

Appendix D

Hawai'i Goal

Task Group (TG) Criminal Justice

It doesn't take years on the bench to see the need for the criminal justice system to respond differently than it historically has to those with mental illness who encounter and enter "our world" of laws and procedures. It does, however, take collective years of experience, expertise and understanding in many disciplines to see HOW we should respond in a way that serves the individual, families, and the community—and then to develop a strategy to make it happen. This is the excitement that the Transformation effort in Hawai'i offers and which, I'm happy to say, is an offer that is widely and fervently embraced. My decades on the criminal bench at all trial court levels have compelled me to be part of this effort.

....Marcia J. Waldorf, Circuit Judge, retired

TG Guidance:

The Intersection of Mental Health Issues and the Criminal Justice System

Areas of focus include:

1. Establish a Criminal Justice Task Force
2. Use the Sequential Intercept Model (SIM) as an organizational tool
3. Confirm and refine priorities initiated by GAINS Conference in November 2007
4. Finalize recommendations to be included in Comprehensive Mental Health Plan (CMHP) Update September 2008

Related to President's New Freedom Commission (NFC) Recommendation 2: Mental Health Care is Consumer and Family Driven.

TG Membership:

Criminal Justice Specialist (CJS): Marcia Waldorf, Circuit Judge [retired]

CJS is identifying and compiling a list of interested persons to participate in this TG.

Process:

In mid-November, the Director established the position of Criminal Justice Specialist (hereinafter "CJS") and contracted with Marcia J. Waldorf, Circuit Judge [retired], to establish a criminal justice task group and a methodology for the study and recommendations that would come from such a task group.

The process followed by the CJS so far is described below:

Using the Sequential Intercept Model (SIM) as an organizational tool, the analysis process began with meetings conducted with a few key stakeholders/informants at each

intercept point. Parties were initially identified by the CJS, and have been subsequently augmented by recommendation of those informants. These meetings were to confirm, add substance to and, possibly, alter the priorities initiated by the work groups that participated in the GAINS Conference held on November 28, 2007.

The following meetings were already conducted:

- Honolulu Police Department Representative—a key stakeholder/informant in Intercept 1 (Pre-booking Jail Diversion), who has identified others to be considered as this Intercept's mini-task group or key informant and provision of pre-booking written protocols and procedures
- A group meeting with Maui representatives of police department, a deputy public defender, prosecuting attorneys, judges, probation officers, and three representatives of Adult Mental Health Division
- Mental Health America Director, Marya Grambs
- AMHD Forensic Director, Neil Gowensmith, Ph.D.
- Attendance at Town Hall Meetings on Maui and Kauai
- Department of Corrections Health Care Administrator
- Other Individuals

The CJS was also provided background, including the entire index of materials collected by the MHSRET staff. (It is anticipated that each individual or group yet to be met with will both provide and ask for other materials.) Of primary reference thus far, the CJS has utilized and shared:

- Materials from other Grant states—primarily Washington and New Mexico.
- SCR 117 Report to the Legislature 2008
- State Council on Mental Health Reports to the Legislature 2007 and 2008
- "Repaying Debts," published by BJS Justice Center
- Other materials too numerous to identify, including myriad GAINS materials relating to best (evidence based) practices
- Materials provided by HPD relating to the Pre-booking jail diversion process as currently utilized
- CIT Memphis
- Missouri Re-entry Process (www.doc.mo.gov/reentry)
- Information provided by other stakeholders
- New proposed legislation and testimonies provided by stakeholders (Judiciary, Department of Health, County Prosecuting Attorneys)
- Plan for community Mental Health Services, USA v. State of Hawaii, Civil No. 91-00137, November 27, 2002.

Specific Recommendation:

TG Recommendations to be included in CMHP Update

Rationale:

While not one of the original SWGs, the significant intersection of criminal justice and mental health in Hawaii was recognized early on. With the help of the GAINS Center, meetings were held and it became clear that an ongoing focus would be needed. Accordingly, Judge Marcia Waldorf was asked to join the MHTSIG process and, with this recommendation, MHTSIG is committing to develop a Task Group to recommend and implement needed changes.

Implementational Detail:

Briefly summarized, the chief implementation steps are:

- Complete data collection from key stakeholders/informants, loosely organized around the SIM.
- Identify and invite interested and qualified persons to sit on a Task Group, as described above.
- Establish Criminal Justice Task Group.
- Convene Criminal Justice Task Group, mid-2008 and present information gathered.
- Hold Criminal Justice Task Group meetings.
- The Criminal Justice Mental Health Task Group finalizes recommendations with realistic time frames and submits same to the TWG as part of the Comprehensive Mental Health Plan Update.

The primary consideration leading to adoption of this phased-in Task Group was to bring to the full group already culled and refined priorities, which will hopefully avoid redundancy of information and time consumed by gathering information. Yet, it is important to allow for the continuity of information required to produce a seamless series of recommendations and a shared understanding of prioritization and timing.

The process would continue with other interviews and meetings. Those scheduled at the writing are:

- Linda Appel, Oahu Service Area Director, AMHD, January 29, 2008
- Kauai representatives, March 7, 2008: Judge(s), Warren Dastrup (Jail Diversion Coordinator), Police Chief Perry, Jim Hall, Ph.D. (forensic coordinator AMHD), designated deputy public defender, deputy prosecuting attorney, probation office representatives.
- Big Island TBD
- CJS hopes to attend the two day conference "Stress, Violence and Trauma: Community Resilience", February 27, 28, 2008
- Oahu Post-Booking Jail Diversion Team, March 13, 2008.
- It is also anticipated that the CJS will gather information from the Transformation Grant in New Mexico, having occasion to be in that venue in early April, 2008.

The SIM is being used as an organization tool only because certain CJ/MH issues overarch all Intercept points—e.g., housing. Once all preliminary interviews and meetings have been conducted, and relevant recommendations seem to have become

evident, representatives of each group will be brought together to establish the Criminal Justice Task Group to work out a comprehensive plan with time frames and measurement standards.

The CJS has begun to formulate a list of invitees to sit on the Criminal Justice Task Group. This group would ultimately consist of key stakeholders, including representatives of the above groups, consumer/family representatives (some of whom have already identified themselves to CJS and MHT SIG leaders, expressing a specific interest), and the sub-group co-chairs.

Hawai'i Goal

Childrens' Issue

My grandmother was hospitalized on and off with bipolar disorder her entire adult life. It was never discussed openly in the family just whispered about like a "bad" family secret. Of course, kids imagine the worst. Had the stigma against mental illness not been present in community and in family, would have grown up with a lot less stress and better understanding of a woman I loved dearly.

Task Group Guidance:

Working Toward a Community System of Care for Youth and Families

Areas of focus include:

1. Assure mental health services meets needs of children and families
2. Assure coordination of state services for children and families
3. Provide continuous review to assure quality of services
4. Assure children and youth provided services in own communities
5. Plans to be Youth-guided and Family-driven by 2011

TG Membership:

Representatives from the Communities of Practice (CoP)
Representatives from the CAMHD
Representatives from the DOE

Process

To realize the goals of the President's New Freedom Commission on Mental Health for children and families in Hawaii, careful articulation across stakeholders is necessary. More than 130 key stakeholders interested in providing quality services to children, youth and families in Hawaii attended an all-day "Children's Mental Health Summit" on December 10, 2007, at Windward Community College.

Coordinated by the Hawai'i Mental Health Transformation State Incentive Grant and the Hawaii Communities of Practice (CoP), the Summit featured presenters Dr. Robert Friedman and Dr. Mark Weist, specialists in developing systems of care and school-based behavioral health, respectively, to provide a national perspective on best practices. They also facilitate afternoon planning discussions on the current status of mental health services provided across the Department of Education, the Department of Health, the Department of Human Services, and by primary care providers in the community. The goal was to engage in discussions toward building a value-based

cohesive design of mental health services and supports for Hawaii's children and families that promotes timely identification and access to quality services.

During the past twelve years of system development resulting from the Felix Consent Decree, the state installed an array of services through the Comprehensive Student Support System (CSSS), School Based Behavioral Health (SBBH) services, the Child and Adolescent Mental Health Division, and Early Intervention. However, in order to assure that the mental health service delivery system across the community is meeting the needs of all children and families, continual review is needed. The Mental Health Transformation Grant, converging with the work of the Communities of Practice, provides the state with a "once in a generation" opportunity to examine the current status of services and supports, and to provide recommendations for change where improvements or transformation are needed.

Strategic goals to consider include reduction of stigma, timely and seamless access, adequate culturally competent service capacity, culturally competent services, community-based services, locally-driven planning and accountability, and assuring that the children and youth are served in their own communities whenever possible.

On December 11, a representative group of key stakeholders from the prior day's meeting met to refine the priorities and begin to develop action steps. Volunteers from that group agreed to continue the discussions on January 4, to prepare to take back recommendations to the CoP on January 10, and then to the January 14 TWG meeting.

Specific Recommendation:

TG Recommendation:

- 1. The Governor, through the MHT SIG process, convene an Executive Summit in June 2008 of child-involved partners' leaders* to consider the sub-recommendations and develop accountable strategies that will be implemented within each entity.**

*including Board of Education (BOE), Department of Education (DOE), University of Hawai'i (UH), Department of Health (DOH) including Child Adolescent Mental Health Division (CAMHD), Department of Human Services (DHS) including Office of Youth Services (OYS) and Child Welfare Services (CWS), Family Court (FC), Judiciary (JUD), Primary Care, Family/Youth

Rationale:

Also not one of the original SWGs, children's issues quickly intersected with MHTSIG. The Hawaii Communities of Practice reached out and effectively sought to broaden the scope beyond considering school-based mental health services following the end of the Felix Consent Decree. Important meetings in larger and smaller groups ultimately led to

the recognition that an executive level meeting would be required to chart next steps in this complex and critical interagency area.

Implementational Detail:

Youth-guided and Family-driven plans (E.g.: IEPs, ISPs, CSPs, Treatment Plans, Restorative Justice) are implemented by 2010 considering the following strategies:

- Shift the culture to make such plans the expectation, for examples by:
 - Leadership endorses and actively supports this direction
 - Embracing the Hawaii CASSP Principles (define here)
 - Training, coaching/mentoring on a dedicated curriculum, including collaboration and partnering
 - Incorporating outcomes-driven incentives, accountability and funding Strategies

System Integration (See Chart on the following page) is implemented by 2011, so that necessary systems and supports are provided to families when they need them, for as long as they need them.

- Youth and families drive care
- Assure a Public Health Focus:
 - mental health issues have parity with physical health
 - Promotion, prevention, early intervention and intervention are part of an overall model to providing care at any point a youth needs a service across the age/need continuum
- Access to services is seamless
- Funding issues are addressed
 - Braided/blended funding
 - Medicaid services that promote community-based care
- Implications for reengineering are addressed. Redefine roles. Make our systems work together

Note: Additional opportunities to develop resulting recommendations will occur over the next four months of 2008, leading to an executive-level summit to consider the recommendations in June 2008.

The following to Figures illustrate significant portions of this groups' deliberations:

Figure 1: Current Model of Mental Health Care Delivery:

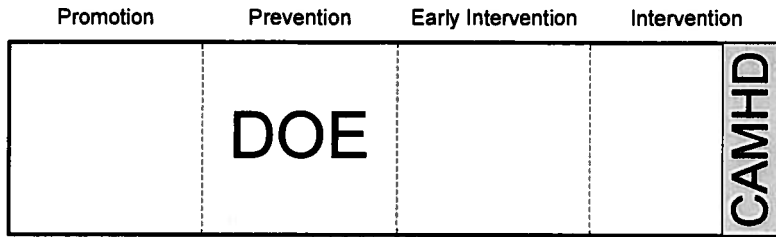
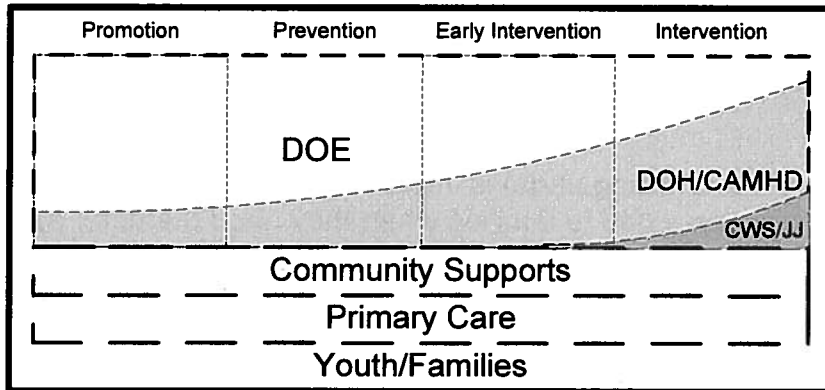


Figure 2: Transformational Model of Mental Health Care Delivery



Legend: DOE; Department of Education
 DOH: Department of Health
 CWS: Children's Welfare System
 JJ: Juvenile Justice