



Hawaii's mental health care system has improved substantially since its dismal days in the 1980s and early 1990s, but the state is now at risk of sliding backward. In 2006, Hawaii received a C grade that has not changed in 2009. However, the environment is changing.

Many factors were responsible for two decades of improvement: U.S. Department of Justice (DOJ) oversight, new money, a governor who spoke openly about the experience of having a family member with a mental illness, steady agency leadership, and the embarrassment that came from falling behind other states—resulting in clarity in defining issues. Unfortunately, all of these variables are under stress or no longer applicable.

In 2004, after many years of DOJ investigation and oversight, federal monitoring of Hawaii State Hospital ended. The state has since used a federal transformation grant to accelerate innovation in its community mental health system.

With a majority minority population, Hawaii has made cultural competence a core value of its service system. Because of the state's high cost of living, efforts to address a glaring need for housing and outreach to the homeless in this state are critical. The decision to end many Assertive Community Treatment (ACT) teams and fold the resources into community mental health is a step backwards.

Hawaii has tried to reduce criminalization of mental illness at every effective point of intervention in the criminal justice system, from police training to mental health courts to conditional releases, which help move people out of jail and into treatment. Nevertheless, virtually all patients at Hawaii State Hospital have some criminal justice involvement.

Problems are compounded by imminent transitions and the state's budget crisis. Dr. Tom Hester, who led much of the state system's renewal as chief of the state

Innovations

- Leadership in cultural competence
- Efforts to decriminalize mental illness
- Mini-grants for peer- and family-led programming

Urgent Needs

- Restore and strengthen ACT programs
- Overcome inpatient bed shortage; expand community alternatives
- Improve workforce distribution to meet public and rural needs

Consumer and Family Comments

- *"The ACT team is being gutted . . . clients have been left shocked, disoriented, and apprehensive."*
- *"The only psychiatric facility in Kauai is horrific."*
- *"I have had services in Connecticut, Florida, California, and Texas—the best and most compassionate care in Hawaii."*

Adult Mental Health Division, departed in 2008 after six years of service. There is currently an acting director, but this individual also has other duties. Governor Linda Lingle leaves office in 2010 after two terms of support for mental health care advances.

Due to budget shortfalls, the state has frozen all hiring despite many unfilled positions. Lack of access to public-sector mental health professionals, especially psychiatrists and nurses, has reached crisis proportions in many parts of the islands. The number of psychiatrists has increased in the state overall, but many are in private practice and few practice outside the Honolulu urban corridor. Hospital beds are scarce for persons needing more than very short admissions, and community resources are stretched thin, especially outside of Honolulu.

Hawaii's challenge is to build more momentum to protect the gains made in the past two decades and to keep moving forward as the true test of its progress.