

REPORT TO THE THIRTIETH LEGISLATURE STATE OF HAWAII 2019

PURSUANT TO SECTIONS 321-175 AND 321-176,
HAWAII REVISED STATUTES,
CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
STRATEGIC PLAN 2019-2022

AND

BIENNIAL REVIEW OF PROGRESS MADE IN 2017-2018 ON
THE CHILD AND ADOLESCENT MENTAL HEALTH DIVISION'S
STRATEGIC PLAN



PREPARED BY:

STATE OF HAWAII
DEPARTMENT OF HEALTH
CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
NOVEMBER 2018



EXECUTIVE SUMMARY

This report is submitted pursuant to sections 321-175 and 321-176, Hawaii Revised Statutes, which require the Department of Health to submit to the legislature and the governor a statewide children's mental health services plan every four years and a biennial review of progress on the plan every two years.

Section I presents the Statewide Children's Mental Health Services Plan as required by statute.

Section II presents the report of progress made on the Child and Adolescent Mental Health Division's (CAMHD) Strategic Plan during 2017-2018.

Section III presents the Child and Adolescent Mental Health Division's (CAMHD) Four-Year Strategic Plan, 2019-2022. Based on the momentum of the progress made over the past several years, CAMHD will continue to focus on optimizing the electronic information technology system for the purposes of improving clinical services at the macro and micro levels. CAMHD's 3 goals for the next four years:

Goal 1. Improve CAMHD's ability to meet the needs of gap groups

Goal 2. Develop and implement a system-wide culture of Continuous Quality Improvement to improve administrative and clinical practices for youth and families

Goal 3. Improve efficiency and effectiveness of services by implementing the new CAMHD Case Management Information Technology System

01**SECTION I
HAWAII STATEWIDE CHILDREN'S MENTAL HEALTH SERVICES PLAN****STATUTORY REQUIREMENT**

Hawaii Revised Statute § 321-175, requires that every four years, the Department of Health develop and present to the governor and legislature, as well as release for public comment, a statewide children's mental health services plan.

**HAWAII STATEWIDE CHILDREN'S
MENTAL HEALTH SERVICES**

The Hawaii State Department of Health's (DOH) Child & Adolescent Mental Health Division (CAMHD) provides services and supports through an integrated public-private partnership consisting of contracted community-based agencies, state managed community-based Family Guidance Centers, and a centralized state office to provide administrative, clinical and performance oversight functions. The system of care has developed a comprehensive array of evidence-based services and supports for children and youth with the most challenging emotional and behavioral difficulties, and their families.

Through its seven Family Guidance Centers and the Family Court Liaison Branch, CAMHD provides clinical oversight and case management services to youth and families throughout the state through an assigned Clinical Lead and Care Coordinator. CAMHD also procures needed services from its contracted provider

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agencies to meet the treatment needs of youth. CAMHD provides services to youth who meet clinical criteria for serious emotional or behavioral disturbance and who qualify for funding support from the state based on one or more of the following: 1) they have QUEST-Integration insurance; 2) they have been certified as qualifying for special education services under the Individuals with Disabilities Educational Act (IDEA) and their Individual Educational Plan (IEP) team requests CAMHD services; or 3) they are involved in the Juvenile Justice system and are referred to CAMHD by the Office of Youth Services. Small numbers of other youth may become eligible for CAMHD services based on their qualifying for a particular special program, usually grant-funded.

ELIGIBILITY

CAMHD serves Hawaii youth with “high need” for mental health treatment services, sometimes referred to youth who have severe emotional disturbances (SED).

I. To be CAMHD eligible, children and youth must be physically present in the state of Hawaii at the time of application for services and must meet ALL the following clinical criteria:

A. Children and youth must be ages 3 through 20 to apply for CAMHD services.¹

B. Children and youth must have been diagnosed with a qualifying mental health diagnosis² by a Qualified Mental Health Professional, documented within the past 12 months, AND

¹ Youth over 18 must consent to their own treatment services.

² Diagnoses must be included in Section II of the Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition (DSM-5).

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C. Children and youth must be experiencing moderate to severe impairments in their daily functioning because of their mental health diagnosis. This is determined by the CAMHD Clinical Lead as part of the eligibility process and is operationally defined as:

1. A total score on the Child and Adolescent Functional Assessment Scale (CAFAS) equal to or higher than 80 for youth ages 12-20, or
2. A CAFAS total score equal to or higher than 60 for children younger than 12.

II. In addition, children and youth must be able to access at least one of the following funding sources:

- A. Coverage by a Med-QUEST Integration Health Plan (QIHP), or
- B. Special Education support through a referral from the Individualized Education Program (IEP) team of their public school that identifies the need for intensive mental health services in order to benefit from their education, or
- C. Office of Youth Services (OYS) funds through a referral from the OYS Administrator, or
- D. Acceptance into a grant-funded CAMHD program. Current projects offering free services for qualified youth include:

1. Kealahou Services for girls on Oahu who have experienced significant trauma, or
2. OnTrack Hawaii program for youth and young adults who experienced their first episode of psychosis.

More information about these grant-funded programs and their admission criteria can be obtained by calling the CAMHD Clinical Services Office (808-733-9856).

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CAMHD Exclusionary Criteria

If any of the following is true for the child or youth, they are NOT eligible for CAMHD services:

- A. They meet criteria for an Intellectual Disability in the moderate, severe, or profound range, or for Autism Spectrum Disorder in severity level 2 or 3, and/or they are enrolled in services provided by the Hawaii State Developmental Disabilities Division.
- B. They have a DSM-5 diagnosis of a non-qualifying disorder (listed in A. above) AND no other separate qualifying emotional or behavioral mental health diagnosis. In cases where a nonqualifying diagnosis is present, the Clinical Lead has the discretion to determine whether there is a separate, treatable qualifying mental health diagnosis and therefore whether the youth is CAMHD-eligible.

Non-qualifying diagnoses include:

1. DSM-5 Neurodevelopmental Disorders

including:

- a. Mild Intellectual Disabilities
 - b. Communication Disorders
 - c. Autism Spectrum Disorder, Severity Level 1
 - d. Specific Learning Disorders
 - e. Motor Disorders
 - f. Other Neurodevelopmental Disorders
2. All DSM-5 Substance-Related and Addictive Disorders³

Please also note: All children and youth, ages 3 through 20, physically present in the state of Hawaii, have access to CAMHD-contracted emergency mental health services, regardless of CAMHD eligibility.

³ CAMHD provides integrated mental health and substance abuse services when needed for co-occurring disorders.

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ELIGIBILITY AND CO-OCCURRING DISORDERS

Many youth receiving services from CAMHD have mental health disorders that co-occur with substance abuse, mild intellectual impairments, secondary diagnoses of developmental disorders, or medical impairments (e.g. blindness, deafness, diabetes, etc.) The presence of co-occurring disorders is assessed with all youth at the point of initial assessment, as well as routinely during the course of ongoing treatment. Youth with mild intellectual disabilities and pervasive developmental disorders that co-occur with a diagnosed mental health disorder may be eligible for CAMHD in-home supports and treatment services. Integrated treatment for co-occurring substance abuse disorders and mental health treatment with appropriate accommodations for youth with medical impairments may also be provided.

APPLICATION

Application forms for CAMHD Services are available on the CAMHD website: <http://health.hawaii.gov/camhd/family-guidance-center-forms/> and from every Family Guidance Center (FGC). A parent or legal guardian must sign a consent form agreeing to have their child evaluated to determine their eligibility for CAMHD services. Any family interested in applying for CAMHD services can get help completing the form through their local FGC.

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ENROLLMENT

The intake process for new applications are coordinated by the Mental Health Supervisor1(s) (MHS1s) in the local Family Guidance Center (FGC). The MHS1 will conduct a brief phone or in-person interview with the parent/guardian requesting services in order to gather basic information about the youth and the help being sought. When appropriate, the MHS1 will schedule a Mental Health Evaluation with one of the Center's Clinical Leads or with an outside provider to determine an initial working diagnosis and to assess functional impairment. Once an adequate Mental Health Evaluation is available, the Clinical Lead uses the information to assess functional impairment of the youth to make an eligibility determination, and completes the enrollment process. Those youth who are eligible are assigned to a Care Coordinator and a Clinical Lead, and parents/guardians are contacted to begin CAMHD services with a Welcome Meeting.

WELCOME MEETING

A welcome meeting is an introductory meeting for the family to the Family Guidance Center (FGC) Team consisting of, at a minimum, the Clinical Lead and Care Coordinator (CC). This meeting is the Center Team's initial opportunity to engage the family in their treatment via psycho-education and rapport building. FGC Team members engage in shared decision making with families by explaining the clinical findings of their child's evaluation, presenting a range of medically necessary treatment options and providing guidance around which service would be the best fit for the family based on the family's stated goals.

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CHILD & ADOLESCENT MENTAL HEALTH PERFORMANCE STANDARDS

All services provided by the Department of Health Child and Adolescent Mental Health Division staff and its contracted providers must follow the Child and Adolescent Mental Health Performance Standards 2018 Edition, known as “Teal Book”. The manual was developed by CAMHD for use in the development and provision of behavioral health services for youth in Hawaii. The manual is part of the contractual agreement between CAMHD and its contracted provider agencies for delivering behavioral health services to youth and families in Hawai‘i. These standards are designed to describe the array of mental health services available, and to ensure the efficiency and effectiveness of those services. All contracted provider agencies, their employees and subcontractors are required to comply with these standards. The Teal Book is available at: <http://health.hawaii.gov/camhd/>

SERVICE/TREATMENT PLANNING

CAMHD is committed to providing timely services, individualized planning and access to an array of services. CAMHD services, whether delivered by employees or contracted providers, are expected to be initiated and provided in a timely and consistent manner, as guided by the standards and practice guidelines defined in the Child & Adolescent Mental Health Performance Standards 2018 Edition (a.k.a, “The Teal Book”).

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Each youth's treatment will be directed by a set of inter-related plans that support the use of medically necessary evidence-based interventions in the least restrictive environment. CAMHD service planning is an individualized and ongoing process that is youth guided and family centered.

1. Clinical Management Plan (CMP)

The CMP provides an overview of CAMHD's planned clinical approach to a youth's care. It includes recommended focus areas for treatment and specifies appropriate treatment targets that are consistent with these focus areas and the youth's diagnostic picture. It provides recommendations about the level of care most suitable to address the youth's needs, the probable length of this care and alternative treatments that the family may consider. The CMP incorporates youth's and family's input. The CMP is updated regularly to reflect changes in the team's understanding of the clinical situation and changes in the overall clinical management plan.

2. Coordinated Service Plan (CSP)

The CSP provides a summary of all the services being provided to a youth and family by the larger child-serving system, including services provided by the Department of Education, Child Welfare, Family Court, Office of Youth Services, and others. It includes contact information for all the workers involved with the youth. The Coordinated Service Planning process builds upon the strengths of the youth and family and requires the full engagement and involvement of youth, family/guardian, and key individuals involved in the youth's life including existing or potential service providers. The CSP incorporates the input of the youth and family and notes resources available through the service system and shall include some naturally occurring resources in the youth's family and community. The CSP includes safety/crisis prevention planning and transition planning. Planning for a youth's transition to adulthood can start as early as 15 years

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of age. The purpose of the CSP process is to coordinate efforts across public agencies and other supports and services.

3. Mental Health Treatment Plan (MHTP)

The MHTP is individualized for each youth and is developed through a collaborative process driven by the family/guardian and youth that includes the service provider, family and the Care Coordinator (CC). The major areas of focus for the treatment plan are derived from the Clinical Management Plan. Within these areas, the provider is expected to work with the family and youth to articulate measurable goals that are meaningful to them. The MHTP will identify evidence-based treatment interventions that are the most promising options for meeting a youth's individual goals and objectives. Progress on plans are tracked continuously and treatment revised as necessary with youth, family/guardian and CC collaboration. Treatment strategies are reviewed at least monthly with the CC, and the entire CSP Team reviews them at least quarterly.

REFERRAL PROCESS FOR CONTRACTED SERVICES

CAMHD provides an array of mental health services through its Family Guidance Centers and contracted service providers. The Care Coordinator (CC) makes referrals to contracted provider agencies. The referrals are made within three business days after the determination of strengths and needs through the youth's Clinical Management Plan (CMP) and Coordinated Service Plan (CSP) with written consent from the youth/family to release

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information. The CC ensures that services are initiated in a timely manner. Routine services must be initiated within thirty days of need identification. See the Appendix B for a list of community-based providers who have Purchase of Service contracts to provide mental health services to CAMHD youth.

CORE COMPONENTS OF CURRENT CAMHD SYSTEM

These core components underlie the values CAMHD strives to operationalize in its practices. The CAMHD expects the same commitment from contractors to support these components in their respective practices.

1. Commitment to the Hawaii Child and Adolescent Service System Program (CASSP) Principles and the Provision of Inclusive Services

Nationally, the CASSP principles (Stroul, B.A. and Friedman, R.M., 1986) were developed in accordance with the original work of Jane Knitzer in an effort to provide a framework of principles for newly created systems of care. Early in the 1990s, Hawaii communities and stakeholders made minor language revisions to these CASSP principles to effectively address the relevant cultural issues as they presented in Hawaii. CAMHD is committed to the CASSP Principles (see Appendix A) and expects the same commitment from contracted providers.

2. Commitment to Interagency Collaboration & Coordination

Most of the youth served by CAMHD attend public schools, and may be involved with the child welfare system, juvenile justice system, or other Department of Health divisions, including Alcohol & Drug Abuse (ADAD), and Early Intervention Services (EIS). A large percentage of the CAMHD

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population is enrolled in one of the QUEST Integration Health plans and may receive special healthcare services. The CAMHD Care Coordinators work with all other child-serving agencies to integrate services and programs across agencies in the best interest of youth and their families.

CAMHD works closely with our other state agencies through the Hawaii Interagency State Youth Network of Care (HISYNC) group. HISYNC meets monthly and brings together leaders from all the state child-serving agencies including: ADAD, EIS, the Department of Education's (DOE) School Based Behavioral Health (SBBH) and Community Children's Council (CCC), Child Welfare Services (CWS), Office of Youth Services (OYS), Med QUEST Division, Family Court/Juvenile probation, and Ohana Support Services, the Parent Partner service provider for CAMHD. HISYNC meetings provide opportunities for these groups to share and compare data about service system outcomes, and to discuss policy changes that could improve the system. Providers who experience difficulties collaborating with one of these state child-serving agencies are encouraged to raise their concerns with CAMHD leaders for discussion at HISYNC, and to attend their local HILYNC (Hawaii Interagency Local Youth Network of Care) meetings.

3. Commitment to Evidence-Based Practices

Mental health services provided within the CAMHD system are expected to be evidence-based. Interventions with youth are meant to incorporate elements of those treatments identified as most promising based on credible scientific data. The proposed array of services provides a medium through which evidence-based interventions can be applied at high levels of intensity and in a variety of settings, depending on the needs of the youth. The CAMHD regularly reviews, summarizes, and disseminates relevant research data to support agencies in their selection and implementation of services. All treatment planning for psychosocial and pharmacological interventions should stem from careful consideration of the most current research.

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4. Commitment to Ethical Service Delivery

The CAMHD is committed to providing services in an ethically upstanding manner, consistent with the ethics codes of the American Psychological Association, National Association of Social Workers, American Psychiatric Association, and those of other national organizations relating to the provision of mental health services. The CAMHD employees and contractors are expected to provide services in a non-discriminatory manner, consistently maintain appropriate professional boundaries, regularly seek informed consent, and respect the youths' and families' rights, prioritizing the benefits to the client of any therapeutic intervention over personal or professional gain.

The CAMHD maintains commitment to serving all eligible youth, regardless of race, ethnicity, national origin, religion, culture, sex, sexual orientation, gender identity and expression, and disability. The CAMHD and its contractors continually strive to provide eligible youth and families with services sensitive to and nurturing of each individual and youth's and family's identity, language and culture. Services are to be provided in a youth and family centered culturally appropriate manner, and inclusive of the youth's preferred name and pronoun.

5. Commitment to Quality

The CAMHD is committed to ongoing evaluation of performance, compliant billing practices, and the use of data to improve provider and CAMHD system development. Its quality assurance practices involve an extensive system for examining performance and using findings to make informed decisions about services and needed adjustments to program implementation. The CAMHD tracks and analyzes performance data across all aspects of service delivery and care. CAMHD uses this information to determine how well the system is performing for youth, how well contracted providers are serving the youth and how well youth are progressing. Services are monitored through tracking of trends and patterns found in utilization, outcome and satisfaction data, and examinations of practice and quality of services.

6. Commitment to Information System Performance

CAMHD is committed to the development of health information systems as tools to improve youth services. These systems are developed in alignment with healthcare policies at the national level. CAMHD system developments are aimed at the long-range goal of a paperless care system, a centralized electronic health record, efficient and immediate secure information sharing, availability of real time data for a variety of state array indicators (i.e. census, utilization, sentinel events, demographics, credentialing etc.), and efficient billing of services in compliance with national requirements and standards. These systems changes are to reach the goal of near-real time availability of information for decision-making by those providing services to specific youth and managing the CAMHD systems of care as a whole.

7. Commitment to Continuity of Care

The CAMHD believes that every child/youth is capable of recovery and resiliency. CAMHD seeks to promote individualized care which empowers youth and their families to achieve their goals and maximizes their opportunities to live full lives in their own communities. The CAMHD is committed to the philosophy of providing treatment at the most appropriate and least restrictive level of care necessary for effective and efficient treatment to meet the youth's bio-psychosocial needs. We see the continuum of care as a fluid treatment pathway, where youth may enter treatment at any level and be transitioned to more, or less, intensive levels of care as their changing clinical needs dictate.

Medical Necessity criteria will dictate the admission, continuing stay and discharge criteria for each service CAMHD provides. Clinical judgment consistent with the standards of good medical practice will be used in making medical necessity determinations.

CAMHD is committed to treating youth in the least restrictive environment. This includes utilizing out-of-home locations that are near their families if they can't be appropriately treated in their family home. Nonetheless, there are a few specialized situations that warrant sending youth to specialized

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treatment facilities out of state. These situations are utilized only when CAMHD cannot provide for the youth's needs in Hawaii, and only with careful consideration by the treatment team and approval by the CAMHD Medical Director. Out of state treatment is utilized only until the youth can be safely returned to Hawaii to continue their treatment at home near or within their family home. CAMHD does not place young adults (those over 18 years old) in out-of-state residential programs.

8. Commitment to Providing Medically Necessary Services

CAMHD as a Medicaid Provider may only authorize treatment that is Medically Necessary and will use this definition of Medical Necessity to guide its service delivery:

- a. The medical goods or services provided or ordered must:
 - i. Be necessary to protect life, to prevent significant illness or significant disability;
 - ii. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and not in excess of the enrollee's needs;
 - iii. Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational; Be reflective of level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide, and
 - iv. Be furnished in a manner not primarily intended for the convenience of the enrollee, the enrollee's caretaker, or the provider.
- b. "Medically necessary" or "medical necessity" for hospital services require that those services furnished on an inpatient basis could not, consistent with the provisions of appropriate medical care, be effectively furnished on an outpatient basis.
- c. The fact that a provider has prescribed, recommended, or approved medical or allied goods, or services does not, in and of itself, make such care, goods or services medically necessary or a medical necessity.

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9. Commitment to Clinical Excellence and Co-management of Care

To ensure clinically appropriate, effective and efficient treatment is provided, CAMHD maintains clinical oversight of each youth served. Upon enrollment at a Center, each youth is assigned a “team” of mental health professionals which consists of a Care Coordinator (CC) and a Clinical Lead (CL), moving forward referred to as the Center Team. The Center Team works together with families, providers and other stakeholders to promote wellness and assure the highest quality care for the youth they serve.

Clinical Lead

Within each Center, either a Clinical Psychologist or a Child Psychiatrist serves as the Clinical Lead on a youth’s FGC Team. The Clinical Leads are responsible for providing clinical case formulation, treatment direction and service authorization via collaboration and consultation with the youth’s assigned Care Coordinator and contracted service provider over the course of a youth’s care.

The Clinical Lead’s co-management of a youth’s care is ongoing throughout treatment with CAMHD. Co-management includes direct communication between the CL and service provider and/or their supervisor to obtain information about the status of the youth in treatment, as well as consultation and collaboration to develop individualized and clinically indicated treatment and crisis plans. In addition, CLs and CCs work together to understand all the systems and issues impacting a youth’s therapeutic progress to facilitate proactive and effective treatment planning for the youth they serve. To accomplish this, on a regular basis, the CL reviews each youth’s case with the CC at a minimum, once a month. This case review process helps to assure that the services are appropriate to address the youth’s identified needs and that they meet “medical necessity” criteria.

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Care Coordinator

The Care Coordinator (CC) is the case manager on the youth's Center Team who promotes family and youth engagement in treatment, facilitates access to services and provides interagency collaboration and coordination to ensure timely, appropriate and integrated service delivery.

Upon enrollment, a youth's CC serves as the main point of contact for family members and other stakeholders in a youth's life such as school officials, probation officers, and service providers. CC's establish rapport with families via psychoeducation, system navigation assistance, as well as modeling and guidance to empower parents to advocate for their child's best interests in a variety of interagency settings.

Care Coordinators work collaboratively with other child serving agencies to develop a Coordinated Service Plan (CSP) that outlines all pertinent parties involved with the youth and family, each entity's goals, strategies and plans. The CC maintains contact with the family and providers monthly to facilitate the integration, coordination, and monitoring of behavioral health services. Quarterly CSP meetings are arranged by the CC to ensure that all parties involved are working together congruently and in the best interest of the child. The CC is responsible to bring CSP team updates and other pertinent information related to the youth and family to the attention of the CL via the case review process, so adjustments can be made as needed and medical necessity can be assessed.

Co-management

CAMHD youth and their families receive most of their direct clinical services from contracted provider agencies, based on the performance standards outlined in the Child & Adolescent Mental Health Performance Standards 2018 Edition, also known as "Teal Book". The services provided reflect the best clinical thinking of both

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the direct service providers and the CAMHD-assigned Center Team of the Clinical Lead and the Care Coordinator. The provider and CAMHD work together to develop a clear formulation of the youth and family difficulties, and to pursue optimal outcomes.

Providers are responsible for coordination of services provided within their agency and for maintaining regular communication with the CL and CC. Coordination and communication are particularly important in settings where there are multiple staff providing services for a youth. Contractors are also expected to coordinate efforts with the youth's school and community settings. Ongoing engagement, communication and coordination with families are a necessary practice as families are an integral part of the therapeutic process.

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SECTION II BIENNIAL REVIEW OF PROGRESS MADE ON THE CHILD AND ADOLESCENT MENTAL HEALTH DIVISION'S STRATEGIC PLAN

Pursuant to Section 321-176, Hawaii Revised Statutes, the Child and Adolescent Mental Health Division of the Department of Health submits a biennial review of progress made during 2017-2018 on the Child and Adolescent Mental Health Division's Strategic Four-Year Plan.

GOAL 1. Promote access to clinically driven mental health services and reduce disparities.

Objective 1.1 Develop and implement a comprehensive Care Coordinator training program that includes training on providing targeted case management, engaging families, and working as part of a clinically-oriented team.

- With the advent of the new case management system, the CAMHD has made great strides in documenting and standardizing clinical workflows. These workflows are accompanied by updated clinical plans (e.g., Initial Mental Health Evaluation), associated instruction sheets and gold standard examples. Throughout the summer of 2018, all CAMHD clinical staff (i.e., care coordinators, mental health supervisors, clinical leads) attended live trainings on the updated workflows and forms. These trainings and supporting documents were posted on the CAMHD Sharepoint site, to minimize training burden for supervisors of new staff and provide an easily accessible, sustainable method for maintaining the most up-to-date workflows and forms.

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- Utilizing federal funds, the CAMHD Clinical Services Office (CSO) and Training Workgroup have developed annual summer conferences, aimed at providing training to clinical staff on improving case management, building teamwork, engaging families, and increasing staff morale. The conference is open to leadership from provider agencies and has hosted nationally-recognized speakers.

Objective 1.2 Develop and implement strong interagency collaborative agreements to improve care for children and youth with multiagency involvement.

- CAMHD has been facilitating the Hawaii Interagency State Youth Network of Care (HISYNC) a collaborative group of Hawai'i's child-serving state agencies, including (but not limited to) the CAMHD, Family Health Services Division, Early Intervention Section (EI) & Developmental Disabilities Division (DDD), the Department of Education's School Based Behavioral Health (SBBH) and Special Education (SpEd) Services, the Department of Human Services' (DHS) Child Welfare Services (CWS) and the Hawai'i State Judiciary's Family Court. The group is convened monthly to discuss barriers and improvements to the state system of care.
- For the 2018 legislative session, the CAMHD drafted and proposed a concurrent resolution to permanently establish the HI-SYNC, develop regionally-based multi-agency committees across the state and legitimize the need for an interagency network to address complex needs of families within the state. The measure was included as part of the Keiki Caucus's 2018 legislative package and was successfully passed.

Objective 1.3 Develop and implement evidence-based specialty programs to meet the needs of identified populations that are not being served adequately by the current service array.

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- Within the past few years, CAMHD has cultivated several evidence-based specialty programs to meet the needs of identified populations not being served adequately by the current service array:
 - o In Sept. 2016, the CAMHD received a multimillion dollar Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care (SOC) expansion grant to create Kaeru Services. Kaeru, the Japanese word for “to return (home)” aims to address the complex needs of youth at risk of or currently out-of-state placement. Youth and families enrolled in Kaeru are involved in a wraparound process and are offered clinical support through tools from the evidence-based MATCH protocol. In addition, Kaeru Services aims to improve the overall system of care and is in the process of conducting a thorough mixed method needs assessment to identify strengths and weakness of the system of care and potential interventions to address the weakness.
 - o OnTrack Hawai’i is a federally funded program, led by the University of Hawai’i Departments of Psychology and Psychiatry, in collaboration with CAMHD, providing evidence-based therapeutic and assessment services to youth within the first two years of experiencing symptoms of psychosis. These services are tailored to the needs of each individual, involve support from a multidisciplinary team and consist of individual and group therapy, medication management using the Shared Decision-Making Model, assistance and support to find a job or return to school and assistance and support for families.

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- o In 2011, CAMHD applied for and was awarded a SAMHSA SOC expansion grant to create Project Laulima. The grant sought to implement strategies at the family, community and state levels to increase collaboration among child-serving agencies and better serve children and youth with mental health needs and intellectual or developmental disabilities (MH-I/DD). Project Laulima initiated several system changes to implement and sustain a broad array of home- and community-based services for youth with MH-I/DD, including a new specialized level of care, Comprehensive Behavioral Intervention (CBI). Between March 2014 and May 2017, over 75 CAMHD-eligible youth with co-occurring I/DD were enrolled in the service.
- o From 2010 to 2016, CAMHD ran Project Kealahou, a SAMHSA system of care expansion grant. Project Kealahou aimed to implement trauma- and gender-informed services to girls impacted by trauma at both the individual client and system levels. 192 females (and those identifying as females) were enrolled in Project Kealahou's individual services and participated in 381 activities.
- o The Project Kealahou grant ended in September 2016. Now called Kealahou Services the clinical aspects have been maintained through federal block grant funding. Kealahou Services is staffed with three direct line staff serving girls on the island of Oahu. Since transitioning to Kealahou Services, the program has received 46 referrals and 41 of these referrals have been opened to the program.

Objective 1.4 Collaborate with our partner state agencies to develop and implement a plan to improve the ability of the Hawaii system of care to address the needs of transition-age youth with mental health challenges.

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- OnTrack Hawai'i is a federally funded program, led by the University of Hawai'i Departments of Psychology and Psychiatry, providing evidence-based therapeutic and assessment services to youth up to age 25 within the first two years of experiencing symptoms of psychosis. Often, youth first experience symptoms of psychosis during periods of transition to adulthood. These services are tailored to the needs of each individual, involve support from a multidisciplinary team and consist of individual and group therapy, medication management using the shared decision-making model, assistance and support to find a job or return to school and assistance and support for families.
- In the 2018 legislative session, the CAMHD supported House Bill 2364, a measure introduced by the Office of Youth Services (OYS), aimed at (1) establishing the Kawaiiloa Youth and Family Wellness Center and (2) transforming the approach of juvenile justice to a therapeutic model. In initial discussions with OYS, CAMHD identified several potential opportunities for CAMHD involvement at the Kawaiiloa facility, including possible collaboration with OYS to develop a request for proposals process to contract with outside agencies for behavioral and emotional health services and possible provision of certain types of intensive evidence-based treatments to youth clients (21 years and under) at Kawaiiloa, presenting with high-risk behaviors (e.g., suicidality, substance use, aggression).
- CAMHD has facilitated discussions with Child Welfare Services and the Alcohol and Drug Abuse Division to commit funding in support a new Crisis Home. A Request for Information meeting was held with several interested providers in attendance. The Request for Proposals will be issued in Fall 2018.

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Objective 1.5 Improve the current CAMHD array of services through performance monitoring activities, provider training, case consultation, and pro-active clinical co-management of challenging youth.

- CAMHD has continued to make every effort to improve the current array services.
 - o The Performance Management Section of the Clinical Services Office has hired two additional staff members, whose primary function is to conduct contracted provider reviews and assess for quality.
 - o The Research, Evaluation and Training program and the Program Improvement and Communications Office continues to conduct biannual “Decision Support Collaborative” sessions with all contracted providers. The goals of these sessions are to provide demographic, clinical and outcomes data to providers, to inform their decision making and improve practice. Each session has more than 30 attendees and is continuously rated in post-session evaluations as being helpful and informative. Providers have reported utilizing data from reports during supervision and training sessions with staff.
 - o In preparation for the implementation of the electronic case management system, the CAMHD Practice Management committee has worked continuously with provider leadership to develop and train providers on updated clinical forms and processes. These forms and processes aim to increase communication between CAMHD and providers, improve clinical co-management of challenging youth (via the updated Clinical Management Plan and Mental Health Treatment Plan), and address barriers to treatment such as long waitlists and overutilization of certain services.
 - o In a division-wide reorganization, the CAMHD worked to centralize and strengthen clinical leadership, such that the Lead Psychologist and Medical Director (rather than the Center Chiefs)

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supervise all CAMHD psychologists and psychiatrists. This has led to increased standardization of practice, greater oversight of clinical cases, and increased case consultation for challenging circumstances.

- o The CSO has continuously worked to update the CAMHD Performance Standards (The “Teal Book”) to guide all services provided by CAMHD contracted providers. The Teal Book was released on July 1, 2018 and was designed to define standards of CAMHD clinical practice and assure an increasingly central role for CAMHD’s child psychiatrists and clinical psychologists.

- o Utilizing federal dollars, CAMHD developed and has fully implemented a statewide video teleconference system. This platform has allowed for increased case consultation and collaboration between the Clinical Services Office leadership and center clinical leads and has improved opportunities for telehealth sessions.

- o The CAMHD initiated a study by the Western Interstate Commission for Higher Education to examine the appropriateness of reimbursement rates to providers. The study suggested the need for rate increases across most levels of care and the CAMHD responded by requesting and obtaining an increase in funds from the legislature. It is hoped that higher reimbursement rates have offered greater resources to provider agencies to improve the quality of care for clients.

- o CAMHD annually co-sponsors the IVAT Hawaii Conference on the Assessment and Treatment of Trauma (2013-2018). This conference hosts approximately 500 participants, and CAMHD staff who are members of the planning committee assure that sessions on Evidence-Based and Evidence-Informed Trauma treatments for children and youth are featured in the program. As a result of this conference, a large number of CAMHD providers have expanded their understanding of trauma-informed care and trauma treatment.

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Objective 1.6 Increase the accessibility of mental health services to youth at the detention facility.

- Since 2015, staffing and subsequent clinical oversight has improved at the detention facilities. There are now two full time psychologists and a .5 FTE psychiatrist. In addition, CAMHD has increased the number of clinical trainees at the detention home, which now employs a clinical psychology intern and a psychiatry fellow, with the possibility of an additional psychiatry fellow at the end of 2018.

GOAL 2. Promote behavioral health integration into primary health care.

Objective 2.1 Develop improved linkages and communication with primary care providers and provide training and consultation to implement standardized screening for behavioral and social/emotional concerns.

- Between 2013-2017, the CAMHD entered into an experimental collaboration with the Hawaii Primary Care Association, John A. Burns School of Medicine Department of Psychiatry, and selected Federally Qualified Health Centers to integrate behavioral health into primary care. The project increased screening for behavioral health issues in children and boosted community capacity with training, education and consultations. The formal partnership ended in 2017, however, the relationships continue informally through the Family Guidance Centers. For example, the clinical lead at West Hawaii Family Guidance Center and physicians at the West Hawaii Community Health Center continue to consult with one another on shared clients and Honolulu Family Guidance Center continues to partner with Kokua Kalihi Valley.

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GOAL 3. Promote mental health capacity and systems change in the juvenile justice system.

Objective 3.1 Develop and implement a more therapeutic environment within the youth correctional facility.

- In the past four years, the CAMHD has sought to improve partnerships with system stakeholders and collaborate on new initiatives to promote mental health capacity and systems change in the juvenile justice system.
- During the 2018 legislative session, the CAMHD supported House Bill 2364, a measure introduced by the Office of Youth Services, aimed at (1) establishing the Kawaiiloa Youth and Family Wellness Center and (2) transforming the approach of juvenile justice to a therapeutic model. The legislation also aimed to divert at-risk youth (ages 21 years and under) from involvement in the justice system and/or placement in out-of-state mental health facilities. In initial discussions with OYS, CAMHD identified several potential opportunities for CAMHD involvement at the Kawaiiloa facility, including (1) possible collaboration with OYS to develop a request for proposals process and contract with outside agencies for behavioral and emotional health services and (2) possible provision of certain types of intensive evidence-based treatments to youth clients (21 years and under) at Kawaiiloa, presenting with high-risk behaviors (e.g., suicidality, substance use, aggression).
- Within the last year, CAMHD has collaborated with Hale Kipa to develop a host of ancillary programs on the Hawaii Youth Correctional Facility campus. These programs include a therapeutic program for youth impacted by sex assault and human trafficking.

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- In 2016, the Family Court Liaison Branch clinical staff began implementing Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), an evidence-based group and individual treatment for youth experiencing symptoms associated with complex trauma. CAMHD's Medical Director runs the program, which demonstrates commitment to this goal.
- Since 2015, staffing and subsequent clinical oversight has improved at the detention facilities. There are now two full time psychologists and a .5 FTE psychiatrist. In addition, CAMHD has increased the number of clinical trainees at the detention home, which now employs a clinical psychology intern and a psychiatry fellow, with the possibility of an additional psychiatry fellow at the end of 2018.
- CAMHD Family Court Liaison Branch leadership has been in discussions with the Office of Youth Services to integrate CAMHD staff more fully into the daily milieu of the correctional facility and detention home.
- CAMHD Family Court Liaison Branch has provided on-going support and consultation for several OYS-sponsored therapeutic programs including (but not limited to) an equine therapy program and a mindfulness program.
- Since 2015, Family Court Liaison Branch clinical staff have had more visibility at the youth shelter. Specifically, psychiatry and psychology trainees have regularly visited the youth shelter to provide clinical care, and have even followed some youth for long-term treatment.

GOAL 4. Promote family support for individuals with behavioral health issues and their families.

Objective 4.1 Increase parent involvement and input into all aspects of the CAMHD system, including individual youth treatment

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teams, local FGC leadership teams and state-level policy-making groups.

- CAMHD has initiated several interventions to promote family support for individuals with behavioral health challenges and their families:

- o In 2015, CAMHD identified a need to optimize family support and participation in treatment and subsequently awarded the new parent partner contract to Child and Family Services, Ohana Support Services (OSS). OSS shares the philosophy with CAMHD that the parent partner is a key member of the family's treatment team, who helps to facilitate information between family members and treatment providers and increase family involvement in the treatment process. Since 2015, OSS has embedded a parent partner in almost every Family Guidance Center, conducted parent trainings, increased parent partner involvement in numerous CAMHD local (i.e., Family Guidance Center-specific) and statewide committees (e.g., Evidence-Based Services Committee), and worked to recruit and train parents with lived experience into parent partner advocacy positions. Finally, in preparation for the upcoming electronic case management system, the CAMHD has developed procedures to document and track all interactions with families. Such procedures will allow for the possibility of MedQUEST reimbursement in the future.

- o The Kaeru Services program is currently developing family support and youth support specialist positions within CAMHD, to increase client involvement in the design and implementation of CAMHD programs.

- o In addition, Kaeru Services has implemented wraparound services for youth with complex challenges within CAMHD. The wraparound process incorporates procedures that encourage creative problem solving and the incorporation of natural supports within the youth's ecology.

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o The Evidence-Based Services Committee's nationally-recognized Help Your Keiki website continues to be a resource for local parents searching for information on emotional and behavioral health challenges and treatment. The website is vetted by the committee (which includes parents) and is shared with CAMHD clients at intake. In addition, flyers for the Help Your Keiki website are provided to all DOE schools.

GOAL 5. Promote technological advancement and adoption.

Objective 5.1 Support development, workflow changes, and training to ensure that CAMHD's electronic health record and health information technology systems and use conforms to national standards for functional certification and interoperability.

- CAMHD has engaged in a multi-year, multi-division process to implement a state-of-the-art electronic case management system. Through constant collaboration with the Developmental Disabilities Division, MedQUEST, other Department of Health entities, CAMHD contracted providers and the system developer, RSM, CAMHD has spearheaded efforts to design updated workflows and clinical and billing processes that meet national standards for functional certification and interoperability. These workflows are accompanied by updated clinical forms (e.g., Initial Mental Health Evaluation) and associated instruction sheets and gold standard examples. Throughout summer 2018, all CAMHD clinical staff (i.e., care coordinators, mental health supervisors, clinical leads) attended live trainings on the updated workflows and forms. These trainings and

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supporting documents are posted on the CAMHD Sharepoint site, to minimize training burden for supervisors of new staff and provide an easily accessible, sustainable method for maintaining the most up-to-date workflows and forms.

Objective 5.1 Support development, workflow changes, and training to ensure that CAMHD's electronic health record and health information technology systems and use conforms to national standards for functional certification and interoperability.

- In preparation for the implementation of the electronic case management system in 2019, the CAMHD Practice Management Committee, Health Systems Management Office, and system developer RSM have updated all CAMHD administrative and clinical forms and workflows. To effectively capture the step-by-step processes of clinical care, RSM, the Healthcare System Management Office (HSMO) and the Program Improvement and Communications Office (PICO) held focus group discussions with individuals from all CAMHD role groups to document and standardize processes and imagine future system capabilities. Minimum necessary requirements were developed for major steps within the workflows (i.e., initial mental health evaluation, initial case formulation meetings, welcome meetings, case review meetings) and shared with all CAMHD clinical staff via live trainings in summer 2018.
- Based on the updated workflows and forms, the CAMHD has developed administrative and clinical dashboards to track progress on meaningful administrative and clinical outcomes and incorporate characteristics associated with successful discharge. These dashboards were developed via a multi-stage process, involving numerous focus groups, prototype testing, and feedback from CAMHD staff. Once live, these dashboards will be reviewed during supervision

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meetings and shared with treatment team member, to inform treatment planning. Administrative dashboards will serve to improve business practices and overall timeliness of services.

- In 2017, the CAMHD collaborated with the Western Interstate Commission for Higher Education (WICHE) to conduct a needs assessment on quality improvement processes within the division. The WICHE's report indicated that CAMHD was effectively engaged in quality assurance practices but did not have a structured continuous quality improvement process. As a result, the CAMHD is in the process of hiring a doctoral-level employee to develop and manage the necessary structures and processes to advance CAMHD's continuous quality improvement efforts.

Objective 5.3 Support development, training, and utilization of evidence-based clinical decision support tools.

- The CSO has held monthly training sessions for clinical leads on clinical topics.
- The Research and Evaluation Office (REO) and the Program Improvement and Communications Office (PICO) have aimed to develop and implement clinical decision support tools. At the client level, the CSO, Centers, REO and PICO partnered to put into practice use of the Ohio Scales, a youth- and parent-reported outcome measure. Each month, care coordinators are required to administer the Ohio Scales to the most informed caregiver and youth over age 12 years. The Research and Evaluation Office regularly generates and delivers reports to care coordinators, tracking client progress on the Ohio Scales over time. CAMHD clinical staff are encouraged to utilize the Ohio Scales report in conjunction with other standardized (i.e., Child and Adolescent Functional Assessment Scale) and idiographic (i.e., Monthly Treatment and Progress Summary Progress Ratings) assessment measures to evaluate client progress in treatment and inform decision-making.

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- For provider agencies, the CAMHD has held biannual Decision Support Collaborative (DSCo) parties, aimed at inspecting provider-specific treatment and outcome data and inspiring interventions to improve practice. These parties aim to encourage transparency and collaboration between agencies. At the May 2018 DSCo, REO and PICO shared research suggesting that initial severity and early treatment progress predict successful discharge of clients. They distributed an infographic to providers, with the hope that provider agencies would share findings with their therapists.
- For CAMHD Family Guidance Center staff, the CAMHD has offered yearly Family Guidance Center DSCos during which they share demographic and clinical patterns specific to each Family Guidance Center. FGCs are asked about topics that they would like covered during the DSCo presentation, and the REO and PICO have tailored the presentations to meet their needs.
- In 2017, the Outcomes Assessment Workgroup re-established itself as the Decision Support Hui, which aimed to develop decision-support tools to improve clinical practices within the CAMHD. The group meets monthly and has regularly provided feedback on the administrative and clinical dashboards and on the suite of CAMHD assessment measures.

Objective 5.4 Further the development of an efficient and comprehensive automated billing system and billing process that is fully compliant, transports appropriate claims, provides metrics, and maximizes revenues.

- In developing the electronic case management system, the CAMHD has partnered intimately with providers to identify billing processes and procedures that are compliant with national standards and optimize business practices. The new system will allow providers to submit claims electronically as soon as clinical progress notes are entered.

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- In 2017, CAMHD conducted a thorough review of past Medicaid claims by providers and identified numerous errors in billing. The HSMO partnered with the CAMHD administrator, Central Administrative Services Office and PICO to obtain repayments to CAMHD by provider agencies. Since then, the HSMO has conducted ongoing assessments of billing practices to prevent continued billing errors. The HSMO is also in the process of hiring a billing manager, to provide oversight and guidance to CAMHD and providers on improving billing practices.
- The CSO has continuously worked to update the CAMHD Performance Standards (The “Teal Book”) to guide all services provided by CAMHD contracted providers. The Teal Book was released on July 1, 2018 and included updates to billing workflows and rate tables, based on collaboration with HSMO.

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SECTION III CHILD AND ADOLESCENT MENTAL HEALTH DIVISION'S 2019-2022 STRATEGIC PLAN

CHILD & ADOLESCENT MENTAL HEALTH DIVISION ASSESSMENTS

In anticipation of developing a four-year strategic plan, Child & Adolescent Mental Health Division (CAMHD) conducted internal and external assessments of how well the system of care is serving youth and families and is achieving its own benchmarks.

EXTERNAL ASSESSMENT OF CAMHD QUALITY ASSURANCE AND IMPROVEMENT

Western Interstate Commission for Higher Education, dba WICHE. In June 2017, CAMHD contracted with the Western Interstate Commission for Higher Education (WICHE) to assess CAMHD'S quality improvement (QI) program in the context of accepted QI best practices. In their evaluation, WICHE reviewed all of CAMHD'S quality improvement standards, benchmarks, policies and procedures and measures, as well as how CAMHD administrates QI and the level of integration within CAMHD. WICHE was also tasked with identifying QI best practice models with respect to

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programmatic monitoring, clinical quality, billing compliance and customer and client service. The assessment included the review of both quantitative and qualitative data, with WICHE conducting data analyses, focus groups and interviews with CAMHD staff and contracted providers.

WICHE identified the Council on Accreditation (COA) standards as representative of QI best practices. The COA QI best practice standards are somewhat synonymous among the numerous accrediting organizations and national QI programs such as the Institute for Healthcare Improvement.

WICHE examined CAMHD's operations against the COA standards and provided their findings in a written report. The report found that CAMHD has a robust quality assurance system that measures compliance against federal and state rules and regulations and best practices, and ensures client and patient safety. CAMHD collects an extensive amount of clinical, patient and provider survey and workload/administrative and financial/claims data through various means, including case, client and program reviews, quarterly reports from providers, surveys, and the Management Information System. CAMHD generates numerous reports that assist with both quality assurance and quality improvement. Case reviews, chart reviews, and administrative reviews provided data about individual clients and providers. CAMHD then uses the data to provide feedback to staff and providers.

WICHE suggested that CAMHD's quality assurance system can be used to inform QI processes, provide data for identifying areas for QI focus, and document improvements in quality.

Included in the report were recommendations for CAMHD's consideration and incorporation:

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- CAMHD should create a Quality Improvement Committee with representatives from leadership and the Family Guidance Centers.
- The Quality Improvement Committee should develop a quality improvement plan
- Establish a director of Quality and Performance Improvement position
- The Quality and Performance Improvement director should first train CAMHD staff about the basic concepts of quality improvement and performance improvement
- CAMHD should inventory current data collection and reports and identify if and how these data are specifically required for quality management needs and for any current quality improvement activities.
- The director of Quality and Performance Improvement, with the quality improvement committee, should identify proposed performance measures
- CAMHD, under the leadership of the director of Quality and Performance Improvement should implement the approved quality improvement and performance improvement

INTERNAL ASSESSMENTS

Research, Evaluation and Training Office Ongoing Evaluations and Assessments. During the strategic planning stage, CAMHD was interested in looking at who we serve and how well we are serving them. We wanted to examine our current population, and the efficiency, effectiveness and adequacy of our services to meet their needs.

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An analysis of FY2017 data reveals that CAMHD's client population has changed over time. The Annual Evaluation of Fiscal Year 2017, revealed that the number of registered youth decreased after a four-year period of steady growth. In spite of the decrease in number of registered youth, the percentage of youth who were 12 years old or younger has continued to increase, with 37% of the population falling in the 12 and under age range in 2017. While youth age 12 and under are seen across the state, the Neighbor Islands have higher percentages in their caseloads. Over the past ten years, CAMHD's efforts to engage youth at a younger age has been successful in that the average age dropped by one and a half years. Seventy percent of the 12 and under identify as male and 30% identify as female. In the 13 and over age group, the split is 55% male and 45% female. The clinical profiles of clients 12 and under differ slightly from the profiles of youth 13 and older. In reviewing service utilization, youth ages 13 and over receive significantly more Family Interventions and Coping and Self Control Interventions than the younger youth.

The data also indicate that successful discharge can be predicted by lower scores on the CAFAS. Youth who have high scores at entry to a particular level of care might be less likely to discharge successfully from that level of care. Our hypothesis is that there may be a mismatch in services. More details about this study can be found at: <https://health.hawaii.gov/camhd/files/2018/05/Annual-Evaluation-Presentation-Fiscal-Year-2017.pdf>.

Previous evaluations found that our services were mostly well-matched to the youth we served at that time.

These factors, along with the changing demographics of the youth provide an opportunity to review our services, levels of care and practices to see if we are appropriately meeting their needs.

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Kaeru Services Assessment of the Service System to Meet the Needs of Complex Youth. In 2017, CAMHD was awarded a children's mental health System of Care grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to address the unique needs of CAMHD's highest need youth. CAMHD youth with higher clinical complexity often experience placement instability, out-of-state placement and multiple agency involvement. The grant seeks to re-integrate and return high-risk youth from out-of-state placement and provide wraparound services that connect the youth to their families and safe, stable connections through collaborations with other state agencies. The grant is called Kaeru Services, which means to return home in Japanese.

The grant staff conducted a mixed-method needs assessment which included literature review, review of CAMHD documents, quantitative analysis of out-of-state placed youth, an in-depth case analysis of an out-of-state youth, and qualitative interviews with CAMHD staff.

It became clear from the CAMHD interviews that complex youth often have complex treatment teams that have competing intermediate goals to reach the higher goal of maintaining the youth within the state. Clear communication and understanding of concepts are clearly necessary to ensure better coordinated services.

Another finding was that CAMHD is in need of expanding current services, such as community- and hospital-based residential beds, Therapeutic Family Homes, Multi-Systemic Therapy, one-on-one supports, continuity of care and step-down services. Many concerns were voiced about the lack of availability within the CAMHD service array to meet needs, especially for special populations. In particular, CAMHD staff noted the need for specialized training and education in co-morbid intellectual

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disability and developmental delay, sex-trafficked youth, complex and intergenerational trauma, attachment-related concerns, prevention-focused interventions for younger children with externalizing behaviors, and young children with neurobiological challenges. Overall, the theme in gaps in services centered around the need for an expansion of service options to serve more complex youth, and in a manner that allows them to stay in Hawaii instead of being sent out of state.

After the conducting the needs assessment, the Kaeru Evaluator made several suggestions:

- Extend current services:
 - o Continue rate increases for Therapeutic Family Homes to build capacity, and coordinate the waitlists
 - o Discuss lowering the age of eligibility for Multi-Systemic Therapy and extending services
- Expand CAMHD's service array
 - o Locked treatment facilities
 - o Community-Based Residential for transition- and latency-age youth
 - o Support for youth with Intellectual/Developmental Disability
 - o Community-Based Residential placement for vocational and independent living
 - o Crisis placement (temporary shelters)
 - o Day treatment facilities
 - o Tertiary prevention services
 - o Specialized treatment, i.e., ID/DDD, PTSD, RAD, sex trafficked youth

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- Strengthen families
 - o Early identification
 - o Education on services, roles and ongoing monitoring
 - o Psychoeducation for families
 - o Implement screening for family risks and protective factors
 - o Enhance services and for supports for at-risk families
 - o Develop triage process for caregivers experiencing mental health and other stressors
 - o Develop capacity for family work/family therapy

- Continuous quality improvement
 - o Timeliness, e.g., shorten the time from referral to intake, first home visit and first Kaeru Services meetings
 - o Increase Family Focused practices
 - o Increase time and opportunity for direct face-to-face contact
 - o Increase one-on-one supports by paraprofessionals
 - o Establish client-level treatment monitoring system
 - o Establish system-level outcomes tracking system
 - o Define success (small gains, harm reduction, improved functioning, reduced recidivism, reduced sentinel events, treatment progress, etc.)
 - o Increase use of evidence-based practices and services
 - o Increase continuity of care
 - o Improve step-downs and transitions
 - o Continuous targeted staff and provider training

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Because most of CAMHD's complex cases involve coordinating among multiple agencies, the Kaeru Evaluator investigated the dynamics of communication among the parties. It was found that each discipline had their own language, acronyms and jargon that could be easily be misunderstood by others. For example, "placement" has different meanings for CAMHD staff relative to Child Welfare Services and Department of Education staff.

Coordination among the multiple parties can be challenging. Each of the youth serving agencies has its own mission and goals, which do not always align with the other agencies'. CAMHD's policies and procedures are aligned with the best practices and principles in children's mental health. Yet, those principles and mental health-focused goals may inadvertently impact educational goals of the department of education and the community safety goals of the juvenile justice systems.

Complex cases can also be a challenge to manage clinically. When youth are registered to CAMHD, their case is managed by the Family Guidance Center's clinical leads and they are assigned a care coordinator. If the youth is eligible for one or both of our grant services, Kaeru and/or Kealahou services, additional intensive support workers and clinical leads are assigned to the case to provide specialized services. If the services of a contracted provider are authorized, the provider has its own clinical lead, as well. It can be challenging for the team members, as well as the family, to figure out who is responsible for what.

Managing group dynamics and group decision-making can be complicated and challenging. Skill building in managing group dynamics and decision-making may improve the situation.

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Healthcare System Management Office Information System Needs Assessment. Over the past eight years, as outlined in the past two Strategic Plans, CAMHD has invested considerable time and effort in developing an information system that provides key clinical, financial and administrative data in real time. In the summer of 2017, the Healthcare System Management Office (HMSO) kicked off development planning for a state-of-the-art case management information system to replace paper forms, and the outdated data management systems. Through focus groups and workshops, system design needs information was collected and CAMHD staff and the contracted system developer RSM began to work together to design a system that works for our direct service staff, the youth we serve and their families.

The major goals of the new IT system were to:

- Make information available in real time;
- Be prevention oriented so that warnings signs can be identified before problems become bigger;
- Make data more accessible to reduce the need to search through client files or other sources; and
- Share data so that all treatment team members can access necessary information on their youth clients.

During the development of the new system, CAMHD made the conscious effort to make the system more user-friendly for all parties. Based on CAMHD's Consumer Survey and Provider Satisfaction Survey, increased timeliness and communication were areas identified for improvement. The new system endeavors to reduce workload and increase job satisfaction for CAMHD staff and providers, increase opportunities for family engagement, and recruit all members of the client-centered team early on so that therapeutic relationships and rapport could be established at the outset. There was attention to employing new strategies to ensure the families' voice and perspective are heard. CAMHD staged the roll-out of the various components in increments. In stages over

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time, volunteers tested different prototypes of forms and processes and their suggestions were incorporated to improve the components. Then a series of trainings were made available for staff in rolled out stages.

The system includes electronic forms and dashboards aimed at increasing CAMHD's ability to communicate with our partners, make data-based decisions, support our clinical and administrative workflows and help us provide the highest quality mental health for our youth.

The new system will reduce variability with new forms and new timelines. The timeliness of information will increase clinically relevant decision-making at the client and systems levels. Staff will be able to review service outcomes, examine the extent to which evidence-based services are being provided and their effects, and review treatment areas, diagnoses and how it affects treatment outcomes. Treatment teams will be able to view live youth-specific data, rather than aggregated data by levels of care. The new system is designed to include new data points such as supervision, patient outcomes, design and implementation of the system, data sharing with other Department of Health divisions and other state partners.

Implementation of the new billing system will be able to provide data on compliance, detailed metrics on services, payments and unit costs. This information will help CAMHD improve our revenue streams. The Pay Table has been revisited now that the new contracts were executed as of July 1, 2018. This will allow the new system to process the new rates as based in the Teal Book.

Working with our contracted providers, CAMHD's Research, Evaluation and Training office and Program Improvement and Communications Office consulted with individuals across all CAMHD role groups to develop new reports that would be available on the new Information Technology (IT) system. The goal is for reports to be decision support tools that will be useful for client level and agency level decision making. Among other things, the reports and dashboards examined new ways of displaying youth demographics and updated to DSM-5. It examined new ways of displaying outcomes, such as Ohio Scales and discharge success rates, and displaying the use of treatment strategies.

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Strategic Way Forward

Based on all the progress CAMHD has made in its new Electronic Case Management system, as well as the needs identified in the internal and external assessments, CAMHD has decided to focus on three major areas for the next four years.

First, CAMHD will focus on the gap groups among its client population. Historically, the data show that CAMHD has been successful in discharging a large portion of the population with good outcomes. Small gap groups, however, do not show improvement after receiving services, or may initially show progress then plateau thereafter and never achieve big gains in improvement. CAMHD, as the state's public mental health service provider, should be able to provide some benefit to all its clients. Therefore, CAMHD will focus its attention on the needs of specific gap groups. Using the previously unavailable data from the new case management IT system, CAMHD will be able to sift through the data to identify common variables and themes that distinguish these youth from the more successfully discharged youth. At the same time, CAMHD will devote resources to identifying promising programs and strategies from the scientific literature.

Second, CAMHD will dedicate resources to improving CAMHD's system of care through continuous quality improvement. The WICHE report found that, while CAMHD has a robust quality assurance program that assures that standards are being met, there is less emphasis on making improvements in the system in a strategic and forward-looking manner. Taking the WICHE recommendations to heart, CAMHD will focus on establishing a Continuous Quality Improvement culture and the supporting infrastructure. Structurally, CAMHD will establish a Quality and Performance Improvement Manager who will be responsible for directing where CAMHD should focus to improve the quality of services at the micro and macro levels. CAMHD will also establish a Quality Improvement Committee with representation from both the leadership and community-based Family Guidance Center levels. The new Quality and Performance Improvement Manager will be tasked with developing the infrastructure for continuous quality improvement, such as analyzing whether the data collection system is sufficient and make recommendations for improvement, developing staff training about

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the basic concepts of quality and performance improvement to support a culture of continuous quality improvement, and developing incremental initiatives to move CAMHD forward.

Third, CAMHD will focus on continuing to expand and streamline its electronic case management system to improve clinical care. CAMHD system developments are aimed at the long-range goal of a paperless care system, a centralized electronic health record, efficient and immediate secure information sharing, availability of real time data for a variety of state array indicators (i.e. census, utilization, sentinel events, demographics, credentialing etc.), and efficient billing of services in compliance with national requirements and standards. With the data mined from the electronic IT system, CAMHD's new Continuous Quality Improvement system will be able to tweak and adjust the services to improve quality of care, as well as provide data-based reasons why some youth improve while others do not and the variables that contribute to that. These systems changes are to reach the goal of near-real time availability of information for decision-making by those providing services to specific youth, and managing the CAMHD systems of care as a whole. The focused lens of a Manager of Continuous Quality Improvement will identify innovative strategies to address the needs of constituencies including gap groups, CAMHD Staff, contracted providers and external funders. It is anticipated that the Continuous Quality Improvement system will identify and address multiple incremental initiatives over time.

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STRATEGIC PLAN

GOAL 1

IMPROVE CAMHD'S ABILITY TO MEET THE NEEDS OF GAP GROUPS

Objective 1.1 Identify challenges and barriers experienced by underserved populations.

Objective 1.2 Collaborate with partner state agencies and stakeholders to identify strategies to optimize utilization of CAMHD's service array

Objective 1.3 Research and identify evidence-based services, practices and strategies to meet the needs of gap groups.

Objective 1.4 Expand the service array by establishing new evidence-based services and programs for gap groups.

Objective 1.5 Evaluate the efficacy of the new services and strategies to meet the needs of gap groups.

Objective 1.6 Explore and establish funding mechanisms to sustain successful programs.

GOAL 2

DEVELOP AND IMPLEMENT A SYSTEM-WIDE CULTURE OF CONTINUOUS QUALITY IMPROVEMENT TO IMPROVE ADMINISTRATIVE AND CLINICAL PRACTICES FOR YOUTH AND FAMILIES

Objective 2.1 Establish and recruit a Manager of Continuous Quality Improvement.

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Objective 2.2 Continually define continuous quality improvement at the multiple levels within the system through establishment of a formal structure (e.g., committee, plan) and communications.

Objective 2.3 Align continuous quality improvement plans with existing guiding principles and documents to promote best practices in optimizing utilization of the service array and increase the use of evidence-based services.

Objective 2.4 Promote a culture of continuous quality improvement in CAMHD through staff trainings, modifying processes and procedures, and continually refining benchmarks and indicators of success.

Objective 2.4 Build internal and external champions of continuous quality improvement through training and consultation on data-driven decision-making.

GOAL 3

IMPROVE EFFICIENCY AND EFFECTIVENESS OF SERVICES BY IMPLEMENTING THE NEW CAMHD CASE MANAGEMENT INFORMATION TECHNOLOGY SYSTEM

Objective 3.1 Improve effectiveness of clinical services.

- Develop a culture of data-based decision making
- Increase use of real-time clinical data through electronic dashboards and reports
- Increase use of evidence-based practices and services
- Integrate data evaluation functions into the Case Management System to inform comprehensive quality improvement
- Increase meaningful communication between youth, family and treatment team members
- Increase communication and collaboration between CAMHD and providers via the Case Management System

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- Automate client tracking to ensure progress toward clinical goals
 - o Supervisory oversight: monitoring progression of cases
 - o Clinical management: automated notifications within prescribed schedules

Objective 3.2 Streamline Workflows and Clinical/Administrative Processes.

- Establish and monitor clinical timelines to assure timely service delivery
- Standardize and simplify clinical workflows
- Replace the existing RPMS functions with a user-friendly comprehensive system
- Continue to transition from paper forms to electronic versions
- Establish and monitor administrative timelines and workflows to assure timely service delivery
- Reduce staff time on administrative tasks and increase staff-client contact
- Implement an electronic billing system compliant with national standards and requirements

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APPENDIX



APPENDIX A

Child and Adolescent Service System Program (CASSP) Principles

APPENDIX B

CAMHD Service Array

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STATE OF HAWAII

CHILD AND ADOLESCENT SERVICE SYSTEM PROGRAM (CASSP) PRINCIPLES

1. The system of care will be child and family centered and culturally sensitive, with the needs of the child and family determining the types and mix of services provided.
2. Access will be to a comprehensive array of services that addresses the child's physical, emotional, educational, recreational and developmental needs.
3. Family preservation and strengthening along with the promotion of physical and emotional wellbeing shall be the primary focus of the system of care.
4. Services will be provided within the least restrictive, most natural environment that is appropriate to individual needs.
5. Services which require the removal of a child from his/her home will be considered only when all other options have been exhausted, and services aimed at returning the child to his/her family or other permanent placement are an integral consideration at the time of removal.
6. The system of care will include effective mechanisms to ensure that services are delivered in a coordinated and therapeutic manner, and that each child can move throughout the system in accordance with his/her changing needs, regardless of points of entry.

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7. Families or surrogate families will be full participants in all aspects of the planning and delivery of services.
8. As children reach maturity, they will be full participants in all aspects of the planning and delivery of services.
9. Early identification of social, emotional, physical and educational needs will be promoted in order to enhance the likelihood of successful early interventions and lessen the need for more intensive and restrictive services.
10. The rights of children will be protected and effective advocacy efforts for children will be promoted.

Developed by the Hawaii Task Force, 1993.

(Adapted from Stroul, Beth A. and Robert M. Friedman, R.M. (1986) A System of Care for Children & Youth with Severe Emotional Disturbances. (Revised Edition) Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

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1. STATEWIDE SERVICES

Level of Care (LOC)	Agency	CAMHD Codes	Geographic Location
Community-Based Residential 1	BENCHMARK BEHAVIORAL HEALTH, INC (10M)	30403 (Service) 30774 (Thx Pass) 30723 (Bed hold)	STATEWIDE
Community-Based Residential 2	CATHOLIC CHARITIES HAWAII (5M)	30303 (Service) 30773 30776 (Thx pass) 30709 30710 (Bed hold)	STATEWIDE
Community-Based Residential 3	BOBBY BENSON CENTER (20 M&F) HAWAII BEHAVIORAL HEALTH (8F) SALVATION ARMY (8M)	30201 (Service) 30772 (Thx Pass) 30706 (Bed hold)	STATEWIDE
Transitional Support Services (TSS)	Services provided AFTER any of the above CBRs	13131	STATEWIDE
Hospital-Based Residential (HBR)	SUTTER HEALTH PACIFIC (16 M&F) dba KAHU MOHALA	31101	STATEWIDE
Intensive Outpatient Hospitalization (FKA Partial Hospitalization)	SUTTER HEALTH PACIFIC dba KAHU MOHALA	27101	STATEWIDE (located on Oahu)
Parent Peer Support	CHILD AND FAMILY SERVICE	N/A	STATEWIDE

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2. HAWAII ISLAND

Level of Care (LOC)	Hawaii Island Agency	CAMHD Codes	Geographic Location
Crisis Mobile Outreach	CHILD AND FAMILY SERVICE	N/A	HAWAII Island
Therapeutic Crisis Home	CHILD AND FAMILY SERVICE	41102	E (1 bed) & W (1 bed) HI
Evaluations and limited outpatient therapy: <ul style="list-style-type: none"> • Initial Mental Health Evaluations • General Mental Health Evaluations • Psychological Testing • Summary Annual evaluation • Individual Therapy • Family Therapy • Group Therapy 	CHILD AND FAMILY SERVICE	5101 (IMHE) 5102 (GMHE) 8101 (Psych Testing) 5103 (SAE) 7101 (Individual Thx) 7103 (Family Thx) 7102 (Group Thx)	HAWAII Island
Functional Family Therapy (FFT)	CHILD AND FAMILY SERVICE	7104	HAWAII Island
Multisystemic Therapy (MST) (2 teams of 2 therapists)	CHILD AND FAMILY SERVICE	13201	E & W HI
Intensive In-Home (IIH)	CHILD AND FAMILY SERVICE HALE KIPA HALE NA'AU PONO (E. HI only) HAWAII BEHAVIORAL HEALTH	13101 (IIH Service) 13121 (IIH Para overlap) 13121 (IIH overlapping residential)	HAWAII Island

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Level of Care (LOC)	Hawaii Island Agency	CAMHD Codes	Geographic Location
Intensive Independent Living Skills (IILS)	HALE KIPA HALE NA'AU PONO (E. HI only) HAWAII BEHAVIORAL HEALTH	6112 (IILS Service) 6122 (IILS Para overlap) 6122 (IILS overlapping residential)	HAWAII Island
Adaptive Behavioral Intervention (ABI) FKA Comprehensive Behavioral Intervention (CBI)	HAWAII BEHAVIORAL HEALTH	13101 (ABI Service) 13121 (ABI Para overlap) 13121 (ABI overlapping residential)	HAWAII Island
Transitional Family Home (TFH) And Therapeutic Respite Home (TRH)	CATHOLIC CHARITIES HAWAII (18) CHILD AND FAMILY SERVICE (10) HALE KIPA (8) HALE NA'AU PONO (6 - E. HI only) HAWAII BEHAVIORAL HEALTH (10)	28401 (TFH Day) 28774 (TFH Thx Pass) 28712 (TFH Bed Hold) 28940 (TRH Day)	HAWAII Island

3. KAUAI

Level of Care (LOC)	Kauai Agency	CAMHD Codes	Geographic Location
Crisis Mobile Outreach	CHILD AND FAMILY SERVICE (contract extension)	N/A	KAUAI
Therapeutic Crisis Home	HALE OPIO KAUAI (1)	4102	KAUAI

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Level of Care (LOC)	Kauai Agency	CAMHD Codes	Geographic Location
Evaluations and limited outpatient therapy: Initial Mental Health Evaluations General Mental Health Evaluations Psychological Testing Summary Annual evaluation Individual Therapy Family Therapy Group Therapy	CHILD AND FAMILY SERVICE	5101 (IMHE) 5102 (GMHE) 8101 (Psych Testing) 5103 (SAE) 7101 (Individual Thx) 7103 (Family Thx) 7102 (Group Thx)	KAUAI
Functional Family Therapy (FFT)	PARENTS AND CHILDREN TOGETHER	7104	KAUAI
Multisystemic Therapy (MST) (2 therapists)	PARENTS AND CHILDREN TOGETHER	13201	KAUAI
Intensive In-Home (IIH)	HALE KIPA HALE OPIO KAUAI, INC HAWAII BEHAVIORAL HEALTH	13101 (IIH Service) 13121 (IIH Para overlap) 13121 (IIH overlapping residential)	KAUAI
Intensive Independent Living Skills (IILS)	HALE KIPA HALE OPIO KAUAI, INC HAWAII BEHAVIORAL HEALTH	6112 (IILS Service) 6122 (IILS Para overlap) 6122 (IILS overlapping residential)	KAUAI

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Level of Care (LOC)	Kauai Agency	CAMHD Codes	Geographic Location
Transitional Family Home (TFH) & Therapeutic Respite Home (TRH)	HALE OPIO KAUAI (7) HAWAII BEHAVIORAL HEALTH (8)	28401 (TFH Day) 28774 (TFH Thx Pass) 28712 (TFH Bed Hold) 28940 (TRH Day)	KAUAI

4. MAUI

Level of Care (LOC)	Maui Agency	CAMHD CODES	Geographic Location
Crisis Mobile Outreach	ALOHA HOUSE	N/A	MAUI
Therapeutic Crisis Home	MAUI YOUTH AND FAMILY SERVICES (1)	41102	MAUI
Evaluations and limited outpatient therapy: Initial Mental Health Evaluations General Mental Health Evaluations Psychological Testing Summary Annual evaluation Individual Therapy Family Therapy Group Therapy	ALOHA HOUSE	5101 (IMHE) 5102 (GMHE) 8101 (Psych Testing) 5103 (SAE) 7101 (Individual Thx) 7103 (Family Thx) 7102 (Group Thx)	MAUI

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Level of Care (LOC)	Maui Agency	CAMHD CODES	Geographic Location
Functional Family Therapy (FFT)	PARENTS AND CHILDREN TOGETHER	7104	MAUI
Multisystemic Therapy (MST) (4 therapists)	PARENTS AND CHILDREN TOGETHER	13201	MAUI and MOLOKAI
Intensive In-Home (IIH)	ALOHA HOUSE HAWAII BEHAVIORAL HEALTH	13101 (IIH Service) 13121 (IIH Para overlap) 13121 (IIH overlapping residential)	MAUI
Intensive Independent Living Skills (IILS)	HAWAII BEHAVIORAL HEALTH MAUI YOUTH AND FAMILY SERVICES	6112 (IILS Service) 6122 (IILS Para overlap) 6122 (IILS overlapping residential)	MAUI
Transitional Family Home (TFH) and Therapeutic Respite Home (TRH)	HAWAII BEHAVIORAL HEALTH (8) MAUI YOUTH AND FAMILY SERVICES (8)	28401 (TFH Day) 28774 (TFH Thx Pass) 28712 (TFH Bed Hold) 28940 (TRH Day)	MAUI

5. OAHU

Level of Care (LOC)	Oahu Agency	CAMHD Codes	Geographic Location
Crisis Mobile Outreach	CARE HAWAII (Contract extension)	2103	OAHU
Therapeutic Crisis Home	HALE NA'AU PONO	4102	OAHU

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Level of Care (LOC)	Oahu Agency	CAMHD Codes	Geographic Location
Evaluations and limited outpatient therapy: Initial Mental Health Evaluations General Mental Health Evaluations Psychological Testing Summary Annual evaluation Individual Therapy Family Therapy Group Therapy	CHILD AND FAMILY SERVICE	5101 (IMHE) 5102 (GMHE) 8101 (Psych Testing) 5103 (SAE) 7101 (Individual Thx) 7103 (Family Thx) 7102 (Group Thx)	OAHU
Functional Family Therapy (FFT)	PARENTS AND CHILDREN TOGETHER	7104	OAHU
Multisystemic Therapy (MST) (2 teams of 3 therapists)	PARENTS AND CHILDREN TOGETHER	13201	OAHU
Intensive In-Home (IIH)	ALAKAI NA KEIKI CATHOLIC CHARITIES Hawai'i CHILD AND FAMILY SERVICE HALE KIPA HALE NA'AU PONO (Leeward) HAWAII BEHAVIORAL HEALTH HINA MAUKA (Central and HNL)	13101 (IIH Service) 13121 (IIH Para overlap) 13121 (IIH overlapping residential)	OAHU

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Level of Care (LOC)	Oahu Agency	CAMHD Codes	Geographic Location
Intensive Independent Living Skills (IILS)	CATHOLIC CHARITIES Hawai'i HALE KIPA HALE NA'AU PONO (Leeward) HAWAII BEHAVIORAL HEALTH	6112 (IILS Service) 6122 (IILS Para overlap) 6122 (IILS overlapping residential)	OAHU
Transitional Family Home (TFH) and Therapeutic Respite Home (TRH)	CATHOLIC CHARITIES Hawai'i (10) HALE KIPA (6) HAWAII BEHAVIORAL HEALTH (4) HALE NA'AU PONO (16)	28401 (TFH Day) 28774 (TFH Thx Pass) 28712 (TFH Bed Hold) 28940 (TRH Day)	OAHU

60**ADDENDUM TO
REPORT TO THE THIRTIETH LEGISLATURE STATE OF HAWAII 2019
CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
STRATEGIC PLAN 2019-2022**

The Department of Health Child and Adolescent Mental Health Division (“CAMHD”) provides the following information in response to stakeholder comments regarding its proposed Child and Adolescent Mental Health Division Strategic Plan 2019-2022, which was made available on the internet on October 31, 2018 to December 18, 2018 at <https://health.hawaii.gov/camhd/strategic-plan>.

The CAMHD conducted public hearings on the proposed Strategic Plan 2019-2022 on December 5, 6, and 10. The public hearing on December 10 was held on Oahu, with videoconferencing in Maui, Kauai, East Hawaii and West Hawaii. As part of that public review process, the Division received written comments and suggestions and carefully considered all of them.

The CAMHD is appreciative of the interest and participation by the public and its stakeholders on the CAMHD’s proposed Strategic Plan. The comments and suggestions were reviewed and thoughtfully considered. In response to the public comments and suggestions, the Division provides the following clarifications. Our responses to the comments are provided below each corresponding comment.

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COMMENT 1

Remove the term *severe emotional disturbance* from your Eligibility description in Section 1. While the term serious emotional disturbance or severe emotional disturbance is still utilized by SAMHSA and is included in the Diagnostic and Statistical Manual, 5th Edition (DSM-V), it is highly objectionable to many parents, and imparts a lasting and negative connotation to lay persons.

When SEAC and other community agencies serving children with disabilities and their families participated in the revisions to Chapter 60 in response to the IDEA Amendments of 2004, we made a conscious decision to change the eligibility category labels for special education, even though IDEA contained more outdated and stigmatizing terms. Among the changes was to remove the term impairment from a variety of categories and replace it with the term disability (for example, *other health disability in lieu of other health impairment*). We changed *mental retardation* to *intellectual disability* (prior to Rosa's Law), and we replaced *serious emotional disturbance* with *emotional disability*. Updating our state rules for special education did not have an impact on reporting to the federal government, because our descriptions of the new categories matched the language of the federal statute without the stigmatizing labels.

CAMHD response:

The CAMHD appreciates the concerns of parents and stakeholders. We understand that the term "severe emotional disturbance," which was coined by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), may have negative connotations. The CAMHD values respect for individuals and does not condone stigmatizing language.

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In light of the SEAC's comments, CAMHD plans to thoughtfully consult with SEAC, our parent support program and other stakeholders on alternatives to the term "severe emotional disturbance."

COMMENT 2

Remove the language in CAMHD Exclusionary Criteria A that refers to an Intellectual Disability "in the moderate, severe, or profound range" and replace it with the current definition of Intellectual Disability—"significant limitations in both intellectual functioning and in adaptive behavior which originates before age 18."

In 1992 the American Association on Mental Retardation (now called the American Association on Intellectual and Developmental Disabilities) abandoned its 'pecking order' of mental retardation—mild, moderate, severe, profound—in favor of looking at how people function in various contexts of everyday life and defining the supports that would improve their life functioning. The current definition is much more proactive on the part of persons assisting individuals with intellectual disabilities and less stigmatizing in how the public views the individual's disability.

CAMHD response:

CAMHD appreciates this suggestion and considers functional impairment as a key element of our clinical eligibility criteria. The CAMHD also values respect for individuals and does not condone stigmatizing language. At the same time, the CAMHD is committed to providing clarity to youth, families and the public regarding the level of intellectual disability that our services can best serve.

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Thus, we will continue to utilize terminology for intellectual disability consistent with the DSM-V, as it offers specific guidelines on classification that offer assessment precision.

COMMENT 3

Provide a statement within the plan that families will have access to timely, complete and accurate information regarding their child's care and treatment plan.

In order to effectively participate as a full partner in all stages of the decision-making and treatment planning process, families must have access to all available information regarding their child's diagnosis and care, including access to the electronic medical record.

CAMHD response:

CAMHD agrees that the youth and their families are full partners in the decision-making process and has always allowed families access to their minor children's care and treatment plans. Youth who have reached majority are welcome to access their care and treatment plans.

In addition, CAMHD is committed to all the Child and Adolescent Service System Program (CASSP) Principles, including CASSP Principles 7 and 8:

7. Families or surrogate families will be full participants in all aspects of the planning and delivery of services.
8. As children reach maturity, they will be full participants in all aspects of the planning and delivery of services.

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Consistent with Strategic Plan 2019-2022 objective 3.1 (Improve effectiveness of clinical services: Increase meaningful communication between youth, family and treatment team members), CAMHD intends to develop and implement a Consumer Portal so that youth and families have real-time access to their own information, as provided by law. Before that will occur, safeguards will need to be put in place so that only those portions of the electronic health record that can be legally shared will become accessible to authorized individuals.

COMMENT 4

SEAC (Special Education Advisory Council) would like to commend CAMHD for providing high quality evidence-based interventions to children and youth and their families. We appreciate all that you do to make the quality of life better for these families.

CAMHD response:

CAMHD thanks the SEAC and other stakeholders for continuing to work with us in partnership and collaboration to improve the system of care for children and youth with emotional, behavioral and mental health challenges, and their families. Without the long-term support of our community partners and the families themselves, CAMHD would not be the high performing organization it is today. We thank you, our partners, for helping us improve the system of care to benefit Hawaii's children and families.

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COMMENT 5

A few parents talked about the need for in-patient mental health treatment here on Kauai for children and teens.

CAMHD response:

CAMHD is aware of the lack of resources on Kauai and the other Neighbor Islands. In response to that need, CAMHD's latest Request for Proposals for community-based residential treatment programs gave preference to Neighbor Island applications. A winning bid was awarded to a provider who proposed a residential treatment program on Hawaii Island. The new contract is slated to begin in February 2019.

Like many other states, Hawaii faces a perennial shortage of qualified mental health professionals. It is difficult to staff programs on Oahu, and even more so on the Neighbor Islands. While Hawaii is a beautiful place to live, the cost of living and the cost of real and rental properties is high. Without sufficient economies of scale, it can be financially prohibitive to establish and sustain in-patient mental health treatment programs.

Therefore, over the past few years CAMHD invested in telehealth and other technologies to increase remote communication, including client-to-clinician contact. CAMHD is regarded as the Department of Health's pioneer in advancing the use of technology to benefit the people we serve. Every Family Guidance Center in the state now has videoconferencing capability and expertise. Rather than fly youth and their families to Honolulu, we can now connect people through our secure videoconference infrastructure. Recently CAMHD began using smart phone technology to connect people, wherever they are. CAMHD is

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actively investigating the feasibility of similar technologies to connect more directly with youth and families in their homes.

Going forward in the Strategic Plan 2019-2022, objective 3.1 (Integrate data evaluation functions into the Case Management IT System to inform comprehensive quality improvement), the new electronic case management system will provide valuable data on the geographic and clinical profiles of our communities. With that information, through our Continuous Quality Improvement initiatives we will be able to best assess the feasibility of expanding and/or modifying our services to better serve the needs of individual communities.

COMMENT 6

It is very important that CAMHD, as soon as possible, establish separate support groups for the children and parents of children dealing with mental illness. Support groups have been shown to be effective in a variety of therapeutic settings. This should be a 2019 goal. Support groups may be able to improve the outcomes for children – such that inpatient care can be avoided. Please have trained staff oversee the groups.

CAMHD response:

CAMHD agrees that family supports can truly foster improvements in both identified youth and their families and is extremely invested in providing these supports. As a result, the CAMHD contracts with the Child and Family Services 'Ohana Support Services (OSS) program to provide supportive interactions

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with the caregivers of CAMHD youth, focused on helping the family participate fully in and benefit from mental health treatment. This service is provided by individuals: 1) who have lived experience as a caregiver within the mental health system of care for youth and 2) who have been certified to provide peer support by the National Federation of Families or another certifying body.

Currently, CAMHD's SAMHSA-funded Kaeru services program is partnering with OSS to develop and implement a sustainable model for statewide parent support groups. Through Kaeru, CAMHD has also developed a Lead Family Contact position within the central administrative office, with the long-term goal of building the infrastructure for youth and family engagement efforts, including the development of Youth Peer Support positions. Finally, CAMHD partners with the Department of Human Services MedQUEST Division to advocate for the reimbursement of both parent and youth peer support services, in order to ensure long term sustainability. Though not an explicit strategic plan goal, CAMHD is seeking to establish a financing mechanism to support the work of parent partners.

COMMENT 7

CAMHD should include a goal for increasing public awareness of its services. For example, a goal could be, "will have one poster in each major shopping mall in each county, listing CAMHD contact information and services available." A similar goal could be to put up smaller posters in each public library bulletin board.

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CAMHD response:

CAMHD response: The CAMHD is dedicated to increasing public awareness of its services and to decreasing mental health stigma via strategic communications across multiple platforms (i.e., in-person, digital, environmental, print). With regard to in-person efforts, the CAMHD centers and sections are intimately involved in community awareness fairs, regularly provide community trainings, participate in community councils and constantly seek to partner with stakeholders to increase referrals for services. While not an explicit strategic plan goal, the CAMHD continues to build its capacity to improve public communications and awareness, by planning major improvements to the CAMHD print materials (e.g., fliers, handouts), CAMHD website and the parent and stakeholder-driven Help Your Keiki (www.helpyourkeiki.com) website, growing its social media presence, developing the infrastructure for a Crisis Text Line and partnering with stakeholders in the promotion of Children's Mental Health Awareness Day (May 9, 2019).

In an effort to sustain and solidify these efforts, CAMHD recently developed a new Communications Unit within the Program Improvement and Communications Office, combining the Public Informations Specialist with a newly developed Digital Media Specialist position. Their goal is to improve the visibility and understanding of CAMHD services, through effective, innovative strategies (e.g., social media, websites).

That said, the comment is well taken and the CAMHD will continue to explore the possibility of increasing public awareness in multiple platforms, including via posters in public spaces.

69**COMMENT 8**

I urge the CAMHD to adopt goals that reflect patient outcomes or services. So instead of “will modernize the case management system,” a better goal is “will increase system capacity to be able to serve the needs of 25% more patients by 2022.”

CAMHD response:

The CAMHD appreciates the comment and agrees that improved patient outcomes and services are core values of the division. As a result, all CAMHD Strategic Plan 2019-2022 goals and objectives serve the ultimate missional aim of “happy and healthy children and families living in caring communities.” Relatedly, the reader’s insightful comment ties directly to Strategic Plan 2019-2022 goal 2 (Develop and implement a system-wide culture of Continuous Quality Improvement to improve administrative and clinical practices for youth and families), which describes CAMHD’s efforts to develop a formal structure of ongoing monitoring of quality measurable benchmarks.