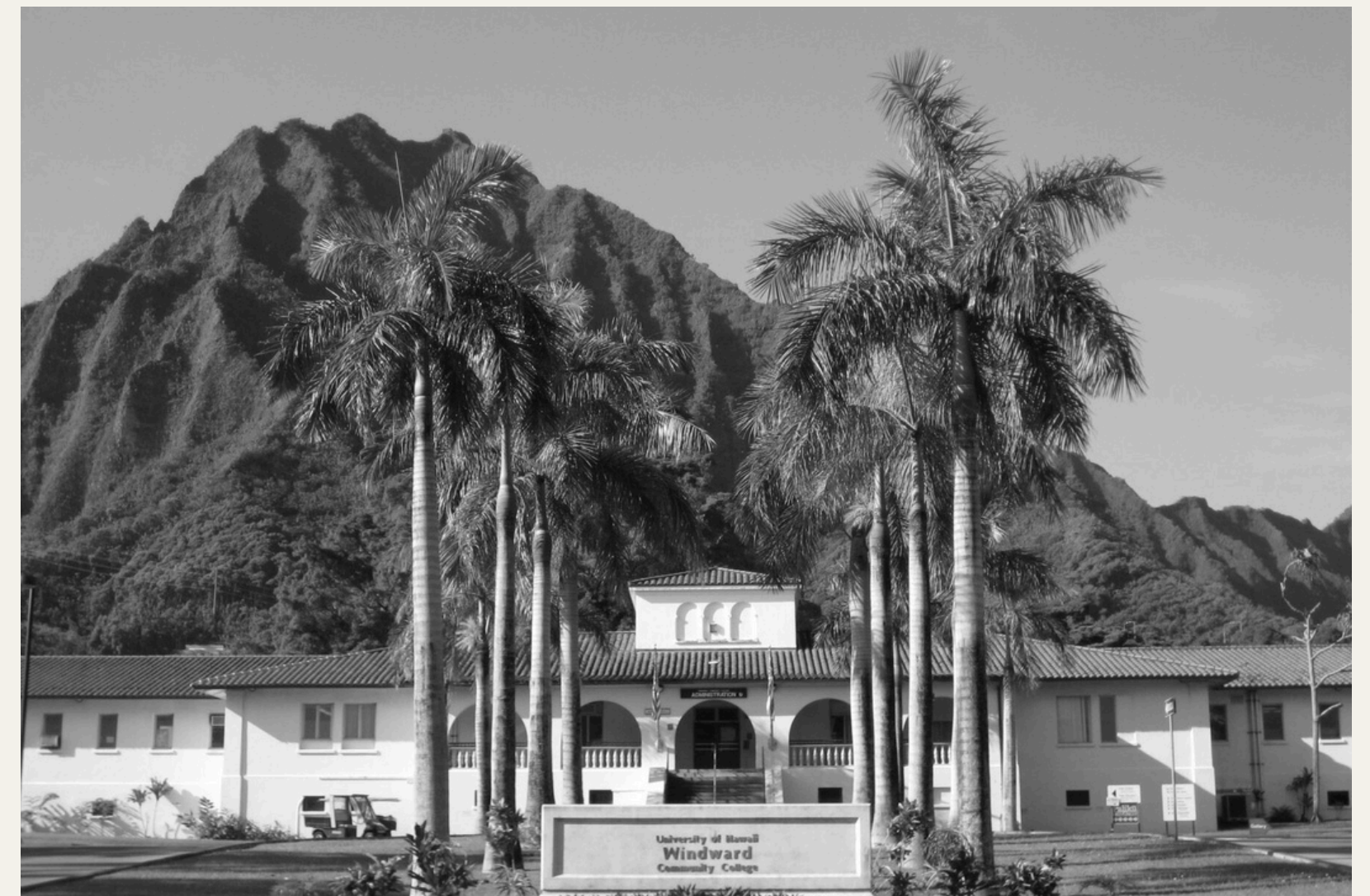
Christine Park, Ph.D, LMHC

Mental Health Technician Program Faculty Instructor

 cmpark@hawaii.edu

Mental Health Technician

Windward Community College





I Ka wā ma mua I ka wā ma hope

Dr. Dayna Schultz, Psy.D., LCSW, CSAC
Hawaii State Council on Mental Health
December 9, 2025

E Ho Mai

E HŌ MAI

by Edith Kanaka'ole

**E HŌ MAI KA 'IKE MAI LUNA MAI E
O NĀ MEA HUNA NO'EAU O NĀ MELE E
E HŌ MAI, E HŌ MAI, E HŌ MAI E**

Edith Kanakaole

<https://youtu.be/vBBpJ8PQJNU?si=qF0iYZQFgblBNoVL>

E Ho Mai

E Hō Mai ka 'ike mai luna mai ē
O nā mea huna no'eau O nā
mele ē
E hō mai
E hō mai
E hō mai ē

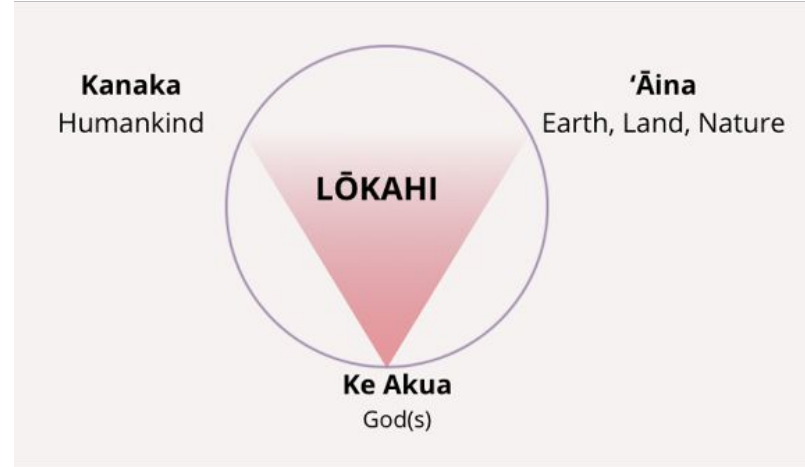
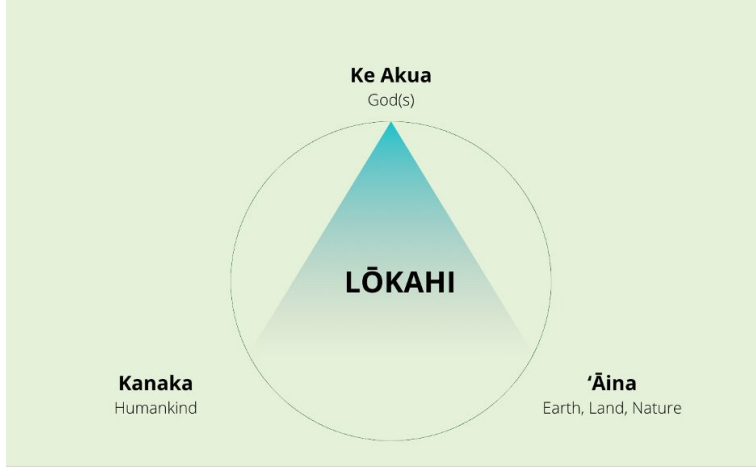
Grant us knowledge from above
The knowledge hidden in the
chants
Grant us
Grant us
Grant us

Land Acknowledgement

We humbly acknowledge that we are gathered on the traditional lands of **Kānaka Maoli**, the Native Hawaiian people. This space, located in **Honolulu on the island of O‘ahu**, is part of the ancestral homeland of Hawai‘i’s first stewards, who have cared for these lands and waters for countless generations.

We honor the **mo‘omeheu** (culture), **‘ōlelo Hawai‘i** (language), and **mana‘o** (wisdom) of the Native Hawaiian people. We recognize their enduring connection to this ‘āina (land) and commit to respecting and supporting the sovereignty, traditions, and well-being of Native Hawaiian communities.

Mahalo nui loa for allowing us to gather here today. May our time together reflect **aloha**, responsibility, and care for this sacred place.

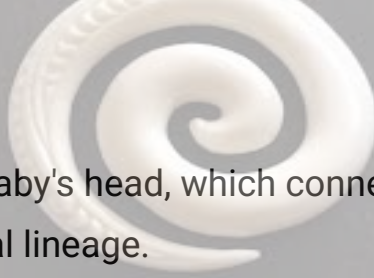


Balance=Wellness

Dr. Kekuni Blaisdell 3 Piko



3 Piko



Piko polo

- Meaning: This is the soft spot on a baby's head, which connects the individual to the spirit realm, ancestors (*kūpuna*), and their spiritual lineage.
- Connection: It represents the spiritual link between the individual's spirit and the world of the ancestors.

Piko waena

- Meaning: This is the navel, which represents the physical and emotional bond with the mother and immediate family. It is also associated with the *na'au* (gut/intuition) and the present.
- Connection: It symbolizes the connection to one's immediate *‘ohana* and the present moment in life.

3 Piko

Piko ma'i

- Meaning: This refers to the reproductive organs and the ability to create future generations. It is also linked to the land and one's ability to create and establish things for the future.
- Connection: It represents the connection to the future, the land (*ʻāina*), and the continuation of life.



Aloha Values

The image features a serene sunset scene over a vast, dark blue ocean. The sky transitions from a deep blue at the top to a soft orange and pink near the horizon, where the sun is setting. The water is dark with gentle ripples. The title "Aloha Values" is centered in a clean, white, sans-serif font.



Values of The ALOHA Spirit

- Akahai- kindness expressed with tenderness
- Lokahi- unity expressed with harmony
- ‘Olu ‘Olu – agreeable expressed with pleasantness
- Ha ‘a ha ‘a-humility expressed with modesty
- Ahonui- patience expressed in perseverance

A light blue flower with five petals is in the upper left, and a white starfish is in the lower right, both resting on a sandy beach. The background is a soft-focus view of the beach with some small shells.

Let's Stay Connected

Mahalo For Your Time Today

Daynahs@hawaii.edu

References

Paki, P. (n.d.). *Keeper of Secrets* [Video]. YouTube. <https://youtu.be/4X7vp3Pcdl8>

Blaisedell, P. (n.d.). *Kekuni* [Video]. YouTube. <https://youtu.be/i2FmbdusZko>

Kanakaole, E. (n.d.). *E Ho Mai Edith Kanakaole* [Video]. YouTube. <https://youtu.be/vBBpJ8PQJNU>



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
 - o Total National Suicide Prevention Line/988 Calls = 24,582
 - o Average # of all calls per month = 8,549
 - o Average # of texts/chats per month = 635
 - o Average # of Crisis Mobile Outreach responses per month = 569
- Highlights of the division
 - o 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.
 - o 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.
 - o 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
 - o AMHD received a Certified Behavioral Health Clinic (CCBHC) Planning grant, which is being used to conduct statewide and clinic CCBHC needs assessments.
 - o Rate study is in progress to assist with revision of rates and allow payment for contracted services to be competitive.
 - o Maui county hosted the mental health and criminal justice conference to review and explore possible intercept model points for action.
 - o 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), 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 \(OEAI DD\)](#) 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 HAWAII
2026

PRELIMINARY DRAFT
For discussion purposes only
Please do not quote

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

PREPARED BY:
HAWAII STATE COUNCIL ON MENTAL HEALTH

SUBMITTED BY:
STATE OF HAWAII
DEPARTMENT OF HEALTH
DECEMBER 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 concern 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 like 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 HAWAII'



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

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'ŌIHANA 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

CHAIRPERSON
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1st VICE CHAIRPERSON
Kathleen Merriam, LCSW CSAC
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Ray Rice, MEd
Asianna Saragosa-Torres
Forrest Wells, MSCP, LMHC
Kristin Will, MACL, CSAC
EX-OFFICIO:
Marian Tsuji, Deputy Director
Behavioral Health Administration

WEBSITE:
scmh.hawaii.gov
EMAIL ADDRESS:
doh.scmhchairperson@
doh.hawaii.gov

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,

A black rectangular box redacting the signature of Katherine Aumer.

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 MENTAL ILLNESS

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: $\geq 75\%$

Second Year Target): $\geq 75\%$

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 Results¹

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 strengthen 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 FY24 result

Target achieved.

The narrative for FY25 result

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 training 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 HAWAII'



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

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

August 12, 2025

CHAIRPERSON
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Heidi Ilyavi
Jackie Jackson, CFP
Christine Montague-Hicks, MEd
Ray Rice, MEd
Asianna Saragosa-Torres
Forrest Wells, MSCP, LMHC
Kristin Will, MAEL, CSAC

EX-OFFICIO:
Marian Tsuji, Deputy Director
Behavioral Health Administration

WEBSITE:
scmh.hawaii.gov

EMAIL ADDRESS:
[doh.scmchairperson@
doh.hawaii.gov](mailto:doh.scmchairperson@doh.hawaii.gov)

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

Page 2. To Whom It May Concern Letter of Support for MauiWES

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,

A black rectangular box used to redact the signature of Katherine Aumer.

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 Hoʻola 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
THIRTY-THIRD LEGISLATURE, 2025
STATE OF HAWAII

S.C.R. NO. 67
S.D. 1

**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 Input³

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