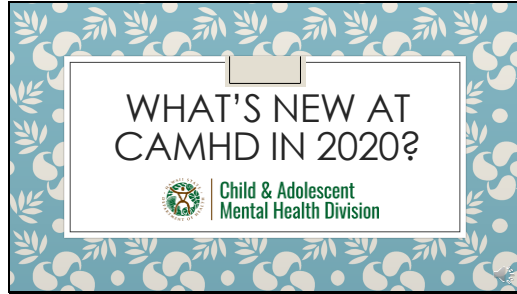


Slide 1



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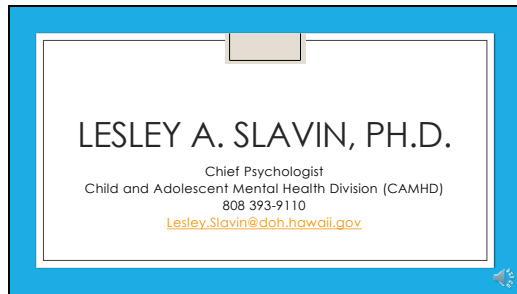
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Slide 2



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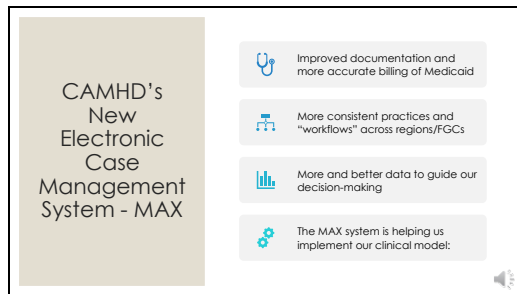
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Slide 3



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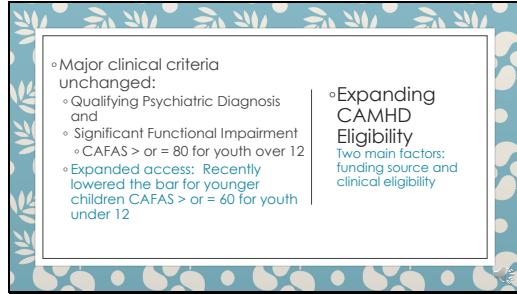
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Slide 4



◦ Major clinical criteria unchanged:

- Qualifying Psychiatric Diagnosis and
- Significant Functional Impairment
  - CAFAS > or = 80 for youth over 12
- Expanded access: Recently lowered the bar for younger children CAFAS > or = 60 for youth under 12

◦ Expanding CAMHD Eligibility  
Two main factors: funding source and clinical eligibility

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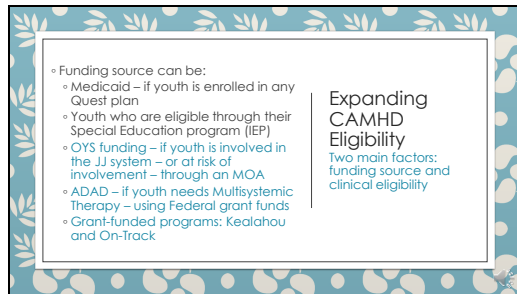
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Slide 5



◦ Funding source can be:

- Medicaid – if youth is enrolled in any Quest plan
- Youth who are eligible through their Special Education program (IEP)
- OYS funding – if youth is involved in the JJ system – or at risk of involvement – through an MOA
- ADAD – if youth needs Multisystemic Therapy – using Federal grant funds
- Grant-funded programs: Kealahou and On-Track

Expanding CAMHD Eligibility  
Two main factors: funding source and clinical eligibility

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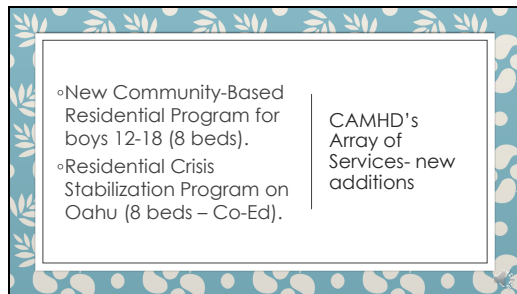
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Slide 6



◦ New Community-Based Residential Program for boys 12-18 (8 beds).

◦ Residential Crisis Stabilization Program on Oahu (8 beds – Co-Ed).

CAMHD's Array of Services- new additions

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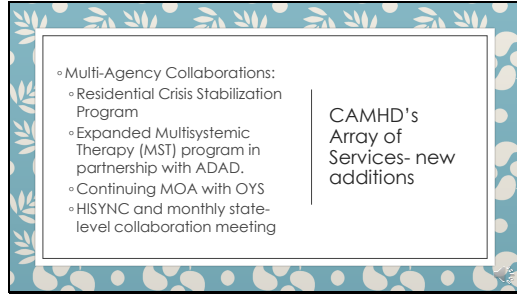
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Slide 7



◦ Multi-Agency Collaborations:

- Residential Crisis Stabilization Program
- Expanded Multisystemic Therapy (MST) program in partnership with ADAD.
- Continuing MOA with OYS
- HISYNC and monthly state-level collaboration meeting

CAMHD's Array of Services- new additions

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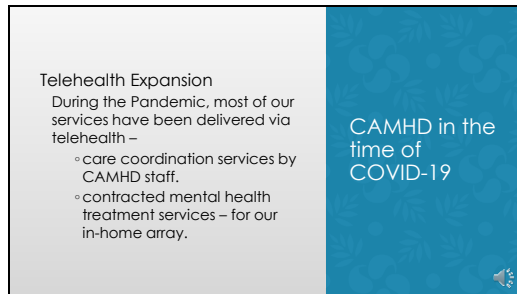
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Slide 8



Telehealth Expansion

During the Pandemic, most of our services have been delivered via telehealth –

- care coordination services by CAMHD staff.
- contracted mental health treatment services – for our in-home array.

CAMHD in the time of COVID-19

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Slide 9



Telehealth Expansion

- Greater flexibility in the use of resources – some agencies can work across geographic lines.
- Telephone-only meetings with clients can be billed by providers.

Tele-work has been the norm for CAMHD staff since March.

CAMHD in the time of COVID-19

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Slide 10

Challenges we are facing as a system:

Lack	Lack of psychiatric hospital beds for youth.
Lack	Lack of TFH homes and RCG homes for hard-to-handle adolescents.
Lack	Lack of secured placements for youth who may be dangerous.
Freeze	freeze on new contracts.
Staff	Staff vacancies we are not allowed to fill due to State budget cuts/hiring freeze.

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Slide 11

Reasons for Hope!

HISYNC	Lots of improvement in interagency collaboration.
Zoom	Use of video technology is revolutionary!
Insight	Increased, widespread recognition of trauma.
Data	Better decision-making based on better data is on the horizon.
US	We are all in this together!

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