

# AMHD news

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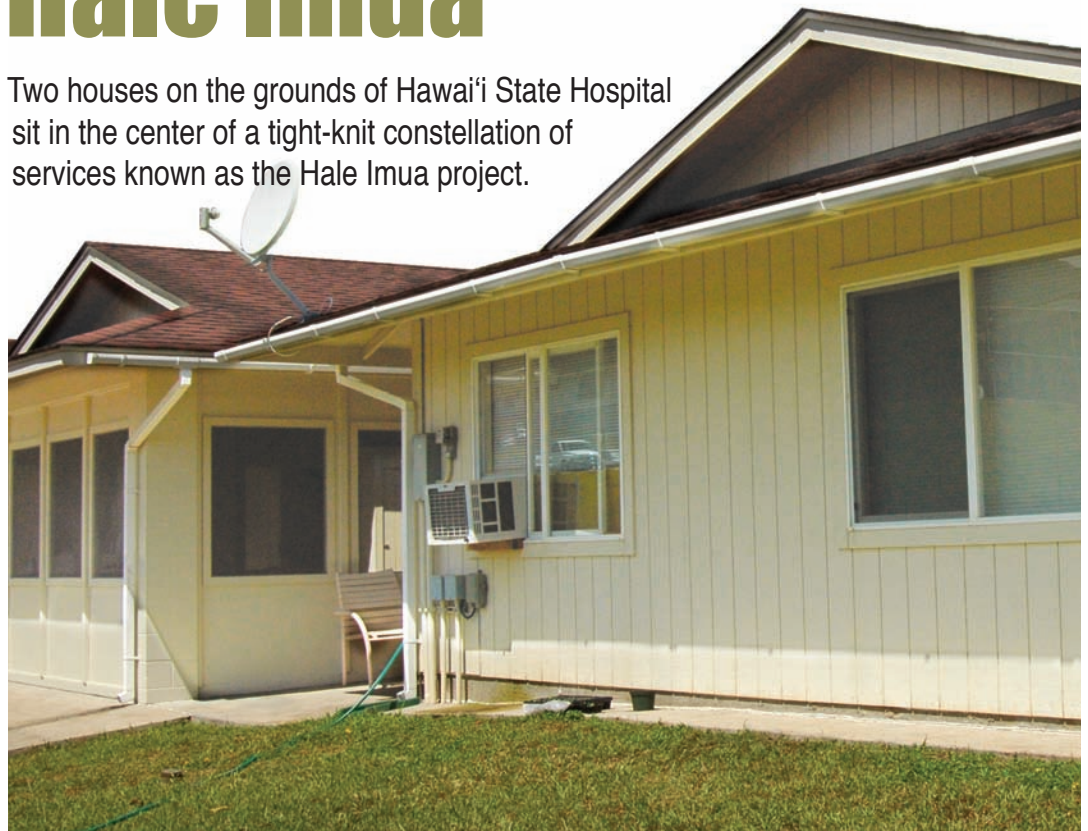
Meet Up



HAWAII STATE  
DEPARTMENT  
OF HEALTH

## Hale Imua

Two houses on the grounds of Hawai'i State Hospital sit in the center of a tight-knit constellation of services known as the Hale Imua project.



The Hale Imua administrator's building on the left is flanked by residential cottages on each side.

To anyone looking for a home, it is easy to think of these two cottages set before the Ko'olau mountains as appealing. Newly planted banana tree shoots grow at the edge of a thick lawn. Next to the cottages is a narrow garden with green seedlings sprouting from freshly turned soil. The cottages themselves are newly renovated and neatly kept. The comforts of a modern home are also visible: satellite television dishes and air conditioning units jut from the roofs and walls.

A lot of work went into making the cottages enticing, though they were not renovated with potential buyers in mind. The residents pay no mortgage, but must meet specific criteria and have a commitment to be there. They are mental health consumers discharged by Hawai'i State Hospital and Kāhi Mōhala on conditional release by the court.

### Moving forward

In January 2006, the census of consumers at Hawai'i State Hospital spiked above 195,

threatening the quality of treatment for consumers and the safety of both consumers and staff. This prompted the AMHD to act quickly on several initiatives to help reduce the census. One of these initiatives resulted in the opening of two 8-bed 24-hour supervised houses through an innovative program called Hale Imua.

In the Hawaiian language, Hale Imua means "house of moving forward." Though the name was meant to inspire its participants, it

(See "Imua," page 2)





# War and displacement: Understanding the refugee experience

*Dr. Kimo Alameda, Director of AMHD's Office of Multicultural Services*

As a case manager, you have recently been assigned to "Mrs. K" who is a 50-year-old Vietnamese woman who is seeking services for her depression and frequent nightmares of atrocities and the death of her husband. She and her two daughters fled Vietnam in 1985. During their escape, one of her daughters died. Mrs. K. spent three years in a refugee camp in Thailand before coming to Hawai'i. Mrs. K managed to support herself and her daughter all this time, but the recent departure of her daughter to college has triggered memories of the past. Mrs. K's depression has led to suicidal thoughts and disturbed memories involving her husband and deceased daughter.

As a case manager or provider, is your agency equipped to serve Mrs. K? How knowledgeable are your social workers, nurses, psychologists, and psychiatrists in treating refugees? Are there agencies or departments that you could network with regarding specialized services for refugees? What are your best next steps in working with Mrs. K?

This is a scenario that I presented at a recent training. After much discussion, it was apparent that there would be some challenges in working with Mrs. K especially if she was not fluent in English. Getting access to interpreters as well as providing non-English speaking consumers with documents (such as their recovery plan) in their primary language is difficult. In addition, there is a basic lack of understanding of the refugee experience and how refugees are different from migrants or immigrants.

First, what sets refugees apart from immigrants or migrants is the fact that refugees flee persecution, sometimes for their lives, with little or no prior planning. Although we don't see as

many refugees now as we did in the '80s and '90s, particularly from Southeast Asia, we still have a few individuals and families who are unable to return to their country because of their fear of persecution. Today, these individuals are primarily from Vietnam, Burma, and the Ukraine. These refugees are at high risk for mental health problems as a direct result of their refugee experience. The primary factors associated with this risk are the experiences of war and displacement. The witnessing of acts such as bombings and other means of mass killings creates trauma like no other. Even brief contact with war or war-like circumstances has a lasting effect on many people. Consider 9/11 and the Oklahoma City bombing for example, these are events that have impacted the lives of millions of Americans, including people who were not directly involved. In addition to the often life-threatening stresses experienced prior to leaving, refugees frequently experience recurring losses and challenges in their attempt to resettle. Displacement is the term that represents this experience.

Displacement is much like it would be for you to walk away from your home, family, friends, accomplishments, social status, career, culture, and everything familiar. The most common negative outcome of trauma and displacement is post-traumatic stress disorder (PTSD). Depression, suicidal ideation, and grief are other normal responses to the many losses associated with being displaced. Exploring and expressing feelings about the trauma or loss and the events leading to the occurrence is vital to recovery.

Consumers may need help in understanding their survival story — sequencing the events, clarifying details, and separating what is real and what is not. Guilt is another issue that is likely to

surface because it is almost universal. It should be directly addressed by helping the consumer conclude that neither the trauma nor the response is their fault. Forgiveness of self can be a powerful experience. Moreover, helping consumers understand common processes and problems associated with trauma can be helpful. Although the pain is not lessened, understanding common processes helps decrease the sense of shame and isolation. Helping consumers get basic needs met, including shelter, food, clothes, and medical care are often important first steps in treatment. Finally, consideration should be given to the spiritual component. Traditional treatments and ceremonies often have a spiritual component and may be an effective recourse for traumatized or grieving clients.

For more information regarding refugee resources check out the Office of Refugee Resettlement on the Web ([www.acf.hhs.gov/programs/orr](http://www.acf.hhs.gov/programs/orr)). O'ahu Catholic Charities (808-528-5233) and Pacific Gateway (808-845-3918) have specialized services for recent refugees. Child and Family Services (808-681-3500) has supports and services for refugees who have settled in Hawai'i. The Susannah Wesley Community Center can also be a great resource (808-440-5820). ❀

*Dr. Alameda may be contacted by emailing [ckalamed@ambd.health.state.hi.us](mailto:ckalamed@ambd.health.state.hi.us).*

# E-ARCH facilities welcome hospital consumers

On July 13, Hawai'i State Hospital discharged a mental health consumer into an expanded adult residential care home (E-ARCH) facility for the first time. The occasion was the result of months of planning and work by the AMHD to help reduce the census at the hospital.

An E-ARCH is an adult or senior residential facility licensed by the Hawai'i State Department of Health to admit individuals who require a nursing home level of care. The AMHD, through the O'ahu service area administrator's office, asked Hawai'i E-ARCH operators in January to consider taking in consumers with medical issues from HSH and Kāhi Mōhala. Since then, more E-ARCH operators have expressed interest in the project and the first HSH consumer entered an E-ARCH facility on June 1 to begin transitioning into the community.

According to O'ahu service area administrator Linda Appel, the transition time is extremely important because some of the eligible consumers have been in the hospital for up to 20 years. Consumers placed in

E-ARCH facilities are eased into their new homes by gradually spending more and more time in their new surroundings. Staff from HSH or Kāhi Mōhala follow their consumers to E-ARCH facilities to help them and the E-ARCH operators with the transition process.

Appel said that the collaboration with the Department of Health's Office of Healthcare Assurance, Hawai'i State Hospital, Kāhi Mōhala, and the care home operators paid off for those consumers who are now able to leave the hospital. "That to me is really the neat part about this whole program," she said. "[The ability to give consumers] a chance on life in the community. That's the wonderful part about it. We hope that they're all successful."

Appel said that there are more placements forthcoming and she expects several more consumers to be discharged to E-ARCH facilities in the coming weeks. ❀

## Abilities Art

From the Abilities 2006 Art Show

**"Untitled"** by Clinton Pang, recipient of the Abilities 2006 Creative Excellence Award



"Being a mental health consumer for 23 years as well as a veteran of the U.S. Armed Services, I find great joy and peace in my work as an amateur photographer. The beauty of the islands, its tropical wildlife, and the simplicity of its people make Hawai'i a natural place of healing for all including yours truly."

11" x 14" photography

## In Brief

### Soundbites

"Hale Imua's success is not about the building, it's about the team that came together."

Court evaluator Kenneth Minkoff at the final court evaluator's exit meeting last June.

### "Brainstorm"

*Orange County Register* newspaper reporter Valeria Godines wrote a five-part series on her turbulent experience with bipolar disorder. The first essay in the series, "On Dec. 5, 2004, I killed my daughter," was featured on the front page of *the Register* about what Godines imagined she did during her first psychotic episode. Godines offers a deeply personal perspective on how she has since emerged from her illness through treatment and the help of her husband and four-year-old daughter.

The series can be read online at [www.oregister.com/news/2006/brainstorm/](http://www.oregister.com/news/2006/brainstorm/).

### Voice Awards

At the Substance Abuse and Mental Health Services Administration's second annual Voice Awards on August 23, SAMHSA announced that David Hoberman, executive producer for "Monk" will receive a Career Achievement Award for his many years of mental health advocacy.

The Voice Awards honor TV and radio writers and producers who create dignified, respectful and accurate portrayals of people with mental health problems.

# CAT consumer surveys

The AMHD contracts with United Self Help to run an important project called the Consumer Assessment Team (CAT). The team contacts mental health consumers to ask about their experiences with AMHD-funded services and to update the AMHD database. The survey is used to help improve the AMHD service system, to promote consumer empowerment, and to ensure that the AMHD is adequately serving all eligible people in Hawai'i.

Consumers are involved in all phases of the CAT: project design, data collection, data input, data analysis, and report

writing. Team members are trained in program evaluation, confidentiality, privacy, and clinical interviewing.

Over the past three years, CAT members have surveyed thousands of consumers on various projects. Some of these projects include surveys about knowledge and satisfaction with crisis services, supported employment, recovery planning, and advance directives.

Currently, CAT members are going out to clubhouses to interview consumers about their experiences with vocational rehabilitation services. Members are also calling consumers to update their demographic data (such as age, gender, and ethnicity) in the AMHD database.

If you are not interested in participating in a survey, just say "No, thank you" when a CAT member calls. The surveys are completely voluntary and you can stop at any time during the call. We hope you have a positive experience with the CAT. If you have any concerns, please call Dr. Steven Wong on O'ahu at (808) 539-3960. 🌸

## Staff Aloha

KATHY CROZIER



AMHD's new performance improvement coordinator, Kathy Crozier, transferred from Hilo on the Big Island. Crozier, a registered nurse, draws from her two years of experience as an ICM case manager and from 20 years of experience in quality management.

At the Hawai'i community mental health centers, Crozier worked with consumers in Puna, Hilo, and north Hawai'i with medical co-morbidities. Although she enjoyed the contact with consumers, she said it was "time for a change" and is excited to get back to quality management.

Healthcare quality is at the heart of Crozier's core values and she believes it is to everyone's benefit to work toward that end. "I think that our employees really want to do a good job and that the people we serve deserve excellent service," Crozier said. "The performance improvement department provides the road map for connecting these two together."

RAQUEL NAKAHARA



Financial resource specialist Raquel Nakahara began her position with the AMHD in May because she wanted a change from processing Medicaid claims. For four years, she processed claims for Affiliated Computer Services and before that, had done the same for Aloha Care.

Nakahara was drawn to the AMHD because she wanted to utilize her accounting skills, but she found that the working environment is what makes her glad she made the change.

"People are very nice. I really love it here..." Nakahara said. "Here, it's much more of a local feel and nicer. It's really different."

EVE OKUMURA



Eve Okumura began her position as AMHD's new provider relations director on July 3. Though the role is new to her, Okumura is not new to the AMHD. She worked previously as communications specialist in the University of Hawai'i's Mental Health Services Research, Evaluation, and Training (MHSRET) program for five years. Because of this, Okumura already had a strong relationship with AMHD staff, providers, and consumers even before she took on her new role.

She hopes to build upon her network to help establish a good relationship between the AMHD and its providers. "We're all each other's customers," Okumura said. "I want staff, providers, and consumers to work collaboratively to establish recovery as a common goal and to provide the best mental health care possible."

Okumura can be contacted by phone at (808) 586-4688 or by email at [eeokumur@amhd.health.state.hi.us](mailto:eeokumur@amhd.health.state.hi.us).



*Dr. Thomas Hester, Adult Mental Health Division Chief*

Aloha All! It is clear that AMHD staff, providers, and volunteers have been working hard over the past several months and years. To a large extent this effort has been guided by the external demands defined and specified in the court ordered Community Plan for Mental Health Services. However, as we near the end of court oversight, we have the opportunity to begin a process of strategic planning that will outline specific priorities, goals, and initiatives to direct our actions over the next four years.

We are now able to focus on other important initiatives in line with the goals and values of the Community Plan that go further than what the plan specifies. This is especially exciting because we are on the verge of being able to truly integrate and coordinate mental health services across all areas of the state. Ways in which you can participate in this upcoming strategic planning process will be discussed further in the next few months.

The transition to internally driven program development and strategic planning also allows us to reexamine the ways in which we are motivated to meet challenges. Over the past few years, our motivation for change has largely been driven by deficiencies noted in our system by external reviewers. It is time to become a self-driven mental health system whose goal is to support the recovery of people with mental illnesses.

In education, some of the best teachers are able to facilitate learning through the principle of “catch’em being good.” When individuals are recognized for a job well-done, they gain a sense of accomplishment and are more likely to continue to work hard. I would like to point out a few “catch’em being good” examples that typify the kind of collaborative team work I am now observing throughout the AMHD system.

As most of you know, one of our primary concerns over the past few months has been the census at Hawai’i State Hospital. At one point in December 2005 the census had spiked up to 196, but I am pleased to report as I write this column, that the patient census is now at 178. This significant reduction is due to the impressive efforts put forth by AMHD staff, HSH staff, and our partners in the community.

The reduction of the hospital census is a testament to the ability of our staff and our community partners to work toward a common goal. Three collaborative and ground-breaking initiatives were key factors in this success: the Expanded-Adult Residential Care Homes (E-ARCH) program, the Queen’s Medical Center contract rollout, and the Hale Imua program.

As noted in the E-ARCH update in this newsletter, the program is well under way with a growing number of placements from HSH and Kāhi Mōhala into the community. The E-ARCH project was carried on many shoulders: the AMHD O’ahu service area administration, HSH staff, AMHD fiscal services, AMHD contracts unit, AMHD utilization management, HSH utilization management, the state licensing section of the DOH Office of Health Care Assurance, and Kāhi Mōhala. It is also important to recognize the E-ARCH care home operators for their cooperation and input into this new project. I thank all of you who are involved in this program. You truly represent a collaborative model, which I hope we can duplicate in many more future projects.

With the Queen’s contract rollout in July, we now have the Queen’s Medical Center providing acute care beds for consumers that normally would be admitted to HSH. It was no small feat by our medical director, HSH administrative and clinical staff, and key Queen’s Medical Center staff to coordinate the contract. Already, ten consumers have been placed into Queen’s beds. Those of

you who worked through this process deserve our congratulations for crafting this integral relationship among our organizations, which serves as an example of how we can work with other hospitals in the future.

Finally, I wish to acknowledge one of the more complex yet comprehensive new programs: Hale Imua. This program cannot be attributed to just one, two, or even a dozen individuals. Hale Imua is owned by the many organizations who continuously nurture its evolution. The collaboration demonstrated in the implementation of this project is remarkable. Our appreciation goes out to the community mental health center system administration, Hawai’i State Hospital, Ko’olau Clubhouse, Windward Community Mental Health Center, AMHD staff, and our community partners Kāhi Mōhala and Steadfast Housing Corporation for their hard work.

These are just a few of AMHD’s successful ongoing projects and I apologize if I failed to recognize the efforts of any staff or agencies involved. Let us continue to improve our services through positive collaborations such as these to keep up our goal to support the recovery of people with psychiatric disabilities. ❀

## MEET UP

### Chief's Roundtable

Consumers are encouraged to voice their concerns with Dr. Thomas Hester, chief of the AMHD. The next Chief's Roundtable meeting will take place on Monday, September 25 at 3 p.m. in Kinau Hale room 121, at 1250 Punchbowl Street, Honolulu.

# Updates

<b>Clubhouses</b> <b>June 2006</b>	Diamond Head Clubhouse (O'ahu)	Friendship House (Kaua'i)	Hale O Honolulu (O'ahu)	Hale 'Oluea (Hawai'i)	Hale O Lanakila (Maui)	Hui Hana Pono (O'ahu)	The Kona Paradise Club (Hawai'i)	Ko'olau Clubhouse (O'ahu)	Waipahu Aloha Clubhouse (O'ahu)	Total
Transitional (PT) Employment	1	10	5	10	0	3	3	6	20	58
Supported Employment	2	11	8	18	5	3	4	15	7	73
Independent Employment	5	12	10	10	3	2	6	5	4	57
Total Wages Earned	\$8,100	\$25,900	\$9,092	\$19,489	\$2,533	\$5,651	\$14,366	\$11,919	\$11,477	\$108,527
Average Hourly Wage Earned	\$9.68	\$8.80	\$7.76	\$9.21	\$7.66	\$10.00	\$9.85	\$8.17	\$7.06	\$8.69
Members in Supported Education	2	3	7	7	1	0	1	16	5	42
Active Members	47	70	202	125	51	89	48	159	167	958
Average Daily Attendance	18	31	46	47	26	32	10	54	73	337
Outreach Contacts	62	115	99	186	254	734	81	134	102	1,767
Evening/Weekend/Holiday Hours	12	48	40	53	12	48	9	32	25	279
New Member Referrals	2	3	3	8	1	4	4	4	9	38

## Employment

### Supported Employment Program

The Steadfast Supported Employment Program found 20 more jobs for consumers in June, for a total of 1,339 job placements and 1,568 referrals made since January 2001.

### Consumer Employment Survey

As of June 1, 2006, 1,421 consumers completed a Quality of Life Interview within the previous seven months at state-operated community mental health centers. Of the 1,326 consumers who responded to the employment questions, 295 (22%) reported being employed (84 full-time and 211 part-time).

## Request for Proposals

RFP 420-1-07: Statewide community-based case management services. This RFP replaces 420-5-06. Proposals are due on September 20, 2006.

For more information call the State Procurement Office at (808) 587-4700 or visit their Website at [www.spo.hawaii.gov](http://www.spo.hawaii.gov).

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