

AMHD news

Newsletter of the Hawai'i State Department of Health's Adult Mental Health Division

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HAWAII STATE
DEPARTMENT OF
HEALTH

Recovery:



Clubhouse member Kandy Otsuji (on left) listens as kūpuna Aunty Betty Jenkins welcomes participants to the COSIG forum.

the clubhouse way

Hawai'i clubhouses and community mental health centers gather to discuss substance abuse issues in clubhouses.

AMHD clubhouses and community mental health centers (CMHCs) gathered for a unique training forum at the St. Stephen's Diocesan Center set in the Ko'olau mountains. The groups gathered to discuss better ways to facilitate recovery for clubhouse members with substance abuse issues. The Hawai'i Clubhouse Coalition and the

Grant (COSIG) project co-sponsored the event called "Recovery — the Clubhouse Way" on August 31.

"We're making history again," CMHC system administrator Wayne Law said before the crowd of attendees. "This is the first time that I know of in the history of mental health care in Hawai'i where we have a gathering of the clubhouses and the mental

health centers together as a team discussing what can be done."

Law and other AMHD administrators attended the event with members and staff from all ten Hawai'i clubhouses. CMHC mental illness and substance abuse (MISA) coordinators, case management coordinators, and other CMHC representatives also attended the training.

(See "Circle of love," page 2)

In Brief

Truly Dually to be staged on Big Island

The premiere staging of *Truly Dually: A New Musical about Homelessness and Mental Illness* will open at the Aloha Theatre in Kealahou. Performances are at 7:30 p.m. on November 17 and 18 and at 2:30 p.m. on November 19. Tickets are \$15 for general admission and \$10 for seniors, students, and homeless and mental health consumers. To purchase tickets, call the Aloha Theatre at (808) 322-3122 or the Kona Paradise Clubhouse at (808) 327-9530. For more information, call Lisa Lynch at (808) 327-9530.

Blues festival is back

The Mental Health Association in Hawai'i's Beyond the Blues event will be held on Saturday, October 7 from 10 a.m. to 2 p.m. at Ala Moana Center Stage. The event will feature local music and free depression screenings. For more information, call (808) 521-1846.

Nonprofit leaders recognized

The Cades Foundation announced the nominees for its Nonprofit Leadership Award. The nominees are Hina Mauka, Hale 'Opio Kaua'i, the Institute for Human Services, Mental Health Kōkua, and Moloka'i Community Health Center. A prize of \$10,000 is awarded to the winner and \$1,000 is awarded to each of the four other finalists. The winner will be announced as part of a business award ceremony on November 9, 2006.

Circle of love: Centering on the consumer

(From page 1)



Aunty Betty Jenkins instructed participants on how to use kuku nuts such as these to properly introduce themselves to others.

Facilitators conveyed traditional Hawaiian values throughout their training to aid CMHC and clubhouse staff in dealing with substance abuse issues in culturally appropriate ways. COSIG staff led discussions of sample scenarios and demonstrated a tool they call Pohai Ke Aloha (or "circle of love" in the Hawaiian language). Staff can use the tool in individual or group settings to pose thoughtful questions and to map out important relationships for consumers.

Statewide clubhouse coordinator Kathleen

Merriam (formerly Kathleen Rhoads) hopes that clubhouse members with co-occurring disorders will benefit from the values and tools highlighted in the training. "This forum allows us to look at ways to keep those members with substance abuse issues in rather than looking at ways to keep them out," she said. According to Merriam, clubhouses will begin to tap the expertise of CMHCs and the Hawai'i State Alcohol and Drug Abuse Division (ADAD) when dealing with substance abuse issues. ❀

Abilities Art

From the Abilities 2006 Art Show

Fishmonger by Elizabeth Alakai



8" x 10" pencil on paper

"My psychiatrist, being a man of such composure, was so taken aback that it shook me out of my ennui. He had just asked, 'How do you feel when you are standing at your easel painting?' The answer... I actually experience moments of joy.

A nurse at Kāhi Mōhala observed me scribbling and urged me to enter the first Abilities Art Show (2003) and to my amazement a drawing was selected. The insight of the nurse who encouraged me and then being chosen to participate, gave me the courage and strength — if only for a moment — to quiet those inner voices telling me I'm not good enough. Those precious gifts allowed me to pursue a career involving art. Today at Leeward Community College, I have earned a certificate of completion in desktop publishing and intend to attain a liberal arts degree."

Perspectives on cultural competency: Empowerment

Dr. Kimo Alameda, AMHD Multicultural Services Director

One way to look at cultural competency is to consider it in relation to the concept of empowerment. Although culturally responsive practitioners don't always label their work as empowering, they have embraced empowering consumers from the very beginning.

Culturally responsive providers redefined the therapeutic and working relationship of the "helper" and the consumer in ways that give consumers a greater voice and more choice. The recovery model — with its emphasis on

consumer-driven services — also helps to solidify the perspective of consumer empowerment in mainstream public health.

In the AMHD, the term "empowerment" is used with increasing frequency. We often cite empowerment as a goal of our interventions, but yet we fail to define it in the context of our work. True empowerment refers to a comprehensive process affecting the individual in relation to others, to the community, and to society. Specifically, empowerment is a process by which marginalized people gain awareness of the power dynamics in their lives and develop the skills and capacity to make informed choices. Empowered individuals then exercise these skills without infringing on other people's rights while actively supporting the empowerment of others in the community.

Ensuring a sense of empowerment for consumers can be seen at three different levels: personal, organizational, and clinical. At a personal level, we need to reflect on why we selected the helping profession in the first place. If we chose the profession because it "feels good" to help others, then our consumers' empowerment is at risk because we might unconsciously and implicitly influence the consumer to only share the "good news" so we can justify our effectiveness and boost our own self-esteem. To prevent this type of relationship, the helper needs to find other venues to maintain their self-esteem and not make it contingent upon consumer outcomes. At an organizational level, we should strive to ensure that consumers are treated in appropriate levels of care even if it means acquiring more resources or spending more to develop infrastructure. Clinically, in addition to focusing on what distresses consumers, we should also focus on how their environment cre-

ates and maintains that distress and what might be done about it. Hence, helping consumers develop life skills is critical to empowerment.

The process of life skill development is most empowering when:

1. The provider and consumer identify the consumer's strengths and resources.
2. The provider and consumer identify skill-deficit areas relevant to the consumer's concerns.
3. The consumer and provider negotiate or otherwise arrive at a mutually agreed upon skill or set of skills.
4. The provider and consumer discuss the implications and potential consequences of acquiring these skills with respect to familial, cultural, social, and other relevant life areas.
5. The consumer plays an active role in the development of these skills and provides ongoing input, suggestions, and feedback to the provider about the process.
6. The provider approaches the skill development process as a co-learner.

Aspects of cultural competency and the recovery model are avenues toward consumer empowerment. By supporting and implementing these two initiatives, we increase the probability of fostering a sense of consumer empowerment within our agencies. ❀

Dr. Alameda may be contacted by emailing ckalamed@amhd.health.state.hi.us.

MEET UP

State Council on Mental Health

The State Council on Mental Health is responsible for reviewing and commenting on the state plan for mental health services, and includes monthly reports by AMHD and CAMHD. It meets in the mornings of the second Tuesday of every month. The next SCMHD meeting will be held on October 10, 2006 from 9:30 a.m. to 12:00 p.m. at the Queen Lili'uokalani Children's Center conference room at 1300 Halona Street, Honolulu. Call (808) 847-1302 for more information.

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, October 23 at 3 p.m. in Kīna'u Hale room 121, at 1250 Punchbowl Street, Honolulu. Call the Office of Consumer Affairs at (808) 586-4691 for more information.

Hawai'i awarded SAMHSA grant

The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded \$14.2 million to Hawai'i through the Mental Health Transformation State Incentive Grant. The grant will be awarded over a five-year period to transform the state's mental health system to meet consumers' and family members' needs.

"This grant is going to transform how we help people with mental illness and how we help their families and how we help society to deal with this issue..." said Governor Linda Lingle. "Mental illness doesn't just affect the person with the disease, it affects their families and their friends."



From left: Members of the grant-writing team (Tina Donkervoet, CAMHD chief; Dr. Mike Wylie, MHSRET program project director; Mary Brogan, CAMHD performance manager; Dr. John Steffen, UH professor; and Heather Jablonski, MHSRET program technical assistance group coordinator) join Governor Linda Lingle; Dr. Thomas Hester, AMHD chief; Dr. Chiyome Fukino, director of health; and Michelle Hill, deputy director for behavioral health.

The grant creates a cabinet-level Mental Health Transformation Working Group convened by the governor. The group will develop a statewide comprehensive mental health plan and work to implement and evaluate it in the following years. The plan will follow the vision and goals set forth by the President's New Freedom Commission report by creating a coordinated system of services and supports to foster consumer independence and participation in the community.

Hawai'i is one of two states to receive a Mental Health Transformation State Incentive Grant this year, bringing the total number of states awarded to nine. The grants, administered by SAMHSA's Center for Mental Health Services, will serve as platforms for learning about what strategies and activities do and do not work in transforming the states' mental health and related systems. In partnerships with these states, SAMHSA will communicate successful strategies and activities to other states, territories, and tribes and tribal organizations in order to improve and accelerate transformation across the nation.

This I believe

Eve Okumura, AMHD Provider Relations Director

Every week, National Public Radio's Morning Edition airs a segment called "This I Believe." While thinking about what to share in this first article as provider relations director, that program came to mind. Here is what I believe:

I believe in the AMHD mission that "We provide a comprehensive, integrated mental health system supporting the recovery of adults with severe mental illness."

I believe in the AMHD vision that "Everyone has access to effective treatment and supports essential for living, working, learning, and participating fully in the community."

I believe in the AMHD core values:

- Commitment — We value and are dedicated to providing the public's mental health services.
- Integrity — We expect honesty, professionalism, and ethics in our work environment.
- Collaboration — We value teamwork and endeavor to build partnerships, consumer and community participation to attain our goals.
- Diversity — We celebrate diversity and treat all people with fairness, respect, and compassion.
- Excellence — We strive to ensure high quality and effective use of our resources.
- Wisdom — We learn from each other and acknowledge that there are many ways of knowing.
- Innovation — We seek to explore new and creative ideas.
- Accountability — We are committed to personal responsibility for our actions and for achieving our planned outcomes.

I believe that these words are powerful if we use them as the template by which we measure our actions. This means that every document, policy, procedure, and treatment needs to ensure that it is in alignment with our mission, vision, and core beliefs.

I believe in a spirit of continuous improvement, that if we work with these shared values, then we can be of service to our consumer partners.

The service area administrators and I are looking forward to working with all of our AMHD providers. In representing you as your voice in the division, it is my responsibility to listen and convey your message accurately. In order for this to happen I need to know what suggestions, problems, and issues you have. So I welcome your calls, emails, and communications.

Contact me by calling (808) 586-4688 or (808) 630-8119, emailing eeokumur@amhd.health.state.hi.us, or writing to AMHD 1250 Punchbowl St., Room 256, Honolulu, HI 96813. ❀

Dr. Xavier Amador provides insight into anosognosia

Acclaimed author and psychologist, Dr. Xavier Amador, visited Hawai'i in August to present his latest book *I am Not Sick, I Don't Need Help!*, which highlights the challenges caused by a link between a neurological syndrome called anosognosia and serious mental illnesses.



Dr. Xavier Amador's book is now in its second printing with a new preface and updates on research since the book was first published in 2001.

According to Amador, recent studies report that about one-half of people with serious mental illnesses do not believe they are ill and thus refuse to take prescribed medication. As a result, their prognosis deteriorates and they are often perceived as stubborn by family members who become frustrated with their loved ones' unwillingness to participate in treatment.

Amador experienced the years of confrontation and division this can cause within a family firsthand. His older brother, Henry,

was diagnosed with a serious mental illness over 25 years ago. Although medication dramatically helped reduce signs of his symptoms, Henry did not stay on his medication because he believed he was not ill. Amador spoke about the years of arguments with Henry over his "denial" and the painful rift it created in their previously close relationship.

This led Amador to research the reasons behind Henry and other consumers' apparent inability to recognize their own illness. What Amador found was anosognosia. The condition, as Amador describes it, causes a severe and persistent lack of insight into one's own illness and is a symptom of the illness itself rather than just a coping strategy.

Research suggests that this poor insight is neurologically based due to dysfunction in the frontal lobe of the brain, an area that is also affected by serious mental illnesses. According to Amador, this means that people with anosognosia, who were traditionally seen as being in denial, are simply unable to acknowledge their illness. As a result, Amador says that attempting to persuade a consumer with anosognosia that they have a mental illness is pointless and — as in the case with his brother Henry — only creates strife.

The solution, according to Amador, is to stop arguing with the consumer and to start listening. "One of the top predictors of consumers who go on medication and stay on it," he said, "is whether they have a relationship with someone whom they feel respects their point of view."

To do this, Amador suggests a technique he helped develop called the Listen-Empathize-Agree-Partner (LEAP) method. LEAP is a motivational technique geared toward engaging people in treatment and, according to Amador, is used by many therapists and family members with great success. The basis of the technique employs reflective listening to help people find their own reasons to accept treatment. Reflective listening involves carefully listening to a consumer's point of view and then summarizing what was said back to the consumer in your own words. The LEAP method is described in greater detail in *I am Not Sick I Don't Need Help!*

Amador employed these techniques with his brother and although Henry still does not believe he is ill, he does go to treatment on a regular basis. They have also mended their fences and now enjoy a close relationship with one another.

The National Alliance on Mental Illness of O'ahu, the Mental Health Association in Hawai'i, and the AMHD hosted Amador's talks in August at the Queen's Hospital auditorium on O'ahu and at the Cameron Center on Maui. ❀

Staff Aloha

KAU'I MARTINEZ



In August, Kau'i Martinez joined the AMHD as the case management and support services specialist. This is a new position created to provide guidance to purchase of service providers in fulfilling their AMHD contract requirements.

Martinez comes from the homeless programs branch of the Housing and Community Development Corporation of Hawai'i where she spent 13 years as the homeless programs specialist. She is in the process of learning the AMHD system and developing new tools to ensure that consumers are receiving the highest quality of service.

"I like learning new things and seeing how I can apply it everyday," she said, "but what really motivates me is knowing that the work we do helps and affects our consumers directly."

AMHD

Mission:

We provide a comprehensive, integrated mental health system supporting the recovery of adults with severe mental illness.

Vision:

Everyone has access to effective treatment and supports essential for living, working, learning and participating fully in the community.

Hawai'i State Hospital's new administrator



HSH administrator, Dr. Mark A. Fridovich.

In August, former deputy commissioner of the Massachusetts Department of Mental Retardation Dr. Mark A. Fridovich became Hawai'i State Hospital's new administrator.

Born in Indiana, Fridovich graduated with a master's degree and doctorate in psychology from the University of California at San Diego and a master's degree in public administration from the John F. Kennedy School of Government at Harvard University. He worked professionally for a total of 30 years in Massachusetts, 19 of which were in the state system in various areas of mental health (see box below).

In Massachusetts, Fridovich followed the news on HSH's federal court case and when the chance arose to become its administrator, he thought it was a great opportunity. He found the position appealing because of what he could bring to the hospital. According to Fridovich, his strengths lie in his ability to integrate staff across clinical, legal, and administrative domains. He looks forward to applying these skills to meet HSH's challenges, including managing the hospital census and in ensuring the continuity of care for discharged patients.

There are big differences between Massachusetts and Hawai'i, but Fridovich is devoting himself to learning about Hawai'i's unique properties. Fridovich notes that the biggest difference is the most obvious: Hawai'i State Hospital is the only state hospital with mental health services in the islands. According to him, there may be community hospitals and Kāhi Mōhala Hospital,

but in the end, the responsibility for consumers in need of hospitalization falls solely on HSH.

"We have to be prepared to accept and treat everybody safely and in compliance with federal and state law," Fridovich said. "We must do it in a way that also is respectful to everybody and promotes good treatment."

The balance Fridovich strikes between the management of a large mental health institution and providing personal and effective care to its consumers is based on his own values. According to him, he loves the experience of care giving, and he finds he can be most effective by leading a team.

Fridovich is not alone in his goals. Upon his arrival at HSH, he said he was struck by the number of exceptional staff. "We have very caring and conscientious staff," he said, "some of whom are very long term and are clearly quite committed to the work... I look forward to working with them and hopefully making a possible contribution to Hawai'i State Hospital, AMHD, and to the state. I'm happy to be here. It's a great place to be."

Past positions in Massachusetts:

- Clinical director of Corrigan Community Mental Health Center
- Director of clinical and inpatient services
- Administrator for the Massachusetts treatment Center for Sexually Dangerous Persons
- Director of inpatient services and forensic field manager for Central Massachusetts
- Director of the Office of Internal Affairs
- Acting assistant commissioner for the Division of Forensic Mental Health
- Area director—northeast area



Dr. Thomas Hester, Adult Mental Health Division Chief

Aloha All!

On August 23, 2006, I had the opportunity to speak at NAMI O'ahu's 2006 Hawai'i Health Care Summit. This forum was created for people interested in advocacy for health care in Hawai'i. The following is a summary of my remarks with some additional data included to support my points.

Hawai'i's mental health advocates, including consumers, family members, providers, and interested community members, have worked together to produce significant improvements. The progress in mental health parity and advanced mental health directives are two recent examples.

Today, we have an unprecedented opportunity to build on these successes and help shape the future of Hawai'i's public mental health system because we are now in the most important transition period for Hawai'i's mental health services in recent history: The transition from over 15 years of federal court oversight of Hawai'i's public mental health services under the Felix Consent Decree and the United States Department of Justice CRIPA Settlement Agreement to a self-directed system of enduring excellence.

I do not mean to undervalue the significant gains that have been made in Hawai'i's mental health services during the era of federal oversight. It is gratifying that Hawai'i has risen from a national ranking of 51st out of 51 states and the District of Columbia to 11th.

Some of the improvements in the AMHD that have occurred over the past four years include:

- A visible and meaningful commitment to the principles of recovery, evidenced based practices, and cultural competence.

Expansion of Core Services

Service	2002	2006
Housing	579 beds	2,107 beds
Case Management ICM TCM (CMHC)	540 consumers 3,739 consumers	2,559 consumers 2,883 consumers
Treatment ACT In-Patient Specialized Residential	300 slots 168 beds 43 beds	781 slots 208 beds 125 beds
PSR Clubhouse	6 clubhouses (3 ICCD certified) 662 active members	10 clubhouses (8 ICCD certified) 881 active members
Crisis Services CMO	197 episodes	611 episodes

- Establishment of county-based planning and oversight.
- A state hospital that respects patients and staff, provides active treatment and rehabilitation, and is JCAHO accredited.
- Improved access to community services with the 24-hour-a-day ACCESS Center, which handles over 130,000 calls annually.
- Access to standardized eligibility assessments that are completed at a rate of 2,551 a year.
- Increase in the number of people served from 4,445 a year to 12,000 a year.
- Expansion of core services (see selected examples in table).
- Introduction of a new class of mental health professionals with over 80 certified peer specialists.

In spite of all these achievements, much remains to be done. Our collective advocacy is needed to:

- Continue and strengthen efforts to eliminate discrimination against mental illness.
- Focus efforts to prevent suicide.
- Ensure that persons with mental illnesses have quality medical and dental care.
- Effectively meet the needs of special populations including:
 - Youth with mental illness in transition to adulthood.

- Persons with mental illness and developmental disabilities.
- Medically infirm and cognitively impaired persons with mental illness.
- Persons with mental illness who are involved with the criminal justice system.
- Support strategic mental health initiatives including:

- Supported employment: Adults with mental illnesses should be enabled to work by supports needed to gain and maintain competitive employment.
- Housing first policy: Houseless persons with mental illnesses should be able to get housing without undue bureaucratic barriers like written consents and commitment to sobriety.
- Federal fund maximization: The state financial burden for funding mental health services should be lessened through programs like the Medicaid Rehabilitation Option and federal grants.
- Future Workforce Development: Hawai'i's social work, nursing, psychiatry, and psychology students should be prepared to work in the public mental health system through community-based clinical rotations and course work that is strong in recovery model, evidence-based practices, and cultural competence.
- Pacific mental health network: Hawai'i should provide leadership and gain expertise through an organized relationship with the nine

Pacific U.S. territories and jurisdictions.

We are presented with three major opportunities for collaborative advocacy in the next few months:

- First, SCR 117, S.D. 1, H.D. 1 calls for the Governor to convene a task force composed of government agencies and other stakeholders to evaluate and recommend possible procedural, statutory, and public policy changes to minimize the census at Hawai'i State Hospital and promote community-based mental health services.
- Second, Hawai'i State Hospital needs to replace the Guensberg Building with a modern, secure psychiatric hospital facility. A campus plan has been developed that establishes the best site for a new facility where the Goddard Building now sits. Funds were appropriated during the 2005 legislative session to study how to demolish the Goddard Building. Funds are now needed to demolish Goddard and design and build the new facility.
- Third, as reported in this newsletter, Hawai'i just became the eighth state to be awarded the Mental Health Transformation Grant. This grant will provide \$14.2 million over the next five years to create, implement, and evaluate Hawai'i's first comprehensive state mental health plan. It is an unprecedented opportunity to continue the transformation of Hawai'i's public mental health system.

As I stated earlier, we are in a historic transition period for Hawai'i's public mental health system with 15 years of federal court oversight ending on November 30, 2006. We are now challenged to create a truly self-directed system of enduring excellence. Let's do it! 🌸

Updates

Clubhouses July 2006	Diamond Head Clubhouse (O'ahu)	Friendship House (Kauai)	Hale O Honolulu (O'ahu)	Hale 'Oluea (Hawaii)	Hale O Lanakila (Maui)	Hui Hana Pono (O'ahu)	The Kona Paradise Club (Hawaii)	Ko'olau Clubhouse (O'ahu)	Waipahu Aloha Clubhouse (O'ahu)	Total
Transitional (PT) Employment	1	16	5	7	0	3	3	6	20	61
Supported Employment	2	14	9	14	4	3	6	16	7	75
Independent Employment	5	10	10	13	2	2	6	4	5	57
Total Wages Earned	\$8,424	\$23,423	\$10,405	\$16,186	\$2,332	\$5,651	\$13,125	\$12,520	\$8,004	\$100,070
Average Hourly Wage Earned	\$9.58	\$8.80	\$7.90	\$13.07	\$7.98	\$10.00	\$9.84	\$8.39	\$7.25	\$9.20
Members in Supported Education	1	3	7	7	8	0	0	4	8	38
Active Members	48	67	203	132	51	90	53	163	169	976
Average Daily Attendance	17	26	48	43	24	32	15	56	75	336
Outreach Contacts	38	217	126	165	321	745	78	70	180	1,940
Evening/Weekend/Holiday Hours	12	44	36	53	10	44	15	38	14	266
New Member Referrals	8	1	8	7	1	4	2	6	7	44

Employment

Supported Employment Program

The Steadfast Supported Employment Program found 34 more jobs for consumers in July, for a total of 1,373 job placements and 1,591 referrals made since January 2001.

Consumer Employment Survey

As of July 1, 2006, 1,467 consumers completed a Quality of Life Interview within the previous seven months at state-operated community mental health centers. Of the 1,364 consumers who responded to the employment questions, 309 (22%) reported being employed (86 full-time and 223 part-time).

Request for Proposals

There are currently no new request for proposals (RFPs).

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

ACCESS: Suicide and Crisis Line



Available 24 hours a day, 7 days a week.
Call (808) 832-3100
or toll-free at:
1-800-753-6879

An accessible version of the newsletter for people who are blind or visually impaired may be obtained by calling (808) 539-3874.

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