

# Overview of the Child and Adolescent Mental Health Division (CAMHD)

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Child &  
Adolescent  
Mental  
Health  
Division

## The CAMHD Mission and Vision

### Mission:

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

### Vision:

- Thriving Children, Healthy Families, Supportive Communities

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## Family Guidance Center (FGC)

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Where are  
they?

<https://health.hawaii.gov/camhd/family-guidance-centers/>

### Oahu

- Central Oahu Family Guidance Center – Pearl City (808) 453-5900 and Kaneohe (808) 233-3770
- Honolulu Oahu Family Guidance Center (808) 733-9393
- Leeward Oahu Family Guidance Center (808) 692-7700
- Family Court Liaison Branch – HYCF and DH (808) 266-9922

### Big Island

- East Hawaii Family Guidance Center – Hilo (808) 933-0610
- West Hawaii Family Guidance Center - Waikoloa (808) 887-8100

### Kauai

- Kauai Family Guidance Center – Lihue (808) 274-3883

### Maui, Lanai, Molokai

- Maui Family Guidance Center – (808) 243-1252

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- **Must meet the following:**

- Ages 3-21 (must apply by age 20)
- Physically in Hawaii (or in State of Hawaii custody)
- Qualifying mental health diagnosis:
  - Exclusionary diagnoses:
    - Substance Use-only
    - Developmental Disability as primary diagnosis
    - Autism Spectrum Disorder or Intellectual Disability if moderate severity.
- Must be able to engage in and benefit from talk therapy
- Significant impairment in multiple areas of functioning:
  - Measured by the Child and Adolescent Functional Assessment Scale (CAFAS)
    - Age 12 and up with CAFAS of 80 or greater
    - Under 12 with CAFAS/PECFAS of 60 or greater

## Who Qualifies?

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- **MedQuest eligible**
- **IDEA eligible or**
- **OYS supported**
- **Grant Funded Program**

## Who Qualifies?

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## More about services

Services are always voluntary and can be ended at any time

Youth must agree to engage in the services being provided

Youth over the age of 14 can get in-home services without the consent of a guardian

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## Application for Services

<https://health.hawaii.gov/camhd/>

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[illegible]

## Child & Adolescent Mental Health Division

### Application for CAMHD Services

#### Youth Information

Legal Name (First Last)

Date of Birth

Social Security Number

☐

Male

☐

Female

Gender

Preferred Name

Gender Identity

Preferred Language

School

Grade

Who does youth live with? ☒ Parents ☐ Relatives ☐ Foster Family ☐ Other:

#### Primary Insurance Plan

☐

Aloha Care

☐

HMSA

☐

Kaiser

☐

OHANA

☐

UHA

☐

Other:

Insurance ID

Primary Care Provider

#### Secondary Insurance Plan

☐

No Secondary Insurance

☐

Aloha Care

☐

HMSA

☐

Kaiser

☐

OHANA

☐

UHA

☐

Other:

Insurance ID

#### Background Questions

Has youth been evaluated for emotional or behavioral reasons before? ☐ Yes ☐ No ☐ I don't know

Why are you seeking mental health services?

How did you hear about CAMHD services?  
☐ Brochure ☐ Child Welfare Service ☐ DOH Website ☐ Primary Care Provider ☐ Probation Officer ☐ School ☐ Therapist ☐ Other.

**Primary Legal Guardian Information**

Name Preferred Language

Primary Phone Number Secondary Phone Number Email

Mailing Address City State Zip Code

Home Address ☐ Same as Mailing Address City State Zip Code

Relationship to youth: ☐ Mother ☐ Father ☐ Grandparent ☐ Aunt/Uncle ☐ Foster Parent ☐ CWS Social Worker ☐ Other:  
 Does this individual have the legal right to sign consents for this youth? ☐ Yes ☐ No If not the biological or adoptive parent, please provide guardianship or power of attorney documentation.

**Additional Guardian Information (complete only if there is more than one guardian or caregiver)** ☐ No Additional Guardian

Name Preferred Language

Primary Phone Number Secondary Phone Number Email

Mailing Address City State Zip Code

Home Address ☐ Same as Mailing Address City State Zip Code

Relationship to youth: ☐ Mother ☐ Father ☐ Grandparent ☐ Aunt/Uncle ☐ Foster Parent ☐ CWS Social Worker ☐ Other:  
 Does this individual have the legal right to sign consents for this youth? ☐ Yes ☐ No If not the biological or adoptive parent, please provide guardianship or power of attorney documentation.

[Zoom In](#)

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**Referring Agency Information (completed by referring agency)** ☐ No Referring Agency

Agency: ☐ CWS ☐ DHS ☐ DOE ☐ PO ☐ Other:

Name Title Phone Number Email

Mailing Address City State Zip Code

Relationship to youth: ☐ CWS Social Worker ☐ DOE/SBBH ☐ Foster Parent ☐ Probation Officer ☐ Other:  
 Do you have the legal right to sign consents for this youth? ☐ Yes ☐ No  
 Do you have the legal right to send and receive information about this youth (signed authorization on file)? ☐ Yes ☐ No  
 Reason for application:

Youth's social, emotional, and behavioral health needs:

**CWS / HYCF / Probation / Parole Details**

CWS Start Date Projected CWS End Date CWS Status

HYCF Start Date Projected HYCF End Date Probation Start Date Projected Probation End Date Parole Start Date Projected Parole End Date

**DOE / SBBH Details**

Placement: ☐ Regular Ed ☐ Resource ☐ FSC ☐ Other: [Zoom In](#)

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Has youth's IEP team determined youth is in need of intensive mental health services in order to benefit from their education? ☐ Yes ☐ No ☐ N/A

*Emotional Behavioral Assessment or Other Clinical Diagnostic Assessment Details (required for applications from DOE)*

Assessment Completed By	Assessment Date	Diagnosis

Is youth on medication? ☐ Yes ☐ No

Prescriber:

Medication & Dose	Medication & Dose	Medication & Dose

Additional information / notes:

Attachments (applications submitted without required items will not be processed until items are received by the Family Guidance Center)

☐ Guardianship or Power of Attorney Documents (required if Legal Guardian is not youth's biological or adoptive parent)

☐ Evaluation or Assessment (required for applications from DOE)

☐ Individualized Education Program or 504 Modification Plan

☐ Other:

☐ Other:

Acknowledgement (if you do not have the legal right to sign consents for this youth, application will not be processed until Legal Guardian's signature is obtained)

I attest that the information given is complete and correct, and I have the legal right to sign consents for this youth.

I hereby consent to the evaluation of this youth for the purpose of determining eligibility, and agree to CAMHD program enrollment, and agree that CAMHD may obtain information about this youth with the understanding that it cannot be disclosed to others (except referring agency, if applicable) without my further approval, unless permitted by Federal or State law.

I also understand that this consent expires in one (1) year.

\* Click here to sign

Parent / Legal Guardian Signature	Date	Relationship to Youth
	Jul 11, 2023	

Youth: 0      2      (06/24/2022)

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# After the Application

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## In-Take and Evaluation

### In-Take:

- Phone call from Mental Health Supervisor (MHS) to caregiver
- Brief explanation of services
- Discussion with caregiver about current concerns and desired supports
- Scheduling evaluation

### Initial Mental Health Evaluation (IMHE) options:

- Clinical Lead at the FGC
- CAMHD provider
- Private provider
- School

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## Eligibility, Case Assignment, and Welcome

### Eligibility:

- Determined by the Clinical Lead (CL) based on information for the evaluation:
  - Diagnosis
  - Functioning
  - Desire to engage in services



### Case Assignment

- Case is assigned to Mental Health Care Coordinator (MHCC)
- MHCC meets with CL to discuss possible treatment options
- MHCC schedules a Welcome Meeting with the youth and caregiver



### Welcome

- Family is introduced to their MHCC and CL
- Their IMHE is reviewed
- CAMHD services are explained
- Treatment options are provided to the family
- Family decides on which treatment option they would like
- MHCC starts referrals for services

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## The Treatment Team

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## What is a Treatment Team?

- Treatment Teams can include anyone involved in helping the youth
- The youth and guardian/caregiver decide who is on the youth's Treatment Team
- Teams **always** include:
  - Youth
  - Caregivers/Guardians
  - Mental Health Care Coordinator (MHCC)
    - Master Level Training in Mental Health Field
  - Clinical Lead (CL)
    - Psychologist or Psychiatrist
- Teams may also include:
  - service providers – therapist, youth partners, etc.
  - other agencies – Probation, Child Welfare Services, schools, etc.
  - Additional Supporters for the youth – other family members, community supporters, etc.

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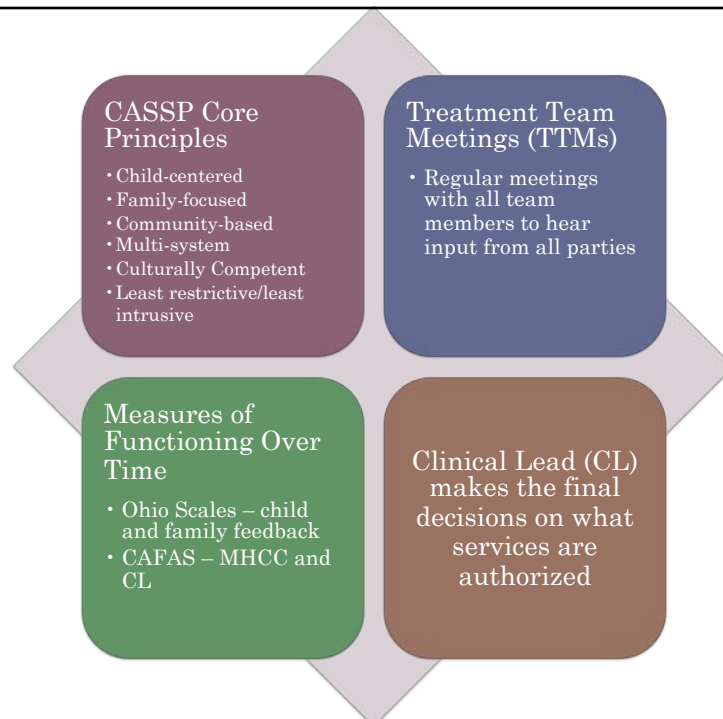
## What does a Treatment Team Do?

- The Treatment Team works together to find the best mental health supports for a youth
- Treatment Teams meet at least once per month (more if needed) to:
  - Review progress
  - Problem-solve any issues
  - Work on discharge planning
  - Support the youth and family

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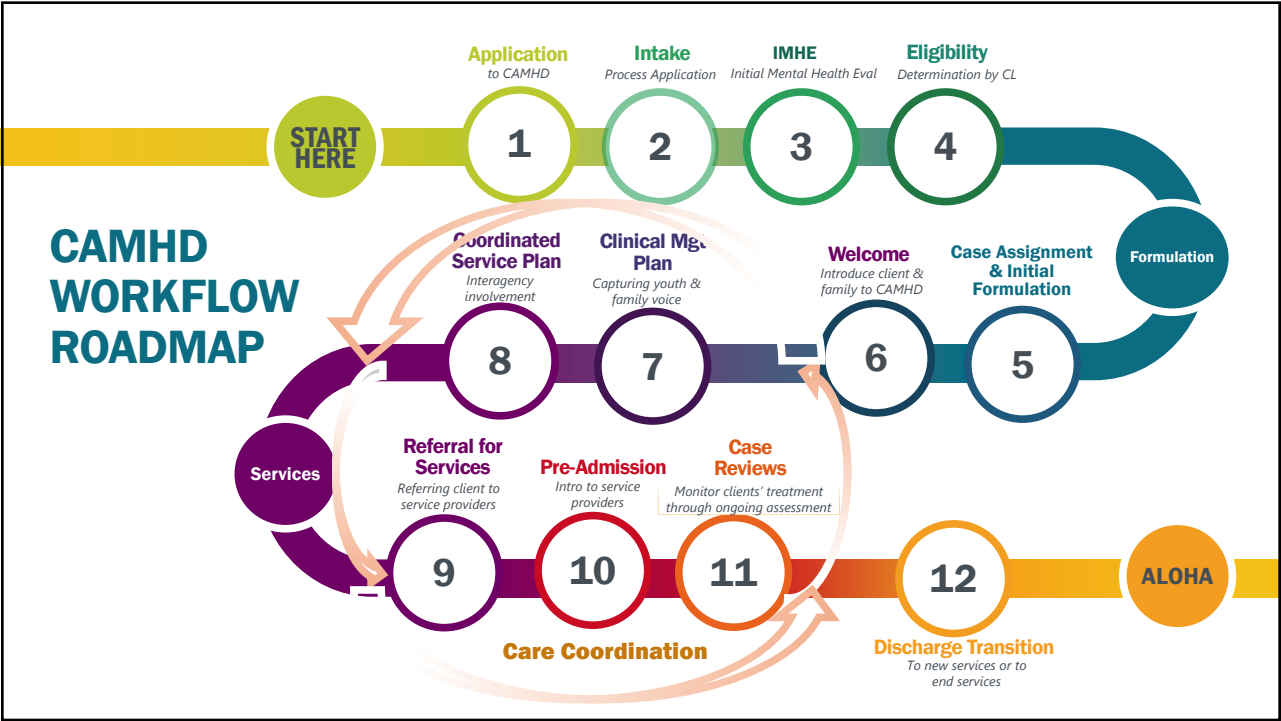
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## How Services are Decided On?



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# In-Home Services

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## Individual and Family Focus

### Intensive Case Management (ICM)

- ALL CLIENTS
- Mental Health Care Coordinator (MHCC) helps to coordinate and obtain services, schedule treatment team meetings, and generally support the youth and family
- Ages 3-21

### Intensive In-Home Therapy (IIH)

- Individual and/or family therapy delivered in the home up to 6 hour per week
- 6-9 months
- Ages 3-21

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## Evidence-Based Family Therapies

### Functional Family Therapy (FFT)

- Family therapy aimed at resolving communication issues and/or past traumatic events
- For youth ages 11-18
- 4-6 months

### Multisystemic Therapy (MST)

- Family therapy, mainly working with caregivers
- For youth ages 11-18
- Often used with youth on probation or with conduct issues
- 4-6 months

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## Specialized Services

### Adaptive Behavioral Intervention (ABI)

- For youth with co-occurring developmental disabilities and another mental health disorder
- Individual and/or family therapy delivered in the home for 6-9 months
- Ages 3-21

### Intensive Independent Living Skills (IILS)

- For youth needing support in their transition to adulthood
- Individual therapy delivered in the home or community for 6-9 months
- Usually, ages 16 to 21

### On-Track Hawaii

- Assessment and treatment for First Episode Psychosis in youth ages 15-21
- Up to 2 years

### Intensive Outpatient Hospitalization

- Oahu only, 30-60 days
- Youth needing higher level support, but are able to maintain stability in the home setting
- Ages 12-18

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# Out-of-Home Services



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## Out-Of-Home Service Array

### Transitional Family Home (TFH)

- 6-9 month out of home placement with a therapeutically trained family
- Individual and family therapy to help with behavioral change and transition home
- Ages 3-18

### Community-Based Residential (CBR)

- 9-12 months specialized treatment for youth ages 12-18
- Current programs include:
  - Pearl Haven - Treatment for sex trafficking victims and those at risk for trafficking
  - Bobby Benson Center - Substance abuse and non-substance abuse treatment for all genders
  - Catholic Charities EHH – treatment facility for sexually reactive boys
  - Benchmark Behavioral Health – locked treatment facility for sexually reactive boys

### Hospital-Based Residential (HBR)

- 4-6 week treatment at Kahi Mohala (Oahu)
- Highest level of residential care in Hawaii
- Ages 5-18

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## Out-of-State Services



- Residential treatment Out-of-State
- Most restrictive care
- Used only in extreme cases
  - All in-state services have been tried or deemed inappropriate
  - Specialized treatment, unavailable in the state, is found necessary due to extreme difficulties in functioning
- Difficulties in transitioning youth back to the state:
  - Hard to do visits and family therapy on a regular basis
  - Limited opportunity for gradual transition with therapeutic passes
  - Youth are more isolated and have less support from caregivers and other support people

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## Family Court Liaison Branch (FCLB)

- Mental health services provided by CAMHD to youth at Hawaii Youth Correctional Facility (HYCF), Detention Home (DH), Home Maluhia Shelter
  - Individual therapy once a week or more
  - Family therapy
  - Group therapy
  - Evaluation
  - Safety planning and support for suicidal youth
  - Discharge planning and support with transition
  - Medication Management

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# Supplemental Services:

Add-ons to existing services

Paraprofessional

- Supplement to IIH, ABI, and IILS
- Supervised by youth’s therapist
- Help the youth and learn to apply skills learned in therapy

One-to-one support

- For youth who need additional support to maintain their current placement
- For use with both in-home and out-of-home services

Therapeutic Respite Home (TRH)

- **Planned** respite in a TFH for 1-2 days out of the month
- Available if other services are in place

Transitional Support Services (TSS)

- Short term support for youth transitioning from CBR to a home setting

Kealahou Services

- Trauma-focused intervention
- For youth who identify as female with a history of trauma
- Work to improve engagement in treatment, prevent elopement
- Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)

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# Crisis Support Services

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## What is Crisis Mobile Outreach (CMO)?

- 24/7 response to crisis calls from the Hawaii Cares Line
- CMO Crisis Workers are supervised by a Qualified (licensed) Mental Health Professional
- A licensed psychiatrist or psychologist is available for consultation 24/7 and are consulted with before a youth goes to the ER
- CMO workers must:
  - Be a mental health professional with 1-year supervised experience providing direct crisis response for youth; or
  - Have a bachelor's degree in Social Work, psychology, nursing or other related field of study and 2-years specialized crisis response experience.

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## Therapeutic Crisis Home (TCH)

- 3-7 day out of home stay with a therapeutically trained family in a home setting
  - Families are not able to provide 24/7 one-to-one supervision, but do follow standard safety protocol
  - Therapeutic intervention (individual and family therapy) is provided as needed.
  - Youth do not attend school during their stay.
- Youth are not an imminent risk of harm to self or others (needing acute care), but require some further stabilization

Hawaii Island	<ul style="list-style-type: none"> <li>• Provider: Child and Family Services</li> <li>• 2 homes (East and West Hawaii)</li> </ul>
Oahu	<ul style="list-style-type: none"> <li>• Provider: Hale Na'a Pono</li> <li>• 1 homes</li> </ul>
Kauai	<ul style="list-style-type: none"> <li>• Provider: Hale 'Opio</li> <li>• 1 homes</li> </ul>
Maui, Molokai, Lanai	<ul style="list-style-type: none"> <li>• Provider: Maui Youth and Family Services</li> <li>• 1 home</li> </ul>

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Hiki Mai Ka La:  
Residential  
Crisis  
Stabilization  
Program  
(RCSP)

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Provider: Child and Family Service

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30-day program on Oahu

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For stabilization and transition to  
different levels of care

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8 Beds – 4 for youth who identify as  
male, 4 for youth who identify as female

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Individual and family therapy is  
provided throughout the stay

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Medication management is available as  
needed

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Questions?

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8/9/23

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