



**Mental Health Services Research,
Evaluation, and Training Program**

University of Hawai'i

GRADUATE RESEARCH ASSISTANT MANUAL

Academic Year 2006 – 2007

Mental Health Services Research, Evaluation, and Training Program

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OVERVIEW

The purpose of the Graduate Research Assistant (GRA) Manual is to provide an overview of the functions, roles, and responsibilities of University of Hawai`i at Mānoa (UHM) graduate students employed as research assistants with the Mental Health Services Research, Evaluation, and Training Program (MHSRET or SRET) and Psychosocial Rehabilitation (PSR) Program at the Hawai`i State Hospital (HSH). The GRA Manual outlines the specific guidelines, policies and procedures in accordance with the UHM's Graduate Division's policies developed by MHSRET faculty and staff.

Any revisions to the GRA Manual made subsequent to its distribution will be in effect during the designated academic year. Policies and procedures are subject to review and revision by the MHSRET Director, Dr. A. Michael Wylie and faculty in collaboration with the GRAs.

UNIVERSITY OF HAWAI`I (UH) SYSTEM

The University of Hawai`i (UH) is a postsecondary education system comprised of 10 campuses throughout the Hawai`ian Islands. In addition to the flagship campus at Mānoa, the UH system includes the 3,000-student University of Hawai`i at Hilo on the island of Hawai`i and the smaller University of Hawai`i's West O`ahu, which offers an upper division program on the leeward side of O`ahu. There are four UH Community College campuses on O`ahu (i.e., Windward Community College, Kapi`olani Community College, Leeward Community College and Honolulu Community College) and one Community College on Maui, Kaua`i, and Hawai`i, making enrollment in college classes both accessible and affordable for prospective students. Moreover, the UH Community Colleges eases the transition for high school graduates interested in pursuing a higher education.

The mission of the UH system is to provide quality college and university education and training; create knowledge through research and scholarship; provide service through extension, technical assistance, and training; contribute to the cultural heritage of the community; and respond to state needs. The campuses, organized under one board, differentially emphasize instruction, research, and service. The system's special distinction is found in its Hawai`ian and Asia Pacific orientation and international leadership role. Core values bind the system together: Hawai`i's gracious spirit of aloha; collaboration and respect; academic freedom and intellectual vigor; institutional integrity and services, access, affordability, and excellence; active learning and discovery; diversity, fairness, and equity; leveraged technology; Hawai`ian and Asian-Pacific advantage; innovation and empowerment; accountability and fiscal integrity; and mālama`āina or sustainability. All campuses use a semester calendar, with two terms per academic year, plus summer sessions.

UNIVERSITY OF HAWAI`I AT MĀNOA (UHM) CAMPUS

The UHM is a research university of international standing. It creates, refines, disseminates, and perpetuates human knowledge; it offers a comprehensive array of undergraduate, graduate, and professional degrees through the doctoral level, including law and medicine; it carries out advanced research; and it extends services to the community. Students have special opportunities for Asian-Pacific, and Hawai`ian educational experiences and involvement in research activities, service learning, and co-curricular activities. UHM is accredited by the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges (WASC).

Professional programs are individually accredited by appropriate agencies.

College of Social Sciences (CSS)

The College of Social Sciences (CSS) is one of four academic departments within the College of Arts and Sciences, the others being: The College of Arts and Humanities, College of Languages, Linguistics and Literature, and the College of Natural Sciences.

In the CSS, education begins with a commitment to the liberal arts philosophy emphasizing the discovery and communication of knowledge, the development of critical thinking, the examination of values, active learning, and community outreach. The departments and programs in the College endeavor foster a vibrant academic climate, provides students an excellent education, and supports outstanding scholarship.

The Social Sciences are central to the American vision of education. They speak to the heart of human existence--shaping an understanding of behavior, society, culture and institutions. The CSS aim is to offer students an education that prepares them for personal enrichment, productive careers, enlightened citizenship, and lifelong learning. Moreover, the CSS aims to offer faculty an environment that facilitates the search for truth and better understanding, continuous professional development, and outreach to the community.

The College fulfills these goals by offering innovative curricula and teaching strategies to all students and to the largest number of majors on the UHM campus. The College has introduced multidisciplinary learning communities which emphasize critical thinking, active learning and values assessment. While there is a rich diversity in the research that is conducted by the Social Sciences faculty, the College has emphasized multidisciplinary, socially-relevant work. Because of its close ties to important social issues, the College has provided a wealth of service to Hawai`i and the Asia Pacific region. The College has 13 departments and programs and offers a variety of degrees ranging from undergraduate to doctorate. The 13 departments and programs within the CSS are Anthropology, Communications, Economics, Ethnic Studies, Geography, Peace Institute and Conflict Resolution, Political Science, Population Studies, Psychology, Public Administration, Public Policy Center, Social Science Research Institute, Sociology, Urban and Regional Planning, and Women's Studies.

Social Science Research Institute (SSRI)

The Social Science Research Institute (SSRI) of the CSS is home to the MHSRET Program. The SSRI supports the MHSRET Program to employ graduate students majoring in different fields of study (e.g., Psychology, Social Work, Economics, Sociology, Political Science) given the aim and purpose of the MHSRET Program. In addition, the SSRI serves as the sponsored research division of the CSS. The SSRI facilitates and supports interdisciplinary, applied research that addresses critical, social, environmental, and economic problems primarily in Hawai`i and the Asian Pacific region. This work is done through collaboration with faculty and students throughout the UH system and with other educational and research institutions, regional and international organizations, the private sector, and federal, state, and county agencies. The SSRI, under the direction of Velma Kameoka, Ph.D., is supported largely by contracts and grants from public agencies and private organizations.

Moreover, the SSRI provides practical experience to students at the UH through involvement in research, planning, and training projects. SSRI's staff assists county, state, federal agencies, and local community groups in Hawai'i with training, technical assistance, and evaluation. Also, SSRI is working with instructional units to integrate SSRI's research efforts into courses offered at UHM.

The institute currently focuses on five problem areas: crime, drug abuse, youth problems, and poverty; resources, sustainable development, and futures research; telecommunication and information policy; culture, language and social problems; mental health services research, evaluation and training and health services and health policy. SSRI also cooperatively manages the UH Economic Research Organization with the Department of Economics and the Globalization Research Center, and the Office for Evaluation and Needs Assessment Services.

The Mental Health Services Research, Evaluation, and Training (MHSRET) Program of the UHM

The MHSRET Program is a collaborative project with the Hawai'i State Department of Health, Adult Mental Health Division (AMHD) and the UH SSRI. The MHSRET Program is committed to improving the quality of life for persons with severe and persistent mental illnesses (SPMI) through evidence-based practice (EBP) and mental health services research.

The MHSRET Program supports over 15 graduate assistants and employs approximately 50 full-time staff in three units: Services Research, Evaluation, and Training (SRET); data support for research and evaluation through the Management Information Systems (MIS) Program; and "Science to Service" implementation projects in psychosocial rehabilitation (PSR) through the PSR Program and community-based practicum training sites. The program is one of 51 nation-wide partners in the National Institute of Mental Health's (NIMH) Constituency Outreach and Education Program. The MHSRET Program shares with NIMH the commitment of disseminating science-based information on mental health to a broad array of audiences, bridging the gap between research and practice, and thus improving the health and quality of life of people with mental illnesses.

The MHSRET Program, along with AMHD Service Directors and planning committee members are responsible for the planning of the AMHD's Annual Best Practices Conference. A. Michael Wylie, Ph.D., C.P.R.P. is the Conference Coordinator and Jennifer H. Miyasaki, serving as the Annual Best Practices Conference Manager, handles the details and logistics of the conference. This conference is jointly sponsored by the State of Hawai'i Department of Health's Adult Mental Health Division and the Hawai'i Consortium for Continuing Medical Education (HCCME) and is presented in partnership with the Hawai'i Center for Evidence Based-Practice and affiliated University of Hawai'i departments of Nursing, Psychiatry, Psychology and Social Work. The goal of this annual conference is to provide a forum for stakeholders from Hawai'i and the Pacific to become better informed about adhering to the key elements of evidence-based practices that have been proven to produce significant benefits for consumers but have not been consistently implemented by public mental health systems, to exchange ideas, and to learn from each other.

The Annual Best Practices Conference is planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Education (AACME) through the joint sponsorship of the HCCME and the AMHD. The HCCME is accredited by the ACCME to

provide continuing medical education for physicians. The MHSRET has been designated an Approved Continuing Education Sponsor for psychologists by the American Psychological Association and the MHSRET Program also maintains documentation of education credit for Hawaii Certified Peer Specialists for this activity. The HCCME keeps activity hours for this event on file for nurses and this event counts for continuing education credit for the United States Psychiatric Rehabilitation Association. The State of Hawai'i Alcohol and Drug Abuse Division approves this activity for CSAC credit hours and the Hawai'i Chapter of the National Association of Social Workers credits this activity for social workers.

Structure and Programs

The organizational structure for the MHSRET Program is under the direction of Dr. A. Michael Wylie. As shown in Figure 1, the MHSRET Program is comprised of three major groups; the PSR Program (left hand side of figure), MHSRET Program (located in the upper middle portion of the figure), and the MIS Program (right hand side). The PSR Program is primarily located at the Hawai'i State Hospital (HSH) and provides clinical services and training programs in PSR at HSH and other state-funded community based mental health agencies. The PSR Program's staff is comprised of a multidisciplinary team of helping professionals who provide supervision to UH graduate students employed through graduate assistantships or who are completing clinical practicum assignments in social work, psychology, or other related areas. Current science-to-service demonstration, training, and research projects at HSH focus on: 1) integrated dual diagnosis treatment for individuals with co-occurring psychiatric and substance use disorders (IDDT); 2) functional analysis and interventions targeting disturbing behavior by individuals with SPMI through a behavioral consultation team; 3) adult literacy; 4) neuropsychological assessment and 5) implementation and evaluation of various EBPs.

The authority for daily operations and the responsibility for clinical direction of the PSR Program is delegated to the HSH administrator, Mark Fridovich, Ph.D., who in turn, has designated the HSH Director of Rehabilitation, Kim Meyer, Ph.D., as the PSR Program Director (see Figure 2 for further clarification).

On the right hand side of Figure 1 is the MIS program of the MHSRET Program. The authority for daily operations and the responsibility for supervision of MIS staff is delegated to Director John Jansen, M.A., the Chief Information Officer of the AMHD. As such, the work activities of the MHSRET MIS Program are fully incorporated into the AMHD. The MHSRET Program works closely with Mr. Jansen in order to develop and coordinate collection of data by the AMHD. Moreover, both MIS and the AMHD work collaboratively in developing and interpreting reports from the MIS system. This unique relationship facilitates services research and evaluation opportunities which foster an ideal environment for students and faculty to work with a large state wide mental health database. The MIS Program also provides computer and network support for the MHSRET Program. The MIS unit works closely with the MHSRET Program by providing data necessary for service evaluations and compliance reports that affect state and county planning and resource allocation. Figure 3 highlights the organization of the MIS Program.

The cornerstone of the MHSRET Program is the Services Research, Evaluation, and Training (SRET) Program, shown in the upper center portion of Figure 1. The Program is shown in more detail in Figure 4. *(For convenience, this component of the project is referred to as the SRET Program in order to*

distinguish it from the larger MHSRET Program which includes the SRET component as well as PSR and MIS program components.) The SRET Program employs researchers from the Research Corporation of the University of Hawai'i (RCUH) and faculty who hold academic affiliations with the UHM Department of Psychology, SSRI, School of Social Work, and the School of Medicine's Department of Psychiatry. Thus, SRET faculty are responsible for advising and supervising students and comprise the Student Supervision and Training Unit (SSTU). Faculty affiliated with the Department of Psychology (i.e., John Steffen, Ph.D., and Keith Claypoole, Ph.D.) supervise students in the Clinical Studies Program (CSP) who have chosen to specialize in the CSP's dual specialty training program in the area of severe mental illness. Faculty affiliated with the SSRI, Annette Crisanti Ph.D. and Patrick Uchigakiuchi, Ph.D., and faculty affiliated with the Department of Social Work, Ronald San Nicolas, Ph.D. and Steven Onken, Ph.D., also supervise clinical psychology, social work and other students. Dr. Uchigakiuchi is the liaison to the CSP for AMHD practicum placements and facilitates placements with the PSR Program at HSH and in community settings

The SRET Program also includes an Information Dissemination and Communications Unit (IDCU). Lance Agena is a Communications specialist for the IDCU and Editor of the AMHD's official monthly newsletter, the AMHD News. The IDCU, in cooperation with MHSRET staff, researchers, students, the SRET Project Facilitator Jennifer Miyasaki and other administrative staff, is responsible for the production of the AMHD News, brochures, flyers, news releases, coordination of special events, a technical report series, and website development and maintenance for MHSRET Program and AMHD purposes.

Project Administration

As shown in Figure 1, Paula Chun, the MHSRET Program Administrator, provides executive administrative support related to the various grants and projects supervised by the faculty under the direct supervision of Dr. Wylie. Ms. Chun works closely with the SRET Project Facilitator, Jennifer Miyasaki, PSR Program Administrator Ronnica Lee and MIS Program Administrator Alicia Oh, to oversee the hiring and management of support staff positions. In addition, these individuals administratively track all personnel leaves, process support documentation and oversee procurement of project purchases. The administrators, under the direction of Jennifer Miyasaki, SRET Project Facilitator, help coordinate and facilitate all aspects of AMHD's Annual Evidence Based Practices Conferences as well as the certification and provision of continuing education credits for health care professionals attending the annual conferences. Please refer to the following Table 1, the MHSRET Quick Reference Guide, for contact information of program directors or administrators and project facilitators.

Table 1: MHSRET Quick Reference Guide

Department	Name	Phone	Fax	Email	Location	Contact for Questions on:
MHSRET Program Administrator	Paula Chun	956-5640	956-5390	chunp@hawaii.edu	UH Manoa	Employment paperwork, overload, payroll, health insurance, travel, and general employment questions
SRET Facilitator	Jennifer Miyasaki	539-3721	539-3940	jhmiyasa@hawaii.edu	MIC 120	Leave forms, conference room reservations, ordering supplies, computer equipment inventory and assignment, conference related questions, travel, timesheets, requests for software installation and email setup
MHSRET Director	A. Michael Wylie, Ph.D.	539-3941	539-3940	wylie@hawaii.edu	MIC 120	Approval of all vacation requests, attendance at professional workshops, approval of overloads, grievances, disciplinary action
SRET	Steven Wong, Ph.D.	539-3960	539-3940	sywong@amhd.health.state.hi.us	MIC 120	Assignment of keys, problems with the facility
PSR Clinical Program Facilitator	Ronnica Lee	236-8600	236-8597	rtlee@amhd.health.state.hi.us	HSH Cooke Bldg.	Leave forms for students doing practicum at HSH
PSR Program Director	Kim Meyer, Ph.D.	236-8239	236-8597	kameyer@hsh.health.state.hi.us	HSH	Approval of all vacation/leave requests for practicum students at HSH
MIS Program Facilitator	Alicia Oh	236-8482	236-8490	asoh@amhd.health.state.hi.us	MIS – HSH Bldg. L	Inventory forms and requests for installation of software
MIS	Helpdesk	236-8291	236-8490	helpdesk@amhd.health.state.hi.us	MIS – HSH Bldg. L	Installation of software, assignment of laptops, approval of new software installations, problems with computer, internet, or email.
SRET Faculty	Faculty Advisors					Student Research Assistant Contract, approval of leave requests, supervision of research activities.

Figure 1 (Functional Organization Chart)

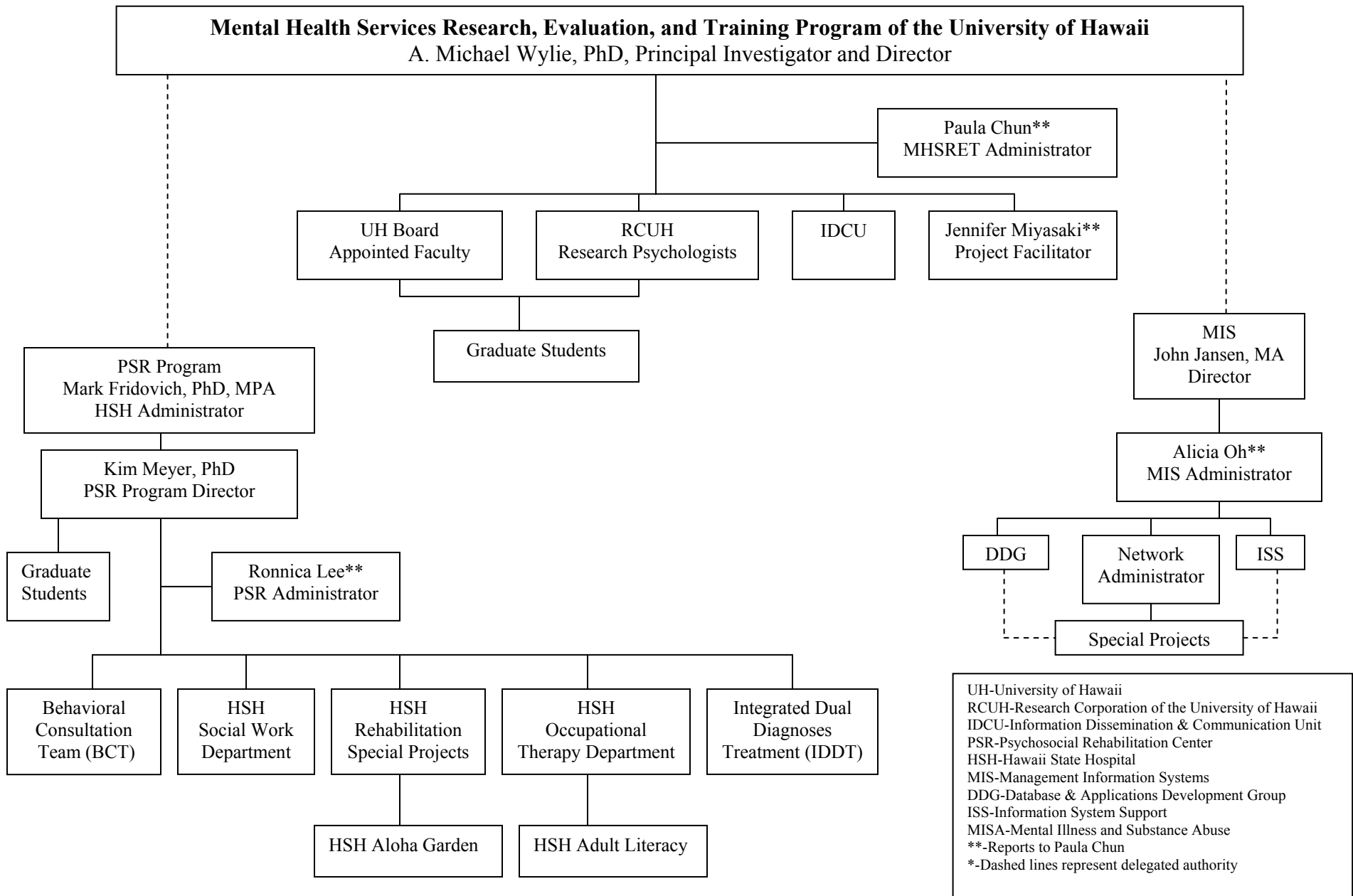
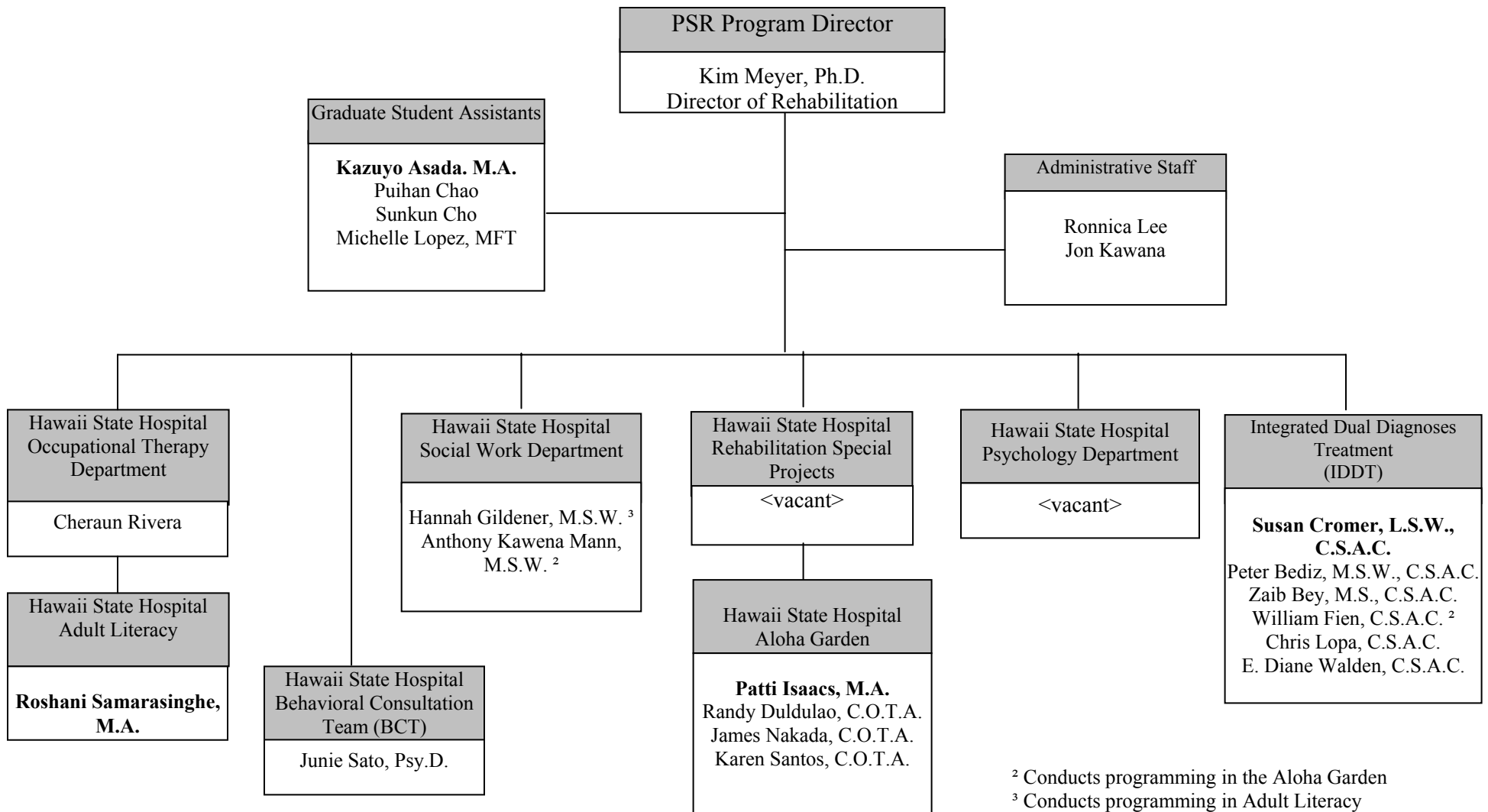


Figure 2 (Functional Organization Chart)

Clinical Services in Psychosocial Rehabilitation at Hawaii State Hospital



² Conducts programming in the Aloha Garden

³ Conducts programming in Adult Literacy

Bold Department Supervisor

Figure 3 (Functional Organization Chart)

Management of Information Systems (MIS)

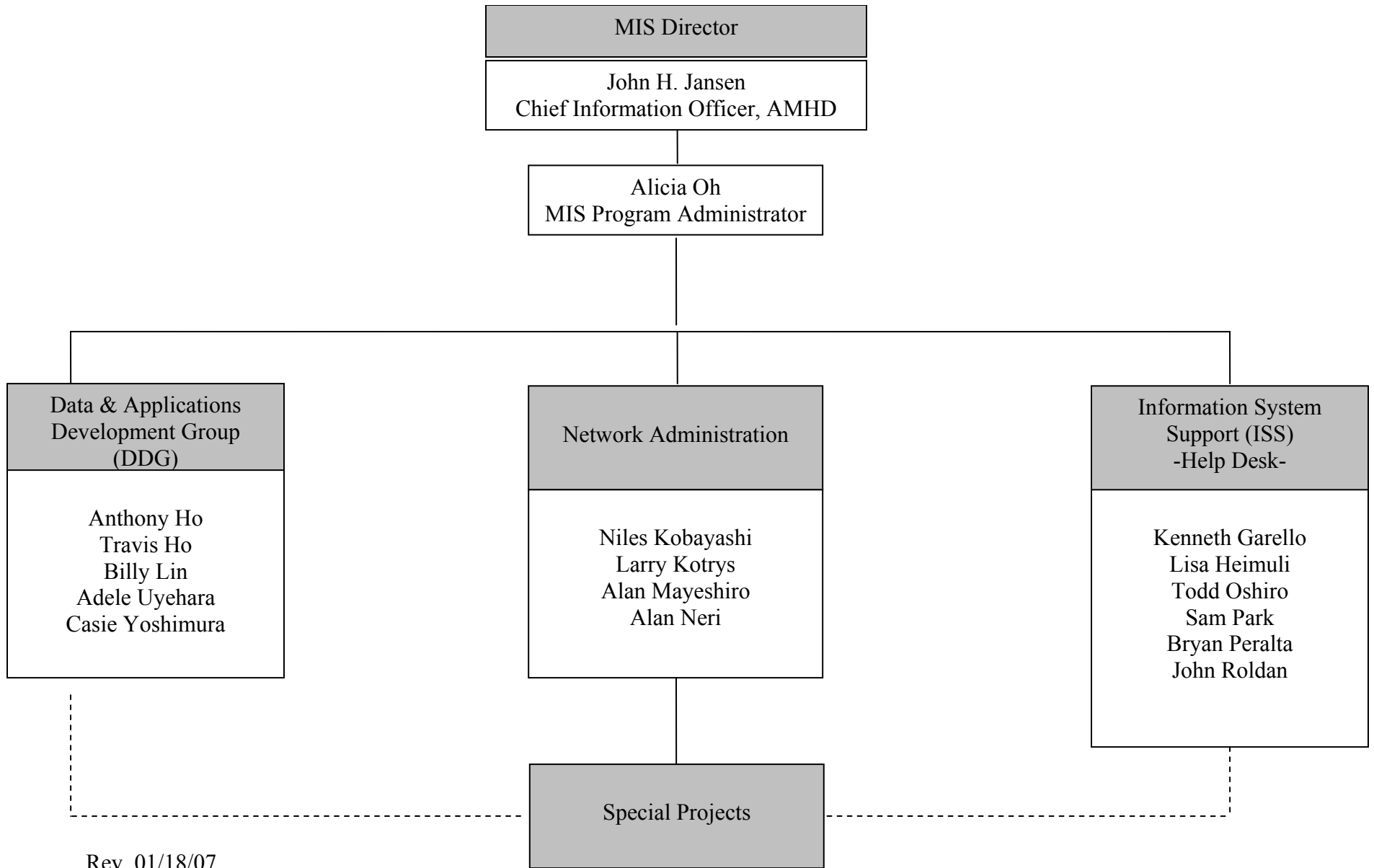


Figure 4. Services Research, Evaluation, and Training Program of the University of Hawaii

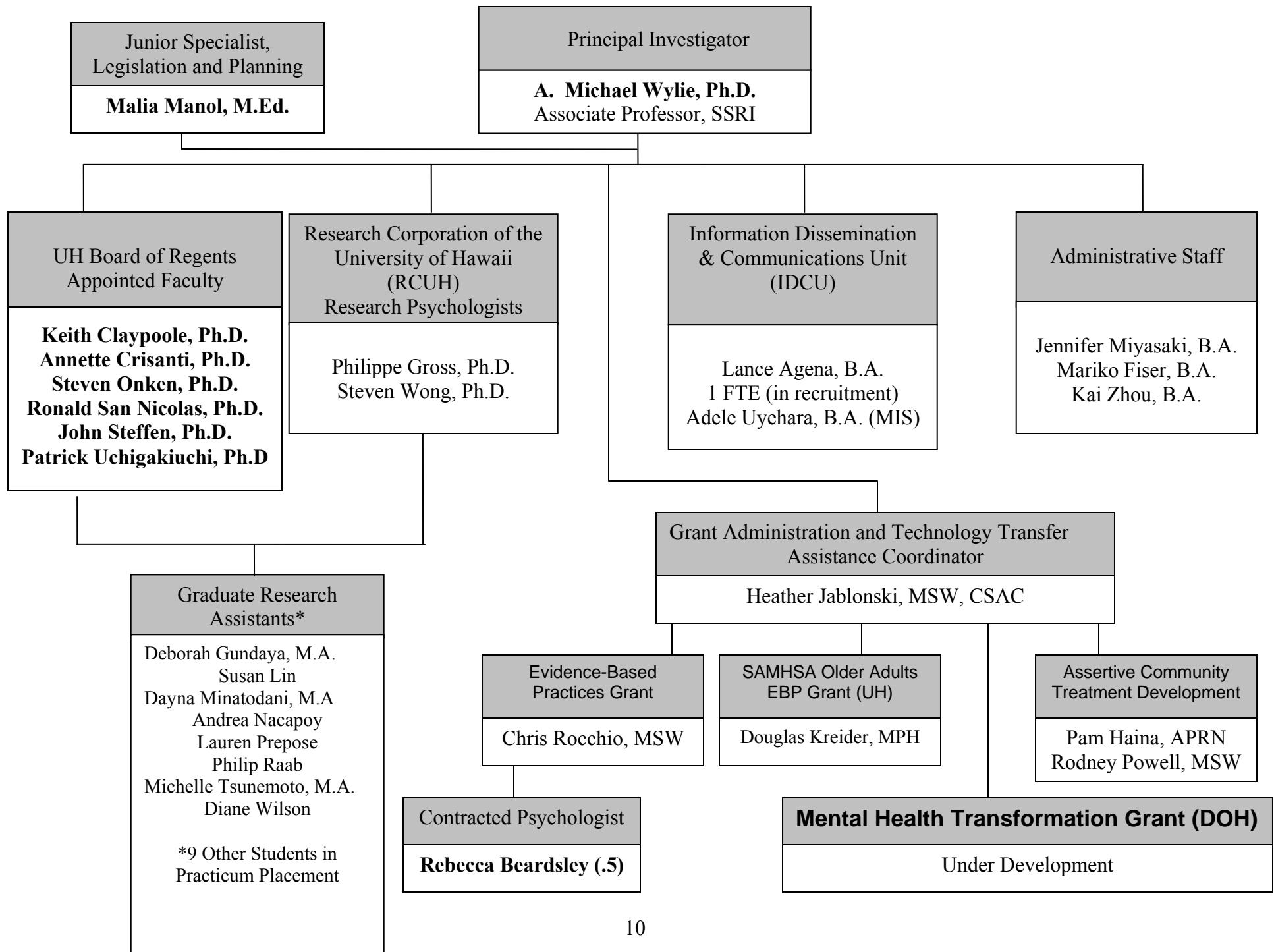
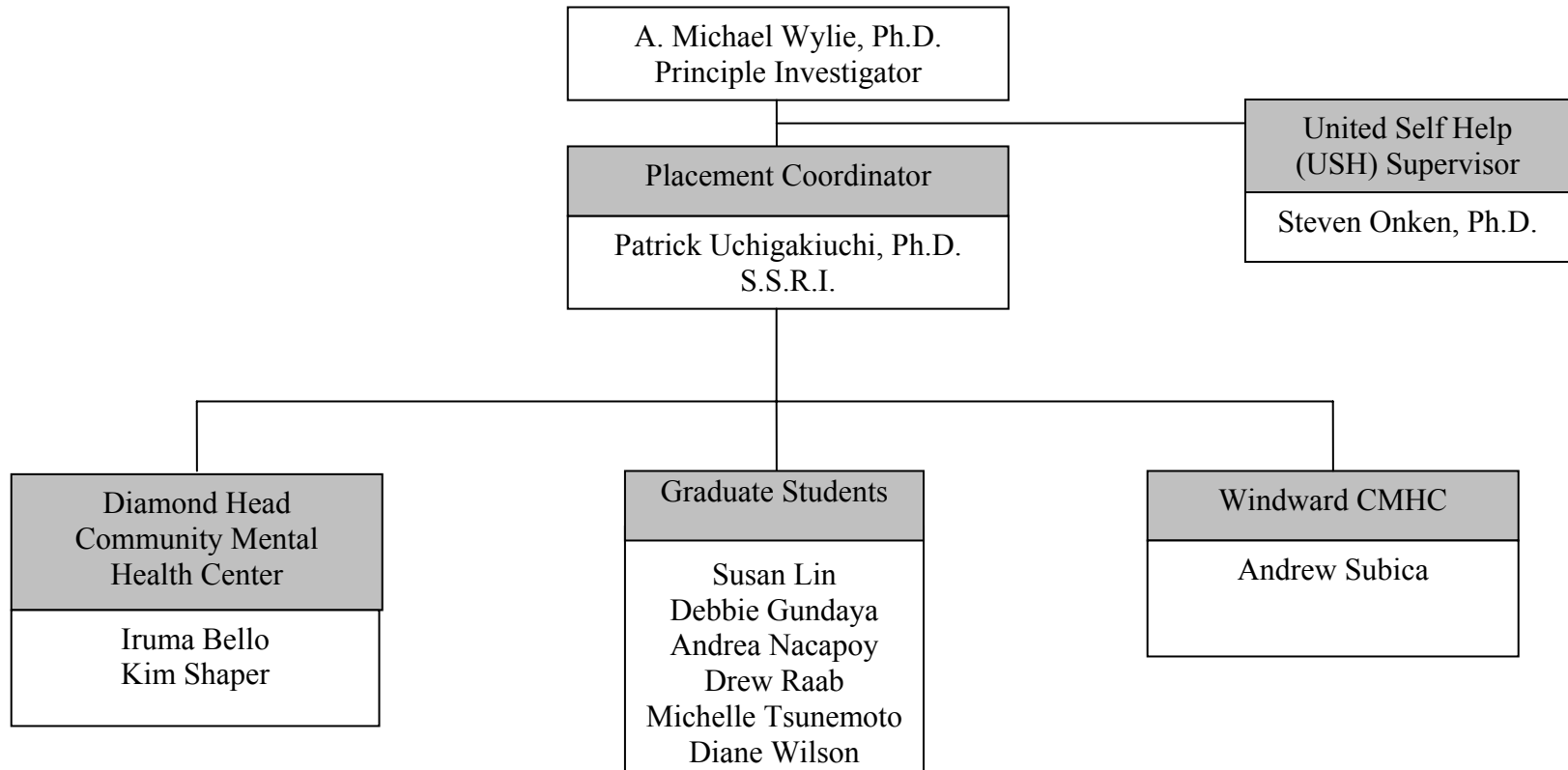


Figure 5 (Functional Organization Chart)

Clinical Placements in Psychosocial Rehabilitation



MHSRET Program Related Affiliations and Associations

The Hawai`i State Department of Health (DOH), Adult Mental Health Division (AMHD)

The Hawai`i State Department of Health (DOH) is organized into the three administrative units: Behavioral Health, Health Resources, and Environmental Health. The Behavioral Health Services Administration is comprised of three divisions: the Adult Mental Health Division (AMHD), the Child and Adolescent Mental Health Division (CAMHD) and Alcohol and Drug Abuse Division (ADAD). The Deputy Director for Behavioral Health, Michelle Hill, serves as the State's Mental Health Commissioner. Please refer to Figure 6, the AMHD organizational chart for clarification regarding the Division's organization structure and how the MHSRET Program is incorporated.

The AMHD administers a comprehensive integrated mental health system of service delivery supporting the principles of recovery for adults with SPMI. In 2006, mental health related services were provided to approximately 11,000 adults in State owned and operated facilities (i.e., Community Mental Health Centers [CMHC] located statewide and HSH) and through State developed contracts with private purchase of service (POS) providers.

The AMHD provides crisis or emergency services to individuals needing immediate help in response to a personal crisis and operates a 24 hour, 7 days per week, crisis phone line and mobile outreach service. The crisis phone line, called the ACCESS telephone service, received over 80,000 phone calls during the past year. A variety of outcomes were associated with these calls including the dispatch of crisis mobile outreach (CMO) teams for resolution of crisis in the community, linkage to residential crisis shelters, online problem resolution, information, referral, and/or linkage to Crisis Support Management (CSM) or AMHD community mental health walk-in/urgent care services. The ACCESS Line is a primary point of entry into AMHD's array of services. The phone number for the ACCESS Line is 832-3100 on O`ahu and 1-800-753-6879 on the neighbor islands (toll free).

As shown in Figure 7, Adult Mental Health Division Core Services Available to Consumers, the AMHD provides a comprehensive array of core services statewide for adults with SPMI. In addition to the aforementioned crisis services, Case Management is another core service area which includes integrated dual disorder treatment (IDDT), case coordination, targeted case management (TCM), intensive case management (ICM), and other related case management support services including homeless outreach, representative payee services, respite care, transportation, peer coaching, wrap-around funding, and family psycho-education. Specialized forensic case management and jail diversion services are also provided. PSR services include supported employment, supported education, clubhouse programs, transitional employment programs, access to peer-specialists, and facilitation of the development of life skills including strategies for illness management and recovery. The AMHD community housing program includes availability of a range of housing options including 24-hour supervised housing, 8-16 hour supervised group homes, semi-independent and independent living opportunities, and a supported housing program. Treatment services include acute hospital care, specialty long-term inpatient care, intensive outpatient dual disorder services, assertive case management (ACT), and clinic based outpatient treatment

including family counseling, group counseling, individual supportive counseling, and access to medication.

AMHD's core services are available in each county under the oversight of AMHD's Service Directors. The AMHD Service Directors assure availability and quality of services in the five core areas mentioned above (i.e., Crisis, Case Management, PSR, Housing, and Treatment Services). An important component for managing and planning services throughout the State are the county Service Area Administrators (SAAs) for each of Hawai'i's four counties, Oahu, Maui, the Big Island and Kaua'i. The AMHD SAAs coordinate with the Service Directors, CMHC Managers, POS service providers and others to integrate services and supports provided by state-operated CMHCs, AMHD POS contracted providers, relevant state and county agencies, and non-contracted providers and individuals to create an effective network of county-based providers.

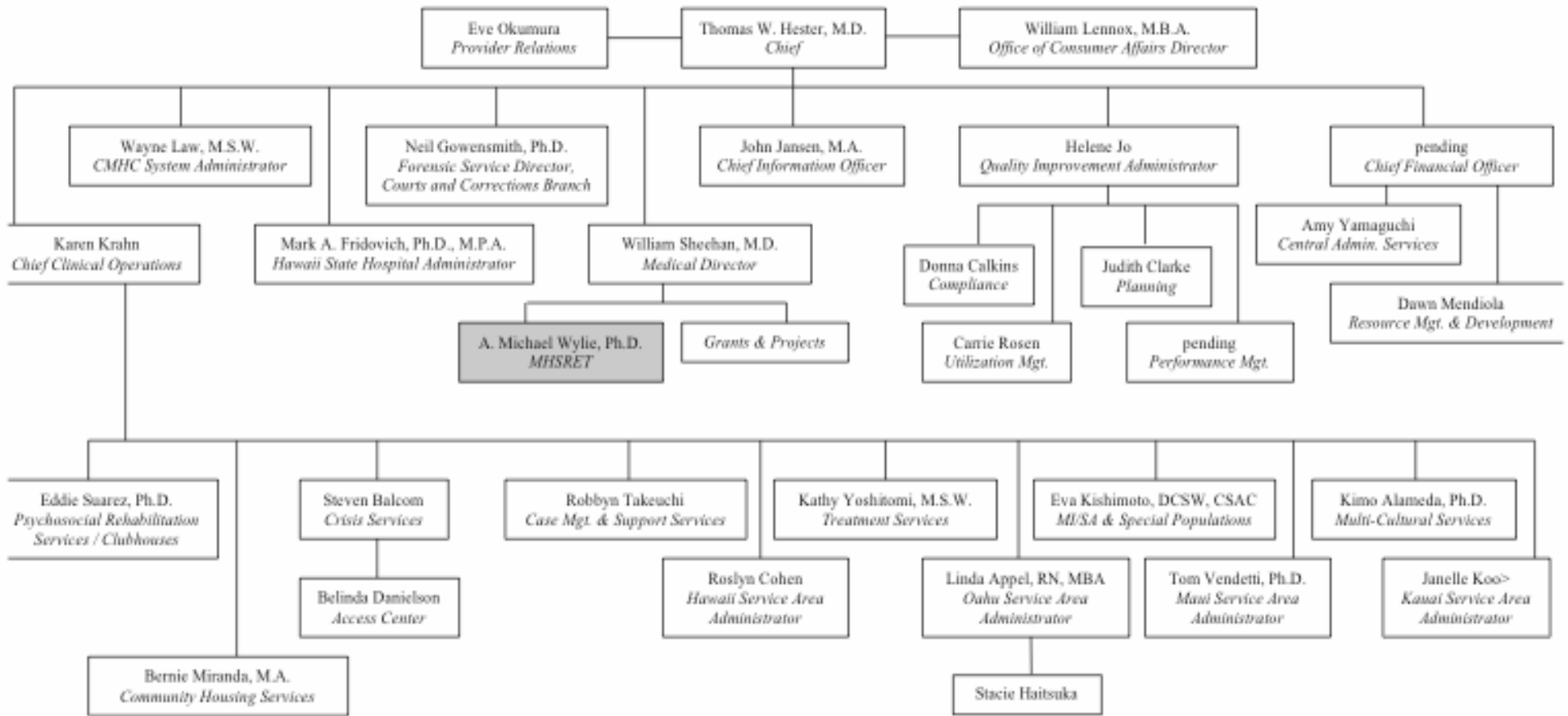
The primary source of funding for the MHSRET Program is through a contract to the UH from the AMHD. The MHSRET Program functions as a service bureau for the AMHD. As such, the MHSRET staff work closely with AMHD's Service Directors and SAAs as well as other AMHD staff. As shown in Figure 6, the AMHD Medical Director assures coordination of relevant MHSRET Program activities with the AMHD.

The Hawai'i Center for Evidence-Based Practices (HICEBP)

An important affiliation of the MHSRET Program is with the Hawai'i Center for Evidence-Based Practice (HICEBP). EBPs are interventions supported by consistent scientific evidence showing that these practices improve outcomes in the lives of adults with SPMI. The HICEBP is a consortium of AMHD staff and faculty of mental health training programs at the UH each funded in part by the AMHD. Annette Crisanti, Ph.D. is the Administrative Coordinator of the HICEBP. The HICEBP collaborates with other UH/AMHD programs in Nursing, Social Work, Psychology, and Psychiatry and directly with AMHD staff to: 1) identify emerging evidence-based practices and evaluate modifications of the documented core-evidence based practices; 2) train current mental health professionals to use evidence-based practices in their work; 3) train budding mental health professionals, now in school, to use evidence-based practices effectively; 4) host an annual conference focusing on evidence-based practices; 5) develop collaborative relationships to share information about evidence based practices with Pacific island nations, including American Samoa, the Marshall Islands, the Federated States of Micronesia, Palau, Guam, and the Northern Mariana Islands; and 6) educate and empower consumers, and their families, to understand and use evidence-based practices.

Figure 6 (Functional Organization Chart)

Adult Mental Health Division



Adult Mental Health Division Core Services Available to Consumers

Crisis/Emergency*

Telephone/Walk-in/Urgent Care
Crisis Mobile Outreach
Crisis Residential
Crisis Support Management
Crisis Stabilization or 23/59 (O'ahu)

*Crisis/Emergency works in close collaboration with law enforcement

Treatment

Inpatient

- General (Community)
- Specialized (HSH)

Specialized Residential
Intensive Outpatient Services

- Intensive Outpatient Hospital Services
- Intensive Outpatient
- Day Treatment

Outpatient

- Individual Therapy
- Group Therapy
- Family Therapy
- Somatic Treatment



Psychosocial Rehabilitation

Clubhouse
Life Skills/PSR Program
Vocational Assessment/Counseling
Transitional Employment Program
Supported Employment
Supported and Other Education

Case Management*

Assertive Community Treatment (ACT)
Intensive Case Management
Targeted Case Management
Care Coordination

*Case Management Support Services include:

- Consumer & Legal Advocacy
- Homeless Outreach
- Representative Payee Services,
- Respite Care,
- Transportation,
- Peer Coaching,
- Wrap-around Funding,
- Family Psychoeducation.

Community Housing

Interim Housing (licensed)
24-hour Group Home
8- to 16-Hour Group Home
Semi-Independent Living
Supported Housing



Technology Transfer Assistance Group (TAG)

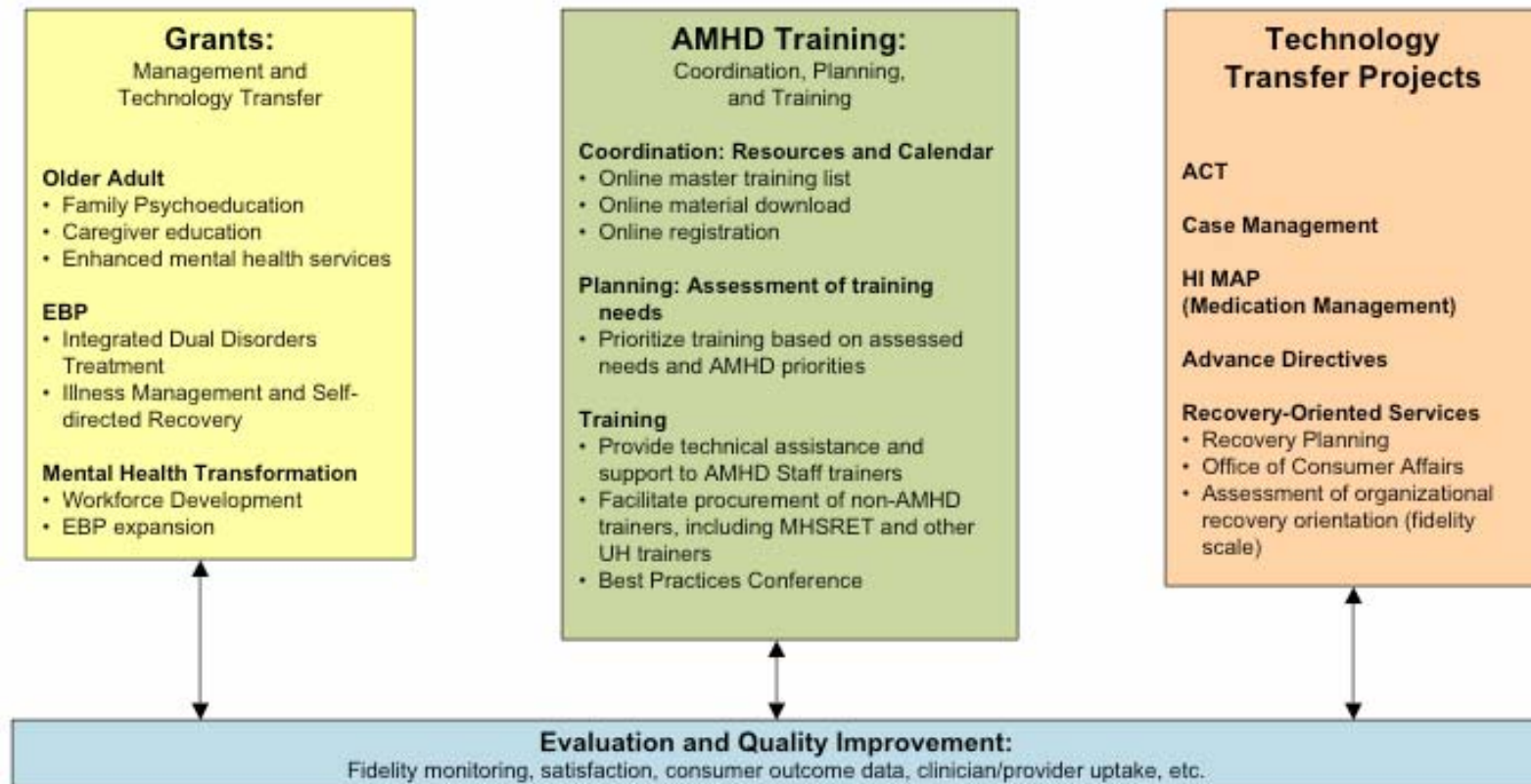
Within the SRET component of the MHSRET program is a new unit called the Technology Transfer Assistance Group (TAG), which specializes in bringing effective mental health services to the public mental health sector. Heather Jablonski, LCSW, CSAC is the TAG Coordinator and in that capacity, she takes the lead for MHSRET in grant administration. The TAG provides communication and coordination across various grants such as the EBP Implementation and Evaluation grant, the Older Adults Targeted Capacity Enhancement Grant (Project OASIS), and ongoing AMHD technology transfer projects (e.g., the ACT Community Treatment Development initiative, staffed by Pam Haina, APRN, and Rodney Powell, M.S.W., and the AMHD recovery planning initiative), to leverage training and technical assistance efforts for the overall benefit of AMHD services. The TAG approach recognizes that moving the latest technology from the research setting into regular practice requires more than simply telling people what practices work. Instead, the TAG works with AMHD administrators, agency leaders, clinical supervisors, frontline staff, family members, and consumers to prepare for the changes that accompany implementing new, state-of-the-art services. Some of the activities that the TAG uses to promote technology transfer include:

- Disseminating information through materials and presentations,
- Training and continuing education,
- Consulting to organizations, teams, and individuals,
- Coaching staff,
- Monitoring fidelity,
- Adapting practices for specialized populations (e.g., ethnic groups, age, diagnosis), and
- Evaluating needs and resources of the mental health service system

Other current TAG projects underway include AMHD training support, Mental Health Transformation Resource Inventory and Needs Assessment, and targeted technical assistance. Please refer to Figure 8 for further illustration and explanation of the TAG's multiple functions.

Figure 8 (TAG Function Chart)

Technology transfer Assistance Group (TAG)



TAG does NOT . . .

- Provide training for general staff competencies (e.g., first aid, CPR, sexual harassment prevention, EEOA, policies and procedures)
- Assume responsibility for all clinical training needs within the AMHD
- Work independently of AMHD administrators and clinical staff

We work collaboratively with the AMHD staff requesting the technology transfer support!

The Evidence-Based Practices (EBP) Implementation and Evaluation Project

In 2003, the President's *New Freedom Commission on Mental Health* identified the need to bridge science to service through regular use of EBPs. To assist in transforming mental health systems, the United States Department of Health and Human Services, Substance Abuse and Mental Health Service Administration (SAMHSA) is promoting six EBPs using demonstration projects throughout the nation. In 2004, the MHSRET Project Staff and AMHD staff collaboratively applied and was awarded a \$940,000 SAMHSA grant to participate in this initiative. These funds, along with funding from the AMHD, support the rollout of two EBPs: Illness Management and Self-Directed Recovery (IMSR) and Integrated Dual Disorders Treatment (IDDT).

The SAMHSA federally funded EBP grant is a collaboration between the AMHD and MHSRET Program. The grant's Co-Principal Investigators are Thomas W. Hester, M.D. (i.e., Chief of the AMHD) and Michael Wylie, Ph.D. (i.e., Director of the MHSRET Program). At this time, the EBP Project Team is working with six AMHD CMHCs to lead the way in piloting IDDT and IMSR. The team is interested in determining whether these EBP work across cultures. Thus, the team has developed cultural adaptations to the standard practices in several sites and will compare outcomes to the standard implementation.

The EBP Project team includes:

- Project Manager Heather Jablonski, LCSW, CSAC
- IDDT Trainer Rebecca Beardsley, Ph.D., CSAC
- IMSR Trainer Ronnie San Nicolas, MSW, Ph.D.
- Evaluation Coordinator Christopher Rocchio, MSW
- Staff Project Assistant Kai Zhou, BA
- Student Project Assistants Susan Lin, BA
- Evaluation Specialist John Steffen, Ph.D.
- Cultural Competency Coordinator Deborah Altschul, Ph.D.

Through on-site committees, the EBP project team is helping managers, staff, and other stakeholders develop both a feasible and realistic plan to implementing these practices. Project staff provide in-depth training to CMHC staff and work directly with AMHD key personnel to plan for wider dissemination and sustainability of both practices. Additionally, the staff works with key stakeholders in cultural adaptation pilot sites, to modify practices in order to be more culturally sensitive and appropriate. The project evaluation includes assessing fidelity, clinician knowledge of the practices, and consumer outcomes.

The Co-Occurring Disorders State Incentive Grant (COSIG) Project

In 2004, the MHSRET Program wrote and the State of Hawai'i was awarded a 5-year federally funded SAMHSA grant to develop the infrastructure and capacity to better serve individuals with co-occurring psychiatric and substance use disorders, the COSIG. The SAMHSA awarded \$3,634,101 (\$1,009,743 annually for the first three years [2004-2006], \$504,872 for the fourth years and \$100,000 for the fifth year) for this initiative. Lieutenant Governor James "Duke" Aiona serves as the Co-Chair for the COSIG Project Task Force (PTF), which is comprised of community stakeholders that guide the grant initiative. The PTF has created a common vision for an integrated system of care. Currently, the PTF is in the process of identifying the infrastructure resources needed to achieve this vision by assessing existing resources, identifying high priority gaps and barriers, and developing strategic action plans to address these gaps and barriers.

The Project OASIS team includes:

Principal Investigator	A. Mike Wylie, Ph.D.
Lead Evaluator	John Steffen, Ph.D.
Project Manager	Heather Jablonski, LCSW, CSAC
O'ahu Geriatric Mental Health Specialist and Project Coordinator	Douglas Kreider, M.A., M.P.H.
Project Assistant	Mariko Fiser, B.A..
Maui Geriatric Mental Health Specialist	To Be Named
Maui Project Assistant	To Be Named (as of 3/1/07)

Hawai`i's Mental Health Transformation State Incentive Project

In October 2006, the Substance Abuse Mental Health Services Administration (SAMHSA), Community Mental Health Services (CMHS) awarded the State of Hawai`i \$14,200,000 to transform the state's mental health system to meet consumers' and family members' mental health and other service needs.

Hawai`i's Mental Health Transformation State Incentive Project allows the convening of a Governor's Mental Health Transformation Working Group (TWG) to develop, implement, evaluate and sustain a Statewide Comprehensive Mental Health Plan for transforming the organization, delivery, and financing of services for people with mental illness. The TWG will be composed of senior executives from all departments, agencies, and offices that deliver, fund or administer services and supports used or needed by people with a mental illness and/or their families.

During the first year of the grant, using data from a Needs Assessment and Inventory of Resources, the TWG will develop a Statewide Comprehensive Mental Health Plan to transform Hawai`i's mental health system, in collaboration with other systems that serve people with mental illnesses, according to the goals for transformation set forth in President Bush's New Freedom Commission Report. The next four years of the grant are to implement and evaluate the successful implementation of the grant.

The intended outcome of the Statewide Comprehensive Mental Health Plan is to encourage Hawai`i to develop a comprehensive strategy to respond to the needs and preferences of consumers or families. The final result should be an extensive coordinated State system of services and supports that work to foster consumer independence and their ability to live, work, learn, and participate fully in their communities. This opportunity gives Hawai`i the chance:

- To facilitate deep and lasting change in the way services are delivered, in part by enhancing the already strong public-academic and public-provider partnerships in the areas of evidence-based practices and by emphasizing a recovery-focused approach to service.
- To bring fragmented systems into a coherent whole, integrate the behavioral health services and perspectives of all relevant state agencies, bring together crucial partners locally throughout communities across the state, and expand behavioral health coverage to the most isolated corners of the state.
- To fully orient mental health and other systems to recovery, resilience and culturally competent practices. Youth and adult consumers and families will be actively engaged in their service and recovery experiences, which will include person-centered planning, peer support, and recovery and resilience-oriented policy making.

United Self-Help (USH)

United Self-Help (USH) is a non-profit agency founded in 1984 by consumers of mental health services in response to a need for consumer-run support programs in Hawai'i's mental health system of care. William "Bud" Bowles is the Executive Director of USH. The purpose of United Self-Help is to make available activities and programs that assist adults with mental illnesses in maintaining satisfying lives in the community. Presently, USH activities consist of consumer support groups, education, and the Warm Line (see below for further clarification).

USH runs 12 support groups on O'ahu and nine support groups on the neighbor islands. Since 2001, USH has provided the *Building Recovery of Individual Dreams and Goals through Education and Support (BRIDGES)* mental health education program. The program helps consumers understand different aspects of mental illness and how this knowledge in itself supports the principles of recovery. BRIDGES classes provide an overview of the following topics: the emotional stages of recovery; the biology of mental illness; symptoms, diagnosis, treatment, and progression of mental illness; dual diagnosis; medication management; suicide prevention and crisis planning, mental health services; social security benefits and employment; problem-solving and communication skills; principles of support; and advocacy.

USH also hosts a Warm Line which is operated in conjunction with AMHD's ACCESS Line. The *Warm Line* was set up for mental health consumers or anyone else to call in when these individuals are in need of support when groups are not in session. AMHD's ACCESS Line functions as a "Hot Line" for those in crisis and/or contemplating suicide and USH's Warm Line is open for those who just need someone to listen. Consumers who attend USH support groups and who have completed the BRIDGES program staff the Warm Line. These consumers are trained by the AMHD's ACCESS Line staff. Although the Warm Line is only funded from 4:30PM to 9:00PM, USH accepts Warm Line calls at any time.

USH works closely with the MHSRET Program in hiring consumers to work on the MHSRET Program's Consumer Assessment Team (CAT). The CAT is an arm of the MHSRET Program specializing in Participatory Action Research (i.e., the use of mental health consumers to design studies and collect, analyze, and disseminate evaluation and outcome data directly from other mental health consumers). USH and the MHSRET Program also frequently collaborate on grants and are Co-Partners with the NIMH Constituency Education and Outreach Program.

The AMHD Office of Multicultural Services (OMS)

The function of the AMHD's Office of Multicultural Services (OMS), under the direction of Kimo Alameda, Ph.D., is to assure that AMHD operated and funded services are culturally informed, sensitive and responsive. The primary role of OMS is to facilitate the development of cultural competency in the design, implementation and coordination of all statewide AMHD funded programs and services. In addition, OMS works with the appropriate organizational segments of the AMHD's Administrative Office to develop performance indicators and outcome measures to operationalize multicultural services across AMHD.

The OMS works with the MHSRET Program in the effort to collect and analyze data relative to reviewing the cultural competency of AMHD operated and funded services. The OMS also collaborates with the MHSRET Program in terms of mentoring graduate students who have interests in pursuing careers in public mental health. This activity is accomplished by serving on masters and doctoral committees and assisting in the conceptualization of research projects that are mutually beneficial to the AMHD and the graduate student's interests.

The OMS and the MHSRET Program work together as partners in promoting diversity throughout AMHD.

Recent collaborative efforts include the submission of several federal grant proposals, review and modification of data collection instruments, and the development of a cultural competency needs assessment process throughout the AMHD. The OMS participates with the HICEBP towards ensuring that services are not only developed and implemented on evidence-based practices, but are culturally competent and provided in an accessible, welcoming, and appropriate manner.

The AMHD Office of Consumer Affairs (OCA)

The AMHD's Office of Consumer Affairs (OCA) is staffed exclusively by persons in recovery from SPMI or in recovery from both SPMI and substance abuse or substance dependency. The Chief of the OCA, William Lennox, advises the Chief of the AMHD regarding AMHD oversight functions and advocates for mental health consumers and their families served by the AMHD. William Lennox serves as a full member of the AMHD Executive Team. At present, the OCA has three full-time employees, the Chief, Peer Specialist Coordinator, Ellen Awai, and Consumer Advisor Randy Hack. The OCA serves as the AMHD Chief's liaison to consumer advocacy organizations, such as the Mental Health Association of Hawai'i, Hawai'i Disability Rights Organization, USH, the National Alliance for the Mental Ill (NAMI) Hawai'i Chapter, and NAMI O'ahu.

The functions of the OCA include establishing a training and certification process for Peer Specialists. Hawai'i Certified Peer Specialists (HCPS) must pass a written and oral examination. The OCA promotes the use of mental health peer support groups by AMHD providers. The OCA works closely with consumer groups such as USH to provide assistance when needed. In addition, the OCA provides leadership in the development of a statewide mental illness anti-stigma and discrimination campaign; the use of Advance Mental Health Care Directives; the inclusion of consumers throughout all levels of the AMHD system; the resolution of complaints about access to and quality of AMHD funded services; and recovery-oriented provider monitoring.

The OCA is involved with the MHSRET Program, the HICEBP and the EBP Project efforts to implement IMSR throughout the AMHD system of care. The OCA is working jointly with the MHSRET Program to examine the use of, and satisfaction with, Advance Mental Health Care Directives. OCA staff members regularly participate with MHSRET staff in the program planning for the AMHD's annual EBP conference. Additionally, the OCA is responsible for evaluating scholarship applications for consumers applying to attend annual EBP conferences. Also, the OCA collaborates with the MHSRET Program in providing support for consumer attendees as well as other consumer-focused initiatives.

The Hawai'i Psychosocial Rehabilitation Association (HIPRA)

The Hawai'i Psychosocial Rehabilitation Association (HIPRA) consists of a group of individuals interested in developing a Hawai'i Chapter of the United States Psychiatric Rehabilitation Association (USPRA), formerly known as the International Association for Psychosocial Rehabilitation Services. The purpose of USPRA is to help advance the role, scope, and quality of services designed to facilitate the community adjustment of people with mental illnesses. USPRA and HIPRA continually seek to improve the quality of psychosocial rehabilitation services and resources, to strengthen the role of community-oriented psychosocial rehabilitation within the mental health service delivery system, and to facilitate the coordination and continuity of programs. Both groups bring together agencies, practitioners, family members, and persons with serious mental illnesses to serve as advocates for community-oriented psychosocial rehabilitation. The MHSRET Program provides administrative support for HIPRA and works together with HIPRA and USH to host quarterly HIPRA meetings.

Through participation in HIPRA, graduate students have the opportunity to become a Certified Psychiatric Rehabilitation Practitioner (CPRP) by passing a nationally administered, three hour, 150-item multiple choice test covering seven psychiatric rehabilitation practice domains. This knowledge required to successfully pass this

exam is compatible with the skills gained during academic training at the MHSRET Program and students are encouraged to pursue this certification.

Credentialing as a CPRP fosters the growth of a qualified, ethical, and culturally diverse psychiatric rehabilitation workforce while assuring that CPRPs adhere to five core values:

- CPRPs cultivate self-determination and empowerment in the consumers they serve.
- CPRPs believe in the dignity and worth of every human being, regardless of their disability.
- CPRPs convey optimism to their colleagues, and the consumers they serve, that improvement and recovery are possible and desirable.
- CPRPs know everyone has the capacity to grow and learn. They also know that conveying that possibility and reinforcing progress, no matter how small, to consumers, is therapeutic.
- CPRPs respect and appreciate individual, cultural and ethnic differences in the consumers they serve.

The CPRP exam is administered several times a year and HIPRA has successfully worked each year over the past several years to arrange for test administration to be held in Honolulu. The local exam is typically held in October and this year the exam is scheduled to occur on October 20, 2007. The application deadline for this exam is July 1, 2007. Applications postmarked after the deadline will incur a late fee of \$25, and will be processed for the upcoming examination as time allows.

For computer-based testing, go to Schroeder Measurement Technologies (SMT), Inc. homepage to find the nearest testing center. There is an additional CBT Fee of \$35 for the computer based test.

Also, you may call or email Jette Engstrom at 410-789-7054; jengstrom@uspra.org for alternate exam sites. For more information on the USPRA and the CPRP program, please visit the USPRA website at www.uspra.org.

Certified Substance Abuse Counselor (CSAC)

Students may additionally want to consider pursuing the credential of Certified Substance Abuse Counselor (CSAC) during their studies. This certification fulfills two purposes. First, and most important, the public has a means by which to identify individuals who have met the minimum requirements to provide substance abuse counseling services. Second, individuals are recognized for the time, education, and experience they have accumulated in the profession of substance abuse counseling. Certification is meant to recognize a counselor's accomplishments and competence in providing counseling, and is not an entry-level credential. Because the MHSRET Program has close ties to the COSIG Project, EBP Project, and AMHD's initiative to promote a continuous comprehensive integrated system of care for ICOPSD, qualified CSAC supervisors and training programs are available to students wishing to pursue this certification.

The State of Hawai'i is a member board of the International Certification & Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (IC&RC/AODA). The IC&RC is a voluntary international organization comprised of substance abuse credentialing boards representing 44 states, the U.S. military, various Indian Health Service Organizations, and a range of countries. As a member board, Hawai'i subscribes to the international standards prescribed by the IC&RC and published in the IC&RC guidelines (website: <http://www.icrcaoda.org>). Counselors certified in Hawai'i have reciprocity with other IC&RC member boards.

The DOH ADAD is responsible for certifying substance abuse counselors. The Certification Standards for Substance Abuse Counselors and Program Administrators can be found on the DOH website at www.state.hi.us/doh/rules/ADMRRULES.html and is listed as Hawai'i Administrative Rule (HAR) Title 11 Chapter 177.1. In general, the criteria to earn recognition as a Certified Substance Abuse Counselor (CSAC) include:

1. An education requirement of 270 clock hours of ADAD-approved substance abuse education within the performance domains of *assessment, counseling, case management, client education, and professional responsibility*. Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-service programs, college/university credit courses and distance education. One hour of education is equal to 50 minutes of continuous instruction. All education must be documented. Courses *may* include:
 - Counseling Theories and Techniques (one course)
 - Group Counseling (one course)
 - Family Counseling (one course)
 - Professional Ethics and Responsibilities (6 hours required)
 - Sexually Transmitted Diseases, including HIV/AIDS (6 hours required)
 - Confidentiality, including 42CFR, Part 2 (6 hours required)
 - Multicultural Competency (one course)
 - Any courses with a specific substance abuse focus
2. Supervised practical training that includes performing a minimum of 400 hours in a work setting where alcohol or drug treatment or counseling is provided. The training may occur as part of eligible work experience and may be completed under more than one supervisor or agency. All training hours must be documented. A minimum of 20 hours must be performed in each of twelve core functions areas which include: screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, reports and record keeping, and consultation with other professionals. The training supervisor must hold Hawai'i's CSAC or a reciprocity level alcohol/drug counselor credential from a jurisdiction that is a member of the IC&RC/AODA, Inc.
3. A master's degree or higher in a human services field and 2000 hours (1 full-time year or equivalent) of clinically supervised work experience (including the supervised practical training) providing alcohol/drug abuse treatment counseling services to alcohol and other drug abuse clients. The clinical supervisor must be a CSAC or other qualified health professional in order for the work experience to be applicable for certification purposes.
4. Agreeing in writing to abide by the CSAC Code of Ethics included in the General Application Packet and found in HAR Title 11 Chapter 177.1-33.
5. Successfully completing a written certification examination for Alcohol and Drug Abuse Counselors.
6. Successfully completing of an oral case presentation using a standardized presentation format. The applicant's competence in the twelve core functions is measured by peers through an oral examination.

Applicants who meet requirements listed above are certified by the DOH for two years. Renewal is accomplished by submitting a completed application for renewal, fee and documentation of 40 hours of ADAD-approved continuing education to the Department prior to the expiration of the counselor's current certification. Students interested in this course of studies should consult with their advisor and Chris Brown of ADAD who can be reached at 692-7518.

Biographies of MHSRET Faculty, Staff, and Affiliated Supervisors

A. Michael Wylie, Ph.D., is the Director of the Mental Health Services Research, Evaluation, and Training Program, University of Hawai'i at Manoa (UHM); an Associate Professor with the Social Sciences Research Institute in the College of Social Sciences, UHM; and, a Technical Consultant to the AMHD. Dr. Wylie's areas of interest include severe and persistent mental illness, public mental health systems of care, evidence-based practices, and mental health policy and legislation.

Deborah Altschul, Ph.D., is an Assistant Professor in the Clinical Studies Program, Department of Psychology, University of Hawai'i at Manoa who is currently on a leave of absence. Dr. Altschul's areas of interest include cultural competency in mental health service delivery, evidenced-based practices and treatment outcome effectiveness, and recovery.

Keith Claypoole, Ph.D., is an Associate Professor in the Clinical Studies Program, Department of Psychology at the University of Hawai'i at Manoa. Dr. Claypoole's areas of interest include evidence-based practice, enhancement of the Clubhouse Model of psychosocial rehabilitation, mental health crisis services evaluation, the practice of forensic psychology and the decriminalization of mental illness via jail diversion and other program development for mentally ill offenders, and neurocognitive assessment and rehabilitation of SMI. Between 2003-2006, Dr. Claypoole also served as the Manager and forensic psychologist for the Kauai Community Mental Health Center.

Annette Crisanti, Ph.D., is an Associate Researcher with the Social Sciences Research Institute in the College of Social Sciences, University of Hawai'i at Manoa (UHM); an affiliate faculty member with the School of Medicine's Department of Psychiatry, UHM; a Psychiatric Epidemiologist with the Mental Health Services Research, Evaluation, and Training Program (UHM); and, the Coordinator of the Hawai'i Center for Evidence-Based Practice. Dr. Crisanti's areas of interests include psychiatric epidemiology, forensic psychiatry (e.g. jail diversion program development for mentally ill offenders), and mental health services evaluation.

Philippe Gross, Ph.D., is a Research Psychologist with the Mental Health Services Research, Evaluation, and Training Program, University of Hawai'i at Manoa. His areas of interest include mental health services evaluation, epidemiology, rehabilitation and recovery, community housing for the mentally ill, and stigma reduction. Dr. Gross is also the curator of an annual art show for artists with mental illness.

Steven Onken, Ph.D., is an Associate Mental Health Services Researcher for the MHSRET and Consulting Social Worker for the Adult Mental Health Division. His research is being used to develop educational materials and performance measurement tools to assist service systems and consumer organizations in their efforts to implement a recovery-focused, evidence-based delivery system. Dr. Onken's work also focuses on sustainable development of consumer/survivor-operated programs, of consumer/survivors as staff within traditional mental health services, and of consumers/survivors within the general workforce. Dr. Onken has direct practice experience in the areas of mental health and disability; civil and legal rights protection and advocacy; sexual orientation, gender expression and strategies addressing hate violence; as well as in community organizing and development and organizational design and management.

Ronald San Nicolas, Ph.D., is a Research Assistant Professor with the Social Sciences Research Institute in the College of Social Sciences, University of Hawai'i at Manoa (UHM); and the Mental Health Services Research, Evaluation, and Training Program, UHM; and liaison with the School of Social Work, UHM. Dr. San Nicolas' areas of interest include social work practice with the seriously mentally ill and their families, spirituality in cultural competent practice, and evidence-based practice training and research.

John Steffen, Ph.D., is a Professor in the Clinical Studies Program in the Department of Psychology, University of Hawai'i at Manoa. Dr. Steffen's interests include mental health service delivery, schizophrenia, recovery and consumer empowerment, and integration of primary and behavioral health care.

Patrick Uchigakiuchi, Ph.D., is an Associate Specialist with the Social Sciences Research Institute in the College of Social Sciences, University of Hawai'i at Manoa (UHM). Dr. Uchigakiuchi's areas of interest include child clinical psychology, developmental psychopathology, cultural competency in mental health service delivery, and health disparities among ethnic minority groups.

Steven Wong, Ph.D., is a Research Psychologist with the Mental Health Services Research, Evaluation, and Training Program, University of Hawai'i at Manoa. His areas of interests include psychosocial rehabilitation services, supported employment and supported education, evidence-based practices, and mental health service utilization.

Affiliated Supervisors

Jackie Hong, L.C.S.W., A.C.S.W. is the Project Manager of the Co-Occurring Disorder State Incentive Grant designed to provide system change to improve services to individuals with substance abuse and mental health disorders. She is a licensed social worker, a part time lecturer at local community colleges and Waianae Health Academy, and also works as a private consultant in quality improvement/risk management and adoption areas. She is also highly committed to improving the health status and welfare of Native Hawai'ians.

Heather Jablonski, M.S.W., L.C.S.W. is the Technology Transfer Assistance Group (TAG) Coordinator and is responsible for planning many AMHD training activities and technology transfer projects that include ACT, case management, the Hawai'i Medication Algorithm Project (HI MAP), advance directives and recovery oriented services. She is also the Grant Administration Manager for the Evidence-Based Practices Grant and is responsible for facilitating the use of evidence-based practices, including Illness Management and Self-directed Recovery and Integrated Dual Disorders Treatment throughout the state of Hawai'i. She is also project manager for the Older Adult Targeted Capacities Expansion grant which enhances mental health services, provides care giver education and facilitates the use of family psychoeducation for older adults and is a key developer of the Mental Health Transformation grant which will expand evidence based practices statewide and promote work force development..

Kim Meyer, Ph.D., is the Director of Psychosocial Rehabilitation Program at Hawai'i State Hospital (HSH) and a faculty affiliate of the Clinical Studies Program in the Department of Psychology at the University of Hawai'i at Manoa. He is responsible for the development of new programming at HSH that builds upon the strengths of the individual.

John Jansen, M.A., is the Director of the State Department of Health, Adult Mental Health Division's Service, Research, Evaluation and Reports Program, which oversees the Management Information Systems (MIS). The MIS unit is responsible to provide resources necessary to develop, implement, and operate a statewide information system capable to access data required by all AMHD units. MIS also works closely with the Mental Health Services Research, Evaluation, and Training Program, providing the data necessary for service evaluation and compliance reports that affect state and county planning and resource allocation.

Eva Kishimoto, D.C.S.W., C.S.A.C., L.C.S.W., is the State Department of Health, Adult Mental Health Division's (AMHD) Mental Illness/Substance Abuse (MISA) and Other Special Populations Service Director. She is also an adjunct faculty with the University of Hawai'i's School of Social Work and Department of Psychiatry. Ms. Kishimoto oversees the AMHD system transformation for dual diagnosis capacity and is responsible for the service planning and development for special populations such as Youth to Adult Transition, elderly, and co-occurring Mental Retardation/Mental Illness (MR/MI).

GRADUATE ASSISTANTSHIP

The MHSRET Program provides graduate assistantship support for students interested in SPMI. Interests may include research (e.g., working with statewide mental health databases, treatment evaluation), clinical training in the area of evidence-based practices and psychosocial rehabilitation, forensic mental health, or mental health policy.

The Nature of Appointments

A graduate assistantship is a non-tenurable, half-time (.50 FTE) academic appointment typically requiring the appointee to spend an average of twenty to twenty-four hours per week assisting faculty in administration, services research and evaluation, training or teaching. Appointment as a graduate assistant provides valuable practical and professional experience and provides financial support while pursuing a graduate degree. The graduate assistants employed by the MHSRET Program are technically Graduate Research Assistants (GRA) and hold 11 month appointments.

GRAs are concerned primarily with individual assignments in the MHSRET Program, but they also have roles as professionals, albeit of an apprentice nature, in a large complex university. Therefore, it is important for all GRA to become familiar with the academic regulations of the UH (available in General and Graduate Information Catalog or www.hawaii.edu) and of the field of study that they are enrolled. This GRA Manual provides information that is consistent with the principal UH policies and practices that relate to graduate assistants.

All appointments are subject to the availability of funds. Throughout their appointment period, all GRAs must continue to maintain their eligibility, including full-time enrollment, good academic standing, and a grade point average of 3.0 or better. More detailed information regarding appointments is available at <http://www.hawaii.edu/graduate/financial/html/assistantships.htm>.

Appointment and Pay Schedule

GRAs normally are appointed on an eleven-month (11) basis. At the MHSRET Program, appointments commence in July of each year following the State of Hawai'i's fiscal year. GRAs are paid on the research assistant 11 month appointment schedule at either level 2 (if coming in with a 4-year college degree) or level 4 (if successfully having completed a master's degree). GRAs are entitled to full tuition waivers and eligible to apply for health insurance benefits (fees are not covered). Fees are approximately \$80.00 per semester. The pay for the 11 month appointment at Level 2 is \$16,176/year or \$674.00/pay period (semi-monthly) and Level 4 is \$17,496/year or \$729/pay period. These figures are based on a 20-hour per week appointment.

Time Commitment

The graduate assistantship demands an average time commitment of twenty hours per week, including hours spent in preparation or supporting work outside of the classroom or laboratory. The actual time that a MHSRET GRAs devote to their assignments varies from individual to individual because of differences in the assigned duties, variations in experience and ability, and the demands of particular disciplines.

MHSRET GRAs work eleven months of the year and are entitled to one month of duty-free time during a one-year period. Duty-free time should be scheduled at least two weeks in advance a time mutually agreeable to the graduate research assistant, supervisor and as approved by the MHSRET Director prior to leave. (See additional explanation regarding vacation and sick leave).

Stipends and Benefits

GRAs are encouraged to review the UH Graduate Assistant Handbook that outlines stipend and benefits (e.g., tuition waiver) granted to students. Health Insurance benefits are available for students and can be added during the State of Hawai'i's open enrollment period or a student signs up when first employed. A list of health plan coverages is included in the Appendix 1.

Employment

When students are given approval of their acceptance as a GRA, they will need to complete the required employment paperwork. **GRAs will need to set up an appointment with the MHSRET Program Administrator, Paula Chun, at least one week prior to the start of employment.** All GRAs will need to bring their social security card and required documents to fill out the Federal I-9 Form (Appendix 2). Prior to meeting Ms. Chun, please set up a local bank account to deposit your paychecks.

Please see the MHSRET Project Facilitator on your first day of work for desk assignments, set up of email account, and laptop assignment. Advisors are responsible for informing GRAs of their duties.

All GRA's will need to see Steven Wong, Ph.D. to sign out for office keys.

Please note: First year graduate students from off-island are strongly encouraged to begin their assistantship as soon as possible on or after July 1st, because it is difficult to find housing and get settled into a routine prior to the academic year beginning in August. The housing market tightens in August.

Vacation and Sick Leave

GRAs are not eligible to accrue vacation or sick leave credit. However, the GRA is granted twenty-one (21) days off in which they may apply toward vacation or sick leave or a combination of both. If the GRA must be absent during the appointment period, prior written clearance must be obtained from his or her supervisor and submitted with a Request for Leave Form (Appendix 3). Generally the request must be in writing to the MHSRET Director via the GRA supervisor and MHSRET Project Facilitator. The request must describe the nature in which any assigned duties will be performed as well as any provisions for missed coursework. The MHSRET Director approves Request for Leaves (e.g., vacation or sick leave requests). There are two different leave forms. One is for students who work at the Manoa Innovation Center (MIC) and the other is for students working at the HSH. MHSRET GRAs cannot carry over duty-free time earned for the previous year. GRAs will need to make sure that all duty-free time is taken during the appointment period that it is earned. Quarterly reminders will be sent out letting GRAs know how many sick/vacation hours are remaining.

Timesheets

GRAs are required to fill out timesheets (Appendix 4). Timesheet deadlines are also included in the appendix. All GRAs will receive an email reminder the day before timesheets are due. Please fill out the timesheet, sign, and have your appointed advisor sign the form. Since many of the GRAs work in different locations and for different projects, the MHSRET staff asks that all GRAs also identify the location where work was performed during that pay period.

For those working at MIC, GRAs must have their timesheets signed by their supervisor. MHSRET supervisors

will be in charge of routing all timesheets to the MHSRET Project Facilitator or an appointed office assistant.

For those working at the HSH, GRAs must have their timesheets signed by their supervisor, submitted to the PSR Program Administrator. The PSR Program Administrator will fax a copy of the timesheet to the MHSRET Facilitator and send the original by mail carrier.

Copies of all timesheets will be kept on record in the MHSRET Project Facilitator's office. Failure to comply will result in inaccurate recording of your total vacation/sick hours. The MHSRET Facilitator will be providing each student with quarterly summaries (Appendix 5) that will include the amount of vacation days remaining. These quarterly reminders will be placed in each GRA's mailbox or faxed to GRAs working at HSH.

Scheduled Holidays

GRAs employed at the MHSRET Program follow official state and federal holidays. A calendar of all official state and federal holidays is included in this manual (see Appendix 6). GRAs are not granted time-off from University institutional days off (i.e., Friday after Thanksgiving Day, Spring Recess). However, GRAs may sign for leave on those days. GRAs whose scheduled work-day falls on a holiday are required to make-up the overload time missed. A number of examples of this are provided below.

Attendance at Professional Workshops, Conferences and Seminars

Time taken to attend a professional workshop, conference or seminars for the GRA's personal/professional development may be counted toward the total work hours if prior permission is granted. The GRA is required to submit a Request for Leave Application and justify in writing the benefits for attending the professional sponsored activity. The MHSRET Program Director approves all requests for attendance at professional workshops, conferences and seminars.

Overload and Casual Employment During the Fall and Spring Semesters

It is expected that the combined responsibilities of a full-time graduate assistant (.50 FTE) and a full-time student will occupy all of the work time available to a student during the academic year. Therefore, it is inadvisable for a GRA to be employed in addition to their assistantship. Unauthorized additional employment can result in the loss of the graduate assistantship appointment.

If a student follows the procedures outlined below and is granted permission to engage in overload employment, the student is not allowed to take time off during the overload period. If a student does receive approval from his or her advisor to take time off during the overload period or is sick, the student will have to make up the overload hours. One form (Appendix 7) is needed for requesting overload in either the Fall or Spring semesters. This form should be TYPED. Deadline to submit this form is two weeks prior to the start of the semester. Failure to submit these forms on time could jeopardize the approval of the GRA overload.

During the fall and spring semesters, for a GRA to receive overload, the student will need to obtain the approval from the following four authorities: 1) MHSRET Program Principal Investigator, A. Michael Wylie, 2) Graduate Chair (main advisor), 3) Department Chairman, and (4) Graduate Division on the Approval for Overload Form (Appendix 7). After the student is approved to work additional hours, the Program Administrator will submit additional paperwork needed to process this request. The entire process itself takes approximately 3 weeks. This period is subject to a payroll lag; therefore, students will receive the additional pay one month after the work is done. For example, graduate student, Bob, has received an approval to work an additional 4 hours or 24 hours per week starting 10/1/2007. He will be paid an additional \$160 for pay period 10/1 to 10/15/2007. He will

receive this payment on 11/20/2007 or 12/5/2007. See appendix 8 for sample timesheets corresponding to these examples.

Example of Overload calculations: Bob works Monday, Wednesday, and Friday for 8 hours per day. On Monday, Oct. 8, 2007 he calls in sick. This will count as 1 of his 21 allotted sick/vacation days. However, since he was on overload, he will have to make up 1 hour and 20 minutes (4 hours / 3 days) of work for his overload at a later date. A sample timesheet with overload calculations is included in the appendix.

Example of Overload calculations: Due to a family emergency, Rita had to leave for the mainland for two weeks during fall semester. Rita works Monday, Wednesday, Friday for 8 hours a day. She will be claiming 6 days off duty time, but will have to make up 8 hours of overload since it is not possible to take time off during overload status.

Summer Overload

Students are also eligible to work full time during the summer but this is considered an overload. The same rules apply as to overload during the regular semester where students are not allowed to take vacation during this period. Students are responsible for making up any time if students are granted time off during the overload period. For example, Steven S. is working full time (40 hours) during the summer. If he is approved to take off for 1 week (40 hours) during this period, twenty hours will be deducted from his allotted 21 DAYS sick/vacation. He will have to make up the 20 hours that he was paid for overload. OR, if he chooses, he can count his week off (20 hours) as a second week of vacation/sick leave. Students will need to fill out the MHSRET Request for Overload in the Summer Form (Appendix 9).

Supervision and Guidance

GRAs are supervised by MHSRET faculty, staff, and affiliated supervisors. The MHSRET Program faculty determines the assignment, supervises the work, and has the authority to recommend continuation or renewal at the end of the initial appointment period. The GRA's appointment and reappointment is approved by the Graduate Division. Within the MHSRET Program, the specific duties of the GRA are determined by the MHSRET Program Director in collaboration with the faculty, staff, and affiliated supervisors. A faculty, staff, or affiliated supervisor is assigned to supervise the GRA. At the beginning of the employment term, this person, in collaboration with the GRA develops the Graduate Research Assistant Contract (see Appendix 10). The contract is subsequently reviewed at the end of the Fall and Spring semesters respectively to determine whether work objectives were met. For students on summer overload, an additional evaluation will occur at the end of the summer/beginning of fall semester. Assigned supervisors are to provide supervision once a week or as often as deemed necessary.

Conduct and Discipline

All GRAs employed by the MHSRET Program are subject to the ethical precepts and codes of their academic profession or discipline (i.e., psychology and social work), to federal and state laws, and to the UH policies that govern their institutional obligations. Violation of any of these constitutes a basis for disciplinary action, in accordance with procedures set forth in the UHM Student Conduct Code. Copies of the code are available in the Office of the Dean of Student Services and the office of each college or school's Dean of Student Academic Services. The code can also be found online at <http://www.hawaii.edu/student/conduct/>.

The Student Conduct Code defines expected conduct for members of the University community and specifies acts subject to University sanctions. Honorable conduct is expected of all students. Misrepresentation, cheating,

and plagiarism, including such acts as selling work to others or using the work of others or using the work of others to obtain academic credit, are contrary to the student conduct code and subject to sanctions including, but not limited to expulsion from the University. Misconduct also includes the misuse of research subjects.

GRAs are expected to act collegial and display professional demeanor toward all MHSRET employees. All GRAs are expected to participate in professional conferences on a regular basis. Professional etiquette requires greeting individuals upon arrival at work and saying goodnight when leaving. When assignments are made to GRAs, professional behavior involves constructively accepting and completing assignments in a timely fashion or privately discussing concerns over conflicting priorities with your advisor. In classes, staff meetings, or when being introduced to another professional, conduct includes introducing yourself, disclosing your background and interests (if time permits) and generally showing a high degree of personable social skills.

Students, faculty, and staff alike are expected to use the board located in Room 120 which shows who is “in” or “out” at any given time and allows for you to inform others of your whereabouts, work schedule, and vacation status. This board also helps the receptionist route phone calls as they come and serves a safety function by letting us know who is around at any given time. For security purposes please lock the door to Room 120 and your personal office door when no one else is around. For example, office staff may stay late or may leave anytime after 4:30. If you see that the number of staff is dwindling please lock the door so that unescorted guests are not able to enter the premises. While our offices are located in a very safe neighborhood, you should always be aware of your surroundings and if possible, when staying late, stay with a “study buddy” to ensure your protection. If you observe unusual or unethical behavior by faculty, staff, students, other building tenants, or strangers, please report it as soon as possible to your advisor, the MHSRET Program Director, or with whomever you feel comfortable sharing the information.

Performance Evaluation and Review

The MHSRET Program faculty is responsible for developing procedures for the review and evaluation of its GRAs. At this time, the evaluation criteria include satisfactory completion of his or her Graduate Research Assistant Contract or the Graduate Student’s Evaluation form included as Appendix 11. GRAs are subject to review each semester.

Termination of Appointment

MHSRET Graduate Assistant’s contract is over at the end of the fiscal year or June 30.

Renewal of Appointment

When positions and funds are available and departmental policies permit, graduate assistantships may be renewed upon satisfactory performance both as a graduate student and as a graduate assistant; however, all reappointments must meet any criteria for new appointees.

Termination before the End of the Appointment Period

The appointment also may be terminated before the expiration of the specific appointment period under any of the conditions listed below:

1. Misconduct related to the graduate assistantship, including taking too many units or undertaking extra work without prior permission

2. Failure to maintain a minimum grade point average (GPA) of 3.0
3. Failure to maintain full-time status (a minimum of six degree-related credits per semester)
4. Placement on academic probation or other indication of delinquency in academic work
5. Discontinuance of the activity for which the appointment is made
6. Financial exigency
6. Inability to carry out the assignment
7. Voluntary mutual agreement
8. Failure to comply with the policies outlined in this manual

Grievances and Appeals

A GRA employed by the MHSRET Program who believes that he or she may have been treated inappropriately, sexually harassed, or inappropriately terminated before the end of the appointment period and has substantial evidence may file a grievance via the MHSRET Program Director. The individual must first attempt to resolve the grievance on an informal basis with the faculty, staff or affiliated supervisor. Should the grievance not be resolved at this level, the individual then asks the MHSRET Program Director to review the case. If a satisfactory solution still is not reached, the individual should also file a grievance with Velma Kameoka, Ph.D., Director of the SSRI. A student also has the right to request for a hearing before the Academic Grievance Committee, a body of faculty and students. The decisions of the Academic Grievance Committee are final within the University. Copies of the Academic Grievance Procedures are available for distribution from the office of the Dean of Student Services or at <http://www2.hawaii.edu/dlit/student/grievance.htm>. Review copies are available at the Graduate Division, and the office of each college's Dean of Student Academic Services.

DUTIES OF GRADUATE RESEARCH ASSISTANTS

Responsibilities

The specific duties of the GRAs support the efforts of the MHSRET Program and its faculty staff and affiliated supervisors in projects funded by grants or contracts from agencies outside of the University (i.e., AMHD). The degree of independence in such assistance varies considerably according to the need of the specific project, department, or faculty member. In some instances, the faculty member in charge of a project may function more as a colleague and advisor than a supervisor. In other situations, such as clinical supervision, a very clear supervisor-supervisee relationship may occur.

The Graduate Research Assistant's responsibilities are to:

1. Attend all scheduled student–faculty meetings. The dates of the meetings will be decided at the beginning of the semester.
2. Attend all Multidisciplinary Seminars as scheduled.

3. Adhere to all MHSRET office rules and regulations outlined in this manual.
4. Develop and formulate with a faculty supervisor the Graduate Research Assistant Contract delineating the tasks and responsibilities to be accomplished. Learning objectives should include:
 - a. Develop and write one major and one minor technical report
 - b. Write two articles for the AMHD Newsletter
 - c. Present one project at the MHSRET Student–Faculty meeting
 - d. Submit a presentation proposal to a local or national conference
 - e. Design a database, enter data into it, conduct basic database management, and/or conduct simple data analysis
 - f. Develop other professional activities
 - g. Skills acquisition
9. Complete other assignments including basic office administrative assignments, such as mail delivery, cleaning and helping with office related tasks such as photo copying and binding, given by the MHSRET Director and staff.
7. Fulfill the time requirements for the GRA position (20 - 24 hours per week).
8. Submit timesheets on the 1st and 15th of every month to the faculty advisor documenting contact hours. If the 1st or 15th falls on a weekend or holiday, submit your timesheets to your supervisor on the last working day prior to that date.
9. Meet with your faculty advisor to review assigned projects and go over progress of the projects once a week or as often as deemed necessary.
10. Initiate a meeting with your faculty supervisor in an evaluation session to be conducted at the end of each semesters of work (Fall, Spring, and Summer, if appropriate).
11. Communicate with the faculty supervisor concerns and issues related to difficulties or problems experienced as Graduate Research Assistant.
12. Interact with stakeholder groups as further described in this manual. Students are required to attend approximately 12 meetings of various stakeholders (listed on page 22) annually.
13. Provide support and help in planning and participating in AMHD’s Annual EBP Conference. Next year’s conference falls on April 3-5, 2007 at the Hawai’i Convention Center.

Graduate Research Assistants – Faculty/Staff Meetings

Graduate research assistants are required to attend, co-facilitate, and take minutes at bi-monthly meetings with the MHSRET faculty and staff. In the beginning of the semester, faculty and students will decide a date and time for bimonthly meetings. Students are also expected to take minutes at other project related meetings when asked.

UH Multidisciplinary Seminars

All GRAs are required to attend Multidisciplinary Seminars in Public Mental Health that are held during the academic year. The seminars are sponsored by the MHSRET Program and other participants of the HICEBP and

feature presentations in mental health from faculty in psychology, social work, nursing, and psychiatry. At the beginning of each semester, faculty will alert students to the dates, times, and locations of classes. In general, all students must attend all class meetings over the complete academic year during their first year of GRA appointment. Exceptions to this may be made through discussions with your supervisor and concurrence of the MHSRET Director. The time attending the seminars counts toward student's on-duty status hours.

AMHD Annual Best Practices Conference

All GRAs are required to participate and assist with the AMHD Annual Best Practices Conference (see Appendix 12). GRAs are assigned to a conference subcommittee (e.g., Hospitality, Volunteer). Mandatory duties include but are not limited to photocopying, constructing signs, binding handouts, and making name badges. While at the conference, GRAs introduce speakers, serve as workshop monitors, and assist with the registration process. GRAs attend the conference presentations at no charge. Next year's conference falls on April 3-5, 2007 and will be held at the Hawai'i Convention Center.

Attendance at Stakeholder Group Meetings

It is important to recognize the importance of the wider mental health community when specializing in the study of SPMI. To a large extent, people with SPMI are served by the public mental health system of service delivery (i.e., systems of care funded in large part by taxpayer dollars). As such, the public mental health system operates significantly different from private health care organizations and is required to be responsive to a number of external share holders. These diverse groups range from large bodies such as legislators and representatives from the State and Federal Government to providers, and to grass-roots family, consumer and mental health advocacy groups. In order for GRA's to understand the functions and roles of these groups within the public mental health system, it is required that funded students (including AMHD funded practicum students) regularly attend a variety of meetings each year. In general, with planning, GRAs can expect to spend 2-4 hours per month attending such meetings. GRAs are expected to attend on an annual basis, at least:

1. One meeting of the State Council on Mental Health. The State Council typically meets from 9:30AM – 12:00PM on the second Tuesday of each month at the Queen Lili'uokalani Childrens Center, 1300 Halona St., Conference Room. For confirmation you may contact Judy Crockett at jgcrocke@amhd.health.state.hi.us
2. One meeting of the AMHD "Chief's Roundtable" which is typically held the last Monday of each month from 3:00PM – 4:30PM at various locations. For details and confirmation you may contact Randy Hack at RCHack@amhd.health.state.hi.us
3. One meeting of the O'ahu Providers Meeting. The meeting is typically held on the fourth floor of Dillingham Plaza (in the Helping Hands Hawai'i ACT Conference Room) from 1:00PM – 2:30PM on the third Thursday of each month. For confirmation contact the Linda Appel at LSSCHLAD@amhd.health.state.hi.us
4. One meeting of the Mental Health Association's Legislative Coalition which is typically held at on the third Thursday of each month at 11:30AM at the Mental Health Association located at 1124 Fort Street Mall (above the Subway Sandwich Store). For confirmation contact Ken Wilson at 521-1846 or kwilson@mentalhealthassociationinhawaii.org
5. One Meeting of a Support Group of the O'ahu Chapter of the National Alliance for the Mentally Ill (NAMI-O'ahu). These meetings are primarily for family members of individuals with a severe mental illness. Students are invited to make presentations or blend in and observe. The NAMI O'ahu support groups are predicated on the relationship between education and support. Students should make arrangements with, or register with, the facilitator, and only one or two students at a time should attend a specific support group meeting. For confirmation you can contact Marion Poirier at 591-1297 or

namioahu@verizon.net or contact the support group facilitator directly:

The Manoa Family Support Group typically meets on the second Tuesday of each month at 7:00PM and the facilitators are Mike and Margie Durant @ 949-7553

The NAMI Office (at 770 Kapiolani Blvd. #613) Alliance Support/Education Group typically meets the thirds Wednesday of each month at 11:30AM. For information contact Marion Porier at 591-1297 or namioahu@verizon.net

The NAMI Office (at 770 Kapiolani Blvd. #613) Family Support Group lead by Gladys Leong (671-6809) meets the last Friday of each month at 5:30PM.

The NAMI Office (at 770 Kapiolani Blvd. #613) Family Education Group lead by Charlotte Boyd (536-2225) meets monthly on the third Saturdays from 9:45AM – 12:00PM.

The Pearl City Family Support group meets the first Thursday of each month at 6:00PM. Call Philip Enomoto for details at 541-6943.

NAMI also sponsors a number of special events including an annual meeting to be held this year at the Pacific Club on Dec. 10 with Dr. Mee-Lee as guest speaker.

6. One meeting of USH's *Fourth Friday* Consumer Support group which is held at the Waikiki Health Center's gymnasium (277 Ohua Avenue in Waikiki) from 7:00PM – 9:00PM on the fourth Friday of each month. For confirmation you may contact Bud Bowles at director@unitedselfhelp.org or call 926-0466.
7. One meeting of the Hawai'i Psychiatric Rehabilitation Association. The meetings are held quarterly from 5:30PM – 8:30PM at the Queen's Day Treatment Center (first floor of the Kaheihemalie Building on the corner of Nuuanu and Vineyard Boulevard). Contact Steven Wong or Doris Young for confirmation of meeting dates at doyoung@queens.org.
8. One meeting of the Hawai'i Center for Evidence-Based Practices. The meetings are held every 2-3 months at the 2nd Floor MIC Conference room typically from 2:30PM – 4:30PM. For confirmation you may contact Annette Crisanti at crisanti@hawaii.edu.
9. One meeting of a professional association relevant to your field of study. These may include:

The Hawai'i Psychiatric Medical Association; contact Lydia Hemmings for confirmation information at lydiahpma@aol.com

The Hawai'i Psychological Association; contact Carol Parker for confirmation information at cparker@hawaiipsych.org

The Hawai'i Chapter of the American Psychiatric Nurses Association; contact Sherry Hester for confirmation information at Hesters001@hawaii.rr.com

The Hawai'i Chapter of the National Association for Social Workers; contact Debbie Shimizu for confirmation information at naswhi@aloha.net

The Hawai'i Counseling Association; contact Sandra Joy for confirmation information at sandrajoy1@hawaii.rr.com

Others as determined through negotiation with your supervisor.

10. One meeting of the Hawai'i Behavioral Health Coalition, a group of providers of services who meet monthly. The meetings are held on the first Friday of each month from 11:30AM – 1:00PM at the Queen's Day Treatment Center (the Kaheihemalie Building on the corner of Nu'uuanu and Vineyard Boulevard). For confirmation information, contact John Carollo, the AMHD Provider Relations Director at 586-4686 or jacaroll@amhd.health.state.hi.us
11. One meeting of a *Bridges Education* group **and** one meeting of a *Bridges Support* group. You can check the latest newsletter of United Self-Help to find the meeting times and locations of Bridges groups. To receive copies of the newsletter or confirm meeting times and locations contact Bud Bowles at director@unitedselfhelp.org or call 926-0466.
12. One visit to a Clubhouse Program. There are nine clubhouse programs statewide of which five are on O'ahu. Contact information for Clubhouse programs are located in Appendix (15). Students should call to arrange a visit to, and tour of, a clubhouse of their choice. Students should go individually rather than in pairs or groups. A visit can be typically arranged on any day of the work week and some

clubhouses are open on the weekends. Students should expect to arrive in time to attend the 8:30AM morning meeting of the clubhouse and then will be assigned a buddy and to work in a work unit at the Clubhouse. A tour of the various units of the Clubhouse will occur and you will be invited to stay for lunch. After lunch, a debriefing or further orientation will be scheduled and may include an informational presentation and/or video. The days visit will typically end around 1:00PM.

Students will need to fill out a Meeting Attendance Form (see Appendix 16) in order to document attendance at these meetings and review this with their primary supervisor at the end of each semester.

The meetings and activities listed above represent important stakeholder meetings, but there are other equally valuable stakeholder groups and meetings not specifically listed above. Students are encouraged to not only attend more than the minimum required meetings from those above but to seek out other opportunities to interact with system stakeholders. These activities represent valuable learning and networking opportunities. As students develop professional acquaintances through attendance at these meetings, it would be to advantageous to follow up with these introductions and ask to visit provider programs in order to get a better sense of the service delivery environment in Hawai'i's public mental health system.

OFFICE RELATED POLICIES

Assignment of Keys

GRAs will be assigned keys to the Manoa Innovation Center (MIC) Corridor entrance door and Suites 120, 128, and 133. All assigned keys are to be returned at the end of the GRA's tenure. The GRA is responsible to pay \$50 for all lost or damaged keys.

Computer Equipment Assignment and Usage

GRAs are assigned the use of computer equipment (i.e., laptop computers) and are responsible for all property used off-campus or at their primary place of work. All MHSRET Program computers/laptops are property of the UH and are maintained by the AMHD Helpdesk. Please refer to the equipment memo in Appendix 16 for more information. Upon being assigned a laptop, students will be required to fill out the MIS Property Receipt form and submit to the MHSRET Facilitator (Appendix 17, page 2).

Students may not use file-sharing software and/or put any materials onto computers unless they hold a valid license or copyright agreement for the files. When logged onto the AMHD network, system administrators are able to scan computers for illegal software. In order to maintain accurate logs of equipment and inventory, the MHSRET Program Facilitator or an office assistant will periodically conduct inventory of hardware and software installed on all computers. All computers are blocked from downloading any software on your own. If a graduate research assistant wishes to request for certain software or download a program, he or she is to consult with the MHSRET Facilitator. GRA are permitted to sign out and use other MHSRET Program equipment (i.e., LCD Projector) based on the approval of the MHSRET Program Facilitator.

Supplies

Supplies are available for both MHSRET Program staff and GRAs for WORK USE ONLY. Supplies are stored in the cabinets in the Xerox room in Suite 120. Please see the Projects Facilitator or assistant to order additional supplies. As a professional courtesy, please inform the Program's Facilitator when supplies are needed. Orders will be received in roughly three weeks. Students can also purchase necessary supplies for trainings and be reimbursed for the expense.

Parking Policy and Transportation

For students working all day, parking is available on the street. Please refrain from parking at the Manoa Marketplace. Guards will periodically walk around the premises and will tow all automobiles at the owner's expense. Students are not allowed to park in the MIC parking lot. MIC stalls are reserved for full time staff and faculty who pay monthly fees. Additionally, students are not allowed to park in MIC's guest stalls.

The UH faculty shuttle is a convenient option for students that have to commute between MIC and Campus. Faculty Housing is located right across the street from the MIC. The Faculty Shuttle runs Monday through Fridays, from 7:00AM – 6:30PM, from the Faculty Housing, to the Department of Astronomy, Business Administration Building, Varney Circle, and returns via the Maile Way Gate, Magoon Facility, and back to Faculty Housing. Each cycle takes approximately 15-20 minutes.

The shuttle picks up and unloads passengers near the entrance of faculty housing (next to residents' mailboxes). The last shuttle leaves Varney Circle at 6:15PM. For more information, please see the Parking and Transportation Office's website at <http://www.hawaii.edu/parking/dayshuttle.html>.

Mail Runs

All GRAs are required to perform mail runs to both the UH and to the DOH's Building (i.e., Kinau Hale, see Appendix 18). GRAs are required to use their personal vehicle and pay for parking meters at Kinau Hale. Use of the UHM parking pass is specifically designated for use to pick up and drop off mail at the MHSRET's UH office, located at 2424 Maile Way, Saunders Hall, Room 711 (see Appendix 19). The UHM parking pass is not to be used by students to attend classes. The parking pass is located above Workstation 1 in Suite 120. All GRAs are required to sign out for the pass when in use.

There are times when GRAs will be required to deliver mail to the HSH (see Appendix 20). All GRAs are required to contact either Ronnica Lee, PSR Administrator, or Alicia Oh, MIS Administrator, to gain security clearance from HSH security. Also, GRAs may need to deliver mail to the AMHD's Trotter office located on Leahi Hospital grounds (see Appendix 21 for driving directions).

Addresses (Maps and driving instructions are included in the appendices)

University of Hawai'i
Mental Health Services Research, Evaluation, and Training Program
c/o: Paula Chun
2424 Maile Way, Saunders Hall Room 711
Honolulu, Hawai'i 96822

Kinau Hale
c/o: Gayle Ogawa
1250 Punchbowl Street, Suite 256
Honolulu, Hawai'i 96813

Hawai'i State Hospital
c/o: Alicia Oh (MIS)
45-710 Kealahala Road, Building L
Kaneohe, Hawai'i 96744

Hawai'i State Hospital
c/o: Ronnica Lee (Clinical Services)
45-710 Kealahala Road, Cooke Building
Kaneohe, Hawai'i 96744
Trotter Building
c/o: Lois McCabe
3675 Kilauea Avenue
North Trotter Basement
Honolulu, Hawai'i 96816

Use of Conference Room 126

The MHSRET Program conference room is located in suite 126. The conference room can hold 8 people comfortably and up to 12 people if needed. To reserve Suite 126, please contact the MHSRET Project Facilitator by email or person with the following information. Also, GRAs may fill a request for reserving room 126 (see Appendix 22) if the MHSRET Facilitator is unavailable. Information needed to reserve room 126 includes:

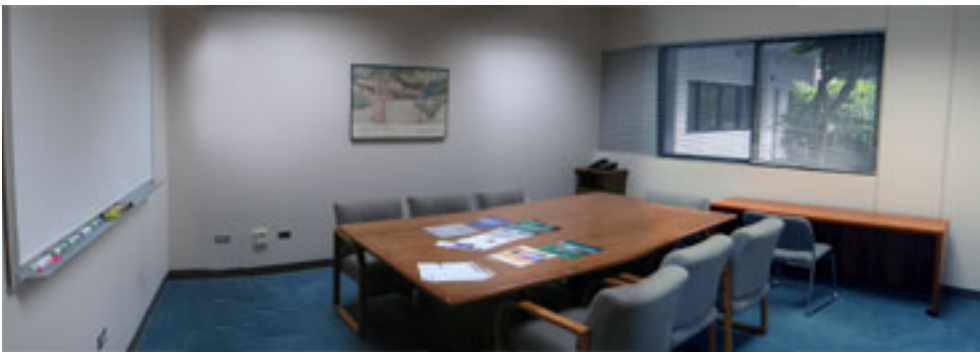
1. Name of Requestor
2. Date of meeting
3. Start and end time of meeting
4. Equipment needed? If yes, please specify.

Use of Manoa Innovation Center's Conference Rooms

The MIC has other conference rooms available. Access to these conference rooms is limited to a maximum number of hours per month. Please contact the MHSRET Program Facilitator in order to reserve a room.



Conference Room 1: This room is equipped with 6 chairs, 1 meeting table, a pull-down screen, 1 white-board (behind the pull-down screen), and a hands free phone.



Conference Room 2 (Suite 191): This conference room seats approximately 8 people, and is equipped with a white board and hands-free phone.



2nd Floor Conference Room: This conference room is equipped with 31 chairs in total, 14 that can fit around the Executive meeting table, a white board, a projector screen, and handsfree phone, 1 analog phone line for use with a conferencing phone, a mini kitchen, and a 32" Sony Trinitron TV with VCR and DVD.

UNIVERSITY OF HAWAI‘I COMPREHENSIVE POLICIES

Comprehensive Non-Discrimination Policy

The University of Hawai‘i does not discriminate on the basis of race, color, religion, creed, gender, disability, age, political orientation or sexual orientation. The policies, procedures, or practices of the University are in compliance with Title VI of the Civil Rights Act of 1964 (pertaining to race, color, religion, and national origin), Title IX of the Education Amendment of 1972 (pertaining to sex), Section 504 of the Rehabilitation Act of 1973 (pertaining to handicapped), the Age Discrimination Act of 1975 (pertaining to age), and Title I of the Americans with Disabilities Act (pertaining to disabilities) of 1990. The University also complies with the Readjustment Assistant Act of 1974 (pertaining to Vietnam Era Veterans and qualified special disabled veterans). The Pregnancy Discrimination Act of 1978 makes it illegal to discriminate because of pregnancy, childbirth or related conditions, and the Age Discrimination in Employment Act prohibits discrimination on the basis of age.

Americans with Disabilities Act of 1990 (A.D.A.)

The University of Hawai‘i is committed to fully complying with Section 504 of the Rehabilitation Act Amendments of 1973 and the American with Disabilities Act (A.D.A.) of 1990 as amended. The Persons with Disabilities Services Office ensures that individuals with disabilities have equal access and nondiscriminatory access to all benefits, privileges, opportunities and obligations provided by the University of Hawai‘i.

Sexual Harassment Policy

The University of Hawai‘i has a policy on sexual harassment which applies to the graduate assistant’s employment setting. The policy can be found at <http://www.hawaii.edu/svpa/ep/el/e1203.pdf>

APPENDICES