

AMHD news

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What's Inside

2

A Letter from Paul AuCoin and Ann Andreas

Mental Health Transformation

3

Dialog on Diversity

4

Training to Make a Difference

Truly Dually on Stage

In Brief

5

Work Works!

Abilities Art

6

Staff Aloha

Chief's Column

7

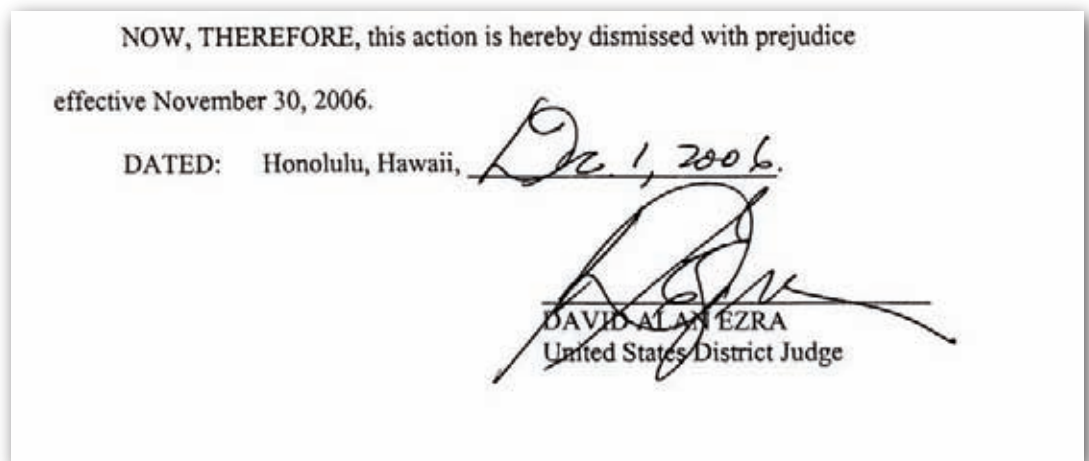
Meet Up



HAWAII STATE
DEPARTMENT OF
HEALTH

Case dismissed!

Federal court oversight of the state's mental health system ends after 15 years.



An excerpt from the order by U.S. District Judge David Ezra dismissing the federal court case against the state of Hawai'i.

On December 1, U.S. District Judge David Ezra signed an order dismissing the federal court case against the state of Hawai'i, ending 15 years of court oversight of the state's mental health system.

The lawsuit began in 1991 following a 1989 U.S. Justice Department investigation of conditions at Hawai'i State Hospital (HSH). The complaint, filed pursuant to the Civil Rights of Institutionalized Persons Act, led to a settlement agreement specifying improvements to be made at HSH. In 2001, when compliance continued to be inadequate, Judge Ezra

appointed Federal Magistrate Judge Kevin Chang as Special Master to oversee progress. Due to Judge Chang's recommendations, the court ordered the state to adopt the Plan for Community Mental Health Services in 2003 to integrate hospital and community-based services.

In December 2004, Judge Ezra dismissed most of the claims against HSH after noting the hospital's substantial compliance with court requirements.

The final claims, which involved the state's community plan, were dismissed by this latest order of the court. Because the case was dis-

missed "with prejudice" the case has ended and cannot be re-opened.

AMHD Chief Thomas Hester vows to continue to push for the improvement of Hawai'i's mental health system even without the oversight of the court. (See this issue's "Chief's Column," for a list of benchmarks and completion dates set for the AMHD in 2007.)

"It is up to us," Hester said, "to meet the challenge of continuing the improvement of Hawai'i's mental health services." ❀

To all our friends in the AMHD system of care

A letter from Special Deputy Attorney General Paul AuCoin and Deputy Attorney General Ann Andreas

Now that we've reached the end of fifteen, long, arduous years of federal oversight, Ann and I would like to take this opportunity to tell all of you how much we appreciate your hard work and commitment to the development of a truly outstanding community-based mental health system. Never has so much been asked and expected from a relatively small group of mental health professionals in such a short period of time. Never.

Ann and I are fully aware that it has been especially trying the last few years for all of you, and we are particularly proud of all of you for never forgetting the special needs of the people we serve throughout the long, and often thankless ordeal. You were not only asked to build a house, but also to take care of the people you were building it for at the same time. You need to know that Ann and I consider it an honor to have been your lawyers.

With this new absence of federal oversight comes an extraordinary opportunity to be responsible to each other, using your collective professional consciences as a guide and your collaborative spirit as a motivating force to continue to build our community-based system of care. The house we've asked you to build must now become a home.

I am sure you agree with Ann and me that everyone's efforts over the last few years have clearly enriched the lives of thousands of Hawai'i's citizens who had no one else to help them but us. And in so doing, we have all discovered that in the end, it is our own lives that were enriched as well.

Thank you for letting us be a part of this noble endeavor. Good luck and Godspeed,

Paul AuCoin and Ann Andreas

Mental health transformation: What can we expect?

Heather Jablonski, MHSRET Program Technical Assistance Group Coordinator

With the announcement of Hawai'i's receipt of the SAMHSA Mental Health Transformation State Incentive Grant in October, the state is ready to expand its vision of hope and to further improve the lives of people affected by mental illness. The transformation initiative strives to meet the goals and recommendations of the President's New Freedom Commission on Mental Health. Yet, the question remains, "What can we expect from mental health transformation?" Although this question cannot be fully answered since community input will shape Hawai'i's transformation plan, below are some answers to commonly asked questions.

What is a mental health state incentive grant (MHTSIG)?

During fiscal year 2005, SAMHSA began providing cooperative agreements for MHTSIGs to support infrastructure and service delivery improvement activities.

What is the President's New Freedom Commission?

President George W. Bush established the President's New Freedom Commission on Mental Health in April 2002 to "address the problems in the current mental health service delivery system that allow Americans to fall through the system's cracks." The Commission found that "successfully transforming the mental health service delivery system rests on two principles:

1. First, services and treatments must be consumer and family centered, geared to give consumers real and meaningful choices about treatment options and providers — not oriented to the requirements of bureaucracies.

2. Second, care must focus on increasing consumers' ability to successfully cope with life's challenges, on facilitating recovery, and on building resilience, not just on managing symptoms."

What happens next?

The grant requires states to spend the entire first year of the project conducting a thorough, statewide resource inventory and needs assessment related to all of the mental health service activities in the state. Consumers, their families and service providers will be involved throughout this process. Based on this information, the Transformation Work Group, convened by the Governor, will develop a Comprehensive State Mental Health Plan which will guide the transformation activities for the subsequent 3½ years of the grant.

What can the grant money fund?

The mental health transformation grant funding does not fund direct services, but does provide for planning and implementation of system level change. Some examples of allowable expenses include completion of the needs and resources assessment, development of the mental health plan, support for use of latest technology, expansion of consumer and family networks, and work to change policies and increase funding for services.

For more information about the mental health transformation or the final report of the President's New Freedom Commission on Mental Health, please refer to the following websites:

- www.samhsa.gov/Matrix/matrix_mh.aspx
- www.mentalhealthcommission.gov/reports/FinalReport/toc.html ❀

The process of naming: Cultural sensitivity in the use of the Hawaiian language

Dr. Kimo Alameda, AMHD Multicultural Services Director

In a recent meeting with Native Hawaiian colleagues, the topic of language sensitivity surfaced as one area where we can improve in cultural competency. It is not uncommon for the AMHD to use Hawaiian words or phrases to name projects, grant proposals, or other initiatives. However, what is the appropriate process for using Hawaiian words in such a way? When non-speakers use Hawaiian words to name an initiative, they usually translate the words in a literal manner with little consideration of the culture behind the language.

Of course, improper use of Hawaiian words or phrases are not meant to be offensive. Yet, because of the growing interest in the Hawaiian language and cul-

ture as well as the increase of proficient Hawaiian language speakers, there is a heightened awareness of what Hawaiian words really mean and how they are used. With this renaissance comes greater knowledge and sensitivity toward matters such as language misuse. Translation error is one issue, but a greater concern is the lack of awareness and understanding of the proper cultural protocol for using Hawaiian words.

Jackie Hong is AMHD's Co-Occurring Disorders State Infrastructure Grant director and member of the Native Hawaiian Partnership, a community group committed to maintaining Native Hawaiian cultural protocol and practices within substance abuse and mental health treatment services. She explains that the use of Hawaiian words — especially in a naming process — requires careful selection and needs to be in concert with someone knowledgeable in the culture and language. There is often a protocol for selecting names and titles that is inherent in the host culture. Hawaiian words often contain *kaona* or hidden meaning. The following points should be considered as part of the process when using Hawaiian words or phrases:

- 2) How are the leaders of the project ensuring that treatment services are culturally relevant and responsive?
- 3) What process was used in the naming? Was there an effort to utilize a fluent speaker who understands the subtleties and layered meaning of the language and who understands the purpose of the program? (Both aspects need to be connected.)
- 4) Was there an effort to reach out to the community and to use a respected elder or kupuna to select the name and review the elements of the program for cultural and community relevancy and appropriateness?

Without adhering to the proper protocol and understanding of the culture, using Hawaiian names inappropriately can come across as disrespectful to Native Hawaiians, especially those who speak the language. We must all place careful attention to cultural competency in order to continue to value and respect our consumers, families, staff, and communities. 🌸

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

- 1) Does the project or initiative reflect a serious consideration of Hawaiian values, practice, and traditions? Are elements of the culture incorporated appropriately into the programming? Is there a respected healer and/or community cultural practitioner connected with the program to offer consultation in the development of the program services?

AMHD Integrity

One of eight AMHD Core Values

We expect honesty, professionalism, and ethics in our work environment.

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.

Training to make a difference



From left: Paramedical assistant Kalford Keanu, psychiatric technician Josh Kalahiki, and paramedical assistant Lincoln Dela Cruz show off their door prizes from the training course. Photo by Sabina Miller, HSH nursing department.

In October, Hawai'i State Hospital (HSH) conducted a new five-day training course for 26 of its psychiatric technicians and paramedical assistants. According to Debra Wright, chief of staff development and training, psychiatric technicians and paramedical assistants have the most contact with HSH patients and thus "have a real opportunity to make a difference [for] patients' healing and recovery."

HSH staff at various levels of expertise taught participants effective therapeutic approaches in relating to patients with psychotic symptoms, cognitive deficits, and anti-social personality disorders. Wright said that feedback for the training was very positive and that the course will be an annual event.

In Brief

Sound bites

"I think this is really a great day for the Department of Health and the people of Hawai'i."

Michelle Hill, deputy health director in charge of behavior health administration, on the end of federal court oversight of the state mental health system (from the October 25, 2006, Honolulu Star Bulletin).

"We took a new approach to de-stigmatizing mental illness with this campaign. Instead of telling people why they shouldn't discriminate against people with mental illnesses we are showing them how they can be supportive of a friend with a mental health problem and the critical role that friendship plays in recovery."

Assistant Surgeon General Eric B. Broderick, acting SAMHSA deputy administrator, on SAMHSA's new public service advertising campaign launched in November. To learn more, visit www.whatadifference.samhsa.gov.

Truly Dually on stage



From left: Linda Maruyama Kunimitsu, Pam Speers, Vickie Higginson, Kimberly A. Monfore, and Roz Cohen sing "Axis I."

On November 17, a locally written musical about mental illness, healthcare, and homelessness was staged for the first time. *Truly Dually's* premier staging under the lights of the Aloha Theatre in Kealahou also gave local mental health consumers and staff the opportunity to shine.

Initially, *Truly Dually* won praise from the community when it was presented in a reader's theatre style last May. Since then, its fans and creators have worked hard to see it come alive in a fully-staged performance. Perhaps the play's biggest fan base comes from the Hawai'i's Clubhouse Coalition. Members of the Kona Paradise Club were heavily involved in the play's production from



Truly Dually made its staging premiere at the Aloha Theatre in Kona.

designing the program, to ushering, taking tickets, and acting in the play itself.

The musical is slated to run again on January 13, 2007 at the UH Hilo Performing Arts Theatre. ❀

WHAT DOES WORK DO FOR YOU?

“Working helps me out. It’s real positive for me. It keeps me going day to day.”



JAMES HUDNALL, HUGGO’S MAINTENANCE STAFF

James works at Huggo’s in Kona where he started over a year ago as a transitional employment placement through the Kona Paradise Club. He is now employed independently through Huggo’s.

“Work helps me have a change in my day — to have a little time away from home and a little time out with others.”



PAULETTE ARTHUR, MACY’S SALES ASSOCIATE

Paulette has worked at Macy’s in Kona for seven months with the help of the Kona Paradise Club’s supported employment program. She hopes to afford an apartment of her own someday.

Abilities Art From the Abilities 2006 Art Show

“Untitled” by Kirstin Nakamura



16" x 14" color pencil on paper

“I have struggled with major depression for many years. Consciously using art making to express and explore my feelings has been an essential and invaluable tool in dealing with my depression. The three pieces selected for the show were created during art therapy sessions with Judith Orodener, ATR. The images expressed come from deep within. I have found that through the creative process, integration and simplification occur. A shift happens almost magically with each drawing. Each shift adds up, leading to transformation. Art making has been an important form of expression that has assisted me greatly on my healing journey.”

The State of Hawai'i Adult Mental Health Division and the Hawai'i Consortium for Continuing Medical Education presents

SAVE THE DATE!

WORK WORKS! SUPPORTED EMPLOYMENT

The 4th Annual Best Practices Conference
www.amhd.org/best

April 3-5, 2007

Hawai'i Convention Center

Staff Aloha

NEW ACCESS LINE SCREENERS



From left: Charleen Pule, Cynthia "Aunty Cyn" Rosete, Denise Young, and Gabrielene "Aunty Gabby" Pule.

The ACCESS suicide and crisis center has a few new friendly voices answering calls day and night. Charleen Pule, Cynthia "Aunty Cyn" Rosete, Denise Young, and Gabrielene "Aunty Gabby" Pule joined the team this past summer as AMHD's new ACCESS line screeners.

Charleen Pule, Rosete, and Young are all certified peer specialists who have worked for several years at Hale Na'au Pono, the community mental health center in Wai'anae. Young worked as the peer support specialist on Hale Na'au Pono's assertive community treatment (ACT) team while Charleen Pule and Rosete worked as case managers. Gabby Pule, Charleen's mother, has 30 years of working experience in mental health services on the Wai'anae coast, of which, 15 years was as a case manager at Hale Na'au Pono.

The four women say the reason they left Hale Na'au Pono was because they saw the opportunity to help more people on a larger scale. "I wanted to reach every consumer on every island and help them with their crisis and their recovery," said Charleen Pule. "I didn't want to be limited to just Wai'anae."

Still, it was difficult leaving their former jobs. There were a lot of tears and worry for their clients in Wai'anae. In fact, the women continue to check up on their former clients from time to time to make sure everything is well with them.

It is this compassion for others that drives all of them. "We are not just screeners answering phones saying 'How may I help you?'" said Rosete. "When somebody cries, we cry. This is just the way we operate."

As one of the certified peer specialists of the group, Rosete mentions that she is grateful for those who supported her and the other peer specialists in their recovery. Young said that in taking this job, they faced stigma from outsiders and from among their own peers who doubted their ability to handle the position. "We're all strong in our recovery," Young said. "We reached a level in our recovery that is unbelievable."

The certified peer specialists of the group have seen mental health services from both sides — as consumers and as providers. The four women often share their own stories in helping people who call in crisis. Rosete: "Talk about homelessness? We've been there. Talk about drugs? We've been there. Talk about abuse? We've been there. So when we talk to people on the phone, it's not our job — it's our life. Every time somebody goes through something, we relive that. Our passion is the people."

All four women are grateful for the opportunities the ACCESS center has given to carry out their passion. "When I see people grow, that's my reward," said Gabby Pule. "Even to just have a listening ear, sometimes that's all they need. I'm so glad to have ACCESS line, because had it not been for this program, some people out there would still be going in circles."

Chief's Column

Aloha All!

In last month's column, I challenged us to work together in order to meet the following goals:

- Reduce the Hawai'i State Hospital (HSH) census
- Implement community-based forensic services
- Improve case management services



Dr. Thomas Hester,
Adult Mental Health
Division Chief

This month, I will outline some important benchmark actions that can help measure our progress in these areas through June 2007.

Hawai'i State Hospital Census

1. Admissions:

By March 31, 2007, establish functional inpatient capacity at all neighbor island HHSC psychiatric units for 72-hr holds, 404 examinations and post HSH discharge community re-integration.

2. HSH Utilization Review:

By February 28, 2007, establish critical pathways and performance indicators to ensure the timely and effective discharge processes.

3. Discharge/Community Programs:

By March 31, 2007, increase the number of consumers living in E-ARCHs after discharge from HSH/Kahi Mōhala from the current level of 6 to 10.

By April 30, 2007, increase the census of Hale Imua from the current level of 12 to 20.

Community-Based Forensic Services

1. Pre-Booking Jail Diversion:

By December 15, 2006, the Hawai'i Police Department will implement a standard operating procedure manual that will detail the role and

responsibility of police-employed Mental Health Emergency Workers to act as a consultative resource to officers in the field who encounter mentally ill consumers. The manual will specify that Mental Health Emergency Workers will contact the ACCESS line to request a CMO team be sent to the scene for further assessment when the consumer appears to be mentally ill but does not appear to meet criteria for an MH-1.

2. *Community Re-integration:*

By February 15, 2007, Department of Health (DOH)/Department of Public Safety (PSD) memorandum of understanding will be signed.

By February 28, 2007, AMHD and PSD will jointly approve policies and procedures that address the referral of incarcerated mentally ill individuals to AMHD for eligibility determination assessments, the linkage of mentally ill inmates to an AMHD community case management provider when eligible, and the role of the community-based mental health provider with the PSD treatment team while the individual is incarcerated.

By March 30, 2007, AMHD will designate the number of beds and future location of specialized housing for consumers reintegrating into the community from jail or prison.

By June 30, 2007, AMHD will complete program curriculum development, identify key performance indicators, and initiate staff training in the community reintegration program.

3. *Community Based Fitness Restoration:*

By April 1, 2007, AMHD will complete program curriculum development, identify key performance indicators, and initiate staff training in community-based fitness restoration program.

By May 31, 2007, HSH will complete renovations, repairs, and security hardening of community-based fitness restoration facility.

Case Management Services

1. *Blended Case Management (CM)*

Contracts:

By January 1, 2007, AMHD will meet with all CM providers who have been awarded contracts under the blended case management RFP to distribute the implementation plan timeline and discuss next steps.

By February 15, 2007, AMHD will conduct on-site readiness reviews of all new and existing CM providers that have been awarded a new contract.

On March 1, 2007, new blended case management contracts will become effective.

By March 31, 2007, the CM Service Director, in collaboration with MHSRET, will begin a year-long series of quarterly trainings for case managers on strengths-based recovery planning, stages of change/motivational interviewing, and clinical supervision.

2. *CMHC Case Management Ratios:*

By December 22, 2006, submit first interim report on caseload reduction.

By February 23, 2007, submit second interim report on caseload reduction.

By May 30, 2007, submit third interim report on caseload reduction.

The communication and monitoring of benchmarks like those above will help us to take some measure of progress in a visible and accountable manner. AMHD will continue to use and communicate benchmarks. However, tracking the achievement of benchmarks alone is not sufficient to determine success. Benchmarks are only important actions

that are believed to lead to improvement. They do not measure results.

Therefore, AMHD will also communicate progress on key performance indicators that help us to determine if these benchmarks are, in fact, improving the lives of the people that we serve. I look forward to sharing the status of our benchmarks and performance indicators in our AMHD newsletter and website, www.amhd.org, so that we can work together in an informed manner to continually improve our services. ❀

MEET UP

Dual Diagnosis Anonymous

Dual Diagnosis Anonymous is a support group for those with mental illness and substance abuse problems. It is open, pressure-free, safe, and confidential.

Dual Diagnosis Anonymous meets Tuesdays from 2:30 to 3:30 p.m. at the Queen's outpatient facility (1374 Nu'uuanu Ave.). Call Linda Takai at (808) 753-6400 for more information.

Depression and Bi-Polar Support Alliance (DBSA) support group

DBSA's support group meets every second and fourth Monday of the month from 6 to 7:30 p.m. at the Waikiki Health Center lobby (277 Ohua Ave.). On the first and third Monday of the month, the group meets from 6 to 7:30 p.m. at United Self-Help's King Street office (2525 South King St., Ste. 303). Call 808-947-5558 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, January 22 at 3 p.m. in Kina'u Hale room 121, at 1250 Punchbowl Street, Honolulu. Call the Office of Consumer Affairs at (808) 586-4688 for more information.

Updates

Clubhouses October 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	3	17	5	9	0	N/A	3	6	20	63
Supported Employment	3	10	10	15	5	N/A	5	16	10	74
Independent Employment	6	16	8	17	3	N/A	3	2	5	60
Total Wages Earned	\$9,380	\$24,437	\$9,523	\$16,653	\$2,145	N/A	\$8,146	\$12,006	\$10,269	\$92,559
Average Hourly Wage Earned	\$9.15	\$8.95	\$7.90	\$8.22	\$8.09	N/A	\$9.36	\$7.00	\$7.33	\$8.25
Members in Supported Education	2	2	10	12	0	N/A	1	3	17	47
Active Members	51	70	185	127	53	N/A	53	144	168	851
Average Daily Attendance	20	32	48	40	24	N/A	15	47	83	309
Outreach Contacts	63	201	148	165	322	N/A	114	381	169	1,563
Evening/Weekend/Holiday Hours	11	40	39	48	6	N/A	24	58	17	243
New Member Referrals	5	1	3	0	1	N/A	3	6	5	24

Employment

Supported Employment Program

As of October 1, 2006, 1,447 consumers completed a Quality of Life Interview within the previous seven months at state-operated community mental health centers. Of the 1,352 consumers who responded to the employment questions, 330 (24%) reported being employed (92 full-time and 238 part-time).

Consumer Employment Survey

The Steadfast Supported Employment Program found 12 more jobs for consumers in October, for a total of 1,426 job placements and 1,697 referrals made since January 2001.

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.

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Call (808) 832-3100 or toll-free at 1-800-753-6879.

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