

# AMHD *news*

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

Volume VII

Issue 8

Sept./Oct. 2007

## What's Inside

2

Community-based  
Fitness Restoration

3

Graffiti Clean-up Crew

4

Transformation  
Subgroup Kickoff

Youth to Adult Transition

DOH Team of the Year  
Donates Award

5

HCPS Training in Hilo  
Forensic Examiner  
Training

6

Supported Employment

7

Prevalence of  
Depression in Hawai'i

8

NAMI Walk



HAWAII STATE  
DEPARTMENT  
OF HEALTH

## New offices promise new start



Rev. William Kaina (on right), retired pastor of Kawaiaha'o Church, led staff in the blessing and dedication of the Uluakupu offices in Pearl City.

In September, a building of the former Waimano Home in Pearl City reopened as the new home to AMHD and Mental Health Transformation State Incentive Grant (MHT SIG) offices.

Formerly a training school and hospital for developmentally disabled adults and children, Waimano Home closed its doors in 1999, and the residents were transitioned into the community.

The Department of Health took advantage of the unused space and renovated

Waimano Home's Building 4 with carpet, furniture, and communications infrastructure for new offices.

The building was blessed on August 27 and renamed Uluakupu ("to grow and develop" in the Hawaiian language).

"It's the future that matters," said Director of Health Chiyome L. Fukino, who attended the blessing. "We ask that you find it in your hearts to work together here in a positive way because that energy and that spirit needs to inhabit this building and

all of the work that you'll be doing here."

The offices of clinical operations including service directors, compliance, planning, performance improvement, and utilization management made their move in September from the North Trotter Basement of the Leahi Hospital. MHT SIG staff and grant evaluators from the Mental Health Services, Evaluation, and Training Program are also now located at Uluakupu.

To contact the new offices, call (808) 453-6599. ❀

## Online



### The Heard

The National Mental Health Awareness Campaign, which was launched as part of the 1999 White House Conference on Mental Health, has the only speaker's bureau in the country devoted to removing the stigma of mental illness. Called "The Heard," the bureau delivers presentations based on the speakers' own personal experiences with mental illness.

Visit [nostigma.org/speakers.php](http://nostigma.org/speakers.php) to read speaker biographies and to view excerpts of speeches delivered before a high school audience.

## 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.

# Legal fitness restoration takes first steps into community

The AMHD's community mental health center system implemented a new community-based fitness restoration program in September. Defendants, determined by the court to be unfit to proceed with trial and who meet certain admission criteria, can now receive fitness restoration and clinical services within the community.

Legal fitness, according to the court, requires that defendants understand the nature of the charges brought against them and possible penalties, understand how the court process works, be able to work with their lawyer, and know the roles of court personnel. When the court is not satisfied that the defendant meets all three of the above criteria, the proceedings are suspended and the defendant is ordered to receive "fitness restoration" treatment. At that point, the court can order that fitness restoration occur either at an inpatient hospital setting, or on an outpatient basis.

Because no formalized community-based fitness restoration program has previously existed, the court has been hesitant to consider outpatient placements for fitness restoration. For that reason, nearly all defendants determined to be unfit to proceed have been remanded to inpatient facilities such as Hawai'i State Hospital (HSH) or Kāhi Mōhala Behavioral Health. The AMHD is attempting to fill this gap by creating a formal fitness restoration program in the community — thereby providing the court with a viable alternative to hospitalization.

Individuals selected for the program will receive programming in a 24/7 supervised group home on state grounds near HSH. In this preliminary stage of the program, candidates are being reviewed from within the hospital population. Ideally, courts will eventually release admissible individuals directly into the community-based program rather than to HSH.

AMHD worked with several members of the Judiciary and the Department of Public Safety to develop the following criteria for the program:

- Considered to be restorable (or able to become fit) within a reasonable period of time
- Will adhere to medication with appropriate supports (when prescribed)
- Charged with misdemeanors or Class C felonies
- Have a low or moderate risk for violence that is manageable in a community setting
- Have a low risk for "absent without authorization" status
- Possesses enough independence to live in a group home setting
- Independent in daily functioning; self-sufficient in activities of daily living
- Medically stable enough to be managed in a group home setting
- Have the cognitive capacity to engage in psycho-education and cognitive behaviorally-oriented treatment

Sex offenders, those charged with Class A and Class B felonies, those who are considered "un-restorable," and those unable to live safely in the community are not eligible for the program.

HSH forensic coordinator Dr. Alex Lichten said that those with lesser offenses are more motivated to become fit in order to resolve their legal standing and to continue on with their lives in the community. "Our program development team gave careful consideration to the motivation of participants to become fit and face criminal charges," said Lichten. "If someone is facing relatively minor charges and is already living in the community and doing well, once they become fit we think most judges would be less likely to send them to jail even if they were convicted."

The Kalihi-Palama Community Mental Health Center will provide both mental health care and fitness restoration programming to participants. A treatment team from the center is responsible for monitoring the fitness level of the individuals and getting them fit for the court as soon as possible.

# Consumer clean-up crew persists against graffiti

The treatment team consists of a case manager, a psychiatrist, a clinical lead, and a registered nurse. Among other services, the team is responsible for teaching fitness restoration classes that cover the court process and procedure, plea options and bargains, how to act in the court, and the importance of working with their attorney. Participants will also receive individualized sessions geared toward their specific fitness needs. The team also provides clinically-driven programming such as medication management, illness management and self-directed recovery, and dual diagnosis support and therapy.

The treatment team's primary goal is restoration of legal fitness. "We all want to see everybody get well and, in the best of all possible worlds, symptom free," said forensic specialist Dr. Cyma Wilson, who is the team's clinical lead, "but when they have a legal encumbrance then that pretty much becomes the number one treatment focus. It becomes a question of their civil rights."

Forensic services director Dr. Neil Gowensmith said that dealing with the individual's fitness is a fundamental component of their mental health recovery. "For these people in the program, you can't have one without the other," he said. "If a person can be in the community, be safe, and be allowed to have more freedom while meeting court requirements, we'll help them do that in a way that is consistent with their own recovery goals."

According to Gowensmith, Hawai'i is ahead of the curve as one of only three states with community-based fitness restoration programs. Gowensmith: "We have a really committed team to getting these people in the house and getting them the services that they need." He commends the cooperation by the participating agencies: Kalihi-Palama Community Mental Health Center, Hawai'i State Hospital, Kāhi Mōhala Behavioral Health, Ko'olau Clubhouse, and Steadfast Housing Development Corporation. ❁

**Graffiti is a pervasive problem in our island communities, but one small group of consumers from Hawai'i State Hospital is working hard to keep some of our parks graffiti-free. John Branco, Lincoln Hose, and Aina Kamaka make up HSH's graffiti clean-up crew. They visit several park locations every week to pick-up trash and paint over graffiti on public facilities.**

"I used to do graffiti too when I was young," said Hose, "but now I know better. Graffiti gives a bad impression to the community."

**The program started about three years ago as part of an initiative to offer consumers an opportunity to perform a community service. The consumers are gratified through their contribution to the public while working toward their recovery and subsequent discharge from the hospital.**

And their work doesn't go unnoticed. They hear the occasional "good job" from passers-by and once, were given cookies by a neighborhood patrol in Waimānalo. One of HSH's occupational therapists who accompanies the crew on the outings, said "recognition goes a long way for them — they still talk about the cookies."



Top photo (from left): Aina Kamaka and John Branco work to repaint the restroom walls at Kāneohe District Park. Bottom photo: Lincoln Hose paints over a door covered in graffiti.

The graffiti crew's work seems to be endless with graffiti reappearing every day, sometimes just hours after they repainted a wall. The crew's persistence, however, appears to be winning out. The crew notices that the amount of reappearing graffiti seems to be waning. Still, they are fortunate to have a generous supply of paint supplied by the City and County of Honolulu and an endless desire to keep the parks clean.

"It's hard work, but we enjoy cleaning up," said crew member Branco. "We gotta show the small ones that we need to respect the community."

# Transformation subgroups take the stage

Subgroups of the Mental Health Transformation State Incentive Grant (MHT SIG) Transformation Working Group held their kick-off meeting on September 5 at the Pearl City Cultural Center. Approximately 100 stakeholders from across the islands attended the meeting to lend their

experience, knowledge, and cultural perspectives to help shape a comprehensive mental health plan for the state.

The subgroups will continue to meet on a monthly basis to develop recommendations for the Transformation Working Group. Each subgroup focused on one of seven topics:

- Promoting and Understanding Mental Health
- Consumers and Families as Drivers



Subgroup members of the MHT SIG Transformation Working Group were briefed on grant requirements and the subgroup meeting process in the Pearl City Cultural Center.

- Early Intervention
- Accelerating and Expanding Quality Services
- High Tech and Local Touch
- Workforce and Community Supports
- Evaluation

Minutes from each subgroup will be posted on the MHT SIG website when it goes online. For more information, contact [transformation@doh.hawaii.gov](mailto:transformation@doh.hawaii.gov). ❀

# Team donates award



Smoke-Free team member Dree-Ann Duarte presented an outside check to Friends treasurer Ted Talbott.

Winner of the 2007 Department of Health's Team of the Year, the Hawai'i State Hospital Smoke-Free Committee, donated the money they received as an award toward assisting HSH patients.

A \$400 check was presented to the Friends of Hawai'i State Hospital, Inc., a non-profit foundation whose mission is to benefit the patients of HSH and support the hospital's goals of rehabilitation and reintegration. In October, the Hawai'i State Hospital Smoke-Free Committee will represent the DOH in the Governor's statewide awards ceremony.

# Collaboration to ease youth to adult transition

The Adult Mental Health Division and the Child and Adolescent Mental Health Division have joined forces to develop methods and policies to support consumers transitioning from youth to adulthood.

The youth to adulthood transition team held their first meeting in September and will focus on two scopes: meeting the broad needs of youth making the transition out of CAMHD services and meeting the specific needs of those who are entering AMHD services.

Because eligibility for children and youth receiving CAMHD services is broader than for adults with serious and persistent mental illnesses in the AMHD, only a small percentage of that population is expected to qualify for AMHD services when they turn 18. This is a problem for many CAMHD consumers who rely upon government-sponsored supports that end at age 18.

The team is attempting to address this issue in part with a policy that implements AMHD eligibility screening

of CAMHD consumers when they are still 17. This gives consumers a year to prepare for the transition into the AMHD system or if they are not eligible for AMHD services, to arrange for alternative services.

The youth to adult transition team will provide training and consultation to treatment teams to help roll out the new screening process. One of the top priorities for the transition team is to create clear protocols for smooth transitions and less duplicative assessments for the consumers. Most consumers will not have to go through interviews to review their history. Assessments will be through a "paper review" whenever possible.

The team will search for funding mechanisms to support those who need to find alternative services to the AMHD. There is, however, some progress being made. CAMHD recently began a grant-funded project providing services to transitioning youth the Honolulu area.

# First HCPS training in Hilo



The latest Hawai'i certified peer specialist training was held in Hilo for the first time.

In August, the AMHD held its first Hawai'i certified peer specialist training on a neighbor island. Twenty consumers participated in the two-week course from August 27 to September 7 in Hilo.

With 10 new graduates, there are now 112 Hawai'i certified peer specialists in the islands.

Training co-moderator Ellen Awai is grateful to the State Council on Mental Health for helping to fund the training, the Hale 'Oluea clubhouse for the use of its van, and the AMHD administrative and clinical staff in Hilo for their support. ❀

# Forensic examiner training

The fifth annual Forensic Mental Health Examiner Training was held on September 14 at Windward Community College. Approximately 120 participants attended the event to learn about new forensic initiatives and to share insights into improving Hawai'i's forensic mental health system.

One of the event's featured speakers was Prof. John Petrila, former chair of the Department of Mental Health Law and Policy at the University of South



Florida, who gave two talks on competency and risk assessment issues. Later in the day, a panel of Hawai'i judges fielded questions from the audience.

Event organizers said that the day went smoothly and participants are already looking forward to next year's training. ❀

John Petrila holds up a local newspaper featuring a front page story on a murder suspect's fitness to proceed with trial.

## Come Together

### Beyond the Blues is back

Mental Health America of Hawai'i's 7th Annual Beyond the Blues festival is a public awareness event that features local blues musicians and participants from community mental health organizations. The festival will run from 10 a.m. to 2 p.m. on October 6 at Ala Moana Shopping Center's Center Stage. For more information, contact Mental Health America of Hawai'i at (808) 521-1846.

### Unmasking Mental Illness

NAMI O'ahu will hold their annual benefit fund raiser, "Unmasking Mental Illness," on October 21 from 5 to 8 p.m. at the Pacific Club. Call (808) 591-1297 for more 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, October 22 from 3 to 4:30 p.m. in Kīnau 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.

# Fidelity assessment update: Supported employment

Kim Schaper, University of Hawai'i Graduate Student in Clinical Psychology

Supported employment (SE) is an evidence-based practice devoted to helping consumers find and keep competitive employment positions in the community. The program bases its services on the philosophy that competitive employment can be obtained through rapid placement in jobs and ongoing support with minimal time spent on assessment and training.

Between September 2006 and January 2007, a fidelity assessment was conducted on the Steadfast Supported Employment Program (SEP), a program which contracts with the AMHD to provide SE services to AMHD's consumers. Fidelity refers to the degree in which a program adheres to national standards of a program model. The purpose of the fidelity assessment was to assess the fidelity level of the Steadfast SEP program and measure subjective outcomes from the consumers they served.

Fidelity scores were gathered using the Supported Employment Fidelity Scale, a 15-item scale that scores each item on a behaviorally-based 1 to 5 point scale, where "1" equals lack of representation for that standard and "5" equals full representation of that standard. A total of 75 points were possible with 66 or more points indicating full implementation of SE, 56-65 indicating fair implementation, and less than 55 indicating a non-SE program. Eligible consumers were those who had received employment services from the Steadfast SEP and mental health services from one of the CMHCs.

This assessment included interviewing employment specialists employed by the Steadfast SEP to determine fidelity scores as well as interviewing consum-

ers to gauge satisfaction with employment services from the Steadfast SEP. Although the Steadfast SEP is one corporation, the program assigns employment specialists to mental health agencies and programs. For this assessment, only community mental health centers (CMHCs) were studied. A total of six CMHCs were studied (five on O'ahu and one on Maui) for a total of six fidelity scores (however, one employment specialist was assigned to two CMHCs so only a total of five employment specialists were interviewed). These six

Team, which is composed of consumers who have been trained in aspects of research to assist on on-going projects and research studies. Study participants were given a survey that asked them to rate satisfaction with employment services from the Steadfast SEP and to rate statements regarding the influence of work on their quality of life. The quality of life domains explored include finances, living situation, and social relations. The survey used a 1-5 point scale ("1" equaling "Strongly Disagree," and "5" equaling "Strongly Agree") to rate the

**Table 1. Mean scores for consumer statements regarding employment and quality of life**

<b>"As a result of working..."</b>			
<b>I have more money to spend</b>	<b>4.1</b>	<b>I know more about my skills and limitations</b>	<b>4.1</b>
<b>I feel better about myself</b>	<b>4.3</b>	<b>I have made new friends</b>	<b>4.0</b>
<b>I do better with leisure time</b>	<b>3.9</b>	<b>My symptoms are better</b>	<b>3.7</b>
<b>My housing situation has improved</b>	<b>3.8</b>	<b>My family relations have improved</b>	<b>3.8</b>
<b>Total Mean</b>			<b>4.0</b>

(1="Strongly Disagree," 5="Strongly Agree")

scores were averaged to provide an overall score representing the Steadfast SEP. Interviews were conducted by graduate research assistants from the Mental Health Services Research, Evaluation, and Training Program.

The Steadfast SEP's overall score (58.8 out of 75) fell within the fair implementation range. This score indicates that the Steadfast SEP appears to be providing SE services partially consistent with the SE model. This is encouraging as the program has never been formally assessed and has been providing services since 2000. The Steadfast SEP achieved high scores in the services domain, specifically working to place consumers in jobs rapidly and providing follow along supports.

Seventy-two consumers agreed to participate in the study. The consumers were interviewed via telephone calls placed by the Consumer Assessment

degree of agreement with the statements presented to them. Participants generally agreed (mean=4.2) that they were satisfied with the services they received from the Steadfast SEP. They also generally agreed (mean=4.0) that working helped to improve some quality of life domains. Results involving the quality of life statements are included in Table 1.

In terms of the evidence-based practice of SE, these findings suggest the Steadfast SEP is fairly consistent with the SE model and the program is providing services that are satisfactory to consumers. These results provide a baseline for further research and continued fidelity monitoring will help ensure optimal employment services for AMHD consumers. Additionally, continued input from consumers will also help ensure the Steadfast SEP is providing the type of employment services their clients want and need. ❀

# Prevalence of depression in Hawai'i

In 2006, the Substance Abuse and Mental Health Services Administration (SAMHSA) began a partnership with the Center for Disease Control (CDC) to measure the prevalence of anxiety and depression in the general adult population. SAMHSA provided small supplemental grants for the coordination and analysis of the data to about 35 states, including Hawai'i. Thanks to this SAMHSA initiative, the Mental Health Services Research, Evaluation, and Training (MHSRET) Program and the Hawai'i Behavioral Risk Factor Surveillance System Program (HBRFSS) are now working collaboratively to analyze the mental health related data and disseminate the findings.

The Behavioral Risk Factor Surveillance System (BRFSS) is a national program that conducts surveys of behaviors affecting health as well as health status of the general population. The BRFSS is implemented by telephone survey of a randomly selected adult in a household. The survey traditionally includes questions on health behaviors, chronic diseases, demographics, and other emergent questions important to the state. Up until 2006, however, there

was no module specific to mental health. Recent projections indicate that by 2020 depression is expected to be the second leading cause of disability after heart disease. The measurement of depression and anxiety appears increasingly vital to the assessment of general population health. Also, the BRFSS results will support measuring the U.S. Department of Health and Human Services' Healthy People 2010 objective of improving mental health and ensuring access to appropriate, quality mental health services.

In this first report, we look at some preliminary findings on the prevalence of individuals experiencing moderate to severe symptoms of depression in the state of Hawai'i. The survey was conducted during calendar year 2006 and gathered usable data on 5,840 adults who were randomly selected throughout the state. The data were then adjusted to be representative of Hawai'i's population distribution based on factors such as county, gender, and age group.

The BRFSS module used to measure depression was the PHQ-8, an instrument that has been well validated against other instruments to measure depression in primary care patients. The PHQ-8 provides three different approaches to

the measurement of depression depending on how the questions are scored and summarized. In this report we use the single threshold index (PHQ-8 score of 10 and greater), which is the most commonly used threshold for reporting depression in the general population. Significant depression usually requires at least a treatment plan, possible counseling and/or pharmacotherapy and expedited referral to a mental health specialist. Individuals with a PHQ-8 score of 10 or greater have been reported to be seven times more likely to have major depression than others.

Results of the HBRFSS 2006 survey based on a PHQ-8 score of 10 or greater, indicated that between 6.2% to 8.1% of the adult population in Hawai'i (60,546 to 79,100 adults) experienced at least a moderate level of depressive symptoms in 2006. Approximately one third of these individuals had depressive symptoms severe enough to qualify for a diagnosis of major depression. Persons with two or more, or recurrent, episodes of major depression are eligible to receive AMHD Continuing Services. When the survey was conducted this past year, the AMHD served 2,164 individuals with

*(Continued on next page...)*

**Table 1. Prevalence of at Least Moderate Depression Among Adults by Gender in Hawai'i**

Gender	Average Number	Estimated Prevalence in Percent	Low and High Estimated Number	Low and High Prevalence in Percent
Female	42,020	8.5%	35,594 – 48,942	7.2% – 9.9%
Male	27,485	5.7%	22,181 – 34,235	4.6% – 7.1%
State	69,335	7.1%	60,546 – 79,100	6.2% – 8.1%

**Table 2. Prevalence of at Least Moderate Depression Among Adults by Major Ethnic Groups in Hawai'i**

Major Ethnic Group in Hawaii	Average Number	Estimated Prevalence in Percent	Low and High Prevalence in Percent	Low and High Estimated Number
Hawaiian	13,068	11.4%	9,514 – 17,653	8.3% – 15.4%
Filipino	12,396	8.6%	8,936 – 17,152	6.2% – 11.9%
Chinese	1,980	4.1%	966 – 4,008	2% – 8.3%
Japanese	8,987	4.2%	6,419 – 12,624	3% – 5.9%
White	23,942	7.2%	19,619 – 28,930	5.9% – 8.7%
Others	8,977	7.3%	5,902 – 13,527	4.8% – 11%
State	69,335	7.1%	60,546 – 79,100	6.2% – 8.1%

The probability that the number of adults with at least moderate symptoms of depression falls within the given range is 95%.

# Depression

(From page 7)

a primary diagnosis of recurrent major depression.

Consistent with national statistics, the preliminary findings indicate that women were more likely to be depressed than men (see Table 1). Individuals of Hawaiian descent were the most likely to experience depression while Japanese or Chinese were the least likely. Filipinos, Whites, and other ethnic groups did not differ significantly in their rates of depression (see Table 2).

Because the survey is based on a small fraction of the adult population (0.6%) in Hawai'i, other ethnic groups with smaller populations were proportionately few in number and were included in the "Others" category.

Overall, this is the first time that such a comprehensive survey of mental

health has been conducted in Hawai'i to provide a reliable estimate of the prevalence of depression in adults. These findings should help us better inform the AMHD and primary system of care about under-served mental health needs in the general population of Hawai'i. Further reports will provide additional information on the association between depression and anxiety with physical health and health compliance.

In 2007, 20 states, including Hawai'i, were funded on another BRFSS module to measure psychological distress and stigma toward mental illness. These data are being collected this calendar year and preliminary results should become available by March 2008. Stay tuned! ♣

## Hawai'i walks for NAMI



Walkers from the Ko'olau Clubhouse strolled past the State Capitol in high spirits during the NAMI Walk.

On August 4, nearly 400 people participated in the NAMI Walk to spread awareness about mental illness. The route circled around the block of the State Capitol and raised about \$44,000 for NAMI Hawai'i.

Forty-three states participated in the national event, raising a total of over \$1 million. This was the first NAMI Walk in Hawai'i, and according

to NAMI, this was the largest turnout for a first-time local event. NAMI Hawai'i President Sharon Fountain said that this was just the beginning. She expects a larger turnout for next year, which is scheduled in the first week of August. Anyone who would like to make a donation of time or money should call NAMI Hawai'i at (808) 218-1747.

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