

# 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

## Kūkulu I Nā Hūlili, bridging the gaps

Conference focuses  
on culturally competent  
services integrating Native  
Hawaiian beliefs and  
practices

On July 24, stakeholders representing state and community providers, Native Hawaiian organizations, and consumers gathered at the Ko'olau Golf Club to attend the second annual Kūkulu I Nā Hūlili. The conference drew 345 attendees to discuss culturally appropriate and effective services for Native Hawaiians and their communities.

"This is a powerful opportunity for all of us working in this area to share research and cultural best practices," said Co-Occurring State Incentive Grant manager Jackie Hong. "We can collaborate to deliver better services to high risk population groups such as Native Hawaiian consumers and their families."

The conference featured discussion panels and a keynote presentation by

*(See "Bridging the gaps" on  
page 2)*



Conference participants, including AMHD Multicultural Services Director Kimo Alameda, bow their heads during a blessing.

## Bridging the gaps

(From cover)

Dr. Kekuni Blaisdell, professor emeritus at the University of Hawai'i John A. Burns School of Medicine and advocate for Native Hawaiian health issues. As was the case at last year's Kūkulu I Nā Hūlili, kūpuna (or elders) provided cultural wisdom and discussed their roles in community treatment programs.

The Native Hawaiian Partnership, a community collaboration, sponsored and organized the conference. Primary sponsors included the Office of Hawaiian Affairs, Papa Ola Lōkahi, Kū Aloha Ola Mau, and the AMHD Co-Occurring State Incentive Grant.

This September, government and Native Hawaiian leaders — many of whom attended the conference — will also attend SAMHSA's 4th Policy Academy on Co-Occurring Substance Use and Mental Disorders for Native Populations. The Native Hawaiian Partnership, in collaboration with Papa Ola Lōkahi, was invited to Arizona to participate in this event. The policy academy will offer communities technical assistance to develop a strategic plan to improve services to indigenous groups such as Native Hawaiians. ❀

## AMHD Commitment

One of eight AMHD Core Values

We value and are dedicated to providing the public's mental health services.

### 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.

## Veterans trained as Hawai'i certified peer specialists



The latest Hawai'i certified peer specialist class took a break in training to pose for a photograph outside of the Honolulu Airport Hotel.

In August, the AMHD conducted its first Hawai'i certified peer specialist (HCPS) training in partnership with the Veterans Affairs Pacific Islands Health Care System. Thirty participants, twenty-six of whom were veterans, registered for the intense two-week training held at the Honolulu Airport Hotel.

"Maybe it was because most of them were veterans, but the class was really responsive and exuberant," said moderator Ellen Awai from AMHD's Office of Consumer Affairs. "They were so used to focusing just on the VA services, that they didn't realize that the community has a lot of mental health resources too."

Training sessions covered AMHD services such as housing, jail diversion, clubhouses, and the Access program. However, most of the training focused on aspects of recovery, such as evidenced-based practices, cultural competency, and supported employment.

"The recovery part was the most important part," said graduate Joe Zolner. "My experience with mental health has never been with recovery. It has always been just about maintenance." Zolner, who was a staff sergeant in the U.S. Air Force for nearly seven years, volunteers at the Spark M. Matsunaga VA Medical and Regional Office Center in Honolulu.

"Just learning the five stages of recovery was a real eye-opener for the participants," said moderator Sarah Eum. "Now they can see the overall picture of where they are in their recovery." Eum, herself a veteran, graduated as a Hawai'i certified peer specialist one year ago. She said that the graduates are inspired to utilize their new skills to advocate for positive change in mental health services.

As part of the certification process, Zolner and the other participants took a written and oral examination at the end of the training. Out of this latest class, 18 have graduated and are now Hawai'i certified peer specialists. The HCPS program graduated a total of 109 trainees since it first began in 2003 and now has 102 Hawai'i certified peer specialists living in the islands.

# Consumers empowered as service dog trainers

**H**awai'i State Hospital's (HSH) animal assisted therapy program developed a new initiative, Project Puppy Raise (Project P.RAISE), that moves consumers forward in their recovery while making a positive contribution to the community.

Project P.RAISE is the result of a partnership with Hawai'i Fi-Do, a local nonprofit group that trains assistance dogs to provide support for people with disabilities. Hawai'i Fi-Do provides HSH with two-month-old puppies, mostly Labradoodles (part poodle, part Labrador retriever) to train as service dogs. For five days a week, HSH consumers are taught to train the dogs service skills such as retrieving objects, opening doors, turning on lights, and opening drawers. Volunteers from Hawai'i Fi-Do then visit HSH to learn these training methods from P.RAISE consumer trainers.

Tiffany Kawaguchi, director of HSH's animal assisted therapy program, said that the Hawai'i Fi-Do volunteers treat the HSH consumers as equals and view them as skilled service dog trainers. "It gives consumers a chance to be experts in something," she said, "but also to develop a relationship with a person from outside the hospital that's really positive."

As part of the service dog training, P.RAISE consumer trainers take the dogs out into the community to socialize them and to expose them to various stimuli. The same can be said about the trainers themselves who benefit by becoming accustomed to interacting with passersby who are curious about the dogs. The trainers educate people about

the dogs and, on occasion, must deal with irate business employees unfamiliar with ADA (Americans with Disabilities Act) service animal rights. Kawaguchi said that for P.RAISE trainers, this can be a real challenge, but it gives them the opportunity to develop their interpersonal and communication skills.

Throughout the training, the fundamental guideline to communicating with the dogs is to use positive reinforcement techniques. Rather than using corrective measures (yelling or saying "no"), trainers learn to use praise to shape behav-



As part of the dog training, consumers spend prolonged periods in wheelchairs to gain an understanding of what people with physical disabilities must deal with and how their assistance dogs can help.

iors. Kawaguchi said that the consumer trainers have taken this method to heart and she notices that they treat other HSH consumers in a more positive way as well.

Out of the 20 to 25 consumers in the animal assisted therapy program, three are currently trainers in Project P.RAISE. The first canine graduates of the project are expected to graduate from the one- to two-year program in about six months. When that time comes, P.RAISE trainers will instruct people receiving the service dogs during a two-week period on how to work with their new canine assistant. ❀

## Conference focuses on suicide prevention

The Hawai'i State Department of Health is sponsoring Hawai'i's first suicide prevention conference, "Building a Safety Net – Getting Connected for Suicide Prevention," which will be held on November 15 and 16 at the Hilton Waikiki Prince Kuhio Hotel.

Director of Health Chiyome L. Fukino, said "The conference's goal is to bring together agencies, organizations, communities and individuals from across the state to increase their knowledge of suicide prevention best practices and ultimately to reduce the incidence of suicide and suicide attempts in Hawai'i."

The conference is also co-sponsored by the Suicide Prevention Task Force, the Hawai'i Suicide Prevention, Education, Awareness, and Research (SPEAR) Foundation of America, HMSA, and the Rotary Club of Metropolitan Honolulu.

Conference details and registration information is posted on the Department of Health website at [www.hawaii.gov/health](http://www.hawaii.gov/health) and the Injury Prevention website at [www.nogethurt.hawaii.gov](http://www.nogethurt.hawaii.gov). For further information, call (808) 586-5939.



sPaw is a dog grooming service run by Hawai'i State Hospital's animal assisted therapy program. Consumers assist occupational therapy staff to groom dogs from the community. The service charges \$5 for a bath and \$10 for a haircut. To schedule an evaluation for your dog and to receive more information, call Tiffany Kawaguchi at (808) 236-8472.

# Mahalo to COSIG plan contributors

**O**n August 7, Lt. Gov. James R. “Duke” Aiona thanked members of the community at the State Capitol for their individual efforts in developing the state’s strategic plan to improve Co-Occurring substance abuse and mental health services to consumers and their families.

Work committee members of the SAMHSA-funded Co-Occurring Disorders State Infrastructure Grant project task force provided their expertise to develop strategies, goals, and actions to help improve treatment and supportive services statewide. The lieutenant governor presented each individual with a certificate of acknowledgement for their commitment in developing an



Lt. Gov. James R. “Duke” Aiona expresses his mahalo to COSIG work committee members at the State Capitol.

improved system of care for their communities.

The final COSIG plan will be distributed in September and October. Both the Alcohol and Drug Abuse Division and the AMHD will implement the plan after a final vote from the project task force membership in August. Major portions of the plan will be posted on the AMHD website’s “Co-Occurring Corner” ([www.amhd.org/Cooccurring](http://www.amhd.org/Cooccurring)) by the end of November. ❀

## Online



### Hawai'i veterans with PTSD

In August, Hawai'i Public Radio's Wayne Yoshioka reported two stories on PTSD treatment for Hawai'i's veterans: “PTSD Treatment Program at Tripler Army Medical Center” and “Returning Troops Experience PTSD.” The stories can be listened to on the HPR website at [hawaiipublicradio.org](http://hawaiipublicradio.org). Direct links to the stories can also be found at [www.mhsret.org/amhdnews/](http://www.mhsret.org/amhdnews/).

### Hearts & Minds

People living with severe psychiatric conditions may have an increased risk of heart disease and related conditions. For this reason NAMI has designed the Hearts & Minds program, a 13-minute, inspirational video and a 26-page booklet. The program aims to raise awareness and provide information on diabetes, diet, exercise, and quitting smoking. Visit [www.nami.org/template.cfm?section=Hearts\\_and\\_Minds](http://www.nami.org/template.cfm?section=Hearts_and_Minds).

## Staff Aloha

### Welcome



**Dr. Christine Walton**

The AMHD recently created a new position to serve consumers who are diagnosed both with a mental illness (MI) and a developmental disability (DD). Dr. Christine Walton stepped into the new joint MI/DD service director position in July to coordinate efforts between the AMHD and the Development Disabilities Division (DDD) to bridge system barriers and service gaps for this population.

“I strongly believe that you can change the system one client at a time,” said Walton, “but I also believe that there has to be system-wide changes to make a difference at a macro level.”

Walton foresees a lot of her time spent in identifying systems issues between the AMHD and the DDD. From differing eligibility criteria, to separate funding authorities, to individual provider agencies, Walton sees many bridges that need to be built between the divisions.

No stranger to the state system, Walton worked for the DDD as a behavioral specialist and for Hawai'i State Hospital as a behavioral consult team coordinator and developmental disabilities coordinator. In all, she has 15 years of experience working with people who have developmental dis-

abilities and 3 years with people with serious mental illnesses.

In talking with staff in the AMHD and DDD, Walton understands that there needs to be a stronger relationship between the divisions and so she encourages everyone to work together with the needs of the clients in mind. She wants staff to be creative with available resources to serve the unique needs of this population. If staff have input or suggestions, she urges them to contact her.

“I’m trying to be objective to what best serves the population,” Walton said, “and for me to get that is to find out information from people actually working in the system.”

Walton can be e-mailed at [christine.walton@doh.hawaii.gov](mailto:christine.walton@doh.hawaii.gov).

### Forensic Mental Health Examiner Training

The 5th Annual State of Hawai'i Forensic Mental Health Examiner Training will be held on September 14 at Windward Community College. The registration deadline is August 31. Please contact Sara Batalha at [sara.batalha@doh.hawaii.gov](mailto:sara.batalha@doh.hawaii.gov) for registration information.

### Suicide Prevention Conference

The first conference on suicide prevention in Hawai'i will be held on November 15 and 16 at the Hilton Waikiki Prince Kuhio Hotel. Please call (808) 734-9138 for registration information.

### Chief's Roundtable

The next Chief's Roundtable is scheduled for Monday, September 24 from 3 to 4:30 p.m. in Kīna'u Hale room 121, at 1250 Punchbowl Street, Honolulu. Call the Office of Consumer Affairs at (808) 586-4688 for more information.

### 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 the AMHD and CAMHD. It meets in the mornings of the second Tuesday of every month. Call Judy Crockett at (808) 733-9364 for more information.

### Fourth Friday

United Self-Help hosts a free, fun, and informative get-together for consumers and their families on every fourth Friday of the month. Housing and job counselors along with a psychiatrist will be available to answer questions. There will also be free food, games, and prizes. Call (808) 947-5558 for more information.



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

Aloha All!

Since early August, Hawai'i's television networks and newspapers have been covering the issues of staff injuries and the rising census at Hawai'i State Hospital (HSH). In this month's column, I am providing the following:

- Background information about each of these problems
- A description of actions that, in most cases, have been planned and are in various stages of implementation. These actions are designed to improve HSH census management and safety for patients, visitors, and staff

### Background

There is perhaps no issue more important to all of us than patient and staff safety. Neither Director of Health Chiyome L. Fukino, nor I, nor HSH administrator Dr. Mark Fridovich can emphasize this enough. The mission of Hawai'i State Hospital is "to provide safe, integrated, evidence-based psychiatric treatment and rehabilitation to individuals suffering from mental illness and co-occurring disorders. Self directed recovery and community reintegration are the primary goals." Our ability to accomplish this mission is severely compromised when there is even a perception that the safety of patients and staff is somehow at risk. We must all remain committed to assuring that we take every step available to us to continue to maintain a safe and treatment-centered hospital.

Notwithstanding the injuries to our professional staff that were reported in the media, and the impression that these injuries have on our collective conscience, assaults resulting in serious injury are rare. Overall, for the first seven months of 2007, there have been 117 patient to staff assaults, which projects to about 200 for the year. This compares to a total of 187 in 2006. The number of patient to staff assaults that resulted in some degree of staff injury for the first seven months of 2007 is 28, which projects to approximately 48 for the year. This compares to a total of 76 in 2006. So while there appears to be an increase in the number of patient to staff assaults this year, the number of those assaults that result in staff injury may be lower.

Assaults are reported and responded to in a number of ways through the HSH quality improvement and risk management programs. The HSH safety officer reviews all security videotape footage of serious assaults and makes recommendations to the involved treatment team and clinical and administrative leadership regarding individual re-training, supervision, hospital-wide training initiatives or other actions, as needed.

In response to the serious assaults in early 2007, HSH administration took the following steps:

- Convened a "town hall" type meeting to give all staff members the opportunity to provide input on the issues related to managing the hospital safely
- Incorporated staff input into the revised training program titled "Stop Escalating Violence Early," which is currently in development
- Incorporated staff input into a nursing initiative on respectful communication
- Modified the policy on behavior management plans to provide for rapid intervention and management plans

- Considered revision to the HSH basic training course Conflict Prevention Management Resolution (CPMR) on response to behavioral emergencies, which is still under consideration
- Met with Honolulu Police Department Kāneʻohe Station officers several times to clarify and standardize reporting of assaults at HSH and follow-up procedures

As I write this column, the HSH census is 197 — last week, it reached 202. The last time the census was at this level was in 1994. In my February 2006 column, I reported on the urgent need to reduce the HSH census which had risen to 196 in December 2005. The cause of this increase was largely due to increased admissions. As a result of various actions, I was able to report in my column of August 2006 that due to the conscientious efforts of many people in our community-based system of care, and especially the hard working staff of HSH, the census at HSH was down to 178. The HSH census remained within a reasonable range until March 2007, when admissions again began to increase. Since then, HSH has averaged nearly 20 admissions per month, five above our long-standing average of 15 admissions per month.

Although data from HSH does not show a direct causal relationship between census and patient/staff injuries, a census greater than 178 creates staffing challenges, including increased overtime and use of agency personnel, not to mention the increased workload of everyone in the system, especially our staff at HSH. In addition, an increased census at HSH requires the use of “waived beds” (additional beds in areas that HSH would prefer to put to different uses) that raises issues on patient privacy, licensure, and additional staffing.

In response to the dramatic increase in the HSH census, the Department of Health, the AMHD, and HSH adminis-

tration are working together to take the following actions:

#### 1. HSH Registered Nurse

**Recruitment:** Currently, HSH has 23 direct care registered nursing (RN) vacancies. Insufficient RN direct care employees can lead to increased agency use with the risk of discontinuity, or overtime, which — if excessive — can lead to staff fatigue. The director of health has signed a request to re-establish the shortage differential, which ended in July 2007. In addition, HSH has downgraded some RPNs positions in order to recruit and support the development of early career RNs

**2. Safety Training:** It is challenging to provide a therapeutic, recovery-based environment for the large majority of HSH patients, while at the same time using appropriate means to mitigate the risk of assault and to intervene promptly in actual assaults, which involve the small number of high-risk patients. The goal is to have enough trained response teams that can rapidly and effectively intervene in high assault risk situations. HSH is convening a multi-disciplinary performance improvement team to recommend improvements in staff safety training and the development of accessible crisis response teams

#### 3. Community-Based Forensic

**Services:** Over 90 percent of the HSH admissions are from criminal courts. Clinically, this results in the admission of a diagnostically diverse group to the state’s single inpatient psychiatric facility. Forensic patients leave the hospital, for the most part, on conditional release (CR). Hawai‘i has the second highest CR population in the nation (about 400), probably because unlike most other states, Hawai‘i extends this supervision to persons charged with misdemeanors and non-violent felonies. Supportive programs, forensic monitoring, and

case management supervision are needed to help consumers succeed in the community and avoid a return to the hospital as well as to ameliorate public safety risks. Key AMHD forensic staff are now in place at the division office, HSH, and community mental health centers to support the forensic program and to continue its development. The following are programs that have been recently developed or are nearing implementation:

- Hale Imua — a 24-bed supervised housing on HSH grounds for persons released on CR opened in March 2006
- Community-based fitness restoration — a 5-bed supervised house on HSH grounds is expected to open in September 2007
- Secure Residential Facility — a 22-bed residential program in cottages adjacent to HSH is expected to open in January 2008

**4. Diversion programs:** Often, when family members, co-workers or members of the public encounter a consumer who presents challenging behavior on account of mental illness, the police are called for assistance. This route can, and often does result in arrest. In December 2006, the AMHD partnered with the Honolulu Police Department to establish a pre-booking jail diversion program. This program provides police with back-up from police psychologists for consumers in crisis. This may avoid the arrest and the subsequent entry of the consumer into the criminal justice system and possible admission to HSH. Post-booking jail diversion programs have been developed in each county. Where successful, post-booking jail diversion results in the dismissal of criminal charges in

<sup>1</sup> Patients present with severe and persistent mental illnesses (schizophrenia, bipolar disorder, major depression) and with co-occurring substance abuse or dependence, mental retardation, or developmental disability, and serious medical problems such as diabetes, cancer, heart disease, and Hepatitis C. In addition, the census includes elderly persons with dementia (a neurological disorder, but not a mental illness).

exchange for the defendant/consumer entering, or re-entering community mental health care. Additionally, contracts have been established with every community hospital with an inpatient psychiatric unit. Although initial utilization has not been great, every admission of a forensic consumer to these inpatient units results in one less admission to HSH

**5. Court-based Initiatives:** In the First Circuit Court, Judge Michael Wilson presides over Mental Health Court, a federally-funded pilot program, which currently includes approximately 30 defendants. Each participant must be fit to proceed and able to live in the community, so it is unclear what impact this relatively new program has on the HSH census. If the program receives additional funding and staffing allowing expansion of eligibility criteria, the program could have a greater impact on the HSH census. In addition, some district courts have instituted mental health calendars on certain days of each month. Having the same presiding judge each time a defendant with mental health issues appears in court builds judicial expertise. While this, itself, is a positive contribution to the improvement of public mental health services, a link between this innovation and a lower inpatient census has not been established. Finally, the AMHD has received funding to establish a court-based clinician to advise the Honolulu District and Family courts on appropriate disposition for defendants with mental illness. It is expected that this will result in fewer court ordered defendants to HSH

**6. SCR-117 Task Force:** The 2006 Legislature, in Senate Concurrent Resolution (SCR) 117 requested that Gov. Linda Lingle convene a task force to “evaluate and recommend possible procedural, statutory, and public policy changes to minimize

the census at HSH and promote community-based health services for forensic patients.” The task force was convened by the governor, and held the first of its monthly meetings in September 2006. Legislative co-chairs Sen. Rosalyn Baker and Rep. Josh Green, along with the Office of the Governor’s policy analyst Elizabeth Fletcher have guided the work of about 40 representatives from several agencies enumerated in SCR-117. The task force will present its final report including proposed legislative bills to the 2008 Legislature. Among the assignments to the task force, the following have a significant potential to improve HSH census management:

- Clarifying the time frames for persons held pursuant to Chapter 704 and setting maximum court turnaround dates
- Simplifying the “orders to treat” process where applicable
- Clarifying the revocation process for those forensic patients conditionally released by the courts into the community
- Improving forensic mental health examiner training, content, selection, oversight continuing education, management, and continuous quality improvement processes

**7. Mental Health Transformation Grant:** On July 11, 2007, the State of Hawai‘i launched the SAMHSA-funded Transformation Grant by convening day-long focus groups. Later that evening, Director Chiyome Fukino, Deputy Director Michelle Hill, Transformation Grant co-leaders Dr. Rupert Goetz and Sharlene Chun-Lum, Attorney General Mark Bennett, myself, and several others met with Chief Justice Ronald Moon and other members of the Judiciary to introduce the Transformation

Grant process and request the Judiciary’s participation. Chief Justice Moon agreed that the Judiciary will participate and designated his representative for Transformation Grant activities. This gives great hope for collaborating with the Judiciary in order to improve court based services, enhance linkage to community mental health services, and thereby, reduce unnecessary hospitalization at HSH

Even though we are faced with an increasing census crisis at HSH, I remain confident that by supporting the efforts of the Hawai‘i State Hospital, the administration and staff, and by working with our partners throughout the state, we will not only have a safer and more manageable state hospital — we will create an exemplary forensic mental health service system. ❀

## Request for Proposals/Information

This month, the AMHD plans to release a request for information (RFI) for a therapeutic living program and five requests for proposals (RFPs):

- Public Education Regarding the Stigma of Mental Illness — Statewide
- Community Based Intervention Fund — Statewide
- Consumer Resource Fund — Statewide
- Locum Tenens Psychiatrists
- Fee-for-Service Psychiatry Services — Statewide

If you have any questions relating to RFIs, RFPs, contracts or modifications, please contact a contract specialist at (808) 586-4689.

# Clubhouse Update

## Hawai'i Clubhouse Coalition

### 2007 biannual totals

Reporting period: January 2007 to June 2007

|  | Big Island |                        | Kaua'i           | Maui            | O'ahu                  |                   |                 |               |                         | Total     |
|--|------------|------------------------|------------------|-----------------|------------------------|-------------------|-----------------|---------------|-------------------------|-----------|
|  | Hale 'Olua | The Kona Paradise Club | Friendship House | Hale O Lanakila | Diamond Head Clubhouse | Ko'olau Clubhouse | Hale O Honolulu | Hui Hana Pono | Waipahu Aloha Clubhouse |           |
| <b>Active Members</b>                      | 140        | 49                     | 61               | 60              | 68                     | 131               | 156             | 76            | 190                     | 931       |
| <b>Average Daily Attendance</b>            | 33         | 14                     | 24               | 25              | 21                     | 42                | 43              | 26            | 82                      | 34        |
| <b>Evenings/Weekend/Holiday Attendance</b> | 34         | 29                     | 61               | 24              | 38                     | 37                | 91              | 58            | 113                     | 485       |
| <b>New Members</b>                         | 21         | 11                     | 5                | 10              | 12                     | 32                | 17              | 3             | 27                      | 138       |
| <b>Transitional Employment</b>             | 3          | 7                      | 20               | 0               | 8                      | 6                 | 11              | 4             | 23                      | 82        |
| <b>Supported Employment</b>                | 18         | 5                      | 11               | 7               | 4                      | 16                | 6               | 2             | 9                       | 78        |
| <b>Independent Employment</b>              | 17         | 7                      | 17               | 4               | 7                      | 5                 | 9               | 1             | 8                       | 75        |
| <b>Average Hourly Wage Earned</b>          | \$8.31     | \$9.33                 | \$8.81           | \$8.40          | \$9.00                 | \$7.54            | \$8.38          | \$7.88        | \$7.53                  | \$8.35    |
| <b>Total Monthly Wages</b>                 | \$97,617   | \$47,232               | \$149,128        | \$26,181        | \$62,323               | \$68,940          | \$53,479        | \$15,827      | \$59,870                | \$580,596 |
| <b>Members in Supported Education</b>      | 5          | 0                      | 3                | 1               | 1                      | 14                | 13              | 3             | 5                       | 45        |
| <b>Members Receiving Outreach</b>          | 92         | 71                     | 97               | 54              | 38                     | 70                | 38              | 61            | 107                     | 628       |

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## Access: Suicide and Crisis Line



If you or a family member are experiencing a mental health crisis or if you need information about accessing mental health services, we are available 24 hours a day, 7 days a week.

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