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**STATE OF HAWAII | KA MOKU'ĀINA O HAWAII**  
**DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT**  
**KA 'OIHANA HO'OMŌHALA LIMAHANA**  
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Statement of  
**BRENN A H. HASHIMOTO**  
Director, Department of Human Resources Development

Before the  
**HOUSE COMMITTEE ON LABOR**  
Friday, April 11, 2025  
9:30 AM  
State Capitol, Conference Room 309

In consideration of  
**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.**

Chair Sayama, Vice Chair Lee, and the members of the committee:

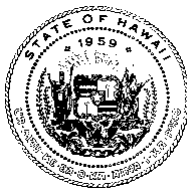
The Department of Human Resources Development (HRD) supports the intent of SCR67 SD1.

HRD values the critical services provided by professionals within the State's public mental health care system and recognizes the urgent need to strengthen recruitment and address persistent vacancies in this area. We remain committed to working collaboratively with the human resources offices of the state agencies that make up the State's mental health care system.

In support of this effort, HRD will request that departments with subject matter expertise in mental health care actively participate in this initiative. These departments possess the industry-specific knowledge, operational insight, and data necessary to identify practical solutions and inform policy decisions. While HRD is prepared to convene discussions and provide guidance from a human resources perspective, we respectfully ask that participating agencies share relevant information and contribute meaningfully to the development of actionable strategies.

Thank you for the consideration of our testimony. We are available for questions or further information as needed.

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



KATHERINE AUMER, PhD  
COUNCIL CHAIRPERSON  
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STATE OF HAWAII  
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STATE COUNCIL ON MENTAL HEALTH  
Testimony to the House Committee on Labor  
In Strong Support of S.C.R. 67 S.D.1

**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.**

**April 11, 2025 9:30 a.m., Room 309 and Video**

Chair Sayama, Vice Chair Lee, and Members of the Committee:

Hawaii law, HRS §334-10, established the State Council on Mental Health as a 21-member body to advise on the allocation of resources, statewide needs, and programs affecting more than one county as well as to advocate for adults with serious mental illness, children with serious emotional disturbances, individuals with mental illness or emotional problems, including those with co-occurring substance abuse disorders. Members are residents from diverse backgrounds representing mental health service providers and recipients, students and youth, parents, and family members. Members include representatives of state agencies on mental health, criminal justice, housing, Medicaid/MedQUEST, social services, vocational rehabilitation, and education. Members include representatives from the Hawaii Advisory Commission on Drug Abuse and Controlled Substances and county service area boards on mental health and substance abuse.

The State Council on Mental Health **strongly supports** Senate Concurrent Resolution 67 Senate Draft 1 (SCR67 SD 1). The Resolution is a formal request urging the Department of Human Resources Development and state agencies involved in public mental health care to work more closely together. The goal is to identify and take necessary actions to speed

up the hiring process and fill urgent job vacancies. It also calls for finding solutions to the specific challenges and barriers that affect recruiting and retaining workers in the mental health care field.

### **The Urgent Need for Action**

Workforce shortage has been defined as not having the right number of people with the right skills in the right place at the right time, to provide the right services to the right people. The crisis is dire – threatening sustainability especially of the public mental health care system.

Hawai'i is facing a severe shortage of mental health professionals and workers, impacting the availability and quality of care statewide. This shortage particularly affects vulnerable populations, including youth, first responders, rural residents, older adults, and Native Hawaiian and other underserved communities, all of whom struggle to access timely and consistent mental health support.

### **Mental Health Demand Across Populations**

**Aging Population:** Hawai'i has one of the fastest-growing aging populations in the United States. By 2030, nearly one in four residents will be 65 or older (University of Hawai'i Center on the Family, 2023). Older adults are at heightened risk for depression, anxiety, and cognitive decline. They are also at heightened risk for chronic physical ailments. The co-occurring conditions require collaboration and continuum of care. Older adults, particularly in rural areas, face significant barriers to accessing care. Houseless residents, 33 percent reported mental illness, are aging (2024 Hawaii Point in Time Count). These challenges are compounded by an already stretched workforce, leading to delays and gaps in service delivery and collaborative care.

**Youth Mental Health Crisis:** Suicide remains the leading cause of death among youth aged 10-24 in Hawai'i. According to the Hawai'i State Department of Health, 40% of high school students report persistent feelings of sadness or hopelessness, and 16% have seriously considered suicide (Hawai'i State Department of Health, 2023). These challenges disproportionately affect youth in underserved communities. Increased availability of mental health professionals would help address this urgent need for care.

**First Responders and Public Safety Personnel:** Mental health challenges among first responders—law enforcement officers, paramedics, and firefighters—are widespread. Nationally, first responders are more likely to die by suicide than in the line of duty (Substance Abuse and Mental Health Services Administration, 2023). These professionals face chronic stress, trauma, and burnout, but due to workforce shortages and stigma around mental health care, many struggle to access needed services.

**Rural and Neighbor Island Disparities:** Rural residents, particularly on Molokaʻi, Kauaʻi, and Hawaiʻi Island, experience significant barriers to mental health care. There are far fewer mental health professionals per capita in these areas compared to Oʻahu. As a result, residents are often forced to wait long periods for care, or worse, may rely on emergency services for mental health crises (Hawaiʻi State Department of Health, 2022).

### **Challenges in the Mental Health Workforce**

**High Vacancy Rates: Key state agencies**—such as the Department of Health, Department of Human Services, Department of Education, Department of Corrections, and Judiciary—face ongoing challenges in filling mental health positions. This is leading to service delays and gaps in care.

**Impact on Team-Based Care for Severe Mental Illness:** Individuals with severe mental illness require a team-based approach, where case management integrates psychiatrists, nurses, psychologists, and other specialists to provide effective integrated care. Successful community tenure also depends on family support, housing, and coordinated services. However, workforce shortages disrupt this balance—when even one team member is missing, the ability to provide effective, continuous care is compromised. Ensuring adequate staffing is essential for maintaining quality treatment and long-term stability.

**Burnout and Retention Issues:** Mental health professionals are experiencing high levels of burnout due to excessive caseloads, administrative burdens, and exposure to trauma. This contributes to high turnover rates and difficulty maintaining a stable workforce, which only exacerbates the challenges faced by communities in need of care.

**Competitive Hiring Challenges:** State agencies across the nation face significant challenges in attracting and retaining qualified mental health professionals due to competition from a variety of sectors and organizations that offer more competitive salaries, comprehensive benefits, and greater flexibility in work arrangements. These factors make it difficult for public sector agencies to maintain a stable workforce. According to the National Council for Mental Wellbeing, many (over 80%) behavioral health professionals are concerned that without public policy change the need will grow and many more are leaving for opportunities that provide more attractive compensation and work-life balance (National Council for Mental Wellbeing, 2023).

### **The Imperative for SCR67 SD1**

By adopting SCR67 SD1, the Legislature takes a critical step toward:

**Expediting and Modernizing Hiring Practices:** Ensuring that vacancies in mental health care positions are filled more efficiently through improved coordination and practices between DHRD and state agencies.

**Developing Targeted Recruitment and Retention Strategies:** Addressing the unique challenges faced by mental health professionals in the public sector, including workload management, supportive environment and professional support, and compensation.

**Strengthening Access to Mental Health Services:** A robust workforce will improve services for all, including older adults, youth, first responders, Native Hawaiian communities, rural residents, houseless residents and those with disabilities who are in urgent need of care.

**Public Health:** Mental health is public health. It has profound impact on physical, social and economic well-being. Lack of prevention, treatment and recovery support due to high levels of vacancies lead only to further economic burdens – higher health care cost, loss of productivity, and social cost.

### **Conclusion**

The State Council on Mental Health urges the passage of SCR67 SD1 as a necessary step toward improving mental health care access and workforce sustainability. Addressing hiring and retention challenges will

help ensure that residents across the state—especially those in high-risk and underserved groups—receive the quality mental health services they need and deserve.

Mahalo for the opportunity to testify in strong support of this Resolution.

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

MISSION: 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.

**SCR-67-SD-1**

Submitted on: 4/10/2025 12:53:52 PM

Testimony for LAB on 4/11/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Mary Pat Waterhouse	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Sayama and Members of the Committee,

This resolution is a great start to expedite hiring of mental health workers who are understaffed throughout our State government. I'm a member of the State Council on Mental Health and we often hear it takes between 6 to 8 months for an individual that applied for a mental health position at DOH to be offered a job by that department. By that time most applicants have taken another job.

I greatly appreciate the changes LBT made to the resolution and concur with them. Please also consider adding language that requires DHRD to report back to the LBT and LAB committees at the the beginning of the next session about the progress that has been made in expediting hiring of mental health workers.

Mahalo for considering this resolution and my testimony.

Aloha,

Mary Pat Waterhouse