

Annual Review of CAMHD Performance Indicators: FY 2014 February 26, 2015



CAMHD Research and Evaluation Office

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Agenda for the Day

- **CAMHD Model Indicators:**
 - Current Indicators of Progress Toward the CAMHD Model



Early on, Billy learned the value of a slide presentation.

Short Break

- **Panel Discussion:**
 - Thoughts and Recommendations re: the Annual Report Data Presented

CAMHD Model Strategy

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1. 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

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

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

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

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

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

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Ia. CAMHD Direct Services

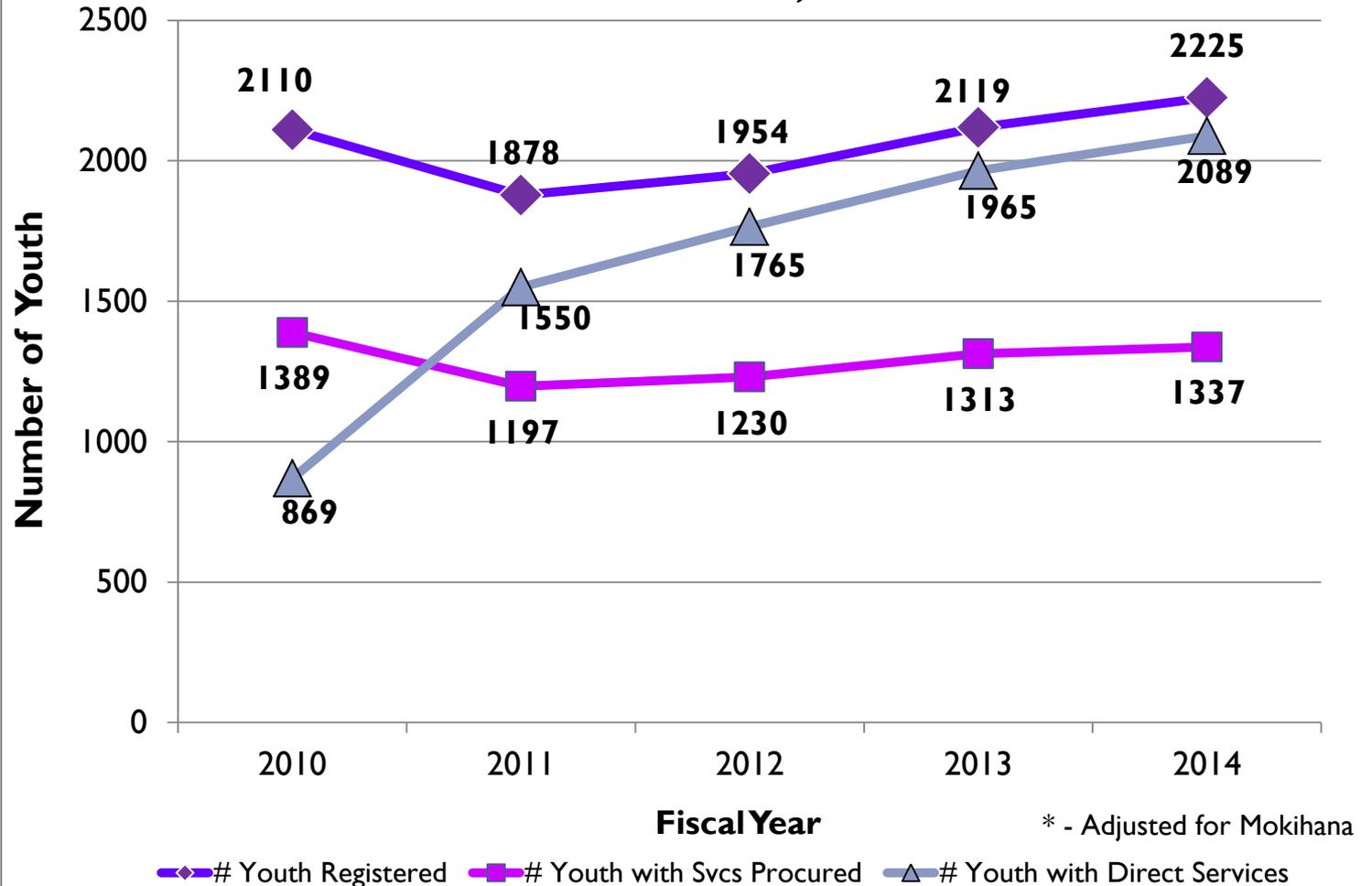
I. Improve the coordination of services offered

a. Increase documentation and use of 'Direct Services'

b. Improve documentation of medications prescribed and used

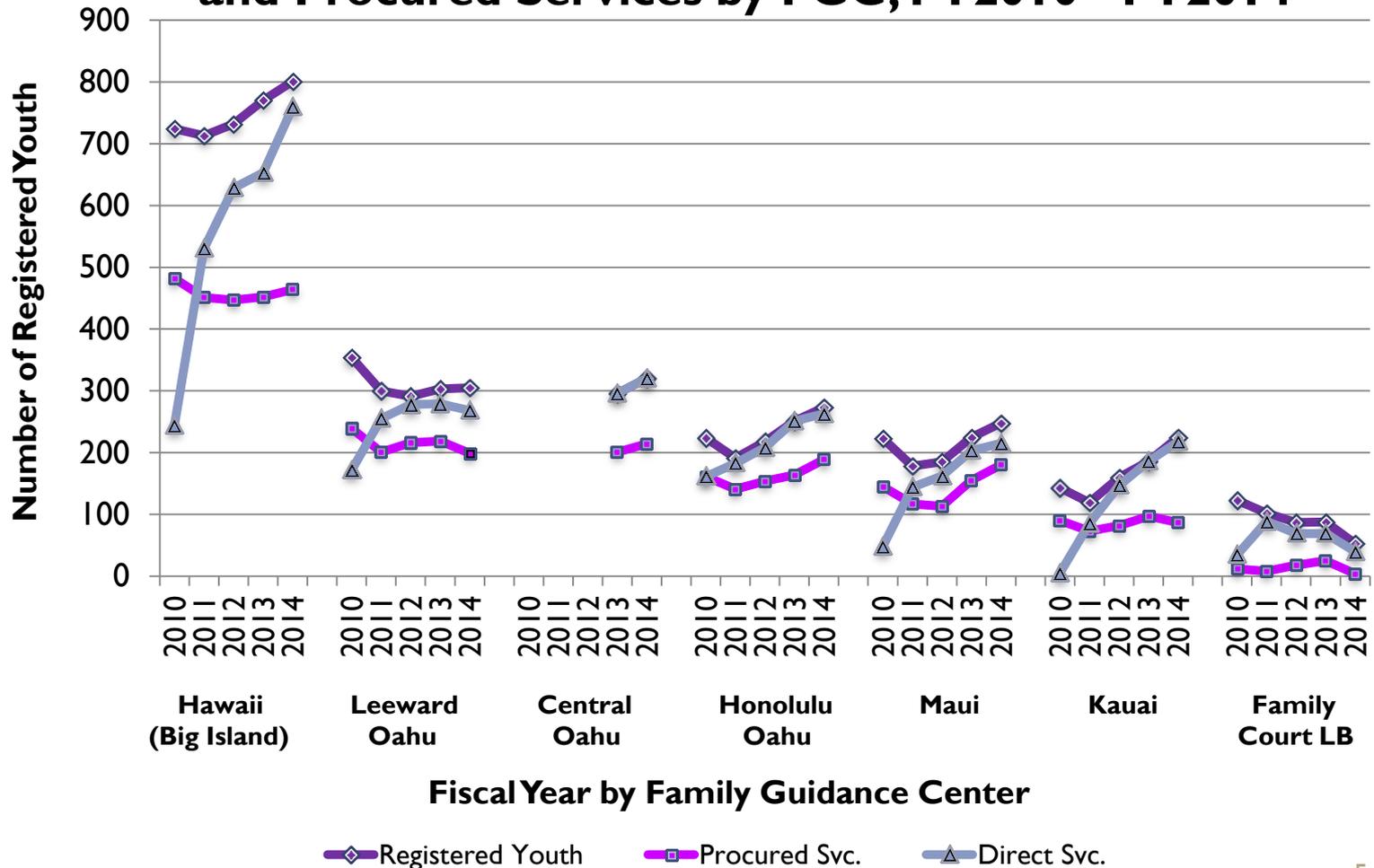
c. Increase data-sharing across DoH divisions and state agencies

CAMHD Youth Registered & Receiving Procured & Direct Services, FY2010 - FY2014



Ia. CAMHD Direct Services

CAMHD Youth Registered and Receiving Direct and Procured Services by FGC, FY2010 - FY2014



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

Ia. CAMHD Direct Services

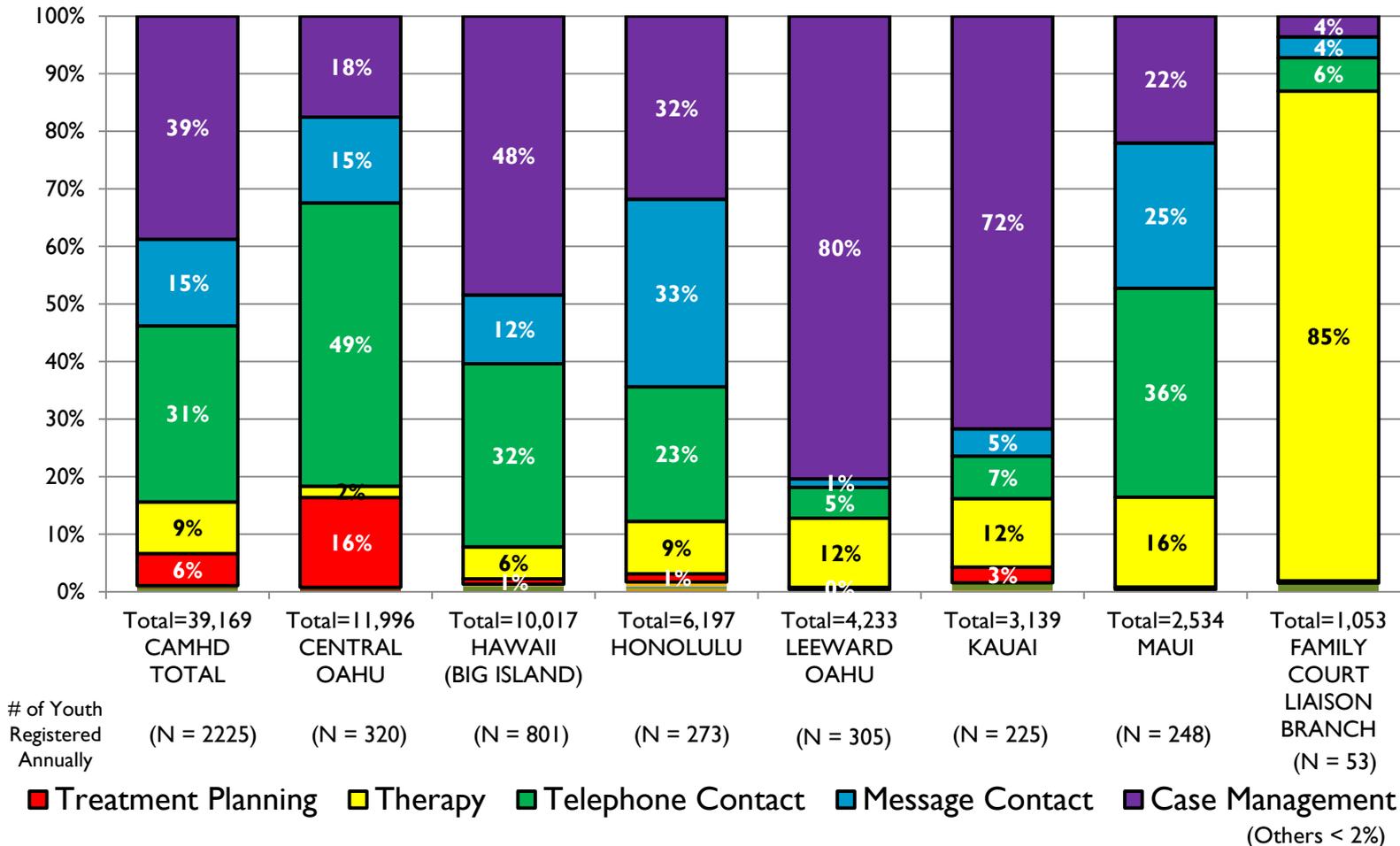
**Distribution of Direct Service Types by FGC:
Percent of Total Records Submitted, FY 2014**

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



I b. Documentation of Medications Prescribed

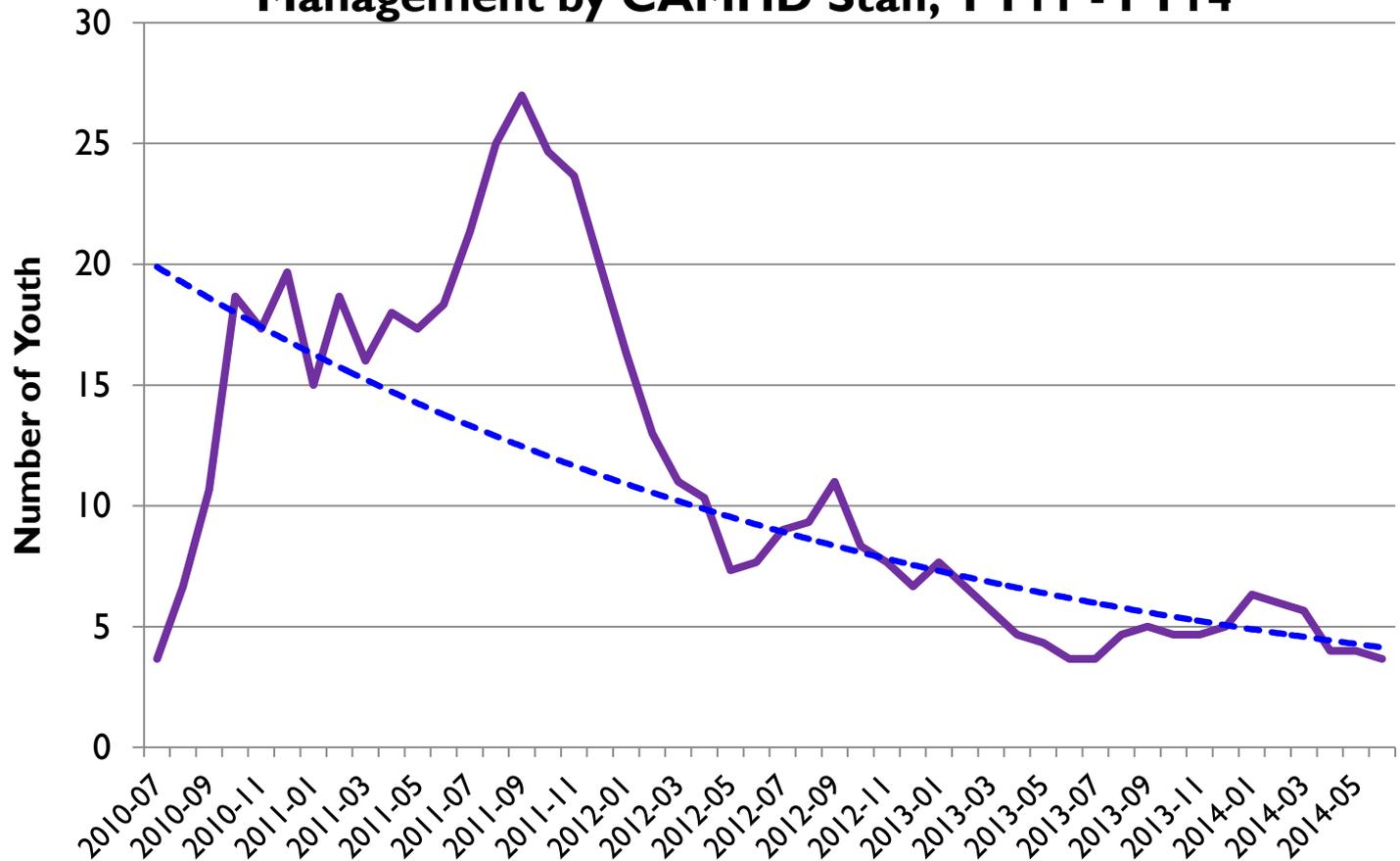
I. Improve the coordination of services offered

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

Youth Receiving Documented Medication Management by CAMHD Staff, FY11 - FY14



I c. Data Sharing

Projects Underway:

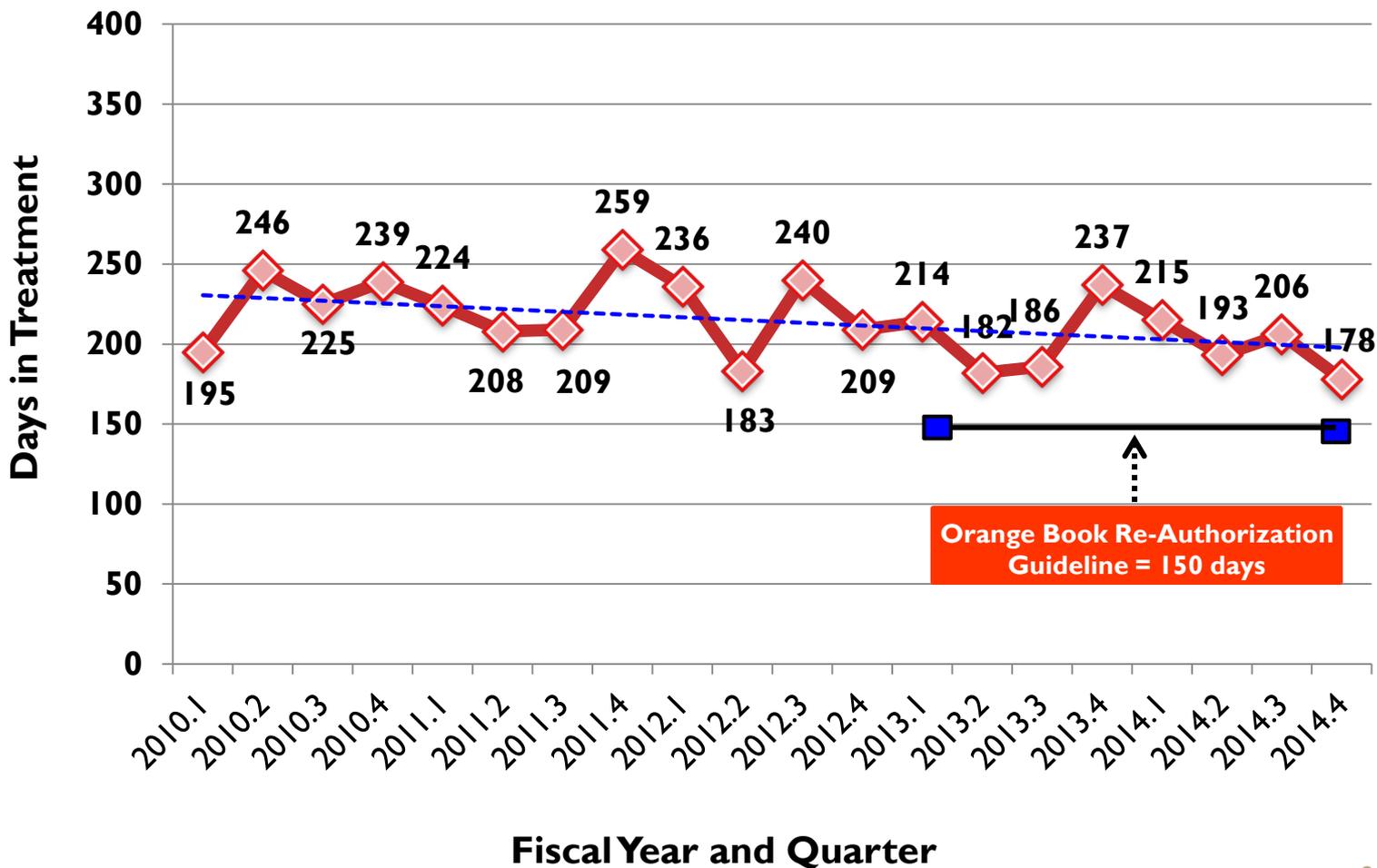
- **CAMHD** – First year of the Hawaii Youth Interagency Performance Report (HYIPR) created & distributed
- **Project Kealahou** – Renewed data sharing agreement with DOE; Developing summit to share PK outcomes and lessons learned
- **Project Laulima** – Plan to share outcome data, particularly regarding CBI with DDD as well as other agencies

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

**Mean Length of Service:
Intensive In-Home, FY10 Q1 - FY14 Q4**



2. Improve clinical operations and processes

a. Bring length of service closer to CAMHD policy guidelines

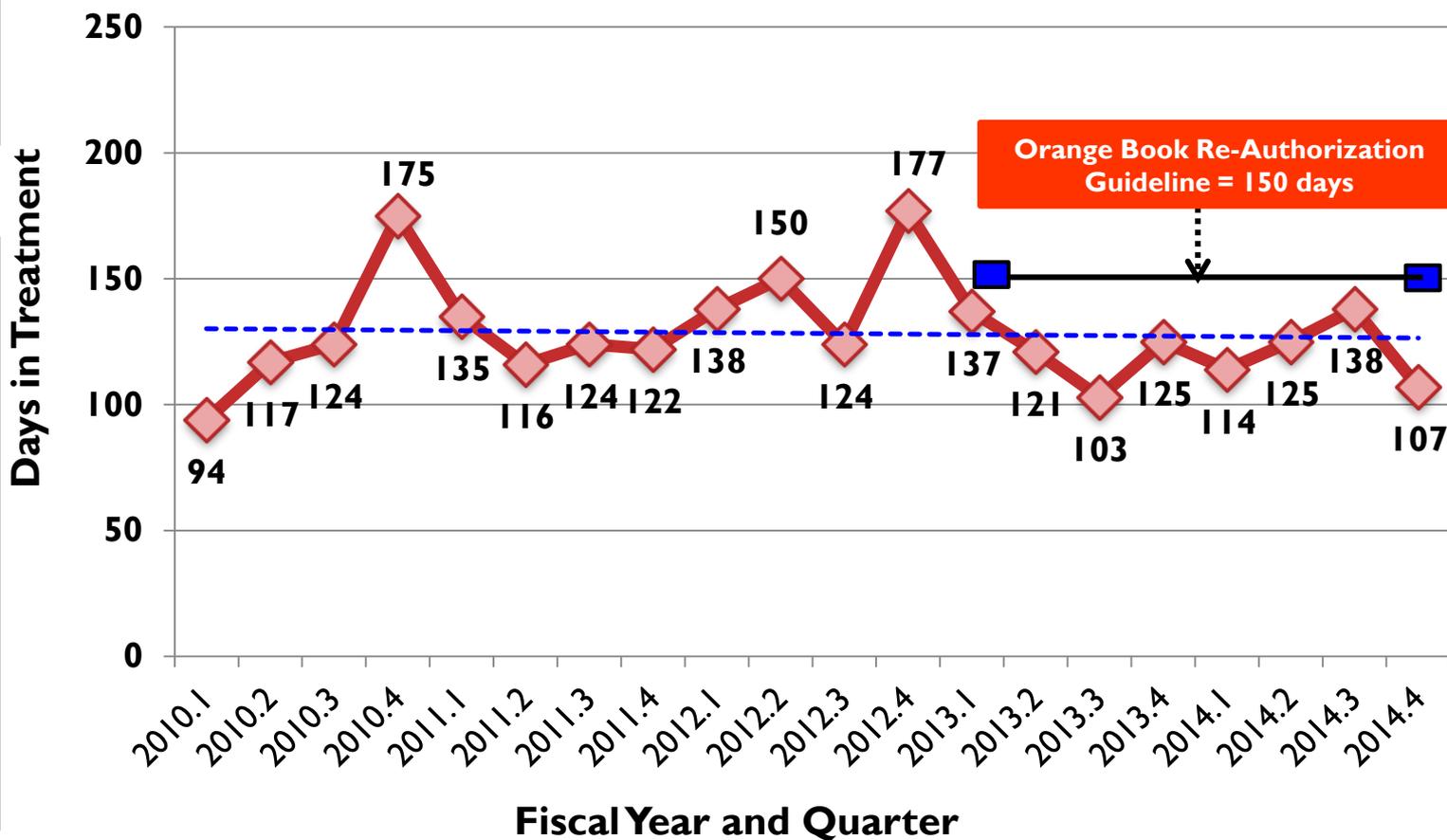
b. Increase time CAMHD clinical team spend on clinical tasks

c. Reduce turnover of clinician positions

d. Improve consistency of monthly entry of DAP notes

2a. Length of Services

**Mean Length of Service:
Community-Based Residential III, FY10 Q1 - FY14 Q4**



2. Improve clinical operations and processes

a. Bring length of service closer to CAMHD policy guidelines

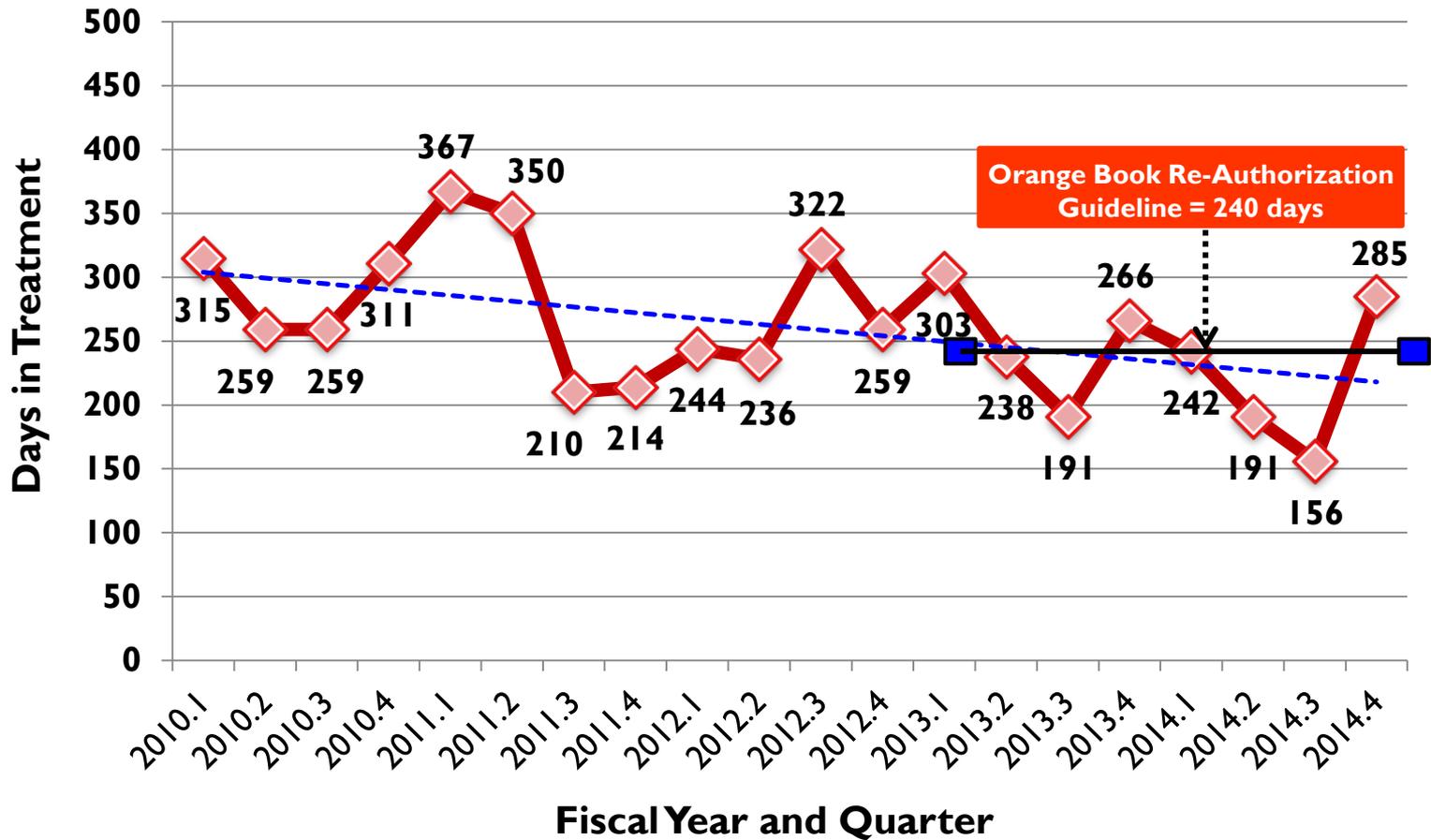
b. Increase time CAMHD clinical team spend on clinical tasks

c. Reduce turnover of clinician positions

d. Improve consistency of monthly entry of DAP notes

2a. Length of Services

**Mean Length of Service:
Transitional Family Home, FY10 Q1 - FY14 Q4**



2. Improve clinical operations and processes

a. Bring length of service closer to CAMHD policy guidelines

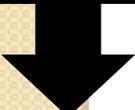
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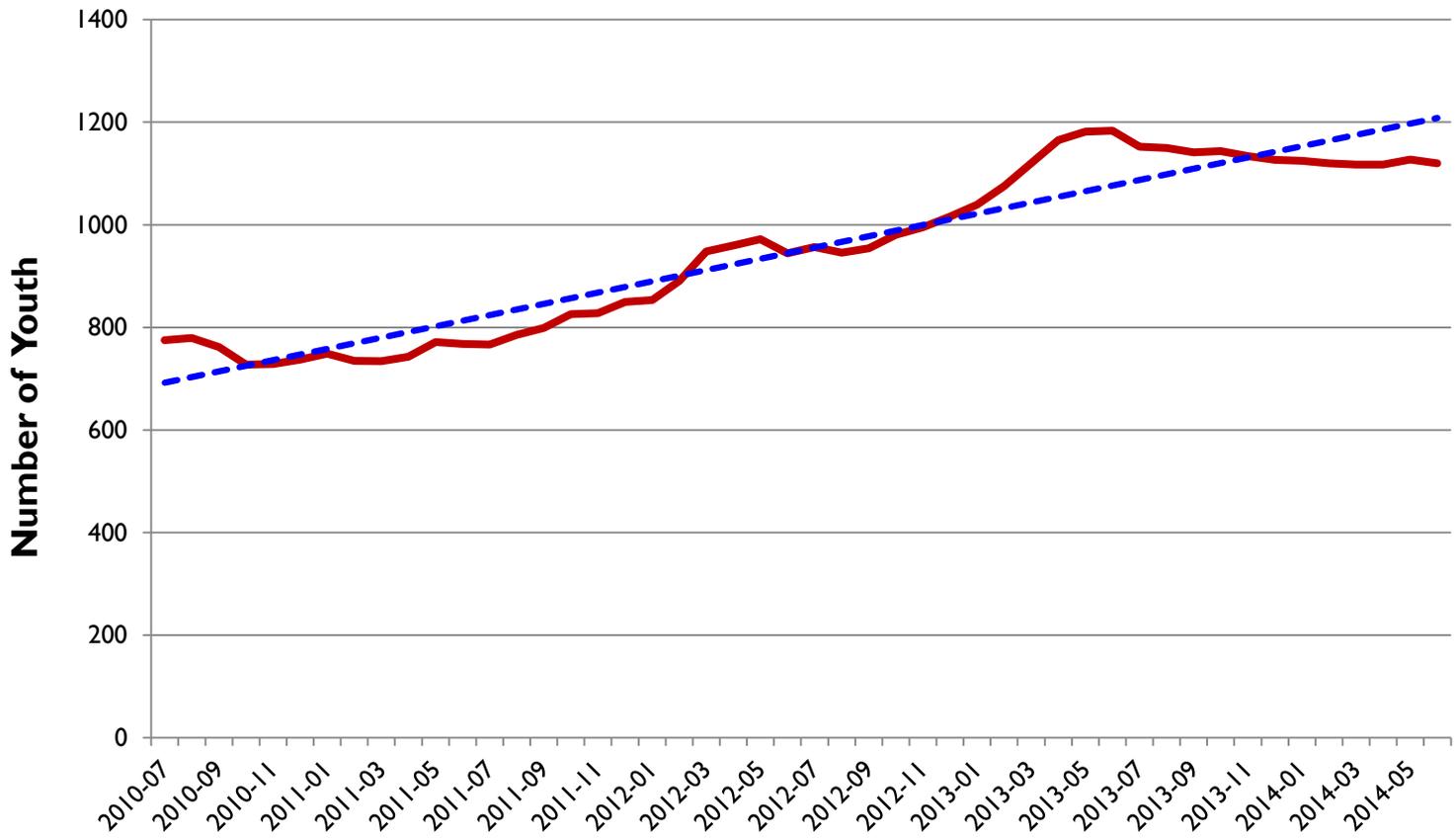
2b. Time on Clinical Tasks

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

Number of Youth Served with Any Documented CAMHD Direct Services by Month, FY11 - FY14



Examples of Direct Services include:
Case Management and Family Therapy

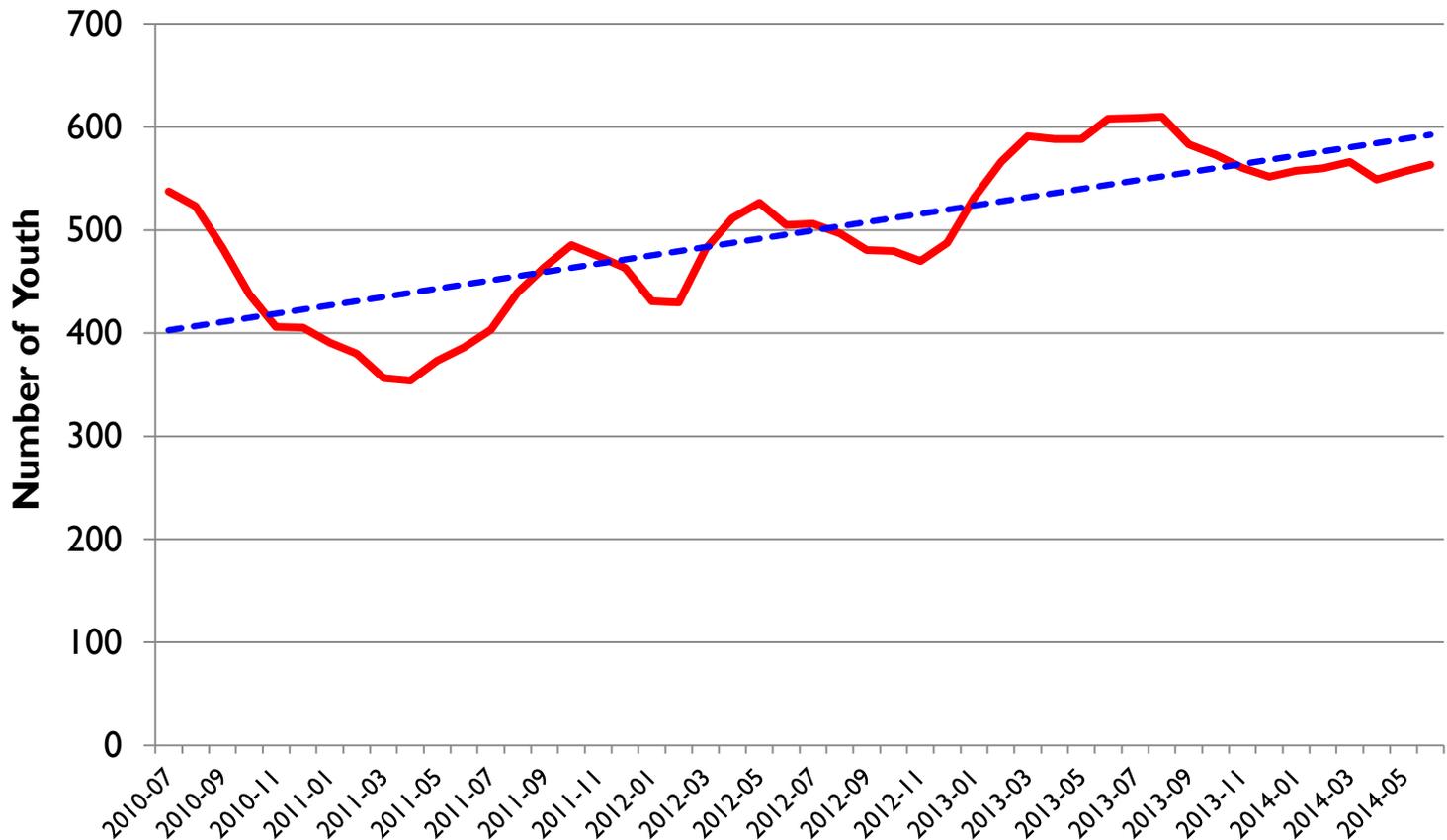
Each point on the graph is a 3-month sliding average ¹²

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 - FY14

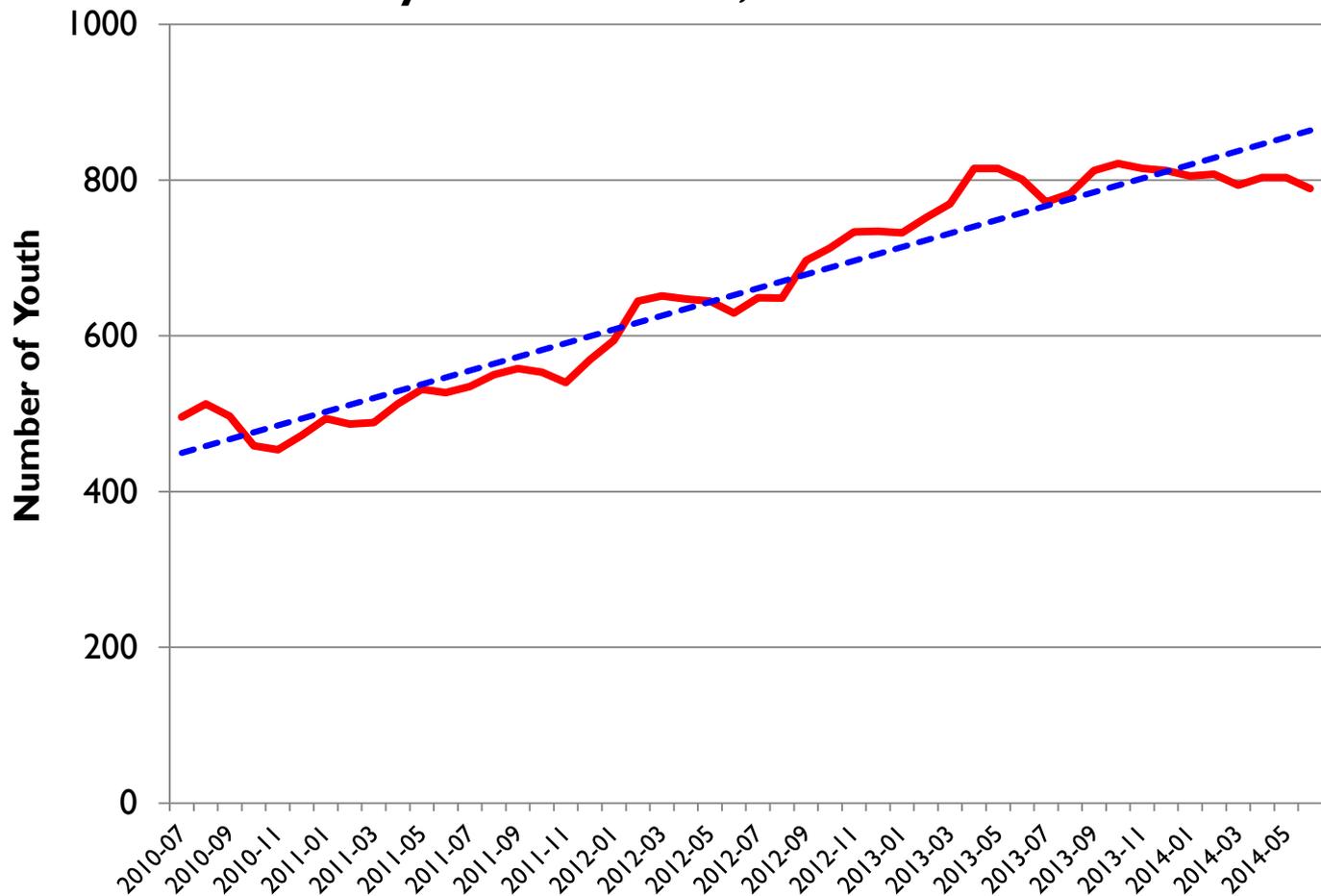


* - Contacts include 'Telephone' & 'Other' type contacts.

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

2b. Time on Clinical Tasks

Youth Receiving Documented Case Management by CAMHD Staff, FY11 - FY14



2. Improve clinical operations and processes

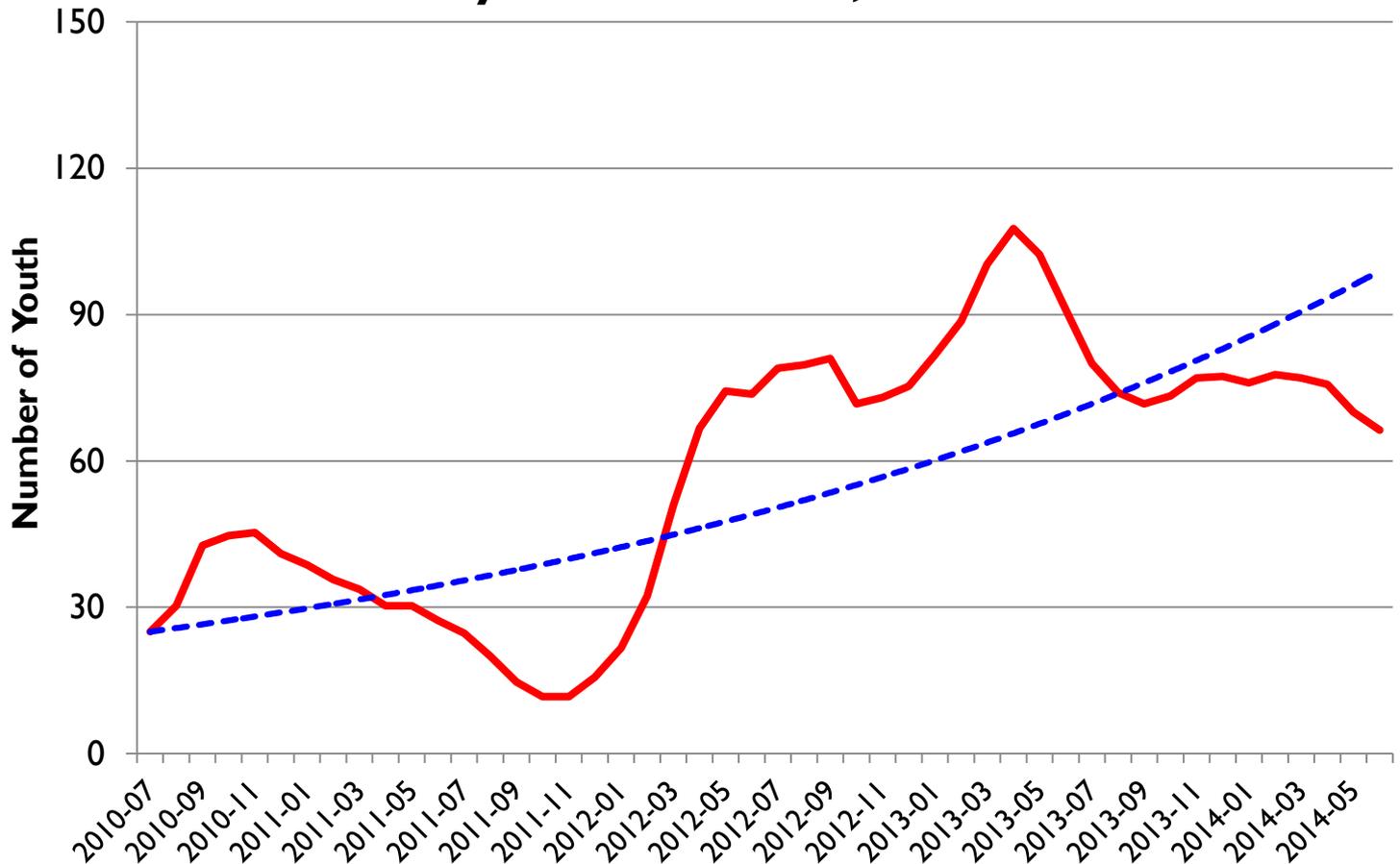
- a. Bring length of service closer to CAMHD policy guidelines
- b. Increase time CAMHD clinical team spend on clinical tasks
- c. Reduce turnover of clinician positions
- d. Improve consistency of monthly entry of DAP notes

Case Mgmt. includes: Targeted and Intensive Case Mgmt.

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

2b. Time on Clinical Tasks

Youth Receiving Documented Outpatient Services by CAMHD Staff, FY11 - FY14



Outpatient Services include: Individual, Group, and Family Therapy

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

2. Improve clinical operations and processes

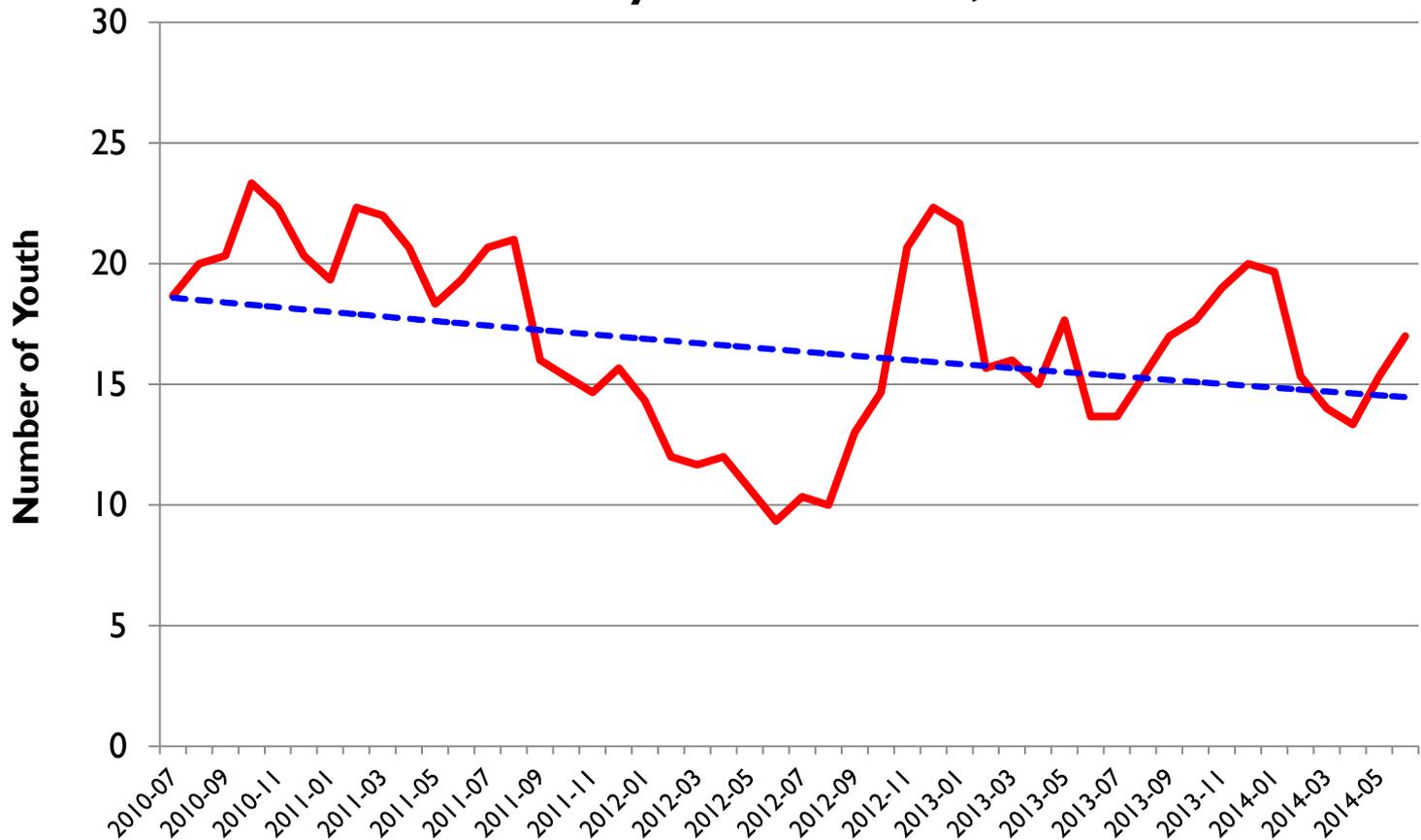
- a. Bring length of service closer to CAMHD policy guidelines
- b. Increase time CAMHD clinical team spend on clinical tasks
- c. Reduce turnover of clinician positions
- d. Improve consistency of monthly entry of DAP notes

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 Formal MH Assessments by CAMHD Staff, FY11 - FY14

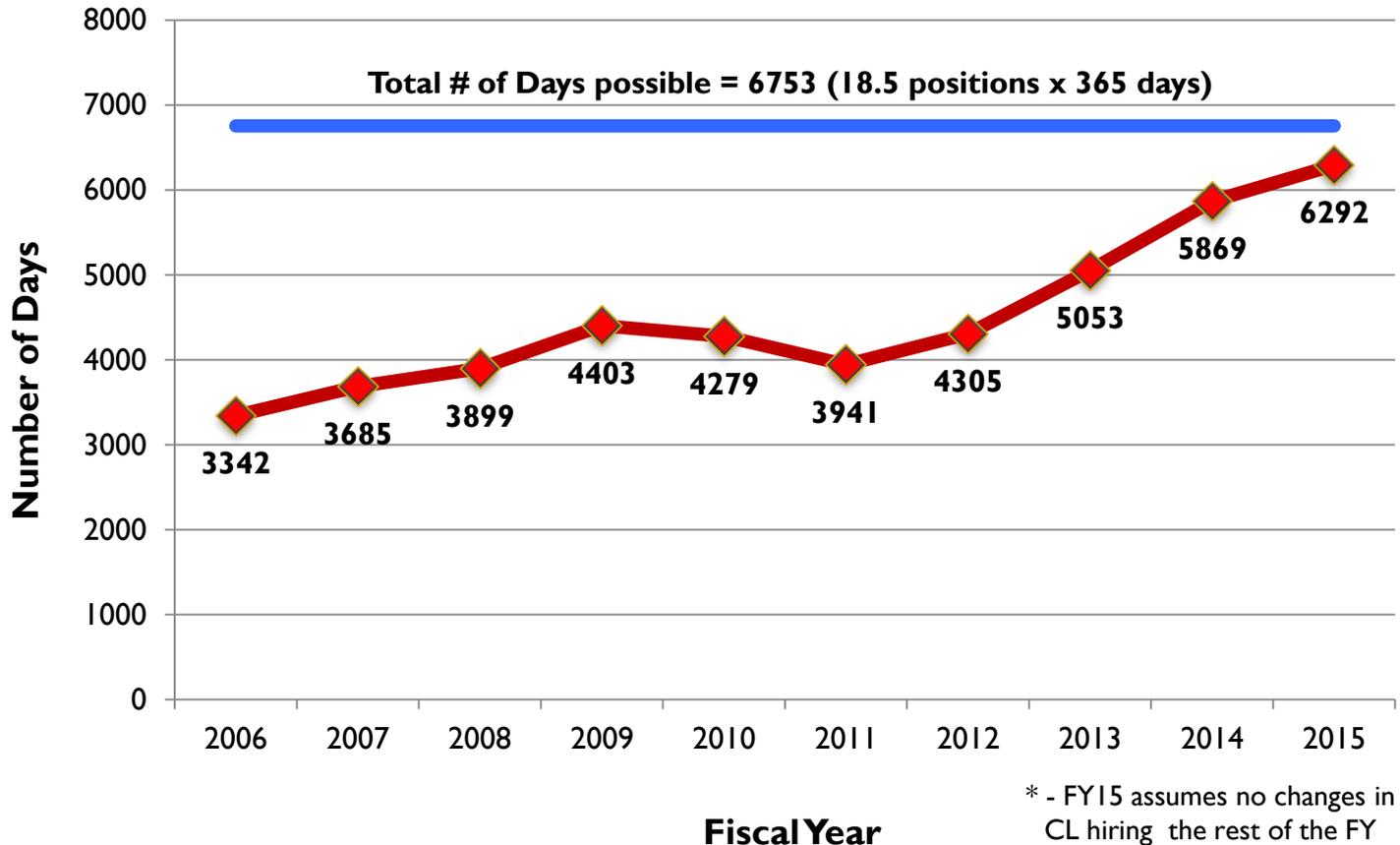


Formal MH Assessments include: Psychiatric Evaluation, Focused Mental Health Assessment

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

2c. Turnover of Clinical Positions

Number of Days Filled by Clinical Leads by Fiscal Year, FY06 - FY15 *



2. Improve clinical operations and processes

- a. Bring length of service closer to CAMHD policy guidelines
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- d. Improve consistency of monthly entry of DAP notes

3a. Use of Evidence-Based Services

3. Improve the quality of services provided

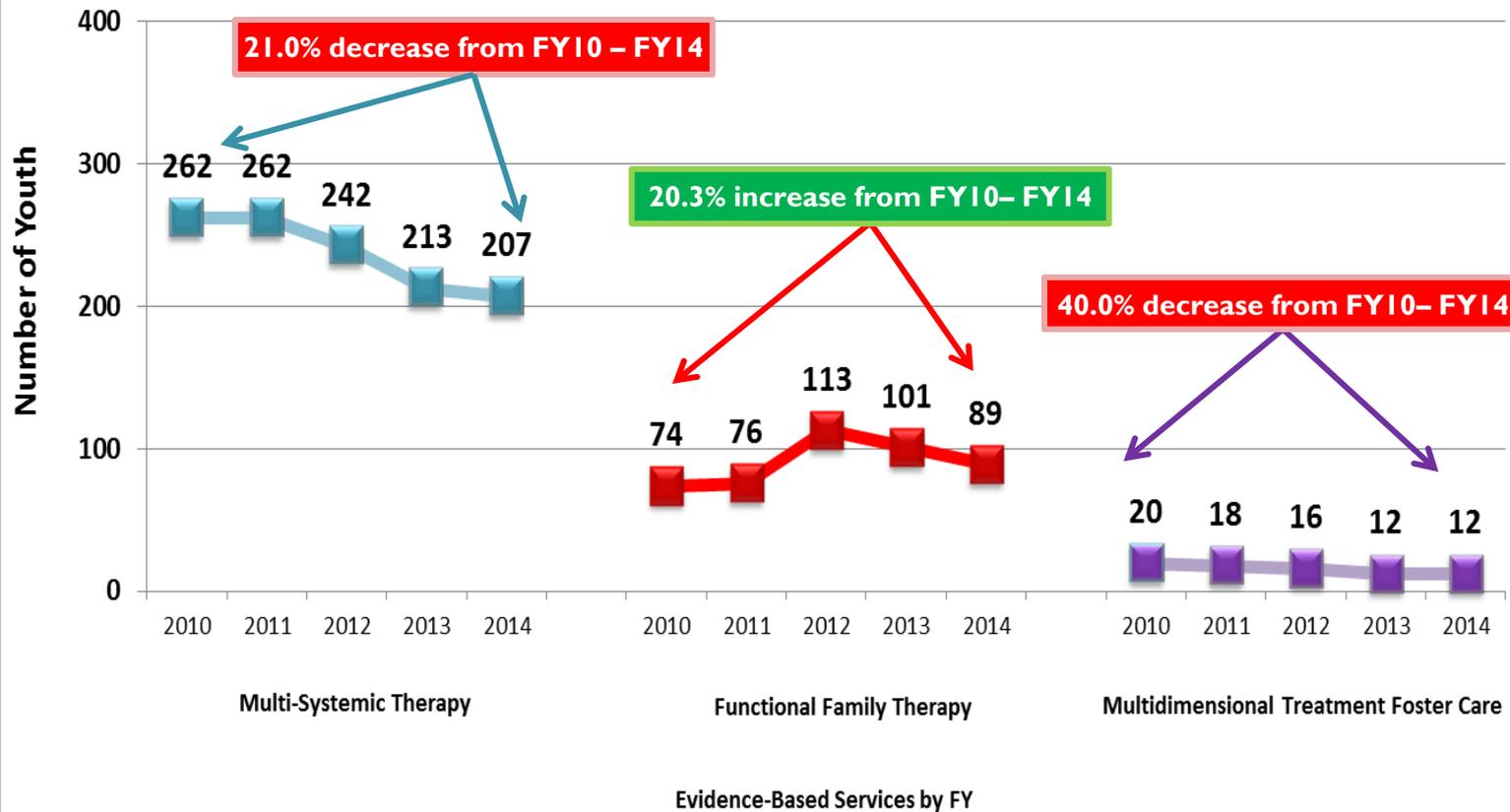
a. Increase use of Evidence-Based Tx's

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

CAMHD Evidence-Based Services Utilization FY 2010-2014



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

				Mean # and % of OS Assessments Completed per Month *	
	FGC	# of Months of OS Data Collection (since 1/15/14)	# of Clients on Caseload (as of Dec. 1, 2014)	Mean # of Youth w/ OS Attempts per Month (at least 1 P or Y)	Mean % of CC Caseload w OS Attempts per Month (at least 1 P or Y)
1	Big Island (East)	8	284	48	16.8%
2	Big Island (West)	8	64	48	74.2%
3	Central	5	170	67	39.5%
4	Honolulu	12	142	33	22.9%
5	Kauai	2	70	13	18.6%
6	Leeward	2	88	13	14.8%
7	Maui	1	167	30	18.0%
8	FCLB **	3	N/A	19	N/A
	TOTAL	-	985	251	25.5%

* - This includes either a Parent OR a Youth OS assessment attempted/completed.

** - FCLB not included in the TOTALs

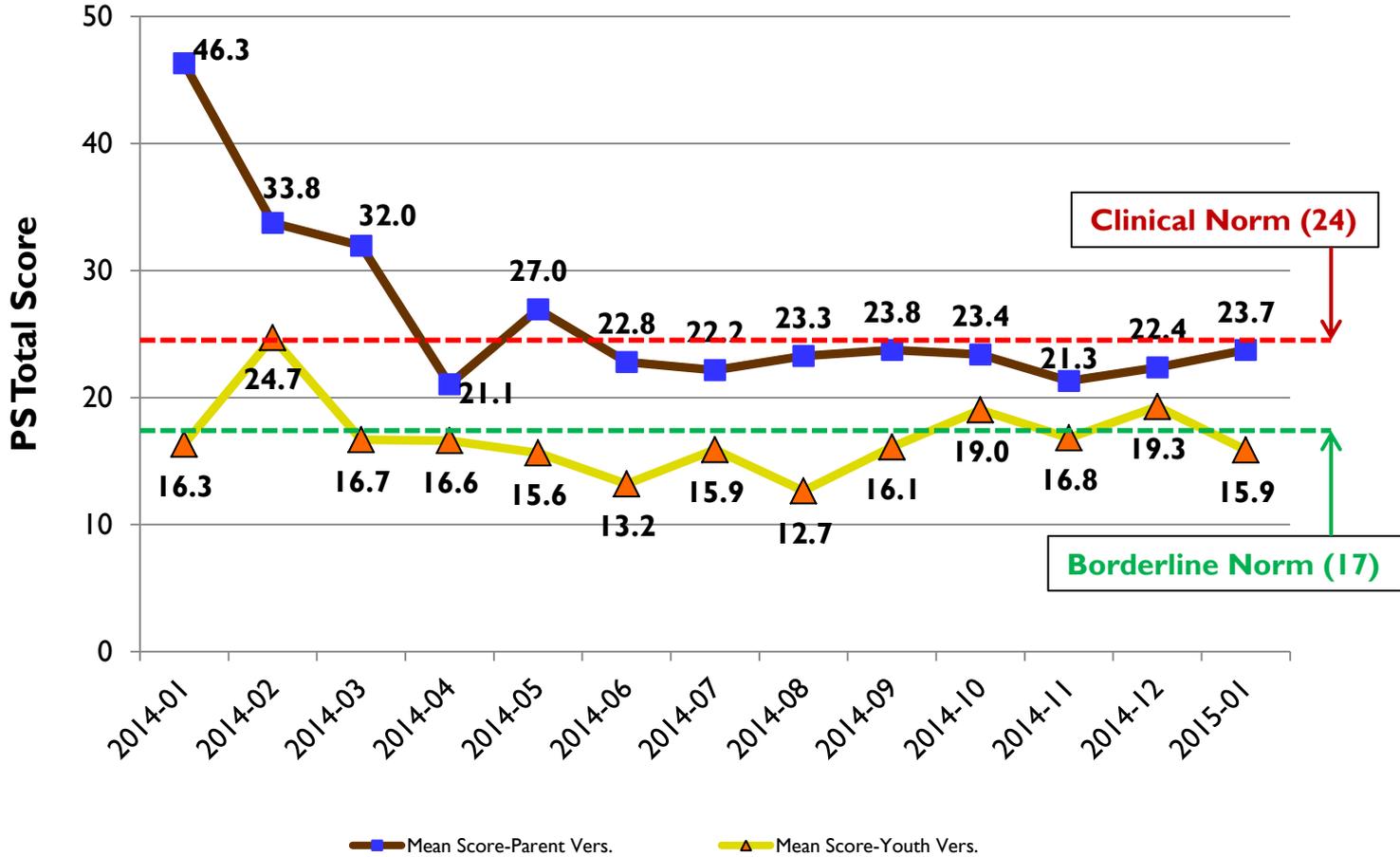
- The average 'OS Attempts per Month' CAMHD-wide is: 1 out of every 4 families gets a Parent and/or a Youth assessment administered for the youth each month.
- The FGC averages range from a low of 15% to a high of 75% (with each FGC having a different average caseload size as well as # of months participating in the assessment administration).

3b. Use of Treatment Progress Data

3. Improve the quality of services provided

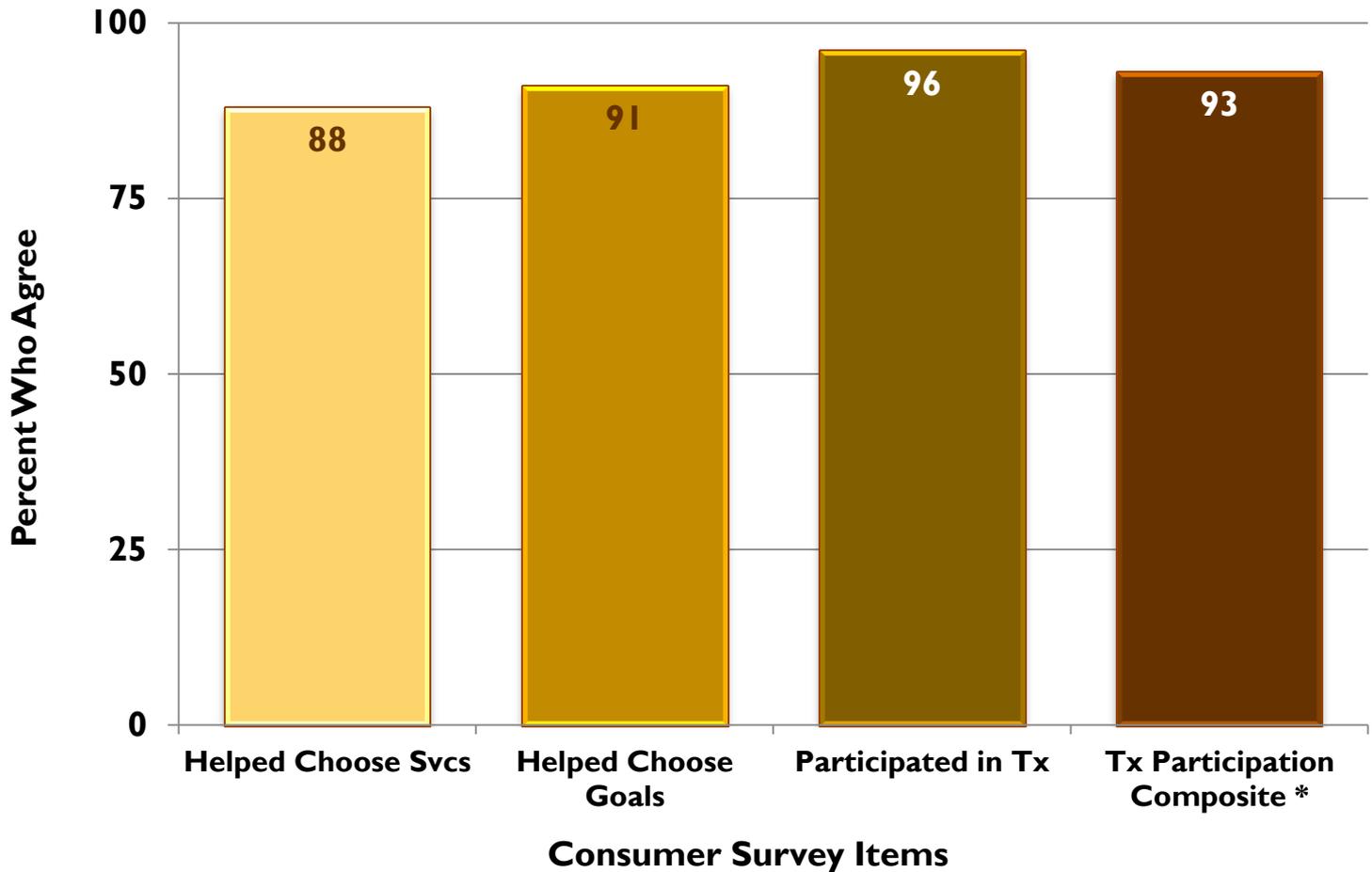
- a. Increase use of Evidence-Based Tx's
- b. Increase accessibility and use of data in case planning**
- c. Increase parent engagement in case planning
- d. Improve agreement between CSP, Tx plan, & MTPS

Ohio Scales Problem Severity (PS) Total Scores: Parent and Youth Assessments, 2014



3c. Family Engagement

Consumer Survey Results, 2014



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

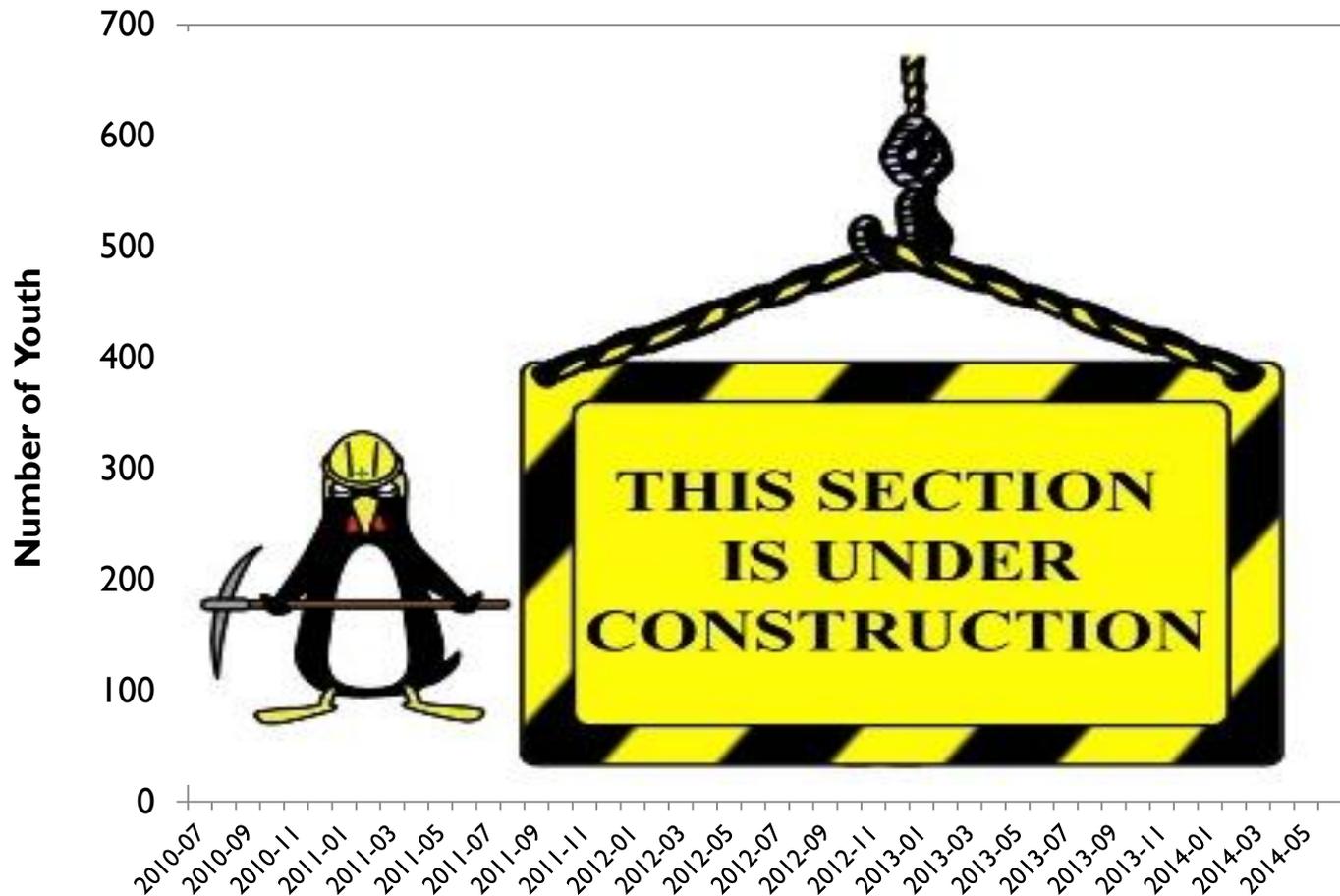
* Percent of respondents who averaged 3.5 or higher on composite score.

3d. Agreement Between Planning and Services Provided

3. Improve the quality of services provided

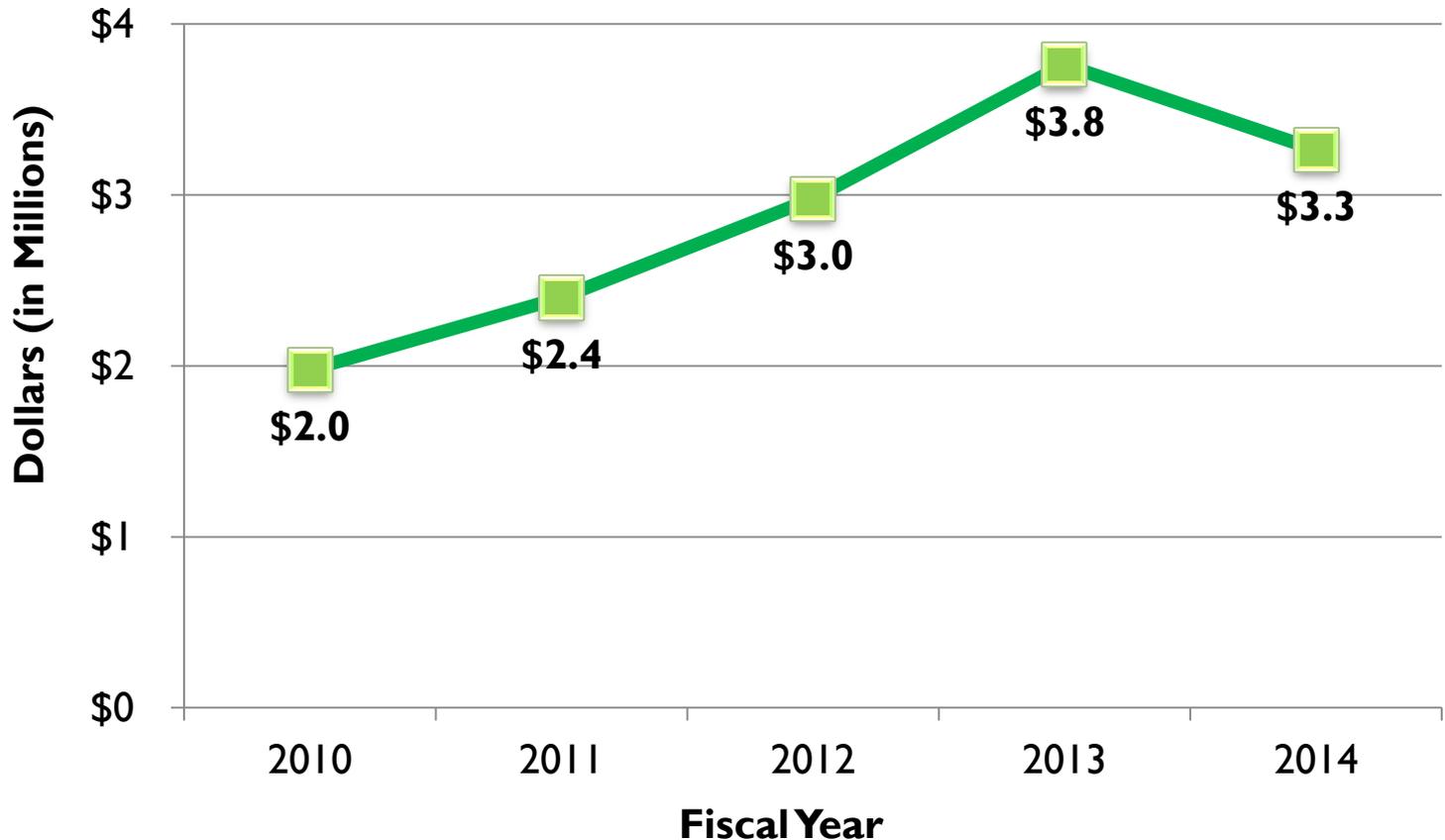
- a. Increase use of Evidence-Based Tx's
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CSP Treatment Plan and MTPS Agreement, FY14



4a. Federal Grants

CAMHD Federal Grant Revenues, FY2010 - FY2014



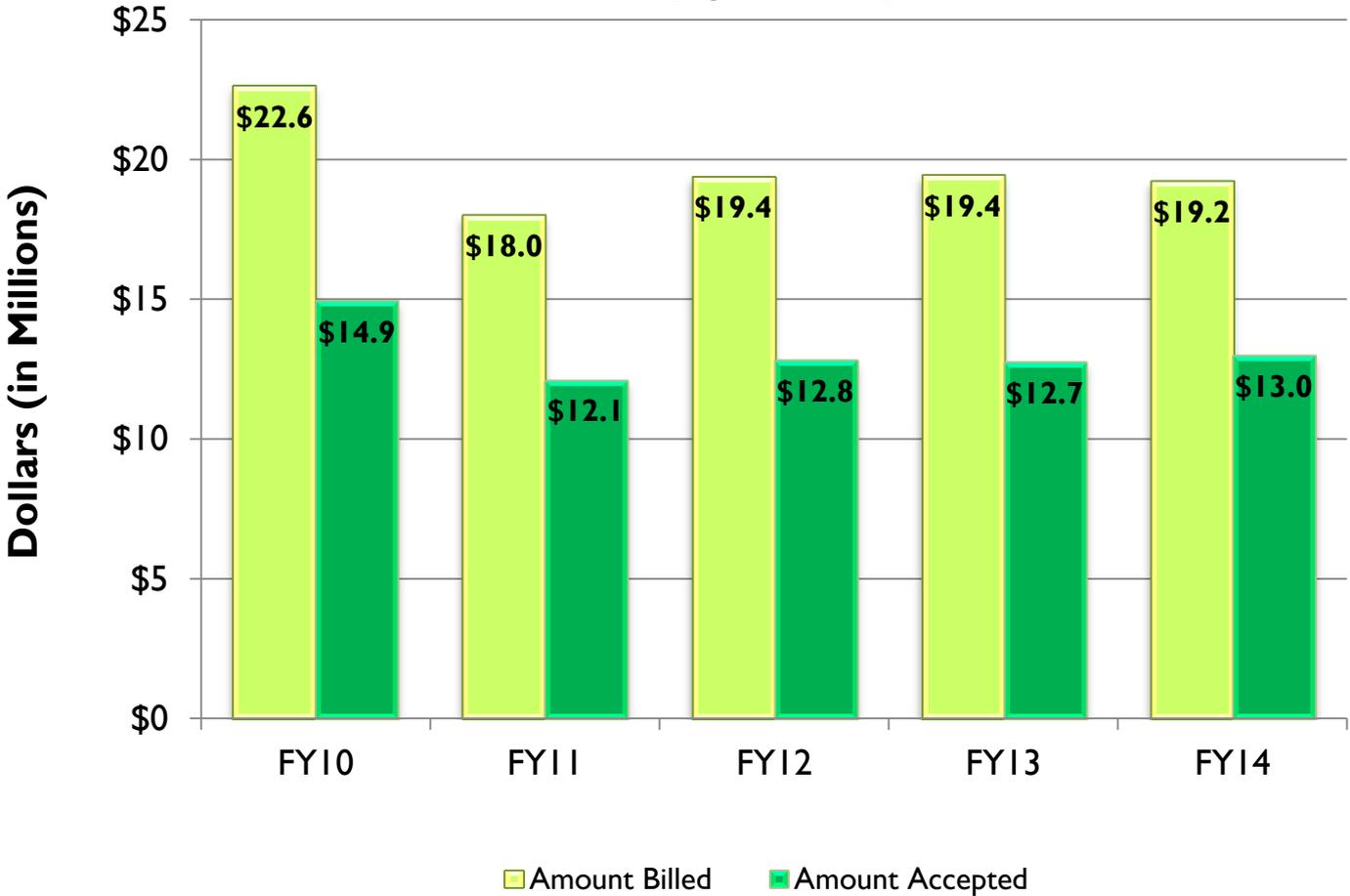
4. Increase non-state funding for services

a. Increase # of federal grant dollars allocated to CAMHD

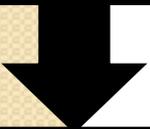
b. Increase amount of Medicaid dollars allocated to CAMHD

4b. Medicaid Reimbursement

Medicaid Dollars: Billed Vs. Accepted, FY10 - FY14



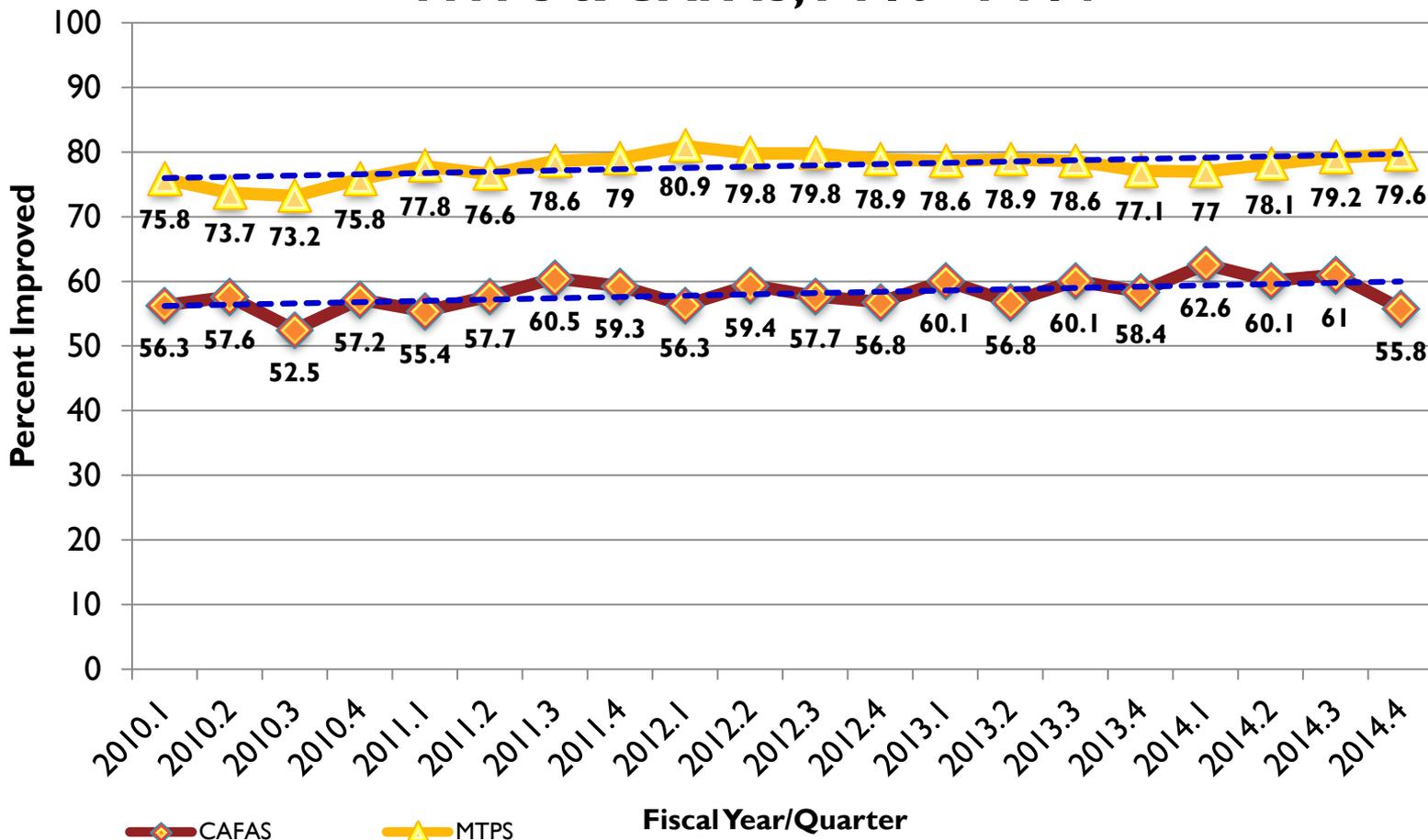
4. Increase non-state funding for services



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

5a. Rate of Youth Improvement

**Percent of Youth w/ Improving Trend*:
MTPS & CAFAS, FY10 - FY14**



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

* - Up to most current assessment

5a. Rate of Youth Improvement

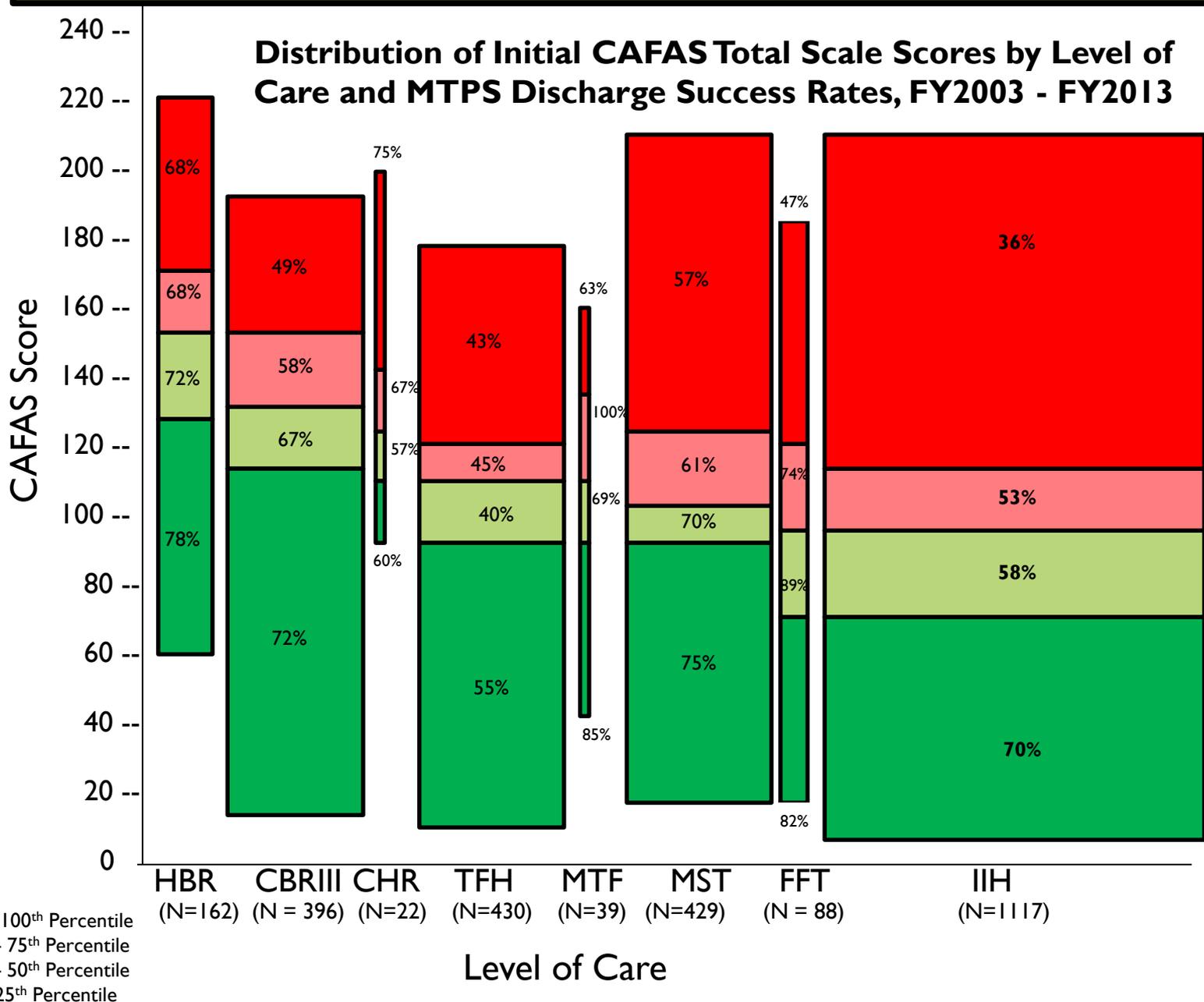
5. Improve outcomes for youth and families

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■ 75th - 100th Percentile
■ 50th - 75th Percentile
■ 25th - 50th Percentile
■ 0 - 25th Percentile

5a. Rate of Youth Improvement

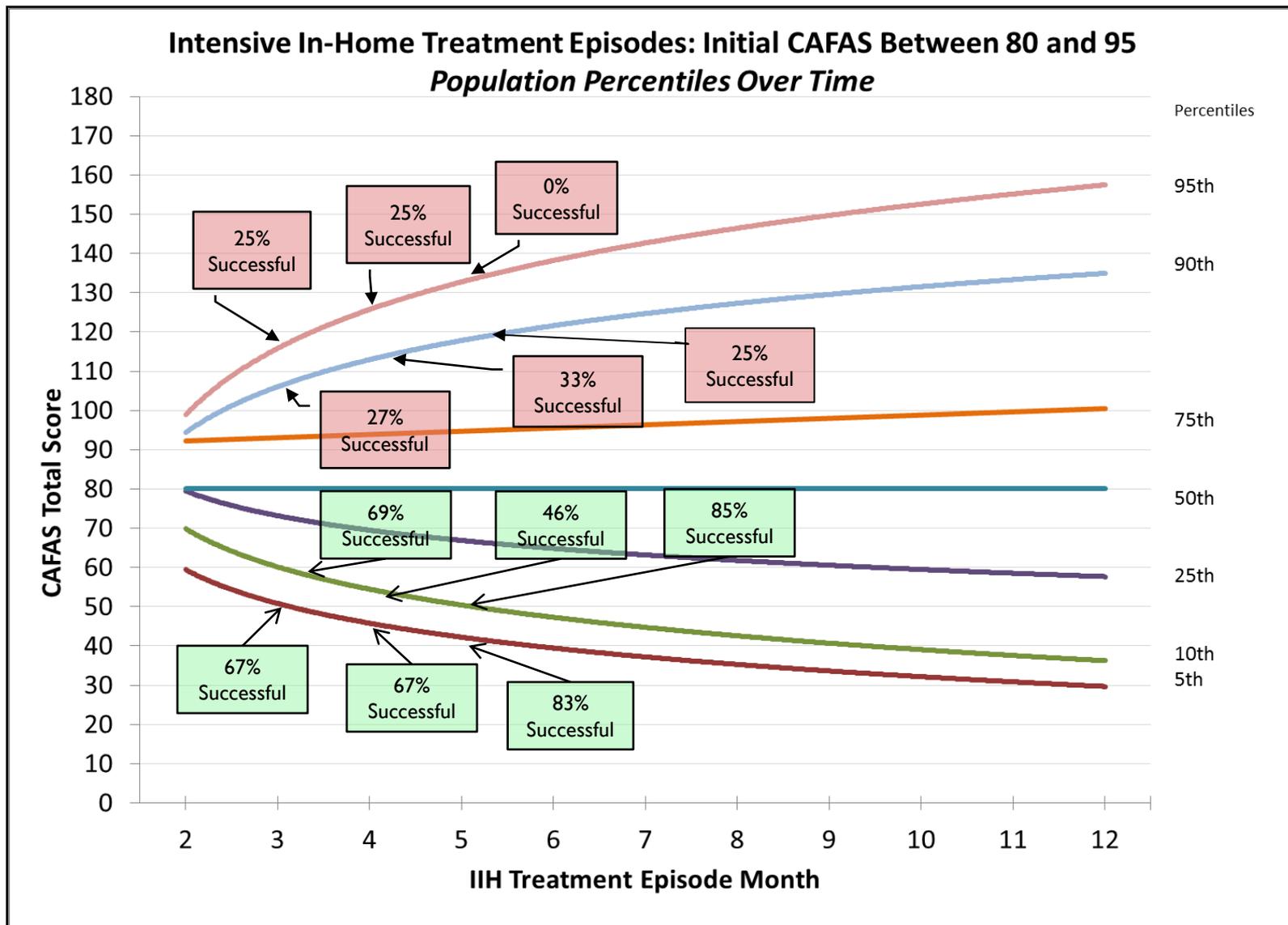
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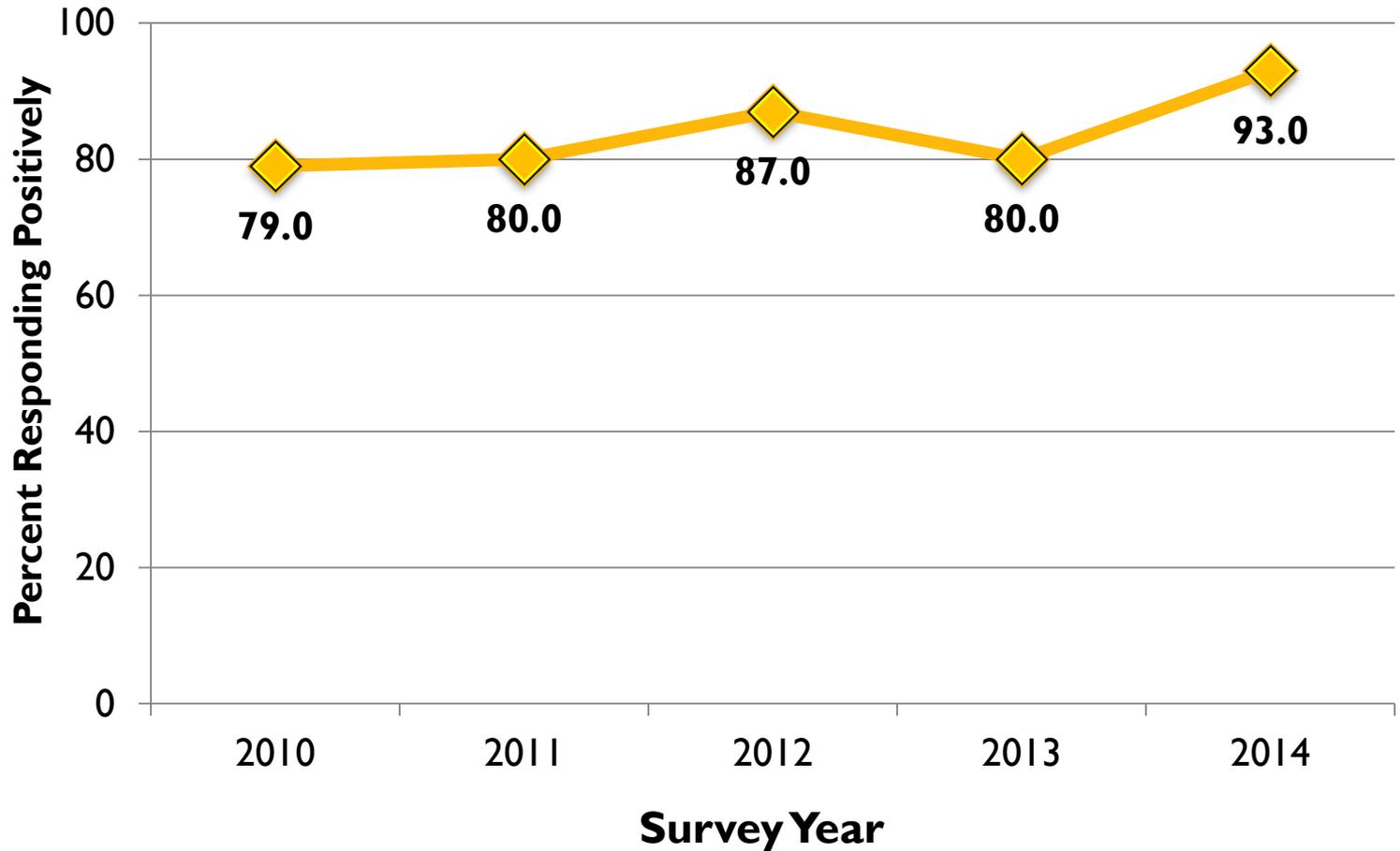
c. Improve attendance in school for CAMHD youth

d. Decrease arrests of youth served



5b. Consumer Satisfaction

Percent "Satisfied" with CAMHD Services Overall



5. Improve outcomes for youth and families

a. Increase rate of improvement for youth

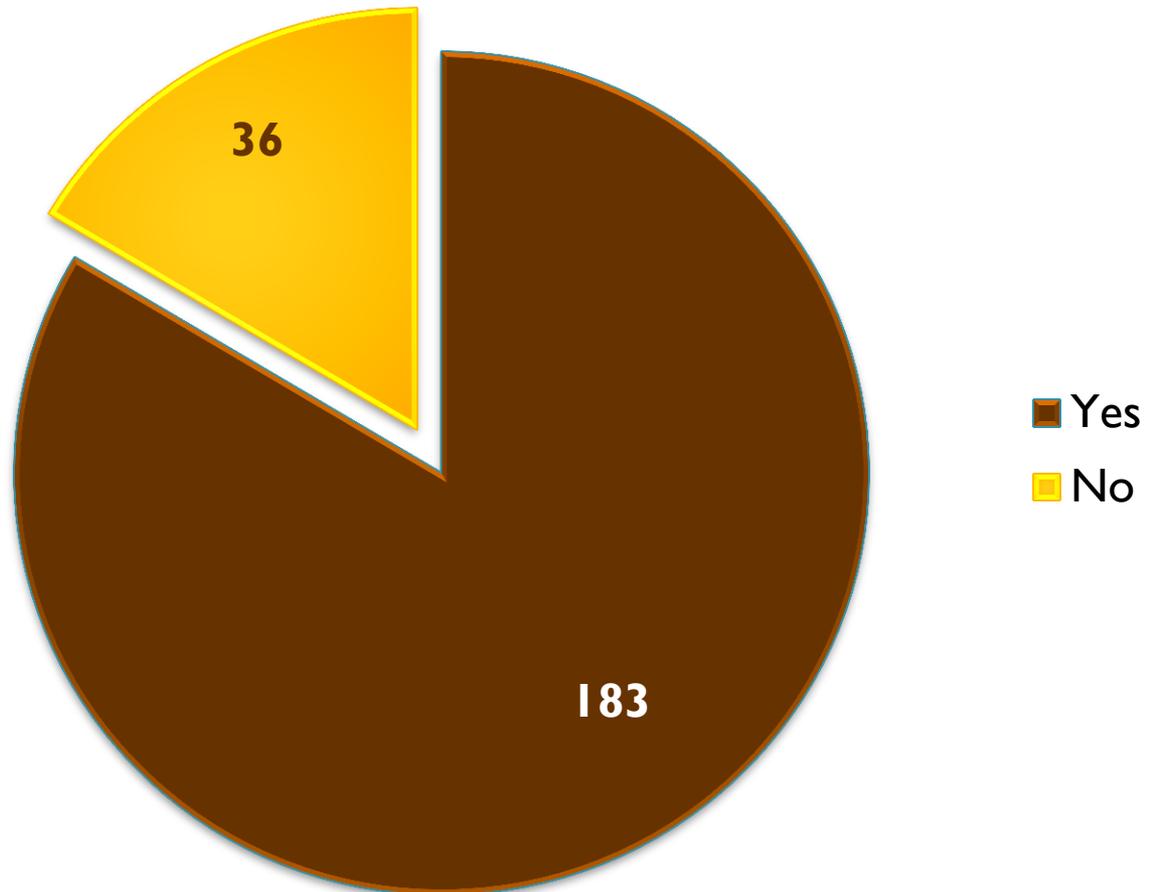
b. Improve consumer satisfaction

c. Improve attendance in school for CAMHD youth

d. Decrease arrests of youth served

5c. School Attendance

Number of Youth who Attended School in Past 30 Days: First OS Assessment



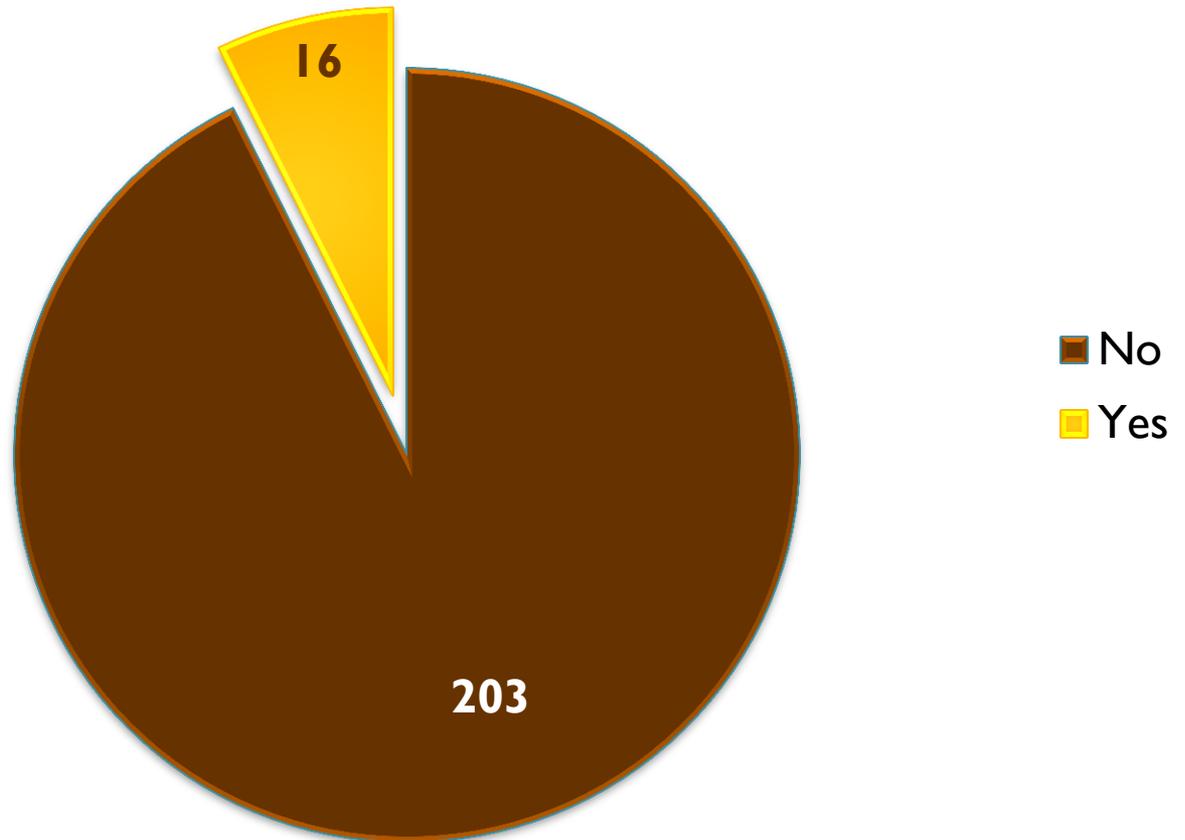
5. Improve outcomes for youth and families

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These data come from the Ohio Scales (OS) 'Cover Sheet.' The OS has only recently been implemented in most FGCs and in order for these data to become more informative, more data must be collected across the FGCs over the current year. 29

5c. School Attendance

Number of Youth Suspended or Expelled in Past 30 Days - First OS Assessment



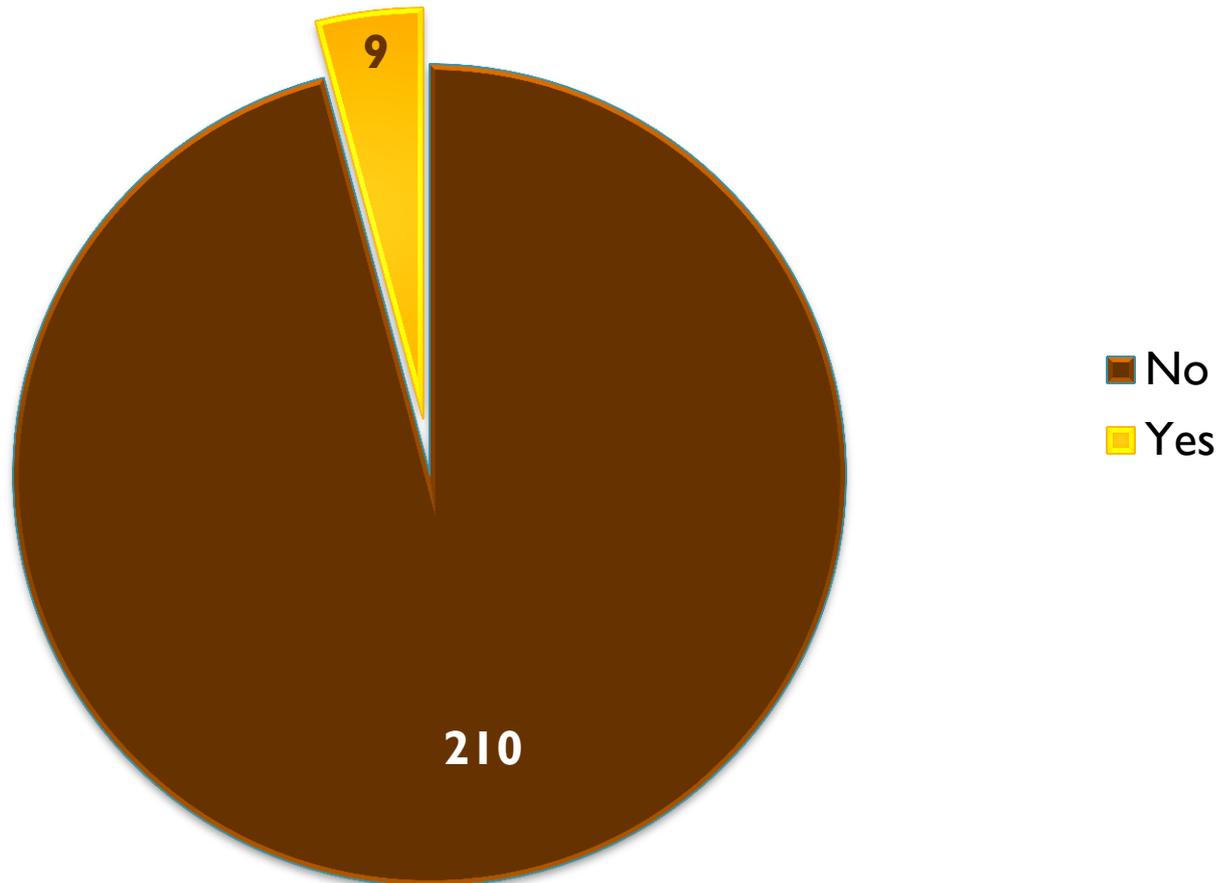
5. Improve outcomes for youth and families

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These data come from the Ohio Scales (OS) 'Cover Sheet.' The OS has only recently been implemented in most FGCs and in order for these data to become more informative, more data must be collected across the FGCs over the current year. 30

5d. Youth Arrests

Youth Arrested in Past 30 Days - First OS Assessment



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**

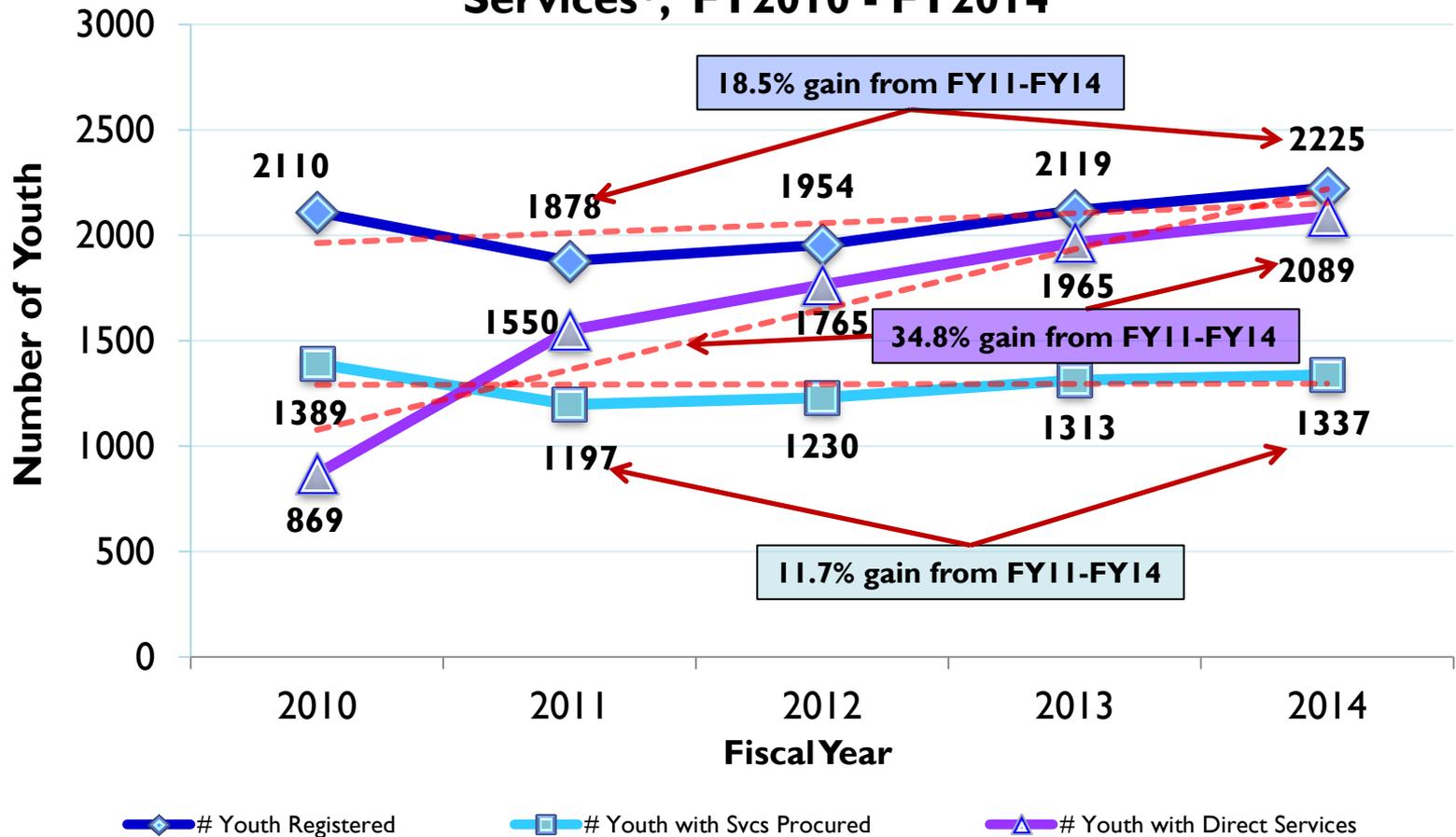
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6a. Youth with Procured Services

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

CAMHD Youth Registered, with Procured & Direct Services*, FY2010 - FY2014



18.5% gain from FY11-FY14

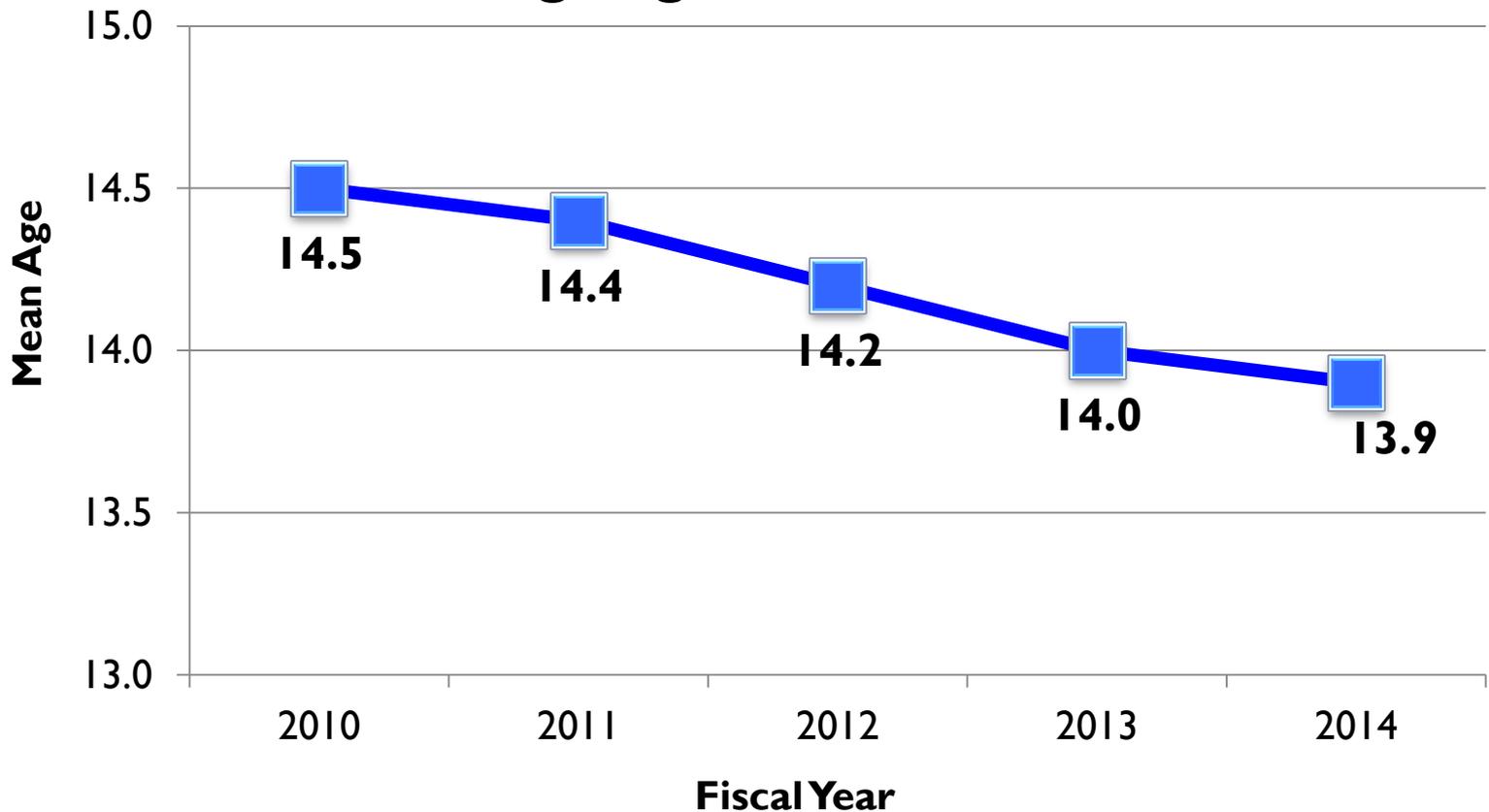
34.8% gain from FY11-FY14

11.7% gain from FY11-FY14

* - Adjusted for Mokihana

6b. Mean Age of Youth

CAMHD Registered Youth (Without Kauai) Average Age, FY2010 - FY2014



6. Expand populations served

a. Increase # of youth served annually

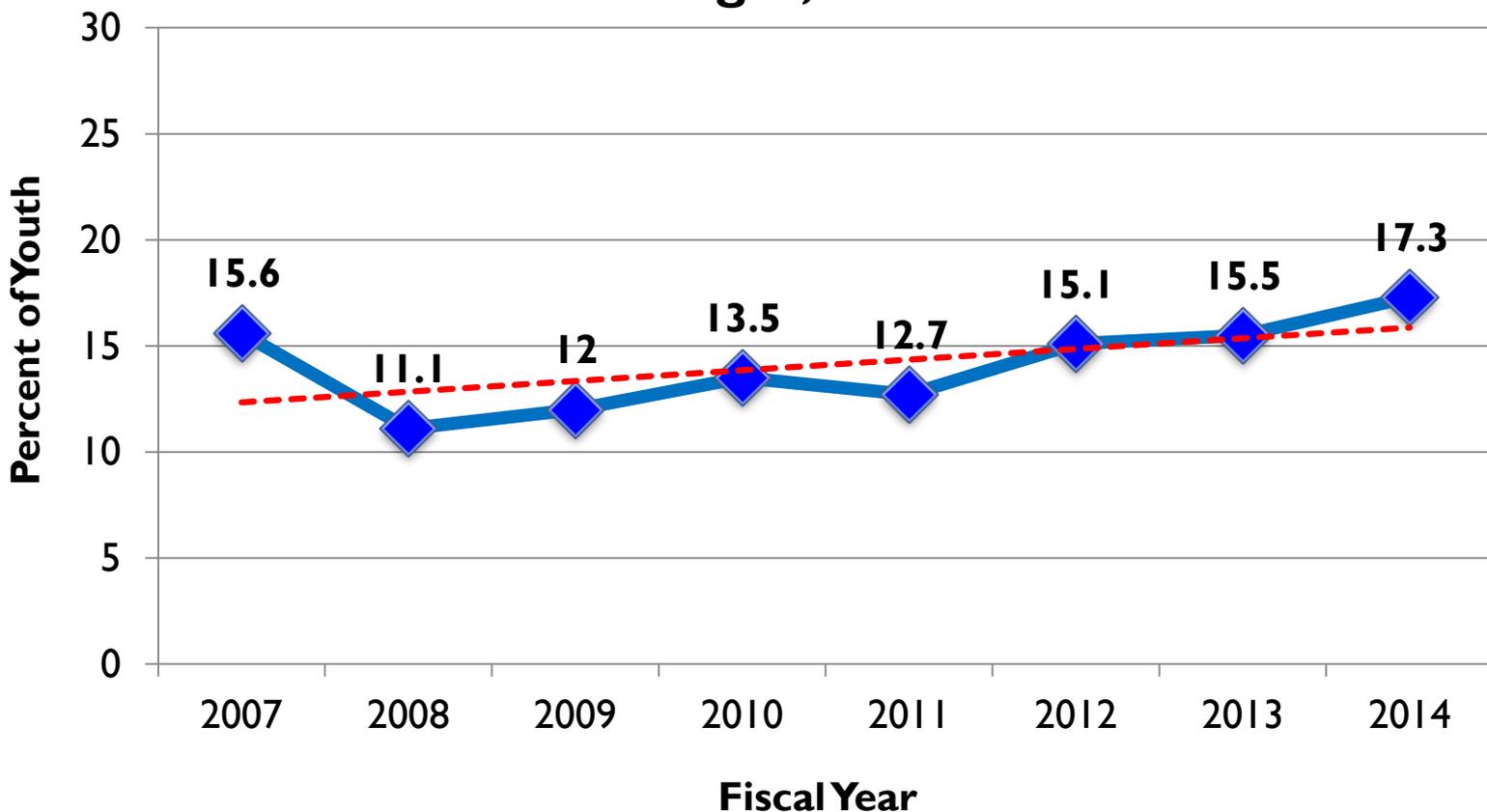
b. **Decrease mean age of youth**

c. Increase # of youth served w/ trauma history

d. Increase public awareness

6c. Youth Served w/ Trauma

Percent of Youth with “Traumatic Stress”* as a Treatment Target, FY2007 – FY2014



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

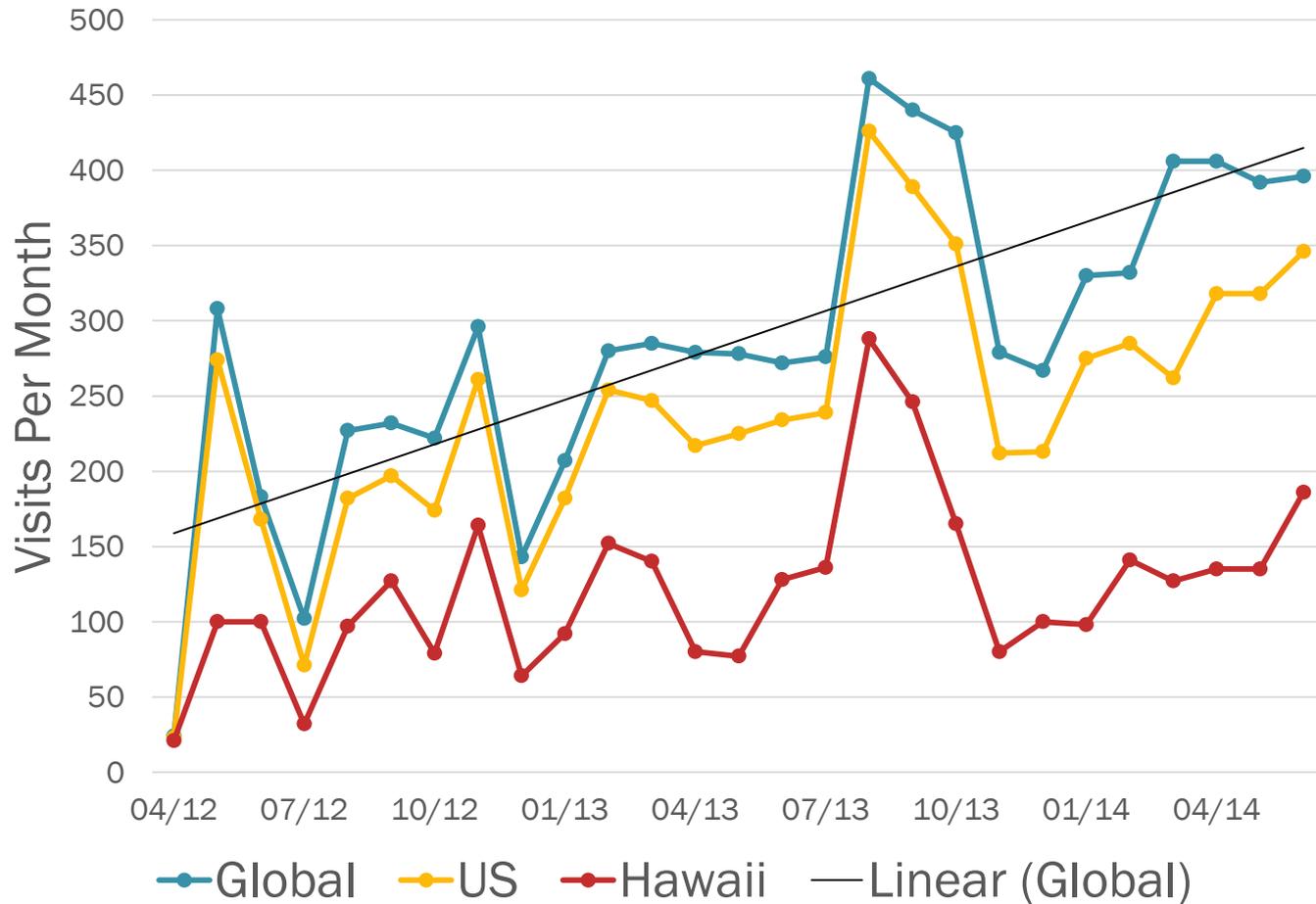
- **CAMHD**: Children's Mental Health Awareness Day; Help Your Keiki website; FaceBook posts
- **Project Kealahou**: Federal recognition for new non-profit serving youth with mental health needs; Public awareness campaign at the national SAMHSA conference; Legislative advocacy by PK families to support passing and funding of bill at 2014 legislature
- **Project Laulima**: ARC Fair; Big MAC; SPIN conference; IVAT conference; Children and Youth Summit; Leeward Health Fair; Malama Da Mind; Children's Mental Health Awareness activities

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**

HYK Website Visitors Flow (Apr 2012 - Jun 2014)



Summary of Indicator Results

- Nearly all youth have at least one documented direct service; now more deliberate and consistent effort needed
- Length of treatment moving closer to guidelines
- Evidence-based program use continuing to decline; although increasing local evidence-base for decision making
- Better process for early identification of high risk youth can be pursued
- Parents reporting that they are participating in services
- Increasing parent and youth voice
- Non-state funding needs to be tracked closely
- Increase in number of youth registered
- Age of clients continuing to decrease slowly
- Increase in percent of youth with Traumatic Stress as treatment target
- Public Awareness activities continuing

PANEL DISCUSSION

- Keli Acquaro – Branch Chief, Big Island FGC
- Derek Vale – Healthcare System Management Officer
- Rachael Guay – Family Engagement Liaison
- Brad Nakamura, PhD – Associate Professor, UH-Manoa
- Dan Ulrich, MD – Medical Director
- Stan Michels, MD – Chief Administrator