

AMHD *news*

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

Volume IX

Issue 2

April/May 2009

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HAWAII STATE
DEPARTMENT
OF HEALTH

Best Practices Conference bids aloha on high note



Hawai'i's mental health and criminal justice stakeholders gathered at the Hawai'i Convention Center on April 14-16, for the 6th Annual Best Practices Conference to network with one another and to learn about the latest best practices in forensic mental health. Nearly 300 people attended this year's conference titled "Responsibility and Recovery in the Legal System."

"This conference was a watershed event for the state of Hawai'i," said Michelle Hill,

(See "Aloha" on page 2)



Top: The Makaha Marketplace Clubhouse hula halau opens the Best Practices Conference with a performance.

Bottom: Dr. Neil Gowensmith (center) guides participants through the Sequential Intercept Mall Experience.

Aloha

(From cover)

deputy director of the Department of Health's Behavioral Health Administration. "It is hard to imagine a time when this conference would be more important."

Conference sessions featured local and national experts in the areas of law, mental health, police, and public safety. There were four plenary sessions hosted by a dream team of forensic mental health experts: Judge Steven Leifman, Dr. Jennifer Skeem, LaVerne Miller, and Dr. Fred Osher. Representatives from mental health service providers, consumers of services, police, jail, and related agencies led sessions featuring innovative and effective forensic mental health programs in Hawai'i.

The conference had its own groundbreaking highlight: the Sequential Intercept Model (SIM) Mall

Experience. The SIM Mall Experience allowed participants to walk through what someone with a mental illness might experience in Hawai'i's criminal justice system. Participants were guided through individualized scenarios where they received information from a police officer, a judge, mental health workers, and others at each point of the experience. "This was the first time this was done in the country," said Dr. Neil Gowensmith, AMHD forensic services director. "It was an exciting opportunity and I think a lot of people enjoyed and got a lot out of it."

Videos of conference sessions will be posted for free online at <http://www.amhd.org/conferences/2009/> and at <http://www.mhsret.org/wire/>. ❀

Stopping the revolving door for offenders with mental illness



Dr. Jennifer Skeem

As planning committee chair for the 6th Annual Best Practices Conference, AMHD forensic services director, Dr. Neil Gowensmith, invited a "dream team" of plenary speakers. To his surprise and to the benefit of conference attendees, they all accepted the invitation. Over the course of the three-day conference, Judge Steven Leifman, LaVerne Miller, Dr. Fred Osher, and Dr. Jennifer Skeem shared their unique perspectives and expertise on how best to serve people with mental illnesses entering the criminal justice system.

In her plenary speech, Dr. Jennifer Skeem, an associate professor of psychology at the University of California at Irvine, laid out the context for forensic mental health in the nation. As of 2008, there were 7.3 million people in the United States under a form of criminal justice supervision. Furthermore, studies estimate that approximately 15% of people in the U.S. criminal justice system have a major mental illness.

Skeem said that compounding the problem is the fact that offenders with a mental illness are significantly more likely to be returned to prison without committing a new offense than those without a mental illness. According to Skeem, the difference is due in part to stigma in the perceptions of probation and parole officers, agents, and judges. Studies show that if officers balance therapeutic and surveillance roles when supervising offenders with a mental illness, there is a reduction of recidivism

Come Together

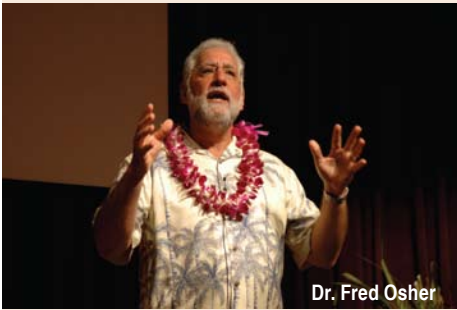
Service area meetings

Consumers, providers, and stakeholders are invited to attend AMHD service area board meetings to discuss the AMHD system of care in their area:

- Hawai'i meets on the first Monday of the month from 1:30 to 3 p.m. at the Waimea Civic Center (67-5789 Kamamalu Street) or Tutu's House (64-1032 Mamalahoa Hwy., Room 304).
- Kaua'i meets on the last Thursday of the month from 1 to 3 p.m. at Child and Family Service, Old Plantation Building (2970 Kele Street #203, Lihu'e, HI 96766). Contact Jolly Iwata at (808) 274-3130 for more information.
- Maui meets on the first Monday of every month from 2 to 3:30 p.m. at the J. Walter Cameron Center (95 Mahalani St., Rm. 1).
- O'ahu meets on the third Monday of every month from 6 to 7:30 p.m. in the Lanakila Health Center (1700 Lanakila Ave.). Call (808) 453-6396 or (808) 453-6397 for more information.

State Council on Mental Health

The State Council on Mental Health is responsible for reviewing and commenting on the state plan for mental health services and includes monthly reports by the AMHD and CAMHD. It meets in the mornings of the second Tuesday of every month. Call Judy Crockett at (808) 453-6945 for more information.



Dr. Fred Osher



Judge Steven Leifman



LaVerne Miller

(recommitting a crime) and revocation of community supervision.

Another key finding Skeem highlighted is the fact that offenders with mental illness share many risk factors for recidivism with offenders without a mental illness. Although there is a small subgroup that will benefit from mental health treatment alone, Skeem said that core risk factors for recidivism should be addressed through a “firm but fair approach, balancing responsibility and recovery” for offenders with a mental illness. These “criminogenic” factors, as well as the specific strategies and techniques for addressing them, were highlighted by Skeem and will provide Hawai‘i’s mental health and public safety agents with common language and goals for this special category of offenders.

In addressing risk factors, Dr. Fred Osher added that offenders with mental illness have more risks—and their needs so complex—that it is difficult to single out any one evidence-based practice (EBP) that would help. Because EBPs have been defined for non-forensic populations without a lot of co-occurring conditions, Osher said that treatment teams need to be creative in bringing EBPs together. Osher, who is director for the Health Systems and Services Policy for the Council of State Governments Justice Center, said, “We need to be much more nuanced in our approach to how we treat individuals.”

Rather than EBPs, Osher suggested “evidence-based thinking” in which EBPs are catered for each individual to get desired outcomes. “It’s really important that we individualize our care for the folks that are before us and think about a blending of strategies as we go forward,” Osher said,

“...at the end of the day, we’re interested in preventing criminal recidivism, in stopping the revolving door, and in assisting those individuals in attaining their goals and objectives.”

When Judge Steven Leifman began his career as a judge nine years ago in Florida, he had no experience dealing with this revolving door. All too quickly, Leifman became familiar with this pattern and gave it his own term: “the parade of misery.” In Florida, the budget for incarcerating forensic offenders grew 72 percent over the past 10 years, while the mental health budget decreased. Leifman, who now serves as Chair of the Eleventh Judicial Circuit of Florida’s Mental Health Committee, noted, “There is something terribly wrong with a society that’s willing to spend more money to incarcerate people with mental illness than to treat them.”

To help remedy the situation, Leifman has become a visionary leader from the bench, creating pre-bookings jail diversion programs and other partnerships with mental health and public safety workers in an attempt to improve mentally ill offenders’ access to support and treatment. Leifman also chaired the Supreme Court of Florida’s Mental Health Subcommittee, which highlighted seven essential elements for a competent community mental health system: proper diagnosis, intensive case management, day activities, co-occurring treatment, trauma related services, supportive housing, and supportive employment. He said that if these elements are put together in a unified system of care, the vast majority with acute mental illness can recover and stay out of the criminal justice system.

To pay for this system, Leifman said that Florida is working to pass legislation that will tap Medicaid funds to pay for higher level of services for people with a higher level of illnesses. By doing so, Leifman believes that they can stop “the recycling of people with mental illness.”

LaVerne Miller’s solution to stop this recycling is to address the problem at a personal level. She stressed the importance of people speaking to one another about mental illness in their own family. “Silence, to my knowledge,” said Miller, “has never solved anything.” She encourages talking about the underlying trauma from one’s family, community, and environment.

Miller believes that trauma needs to be addressed during treatment and that utilizing peers during this process will make treatment much more effective: “Peers are uniquely qualified to provide trauma and crises counseling services because they already experienced and overcame similar situations.” Peers, however, are often not included in planning for services, policy work, and deciding on an appropriate treatment. Miller, who works with Policy Research Associates to provide technical assistance and support to Mental Health Transformation State Incentive grantees, suggests that administrators need to listen to peers and “take an asking stance” when developing appropriate services.

Videos of all plenary talks except Dr. Jennifer Skeem’s (by her request) will be posted for free online at <http://www.amhd.org/conferences/2009/> and at <http://www.mhsret.org/wire/>.

Hawai'i County, May 2009

Anne Sturgis, Hawai'i County Service Area Administrator

The island of Hawai'i is 1.8 times larger than all the other counties combined. The U.S. Census determined that Hawai'i had a population of 148,677 in 2000 and estimated a population of 175,784 in 2008 representing an increase of 18 percent.

As of May 15, 2009, the East Hawai'i Community Mental Health Center (EH CMHC) had 405 active consumers and West Hawai'i Community Mental Health Center (WH CMHC) had 365. In FY08, EH CMHC provided case management service to 929 consumers, and WH CMHC, 477. Also, as of May 15, 2009, CARE Hawai'i had approximately 950 active consumers on the east side of the island and about 245 on the west side. The total number of clients in Hawai'i County receiving continuing services during FY2008 was 3,056 people.

Geography, infrastructure, resources and adequate staffing continue to challenge all public and private agencies providing services to the people of Hawai'i County. Many people (more than 38% of households) do not have municipal drinking water. Drilling for a well costs \$100 per foot, making the cost of drilling prohibitive, so many people have catchment tanks that literally catch the runoff rain from roof gutters and pump it into a house. The volcanic gasses end up acidifying catchment water. Other contaminants also end up in catchment tanks, making the untreated water unsuitable for drinking. This forces people to acquire water at public spigots scattered across the island.

The lack of drinking water primarily affects consumers in lower and upper Puna, Ka'u, and south Kona districts. These areas also happen to have the most affordable housing. Within these areas, many subdivisions' unpaved roads become muddy paths punctuated by ponds several inches deep during rainy times. Rain can be so severe that access to an area can be cut off.

Big Island events affecting AMHD consumers in the last year include:

- Lengthier delays in hiring replacement community mental health center (CMHC) workers
- Transition of consumers from assertive community treatment to community-based case management (CBCM)
- CBCM unit caps of 3.5 hours a month implemented
- Licensed crisis residential service in Kona closed
- East Hawai'i purchase of service (POS) provider discontinued AMHD CBCM services
- Kona POS provider discontinued day treatment program
- Shortage of physicians and physician specialists on island
- Quest Expanded Access health plans have had difficulty recruiting physicians and other medical service providers to contract with them to provide services
- Transportation Initiative Project contract will end as of June 30, 2009

On the positive side:

- The county transportation service, the Hele-On Bus, has been growing. The fleet has 50 buses with orders in place for 11 more. Hawai'i County will be awarded up to \$300,000 for coordination and infrastructure costs. The mayor and county council remain averse to charging a fare. Hele-On continues to set monthly passenger trip records of more than 70,000.
- The Federal Stimulus Package awarded the state \$44 million. Honolulu was allocated \$41 million and the remaining \$3 million dollars were allocated to the other three counties.
- The service area administrator (SAA) collaborated with the special populations service director and

University of Hawai'i at Mānoa staff to hold trainings for Big Island providers on integrated dual diagnosis treatment and, most recently, clinical supervision.

- The SAA also informs providers of other learning or training opportunities like trauma informed care, Applied Suicide Intervention Skills Training, and the Invisible Children's Project.
- The SAA worked with a judiciary specialist on crafting a successful proposal for the Mental Health Transformation State Incentive Grant that will provide a one-day training on each side of the island in September for first responders, Judiciary staff, and mental health workers. The purpose of the training is to transform and elevate the awareness, ability and response of the people who interact professionally with consumers.
- The SAA participates in the recently revived Mayor's Roundtable on Substance Abuse.

The SAA will continue to collaborate with the network of providers who support consumers through case management, supported housing, supported employment, psychosocial rehabilitation, clubhouse, medication management, representative payee, homeless outreach, substance abuse services, public safety, court supervision, forensics coordination, hospital, and medical services. These people serve the community with compassion, aloha, collegiality, and creativity. The SAA will also continue to seek out resources through other stakeholders in the community that can provide formal and informal supports to consumers and training for providers. Finally, the SAA plans to work within the AMHD to determine effective services and as economic conditions improve, shore up services that support consumers' recovery goals of being healthy and productive on their own terms. ❀

Kaua'i CMHC's dual diagnosis program

When a private provider's dual diagnosis program folded on Kaua'i last year, it threatened to leave no treatment options for people diagnosed with co-occurring disorders of severe and persistent mental illness and substance abuse. Recognizing consumers' need for these services, Kaua'i Community Mental Health Center (KCMHC) staff launched their own dual diagnosis program in September 2008.

The Ho'o Pohala program, was developed at KCMHC by MISA coordinator Shana Seidenberg, forensic coordinator James Hall, licensed clinical social worker Julie Hayward, and clinical psychologist Alton Couturier. After losing Seidenberg as MISA coordinator in November 2008, the remaining team of three ran Ho'o Pohala in addition to their regular duties at KCMHC, often

working through their breaks and after hours. Although there are budgetary cuts across the state, the Ho'o Pohala staff are determined to provide integrated dual diagnosis treatment (IDDT) to their consumers. Hall: "If services have to be curtailed due to the closing of purchase of service programs, dual diagnosis treatment is too critical a need not to provide."

Hayward said that according to research, the best treatment outcomes occur when mental health and substance abuse issues are addressed at the same time as done through IDDT, a recognized evidence-based practice. Hayward describes treating just one disorder out of two is like "trying to have a table that has two legs instead of four."

Besides the treatment benefits to consumers, Hall said that Ho'o Pohala is

cost-effective for the bottom line. "We're treating a very needy population that if we don't treat properly are going to be sick and have more hospitalizations," he said. "We're saving money because we're not paying purchase of service providers and we're bringing money into the [state's] general fund by billing HMSA, Medicare, and QUEST."

Considering the state's budget situation, Hall believes "the AMHD has been as supportive as they could possibly be." The program still needs adequate staff on the team to help relieve the workload on Hall, Hayward, and Couturier, but they are appreciative of the support and encouragement from AMHD administrators.

As of this writing, Ho'o Pohala treats twenty-four consumers, providing six treatment groups three days a week. ✿

Hawai'i Clubhouse outcomes

First six months — Fiscal Year 2009

Reporting period: July 1, 2008 to December 31, 2008

Outcomes and Performance Indicators	O'ahu					Big Island		Maui	Kaua'i	Statewide Totals
	Diamond Head Clubhouse	Ko'olau Clubhouse	Hale O Honolulu	Makaha Marketplace*	Waipahu Aloha Clubhouse	Hale 'Olua	The Kona Paradise Club	Hale O Lanakila	Friendship House	
Membership										
Active Members	94	224	154	42	190	106	69	71	67	1,017
Average Daily Attendance	25	53	50	13	92	49	17	27	27	39
New Members	12	48	24	33	28	5	28	13	18	209
Employment										
Total Members Employed	14	35	19	5	54	28	18	12	36	221
Percent of Active Members Employed	15%	16%	12%	12%	28%	26%	26%	17%	54%	22%
Average Hourly Wage	\$9.92	\$7.59	\$9.18	\$8.67	\$8.02	\$9.46	\$10.00	\$9.46	\$9.75	\$9.12
Total Monthly Wages	\$51,927	\$92,909	\$72,298	\$600	\$82,513	\$69,904	\$42,568	\$28,205	\$125,149	\$566,073
Community Supports										
Dual Recovery Supports	15	226	17	24	15	28	7	42	19	393
Wellness Supports	50	91	30	17	47	19	41	34	27	356
Transportation Supports	16	48	5	0	77	127	63	30	55	421
Entitlements Supports	6	55	19	2	31	12	13	4	26	168
Community Services Linkage Supports	10	27	6	0	7	20	15	34	38	157
Housing Supports	9	2	8	0	4	18	8	1	19	69
Total Community Supports	106	449	85	43	181	224	147	145	184	1,564

* Makaha Marketplace Clubhouse data reflects the start up phase during the opening of the new state-operated Clubhouse on the Leeward coast.

Recovery difficult without employment and housing

Dr. Kimo Alameda, AMHD Multicultural Services Director

Let's face it, the current economic situation has made the concept of recovery more of an ideal than a reality. In 2009, the Department of Health and Human Services issued poverty guidelines that varied by family size and state. For the state of Hawai'i, a single person household earning less than \$12,460 is considered to be in poverty. For a two-person household, the poverty level is \$16,760.¹ These estimates increase about \$4,300 for each additional family member. AMHD data from 2008 show that the average annual income for consumers, before taxes from all sources except food stamps, was about \$6,500, which is way below the national poverty indicator, assuming there are no dependents.² This begs the question, how can consumers truly recover when the socioeconomic conditions that surround their lives are so poor? Maybe the solution resides outside of the field itself – like in having meaningful employment and adequate housing.

The best way to increase annual income for our consumers is through employment. Although our system has a pre-vocational program as a prerequisite to work, perhaps the only consumer prerequisite for work should be a desire to do so. We must increase our efforts to help our consumers gain meaningful employment. Dr. Edward Suarez, AMHD's psychosocial rehabilitation services director, states that we need to help the system change their attitudes about employment for consumers and rid ourselves from the old myth that consumers can't work because they'll lose their disability benefits.

Dr. Suarez further explains, "there are new work incentive programs (for example, 16-19B) which allow consumers to make as much as \$32,900 a year and still keep their Medicaid benefits, and in some cases it can be increased if health costs are excessive."³ If providers find road blocks to employment at the state and county levels, they should turn to the

federal government by signing up for the Employment Network, which is a way for agencies to receive reimbursements for work under the vocational rehabilitation option.⁴ Goodwill Industries and the Salvation Army, through the AbilityOne Program⁵ have utilized federal government contracts for food service, maintenance, and delivery-type work. AMHD providers could do the same. When employment is in place, adequate housing becomes a reality.

Housing is a top priority at the AMHD, yet sustained housing is difficult for many consumers in recovery. The Housing First model, which employs an unconditional housing approach, should be implemented even if our consumers struggle with substance and alcohol issues. Housing First projects in New York showed significant outcomes for helping consumers with co-occurring disorders maintain their housing while in recovery.⁶ Housing there was truly unconditional, sending the message to their consumers that they were committed to them for the long haul.

In time, these consumers gained a deep sense of appreciation for their housing, which increased their readiness for change and treatment. Hospital placements decreased significantly and the cost savings to the state was huge.⁶ Perhaps with some guidance from the Housing First experts and additional support from the federal government, we can do the same.

Sources:

1. Federal Register, Vol. 74, No. 14, January 23, 2009, pp. 4199–4201
2. Alameda, C. PowerPoint Presentation to AMHD Executive Team. May 13, 2009.
3. http://shrp.umdnhj.edu/smi/consumers/index_ssic.htm
4. Ticket to Work: <http://www.yourtickettowork.com>
5. AbilityOne: <http://AbilityOne.org>
6. Padgett D. K., Gulcur L., Tsemberis S. (2006). Housing First Services for People Who Are Homeless With Co-Occurring Serious Mental Illness and Substance Abuse: <http://rsw.sagepub.com/cgi/content/abstract/16/1/74>

Request for Proposals/Information

AMHD plans to release the following Request for Information (RFI) and Request for Proposals (RFP):

- RFI for supported case management (interpretive services)
- RFP for psychosocial rehabilitation services
- RFP for supported employment/micro-enterprise
- RFP for supported self-employment/micro-enterprise
- RFP for peer coaching

If you have any questions regarding RFI's, RFP's, contracts or modifications, please contact the contracts unit at (808) 586-4689.

AMHD Innovation

One of eight AMHD Core Values

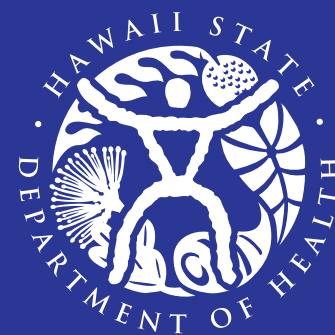
We seek to explore new and creative ideas.

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.





Michelle R. Hill,
Behavioral Health
Administration
Deputy Director

Aloha,
Last month, I attended the latest Best Practices Conference and thought it was excellent. The very purpose of these conferences is to lower the stigma the consumer population experi-

ences and to allow service providers to be much more accomplished as professionals. The subject matter was particularly timely given that we are developing an exemplary system for helping people on conditional release and with forensic encumbrances.

The speakers were dynamic and I believe our attendees were thoroughly engaged. I was disappointed that I was unable to attend the Sequential Intercept Model Mall Experience, but from feedback I've received, people were very impressed with that hands-on experience.

I enjoyed talking to the consumers who attended. They seemed enriched by the sharing of information in the realm of forensic practices. I love that the clubhouses opened and closed the conference for us. Their hula halau performances were very comforting.

Finally, I would like to extend my kudos to the MHSRET Program staff that managed the conference because, as usual, they did an excellent job of meeting people's needs.

Budget issues

The new budget passed by the Legislature is not quite as severe as the first draft by the House, which proposed the loss of enormous numbers of positions both filled and vacant. However, we still have a number of vacant positions lost in this budget.

Unfortunately, the situation we face as administrators is not likely to improve

because the Council on Revenues continues to meet outside of the legislative process. That will present another challenge to all of us should they forecast that the state's economy will continue to lag. I imagine we will be asked to contribute yet more dollars and positions to help stabilize the state's overall financial goal for the six-year planning period.

In advance of the legislative process, we began to look seriously at what the AMHD was offering in its service array. We questioned how and to whom we were providing services to, and unfortunately that was not a very popular thing to do. Were it not for those strategies however, I think we would be in a far worse situation as we face future Council on Revenues forecasts. Everyone in the state recognizes the importance of a strong system of care for those who have mental illness, but the realities are that we have finite resources to support those services.

Our plan will be to continue with the strategies we have already implemented and to then look at other strategies to help us keep in line with the budget passed by the Legislature. This includes looking more seriously at who are entitled to AMHD services. While we are committed to caring for the most serious of the mentally ill population, we recognize that we are but the safety net system for the state. That means that we are going to keep up our efforts to identify consumers who have a commercial insurance plan from which they can access their benefits. We will also look at the other lines of services to see if there are any changes that need to occur in our contracts.

The fiscal year ends on June 30. We are working to implement the provisions of Act 67 (HB 1364, HD1, SD1, CD1), which appropriates funds in FY2009 to the Adult Mental Health Division as an emergency appropriation. We have moved heaven and earth to find every

available resource that we can to assure that the providers get paid for authorized and clinically necessary services that they've performed. That will be the way we continue into the next fiscal biennium, which begins July 1, 2009.

I am grateful for those providers that have worked with our fiscal staff, our utilization management staff, and our clinical staff to understand better what our strategies are and how they can work with us while still functioning in their business operations. There were several providers that really were stellar in that collaborative process. Our system cannot function without them.

I also want to commend our consumers. They are struggling with the changes that we've made and they're learning to cope and be much more resilient. That is what I had hoped for. They're tremendous in their advocacy and they could be a rich resource for our community at large if people would just recognize their potential.

My kudos goes out to everyone in utilization management, our clinical teams, and our administrative supports. Everyone has come to work and they've suited up for the job and they have not tired. I know that they should be very exhausted both from the hours and from the stress. But our work isn't done yet. I think what people need to appreciate about the staff of the DOH is that many of them did their jobs well even though they knew their positions were targeted for elimination in the earlier versions of the budget document. That just speaks to their dedication to what they do and what they believe in. 🌸



ACCESS: Suicide and Crisis Line

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

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

The Hawai'i State Department of Health, Adult Mental Health Division's ACCESS Line provides a team of trained and experienced professionals to provide help to you or a family member in times of mental health crisis.

An accessible digital and a large print version of the newsletter may be obtained by calling (808) 735-1842.

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