



THE ADULT MENTAL HEALTH DIVISION

FY2007 Annual Report

and Five Year Review



HAWAII STATE
DEPARTMENT
OF HEALTH

A Message from the Chief of the AMHD

Aloha All,

It is my pleasure to introduce the Adult Mental Health Division's (AMHD) *Fiscal Year 2007 Annual Report and Five Year Review*. This report chronicles the growth and many of the improvements in the AMHD system that occurred from July 1, 2002 to June 30, 2007.

During FY2007, two major landmarks were achieved: the end of 15 years of federal court oversight on November 30, 2006 and the end of Hawai'i's mental health system ranking as the worst in the nation. On March 1, 2006, the National Alliance on Mental Illness (NAMI) released *Grading the States*, which ranked Hawai'i the 11th best in the United States.

These FY2007 landmarks were largely the result of the implementation and expansion of essential mental health services. During the past five years, AMHD core services: (a) inpatient and outpatient treatment, (b) case management and community support services, (c) psychosocial rehabilitation, and (d) community housing, and (e) crisis services grew considerably to accommodate the needs of a nearly threefold increase in persons served. This major population growth was primarily due to the development of mental health crisis services, especially, the twenty-four hours a day, seven days a week ACCESS Line.

The AMHD has also implemented specialized services for persons with co-occurring mental illness and substance abuse and those with forensic encumbrances. Concurrently, we have developed effective, working partnerships with external agencies, established new avenues of federal funding, and enhanced our evaluation of how our services improve people's lives.

To provide structure and focus for our system, the AMHD created a mission and vision, core values, and guiding principles that are presented in this report. The AMHD also developed an annual action plan and a four-year strategic plan, which are available on our website at <http://amhd.org>.

As significant as these accomplishments are, I believe the most important achievement during this period was the creation of a sustainable mental health system: (a) based on a fundamental belief that recovery is possible for everyone experiencing mental illness, (b) committed to foster recovery across Hawai'i's many cultures, and (c) dedicated to the inclusion of consumers and their families at all levels.

The inclusion of consumers was exemplified by the establishment of the AMHD Office of Consumer Affairs reporting directly to the AMHD Chief and the creation of a new class of mental health professionals: the Hawai'i Certified Peer Specialist (HCPS). Our 112 HCPSs combine the experience, strength, and hope of their recovery with professional training and skills and are essential members of many recovery teams.

I want to thank the Mental Health Services Research, Evaluation, and Training (MHSRET) Program, affiliated with the University of Hawai'i at Mānoa who produced this report.

I am very grateful for the active support of Governor Linda Lingle, the leadership, members and staff of the Legislature, Director Chiyome Leinaala Fukino, M.D., Deputy Director Michelle Hill, the AMHD staff, and our state-operated and contracted providers.

Finally, I want to thank all of our AMHD consumers and their families for their efforts and dedication to help us become a consumer-driven, recovery-based mental health system.



Mahalo nui loa,



Thomas W. Hester, M.D.
Chief, Adult Mental Health Division



This report is dedicated to Rita and all of the consumers who have gone before for their experience and strength that created the path we followed to become the system we are today.

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Introduction and Overview

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.

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 planned outcomes.

The Adult Mental Health Division (AMHD) has a mission to provide a comprehensive, integrated mental health system supporting the recovery of adults with severe mental illness.* The AMHD's vision is for adults living with mental illness to have access to treatment and supports essential for living, working, learning, and participating fully in the community. This mission and vision have guided the AMHD in providing the people of Hawai'i with one of the highest quality public mental health service systems in the nation. From 2003 to 2007, the AMHD made significant achievements in five major areas:

- Resolution of Lawsuits
- Expansion of Services
- Improvement of Services Through a Focus on Recovery
- System Integration Through Partnerships
- Diversification of Funding

RESOLUTION OF LAWSUITS

On November 30, 2006, the federal court case against the State of Hawai'i's mental health system was dismissed. Success is attributed to implementation of an array of comprehensive inpatient and community-based services grounded on a philosophy of consumer-driven and recovery-based evidence-based practices (EBPs) for treatment, psychosocial rehabilitation, and other community supports to a greater number of individuals.

EXPANSION OF SERVICES

Enhancement of the AMHD's service provision since early 2003 has dramatically increased availability and accessibility of mental health treatment and services to all of Hawai'i's communities. The number of people receiving AMHD services statewide has almost tripled from 5,216 in 2003 to 14,576 in 2007. This expansion occurred while completing court-ordered directives. During this period, costs per person served were also decreased. Areas of exponential service growth include implementation of statewide crisis services and specialized forensic programs as well as the expansion of case management services, psychosocial rehabilitation opportunities, and housing options. The goals of this service expansion have been to reduce psychiatric hospitalizations and incarceration, support community reintegration from Hawai'i State Hospital (HSH), decrease homelessness, and extend and improve service delivery to a greater number of individuals with severe mental illness.



IMPROVEMENT OF SERVICES THROUGH A FOCUS ON RECOVERY

In addition to expanding services, the AMHD has embraced a focus on recovery and improving the lives of its consumers. From top leadership meetings to day-to-day direct service interactions, decision-making is shared with people served by the system. In order to bring about the changes desired by its consumers, the AMHD has undertaken initiatives to provide more evidence-based services grounded in recovery and cultural awareness and sensitivity. Persons with severe mental illness receiving AMHD services report consistently better quality of life outcomes than do individuals who are just entering the service system.

SYSTEM INTEGRATION THROUGH PARTNERSHIPS

Collaborative relationships within the Department of Health and with other State and community agencies have been critical to extending and enhancing AMHD services. These statewide collaborations have resulted in the State receiving \$11.2 million in competitive grant funding for the transformation of the State's mental health system. The ongoing Mental Health Transformation State Incentive Grant will connect key stakeholders in developing a comprehensive mental health plan for Hawai'i to further enhance and integrate mental health service delivery. Since 1998, the Mental Health Services Research, Evaluation, and Training (MHSRET) Program — a collaboration between the AMHD and the University of Hawai'i — has contributed over \$21 million from federal and local grants to support the expansion of targeted mental health services, evidence-based practices implementation, education, workforce development, and ongoing research to further improve service delivery.

DIVERSIFICATION OF FUNDING

The AMHD continues to broaden its funding through capturing increased reimbursements and revenue from Medicaid, the Medicaid Rehab Option, Medicare, and third party insurance carriers while improving service utilization and billing systems.

** In the literature on mental health, researchers typically refer to mental illnesses serious enough for medical attention as Serious Mental Illness (SMI). Within the SMI category, those illnesses that induce more severe impairment in life functioning and require treatment for at least 12 months or longer are referred to as Severe and Persistent Mental Illness (SPMI). To qualify for continuing services by the AMHD, an individual must have received an SPMI diagnosis which includes psychiatric disabilities such as schizophrenia spectrum disorders, major depressive disorders, and bipolar mood disorders. In this report, we refer to the SPMI diagnosis as severe mental illness. For AMHD eligibility criteria, please see document #60.601 "Eligibility" at <http://www.amhd.org>.*

GUIDING PRINCIPLES

The following guiding principles apply to persons with severe mental illness who also have:

- Co-occurring medical conditions
- Substance use disorders
- Homelessness
- Mental retardation
- Involuntary civil or penal commitment status

1. Informed Self-Directed Recovery is the foundation on which all mental health services are provided.
2. All mental health services are based on the individual's needs, strengths and desires.
3. Empathic and hope instilling relationships are an essential component of all services.
4. The major goal of services is a safe and decent place to live, meaningful relationships and activities.
5. Consumers are an integral component of the service system design throughout the AMHD.
6. Everyone is mindful, respectfully inquires, and makes adjustments to behave in a culturally informed, sensitive and responsive manner.
7. Services are provided that is in the least restrictive, most integrated community settings, which are warm, welcoming, and respectful of consumers.
8. Service standards are based on professional, national standards, and evidence-based practices.
9. Significant others are involved and supported to maintain relationships that are critical for healthy community living.

FY03–FY07 at a Glance

INCREASE IN POPULATION SERVED

The AMHD’s expansion and improvement of treatment and service delivery over the past five years resulted in an annual growth rate of approximately 26% (see Figure 1). During FY2007, the AMHD served nearly three times the number of individuals that were served during FY2003 (see Table 1). Over the past five years the markedly increased array of services and the increased number of consumers served by community-based programs has helped reduce the overall proportion of the consumers served by the AMHD needing psychiatric hospitalization. Even with such progress, the average daily census at HSH was close to its maximum capacity during FY2007.

FIGURE 1. TOTAL INDIVIDUALS SERVED BY THE AMHD STATEWIDE & BY COUNTY: FY 2003 – FY 2007

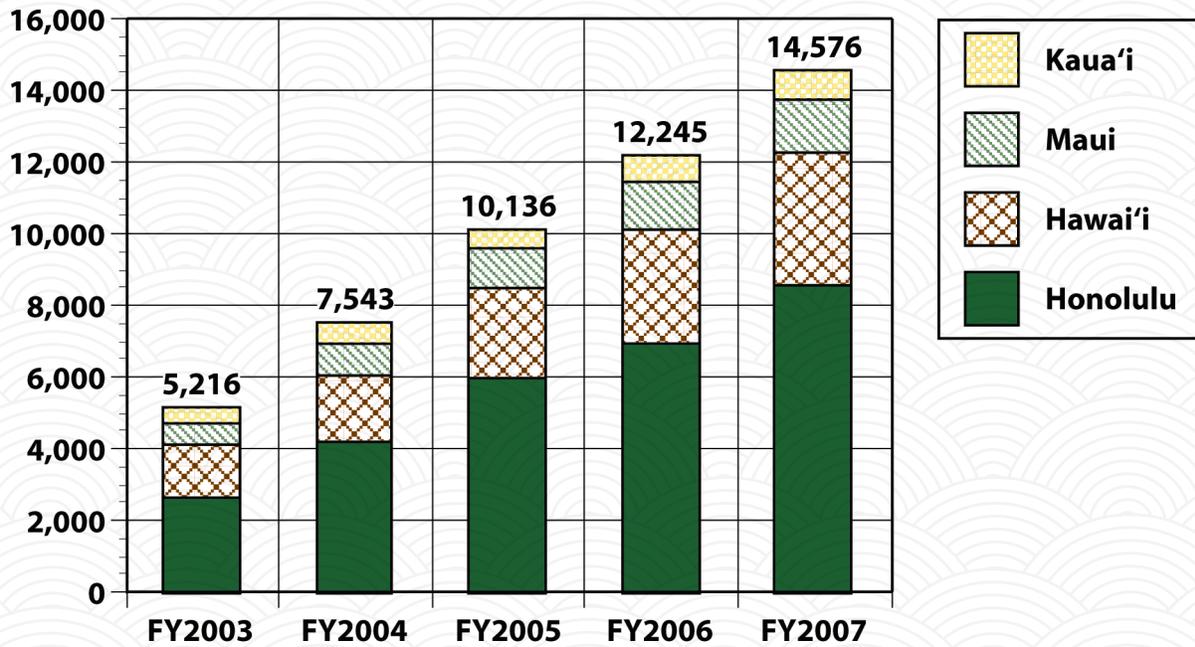


TABLE 1. TOTAL INDIVIDUALS SERVED BY THE AMHD BY COUNTY: FY 2003 – FY 2007

	FY2003	FY2004	FY2005	FY2006	FY2007
Honolulu	2,640	4,243	6,007	6,973	8,589
Hawai'i	1,521	1,837	2,549	3,166	3,696
Maui	560	891	1,050	1,374	1,537
Kaua'i	495	572	530	732	754



HAWAI'I STATE HOSPITAL CENSUS

Between FY2003 and FY2006, the average daily census at HSH progressively increased. During FY2007, the average decreased slightly from FY2006 by 2% (see Figure 2). Most of these increases can be attributed to court-ordered forensic consumers (see Special Populations section on page 22 for more detail). In FY2007, the AMHD collaborated with numerous State agencies on the Senate Concurrent Resolution 117 (SCR-117) Task Force convened by the Governor to reduce forensic admissions at HSH (for further information refer to page 28).

IMPLEMENTATION OF CORE SERVICES

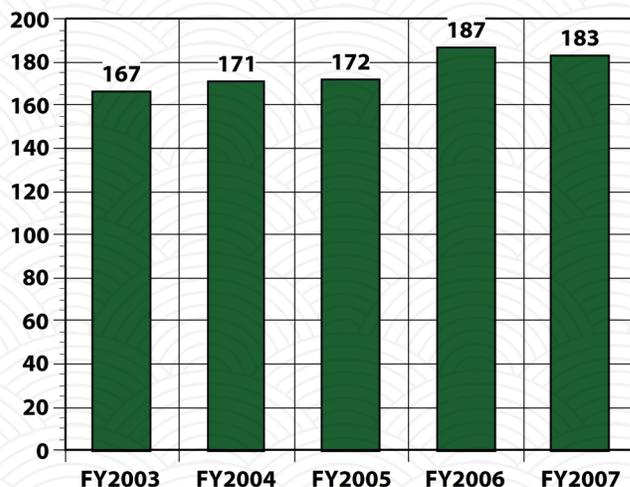
Following the guidelines of the 2003 Community Plan for Mental Health Services, the AMHD has implemented new mental health treatment and services over the past five years and expanded existing ones. New programs have been initiated to meet the service needs of the burgeoning special population of forensic consumers released from HSH into the community under DOH custody and the emergency mental health or crisis needs for all the people of Hawai'i. In addition to serving the specific needs of forensic consumers involved with the judicial system and the AMHD, a series of programs to support community safety, consumer fitness restoration, community reintegration, and tenure have been developed during FY2007.

The AMHD's service array for adults with severe mental illness, their families, and significant others includes the following five core service areas: case management, psychosocial rehabilitation inpatient and outpatient treatment, community housing and crisis services (see Figure 13, page 13). Later in this report, these AMHD core service areas and the array of programs and services within each area available to consumers with severe mental illness will be presented in detail. Crisis services are the only core services designed to serve all of Hawai'i's population.



Hawai'i State Hospital

**FIGURE 2. HAWAI'I STATE HOSPITAL
AVERAGE DAILY CENSUS: FY2003 – FY2007**

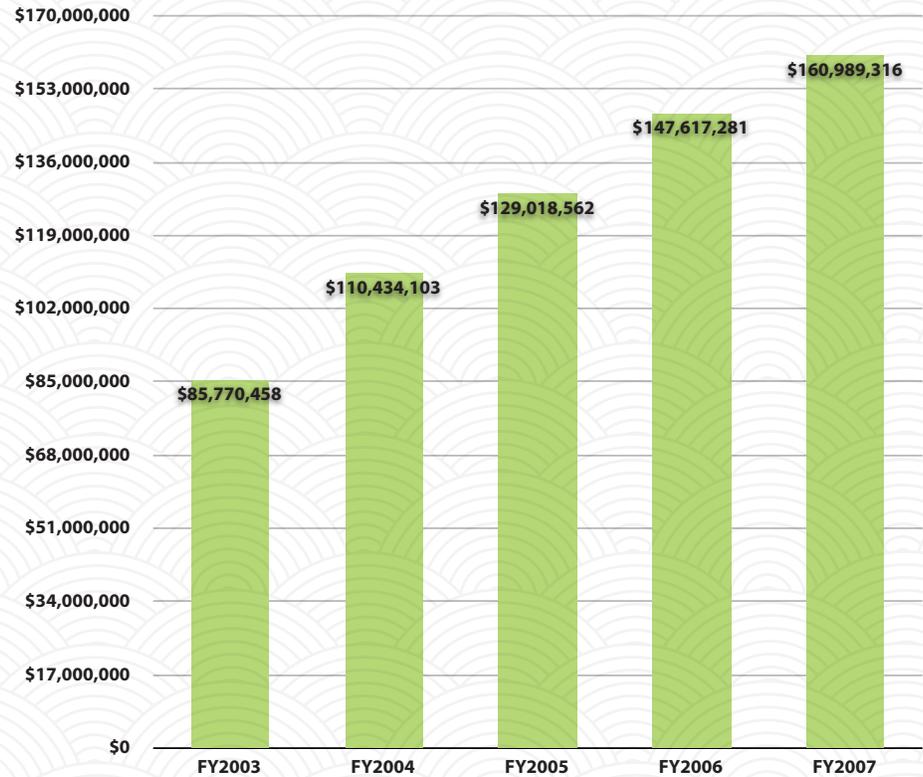


FISCAL OVERVIEW AND EXPENDITURES

AMHD expenditures have grown steadily over the past five years to serve the needs of its annually increasing consumer population and to fully develop the comprehensive array of community-based services available in the core service areas (see Figure 3 and Figure 6; for details on FY2007 see Appendix B page 35). The proportion of expenditures for community-based services has increased from 44% to 59% while hospital expenditure (HSH/Kahi Mohala) decreased from 44% to 35%.

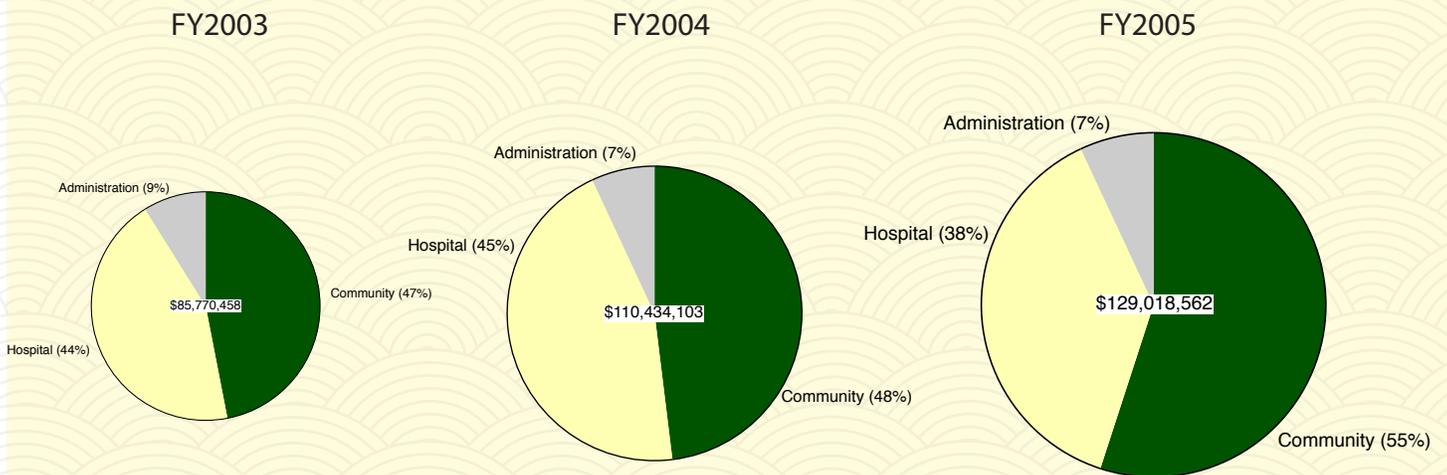
To assure fiscal responsibility during this period of growth, internal processes were developed.

FIGURE 3. AMHD EXPENDITURES: FY2003 – FY2007



Source: AMHD Fiscal

FIGURE 6. AMHD EXPENDITURES BREAKDOWN: FY2003 – FY2007



Source: AMHD Fiscal



In 2003, the average total AMHD expenditure per consumer was \$14,984 and by 2007, it was down to \$10,361 (see Figure 4). Figure 4 also shows a similar pattern occurring with the average administrative cost per consumer decreasing from \$1,460 in 2003 to \$684 in 2007.

Administrative costs relative to total AMHD expenditures have generally held steady over the past 5 years. Figure 5 shows that the proportion of administrative expenditures has decreased from 9% of the budget in 2003 to 6% during 2007.

FIGURE 4. COST OF AMHD SERVICES AND ADMINISTRATIVE COST PER CAPITA: FY2003 – FY2007

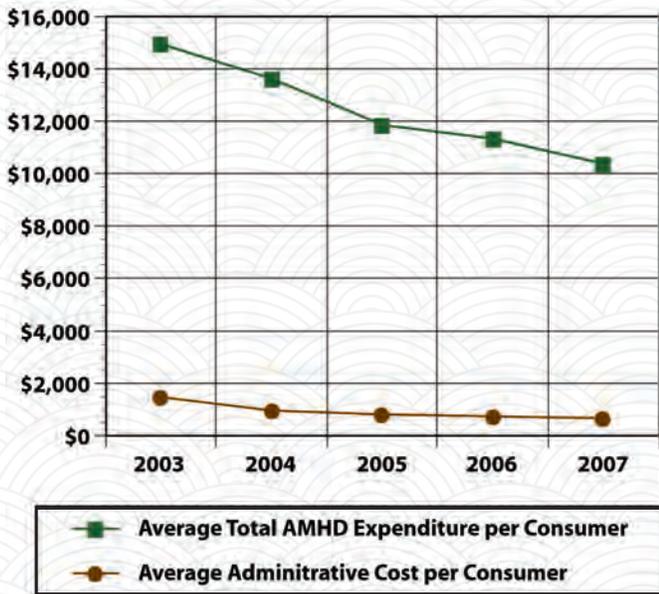
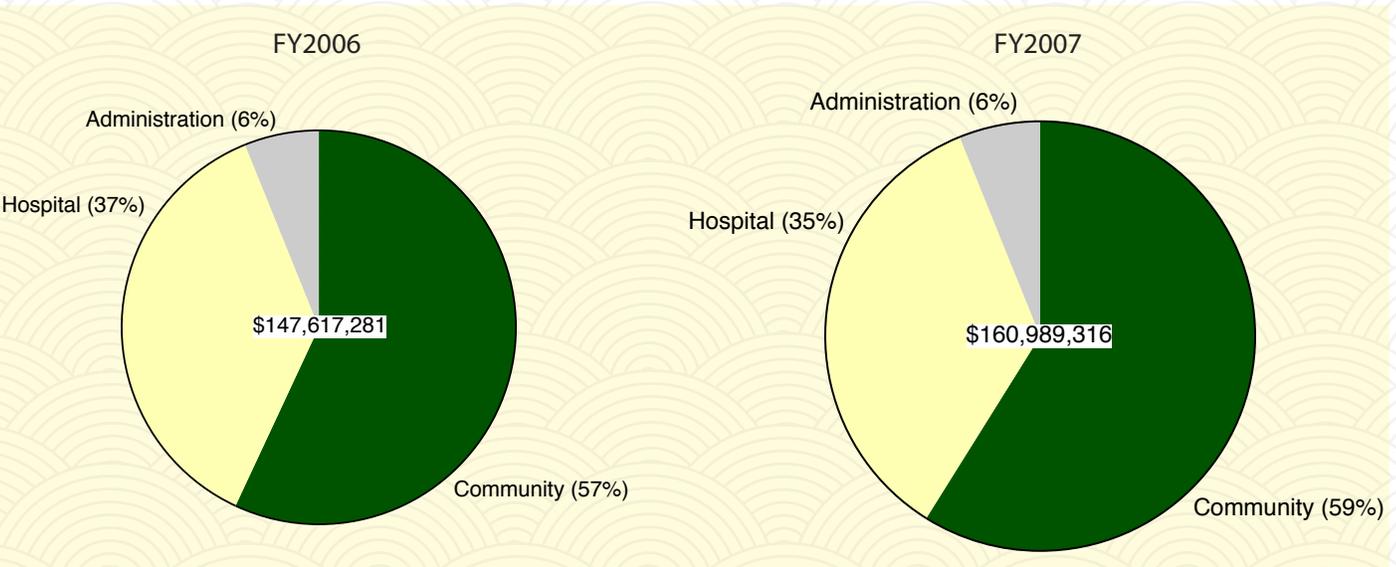
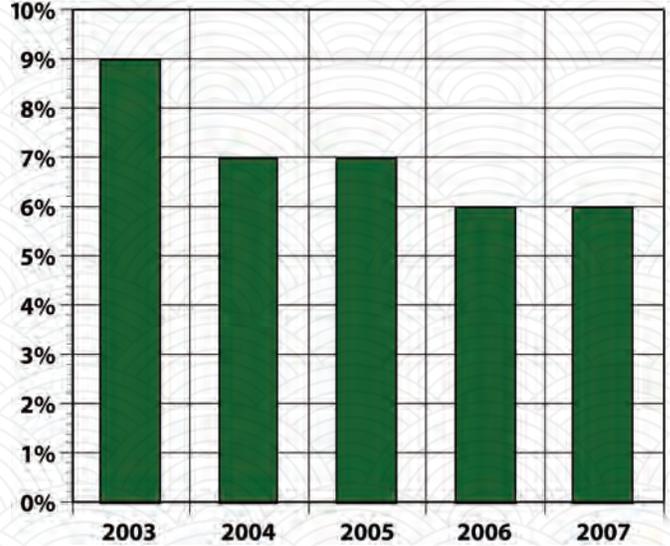


FIGURE 5. ADMINISTRATIVE COST RELATIVE TO TOTAL AMHD EXPENDITURES: FY2003 – FY2007



FISCAL STEWARDSHIP

The AMHD is committed to ensuring the appropriate expenditure of State funds while optimizing revenue generation. Strategies employed by the division during FY2007 to support this philosophy included the following:

- Established the position of Chief Financial Officer to oversee the fiscal activities of the division
- Installed a new, more robust billing system that increases efficiency with the expected result of increased CMHC revenue generation and expansion to an electronic medical record
- Continued maximization of federal matching funds through our Medicaid Rehabilitation Option billing (for more, see page 29)
- Reviewed admission criteria to ensure the AMHD is serving its target population
- Established guidelines for service utilization limits using sound clinical practices
- Increased emphasis on ensuring the AMHD is the payer of last resort
- Established reporting methods to assist in identifying consumers who need Medicaid coverage
- Developed and implemented billing practices to ensure increased collection for services performed by State-operated clinics

TABLE 2. REVENUE COLLECTED FY2003–FY2007

Source	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	Total
Medicaid Rehab Option	\$0	\$0	\$2,352,998	\$23,844,401	\$12,185,345	\$38,382,744
Medicaid	\$639,576	\$1,774,555	\$1,568,308	\$821,150	\$1,045,871	\$5,849,460
Medicare	\$162,200	\$440,910	\$347,667	\$65,471	\$298,107	\$1,314,355
CCS/Quest	\$93,584	\$143,983	\$173,949	\$133,562	\$181,886	\$726,964
Clubhouse	\$61,600	\$91,600	\$43,800	\$71,400	\$40,800	\$309,200
Others	\$175,507	\$215,380	\$273,002	\$240,856	\$168,568	\$1,073,313
Total	\$1,132,467	\$2,666,428	\$4,759,724	\$25,176,840	\$13,920,577	\$47,656,036



FIGURE 7. REVENUE COLLECTED FY2003–FY2007*



**The Medicaid Rehabilitation Option (MRO) is the chief source of AMHD revenue generation. The variation in MRO collection totals from FY2003 to FY2007 stems from the amount of time needed for the initial start-up in FY2003 and the “one time” ability to retro-bill for services dating back two years evidenced in the amount collected in FY2007. It is estimated that MRO collection should increase in FY2008 and continue at our established ceiling of \$20 million annually.*

FY07: Who We Served

INDIVIDUALS SERVED STATEWIDE AND BY COUNTY

During FY2007, the AMHD served a total of 14,576 individuals statewide (see Figure 8). Honolulu County, home of 73% of Hawai'i's total adult population (667,398 of 915,770 individuals), served 59% of the AMHD consumer population statewide while the neighbor islands, home of 27% of Hawai'i's total adult population, provided services to 41% of the 14,576 consumers served by the AMHD in FY2007. Overall, the neighbor islands served a proportionally higher segment of their population than Honolulu County.

RACE AND ETHNICITY

During FY2007, the ethnic distribution of individuals receiving AMHD services was 28% White or Caucasian, 22% Native Hawaiians or other Pacific Islanders, and 16% Asians (predominantly Japanese, Chinese, and Filipinos). Over 10% of the population served identified with more than one race (see Figure 9). Only 1% reported Black or African American ancestry and another 1% reported to be American Indian or Alaskan native ancestry. Ethnicity was not available for 22% of the population served since demographic information is usually only collected from individuals receiving long-term or continuing services and not from individuals in the community that received short-term crisis services.

FIGURE 8. NUMBER OF INDIVIDUALS SERVED BY THE AMHD STATEWIDE AND BY COUNTY DURING FY2007

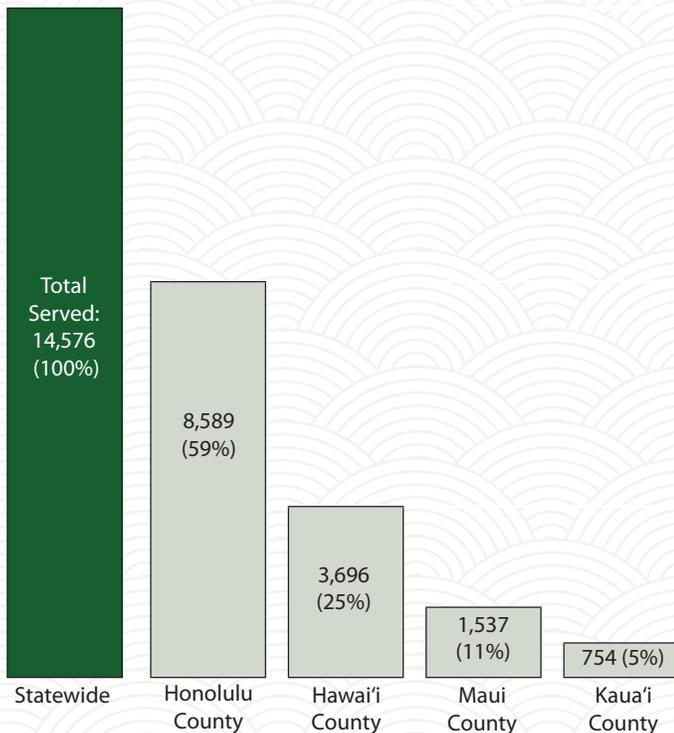
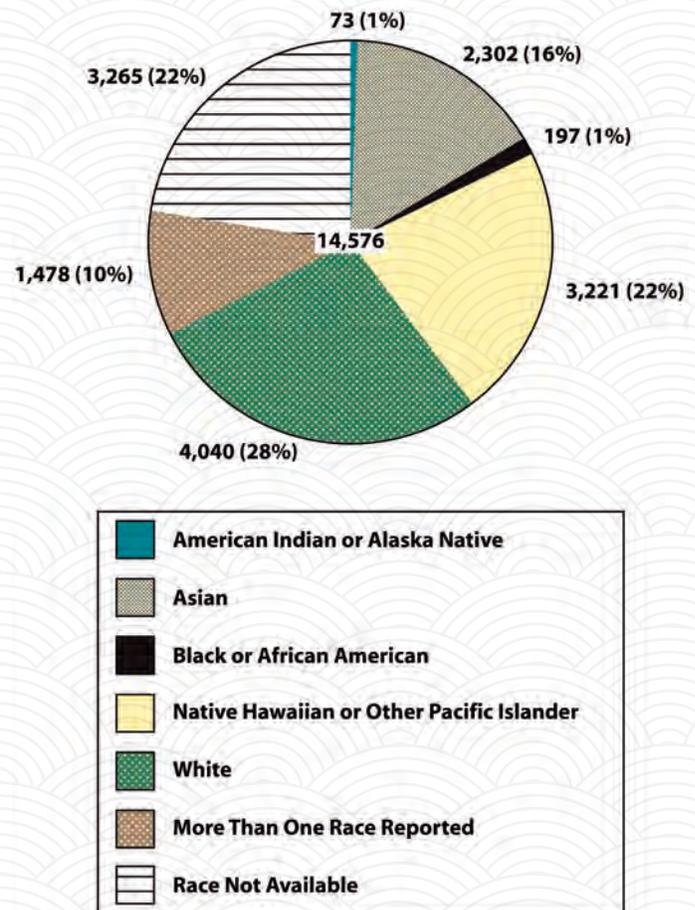


FIGURE 9. RACE AND ETHNIC DISTRIBUTION OF INDIVIDUALS SERVED BY THE AMHD DURING FY2007: STATEWIDE



When the race and ethnic distribution served by the AMHD is viewed in proportion to the race and ethnic distribution of the entire adult population in Hawai'i, Native Hawaiians and White individuals appear over-represented and Asian individuals appear to be under-represented in the service system.

GENDER AND AGE

During FY2007, the AMHD served slightly more males than females (53% versus 47%) and a majority of individuals (54%) were between 35 and 54 years old. As shown in Figure 10 the younger individuals and older persons with severe mental illness appear to be under-represented and the AMHD has developed several programs to help address this apparent inequity.

Figures 9 and 10 portray the ethnic and gender by age distribution respectively for consumers that received continuing services (including case management, treatment, psychosocial rehabilitation, and community housing) during FY 2007. Individuals who only received crisis services or an eligibility determination are not included in Figures 9 and 10.

DIAGNOSTIC PROFILE

The majority of individuals with severe mental illness receiving continuing services during FY2007 were assigned a diagnosis within the spectrum of schizophrenia disorders (34%), followed by depressive disorders (25%), and bipolar mood and related disorders (15%) (see Figure 11). Combined, these three diagnostic categories represented 74% of the population served. Individuals with an anxiety disorder that involves severe impairment in life functioning, such as post-traumatic stress disorder, first became eligible for AMHD continuing services in 2003 with the advent of the Community Plan. Individuals with eligible anxiety disorders and those with "other" diagnoses accounted for 4% each of the total AMHD population served on a continuing basis during FY2007. While the number of individuals with a deferred diagnosis (9%) or with no diagnosis (9%) has decreased from prior years, more effort is still needed to provide all consumers with accurate clinical diagnoses to help direct their appropriate mental health treatment, service delivery, and recovery process.

FIGURE 10. GENDER AND AGE OF INDIVIDUALS RECEIVING CONTINUING SERVICES BY THE AMHD DURING FY2007: STATEWIDE

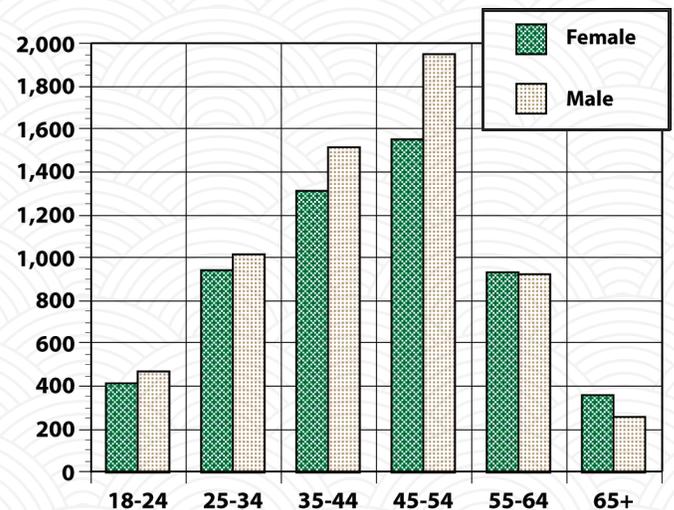
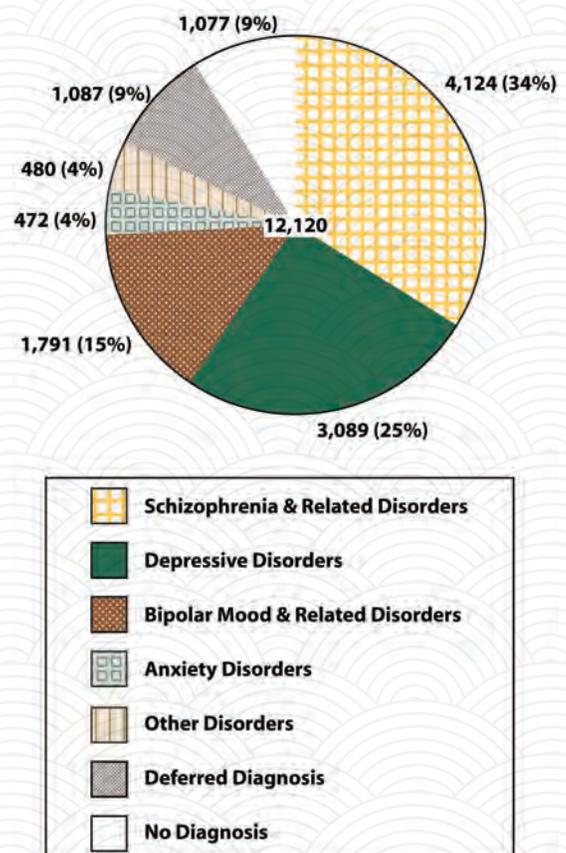


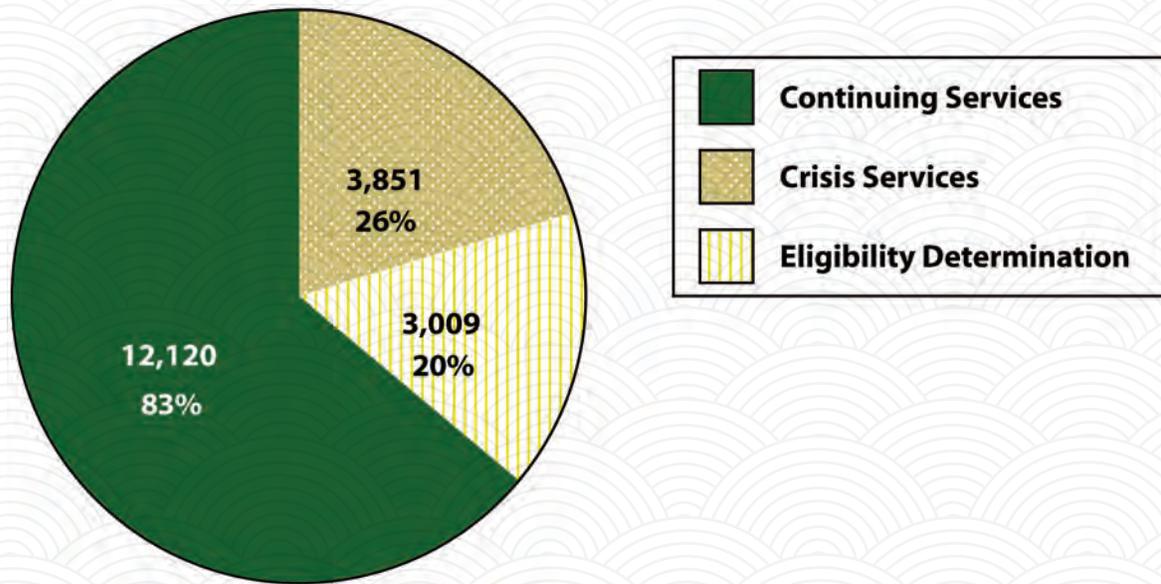
FIGURE 11. DIAGNOSTIC DISTRIBUTION OF INDIVIDUALS RECEIVING CONTINUING SERVICES BY THE AMHD DURING FY2007: STATEWIDE



FY07: Array of Services

FIGURE 12. AMHD SERVICE CATEGORIES: FISCAL YEAR 2007

Total Number of Individuals Served: 14,576 (unduplicated)



SERVICE CATEGORIES

During FY2007, a total of 14,576 people received services from the AMHD in one or more of three primary categories: a) continuing services which typically include case management on an inpatient or outpatient basis, b) crisis services in the community, or c) an eligibility determination to determine whether they diagnostically qualified for continuing services from the AMHD (see Figure 12). An unduplicated count of individuals served in each service category is provided in Appendix A on page 34.

Continuing services that may last throughout a person's life were provided to the majority of these individuals (83% or 12,120) based on their meeting diagnostic eligibility criteria for a severe mental illness accompanied by severe impairment in life functioning. Specific severe mental illness eligible diagnoses are presented in the previous "Diagnostic Profile" section and Figure 11. AMHD sponsored continuing services are available to adults 18 years of age and older who have a severe mental illness diagnosis and to forensically encumbered persons who have been court-ordered for evaluation and/or treatment regardless of their psychiatric diagnosis.

Continuing services include inpatient mental health treatment provided by Hawai'i State Hospital (HSH),

Kahi Mohala, and other community hospitals and outpatient-based treatment and services provided by one of nine community mental health centers (CMHCs) and the for-profit or not-for-profit purchase of service (POS) contract providers.

Crisis services have been under development in Hawai'i since the inception of the Community Plan in 2003 to meet the short-term mental health crisis needs of all people in Hawai'i. During FY2007, crisis services were utilized by 3,851 individuals (including 653 children and adolescents). Crisis services designed to reduce arrests and unnecessary psychiatric hospitalizations include: (a) the ACCESS Line, a suicide and crisis hotline managed by the AMHD, (b) crisis mobile outreach (CMO) services, (c) crisis support management (CSM), (d) brief (23/59) crisis stabilization, and (e) licensed crisis residential services (LCRS) provided by POS contract providers. Other crisis-based services include the pre-booking jail diversion program on O'ahu that was developed this past year in collaboration with the Honolulu Police Department (HPD) and walk-in urgent care and evaluation services available at all CMHCs during work hours.

Eligibility determination is an assessment of a presenting person's psychiatric diagnoses, cogni-



tive status and psychosocial functioning to determine whether they are eligible to receive AMHD-funded continuing services. These psychiatric evaluations or eligibility determinations are usually conducted by licensed psychiatrists and psychologists at the CMHCs. In FY2007, the AMHD provided eligibility determination to 3,009 individuals; those who did not have a severe mental illness qualifying diagnosis were provided referral to other community health care providers as well as an opportunity to appeal the results of their eligibility determination.

Since 4,404 (28%) of the 14,576 people served by the AMHD in FY2007 received services from two or more categories of service (e.g., crisis services and continuing services), the total number of individuals that received continuing services, crisis services and an eligibility determination in Figure 12 exceeds the total unduplicated number of people served (14,576).

Over the next few pages, this report will provide a brief description of specific treatments and services provided to consumers within each of the five core services: (a) case management, (b) psychosocial rehabilitation services (c) crisis services, (d) treatment, and (e) community housing (see Figure 13). Many of the more specialized programs and treatments have been implemented to help meet the more intensive treatment needs of our special populations who are at high risk for negative outcomes.

CASE MANAGEMENT

Case management services are frequently provided by CMHC-based, social work staff within the context of a multi-disciplinary team, which includes a psychiatrist, nurse, psychologist, vocational specialist, and substance abuse specialist. These teams are devoted to providing consumers receiving continuous services with optimal access to fundamental psychiatric, medical, and psychological treatments as well as psychosocial rehabilitation, housing, employment and other support services. During FY2007, the level and frequency of case management service delivery was determined by illness severity, co-occurring substance abuse, co-morbid medical conditions and the degree of a consumer's functional impairment. Case management services ranged from daily to weekly intensive case management, monthly targeted case management, and biannual care coordination for consumers with

stable psychiatric illnesses and housing situations.

During FY2007, the AMHD worked with CMHC staff and POS contracted case management providers to shift to a blended model of case management consisting of strengths-based recovery planning and enhanced clinical supervision. The blended case management model (to be implemented in FY2008) is intended to increase consumers' service continuity and consumer choice in selecting care providers. The case management support services reviewed below are aimed at improving the quality of life and recovery of individuals served by the AMHD.

Treatment planning, which charts the course of recovery for severe mental illness individuals every six months, was revised statewide during FY2007. Case management teams at CMHCs and POS providers received training to adopt a recovery-based inter-disciplinary collaborative approach. Consequently, thousands of consumers receiving outpatient continuing services in FY2007, provided input into their individual treatment, housing, employment, psychosocial, and other goals in life that integrated into their personal treatment or individual service plans.

Post-booking jail diversion is a specialized case management program based out of the CMHCs that offers individuals with severe mental illness who have been arrested for a non-violent crime the option of entering mental health treatment in lieu of prosecution. Diverting persons with severe mental illness from jail and into appropriate community treatment services is intended to reduce criminal recidivism, incarceration rates and costly psychiatric hospitalizations. Implementation of post-booking jail diversion programs in each county has been a multi-year process involving many months of advisory council meetings among judges, prosecutors, public defenders, police departments, the AMHD, Intake Service Centers, Probation and Parole, service providers, consumers, and consumers' family members. These stakeholders met to reach consensus on the judicial procedures and multi-agency policies and procedures required for program success. The post-booking jail diversion programs functioning on Kaua'i and Maui County during FY2007 were modeled after the evidence-based Big Island Jail Diversion Program. This successful program was initially developed in 2003 from a nearly \$1 million three-year grant from SAMHSA written by University of Hawai'i faculty from the MH-

FIGURE 13. ADULT MENTAL HEALTH DIVISION: CORE SERVICES FY2007



SRET Program (see page 30). O'ahu is the only county where a successful pre-booking jail diversion program has been developed. New staff were hired for O'ahu's post-booking in late FY2007 and a fully functioning post-booking jail diversion program is anticipated for FY2008.

Homeless outreach programs in each county endeavor to extend mental health services to homeless individuals with known or suspected severe mental illness. Homeless outreach staff go to homeless individuals to provide support and basic living necessities while encouraging them to accept mental health treatment and services. Homeless outreach staff provide homeless mentally ill individuals with support for months or years until the person is ready to consider outpatient mental health treatment.

Consumer resource funds are available to purchase services and goods needed to help individuals with severe mental illness maintain their existing housing and/or their vocational placements. To be eligible for this case management support service, consumers must agree to repay funds and be actively engaged in housing or employment that facilitates their recovery and increases their independence.

Community-based intervention is an alternate fiscal resource used to purchase wrap-around home care services when consumers require monitoring and assistance for psychiatric and medical care needs. This service is intended to support consumers in the least restrictive environment possible during times of crisis that may require immediate intervention and stabilization. These resources are also available to facilitate a consumer's discharge to their home or other independent setting, thereby eliminating the need (and high costs) of hospital, residential services, or transitional housing.

Transportation service coordination is available for consumers who need to go to work, purchase food and medicine, and receive medical or mental health treatment. The coordination of transportation services is most prevalent on the Big Island where public transportation is scarce and consumers may receive a Hawai'i County Courtesy Pass or a CMHC-issued transportation pass to receive AMHD funded transportation services to help them maintain their community tenure.

Family Psychoeducation is an evidence-based practice educational program provided by NAMI Hawai'i's Family-to-Family program to family members



The AMHD trains consumers as Hawai'i Certified Peer Specialists. Those who graduate from the program can work in various mental health positions.

of adults with severe mental illness. Topics include fundamental information about and management of mental illness symptoms, communication and coping skills, and substance abuse co-occurrence and complications. Recovery principles that support consumer empowerment and instill maximum independence and hope are emphasized throughout this program.

Hawai'i Certified Peer Specialists (HCPS) are certified by the AMHD to provide support to other consumers. HCPSs work in community-based case management (CBCM) teams and PSR programs to help consumers with housing and to provide one-to-one peer mentoring/coaching. HCPSs can also act as Veterans Administration peer support technicians. The primary goal of HCPSs is to support consumers in recovery with developing their own individual recovery goals.

Respite services provide short-term (24 hour) supports for individuals who need non-crisis care outside their primary residence or who need additional supports in their own homes for a limited period of time.

Representative payee services provide consumers who have difficulties budgeting their minimal income (often consisting of SSI and/or SSDI payments) with financial management support. The representative payee (usually an organization or individual external to but supported by the AMHD) collects a consumer's monthly income or entitlements directly and assumes the responsibility for payment of the consumer's bills including rent, utilities, and other living expenses. The representative payee dispenses to the consumer any discretionary funds leftover on a daily or weekly basis.

PSYCHOSOCIAL REHABILITATION (PSR)

PSR programs offer consumers receiving continuous services with a wide range of restorative services and activities. These services provide consumers opportunities to further develop their functional living skills, increase their independence, and develop job interviewing skills to improve their chances for gainful employment. PSR programs are also oriented to help improve social skills, which can empower consumers to develop better social supports and reduce their acute mental health care needs. Consumers in PSR programs typically exhibit higher rates of employment, lower levels of substance abuse, and better community integration. Other positive outcomes from PSR program involvement were also reflected in the FY2007 Quality of Life Inventory. Consumers enrolled in PSR programs reported on this outcome measure that their overall quality of life improved at twice the rate of consumers not enrolled in PSR programs. Consumers engaged in AMHD sponsored PSR programs also reported high rates of satisfaction with the PSR services they received during FY2007.

Illness management and recovery is an evidence-based practice program that provides consumers with structured learning modules designed to empower them to assume greater responsibility for managing their mental health treatment. It is a recovery-oriented program that helps consumers learn to recognize the triggers of their psychiatric symptoms and early signs of illness exacerbation. Consumers also learn to communicate their concerns with their health care providers in order to develop appropriate treatment and interventions early in their illness cycle and to prevent further psychiatric decompensation. Research has shown that this practice of illness management and self-directed recovery significantly improves positive consumer outcomes while reducing negative ones.

Social and independent living skills are provided by POS contracted skill-building programs that also represents a best practice for both inpatient and outpatient consumers. Structured modules of this PSR training program are designed to foster consumers' independence in living as well as to improve their social and interpersonal skills. This highly manualized program has also been shown to improve quality of life and outcomes for consumers.



Ko'olau Clubhouse staff and members celebrated achieving a three-year certification from the International Center for Clubhouse Development.

Clubhouses are voluntary, member-driven PSR programs that offer multiple community supports and a place for consumers to work, dine, and socialize together. Clubhouses are dedicated to helping people recover from mental illness through an inclusive community approach based on reclaiming respect, hope, and dignity. There are nine active Clubhouses throughout Hawai'i affiliated with a nearby CMHC that served over a thousand members in FY2007. Eight of the nine Clubhouses in Hawai'i were certified by the International Center for Clubhouse Development (ICCD) in FY2007, up from four certified Clubhouses in 2003. The ICCD provides training and certification to clubhouses that have been evaluated by the ICCD and found to be in compliance with the International Standards for Clubhouse Programs fidelity standards. Empirical research has shown that members belonging to certified clubhouses consistently evidence better outcomes than those from uncertified clubhouses.

As flagship examples of the AMHD's PSR efforts, Clubhouses constantly strive to improve each member's strengths and abilities and support their recovery aspirations rather than focus on their diagnoses or psychiatric symptoms. The daily Clubhouse program structure mirrors that of businesses in the community where members work side-by-side with staff participating in the management of Clubhouse operations. Activities available to members at each Clubhouse include vocational work units, daily meal planning and preparation, newsletter publishing, community presen-

tations to help reduce the stigma of mental illness, community volunteering and engaging in consumer advocacy efforts. Involvement in these and many other Clubhouse activities help members to further improve their quality of life and accelerate their recovery process while enhancing their vocational, educational, and interpersonal relationship skills and confidence.

Clubhouses also provide their members with a diverse range of community supports including education, wellness programs, transportation, housing support, social/recreational opportunities on nights, weekends, and holidays (e.g., movie nights, birthday parties, and camping trips). These opportunities, along with daily meal sharing, help to foster an 'ohana atmosphere at the Clubhouses. Clubhouses across Hawai'i have often been said to epitomize the principles and practices of recovery. Benefits from Clubhouse involvement are evidenced by members' reports of high quality of life and positive outcomes, which included exceptionally low rates of psychiatric hospitalization, arrest, and homelessness in FY2007. Clubhouses' priorities for this coming year will involve developing in-house case management services, increasing outreach to help develop Clubhouses in the Pacific Rim Islands, and developing enhanced health and wellness initiatives at all of Hawai'i's Clubhouses.

Clubhouse employment programs are extremely successful: During FY2007, 33% of all active clubhouse members were employed generating a combined income of over \$1.1 million dollars in wages. The Clubhouse employ-

ment model offers a unique multi-tiered approach to supporting their members' employment efforts with options of transitional, supported, and independent employment that progressively foster increased vocational independence. Clubhouse members have opportunities to first explore their job preferences by rotating through a variety of Clubhouse in-house vocational work units (e.g., clerical, food preparation, and sales). These experiences help consumers develop new skills and gain confidence before they progress to transitional employment positions for six to nine month trials in the community. Once members refine their vocational skills with transitional employment, they may move into supported employment positions where they continue to receive peer supports until they feel capable to work independently.

Supported employment services are intended for all consumers receiving continuous services whose work has either been interrupted or not yet obtained as a result of psychiatric disability. The AMHD contracts with supported employment vocational specialists to work collaboratively with case management services and assist consumers with their employment efforts. During FY2007, supported employment services assisted with locating jobs, developing interviewing skills, and securing assistance with ongoing vocational support for paid competitive work. Supported employment services have provided vocational supports and work opportunities to over 1,500 AMHD consumers since beginning in 2001.

The AMHD recognizes that after stable housing, employment is per-

SUPPORTED EMPLOYMENT SERVICES



"Employment does help us to heal mental illness. Thinking angry thoughts and feeling sorry for yourself is part of mental illness. Because I work, I don't do that too much anymore. The more I work, the less of that I do. The less of it I do, the happier I become. The more my life goes well, the more the causes and reasons for my mental illness slowly disappears."

Laura Miyashiro was a speaker at the 4th Annual Best Practices Conference in April 2007. Miyashiro spoke as a consumer on the benefits of employment services through AMHD clubhouses.

A FRIENDLY VOICE

“Even to just have a listening ear, sometimes that’s all that’s needed. 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.”

ACCESS Line staff Gabby Pule on the value of the ACCESS Line.

haps the second most important feature of recovery. In 1997, the AMHD consumer employment rate was 12%. Based on recent Quality of Life Inventory results, 23% of consumers receiving continuous services during FY2007 reported that they were employed on either a full-time or part-time basis.

With over 2,700 AMHD consumers employed in FY2007 at an average salary of about \$15,000 per year, an increased economic activity of about \$40 million was generated in the State of Hawai‘i.

Benefit Supports is another very important PSR service for consumers once they become employed. This service is aimed at managing potential conflict between work income and eligibility since their increased income has the potential to conflict with their eligibility to receive SSI or SSDI disability benefits.

In FY2007, over 300 staff, consumers, and cross-disability stakeholders were trained on disability benefits (welfare/food stamps, Medicaid/Medicare, SSI/SSDI) to further their knowledge of crucial information and strategies to help consumers acquire and maintain their maximum allowable benefits while working.

CRISIS SERVICES

Crisis services provide an essential mental health safety net, not only for AMHD consumers receiving continuing services, but for all community residents. Through a well-integrated system of crisis services, people who may be experiencing an emotional, psychiatric, or behavioral crisis in Hawai‘i have immediate access to professional mental health assistance, which in many cases is as life preserving as EMS or other traditional forms of emergency response.

The ACCESS Line is a 24-hour suicide and crisis hotline that is able to immediately dispatch mobile crisis response staff

to anyone in the community in need of mental health assistance. The ACCESS Line also provides mental health information and referral functions, links together a full array of crisis emergency response services with medical services and law enforcement if necessary, and serves as the entry point for AMHD services. In FY2007, the ACCESS Line received over 85,000 calls, dispatched crisis mobile outreach services nearly 2,500 times, authorized over 1,000 crisis support management episodes that provided short-term case management, and arranged nearly 650 admissions to crisis shelters including licensed crisis residential service facilities statewide (see Table 3). In addition, ACCESS Line services were provided to over 650 children and adolescents in Honolulu County during FY2007 via a Memorandum of Understanding (MOU) with the Child and Adolescent Mental Health Division.

Crisis mobile outreach (CMO) is a mobile cadre of mental health profes-



ACCESS Line

O‘ahu call:

(808) 832-3100

Neighbor islands call toll-free:

1-800-753-6879

If you or someone you know is feeling overwhelmed with a crisis or need mental health services, we are here to help 24 Hours a Day/7 Days a Week.



TABLE 3. PRIMARY CRISIS SERVICES

Crisis Services	*3,851
Crisis Mobile Outreach	2,456
Crisis Support Management	1,198
Licensed Crisis Residential Services	622
Homeless Outreach	840
ACCESS Line Services for Children & Adolescents	653
*Total number of individuals receiving crisis services	

sionals who are directed by ACCESS Line personnel to travel to crisis scenes throughout our communities. CMO is available statewide to individuals in acute mental health crisis, 24 hours per day and 7 days a week. CMO staff provided mental health crisis assessment, intervention, stabilization, and referral services to 2,456 adults in a variety of community settings during FY2007. CMO efforts helps reduce negative outcomes such as arrest and incarceration and unnecessary hospitalizations for thousands of people in Hawai'i and assists many others to gain access to other community-based services.

Crisis support management (CSM) services provide intervention and time-limited support to individuals in crisis who are not already receiving mental health treatment services. CSM served 1,198 individuals throughout our communities in Hawai'i during FY2007 by helping them to stabilize their situation and return to pre-crisis levels of functioning. CSM recipients benefit from brief mental health support until they are able to gain access to longer term AMHD or other services appropriate to their needs. The Crisis Management Fund enables CMO teams to provide emergency shelter, food, and medication to individuals who are in crisis in the community. This fund further reduces unfavorable or costly outcomes such as psychiatric hospitaliza-

tion for many of Hawai'i's individuals in mental health or behavioral crisis. **Licensed crisis residential services (LCRS)** provide a short-term residential placement to adult individuals experiencing or recovering from an acute mental health crisis. LCRS facilities on O'ahu, Hawai'i, and Maui counties provided shelter for 622 individuals during FY2007. These services are an alternative to psychiatric inpatient hospitalization and/or homelessness. These individuals benefited from short-term housing and support services that addressed their psychiatric, psychological, and behavioral health needs until more long-term and less restrictive housing and mental health treatment options were available.

Brief (23/59) Crisis Stabilization services help to cover gaps in emergency mental health crisis services. These services enable individuals in crisis who do not meet the criteria for admission to an LCRS, but who needs brief crisis observation and stabilization to receive up to 23 hours and 59 minutes of support at a LCRS facility.

Pre-booking jail diversion is a recently developed collaborative effort between the AMHD and the Honolulu Police Department (HPD) intended to divert mentally ill persons in the community from criminal justice involvement and link them with appropriate community-based mental health treatment. When someone exhibits obvious signs of mental illness, HPD patrol officers now consult with a police psychologist to determine the person's optimal disposition before arrest. Program options include transport of the person to a hospital for emergency psychiatric evaluation, col-

A MOTHER'S GRATITUDE

"The pre-booking jail diversion program made all the difference in the world.

Before, it was very frustrating because my son would have to come to a point where he was a danger to himself or me before the police would do anything.

Now, with the program, they don't arrest him, but take him to get help."

Audrey Chandler talks about how the pre-booking jail diversion program has benefitted her and her 26-year-old son. Her son, who has bipolar disorder, is now back on medication and doing well.

laboration with CMO teams via the ACCESS Line to assist with crisis stabilization and resolution in the field, and linkage to treatment and services with the AMHD or other appropriate community services according to the specific needs of the individual.

Walk-in urgent care is a crisis service provided by the AMHD's CMHCs during regular working hours for individuals in need of emergency mental health care. Individuals' acute treatment needs are evaluated and met by CMHC psychiatry, psychology, and nursing staff who provide necessary psychiatric or medical treatment, crisis stabilization and suicide interventions, housing supports, psychiatric hospitalizations, or referral to CMO or other community services.

TREATMENT

An extensive continuum of inpatient and outpatient treatments, interventions, and programs tailored to serve individual consumers needs are provided or funded by the AMHD (see Figure 13). In FY2007, the AMHD continued to expand and develop new forensic programs designed to support the courts' legal mandate to not put on trial or hold responsible anyone who is not competent to assist with their defense or who may not be criminally responsible for a crime due to severe impairment from a medical or psychiatric disorder. Development of new programs designed to meet the safety needs of the community and the service needs of this special population of forensic consumers continued to be highly successful (see Forensics special population section on page 22 for further details). These forensic consumers are individuals with a severe mental illness or other disabling disorder who have been adjudicated by the courts as not competent to stand trial or not penally responsible for their criminal offense(s). These criminal offenders, who are also termed forensic consumers, make up over 90% of the HSH inpatient population and 5-10% of the outpatient population receiving continuous services. Once these individuals have been determined to be no longer dangerous, they are released from HSH and returned to the community under the custody of the AMHD on conditions of release that require them to receive treatment from the AMHD and legal supervision from the Department of Probation.

Inpatient

Hawai'i State Hospital (HSH) provided inpatient psychiatric treatment for 352 individuals during FY2007 and the AMHD contracted with Kahi Mohala to provide inpatient psychiatric treatment for 88 more persons. The psychiatric hospitalization of about 400 of these 440 individuals this past fiscal year was due to a court order stemming from a forensic offender's criminal charge(s). The escalating need for more psychiatric hospital beds has largely resulted from more forensic offenders being found both unfit to stand trial each year and being sent to HSH by the courts to regain competency. Many such hospitalizations at HSH in FY2007 were due to methamphetamine induced psychosis while others were due to forensic offenders being acquitted of criminal charges due to being found not guilty by reason of mental disorder, disease, or defect.

To help address concerns of increasing bed demands and high census at HSH, several strategies were put in place by the AMHD in FY2007 including:

- AMHD's "front door" admission initiatives — pre and post-booking jail diversion programs and "back door" discharge initiatives — housing and monitoring for forensic consumers on conditional release and fitness restoration and illness self management programs for other forensic consumers
- Increase in forensic workforce: Thirty-three exempt positions have been established to increase forensic competency within the AMHD. These new positions include: fitness restoration staff, psychiatrists, forensic psychologist coordinators, a statewide forensic coordinator, and a forensic director for AMHD Courts and Corrections Branch. Funding for a court-based clinician at the Honolulu District Court has been approved while funding for a clinician based at the Honolulu Police Department receiving desk is under review.

Continual clinical improvements at HSH during FY2007 included a Treatment Mall which is a daily choice menu of therapy and group educational programs and the Aloha Garden where residents work toward their recovery together in a peaceful outdoor setting. In FY2007, an Assault Performance Improvement





Hawai'i State Hospital patients work in the Aloha Garden located on hospital grounds.

Project was also initiated with the intent of making the hospital safer for residents, staff, and visitors. Additionally, the HSH project team recommended a variety of internal policy and procedure changes designed to increase hospital safety for enactment in FY2008.

Community Hospitals on all four major islands in Hawai'i, backed by funding from the AMHD, provided 92 consumers with inpatient psychiatric care during FY2007. These psychiatric hospitalizations of AMHD consumers in their communities were primarily due to consumers experiencing an acute phase of their severe mental illness. Psychiatric care focused on determining accurate diagnoses to guide appropriate treatments and interventions and on developing treatment plans to respond to consumers' acute needs for psychiatric stabilization.

Specialized residential services are provided on O'ahu primarily for consumers discharged from HSH who would likely be unable to maintain their recovery without 24-hour care. These services are also designed for consumers with physical disabilities, serious co-morbid medical conditions, and adverse effects of long term psychiatric institutionalization. Services are also available to consumers with severe mental illness who contend with medical conditions that may require unique and highly specialized health care services.

Specialized Residential Dual Diagnosis programs provide intensive support and treatment on a 24-hour basis within licensed facilities on O'ahu for AMHD consumers with severe mental illness and co-occurring substance abuse. All programs are comprehensive and include rehabilitative services designed to aid consum-

ers in developing daily living skills, enable them to better manage their symptoms and help them to maintain sobriety and regain lost functioning due to the deleterious effects of substance abuse.

Outpatient

Intensive Outpatient Hospital services on O'ahu in FY2007 provided stabilization of psychiatric impairments for ambulatory consumers and also allowed them to return to and reside in a less restrictive community setting. The course of intensive and coordinated clinical treatment offered by the intensive outpatient hospital multidisciplinary teams is intended to be time limited.

Day treatment programs for dual diagnosis consumers were provided in all four counties during FY2007 for AMHD consumers receiving continuous services. These services, provided by POS contract providers, were structured to provide either three full days of programming per week or six hours of intensive programming each day that focused on relapse prevention skills, treatment compliance, and recovery approaches. These day treatment, dual-diagnosis programs also supported consumers in preparation for return to work or education and helped further consumers' acquisition of improved living and interpersonal skills.

ACT or assertive community treatment refers to evidence-based programs provided in the community primarily by POS contract providers to AMHD consumers with high service needs. During FY2007, ACT programs, available only on O'ahu and the Big Island, provided treatment and support to 631 individuals. The ACT model includes a multi-disciplinary treatment team that is available to ACT level consumers 24/7 and offers an all-inclusive community based treatment service for adults whose severe mental illness symptoms and impairments are exceptionally severe and not generally remedied by other available treatments or who resist or avoid involvement in mental health services.

Community Mental Health Centers (CMHCs) provided outpatient treatment, usually consisting of treatment with psychotropic medications, case management and associated support services, to the majority of AMHD consumers in FY2007. The CMHCs are spread across the State of Hawai'i with five on O'ahu, (four of them are directly staffed and administered by the AMHD and one in Wai'anae receives AMHD funding



Kauai Community Mental Health Center staff.

support), two on the Big Island (one on the east side and one on the west side), one on Maui and one on Kaua'i. These CMHCs also have numerous satellite clinics including Maui's clinics on Moloka'i and Lanai, and Puna and Ka'u on Hawai'i County. During FY2007, case management services provided by the CMHCs were organized according to levels of care and identified as intensive case management, targeted case management, and care coordination. Regardless of their level of case management, consumers served by the CMHCs had access to other core AMHD services such as housing, crisis or PSR services like Clubhouses or supported employment. Many consumers were also able to benefit from individual, family, and group therapy as well as integrated co-occurring substance abuse treatment.

During FY2007, the CMHCs have served as leaders of the recovery movement by directly providing or collaborating with POS contract providers to offer consumers a comprehensive series of ten case management support services as well as other core services such as PSR employment and housing services. CMHCs also championed the development of evidence-based practices such as illness self management and integrated dual-diagnosis treatment and strongly supported other PSR efforts through their close affiliation and partnership with Clubhouses. As they continue to develop and expand their forensic programming and expertise next year, the CMHCs will also sponsor new community-based fitness and reintegration programs for forensic consumers.

COMMUNITY HOUSING

During FY2007, the AMHD offered several housing options varying in degree of structure and support to consumers receiving continuous services. These housing options included 24 and 8-16 hour group homes, semi-independent living, and financially supported independent living. The AMHD continued to make considerable progress in developing increased housing capacity and expanding housing support services. AMHD overall housing capacity increased from 579 beds in 2003 to 2,107 beds in 2007. As shown in Figure 14, this increased capacity includes increases in supervised housing from a total of 394 beds in 2003 to a total of 884 beds in 2007. An additional 1,223 independent supported housing beds were available in 2007. Independent beds were developed from the Bridge Subsidy (rental funds available through case managers), the Shelter Plus Care program, and transitional housing sponsored by the Office of Social Ministry on the island of Hawai'i.

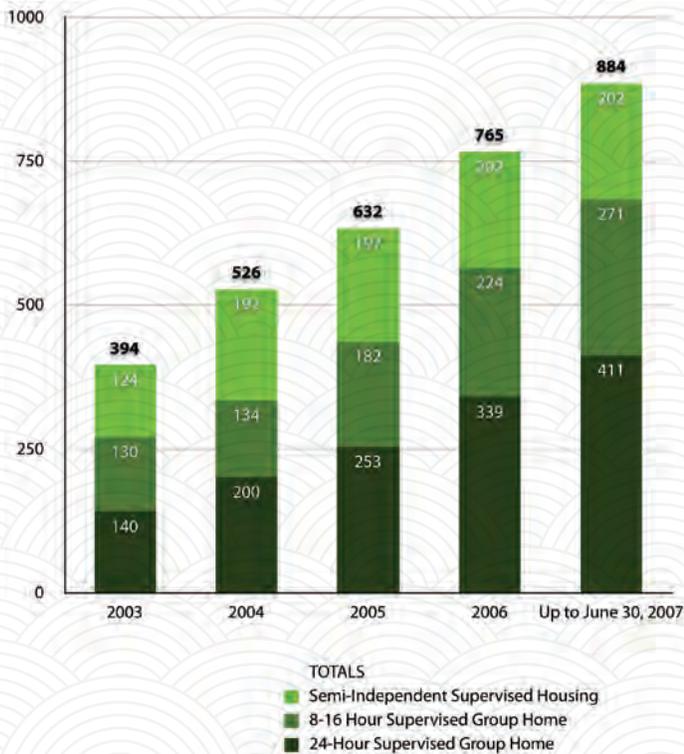
In FY2007, Expanded Adult Residential Care Homes (E-ARCH) began providing housing with a nursing home level of medical care to discharged Hawai'i State Hospital (HSH) consumers with serious co-occurring medical conditions. E-ARCH aims to reduce the census at HSH by allowing discharged consumers to return to the community in the least restrictive setting possible.

Major accomplishments during FY2007 in housing include the following initiatives: (a) the Hale Imua housing program for forensic consumers; (b) respite housing to enable families to take a break from their role as caregiver; (c) supported housing beds for Clubhouse members to progress toward independent living; (d) the Operation Building Bridges program to prevent consumers who have "burned their bridges" from losing housing; (e) a *Housing Tenancy Manual* and *Trainers Manual* to guide consumers on how to be welcome tenants; and (f) community-based case management service with specialized teams to better serve homeless persons with severe mental illness.

Decreased Homelessness for mentally ill individuals in Hawai'i during FY2007 was noted by Brian Johnson, Hawai'i Public Housing Authority's Homeless Program Specialist. Johnson based his conclusion on information obtained from the Homeless Management Information System which indicated that while there are still approximately 1,700 chronically homeless persons needing mental health services in Hawai'i, there was a substan-



FIGURE 14. NUMBER OF SUPERVISED HOUSING BEDS AVAILABLE SINCE 2003



tial decrease of approximately 1,300 homeless individuals in 2007. Sandi Miyoshi, Hawai'i Public Housing Authority's Homeless Program Administrator, credits the decrease in this population to increasing AMHD services over the past three years. Specific areas noted included homeless outreach, assertive community treatment, case management, crisis services, low demand housing designated for the homeless and implementation of new models, policies, and programs.

SPECIAL POPULATIONS

Special populations refer to vulnerable groups of consumers that have disorders or concerns in addition to severe mental illness that place them at high risk for negative outcomes such as arrest or hospitalization. Special populations were first designated in the 2003 Community Plan and included forensic consumers, homeless consumers, dual diagnosis consumers (i.e., those with co-occurring substance use disorders), and consumers with co-occurring disabilities (e.g., mental retardation). In FY2007, the AMHD also identified older adults and transition age youth as special populations.

The AMHD and the Developmental Disabilities Division (DDD) have established a joint working group to develop plans to address the complex needs of persons with severe mental illness and developmental disability (DD). As a result, there is now a MOU between the divisions that includes procedures for the referrals, assessment and provision of services for this population to ensure coordinated service delivery.

Youth approaching 18 years of age and who are soon to be transferred out of the CAMHD system of care and into AMHD services are given support through severe mental illness eligibility determinations, inter-division planning, and consultation with treatment teams from both systems of care.

To address the unique mental health needs of older adults, the AMHD developed specific training curriculum in FY2007 to educate providers about the issues older adults with mental illness face (i.e., medication misuse and substance abuse associated with increased depression in the elderly). This effort, along with a pilot to improve screening, assessment, and treatment for older adults with mental illness, has helped the AMHD see a significant increase in the amount of older adults served this past fiscal year.

AMHD service directors developed specialized programs and services to help these consumers maintain successful community tenure. Along with the MHSRET Program, they also provided staff training to meet the complex treatment and service needs of these special populations. This report will briefly describe programs and services developed for the two most prevalent special populations: forensic and dual diagnosis consumers.

Forensic Consumers

As specified in the 2003 Community Plan for Mental Health Services, many new forensic programs and new staff with forensic expertise have been added to community mental health centers (CMHCs), Hawai'i State Hospital (HSH), and the AMHD. Forensic staff implement and direct programs that are designed to ultimately reduce consumers' risks for violence as well as to minimize psychiatric hospitalizations. Forensic psychologists at each CMHC now ensure that case management teams are educated and informed about legal issues, court conditions, and risk management strategies pertinent to consumers' successful community tenure. Specified discharge criteria and procedures have been developed to assist consumers in their legal discharge



The Hale Imua Program cottages first opened in 2006 and expanded in FY2007.

from a hospital setting on conditional release. In these cases, transitional case management services, appropriate housing, and risk-informed recovery planning are established prior to discharge.

Several forensic initiatives aim to strengthen existing services and head off needless arrests and hospitalizations. The following programs have been recently implemented and evidenced considerable success in FY2007: post-booking jail diversion, conditional release, Hale Imua, and the Conditional Release Exit Support and Transition Program.

Post-booking jail diversion programs enable mentally ill individuals that have been arrested for non-violent minor crimes to be diverted into voluntary community-based treatment in lieu of incarceration and a criminal record. Post-booking jail diversion programs, fully implemented in all four counties, strive to balance the needs of the mentally ill arrestee/detainee, the legal requirements of the courts, and the safety needs of the community. Results have been extremely promising during FY2007 with improvements in quality of life as well as reductions in incarceration, criminal recidivism, and homelessness.

Conditional release (CR) monitoring for over 500 forensic consumers in the community on a conditional release legal status was provided by AMHD forensic psychologists during FY2007. Consumers on a CR legal status have been judged by the courts to not have been responsible for their criminal conduct due to a mental disorder, disease, or defect. As a result, they are court ordered to undergo AMHD directed mental health treatment with legal supervision provided by Probation. Hawai'i has the highest total number of people on CR in the nation except for Ohio and has the highest number

per capita because many individuals remain on CR for decades.

During FY2007, forensic psychologists assessed and monitored these consumers' risks for violence and consulted with case management treatment teams to integrate risk-based recommendations and court-ordered conditions. Due to this innovative CR monitoring and its close collaboration with probation officers and the courts, criminal recidivism and psychiatric rehospitalization for this forensic population has decreased.

The Hale Imua program consists of four 24-hour supervised houses with a total of 24 beds on Hawai'i State Hospital (HSH) grounds. Hale Imua opened to help consumers discharged from HSH on conditional release transition back into the community. Steadfast Housing Corporation manages the housing portion of the program and collaborates with the case management and forensic services of Windward CMHC, the Ko'olau Clubhouse, and the Hina Mauka substance abuse program. In January, Hale Imua graduated its first cohort of the 14-week program known as BRIDGES (Building Recovery of Individual Dreams and Goals through Education and Support).

The Courts and Corrections branch of AMHD Forensic Services provides court ordered examinations of competency to stand trial (fitness to proceed), dangerousness, and criminal responsibility for mentally ill defendants statewide. In 2005, the Courts and Corrections forensic psychologists (5.0 FTE) completed approximately 750 mental health examinations. In 2006, the examinations they conducted increased to 810. Last year, the number of court-ordered examinations increased again to over 900.

About 25% of all mentally ill defendants that undergo these examinations pose a risk to the community and therefore require inpatient psychiatric hospitalization. The progressive increase in court-ordered mental health examinations each year has inevitably increased the number of admissions to HSH annually.

The Conditional Release Exit Support and Transition (CREST) Program prepares consumers on conditional release (CR) for successful discharge from their CR legal status. Many consumers on CR in Hawai'i are functioning well and have posed no danger to the community for many years. This success can be attributed to their commitment to maintaining mental health treatment and full compliance with all court conditions

and legal requirements. Therefore, it may be appropriate for some of these individuals to be released from their legal encumbrance. To maximize their potential for success after being released from CR and maintaining their mental health recovery, the CREST program offers these individuals an 8-week education and training program. Topics covered include: illness self-management techniques and warning signs for relapse, triggers for risk of violence, sustaining family and vocational supports, and developing short- and long-term goals. Since its inception in late 2007, the CREST program has had 6 graduates on O’ahu involved in the legal discharge process. During 2008, the CREST program will expand to the Neighbor Islands.

Dual Diagnosis Consumers

Within each Community Mental Health Center in FY2007 there was a mental illness and substance abuse (MISA) coordinator who was responsible for providing direct substance abuse oriented services to consumers with a co-occurring substance abuse disorder. MISA coordinators also provided substance training and consultation to other CMHC clinicians and case managers to ensure that substance abuse treatment was integrated with mental health treatment. MISA coordinator activities during FY2007 included:

- Streamlining of substance abuse screening measures

- Development of MISA Core Competencies for CMHCs, and a *MISA Manual*
- Completion of *AMHD Practice Philosophy & MISA Psychopharmacology Guidelines*
- MISA components added to all AMHD forensic programming
- Increased collaboration between community case management and specialized dual diagnosis providers
- Strengthening Dual Diagnosis Anon Hawai’i
- Collaboration with COSIG on the Strategic Plan for Co-Occurring Substance Abuse and Mental Illness

To evaluate individuals at risk for co-occurring substance, the AMHD uses a screening tool that targets consumers with problematic history of substance use and misuse. While not all individuals at risk qualified for a diagnosis of substance used or dependence, the screening helps increase case manager awareness of those individuals who may be at risk. This knowledge enables case manager to make better use of integrated dual diagnosis treatment including helping consumers to avoid triggers for substance use. As seen in Table 4, consumers with higher treatment needs also have higher prevalence of substance misuse. On average, of the 5,823 consumers screened, 54% were at risk for co-occurring substance use.

TABLE 4. DISTRIBUTION OF SUBSTANCE MISUSE BY COUNTY AND LEVEL OF TREATMENT (PERCENTAGE OF CONSUMERS WITH CAGEAID OF >=1)

	HAWAI’I COUNTY	HONOLULU COUNTY	KAUA’I COUNTY	MAUI COUNTY	STATEWIDE
Case Mgt-Assertive Community Treatment	69.9% (109 of 156)	51.2% (133 of 260)	N/A	N/A	58.2% (242 of 416)
Case Mgt-Intensive Case Management	72.2% (345 of 478)	66.0% (986 of 1493)	62.0% (44 of 71)	72.9% (180 of 247)	67.9% (1555 of 2289)
Case Mgt-Targeted Case Management	53.0% (319 of 602)	42.6% (674 of 1584)	43.4% (109 of 251)	46.8% (151 of 323)	45.4% (1253 of 2760)
Case Mgt-Care Coordination	24.4% (27 of 126)	6.5% (7 of 107)	19.5% (8 of 41)	27.4% (23 of 84)	18.2% (65 of 358)
Case Mgt- TOTAL	58.7% (800 of 1362)	52.3% (1800 of 3444)	44.4% (161 of 363)	54.1% (354 of 654)	53.5% (3115 of 5823)

Improving Lives: Making a Difference

CONSUMER PERSPECTIVES



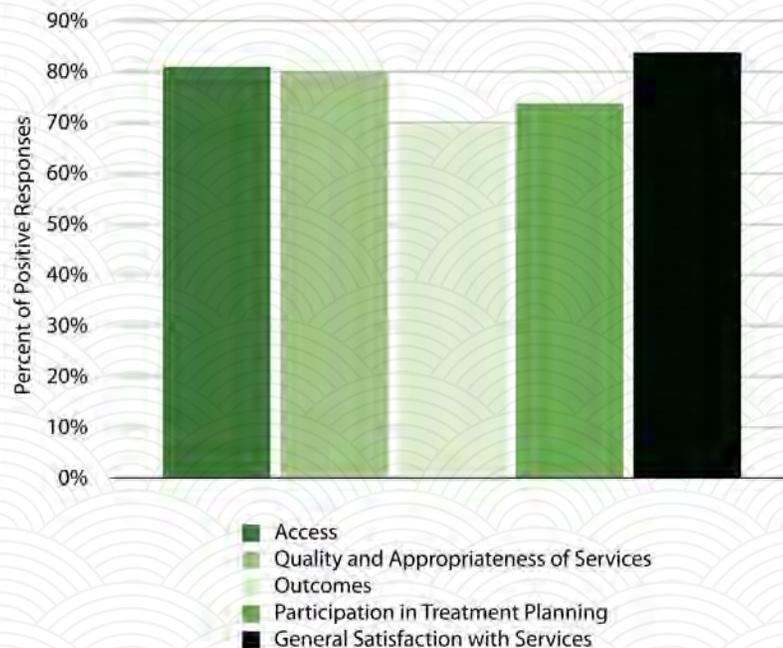
"It's time to prove back to the community that consumers are making progress, that we are a factor, and that we can make a difference in our lives."

Ricky Muramatsu member of Honolulu Clubhouse

SATISFACTION WITH SERVICES

In FY2007, a majority of individuals surveyed were satisfied or highly satisfied with the services they received from the AMHD system of care. The national survey used to measure consumer satisfaction was the Mental Health Statistics Improvement Program (MHSIP) survey sponsored by SAMHSA. The survey was conducted between July and October 2007 drawing from randomly selected consumers across Hawai'i. Questions were aimed at evaluating satisfaction on the following five areas (the percent of satisfied or highly satisfied consumers are indicated in parenthesis): access to services (81%), the quality and appropriateness of the services they received (80%), the positive outcomes attained from these services (70%), their participation in treatment planning (74%), and their general satisfaction with services (84%) (see Figure 15).

FIGURE 15. PERCENT OF CONSUMERS WHO REPORTED POSITIVELY ON SERVICES AND OUTCOMES: FY2007



OUTCOMES: QUALITY OF LIFE

AMHD consumers receiving AMHD services (i.e., "in-service") responded to questions related to their quality of life, they consistently reported higher quality of life than consumers who were just beginning to receive such services (i.e., "at admission").

The following figures 16-22 compare quality of life indicators for each of the past three years. Responses for individuals in continuing services consistently reported better quality of life than those responding at admission. Overall, consumers in continuing services reported better mental health, better physical health, higher rates of employment, lower rates of victimization from violent and non-violent crimes, and 3 to 4 times lower rates of arrest and homelessness than consumers newly admitted to AMHD services.

QUALITY OF LIFE AT ADMISSION VERSUS IN-SERVICE FOR FY2005, FY2006, AND FY2007



FIGURE 16.
PERCENT OF
INDIVIDUALS
WHO REPORTED
MENTAL
HEALTH TO
BE GOOD OR
BETTER

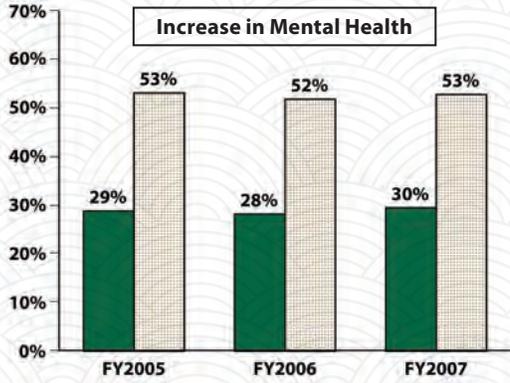


FIGURE 17.
PERCENT OF
INDIVIDUALS
WHO REPORTED
PHYSICAL
HEALTH TO
BE GOOD OR
BETTER

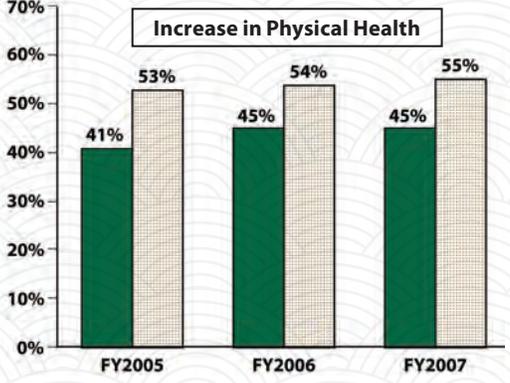


FIGURE 18.
PERCENT OF
INDIVIDUALS
WHO REPORTED
BEING
EMPLOYED

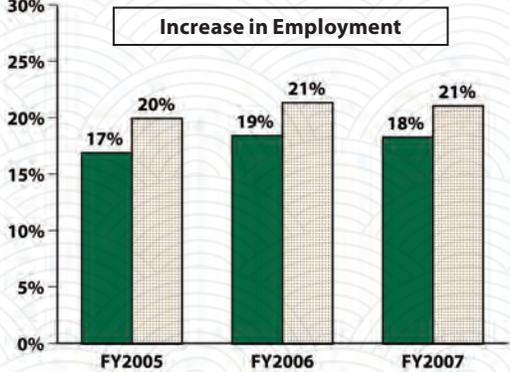


FIGURE 19.
PERCENT OF
INDIVIDUALS
WHO REPORTED
HAVING BEEN
VICTIM OF A
NON-VIOLENT
CRIME OVER
THE PAST SIX
MONTHS

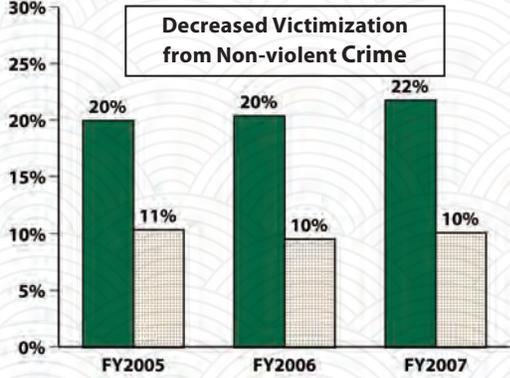


FIGURE 20.
PERCENT OF
INDIVIDUALS
WHO REPORTED
HAVING BEEN
VICTIM OF A
VIOLENT CRIME
OVER THE PAST
SIX MONTHS

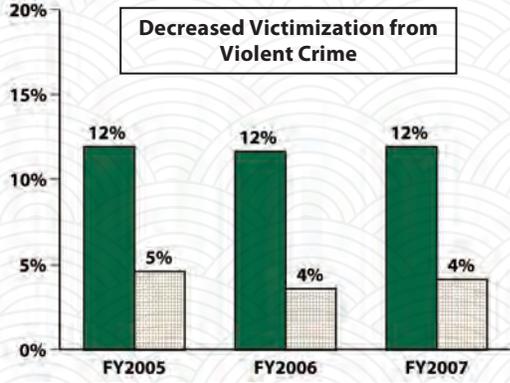


FIGURE 21.
PERCENT OF
INDIVIDUALS
WHO REPORTED
HAVING BEEN
ARRESTED
DURING
THE PAST 6
MONTHS

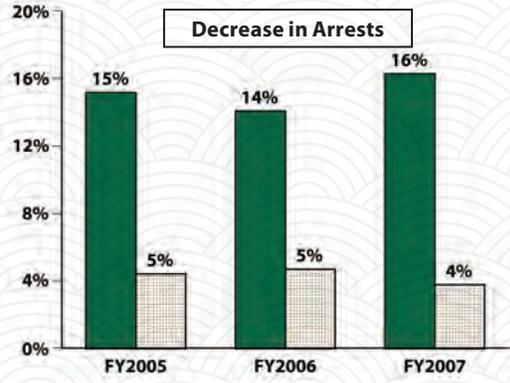
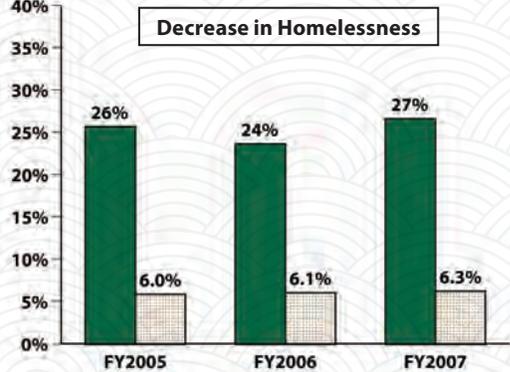


FIGURE 22.
PERCENT OF
INDIVIDUALS
WHO REPORTED
BEING
HOMELESS



System Integration Through Partnerships

DEPARTMENT OF HEALTH

Forming and strengthening partnerships is critical to integrating services, improving efficiency, reducing costs, and improving consumer outcomes. The AMHD's focus on greater collaboration has led to improved access to services, decreased service duplication, and substantial cost savings to the State. The following list highlights some of the most significant improvements that have occurred through these collaborative partnerships.

- **Youth to Adult Transition of Services Initiative:** The AMHD and Child and Adolescent Mental Health Division (CAMHD) partnered to develop policies to better support consumer transitions from youth to adult services. A positive result of this initiative has been to allow the AMHD to screen for service eligibility while the youth is still 17, thereby enabling a smoother transition and decreased duplication of assessments.
- **Co-Occurring Mental Illness and Substance Use Disorders:** Since 2004, the AMHD and Alcohol and Drug Abuse Division (ADAD) have worked together on a \$3.6 million grant project improving Hawai'i's service capacity and infrastructure for people who have co-occurring substance use and mental health disorders. The grant project task force, co-chaired by the Lt. Governor, has overseen the initiative and the development of the soon-to-be-released statewide plan which addresses issues of substance abuse screening and assessment, treatment, workforce development, and infrastructure. Additionally, the project sponsored a mobile services team which assisted the Windward O'ahu community in partnership development, substance abuse training, and technical assistance.
- **Co-Occurring Mental Illness and Developmental Disabilities:** The AMHD and the Developmental Disabilities Division (DDD) with assistance from the attorney general's office have worked to finalize a Memorandum of Understanding (MOU) and accompanying policies between the two divisions. The MOU

allows provision of integrated and effective services for people with co-occurring mental illness and developmental disabilities.

- **Expanded Adult Residential Care Homes (E-ARCH):** As of June 30, 2007, 15 people have been discharged from HSH to community-based E-ARCH settings. These licensed care homes offer nursing home level of medical care in a residential setting. The AMHD worked with the Office of Healthcare Assurance (OHCA) and E-ARCH operators to allow consumers from HSH to access the E-ARCH program. In partnership with OHCA, the AMHD provided extensive education to E-ARCH operators to assure that the caregivers could respond appropriately to the needs of people with severe mental illness in their care.
- **Suicide Prevention:** The AMHD has worked with the Suicide Prevention Task Force and collaborated with the Injury Prevention and Control Program (IPCP) to address suicide in the State. In particular, the AMHD has worked with IPCP to introduce the Applied Suicide Intervention Skills Training (ASIST) to prepare community members to identify, assess, and make appropriate referrals for those at risk of suicide.
- **The Community Hospital Replacement Bed Program:** Developed from new contracts and trainings, this program was implemented dur-



Hawai'i's first suicide prevention conference, *Building a Safety Net—Getting Connected for Suicide Prevention*, resulted from the Suicide Prevention Task Force.



ing FY2007 to increase the number of forensic consumers treated at hospitals other than HSH. Kahi Mohala Behavioral Health continues to treat many forensic consumers, and the AMHD provided a part-time forensic specialist to implement, train, and participate in a formalized fitness restoration program. Contracts were signed which allowed community hospitals throughout the State to admit and treat consumers under various forensic conditions with the cooperation and training of AMHD forensic experts. As a result, more than 30 forensic consumers were treated in local hospitals rather than transferred to HSH, improving those consumers' abilities to maintain linkages with local supports and resources.

OTHER STATE AND FEDERAL AGENCIES

- **SCR-117 Task Force:** During FY2007, the AMHD also assisted the Senate Concurrent Resolution 117 (SCR-117) Task Force convened by the Governor. The SCR-117 Task Force evaluated and recommended possible procedural, statutory, and public policy changes to minimize the census at HSH and promote community-based health services. The SCR-117 Task Force completed its mission in December 2007 and forwarded its report to the Governor and the 2008 Legislature.
- **Pre-booking Jail Diversion Project:** The Emergency Collaboration Project, first imple-

mented in FY2007, led to the development of a pre-booking jail diversion program. This project included three psychologists provided by the Honolulu Police Department (HPD) to assist police officers in handling mental health crises and led to better collaboration among AMHD crisis services, HPD, and community hospitals. This resulted in minimizing arrests and decreasing hospital visits for consumers. Queens Medical Center reported a 34% decrease in the number of involuntary psychiatric evaluations being brought into its emergency department.

- **Forensic Service Coordination/Community Reintegration:** The Department of Health (DOH) and Department of Public Safety (PSD) signed an MOU on April 20, 2007 to establish care coordination of the forensic mentally ill population. The AMHD and PSD are now jointly approving policies and procedures that address: (a) screening of inmates for mental illness; (b) care coordination and linkage of inmates with mental illness to an AMHD community case management provider, and (c) exchange of medical records. This collaboration will also serve forensic consumers in the community who are ready to be legally discharged from conditional release status.
- **Community Legal Fitness Restoration:** The AMHD has worked over the past year with the Judiciary and PSD to develop one of only a



Members of the SCR-117 Task Force gathered to complete their final report for submission to the Governor.

small number of community fitness restoration programs in the country. The partners developed criteria for defendants determined by the court to be unfit to proceed with trial to receive fitness restoration and clinical services in the community. Community-legal fitness restoration programs allow for treatment options in lieu of hospitalization.

- **Mental Health Court:** The AMHD continued to collaborate with the judiciary in O'ahu in FY2007 to support this pilot program which has offered an alternative to incarceration or psychiatric hospitalization at HSH for participants who are fit to proceed, have non-violent felony charges, and may be safely managed in the community. The O'ahu mental health court ended its pilot grant funding stage with over thirty participants, many of whom had lower rates of incarceration and recidivism.
- **Mental Health Calendars:** The AMHD supported the operation of Mental Health Calendars in the District Court of the Third Circuit (Hawai'i) and the District Court of the Second Circuit (Maui) during FY2007 with more planned statewide for FY2008. Designation of a mental health calendar within a single court expedites processes in criminal cases involving mental health defendants. These calendars allow for a more consistent presence in courts of designated judges, criminal justice personnel, and AMHD forensic professionals with knowledge of specific forensic statutes and treatment options for mentally ill defendants who often become forensic consumers served by the AMHD. This judicial approach to managing mental health issues of criminal defendants has helped build interagency cooperation and increased familiarity with unique judicial and mental health procedures. In turn, more community treatment options and better outcomes for mentally ill defendants occur, thereby decreasing utilization of HSH beds.
- **Medicaid Rehabilitation Option (MRO):** The AMHD and Department of Human Services (DHS) have worked together to develop a

Memorandum of Agreement allowing the AMHD to administer the Medicaid Rehabilitation Option (MRO). This means that the State has been able to draw on federal funds to match more than 50% of approved State dollars spent for MRO services. Previously, these mental health services had been funded entirely by State dollars. Since the program's inception in May 2005, the AMHD has been able to recoup over \$38.3 million for the State (see Table 2 and Figure 7 on page 7 and 8).

- **Competitive Employment:** Since January 2005, the AMHD has been a partner in implementing a \$2 million grant to increase competitive employment for people with disabilities in Hawai'i. The project involves a collaboration among the DHS, the Social Security Administration (SSA), the UH College of Education's Center for Disabilities Studies, the Department of Health, the Department of Education, and the Department of Labor and its statewide Workforce Development Council. A key component of the project has been exploring the development of a Medicaid Buy-In option in Hawai'i. The Medicaid Buy-In, and similar disability benefits work incentives programs, can substantially impact the high unemployment rate among persons with disabilities and offset any increased healthcare costs associated with these programs.
- **Capturing Federal Benefits:** The State was made a SSI/SSDI Outreach, Access, and Recovery (SOAR) grantee in late 2005. The SOAR initiative represents a unique partnership between SSA, DHS, statewide housing and community homeless providers. The SOAR initiative led to AMHD training of over 300 providers, consumers, and cross-disability stakeholders on disability benefits (i.e., general assistance, food stamps, Medicaid/Medicare, and SSI/SSDI). The goal of training was twofold: to help qualified consumers to receive benefits and to help beneficiaries keep their benefits and take advantage of SSA work incentives. Subsequent to these trainings, a sample of participants showed that approval of initial SSI/SSDI applications doubled and



took half as much time. In financial terms, this represents about a \$1 million annual savings to the State at DHS (for Welfare/Food Stamps) and an increase in income for new SSI/SSDI beneficiaries.

- **Expanding Housing Options:** The AMHD and the Hawai'i Public Housing Authority (HPHA, formerly the HCDCH) have forged a positive relationship, which has provided assurance that AMHD consumers living in housing provided by HPHA will receive mental health services to strengthen housing tenure. Additionally, a joint AMHD and HPHA committee is collaborating to prevent eviction and help consumers maintain housing. The AMHD also partnered with the local Housing and Urban Development (HUD) office to help consumers receiving temporary housing subsidies through the State to obtain priority in receiving more permanent Federal Section 8 housing subsidies.

UNIVERSITY OF HAWAII

During FY2007, the AMHD collaborated with the University of Hawai'i at Mānoa (UHM) in the disciplines of psychiatry, psychology, social work, nursing, and the social sciences in order to support mental health workforce development in Hawai'i and improve the quality of the AMHD's mental health services.

The Mental Health Services Research, Evaluation, and Training (MHSRET) Program is a collaborative project between the AMHD and the UH Social Science Research Institute (SSRI). Faculty from UHM's SSRI, School of Social Work, Departments of Psychology and Social Work, and the School of Public Health supervise and train graduate students, develop grants, programs and services, and provide data management and support to the AMHD's various service areas. MHSRET Program staff and faculty also provide clinical program evaluation expertise, targeted evidence-based practice training, and technical assistance to services and other projects throughout the State (see Table 5). Primary current MHSRET initiatives include:

- Management and coordination with the federal government on mandated statewide data collection measures

- Service expansion and infrastructure improvements for special needs populations (for example forensic consumers, consumers with co-occurring substance abuse or medical disorders, and older adults)
- Outreach support and partnership development with the Pacific Rim Islands mental health services
- Assistance in implementation and evaluation of evidence-based practices (EBPs) through the Hawai'i Center for Evidence-Based Practices. This is a "virtual" center with an interdisciplinary consortium of representatives from the AMHD and collaborating UHM programs that is coordinated through the MHSRET Program. The goals of the center include modification and implementation of EBPs, professional development and training of current and future work force, and the annual EBP conference
- Evaluation support for the Mental Health Transformation State Incentive Grant Workforce Development through educating and training of graduate students to provide appropriate recovery-oriented EBPs and other mental health treatments to persons with severe mental illness

The MHSRET Program has successfully partnered with the AMHD, other State agencies, and community-based organizations to bring in approximately \$18 million in federal grant funding to the State of Hawai'i since FY2003. MHSRET Program staff and faculty who share academic appointments with various UHM departments have been primarily responsible for developing and writing these grants. The additional funds generated from these successful efforts have assisted the AMHD in expanding and implementing EBPs such as ACT programs, integrated mental health and substance abuse treatment and illness self management as well as develop other specialized services such as pre-booking jail diversion. The MHSRET Program has been instrumental in improving system infrastructure, funding statewide mental health conferences, improving DOH and AMHD data collection and management, reducing the criminalization and stigma of mental illness, and

helping to foster cultural competency and recovery-oriented services statewide.

Finally, the MHSRET Program provides an important role in the dissemination of information through technical reports, presentations, training, the AMHD

newsletter, and special projects like this annual report. For further information about the MHSRET Program's grants, research activities, and training program, visit <http://www.mhsret.org>.

TABLE 5. MHSRET PROGRAM* DEVELOPMENT OF EVIDENCE BASED PRACTICES, SPECIAL POPULATION PROGRAMS, AND OTHER SPECIAL PROJECTS

	MHSRET Activities	Funding Sources	Years	Service Area
Evidence-Based Practices				
Integrated Dual Diagnosis Treatment (IDDT)	Co-occurring State Incentive Grant for Substance Abuse	SAMHSA** \$3,534,000	2003-2008	Statewide
Illness Management and Recovery (IMR)	Native Hawaiian Cultural Adaption and Mental Health Staff Training	DOH/AMHD	2003-2007	Honolulu County and Pacific Rim Islands
	EBP Training and Evaluation Grant†	SAMHSA \$940,000	2003-2007	Statewide
Assertive Community Treatment (ACT)	Training and Fidelity Monitoring	DOH/AMHD	2003-2008	Honolulu and Hawai'i County
Family Psycho-Education (FPE)	Adaptation for Older Adults with SPMI	DOH/AMHD	2005-2007	Maui County
Medication Management Algorithm (MMA)	Model Adapted for Implementation at CMHC	DOH/AMHD		Kauai County
Supported Employment (SE)	Fidelity Monitoring for Supported Employment and Clubhouse Employment	DOH/AMHD	2003-2008	Statewide
Special Population Programs				
Forensic Consumers	Post-booking Jail Diversion Grant	SAMHSA \$920,000	2002-2005	Hawai'i County, Statewide in 2007
Older Adults	Older Adult Services Expansion Grant	SAMHSA \$1,200,000	2006-2008	Honolulu and Maui County
Youth to Adult Transition	Hawai'i Youth Transition Grant	State Council \$40,000	2005	Statewide
Other Special Projects				
Federal Mandated Mental Health Data Collection	Data Infrastructure Grants	SAMHSA \$745,000	2002-2007	Statewide
Mental Health Transformation State Incentive Grant	Submitted grant proposal and implement evaluation component	SAMHSA \$11,400,000	2006-2009	Statewide

* Mental Health Services Research, Evaluation, and Training (MHSRET) Program is a collaboration between the AMHD and the University of Hawai'i at Mānoa.

** Substance Abuse and Mental Health Services Administration (SAMHSA) is a federal authority that provides funding and monitoring of substance abuse and mental health funds.

† The EBP Training and Evaluation Grant was utilized for both IDDT and IMR evidence-based practices.

COMMUNITY-BASED PARTNERSHIPS

- **United Self Help:** United Self Help (USH) is a mental health consumer-operated, non-profit organization. The AMHD has developed contracted services with USH to provide peer-to-peer support to mental health consumers. This has come through their operation of a daily telephone support service called the Warm Lines and delivery of community-based intervention (CBI) services. In addition, the AMHD utilizes USH's consumer assessment team to gather evaluation information on the success of AMHD programs.
- **National Alliance on Mental Illness (NAMI):** The AMHD contracts with the Hawai'i chapter of NAMI to provide valuable support and education to family or loved ones of people with mental illness. NAMI has provided its 12-session program called "Family to Family" over the last three years on O'ahu, the Big Island, and Maui. Plans are underway to begin the program in Kaua'i in 2008.
- **Mental Health America (MHA) of Hawai'i:** The AMHD regularly participates in MHA's annual "Beyond the Blues" concert where the AMHD provides community education and resource information about depression. MHA recognized the Kaua'i Friendship House, an AMHD clubhouse program, as the 2007 Mental Health Agency of the Year.



United Self-Help is run by Executive Director Bud Bowles (on right).



NAMI Hawai'i organized its first NAMI Walk in 2007 to raise funds and awareness about mental illness.



Mental Health America of Hawai'i sponsors Beyond the Blues every year at Ala Moana Center Stage.

Looking Ahead:

A Message from the Deputy Director of Behavioral Health

While 2007 has come to an end, it represented a momentous beginning for the State of Hawai'i. This past year was the first full year in over 15 years in which mental health services were provided by the Department of Health in the absence of federal oversight. It was also the first full year of an initiative by the Department and the State to focus on mental health transformation.

If we look further back, we will see that just within the past five years, the Adult Mental Health Division has grown tremendously in both the number of services and in the number of people served. As noted in this report, this expansion has eased access to services, and improved the quality of life and outcomes of our consumers in the community.

These improvements are aligned with the Department of Health's vision of a system of mental health service delivery where individuals needing safety net services and supports will have access to effective treatment allowing them to live, work, learn, and participate fully in their communities. The Department also has a strong commitment to improving the lives of those affected by mental illness through the reduction of stigma and discrimination, homelessness, and criminalization.

For its part, the AMHD has built a solid foundation for delivering and sustaining effective mental health and related services. The Department has developed meaningful measures of transformation based on national standards for adults showing increased employment, increased cost effectiveness, positive reporting by clients of outcomes, increased stability of housing, decreased involvement with the criminal justice system, and increased access to services.

This report is released as two notable events face the Department. First, Dr. Hester will be leaving the AMHD to spend time with family on the mainland. The Director, Dr. Hester, and I have worked in close collaboration over the past five years to bring us to where we are today. On behalf of the entire Behavioral Health Administration and those stakeholders of the Adult Mental Health Division, I wish him well and mahalo nui loa.

The second notable event relates to where we are today. We have the opportunity to build on past successes and participate in a wide-ranging transformation of our mental health system. Over the past year, hundred of individuals have worked across divisions within the Department of Health, across State agencies, and across the public and private continuum to identify the elements of a truly statewide comprehensive mental health plan. During the next four years, we will implement and refine this plan while focusing on the importance of mental health to physical health, the importance of access to consumer and family driven quality care, early identification of illness, the incorporation of evidence-based practices into care, and emphasizing telehealth and newly emerging technologies. I encourage all interested parties to join us in this endeavor.



Sincerely,

A handwritten signature in black ink that reads "Michelle R. Hill". The signature is written in a cursive, flowing style.

Michelle R. Hill
Deputy Director for Behavioral Health
State of Hawai'i Department of Health



Appendix A: AMHD Service Categories — FY2007 Statewide

Total Adults Served: 13,923
Total Number of Individual Served: 14,576

Continuing Services¹

Total served = 12,120

Outpatient:

- Assertive Community Treatment (631)
- Intensive Case Management (3,879)
- Targeted Case Management (3,712)
- Care Coordination (4,399)
- Clubhouses (946)
- Homeless Outreach (840)

Inpatient:

- Hawai'i State Hospital (352)
- Kahi Mohala (88)
- Others (92)

Crisis Services

Total adults served = 3,198

Total served = 3,851*

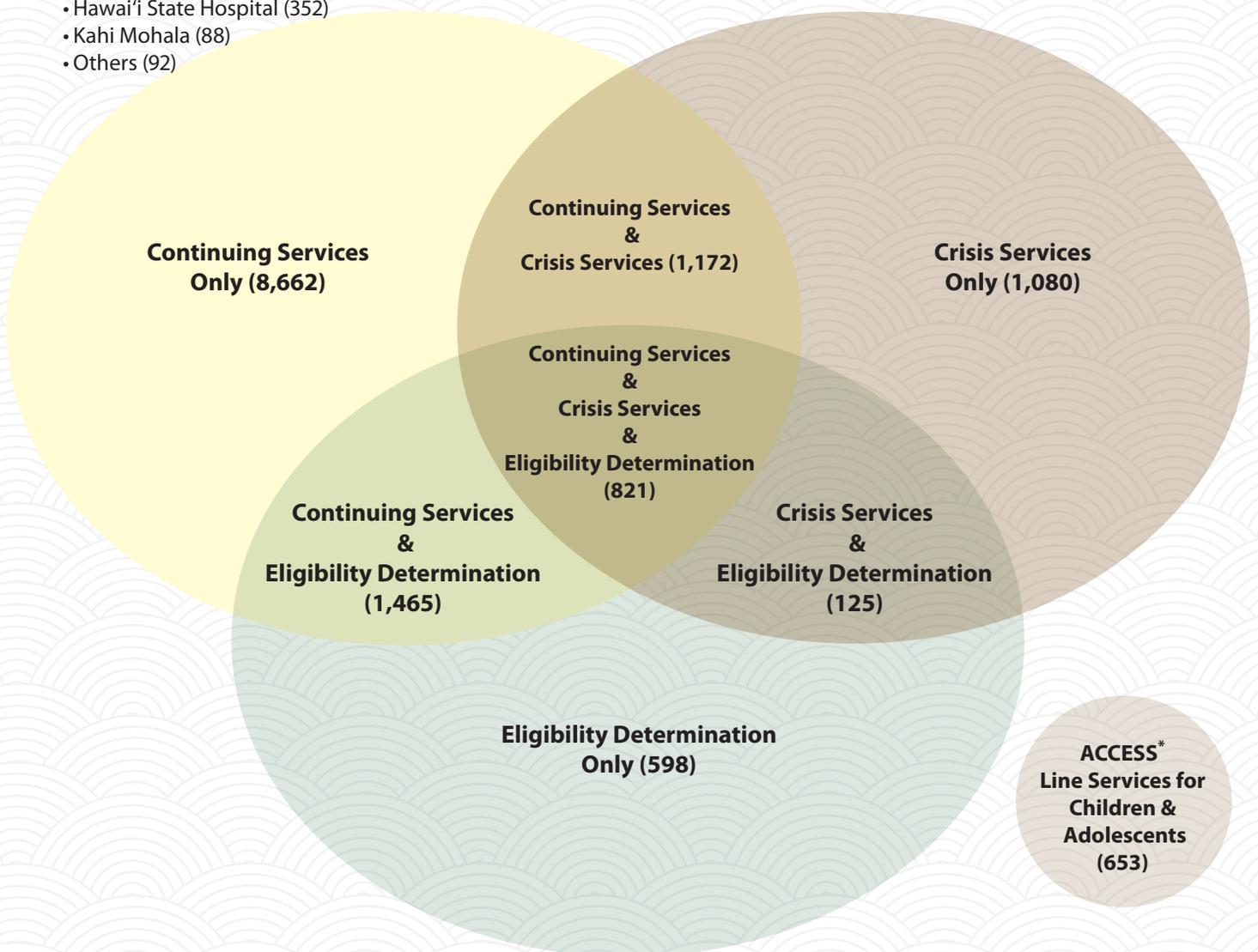
Crisis/Emergency Services:

- Crisis Mobile Outreach (2,456)
- Crisis Support Management (1,998)
- Licensed Crisis Residential Services (622)

Eligibility Determination

Total served = 3,009

- CMHC Psychiatrists/Psychologists (2,277)
- AMHD Contracted Psychologists (732)

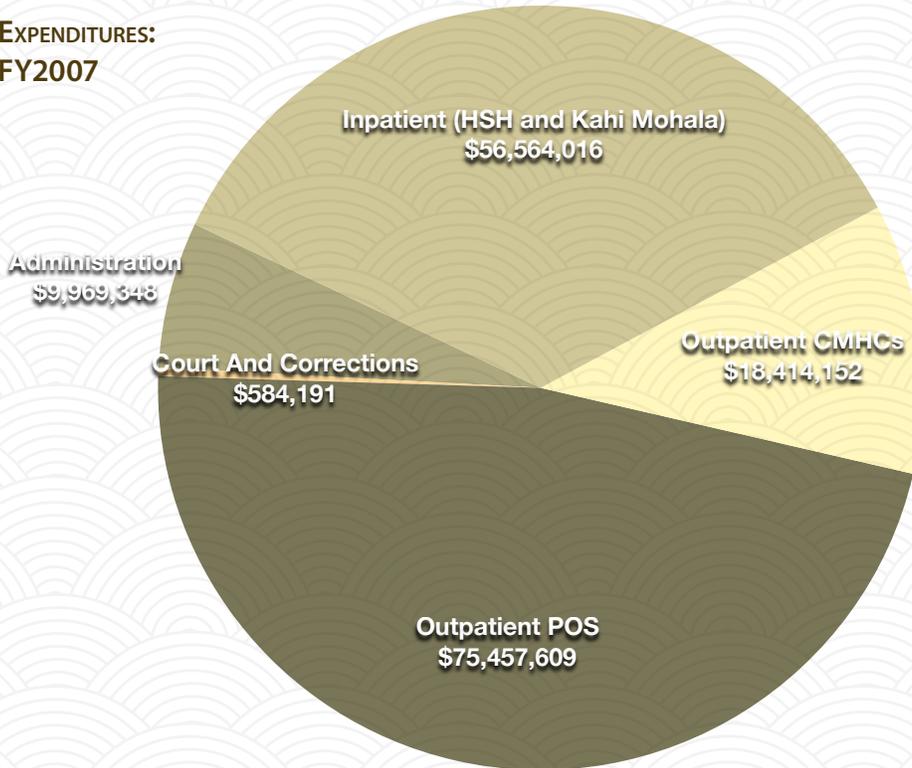


¹Continuing Services are for adults with severe mental illness or those who have been court-ordered to AMHD custody. Continuous services include inpatient and outpatient services provided by Community Mental Health Centers and Purchase of Service Providers.

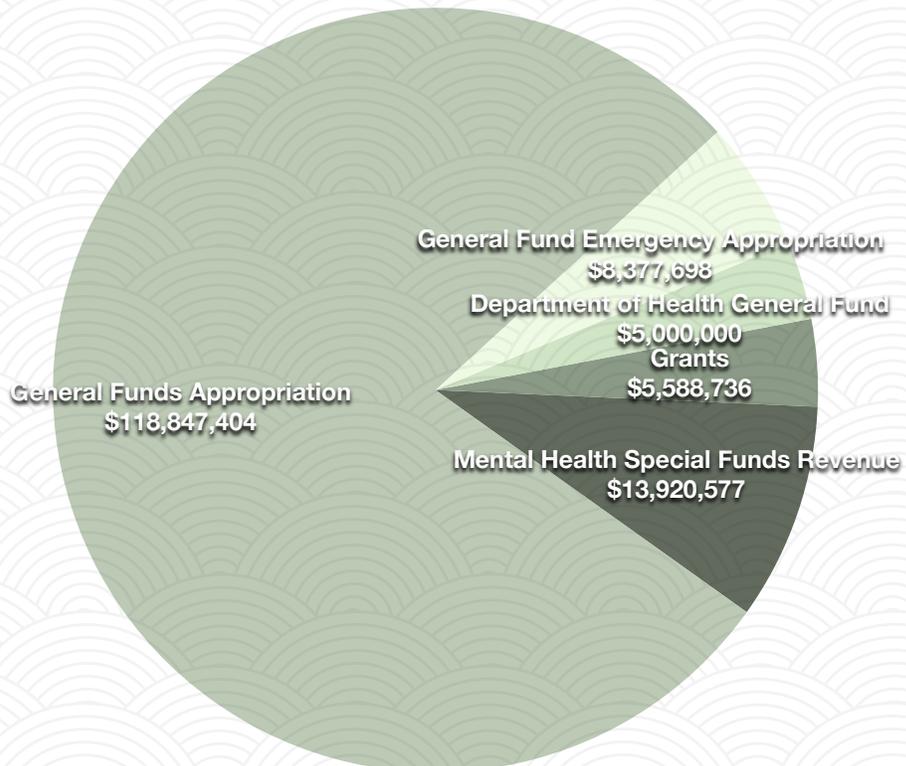
The AMHD core services provided to individual under Continuous Services include case management, treatment, community housing, psychosocial rehabilitation, and crisis services.

Appendix B: FY2007 Annual Expenditures and Revenue Report

EXPENDITURES: FY2007



REVENUE: FY2007



Source: AMHD Fiscal

Expenditures: FY2007

Inpatient (HSH and Kahi Mohala)	\$56,564,016
Outpatient CMHCs	\$18,414,152
Outpatient POS	\$75,457,609
Court And Corrections	\$584,191
Administration	\$9,969,348
TOTAL	\$160,989,316

Revenue: FY2007

General Funds Appropriation	\$118,847,404
General Fund Emergency Appropriation	\$8,377,698
Department of Health General Fund	\$5,000,000
Grants	\$5,588,736
Community Mental Health Services Block Grant	\$1,131,335
Co-Occurring State Incentive Grant (COSIG)	\$500,000
Mental Health Transformation State Incentive Grant	\$2,190,000
Evidence-Based Practice Training and Evaluation Grant (EBPs)	\$313,333
Data Infrastructure Grant	\$100,068
Medicaid Infrastructure Grant	\$500,000
Federal Emergency Management Grant (FEMA)	\$534,000
Olmstead Grant	\$20,000
Project for Assistance in Transition From Homelessness (PATH)	\$300,000
Mental Health Special Funds Revenue	\$13,920,577
Medicaid Rehab Option	\$12,185,345
Medicaid	\$1,045,871
Medicare	\$298,107
CCS/Quest	\$181,886
Clubhouse	\$40,800
Others	\$168,568
TOTAL	\$151,734,415

Source: AMHD Fiscal



**Mental Health Services Research,
Evaluation, and Training Program**
University of Hawai'i

This report is produced by the Mental Health Services Research, Evaluation, and Training Program, a collaborative project between the State of Hawai'i Adult Mental Health Division (AMHD) and the University of Hawai'i (UH) Social Science Research Institute. Visit www.amhd.org or www.mhsret.org to download a copy of this report.