

AMHD

Adult Mental Health Division

Behavioral Health Administration
Hawai'i State Department of Health

AMHD 2021 Community Report

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FOREWORD

The Adult Mental Health Division (AMHD), of the Hawai'i State Department of Health (DOH), Behavioral Health Administration (BHA), is designated as Hawai'i's State Mental Health Authority. The AMHD is responsible for promoting, protecting, preserving, and improving the mental health of the people of Hawai'i.

The AMHD provides comprehensive statewide mental health services to adults with serious mental illness (SMI). AMHD services are provided through the Hawai'i State Hospital (HSH), Community Mental Health Centers (CMHC), and purchase-of-service (POS) contracted providers.

The purpose of the *AMHD 2021 Community Report* is to evaluate services provided by the AMHD in calendar year 2021. The report provides a snapshot of the mental health services overseen by the AMHD, also known as array of services.

Disclaimer statement regarding binary gender reporting in this report, data analysis was based on the binary options of "male" or "female."

ACRONYMS

| | |
|--------|---|
| AMHD | Adult Mental Health Division |
| CDC | Centers for Disease Control and Prevention |
| CEB | Court Evaluation Branch |
| CMO | Crisis Mobile Outreach |
| CMHC | Community Mental Health Center |
| CSM | Crisis Support Management |
| DOH | Hawai'i State Department of Health |
| E-ARCH | Expanded Adult Residential Care Home |
| HIDOH | Hawai'i Department of Health |
| HSB | Hawai'i State Hospital |
| MI | Mental Illness |
| MHEW | Mental Health Emergency Worker |
| NSDUH | National Survey on Drug Use and Health |
| LCRS | Licensed Crisis Residential Services |
| POS | Purchase-of-Service contracted providers |
| SBU | Stabilization Bed Unit |
| SHPDA | Hawai'i State Health Planning and Development Agency |
| SMI | Serious Mental Illness |
| SRSP | Specialized Residential Services Program |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| TLP | Therapeutic Living Program |

ACKNOWLEDGEMENTS

On behalf of the Hawai'i State Department of Health (DOH), Behavioral Health Administration (BHA), the AMHD Performance Information Evaluation and Research (PIER) Branch would like to express its gratitude to all who contributed to the completion of this report. We express our sincere appreciation to our AMHD Administrator, Amy B. Curtis, Ph.D., M.P.H. for her support and feedback on content in this report.

Every effort has been made to validate data in this report within the boundaries of existing data and information sources. Additionally, the report includes publicly available county-level data from the Substance Abuse and Mental Health Services Administration (SAMHSA) Data Archive, National Survey on Drug Use and Health (NSDUH), and Centers for Disease Control and Prevention (CDC). Furthermore, trends and prevalence of mental illness is also presented.

This report does not reflect an endorsement by the State of Hawai'i and is prepared for illustrative and reference purposes only. It is an inaugural report and a work-in-progress.

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EXECUTIVE SUMMARY

The AMHD 2021 Community Report (CY 2021) provides an annual aggregate snapshot of community-based service utilization based on data and information from AMHD's three service channels:

- Hawai'i State Hospital (HSH) – inpatient, psychiatric hospitalization (Kaneohe, HI)
- Community Mental Health Centers (CMHC) – outpatient mental health clinics
 - County branches located on Kaua'i, Oahu (City and County of Honolulu), Maui (includes Moloka'i and Lana'i), and Hawai'i Island.
 - Includes a total of 12 Treatment Service Sections and satellite clinics
 - Includes a total of 9 Rehabilitation Service Sections (Clubhouses)
- Contracted purchase-of-service (POS) providers (statewide; varies by service)

The AMHD is mandated to provide mental health services to adults with serious mental illness (SMI) who are uninsured or underinsured. The AMHD also provides crisis services to all individuals in Hawai'i, regardless of their mental health status. In CY 2021, the AMHD provided services to 8,256 adults, also known as “consumers”, across all counties.

The AMHD's array of services addressing the following areas of AMHD's continuum of care:

- Prevention,
- Case management and support services,
- Inpatient and outpatient treatment,
- Residential housing,
- Long-term care, and
- Crisis, including DOH Hawai'i CARES 988
- Additional services: Court-based clinicians, forensic coordination, and jail diversion.

Highlights of the report include:

- *Any Mental Illness in the Past Year, 2020.* Any mental illness reported among adults 18 to 25 years old in the community was 31% and 16% for adults 26 years or older. Maui showed the highest percentage of mental illness among 18 to 25 years adults at 32% and the Hawai'i Island showed the highest percentage of mental illness at 18% for adults 26 years or older.
- *Serious Mental Illness in the Past Year, 2020.* Statewide, 10% of 18 to 25 years old adults reported being diagnosed with a serious mental illness (SMI). Only 4% reported SMI amongst adults 26 years or older. Kaua'i reported the highest SMI among its 18 to 25 age group population at 10% and O'ahu reported estimates of 4% amongst adults 26 years or older.
- *Received Mental Health Services in the Past Year, 2020.* In 2020, 12% of 18 to 25 year old adults received mental health services in the past year and 11% of adults 26 years or older received mental health services in the past year. O'ahu showed the highest estimates amongst 18 to 25 years old who received mental health services in the past

year. Similarly, the Hawai'i Island had the highest estimates of adults 26 years or older who received mental health services in the past year at 12%.

- *Mental Health Care in the Last 4 Weeks, 2020.* Approximately 7% of Hawai'i National Survey on Drug and Health (NSDUH) respondents reported needing counseling or therapy but did not receive services. This percentage is lower than the national estimates. Approximately 12% of respondents reported receiving counseling or therapy, which is higher than the national estimate. Approximately 12% of respondents reported taking prescription medicine(s) for mental health, which is lower than the national estimate. Approximately 20% of respondents took prescription medication(s) for mental health and/or received counseling or therapy, which is lower than the national estimate for 2021.
- *Had Serious Thoughts of Suicide in the Past Year, 2020.* Approximately 12% of respondents reported having serious thoughts of suicide in the past year amongst 18 to 25 years and 4% amongst 26 or older adults. Maui, which has the highest estimate, reported 13% of county residents between 18 to 25 had serious thoughts of suicide, whereas Hawai'i Island reported 4% of its 26 or older adults having serious thoughts of suicide in the past year.
- *Had at Least One Major Depressive Episode in the Past Year, 2020.* Approximately 16% of respondents statewide reported having at least one major depressive episode in the past year amongst 18 to 25 year old adults. Approximately 5% of 26 or older respondents reported having at least one major depressive episode in the past year. Estimates for Hawai'i Island, Kaua'i and Maui Counties are missing due to low sample size.
- *Made Any Suicide Plan in the Past Year, 2020.* Adults 18 to 25 years old overwhelmingly reported making any suicide plan compared to adults 26 or older, 4% compared to 0.3%, respectively.
- *Attempted Suicide in the Past Year, 2020.* Approximately 2.2% of respondents aged 18 to 25 years old reported making a suicide attempt in the past year compared to only 0.3% amongst adults ages 26 or older. Estimates for 26 or older adults are missing for the Hawai'i Island, Kaua'i and Maui Counties due to low sample size.
- *AMHD consumer number, 2021.* AMHD refers to its service recipients as consumers. In CY 2021, AMHD served 8,256 consumers of which 491 were admitted to the Hawai'i State Hospital (HSH) for inpatient psychiatric care. Some consumers received both inpatient and outpatient services. About 59% of the consumers received services on O'ahu, 23% on Hawai'i Island, 11% on Maui, and 5% on Kaua'i. O'ahu reported 69% of the State Census population, Hawai'i Island reported 14% of the State Census population, Maui reported 12% and Kaua'i reported 5% of the State Census population.

- *AMHD consumers and demographics, 2021.* Whites/Caucasians, Native Hawaiians and Other Pacific Islanders (NHOPI), and Asian-Americans dominate the consumer population at 36%, 28%, and 25%, respectively. Amongst outpatient consumers, the lack of recorded data regarding consumers' race stands out: 16% of consumers receiving services from a CMHC and 35% of consumers receiving services from a POS contracted provider were reported by staff as having an unknown race. Amongst inpatient consumers, the percentage of Black/African American consumers is higher at 7% versus Hawai'i's census population of 2.2%. Approximately 46% of consumers were above the age of 50. The youngest consumers in the 16 to 20 year old group represent 3%, while consumers in the 51-60 year old age group represent 22%. Additionally, there were more males than females across all ages categories, which is notable given that females generally have a longer life expectancy than males. Gender data continues to be binary, and this will change as data collection processes change. Approximately 29% of consumers were reported a race of Caucasian/White followed by Asian, and NHOPI. Less than 5% of consumers reported a race of Black/African American (3%) and American Indian/Alaska Native (91%). Approximately 29% of consumers were reported as having an unknown ethnicity, while 1% of consumers reported their ethnicity as being adopted.
- *AMHD Consumers and Prevalence of Substance Use Disorders, 2021.* More than half of consumers used alcohol (53%) and tobacco (51%). Also, 40% used reported using methamphetamine, and 18% reported using opioids.
- *AMHD Highlighted Services for Outpatient Consumers- Crisis, Recovery, Forensic, Outpatient, and Housing, 2021.* There were 103,922 calls received by DOH Hawai'i CARES 988. The Licensed Crisis Residential Services (LCRS) had 40 beds across O'ahu, Hawai'i Island, and Mau'i. Similarly, there are a total of 94 stabilization bed units (SBU) with 78 beds on O'ahu and 16 beds on Hawai'i Island. In terms of expenditures, providing crisis mobile outreach (CMO) services is the most expensive of all crisis services. For rehabilitation services, the nine Clubhouses served 826 Clubhouse members with 42% of members participating at the Waipahu Aloha and Hale O Honolulu Clubhouses. In contrast, 1% of members participated at Hale O Lanakila Clubhouse on Mau'i.
- *Housing Services, 2021.* There were 759 residential housing beds of which 276 beds were available as 8–16-hour group home beds - O'ahu had 122 beds, Mau'i had 64 beds, Kaua'i had 16 beds, and Hawai'i Island had 74 beds. Oahu had 204 beds available as 24-hour group home beds - Mau'i had 8 beds, Kaua'i had 10 beds, and Hawai'i Island had 24 beds. In semi-independent housing, O'ahu had 81 beds, Mau'i had 8 beds, Kaua'i had 10 beds, and Hawai'i Island had 21 beds. Special Residential Services Program (SRSP) and Therapeutic Living Program (TLP) beds are only available on O'ahu. SRSP had 93 beds and TLP had 24 beds.

- *Recovery services, 2021.* Approximately 612 consumers accessed community-based support services. There were 16 consumers who received peer support services from a Hawai'i Certified Peer Specialist (HCPS), 75 consumers received peer support services, 512 consumers were linked to representative payee services, and nine consumers received supported employment.
- *Forensic services, 2021.* Forensic coordinators provided consultation and liaison services to treatment teams and criminal justice agencies, evaluated and monitored consumers with criminal justice involvement, and provided recommendations regarding risk management strategies to support successful community tenure by consumers. A total of 223 consumers received forensic services, of which 75 consumers were monitored for Felony C, and 59 consumers were monitored for petty misdemeanors.
- *Outpatient services, 2021.* CMHCs provided mental health treatment, group and family treatment, medication monitoring, and case management. There were 3,854 consumers who received group psychotherapy services through a CMHC. Individual and family psychotherapy sessions were also in high demand, approximately 3,455 sessions were facilitated. CMHCs provided 1,110 psychiatric evaluation sessions via telehealth and performed 1,470 therapeutic injections.
- *AMHD Inpatient Consumers and the Hawai'i State Hospital (HSH), 2021.* The average daily number of inpatient consumers dipped with the onset of the COVID-19 pandemic. The lowest average occupancy rate was 90% during the initial months of 2021 and ended with a high occupancy rate of 113% in December. The top three primary admission diagnoses at HSH were schizophrenia (41%), schizoaffective disorder (30%), and mood disorder (9%). The percentage of drug-induced monthly admissions at HSH in 2021 ranged from 63% to 83.3%.
- *COVID-19 Incidence, 2021.* There were 9,600 consumers who were tested for COVID-19 at designated AMHD operated testing facilities. The number of consumers testing positive for COVID-19 was highest amongst the Court Evaluation Branch (CEB, 32.8%), followed by the HSH (23.1%), and other locations (20.2%). Geographically, Kaua'i was least affected by the COVID-19 pandemic as evidenced by positivity rates. In terms of age, the most affected were those between 30-39 years. Amongst outpatient and CEB consumers, the positivity rate for COVID-19 was the highest amongst those reported as Caucasian/White followed by NHOPI. Amongst outpatient consumers, the 30-39 year old age group had the highest positivity rate. However, 4% of adults 80 years or older died from COVID-19, the highest among all age groups. There were no deaths amongst HSH or court evaluated consumers. At HSH, consumers reported as Caucasian/White and Black/African American ethnicities had the highest positivity rate.

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1. MENTAL HEALTH IN HAWAII

The National Survey on Drug Use and Health (NSDUH) is an annual household survey of civilian and noninstitutionalized populations in the country that are aged 12 years or older. The survey is sponsored by the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA) Data Review, 2017. In this survey, residents of households and individuals in noninstitutional group quarters, such as shelters, boarding houses, college dormitories, migratory workers' camps, and halfway houses, are invited to participate in the questionnaire. The survey excludes respondents with no fixed address, such as homeless people not in shelters, military personnel on active duty, residents of institutional group quarters in jails, nursing homes, mental institutions, and long-term care hospitals.

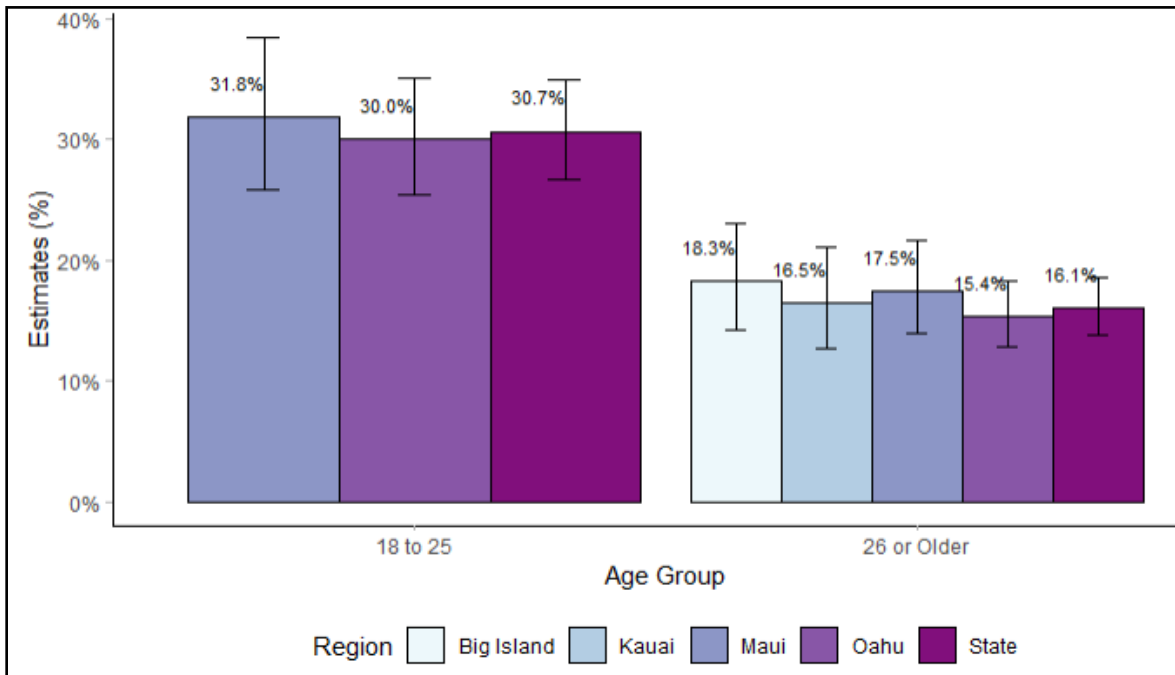
The NSDUH survey is conducted in two phases: the screening phase and the interview phase. During the screening phase, the interviewer conducts a screening of the sampled households with an adult to determine whether zero, one, or two residents, ages 12 years or older, should be selected for the interview. In the interview phase, respondent read or listened to survey questions and entered data on a NSDUH laptop using an audio computer-assisted self-interviewing (ACASI) process.

The Hawai'i 2020 NSDUH report presents estimates of mental health services for adults aged 18 years or older. Some of the findings from the Hawai'i 2020 NSDUH on mental health services amongst adults 18 years or older are included in this report. For example, it was reported that of adults between 18 to 25 years and adults 26 years and older, 31% and 16% respectively, reported having any mental illness in the past year.

Figure 1 presents estimates of any mental illness in the past year, 2018 to 2020. Approximately 31% of the respondents reported having any mental illness in the past year for the age range 18 -25 years and 16% of respondents 26 years or older, reported having any mental illness in the past year. The error bars represent the sampling error with a 95% confidence interval. Estimates for Kaua'i and Hawai'i Island are suppressed due to low sample size and are not reliable for estimating.

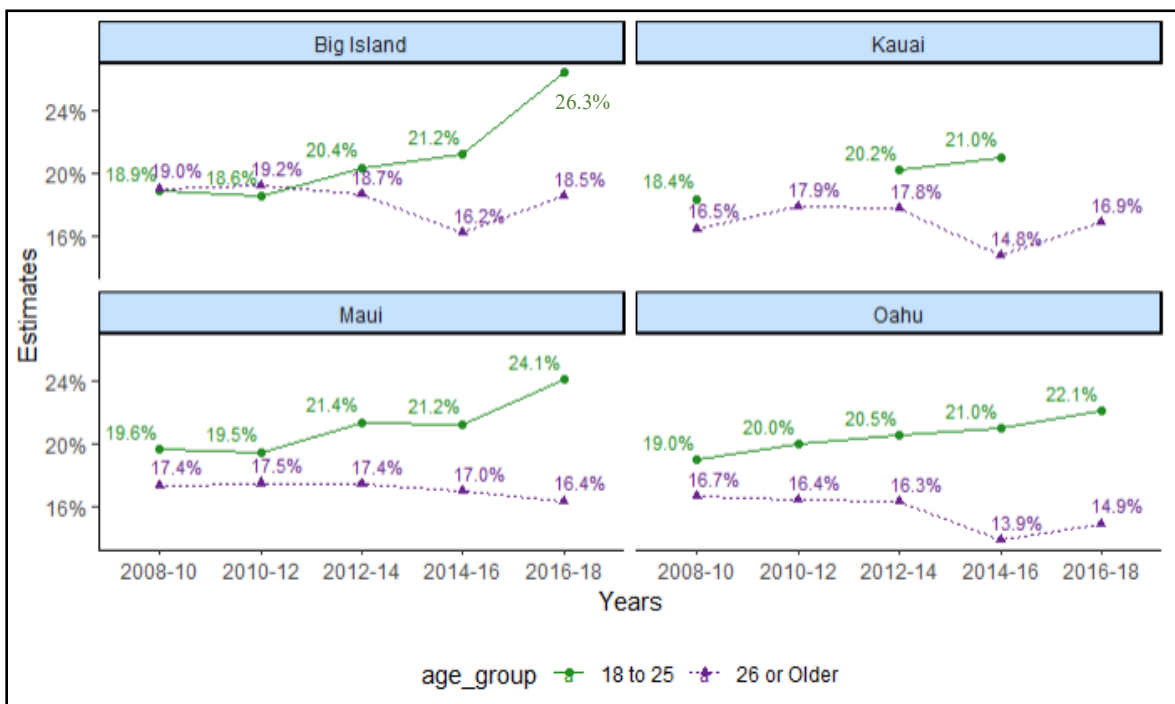
Figure 2 presents the prevalence trend estimates of any mental illness in Hawai'i in the past year. Estimates for Kaua'i are missing for the year ranges of 2008 to 2010, 2010 to 2012, and 2016 to 2018 due to small sample size. Figure 3 and Figure 4 present estimates and prevalence of serious mental illness (SMI). Estimates for Mau'i and Hawai'i Island are missing from Figure 3. In Figure 4, estimates for Kaua'i for the year ranges of 2008 to 2010, 2010 to 2012, and 2016 to 2018 are missing due to small sample size.

Figure 1: Any Mental Illness in Hawai'i in the Past Year, 2020



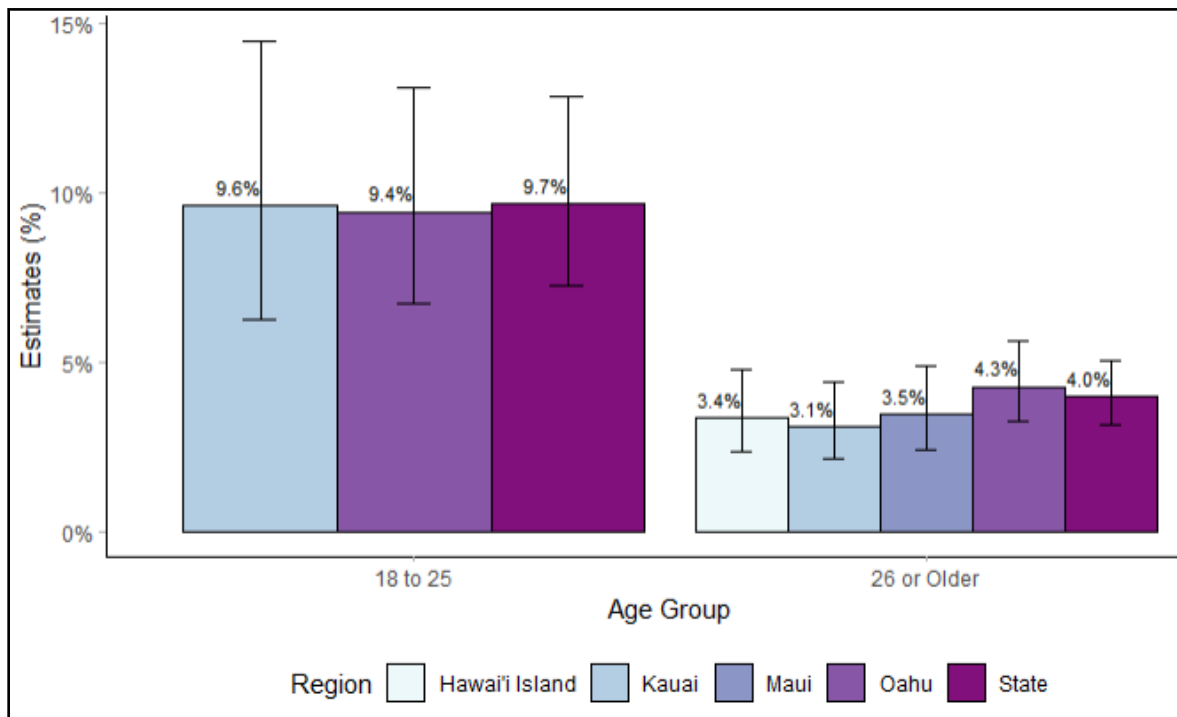
Source: NSDUH State and Substate Estimates, 2020 (<https://pdas.samhsa.gov/saes/state>)

Figure 2: Prevalence of Any Mental Illness in Hawai'i in the Past Year, 2008-2018



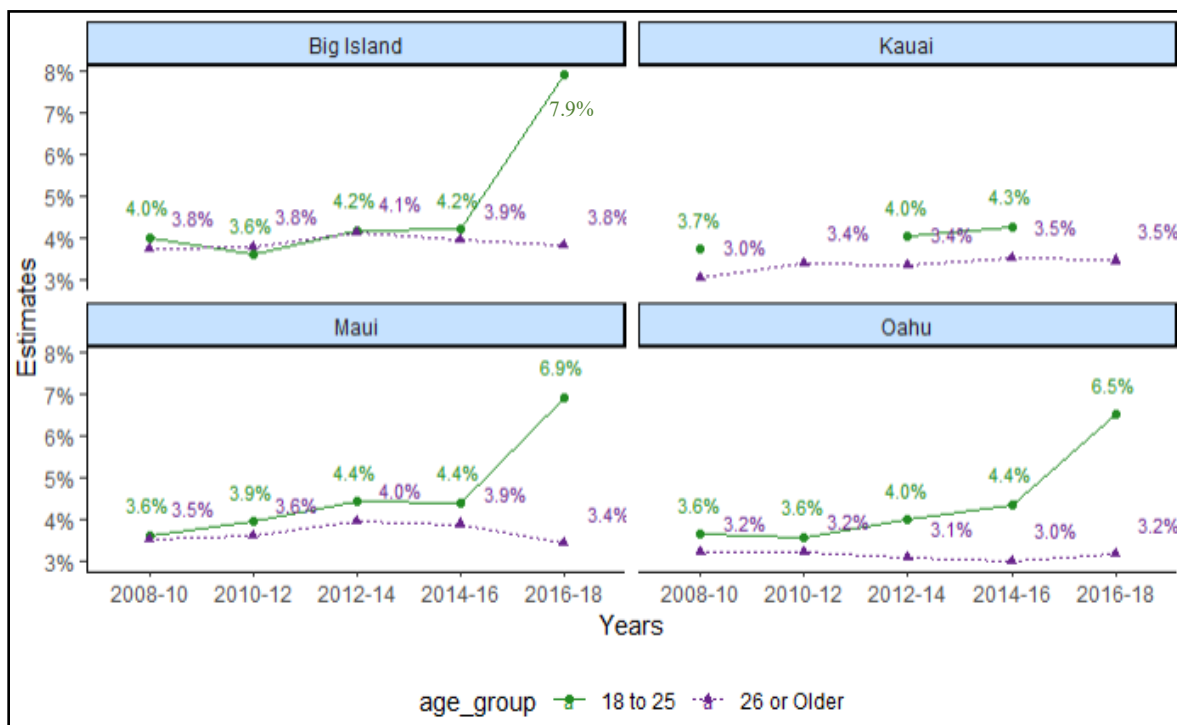
Source: NSDUH State and Substate Estimates, 2020 (<https://pdas.samhsa.gov/saes/state>)

Figure 3: Serious Mental Illness in Hawai'i in the Past Year, 2020



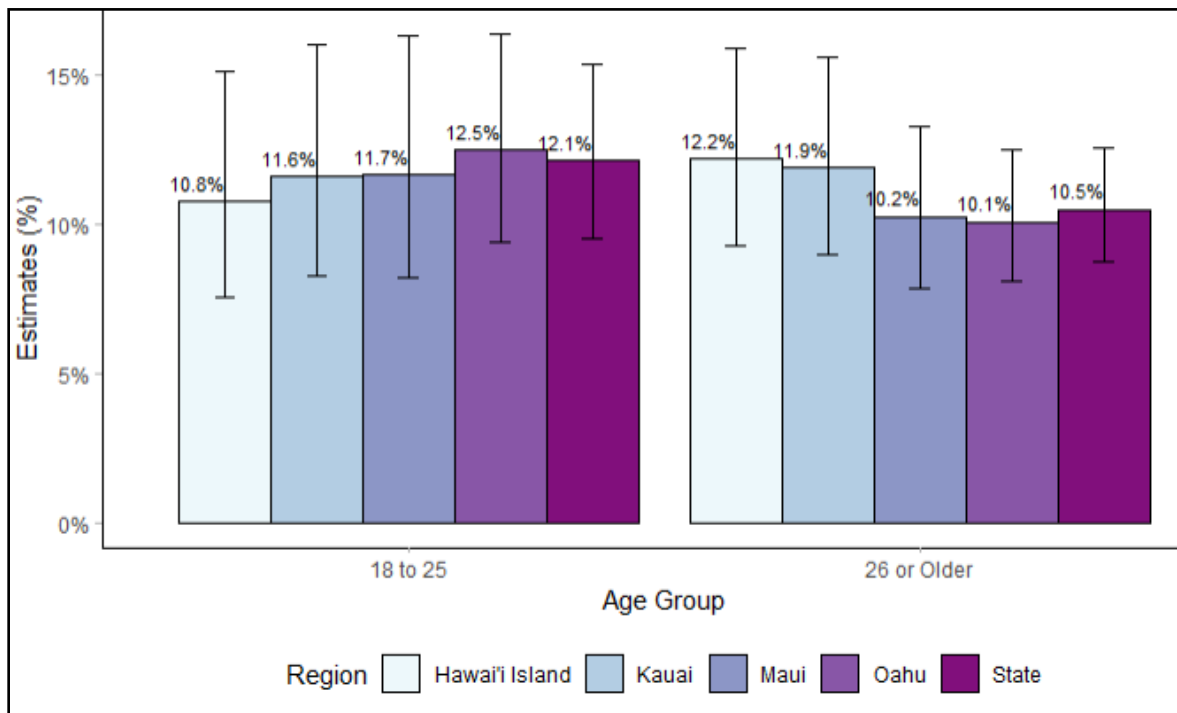
Source: NSDUH State and Substate Estimates, 2020 (<https://pdas.samhsa.gov/saes/state>)

Figure 4: Prevalence of Serious Mental Illness in Hawai'i in the Past Year, 2008-2018



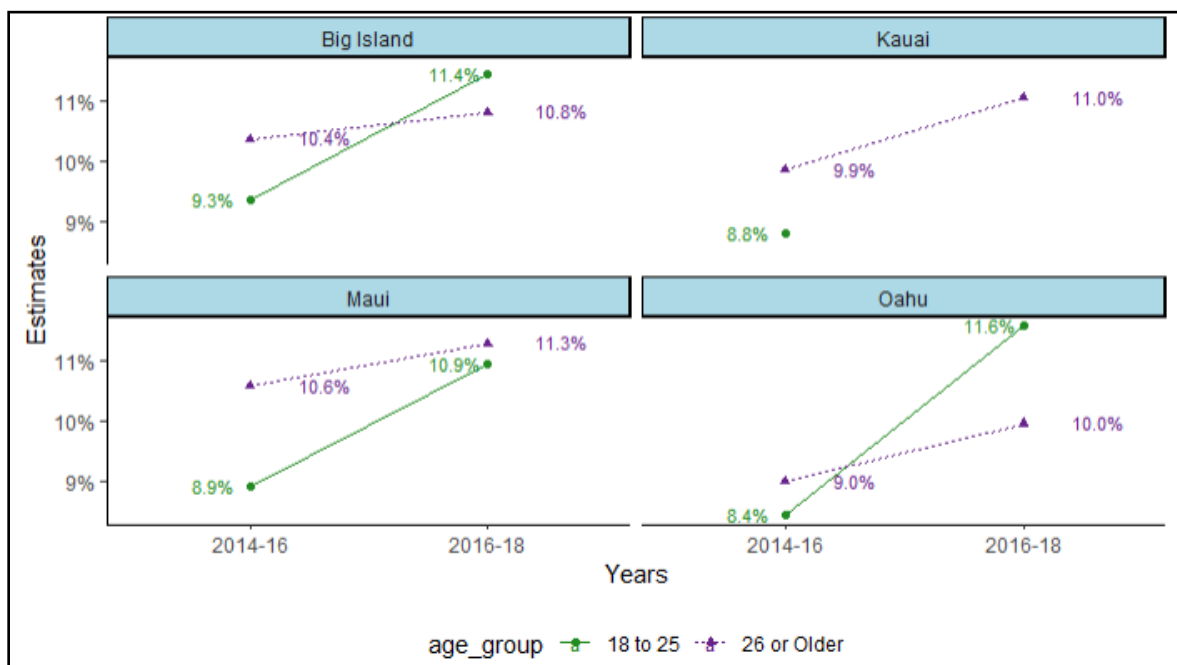
Source: NSDUH State and Substate Estimates, 2020 (<https://pdas.samhsa.gov/saes/state>)

Figure 5: Received Mental Health Services in Hawai'i in the Past Year, 2020



Source: NSDUH State and Substate Estimates, 2020 (<https://pdas.samhsa.gov/saes/state>)

Figure 6: Prevalence of Received Mental Health Services in Hawai'i in the Past Year, 2014 to 2018

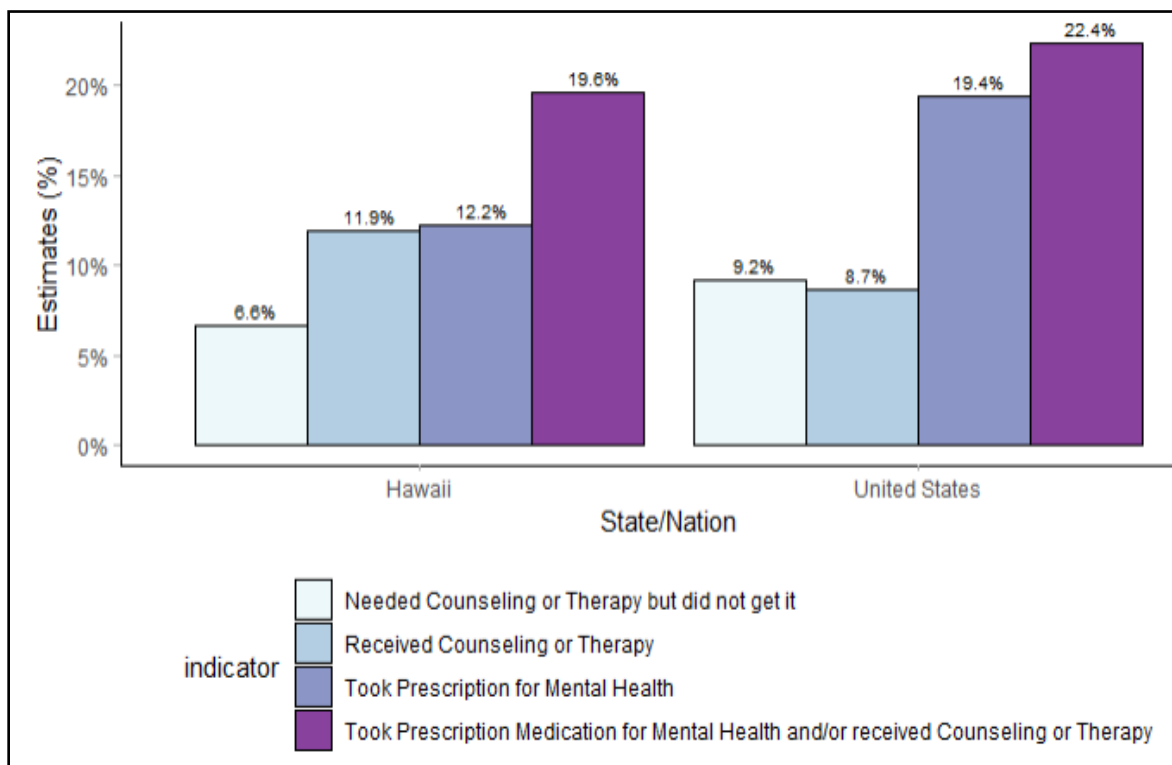


Source: NSDUH State and Substate Estimates, 2020 (<https://pdas.samhsa.gov/saes/state>)

Figure 5 presents estimates for received mental health services in the past year. Approximately 12% of 18 to 25 year old respondents received mental health services. Approximately 11% of respondents 26 years or older received mental health services.

Figure 6 presents the prevalence of received mental health services in Hawai'i in the past year. Estimates for Kaua'i in the age group 18 to 25 old are missing. The earliest data that NSDUH has is from 2014 to 2016 and onward.

Figure 7: Mental Health Care in the Last 4 Weeks, Hawai'i vs U.S., 2020



Source: National Center for Health Statistics, 2020

Figure 7 presents data for mental health care in the last four weeks in Hawai'i in 2020 and across the country. Approximately 20% of the respondents reported they took prescription medication for mental health and/or received counseling or therapy.

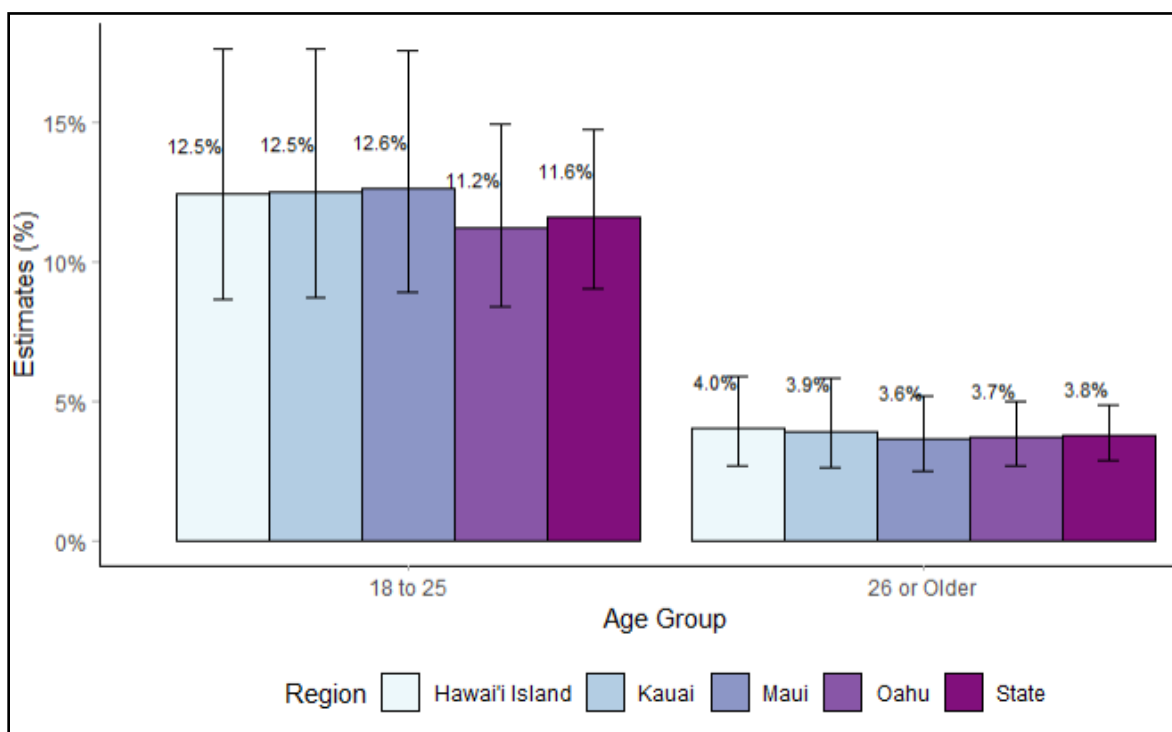
The estimates are obtained from the National Center for Health Statistics for Centers for Disease Control and Prevention (CDC). The U.S. Census Bureau, in conjunction with other five federal agencies, conducted Household Pulse Survey to assess social and economic impacts of COVID-19 on households across the nation. The survey was designed to “gauge the impact of the pandemic on employment status, consumer spending, food security, housing, education disruptions, and dimensions of physical and mental wellness” (CDC, 2022). Participants were invited to participate in an internet questionnaire via email and text message. Housing units that were linked to one or more email addresses or cell phone

numbers were randomly selected. A respondent was then selected from each housing units to complete the questionnaire. Estimates were calculated based on their weights to match Census Bureau estimates of the population by age, gender, race, ethnicity, and educational attainment (CDC, 2020).

For Hawai'i Island, 6.6% of respondents needed counseling or therapy but were unable to obtain it. Similarly, 12% of respondents received counseling or therapy and took prescription medicines for mental health. The estimates for mental health care in the last four weeks in Hawai'i were less than the national estimates for the same time period.

Figure 8 presents estimates of respondents having serious thoughts of suicide in the past year. Among 18 to 25 years old, approximately 12% of respondents reported having serious thoughts of suicide in the last year compared to 3.8% of respondents amongst the 26 years or older age group.

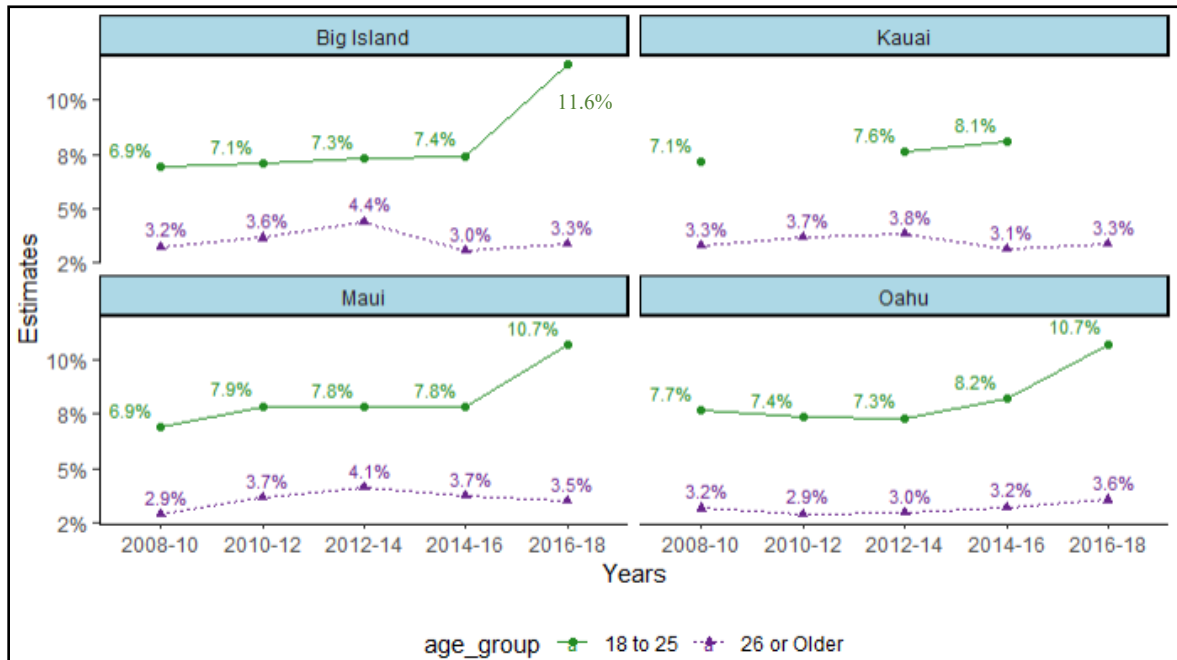
Figure 8: Had Serious Thoughts of Suicide in Hawai'i in the Past Year, 2020



Source: NSDUH State and Substate Estimates, 2020 (<https://pdas.samhsa.gov/saes/state>)

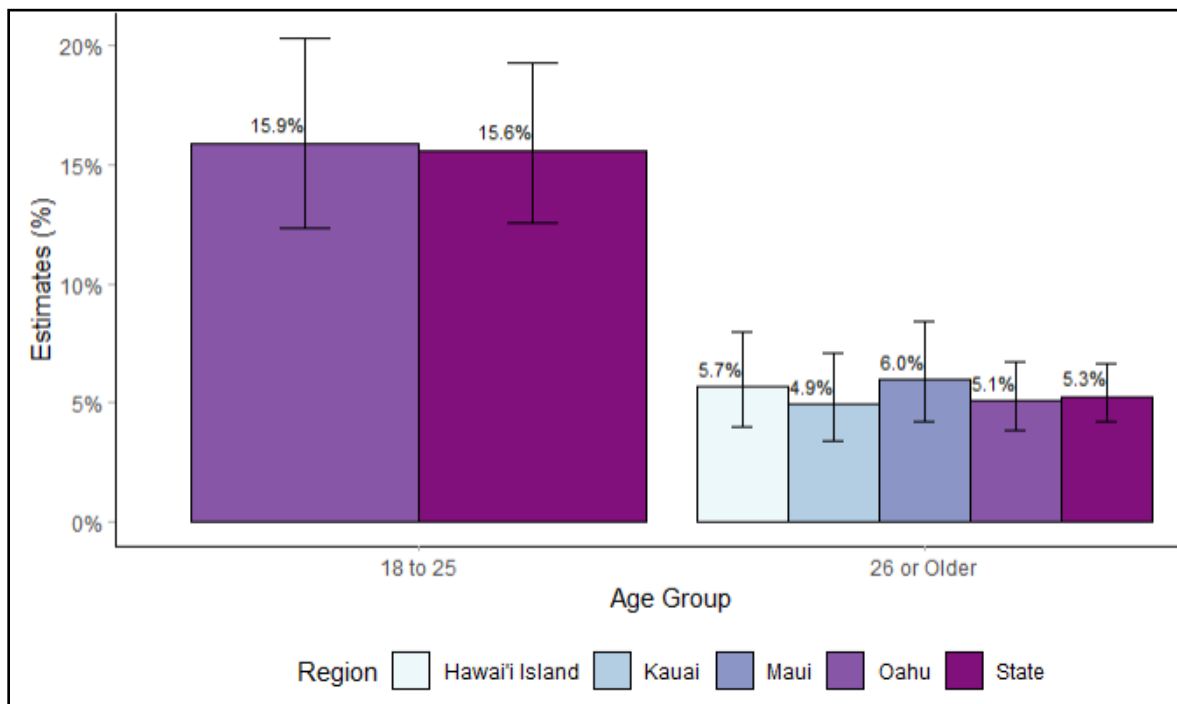
Figure 9 presents the estimates of serious thoughts of suicide in the past year across the state. Estimates for Kaua'i for year range 2010 to 2012 is missing due to low sample size. Serious thoughts of suicide in the past year among those 18 to 25 years old increased on Hawai'i Island, O'ahu, and Mau'i. Estimates for adults 26 years or older who had serious thoughts of suicide in the past year increased slightly from 2014 to 2016.

Figure 9: Prevalence of Had Serious Thoughts of Suicide in Hawai'i in the Past Year, 2008-2018



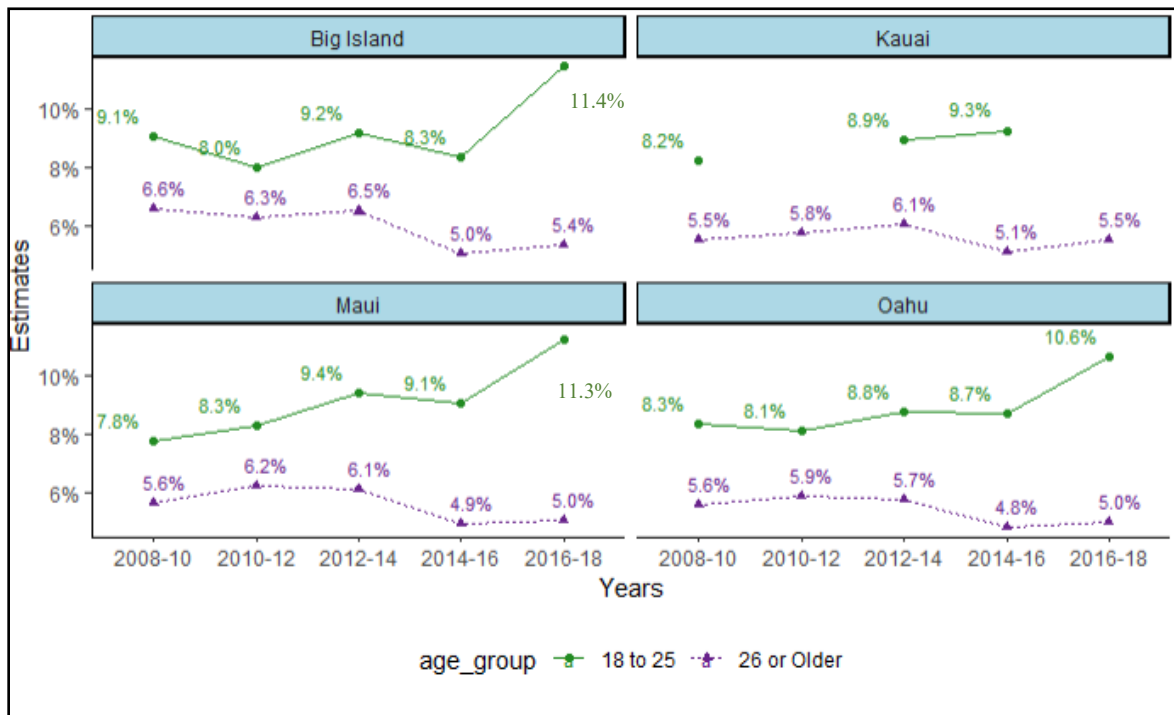
Source: NSDUH State and Substate Estimates, 2020 (<https://pdas.samhsa.gov/saes/state>)

Figure 10: Had at Least One Major Depressive Episode in Hawai'i in the Past Year, 2020



Source: NSDUH State and Substate Estimates, 2020 (<https://pdas.samhsa.gov/saes/state>)

Figure 11: Prevalence of at Least One Major Depressive Episode in Hawai'i in the Past Year, 2008-2018



Source: NSDUH State and Substate Estimates, 2020 (<https://pdas.samhsa.gov/saes/state>)

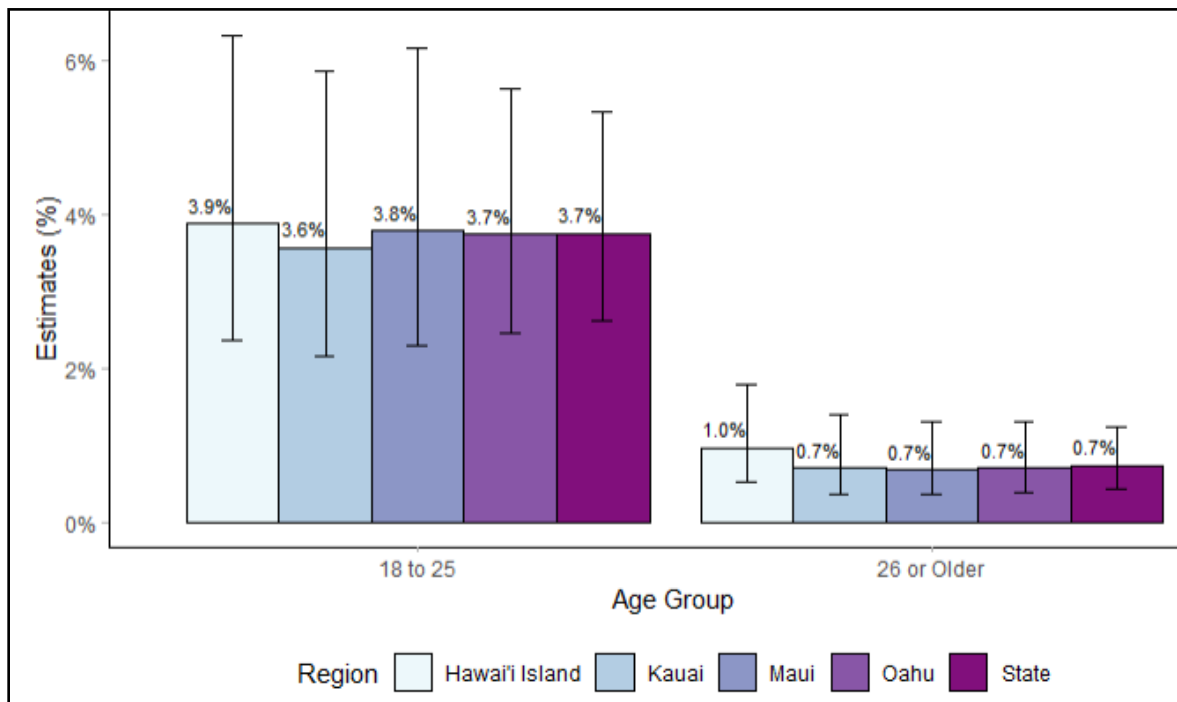
Approximately 16% of respondents 18 to 25 years old reported having at least one major depressive episode in the past year as shown in Figure 10. Estimates for Hawai'i Island, Kaua'i and Mau'i are missing due to low sample size. Approximately 5% of respondents in ages 26 or older reported having at least one major depressive episode in the past year.

Figure 11 shows the prevalence of at least one major depressive episode in the past year in Hawai'i. Estimates for Kaua'i for the year range 2010 to 2012 is missing due to small sample size. Across the state, at least one major depressive episode amongst 18 to 25 years old in the past year was reported.

Figure 12 shows estimates of respondents who made any suicide plan in the past year, for the year range 2018 to 2020. Approximately 4% of respondents 18 to 25 years old and 0.3% of respondents 26 or older made any suicide plan in the past year. Respondents in the 18 to 25 old age range were overwhelmingly reported as making any suicide plan, compared to the 26 or older age group.

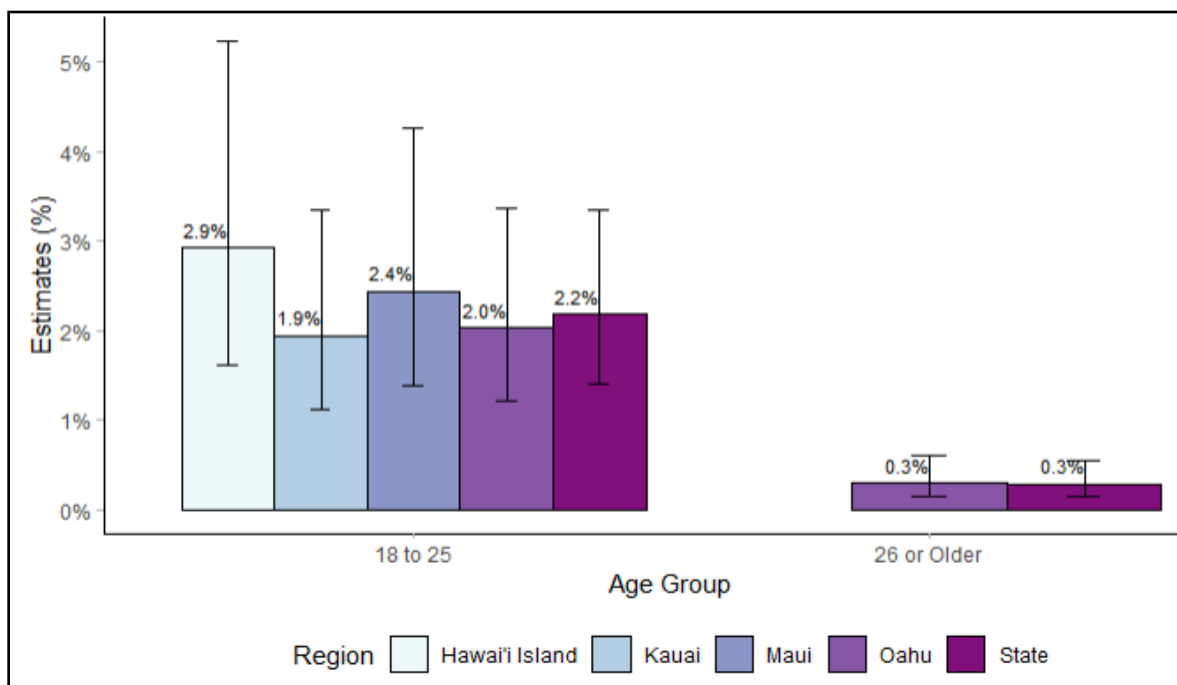
Figure 13 shows estimates of attempted suicides in the past year with 2.2% of respondents amongst 18 to 25 years and 0.3% of respondents 26 years or older reporting that they made a suicide attempt in the past year.

Figure 12: Made Any Suicide Plan in Hawai'i in the Past Year, 2020



Source: NSDUH State and Substate Estimates, 2020 (<https://pdas.samhsa.gov/saes/state>)

Figure 13: Attempted Suicide in Hawai'i the Past Year, 2020



Source: NSDUH State and Substate Estimates, 2020 (<https://pdas.samhsa.gov/saes/state>)

2. INTRODUCTION

The mission of the Adult Mental Health Division (AMHD) is to lead, foster, and coordinate a comprehensive statewide mental health system that promotes mental wellbeing through the delivery of dignified, holistic, and culturally relevant health care. The AMHD strives to ensure mental health services are accessible, proactive, meaningful, collaborative, and empowering for all Hawai'i communities.

The AMHD provides comprehensive mental health services to adults who are at least 18 years old, diagnosed with a serious mental illness (SMI) and are residents of the State of Hawai'i. It also provides mental health services to uninsured or underinsured individuals with SMI, those who are court ordered for evaluation and treatment under conditional release, care and custody of the DOH; individuals in crisis; and victims of natural disasters and terrorism.

For individuals enrolled in Med-QUEST (Medicaid), services provided by the AMHD are covered by the Med-QUEST Division of the Hawai'i State Department of Human Services (DHS). Depending on the nature of SMI, individuals can get coverage for their mental health services either from AMHD (uninsured) or from Med-QUEST (insured).

AMHD's three service channels include:

- Hawai'i State Hospital (HSH) – inpatient, psychiatric hospitalization O'ahu (City and County of Honolulu)
- Community Mental Health Centers (CMHC) – outpatient mental health clinics
 - County branches located on Kaua'i, O'ahu (City and County of Honolulu), Maui (includes Moloka'i and Lana'i), and Hawai'i Island.
 - Includes a total of 12 Treatment Service Sections and satellite clinics
 - Includes a total of 9 Rehabilitation Service Sections (Clubhouses)
- Contracted purchase-of-service (POS) providers (statewide; varies by service)

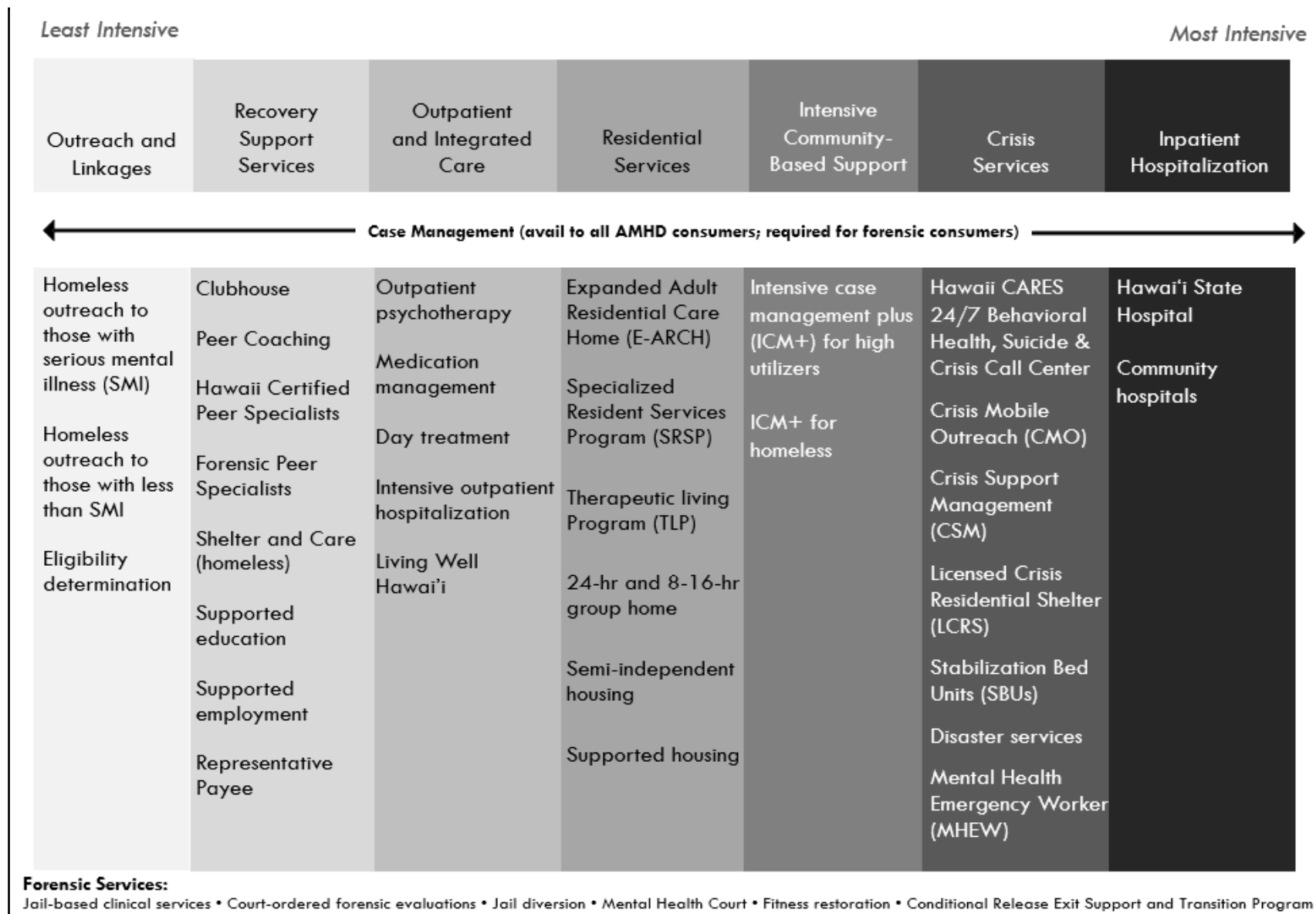
For more information about the AMHD, services provided, and annual reports, please visit the AMHD website at: <https://health.hawaii.gov/amhd>

3. CONTINUUM OF CARE

The AMHD seeks to provide mental health services to consumers, “in the least restrictive and most therapeutic environment possible.” As such, the AMHD strives to provide a continuum of care in a culturally responsive, integrated, and best-practice focused system.

Figure 14 identifies AMHD's array of service through seven levels of care/support from minimal interventions such as outreach and linkage/referrals to the most intensive crisis stabilization and inpatient hospitalization.

Figure 14: AMHD Continuum of Care



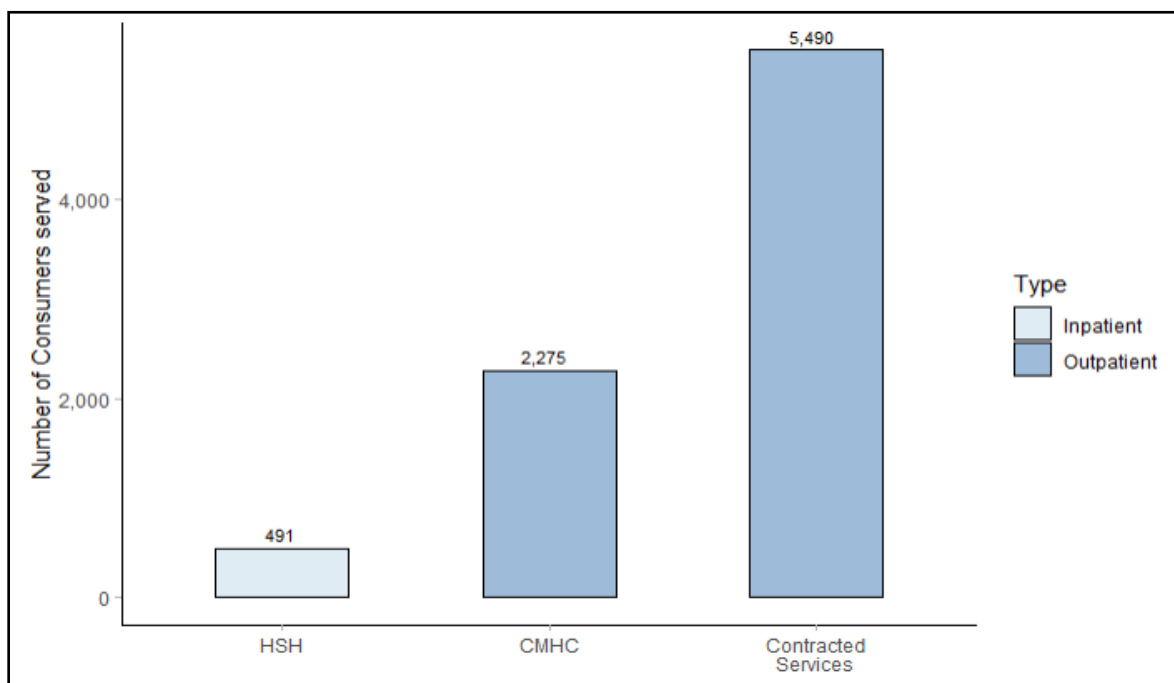
4. ADULT MENTAL HEALTH DIVISION (AMHD) IN CY 2021

The AMHD refers to individuals receiving any AMHD service as “consumers.” In CY 2021, the AMHD provided services to 8,256 consumers across all counties. Consumers receive services through AMHD’s three service channels – The Hawai’i State Hospital (HSH), Community Mental Health Centers (CMHCs), and contracted purchase-of-service (POS) providers. The Hawai’i State Hospital (HSH), the state’s only inpatient psychiatric facility, served approximately 6% of all AMHD consumers in CY 2021.

Outpatient¹ service providers are the primary source of AMHD community-based services, serving approximately 94% of all consumers in CY 2021. Within outpatient services, contracted POS providers rendered services to 66.5% of consumers, reflecting the wide range of services provided by contacted providers.

Figure 15 below presents the number of consumers served by inpatient and outpatient service providers in CY 2021.

Figure 15: Number of Consumers Served by Service Channel in CY 2021



The age distribution of consumers is presented in Figure 16. Nearly half (46%) of consumers served in CY 2021 were 50 years or older while 17% of consumers were below the age of 30.

¹ Outpatient services are provided by Community Mental Health Clinics (CMHCs) and contracted purchase-of-service (POS) providers.

Figure 16: Age Distribution of Consumers Served in CY 2021

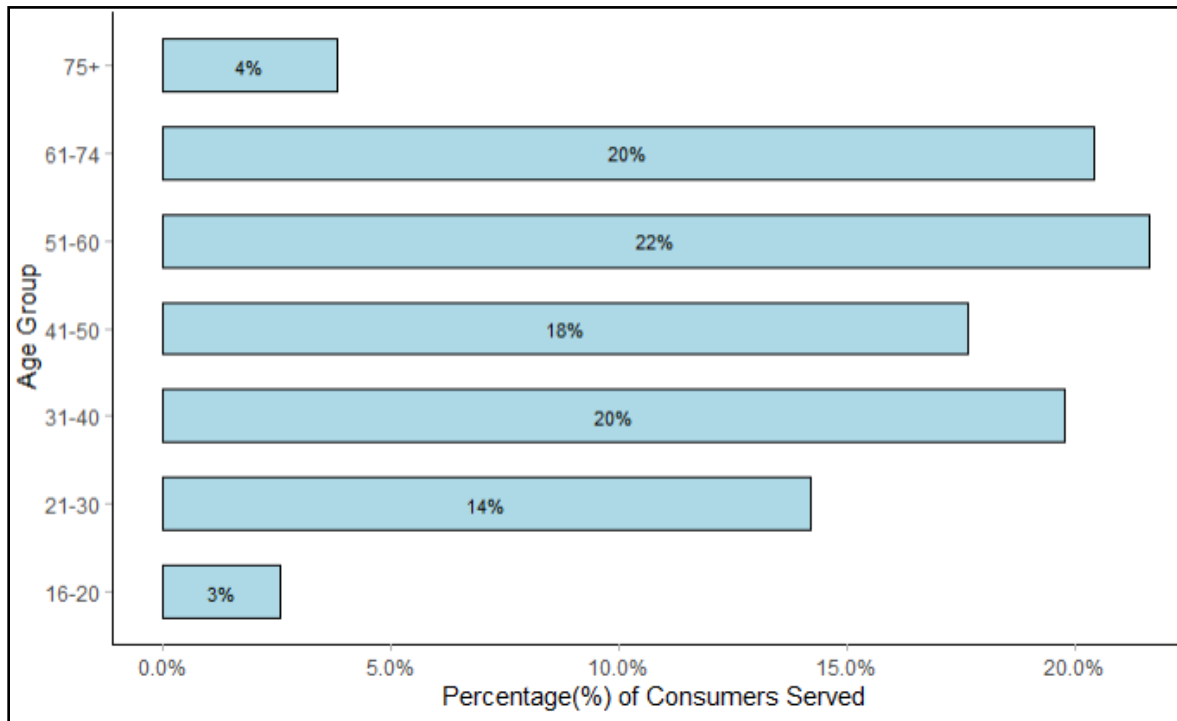


Figure 17: Age Distribution of Consumers Served by Gender in CY 2021

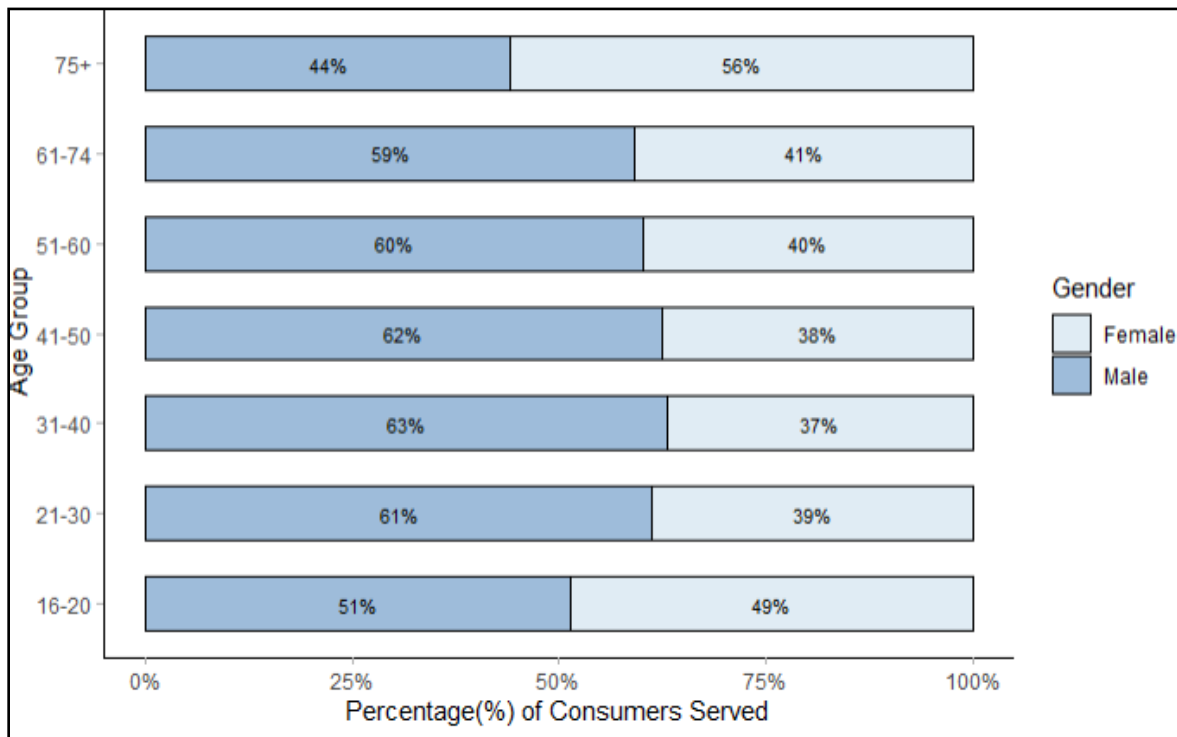
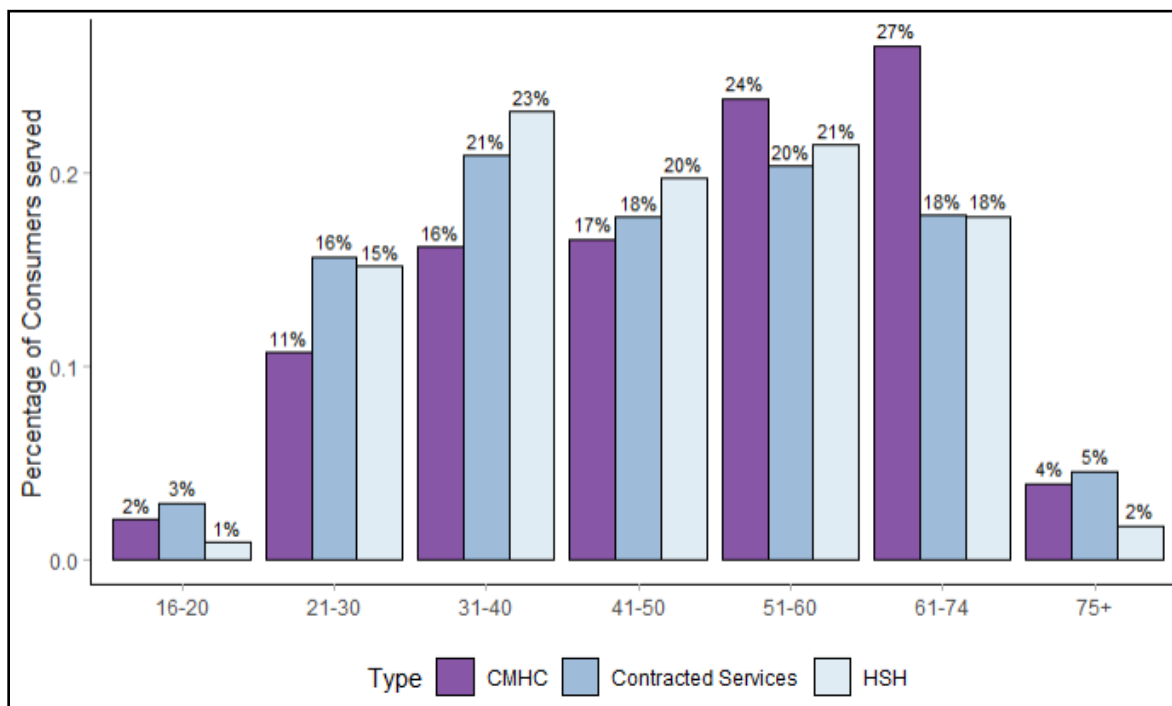


Figure 17 shows the age distribution of consumers by binary gender (male and female). More than 50% of consumers in all age groups, except the 75+ age category, were males.

Figure 18: Age Distribution of Consumers Served by Service Channel in CY 2021



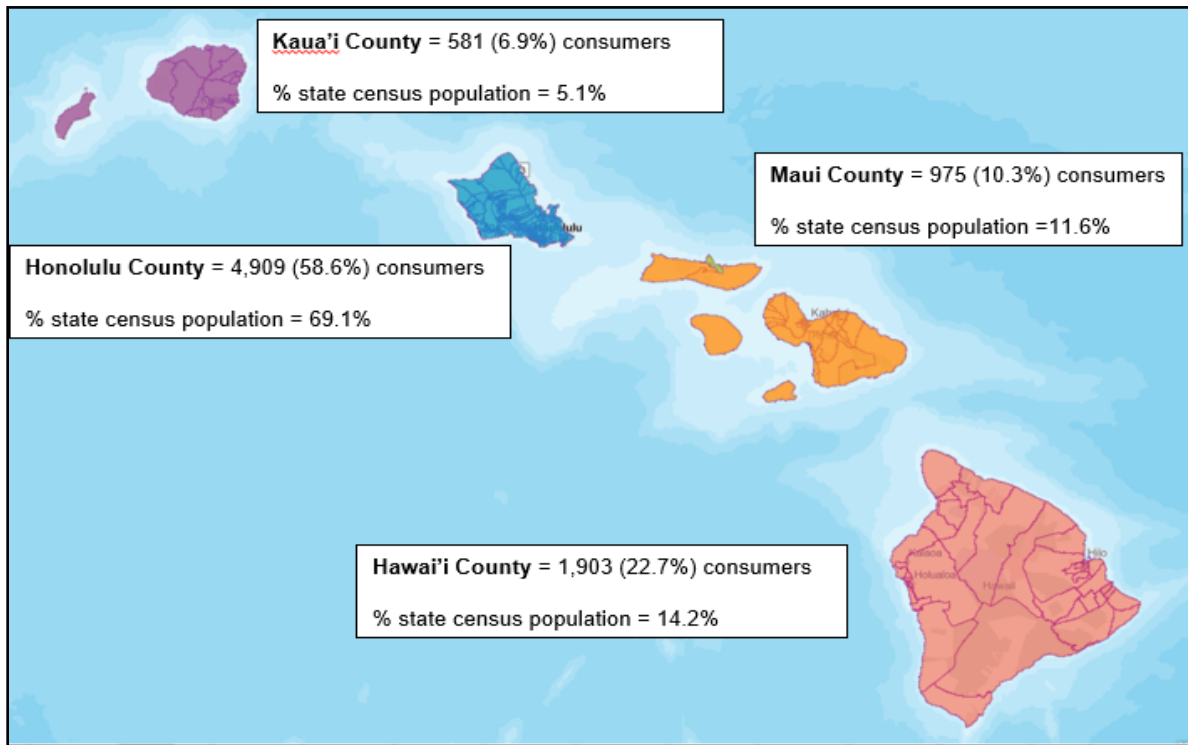
CMHCs served a higher percentage of consumers for age groups of 51-60 and 61-74, as shown in Figure 18. Consumers over 75 years and between ages 21-30 tended to receive services from contracted POS providers. Consumers between ages 31-40 more often received their services at HSH compared to a CMHC clinic.

Figure 19 shows the distribution of consumers served in CY 2021 by county. The state's population (69%) is overwhelmingly concentrated on O'ahu (City and County of Honolulu). The City and County of Honolulu served more than half of all consumers (59%). Approximately 7% of all consumers were served in the least populated county, Kaua'i.

Population size for Hawai'i was calculated from the U.S. Census, American Community Survey (ACS) of 2020. The number of individuals ages 16 and over were determined for each county from ACS, and the percentage of population per county was then calculated. Hawai'i County was identified as having 14% of the state population of individuals ages 16 and over.

Approximately 29% of all consumers were reported to have an unknown race/ethnicity, as shown in Figure 20. Additionally, 29% of all consumers were Caucasian/White, followed by Asian (19%), and Native Hawaiian and Other Pacific Islanders (NHOPI). Less than 5% of consumers were Black/African American or American Indian/Alaska Native, and 1% of consumers identified as having an adopted race/ethnicity.

Figure 19: Total Number of Consumers Served by County in CY 2021



Source: Data for State Census population - US Census, American Community Survey, 2020

Figure 20: Race/Ethnicity of Consumers Served in CY 2021

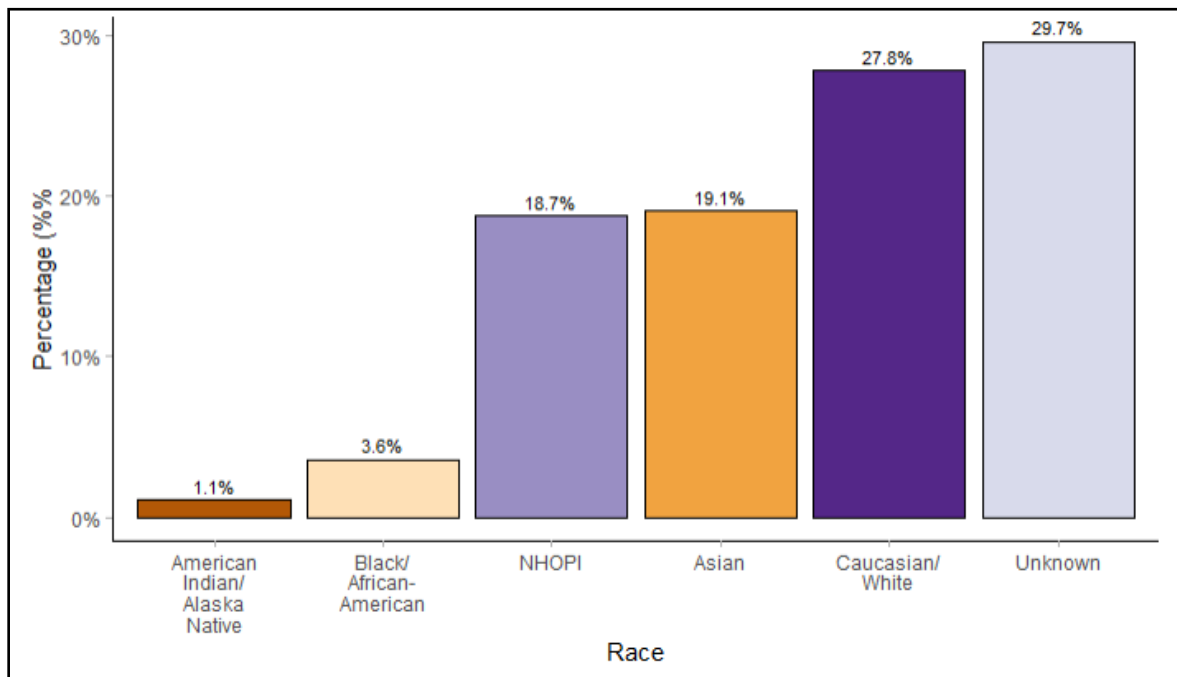
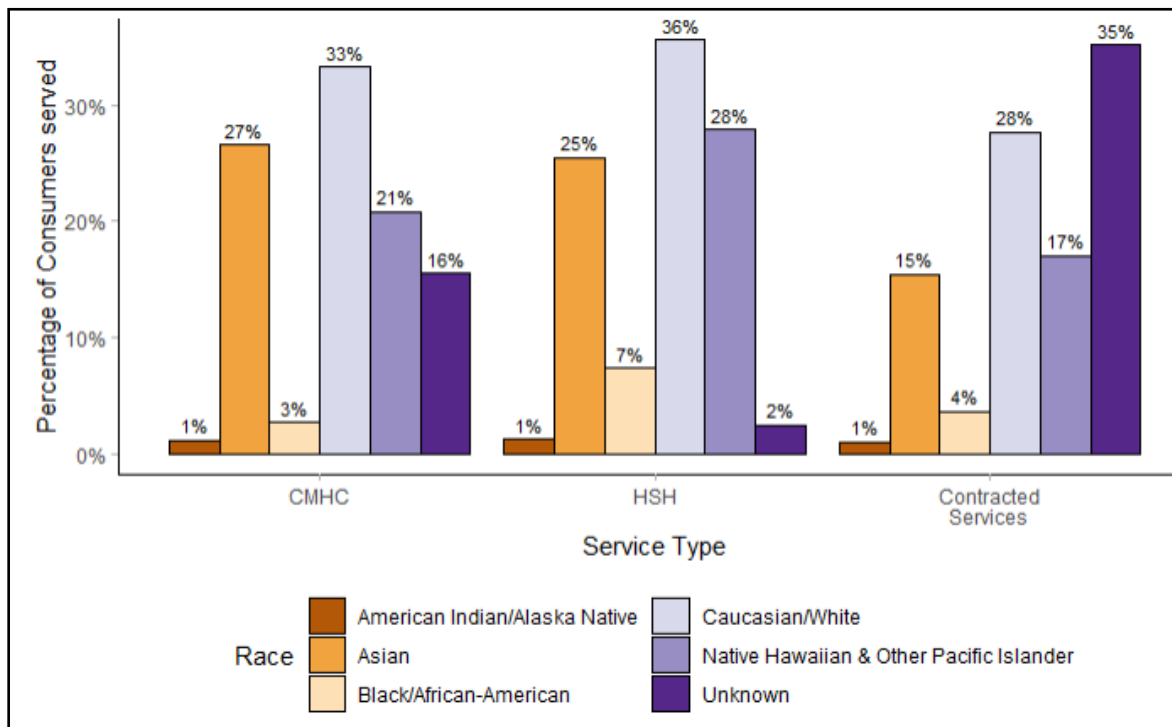


Figure 21: Percentage of Consumers Served by Race and by Service Channel in CY 2021

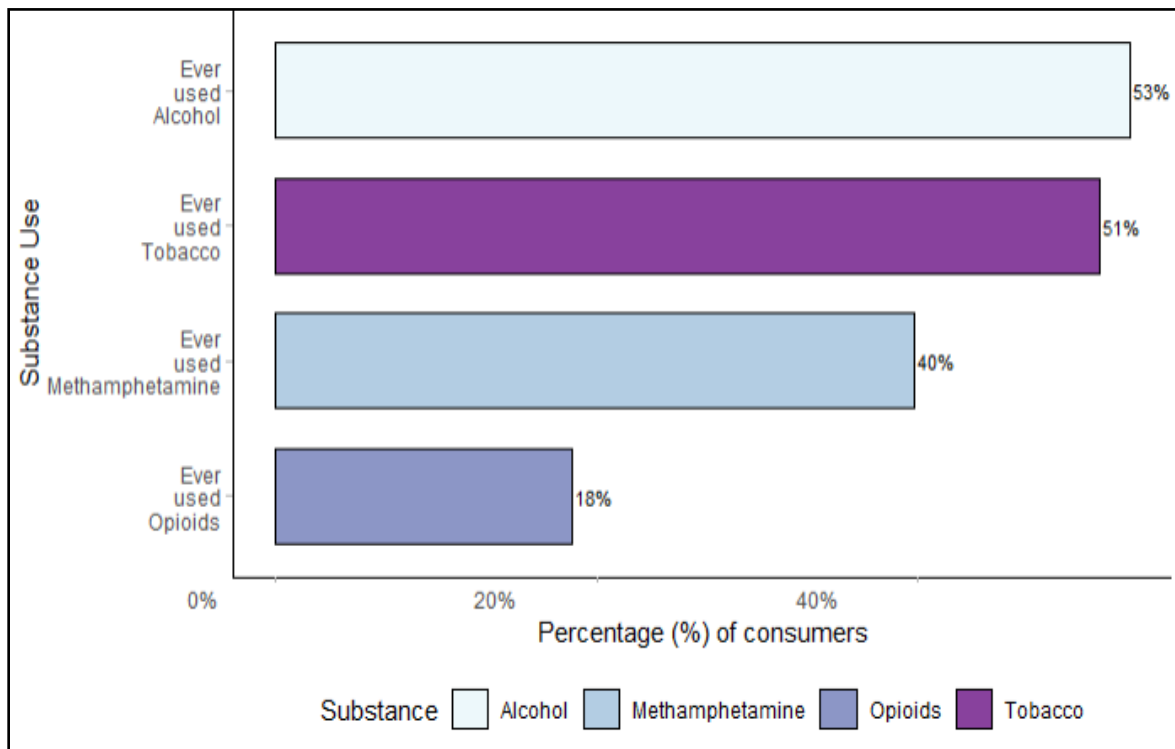


A large percentage of consumers served by contracted POS providers identified as having an unknown race, as shown in Figure 21. Most consumers served were of either Caucasian/White, Asian, or NHOPI ethnicities.

The Quality of Life Inventory (QOLI) is coordinated through case management staff at the CMHCs and at contracted POS provider offices; a clinician/staff asks consumers to self-report whether they have ever used methamphetamine, alcohol, or tobacco products, or opioids (prescription or non-prescription) at the time of admission, every six months thereafter, and upon discharge from case management.

More than half of consumers reported having ever used alcohol (53%) and tobacco (51%) in CY 2021 as shown in Figure 22. Approximately 18% of consumers reported having ever used opioids and 40% reported having ever used methamphetamine.

Figure 22: Substance Use Amongst Consumers in CY 2021



Source: Quality of Life Inventory (QOLI) Survey Data, 2021

5. CRISIS SERVICES

Crisis services are a critical component of Hawai'i's mental health service system. The first point of contact for individuals in crisis is the Hawai'i State Department of Health (DOH) Hawai'i CARES/988, a 24/7 crisis and suicide hotline with membership in the National Suicide Prevention Lifeline (NSPL) network. The CARES acronym stands for Coordinated Access Resource Entry System. Hawai'i CARES staff provide supportive listening and crisis counseling, dispatch Crisis Mobile Outreach (CMO) teams, and authorize crisis stabilization services. Hawai'i CARES also serves as the after-hour link for oral ex-parte (emergency and temporary) orders.

When Hawai'i CARES staff determine that immediate intervention and de-escalation may be necessary, CMO teams can be dispatched to the individual's physical location. CMO services include assessment, mental health screening, and medical screening, as well as information about linkage to community-based services. For individuals in crisis who are not already linked with mental health services, Crisis Support Management (CSM) provides time-limited case management to assist with returning the individual to a pre-crisis state and linking them to necessary services.

For example, Licensed Crisis Residential Services (LCRS) offer short-term, acute interventions to individuals experiencing a period of acute stress that significantly impairs

their capacity to cope with normal life circumstances. LCRS is a structured residential alternative or diversion from psychiatric inpatient hospitalization. Services provided aim to address the psychiatric, psychological, and behavioral health needs of each individual in crisis.



103,992

Number of calls received by
DOH Hawai'i CARES in CY 2021

As of July 2022, DOH Hawai'i CARES began receiving suicide and crisis lifeline calls from individuals with an 808 phone number who dialed the new nationwide 988 suicide and crisis lifeline number.

**Toll-free
1 (800) 753-6879**

In CY 2021, 4,820 consumers received CMO services, 1,498 consumers received LCRS, and 356 consumers were provided with linkage and outreach services.

Table 1 and Table 2 show the number of available LCRS beds and Stabilization Bed Units (SBU) in CY 2021. A total of 40 LCRS beds and 94 SBUs were available in CY 2021.

Figure 22 presents the amount of cost for each of crisis service in CY 2021. AMHD spent approximately \$1.7 million to provide crisis services including CMO, crisis support management (CSM), and LCRS.

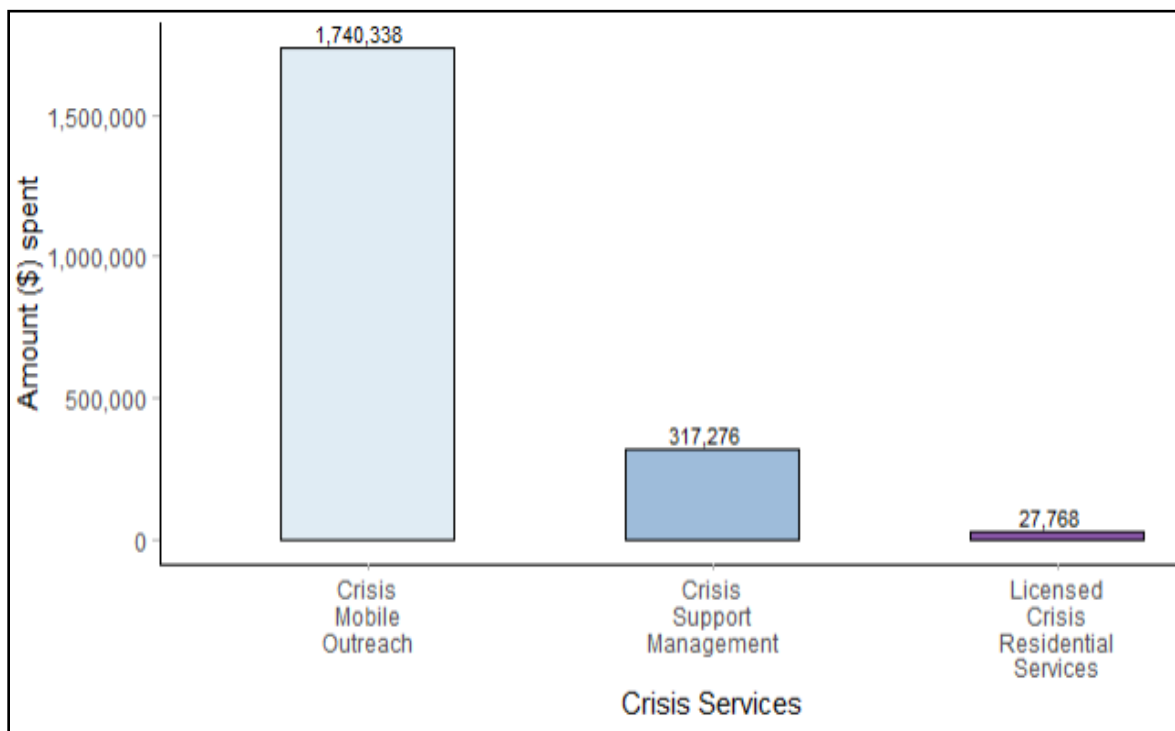
Table 1: Number of Available LCRS Beds in CY 2021

| Licensed Crisis Residential Services (LCRS) | | |
|---|--------------------|----------------|
| Region | Service Provider | Number of Beds |
| Oahu | CARE Hawai'i, Inc. | 16 |
| Hilo | CARE Hawai'i, Inc. | 16 |
| Mau'i | Aloha House | 8 |

Table 2: Number of Available Stabilization Bed Units in CY 2021

| Stabilization Bed Units (SBUs) | | |
|--------------------------------|--------------------|----------------|
| Region | Service Provider | Number of Beds |
| Oahu | Waikiki Beachside | 34 |
| Oahu | ‘Ekolu | 16 |
| Oahu | Palekana | 28 |
| Kona | CARE Hawai'i, Inc. | 8 |
| Hilo | Palekana | 8 |

Figure 23: Total Amount Spent on Crisis Services in CY 2021



6. RESIDENTIAL HOUSING AND TREATMENT SERVICES

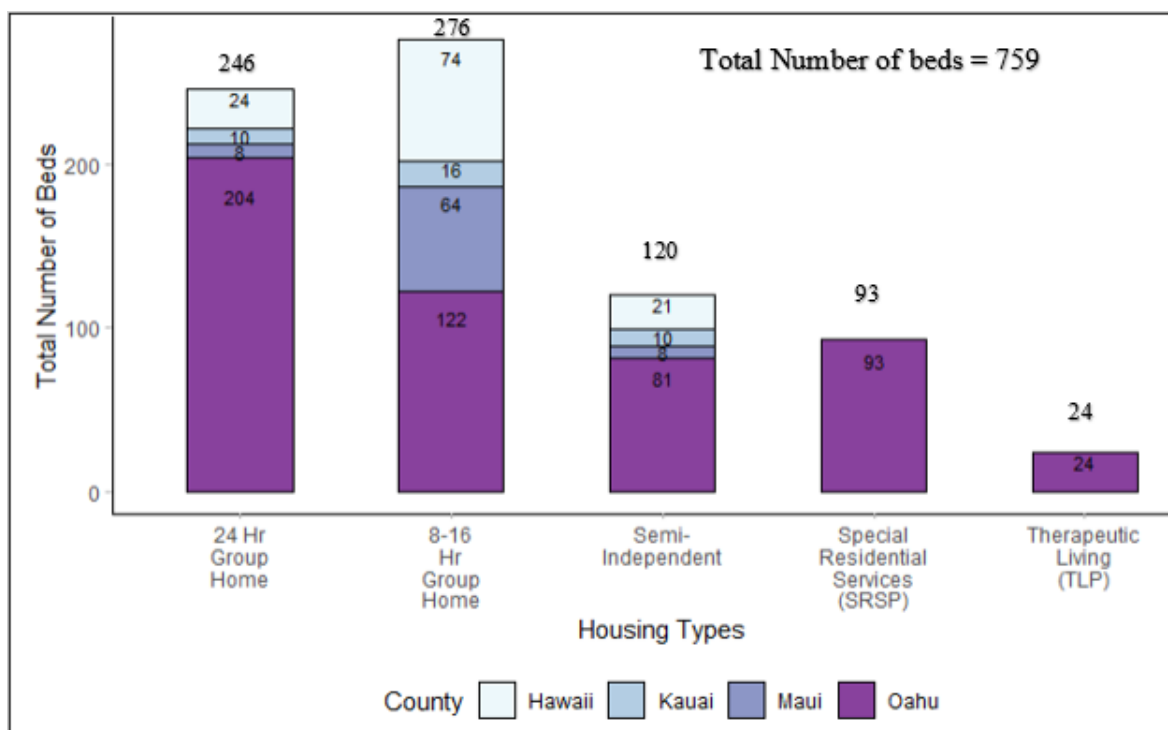
To meet the residential housing and treatment service needs of consumers, the AMHD offers a variety of residential housing and treatment service options. Residential housing sites, including daily and administrative functions, are coordinated through contracted purchase-of service (POS) providers.

Semi-independent housing is ideal for consumers who are capable of handling non-crisis issues for a day or two, until the next scheduled daily staff are on-site. In 8–16-hour group housing, staff are on-site between eight and 16 hours a day, seven days a week, while in 24-hour group housing, staff provide on-site supervision 24 hours a day, seven days a week.

Consumers are routinely referred to AMHD residential housing prior to being discharged from a higher level of care, such as hospitalization or a treatment facility. AMHD’s housing array seeks to provide a “step down” or “step up” approach to meet the consumers’ level of housing, which could change depending on various factors such as personal preference (consumer choice), medical/psychiatric health priorities, and Recovery goals. For example, consumers may be discharged as a “step down” from a higher level of care (LOC) such as hospitalization to any appropriate lower housing level. Consumers being referred for a “step up” may be experiencing symptoms or risk issues requiring a higher level placement for a period of time until they are stabilized and can “step down” to a lower housing level.

Specialized Residential Services Program (SRSP) is available to consumers who benefit from having a combination of residential housing and treatment services provided at one location. SRSP is a licensed treatment service designed for consumers requiring observation, intervention and treatment 24 hours a day, seven days a week. Therapeutic Living Program (TLP) provides ongoing residential treatment support for consumers who are not ready to manage their medication in a more independent housing setting. Like SRSP, nursing services are available on-site at the TLP during the week, and support for basic physical health and medication management is also provided. The Expanded Adult Residential Care Home (E-ARCH) Program offers licensed care home placements where an intermediate care facility (ICF) level of care is required for admission. Figure 24 shows the number of available housing and treatment beds in CY 2021.

Figure 24: Number of Available Housing and Treatment Beds by Type in CY 2021



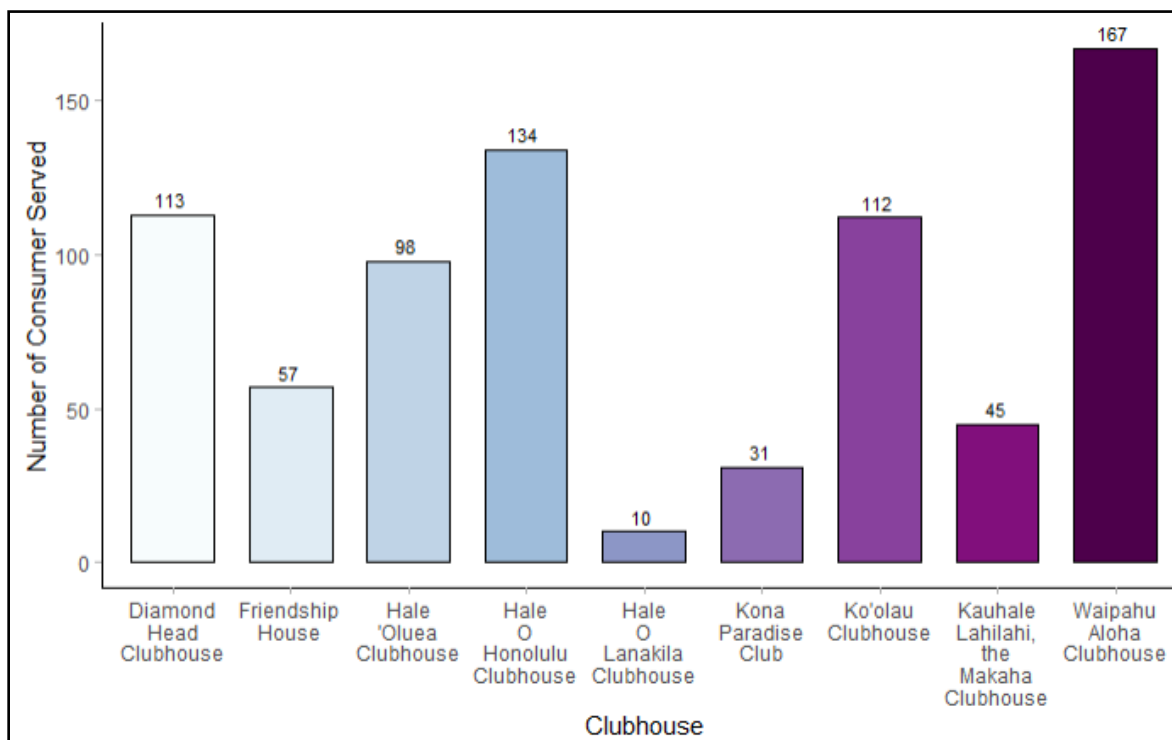
7. RECOVERY SERVICES

The Clubhouse model seeks to demonstrate that people with mental illness can successfully live productive lives with gainful employment, regardless of the nature or severity of their mental illness. Clubhouse members and staff work side-by-side to manage all Clubhouse operations, providing an opportunity to contribute in significant and meaningful ways. Figure 25 shows the number of active Clubhouse members in CY 2021. Of the 8,256 consumers, 767 (or 9.3%) were Clubhouse members in CY 2021.

767 (9.3%)

There were 767 active Clubhouse members in CY 2021

Figure 25: Number of Active Clubhouse Members by Clubhouse Location in CY 2021



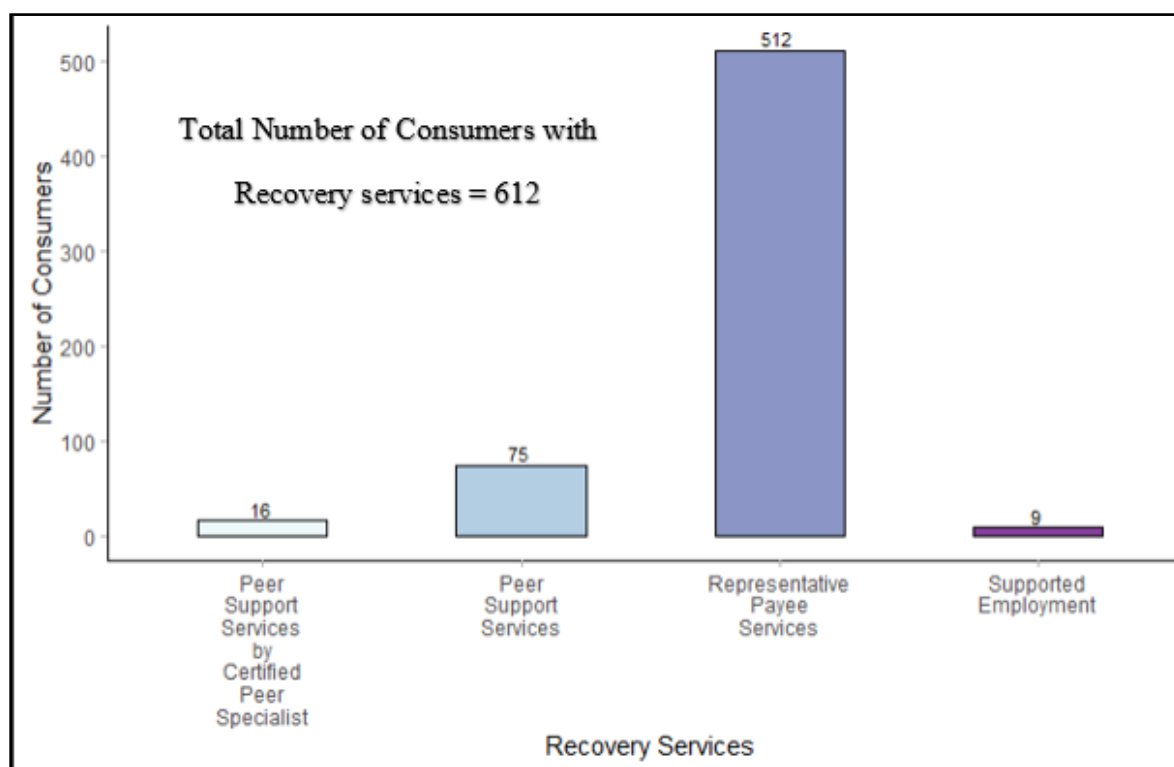
Employment programs are offered through Clubhouses and through contracted purchase-of-service (POS) service providers. Clubhouses are centered around the concept of a work-ordered day and provide members with employment programs of varying levels of assistance. Both Clubhouses and contracted service providers offer Supported Employment, a program helping consumers to seek, obtain, and retain paid, competitive work by providing ongoing support services to both consumers and their employers.

Representative Payee (Rep Payee) includes an educational component for consumer finances. This service teaches consumers basic money management skills such as how to budget, save, and pay bills. Rep Payee providers assist consumers with the Social Security

benefit application process, maintaining accurate ledger balances, and coordinate disbursements with the consumer and/or their legal guardian, and case manager.

Peer support is an important component of consumer-centered care. Consumers have the opportunity to share their lived experience with mental health illness and/or substance use, to inspire their peers to reach their Recovery goals. Peers receive training organized by the AMHD, including a paid internship opportunity, to prepare them for the role of a Peer Specialist, Peer Coach, and/or Peer Advocate. Some of their paid peer internship and employment job responsibilities include face-to-face direct care services, including individual and group therapeutic and wellness interventions, promoting socialization through community activities, and mentoring peers for life skill development based on Recovery plan goals. Figure 26 shows the number of consumers who received recovery services by service type in CY 2021.

Figure 26: Number of Consumers Who Received Recovery Services by Type in CY 2021



8. FORENSIC SERVICES

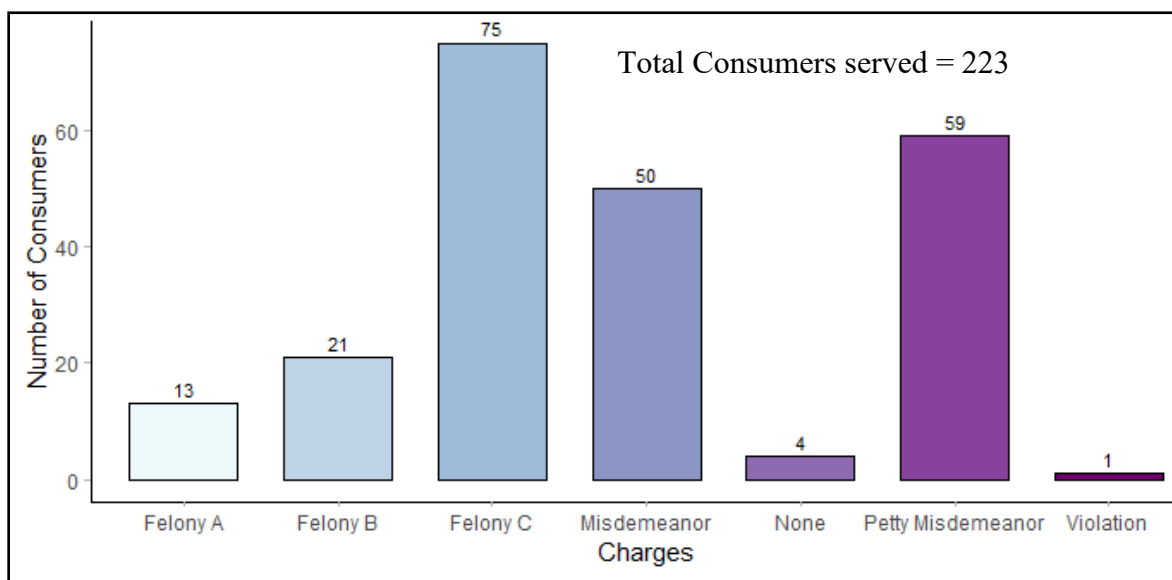
Forensic mental health services are provided by mental health professionals or agencies for use in court or otherwise in connection with a legal matter, including both evaluations and treatment (NASMHPD, 2014). Consumers receive one or more forensic services when they are identified as being “justice involved.” A goal of forensic services is to provide opportunities for jail diversion and options for appropriate mental health treatment.

Forensic services may be provided through the Community Mental Health Center (CMHC) Forensic Section and/or the Courts Evaluation Branch (CEB). Services include court-ordered mental health evaluations for circuit and district courts statewide, examinations of mental disease, disorder, or defect, evaluation of fitness to proceed or penal responsibility, and risk assessments to assist in the court's disposition related to commitment, discharge, and release conditions.

Forensic coordinators help consumers to navigate legal jargon, communicate updates to the consumer's treatment team, provide reports to the court, offer linkage options to community mental health and substance abuse services, and attend court hearings with or on behalf of the consumer. They also provide clinical support to the Mental Health Court, a specialty court that redirects justice-involved individuals diagnosed with serious mental illness from a jail to community-based treatment with intensive supervision. When appropriate, forensic coordinators communicate court updates to the consumers' treatment team and provide consultation and liaison services to treatment teams and criminal justice agencies.

Part of the forensic coordination role includes evaluating and monitoring consumers' criminal justice involvement related to engagement with treatment and adherence to court ordered conditions. Forensic coordinators may provide recommendations regarding risk management strategies to support successful community tenure. Figure 27 shows the number of consumers monitored by forensic services in CY 2021.

Figure 27: Number of Consumers Monitored by Forensic Services in CY 2021

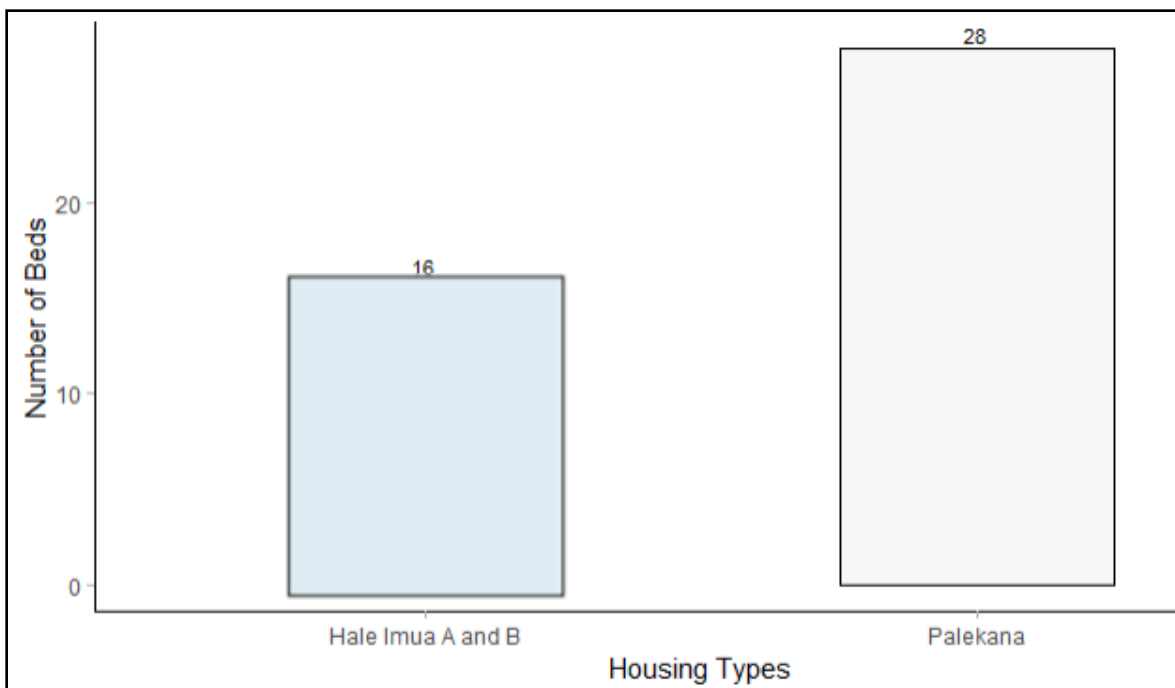


Mental Health Emergency Workers (MHEW) provide consultative assistance to law enforcement personnel who engage with individuals experiencing a behavioral health crisis in the community. For example, situations where MHEWs provide consultation include requests for authorization of involuntary transportation to a designated licensed psychiatric facility (a process commonly known as "MH-1").

To support consumers at different points of criminal justice involvement and to reduce reliance on hospital-based services, specialized community-based forensic services are offered. Post-booking jail diversion is a supportive case management service provided to potential consumers in post-booking and pre/post-arraignment situations. The intent of this service is to divert eligible, non-dangerous mentally ill arrestees and detainees from incarceration. For consumers found unfit to proceed by the courts and who can be safely restored to fitness within a community setting, community-based fitness restoration is an alternative approach to lengthy hospital commitment.

Hale Imua is a specialized 24-hour group home location serving consumers acquitted on the grounds of physical or mental disease, disorder, or defect (commonly referred to as “not guilty by reason of insanity”) and granted Conditional Release (CR) by the courts. Hale Imua programming is based on a multidisciplinary approach to integrated treatment, including a comprehensive clinical team and classes that address recidivism, and focuses on meeting the unique needs of each consumer. Figure 28 shows the number of available beds at Hale Imua and Palekana in CY 2021.

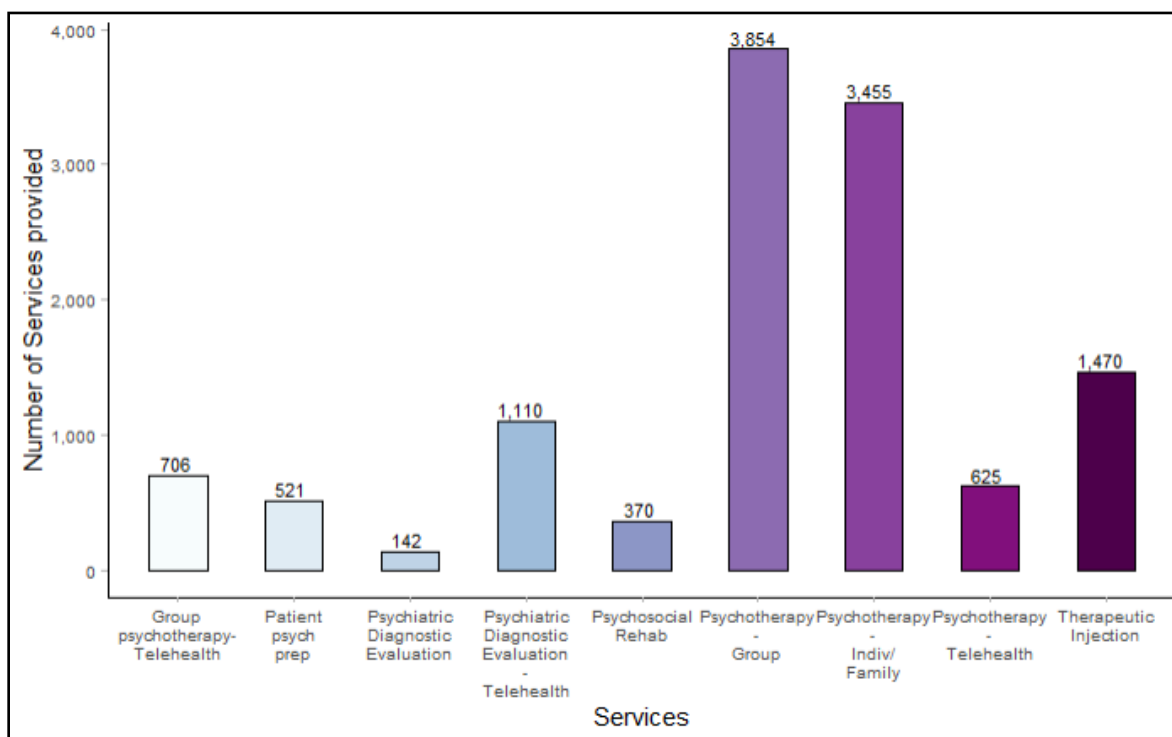
Figure 28: Number of Available Hale Imua and Palekana Beds in CY 2021



9. OUTPATIENT SERVICES

Community Mental Health Centers (CMHC) are state-operated outpatient clinics that provide individual and group mental health treatment, psychiatry, individual and family psychotherapy, medication monitoring, and case management. Figure 29 shows the number of services provided by CMHC in CY 2021.

Figure 29: Number of Outpatient Services Provided by CMHCs in CY 2021

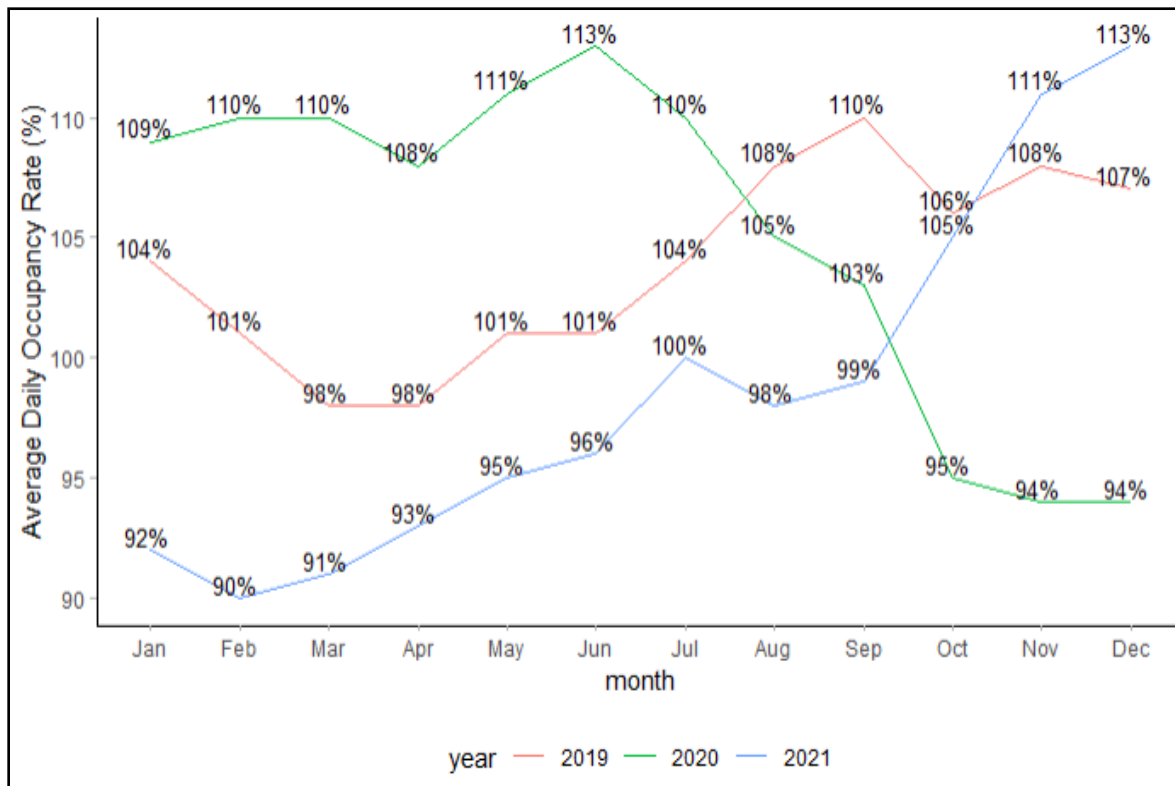


A total of 3,854 group psychotherapy services were provided by the CMHC in CY 2021. Similarly, individual and family psychotherapy sessions were also in high demand. CMHC offered 3,455 sessions of individual and family psychotherapy, and provided 1,470 therapeutic injection sessions. Additionally, 1,110 sessions for psychiatric diagnostic evaluations were completed through telehealth appointments.

10. Hawai'i State Hospital

Hawai'i State Hospital (HSH) is the only publicly-funded, state psychiatric hospital in Hawai'i. HSH provides adult inpatient psychiatric services and is a branch of the Hawai'i State Department of Health, Adult Mental Health Division (AMHD). In April 2021, the State took ownership of the recently-completed, 144-bed forensic facility specifically designed to provide care to high-risk patients, to improve safety for patients, staff and the public, and to be more economical to operate and maintain.

Figure 30: Average Daily Occupancy Rate for HSH On-Campus Beds in CY 2019-2021



Source: SHPDA Data, 2020

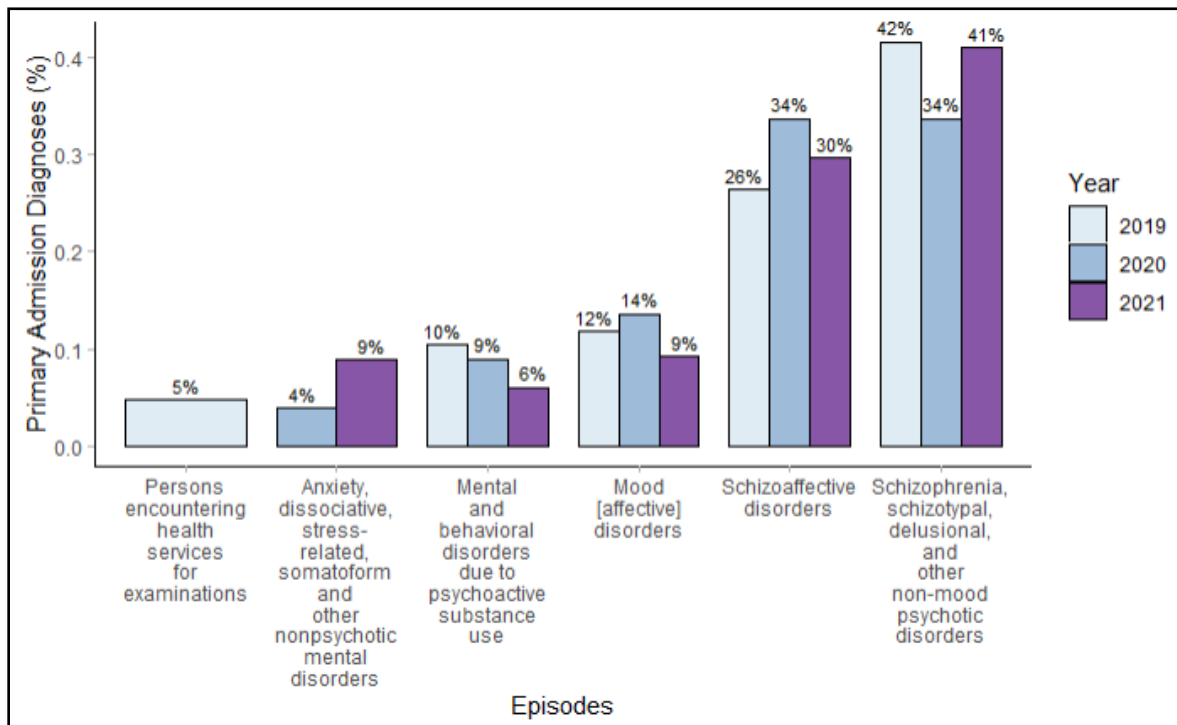
Figure 30 shows the average daily occupancy rates for HSH on-campus admissions in CY 2019, 2020, and 2021. During the COVID-19 pandemic, occupancy rates fell to 94% in December 2020, from a high of 113% in June 2020. However, in 2021, the average daily occupancy rate steadily increased from a low of 90% to a high of 113%.

The State Health Planning and Development Agency (SHPDA) calculates occupancy rate using the formula:

$$= (\text{Average daily Census} / \text{Licensed Beds}) \times 100$$

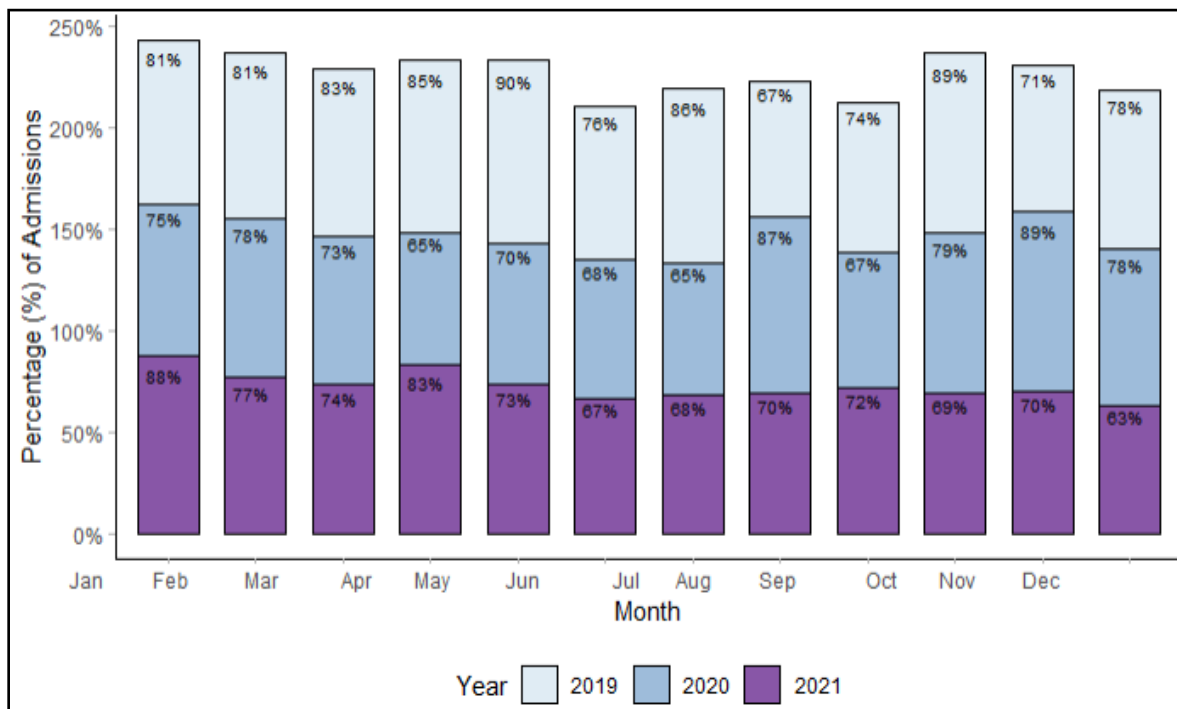
Figure 31 shows the top primary admission diagnoses at HSH in 2021. Schizoaffective disorders including schizophrenia, schizotypal and non-mood psychotic disorders were the most prevalent services provided by HSH in CY 2021. Figure 32 shows admission of patients at HSH that were drug related. In general, 63-88% of HSH admissions in CY 2021 were drug related.

Figure 31: Top Primary Admission Diagnoses for Patients Admitted to a HSH On-Campus Bed in CY 2021



Source: SHPDA Data, 2020

Figure 32: Percentage of HSH On-Campus Admissions that were Drug Related in CY 2019-2021



Source: SHPDA Data, 2020

11. COVID-19 WITHIN AMHD'S POPULATION

Table 3: COVID-19 Testing Rates in CY 2021

| Year | AMHD Service Type | Total Consumers | COVID-19 Tests by Year | Testing Rate |
|--|--|-----------------|------------------------|--------------|
| 2021 | Outpatient Consumers | | | |
| | Directly Served Only (CMHC)* | 2267 | 623 | 27.5% |
| | Served by Contract Only (POS) | 5401 | 1623 | 30.0% |
| | Served Both by Contract and Directly** | 939 | 278 | 29.6% |
| | Total | 8607 | 2524 | 29.3% |
| | HSH | 491 | 115 | 23.4% |
| | CEB | 502 | 179 | 35.7% |
| *Includes HSH and CMHC Patients ** These individuals could also have received outpatient services either directly or by contract | | | | |

Figure 33: COVID-19 Positivity Rate Amongst Consumers Served by CEB, CMHCs, or Admitted to a HSH On-Campus Bed in CY 2021

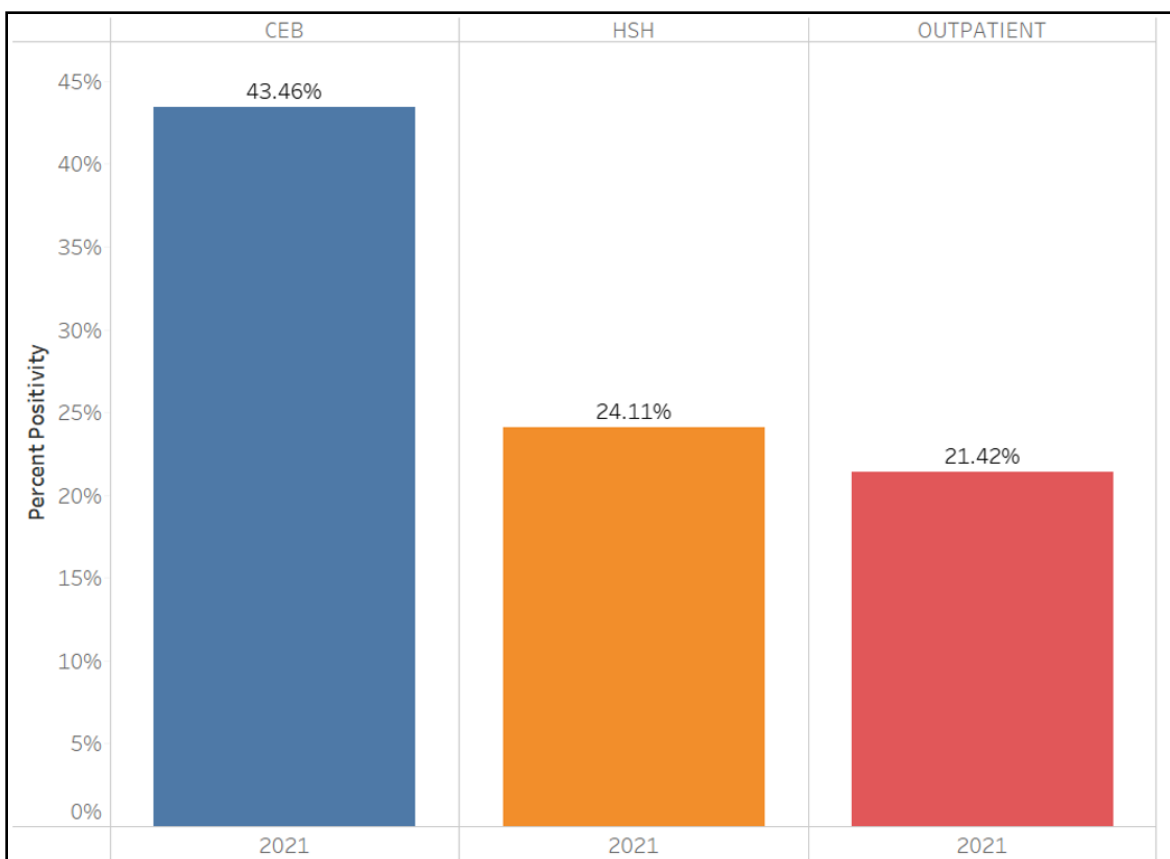


Figure 34: COVID-19 Positivity Rate within AMHD Population Statewide in CY 2021

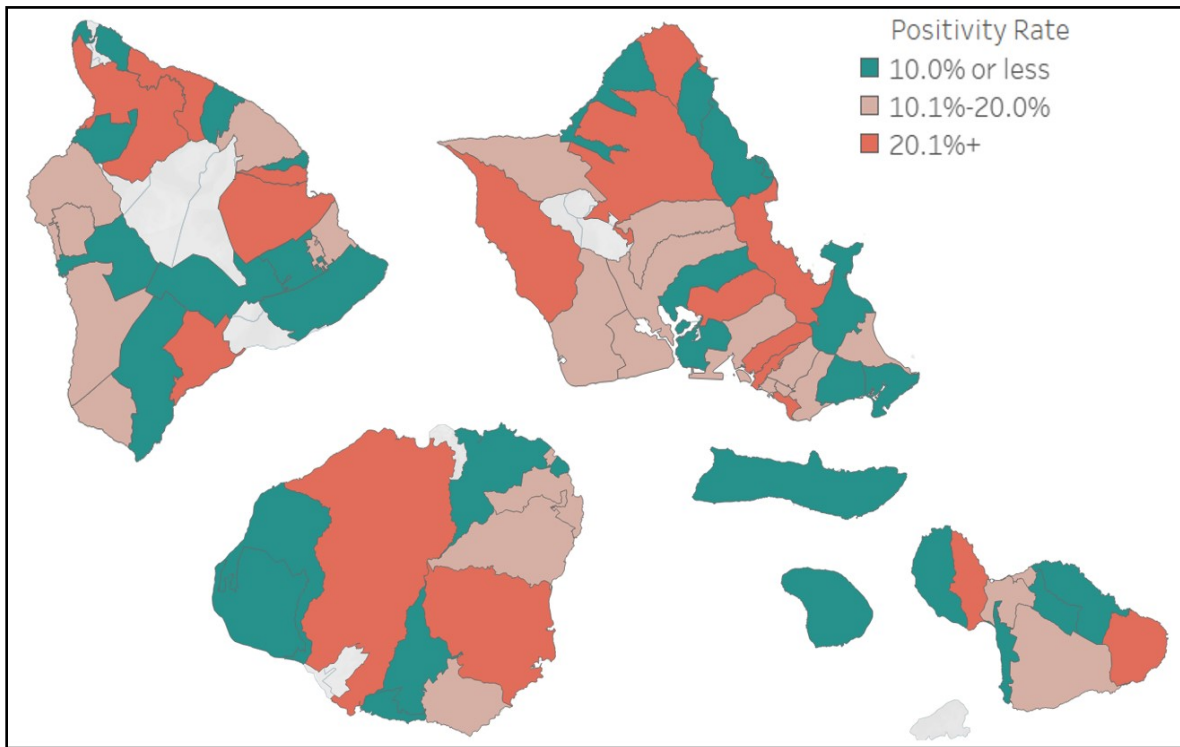


Figure 35: Outpatient Consumers Diagnosed with COVID-19 by Race/Ethnicity in CY 2021

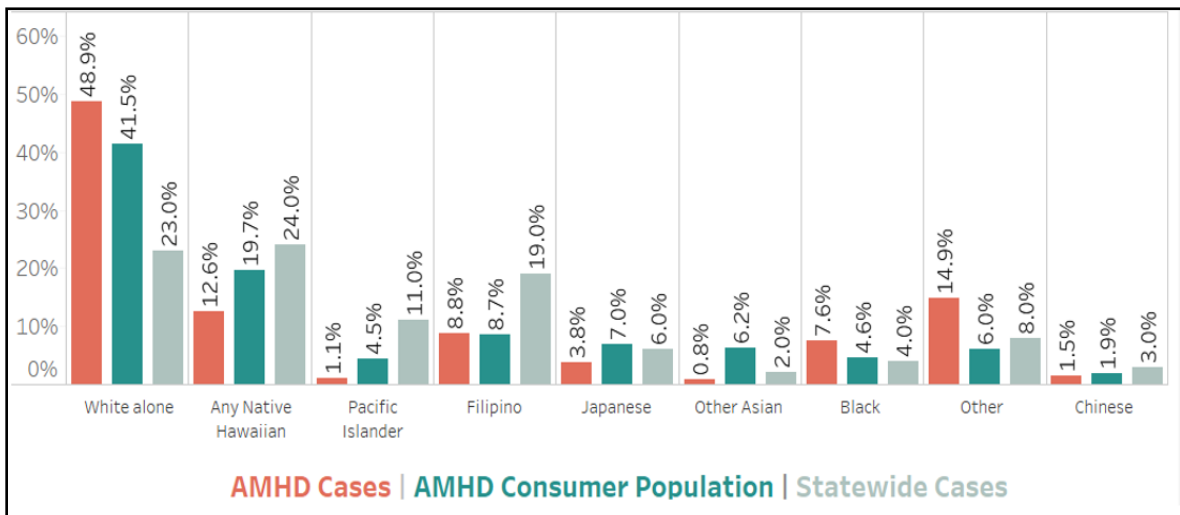


Figure 36: Percent and Count of Outpatient Consumers Hospitalized with or Deceased from COVID-19 by Age Group in CY 2021

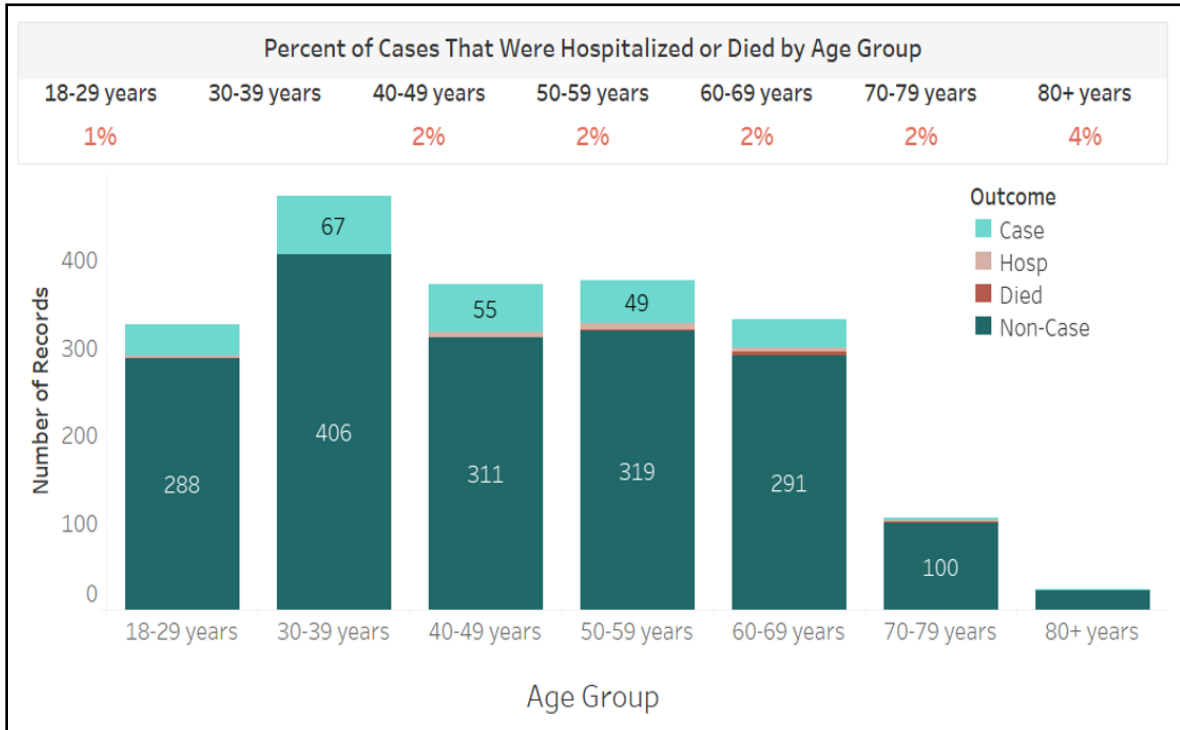


Figure 37: Consumers Served by CEB and Diagnosed with COVID-19 by Race/Ethnicity in CY 2021

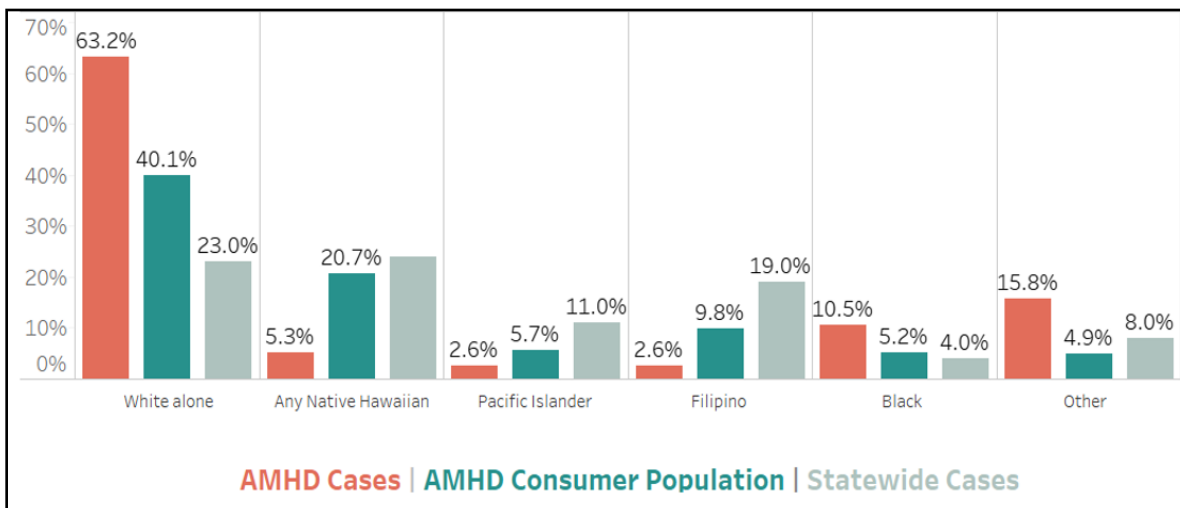


Figure 38: Consumers Served by CEB
and Diagnosed with COVID-19 by Age Group in CY 2021

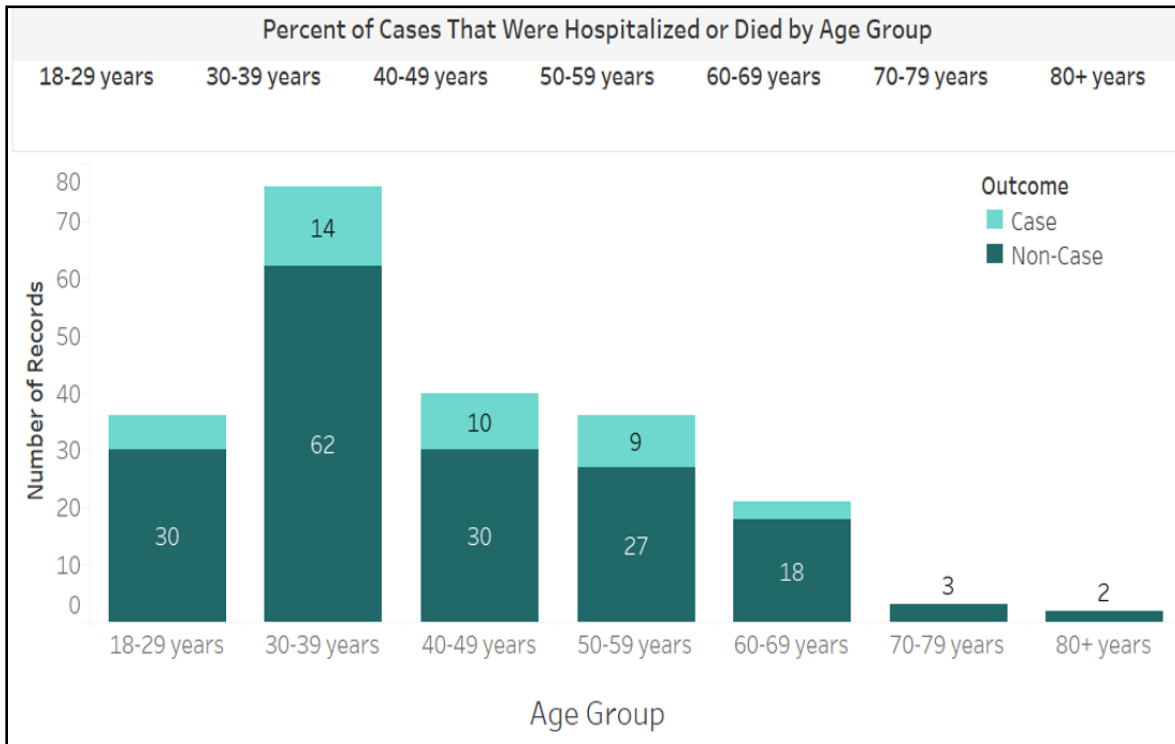


Figure 39: HSH On-Campus Patients Diagnosed with COVID-19
by Race/Ethnicity in CY 2021

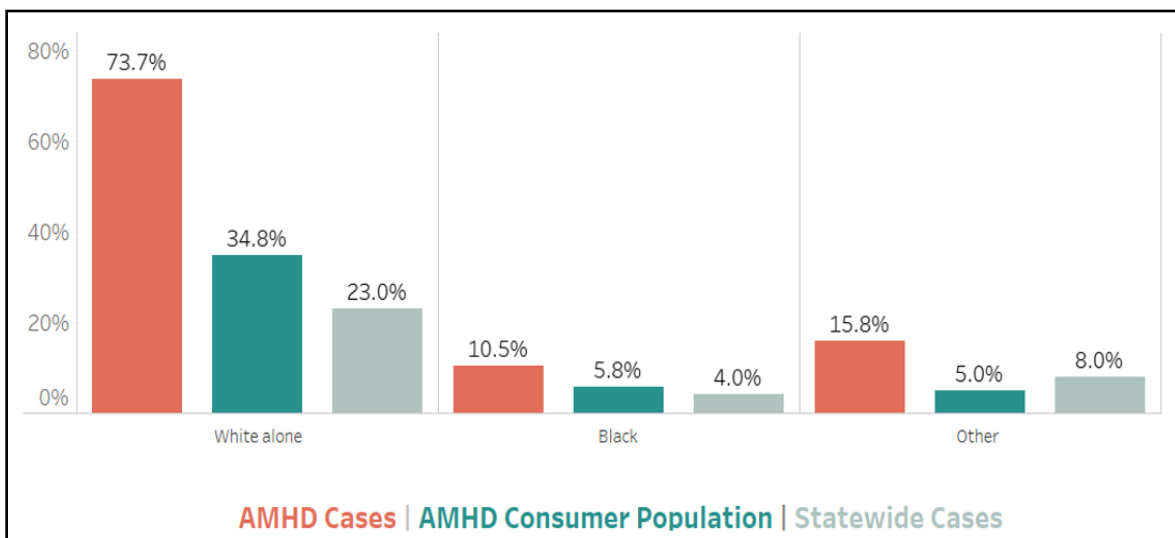
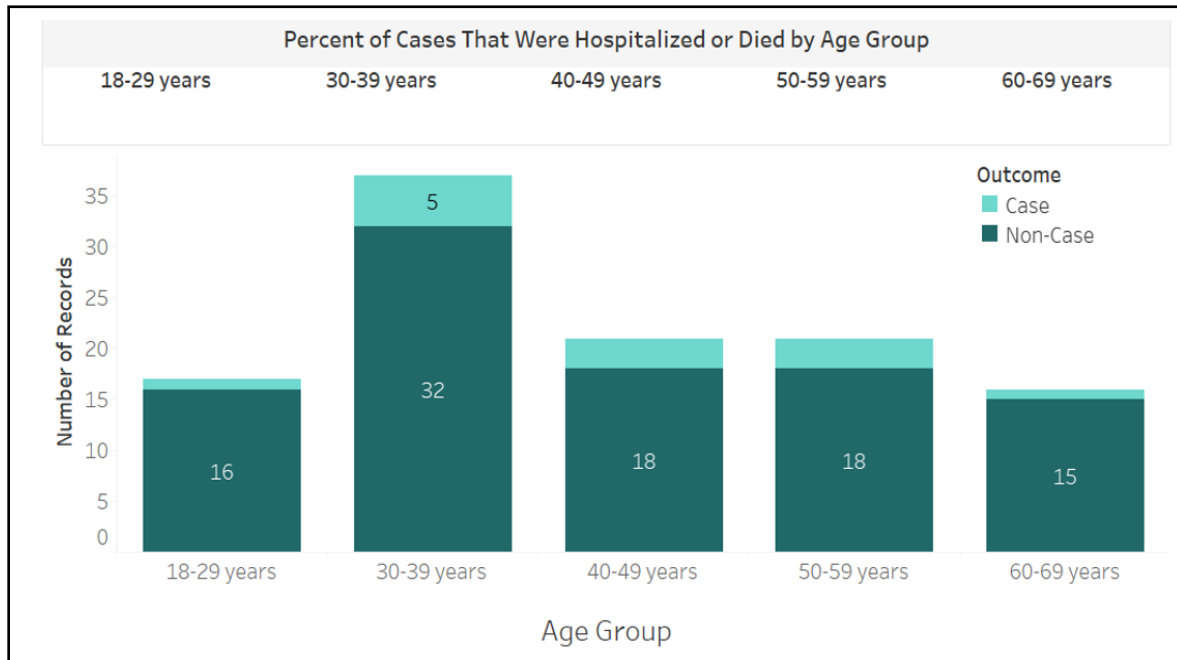


Figure 40: HSH On-Campus Patients Diagnosed with COVID-19
by Age Group in CY 2021



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APPENDIX

Data Sources

This report used publicly available data from the Substance Abuse and Mental Health Data Archive (SAMHDA), Centers for Disease Control and Prevention to present county-wide and statewide mental illness prevalence for Hawai'i. It also used data from the Hawai'i State Department of Health (DOH) data warehouse.

Below are descriptions of the data sources that were used.

1. *AMHD Information Management System (MIS)*. The AMHD uses an electronic medical record system called AVATAR to collect its consumer population counts, demographics, and utilization of services such as consumers who received substance use, crisis, recovery, housing, and inpatient and outpatient services. Data is entered into the consumer record on a real-time basis.

2. *MAVEN Disease Outbreak and Management Surveillance System (MAVEN)*. This database provides COVID-19 case counts, percent positivity, and demographics including age, gender, race and location by zip code tabulation area (ZCTA). Its race disaggregation of nine groups goes beyond the federally required classification set by the White House's Office of Management and Budget (OMB) and uses the algorithm developed by the Hawai'i State Department of Health, Disease Outbreak and Control Division. The MAVEN data was merged with the AMHD AVATAR data to produce case counts and percent positivity within AMHD's consumer population.

3. *National Center for Health Statistics. Mental Health Care in the Last 4 Weeks*. This is a Household Pulse Survey designed to gauge the weekly impact of the COVID-19 pandemic on several conditions, including mental wellness. Data was collected through a partnership between the National Center for Health Statistics, the U.S. Bureau of Census, and three other agencies. The sample frame used is the Census Bureau Master Address File data. Data was collected via an Internet questionnaire, with an invitation to participate sent via email and text message.

4. *National Survey on Drug Use and Health (NSDUH)*. The NSDUH provides an annual estimate of substance use and mental illness at the national, state, and county levels. It collects and reports data from a representative sample of the population (12 years and older) through personal interviews or web-based surveys. It covers data from residents of households, non-institutional group quarters (shelters and dormitories), and civilians living on military bases, and excludes individuals who are homeless, military personnel on active duty, and residents of institutional group quarters such as jails and hospitals. The latest NSDUH report covers 2018 to 2019 and includes 967 completed interviews from Hawai'i.

5. *State Health Planning and Development Agency (SHPDA) Health Care Utilization Report.* This is an annual report that shares the results of the annual survey on healthcare utilization from public and private healthcare facilities in Hawai'i. It surveys health care service providers including the Hawai'i State Hospital. The latest report covers 2020.

The following are the definitions to key terms within AMHD data sources:

AMHD Consumers. An individual is counted as a consumer if at any point during the CY, an episode history was opened in AVATAR. For CY 2021, consumer count is based on episode history of an individual. An individual is counted whether the service is pre-assessment only or services beyond assessment. The count may exclude some consumers while double-counting others. An example of the former can be consumers (35%) served by the Court Evaluation Branch who did not end up being served via HSH or CMHC. The latter can be consumers who received services via the CMHC and also a POS contracted provider.

Any Mental Illness (AMI). A mental, behavioral, emotional disorder where the impact ranges from no impairment to mild, moderate, and even severe impairment.

Community Mental Health Centers (CMHC). These are state-provided facilities that provide and support outpatient services. The array of services may include assessment, case management, medication management, forensic service coordination, peer coaching, and psychological rehabilitation services (Clubhouses and supported employment).

Court Evaluation Branch. The Court Evaluation Branch assesses adults and adolescents who have been referred by the court for evaluation of competency to proceed (fitness), capacity at the time of the conduct alleged (penal responsibility) and dangerousness. The CEB does not provide therapeutic intervention services to consumers.

COVID-19 Percent Positivity. The percentage of all coronavirus tests performed with a positive test result.

Drug-related admissions at HSH. Admissions and episodes that are coded as drug-induced and may be due to several causes.

Gender. This is currently binary, referring to as male and female.

Hawai'i State Hospital (HSH). This is the state's psychiatric hospital run by AMHD for inpatient services. Services may include evaluation and diagnosis, supportive counseling and psychotherapy, medication and medication adjustment, and discharge planning support. It has been primarily used for adults with SMI, also referred to as forensic patients, who are court-ordered to the care of custody of the Director of Health.

Inpatient Services. These are services through the Hawai'i State Hospital, including those sent to POS contracted providers for additional psychiatric beds.

Major Depressive Episode (MDE). A period of at least two weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities, and had majority of specified symptoms, such as problems with sleep, eating, energy concentration, or self-worth.

Mental Health Care in the Last 4 Weeks. The range of care are: a) took prescription medication for mental health; b) received counseling or therapy from a mental health professional; c) needed counseling or therapy from a mental health professional but did not receive any treatment (unmet mental health needs).

Mental Health Services (AMI). Having received inpatient treatment/counseling or outpatient treatment/counseling, or having used prescription medication for problems with emotions, nerves, or mental health.

Outpatient Services. These are mental health services provided through CMHCs and POS contracted providers.

Purchase of Service Contracted Providers (POS). Contracted services are outpatient services that are provided by licensed and/or certified community-based providers. These services may include crisis services, case management, support services (homeless outreach, peer coach, representative payee), long-term care, and community-supported housing.

Race/ethnicity. This is self-reported identity based either on federally mandated categories from the U.S. Census Bureau or disaggregated categories based on the nine-group classification by the Hawai'i State Department of Health.

Serious Mental Illness (SMI). A mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

Substance Abuse (SA). Substance abuse is a medical brain disorder, and refers to the abuse of illegal or legal substances. As reported here, the indicators used are from the quality of life inventory data tracked and reported by the AMHD MIS. This survey asked about the use of four substances including alcohol, tobacco, methamphetamines, and opioid.