

# **Annual Review of CAMHD Clinical Performance Indicators: FY 2013 February 19, 2014**

**CAMHD Research and Evaluation Office**

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# Agenda for the Day

- Clinical Model Indicators:
  - Current Indicators of Progress Toward the Clinical Model
  - Current Data on Clinical Model Indicators

## *Short Break*

- Panel Discussion:
  - Measuring CAMHD's Progress with 'Clinical Model' Performance Indicators

# Clinical Model Strategy

## Goals

**1. Improve the coordination of services offered**

**2. Improve clinical operations and processes**

**3. Improve the quality of services provided**

**4. Increase non-state funding for services**

**5. Improve outcomes for youth and families**

**6. Expand populations served**

- Outputs & Outcomes**
- a. Increase documentation and use of 'Direct Services'
  - b. Improve documentation of medications prescribed and used
  - c. Increase data-sharing across DoH divisions and state agencies

- a. Bring length of service closer to CAMHD policy guidelines
- b. Increase time CAMHD clinical team spend on clinical tasks
- c. Reduce turnover of clinician positions
- d. Improve consistency of monthly entry of DAP notes

- a. Increase use of Evidence-Based Tx's
- b. Increase accessibility and use of data in case planning
- c. Increase parent engagement in case planning
- d. Improve agreement between CSP, Tx plan, & MTPS

- a. Increase # of federal grant dollars allocated to CAMHD
- b. Increase amount of Medicaid dollars allocated to CAMHD

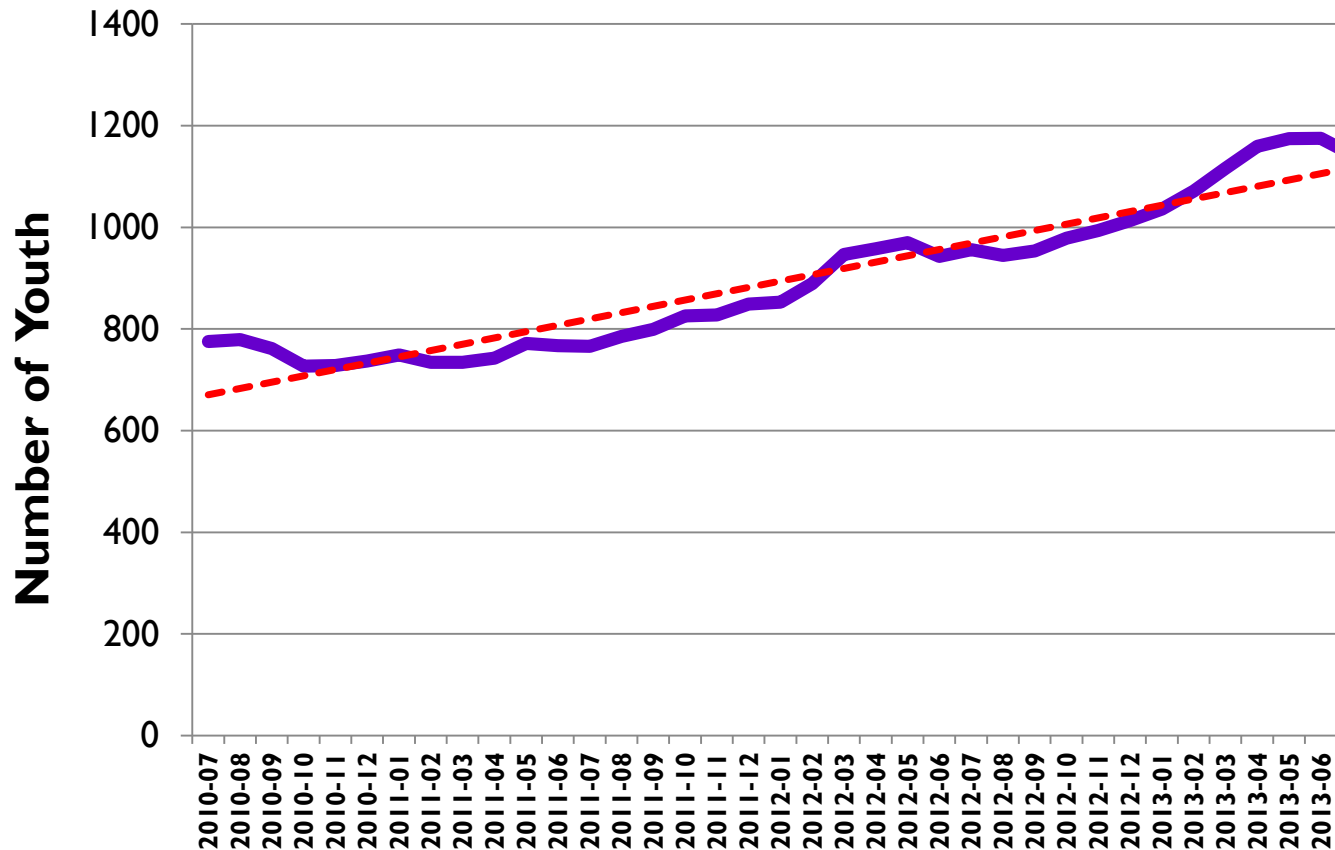
- a. Increase rate of improvement for youth
- b. Improve consumer satisfaction
- c. Improve attendance in school for CAMHD youth
- d. Decrease arrests of youth served

- a. Increase # of youth served annually
- b. Decrease mean age of youth
- c. Increase # of youth served w/ trauma history
- d. Increase public awareness

\* - Not all Performance Indicators listed for each of the 'Goals' are included in this presentation.

# Ia. CAMHD Direct Services

## # of Youth Served w Documented CAMHD Direct Services Each Month, FY11-FY13



I. Improve the coordination of services offered

a. Increase documentation and use of 'Direct Services'

b. Improve documentation of medications prescribed and used

c. Increase data-sharing across DoH divisions and state agencies

Examples of Direct Services include: Case Management, Family Therapy

# Ib. Documentation of Medications Prescribed

**I. Improve the coordination of services offered**

a. Increase documentation and use of 'Direct Services'

b. Improve documentation of medications prescribed and used

c. Increase data-sharing across DoH divisions and state agencies

- Patient 'Prescriptions/Medications' is a tab included in the Electronic Health Record (EHR) (activation pending)

The screenshot displays the IHS EHR interface. At the top, there's a menu bar with 'User', 'Patient', 'Tools', and 'Help'. Below this, a tabbed interface shows 'Patient Chart' and 'Communication'. The 'Patient Chart' tab is active, displaying a blue bar with 'Patient not selected' and a yellow bar with 'Visit not selected'. To the right of these bars are several icons: 'POC Lab Entry', a red cross icon, a document icon, a magnifying glass icon, and a 'No Posting' button. Below the bars is a toolbar with 'File', 'View', and 'Action' menus. The 'View' menu is open, showing options like 'Active Only', 'Chronic Only', '180 days', 'Print...', 'Queue Print', 'Process...', 'New...', and an information icon. Below the toolbar is a table with columns: 'Action', 'Chronic', 'Outpatient Medications', 'Status', 'Process', 'Issued', 'Last Filled', 'Expires', 'Refills Remaining', 'Rx #', and 'Provider'. The table is currently empty. Below this table is a section for 'Outside Medications' with columns 'Action', 'Status', and 'Start Date'. This section is also empty. Below that is a section for 'Inpatient Medications' with columns 'Action', 'Status', and 'Stop Date'. This section is also empty. At the bottom of the interface is a navigation bar with tabs: 'Notifications', 'Cover Sheet', 'Prob/POV', 'Services', 'Notes', 'Orders', 'Medications' (which is highlighted), 'Labs', 'Wellness', 'D/C Summ', 'Reports', and 'Consults'. The bottom status bar shows 'KEIR,SCOTT', 'DOH.HAWAII.GOV', 'CAMHD HAWAII STATE DOH', and '31-Jan-2014 15:02'.

# I c. Data Sharing

## Projects Underway:

- **CAMHD** – Redesigned Hawaii Youth Interagency Performance Report (HYIPR)
- **Project Kealahou** – Data-sharing agreement with DOE for cost services study
- **Project Laulima** – Agreement with DDD to collect/share data on youth served by program

I. Improve the coordination of services offered

- a. Increase documentation and use of 'Direct Services'
- b. Improve documentation of medications prescribed and used
- c. Increase data-sharing across DoH divisions and state agencies

# 2a. Length of Services

**2. Improve clinical operations and processes**

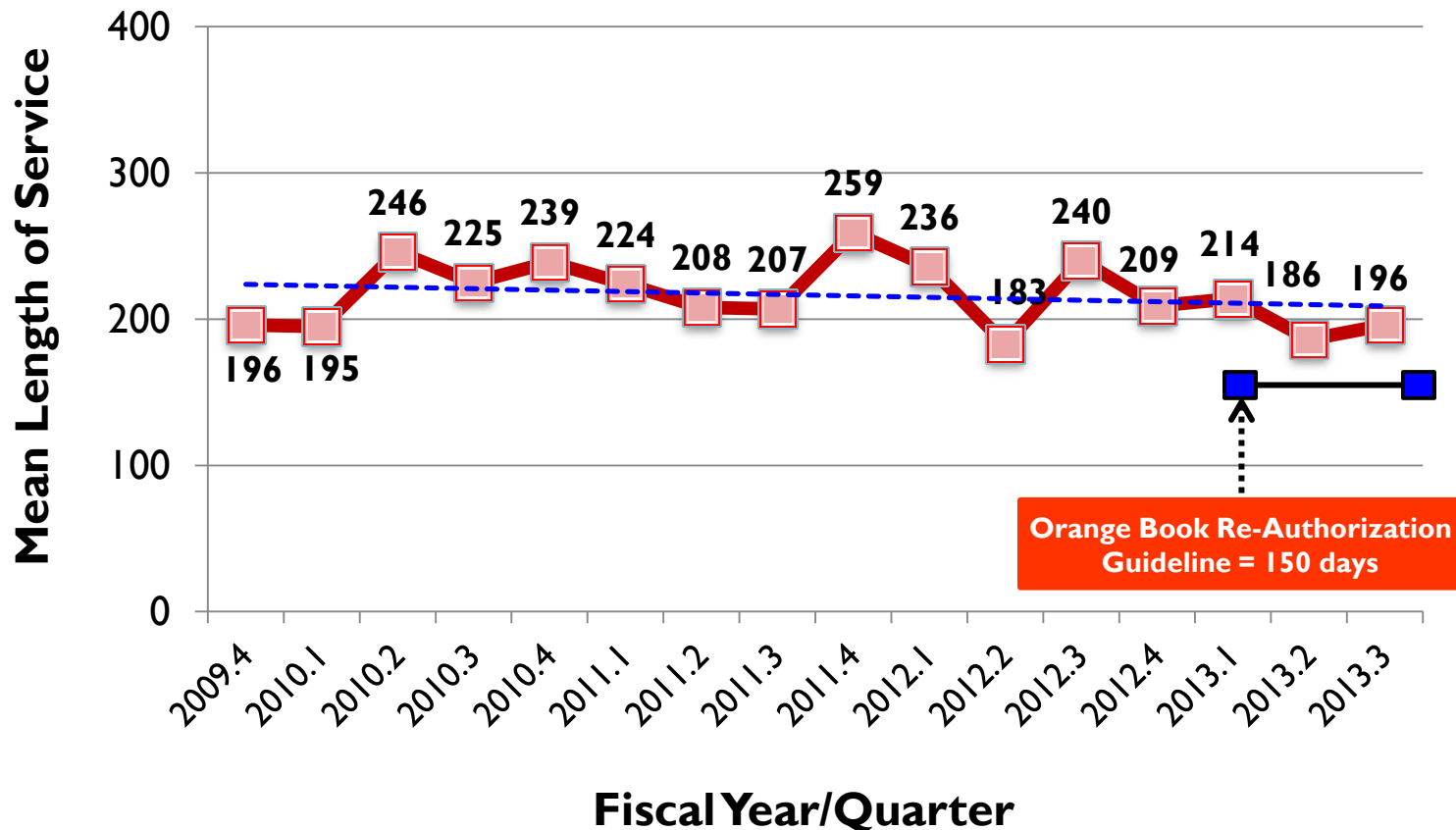
**a. Bring length of service closer to CAMHD policy guidelines**

b. Increase time CAMHD clinical team spend on clinical tasks

c. Reduce turnover of clinician positions

d. Improve consistency of monthly entry of DAP notes

## Mean Length of Service: IIH, FY09Q4 - FY13Q3



## 2a. Length of Services

**2. Improve clinical operations and processes**

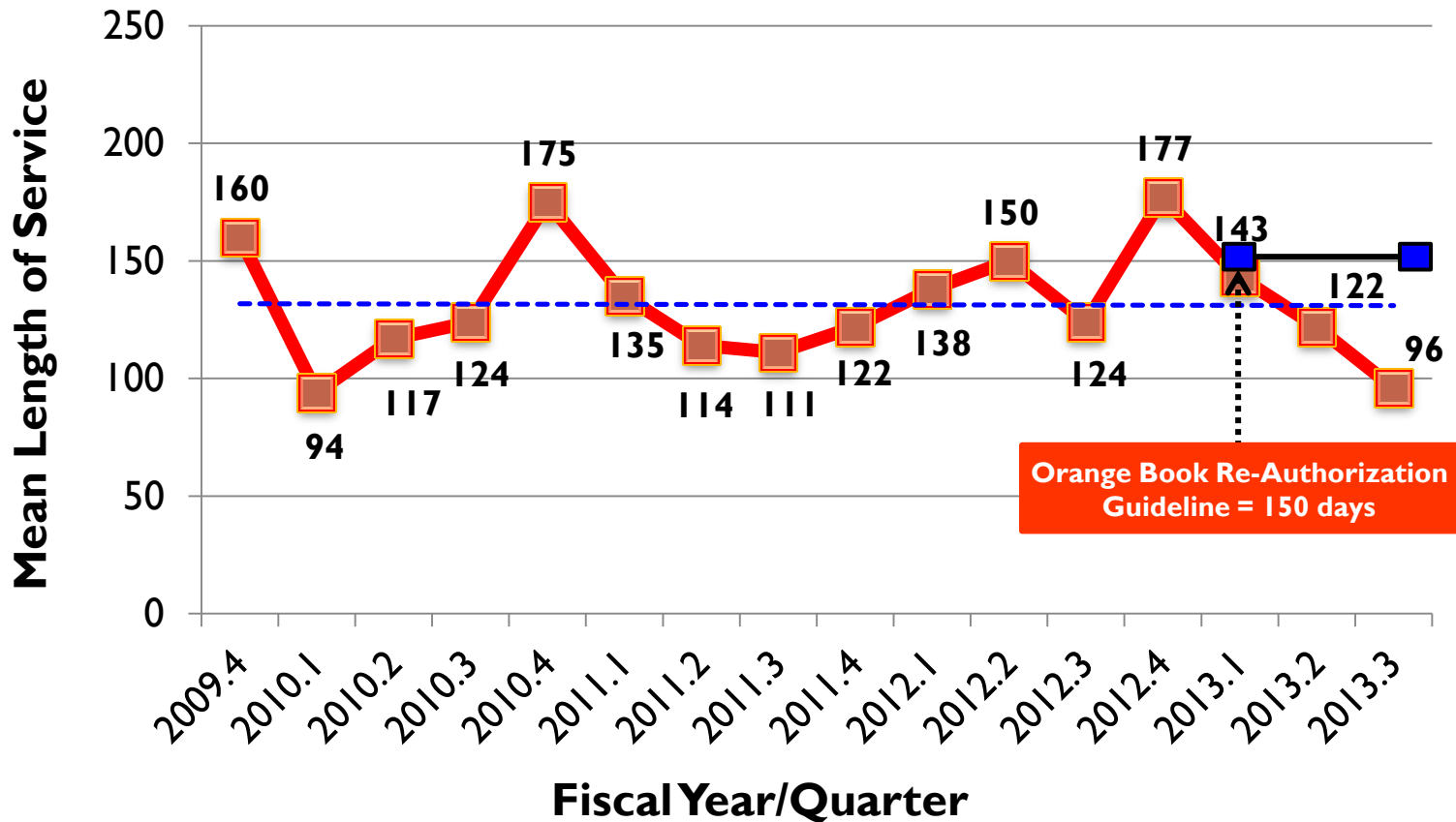
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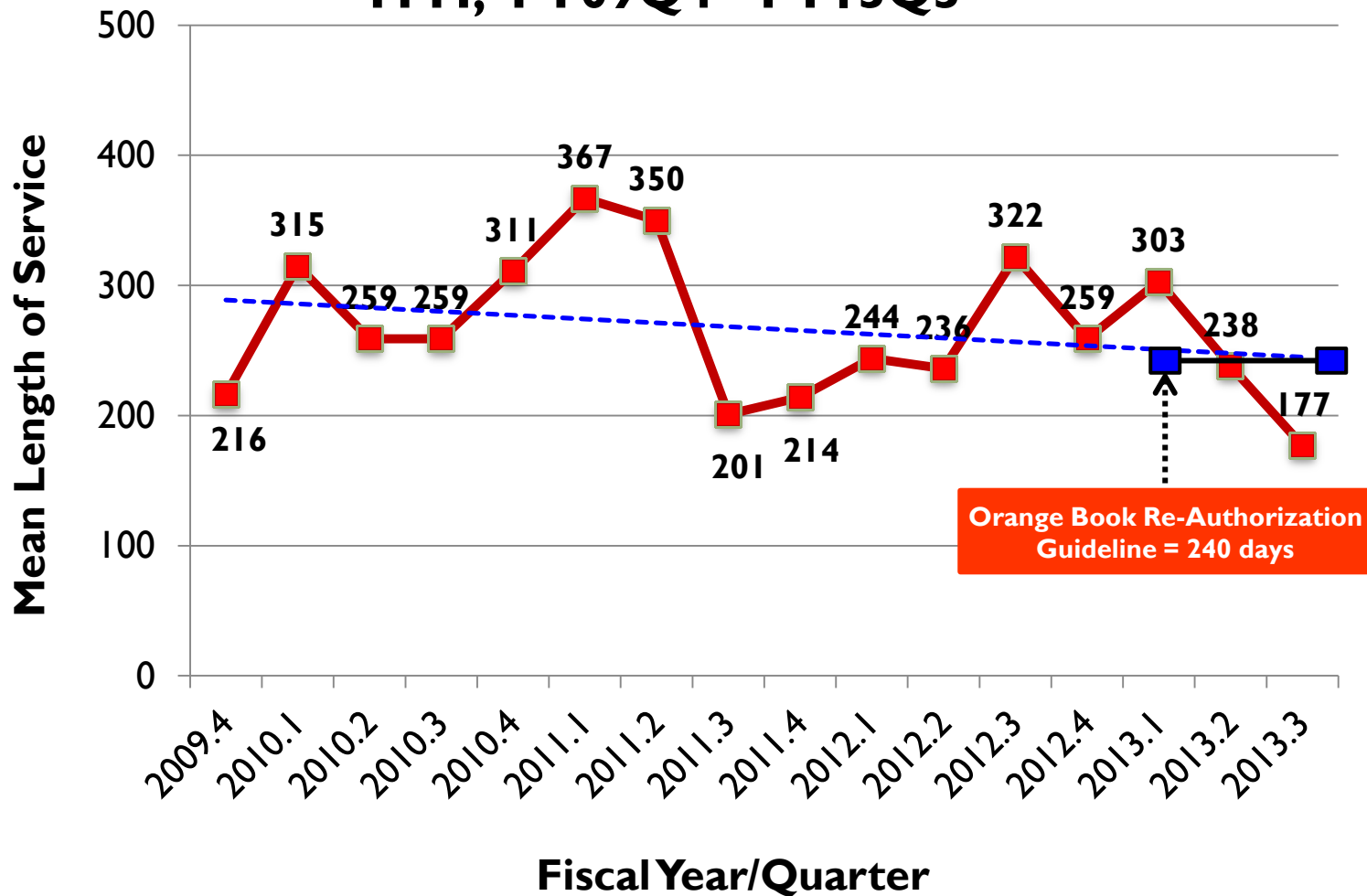
### Mean Length of Service: CBR III, FY09Q4 - FY13Q3





## 2a. Length of Services

### Mean Length of Service: TFH, FY09Q4 - FY13Q3



2. Improve clinical operations and processes

a. Bring length of service closer to CAMHD policy guidelines

b. Increase time CAMHD clinical team spend on clinical tasks

c. Reduce turnover of clinician positions

d. Improve consistency of monthly entry of DAP notes

## 2a. Length of Services

**2. Improve clinical operations and processes**

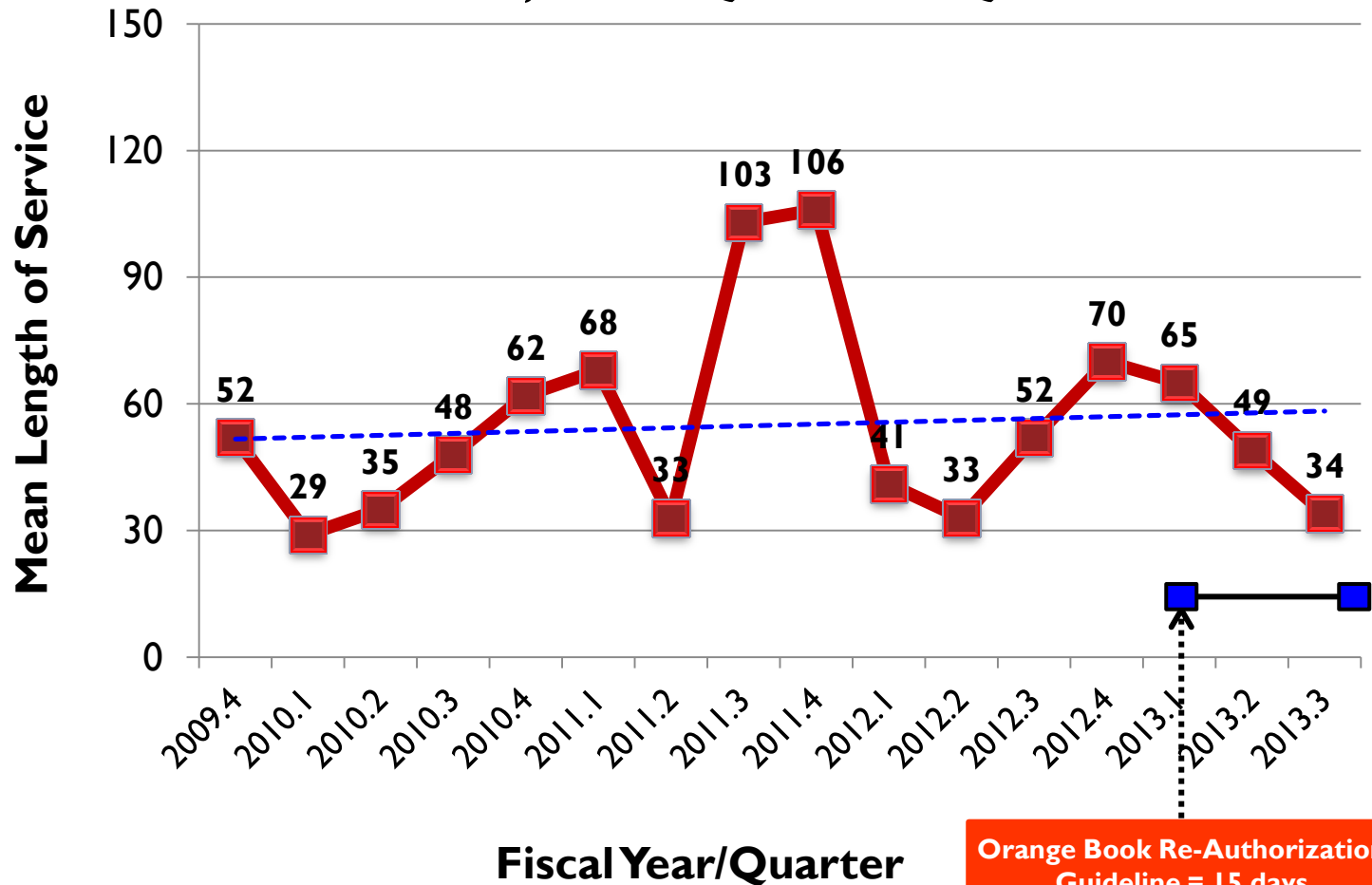
**a. Bring length of service closer to CAMHD policy guidelines**

b. Increase time CAMHD clinical team spend on clinical tasks

c. Reduce turnover of clinician positions

d. Improve consistency of monthly entry of DAP notes

### Mean Length of Service: HBR, FY09Q4 - FY13Q3

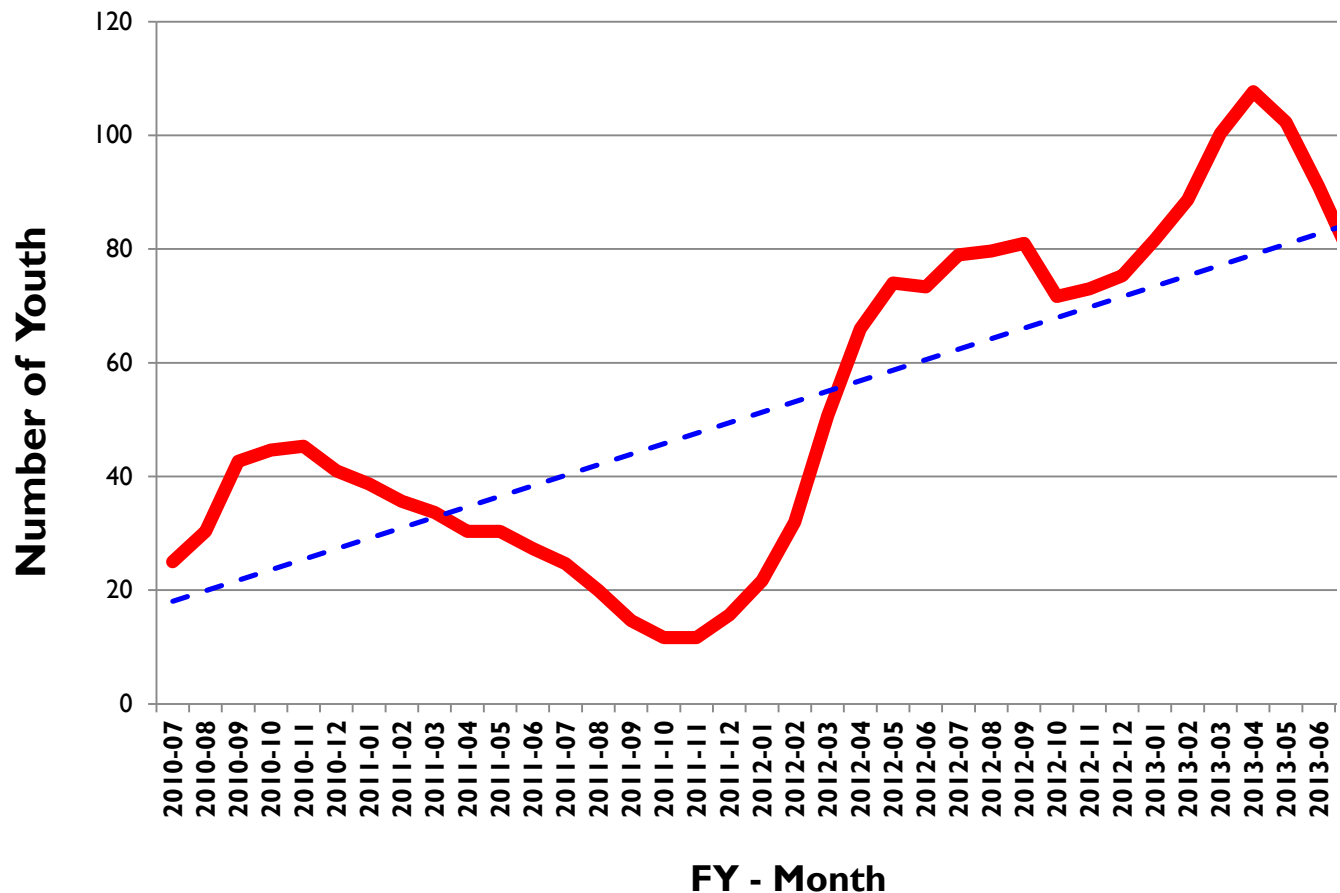


## 2b. Time on Clinical Tasks

### 2. Improve clinical operations and processes

- a. Bring length of service closer to CAMHD policy guidelines
- b. Increase time CAMHD clinical team spend on clinical tasks**
- c. Reduce turnover of clinician positions
- d. Improve consistency of monthly entry of DAP notes

### Youth Receiving Documented Outpatient Services by CAMHD Staff, FY11-FY13



Outpatient Services include: Individual, Group, and Family Therapy

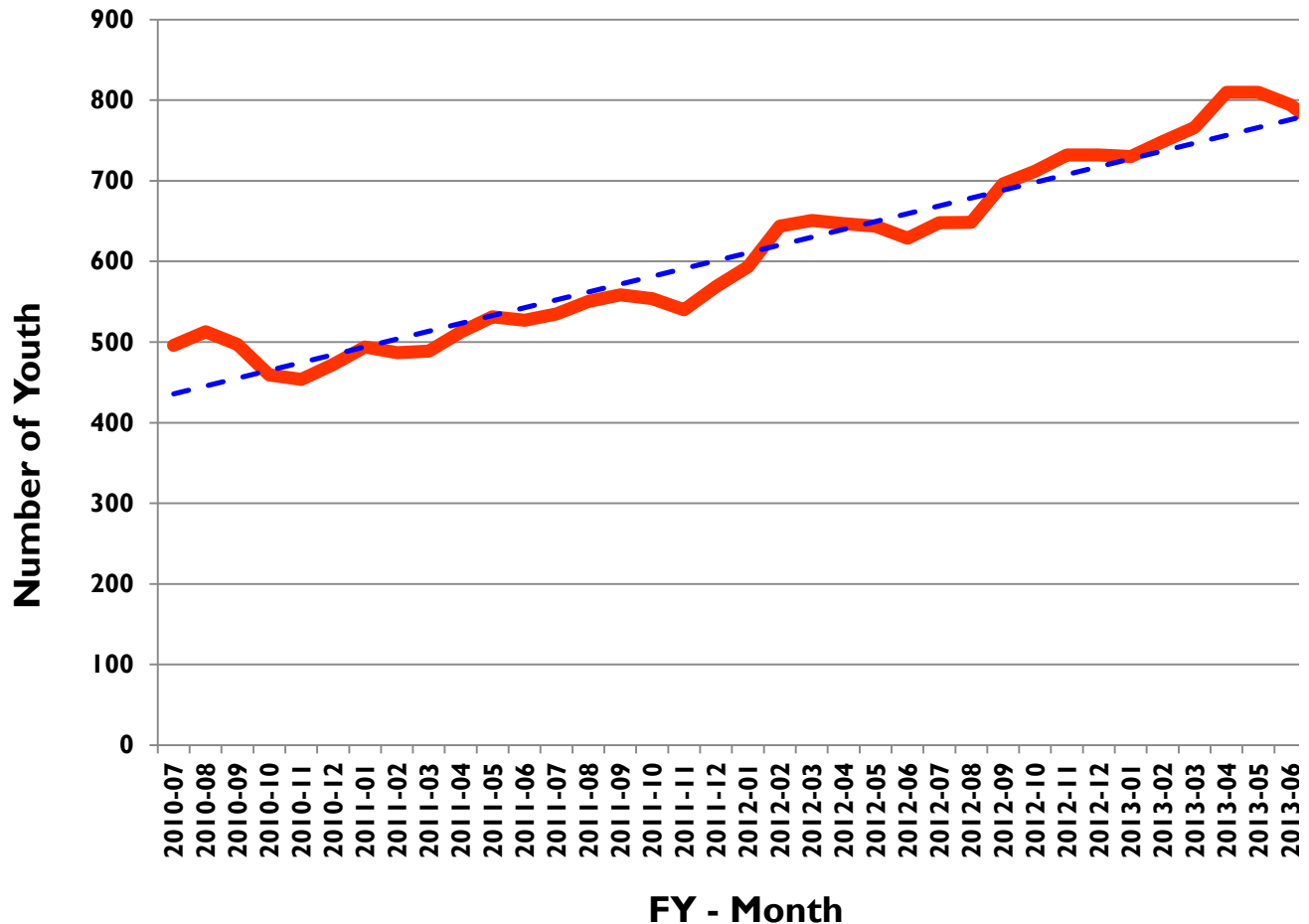
Each point on the graph is a 3-month sliding average

## 2b. Time on Clinical Tasks

### 2. Improve clinical operations and processes

- a. Bring length of service closer to CAMHD policy guidelines
- b. Increase time CAMHD clinical team spend on clinical tasks**
- c. Reduce turnover of clinician positions
- d. Improve consistency of monthly entry of DAP notes

**Youth Receiving Documented Case Management by CAMHD Staff, FY11-FY13**



Case Mgmt. includes: Targeted and Intensive Case Mgmt.

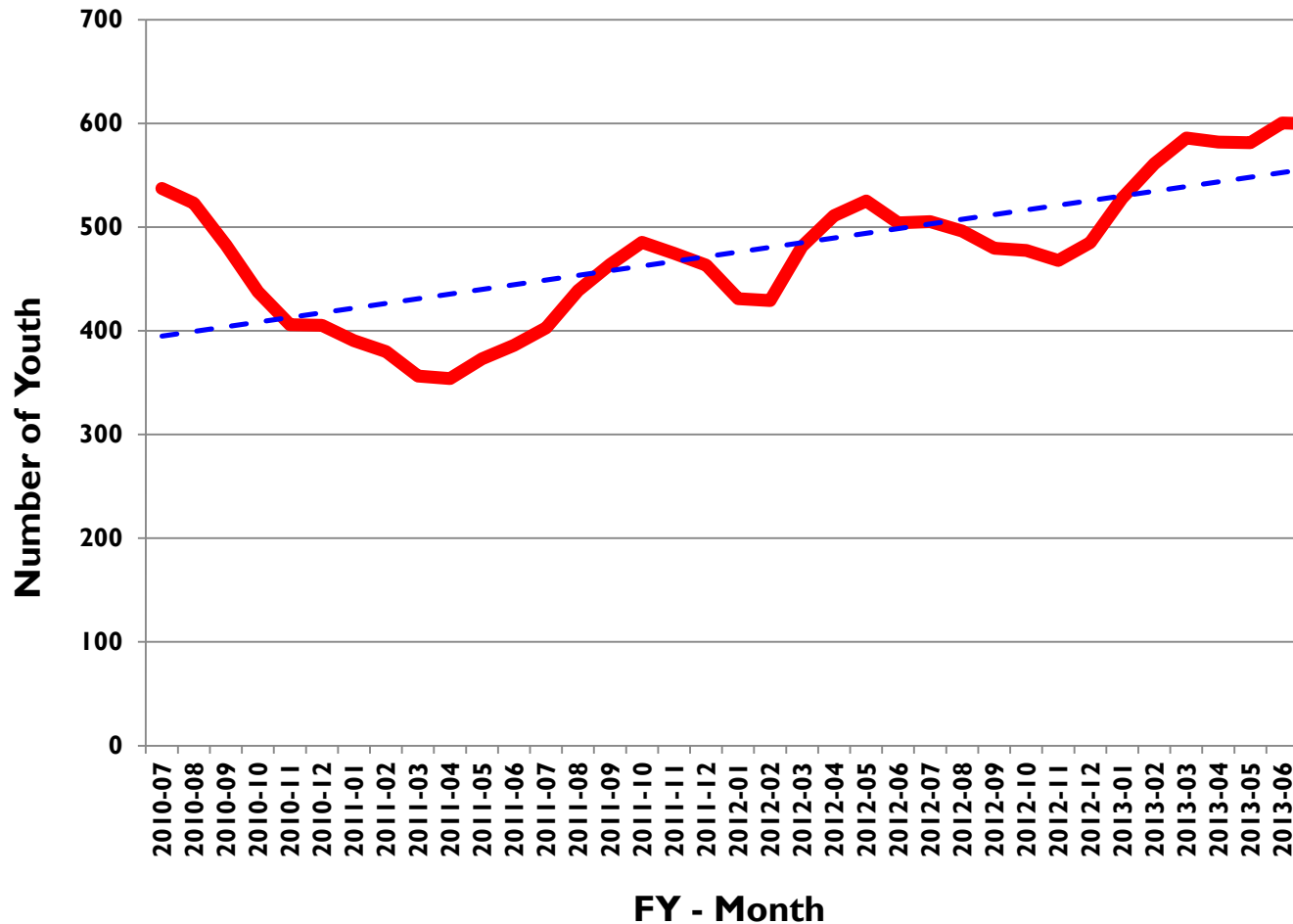
Each point on the graph is a 3-month sliding average

## 2b. Time on Clinical Tasks

### 2. Improve clinical operations and processes

- a. Bring length of service closer to CAMHD policy guidelines
- b. Increase time CAMHD clinical team spend on clinical tasks**
- c. Reduce turnover of clinician positions
- d. Improve consistency of monthly entry of DAP notes

### Youth with Other Documented Contacts with CAMHD Staff\*, FY11-FY13



\* - Contacts include 'Telephone' & 'Other' type contacts.

Each point on the graph is a 3-month sliding average

## 2c. Turnover of Clinical Positions

### CAMHD Clinical Position Turnover Rate, FY07-FY13



**2. Improve clinical operations and processes**

- a. Bring length of service closer to CAMHD policy guidelines
- b. Increase time CAMHD clinical team spend on clinical tasks
- c. Reduce turnover of clinician positions**
- d. Improve consistency of monthly entry of DAP notes

# 3a. Use of Evidence-Based Services

## Statistically Significant Change in Use of Evidence-Based Practice Elements: Past 5 Years

3. Improve the quality of services provided

- a. Increase use of Evidence-Based Tx
- b. Increase accessibility and use of data in case planning
- c. Increase parent engagement in case planning
- d. Improve agreement between CSP, Tx plan, & MTPS

### **Disruptive Behavior**

- Increasing Use:
  - Family Engagement
  - Psychoeducation-Parent
  - Educational Support
- Decreasing Use:
  - Response Cost
  - Interpretation
  - Therapist Praise or Rewards
  - Tangible Rewards

### **Anxiety**

- Increasing Use:
  - Exposure
  - Guided Imagery
  - Individual Therapy for Caregiver
- Decreasing Use:
  - None

### **Mood**

- Increasing Use:
  - Motivational Interviewing
  - Guided Imagery
  - Psychoeducation-Child
  - Insight Building
- Decreasing Use:
  - Therapist Praise or Rewards
  - Social Skills Training

### **Attention**

- Increasing Use:
  - Psychoeducation-Parent
  - Communication Skills
  - Insight Building
  - Goal Setting
  - Guided Imagery
- Decreasing Use:
  - None

## 3b. Use of Treatment Progress Data

### ‘Three-Legged Stool’ of Feedback

**3. Improve the quality of services provided**

a. Increase use of Evidence-Based Tx's

**b. Increase accessibility and use of data in case planning**

c. Increase parent engagement in case planning

d. Improve agreement between CSP, Tx plan, & MTPS

CAFAS

MTPS

Care Coordinator

Treatment Provider

Parent & Youth

CC, Therapist, Parent & Youth Input

Ohio Scales



# 3b. Use of Treatment Progress Data

3. Improve the quality of services provided



a. Increase use of Evidence-Based Tx's

b. Increase accessibility and use of data in case planning

c. Increase parent engagement in case planning

d. Improve agreement between CSP, Tx plan, & MTPS

Family Guidance Center	Projected Implementation Month/Date	Finalized Date	Follow-up
Honolulu FGC	January 2014	1/14/14 Module 1 1/21/14 Module 2 1/28/14 Module 3	Monthly meetings w/ MHSI; OS Reports provided to CCs
Hawaii FGC	May 2014	Kona – 5/7/14 Hilo – 5/13/14	*One day training
Kauai FGC	July 2014		
Central FGC	August 2014	Pearl City Windward	
Leeward FGC	October 2014		
Maui FGC	November 2014		
FCLB	December 2014		
Booster Trainings?	January – March 2015		

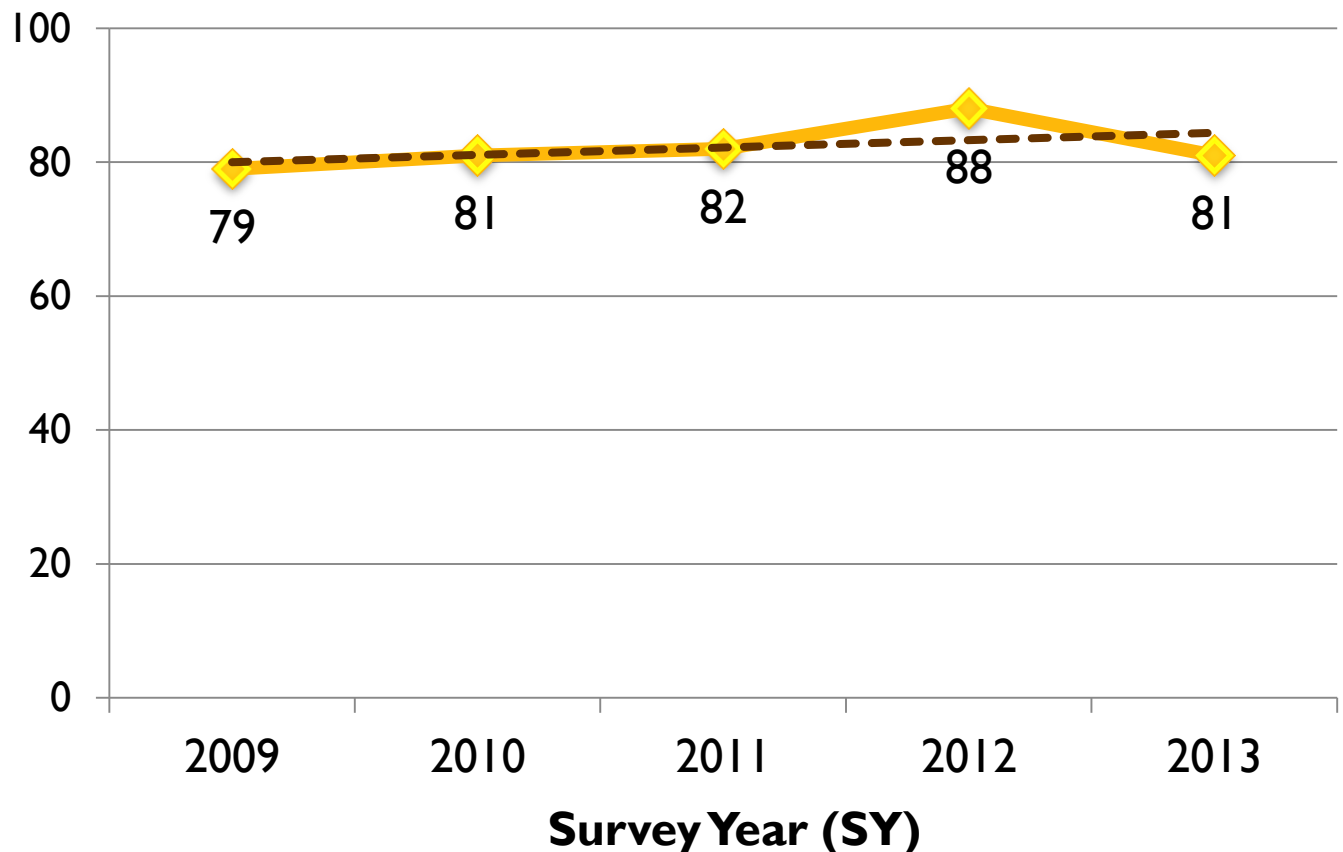
## 3c. Family Engagement

3. Improve the quality of services provided

- a. Increase use of Evidence-Based Tx's
- b. Increase accessibility and use of data in case planning
- c. Increase parent engagement in case planning
- d. Improve agreement between CSP, Tx plan, & MTPS

Percent of Responses 'Strongly Agree'/'Agree'

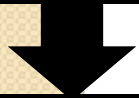
**Consumer Survey: "Treatment Participation" Composite Score\* Percentage, SY09-SY13**



\* - 'Composite Score' includes items related to parents' participation in: choosing child's services, child's Tx goals and participation in Tx.

## 3d. Agreement Between Planning and Services Provided

### 3. Improve the quality of services provided



- a. Increase use of Evidence-Based Tx's
- b. Increase accessibility and use of data in case planning
- c. Increase parent engagement in case planning
- d. Improve agreement between CSP, Tx plan, & MTPS**

- Two UH-CAMHD studies provide baseline data (see references below)
- Current efforts to implement this are in process

#### References:

Young, J., Schiffman, J., Daleiden, E., Chorpita, B. & Mueller, C. (2007). Assessing stability between treatment planning documents in a system of care. *Administration and Policy in Mental Health and Mental Health Services Research*, 34, 530-539.

Lynch, R. (2012). *Assessing stability between treatment plans and reported practices in a system of care*. Dissertation Abstracts International: Section B: The Sciences and Engineering, 73, 1852.

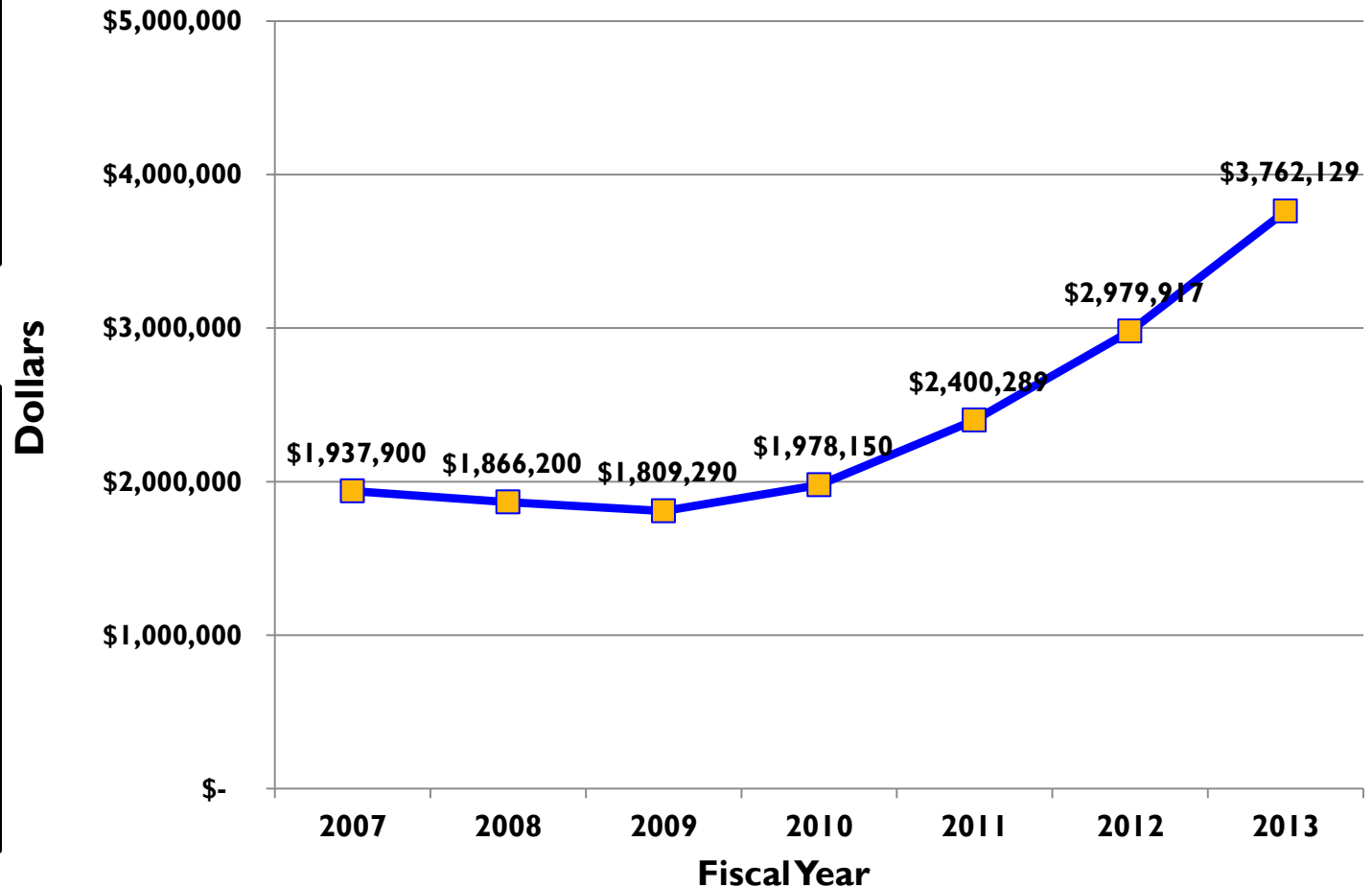
## 4a. Federal Grants

**4. Increase non-state funding for services**

**a. Increase # of federal grant dollars allocated to CAMHD**

**b. Increase amount of Medicaid dollars allocated to CAMHD**

**Federal Grant Funding, FY07-FY13**

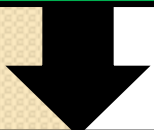


## 4b. Medicaid Reimbursement

### Medicaid Dollars Reimbursed, FY07-FY13



**4. Increase non-state funding for services**



**a. Increase # of federal grant dollars allocated to CAMHD**

**b. Increase amount of Medicaid dollars allocated to CAMHD**

# 5a. Rate of Youth Improvement

5. Improve outcomes for youth and families

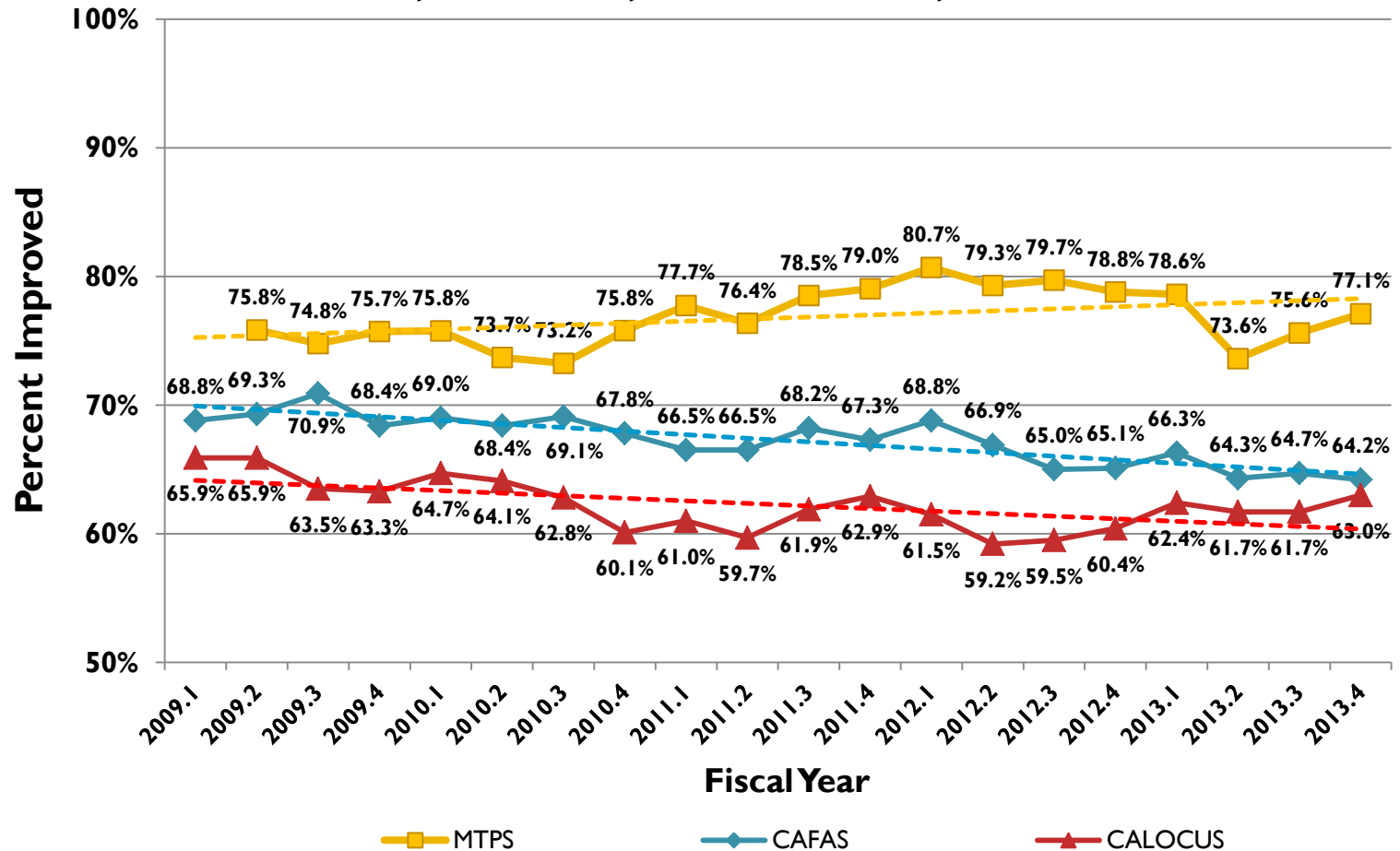
a. Increase rate of improvement for youth

b. Improve consumer satisfaction

c. Improve attendance in school for CAMHD youth

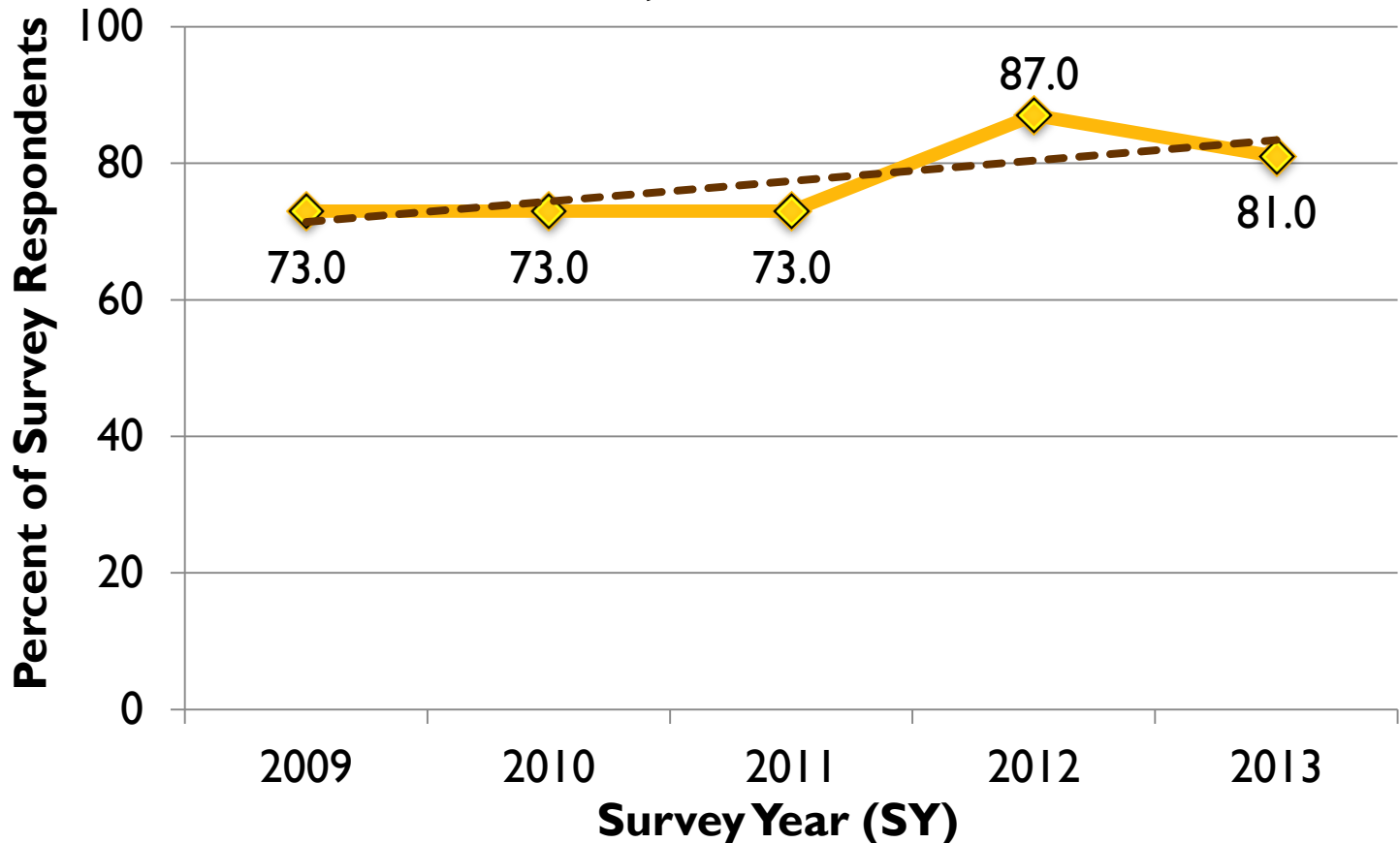
d. Decrease arrests of youth served

**Percent of Youth w/ Improving Trend\*:  
MTPS, CAFAS, CALOCUS, FY09-FY13**



## 5b. Consumer Satisfaction

**Percent "Satisfied" With CAMHD Services  
Overall, SY09-FY13\***



\* - Percent whose average rating was 3.5 or higher on a 1-5 scale.

**5. Improve  
outcomes for  
youth and  
families**

a. Increase rate  
of improvement  
for youth


**b. Improve  
consumer  
satisfaction**

c. Improve  
attendance in  
school for  
CAMHD youth

d. Decrease  
arrests of youth  
served

## 5c. School Attendance

### 5. Improve outcomes for youth and families



- a. Increase rate of improvement for youth
- b. Improve consumer satisfaction
- c. Improve attendance in school for CAMHD youth
- d. Decrease arrests of youth served


### Indicators of ‘School Attendance’ being collected through Ohio Scales:

- “Youth attended school in the past 30 days.”
- “If yes, what grade?”
- “Youth was suspended/expelled in the past 30 days.”



## 5d. Youth Arrests

5. Improve  
outcomes for  
youth and  
families



### Indicators of ‘Youth Arrests’ being collected through Ohio Scales:

- **“Youth arrested in the past 30 days.”**
- **“If yes, # of arrests.”**

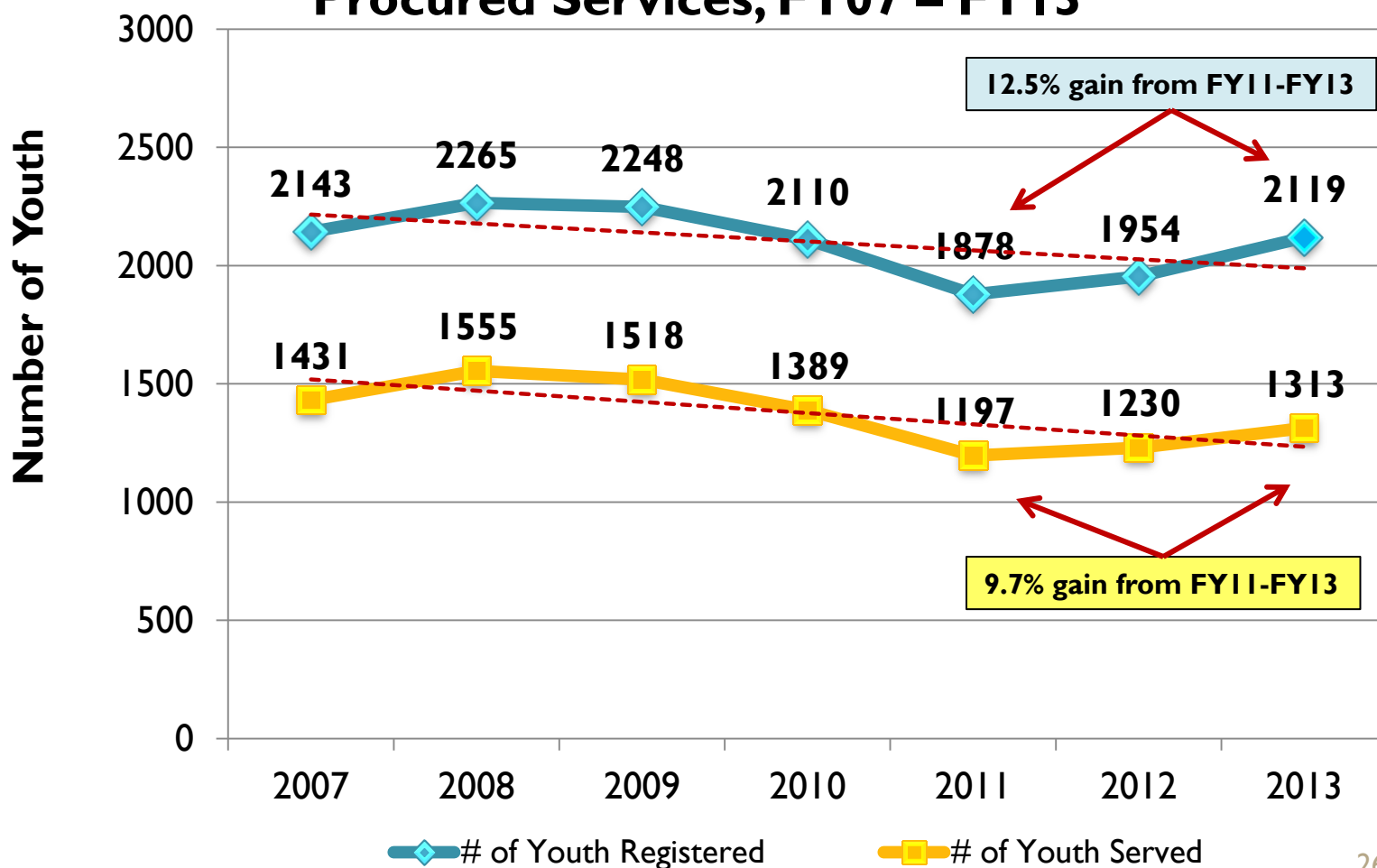
- a. Increase rate of improvement for youth
- b. Improve consumer satisfaction
- c. Improve attendance in school for CAMHD youth
- d. **Decrease arrests of youth served**

# 6a. Youth with Procured Services

6. Expand populations served

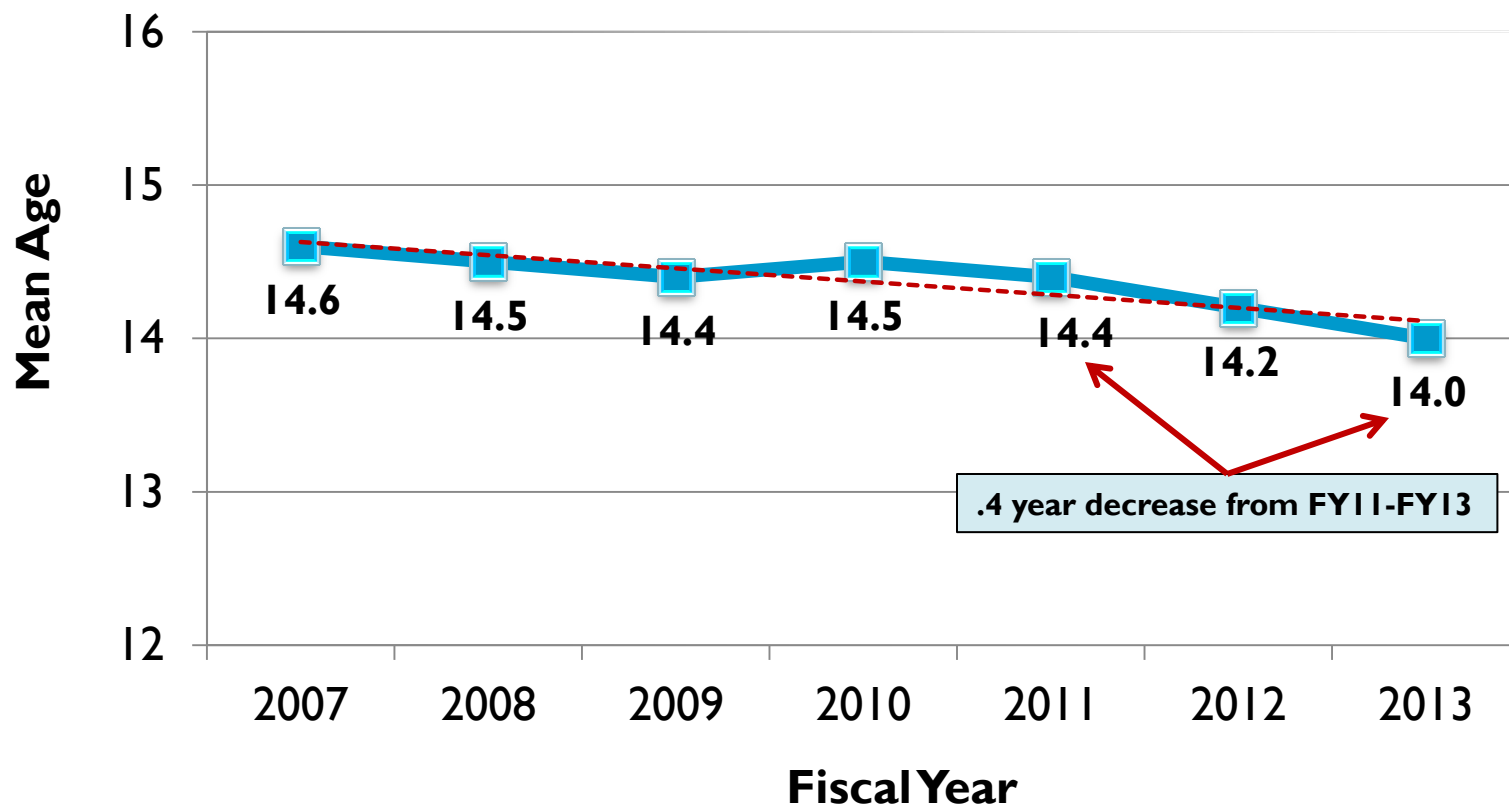
- a. Increase # of youth served annually
- b. Decrease mean age of youth
- c. Increase # of youth served w/ trauma history
- d. Increase public awareness

## Number of Youth Registered and Receiving Procured Services, FY07 – FY13



## 6b. Mean Age of Youth

**CAMHD Registered Youth (w/out Kauai)  
Average Age, FY07-FY13**



**6. Expand  
populations  
served**

a. Increase # of  
youth served  
annually

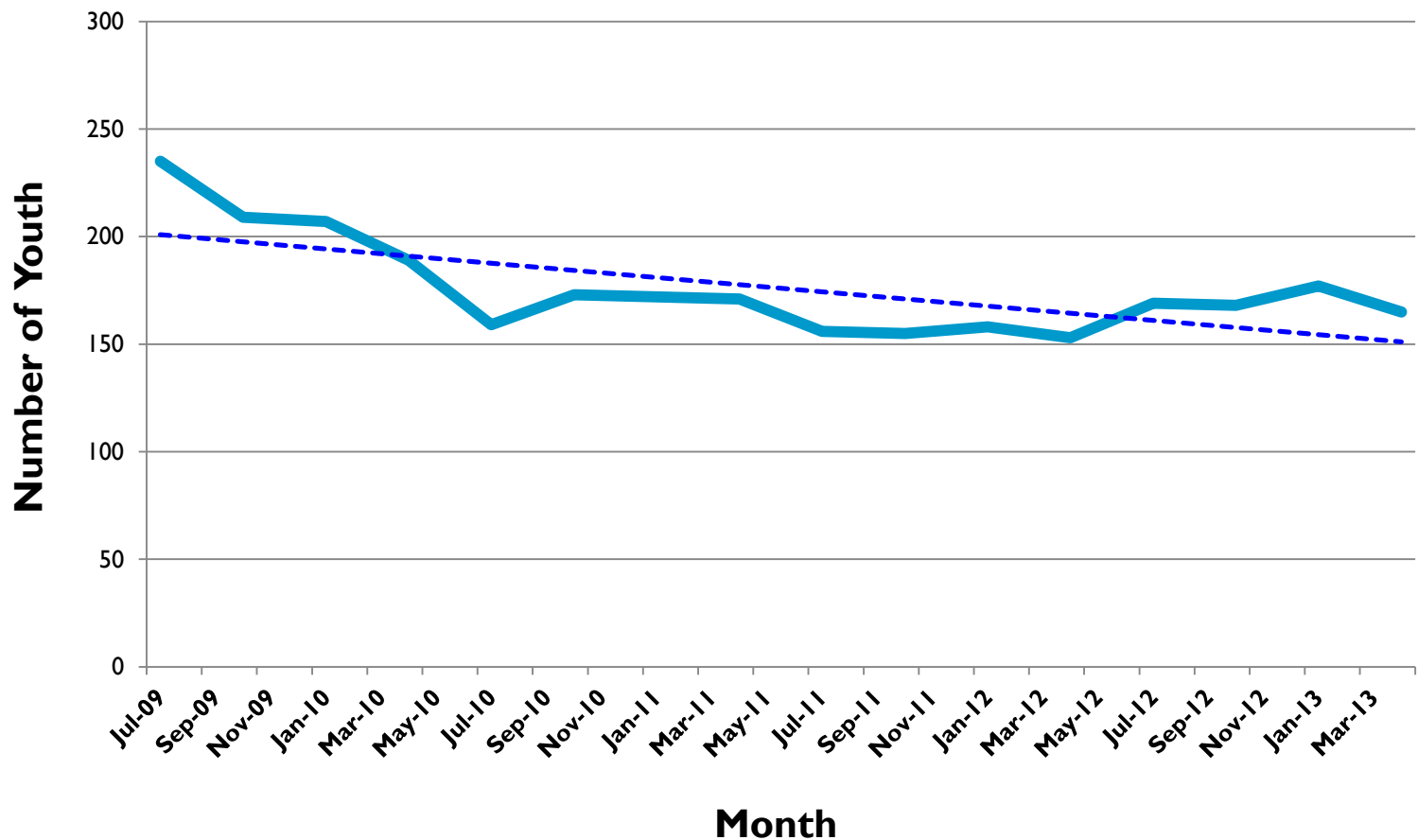
**b. Decrease  
mean age of  
youth**

c. Increase # of  
youth served  
w/ trauma  
history

d. Increase  
public  
awareness

## 6c. Youth Served w/ Trauma

**Number of Registered Youth  
with Trauma\* as a Diagnosis, FY10-FY13**



**6. Expand  
populations  
served**

a. Increase # of  
youth served  
annually

b. Decrease  
mean age of  
youth

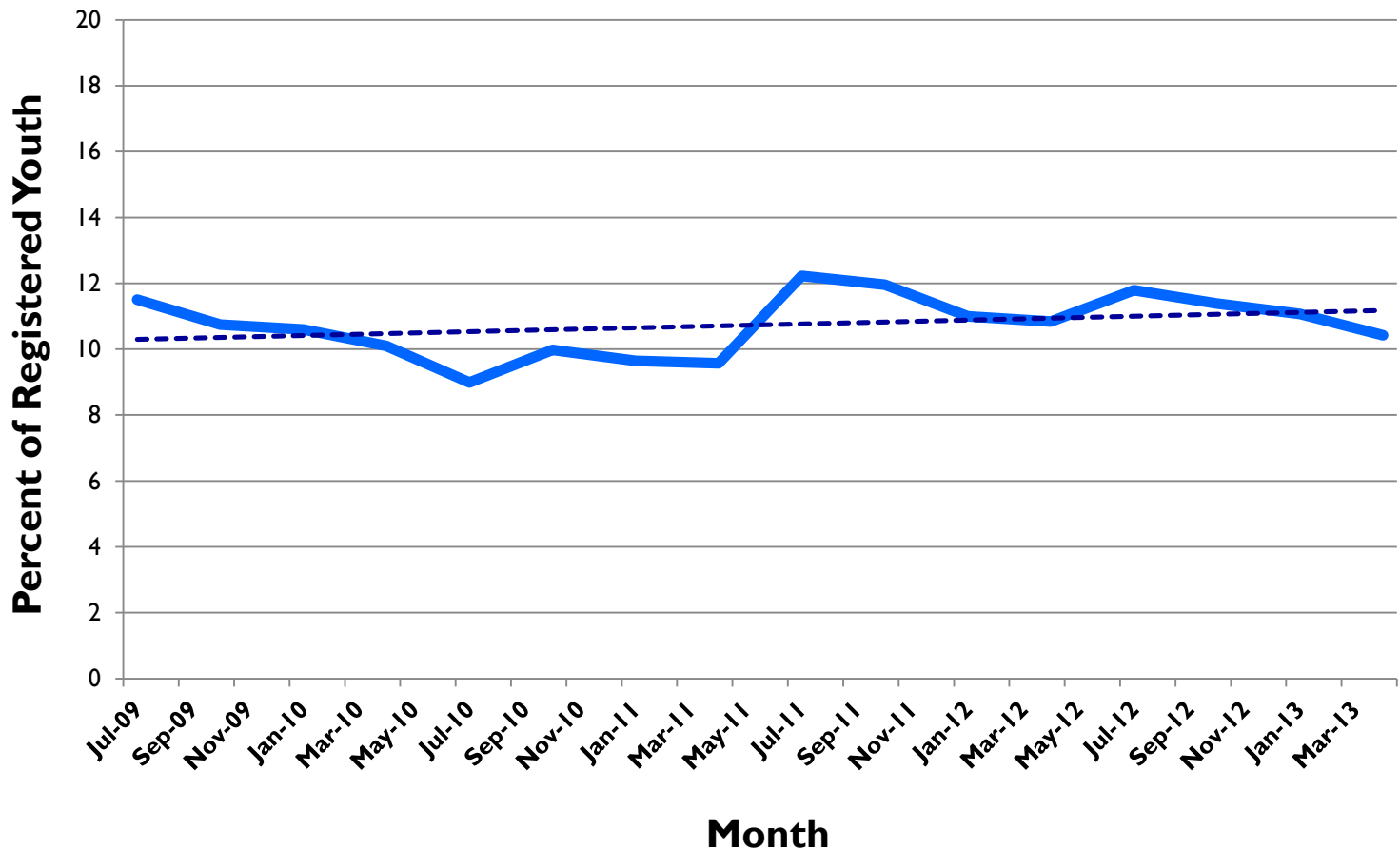
**c. Increase #  
of youth  
served w/  
trauma  
history**

d. Increase  
public  
awareness

\* - Refers specifically to *any* current diagnosis listed as 'PTSD'.

## 6c. Youth Served w/ Trauma

Percent of Registered Youth  
with a Diagnosis of Trauma\*, FY10-FY13



6. Expand  
populations  
served

a. Increase # of  
youth served  
annually

b. Decrease  
mean age of  
youth

c. Increase #  
of youth  
served w/  
trauma  
history

d. Increase  
public  
awareness

\* - Refers specifically to *any* current diagnosis listed as 'PTSD'.

## 6d. Public Awareness

### I. Expand populations served

- a. Increase # of youth served annually
- b. Decrease mean age of youth
- c. Increase # of youth served w/ trauma history
- d. Increase public awareness

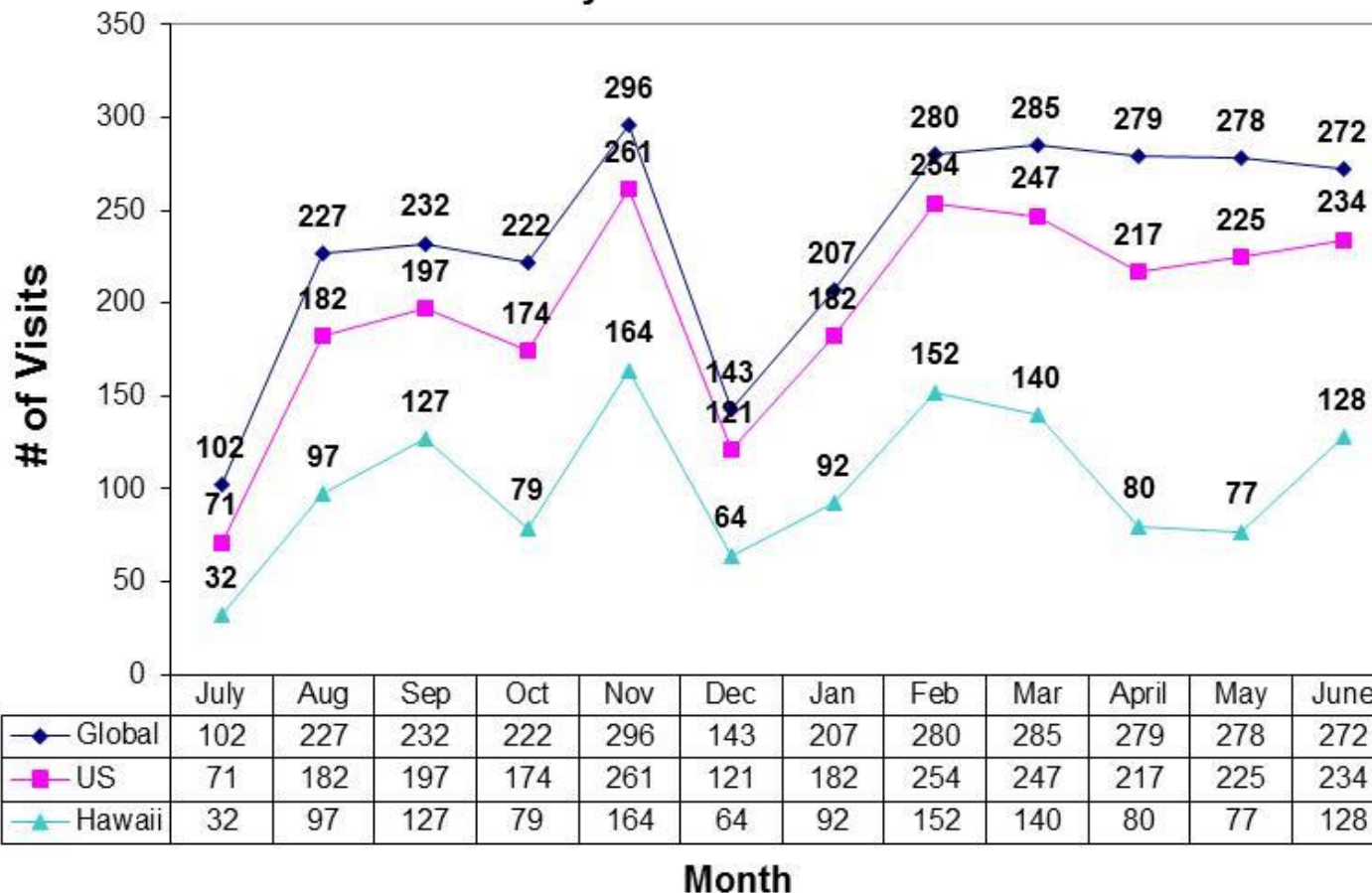
- **CAMHD**: CAMHD website; Children's Mental Health Awareness Day; Help Your Keiki website; FaceBook site postings
- **Project Kealahou**: PSAs; Web-based video series; Magazine & Newspaper articles; Charity benefit event; UH-Manoa orientation; TV segments/interviews; Participation in conferences
- **Project Laulima**: Resource table at ARC Fair; IVAT (Institute on Violence and Trauma) conference; Project Laulima website

# 6d. Public Awareness

## I. Expand populations served

- a. Increase # of youth served annually
- b. Decrease mean age of youth
- c. Increase # of youth served w/ trauma history
- d. Increase public awareness

'Help Your Keiki' Website Visitors 'Hits',  
July 2012 - June 2013



# **ARE WE MOVING IN THE RIGHT DIRECTION?**





# PANEL DISCUSSION

- Dan Ulrich – Medical Director
- Janet Ledoux – Public Health Admin Officer
- Rachael Guay – Family Engagement Liaison
- Tim Ryan – Branch Chief, Leeward FGC
- Charles Mueller – Professor, UH-Manoa
- Stan Michels – Chief Administrator