Annual Review of CAMHD Performance Indicators: FY 2015
March 4, 2016

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Agenda for the Day

CAMHD Model Indicators:

- Current Indicators of Progress Toward the CAMHD Model

Short Break

Panel Discussion:

- Thoughts and Recommendations re:

The Changing CAMHD Service Array

CAMHD Model Strategy

Goals

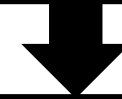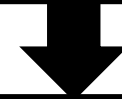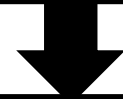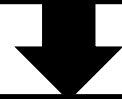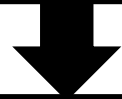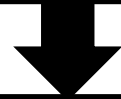| 1. Improve the coordination of services offered | 2. Improve clinical operations and processes | 3. Improve the quality of services provided | 4. Increase non-state funding for services | 5. Improve outcomes for youth and families | 6. Expand populations served |

Outputs&Outcomes

a. Increase documentation and use of 'Direct Services'	a. Bring length of service closer to CAMHD policy guidelines	a. Increase use of Evidence-Based Txs	a. Increase amount of federal grant dollars allocated to CAMHD	a. Increase rate of improvement for youth	a. Increase # of youth served annually
b. Improve documentation of medications prescribed and used	b. Increase time CAMHD clinical team spend on clinical tasks	b. Increase accessibility and use of data in case planning	b. Increase amount of Medicaid dollars allocated to CAMHD	b. Improve consumer satisfaction	b. Decrease mean age of youth
c. Increase data-sharing across DoH divisions and state agencies	c. Keep clinical positions filled	c. Increase parent engagement in case planning		c. Improve attendance in school for CAMHD youth	c. Increase # of youth served w/ trauma history
	d. Improve consistency of monthly entry of DAP notes	d. Improve agreement between CSP, Tx plan, & MTPS		d. Decrease arrests of youth served	d. Increase public awareness
					e. Offer appropriate services for a changing population.

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1a. CAMHD Direct Services

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

CAMHD Youth Registered and with Direct & Procured Services, Fiscal Years 2011-2015

Number of Youth (y-axis): 0, 500, 1000, 1500, 2000, 2500, 3000

Fiscal Year (x-axis): 2011, 2012, 2013, 2014, 2015

Youth Registered: 1878, 1954, 2119, 2225, 2405

Youth with Direct Services: 1550, 1765, 1965, 2089, 2070

Youth with Services Procured: 1197, 1230, 1313, 1337, 1505

Legend: ◆ # Youth Registered   ● # Youth with Direct Services   ■ # Youth with Services Procured
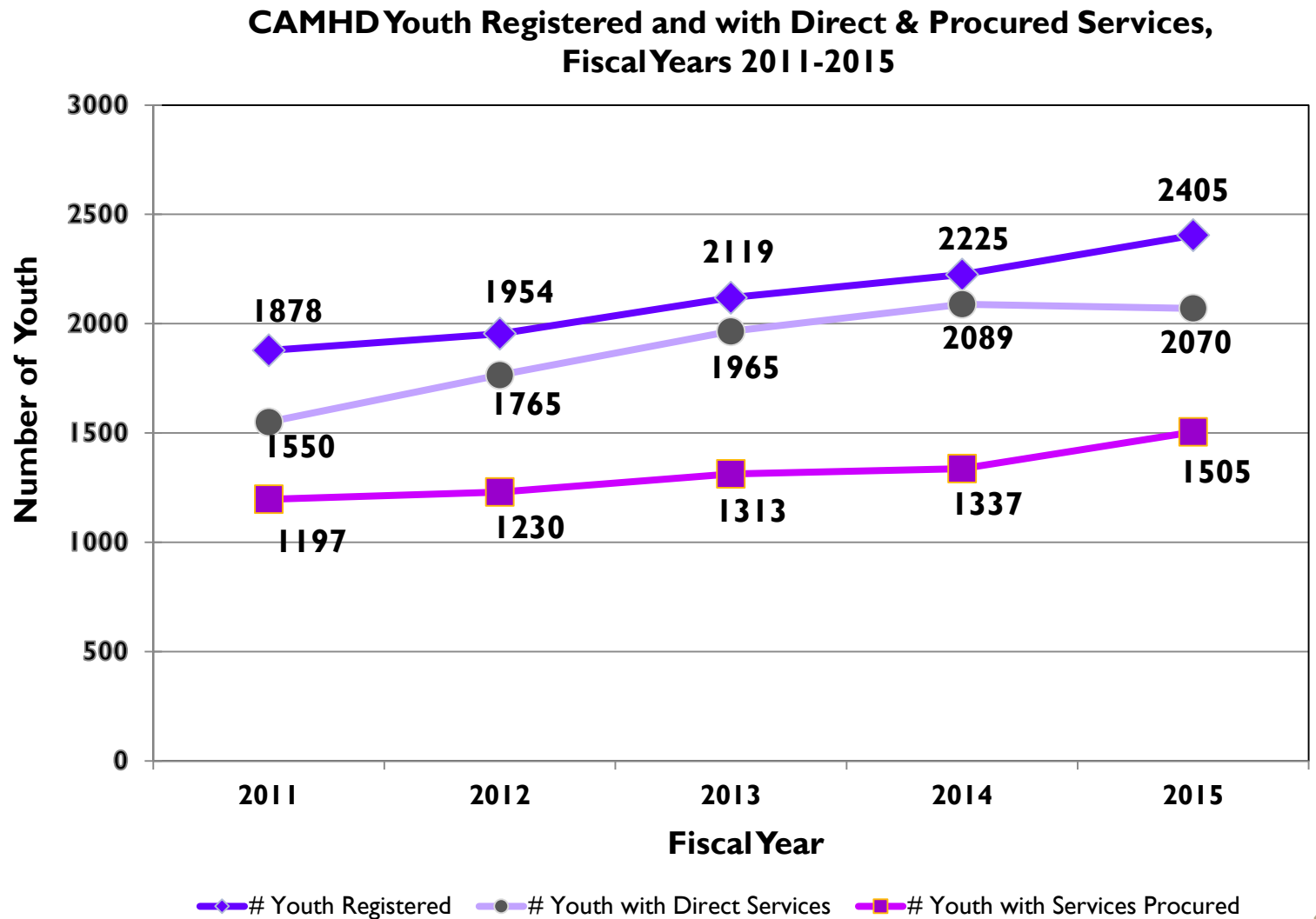
1a. CAMHD Direct Services

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

CAMHD Percent of Registered Youth with Direct & Procured Services, Fiscal Year 2011-2015

Percent of Youth (Y-axis: 0% to 100%)

Percent with Direct Services:
- 2011: 83%
- 2012: 90%
- 2013: 93%
- 2014: 94%
- 2015: 86%

Percent with Procured Services:
- 2011: 64%
- 2012: 63%
- 2013: 62%
- 2014: 60%
- 2015: 63%

Fiscal Year (X-axis)

Legend: Percent with Procured Services — Percent with Direct Services

1a. CAMHD Direct Services

1. Improve the coordination of services offered

a. Increase documentation and use of 'Direct Services'

b. Improve documentation of medications prescribed and used

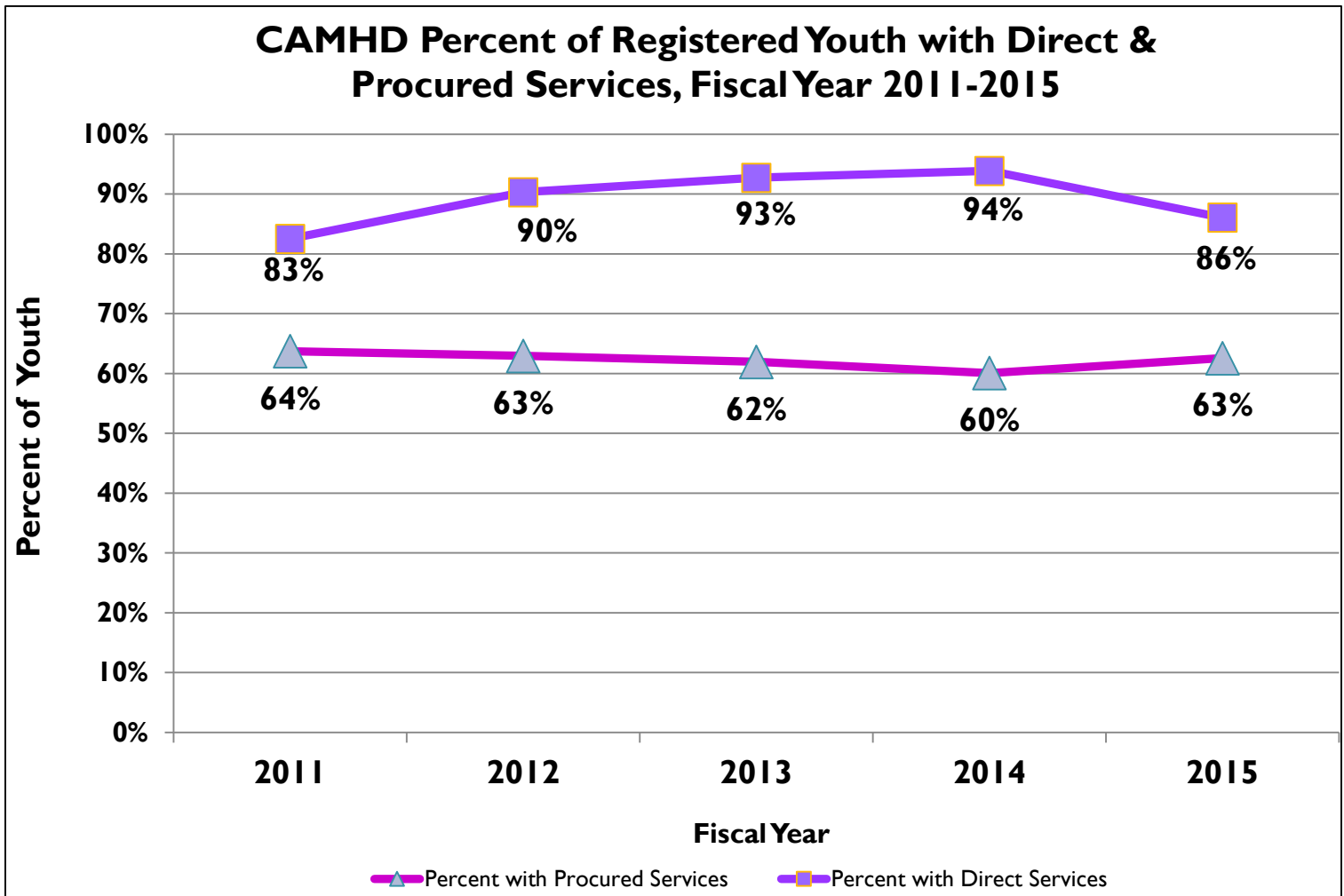c. Increase data-sharing across DoH divisions and state agencies

CAMHD Youth Registered and Receiving Direct & Procured Services by FGC, Fiscal Year 2011-2015

Legend: Registered, Direct Services, Procured Services

Y-axis: # of Registered Youth

X-axis: Fiscal Year by Family Guidance Center — Hawaii (Big Island), Leeward Oahu, Central Oahu, Honolulu Oahu, Maui, Kauai, Family Court Liaison

1a. CAMHD Direct Services

Distribution of Direct Service Types by FGC and All CAMHD: Percents of Total Records Submitted, FY 2015
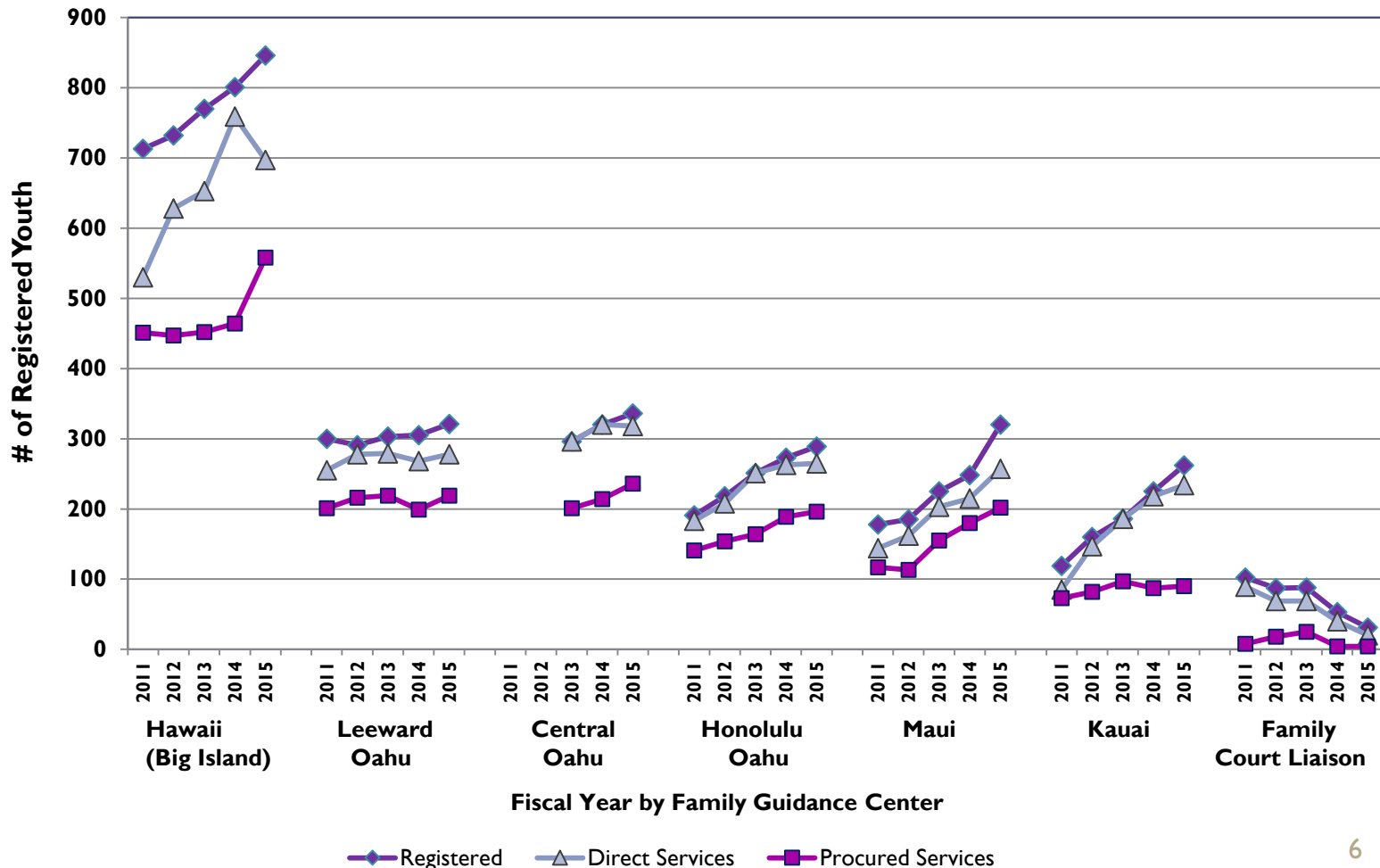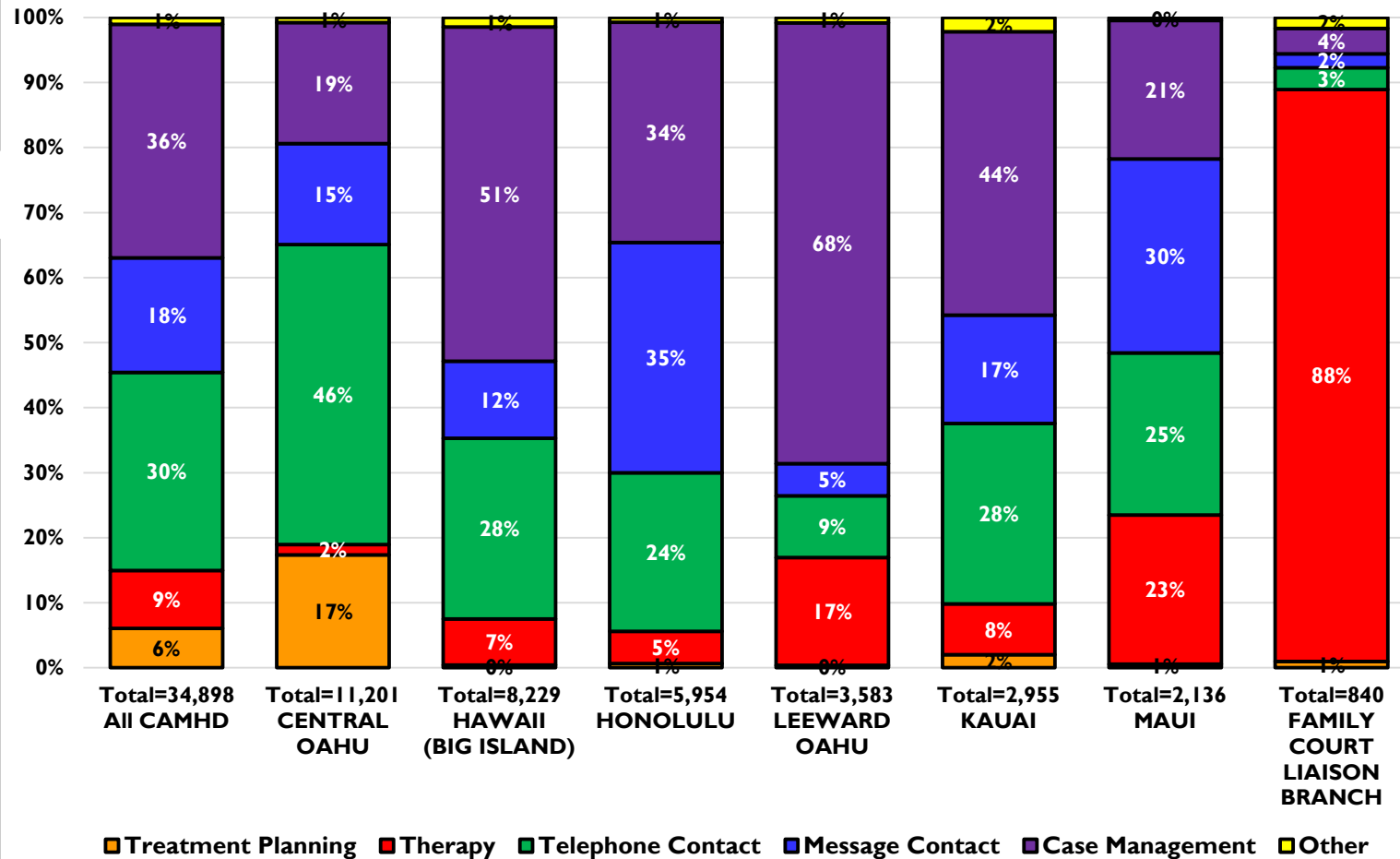
1. Improve the coordination of services offered

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

	Treatment Planning	Therapy	Telephone Contact	Message Contact	Case Management	Other
Total=34,898 All CAMHD	6%	9%	30%	18%	36%	1%
Total=11,201 Central Oahu	17%	2%	46%	15%	19%	1%
Total=8,229 Hawaii (Big Island)	0%	7%	28%	12%	51%	1%
Total=5,954 Honolulu	1%	5%	24%	35%	34%	1%
Total=3,583 Leeward Oahu	0%	17%	9%	5%	68%	1%
Total=2,955 Kauai	2%	8%	28%	17%	44%	2%
Total=2,136 Maui	1%	23%	25%	30%	21%	0%
Total=840 Family Court Liaison Branch	1%	88%	3%	2%	4%	2%

# of Youth Registered Annually: (N = 2405) (N = 336) (N = 846) (N = 289) (N = 321) (N = 262) (N = 320) (N = 31)

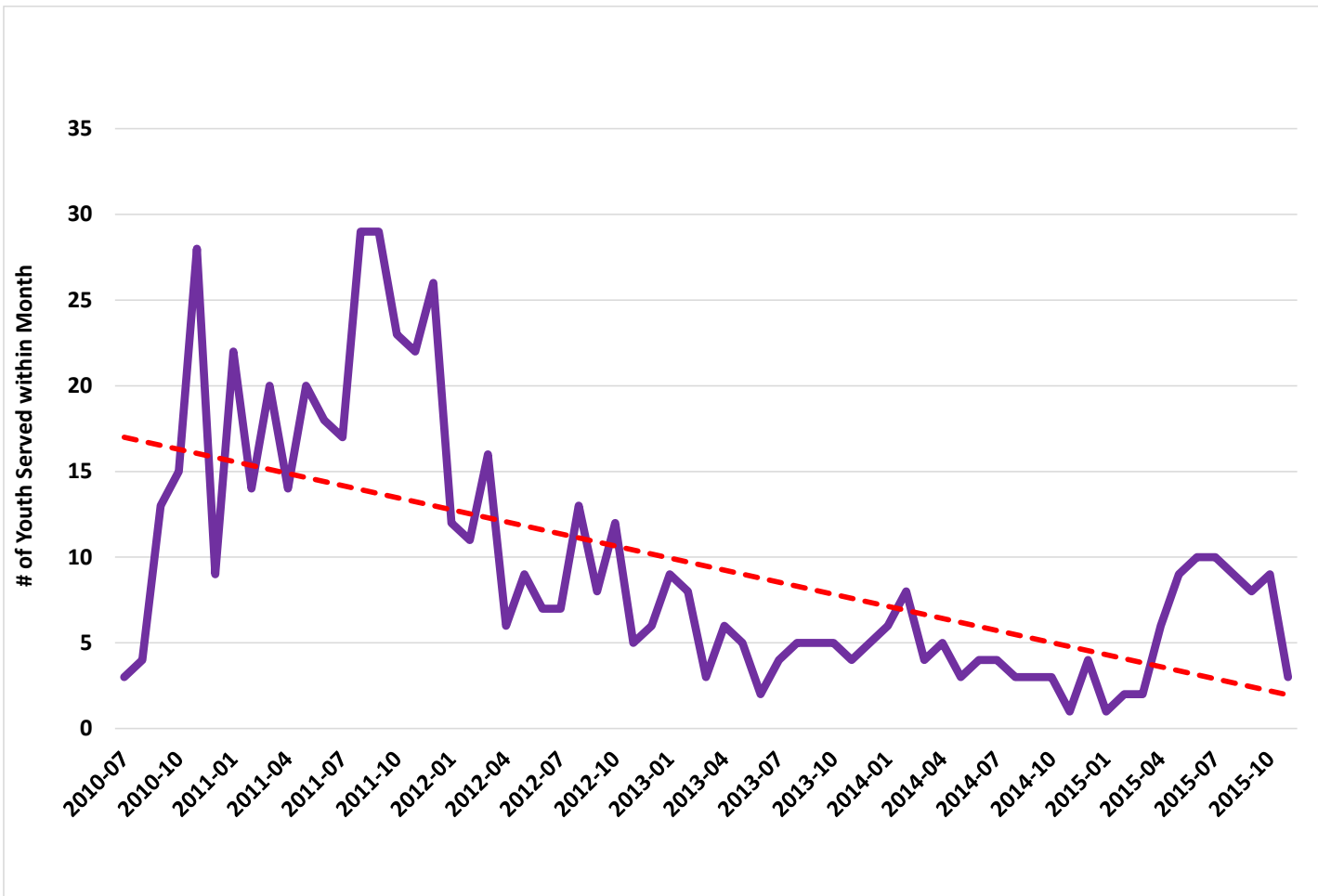# 1b. Documentation of Medications Prescribed

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

Youth Receiving Documented Medication Management by CAMHD Staff, FY11 - FY15

1c. Data Sharing

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**

Projects Underway:

- **CAMHD** – Data Governance initiative planned with DOH BHA Divisions and DHS for data sharing; Hawaii Youth Interagency Performance Report (HYIPR) created & posted online for 2nd year

- **Project Kealahou** – Shared PK outcomes and lessons learned in Family and Youth "Our Story" Summit in August 2015 with PK families

- **Project Laulima** – Shared CBI and Solutions Hui outcome data with DDD, DOE, CWS and other 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. Keep clinical positions filled

d. Improve consistency of monthly entry of DAP notes

**Mean Length of Service:
Intensive In-Home, FY10 Q1-FY15 Q3**

# of Days in Treatment

195, 246, 225, 239, 224, 208, 209, 259, 236, 183, 240, 209, 214, 182, 186, 237, 215, 193, 206, 178, 179, 189, 187

Orange Book Re-Authorization Guideline = 150 days

Fiscal Year and Quarter

2a. Length of Services

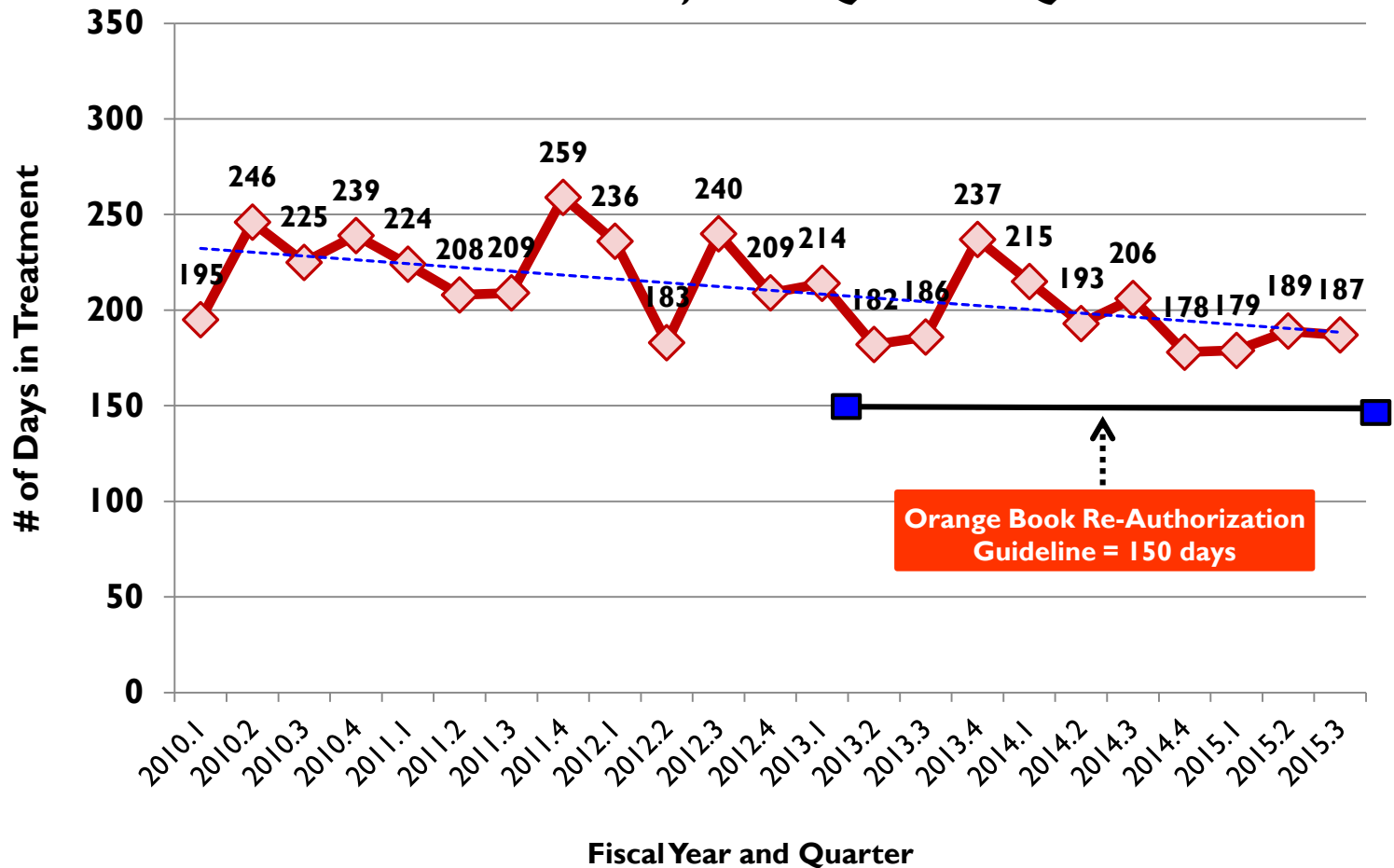**2. Improve clinical operations and processes**
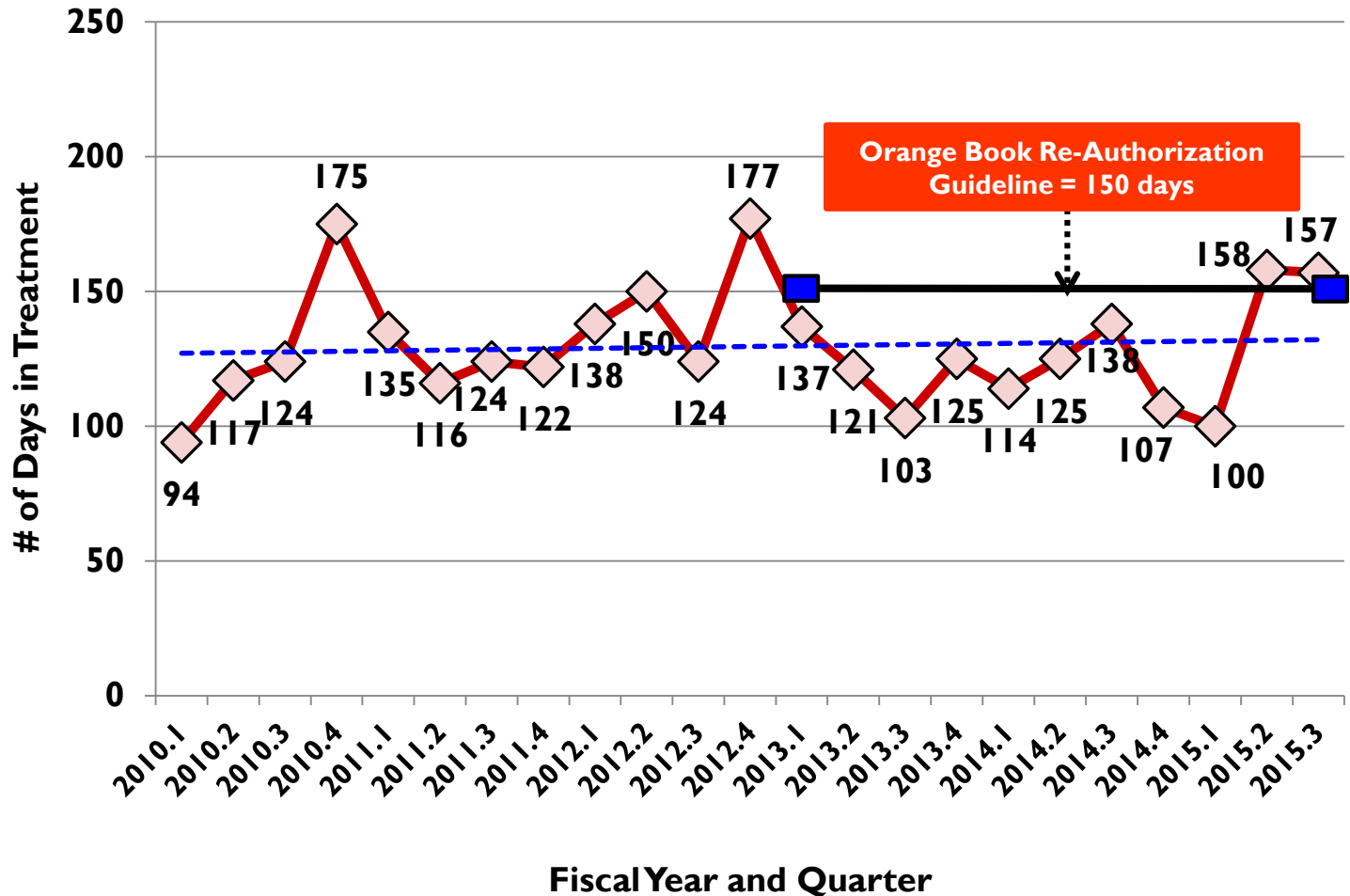
↓

a. Bring length of service closer to CAMHD policy guidelines

b. Increase time CAMHD clinical team spend on clinical tasks

c. Keep clinical positions filled

d. Improve consistency of monthly entry of DAP notes

Mean Length of Service:
Community-Based Residential III, FY10 Q1-FY15 Q3

# of Days in Treatment vs **Fiscal Year and Quarter**

Orange Book Re-Authorization Guideline = 150 days

Data values: 94, 117, 124, 175, 135, 116, 124, 122, 138, 150, 124, 177, 137, 121, 103, 125, 114, 125, 138, 107, 100, 158, 157

2a. Length of Services
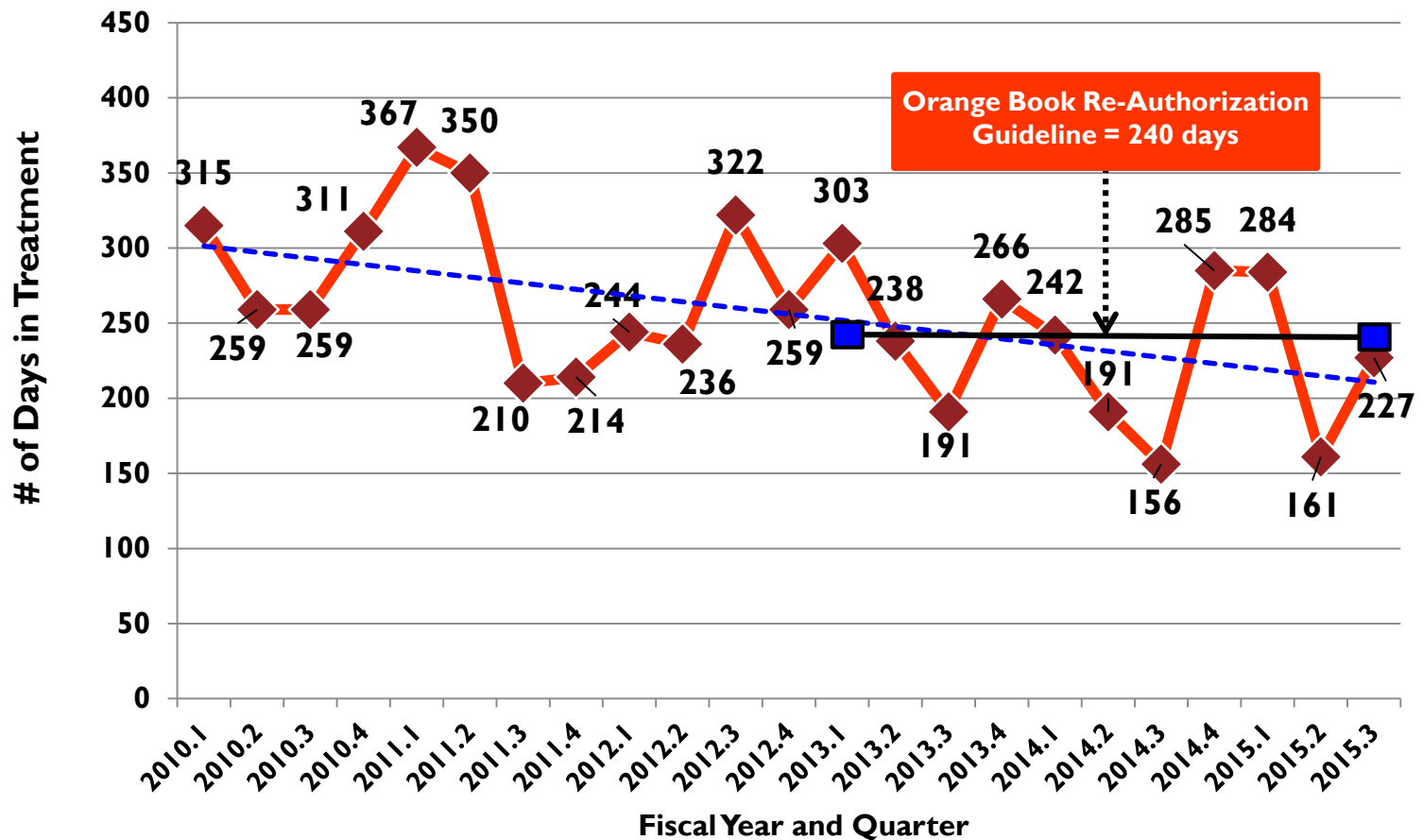
2. Improve clinical operations and processes

a. Bring length of service closer to CAMHD policy guidelines

b. Increase time CAMHD clinical team spend on clinical tasks

c. Keep clinical positions filled

d. Improve consistency of monthly entry of DAP notes

Mean Length of Service:
Transitional Family Home, FY10 Q1-FY15 Q3

# of Days in Treatment (y-axis: 0, 50, 100, 150, 200, 250, 300, 350, 400, 450)

Fiscal Year and Quarter (x-axis: 2010.1, 2010.2, 2010.3, 2010.4, 2011.1, 2011.2, 2011.3, 2011.4, 2012.1, 2012.2, 2012.3, 2012.4, 2013.1, 2013.2, 2013.3, 2013.4, 2014.1, 2014.2, 2014.3, 2014.4, 2015.1, 2015.2, 2015.3)

Data labels: 315, 259, 259, 311, 367, 350, 210, 214, 244, 236, 322, 266, 303, 238, 259, 191, 266, 242, 191, 156, 285, 284, 161, 227

Orange Book Re-Authorization Guideline = 240 days

Direct Service Documentation at CAMHD

"Watson, you've got to see this..."

2b. Time on Clinical Tasks

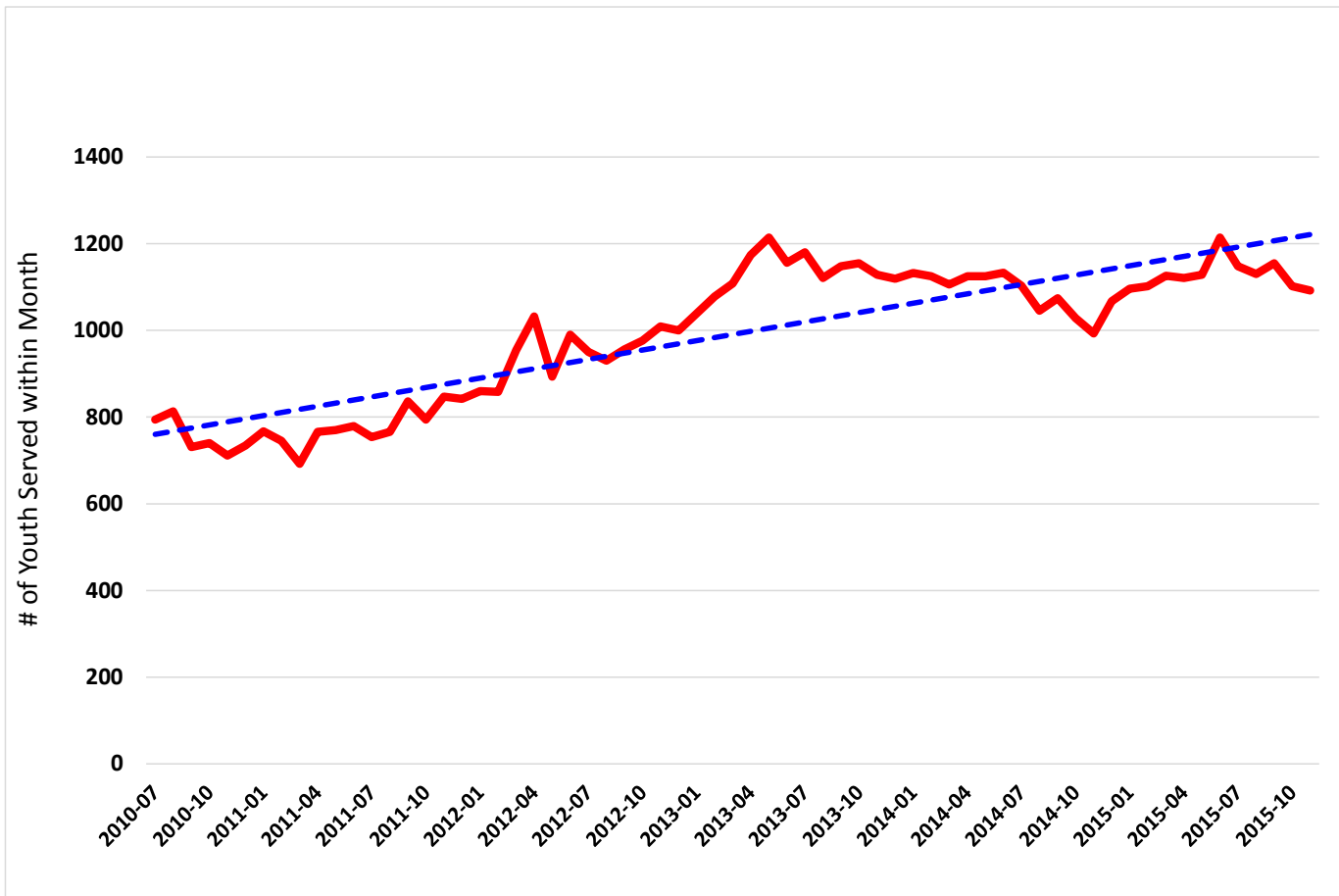## Number of Youth Receiving a 'Direct Service'* Recorded Note by Month, FY11 - FY15

2. Improve clinical operations and processes

a. Bring length of service closer to CAMHD policy guidelines

b. Increase time CAMHD clinical team spends on clinical tasks

c. Keep clinical positions filled

d. Improve consistency of monthly entry of DAP notes

* - Examples of Direct Services include: Case Management and Family Therapy

2b. Time on Clinical Tasks

Number of Youth Receiving a 'Contact'* Recorded Note by Month, FY11 - FY15
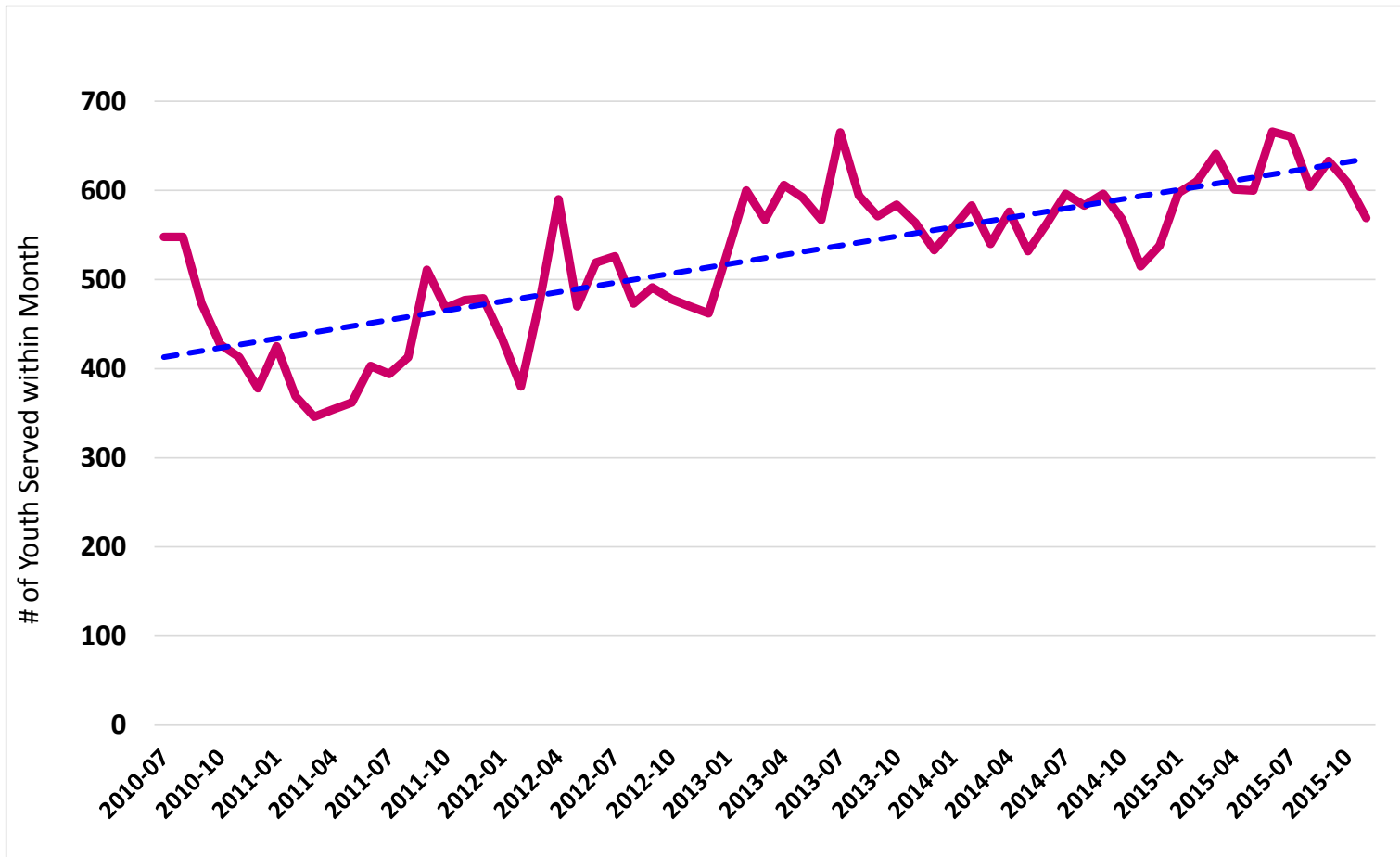
2. Improve clinical operations and processes

a. Bring length of service closer to CAMHD policy guidelines

b. Increase time CAMHD clinical team spends on clinical tasks

c. Keep clinical positions filled

d. Improve consistency of monthly entry of DAP notes

# of Youth Served within Month

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

2b. Time on Clinical Tasks

Number of Youth Receiving a 'Case Management'* Recorded Note by Month, FY11 - FY15
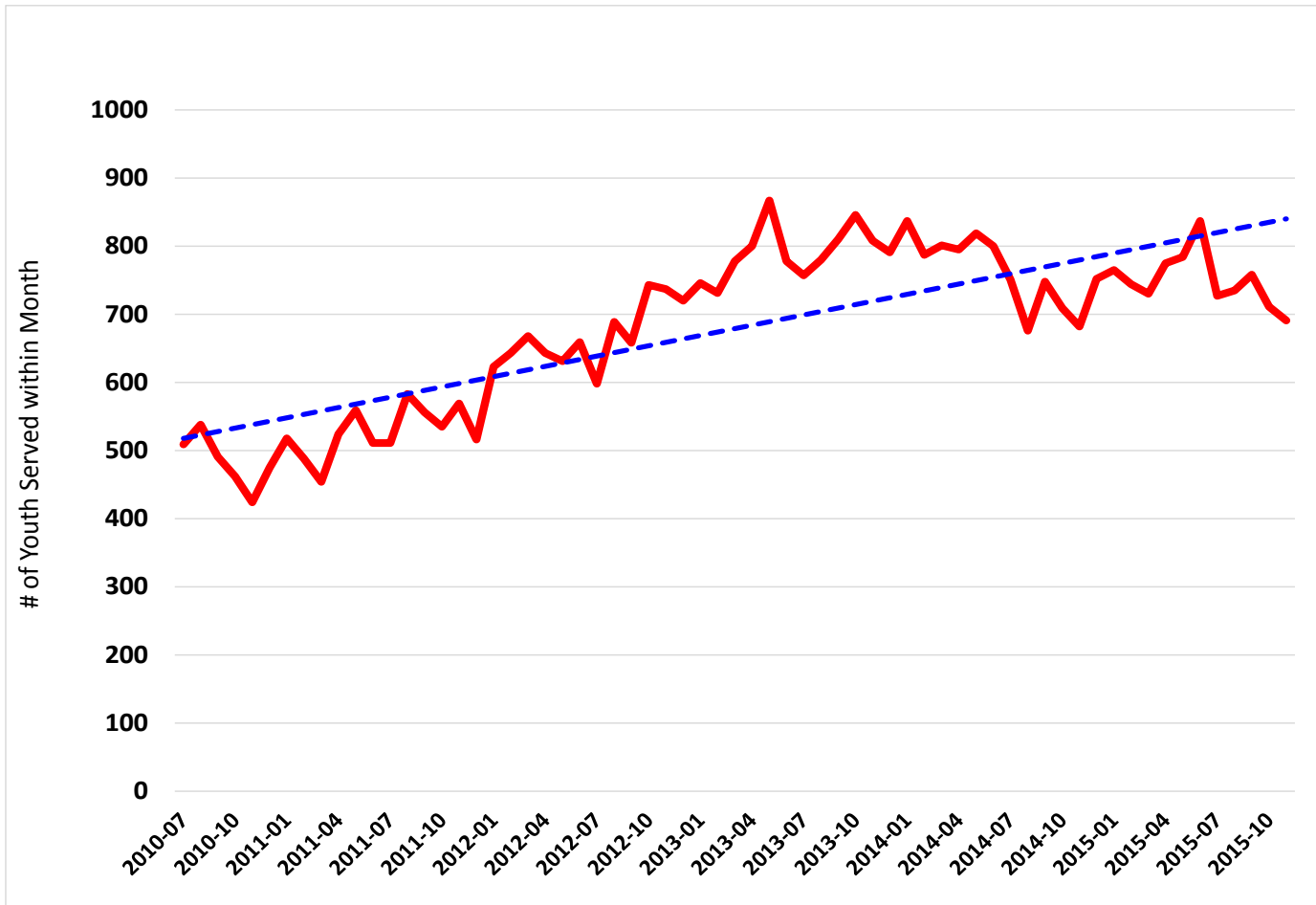
2. Improve clinical operations and processes

a. Bring length of service closer to CAMHD policy guidelines

b. Increase time CAMHD clinical team spends on clinical tasks

c. Keep clinical positions filled

d. Improve consistency of monthly entry of DAP notes

* - Case Management includes: Targeted and Intensive Case Mgmt.

2b. Time on Clinical Tasks

Number of Youth Receiving an 'Outpatient Service'* Recorded Note by Month, FY11 - FY15

2. Improve clinical operations and processes

a. Bring length of service closer to CAMHD policy guidelines

b. Increase time CAMHD clinical team spends on clinical tasks
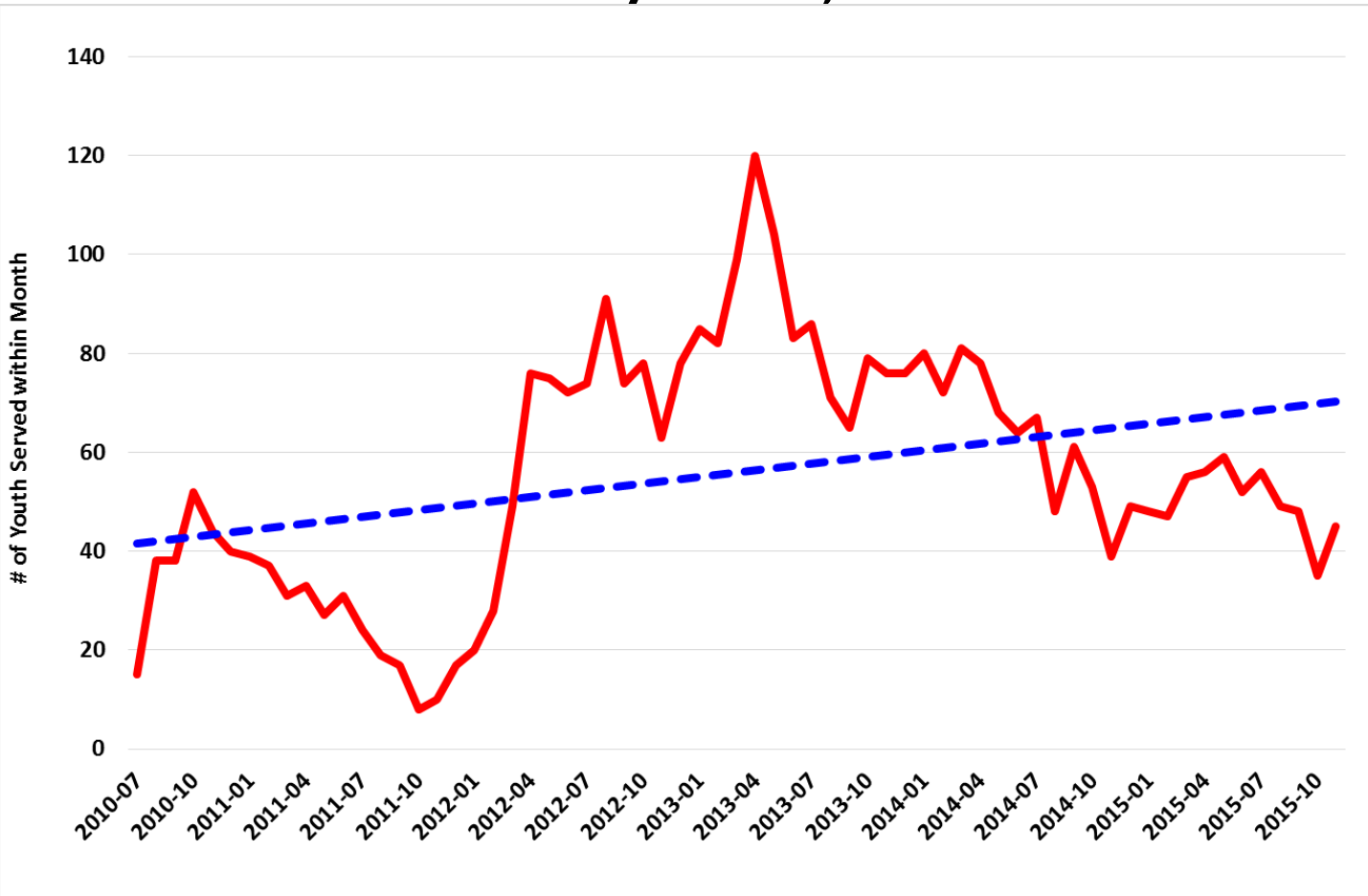
c. Keep clinical positions filled

d. Improve consistency of monthly entry of DAP notes

* - Outpatient Services include: Individual, Group, and Family Therapy

2b. Time on Clinical Tasks

Number of Youth Receiving a 'Formal MH Assessment'* Recorded Note by Month, FY11 - FY15

2. **Improve clinical operations and processes**

a. Bring length of service closer to CAMHD policy guidelines

b. **Increase time CAMHD clinical team spends on clinical tasks**

c. Keep clinical positions filled

d. Improve consistency of monthly entry of DAP notes

* - Formal MH Assessments include: Psychiatric Evaluation, Focused Mental Health Assessment
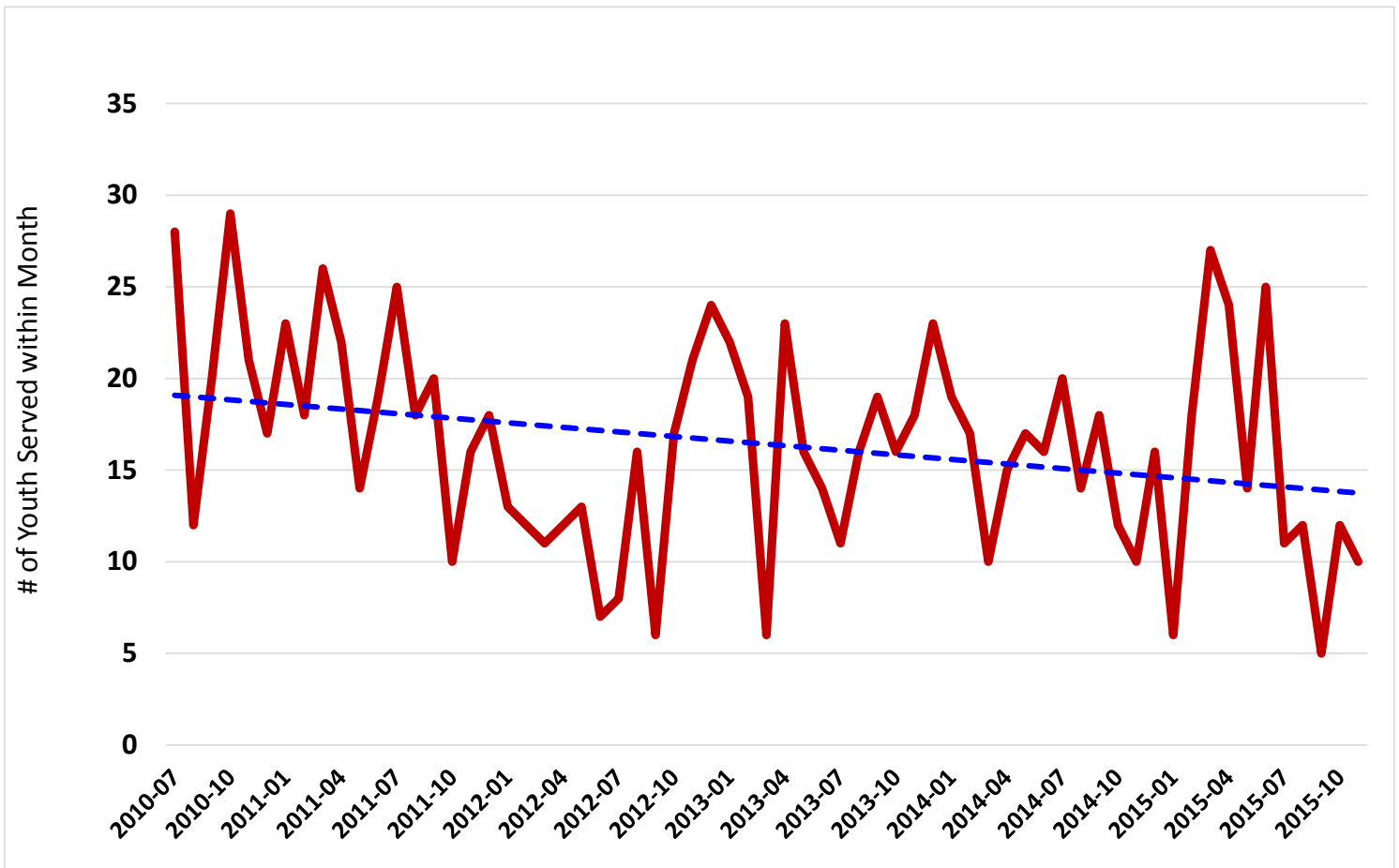
2c. Keeping Clinical Positions Filled

2. Improve clinical operations and processes

a. Bring length of service closer to CAMHD policy guidelines

b. Increase time CAMHD clinical team spends on clinical tasks

c. **Keep clinical positions filled**

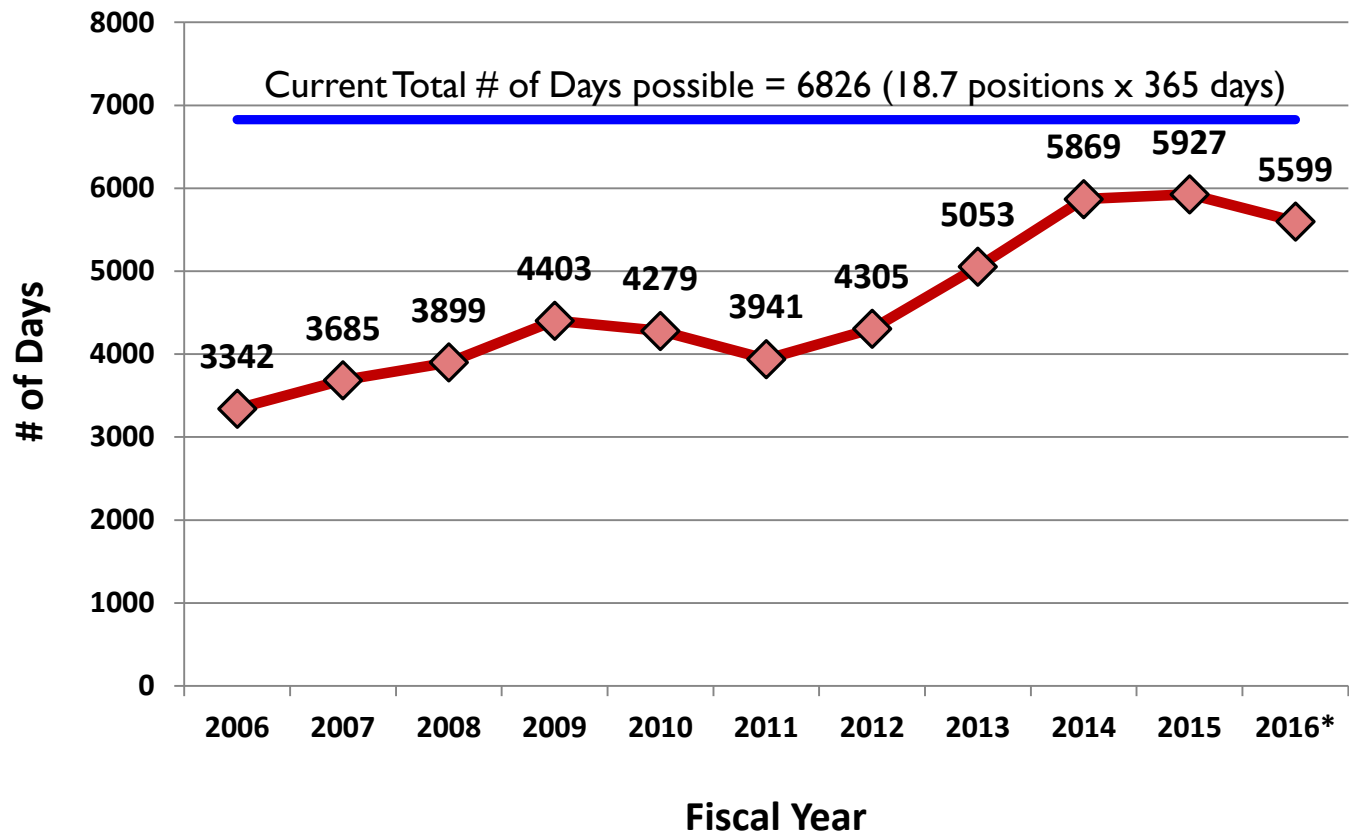d. Improve consistency of monthly entry of DAP notes

Number of Filled Clinical Lead Days, FY06-FY16*

Current Total # of Days possible = 6826 (18.7 positions x 365 days)

Y-axis (# of Days): 0, 1000, 2000, 3000, 4000, 5000, 6000, 7000, 8000

Data points by Fiscal Year:
- 2006: 3342
- 2007: 3685
- 2008: 3899
- 2009: 4403
- 2010: 4279
- 2011: 3941
- 2012: 4305
- 2013: 5053
- 2014: 5869
- 2015: 5927
- 2016*: 5599

X-axis: Fiscal Year

*2016 Projection

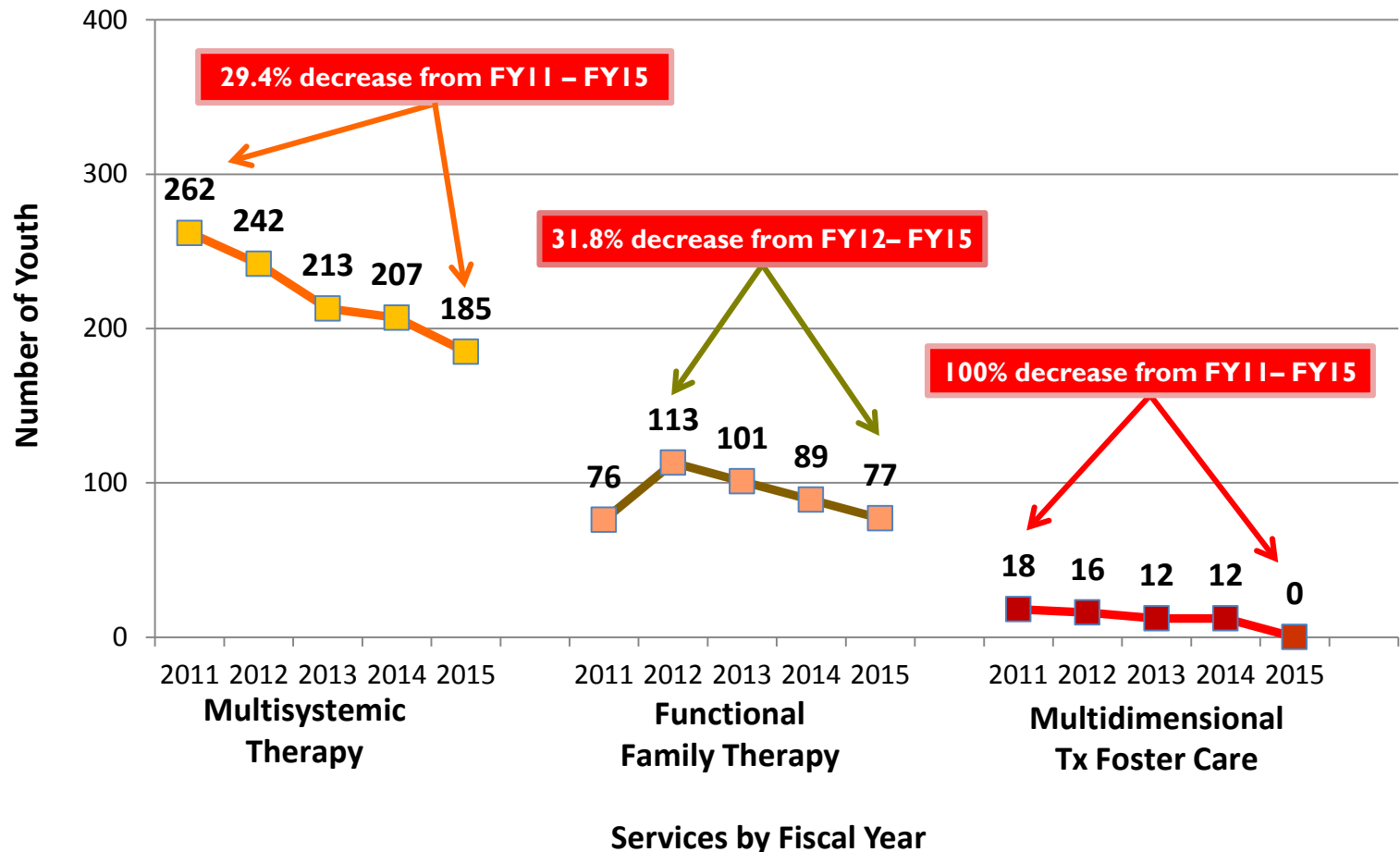# CAMHD's Use of Evidence-Based Services

3a. Use of Evidence-Based Services

3. Improve the quality of services provided

a. Increase use of Evidence-Based Txs

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 Program Utilization, FY11-FY15

29.4% decrease from FY11 – FY15

31.8% decrease from FY12– FY15

100% decrease from FY11– FY15

Number of Youth

Multisystemic Therapy: 2011: 262, 2012: 242, 2013: 213, 2014: 207, 2015: 185

Functional Family Therapy: 2011: 76, 2012: 113, 2013: 101, 2014: 89, 2015: 77

Multidimensional Tx Foster Care: 2011: 18, 2012: 16, 2013: 12, 2014: 12, 2015: 0

Services by Fiscal Year

3b. Use of Treatment Progress Data

3. Improve the quality of services provided

a. Increase use of Evidence-Based Txs

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

Rank *	FGC	OS Assessments Administered (Parent and/or Youth): 13-Month Trends						Rate Change (Jan. 2015 to Jan. 2016)	Average Across Past 13 Months		Completion Rate Goal **
		January, 2015			January, 2016						
		# of Clients on Caseload (as of Jan. 31, 2015)	# of OS Assessments Administered (P and/or Y)	% of Caseload Administered (as of Jan. 31, 2015)	# of Clients on Caseload (as of Jan. 31, 2016)	# of OS Assessments Administered (P and/or Y)	% of Caseload Administered (as of Jan. 31, 2016)	% Difference	Aver. # of OS Assessments Administered (P and/or Y)	% of caseload	%
1	Big Island West	64	60	93.8%	91	94	103.3%	9.5%	81	95.0%	85%
2	Big Island East	331	134	40.5%	310	240	77.4%	36.9%	246	76.6%	90%
3	Kauai	111	18	16.2%	102	65	63.7%	47.5%	65	59.7%	85%
4	Central	170	78	45.9%	189	74	39.2%	-6.7%	85	46.6%	75%
6	Leeward	143	21	14.7%	165	64	38.8%	24.1%	62	36.6%	65%
5	Honolulu	142	43	30.3%	191	70	36.6%	6.4%	70	40.1%	85%
7	Maui	167	19	11.4%	128	36	28.1%	16.7%	27	17.3%	30%
	TOTAL	**1128**	**373**	**33.1%**	**1176**	**643**	**54.7%**		**636**	**53.1%**	

* Based on January 2016 Administration Rate

** - Set by each FGC to meet by Feb. 2016

- The average 'OS Attempts per Month' CAMHD-wide is: approx. 1 out of every 2 families gets a Parent and/or a Youth assessment administered for the youth each month.

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3b. Use of Treatment Progress Data

3. Improve the quality of services provided

a. Increase use of Evidence-Based Txs

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

CONGRATS TO BIG ISLAND WEST!!

Rank *	FGC	OS Assessments Administered (Parent and/or Youth): 13-Month Trends						Rate Change (Jan. 2015 to Jan. 2016)	Average Across Past 13 Months		Completion Rate Goal **
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		# of Clients on Caseload (as of Jan. 31, 2015)	# of OS Assessments Administered (P and/or Y)	% of Caseload Administered (as of Jan. 31, 2015)	# of Clients on Caseload (as of Jan. 31, 2016)	# of OS Assessments Administered (P and/or Y)	% of Caseload Administered (as of Jan. 31, 20165)	% Difference	Aver. # of OS Assessments Administered (P and/or Y)	% of caseload	%
1	Big Island West	64	60	93.8%	91	94	103.3%	9.5%	81	95.0%	85%

EXCEEDED THEIR GOAL!!

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3b. Use of Treatment Progress Data

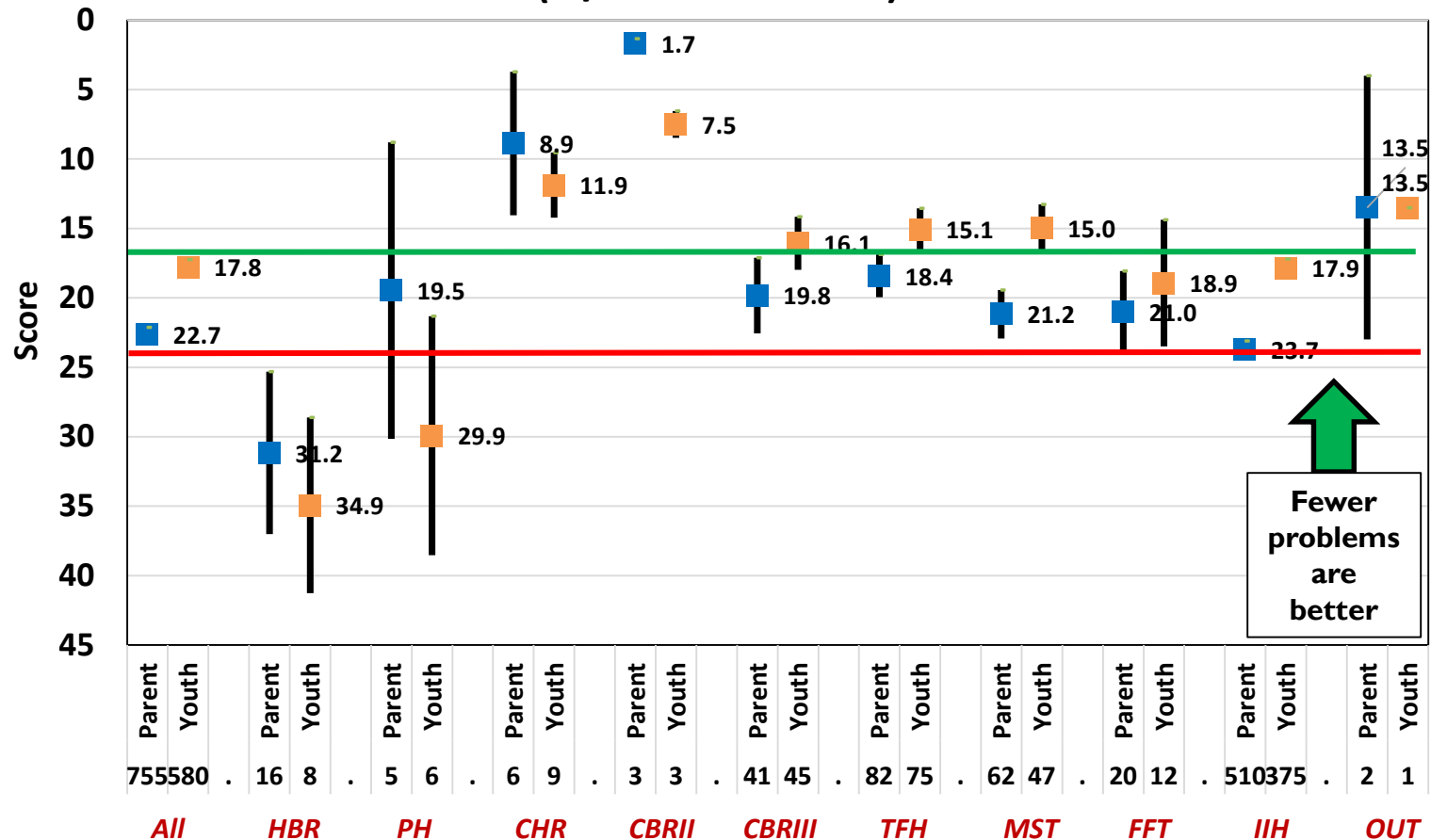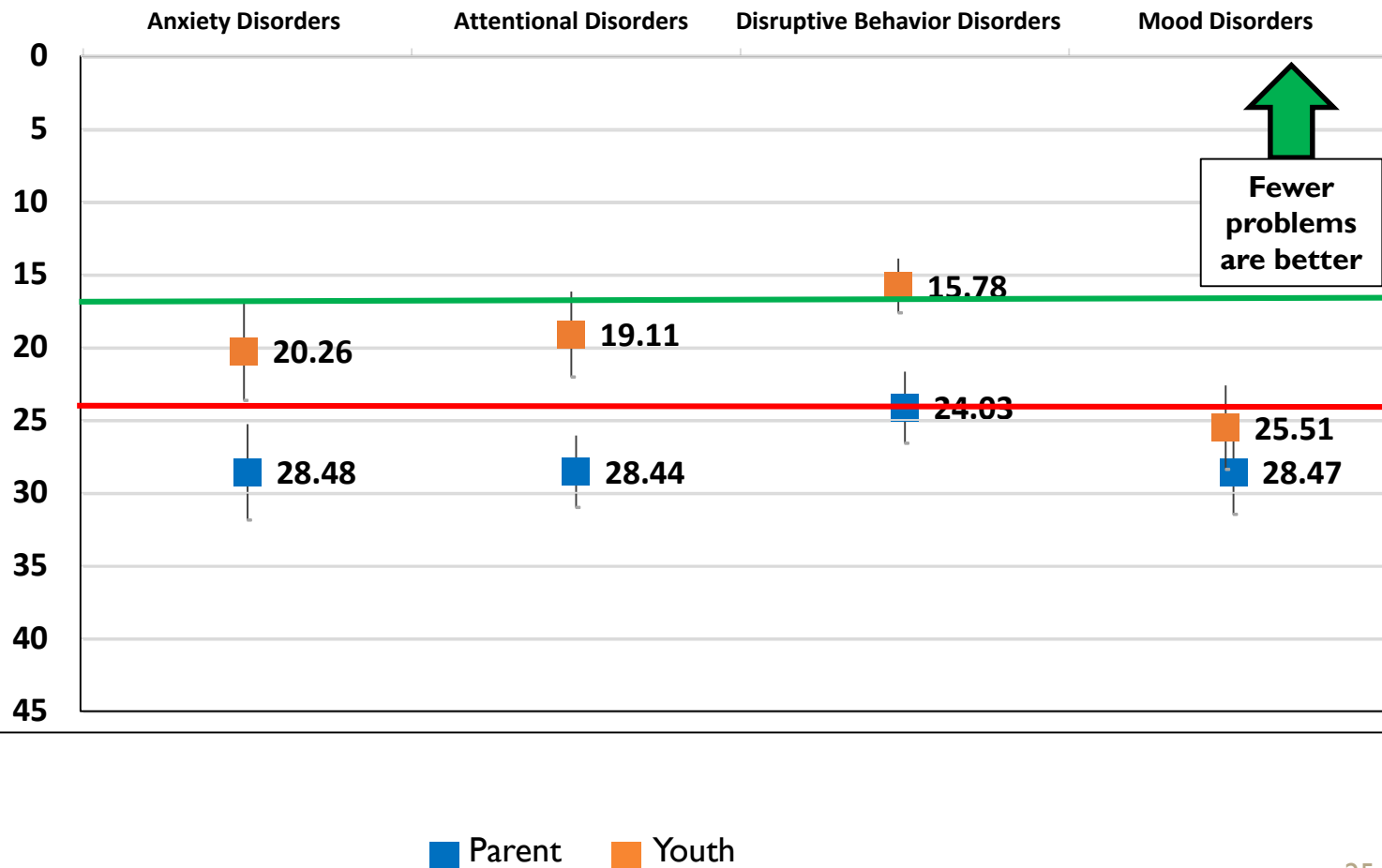**3. Improve the quality of services provided**

a. Increase use of Evidence-Based Txs

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

Average Ohio Scale Problem Severity Scores by Level of Care (w/ Standard Error)

Parent / Youth data points:

Level of Care	Parent	Youth
All	22.7	17.8
HBR	31.2	34.9
PH	19.5	29.9
CHR	8.9	11.9
CBRII	1.7	7.5
CBRIII	19.8	16.1
TFH	18.4	15.1
MST	21.2	15.0
FFT	21.0	18.9
IIH	23.7	—
OUT	13.5	13.5

Youth (OUT) 17.9

n counts:

	Parent	Youth
All	755	580
HBR	16	8
PH	5	6
CHR	6	9
CBRII	3	3
CBRIII	41	45
TFH	82	75
MST	62	47
FFT	20	12
IIH	510	375
OUT	2	1

Fewer problems are better

■ Parent   ■ Youth

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3b. Use of Treatment Progress Data

3. Improve the quality of services provided

a. Increase use of Evidence-Based Txs

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

Average Ohio Scale Problem Severity Scores by Primary Diagnosis (w/ 95% Confidence Interval)
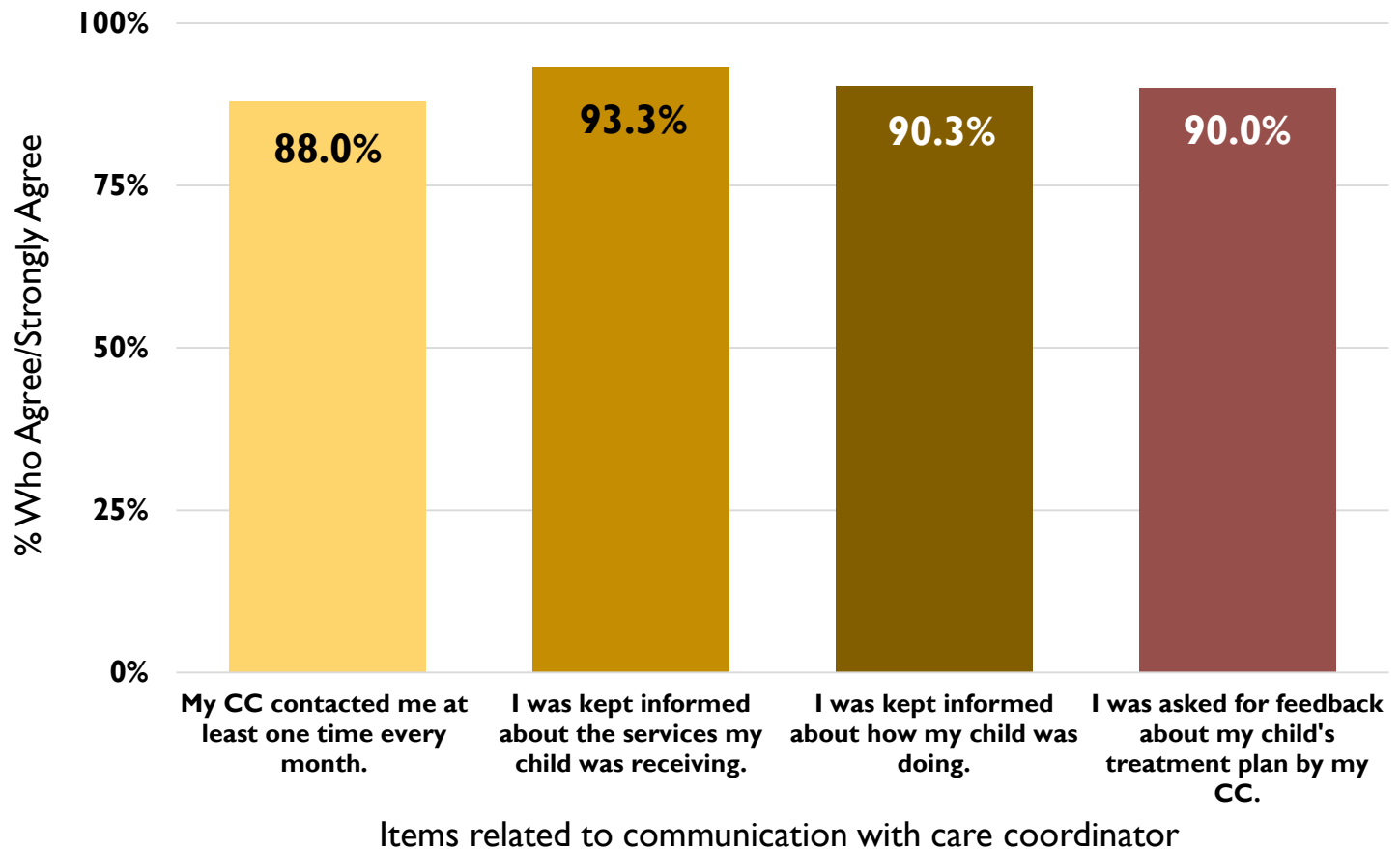
Anxiety Disorders	Attentional Disorders	Disruptive Behavior Disorders	Mood Disorders

Fewer problems are better

- 15.78
- 19.11
- 20.26
- 24.03
- 25.51
- 28.48
- 28.44
- 28.47

■ Parent ■ Youth

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3c. Family Engagement

3. Improve the quality of services provided

a. Increase use of Evidence-Based **Txs**

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

Consumer Survey, 2015: During the time my child was receiving services from CAMHD . . .

% Who Agree/Strongly Agree

Item	%
My CC contacted me at least one time every month.	88.0%
I was kept informed about the services my child was receiving.	93.3%
I was kept informed about how my child was doing.	90.3%
I was asked for feedback about my child's treatment plan by my CC.	90.0%

Items related to communication with care coordinator

3d. Agreement Between Planning and Services Provided

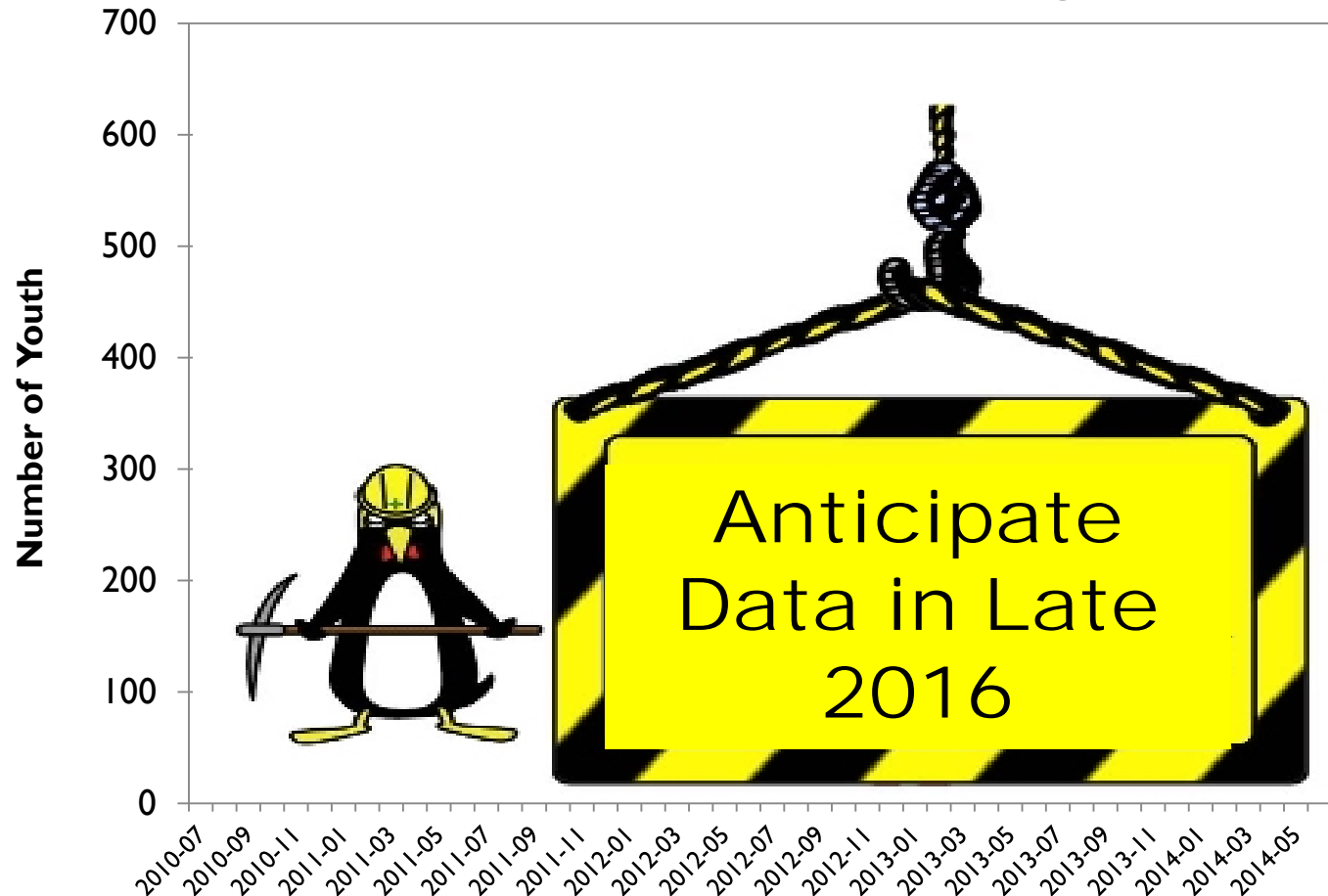**3. Improve the quality of services provided**

a. Increase use of Evidence-Based Txs

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**

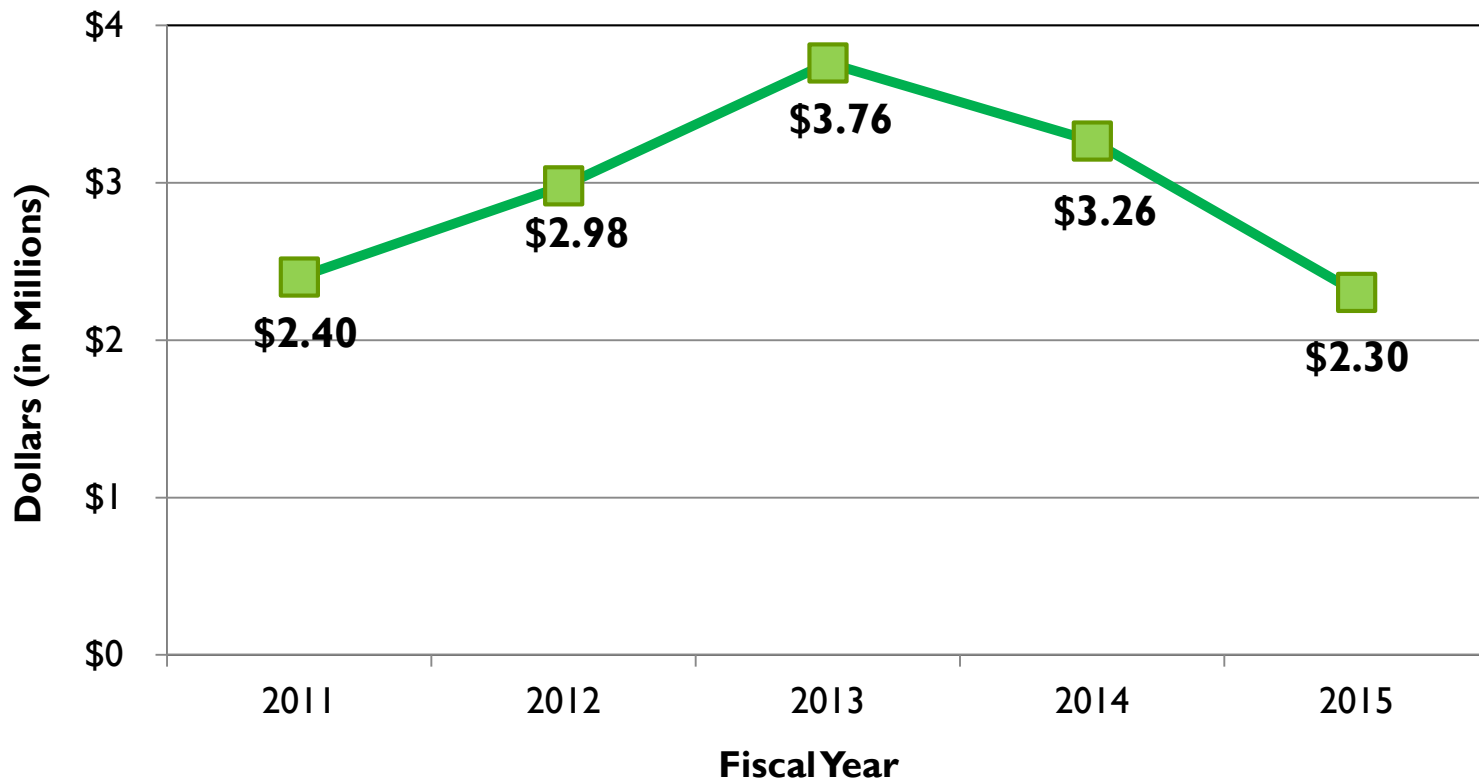## CSP Treatment Plan and MTPS Agreement

Anticipate Data in Late 2016

Let's Check Out the Fiscal Data

4a. Federal Grants

4. Increase non-state funding for services

↓

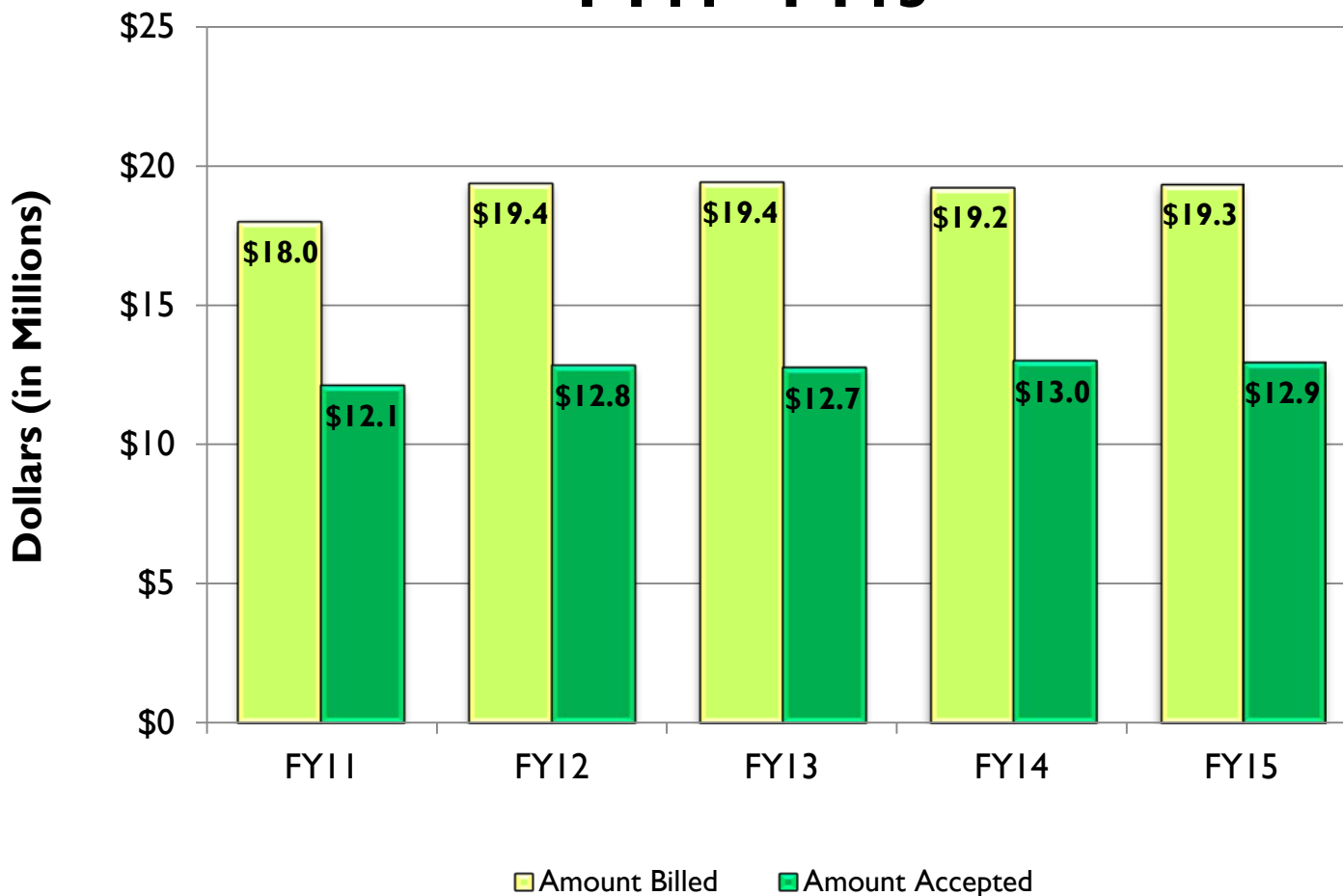**a. Increase amount of federal grant dollars allocated to CAMHD**

b. Increase amount of Medicaid dollars allocated to CAMHD

Federal Grant Revenues Fiscal Year 2011-2015

Line chart — Dollars (in Millions) vs Fiscal Year:
- 2011: $2.40
- 2012: $2.98
- 2013: $3.76
- 2014: $3.26
- 2015: $2.30

The grants that comprise these dollar figures include: Project Kealahou, Project Laulima, and the Block Grant

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4b. Medicaid Reimbursement

4. Increase non-state funding for services

⬇

a. Increase amount of federal grant dollars allocated to CAMHD

b. Increase amount of Medicaid dollars allocated to CAMHD

Medicaid Dollars: Billed Vs. Accepted, FY11 - FY15

Dollars (in Millions)

Fiscal Year	Amount Billed	Amount Accepted
FY11	$18.0	$12.1
FY12	$19.4	$12.8
FY13	$19.4	$12.7
FY14	$19.2	$13.0
FY15	$19.3	$12.9

☐ Amount Billed   ☐ Amount Accepted

Lets Look at Improvement of CAMHD Youth

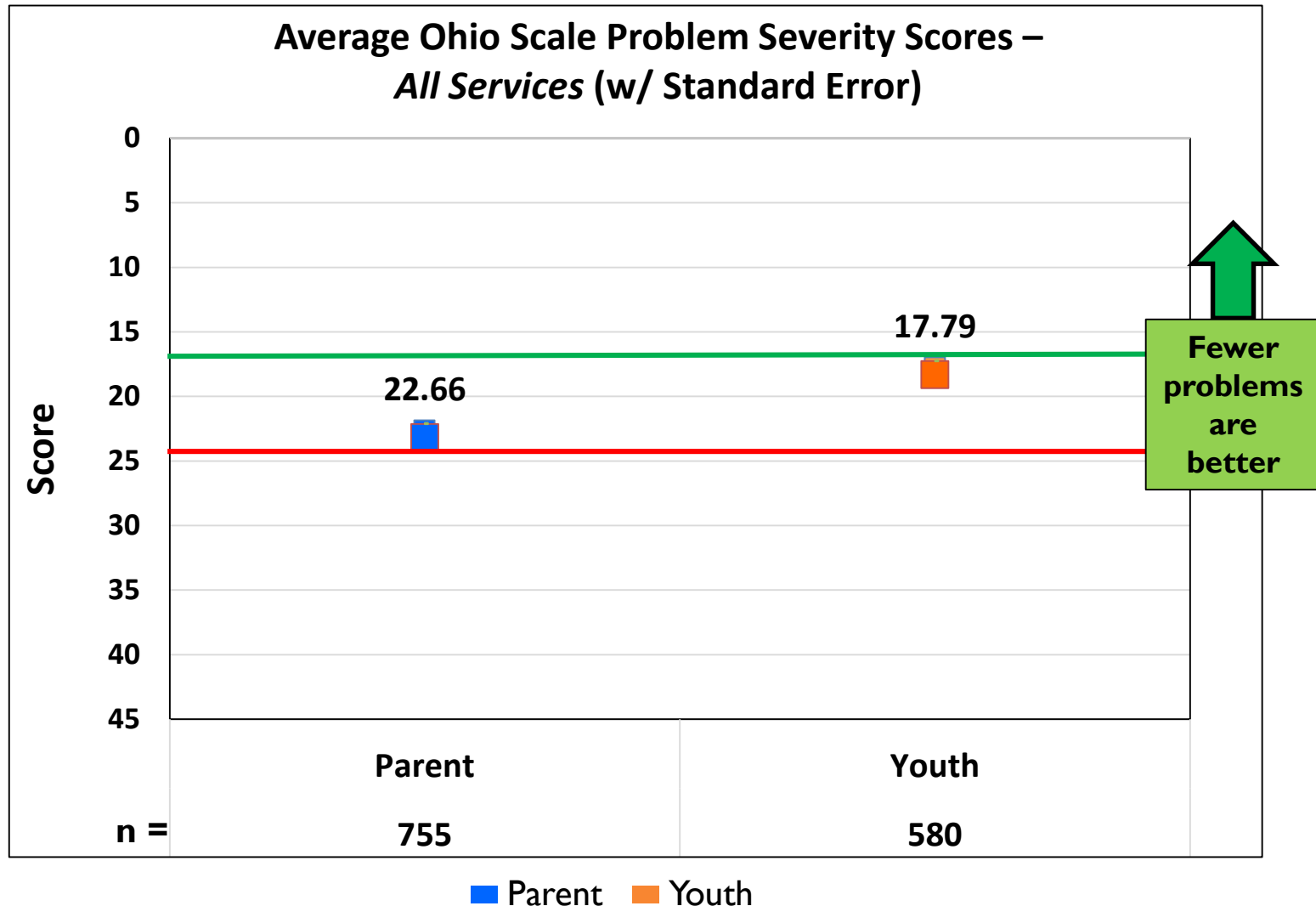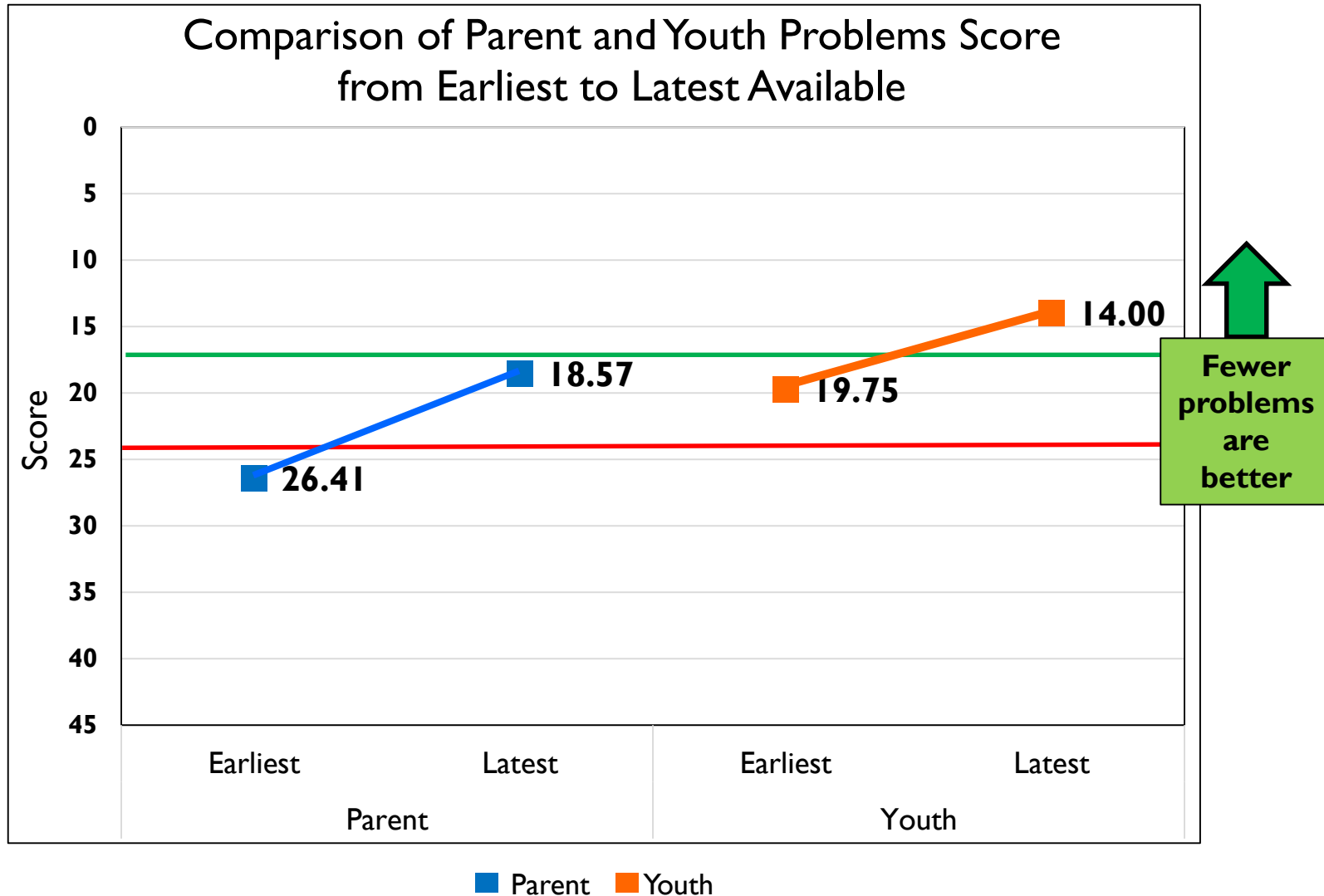# 5a. Rate of Youth Improvement

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

Discharge Status* of CAMHD Youth as a Percentage of All Discharges, FY 2015

Bar chart — Percent of All Discharges (y-axis, 0%–50%) by Discharge Status (x-axis):

- Successful/Goals Met: 45.3%
- Eligibility Change: 3.4%
- Family Relocation: 2.7%
- Refuse/Withdraw: 11.6%
- Insufficient Progress: 8.1%
- Runaway/Elopement: 7.7%
- Other: 21.3%
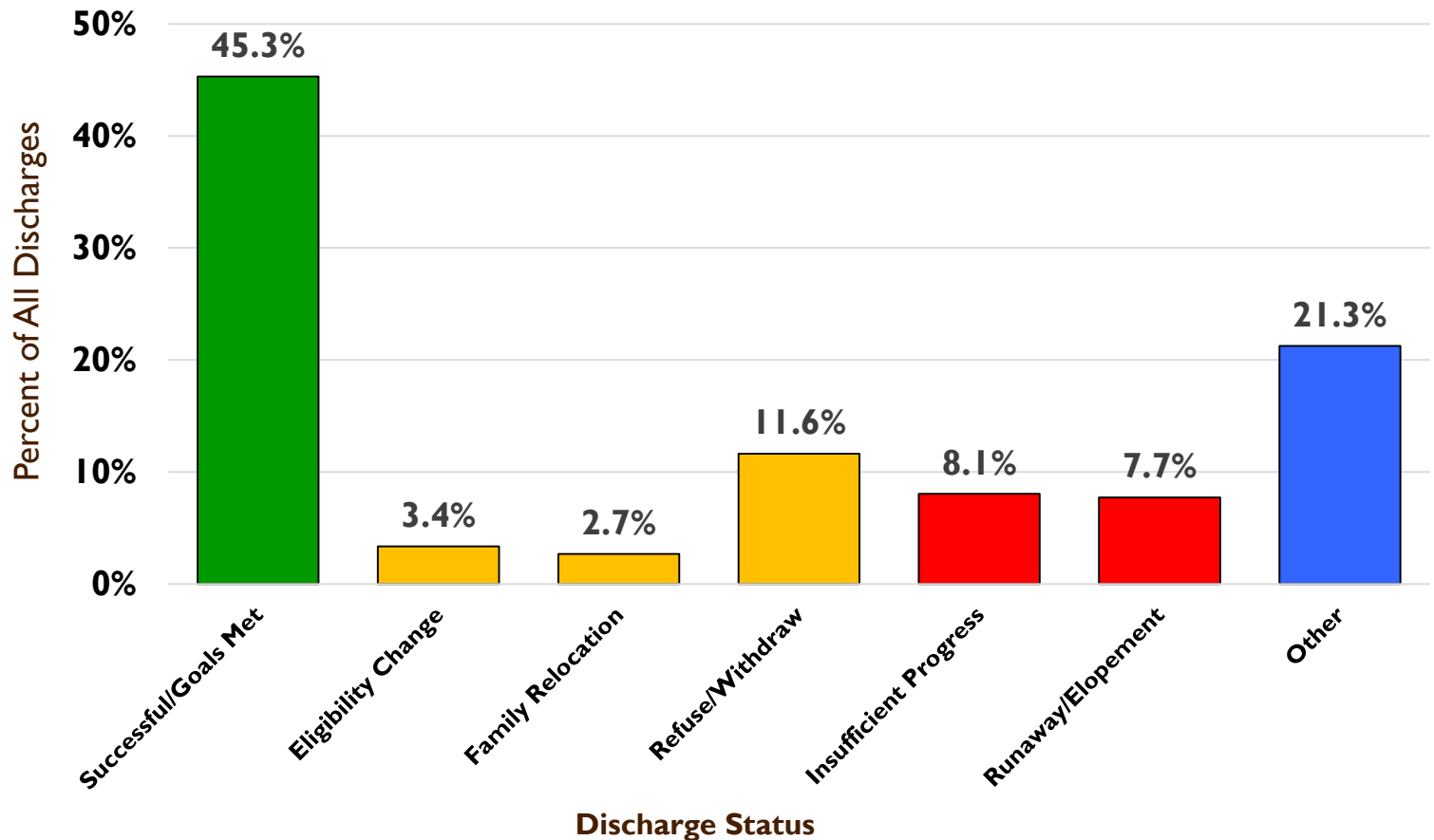
* - As documented in the MTPS (Monthly Treatment Progress Summary) assessment completed by CAMHD providers.

5a. Rate of Youth Improvement
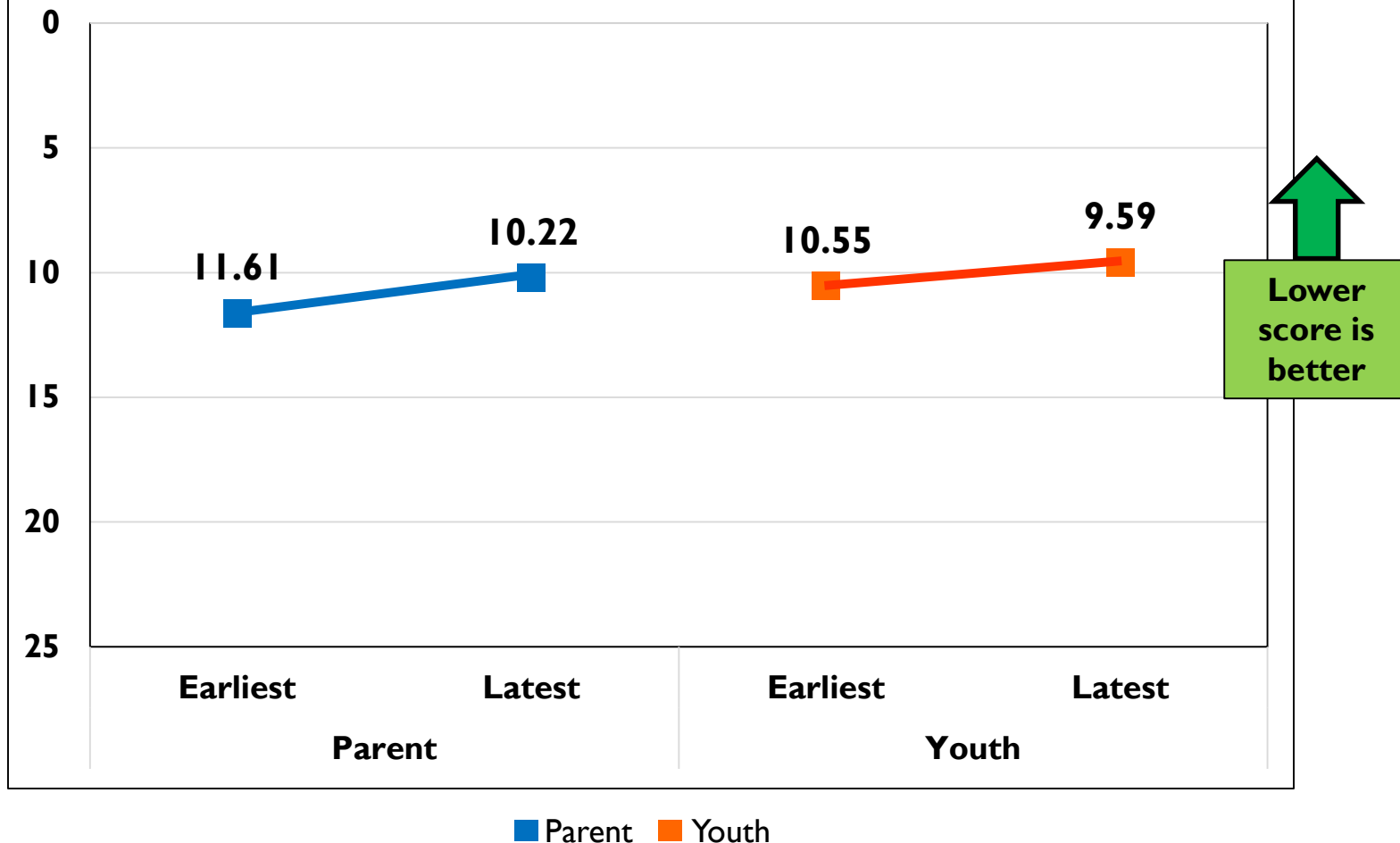
5. Improve outcomes for youth and families

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

Average Ohio Scale Problem Severity Scores – *All Services* (w/ Standard Error)

Score (y-axis): 0, 5, 10, 15, 20, 25, 30, 35, 40, 45

Parent: **22.66**
Youth: **17.79**

n =	Parent	Youth
	755	580

Legend: ■ Parent ■ Youth

Fewer problems are better

Note: OS Problem Severity Score has a possible range of 0-100.

5a. Rate of Youth Improvement

Comparison of Parent and Youth Problems Score from Earliest to Latest Available

Score

	Earliest	Latest	Earliest	Latest
	Parent		Youth	

26.41 — 18.57 (Parent)
19.75 — 14.00 (Youth)

Fewer problems are better

■ Parent ■ Youth

Note: OS Problem Severity Score has a possible range of 0-100.
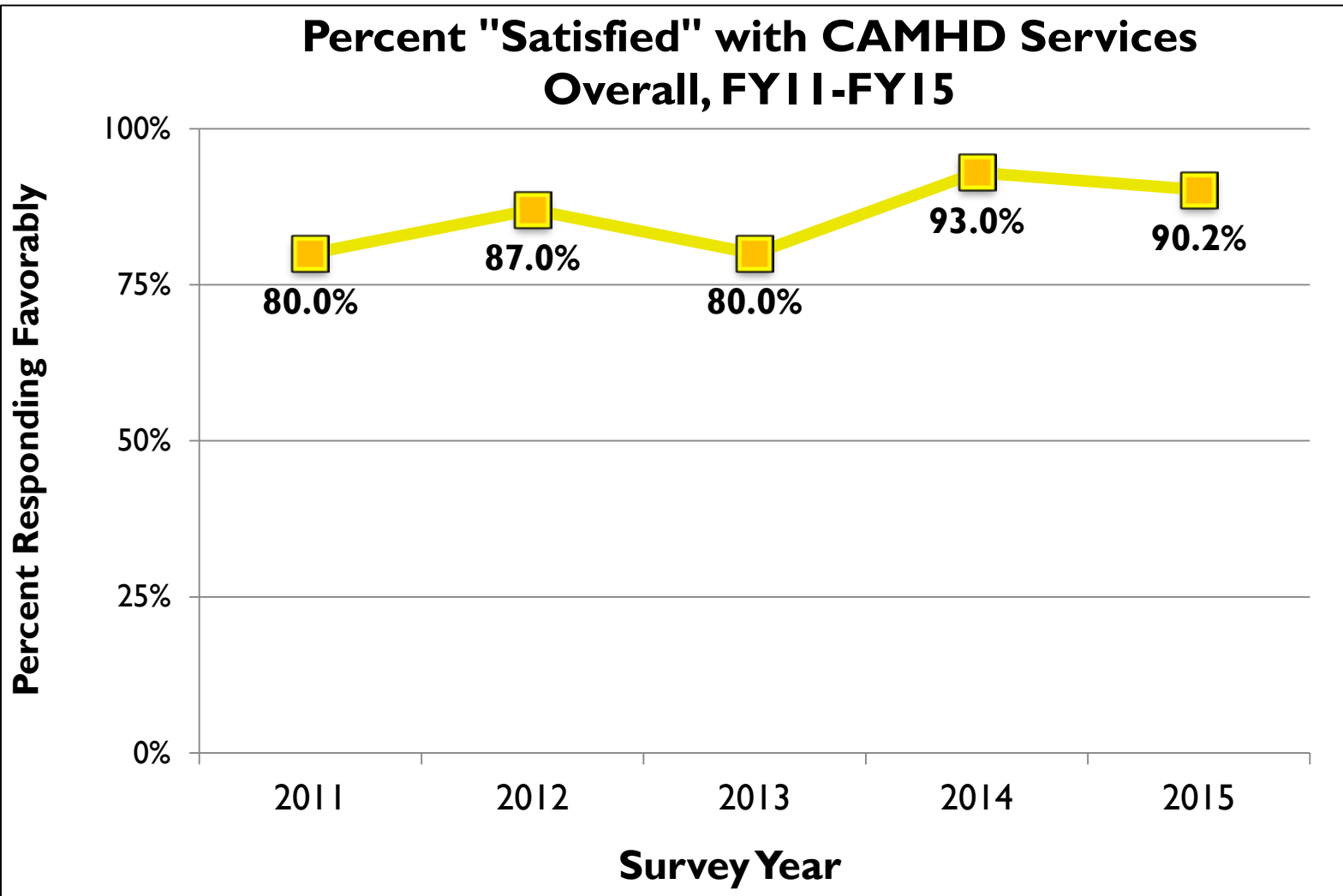
5a. Rate of Youth Improvement

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

Comparison of Parent and Youth Hopefulness Scale from Earliest to Latest Available

11.61 · 10.22 · 10.55 · 9.59

Lower score is better

Parent — Earliest, Latest

Youth — Earliest, Latest

■ Parent ■ Youth

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

Outcome Measure (Over 2-year time period)	Improvement Rate
CAFAS (based on slopes)	55.8%-62.3%*
MTPS (based on slopes)	75.8%-79.6%*
Ohio Scales Youth (based on earliest to latest scores)	63.0%
Ohio Scales Parent (based on earliest to latest scores)	68.5%

* - Range of recent quarterly improvement rates.

5b. Consumer Satisfaction

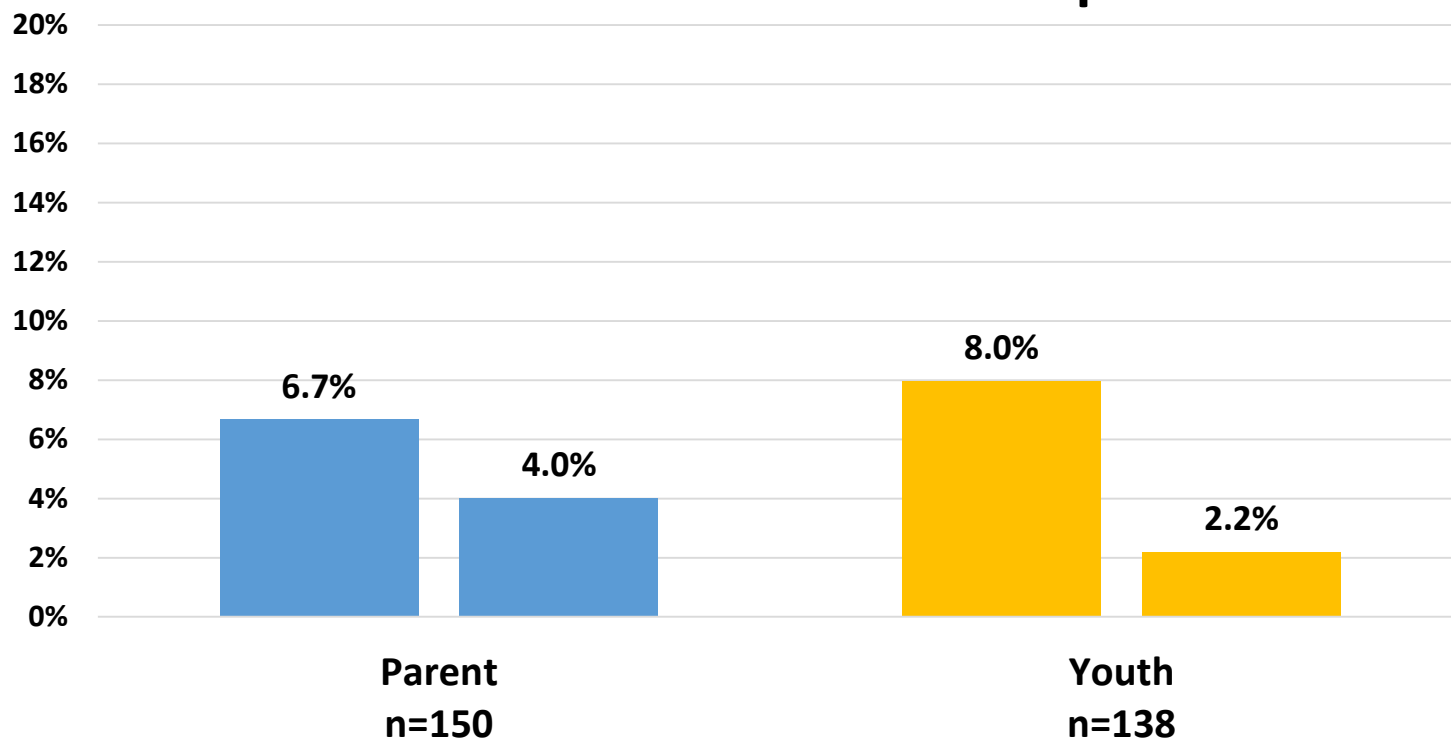**5. Improve outcomes for youth and families**

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 "Satisfied" with CAMHD Services Overall, FY11-FY15

Chart — Percent Responding Favorably by Survey Year:
- 2011: 80.0%
- 2012: 87.0%
- 2013: 80.0%
- 2014: 93.0%
- 2015: 90.2%

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

**Attended School in Past 30 Days:
Earliest to Latest Ohio Scale Completed***
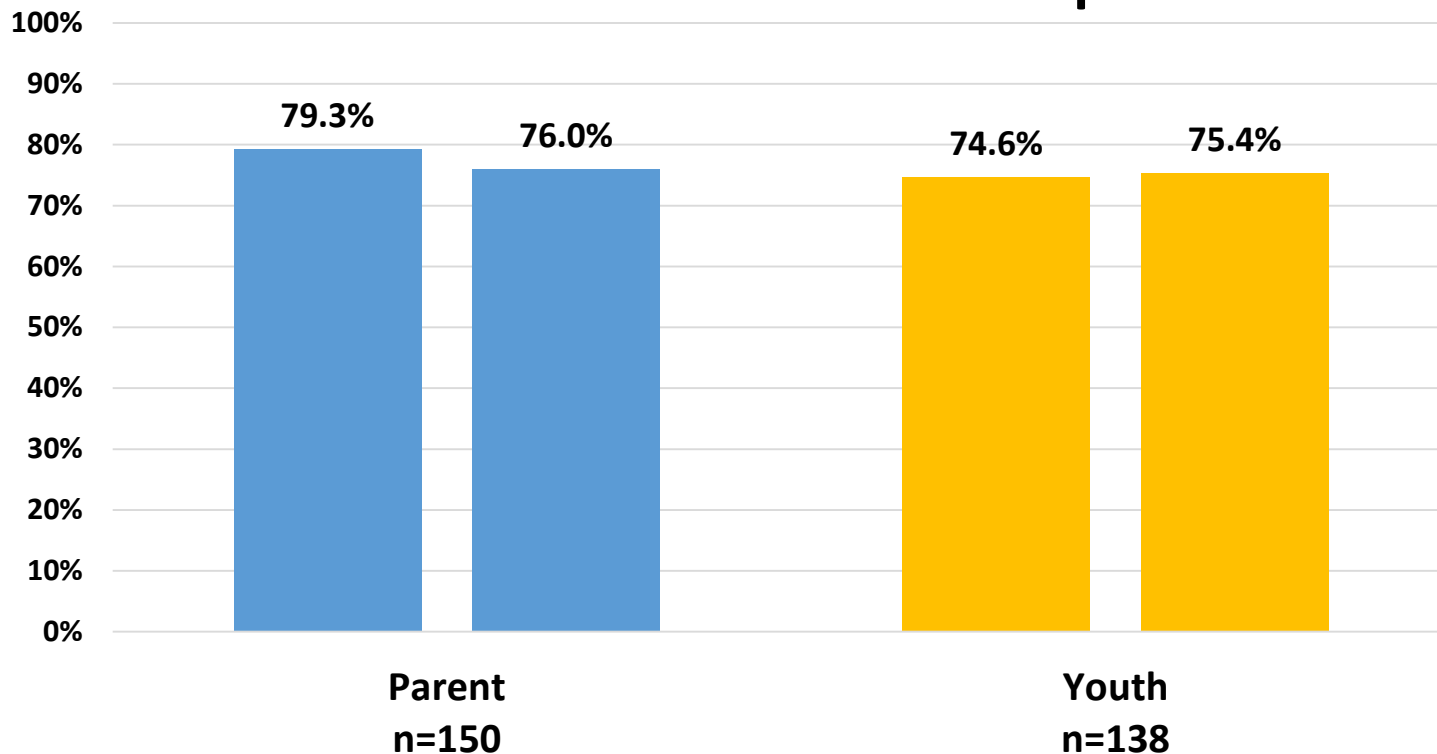
- 79.3%
- 76.0%
- 74.6%
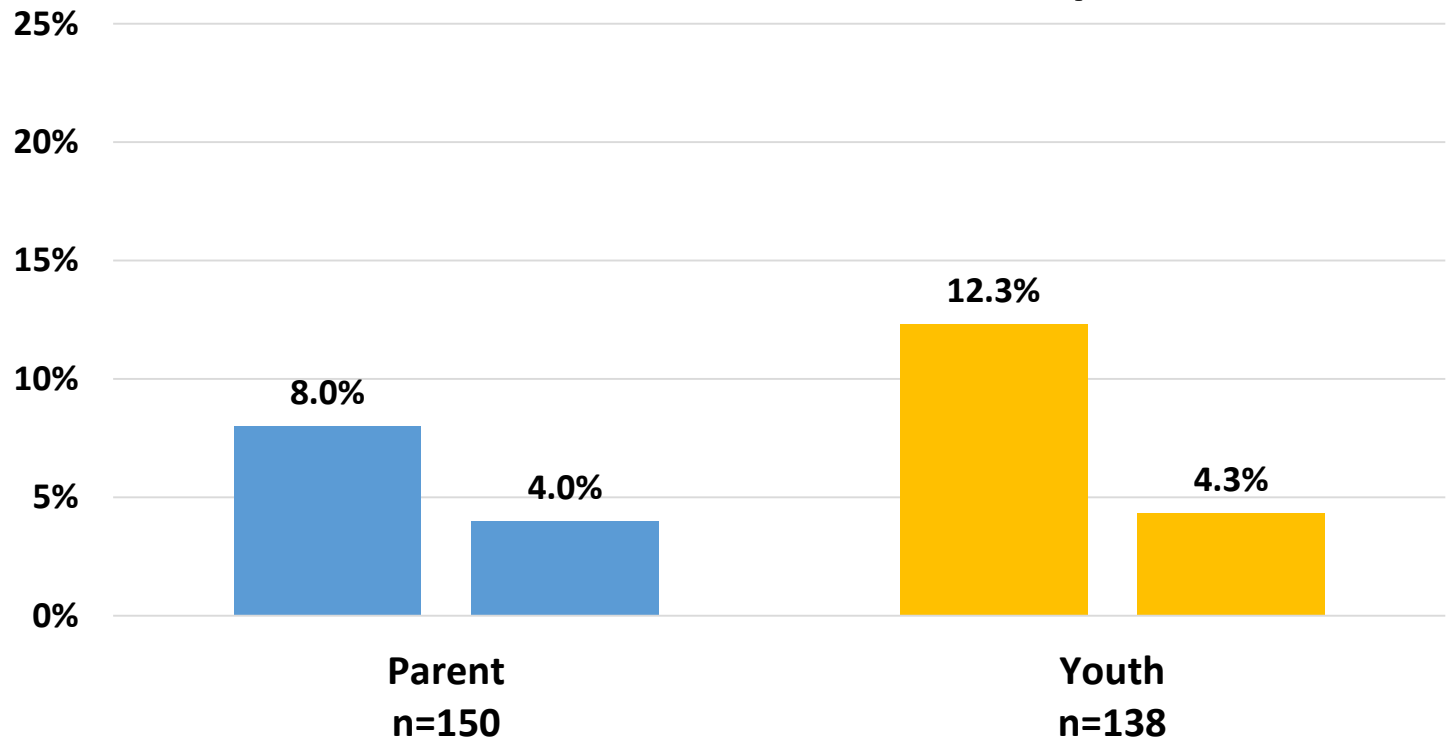- 75.4%

Parent
n=150

Youth
n=138

*Removed summer months from analysis.

These data come from the Ohio Scales (OS) 'Cover Sheet.' The actual question is: "Did youth attend school in past 30 days?" [Yes/No]

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

Suspended or Expelled in Past 30 Days: Earliest to Latest Ohio Scale Completed*

Parent n=150: 6.7%, 4.0%
Youth n=138: 8.0%, 2.2%

*Removed summer months from analysis.

These data come from the Ohio Scales (OS) 'Cover Sheet.' The actual question is: "Was youth suspended or expelled from school in past 30 days?" [Yes/No]

5d. Youth Arrests

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**

Arrested in Past 30 Days: Earliest to Latest Ohio Scale Completed*

- Parent, n=150: 8.0% (earliest), 4.0% (latest)
- Youth, n=138: 12.3% (earliest), 4.3% (latest)

*Removed summer months from analysis.

These data come from the Ohio Scales (OS) 'Cover Sheet.' The actual question is: "Was youth arrested in past 30 days?" [Yes/No]

OK, You Still With Us?
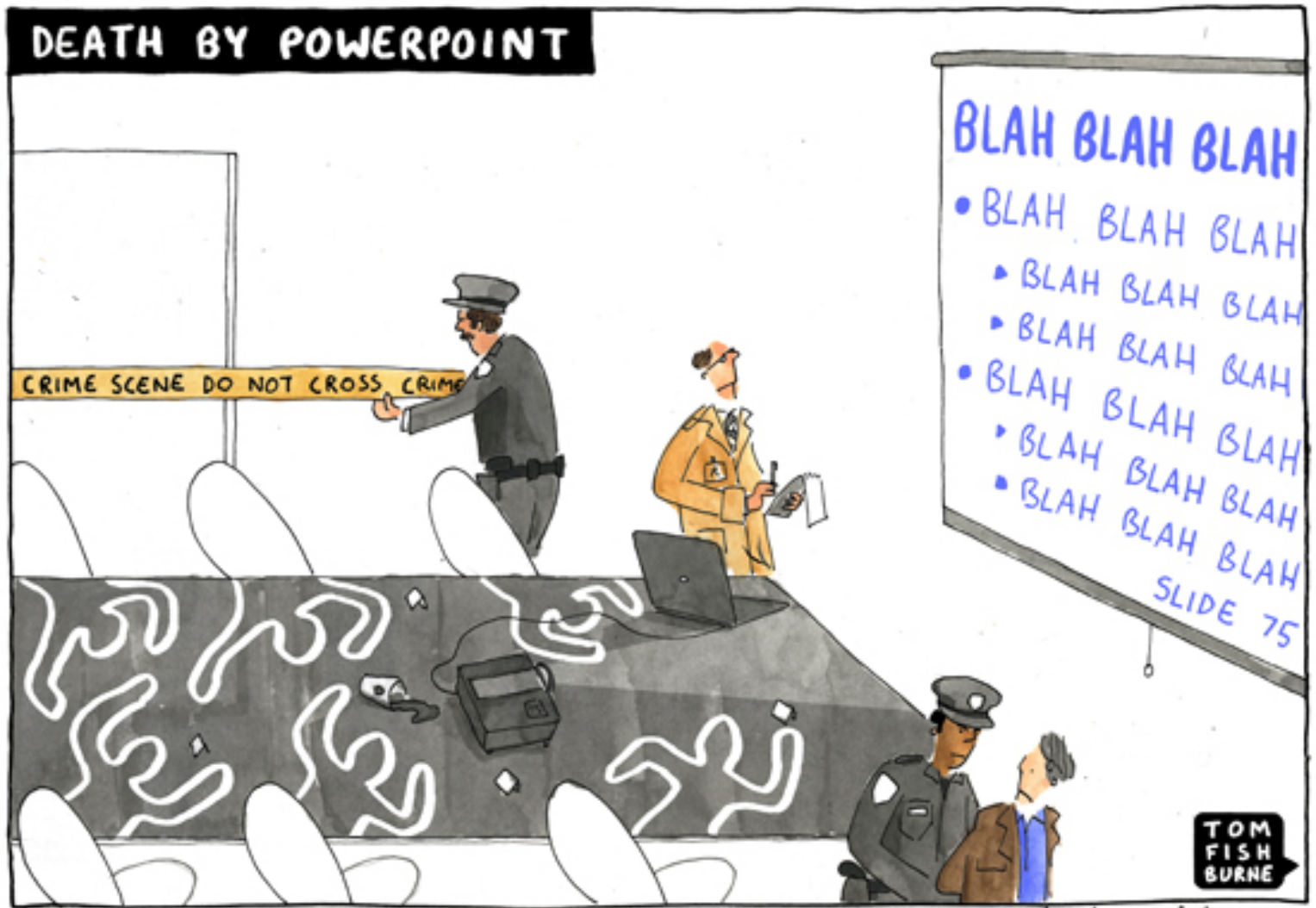
6a. Youth with Procured Services
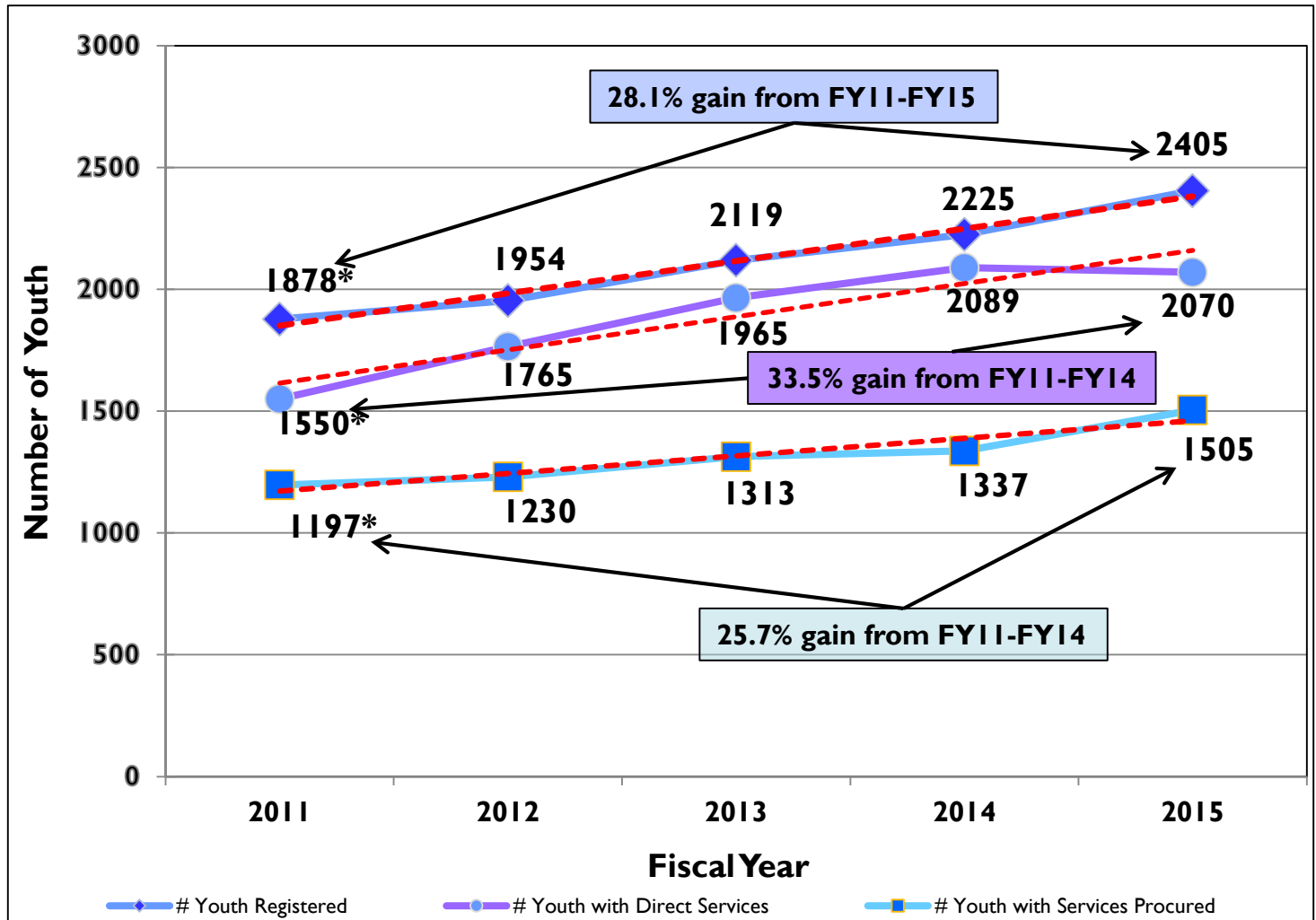

6. Expand populations served

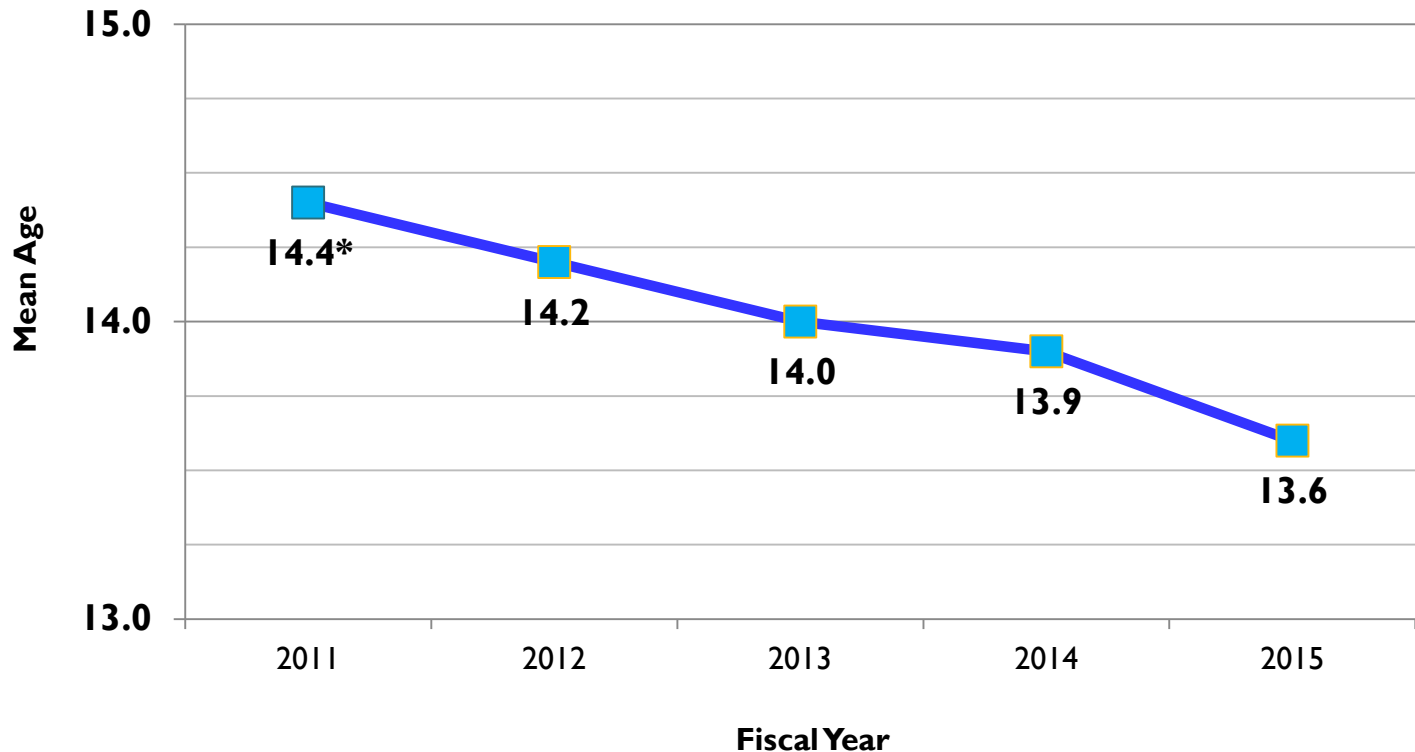a. **Increase # of youth served annually**

b. Decrease mean age of youth

c. Increase # of youth served w/ trauma history

d. Increase public awareness

e. Offer appropriate services for a changing population.

Chart: Number of Youth vs Fiscal Year

- 28.1% gain from FY11-FY15
- 33.5% gain from FY11-FY14
- 25.7% gain from FY11-FY14

Youth Registered: 1878*, 1954, 2119, 2225, 2405
Youth with Direct Services: 1550*, 1765, 1965, 2089, 2070
Youth with Services Procured: 1197*, 1230, 1313, 1337, 1505

Legend: # Youth Registered — # Youth with Direct Services — # Youth with Services Procured

* - Adjusted for Mokihana youth in FY2011

6b. Mean Age of Youth

6. Expand populations served
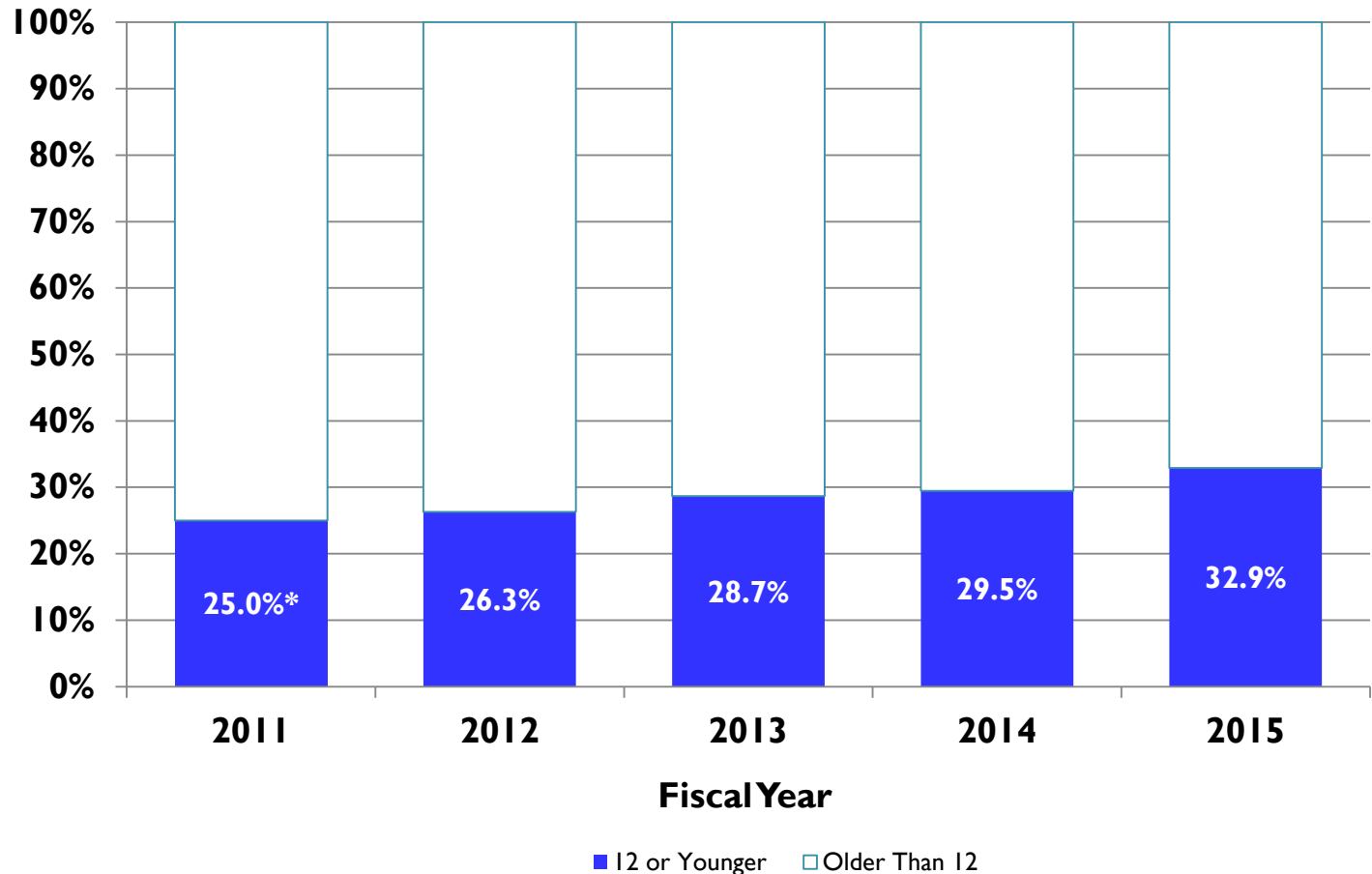
a. Increase # of youth served annually

b. Decrease mean age of youth

c. Increase # of youth served w/ trauma history

d. Increase public awareness

e. Offer appropriate services for a changing population.

Mean Age of CAMHD Registered Youth, Fiscal Year 2011-2015

Mean Age vs Fiscal Year:

- 2011: 14.4*
- 2012: 14.2
- 2013: 14.0
- 2014: 13.9
- 2015: 13.6

Y-axis: Mean Age (13.0 to 15.0)
X-axis: Fiscal Year

* Removed Kauai youth in 2011 due to Mokihana program that served younger youth.

6b. Mean Age of Youth

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

e. Offer appropriate services for a changing population.
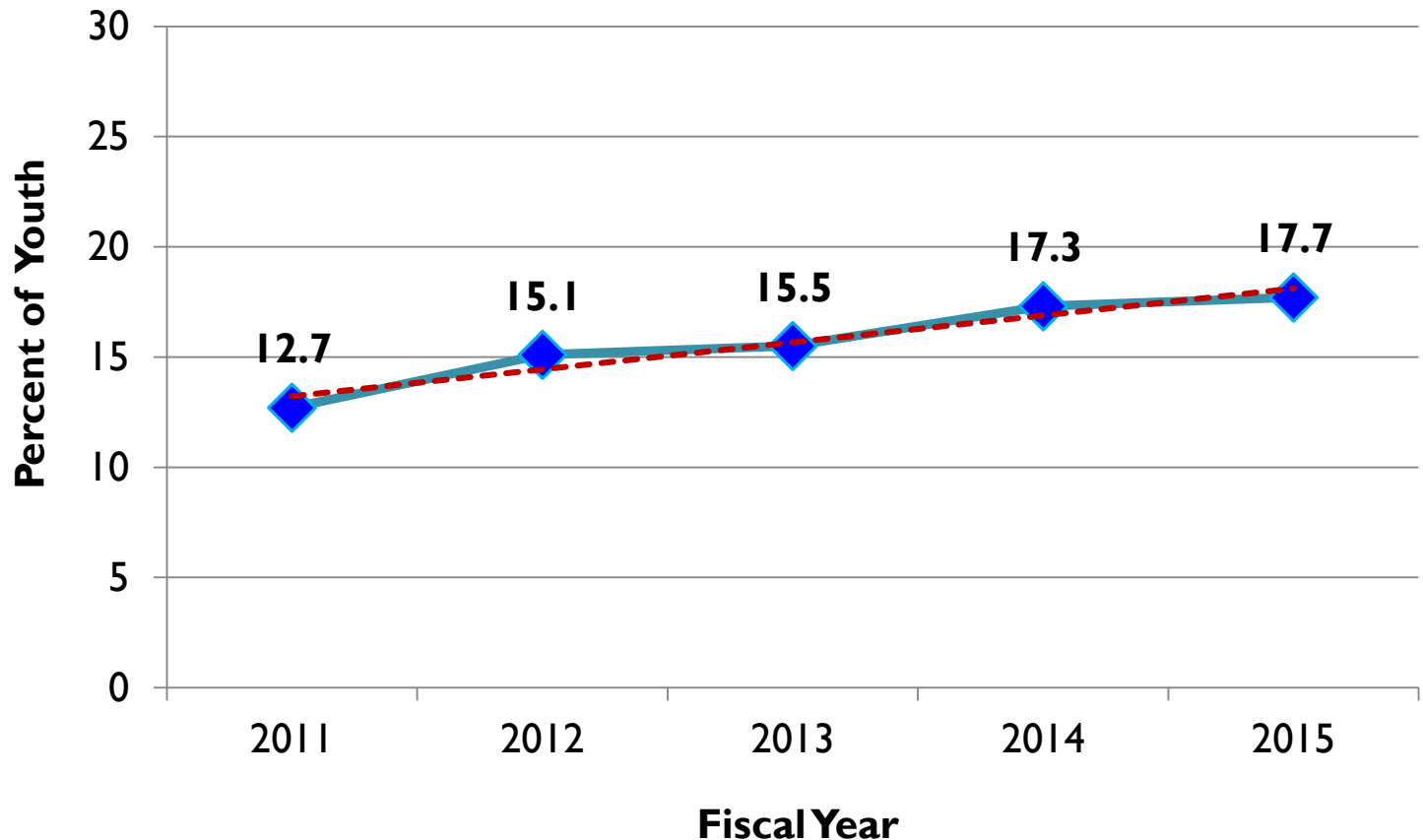
Trend in % of Registered Youth 12 or Younger

Fiscal Year	12 or Younger
2011	25.0%*
2012	26.3%
2013	28.7%
2014	29.5%
2015	32.9%

Fiscal Year

■ 12 or Younger   ☐ Older Than 12

* Removed Kauai youth in 2011 due to Mokihana program that served younger youth.

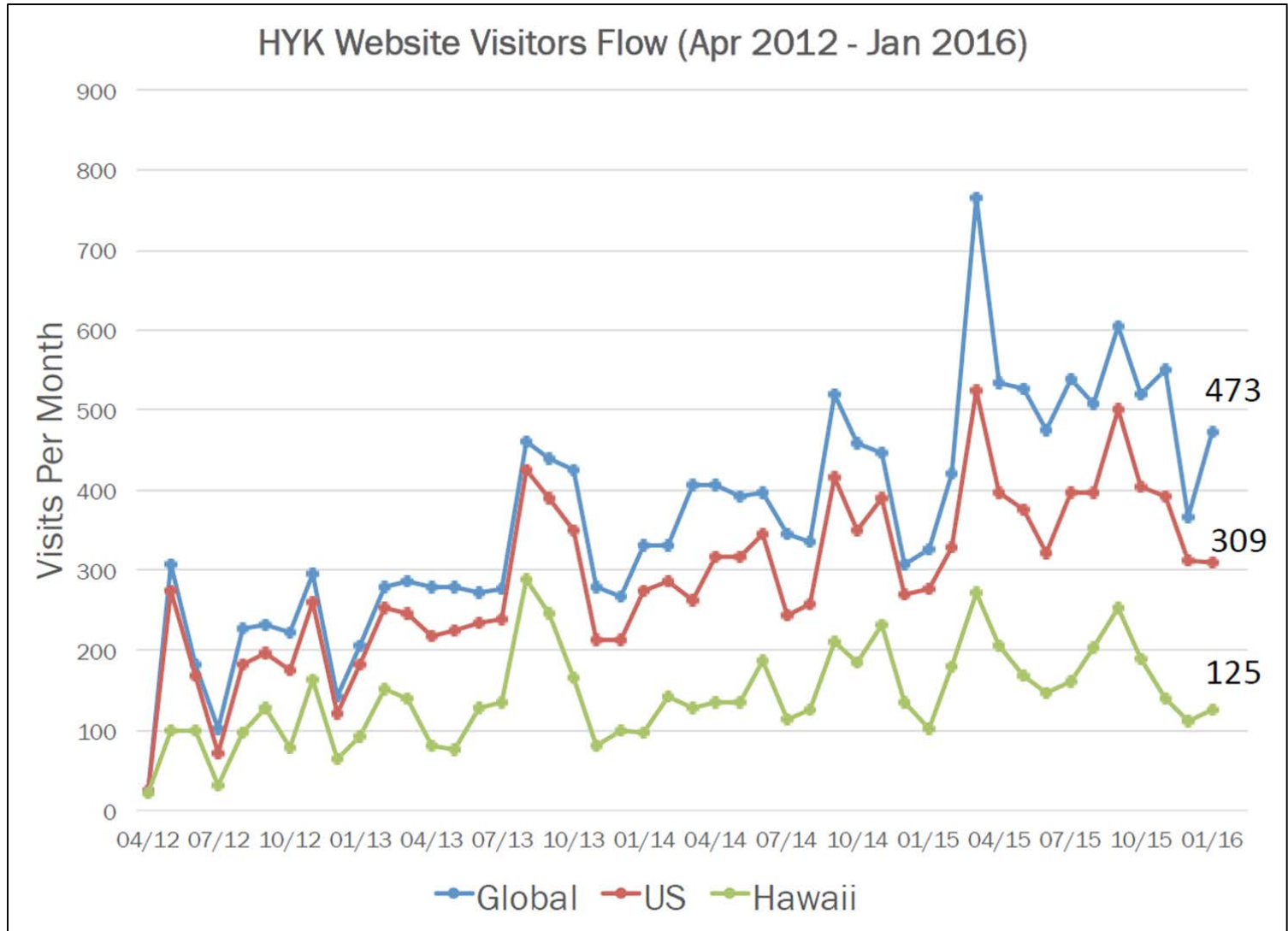# 6c. Youth Served w/ Trauma

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

e. Offer appropriate services for a changing population.

Percent of Youth With Any 'Traumatic Stress'* as a Treatment Target, FY11 – FY15

Line chart showing Percent of Youth (y-axis, 0–30) by Fiscal Year (x-axis):
- 2011: 12.7
- 2012: 15.1
- 2013: 15.5
- 2014: 17.3
- 2015: 17.7

* Percent of Youth with Traumatic Stress as a 'Treatment Target' on the MTPS.

6d. Public Awareness

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

e. Offer appropriate services for a changing population.

- **CAMHD:** Children's Mental Health Awareness Day included statewide activities and health fairs by the FGCs; Establish a fully operational Coordinated Specialty Care clinic to treat youth and young adults with First Episode in the Fiscal Year 2016; Help Your Keiki website; FaceBook posts

- **Project Kealahou**: Hawaii Children & Youth Summit; Mental Health America of Hawai'i; EBS Roundtable; National Children's Mental Health Awareness Week; IVAT Conference; Teen Day

- **Project Laulima:** 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

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**

e. Offer appropriate services for a changing population.

HYK Website Visitors Flow (Apr 2012 - Jan 2016)

Global: 473
US: 309
Hawaii: 125

6e. Services for Changing Population

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

e. **Offer appropriate services for a changing population.**

Why we need to look at this:

- Keeping on top of changing population
  - Younger
  - Less dysfunction
  - Slightly smaller proportion of DBD youth
  - OYS & other youth
- Increasing numbers of youth while service array is shrinking
  - Potential consequences
    - More youth on mainland and in IIH
    - Low success rates for high dysfunction youth in IIH
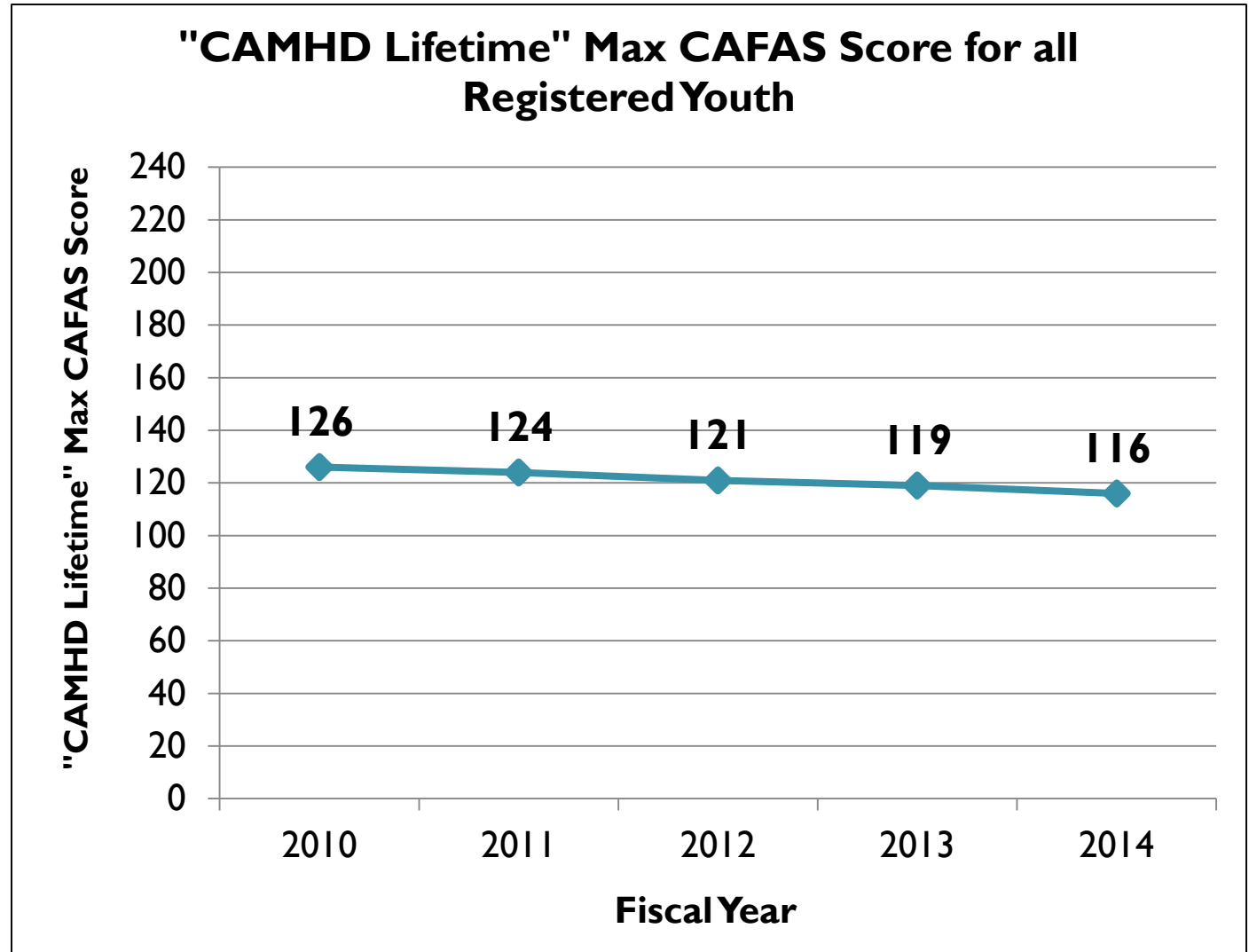- Toward new "Teal Book" Performance Standards

6e. Services for Changing Population

- **Younger**
- Less dysfunction
- Slightly smaller proportion of DBD youth
- OYS & other youth

- Mean age decreasing
- Increasing proportion of 12 and younger group
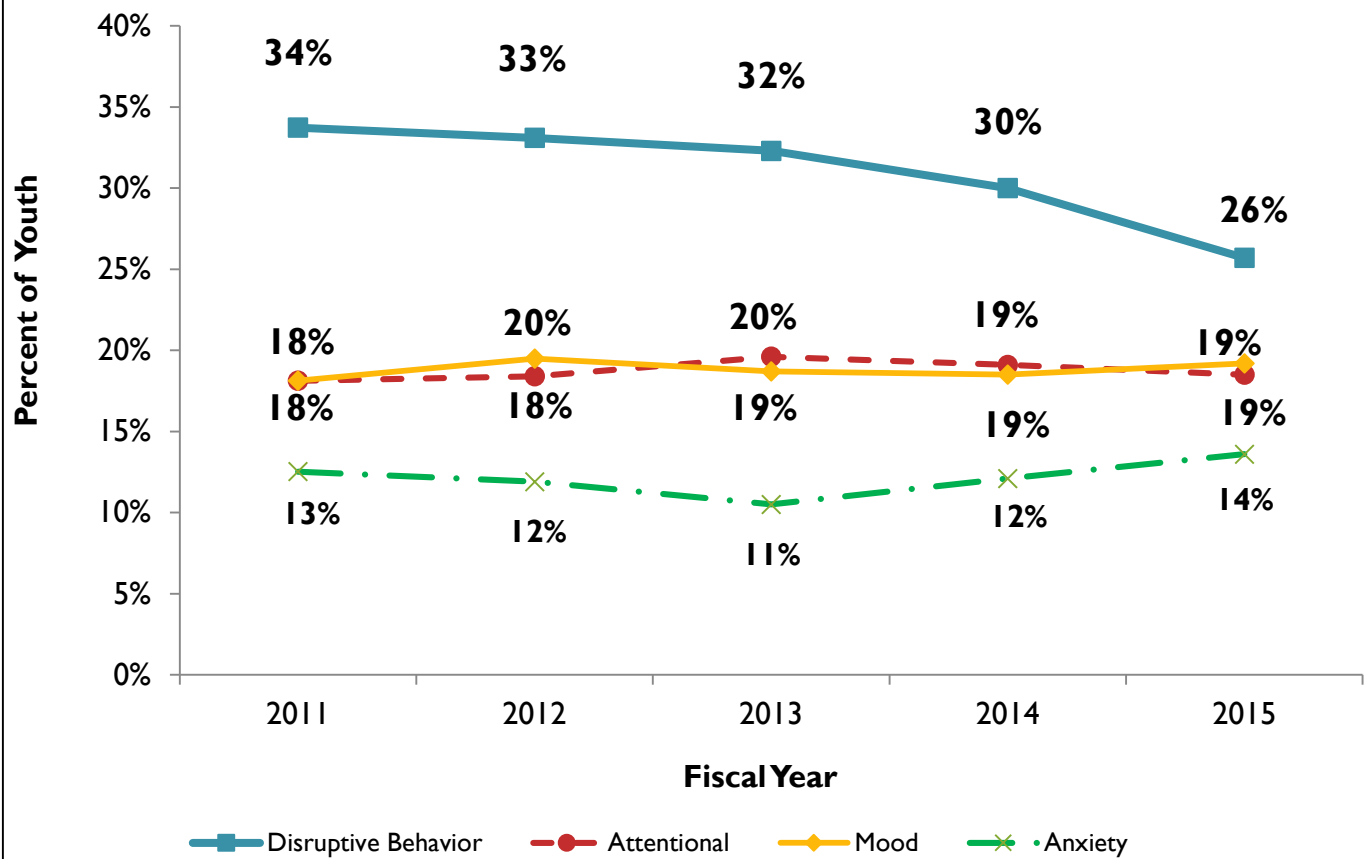
6e. Services for Changing Population

- Younger
- **Less dysfunction**
- Slightly smaller proportion of DBD youth
- OYS & other youth

"CAMHD Lifetime" Max CAFAS Score for all Registered Youth

Y-axis: "CAMHD Lifetime" Max CAFAS Score (0 to 240)

X-axis: Fiscal Year

Fiscal Year	Max CAFAS Score
2010	126
2011	124
2012	121
2013	119
2014	116

6e. Services for Changing Population

- Younger
- Less dysfunction
- **Slightly smaller proportion of DBD youth**
- OYS & other youth

CAMHD Registered Youth Major Diagnoses (Adjusted for Mokihana), FY2011-FY2015

Chart showing Percent of Youth by Fiscal Year (2011-2015):
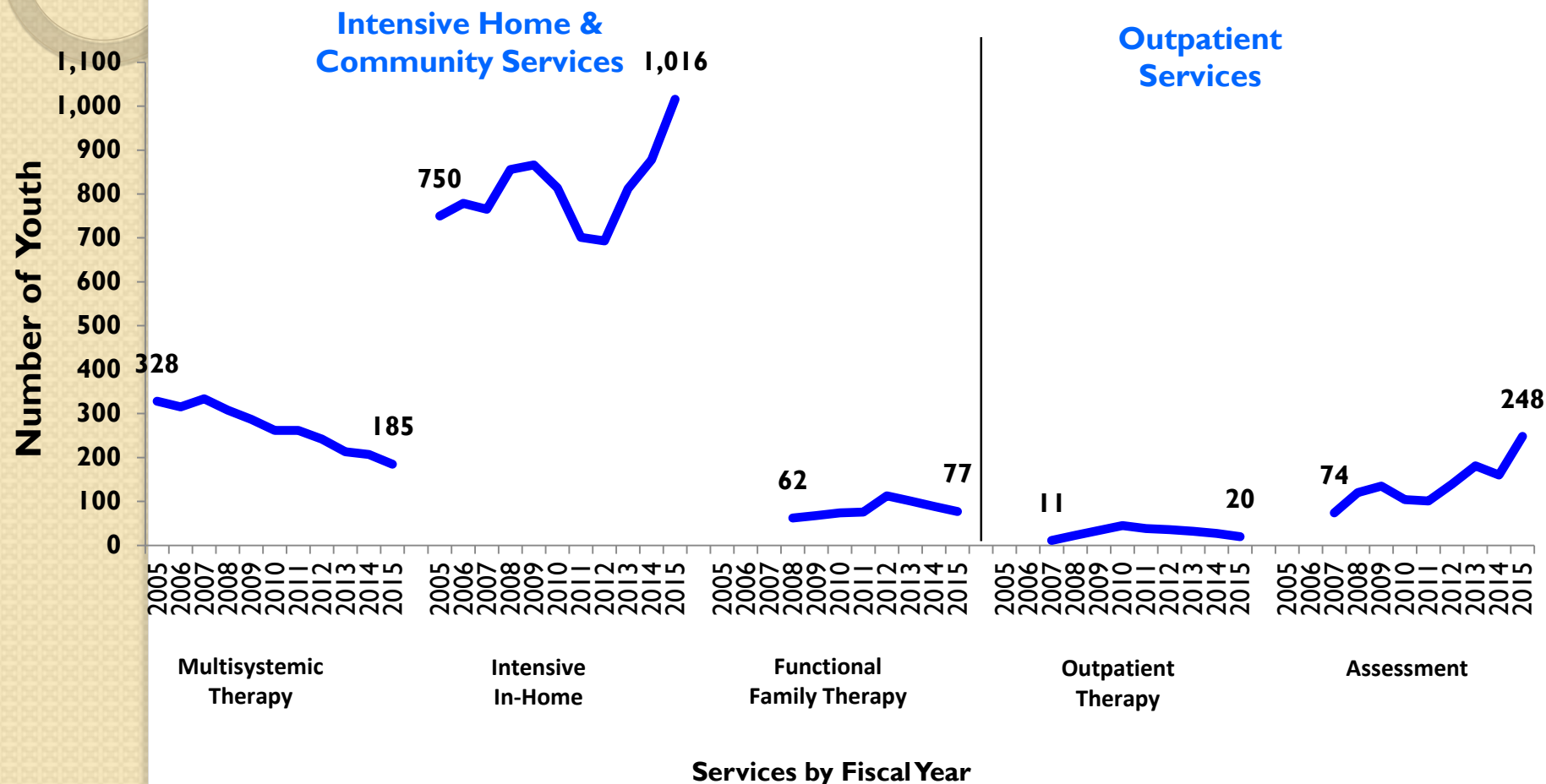
Disruptive Behavior: 34%, 33%, 32%, 30%, 26%
Attentional: 18%, 18%, 20%, 19%, 19%
Mood: 18%, 20%, 19%, 19%, 19%
Anxiety: 13%, 12%, 11%, 12%, 14%

Legend: Disruptive Behavior, Attentional, Mood, Anxiety

6e. Services for Changing Population

No Data Yet!

- Younger
- Less dysfunction
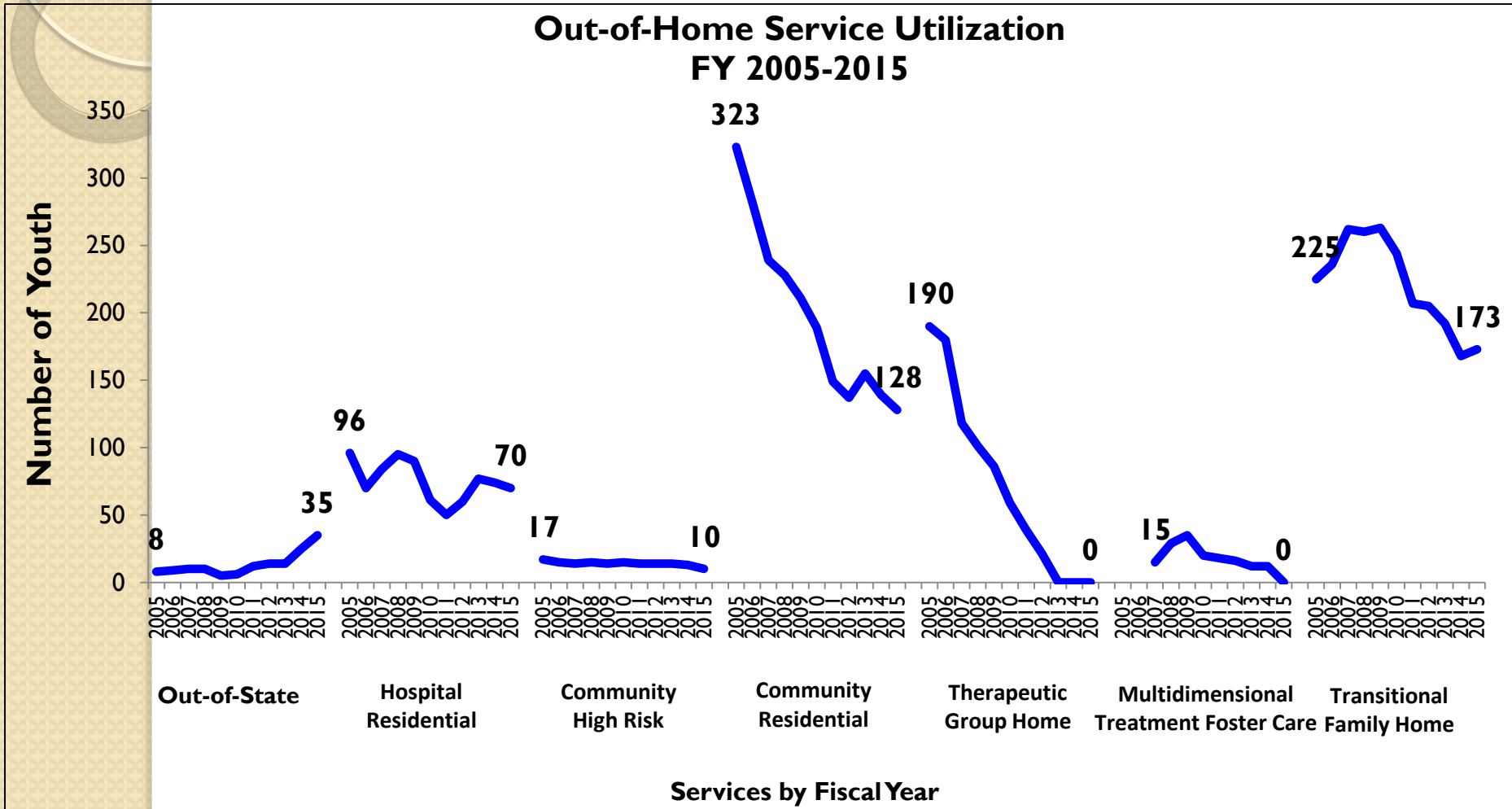- Slightly smaller proportion of DBD youth
- **OYS & other youth**

THIS SECTION IS UNDER CONSTRUCTION

Intensive Home & Community and Outpatient Service Utilization FY 2005-2015

Out-of-Home Service Utilization
FY 2005-2015

Changes in Service Array

2005 CAMHD Procured
Services

# of Registered Youth: 2,462
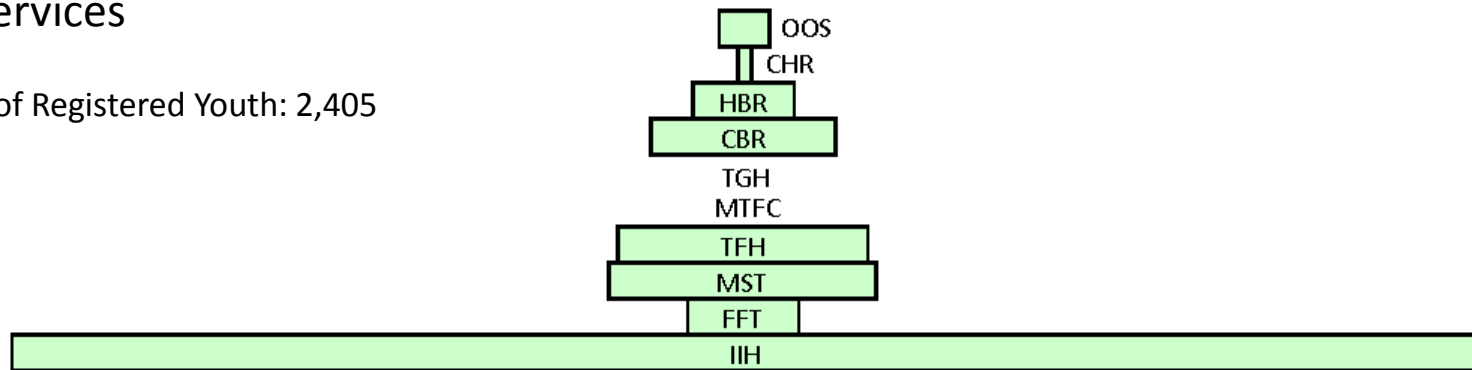
Changes in Service Array

2015 CAMHD Procured
Services

# of Registered Youth: 2,405
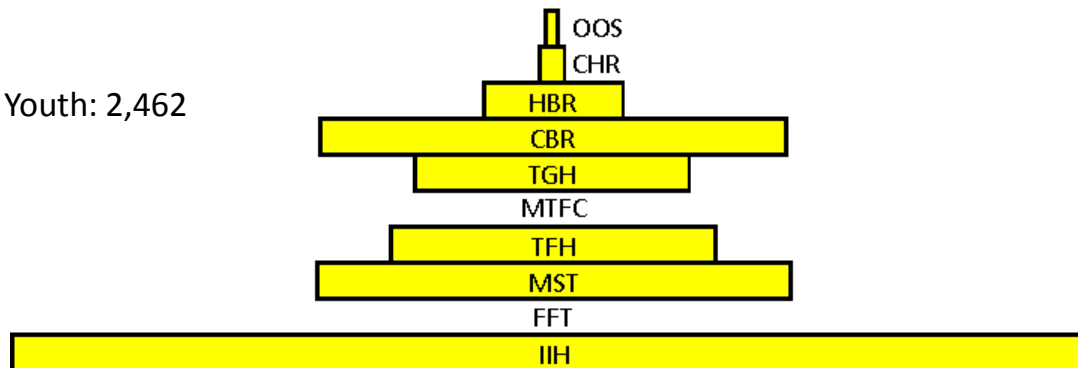
6e. Services for Changing Population
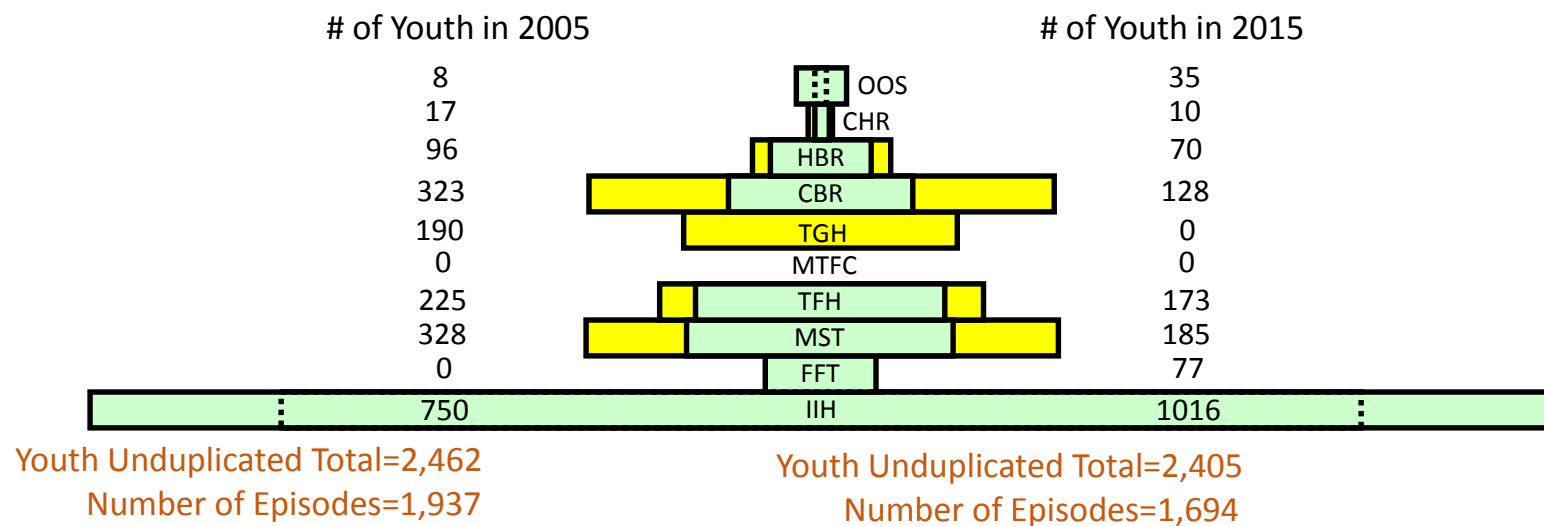
Changes in Service Array

# of Youth in 2005		# of Youth in 2015
8	OOS	35
17	CHR	10
96	HBR	70
323	CBR	128
190	TGH	0
0	MTFC	0
225	TFH	173
328	MST	185
0	FFT	77
750	IIH	1016

Youth Unduplicated Total=2,462
Number of Episodes=1,937

Youth Unduplicated Total=2,405
Number of Episodes=1,694

Yellow areas indicate decreased youth served in each level of care.

Summary of Indicator Results

- Increase in number of youth registered and receiving procured services

- Differences across FGCs in reporting of direct services

- Relative success at keeping clinical positions filled

- Length of treatment generally within Orange Book guidelines

- Use of manualized evidence-based programs continuing to decline

- Increasing use of progress monitoring as a local evidence-based tool

- Increasing parent and youth voice

- Ohio Scales data face-valid and suggesting youth improvement

- Increase in percent of youth with Traumatic Stress as treatment target

- Public Awareness activities continuing

- Grant funding down and Medicaid funding stable

- Age of clients continuing to decrease

- Changing service array across levels of care

PANEL DISCUSSION

PANEL OF EXPERTS:

- LaVerne Bishop, Executive Director - Hale 'Opio

- Kahea Freitas-Crocket – Mental Health Supervisor I

- Scott Shimabukuro – Practice Development Manager

- Stan Michels, MD – Chief Administrator

- Dan Ulrich, MD – Medical Director

Mahalo!

For more information, please contact CAMHD Research and Evaluation at (808) 733-8354.