REPORT TO THE THIRTY-FIRST LEGISLATURE STATE OF HAWAII 2021

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

Child & Adolescent Mental Health Division

PREPARED BY:

STATE OF HAWAII
DEPARTMENT OF HEALTH
CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
2020

EXECUTIVE SUMMARY

The Child and Adolescent Mental Health Division (CAMHD) of the Hawaii State Department of Health (DOH) respectfully submits its Biennial Review Progress Report to the thirty-first Legislature pursuant to §321-176, Hawaii Revised Statutes (HRS), which mandates reporting of progress made toward fulfilling §321-175, HRS. This Biennial Report covers the period from January 1, 2019 to December 31, 2020.

Youth mental health treatment and services are essential to a healthy community. The COVID-19 pandemic has exacerbated this need, challenging the division to work in innovative ways to meet growing demands.

The CAMHD has continually sought to modernize its systems and this modernization has allowed staff to relatively seamlessly telework during the pandemic and maintain their productivity. Perhaps more importantly, the system allows CAMHD to track progress and gather data to assess need, make informed decisions for clients, determine policy and provide greater fiscal management.

CAMHD has nearly if not fully attained its strategic plan's goals and met its statutory mandates not only for infrastructure as mentioned previously but also for providing for certain groups who are more at risk than others through innovative specialty programs.

There have been challenges along the way and for this reason CAMHD is respectfully requesting the legislature's help in supporting methods of funding positions other than state funds for recruitment and retention of staff.

The report is organized into four sections:

- **Section I** CAMHD's Activities to Meet Statutory Mandates §321-175, HRS
    - Survey of Children and Youth Who Are in Need of and Receiving Mental Health Services
    - Identification of Public and Private Providers of Mental Health Services (Resources)
    - Criteria & Standards for the Treatment of Emotionally Disturbed or Mentally Ill Children & Youth
    - Program for Recruitment, Orientation, and Inservice Training of Personnel in Community Mental Health Services
    - Prevention, Early Identification, Diagnosis, Screening, Treatment and Rehabilitation
- **Section II** Progress Made to Attain CAMHD's Strategic Plan Goals
    - 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.

- **Section III** CAMHD's Administrative and Financial Updates
- **Section IV** CAMHD's Recommendations to the 31st Legislature

SECTION I
Meeting Statutory Mandates §321-175, HRS

The mission of CAMHD is to provide timely and effective mental health prevention, assessment, and treatment services to children and adolescents with emotional and behavioral challenges and their families. These services are provided within a system of care that integrates Hawaii Child and Adolescent Service System Principles (CASSP), evidence-based services, continuous quality monitoring, and Medicaid requirements. CAMHD provides services to approximately 2300 children and adolescents between the ages of three (3) to twenty (20) years of age who meet the eligibility criteria and their families statewide each year.

CAMHD Mission

The mission of the CAMHD is to provide timely and effective mental health prevention, assessment and treatment services to children and youth with emotional and behavioral challenges, and their families.

CAMHD Vision

Happy and Healthy Children and Families Living in Caring Communities

CAMHD Values

(*cf. CAMHD Strategic Plan, 2019; Child and Adolescent Mental Health Performance Standards, 2019*):

The CAMHD is committed to:

- Child and Adolescent Service System Program (CASSP) Principles (Stroul & Friedman, 1986)
- Interagency Collaboration and Coordination
- Evidence-Based Practice defined in four ways (Daleiden & Chorpita, 2005):
    - General Services Research
    - Case Specific Historical Information
    - Local Aggregate Evidence
    - Causal Mechanism Research
- Ethical Service Delivery
- Quality Improvement
- Information System Performance
- Continuity of Care
- Providing Medically Necessary Services
- Clinical Excellence and Co-Management of Care

Survey of Children and Youth Who Are in Need of and Are Receiving Mental Health Services

Approximately 13%–20% of children living in the United States experience a mental disorder each year.[1] Since there are about 304,000 individuals under age 18 in Hawaii[2], there are likely between 39,520 and 60,800 young people who experience a mental disorder annually in the state. Naturally, some of these individuals receive informal supports (e.g., self-help books, use of apps, support of family and friends) while others receive more formalized treatment (e.g., school counselors, pediatricians, private counselors, public services) and others yet receive no treatments at all. Due to the diversity in the provision of mental health services, it is challenging to predict the actual number of local youths who need and receive mental health services annually.

Complicating the picture further, the current pandemic has introduced new mental health challenges for individuals of all ages. The Centers for Disease Control and Prevention (CDC) conducted a survey in June 2020 and found that symptoms of anxiety and depression were sharply elevated compared to the same time the previous year. Young people seemed to be the hardest hit age group. Approximately 11% of all respondents said they seriously considered suicide in the past 30 days, and for those aged 18-24 the percentage was 25%.[3] Suicide is the second leading cause of death for persons age 10-24, after accidents, and suicide has been increasing steadily since 2007 before the pandemic.[4]

The CAMHD is committed to completing a more thorough needs assessment over the course of the next four years in order to better evaluate this demand. The division currently provides intensive mental health supports to approximately 2300 youth and families with *serious emotional and behavioral challenges* every year. For detailed reference information regarding the population, services, and outcomes of the CAMHD, please refer to the annual reports on the CAMHD website: https://health.hawaii.gov/camhd/annual-reports/

Public and Private Providers of Mental Health Services

The 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 that provides 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 intensive emotional and behavioral difficulties, and their families.

Through its seven Family Guidance Centers and the Family Court Liaison Branch, the CAMHD provides clinical oversight case management services to youth and families throughout the state through an assigned treatment team (often consisting of a Clinical Lead, Mental Health Supervisor, and Care Coordinator). The CAMHD also procures needed services from its contracted provider agencies to meet the treatment needs of youth. For a complete list of providers see: https://health.hawaii.gov/camhd/contracted-providers-a/

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[1] https://pubmed.ncbi.nlm.nih.gov/23677130/
[2] https://census.hawaii.gov/Census_2010/cen2010all_rep/
[3] CDC Link: Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020 | MMWR (cdc.gov)
[4] Experts Fear COVID, Rising Gun Sales, Could Bring Increase In Teen Suicide : NPR .

Currently, the CAMHD co-leads the Hawaii Interagency State Youth Network of Care (HI-SYNC) and is in constant collaboration with other government agencies providing emotional and behavioral health support to young people. These departments include but are not limited to: Family Health Services Division (Early Intervention); Developmental Disabilities Division; Alcohol and Drug Abuse Division, Department of Education School Based Behavioral Health; Office of Youth Services, the Judiciary, and Department of Human Services Child Welfare Services.

Criteria & Standards for the Treatment of Emotionally Disturbed or Mentally Ill Children & Youth

The criteria for CAMHD's intensive mental health services are as follows:

The child or youth:

- Must be present or living in Hawaii
- Must be 3 to 20 years old
- Have access to a funding source such as Medicaid (aka Quest Integration Health Plan), or through the Office of Youth Services or a CAMHD grant or be referred by DOE's IEP team.
- Must be diagnosed with a qualifying mental health diagnosis by a Qualified Mental Health Professional within the last 12 months
- Must be experiencing moderate to severe impairments in daily functioning.

Factors which exclude children or youth from being eligible for the CAMHD services are:

- Being diagnosed with an intellectual disability in the moderate, severe or profound range; or with Autism Spectrum Disorder in severity level 2 or 3
- Having a DSM5 diagnosis of a nonqualifying disorder and no other separate qualifying emotional or behavioral mental health diagnoses
- Not being physically present in the state of Hawaii at the time of application

Performance standards for contracted CAMHD providers were re-issued on July 1, 2018 and updated on September 23, 2019. All versions of these standards are listed on the CAMHD website: https://health.hawaii.gov/camhd/performance-standards/

Program for Recruitment, Orientation, and Inservice Training of Personnel in Community Mental Health Services

Recruitment for CAMHD staff occurs primarily through the DOH and the Department of Human Resources Development (DHRD); however, the CAMHD has forged relationships with various institutes of higher learning for clinicians-in-training to gain experience in public health settings. These institutes include: University of Hawaii at Manoa Departments of Social Work, Psychology and Psychiatry, University of Hawaii at Hilo Counseling Psychology, Chaminade University, and the Western Interstate Commission for Higher Education. Excitingly, numerous graduates of these programs have matriculated into the CAMHD employment and are currently on staff.

That said, a challenge for recruitment and retention is compensating employees at market competitive rates. The CAMHD has found some success in funding positions with both state funds and other methods of funding to maintain strong staff members. Retention has also been a

challenge during the pandemic because licensure boards were meeting less frequently, limiting the ability of psychologist in training to be licensed in a timely fashion.

Within the past two years, CAMHD developed an on-demand new employee orientation curriculum that was established under advisement of the division's Training Hui – a cross section of clinical and administrative staff. This on-line training is meant to supplement on-the-job, in-person training. The orientation includes DHRD, DOH and CAMHD required courses for employees and supervisors,

Inservice training of CAMHD staff include the division's annual conference on current, relevant topics and virtual trainings from clinical and administrative leadership (e.g., monthly clinical lead training meetings on clinical topics, monthly supervision for mental health supervisors, trainings on use of the electronic health records system). There are also opportunities for individuals to attend local (e.g., Mental Health First Aid, Institute for Violence and Trauma conference) and national trainings which recently have been held virtually and have been sponsored by the CAMHD in the past. Additional on-demand training is being planned for employees with direct contact with CAMHD clients which include topics such as Child & Adolescent Service System Principles (CASSP), Measurement-Based Care, and Mandatory Reporting of Abuse and Neglect.

Regarding in-service training that includes non-CAMHD providers, the CAMHD's Evidence-Based Service (EBS) Committee offers quarterly roundtables on youth mental health topics and sponsors continuing education credits for social workers. These sessions are stored on the committee's website, Help Your Keiki, and are thus available on-demand. The EBS Committee is a unique interdisciplinary partnership between parent advocacy organizations, the University of Hawaii at Manoa Department of Psychology and state agencies, to increase demand for evidence-based mental health services in the community.

Twice yearly, the CAMHD holds Decision Support Collaborative data parties for contracted provider clinical leadership. During these meetings, the CAMHD research evaluation, and training office presents providers with reports from their own practices to highlight trends in demographic, outcome and clinical practice. The goals of these sessions are to increase the frequency of data-based decision-making and to offer providers access to their own data to improve their work with youth and families.

Providers and CAMHD staff also take part in ongoing training in healthcare practices including case documentation, CMS and HIPAA compliant billing, and best practices in continuous quality improvement.

The CAMHD Clinical Services Office hosts monthly consultation meetings for clinical staff and residential programs, creating a space for collaboration and creative problem-solving. Since the onset of the COVID-19 pandemic, the CAMHD has assisted with and presented at the weekly provider sessions of the Behavioral Health and Homelessness Statewide Unified Response Group, a synchronistic partnership between three state offices, the counties, and others, aimed at linking and syncing the COVID-19 response. Additional community trainings have been provided upon request across the state. Research papers and presentations based on CAMHD data or related to CAMHD's mental health system of care are listed on the CAMHD website and accessible through the research and evaluation office.

Prevention, Early Identification, Diagnosis, Screening, Treatment and Rehabilitation

The CAMHD has employed the prevention, early identification, diagnosis, screening, treatment and rehabilitation efforts as described in the 2019-2022 Strategic Plan. Thus, in this section we highlight novel and innovative updates to each of these domains.

Prevention & Early Identification
To increase awareness and prevent children's mental health across the state, the CAMHD continues to collaborate with community partners to organize and participate in ongoing outreach activities. These include but are not limited to the following:

1. The division provides leadership for Children's Mental Health Awareness (CMHA) Day events annually in the month of May, bringing together public and non-profit advocacy organizations statewide. Events from 2019 and 2020 have been documented on the CAMHD website.
2. The CAMHD continues relationships with federally qualified health centers across the state to assist with psychiatric medication management consultation for primary care patients.
3. The CAMHD Evidence-Based Services Committee and Kaeru Services redesigned and relaunched the Help Your Keiki website. The site is aimed at providing consumers with information on what treatments work for youth with mental health challenges.
4. The CAMHD maintains active social media accounts (@CAMHDHAWAII) on both Facebook and Instagram, providing up to date resources for the public at large.
5. Staff from the CAMHD facilitated the visual identity development and promotion efforts of Hawaii CARES, a 24/7 mental health, substance abuse, crisis and referral hotline.

Diagnosis & Screening
In preparation for the launch of the new electronic health records system, the CAMHD standardized its workflows and accompanying documentation. Thus, the initial mental health and summary annual diagnostic evaluations were standardized, and diagnostic and screening data are now collected in digital form. This allows for even greater data security and the use of collected data to inform clinical decision-making.

Treatment & Rehabilitation
The COVID-19 pandemic has unexpectedly forced the CAMHD to creatively provide services despite physical distancing mandates. Thankfully, the division was well-positioned to pivot and offer staff and contracted providers necessary resources to continue their work with youth and families. First, CAMHD expanded its business contract with Zoom and offered staff and providers accounts so they could encourage clients to hold sessions via telehealth if appropriate. The CAMHD also speedily altered its health records system forms, in order to properly document and bill MedQuest for sessions that were audio or audio and video only. In addition, the CAMHD partnered with the Alcohol and Drug Abuse Division and the RYSE Program at Hale Kipa to develop a facility to temporarily house young people who needed to quarantine. This effort was particularly important during the height of the infections, as local youth residential programs were naturally cautious about admitting youth who had not quarantined for the typical 14-day period.

SECTION II
Attaining CAMHD's Strategic Plan Goals 2019-2022

The CAMHD has made significant progress in meeting the goals set forth in the most recent strategic plan. In this section, we highlight advances of our efforts and implementation of the plan over the past two years.

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.

Over the past two years, the CAMHD has both maintained specialty services for certain gap groups, while developing innovative programs for youth with specific needs. These programs have necessitated interagency collaboration and are rooted in "what works" according to research. Each program has built evaluation of outcome data into ongoing procedures.

Services for Girls with a History of Trauma: Kealahou Services

Federally funded Project Kealahou provides services for girls and those who identify as girls, who are ages 8-20 years, have a history of trauma and moderate to severe impairment of daily activities due to a mental disorder diagnosed by a qualified mental health professional. Recipients of Kealahou services may have experienced trauma such as abuse and neglect, including sex trafficking. Preliminary results have shown that children and youth receiving trauma care that is gender-responsive (aka gender-sensitive) improved after six months of treatment. It should also be noted that the CAMHD has served an increasing number of youth at risk for or involved in the sex trade. To meet the specialized needs of these young people, the CAMHD has continued to engage in conversations with local stakeholders and explored contracting for community-based residential programming (locally and on the continental United States).

Services for Youth Experiencing a First Episode of Psychosis: On-Track Hawaii

On-Track is a federally funded program to help CAMHD clients ages 15-24 years through periods of psychosis (disturbed thoughts and perceptions resulting in delusions, hallucinations and difficulty in knowing what is real or not). Treatment may include psychotherapy, family education and support, and medication management to help youth attain their goals for school, work and relationships. Due to the pandemic On-Track services are provided remotely on Oahu. There are future expansion plans to provide the On-Track program to all other islands of the State of Hawaii.

Services for Youth at Risk of Out-of-State Residential Care: Kaeru Services

CAMHD's Kaeru Services:

- Assists children and youth, who are currently placed in out-of-state residential treatment facilities, in coming back to Hawaii;
- Prevents out-of-state placements, when possible; and
- Supports youth who have not shown favorable responses to current services and treatment.

The Kaeru federal grant funding ended in September 2020 but CAMHD is committed to assisting youth who have been placed or to prevent out-of-state placements because being away from their families, schools, culture and communities can hinder improvement in mental health, increases the risks of institutionalization and delayed social development, and reduces much needed family involvement and supports in treatment.

Services for Youth at Risk of Out-of-Home Care: Data to Wisdom

In spring 2020, the CAMHD applied for and was awarded a competitive $11.8 million system of care expansion grant for four years, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).The goals of this "Data to Wisdom" grant are to reduce out-of-home mental health services by (a) improving youth outcomes through strengthening the state's data-driven decision making infrastructure; (b) increasing coordination across child-serving agencies; (c) improving adherence to Child and Adolescent Service System Program (CASSP) principles; and (d) bolstering in-home treatments with evidence-based services that strengthen families. The CAMHD is partnering with the following divisions and programs to fulfill these goals: Department of Human Services Social Services & Med-QUEST Divisions, Office of Youth Services, Family Court of the Judiciary, Hawaii Youth Services Network, EPIC Ohana, Inc., Child and Family Service, Kinai Eha, University of Hawaii at Manoa Department of Psychology, University of Pennsylvania, Palo Alto Veterans Institute for Research, and PracticeWise, LLC.

Services for Youth Needing Crisis Stabilization: Residential Crisis Stabilization Program

Clinical staff and providers sometimes struggle to find placements for youth whose mental health condition does not necessitate hospitalization but requires close monitoring in a controlled environment. Thus, in June 2019 the CAMHD contracted for a new level of care for up to eight youth at a time through an innovative partnership with the Alcohol and Drug Abuse Division and the Child

Welfare Services Division. Through ongoing cross-agency collaboration, the RCSP utilizes a unique blended funding approach and offers needed supports for at risk youth.

Advocacy for Prevention of Human Trafficking of Youth

According to the U.S. Department of Health & Human Services (DHHS), Family Youth Services Bureau's (FYSB) brief on Human Trafficking Prevention, runaway and homeless youth population are at high risk of human trafficking because of a lack of stable income, secure housing and support networks that would otherwise make them resilient to manipulation of traffickers.[5] In addition, the Hawaii Child & Family Service (CFS) surveyed 363 of persons who participated in their programs and 97 of those surveyed reported sex trafficking. 23% of those identified as sex trafficking survivors reported that they were children (less than 18 years old) when they were first sex trafficked, and 25% reported that their first sex trafficker was a family member.[6] As a result, the CAMHD is taking steps to address these concerns and serves a member of the Hawaii Commercial Sexual Exploitation of Children (CSEC) Steering Committee, which addresses crimes and activities relating to sexual abuse of youth. This committee is considering a measure to provide temporary "holds" for sex trafficking victims who need crisis stabilization and assessment. The CAMHD is also a member of the CSEC MDT. Human trafficking is a consistent and concerning challenge for numerous CAMHD clients and the CAMHD.

Goal 2. Develop and implement a system-wide culture of continuous quality improvement (CQI) to improve administrative and clinical practices for youth and families

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

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.

Since 2016, the CAMHD has increasingly prioritized continuous quality improvement within the division culture. Consistent with objective 2.1, the CAMHD hired a Continuous Quality Improvement specialist in August 2018. This individual led the CAMHD's CQI efforts by:

1. Conducting a scan of available data and identifying the organizational structure of the existing CAMHD quality assurance processes.
2. Convening a monthly CQI meeting comprised of CQI Committee comprises of the Administrator, Healthcare System Management Office Chief, Program Monitor, Program Improvement and Communications Office Chief, Quality Assurance Specialist Supervisor, and Research and Evaluation Specialist.
3. Identified and completed training in quality improvement best practices through the Institute for Healthcare Improvement along with eight regionally situated Quality Assurance Specialists and their supervisor
4. Joining the monthly meeting of the Quality Assurance Specialists from each center to discuss topics related to quality assurance, compliance, and quality improvement. This group

[5] *Human Trafficking Prevention (hhs.gov)

[6] Child & Family Service Link: Child & Family Service | Sex Trafficking in Hawai'i (childandfamilyservice.org).

also developed resources and tools to aid in CQI which have included the creation of their QAS Handbook (Quality and Performance Improvement Manual) and training in advanced find in the MAX system and CQI methodology.

At present, the CAMHD has developed an initial CQI plan, aimed at establishing (1) the CQI goals and (2) a best practice process by which CQI activities are created, monitored, and updated on an ongoing basis. This plan is being vetted internally and with system stakeholders. Additionally, the SAMHSA Data to Wisdom award provides essential technical assistance and funding to support the CQI goals, direction, and activities. While the division has already engaged in numerous CQI-type efforts within the past two years, we look forward to formalizing this process and continuing to improve our work for youth and families.

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***
- ***Automate client tracking to ensure progress toward clinical goals***
    - ***Supervisory oversight: monitoring progression of cases***
    - ***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***

In 2016, the CAMHD began the process of revitalizing an outdated electronic health records system through careful needs assessment and clinical workflow documentation. A multidisciplinary team of system architects, developers, clinical Social Workers, Psychiatrists and Psychologists sought to build a practice management system that combined the clinical workflow with efficient fiscal documentation. Thus, the MAX case management system launched in February 2019, following years of focus groups, careful strategizing and use of best practices in change management. MAX effectively (1) streamlined all administrative and clinical operations for CAMHD clients across CAMHD staff and contracted provider agencies and (2) allowed for the use of data for continuous quality improvement. The “paperless” system is constantly updated, providing the MAX development team with opportunities for modification based on user feedback. It also meets national standards

and requirements for electronic billing and offers research opportunities that can inform practice at the local and national levels.

In tandem with these efforts, the CAMHD clarified the values, vision and basic procedures for clinical measurement-based care (a form of data-based decision making) within CAMHD services in a guiding document located on the CAMHD website. In it, the division lays out a commitment to utilizing data about an individual youth's progress along with the best available information about "what works" in planning and revising treatment. With the advent of the electronic case management system, the CAMHD has been able to develop real-time electronic dashboards and reports on clinical and administrative information. Pilot testing has already begun, and the division aims to incorporate these decision support tools with treatment teams and office teams to improve care.

SECTION III
CAMHD'S Administrative & Financial Updates

Administrative Practice Updates

Deployed new case management system. In February 2019, the CAMHD launched a new electronic case management system that has fundamentally improved and modernized our workflow and documentation processes for our clients. Additional details about this effort are in section II.

Maximized telehealth and telework capacity. Prior to the pandemic-related government shutdowns, the CAMHD had been developing its telehealth capacity to increase mental health access for youth and families on all major islands of the state. Practically, this manifested as:

1. Contracting with the University of Hawaii at Manoa Department of Psychiatry for medication management services for clients in East Hawaii and Leeward Oahu
2. Contracting with the University of Hawaii at Manoa Department of Psychology for diagnostic services statewide
3. Improving existing CAMHD infrastructure (e.g., conference room technology) to increase the quantity and quality of telehealth meetings.

When state mandates were put into place, the CAMHD continued to meet with clients virtually and offered Zoom licenses to providers to assist them in ramping up telehealth capacity without breaks in service. CAMHD staff were already familiar with telehealth and Zoom technology and had been transitioning to laptops (rather than desktops) in order to better serve clients in the field. As a result, the pandemic had little impact on staff's ability to switch to telework and the CAMHD has been able to save on some of the overhead business costs (e.g., electricity).

Current and Prevailing MOAs

Renewed MedQuest MOA. In September 2020, the CAMHD renewed its MOA with MedQuest, agreeing on an updated rate table that maximizes returns to the state.

Expanded Zoom MOAs. The CAMHD has current MOAs with numerous state offices, serving as a liaison with the Zoom business office. This simplifies the addition of Zoom accounts and streamlines business processes in a season of frequent adjustments to Zoom accounts.

Change in Levels and Patterns of Financial Support

Awarded a competitive SAMHSA grant. The CAMHD was awarded a competitive SAMHSA grant in Spring 2020. This update is detailed in section II.

Improved federal reimbursements and management of financial/service costs. The CAMHD aims to leverage data from the new case management system to further improve documentation and thus increase federal reimbursements. This allows for greater accuracy and stewardship of financial resources. More details about the updated case management system are in section II.

SECTION IV
The CAMHD'S Recommendations to the 31st Legislature

The CAMHD has accomplished much in attaining its goals of developing infrastructure, implementing programs for gap groups while continuously providing intensive mental health services for youth in need. However, there is more to do. A comprehensive, statewide mental health needs assessment will identify and prioritize youth mental health needs statewide, identify gaps in services, and assess resources to meet these needs. Thankfully, the CAMHD has made great strides in modernizing its ability to collect and review clinical data, with the update of the electronic health records system. Since measurement-based care is a core value of the CAMHD, the division will make every effort to utilize data to inform decision-making at every decision point.

Out-of-home mental health care continues to be a challenge. CAMHD services are preferably provided in the client's family home and community which is considered to be the least restrictive environment for the client, but when there is no improvement and all reasonable alternative services have been exhausted and/or the client needs specialty care, treatment is sought outside of the home. Mental health facilities for youth are extremely limited on Oahu and even more so on other islands in Hawaii. Often specialty mental health care can only be found on the continent. Out-of-home care is avoided because the client's separation from home and community requires major adjustments for the client and the family and can hamper support systems the client needs for recovery. CAMHD continues its efforts with the Data to Wisdom grant and Residential Crisis Stabilization Program to provide more alternatives for out-of-home mental health care.

CAMHD respectfully requests the legislature's continued support of mental health for youth, CAMHD's statewide policy recommendations, and CAMHD's ability to compensate its employees with methods of payment other than state funds.