

DECEMBER 2022

STRATEGIC PLAN 2023-2026

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PREPARED BY



**Child & Adolescent
Mental Health Division**



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Executive Summary

The Hawai'i State Department of Health's (DOH) approach to child and adolescent mental health care has evolved since 1974 when the Hawai'i State Legislature codified mental health services for children and youth. The delivery of the state's mental health services for youth is part of a multi-tiered, multi-agency and community-based system of care. The Child & Adolescent Mental Health Division (CAMHD) currently provides mental health services and supports through its seven Family Guidance Centers (FGCs) in all counties statewide.

DOH-CAMHD services are multi-tiered. The Department of Education (DOE) refers students to DOH-CAMHD. DOH-CAMHD additionally receives referrals from, and provides services in coordination with, other child-serving agencies such as the Department of Human Services (DHS) Child Welfare Services (CWS), the Office of Youth Services (OYS), and the Judiciary's Family Court, for a comprehensive system of care. DOH-CAMHD is the State Medicaid provider of intensive mental health services for children and adolescents. DOH-CAMHD Care Coordinators meet with representatives from these state agencies (i.e., probation officers from the Judiciary's Family Court, social workers from Child Welfare Services, and others) on a regular basis to integrate services and programs across agencies.

True to its values, DOH-CAMHD's treatment, services and supports are provided in the least restrictive, most natural environment within the child's community in order to avoid disruptions in the child and family's daily life, to the extent possible. Services are community-based to build supports near and around the child's home as the child grows and matures.

This DOH-CAMHD Strategic Plan gives an overview of the Division, data and assessments; and outlines its vision, mission, values, goals and objectives for future hopes of "Thriving Children, Healthy Families, Supportive Communities."

The Child & Adolescent Mental Health Division (CAMHD)

The CAMHD serves Hawai'i's children and adolescents three to seventeen years old, who have severe emotional disturbances (SED) and/or need intensive mental health services. The CAMHD is the Medicaid provider of mental health services for children and adolescents. As a public mental health care provider, the CAMHD actively advocates for mental health acceptance^[1] and for state policies that will improve access to services and positively impact child and adolescent mental health statewide.

The CAMHD services are part of a comprehensive system of care that is multi-tiered, multi-agency coordinated, and community-based. Clients are referred to CAMHD for intensive mental health, psychological and psychiatric treatment that is given at greater frequency and may be provided as intensive in-home temporary out-of-home services compared to outpatient office treatment.

The CAMHD collaborates its services with governmental and private nonprofit child-serving agencies for the overall welfare of children and adolescents in the State of Hawai'i. For example, a child may have been referred to the CAMHD from Juvenile Justice (Judiciary) who is already receiving services from the Department of Human Services (DHS) Child Welfare Services because the child has been abused. The CAMHD care coordinators collaborate with representatives from these agencies to coordinate care for the child's physical and mental health. On a policy level, the CAMHD meets monthly with governmental and private non-profit agencies to discuss, act on and advocate for policies to continue to improve the system of care for youth.

[1] See Appendix A for the meaning of "Mental Health Acceptance."

The CAMHD's Family Court Liaison Branch (FCLB) provides psychiatric and psychological screening, assessment, evaluation, treatment, and consultative services to children and adolescents who are committed to the Hawai'i Youth Correctional Facility, detained at the Hale Ho'omalua Juvenile Detention Facility, or diverted to Home Maluhia (Shelter).

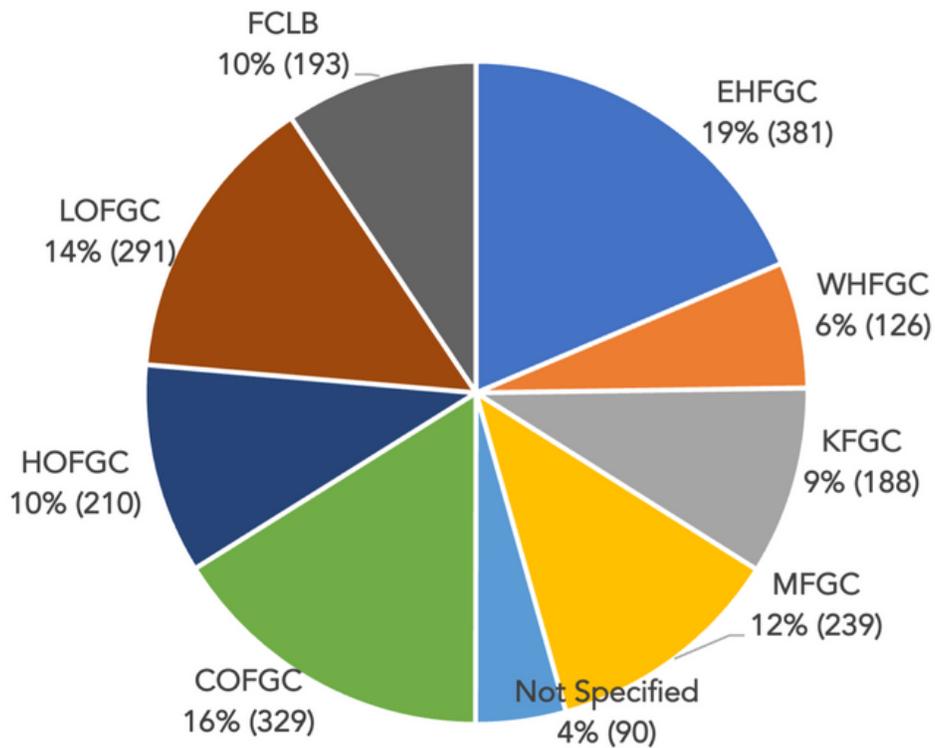
The division has Family Guidance Centers (FGCs) located on multiple sites on O'ahu, the east and west side of Hawai'i Island, Kaua'i, Maui, Moloka'i, and Lāna'i to provide psychological and psychiatric care and case management services for youth. Mental health professionals across the state are contracted by the CAMHD so that youth may receive services near and within the communities they live in.

Community-Based Services

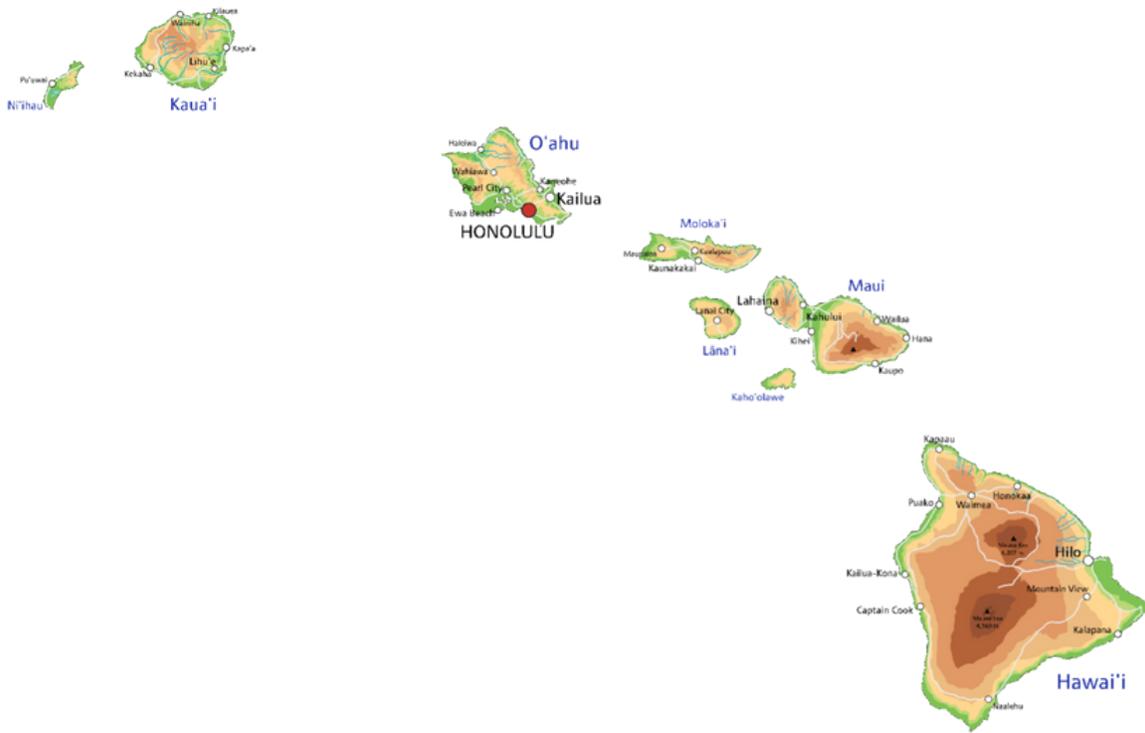
The CAMHD services are provided primarily within the children and adolescents' home and community whenever possible to minimize disruption to them and their families. 90% of youth receiving services from contracted mental health providers received those services in their home. Families and legal guardians are strongly encouraged to be involved in their children's mental health treatment, as their involvement has been shown to maximize the effectiveness of services.

The CAMHD FGCs provide services to all counties of the state of Hawai'i. The FGCs provide clinical and care coordination services. Mental health care and treatment can be provided by the CAMHD's psychologists and psychiatrists and contracted mental health professionals within the clients' community. Telehealth or virtual mental health treatment is also available for greater access to mental health care. The pie chart on the next page shows the number of clients served by each FGC and the FCLB. The FCLB serves youth who are incarcerated or detained on O'ahu, regardless of their home community. The number of youth the CAMHD served decreased during the pandemic but is expected to increase as pandemic restrictions are eased.

2021 # of Clients Receiving Services from FGCs



See a map of Hawai'i and a list of FGC acronyms and the locations they serve on the next page.

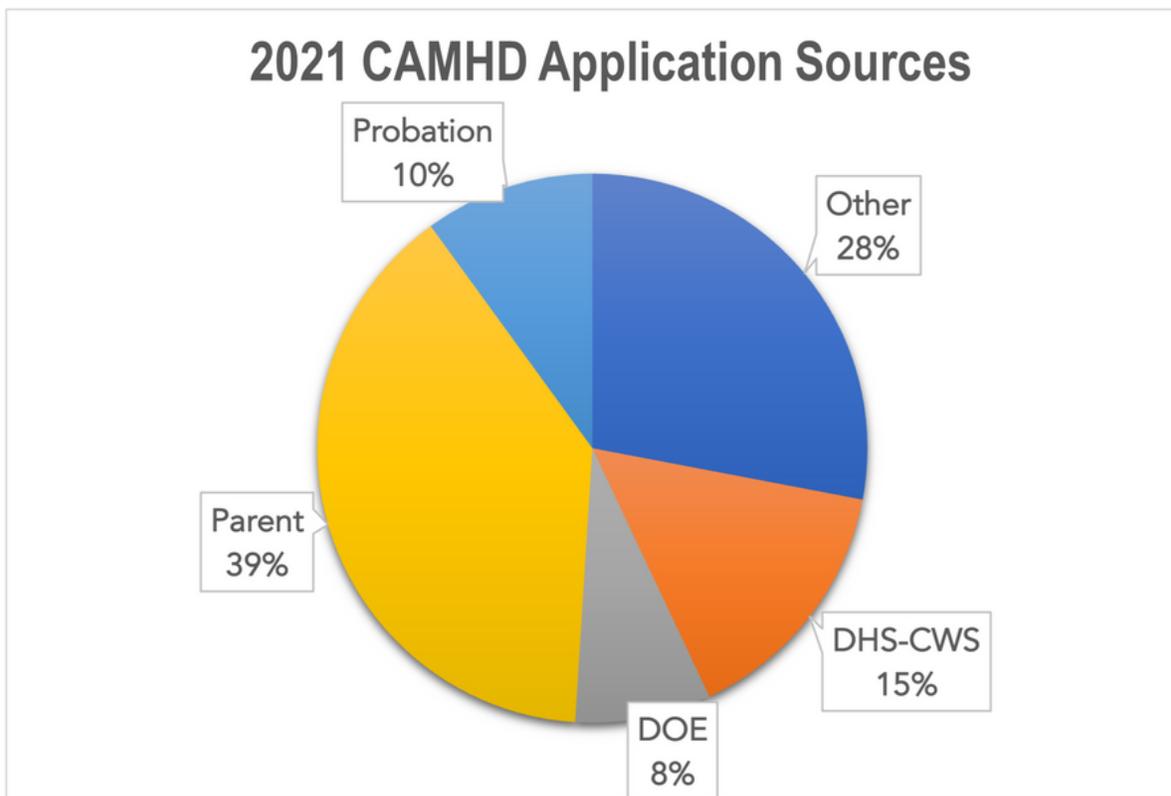


EHFGC	East Hawai'i FGC serves the Hāmākua Coast, Hilo, Puna, and South Point
WHFGC	West Hawai'i FGC serves the Kona Coast, Waimea, and Kohala
KFGC	Kaua'i FGC serves Kaua'i County including the island of Ni'ihau
MFGC	Maui FGC serves Maui County including the islands of Moloka'i and Lāna'i
COFGC	Central O'ahu FGC serves Central and Windward O'ahu
HOFGC	Honolulu O'ahu FGC serves the Honolulu area
LOFGC	Leeward O'ahu FGC serves the Leeward Coast, 'Ewa Beach, and Kapolei
FCLB	Family Court Liaison Branch serves youth statewide who are incarcerated, detained, or diverted by the juvenile justice system

Application Sources

In 2020, the majority of applications for services the CAMHD received were from parents (39%), followed by the DHS Child Welfare Services (15%), the Juvenile Justice system (10%), and the Department of Education or DOE (8%). The rest were from other application sources such as community social workers, mental health professionals, or physicians.

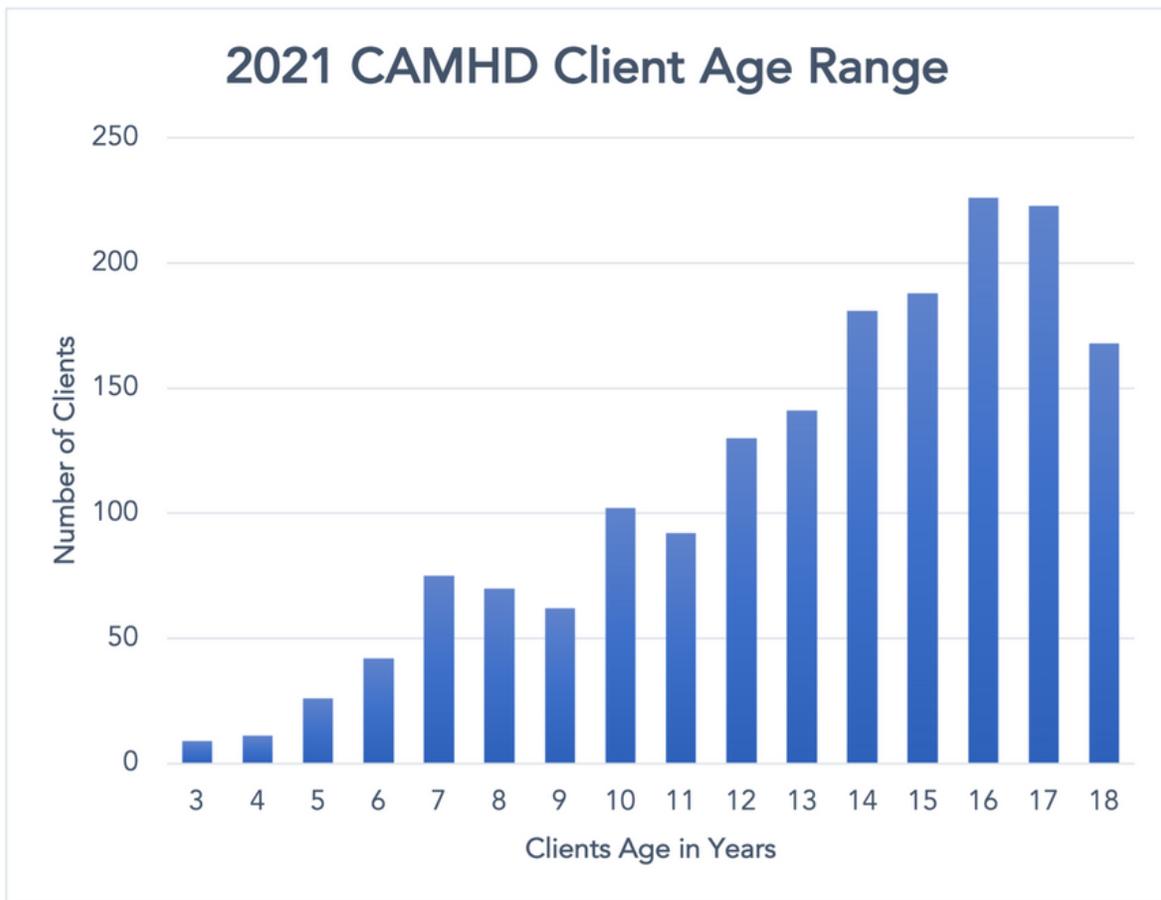
It should be noted that although parents appear to be the greatest source of applications, parents often apply for CAMHD services upon the recommendations of DOE, DHS-CWS, Judiciary, and community mental health providers.



Age

The CAMHD accepts clients as young as 3 years old up to 17 years of age. The “age of majority” for children in Hawai’i is 18 years old. Medicaid clients or youth with an open Individualized Education Plan under the Individuals with Disabilities Education Act (IDEA) may receive CAMHD services up to age 21 years. The division’s On-Track Hawai’i program – the State’s only coordinated specialty care program for First Episode Psychosis (FEP) – may see clients up to age 24 years.

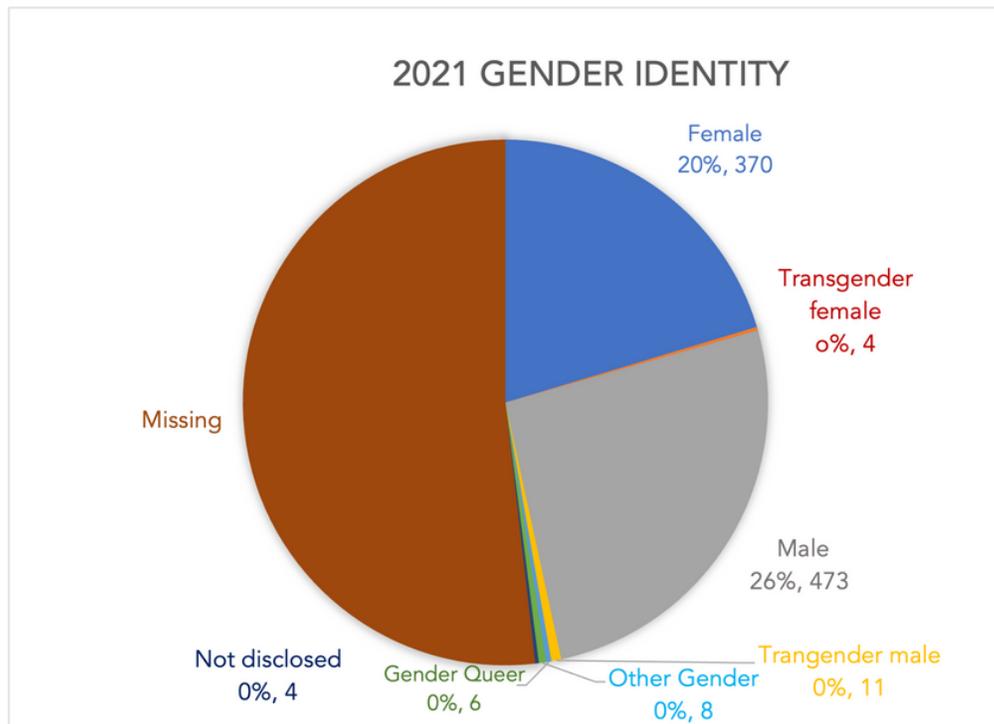
The chart below shows that the majority of CAMHD’s clients are in their late teens. The average age of youth receiving CAMHD services has increased over the past several years.



Gender Identity

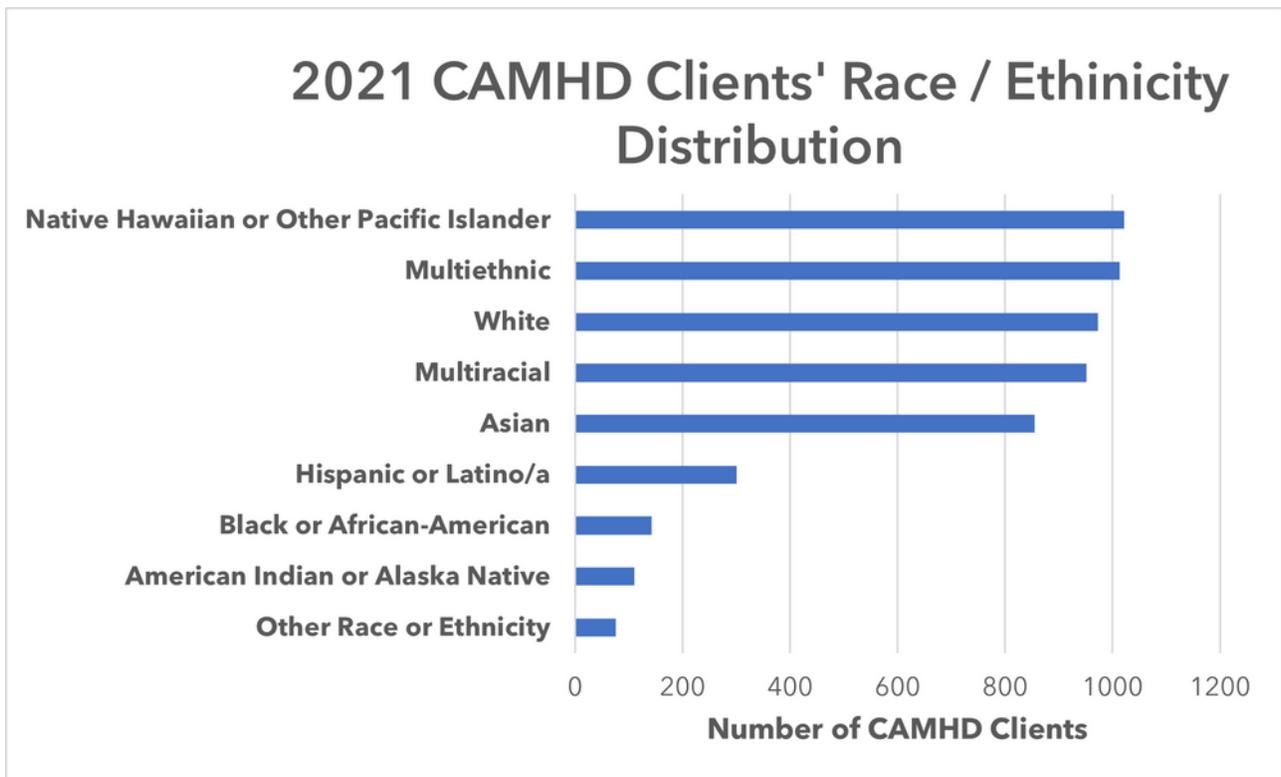
The majority of CAMHD youth receiving services are identified as male, though over the years there are increasing numbers of females. There is approximately one percent for each of the categories of “male transgender” and “other gender;” and less than one percent each for “female transgender,” “gender queer,” and “not disclosed.” Though a little more than half of the gender information is missing, the CAMHD has made a concerted effort and has improved the collection of this important data in recent years.

It should be noted that the CAMHD has a Safe Spaces Committee which meets regularly and provides training and education on gender and sexual minorities. The CAMHD also seeks to generate and/or change division policies to increase the equitability of CAMHD services for sexual and gender minority children and families.



Race and Ethnicity

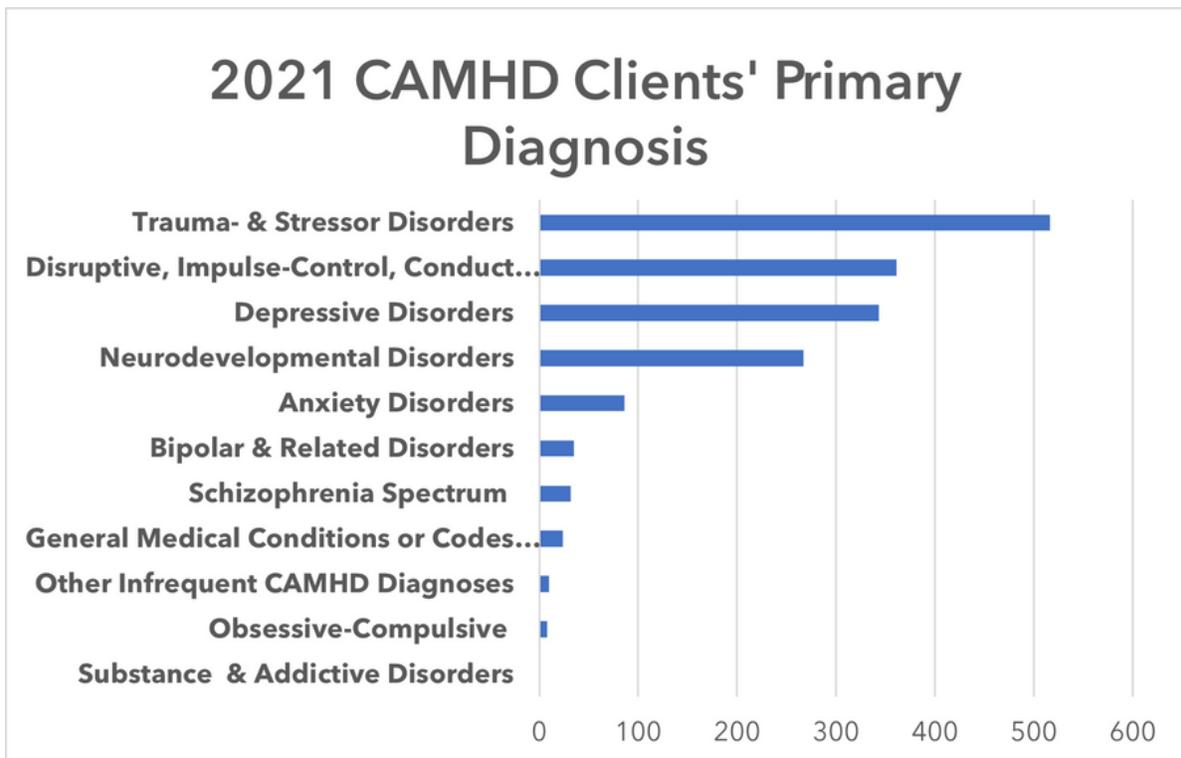
The majority of CAMHD clients in 2021 were “Native Hawaiian or Other Pacific Islander” with “multi-ethnic” being slightly less in number. “Multi-ethnic” means the person has more than one ethnicity. “White” or Caucasian was the third largest race, followed by “multi-racial.” Multi-racial persons are of more than one race (i.e., a client who is of both African American and White races). Asians ranked fifth in the numbers of clients seen by the CAMHD. All other races of CAMHD clients are listed in the chart below.



CAMHD Clients' Primary Diagnosis

CAMHD clients are seen for severe emotional disturbances or SED. Childhood SED is defined by the U.S. Substance Abuse & Mental Health Service Administration (SAMHSA) as a presence of a diagnosable mental, behavioral, or emotional disorder that resulted in functional impairment which substantially interferes with or limits the child's functioning in family, school, or community activities. Emotional disturbance is one of the categories of disabilities specified in the federal Individuals with Disabilities Education Act (IDEA). SED is also used as an acronym for Serious Emotional Disability.

The primary diagnoses of CAMHD clients are depicted in the graph below. "Trauma and Stressor Disorders" ranks as the most common diagnostic category. This diagnosis includes adjustment disorders and post-traumatic stress disorders. Other CAMHD diagnoses are listed in the chart below in the order of most common to least common diagnoses among CAMHD clients.



Specialty Care and Data-to-Wisdom Grant

CAMHD specialty care includes Kealahou Services for adolescent girls who have experienced significant trauma and OnTrack Hawai'i's services for First Episode Psychosis. The CAMHD also manages a US SAMHSA expansion grant which is referred to as the "Data to Wisdom" or "D2W" grant.

Kealahou Services are provided in coordination with the juvenile justice, child welfare, mental health, and education systems to help at-risk female youth to reconnect with themselves and their families and build resilience and prevent running away, truancy, suicide, arrest, and incarceration.



The main goal of the Kealahou Services is to provide direct mental health services including one-on-one therapy and small group youth activities.

OnTrack Hawai'i is a relatively new CAMHD program based on the First Episode Psychosis (FEP) program On-Track New York. OnTrack Hawai'i is currently the only Coordinated Specialty Care First Episode Psychosis (CSC-FEP) program in the State of Hawai'i, serving youth 15-24 years.



OnTrack Hawai'i services currently includes psychiatric and psychotherapeutic treatments, with plans to add Employment and Education, and Peer Supports. The goal of OnTrack Hawai'i is to help the person experiencing psychosis to get back "on track" at work, school, and within their relationships with friends and family.

Data-to-Wisdom (System of Care) Expansion Grant

In 2020, the CAMHD received a system of care expansion grant called “Data to Wisdom,” from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, to enhance mental health services for youth, ages 3-21 with serious emotional disturbances statewide.



Data to Wisdom

Data to Wisdom uses data to improve clinical, administrative, and system decisions with the major goals of:

- Improving youth outcomes through strengthening the state’s data-driven decision-making infrastructure;
- Increasing coordination across child-serving agencies;
- Improving adherence to Child and Adolescent Service System Program principles; and
- Bolstering in-home treatments that strengthen families.

Additionally, Data to Wisdom is actively involved in perpetuating statewide Trauma-Informed Care practices as the state chair of the Trauma-Informed Care Task Force (Act 209) and supporting the development of the Office of Wellness and Resilience (Act 291).

Assessment of CAMHD Services

The CAMHD assesses its services[2] on an annual basis and posts its reports on the CAMHD website. These reports include the division’s Annual Factbook & Evaluation Summary, Consumer Survey and Provider Survey.

CAMHD’s Factbook & Evaluation

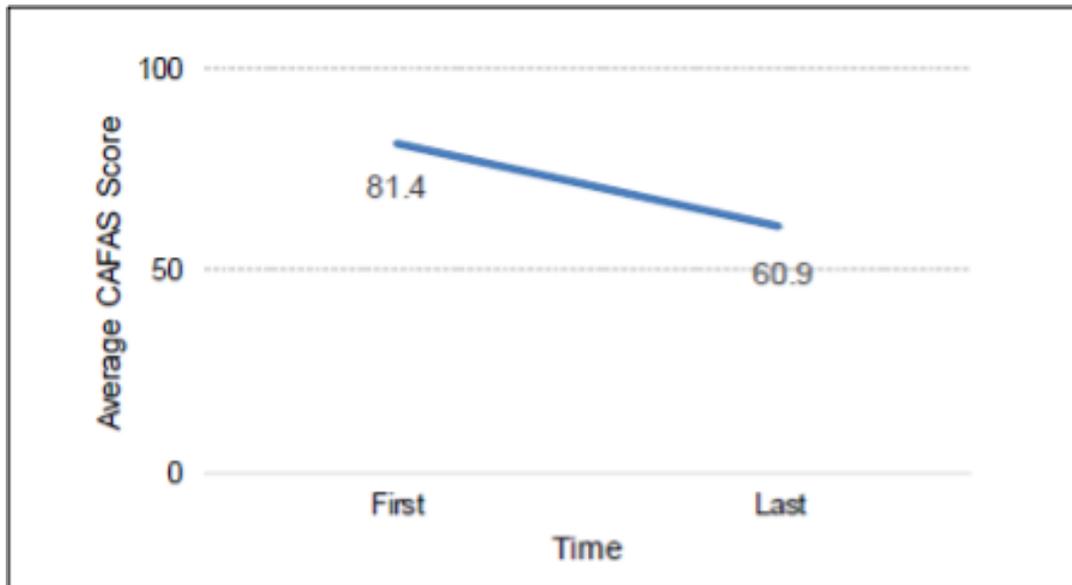
The CAMHD utilizes the Child & Adolescent Functional Assessment Scale (CAFAS) and the Ohio Youth Problems, Functioning, & Satisfaction Scales (also known as the Ohio Scales) to measure the effectiveness of treatment and make informed decisions for planning mental health care. CAMHD clients’ CAFAS and Ohio Scales scores indicate improvements in functioning and problem severity.

The CAFAS is the “gold standard” of assessing a youth’s functioning in the areas of school, thinking problems, behavior toward others, self-harm, moods/emotions, substance use, and home and community. The CAFAS provides an objective measurement of whether the youth’s functioning is improving over time.

The graph on the next page compares average total CAFAS scores that were measured prior to receiving any CAMHD services to scores prior to discharge from CAMHD services. Higher scores indicate greater dysfunction. The data indicates that our clients show a marked improvement in functioning levels after receiving mental health care.

[2] CAMHD Annual Report: <https://health.hawaii.gov/camhd/annual-reports/>

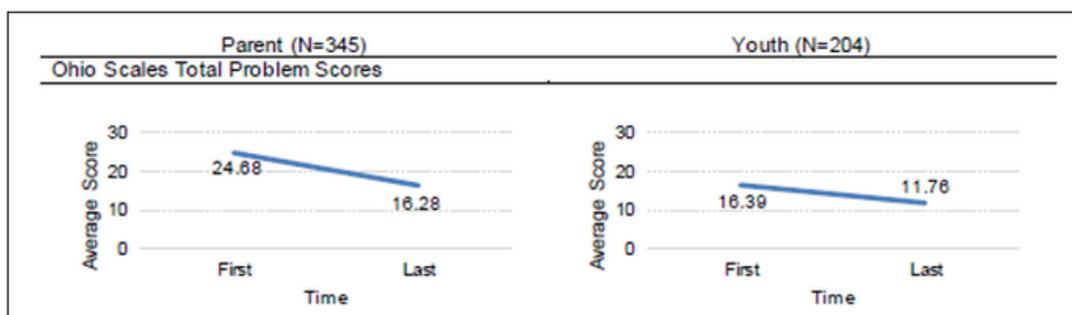
Average of first and last total CAFAS scores for youth discharged within the fiscal year (N-118)



The Ohio Scales assess outcomes for youth 5-18 years of age who receive mental health services. The Ohio scales assessments are completed by youth and parents upon admission, monthly throughout mental health treatment, and then once more upon discharge from CAMHD services to measure change and transformation from their perspective. As with the CAFAS, a comparison of Ohio Scales scores upon admission and discharge demonstrates a reduction in Total Problem Scores after receiving mental health care.

The pandemic appeared to have only a minimal impact on scores of problem severity or youth functioning. It also had a minimal impact on parent hopefulness or child wellness.

Average of first and last Ohio Scores for youth and parents discharged within the fiscal year



Consumer Survey Results

The CAMHD annually conducts Consumer Surveys of families whose children receive services. The following are highlights of the 2021 consumer survey assessments.

Consumer Satisfaction

Overall, the majority of CAMHD families (79.4%) are satisfied with the division's services including services provided by contracted mental health providers.

What parents said about the CAMHD:

- They are an incredible group of people that I trust. And that isn't something that comes easily. They have worked hard to help our family with our son's struggles, and we are very grateful.
- My child has several mental health challenges and daily life with him can be exasperating at best. Having resources (at) hand and experts in the field to support us has been a great benefit.
- We appreciate the team's approach to help us with specific goals, and not a cookie cutter one size fits all type of treatment plan.

Cultural Sensitivity

The CAMHD received its highest ratings in cultural sensitivity, receiving 95.7% positive responses. Specifically, families rated the division high in:

- Treating families with respect
- Speaking to families in a way that they could understand
- Respecting the families' religious/ spiritual beliefs

Telehealth

The majority of families were satisfied with the CAMHD's telehealth services. When asked if their child was satisfied with telehealth, 24.8% of parents surveyed indicated they strongly agree and 30.4% agreed.

Positive responses from parents when asked "What did you and your child like about having telehealth (audio and/or video) therapy sessions or meetings with your child's therapist or treatment team?" were:

- I like not having to leave the house. Since we babysit another child, Zoom meetings are more compatible and easier to schedule than in-person meetings. There is also no travel time involved.
- During Covid it was the safest.
- Telehealth meetings were great as we were able to meet including Mom from off-island.

Communication

The CAMHD received high percentages from families who responded positively to the following questions on communication:

%	Communication Question
90.7	Someone from my CAMHD Family Guidance Center (FGC) Team contacted me (in person or by phone) at least one time every month my child was receiving services.
90.0	During meeting(s) with my child's CAMHD FGC team, I was asked for my feedback about my child's treatment plan.
89.2	During the time my child received services from CAMHD, I was kept informed about the exact services my child was receiving.

For more details on CAMHD's data, visit:
<https://health.hawaii.gov/camhd/annual-reports/>

Vision

**thriving
children,
healthy
families,
supportive
communities**

Mission



To promote resilience and well-being in the children and families of Hawai'i by advocating for mental health acceptance and providing quality and accessible mental health services.



**Child & Adolescent
Mental Health Division**

CAMHD Values

Child & Adolescent Service System Program Principles (CASSP)



Child-Centered

Services meet the individual needs of the child, with consideration of the child's family and community, and are developmentally appropriate, strengths-based, and child-specific. Children's rights are protected.

Culturally-Sensitive & Unbiased

The child and their family's attitudes, values, beliefs, customs, languages, rituals, and practices, determine the services provided. Mental health practices will be non-discriminatory of race, color, religion, sex, sexual orientation or gender identity, national origin, disability, age, genetic information, and poverty.

Family-Focused

The child and family shall be full participants in all stages of decision-making and treatment planning. Family preservation and strengthening along with the promotion of physical and emotional well-being is a priority.

Early Intervention

Early identification of social, emotional, physical, and educational needs will be promoted to enhance the likelihood of successful early intervention and lessen the need for more intensive and restrictive services later.

Community-Based

Whenever possible, services are delivered in the child's home community, to promote the child's successful participation in the community.

Least Restrictive & Least Intrusive

Treatment, services and supports shall be appropriate to the child's individual needs and will be provided within the least restrictive, most natural environment.

Coordination of Services

The system of care will include effective mechanisms to ensure that services are delivered in a coordinated and therapeutic manner, and that children can move throughout the system in accordance with their changing needs, regardless of point of entry.

Strategic Priorities, Goals, and Objectives



The DOH-CAMHD's service delivery approach is aimed at providing a comprehensive, evidenced-based array of services for the many and varied mental health needs of the children and families of Hawai'i. The division's services embody the values and guiding principles of the Child and Adolescent Service System Principles (CASSP). The CAMHD is committed to health equity, evidence and data-based decision making and prevention of mental health disturbances at all levels. Although the CAMHD's priorities and goals are numbered in the figure above, the numbering does not indicate the level of importance. All priorities and goals listed above are of importance to the division. The following are the CAMHD's goals and objectives to attain its goals.

Goal 1: Increase and expand accessibility and reduce health disparities for all youth in need of intensive mental health care.

Objective 1.1: Improve the efficiency of intake (application procedures) and eligibility determination processes.

Objective 1.2: Continue to collaborate with the Office of Youth Services to serve clinically eligible youth who are not covered by a funding source.

Objective 1.3: Expand collaboration with the DOE around identifying and applying potentially eligible students for CAMHD services.

Objective 1.4: Expand the OnTrack (OT) Hawai'i program, which treats young people experiencing their first psychotic episode regardless of their insurance or other funding sources.

Objective 1.5: Improve outreach to children and adolescents who have utilized crisis mental health services.

Objective 1.6: Strengthen relationships and communication with interagency and community partners,

Objective 1.7: Develop inclusive practice standards to improve care to youth who belong to marginalized populations.

Goal 2: Enhance our mental health system by using data and research to appropriately meet the needs of youth and their families.

Objective 2.1: Develop a culture within the CAMHD that values data-informed decision-making.

Objective 2.2: Increase the use of research and local evidence to inform decision-makers across individual youth-level, administrative-level, and other levels of the system of care.

Objective 2.3: Increase the efficiency and effectiveness of clinical and administrative workflows to improve youths' outcomes.

Primary Prevention

•focuses on the prevention of mental health disorders in the community before they occur. This level of prevention aims to decrease risk factors and increase protective factors in order to prevent a mental health disorder from occurring in the first place

Secondary Prevention

•focuses on the early detection and prompt intervention of mental health disorders. At this level of prevention, a patient already has a mental health disorder, and secondary prevention is aimed at detecting the disorder (screening) early in order to intervene promptly

Tertiary Prevention

•focuses on the period after a mental health disorder or crisis has already occurred. The focus at this point is to help promote the patient's recovery as well as to prevent further complications

Goal 3: Actively promote primary, secondary, and tertiary mental health prevention.[3]

Objective 3.1: Advocate for **primary mental health prevention** through legislation to increase access to mental health services by promoting mental health acceptance statewide, coordinating community events with FGCs; and providing training and education.

Objective 3.2: Advocate for **secondary mental health prevention** through continuous collaboration between the FGCs and community partners:

- Early detection and intervention in collaboration with CAMHD's partners;
- Engagement of youth and families in need of CAMHD Services pre-referral; and
- Working with the community for early detection and intervention of mental health disorders.

Objective 3.3: Provide **tertiary mental health prevention** services to help promote the patient's recovery and increase resiliency to prevent further complications by:

- Clinical oversight of child and adolescent mental health care;
- Care Coordination; and
- An array of mental health treatment and support services with an emphasis on contracted community-based treatment and services.

[3 <https://www.leveluprn.com/blogs/psychiatric-mental-health/principles-12-primary-secondary-tertiary-prevention> & <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201900374>

Putting the Plan into Action

The CAMHD held numerous meetings and hybrid (virtual and live in-person) public hearings, in Kaua'i, Maui, Hawai'i Island and in multiple areas on O'ahu, to obtain feedback from the division's stakeholders (i.e., employees, contracted providers, partners, clients and their families and others) to develop its strategic plan. This feedback was valuable in drafting the division's mission, vision and goals.

The CAMHD's leaders and key personnel met internally to set objectives to attain goals, and to select measures which can determine progress toward reaching the division's goals. The public hearing attendees were clear that they wanted the CAMHD's strategic plan to be acted upon as opposed to sitting on a shelf and eventually forgotten. The division will collect data on the plan's objectives each year in October, when most of the CAMHD's program measures are culminated, for the years 2023 to 2026, to measure the division's progress.

Attendees at the public hearings also liked the CAMHD's goals, especially the goal for primary (before behavioral disorders), secondary (early stages of mental health disorders) and tertiary (after crisis) mental health prevention. They also were supportive of the division doing a statewide child and adolescent mental health needs assessments, which the division is preliminarily planning to do in 2023.

It is hoped that the CAMHD's efforts of involving its constituents in the process of developing this strategic plan will result in greater collaboration and cooperation in working towards better mental health for children and adolescents in Hawai'i.

Appendix

Appendix A: “Children’s Mental Health Acceptance”

#CMHA22
IT'S TIME TO MOVE BEYOND
AWARENESS & INTO ACCEPTANCE

IN DECEMBER OF 2021, THE SURGEON GENERAL ISSUED AN ADVISORY HIGHLIGHTING THE URGENT NEED TO ADDRESS OUR NATION'S YOUTH MENTAL HEALTH CRISIS, WHICH HAS BEEN FURTHER EXPOSED BY THE COVID-19 PANDEMIC.

THIS ADVISORY SPARKED A NEW CMHA CAMPAIGN MESSAGE - THAT IT'S TIME TO MOVE BEYOND AWARENESS AND INTO ACCEPTANCE - FOR MULTIPLE REASONS:

1. To **accept** that 1 in 5 youth experiences a mental health challenge
2. To **accept** that mental health challenges must be met with understanding and support
3. To **accept** that bias and discrimination toward individuals who experience mental health challenges creates a barrier to seeking treatment - and it must be eliminated
4. To **accept** that our youth are facing serious challenges ahead that need to be addressed
5. To **accept** that the future wellbeing of our country depends on how we support and invest in the next generation

THE STATE OF HAWAII' DOH, DOE, AND CMHA PLANNING COMMITTEE SUPPORT THIS NEW CMHA MOVEMENT.

FOR DETAILS ON HOW YOU CAN TAKE PART LOCALLY, VISIT [HEALTH.HAWAII.GOV/CAMHD/CMHA22](https://health.hawaii.gov/camhd/cmha22) OR NATIONALLY, VISIT [FFCMH.ORG](https://ffcmh.org).

**KEIKI
MENTAL
HEALTH
MATTERS**