State Council on Mental Health Meeting

January 13, 2026

Meeting Packet Materials

January 13 2026 Public Notice and Agenda

2026 Report to the Governor and Legislature

October 2025 Meeting Minutes Draft

November 2025 Meeting Minutes Draft

December 2025 Meeting Minutes with Attachments Draft

Thank you letter to Dr. Lewin Draft

Thank you letter to Otsuka Precision Health Draft

January 13 -Legislative Advocacy Themes

January 13- 2026 to 2027 Goals

SCMH DVR VRA Report

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

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

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

Meeting Notice & Agenda

DATE: **TUESDAY, January 13, 2026**
TIME: 9:00 a.m. to 12:00 noon
WHERE: Via Zoom with in-person location at
Hale F Conference Room, 2201 Waimano Home Road, Pearl City, 96782

Join virtually:

https://zoom.us/s/95138653554#success
Meeting ID: 951 3865 3554 Passcode 96782

Join by phone:
Dial 253 205 0468 or 669 444 9171

Join in-person:
Department of Health Waimano Complex Hale F Conference Room
2201 Waimano Home Road Pearl City, HI 96782

I. Welcome and Call to Order **9:00 to 9:05 a.m.**
Meeting to be led by Chairperson

II. Meeting Announcements **9:05 to 9:15 a.m.**
- Meeting protocol - AV communication breakdown
- Mental health related events and reports
- SCMH membership, vacancies, and absences
- Ex-officio member message

III. Review and Approval of Meeting Minutes **9:15 to 9:20 a.m.**
- October 14, 2025 Meeting Minutes
- November 9, 2025 Meeting Minutes
- December 9, 2025 Meeting Minutes

HAWAIʻI STATE COUNCIL ON MENTAL HEALTH (SCMH)
January 13, 2026, 9:00 a.m. to 12:00 noon

IV. Community Input **9:20 to 9:30 a.m.**

- Testimonies *[Note: Testimony from interested persons will also be taken immediately before each agenda item.]*

V. New Business **9:30 to 10:30 a.m.**

A. **Past Presentations and Training -Thank you letters**

October presentation:
-Transforming Hawaiʻi's Health Care System:
-Grounded Approaches for Better Mental Health Outcomes
November presentation:
-Rejoyn – Transforming Major Depressive Disorder
Symptom Treatment with Digital Therapeutic
December presentations and/or training:
- The State of our State: Introduction to Labor Analytics for Mental Health Care
-Growing Talents at Home: The Mental Health Technician Path
-I Ka wā ma mua I ka wā ma hope

B. **Rapid Assessment of the December 9, 2025 Mini-Retreat**

C. Presentation

Prescriptive Authority for Psychologists: What are we waiting for?
Judi Steinmann, Ph.D.
Alliant International University

D. Presentation

Housing for Adults with Serious Mental Illness
-Update on AMHD capacity and directions
Erin Snyder
AMHD PIER Housing Services Coordinator

VI. Old Business **10:30 – 11:00 a.m.**

A. Election of 2026 Officers
B. Approval of Legislative Advocacy Themes
C. Presentation of December 9 Meeting Results- 2026 Guiding Values, Goals and Actions for Next Meeting Vote

HAWAIʻI STATE COUNCIL ON MENTAL HEALTH (SCMH)
January 13, 2026, 9:00 a.m. to 12:00 noon

VII. Informational Reports by Council Members **10:30 to 11:50 a.m.**

Standard agenda reporting which may be written or oral. Each report may include information on mental health-related meetings attended, upcoming mental health-related events to share, and mental health conversation topics and resources from mental health stakeholders in the community. It may include concerns relating to concerns that the Council could help in, and responsibility areas for acting on or before the next meeting.

A. Island Representative Reports

1. Oʻahu Service Area Board meeting –Jackie Jackson
2. Hawaiʻi Service Area Board meeting – John Betlach

B. Government Sector Representative Reports - Mental Health Care

1. Behavioral health sector – Kathleen Merriam
2. Social services sector – Ray Rice
3. MedQUEST/Medicaid sector & HACDACS – Jon Fujii
4. Judiciary/Mental Health Court – Kristin Will
5. Education – Christine Montague-Hicks
6. Vocational Rehabiliation – Leah Dias

C. Specialty Area Representative Reports -Mental Health Care

1. Providers – Forrest Wells
2. Parents, family members, consumer advocates – Mary Pat Waterhouse, Heidi Ilyavi, Katherine Aumer, Danielle Bergan
3. Youth and consumer advocate – Asianna Saragosa-Torres

IX. Adjournment

NOTE: THIS MEETING WILL BE RECORDED

STATE COUNCIL ON MENTAL HEALTH MEETING
Tuesday, January 13, 2026, 9:00 a.m. to 12 noon

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

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

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

MEETING MATERIALS AND OTHER INFORMATION:
The meeting packet will be posted on the Council's website at https://scmh.hawaii.gov/meetings at least three full business days. A copy will also be available at 2201 Waimano Home Road Hale F Conference Room, Pearl City 96782. Written testimony will also be posted on the Council's website as it is received. You may also find links to previous Council meeting materials.

#end#

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

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

PREPARED BY:
HAWAI'I STATE COUNCIL ON MENTAL HEALTH

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

EXECUTIVE SUMMARY

Pursuant to Hawai‘i Revised Statutes §334-10(e), the State Council on Mental Health (SCMH) submits an annual report to the Governor and Legislature on the implementation of the State Comprehensive Integrated Service Plan. In 2025, the Council continued to fulfill its role as the State’s Mental Health Block Grant (MHBG) planning council, reviewing the FY 2026–2027 MHBG Plan, the FY 2024–2025 Annual Report, legislative developments, informational presentations, and public testimony.

Over the past fiscal year, more people were able to access the public mental health system. There was also growth in the certified peer specialist workforce and more trauma-informed care trainers, showing progress toward a recovery-focused, trauma-informed system. However, challenges remain. Community tenure is still a concern, as readmissions to the Hawai‘i State Hospital point to ongoing gaps in continuity of care. Youth-intensive services continued to have waitlists, and workforce shortages affected the entire system.

To support community-based recovery, the Council sees a need to track more closely how people move from the Hawai‘i State Hospital to step-down and transition services. The Council also encourages the return of accredited Clubhouses, especially on Kaua‘i, Maui, and the Big Island.

As part of its advisory role, the Council held regular briefings, worked on legislative advocacy, and gathered public feedback. For the future, the Council has confirmed its priorities from the 2024 planning retreat and recommends focusing on three main areas: building the capacity of the Council and local boards through more statewide outreach, working with partners to map out local mental health career paths, and finding the best practices on care coordination.

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 Merriam
1st Vice Chairperson
Government -Behavioral Health Sector

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

Mary Pat Waterhouse
Secretary
Family member

Danielle Bergan**
Consumer advocate

Tianna Celis-Webster
Youth

Naomi Crozier*
Family member

Lea Dias
Government -Vocational Rehabilitation Sector

Jon Fujii
Government - MedQUEST
Hawai'i Advisory Commission on Drug Abuse and Controlled Substances (HACDACS)

Heidi Ilyavi
Family member

Jackie Jackson
O'ahu Service Area Board
Family member

Christine Montague-Hicks
Government -Education

Ray Rice
Government - Social Services Sector

Asianna Saragosa-Torres
Youth

Forrest Wells
Provider

Kristin Will
Government - Judiciary Sector

Marian Tsuji
Ex-officio, DOH BHA Deputy Director

**completed term in midyear*
***New, appointed 12/18/25*

Naomi Crozier completed her two terms and eight years of service. She represented a voice from Maui and provided needed insights on Hawaiian perspectives. Danielle Bergan was recently appointed and will start her term in 2026. Regarding membership, the Council's is most concerned about the extended vacancies in three seats namely the Government- Housing sector, Kauai Service Area Board, and Maui Service Board. The State Council on Mental Health website has recently been updated to support outreach, recruitment and application not only to fill vacant Council seats but also those of the four county-level or local Service Area Boards on Mental Health and Substance Abuse.[1]

[1] see scmh.hawaii.gov

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). As in prior years, the Council’s review draws heavily on federally required Mental Health Block Grant (MHBG) planning and reporting documents, which currently provide the most comprehensive consolidated source of statewide system-level information. For this reporting cycle, the Council’s review and comments are anchored on the State’s MHBG FY 2026–2027 Plan and Application and the MHBG FY 2024–2025 Annual Report. In addition, the Council incorporates information from presentations, public input, legislative advocacy activity, and other available materials to supplement and contextualize the MHBG information. This multi-source approach supports a broader and more informed assessment of system implementation.

Mental Health Block Grant Program

MHBG FY26–FY27 Plan (“Plan”)

The Plan describes Hawai‘i’s statewide system of community-based mental health services that is multi-tiered and involving many agencies. The Department of Health’s Adult Mental Health Division (AMHD) and the Child and Adolescent Mental Health Division (CAMHD) have central administrative roles. The two divisions deliver services through Community Mental Health Centers, Family Guidance Centers, contracted community-based service providers including the Hawai‘i CARES 988 crisis line, two new Certified Community Behavioral Health Clinics, and a new Behavioral Health Crisis Center. The system serves adults with serious mental illness, children and youth with serious emotional disturbances, and individuals in behavioral health crisis. Among these are individuals experiencing homelessness, involved with the justice system, and/or living with co-occurring substance use disorders.

The Plan highlights several ongoing gaps, including not enough youth crisis stabilization, limited services in rural and neighbor island areas, a lack of supportive housing for adults with serious mental illness, and workforce shortages throughout the care system. The Plan aims to use expected MHBG funds in line with the Substance Abuse and Mental Health Services Administration (SAMHSA) priorities. Overall, the Plan focuses on efficiency and quality care. It seeks continuing improvement in the accuracy of AMHD consumer data for better service delivery and reporting, increasing early detection and access to evidence-based help for youth with First Episode Psychosis, closely tracking stabilization bed use to make the crisis system more efficient and support early intervention, treatment, and recovery, and expanding crisis care by following up with, and supporting youth with serious emotional disorder who may need Crisis Mobile Outreach. Along new federal guidelines, the Plan’s four performance measures and targets correspond more tightly to proposed use of expected MHBG funds (Appendix 2).

In accordance with its role as the state planning council for MHBG program purposes, the Council recommended that SAMHSA approve Hawai‘i’s Plan. In its letter, the Council emphasized that workforce capacity remains the foremost cross-cutting constraint affecting nearly every segment of Hawai‘i’s behavioral health continuum of care. (See Appendix 1).

MHBG FY24–FY25 Annual Report ("Report")

The Report covers the final year, year 2, of the MHBG FY24- FY25 Plan, and the results reported are based on performance measures and targets identified and set in 2023 (Appendices 3a and 3b). The results show an increase in the number of individuals successfully accessing mental health services. The results also show the growing number of peer specialists and trauma-informed care trainers. These improvements show progress toward a recovery-focused system. On the other hand, the results highlight persistent gaps beyond access to and along the continuum of care. Community tenure of the forensic population, as measured by readmissions to Hawai'i State Hospital (HSH) within 6 months, exceeds the target level. The forensic population affected includes many who may also be homeless or have both mental health and substance use disorders. Youth-intensive services were close to meeting their goals but were constrained by waitlists and complex cases. Licensed Crisis Residential Services were available, but only on two islands. Both the Adult and Child and Adolescent Mental Health Divisions still had many staff vacancies, making it harder to provide services.

Given the high readmission rate and the need for better community-based recovery, the Council suggests performance measures that account for transition and step-down services for people discharged from the Hawai'i State Hospital. The Council also suggests focusing more on Clubhouses and supporting their accreditation, especially on Kaua'i, Maui, and the Big Island. Greater statewide oversight is needed, such as bringing back a statewide Clubhouse coordinator.

The next story explains why a continuum of step-down services is important.

> *Mr. O first became involved with the justice system and had psychiatric hospitalizations starting in 2006. After almost ten years without AMHD services, he returned in 2017 through the Hawai'i State Hospital (HSH) and was hospitalized three times by 2022. When he was discharged in 2022, he moved to a Specialized Residential Services Program (SRSP) and got help from an Intensive Case Management Plus (ICM+) team to adjust to life in the community. With this support, Mr. O completed the SRSP and then joined the Hale Imua program. Hale Imua provided a structured step-down setting with a 24-hour group home and a day-treatment schedule that gradually decreased. After finishing Hale Imua, he moved to an 8–16 group home in late 2023 and no longer needed intensive case management. In early 2024, he began Community-Based Case Management. By summer 2025, Mr. O became one of the first residents in AMHD's new Supportive Housing program. He currently lives independently in his own apartment.*

Mr. O's story shows that successfully leaving the HSH requires a coordinated set of services, including different housing options, intensive case management, and supportive housing. Without these supports, many people experience another crisis, which leads to more hospitalizations and higher costs for the system.

Community-based programs that help people find purpose, dignity, and job opportunities are also important for long-term recovery. Clubhouses provide this support, but there are not enough accredited Clubhouses in Hawai'i, especially on the rural neighbor islands. A volunteer's story reinforces the value of Clubhouses.

Ms. W., a Clubhouse volunteer, shares why vibrant Clubhouses matter.

Mental health has always mattered to me because a family member has lived with mental illness for many years. I have served on several mental health boards, but I wanted a more personal experience. I heard the Clubhouse was very effective for people with mental illness.

I volunteered in the clerical unit and worked with Clubhouse members. We wrote thank-you notes, get-well notes, and anything else the Clubhouse needed. The work requirement is part of the Clubhouse model, and I saw how valuable it is for members. It gives them a sense of self-worth as they contribute to the Clubhouse. I also met members who had paying jobs, which is another benefit the Clubhouse offers. It trains members for jobs that companies and organizations request. Staff then work closely with both the member and the employer until everyone is satisfied. This process helps members feel accomplished and valued.

Clubhouse International's accreditation helps make sure Clubhouses provide quality and consistent services. Without a strong Clubhouse, members lose the structure, accountability, and proven practices they need for recovery. This can turn a supportive, life-changing place into a fragmented space that cannot fully help people with their mental health.

Beyond the Mental Health Block Grant Program

In 2025, the Council developed insights from across the state through presentations, Council member reports, legislative advocacy, and a mini-planning retreat. The Council's public meetings also generated public input on some of the meeting topics and general community concerns. All these bring attention to some of the key areas where improvement, lessons, challenges, and new ideas are sought.

Informational Presentations

Throughout 2025, the Council received information and discussed In February, members met the Hawai‘i State Hospital administrator as well as learned about levels of care and the DOH AMHD Housing services. March brought an update on the Hawai‘i Youth Mental Health Needs Assessment, which highlighted new priorities for youth. In April, the focus was on planning for Certified Community Behavioral Health Clinics. In May, members heard about rate studies, their effects on care for adults and children, and concerns about possible federal Medicaid funding cuts. June featured local continuum of care and partners found in each county, with AMHD leaders from Kaua‘i, Maui, Big Island, and O‘ahu sharing local insights and future. August focused on recovery and resilience after the Maui wildfires, as well as results from a statewide workplace wellness and quality-of-life survey. In October, state leadership discussed ways to improve mental health outcomes by transforming the health care system. November introduced a new digital therapy for major depressive disorder. The year ended in December with briefings on labor analytics for the mental health workforce and efforts to build local career pathways through the Mental Health Technician program at Windward Community College. (See Appendix 4).

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 longitudinal data and sustained recovery resources for those affected by the 2023 Maui wildfires (See Appendix 5).

Legislative Advocacy

In 2025, the Council voted to engage in legislative advocacy, like it did in the past few years. Appendix 6 lists the bills on which the Council provided testimony that ultimately became law. The successful results include the following:

- *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.

To address the ongoing workforce shortage in the public sector, the Council strongly supported SCR67. This measure highlights the behavioral health workforce needs of the Department of Health, Department of Human Services, Department of Education, Department of Corrections and Rehabilitation, the Judiciary, and other agencies that make up the State’s Continuum of Care. (See Appendix 7).

Members’ Reports

Community Reports were always on the agenda, but these were often tabled to make room for informational presentations and discussions. In 2025, members’ reports showed that communities felt more uncertain about the continuation of services and ongoing improvements, especially because of federal changes. This led members to rely more on the Council for credible information and updates on whether federal policy changes are generating immediate impact. For 2026, the Council was made aware of two new federal programs to monitor for their potential role in improving mental health also. These are the Rural Health Transformation Initiative and the AHEAD (Achieving Healthcare Efficiency through Accountable Design) Model.

Providers continued to raise concerns about workforce shortages and the need to stay open to emerging solutions, including new therapies and technology-supported care. At the same time, members noted that solutions that already exist must be implemented, such as research-based rate studies and training resources that could better equip staff to meet the needs of the specific populations they serve.

The Council also learned that local service area boards need to be revitalized, especially those that have not met regularly or are not fully organized. Doing this would help improve local input and coordination.

Throughout the reports, members agreed that reducing stigma is an important and shared goal. They see chances to work with employers, educators, and other community partners to help lower stigma and build understanding in their respective communities.

Overall, this year's reports make it clear that the Council's role as an information hub is essential. Members count on the Council to share timely updates, raise new concerns, and help everyone stay aware as things change.

Public Input

The Council heard from four individuals with substantial input on either a meeting agenda topic or a general community concern. The public input includes two recovery stories that affirmed the positive role of peer programs, culturally inclusive services, and different therapies in supporting recovery. It also included a sustained concern expressed over patient safety at the Hawai'i State Hospital and legal counsel representation and due-process protections under the current State's assisted community treatment or involuntary treatment program. Workforce-related input articulated concerns over proposed legislative bills that change licensure timelines for psychologists working in correctional settings. Finally, one individual also noted that the use of acronyms in meetings makes the Council's discussions harder to follow. (See Appendix 8).

LOOKING AHEAD

At the end of 2025, the Council held a short retreat to review its 2024 goals and adjust its priorities. Beyond the recommendations that have already been laid out in previous pages, the Council narrows its 2026 focus to three main areas for direct action that will help carry out its planning, advisory, advocacy, and monitoring roles.

1. Strengthening Council Capacity ("Low-Hanging Fruit")
The Council plans to expand outreach across the state to raise awareness of both the Council and local service area boards. Over the next two years, it will create standard outreach tools, including brochures, business cards with Quick Response (QR) codes, presentation templates, and a Frequently Asked Questions resource. To address public feedback about confusing acronyms, the Council has also started making a plain-language glossary for its website.
2. Workforce Development and Local Career Pathways
The Council made workforce development a top priority that needs more analysis and coordination. It will examine current mental health career paths and training programs, map

workforce resources, and identify gaps in recruitment, retention, licensing, reimbursement, and internships. The Council will seek willing collaborators to complete this.

3. Effective Care Coordination Models
The Council will also work to identify best practices as a starting point for effective care coordination models. This will involve briefings from experts and providers, working with insurers and health plans on billing and sustainability, identifying best practices, and analyzing funding gaps and policy barriers that affect long-term success. The Council will be seeking willing collaborators also to advance this.

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

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

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

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

August 12, 2025

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

Dear Dr. McKinney:

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

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

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

Sincerely,

[redacted]

Katherine Aumer, Ph.D.

Appendix 2. MHBG FY26-FY27 Plan Performance Targets

First Year is from July 1, 2025 to June 30, 2026
Second Year is from July 1, 2025 to June 30, 2027
Prepared by AMHD Staff

PRIORITY AREA 1
MENTAL HEALTH SERVICES

Goal 1
To improve the accuracy and timeliness of consumer data for overall service delivery and reporting efficiency

Performance target
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.

Goal 2
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.

Performance target
Number of clients receiving On-Track Hawai‘i 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 2
EARLY SERIOUS MENTAL ILLNESS

Goal 1

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 (FEP).

Performance target

Baseline. 24
First Year Target: 20 clients
Second Year Target: 25 clients

Data source

CAMHD electronic health system

Description of data

Currently most of OnTrack Hawai'i's clients are referred from CAMHD's Family Guidance Centers and data on the clients are entered into the divisions electronic system. Clients are OnTrack clients after they have been screened and determined to need FEP services.

PRIORITY AREA 3
BEHAVIORAL HEALTH CRISIS SERVICES

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.

Performance target

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

Data source

AVATAR NX and data reports from contracted providers

Description of data

AMHD will track daily stabilization bed occupancy rates as the percentage of stabilization beds occupied or filled, targeting optimal utilization.

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

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

Prepared by AMHD Staff

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 maintained

PRIORITY AREA 7. STRENGTHENING BEHAVIORAL HEALTH CARE WORKFORCE

Performance target 1

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

Performance target 2

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

Performance target 3

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

Appendix 3b. MHBG FY24-FY25 Plan Performance Indicators and Results[2]

Prepared by AMHD Staff

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

FY25 decrease readmission rate by five percent

The numbers

FY25 readmission rate increased by 42 percent

The narrative for FY25 result

Target not achieved. Of the 37 readmissions within 180 days in FY25, 438 distinct patients were involved. AMHD continues to make strides amongst the 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.

PRIORITY AREA 2
COMMUNITY BASED SERVICES

Goal

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

Performance target

FY25 increase by 5 percent

The numbers

FY 25 increased by 10 percent

The narrative for FY25 result

Target achieved. FY24 reported total served as 9,106 and FY25 total served is 10,053. The Year over Year increase is 10.4 percent.

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

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

FY25 minimum 50 providers

The numbers

FY25 minimum 12 providers.

The Narrative for FY25 result

There are 12 providers currently submitting electronic claims that have already been set up 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

FY25 minimum 90 percent in data completeness.

The numbers

FY25 minimum 21 percent

The narrative for FY25 result

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

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

FY25 monitored clients to 25

The numbers

FY25 CAMHD accepted referrals for 24 clients

The narrative for FY25 result

Target not achieved. OT-Hawai‘i services are waitlisted due to a full caseload with high complexity and high needs. OT-Hawai‘i plans to conduct a needs assessment to identify areas for improvement within the OnTrack Program and determine which community resources are needed to increase capacity when OT youth are ready to transition back to the 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

FY25 Licensed Crisis Residential Services (LCRS) in at least 2 counties or service areas

The numbers

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

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

Performance target 2

FY25 maintain minimum average 10 percent

The numbers

FY25 average range 61 to 87 percent

The narrative for FY25 result

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

PRIORITY AREA 6
INTEGRATING BEHAVIORAL HEALTH & PHYSICAL HEALTH CARE

Goal

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

Performance target

FY25 maintain 1 SAMHSA-certified CCBHC

The numbers

FY25 maintained two CCBHC clinics

The narrative for FY25 result

Target achieved, with a restatement of the target. The target is 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, Hawai'i asserts that it has achieved the goal by maintaining its CCBHC in Maui (two clinics). Hawai'i is also completing a CCBHC planning grant that supports DOH's capacity 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

FY25 maintain maximum vacancy rate at 20 percent

The numbers

FY25 CAMHD vacancy rate 19 percent

The narrative for FY25result

Target achieved. Like last year, only the CAMHD vacancy rate is used for the performance numbers. This met CAMHD's target of maintaining or improving on last year's. The year 2 performance target should have been clarified last year to mean maintaining 20 percent or better and not decreasing by another 20 percent. AMHD vacancy data is excluded from the reported measure. A de facto rate needs to be established. AMHD's measure of the vacancy rate is currently based on the 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 appointment options that were more widely used during the year to fill some positions (e.g., de facto). A program specialist position may be listed as vacant, but the position was temporarily filled via a 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 retaining experienced staff through enhanced support, expanding permanent positions, adopting innovative work processes, and cultivating a positive and inclusive workplace culture.

Performance target 2
FY25 increase by 12 individuals who are SAMHSA-certified Trauma Informed Care trainer or and other TIC training.

The numbers
FY25 total 14

The narrative for FY25 result
Target achieved. The State can account for at least 14 individuals. The SAMHSA registry for Trauma-Informed Care (TIC) trainers now lists six where it was only two before. There are at least eight more trainers in like programs such as those via Crisis Prevention Institute training. Moreover, the State is also on the path to having more certified TIC professionals. The State's Office of Wellness and Resilience, which coordinates training supportive of Hawai'i 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
FY25 increase by 20 percent

The numbers
FY25 increased by 25 percent

The narrative for FY25 result
Target achieved. AMHD completed one Hawai'i Certified Peer Specialist (HCPS) virtual training with 20 students. AMHD adopted a strategic approach to addressing 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 to hiring these individuals.

Appendix 4. 2025 Full Council Meetings – Invited Presenters and Topics [3]

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

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

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

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
Hawai'i Workplace Wellness & Quality of Life Survey Results
Dr. Jack Barlie, Dr. Eva McKinsey, Dr. Kevin Thompson & Ms. Erica Yamauchi

October 14
Transforming Hawai'i'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

I Ka wā ma mua I ka wā ma hope (mini-training)
Dr. Dayna Schulz

[3] No invited presenters on the following meetings: July 8 and September 9

Appendix 5. 2025 Council Letter on MauiWES

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

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

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

August 12, 2025

To Whom It May Concern:

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

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

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

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

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

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

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

Sincerely,

[redacted]

Katherine Aumer, Ph.D.

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

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

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

Appendix 7. 2025 Senate Concurrent Resolution on Mental Health Care Workforce

THE SENATE
THIRTY-THIRD LEGISLATURE, 2025
STATE OF HAWAIʻI

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 Hawai‘i, Regular Session of 2025, the House of Representatives concurring, that the Department of Human Resources Development and the state agencies comprising the State's public mental health care system are requested to cooperate more closely to determine the necessary actions to expedite the hiring and filling of critical vacancies, including solutions to address the obstacles and challenges unique to the mental health care workforce; and

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

Appendix 8. 2025 Council Full and Committee Meetings –Substantive Public Input[4]

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 expressed concern about SB474 requiring DCR psychologists to obtain licensure within 10 years from date of employment instead of 2 years. The Hawai'i Psychological Assocation (HPA) opposed on grounds that it lowers qualifications for those who treat prisoners. The State Department of Corrections and Rehabilitation has 3 psychologists on staff, and only one licensed. It has 20 openings.

December 9
M. Celeste pointed to the challenge of understanding acronyms and suggested that the Council address the issue.

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

HAWAIʻI STATE COUNCIL ON MENTAL HEALTH (SCMH)
DRAFT MEETING MINUTES
October 14, 2025 9:00 a.m. to 12:00 noon
Via Zoom with in-person location at Hale F Conference Room,
2201 Waimano Home Road, Pearl City, 96782

Members Present: Katherine Aumer (Chair), Forrest Wells, Jackie Jackson, Heidi Ilyavi, Christine Montague-Hicks, John Betlach, Jon Fujii, Kathleen Merriam
Members Excused: Tianna Celis-Webster, Mary Pat Waterhouse
Members Absent: Asianna Zaragosa-Torres
Guests: Dr. Jack Lewin (Invited Guest Speaker), Raelyn Reyno, Jim Gottstein, Squirrel Celeste
Staff: Carolyn Weygan-Hildebrand (DOH AMHD), Jocelyn Nazareno (DOH AMHD)

I. Call to Order, Roll Call

Chairperson Katherine Aumer called the meeting to order at 9:10 a.m.

II. Announcements

- The Mental Health of America National Conference will be held virtually on October 16-17, 2025. The registration link was provided in the chat.
- November Meeting: Because of Veterans Day on November 11, members WILL discuss rescheduling or skipping the meeting.
- The December 9 in-person meeting is confirmed for the Daniel K. Inouye International Airport Conference Room, with optional training available in the afternoon.
- Membership Updates: Chair Aumer thanked Jackie Jackson and Mary Pat Waterhouse, and congratulated them for their reappointment through 2028. Members in holdover status are reminded to apply. Application link was provided at scmh.hawaii.gov.
- The annual report is still under discussion. The draft will be reviewed again later in the meeting.

III. Review and Approval of Meeting Minutes

- Heidi Ilyavi motioned to approve the draft minutes from September 9, 2025. Jackie Jackson seconded the motion. The minutes were approved unanimously as presented.

IV. Community Input

No written testimonies were received. The following oral testimonies were presented:

- Jim Gottstein highlighted the report "Improving Mental Health Outcomes," which he co-authored with Dr. Peter Gotzsche and Dr. David Cohen. He raised concerns about long-term psychiatric drug use, supported non-coercive community-based care, and encouraged evidence-based recovery approaches.

  Questions asked for clarification:
  Q. Has the Report been reviewed?
  A. The report, authored by Dr. Peter Gøtzsche, Dr. David Cohen, and J. Gottstein, has been available and widely shared for two years. No one has challenged its contents. It includes citations and hyperlinks. Gottstein shared that he spent months in a hospital in 1982 and felt he would not recover, as the system discouraged hope for recovery.
  Q. What is the key takeaway?
  A. Hawaii can improve by using non-coercive methods, such as the open dialogue approach.

- Raelyn Reyno-Yeoman repeated her concerns about Hawaii's Assisted Community Treatment (ACT) Law, mentioning reduced access to legal counsel and possible rights violations. She noted that last year's legislation reduced the ACT decision panel from three to one professional. She also highlighted the side effects of long-term injectable medications and encouraged NAMI Hawaii to offer educational sessions on this issue.

  Questions asked for clarification:
  Q. Is the Council getting a presenter on this topic soon?
  A. Staff will contact the Attorney General's office about the ACT. The topic of long-term injectable medications is new and will be explored further.

V. Old Business

A. Review and Approval of Letter of Thanks for Past Presentations

- "*County Integrated Service Area Planning: Context, Insights and the Future.*"

  Forrest Wells motioned to approve the draft letter as presented. H. Ilyavi seconded. The motion was approved unanimously.

- "R*ate Studies and Their Impact* ." Jon Fujii motioned to approve the draft letter as presented. John Betlach seconded. The motion was approved unanimously, subject to the correction of one typographical error.

B. Organizing for the next years

- December 9 meeting was confirmed as in-person only at a Honolulu International Airport conference room. It will include optional afternoon training. Procurement and logistical arrangements are underway.
- The Council agreed to reschedule the November meeting to November 18 because of Veterans Day. This also allows time to review the SAMHSA Mental Health Block Grant performance report due December 1.
- For the Council's Annual Report, members were encouraged to review past reports and bring suggestions in November. Final approval will be at the December meeting, with submission on December 20.

VI. New Business

A. Presentation

"Transforming Hawai'i's Health Care System: Grounded Approaches for Better Mental Health Outcomes" - John (Jack) C. Lewin, M.D.

Note: There were no PowerPoint slides available for reference.

Dr. Lewin began his presentation by sharing his long experience in Hawaii's healthcare system, starting as a physician in 1979 and later serving as Director of the Department of Health from 1987 to 1994. He mentioned Hawaii's achievements, including the Prepaid Health Care Act of 1974, which requires employers to provide health insurance for employees working over 19 hours per week. He also noted the creation of MedQUEST, early HIV (Human Immunodeficiency Virus) care programs, and the rebuilding of Hawaii State Hospital, which once gave Hawaii a reputation as the "Health State." Despite these successes, Lewin pointed out that Hawaii now faces major challenges. Nearly 97% of residents have health insurance, but access to care is still limited, especially in rural areas with provider shortages. Mental health needs are high: one in five residents has a mental illness, and half of those who need care do not get it. Youth mental health is especially concerning, with ongoing post-pandemic effects and high rates of sadness and suicide risk among teens and young adults.

Lewin described a vision for change based on prevention, integration, and innovation. He emphasized starting early, with universal preschool and mental health screening for children, to prevent crises and lower long-term costs. He called for behavioral health to be fully integrated into primary care, so mental health is seen as part of overall health. He also highlighted the role of technology, such as telepsychiatry, remote monitoring, and AI tools, in improving early detection and care coordination. Local innovations include radar-based sensors for monitoring and platforms like Nightingale MD, which combine health data to create complete patient profiles.

Lewin then introduced five strategic highlights essential for Hawaii's future:

1. System Integration and Data Alignment: He recommended connecting behavioral health, primary care, housing, and social services into one system, using Kaiser Permanente and the Veterans Health Administration as examples. He said breaking down silos is essential for better outcomes and efficiency.
2. Workforce Shortage and Retention: Lewin recognized major workforce shortages and suggested solutions like loan repayment incentives, peer-support certification, and interdisciplinary teams. He also proposed creating a statewide workforce pipeline through the University of Hawaii to train future behavioral health professionals.
3. Behavioral Health Financing: He supported value-based reimbursement, aligning Medicaid contracts with recovery outcomes, and exploring public-private partnerships to fund prevention. He recommended moving away from fee-for-service toward a population health approach.
4. Post-Maui Wildfire Recovery: Lewin pointed to Maui's inter-agency collaboration as a good example of building behavioral health capacity and providing long-term trauma-informed support. He noted important lessons for future disaster response.
5. Leadership and Community Voice: He emphasized including people with lived experience in planning and policy discussions to make sure reforms meet real needs.al to Lewin's presentation were two major funding opportunities: First, the AHEAD Grant, a multi-year federal initiative that shifts payment models from fee-for-service to population health, doubles investment in primary care (including mental health), and incentivizes better outcomes. Planning runs through 2028, with operations extending to 2036, potentially bringing $250 million annually to Hawaii if fully implemented. Second, the Rural Health Transformation Fund, a $50 billion national program, guarantees Hawaii $100 million per year from 2026 to 2030, with the possibility of additional funds. These resources could dramatically expand rural health infrastructure, workforce development, and mental health innovation.

Lewin ended by urging the State Council on Mental Health to support participation in these programs, help agencies work toward a shared vision, and focus on prevention, workforce development, and technology-enabled care. He encouraged members to help make Hawaii a leader in health reform, with mental health as a priority.

Questions and Answers:
Q. What should the Council focus on?

A. Advocate for participation in AHEAD and Rural Health programs; encourage providers to adopt population health models and integrate mental health into primary care. AHEAD stands for Achieving Healthcare Efficiency through Accountable Designs.

Q. How can the Council support the State Health Planning and Development Agency?
A. Help break down silos, promote shared vision across agencies, and provide input on workforce development and community engagement
.
Q. Are there specifics on AHEAD projects?
A. Planning underway; implementation starts 2028; Hawaii could receive $250M annually. J. Fujii offered to bring the project manager for a future detailed briefing.

Q. Is the Governor focused on current issues or future funding?
A. Both—addressing urgent needs (housing, corrections, mental health) while planning for long-term systemic reform.

J. Fujii noted that Medicaid work and volunteer requirements will begin in 2027 and suggested working with nonprofits to create volunteer opportunities.

VII. Members' Reports

1. Island Representative Reports

    - O*ʻahu Service Area Board meeting* – J. Jackson reported that the Board had a quorum and met. She highlighted a presentation on Windward Community College's Mental Health Technician programs and shared updates from CAMHD. The Board meets every third Wednesday from 9:30 to 10:30 a.m.
    - *Hawaiʻi Service Area Board* – J. Betlach reported that the HSAB did not meet because of technical issues.

2. Government Sector Representative Reports

    - *Behavioral health sector* – Kathleen Merriam reported that a year-end summary will be prepared for December.
    - *Social services sector* – Ray Rice reported attending an October 3 caucus meeting where Debbie Morikawa spoke about the need for higher federal reimbursement rates for community care homes. This issue affects competitive wages and the sustainability of housing providers, which the Council has discussed before. Ray said these rates will likely be part of upcoming legislative discussions. He shared a link to the presentation: https://www.youtube.com/watch?v=Vg0KGiuRYaw

- *MedQUEST/Medicaid sector & HACDACS* – J. Fujii provided an extensive update on federal and state policy changes: Rural Health Transformation Fund: $50B nationally; Hawai‘i guaranteed $100M annually (2026–2030). Application deadline is imminent; mental health priorities will be included. AHEAD Grant: Multi-year CMS initiative to shift payment models to population health, integrate behavioral health into primary care, and incentivize better outcomes. Hawai‘i could receive $250M annually starting 2028; HR1 Impacts: Medicaid work/volunteer requirements begin Dec 2026; cost-sharing requirements start Oct 2028 for expansion populations; Current Medicaid enrollment is ~391,000, down from pandemic peak due to redeterminations. J. Fujii emphasized the need for community partnerships to create volunteer opportunities for members who meet work requirements and offered to share detailed guidance on changes to immigrant eligibility.
- *Judiciary/Mental Health Court* – Kristin Will reported high activity in Mental Health Court, with new petitions and 72-hour holds. She raised concerns about delays in case management due to pending authorizations, which impact continuity of care and access to extended treatment funding. She emphasized the importance of case managers for successful outcomes and mentioned ongoing structural repairs at the courthouse.
- *Education* – Christine Montague-Hicks shared that the DOE is expanding mental health training and outreach. Youth Mental Health First Aid training was given to Honolulu Parks & Rec staff on October 2 and is scheduled for DOE staff and community members on October 17. Quarterly trainings are planned, with the next in January. DOE took part in Children and Youth Day on October 5, reaching over 400 families, and in the NAMI Walk on October 11. Staff also received Skills for Psychological Recovery and trauma-informed training to support behavioral threat assess
- *Vocational Rehabilitation* – L. Dias reported that 4,801 people were served statewide during the last reported quarter, with most having cognitive or psychosocial disabilities. There were 241 new applications, 220 people found eligible, and 199 individualized employment plans developed. Sixty-three people achieved competitive integrated employment, which is a significant increase. The average wage was $28.63 per hour, and the average hours worked were 32.9 per week. She also announced a new Fetal Alcohol Spectrum Disorder (FASD) training for DVR staff, led by Amanda Luning of FASD Hawaii. The training will cover awareness, screening tools, reducing stigma, and

strategies for supporting people with FASD. Lea suggested inviting A. Luning as a guest presenter at a future meeting.

3. Specialty Area Representative Reports
    - *Providers* – F. Wells identified urgent challenges. First, enforcing the Red Flag Law is difficult because the current petition process to remove firearms from people in crisis is slow and ineffective. Second, there are gaps in implementing the MH-3 Law. While providers can now start hospitalization orders, HPD and emergency healthcare systems do not have clear protocols and often use MH-1 procedures instead. He suggested a legislative review to improve these processes.
    - *Parents, family members, consumer advocate*s – H. Ilyavi reported severe shortages of case managers on Hawai‘i Island, especially in Kona, and ongoing difficulties hiring housing staff because reimbursement rates have not increased enough. Even with a 15 percent rate increase for AMHD housing, there are still disparities compared to child and adolescent services. H. Ilyavi shared that she left housing work due to burnout and lack of support, highlighting workforce issues.
      K. Aumer added that there are growing concerns about people experiencing homelessness and behavioral health crises in urban areas. She stressed the need for trauma-informed de-escalation training and clear referral options for community members who want to help safely and respectfully.
    - Y*outh and consumer advocate* Tianna Celis-Webster, in a written report, said she is planning a Youth Peer Support Specialist Training for March 2026 and working on the Polina Circle Pilot Project to help foster youth take part in case planning. She also announced the next Children’s Mental Health Acceptance Meeting on October 16.

VIII. Adjournment

Chair Aumer adjourned the meeting at 11:58 a.m. and thanked all members, staff, and community participants for their dedication and contributions.

Handouts

No meeting packet handouts

#end#

STATE COUNCIL ON MENTAL HEALTH (SCMH)
DRAFT MEETING MINUTES
November 18, 2025
9:00 a.m. – 12:00 p.m.
Hybrid meeting via Zoom and in-person at
Hale F Conference Room, 2201 Waimano Home Road, Pearl City 96782

Members Present: Katherine Aumer, John Betlach, Lea Dias, Heidi Ilyavi, Jackie Jackson, Kathleen Merriam, Ray Rice, Mary Pat Waterhouse, Forrest Wells, Kristin Will
Members Absent: Asianna Saragosa-Torres
Members Excused: Tianna Celis-Webster, Jon Fujii, and Christine Montague-Hicks
Guests: Danielle Bergan, Christina Garton & Joe Raker from Otsuka Precision Health
Staff: Stacy Molina, Jocelyn Nazareno, Carolyn Weygan-Hildebrand

I. Call to Order

Katherine Aumer, Chairperson, called the meeting to order.

II. Meeting Announcements

K. Aumer warmly welcomed members and guests.

- Meeting protocol for audiovisual communication breakdown or zoom bombing incident:

In case of communication technology-related interruption that could not be restored in 30 minutes, the meeting will automatically be terminated and resume on December 9th, at 9 am in person. And this will apply in case of Zoom bombing as well.

III. Approval of Minutes

Approval of October Meeting Minutes – Tabled for further review

IV. Community Input

No community input

V. New Business

A. Presentation "Rejoyn – Transforming Major Depressive Disorder Symptom Treatment with Digital Therapeutic" by Otsuka Precision Health (see presentation video)**.**

Presented by Christina Garton, Associate Director, and Joe Raker, Associate Director of Clinical Evidence. Rejoyn is the first and only prescription digital health product for treatment of major depression disorder (MDD) symptoms in conjunction with an antidepressant.

Questions and Answers

Question: What is the current pricing model and is it covered by Medicaid and private insurance? Thinking in terms of access.

Answer: Working on getting on a lot of plans. Currently on several plans across the country like Blue Cross Blue Shield and in talks with Cigna Healthcare. Not on Medicaid yet. App prescription retails at $200 and currently offering 6-week prescription for $50 with 10-week access.

Question: Any testing done with demographically diverse group? Hawaii has very diverse ethnic groups.

Answer: In trial itself, not necessarily tested diverse ethnicities. Demographics used were what you see in the US broadly. Ongoing research to better understand what it looks like across different demographics.

Question: Sounds like all patients were prescribed medication, were they successful? Were there changes to medication during the trial?

Answer: To be eligible for the app trial, patients were already on antidepressant medication that they were not exhibiting a response to. Patients were tested with their current medication prescription. No changes to medication during the trial.

Question: Is the data from the app linked to patient's clinician, therapist, or primary care provider?

Answer: Yes, data is accessible. It is an additional optional purchase to receive data from the app; it is not offered to everyone. App includes nurse support and will provides reminder calls if opted in.

Question: If people have disabilities such as hard of hearing or sight, are they excluded?

Answer: No one is excluded, but it is up to clinical judgement. Closed caption is available so you don't necessarily need to hear the app, but you do need to see it. No testing done on any specific disabled population.

Question: Is the app gamified? Do you move up levels?

Answer: It is an engaging and interactive experience. It includes progress markers with positive messages, and you are able to review how you are doing with each exercise. We are always experimenting to improve app experience.

Question: What is the age group for the prescription?

Answer: Label indicator is 22 years old and up. FDA software medical device regulation is 22 years old and up.

Question: Any thoughts on testing target pilot sample in Hawaii?

Answer: My department, Applied Research Team, are engaging real world evidence studies with partners who decided to adopt Rejoyn. Always an opportunity for those who are using Rejoyn and would like to answer questions about it.

Question: Does use of the app require cellular or wireless service? Digital equity comes into play.

Answer: Yes, app is designed specifically to be used on a phone.

Comment:

Forrest Wells – The Queens Health Systems will be purchasing at least 50 prescriptions to be used as a trial in Maui as part of grant funding. They will take initial data on draw and demand. It's not an actual clinical trial but trial on demographics in Hawaii to see how effective it is with expanding treatment using limited number of providers available. With approval, I will provide data results in a future presentation.

Christina – Test license codes available to any providers for trial.

B. Organizing for 2026 – Discussion & Feedback

1. 2026 SCMH Officers – Nominations

K. Aumer opened nominations and nominated the following to continue their roles; Mary Pat Waterhouse as Secretary, Kathleen Merriam as 1st Vice Chairperson, Jackie Jackson and Forrest Wells as 2nd Vice Chairperson.

M.P. Waterhouse nominated K. Aumer to continue as Chairperson.

All who were nominated indicated willingness to serve.

C. Weygan-Hildebrand shared J. Betlach's concern about limited capacity as serving as Hawaii Service Area Board Chairperson.

Nominations can also be emailed to K. Aumer.

Add election of Council Member Officers and recruitment of Service Area Board Members to January agenda.

2. 2026 SCMH Legislative Advocacy – Priority Themes

Motion by F. Wells seconded by M.P. Waterhouse to create a committee for 2026 legislative session. Council unanimously agrees to create the committee and M.P. Waterhouse agreed to lead the advocacy committee for the council again.

Council concerns for next Legislative session are housing, 24-hour group homes, homeless sweeps, funding needed for co-respondent to accompany HPD. Council will touch base with other organizations to see who aligns with Councils concerns.

VI. Old Business

A. Presentation (Past)

Rural Health Transformation Initiative Grant and Approval of Thank You Letter – Tabled for further review

B. Organizing for the Year – Update, Discussion &n Feedback

C. Weygan-Hildebrand reported on Mental Health Block Grant (MHBG) target and goals for last two years. Planning committee available to review reports (see attached report).

VII. Informational Reports by Council Members

A. Island Representative Report

1. Oahu Service Area Board Meeting – Jackie Johnson – No report
2. Hawaii Service Area Board Meeting – John Betlach – No report

B. Government Sector Representative Reports – Mental Health Care

1. Behavioral health sector – Kathleen Merriam – No report
2. Social services sector – Ray Rice

Continue to explore mental health resources and services in communities for work. Upgrading to new data integrated systems for programs. Current system is thirty-three years old.

3. Judiciary/Mental Health Court – Kristin Will

On November 3, 2025, graduation ceremony held at Supreme Court for Specialty Courts; Drug Court, Mental Health Court, and Veterans Treatment Court. Kristin Will to send pictures of graduation to C. Weygan-Hildebrand for documentation. State of Hawaii Specialty Courts will soon inherit Driving Under the Influence (DUI) Court.

4. Vocational Rehabilitation – Leah Dias – No report

C. Specialty Area Representative Reports – Mental Health Care

1. Providers – Forrest Wells

With federal shutdown, Medicare and Medicaid consumers distressed over continued healthcare benefits. Telehealth ended for Medicare.

2. Parents, family members, consumer advocates – Katherine Aumer, Heidi Ilyavi, Mary Pat Waterhouse

Heidi Ilyavi kudos to Big Island for coming together to support each other during federal shutdown.

Danielle Bergan, Chairperson for Maui Service Area Board, reported that Dr. Thompson, Psychiatrist from Maui Memorial Hospital, continues to help youth and improve intake process. Currently, youth must stay overnight if checked in after 6pm to receive treatment or be diagnosed. New residential stabilization program by Child and Adolescent mental health Division (CAMHD) to open this month. It is an eight-bed program to help 10–17-year-olds in crisis as a step down from acute or hospital-based treatment. From CAMHD, Dr. Adam Kohl retired and will be leaving in January 2026. Amy Boater, Clinical Psychiatrist, joining Dr. Yamashida. Hale Pono Youth Shelter has been open for a year with a focus on reuniting 12–17-year-olds with family and finding long-term solutions. It is not a treatment center. Completed application to become an official Council Member.

VIII. Adjournment

The meeting was adjourned at 12:00 PM.

Handouts

Hawaii Mental Health Block Grant 2026 Report

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

HAWAII STATE DEPARTMENT OF HEALTH

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

HAWAII STATE DEPARTMENT OF HEALTH
KA ʻOIHANA OLAKINO

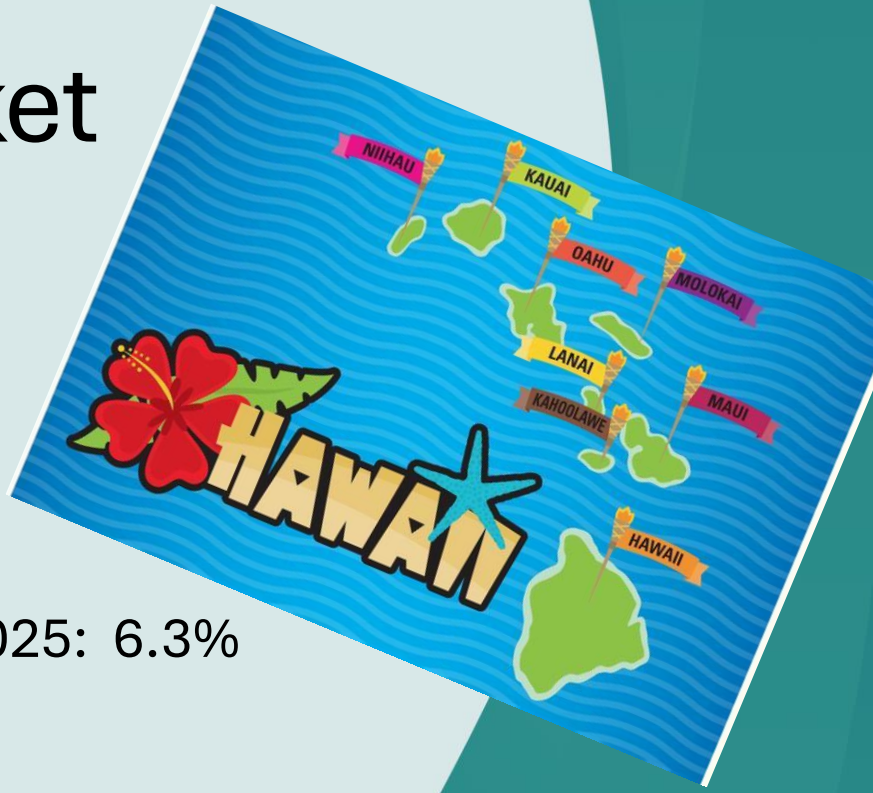
Forecasting Labor Market Conditions to Improve Workforce Planning

Lightcast

- 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.

HAWAII STATE DEPARTMENT OF HEALTH
KA ʻOIHANA OLAKINO

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

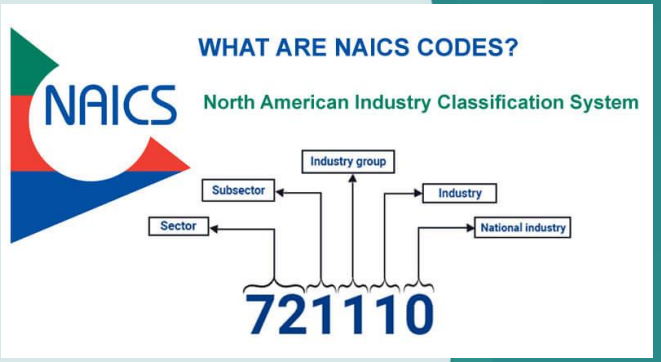
Long-Term Unemployment Rate: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics (LAUS): Alternative Measures of Labor Underutilization for States, Third Quarter of 2024 through Second Quarter of 2025 Averages : U.S. Bureau of Labor Statistics

Median Income and Migration Date: Lightcast, Inc

HAWAII STATE DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO

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

HAWAII STATE DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO

Economic Impact of Hawaii's Mental Health Industries

HAWAII STATE DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO

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.

HAWAII STATE DEPARTMENT OF HEALTH

KA 'OIHANA OLAKINO

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

KA 'OIHANA OLAKINO

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)

KA 'OIHANA OLAKINO

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.

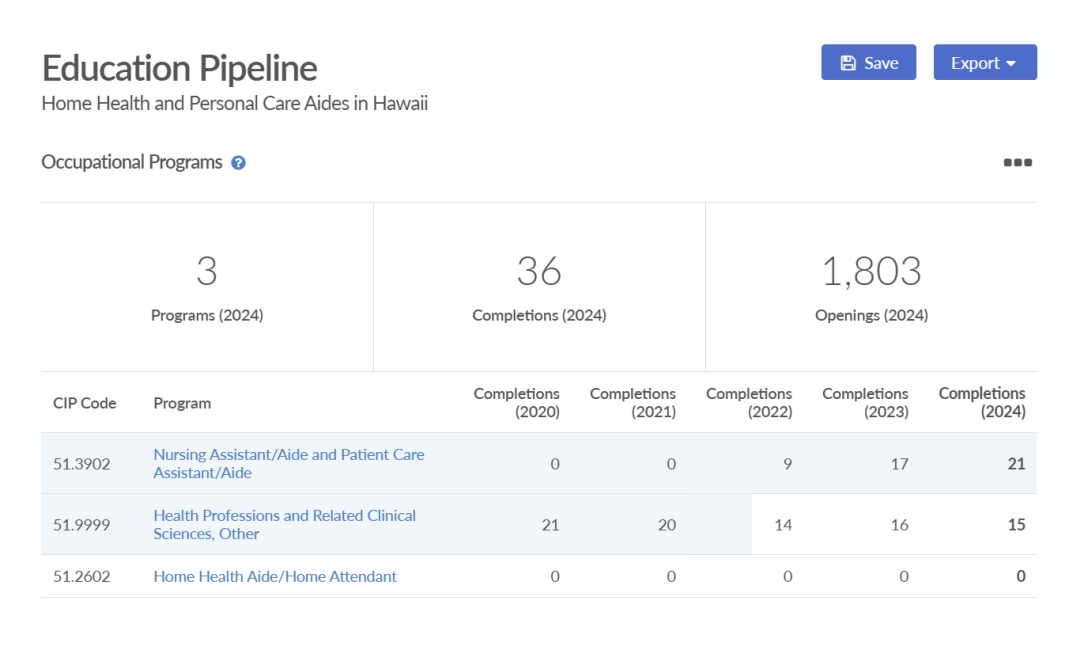
Note: Data provided at the 6 -Digit Standard Occupational Classification (SOC)

HAWAII STATE DEPARTMENT OF HEALTH

KA 'OIHANA OLAKINO

Incoming Labor Supply:

Educational Pipeline for:
Home Health and Personal Aides



Education Pipeline

Home Health and Personal Care Aides in Hawaii

Save Export

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

3 Programs that feed this occupation

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

HAWAII STATE DEPARTMENT OF HEALTH

KA ʻOIHANA OLAKINO

Source: Lightcast, Inc.

Competing Occupations for: Home Health Aides

Initial data filtered for:

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

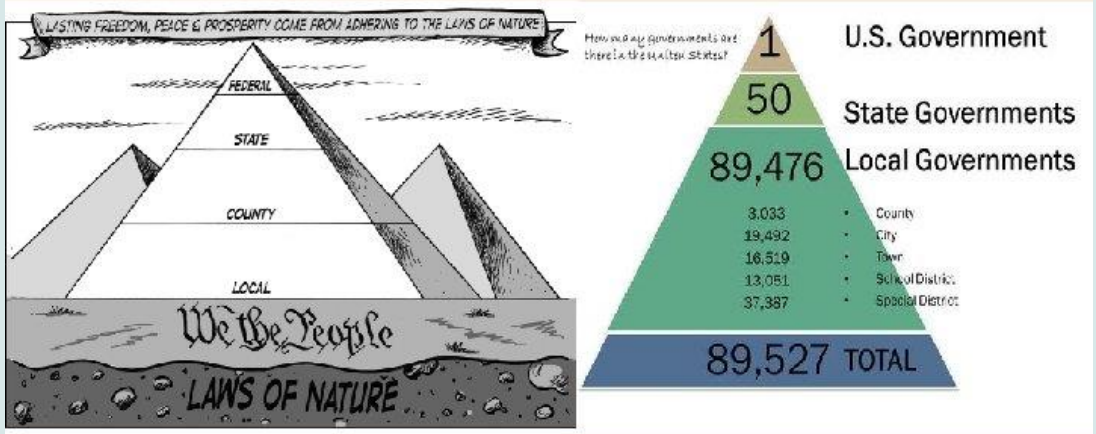
O*NET	O*NET Occupation	Median Hourly Earnings*	2023 Jobs*	2024 Jobs*	2028 Jobs*	2023-2028 Change*	2023-2028 Estimated Annual Openings*	Compatibility Index
35-2014.00	Cooks, Restaurant	$21.39	12,977	13,021	14,077	1,100	2,259	92
37-2012.00	Maids and Housekeeping Cleaners	$23.60	15,396	15,770	16,341	945	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

HAWAII STATE DEPARTMENT OF HEALTH
KA ʻOIHANA OLAKINO

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

HAWAII STATE DEPARTMENT OF HEALTH
KA ʻOIHANA OLAKINO

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

HAWAII STATE DEPARTMENT OF HEALTH
KA ʻOIHANA OLAKINO

Example – State Government

State Government, Excluding Edcuation & Hosptials - 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 diplom	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 diplom	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

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.

HAWAII STATE DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO

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

HAWAII STATE DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO

Mental Health Technician

at *Windward Community College*

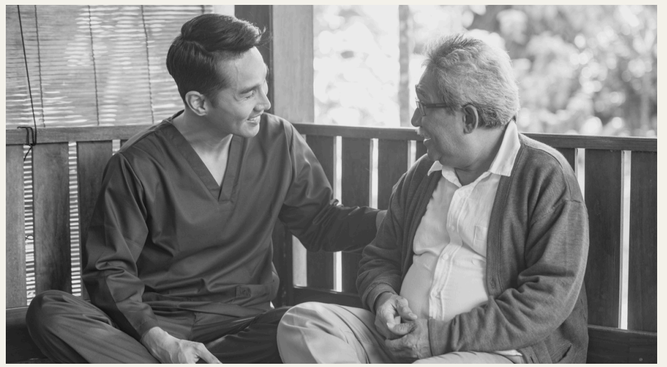
Certificate of Competence

Program Counselor:

Audrey Duque, *LMHC*

Program Instructor:

Christine Park, *Ph.D, LMHC*



Mental Health Technician/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.

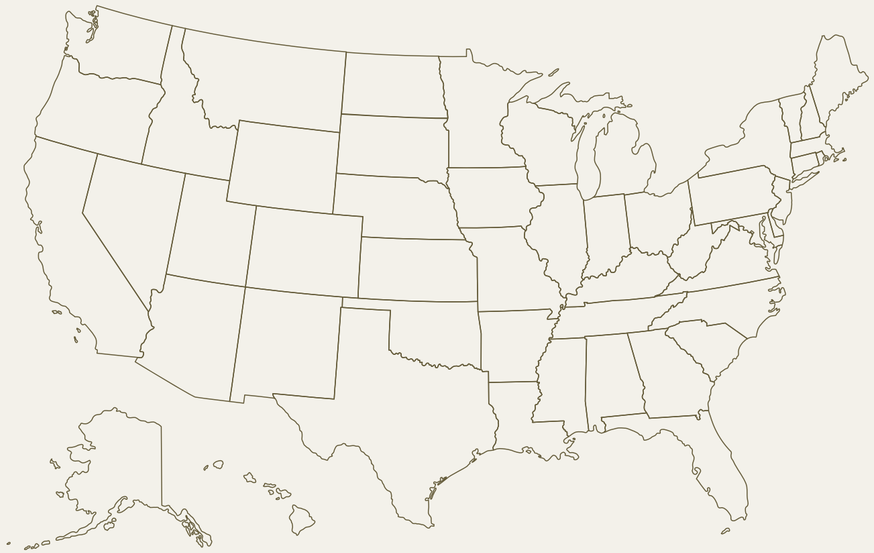
Mental Health Technician

Windward Community College

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 certifaction.

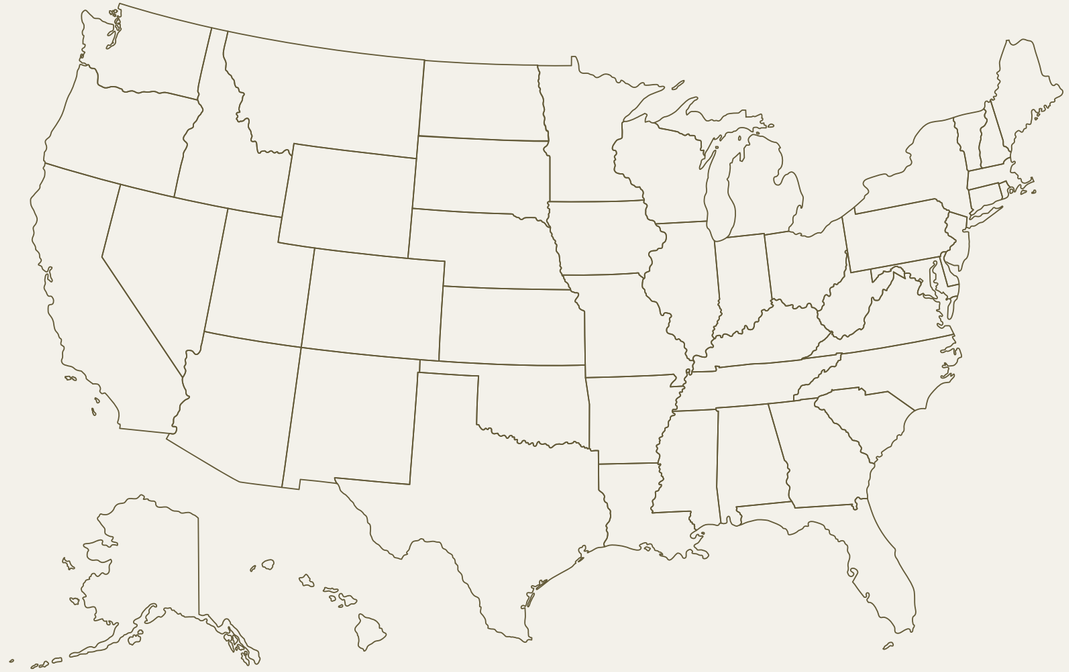
Examples of MHT Certifications

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

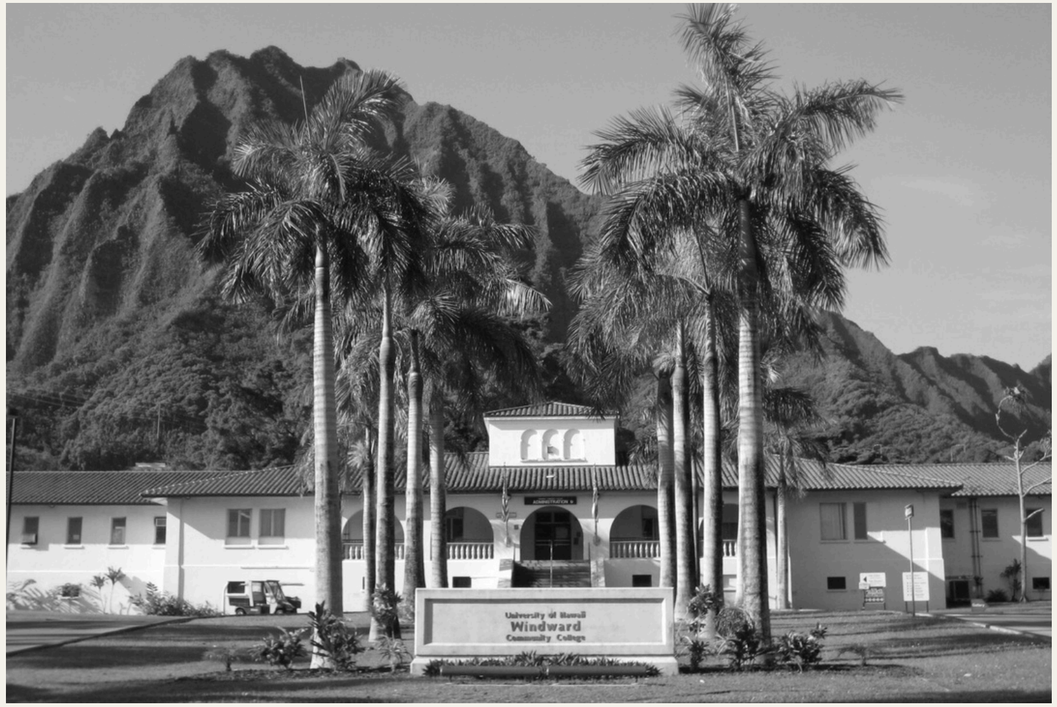
- *Train staff in trauma-informed care to assist individuals in custody.*

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.

Mental Health Technician

Windward Community College

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

Tuition waivers are available!

**course textbooks not included*

Benefits

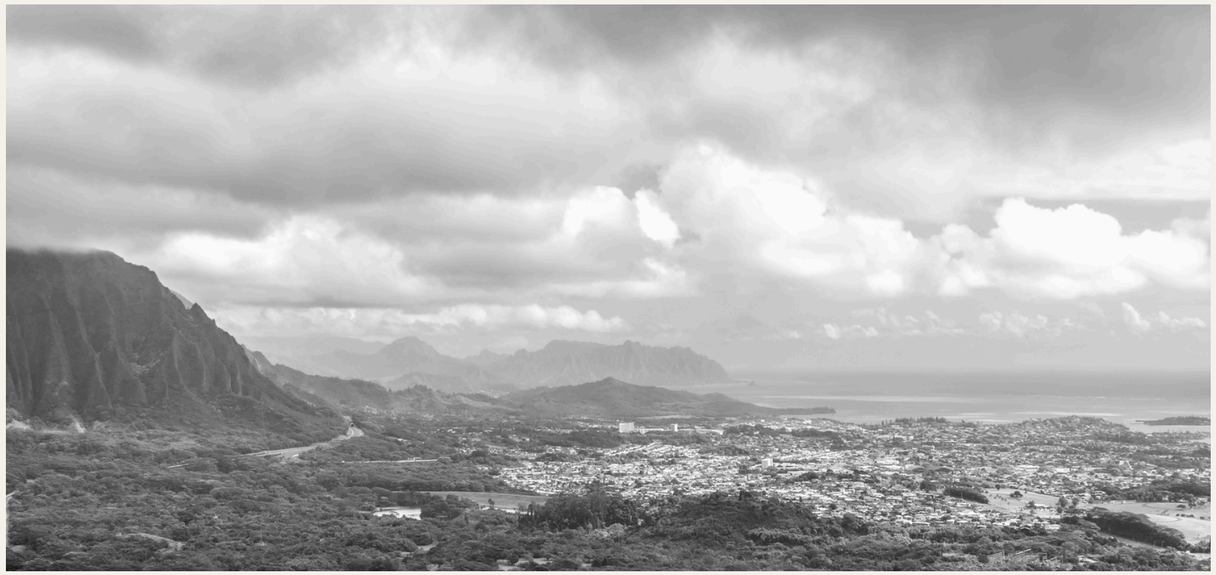
Asynchronous classes allow students the flexibility to complete school in their own time.

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.

Program Goals



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

Mental Health Technician

Windward Community College

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 Graduate Studies Master's

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

UH Manoa Doctoral Degrees

- PhD Clinical Psychology / Psychology
- PhD Educational Psychology

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

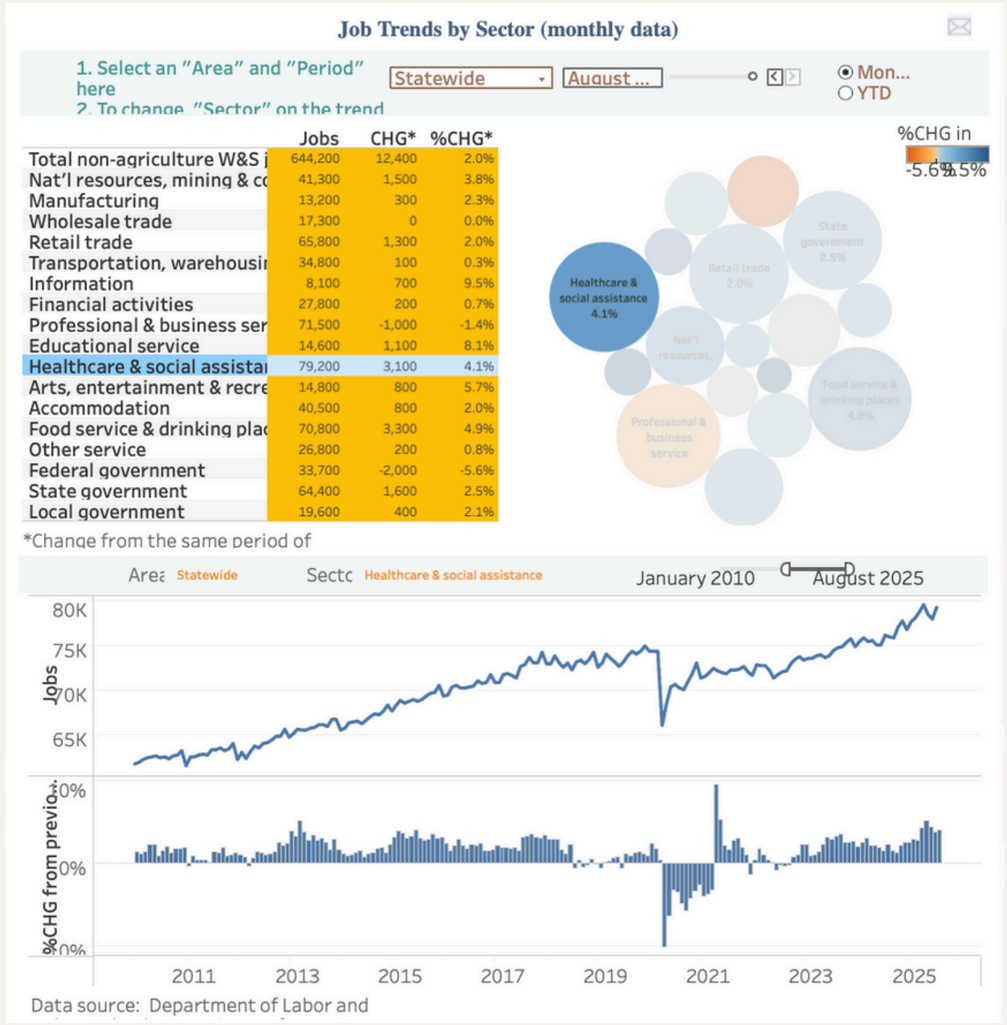
UH Graduate Studies Master's

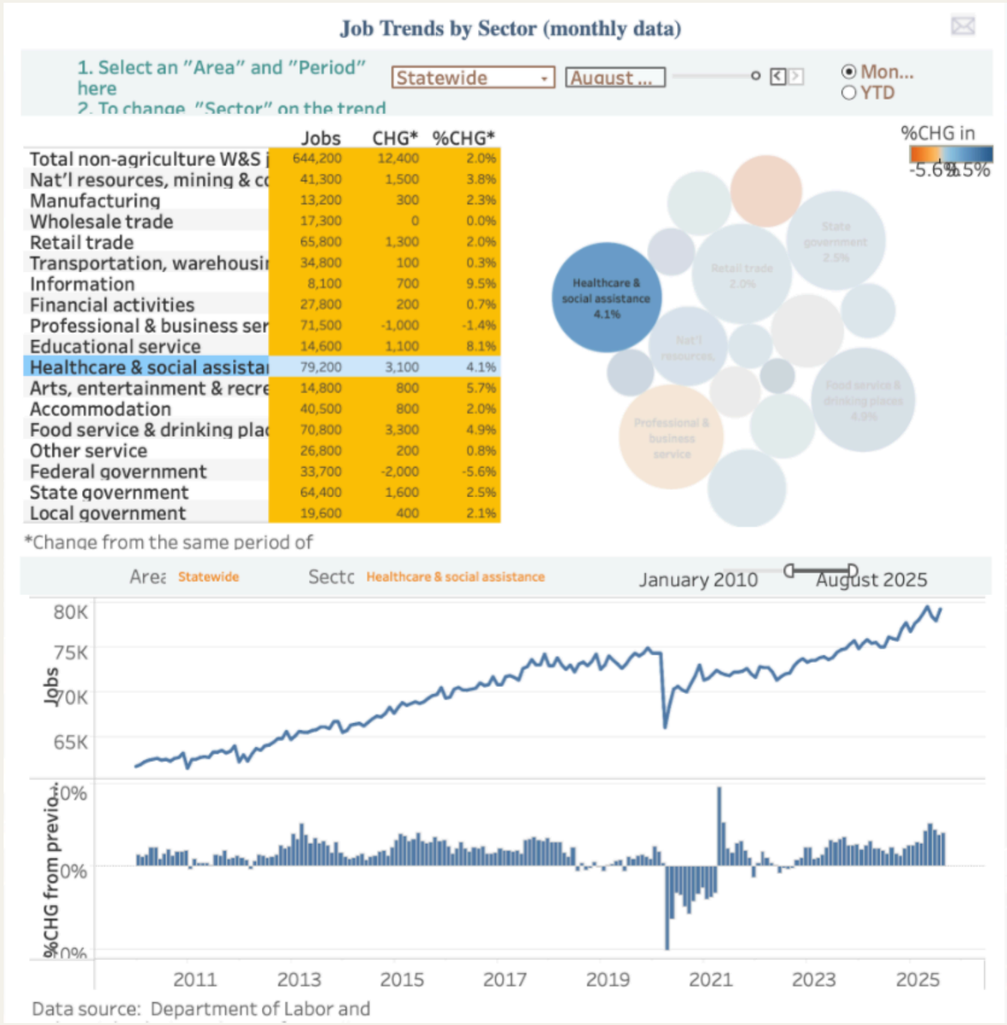
- Clinical Mental Health Counselor
- Licensed Social Worker / Licensed Clinical Social Worker / Licensed Marriage and Family Therapist
- School Counselor
- rehabilitation Counselor

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

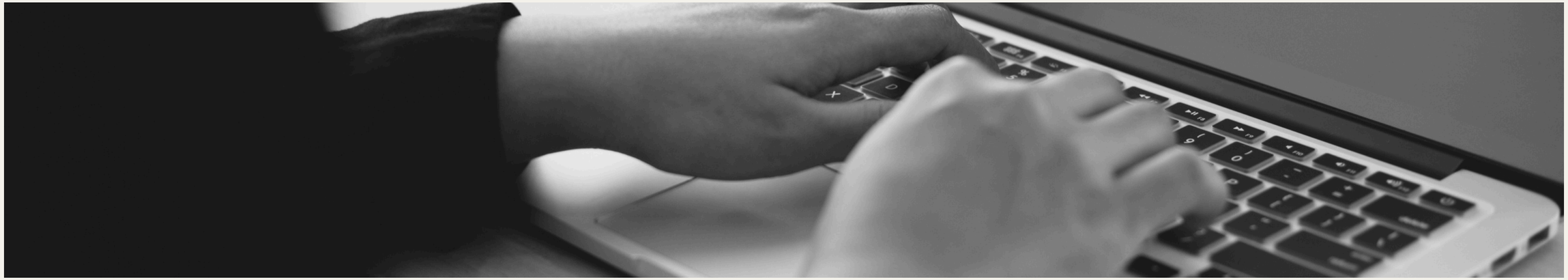
Hospitals
- Hawaii State Hospital
- Kahi Mohala

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

Mental Health Technician

Windward Community College

Thank You!

We'd love to hear from you!

Audrey Duque, LMHC

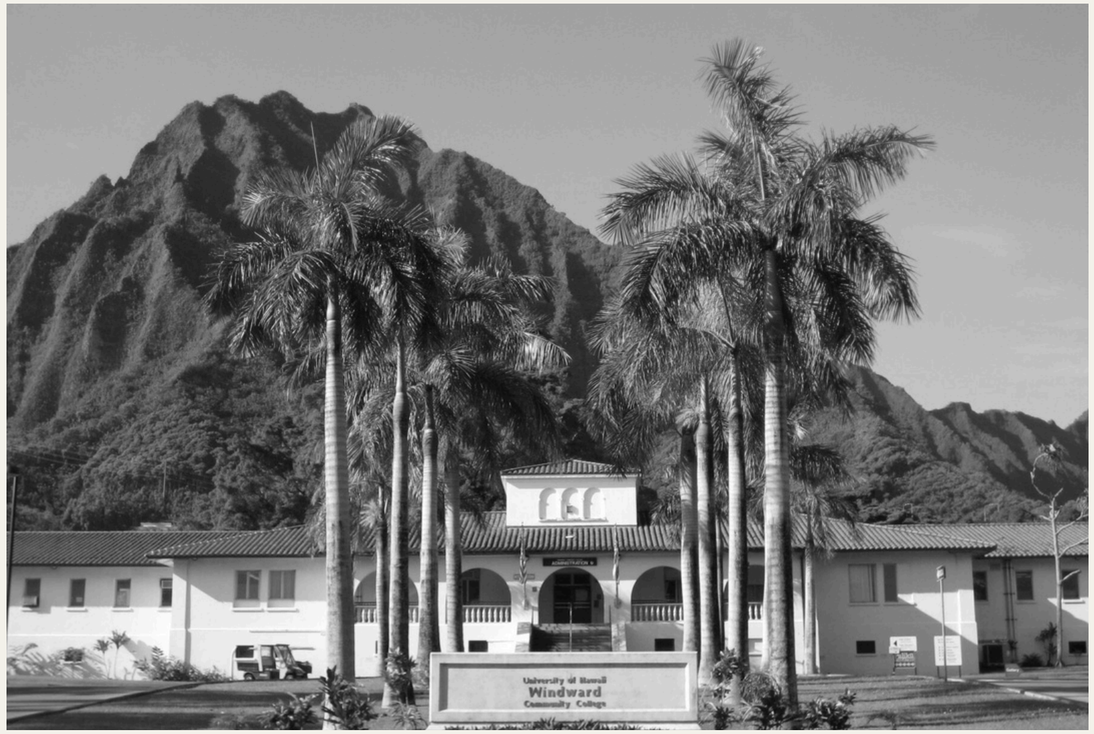
Mental Health Technician Program Counselor

amduque@hawaii.edu

Christine Park, Ph.D, LMHC

Mental Health Technician Program Faculty Instructor

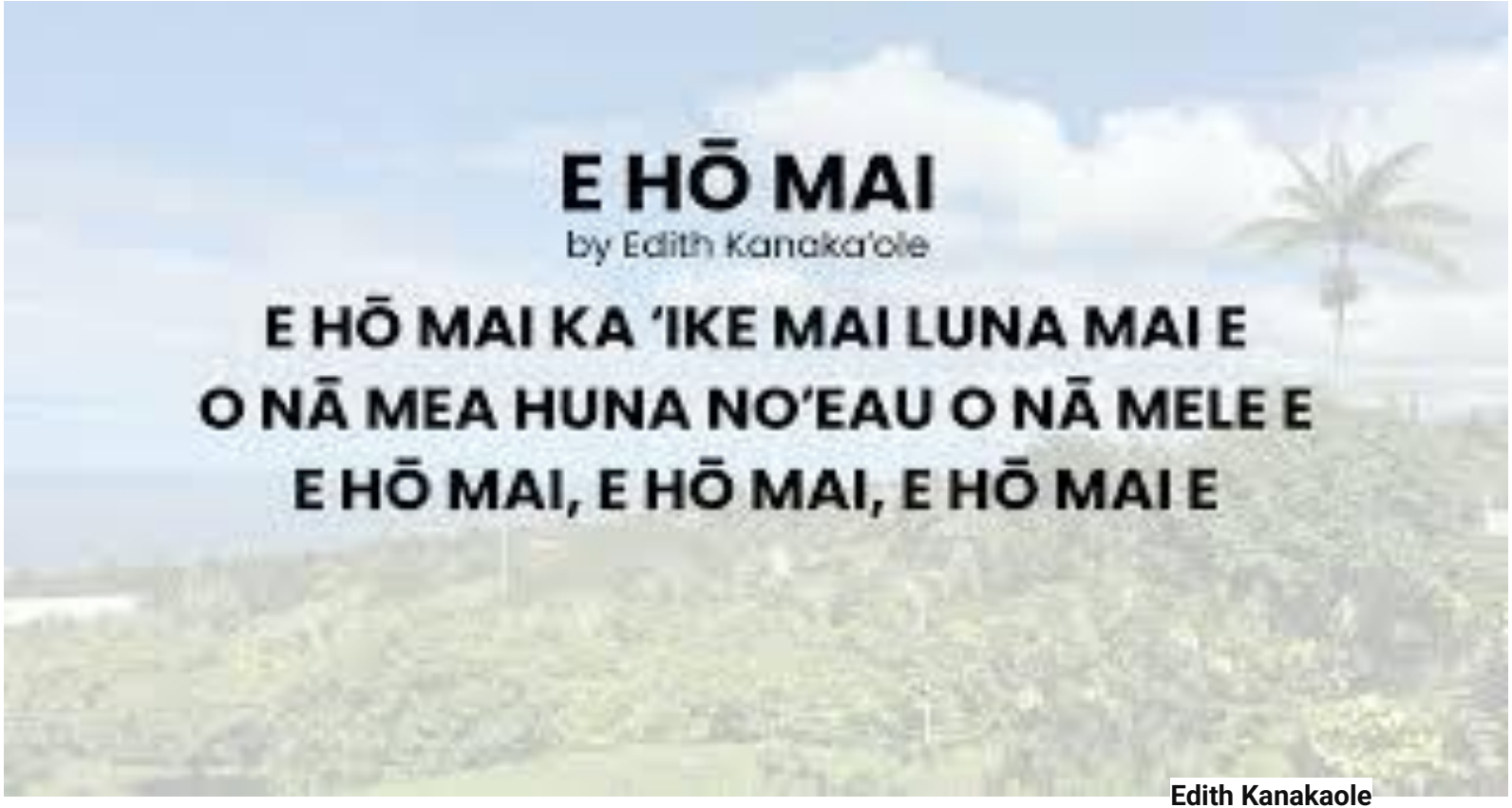
cmpark@hawaii.edu



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



Edith Kanakaole

https://youtu.be/vBBpJ8PQJNU?si=qF0iYZQFgbIBNoVL

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

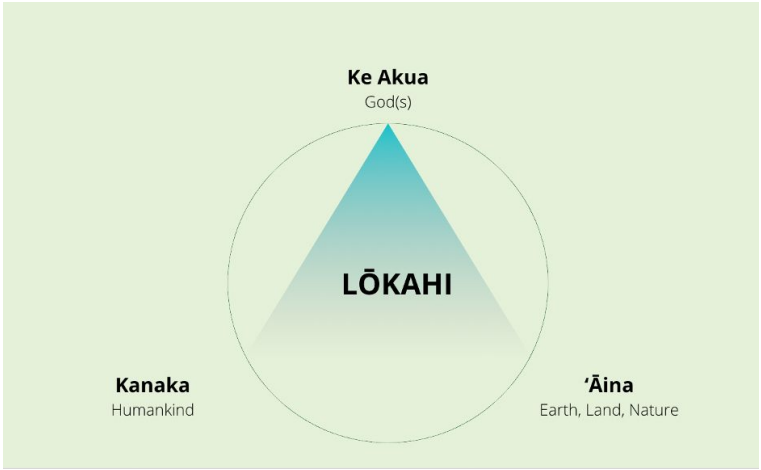
Grant us knowledge from above
The knowledge hidden in the chants
Grant us
Grant us
Grant us

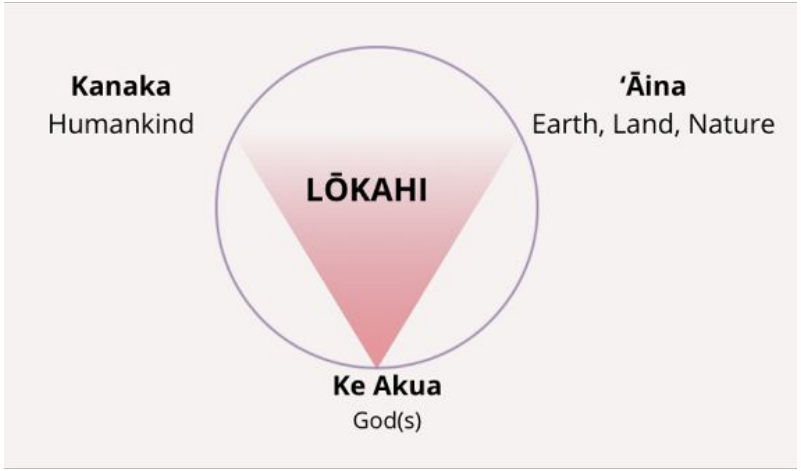
Land Acknowledgement

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 Oʻahu**, is part of the ancestral homeland of Hawaiʻi's first stewards, who have cared for these lands and waters for countless generations.

We honor the **moʻomeheu** (culture), **ʻōlelo Hawaiʻi** (language), and **manaʻo** (wisdom) of the Native Hawaiian people. We recognize their enduring connection to this ʻāina (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

https://youtu.be/i2FmbdusZko?si=dFi00d-Etvb2m8AJ

3 Piko

Piko po'o

- 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 maʻi

- 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

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

Pilahi Paki,
1962

Let's Stay Connected

Mahalo For Your Time Today

Daynahs@hawaii.edu

References

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State Mental Health Council

DOH Report - 12/09/2025

Adult Mental Health Division

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

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

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

Alcohol & Drug Abuse Division

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

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

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

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

Child & Adolescent Mental Health Division

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

Developmental Disabilities Division

DDD DATA FACTBOOK 2024

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

MOVING FORWARD REPORT

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

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

Hawaii Divisional of Vocational Rehabilitation (DVR) Report

State Council on Mental Health – 12/09/25

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PRELIMINARY DRAFT
For discussion purposes only
Please do not quote

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

PREPARED BY:
HAWAI'I STATE COUNCIL ON MENTAL HEALTH

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

EXECUTIVE SUMMARY

To be completed after the SCMH December 9, 2025 Meeting

STATE COUNCIL ON MENTAL HEALTH

Vision Statement

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

Mission Statement

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

The State Law

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

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

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

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

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

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

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

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

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

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

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

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

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

Katherine Aumer
Chairperson
Family member

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

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

Mary Pat Waterhouse
Secretary
Family member

Tianna Celis-Webster
Member, Youth

Naomi Crozier
Family member*

Lea Dias
Government -Vocational Rehabilitation Sector

Jon Fujii
Government - MedQUEST, HACDAC

Heidi Ilyavi
Family member

Jackie Jackson
O'ahu Service Area Board

Christine Montague-Hicks
Government -Education

Ray Rice
Government - Social Services Sector

Asianna Saragosa-Torres
Member, Consumer Advocate

Marian Tsuji
Ex-Officio, DOH BHA Deputy Director

Forrest Wells
Member, Provider

Kristin Will
Judiciary Sector

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

Summarize meetings – no, types, success, glitches

IMPLEMENTATION OF THE STATE PLAN

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

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

Mental Health Block Grant Plan

MHBG Plan FY26–FY27

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

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

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

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

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

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

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

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

MHBG Plan FY24–FY25 (Year 2 Performance)

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

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

Beyond the Mental Health Block Grant Plan

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

Informational Presentations

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

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

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

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

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

Legislative Advocacy

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

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

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

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

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

Members’ Reports

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

Reports highlight include:

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

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

Public Input

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

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

THE IMPLEMENTATION LANDSCAPE

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

Step-Down Services Journey: Hospitalization to Independent Living

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

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

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

Conclusion: Continuum must be provided

Clubhouses-

Section forthcoming.

Conclusion : Consider bringing back a State overall coordinator.

LOOKING AHEAD

To be determined after the December 9, 2025 meeting

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

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

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

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

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

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

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

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

August 12, 2025

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

Dear Dr. McKinney:

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

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

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

Sincerely,

[redacted]

Katherine Aumer, Ph.D.

Appendix 2. MHBG FY26-FY27 Plan Performance Targets

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

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

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

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

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

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

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

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

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

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

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

Baseline measure: 24
First Year Target: 20 clients

Second Year Target: 25 clients

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

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

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

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

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

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

PRIORITY AREA 1. COMMUNITY TENURE

Performance target

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

PRIORITY AREA 2. COMMUNITY-BASED SERVICES

Performance target

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

PRIORITY AREA 3. COMMITMENT TO DATA AND EVIDENCE

Performance target 1

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

Performance target 2

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

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

Performance target

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

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

Performance target 1

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

Performance target 2

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

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

Performance target

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

PRIORITY AREA 7. STRENGTHENING BEHAVIORAL HEALTH CARE WORKFORCE

Performance target 1

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

Performance target 2

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

Performance target 3

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

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

PRIORITY AREA 1
COMMUNITY TENURE (Forensic Population)

Goal

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

Performance target

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

The numbers

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

The narrative for FY24 result

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

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

The narrative for FY25 result

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

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

PRIORITY AREA 2
COMMUNITY BASED SERVICES

Goal

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

Performance target

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

The numbers

FY24 increased by 21%
FY 25 increased by 10%

The narrative for FY24 result

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

The narrative for FY25 result

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

PRIORITY AREA 3
COMMITMENT TO DATA AND EVIDENCE

Goal

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

Performance target 1

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

The numbers

FY24 minimum 44
FY25 minimum 12

The narrative for FY24 result

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

The narrative for FY25 result

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

Performance target 2

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

The numbers

FY24 minimum 35%
FY25 minimum 21%

The narrative for FY24 result

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

The narrative for FY25 result

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

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

Goal

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

Performance target

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

FY24 monitored clients 21

FY25 monitored clients to 25

The numbers

FY24 CAMHD accepted referrals for 21 clients

FY25 CAMHD accepted referrals for 24 clients

The narrative for FY24 result

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

The narrative for FY25 result

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

PRIORITY AREA 5
ENHANCING ACCESS TO SUICIDE CARE & CRISIS SERVICES

Goal

Stabilize and improve resilience among individuals in behavioral health crisis.

Performance target 1

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

FY24 procure LCRS for 4 counties or service areas

FY25 reduce LCRS to 2 counties or service areas

The numbers

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

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

The narrative for FY24 result

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

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

The narrative for FY25 result

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

Performance target 2

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

FY24 minimum average 10%

FY25 maintain minimum average 10%

The numbers

FY24 average range 13% - 95%

FY25 average range 61% - 87%

The narrative for FY24 result

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

The narrative for FY25 result

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

PRIORITY AREA 6
INTEGRATING BEHAVIORAL HEALTH & PHYSICAL HEALTH CARE

Goal

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

Performance target

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

The numbers

FY24 obtained 0
FY25 maintained 1

The narrative for FY24 result

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

The narrative for FY25 result

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

PRIORITY AREA 7
STRENGTHENING THE BEHAVIORAL HEALTH WORKFORCE

Goal

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

Performance target 1

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

The numbers

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

The narrative for FY24result

Target achieved.

The narrative for FY25result

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

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

Performance target 2

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

The numbers

FY24 total 2
FY25 total 14

The narrative for FY24 result

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

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

The narrative for FY25 result

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

Performance target 3

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

The numbers

FY24 increased by 54%
FY25 increased by 25%

The narrative for FY24 result

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

The narrative for FY25 result

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

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

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

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

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

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

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

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

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

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

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

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

Appendix 5. 2025 Council Letter on MauiWES

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

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

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

August 12, 2025

To Whom It May Concern:

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

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

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

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

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

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

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

Sincerely,

[redacted]

Katherine Aumer, Ph.D.

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

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

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

Appendix 7. 2025 Senate Concurrent Resolution
Mental Health Care Workforce

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

SENATE CONCURRENT
RESOLUTION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DRAFT

January 13, 2026

Dr. John (Jack) C. Lewin
Administrator
State Health Planning and Development Agency
and Senior Advisor to Governor Josh Green, M.D.
via email

Dear Dr. Lewin:

Thank you for joining the State Council on Mental Health meeting on October 14, 2025, to discuss "*Transforming Hawaii's Health Care System: Grounded Approaches for Better Mental Health Outcomes*."

Your presentation was both enlightening and inspiring. You drew on your decades of experience in Hawaii's healthcare system to clearly explain integrated, prevention-focused, and technology-enabled care. The way you addressed key challenges like system integration and data alignment, workforce shortages and retention, behavioral health financing, post-Maui wildfire recovery, and leadership and community voice really resonated with our Council members. We also appreciate your update about upcoming funding, including AHEAD and the Rural Health Transformation Initiative.

Your talk reminded us that leadership involves not just policy, but also vision and courage. Thank you for encouraging us to think big and work together so Hawaii can lead in health reform, especially in mental health. We hope you will join us again soon when you are able.

Sincerely,

Katherine Aumer, Ph.D.

JOSH B. GREEN, M.D.
GOVERNOR OF HAWAII
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DRAFT

January 13, 2026

Ms. Christina Garton
Associate Director
Mr. Joe Raker
Associate Director of Clinical Evidence
Otsuka Precision Health
Via email

Dear Ms. Garton and Mr. Raker:

Thank you for joining the State Council on Mental Health meeting on November 18, 2025. We truly appreciated your presentation on *Rejoyn – Transforming Major Depressive Disorder Symptom Treatment with Digital Therapeutic*. It was both enlightening and inspiring.

As the first and only prescription digital health product for the treatment of major depressive disorder symptoms in conjunction with an antidepressant, Rejoyn is making history. Your presentation clearly highlighted the innovation behind this approach and its potential to expand access to effective, evidence-based mental health care.

We are grateful for the time you took to share your expertise and engage with the council. Your work and insights contributed meaningfully to our discussion and understanding of emerging treatment options for individuals living with depression.

Thank you again for your participation and for your continued commitment to advancing mental health care.

Sincerely,

Katherine Aumer, Ph.D.

January 13, 2026 Agenda Item – Approval of Legislative Advocacy Themes

STATE COUNCIL MENTAL HEALTH

DRAFT

2025 Strategy

-Collaborate with other advocates (Mental Health Task Force)
-Not engage in controversial bills (i.e., prescriptive authority, ACT, new therapies/drugs)

2026 Questions raised during the December 9, 2025 Meeting

-Timely response to rapidly moving legislative process
-More teeth to concurrent resolution (i.e., SCR67)
-Controversial topics (prescriptive authority, ACT)

Running List of Themes from Past Legislative Sessions, Meetings or Bills supported

-Workforce
-Family, Children and Youth
-Telehealth
-Housing, Homelessness
-Crisis Services, less controversial ones
-Forensic related
-Mental Health Task Force themes
-Employment of clients as part of recovery services
-General Policy (e.g., Sunshine Law, Council membership)
-CAMHD and AMHD bills
-Disaster-related
-Mental health code and other themes from previous years
-New! Insurance, Care coordination

January 13, 2026 Agenda Item – Presentation of December 9 Meeting Results

DRAFT

STATE COUNCIL MENTAL HEALTH
Strategic Planning Mini-Retreat
Values, Goals & Actions | 2026–2027

Our Values

In a time of change, the Council will be guided by three core values:

Accessible & Sustainable Care

Advance equitable, resilient, continuously improving mental health systems.

Aloha in Action

Lead with compassion and a holistic commitment to the well-being of our community.

Visibility & Trust

Operate with transparency, accessibility, and responsiveness to diverse voices.

Our Priority Goals & Actions

Priority	Goal	Key Action (Next 12–24 Months)
Workforce Development	Strengthen Hawaii's behavioral health workforce pipeline.	Complete a statewide inventory and directory of local mental health career pathways. This will not only inform what is available to work with but also to identify gaps and guide future investments.
Council Effectiveness	Increase Council visibility, participation, and impact.	Launch targeted outreach materials and ensure presence in targeted community events across the State. Community engagement will be directed to fill Council and local area board vacancies, reduce stigma against individuals with mental health challenges especially among employers and youth, and strengthen community networking around crisis care mental health care resource information.
Care Coordination	Improve comprehensive care coordination.	Identify and review national and local best-practice models for care coordination to inform system design in Hawaii. This is expected to be complicated by ongoing policy and funding changes.

Hawaii Divisional of Vocational Rehabilitation (DVR) Report

State Council on Mental Health – 01/13/26

Data Report as of 1/5/26 for October 1 to December 31, 2025 (PY25 Q2)

PY25 Served				
	Q1	Q2	Q3	Q4
VR Participants	3698	3665		
PE Participants (SWD)	1103	1131		
Total	4801	4630	0	0

PY25 Disability								
Primary Disability Type Group	Q1	%	Q2	%	Q3	%	Q4	%
(01-02) Visual	309	8.36	318	8.68				
(03-09) Auditory or Communicative	564	15.25	635	17.33				
(10-16) Physical	592	16.01	573	15.63				
(17) Cognitive	1140	30.83	1101	30.04				
(18-19) Psychological or Psychosocial	1093	29.56	1038	28.32				
Total	3698	100	3665	100	0	0	0	0

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

7/1/25 to 1/4/26	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	37			74	40	37			77	41	36			77	18	5			23	140	29			169
OB Section 2 (Transition)	46	49			95	34	40			74	36	34			70	13	10			23	18	18			36
OB Section 3 (Honolulu)	49	45			94	42	55			97	37	61			98	17	12			29	107	133			240
Deaf Services Section	2	4			6	4	1			5	5	2			7	3	0			3	6	6			12
Total	**134**	**135**	**0**	**0**	**269**	**120**	**133**	**0**	**0**	**253**	**119**	**133**	**0**	**0**	**252**	**51**	**27**	**0**	**0**	**78**	**271**	**186**	**0**	**0**	**457**
Services for the Blind Branch																									
Counseling Section	13	5			18	11	5			16	7	5			12	0	1			1	7	2			9
Total	**13**	**5**	**0**	**0**	**18**	**11**	**5**	**0**	**0**	**16**	**7**	**5**	**0**	**0**	**12**	**0**	**1**	**0**	**0**	**1**	**7**	**2**	**0**	**0**	**9**
Maui Branch																									
Maui Office	42	43			85	42	47			89	41	49			90	5	5			10	29	5			34
Molokai Office	0	0			0	0	0			0	0	0			0	0	0			0	0	0			0
Total	**42**	**43**	**0**	**0**	**85**	**42**	**47**	**0**	**0**	**89**	**41**	**49**	**0**	**0**	**90**	**5**	**5**	**0**	**0**	**10**	**29**	**5**	**0**	**0**	**34**
Hawaii Island Branch																									
Hilo Office	29	17			46	28	15			43	22	17			39	1	2			3	8	5			13
Kona Office	5	4			9	6	5			11	3	5			8	5	2			7	2	5			7
Total	**34**	**21**	**0**	**0**	**55**	**34**	**20**	**0**	**0**	**54**	**25**	**22**	**0**	**0**	**47**	**6**	**4**	**0**	**0**	**10**	**10**	**10**	**0**	**0**	**20**
Kauai Branch																									
Kauai Section	18	8			26	13	11			24	7	13			20	1	1			2	2	4			6
Total	**18**	**8**	**0**	**0**	**26**	**13**	**11**	**0**	**0**	**24**	**7**	**13**	**0**	**0**	**20**	**1**	**1**	**0**	**0**	**2**	**2**	**4**	**0**	**0**	**6**
Statewide Total	**241**	**212**	**0**	**0**	**453**	**220**	**216**	**0**	**0**	**436**	**199**	**222**	**0**	**0**	**421**	**63**	**38**	**0**	**0**	**101**	**319**	**207**	**0**	**0**	**526**

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 – 12/31/25			
Job Title	**Participant**	**Wage**	**Hour 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
Farmworkers and Laborers, Crop, Nursery, and Greenhouse	1	19.23	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	3	14.41	25.00
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	2	17.25	32.50
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	**38**	**28.55**	**34.55**
Median Total	**38**	**23.90**	**40.00**

Cumulative Successful Closures in Competitive Integrated Employment (CIE) (7/1/25 to 6/30/26)			
	Participant	**Wage**	**Hours Worked**
Average Total	**101**	**30.77**	**34.44**
Median Total	**101**	**23.08**	**40.00**

Staff Vacancy Report	
DVR is actively hiring qualified individuals for various positions.	
Staff Vacancies as of 12/31/25	
County	**Vacancies**
Statewide/Administration and Staff Services Office	6
Oahu Branch	11
Services for the Blind Branch (Ho`opono)	8
Hawaii Branch (Hilo/Kona)	5
Maui Branch (Maui, Molokai/Lanai)	3
Kauai	3.5
Total	**36.5/112 (32.5% vacant)**