

REPORT TO THE TWENTY-SIXTH LEGISLATURE
STATE OF HAWAII
2011

PURSUANT TO SECTION 321-175, HAWAII REVISED STATUTES, STATEWIDE
CHILDREN'S MENTAL HEALTH SERVICES PLAN, AND SECTION 321-176 BIENNIAL
REVIEW OF PROGRESS MADE ON THE CHILD AND ADOLESCENT MENTAL
HEALTH DIVISION'S FOUR-YEAR STRATEGIC PLAN

PREPARED BY:

STATE OF HAWAII
DEPARTMENT OF HEALTH
CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
NOVEMBER 2010

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 statewide children’s mental health services plan every two years.

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

Section II presents Child and Adolescent Mental Health Division’s Strategic Plan 2011-2014.

The strategic plan aims to position the Child and Adolescent Mental Health Division for the future based on the current environment. As the Child and Adolescent Mental Health Division began preparing to develop its plan for children’s mental health services, the most pressing issues are the poor economy, the depressed state budget, the restructuring of the behavioral health information management system, and national health care reform.

Based on the changed environment, CAMHD developed a strategic plan to maximize federal dollars and seek additional funding streams, integrate health information technology to streamline operations and move toward excellence in care by targeting younger children and strengthening evidence-based clinical care. CAMHD’s four goals are:

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| Goal 1: | Integrate Health Information Technology |
| Goal 2: | Strengthen Clinical Services |
| Goal 3: | Implement a Strategic Financial Plan |
| Goal 4: | Strengthen Effective Collaborations to Increase Early Access to Care |

Section II presents the Biennial Review of Progress Made on the Child and Adolescent Mental Health Division’s Four-Year Strategic Plan.

Progress was made in all seven areas of the 2007-2010 Strategic Plan. The most progress, and ongoing work is in priority area 7 – information technology program.

SECTION I

HAWAII STATEWIDE CHILDREN'S MENTAL HEALTH SERVICES PLAN

STATUTORY REQUIREMENT

According to Hawaii Revised Statute §321-175, Every four years, the department of health is required to develop and present to the governor and legislature, as well as release for public comment, a statewide children's mental health services plan.

The vision, mission and guiding principles of the Child and Adolescent Mental Health Division of the Hawaii State Department of Health are:

CAMHD MISSION

The mission of the Child & Adolescent Mental Health Division 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

GUIDING PRINCIPLES - HAWAII CHILD AND ADOLESCENT SERVICE SYSTEM PRINCIPLES (CASSP)¹:

Respect for Individual Rights

The rights of children and youth will be protected, and effective advocacy efforts for children and youth will be promoted.

Individualization

Services are children and youth and family centered and culturally sensitive, with the unique needs of the youth and family dictating the types and mix of services provided.

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.

Partnership with Youth and Families

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

¹ Stroul, B.A. & Friedman, R. E. (1986). System of Care for Children and Youth with Severe Emotional Disturbances. Washington, D.C.: Georgetown University Center for Child and Human Development.

Family Strengthening

Family preservation and strengthening, along with the promotion of physical and emotional well-being, is a primary focus of the system of care. Services that require removal of children and youth from their home will be considered only when all other options have been exhausted, and services aimed at returning the children and youth to their family or other permanent placement are an integral consideration at the time of removal.

Access to Comprehensive Array of Services

There will be access to a comprehensive array of services that addresses each child's unique needs.

Community-based Service Delivery

Service availability, management and decision-making rest at the community levels.

Least Restrictive Interventions

Services will be provided within the least restrictive, most natural environment that is appropriate to individual needs.

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 and youth can move throughout the system in accordance with their changing needs, regardless of point of entry.

PREVALENCE ESTIMATE

According to the President's New Freedom Commission's report, *Achieving the Promise: Transforming Mental Health Care in America*, about 5% to 9% of children ages 9-17 have a serious emotional disturbance². Using the 2000 census, the prevalence of SED by county for individuals aged 9-17 is shown in the table below, and is observed to be 7,518 – 13,531 statewide.

| Estimated Range of Number of SED Youth Aged 9-17 Years by County, based on 2000 Census | | | |
|--|-------------|-----------------------|-----------------------|
| County | Total Youth | Lower SED Number (5%) | Upper SED Number (9%) |
| Hawaii | 21,104 | 1,055 | 1,899 |
| Honolulu | 103,912 | 5,196 | 9,352 |
| Kauai | 8,359 | 418 | 752 |
| Maui | 16,977 | 849 | 1,528 |

² Friedman, R. M., Katz-Levey, J. W., Manderschied, R. W., & Sondheimer, D. L. (1996b). Prevalence of serious emotional disturbance in children and adolescents, cited in R. W. Manderscheid & M. A. Sonnenschein (Eds.), *Mental Health, United States, 1996* (pp. 71–88). Rockville, MD: Center for Mental Health Services.

| | | | |
|-------|---------|-------|--------|
| STATE | 150,352 | 7,518 | 13,531 |
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The Department of Education’s School-Based Behavioral Health (SBBH) program serves about 8,300 youth per year.

The distribution of children and youth receiving intensive mental health services in 2009 from CAMHD is:

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|-----------------------------|------|
| Honolulu | 226 |
| Central Oahu | 185 |
| Windward Oahu | 178 |
| Leeward Oahu | 402 |
| Family Court Liaison Branch | 118 |
| Hawaii | 812 |
| Maui | 229 |
| Kauai* | 728 |
| Hawaii | 2878 |

*Kauai High End Only is 97

Together, the DOE SBBH and CAMHD serve about 11,200 youth per year, well within the range of the expected population.

CHILD AND ADOLESCENT MENTAL HEALTH DIVISION ORGANIZATION

The Child and Adolescent Mental Health Division is situated in the Behavioral Health Administration of the Hawaii State Department of Health. The Behavioral Health Administration is the home to the Adult Mental Health Division, Child and Adolescent Mental Health Division (CAMHD), Alcohol and Drug Abuse Division and the Developmental Disabilities Division.

CAMHD is headed by a CAMHD Administrator and consists of both line and staff offices. The staff offices are maintained at the state level and consist of approximately 79 positions. The line offices are organized into seven (7) CAMHD branches consisting of six (6) Family Guidance Centers (FGCs) and one (1) Family Court Liaison Branch (FCLB), and include approximately 164 positions. A network of approximately 18 contracted provider agencies located throughout the State provides an array of home and community-based and residential treatment services.

The CAMHD state office includes the Research & Evaluation Office, Administrative Operations Office, Clinical Services Office and the Performance Management Office. The Research & Evaluation Office is responsible for designing and overseeing a comprehensive, statewide evaluation and reporting system for the purpose of improving effectiveness and efficiency, improving clinical practice and client outcomes. Administrative Operations Office is responsible for budgeting, accounting, personnel resource management, and contracting. The section is also responsible for maximizing alternative funding sources, such as Title XIX, Title IV-E and grants. The Clinical

Services Office is responsible for clinical practice issues, training, specialty case consultation, utilization review, and resource management. The Performance Management Office (PMO) develops, implements, and monitors a Division-wide, structured system for continuous improvement of mental health services delivery and youth outcomes. CAMHD's Management Information System provides the organizational foundation for CAMHD's outcome tracking, utilization management, and accountability systems, as well as billing and general registration. MIS is the lead for CAMHD's two information technology initiatives—electronic health records, and telehealth.

The community-based Family Guidance Centers (FGCs) are responsible for providing high quality, culturally competent, evidence-based treatment services to eligible children and adolescents. The FGC's are strategically located in geographic areas that correspond with the Dept. of Education school districts. Three FGCs are located on Oahu, where close to 72% of the State's population resides. Also, there is one FGC each on the neighbor island counties--Kauai, Maui, and the Big Island. Most of the FGCs also have satellite offices. Each FGC is headed by a Branch Chief, and is staffed with a psychiatrist, one or more psychologists, a quality assurance specialist, a fiscal officer, and social workers and mental health care coordinators to provide intensive case management. Services provided by the centers include facilitating access to care coordination (intensive case management), direct service provision, service procurement, utilization and quality monitoring. The FGCs work in partnership with youth and their families to design and implement individualized service plans.

The Family Court Liaison Branch (FCLB) provides screening, assessment, evaluative, diagnostic, treatment and consultative services to youth with mental health challenges in the state juvenile justice system. FCLB provides mental health treatment linkages between the Family Court, Hawaii Youth Correctional Facility, and the State's Detention Home. The FCLB works in partnership with families and the court system to design and implement individualized service and treatment plans suitable to the specialized needs of children and youth involved with the Hawaii juvenile justice system. FCLB differs from CAMHD's other branches because it does not have a geographical limitation, and provides direct services in collaboration with other state agencies and Family Court. FCLB staff spends considerable time and effort in conducting mental health assessments of youths at the direction of Family Court judges and in advocating for treatment of such youth in less restrictive settings, where appropriate.

INTENSIVE CASE MANAGEMENT

Within 48 hours of registration, youth at CAMHD are assigned a Mental Health Care Coordinator (MHCC) from their regional Family Guidance Center to provide intensive case management. The care coordinator serves as the central point of contact for the delivery and coordination of mental health services to youth and the family. The care coordinator ensures that needed services, interventions and strategies are identified and delivered in a coordinated manner and in partnership with the families. The MHCC is responsible for engaging the youth and family, referring the youth for appropriate

services, maintaining contact with the youth/family, ensuring the timely and efficient delivery of quality services, and continuous monitoring of the effectiveness of interventions. The youth's MHCC is responsible for convening an initial Coordinated Service Plan meeting within 30 days of eligibility determination, or immediately if the youth has immediate needs and assuring service delivery within 30 days of identification for routine services. When appropriate, responsibilities also include coordination of care with Family Court, the Department of Human Services and other state and community agencies. The MHCC is responsible for facilitating the integration, coordination, and monitoring of behavioral health services across programs and domains and to initiate necessary adjustments of services when needed through the team based process.

In order to assure youth-centered, culturally competent and effective services, care coordinators undergo internal training on engagement skills, intensive case management, coordinated service planning process, mental health assessments, CAFAS, CALOCUS and Achenbach tools, evidence-based services and evidence-based practice elements, and interagency performance standards and practice guidelines.

SERVICE ELIGIBILITY

The CAMHD provides timely, consistent, and responsive mental health services in the following categories:

Emergency Public Mental Health Services. These services are available to all children and youth in Hawaii, ages 3-18 years, experiencing an imminent life threatening mental health crisis. Services include: 24-hour crisis telephone service, crisis mobile outreach, crisis therapeutic foster home and community-based crisis group home.

Educationally Supportive (ES) Mental Health Services. ES Mental Health services are available for students with an educational disability who have been determined to be in need of intensive mental health services to benefit from their public education. The services are for students whose complex needs extend beyond their school-based educational program and whose community and home environments require additional specific support via their IEP. The criteria for enrolling a youth in the ES program are IDEA eligibility, an individualized education program (IEP) plan with recommendation for services from CAMHD, and an IEP meeting with CAMHD participation to determine the goals of mental health services to be provided. The available mental health services are: ancillary services, respite supports, psychosexual assessment, intensive case management, intensive in-home intervention, MultiSystemic Therapy, respite home, community mental health shelter, therapeutic foster home, Multidimensional Treatment Foster Care, therapeutic group homes, independent living program for 16-18 year olds, community-based residential levels III-I, and hospital-based residential.

Support for Emotional and Behavioral Development (SEBD) Program. SEBD is an acronym for the Child and Adolescent Mental Health Division's Support for Emotional

and Behavioral Development program. CAMHD's unique "Support for Emotional and Behavioral Development (SEBD)" designation was suggested by youth who rejected the previous stigmatizing labels. Formerly known as SED (Serious Emotional Disturbance) or Serious Emotional Behavioral Disturbance, CAMHD's SEBD program provides an array of services need by families to support children and youth with high-end intensive mental health support. Eligible are children and youth ages 3-21 and are Hawaii Medicaid QUEST or Fee-for-Service eligible, and have a Child and Adolescent Functional Assessment Scale (CAFAS) or PECFAS score of 80 or above and an eligible DSM-IV Axis I diagnosis of at least 6 months.

Co-Occurring Disorders.

Many youth receiving services from CAMHD have mental health disorders that co-occur with substance abuse, mental retardation, developmental disorders, or medical impairments (e.g., blindness, deafness, diabetes, etc.) Consequently, the presence of co-occurring disorders is assessed with all youth at initial evaluation, as well as routinely during the course of on-going treatment. All youth receive services appropriate to their strengths and needs. Providers are required to provide integrated treatment for co-occurring disorders.

PROFESSIONAL DEVELOPMENT

CAMHD has partnerships and contracts with the University of Hawaii to support the development of the mental health workforce. Through these contracts, graduate students in the Department of Psychology can receive clinical therapy and assessment training or can participate in mental health research and evaluation. A John A. Burns School of Medicine contract provides child psychiatry residency opportunities, training residents on various levels of clinical psychiatric treatment. CAMHD also contracts with the Schools of Nursing and Social Work to provide specialty mental health tracks for their students.

CAMHD'S Clinical Services Office (CSO) also provides a number of continuing education opportunities for CAMHD staff, graduate therapists and paraprofessionals working in our contracted provider agencies. Because of funding restrictions, CSO has been focusing on developing partnerships with other agencies to meet the training needs of professionals in the field. CAMHD recently completed a pilot project in partnership with DOE and UH. The project trained system supervisors in a model of supervision designed to help them train supervisees to utilize Evidence-Based Practice Elements. We anticipate expanding this effort in the future, based on lessons learned through this initial pilot.

PROVIDERS OF MENTAL HEALTH SERVICES

As of the date of this printing, the following community-based providers have Purchase of Service contracts to provide mental health services to CAMHD youth.

Alakai Na Keiki, Inc.
Aloha House
Bobby Benson Center

Bountiful Psychiatric Hospital
CARE Hawaii, Inc.
Catholic Charities of Hawaii
Child and Family Service
Hale Kipa, Inc.
Hale Opio Kauai, Inc.
Hawaii Behavioral Health, LLC
Marimed
Maui Youth & Family Services, Inc.
Parents & Children Together
Queen's Medical Center
Sutter Health Pacific, dba Kahi Mohala
The Institute for Family Enrichment
Waianae Coast Community Mental Health Center, Inc.

For a Description of CAMHD's Array of Services, see Appendix A.
For Geographic Providers and Care Levels, see Appendix B.

SECTION II

CHILD AND ADOLESCENT MENTAL HEALTH DIVISION'S STRATEGIC PLAN – 2011-2014

ENVIRONMENTAL SCAN

Prior to the development of the four-year strategic plan, CAMHD conducted an environmental scan and found that the following factors will impact CAMHD's service system:

- Downturned economy
- Budget constrictions
- Behavioral health information management system restructuring
- Health Care Reform

Economy and budget. It is anticipated that it may take some time before the economy fully recovers and that the state budget will be similarly affected.

Behavioral Health Information Management System Restructuring. Within the last two years, the Department of Health embarked on a plan to centralize the multiple billing and utilization management functions conducted by the four divisions in the Behavioral Health Administration and the Family Health Services Division. A Third-Party Administrator was contracted to centralize and conduct the billing functions on behalf of the Department of Health, and a Center on Operational and Regulatory Excellence was created to conduct the utilization management functions for the department. This creates a shift for CAMHD, as it has developed policies, procedures, and safeguards, as well as trained specialized staff who manage the billing and utilization management functions. As the department marches ahead with its initiatives, CAMHD will need to realign its system to accommodate the changes.

Health Care Reform. National health care reform will radically change the health care and health insurance environments. This will greatly impact CAMHD, as CAMHD is a health care provider, serves the Medicaid population, and has a fee-for-service contract agreement with the Med-Quest Division to provide mental health carve-out services in exchange for Medicaid reimbursements. There are four strategies in the Affordable Care Act. These strategies are insurance reform, coverage expansion, delivery system redesign and payment reform. Insurance reform will allow dependent coverage up to age 26 and former foster care children up to age 25, and prohibits pre-existing (health or mental health) condition exclusions. Coverage expansion expands Medicaid for all under 133% of the federal poverty level. It is estimated that nationally an additional 16 million new Medicaid enrollees will qualify for Medicaid services, with 5-6 million of those with mental illness and/or substance abuse service needs. Delivery system redesign embraces the medical home model where a multidisciplinary care team, which can include behavioral specialists as team members or as specialty referrals, provide coordinated and integrated health care. The system redesign will include prevention

and early intervention services and dramatically improve the management of chronic health conditions. The growing awareness that behavioral health is necessary for health, that prevention and treatment of mental illness is effective and that mental illness/substance abuse disorders are chronic conditions, presents an opportunity for the behavioral health system in Hawaii to radically improve the lives of its residents. Payment reform in the Affordable Care Act will eventually phase out fee-for-service carve-outs and move toward case rates in a medical home model.

Federal Strategic Initiatives. At the federal level, the Substance Abuse & Mental Health Services Administration (SAMHSA) has adjusted its priorities to better compliment the sweeping changes in the Affordable Care Act and Parity. The Affordable Care Act makes significant steps to include behavioral health in the Nation's health delivery system; to increase access to health and behavioral health care; to grow the country's health and behavioral health workforce; to reduce physical and behavioral health disparities experienced by low-income Americans, racial and ethnic minorities, and other underserved populations; and to implement the science of behavioral health promotion and of prevention, treatment, and recovery support services. SAMHSA developed a strategic plan to address eight new strategic initiatives within the context of health care reform:

- Prevention of Substance Abuse and Mental Illness is SAMHSA's leading Strategic Initiative. Create Prevention Prepared Communities where individuals, families, schools, faith-based organizations, workplaces, and communities take action to promote emotional health and reduce the likelihood of mental illness, substance abuse, and suicide.
- Reduce the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health and behavioral health care systems and by diverting people with substance use and mental disorders from criminal and juvenile justice systems into trauma-informed treatment and recovery.
- Support America's service men and women together with their families and communities by leading efforts to ensure needed behavioral health services are accessible and outcomes are successful.
- Broaden health coverage to increase access to appropriate high quality care, and to reduce disparities that currently exist between the availability of services for substance abuse, mental disorders, and other medical conditions.
- Provide housing and reduce barriers to accessing effective programs that sustain recovery for individuals with mental and substance use disorders who are homeless.

- Ensure the behavioral health provider network, including prevention specialists and consumer providers, fully participates with the general health care delivery system in the adoption of Health Information Technology.
- Realize an integrated data strategy that informs policy, measures program impact, and results in improved quality of services and outcomes for individuals, families and communities.
- Increase understanding of mental and substance use disorder prevention and treatment services and activities to achieve the full potential of prevention and assist people in accessing/getting help for these conditions with the same urgency as any other health condition.

National Vision of a Modern Addictions and Mental Health Service System. The passage of the Patient Protection and Affordable Care Act of 2010 and the Health Care and Education Reconciliation Act of 2010, together referred to as “The Affordable Care Act” marks the beginning of an historic evolution for the nation’s health care system. The Affordable Care Act recognizes that prevention, early intervention and, when necessary, treatment of mental and substance use disorders are an integral part of improving and maintaining overall health. To help the nation move toward a transformed and integrated system, SAMHSA developed a draft position paper describing a modern addiction and mental health system, “Description of a Modern Addictions and Mental Health Service System,” Draft, October 9, 2010.

Vision

“The vision for a good and modern mental health and addiction system is grounded in a public health model that addresses the determinants of health, system and service coordination, health promotion, prevention, screening and early intervention, treatment, resilience and recovery support to promote social integration and optimal health and productivity.... The interventions that are used in a good system should reflect the knowledge and technology that are available as part of modern medicine and include evidence-informed practice; the system should recognize the critical connection between primary and specialty care and the key role of community supports with linkage to housing, employment, etc. A good system should also promote healthy behaviors and lifestyles, a primary driver of health outcomes....”

(Description of a Modern Addictions and Mental Health Service System, Draft, October 9, 2010)

Service elements that comprise a good and modern mental health and substance use system include:

Health Promotion. Health promotion is a significant component of a comprehensive prevention and wellness plan, and plays a key role in efforts to prevent substance abuse and mental illness.

Prevention. The system must have three levels of prevention practice: Universal, which addresses populations at large; selective, which targets groups or individuals who are at higher risk of developing a substance abuse problem or mental illness; and indicated, which addresses individuals with early symptoms or behaviors that are precursors for disorder but are not yet diagnosable.

Screening and Early Intervention. Screening should include mental and substance use screens available through Early and Periodic Screening Diagnosis and Treatment (EPSDT). Screening may also be used to identify warning signs for suicide.

Care Management. Effective care management integrates primary care and specialty health services through approaches that coordinate an individual's medical care and provide assistance in navigating other healthcare systems, including behavioral health. Intensive case management provided in mental health is an exemplary model.

Self Help and Mutual Support. 'Family to family' and 'youth to youth' groups provide a social network offering their members: support in managing their lives, role models and the strong belief that they can recover. These voluntary supports will continue be needed in a good and modern system that creates strong relationships with self-help and mutual supports.

Proposed Continuum of Services. Prevention, treatment and recovery support services should be available both on a stand-alone and integrated basis with primary care and should be provided by appropriate organizations and in other relevant community settings.

Core Structures and Competencies for a Modern System are:

Workforce. Experienced and competent staff will have the information, supervision, technical assistance, and culturally relevant training to effectively implement improved practices. Providers will embrace team-based and collaborative care. The workforce will have an improved ability to use technology to provide, manage and monitor quality care.

Empowered Health Care Consumers. The system will support health literacy, shared decision making, and strategies for individuals and families to direct their own care. Health literacy is the first building block of self-care and wellness. Shared decision making will become the standard of care for all treatment services.

Information Technology. To achieve optimum individualized care, all holistic outcomes, measures and indicators of health are collected, stored and shared with the individual and the patient's providers. Interoperable, integrated electronic health records will be necessary, as well as community-wide indicators of mental health and substance use disorders.

Funding and Payment Strategies. Medicaid will be required to streamline eligibility and enrollment. Systems must blend or braid funds in support of comprehensive services for consumers, youth and families.

Quality and Performance Management. Quality improvement will become standard practice, utilizing outcomes and performance measures.

Sustainable Practice Improvement. Continuous practice improvement can incorporate new evidence and ensure more accountability, with a focus on “practice-based evidence” as well as evidence-based practice.

Continued Partnerships. The good and modern system focuses on better integration of primary care and behavioral health, with links to the child welfare, criminal and juvenile justice, education and aging systems.

POSITIONING CAMHD FOR THE FUTURE

Based on the economic situation and the vision of a changed and new health care landscape, CAMHD has identified strategies to better position itself for the future. CAMHD has taken many of the elements identified in the “Modern Addictions and Mental Health Service System” and prioritized them into its Strategic Plan. At the same time, CAMHD must be more efficient with existing resources and increase new sources of revenues while striving for excellence in care. Strategies include maximizing federal dollars by increasing billable direct care; maximizing existing resources by integrating health information technology; and moving toward excellence in care by targeting younger children and strengthening evidence-based clinical care.

STRATEGIC GOALS

CAMHD’s four broad strategic goals are:

- Integrate health Information technology
- Strengthen clinical services
- Implement a strategic financial plan
- Strengthen effective collaborations to increase early access to care

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| Goal 1: | Integrate Health Information Technology |
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In 2006, the White House identified IT as key to making health care more affordable and available to all American families. The President observed that health care takes advantage of the most advanced technology for diagnosis and treatment, but continues to use an antiquated paper-based medical record system.³ The RAND Corporation analyzed the costs and benefits of information technology in other industries and prepared mathematical models to estimate the costs and benefits of HIT implementation

³ Eckman, B. (n.d.). Information Integration for Healthcare Interoperability. Retrieved October 28, 2010 from <http://db.cis.upenn.edu/iworkshop/postworkshop/positionPapers/Eckman.pdf> .

in health care. They found that health information technology has the potential to lower costs, improve quality of health care, and facilitate efficient management of chronic conditions.⁴

During the previous 4-year Strategic Plan, CAMHD initiated its IT Program and achieved several milestones. The status of CAMHD's IT infrastructure was appraised, health information needs were identified, and literature searches to identify cutting-edge strategies and technology were conducted to identify the best strategies for CAMHD to pursue. Based on that information, CAMHD embarked on a plan to establish an electronic health record system and to develop the capacity to provide telehealth services to remote and shortage areas.

The International Organization for Standards, a network of national standards institutes from 156 countries, issued a technical report that defines EHR for an integrated health care system:

Integrated Care Electronic Health Record is a repository of information regarding the health of a subject of care, in a form to be processed by a computer that is stored and transmitted securely and accessible by multiple authorized users using different applications. Its primary purpose is the support of continuing, efficient and quality integrated health care and it contains information that is retrospective, concurrent and prospective.

The integrated EHR supports continuing, efficient and quality integrated health care. The long-term vision is that integrated electronic health record will provide various functions:

Health information and data - medical diagnoses, medication lists, allergies, demographics, clinical narratives and test results;

Order entry management – computerized physician order entry, electronic prescribing of medication orders, ancillary service and consult referrals;

Decision support – screening for correct drug selection, dosing and interactions with other medications, preventive health reminders for screening and risk detection, clinical guidelines and pathways for patient treatment, management of chronic disease;

Electronic communication and connectivity – electronic communication tools including integrated health records, email and web messaging for use among health care team, telemedicine or electronic communications between providers and patients who reside in remote areas;

Administrative processes – electronic scheduling system for visits; validation of insurance eligibility, claim authorization and prior approvals;

Reporting and population health management – clinical data to meet federal, state and local health reporting requirements, and to meet organizational reporting requirements for key quality indicators.

⁴ Hillestad, R. & Bigelow, J. H. (2005). Health Information Technology: Can HIT Lower Costs and Improve Quality? Retrieved October 28, 2010 from http://www.rand.org/pubs/research_briefs/RB9136/

After exploring various options, CAMHD opted to use the Resource and Patient Management System (RPMS) used by the U.S. Indian Health Service. RPMS is in use at most health care facilities within the Indian health care delivery system. The RPMS is an integrated solution for the management of clinical, business practice and administrative information in healthcare. The RPMS Electronic Health Record (EHR) is intended to help providers manage all aspects of patient care electronically, by providing a full range of functions for data retrieval and capture to support patient review, encounter and follow-up. CAMHD will also be taking advantage of the pre-designed behavioral health templates in the RPMS Electronic Health Record.

After implementing the RPMS Vista Electronic Health Record, CAMHD made the necessary modifications to support provider billing. Family Guidance Center staff training is almost fully completed and progress notes are being entered. The billing process has been streamlined and substantial operational efficiencies have been gained. The Division has also experienced increased capabilities due to the real time management of work flow and staff output.

It is anticipated that CAMHD's integration of health information technology will achieve four objectives.

Objective 1.1: Use electronic health information to increase real-time decision making

Objective 1.2: Use electronic health information to increase quality of care

Health information technology will allow CAMHD to establish a system to monitor the quality of health information, establish a review schedule of quality measures and provide relevant and timely feedback, and establish a decision support system to enhance compliance with best clinical practice. CAMHD plans to further enhance Electronic Health Record functions to gain efficiencies in the area of automatic computer notifications in the area of incomplete work or necessary review, patient alerts for identified problems, and the streamlining of operations as data flows seamlessly from one section to another. All data is stored in CAMHD's health record will automatically be replicated to the overall Department of Health TPA structure which is expected to be in place within six months.

The RPMS includes a medications management function. This will allow clinicians to see the current and past prescriptions of medications for the youth, the dosages, and clinical notes on the positive and negative effects. With this information available at their fingertips, clinicians will be better equipped to make clinically appropriate decisions.

Objective 1.3: Increase the accuracy of standard outcome and practice measures

As staff are trained and acquainted with more and more features of the RPMS Electronic Health Record, efforts will also be made to increase the accuracy of standard outcome and practice measures.

Objective 1.4: Increase access to care in remote and shortage areas

Another initiative in Health Information Technology is telehealth. CAMHD, like the rest of the nation, often experiences shortages in mental health professionals. Access to services is also affected by Hawaii's geography, with the Pacific Ocean creating a barrier to service. Due to cost-cutting measures, travel for family members was severely curtailed. By providing telehealth capability at each of the CAMHD's Family Guidance Center, CAMHD will be able to increase access to care in remote/shortage areas and increase family contact and family therapy for youth and their families who are physically separated. This will benefit youth in residential placement on one island, who have family on another. Telehealth will allow the family to have some contact with the youth and will also provide opportunity for the family to continue family therapy. The telehealth system is on a secure system, adhering to HIPAA privacy requirements.

CAMHD's goal is to integrate telehealth functions with Electronic Health Record operations. Not only will operations be more efficient but cost savings will arise from reducing travel costs as well as pooled professional services that can be accessed anywhere across the telehealth network.

During the recent budget cycle, the restricted travel curtailed CAMHD's training efforts. The videoconferencing system will allow CAMHD to provide EBP training to staff and providers across the state. The training series will include a monthly case conference session, training on Evidence-Based Practice Elements, training on trauma informed care, and opportunities for contracted provider agencies to share innovative practices with the field. Once CAMHD's Clinical Services Office has revised its Foundation Training for Mental Health Care Coordinators, trainings will resume, utilizing the telehealth network and incorporating Family Guidance Center staff as trainers.

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| Goal 2: | Strengthen Clinical Services |
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Capitalizing on the previous achievements of CAMHD's Evidence Based Services Committee in identifying evidence-based practice and programs, CAMHD is focusing on increasing utilization of evidence-based practices (EBP's).

The term evidence-based practice (EBP) or empirically-supported treatment (EST) refers to preferential use of mental and behavioral health interventions for which systematic empirical research has provided evidence of statistically significant effectiveness as treatments for specific problems. Professional organizations, such as the American Psychological Association, have been advocating the use of EBPs. Evidence-based signifies that the approach is based in theory and has undergone

scientific evaluation. Program refers to an intervention designed to bring about specific outcomes for specific purposes or populations. Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Multidimensional Therapeutic Foster Care (MTFC), are examples of evidence-based programs.

A “Practice Elements Approach” is advocated by Chorpita, et al.⁵ Their idea is to:

“create evidence-based practitioners by training them in the component elements common to the most effective treatment protocols, and these components can then be implemented as needed. The practice elements approach is designed to encourage clinicians to borrow strategies and techniques from the best known treatments, using their judgment and clinical theory to adapt the strategies to fit new contexts and problems for which there is an insufficient evidence base.”

Examples of practice elements are strategies such as “relaxation,” or “assertiveness training.”

In a study by Mueller, et al.⁶, the application of evidence-based practices found an increased rate of youth functional improvement and that the increase of one additional EBS practice element increases rate of improvement about 6-7%.

CAMHD and its provider network have invested time, staffing and resources to bring the evidence-based programs of FFT, MST and MTFC to Hawaii. CAMHD has supported provider agencies as they developed their programs to meet fidelity standards and trained their staff to effect the program principles. CAMHD’s Clinical Services Office has also invested many hours developing and providing training on evidence practice and mentoring to practitioners in the field. Youth in Hawaii are now able to access cutting-edge treatments. Despite the availability of these evidence-based programs and practice, not everyone who can benefit from the program is gaining accessing, and not all practitioners are consistently applying evidence based practice. Thus CAMHD and its EBS Committee will implement multiple strategies to increase the utilization of evidence programs and practices.

To achieve this goal, CAMHD has identified five objectives.

Objective 2.1: Increase utilization of evidence-based programs and implementation of practice elements.

⁵ Chorpita, B. F., Becker, K. D., Daleiden, E. L. (May 2007). Understanding the Common Elements of Evidence-Based Practice: Misconceptions and Clinical Examples. 648 J. Am. Acad. Child Adolesc. Psychiatry, 46:5.

⁶ Mueller, C. W., Tolman, R., Ebesutani, C., Bernstein, A. (March 2009). “Improvement for Youth with Disruptive Behaviors Provided Evidence-Based Practices”, 22nd Annual Research and Training Centers Conference, Tampa, Florida.

This will be accomplished by building local capacity by developing Best Practice trainers within the state. Initiate pre-service training collaborations with universities and colleges to increase knowledge and use of evidence-based programs and practice for the future mental health workforce. Increase CAMHD's stakeholder's participation and promotion in EBP implementation. Develop decision tree guides to promote consideration of EBPs.

CAMHD is currently pilot testing a specific model of supervision designed to help train supervisees to utilize Evidence-Based Practice Elements. The plan is to expand this effort in the future, based on lessons learned through this initial pilot.

CAMHD plans to utilize the telehealth system to offer weekly training opportunities for providers and CAMHD staff. This training series will include a monthly case conference session, training on Evidence-Based Practice Elements, training on trauma informed care, and opportunities for contracted provider agencies to share innovative practices with the field.

Objective 2.2: Strengthen the quality and involvement of CAMHD's clinical services

Taking advantage of the expertise on staff, CAMHD will redeploy them to provide increased direct client care services. CAMHD's child psychiatrists and clinical psychologists move toward co-managing youth with provider agencies. Efforts are underway to revise the treatment planning process to increase congruence among the major treatment planning tools. Utilizing the videoconference equipment, CAMHD will conduct a professional development program around evidence-based services.

Objective 2.3: Strengthen trauma-informed clinical practice

CAMHD was recently awarded a six-year multi-million dollar grant from the U.S. Substance Abuse and Mental Health Services Administration. Project Kealahou is designed to increase the capacity of the Hawai'i system of care to provide effective mental health treatment to girls who have experienced significant trauma. The initiative will establish some new gender-specific, trauma-informed programs, and will work with existing CAMHD-contracted programs and agency partners to enhance the effectiveness of their interventions with traumatized girls. Once best practices around trauma-informed care is identified, CAMHD will develop a system to introduce, monitor and evaluate the effects of trauma-informed practice. Included will be training for providers in evidence-based trauma treatment.

Objective 2.4: Strengthen utilization management of CAMHD services

With the leadership of the Utilization Management Committee, CAMHD has already embarked on an initiative to critically review the services provided in our service array. The reviews identify those services which produce positive clinical outcomes and are

financially cost-effective. These reviews will continue during the next few years. With these reviews, the UM workgroups will be able to identify areas for improvement and develop action plans. Once the actions are implemented, the effects will be evaluated. Capitalizing on the data in the RPMS Electronic Health Record to support patient review, encounter and follow-up, efforts will be made to standardize branch level utilization management processes and integrate with statewide analyses.

Objective 2.5: Identify and implement strategies to strengthen involvement of youth and family members in treatment planning and system reform

A good and modern mental health system includes empowered health care consumers. CAMHD will support the empowerment of its youth and families by supporting health literacy and shared decision making. To aid families to be more involved in decision making, CAMHD will develop resources, such as clinical decision-making trees, to share with the families so that families can be aware of the options available and the pros and cons of each option. Information resources, such as a website, will be developed to increase family knowledge of evidence based practice, and to concurrently increase demand for EBPs. CAMHD will support the family support organization, Hawaii Families as Allies, by strengthening the role of their Parent Partners within CAMHD's community-based branches. CAMHD will also review how information from the consumer survey and provider survey can be better used to improve services.

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| Goal 3: | Implement a Strategic Financial Plan |
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CAMHD has two objectives to manage its financial situation: to maximize existing resources, and to maximize the revenue stream.

Objective 3.1: Maximize existing resources

To maximize existing resources, CAMHD will capitalize on the ability of its clinical staff to provide services which can be reimbursed through Medicaid. The clinicians will be provided guidelines, training and support to bill for services. CAMHD will also evaluate and prioritize staff activities and data needs. CAMHD's aim is to do work smarter, and more efficiently.

Objective 3.2: Maximize revenue stream

CAMHD plans to explore opportunities for diversifying revenue streams, such as federal or private grants, and federal Medicaid reimbursements. As good stewards of public funds, CAMHD will establish accountability measures to link billing data to clinical service records.

Goal 4:**Strengthen Effective Collaborations to Increase Early Access to Care**

The Institute of Medicine's (IOM) 2009 report, "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities" documents that behavior and symptoms signaling the likelihood of future behavioral disorders such as substance abuse, adolescent depression, and conduct disorders often manifest two to four years before a disorder is actually present.

If communities and families can intervene earlier, before mental and substance use disorders are typically diagnosed, future disorders can be prevented or the symptoms mitigated. Doing so requires multiple and consistent interventions by all systems touching these children and youth (e.g., schools, health systems, churches, families, and community programs).

In the good and modern system envisioned by SAMHSA, there is better integration of primary care and behavioral health, with links to the child welfare, criminal and juvenile justice, education and aging systems.

CAMHD will continue to work with and strive toward more effective collaborations with other agencies in the child-serving system.

- Objective 4.1: Collaborate with the department of education to facilitate early identification of CAMHD-eligible youth**
- Objective 4.2: Improve working relationships with the department of human services and juvenile justice, including youth with trauma**
- Objective 4.3: Establish working relationships with primary care**
- Objective 4.4: Improve interdepartmental and intradepartmental coordination around multisystem youth**
- Objective 4.5: Improve working relationships around statewide quality assurance**

SECTION III

BIENNIAL REVIEW OF PROGRESS MADE ON THE CHILD & ADOLESCENT MENTAL HEALTH DIVISION FOUR-YEAR STRATEGIC PLAN

BACKGROUND

As required by statute, in 2007 the Department of Health Child & Adolescent Mental Health Division (CAMHD) developed a four-year children's mental health plan-- "A Strategic Plan for Strengthening Child & Adolescent Mental Health Services 2007-2010". The plan described seven priority areas which would enhance and sustain Hawaii's children's mental health system. To implement the plan, committees and task forces were formed to initiate and monitor the objectives of the seven priority areas in the plan. After two years, in 2009 CAMHD submitted a Report to the Legislature detailing the progress made and successes achieved in the Strategic Plan.

CAMHD STRATEGIC PLAN 2007-2010

In CAMHD's last four-year plan (2007-2010), the following priority areas were identified and addressed.

1. Decrease stigma/increase access
2. Resource management plan
3. Performance management program
4. Practice development program
5. Personnel management plan
6. Financial plan
7. Information technology program

While progress was made in all the priority areas during the early years, during the later years, the state budget crisis, staff layoffs and furloughs severely hampered CAMHD's ability to focus on the strategic initiatives. The major exception was CAMHD's Information Technology Program which rocketed off within the last two years. Following recommendations at the national level, CAMHD invested its federal block grant dollars into developing an electronic health record system and a telehealth system. The investments included securing equipment and a secure bandwidth capable of serving the state-wide network, while meeting confidentiality security measures. After a series of staff trainings, the EHR and telehealth systems are now operational, with plans to increase utilization.

CAMHD'S successes in implementing the 2007-2010 Four-Year Strategic Plan include:

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| Priority Area 1. | Decrease Stigma and Increase Access to Care |
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- A multi-agency, community-based Anti-Stigma Workgroup, including family members, was formed with the goal of reducing stigma around mental illness,

mental health services or people with emotional or behavioral challenges. The workgroup successfully developed an annual awareness campaign which coincided with the national children's mental health efforts.

- A "Children's Mental Health Matters" logo incorporating the green ribbon was developed and subsequently utilized in public campaigns. The green ribbon represents the national children's mental health movement to "own" the green of the former green mental hospital inmate uniforms and transform it into a symbol of growth and hope, like that of a green growing plant.
- The Anti-Stigma Workgroup changed its name to Children's Mental Health Matters Campaign Committee to promote the notion that mental health is important for overall health.
- The motto, "Make a Friend, Be a Friend" was crafted and adopted by the committee as a message to the public that they can promote mental wellness by befriending people and practice being kind and inclusive.
- The annual children's mental health awareness campaign has grown over the past four years, resulting in an annual community carnival on the Big Island, conferences and an annual Mayor's Mental Health Dinner on Maui, health fairs on Kauai and Oahu, youth art and poetry galleries on Maui and Hawaii, sign-waving in every county, and proclamations by the Governor, the Mayors of Honolulu and Maui County and the Honolulu City Council. The committee also distributed information through email blasts, newsletters and a newly developed brochure. The activities and membership of the committee grows every year.
- A brainstorming session was recently held with Parent Partner and staff to review Parent Partner role and to come up with recommendations on how we can enhance Parent Partner utilization in assisting our families and Care Coordinators. We will be working on improving our tracking and follow-up of family requests for Parent Partner services. Care Coordinators will continue to work with families and schools to strongly encourage Parent Partner services.
- To improve access to care for Child Welfare System a Family Guidance Center Branch Chief serves as a panel expert in Child Welfare permanency planning round table reviews to discuss family findings.
- Family Guidance Center staff hosted coffee hour meetings with Family Court Judge and with Deputy Attorney General to discuss issues/concerns/barriers to services for youth in the juvenile justice system.
- To strengthen access to care for the education system, the Family Guidance Centers have initiated multiple initiatives. At one FGC, a DOE referral form for FGC services was recently finalized. The development of the form was a collaborative

effort with the Windward District DOE Complex Program Managers. This will hopefully streamline referrals into our Kaneohe office. Additionally, we have instituted monthly meetings with the Windward District Educational Specialists that now include the MHS I for our Kaneohe Office. For our Pearl City office, we have now instituted quarterly meetings with our staff and the Central District School and Clinical Psychologists.

- To improve access to care, Utilization Management convened a subcommittee to investigate barriers to access.
- To strengthen the youth voice in the individualized service planning process, core components of a successful “youth-guided planning meeting” were defined and are being implemented at the Family Guidance Centers.
- To strengthen the family voice across all aspects of the system, CAMHD has integrated Parent Partner involvement in multiple areas of the CAMHD system, such as including them on management teams and quality assurance committees, inviting them to staff meetings, and providing co-located office space at CAMHD Family Guidance Centers.
- To improve access to care for the general community, care coordinator staff provide information and referral services.
- To improve access to care for the Child Welfare System, Branch Chiefs have provided training to CWS line staff.
- To improve access to care for juvenile justice, presentations have been made to Family Court judges and probation officers.
- To strengthen access to care for the education system, training was provided to DOE staff about peer reviews and the emphasis on decreasing gate keeping.
- To strengthen partnerships with community organizations, CAMHD branch chiefs participate in multiple community-based initiatives and committees.
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- To strengthen outreach to youth in crisis, several CAMHD staff underwent suicide gatekeeper training to identify the warning signs and appropriately intervene to save the youth’s life.

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| Priority Area 2. | Implement and Monitor Effectiveness of a Comprehensive Resource Management Program |
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- To improve the capture of “real-time” data, CAMHD switched from a 90-day Accepted Records data report to a 30-day Service Authorization data report. This

has increased the ability of the utilization management committee to make real time decisions regarding expansion and/or contraction of services and for Family Guidance Centers statewide to individually monitor the significant trends in their utilization of services per level of care.

- The Utilization Management report has been streamlined to show statistically significant statewide trends and Family Guidance Center trends. The trend information will help focus efforts to improve the CAMHD system of care at both the state and regional levels.
- Resource Management is automating reports to reduce the time-consuming burden of generating high-frequency reports.

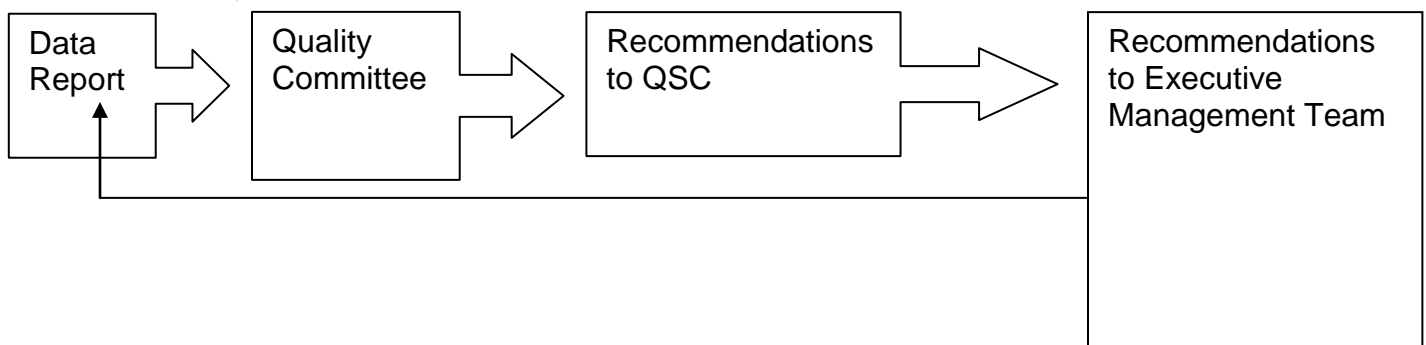
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| Priority Area 3. | Implement a Publicly Accountable Performance Management Program |
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- In early 2008, a Memorandum of Understanding to establish working agreements regarding a Statewide Interagency Quality Assurance system that monitors the quality and effectiveness of services for children and youth with special needs was executed by the Superintendent of Education, Director of Health, Director of Human Services, Chief Court Administrator and the Executive Director of Hawaii Families as Allies.
- In May of 2009, a structural change to monitoring System Quality Assurance and Improvement was developed through the development of the Quality Steering Committee (QSC) which replaced the Performance Improvement Steering Committee. CAMHD's current infrastructure (through its committee data reports and recommendations to QSC and the Executive Management Team (EMT) facilitates a cohesive and accountable reporting structure. Every section or committee is required to report on identified measures for the time period described below:
 - Utilization Management – Quarterly Report
 - Credentialing – Annual Report
 - Grievance and Appeals – Annual Report
 - Compliance – Annual Report
 - Safety and Risk Management – Quarterly Report
 - Evidence Based Services – Annual Report
 - Interagency and Performance Monitoring Report – Biannual
 - Consumer Survey – Annual Report
 - Provider Survey – Annual Report
 - Program Monitoring Report – Annual
 - CAMHD Annual Report
- The reports include specific performance measures, data trends, an analysis of findings with strengths and recommendations for improvement, recommendations

and updates on recommendations from previous reports. Recommendations from the report are implemented at the committee or section level unless the recommendations will impact other committees, individuals or sections or there is a recommendation to change a system process. Risk Management issues, Policy changes, or Special Study reports are also forwarded to EMT for approval, implementation, or assignment.

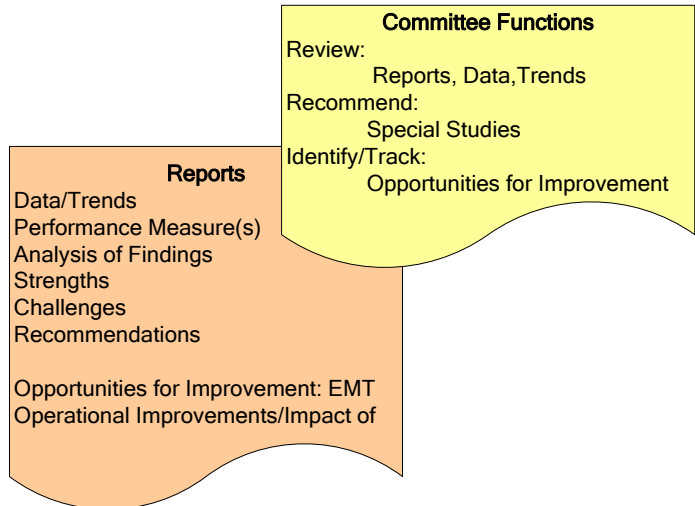
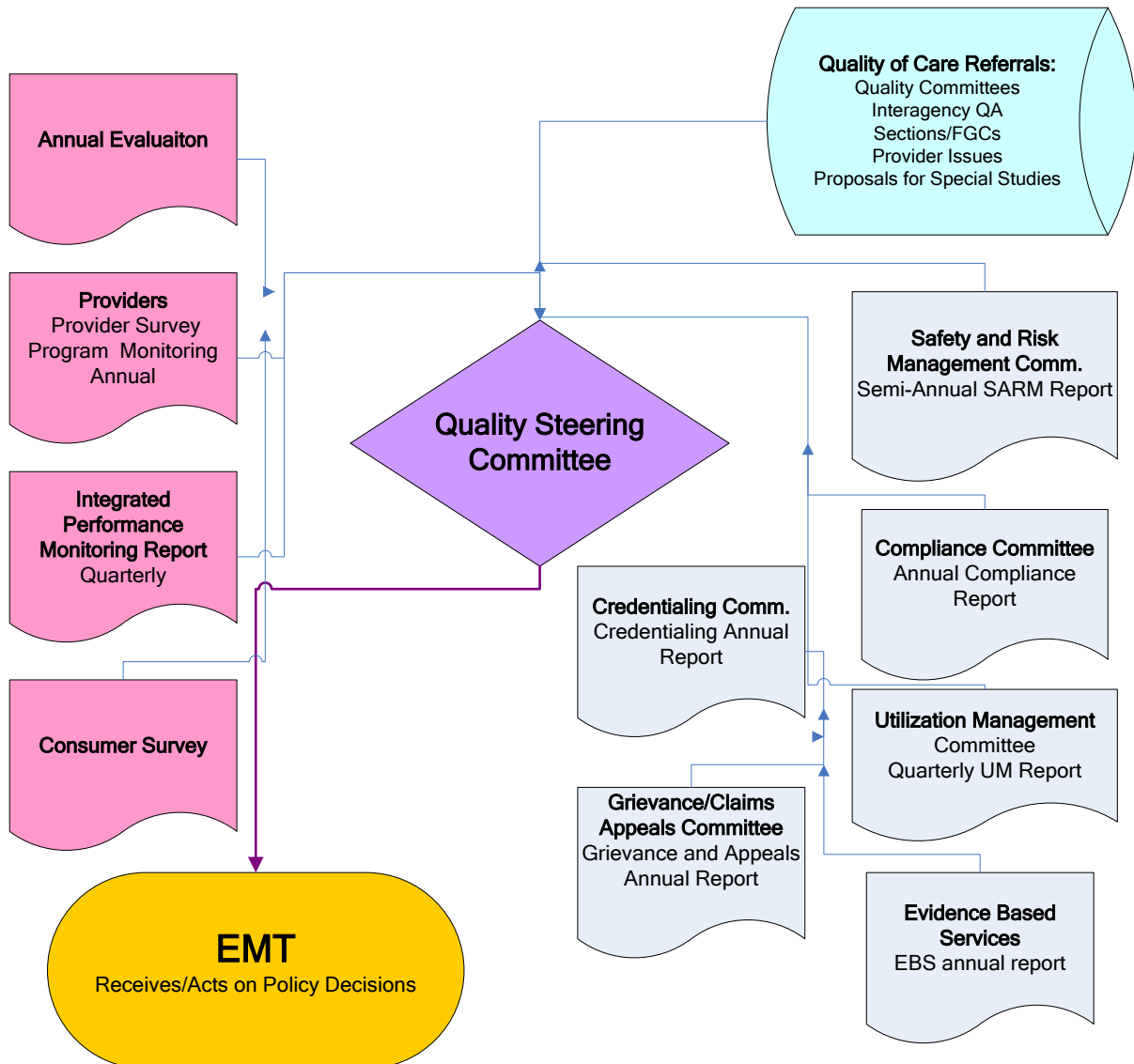
- The activities are tracked at both a section and QSC Level through reporting. The committee structure diagram can be found below.

Reporting Structure Graphic



- CAMHD performed annual evaluations with recommendations for system refinements.
- The Fiscal Year 2009 Annual Evaluation was completed and posted on the CAMHD website for community access and the fiscal year 2010 annual evaluation is in the process of being completed. In January of 2010 all CAMHD Staff, providers and system stakeholders were invited to the 2009 Annual Evaluation presentation provided by the CAMHD Research and Evaluation Office. Subsequently, the QSC met in March of 2010 to develop strategic initiatives from report data. The QSC set the following goals from the report:
 - Improve Intensive In-Home outcomes, decrease length of stay and develop a process to identify when youth are not making improvement;
 - Convene a regularly scheduled Data Task Force to identify data being collected in our system, determine the efficiency and efficacy of the data being collected, and identify other outcome data should be collected.
 - Develop a Utilization Management Structure that coincides with Industry standards.

- Use the System of Care Grant to understand and report to the broader system how trauma, anxiety, and mood effects treatment planning and outcomes across the system.
- Interagency Quality Assurance Group meetings are consistently held. The CAMHD Administrator chairs these meetings on a regular basis. A revised Memorandum of Agreement is in development which describes the new direction and focus of the committee.
- A Quality Steering Committee flow chart was developed to illustrate the types information analyzed, the interactions between CAMHD's committees and the information flow process.



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| Priority Area 4. | Implement and Monitor a Comprehensive Practice Development Program |
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- The Clinical Services Office strengthened and expanded academic liaisons to impact pre-service educational programs and has arranged practicum training sites for local universities including new training slots for psychology students and advanced nursing students.
- The 2007 Biennial Report on Effective Psychosocial Interventions for Youth with Behavioral and Emotional Needs was published and widely disseminated.
- Over the past year, the Clinical Services Office focused on strengthening services to be responsive to the needs of youth who have experienced trauma. Training on trauma assessment tools was provided, an inter-agency trauma conference was held, and a communication network for providers of mental health services supportive of alternatives to seclusion and restraint for traumatized youth was maintained.
- Secured System of Care Grant to improve access to services for emotionally and behaviorally troubled adolescent girls, aged 11-20, who have a history of trauma and are involved with the juvenile justice system, or are at risk for involvement

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| Priority Area 5. | Implement and Monitor a Strategic Personnel Management Plan |
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- A definition of workload structure has been developed for Clinical Psychologists and Clinical Directors (Child and Adolescent Psychiatrists). The licensed clinicians are now providing more direct services, and the turn-around time for eligibility for Support for Emotional and Behavioral Development (SEBD) clients has decreased.
- The Department of Health has facilitated hiring through mechanisms such as recruitment/hiring above the allowed minimum for shortage areas to facilitate recruiting qualified mental health professionals in rural areas.

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| Priority Area 6. | Implement and Monitor a Strategic Financial Plan |
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- The Title XIX Medicaid billing practices have been strengthened to provide a better stream of revenues for CAMHD.

- Staff training on the importance of the Random Moments Studies (administrative claims for staff time for MedQuest-eligible youth) has greatly improved staff response, resulting in strengthened billings.
- CAMHD partnered with the Adult Mental Health Division to secure Data Infrastructure Grants. These grants have enabled the collection and analysis of a variety of data.
- Secured a federal grant to improve access to services for emotionally and behaviorally troubled adolescent girls, aged 11-20, who have a history of trauma and are involved with the juvenile justice system, or are at risk for involvement

Priority Area 7.

Implement and Monitor a Strategic Information Technology Program

- Two task forces were established, one for electronic health records and one for Telehealth. Champions to move the initiatives forward were recruited for both areas. The task forces were later consolidated into an health information technology project management team. The team is now responsible for developing the roll-out of the various projects and for monitoring results. This team is also the liaison with the Behavioral Health Administration's Center on Regulatory and Operational Excellence (CORE) and will strategize how to implement the CORE's new initiatives within CAMHD's existing framework.
- After evaluation of several electronic health records systems, CAMHD selected the RPMS version of VistA as a cost-effective choice for the state. VistA was developed by and is fully maintained by the U.S. Veterans Administration.
- CAMHD established a partnership with the University of Hawaii Department of Psychiatry to collaborate on a telehealth system that links the University of Hawaii and the multiple Family Guidance Centers to help provide mental health services across the state, especially remote locations.
- After four years, the equipment and infrastructure for CAMHD's telehealth project has been acquired and installed. It is projected that by the end of 2010, all CAMHD's Family Guidance Centers will be using the telehealth equipment on a regular basis. Policies and procedures for telehealth were developed by the first site, Hawaii Family Guidance Center, and those policies and procedures have been adopted for use across the Family Guidance Centers.
- The next phase for telehealth expansion is the inclusion of CAMHD's residential provider sites. This will allow youth who are in residential placements to have more family contact and participate in more family therapy sessions without requiring to fly youth between islands.

- CAMHD is currently developing IT and electronic health records trainings in collaboration with the University of Hawaii to create tutorials that can be accessed from the internet at any time.
- The submission of monthly treatment provider summaries by providers has been tied to payment. This has resulted in an increase in the quality and quantity of reports on the progress of individual youth in treatment.
- CAMHD made the necessary modifications for RPMS to support provider billing. Family Guidance Center staff training is almost fully completed and progress notes are being entered. The billing process has been streamlined and substantial operational efficiencies have been gained. The Division has also experienced increased capabilities due to the real time management of work flow and staff output.
- The telepsychiatry available at the Family Guidance Centers now have the capacity to deliver direct service clinics to Hawaii's underserved children and their families, as well as to offer consultative services to our community of providers, hospitals, community healthcare centers, schools and the judicial system. Through state of the art Videoconferencing equipment, CAMHD is rapidly expanding the expertise of Board Certified Child/Adolescent Psychiatrists to serve a much broader segment of the population than could be delivered previously.

CAMHD's Service Array and Definitions

System of Care

The Child Adolescent Mental Health Division (CAMHD) system of care consists of an integrated network of placements, services and supports. It is managed through a public-private partnership consisting of contracted community-based agencies and state managed, community-based Family Guidance Centers with administrative and performance oversight functions at the state office. Since 1995 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 needs, and their families.

Specifically, CAMHD system of care focuses on resource management and capacity for timely, consistent, and responsive mental health services in the following categories:

Emergency Public Mental Health Services

These services are available to all children and youth in Hawaii, ages 3 to 18 years, experiencing an imminent life threatening mental health crisis.

Youth Eligible for Educationally Supportive (ES) Mental Health Services

Students with an educational disability that have been determined to be in need of intensive mental health services to benefit from public education. These youth are enrolled in the ES program. The criteria for enrolling a youth in the ES program are IDEA eligibility, an IEP with recommendation for services from CAMHD, and an IEP meeting with CAMHD participation to determine the goals of mental health services to be provided.

Youth Eligible for the Support for Emotional and Behavioral Dev. (SEBD) Program

Medicaid eligible youth or MedQuest enrolled youth requiring mental health services that exceed the scope or intensity that is able to be provided by their selected QUEST Healthplan. These youth are enrolled in the SEBD Program. The criteria for enrolling a youth in the SEBD program are QUEST or Medicaid eligibility, a DSM IV diagnosis of at least 6 months, and a CAFAS/PECFAS score of 80 or greater. SEBD eligibility is determined by the CAMHD Medical Director.

EMERGENCY PUBLIC MENTAL HEALTH SERVICES

H0030 1101 24-Hour Crisis Telephone Stabilization

24-Hour Crisis Telephone Stabilization serves all youth whose immediate health and safety may be in jeopardy due to a mental health issue. After receiving support, consultation and referral that dissipate the crisis situation, the youth's natural environment has the capacity to allow the youth to remain safely in the community. The absence of this capacity would indicate need for mobile outreach services to assess situation and arrange appropriate course of actions. **Service provided State-Wide by Adult Mental Health Division.**

H0007-52 2101 Crisis Mobile Outreach

This service provides mobile face-to-face outreach assessment and stabilization services for youth in an active state of psychiatric crisis. Services are provided twenty-four (24) hours per day, seven(7) days per week and can occur in a variety of settings including the youth's home, local emergency facilities, and other related settings. Immediate response is provided to conduct a thorough assessment of risk, mental status, and medical stability, and immediate crisis resolution/stabilization and de-escalation if necessary

H0018 4101 Community-Based Crisis Group Home

This service offers short-term, acute residential interventions to Crisis Group Home youth experiencing mental health crises. This is a structured residential alternative to, or diversion from, Acute Psychiatric

CAMHD's Service Array and Definitions

Hospitalization or Community Hospital Crisis Stabilization. Crisis stabilization services are for youth who are experiencing a period of acute stress that significantly impairs their capacity to cope with normal life circumstances and who cannot be safely managed in a less restrictive setting. The program provides psychiatric services that address the psychiatric, psychological, and behavioral health stabilization needs of the youth.

EDUCATIONALLY SUPPORTIVE (ES) INTENSIVE MENTAL HEALTH SERVICES

90801 HK 5201 Psychosexual Assessments

Specialized diagnostic and evaluation services involving a strengths-based approach to identify youths' needs in the specific context of sexually abusive behaviors that have led to the youth being arrested, charged, or adjudicated for a sexual offense. Service components include conducting a comprehensive risk assessment and providing a written assessment report. Psychosexual assessments are preceded by information gathering from existing sources and should not occur unless a Comprehensive Mental Health assessment, Focused Mental Health assessment, Emotional Behavioral assessment, or Psychiatric Diagnostic Assessment has been completed within the last year. The psychosexual assessment is designed to build on the prior mental health assessment, using specialized psychometric instruments designed to assess sexual attitudes and interests

H0036 13101 Intensive In-Home Intervention

This service is designed to stabilize and preserve the family's capacity to improve the child's functioning in the current living environment and to prevent the need for placement outside the home. This service is a time-limited approach that incorporates evidence-based interventions. The service utilizes family and youth-centered interventions and adheres to the CASSP principles. This service may be delivered primarily to youth and their families in the family's home or community.

H0036-22 13201 Multisystemic Therapy (MST) services

The MST approach uses an intensive family- and community based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders, youth at-risk of out-of-home placement due to behavioral problems, and youth at risk of school failure because of behavioral problems. Thus, the primary goals of MST are to (a) reduce youth criminal activity, (b) reduce other types of antisocial behavior such as drug abuse, and (c) achieve these outcomes at a cost savings by decreasing rates of incarceration and out-of-home placements. MST aims to achieve these goals through a treatment that addresses risk factors in an individualized, comprehensive, and integrated fashion; and that empowers families to enhance protective factors.

H0018 28401 Therapeutic Foster Home

This service is an intensive community-based treatment service provided in a home setting for youth with emotional challenges. Specialized therapeutic foster care incorporates evidence-based psychosocial treatment services. These homes provide a normative, community-based environment through therapeutic parental supervision, guidance, and support for youth capable of demonstrating growth in such a setting. These youth are generally capable of attending their home school or an alternative community educational or vocational program. Such homes may also be beneficial for youth in transition from a more restrictive placement as these homes offer a family-like orientation. Foster homes with therapeutic services are appropriate for youth in need of relatively long-term treatment placements of six (6) to nine (9) months and/or shorter-term crisis stabilization.

CAMHD's Service Array and Definitions

H0018-22 28601 Multi-dimensional Treatment Foster Care

Multidimensional Treatment Foster Care implementers recruit, train, and supervise foster families to offer youth treatment and intensive supervision at home, in school, and in the community. The program provides parent training and other services to the biological families of treated youth, helping to improve family relationships and reduce delinquency when youth return to their homes. Youth who participate in this program also receive behavior management and skill-focused therapy and a community liaison who coordinates contacts among case managers and others involved with the youth.

H0045 28940 Respite Homes / Respite Therapeutic Foster Home

Mental health respite homes provide safe, short-term and supportive environments for youth with emotional and/or behavioral challenges. These homes provide structured relief to the parent(s)/caregiver(s) and families of these youth. This service provides support to the parent(s)/caregiver(s) in their efforts to continue caring for the youth in the home setting, thus reducing the risk of out of home placements at a higher level of care. (This home may be the same home used for the crisis group home.)

H0037 29401 Therapeutic Group Homes

These homes provide twenty-four (24) hour care and integrated evidence-based treatment to address behavioral, emotional, or systemic issues, which prevent youth from taking part in family or community life. Therapeutic Group Homes are designed for those whose needs can best be met in a structured, small group, community-based setting. The youth usually remain involved in community-based educational, recreational, and occupational activities. These homes typically provide services for four (4) to eight (8) youth per home. In this level of care, youth are supervised and provided services by professional and paraprofessional staff that have been recruited and trained to work with youth with emotional and behavioral challenges.

H0037-22 29602 Independent Living Programs 18 - 21

The programs provide twenty-four (24) hour care and integrated evidence-based treatment planning to address the behavioral, emotional and/or systemic issues that prevent young adults from living independently in the community. Independent Living Programs are designed to assist residents in developing the skills necessary to live independently in the community upon discharge. The Independent Living Program is responsible for linking young adults to educational, vocational, employment, health services and community resources. At admission, residents are not necessarily involved in community-based educational, recreational, and/or occupational activities during the day. Independent Living Programs typically provide services for four (4) to eight (8) young adults per home. In this level of care, young adults are supervised and provided services by professionals and paraprofessionals that have been recruited and trained to work with transitioning adults.

H0037-22 29603 Independent Living Programs 16-18

These programs provide twenty-four (24) hour care and integrated evidence-based treatment planning to address the behavioral, emotional and/or systemic issues that prevent youth from living independently in the community. Independent Living Programs are designed to assist transitioning youth in need of emotional and behavioral supports to develop the skills necessary to live independently in the community upon discharge. The Independent Living Program links youth to educational, vocational, employment, health services and community resources. At admission, the youth are may be involved in community-based educational, recreational, and/or occupational activities. Independent Living Programs typically provide services for four (4) to eight (8) youth per home. In this level of care, youth are supervised and provided services by professional and paraprofessionals that have been recruited and trained to work with transitioning youth.

CAMHD's Service Array and Definitions

H0037-52 29801 Community Mental Health Shelter

This service provides twenty-four (24) hour temporary short-term care for youth who are awaiting placement in an appropriate treatment facility. The youth usually remain involved in community-based educational, recreational, and occupational activities. These shelter homes typically provide services for eight (8) youth per home. In this level of care, youth are supervised and provided services by professional and paraprofessional staff that have been recruited and trained to work with youth with emotional and behavioral challenges.

H0019 30201 Community-Based Residential Level III

This service provides twenty-four (24) hour care and integrated service planning that addresses the behavioral, emotional and/or family problems, which prevent the youth from taking part in family and/or community life. These programs are designed for those youth whose needs can best be met in a structured program of small group living that includes onsite educational programs and highly structured therapeutic activities. Community-based Residential programs may be specialized (e.g., substance abuse).

Community-Based Residential programs provide therapy, support, and assistance to the youth and the family to enhance participation in group living and community activities, increase positive personal and interpersonal skills and behaviors and to meet the youth's developmental needs.

H0019-22 30301 Community-Based Residential Level II

This service provides twenty-four (24) hour care and integrated evidence-based services that address the behavioral and emotional problems related to sexual offending, aggression or deviance that prevent the youth from taking part in family and/or community life. These programs are designed for those youth whose need can best be met in a structured program of small group living that includes educational, recreational, and occupational services.

Community-Based Residential programs Level II provide support and assistance to the youth and the family to: 1) promote healthy sexual values and behaviors; 2) reduce and control deviant sexual arousal patterns; 3) help youth to develop victim empathy and appreciate feelings of others; 4) help youth accept full responsibility and be accountable for sexually abusive or antisocial behavior; 5) identify and change cognitive distortions or thinking errors that support or trigger offending; 6) develop and integrate relapse prevention strategies; 7) identify family dysfunction, issues, or problems that act to support minimization, denial, disruption of treatment, or trigger re-offending and; 8) provide management of other behavioral or emotional problems including trauma resulting from prior physical, sexual, and/or emotional abuse.

H0019-22 30403 Community-Based Residential Level I

This service provides twenty-four (24) hour locked care and integrated evidence-based services that address the behavioral and emotional problems related to sexually aggressive or deviant offending, that prevent the youth from taking part in family and/or community life. This program provides support and assistance to the youth and the family to: 1) promote healthy sexual values and behaviors; 2) reduce and control deviant sexual arousal patterns; 3) help youth to develop victim empathy and appreciate feelings of others; 4) help youth display responsible and accountable behavior for sexually abusive or antisocial behavior with minimizing risk of re-offending and externalizing blame; 5) identify and change cognitive distortions or thinking errors that support or trigger offending; 6) develop and integrate relapse prevention strategies; 7) identify family dysfunction, issues, or problems that act to support minimization, denial, disruption of treatment, or trigger re-offending and; 8) provide management of other behavioral or emotional problems.

CAMHD's Service Array and Definitions

H0017 31101 Hospital-Based Residential

This service provides intensive in-patient treatment services to youth with severe emotional challenges who require short-term up to sixty (60) days hospitalization for the purposes of receiving intensive diagnostic, assessment and medication stabilization services. The highly structured program provides educational services, family therapy, and integrated service planning through a multi-disciplinary assessment of the youth, skilled milieu of services by trained staff who are supervised by a licensed professional on a twenty-four (24) hour per day basis. Services are provided in a locked unit of a licensed inpatient facility.

SUPPORT FOR EMOTIONAL AND BEHAVIORAL DEVELOPMENT (SEBD) PROGRAM SERVICES

90801-HA 5101 Comprehensive Mental Health Assessment

This assessment is performed (a) as part of the data collected to determine eligibility for youth/young adults referred for CAMHD services through the SESD program, and/or (b) to provide needed comprehensive clinical information on youth/young adults in the SESD program, to assist with coordination of services and with treatment planning. This strengths-based approach seeks to identify the needs of the youth or young adult in the context of their family and community. This service includes interviews, assessment activities, written report, and feedback to the young adult or youth and the parent(s) or guardian(s).

90801-225102 Focused Mental Health Assessments

This assessment is performed any time the treatment team determines that an in-depth evaluation of the youth/young adult is necessary for satisfactory clinical care. This assessment is done to clarify diagnostic and treatment issues when new clinical symptoms have emerged or when there is a lack of expected progress. The assessment builds upon previous evaluations, incorporates additional relevant data (e.g., from interviews and the review of new information) and answers one or more specific referral questions. This service includes assessment activities, written report, and feedback to the young adult or the youth and his/her parent(s) or guardian(s).

90801-525103 Summary Annual Assessments

This assessment is performed in order to describe the current status of the young adult or youth and his or her circumstances. It is performed yearly, when the CSP team determines that there are no clinical concerns that would call for a focused or comprehensive assessment to be performed instead. The service includes a brief assessment and report, with feedback to the young adult or youth and his/her parent(s) or guardian(s). The CAMHD contracted providers that are currently providing services and that have known the young adult or youth for at least three (3) months shall provide the Summary Annual Assessment when it is due or as defined in the specific service standard.

90804 7101 Individual Therapy

Individual Therapy is regularly scheduled face-to-face therapeutic services with a youth or young adult focused on improving his/her individual functioning. Individual therapy includes interventions such as cognitive-behavioral strategies, behavioral plans, skills training, systemic interventions, crisis planning and facilitating access to other community services and supports. These therapy services are designed to promote healthy independent functioning and are intended to be focused and time-limited, with interventions reduced and discontinued as the young adult or youth and family are able to function more effectively. The usual course of treatment is six (6) to twenty-four (24) sessions or six (6) months. This service most often will be provided in conjunction with at least occasional family therapy sessions.

CAMHD's Service Array and Definitions

90849 7102 Group Therapy

This service is regularly scheduled face-to-face therapeutic services for groups of three or more young adults or youth for the purpose of addressing symptoms/problems that prevent the development of healthy functioning in the home, school or community. These therapy services are designed to teach specific skills for addressing the symptoms associated with defined disorders or challenges and to provide support for the use of these skills. Group Therapy services are focused and time limited. This service can include groups that address young adult or youths' needs utilizing a "multi-family group" format, in which the parents or guardian attend the group along with the young adult or youth.

90846 7103 Family Therapy

Family Therapy is regularly scheduled face-to-face interventions with a young adult or youth and his/her family, designed to improve young adult or youth/family functioning and treat the young adult or youth's emotional challenge. The family therapist helps the young adult or youth and family increase their use of effective coping strategies, healthy communication, and constructive problem-solving skills. The therapist also provides psycho-education about the nature of the young adult or youth's diagnosis. Frequently, Family Therapy sessions are held in the course of on-going Individual Therapy in order to provide opportunities for the therapist to consult with the parent(s) or guardian(s) and review progress toward goals. Family Therapy services are designed to be time-limited with interventions reduced and then discontinued, as young adult or youth/family are able to function more effectively.

H0036 7104 Functional Family Therapy

This is an evidence-based family treatment system provided in a home or clinic setting for youth experiencing one of a wide range of externalizing behavior disorders (e.g., conduct, violence, drug abuse) along with family problems (e.g., family conflict, communication) and often with additional comorbid internalizing behavioral or emotional problems (e.g., anxiety, depression).

The goals of Functional Family Therapy are the following.

1. Phase I: Engagement of all family members and motivation of the youth and family to develop a shared family focus to the presenting problems
2. Phase II: Behavior change - target and change specific risk behaviors of individuals and families
3. Phase III: Generalize or extend the application of these behavior changes to other areas of family relationships

Functional Family Therapy services range from eight to twelve (8 to 12) one-hour sessions for mild challenges, **up** to thirty (30) hours of direct service (i.e., clinical sessions, telephone calls, and meetings involving community resources) for more difficult situations, and are usually spread over a three to six (3 to 6) month period. Functional Family Therapy can be conducted in a clinic setting, as a home based model or as a combination of clinic and home visits.

90801 9101 Psychiatric Evaluation

Psychiatric diagnostic examination, specifically completed by an American Board of Psychiatry and Neurology Board Eligible/Certified Child Psychiatrist, includes history, mental status exam, physical evaluation or exchange of information with the primary physician, and disposition. This service is limited to an initial or follow-up evaluation for medically complex or diagnostically complex young adult or youth. This evaluation does not involve psychiatric treatment or medication management.

90862 10101 Medication Management

This service is the ongoing assessment of the young adult or youth's response to medication, symptom management, side effects, adjustment and/or change in medication and in medication dosage. Routine

CAMHD's Service Array and Definitions

medication management is provided by an American Board of Psychiatry and Neurology Board Eligible/Certified Child Psychiatrist or a Licensed Advanced Practical Registered Nurse with prescription privileges.

H0035 27101 Partial Hospitalization

This service is composed of day programming in the outpatient area or clinic of a licensed JCAHO certified hospital or other licensed facility that is Medicare certified for coverage of partial hospitalization that allows for a more intensive milieu treatment with a focus on medical/psychiatric resources. This service is available to stabilize a youth whose psychiatric condition needs a high level of monitoring to stabilize symptoms or as a transition step for youth who have been in more restrictive settings. The primary goal of the partial hospitalization programs is to keep youth connected with his/her family/community while providing short-term intensive treatment.

Other Services Under Educationally Supportive Intensive Mental Health Category

Ancillary Services

Ancillary services are services that are not available through existing contracted mental health services for youth. The funding for such services is limited and closely monitored to assure that disbursement is completed in the most clinically appropriate and fiscally responsible manner.

Respite Supports

Respite supports involve the provision of funds to families of eligible youth with serious emotional and/or behavioral challenges for the purpose of providing temporary short-term planned or emergency relief.

Child and Adolescent Mental Health Division
Geographic Providers and Care Levels

| ISLAND | PROVIDER | CARE LEVEL |
|--------|-------------------------------------|---|
| OAHU | Alakai Na Keiki, Inc | Intensive In-Home Intervention, Comprehensive Mental Health Assessment, Focused Mental Health Assessment, Summary Annual Assessment ,Individual Therapy, Group Therapy, Family Therapy |
| | CARE | Crisis Mobile Outreach |
| | Catholic Charities | Therapeutic Foster Home |
| | Child and Family Service | Therapeutic Foster Home |
| | Hale Kipa | Intensive In-Home Intervention, Therapeutic Foster Home |
| | Hawaii Behavioral Health | Intensive In-Home Intervention, Comprehensive Mental Health Assessment, Focused Mental Health Assessment, Summary Annual Assessment ,Individual Therapy, Group Therapy, Family Therapy, Therapeutic Foster Home |
| | Parents and Children Together | Functional Family Therapy, MultiSystemic Therapy |
| | The Institute for Family Enrichment | Intensive In-Home Intervention, Comprehensive Mental Health Assessment, Focused Mental Health Assessment, Summary Annual Assessment ,Individual Therapy, Group Therapy, Family Therapy |
| | Kahi Mohala | Partial Hospitalization |
| | Waianae Coast CMHC | Therapeutic Foster Home |
| MAUI | Aloha House | Intensive In-Home Intervention |
| | Child and Family Service | Therapeutic Foster Home |
| | Maui Youth and Family Services | Intensive In-Home Intervention, Therapeutic Foster Home |
| | Parents and Children Together | Functional Family Therapy, MultiSystemic Therapy |

**Child and Adolescent Mental Health Division
Geographic Providers and Care Levels**

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|-----------|-------------------------------------|--|
| KAUAI | Hale Kipa | Intensive In-Home Intervention, Therapeutic Foster Home |
| | Hale Opio Kauai | Therapeutic Foster Home |
| | Hawaii Behavioral Health | Intensive In-Home Intervention, Therapeutic Foster Home |
| | Parents and Children Together | Functional Family Therapy, MultiSystemic Therapy |
| HAWAII | Catholic Charities | Therapeutic Foster Home |
| | Child and Family Service | Therapeutic Foster Home |
| | Hale Kipa | Intensive In-Home Intervention, Therapeutic Foster Home |
| | Hawaii Behavioral Health | Intensive In-Home Intervention, Comprehensive Mental Health Assessment, Focused Mental Health Assessment, Summary Annual Assessment ,Individual Therapy, Group Therapy, Family Therapy, Therapeutic Foster Home, Multi-dimensional Foster Care |
| | Marimed Foundation | Therapeutic Foster Home |
| | The Institute for Family Enrichment | Intensive In-Home Intervention, Comprehensive Mental Health Assessment, Focused Mental Health Assessment, Summary Annual Assessment ,Individual Therapy, Group Therapy, Family Therapy, MultiSystemic Therapy |
| STATEWIDE | Bobby Benson Center | Community Based Residential III |
| | Benchmark | Community Based Residential I, Psychosexual Assessment |
| | Child and Family Service | Community Based Residential III |
| | Hale Kipa | Independent Living Skill 16-18 |
| | Marimed Foundation | Community Based Residential III |
| | Kahi Mohala | Hospital Based Residential, |
| | The Queen's Medical Center | Hospital Based Residential |
| | Waianae Coast CMHC | Independent Living Skill 16-18 |