

Child &  
Adolescent  
Mental  
Health  
Division

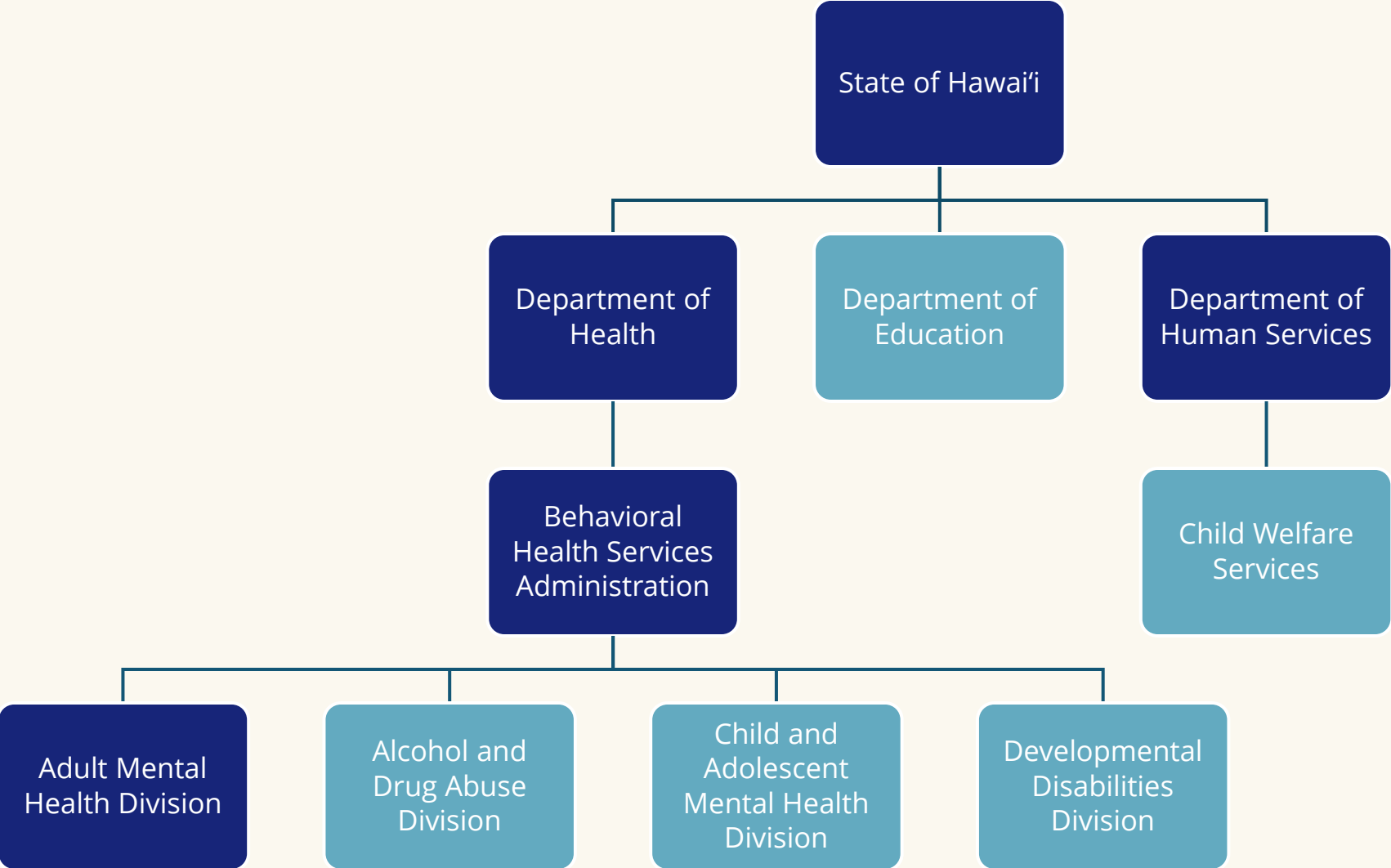


# Early Serious Mental Illness and OnTrack Hawai'i

State of Hawai'i, Department of Health,  
Child & Adolescent Mental Health Division

Prepared for the Hawai'i State Council on Mental Health

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# Child & Adolescent Mental Health Division

- CAMHD serves youth
  - Ages 3 – 17(+)
  - Have a mental health diagnosis and
  - Significant functional impairment (e.g., home, school, community)
- Services
  - Intensive case management
  - Co-management of treatment services in collaboration with CAMHD psychologist
  - Home- and community-based mental health treatment based on youth's needs
    - E.g., intensive home-based therapy, transitional family home programs, crisis services, residential services, hospital-based services
  - Evidence-based programs
    - Multisystemic Therapy, Functional Family Therapy, Managing and Adapting Practice, Cognitive Behavior Therapy for Psychosis

# Early Serious Mental Illness

The working definition of an Early Serious Mental Illness is “An early serious mental illness or ESMI is a condition that affects an individual regardless of their age and that is a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-5TR” (APA, 2022).

# Mental Health Block Grant Requirement

States shall expend not less than 10 percent of the MHBG amount the State receives for carrying out this section for each fiscal year to support evidence-based programs that address the needs of individuals experiencing early serious mental illness, including psychotic disorders, regardless of the age of the individual at onset.

# Estimated Incidences of First Episode Psychosis and Actual Number of First Hospital Visits with a Psychosis Diagnosis in 2024

	Column A	Column B	Column C	Column D	Column E
	Ages 15-24				
County of Residence	Incidence Rate of Psychosis Based on the Literature (%)	Population of Individuals Based on US Census Estimates for 2024	<u>Estimated</u> # of Incidences of Individuals with Psychosis (Column A x Column B)	<u>Actual</u> # of Individuals with First Hospital Visit <sup>1</sup> with Psychosis Dx in Outpatient or Inpatient <sup>2</sup> (in 2024)	Incidence Rate (%) of First Hospital Visits with Psychosis Dx (Column D / Column B)
<b>Hawai'i</b>	0.126-0.33%	22,026	28-73	18	0.082%
<b>Kaua'i</b>	0.126-0.33%	8,251	10-27	6	0.073%
<b>Maui</b>	0.126-0.33%	16,370	21-54	22	0.134%
<b>Honolulu</b>	0.126-0.33%	117,854	149-389	105	0.089%
<b>Statewide</b>	0.126-0.33%	164,501	207-543	151	0.092%

# OnTrack Hawai'i

Treating Early Serious Mental Illness (First Episode Psychosis) in Hawai'i

# OnTrack Hawai‘i (early years)

- Approx. 2013 – 2019
  - CAMHD, AMHD, and the UH Department of Psychology partnered to staff and implement OnTrack Hawai‘i
  - Dr. David Ciscero led this effort
  - OnTrack census typically ranged from 5-10 clients
- Approx. 2019 – 2020
  - Dr. Ciscero left the state, CAMHD determined it would be best to transition the program internally
  - Dr. Theresa Chen is hired to lead OnTrack in 2020
    - During this transition only 2-3 clients remained active in (limited) services

# OnTrack Hawai‘i (current)

- Approx. 2020 – 2026
  - CAMHD transitions from using part time staff from other programs to run OnTrack to having full time dedicated staff
  - Training and development of the program model helps OnTrack Hawaii reach its goal of performing the essential elements of On Track NY FEP CSC model with fidelity
  - Peer Support and SEES (Supported Education/Employment Specialist) are added to the team
  - OnTrack census averages 20+ clients

# What is OnTrack Hawai'i (OTHI)?

OnTrack Hawai'i is...

- A CAMHD program
- A Coordinated Specialty Care (CSC) program for early intervention of First Episode Psychosis (FEP)
- An evidence-based intervention modeled after Recovery After an Initial Schizophrenia Episode (RAISE) findings in 2008
  - Found youth receiving CSC > usual care

# What is First Episode Psychosis (FEP)?

- Psychosis is a group of symptoms (e.g., hallucinations, delusions, confused thinking) that affect how the mind experiences and perceives the world and may affect how a person thinks, communicates, or behaves.
- First Episode Psychosis (FEP) describes when a person first develops signs or symptoms of psychosis
- Typically develops when a person is in their late teens or 20s

# What is Coordinated Specialty Care?

- Coordinated Specialty Care includes the following components:
  - Individual therapy
  - Family support and education
  - Medication management (Pharmacotherapy)
  - Supported employment and education services (SEES)
  - Youth Partner
  - And more...

# How does OTHI help youth/young adults?

- OTHI embraces philosophy that disability is determined and influenced by treatment and environment
- OTHI provides hope for recovery and helps OT youth reach their goals for school, work, and relationships
- To help OT youth recover, team values empowerment of the youth to acquire the skills and supports necessary to reach their goals
- Treatment is decided through shared decision-making, where preferences of youth/families are integrated with provider recommendations
- OT youth and families can determine which OT services they would like to participate in while enrolled in the program

# Current OTHI Financing

- CAMHD/AMHD MHBG 10% set-aside funds – the majority of program infrastructure costs
- CAMHD general funds – neighbor island client/staff travel for direct service treatment
- Medicaid State Plan Amendment – now includes CSC FEP reimbursement rates
  - CAMHD developing infrastructure to support billing for services

# Who are the OTHI Providers?

- Psychiatrist/OTHI Program Director
- Primary Clinicians (2)
- Youth Partner
- Supported Education and Employment Specialist
- Program Manager

# OTHI Individual Therapy

## Core Sessions

- Intro to the OTHI team
- Managing distress and troubling symptoms
- Shared decision making around client goals
- Learning to manage difficult feelings or situations
- Helping to Identify and use personal strengths and social supports
- Transition

## Optional Sessions

- Enhancing social skills
- Understanding how alcohol and drugs can affect recovery
- Discussing cultural background and how it affects understanding of experience and treatment choice
- Increasing engagement in the community through behavioral activation

# OTHI Family Support and Psychoeducation

- Psychoeducation
  - Psychosis experience and recovery
  - Treatment process
  - Shared decision-making
  - Common family experiences
  - Crisis prevention and planning
- Family consultation
  - Problem-solving
  - Communication skills
  - Discharge planning
- Not traditional family therapy

# OTHI Medication Management

- Sample Monitoring and Visit Schedule after starting Medication (OnTrack NY Medical Manual)

	Start	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	7	8	9	10	11	12
Vital Signs	X				X				X				X				X				X				X						X
Labs	X								X																						X
EPS scale (e.g. AIMS)	X <sup>2</sup>	X			X				X				X				X				X				X					X	
Side effect monitoring					X				X				X												X				X		X
Medication Management Visit	X	X	X	X	X		X		X		X		X		X		X		X		X		X		X	X	X	X	X	X	X

# OTHI Youth Partner

- Peer support who has lived experiences navigating systems and can share personal experiences with services
- Meet with youth at least 1x/wk in-person or virtually
- Help youth work on goals that are important to them
- Inform youth about Treatment Team Meetings and answer questions they may have
- Support youth in understand who is on their team and explaining their role in youth-friendly language
- Attend Treatment Team Meetings to give updates on YP services and represent youth voice if youth cannot attend

# OTHI Supported Education and Employment

## Education

- GED
- College
- Study Skills
- FAFSA
- Campus Visits

## Employment

- Career exploration
- Resume Building
- Interview Question Practice
- Job search and applications
- Job coaching
- Transportation resources

# OTHI Community Collaboration/Coordination

- OTHI provides treatment in collaboration with / in parallel to youth receiving CAMHD Family Guidance Center services
  - Consult and refer cases bidirectionally
- OTHI meets monthly with Community Care Services provider to discuss shared/transitioning clients
- CAMHD OTHI invites AMHD staff members to monthly OTHI meetings

# Potential Program Challenges

- CAMHD OTHI team is small – future staff turnover could hinder efforts towards goals

# OTHI Future Directions

- Maintain and train workforce
- Expand reach of services
- Continue and improve implementation of CBTp and family psychoeducation/support
- Continue and improve Individual Placement Support and Certified Youth Partner services
- Develop/implement/maintain fidelity and outcome measures
- Increase staff, add group interventions
- Increase community/social media outreach
- Consult/train community providers on treating FEP



# Questions? Mahalo!

Please check out the OTHI website at: <https://health.hawaii.gov/ontrackhi/>