

FY2013



Hawaii Youth Interagency Performance Report



Produced by the State of Hawaii:

Department of Health
Child and Adolescent Mental Health Division
Developmental Disabilities Division
Early Intervention Services

Department of Education
School Based Behavioral Health

February 2014

Interagency Performance Report

Introduction

For many years, the State of Hawaii Department of Education (DOE) and Department of Health (DOH) have endeavored to maintain quality within a system of care by reporting about youth served, services provided, and system infrastructure in the “Integrated Performance Monitoring Report”, or “IPMR”. The IPMR was designed as a structure for the sharing of data with stakeholders and the public about the departments’ populations, collaboration, and performance.

The IPMR reports were generated on a quarterly basis for many years. Data were tracked over time and many of the indicators of progress or lack of progress showed only slight changes from quarter to quarter, year after year. In 2010, the report was changed to a bi-annual publication, with quarterly changes continuing to be tracked. Only minor fluctuations in data appeared, providing evidence that a different period of analysis may be necessary.

In addition, many of the data points that were presented and described in the IPMR had less significance in later years than when originally selected for the report, and newer, more relevant indicators of progress within the system of care were missing from the standard IPMR. Other child-serving agencies such as the Department of Human Services (DHS) were reporting data in isolation of the DOE and DOH. The quarterly and bi-annual IPMR were lengthy, difficult to comprehend, and inefficient to produce.

Moving toward increased transparency to interested parties, the [child serving] State Quality Assurance Committee decided to modify the structure of the report. The new report, now titled “Hawaii Youth Interagency Performance Report,” or “HYIPR” has been redesigned to present information in a more user-friendly format. The HYIPR will include data from the DOE, DOH, and DHS, with a focus on reporting measures that show youth outcomes and significant changes over time. Information will be presented in a more concise manner, with visual indicators showing progress or the need for improvement.

As part of the dynamic process of monitoring and strengthening the quality of our service system, the indicators and measurements presented in this report are expected to change over time. New methods of analyzing data and fresh perspectives on performance improvement initiatives will lend flexibility and opportunities for growth as the HYIPR evolves with the needs of the youth and the service system. The report will be published annually and provide longer-term comparisons to show more significant changes over time.

Report Contents

The HYIPR contains the departments’ information on:

- Population Characteristics
- Service Utilization
- Cost of Services
- Performance Outcome Measures

For each of the departments/divisions from the State of Hawaii participating in this report, the following questions will be addressed:

1. What does this measure/indicator describe?
2. What does the included graph/table tell us about this measure/indicator?
3. In 'dashboard' terminology, is this measure/indicator in "On Track," "Warrants Monitoring," or "Needs Work" mode?
4. If the measure/indicator "Warrants Monitoring" or "Needs Work," what will be done to move it toward "On Track"?

Each department/division participating in the HYIPR will use the most recent data they have available (e.g., charts, tables, and graphs) including a brief narrative explanation of the figure included.

To conclude the report, each division/department will include a brief summary that addresses the strengths and challenges suggested by the data. Finally, quality improvement efforts under way are identified and described with rationale for implementation. These quality improvement plans will be reported with continuity from report to report to show successful implementation and evaluation.

Data Utilization

This report will be produced annually, with publication dates to occur at the end of each calendar year. Data included are the most recent available to the division/department, which ranges from data ending four months prior to report production to data ending as much as one year prior to report publication. Some agencies are further along in the data collection and reporting process than others and some agencies may not yet have data to present in this report.

In order to report the most accurate data, the information contained in the reports represents a historical view, and is intended to show long-term changes. Goals and outcomes will be analyzed from year to year and used to plan, implement, and monitor progress on long-term goals.

Interagency Performance Report

Performance Indicator Key:

- = On Track
- ▼ = Warrants Monitoring
- = Needs Work

Population	Who Do We Serve? ⇒ <i>Registered Children Youth/Enrolled Children/Youth</i>
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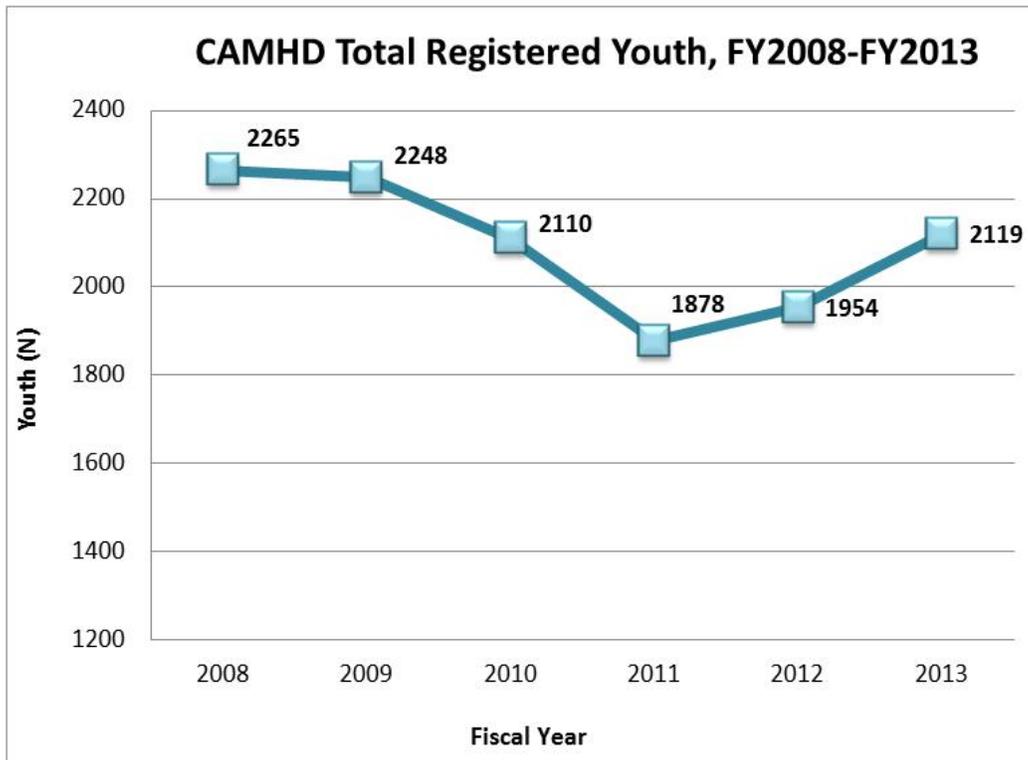
Child and Adolescent Mental Health Division (CAMHD)

What does this measure/indicator describe?

Number of Youth Registered to CAMHD: This measure shows the number of youth who have been referred and registered to the CAMHD system over the past six fiscal years. Registered youth received Care Coordination and/or other services provided by the Family Guidance Centers.

Performance Indicator

- = On Track



What does the included graph/table tell us about this measure/indicator?

In 2013, the CAMHD had 2,119 youth registered. The number of youth registered dropped sharply from FY2008 to FY2011, but started to increase in FY2012 and continued to increase in 2013.

Efforts of the CAMHD to strengthen outreach and access have been targeted toward improving interagency collaboration. It is believed that by improving the relationships among child-serving agencies, a deeper understanding of eligibility can be achieved and referrals from other youth-serving agencies have been increasing, as a result.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

● = On Track

The number of youth registered to the CAMHD falls far below the estimated number of youth in the community who may need and would be eligible for services. This measure is considered “On Track” because the number of registered youth has been increasing. The total number of youth registered with the CAMHD in FY2013 does not yet equal the FY2008 population, but the FY2013 total has surpassed the number registered FY2010. The total of registered youth for FY2013 has increased by almost 13% from the FY2011 total (where CAMHD experienced the low for this five-year period).

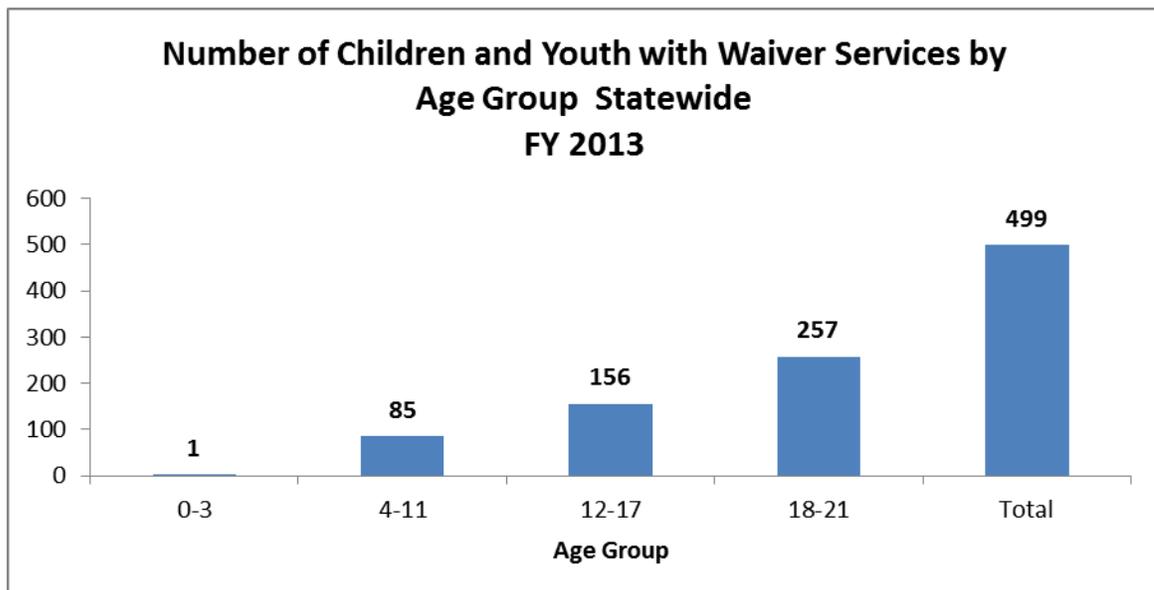
**Developmental
Disabilities
Division
(DDD)**

What does this measure/indicator describe?

This measure shows the number of Children and Youth under age of 21 who are enrolled in Hawaii State Developmental Disabilities Division (DDD) with Waiver services in fiscal year 2013 by age group.

**Performance
Indicator**

■ = Needs
Work



What does the included graph/table tell us about this measure/indicator?

The total number of Children and Youth in DDD with waiver services for fiscal year 2013 was 499. There was only one child in the 0-3 age group, and the number increased to 85 for 4-11 years old and 156 for 12-17 years old. The largest number, 257, occurred in the 18-21 age group.

The Division endeavors to identify people with intellectual and developmental disabilities (I/DD) that would qualify for our services in order to support these individuals and their families. However, most families and professionals know that the Developmental Disabilities Division primarily concentrates its services in the adult years, when Division services do not supplant or duplicate services such as those given by early intervention or the DOE. There has been ongoing efforts to coordinate with the Department of Education and the Division of Vocational Rehabilitation around transition of people with I/DD to adulthood, where the Developmental Disabilities Division strongly support efforts leading to people with I/DD having competitive employment.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

■ = Needs Work

It is difficult to tell if this data is on target. The timing of when families choose to apply for Developmental Disabilities Division services for their loved one with I/DD is dependent on many variables. These includes: 1. Awareness of services available through the Division; 2. Need to have services, secondary to emancipation of their loved one from their home and family supports, including foster home or group home living arrangements; 3. Worries about family members (who care for their child or adult loved one with I/DD) becoming too old or infirm to continue to care for their loved one; and 4. Financial situation of the individual and family. Therefore although the Developmental Disabilities Division will continue to spur awareness of their services through multiple methods, families will still decide to have their loved one be more or less involved depending on their situation.

**Early
Intervention
(EI)**

What does this measure/indicator describe?

Number of Infants and Toddlers enrolled in Early Intervention (EI): This measure looks at the number of children referred to an Early Intervention Program who had an initial multidisciplinary developmental evaluation (MDE) during the specified year and was determined eligible.

**Performance
Indicator**

▼ = Warrants
Monitoring

**No graph due to single data point (baseline).*

What does the included graph/table tell us about this measure/indicator?

In FY 2013, the Early Intervention Programs completed 2,535 initial multidisciplinary developmental evaluations (MDEs) and 2,241(88%) infants and toddlers met the Hawaii Part C Early Intervention eligibility criteria.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

▼ = Warrants Monitoring

Based on the new report format and collection of data, FY 2013 will serve as baseline data.

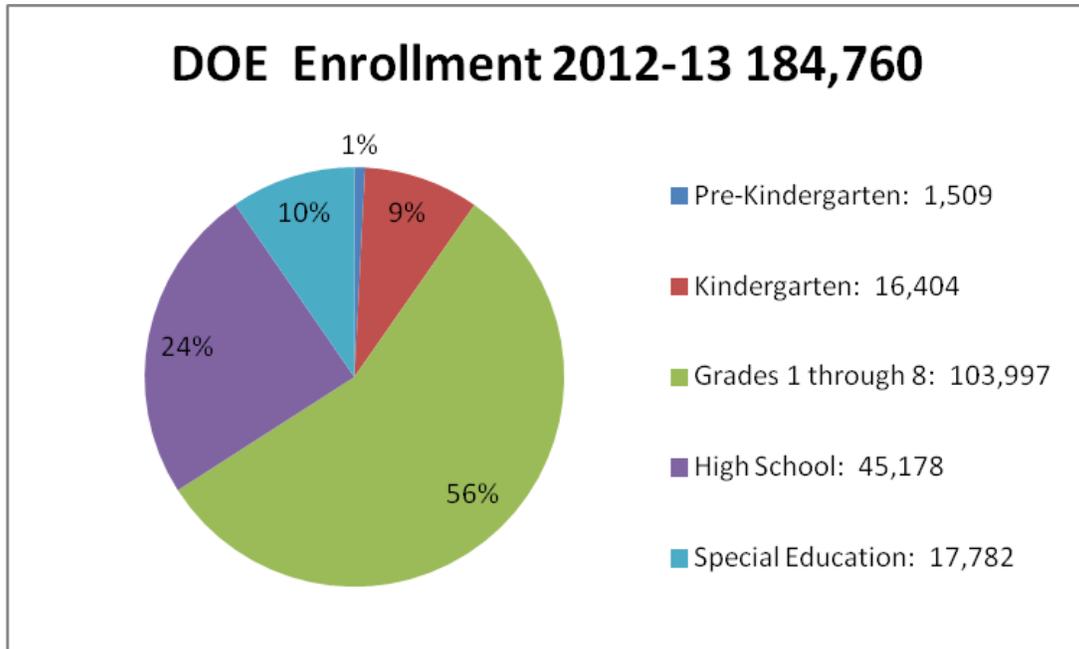
*Department of
Education
(DOE-SBBH)*

What does this measure/indicator describe?

This graph describes the number of students enrolled in the DOE for the 2012-13 school year.

**Performance
Indicator**

● = On Track



What does the included graph/table tell us about this measure/indicator?

The number of students enrolled in the DOE.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

● = On Track

Population

Who Do We Serve?

⇒ *Children/Youth With Services Procured*

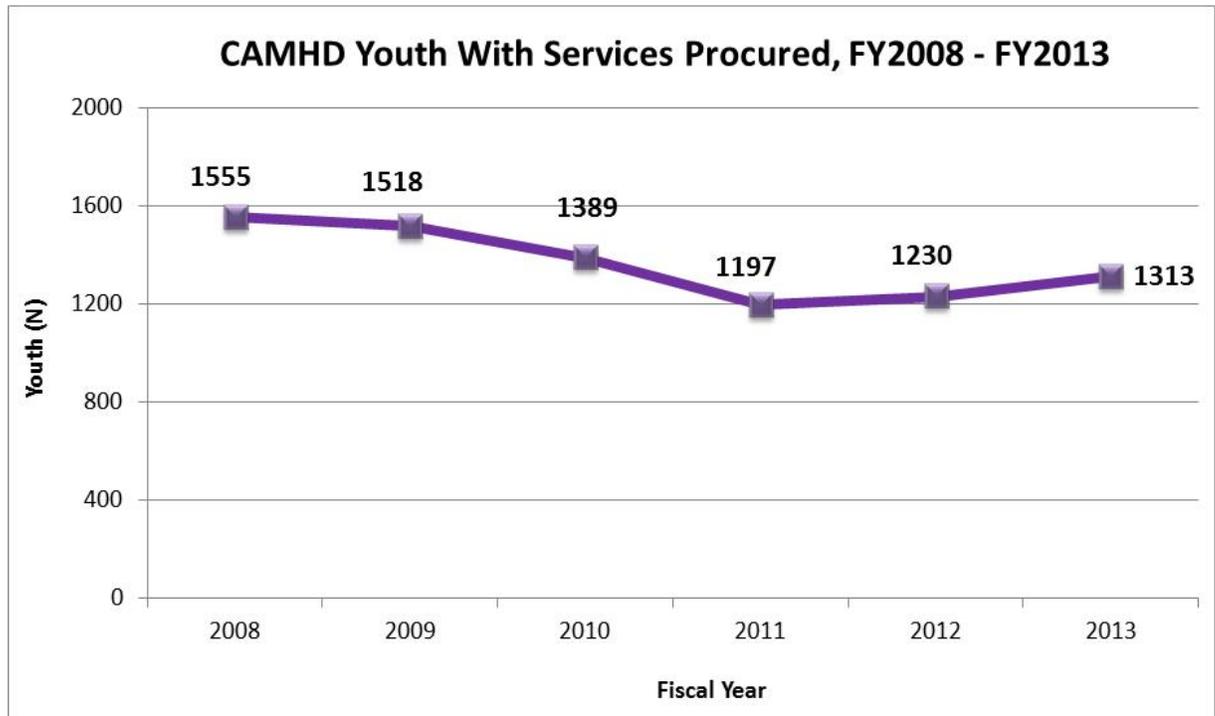
Child and Adolescent Mental Health Division (CAMHD)

What does this measure/indicator describe?

Number of Youth with Services Procured: The chart below shows the number of youth who received a contracted service at least one day during the reporting period over the past six fiscal years. These are unduplicated counts.

Performance Indicator

● = On Track



What does the included graph/table tell us about this measure/indicator?

In FY2013, the CAMHD had 1,313 youth who received services through the various providers with which the CAMHD contracts. The number of youth receiving procured services dropped sharply from FY2008 to FY2011, but started to increase in FY2012 and continued to increase in 2013.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

● = On Track

Similar to the registration measure, the CAMHD is “On Track” according to this measure because the number of youth receiving contracted services has increased in the last couple of years. The total of youth with procured services for FY2013 is almost 10% higher than the total for FY2011. The CAMHD is also making efforts to provide more direct services through its internal staff, but these services are not reflected in the numbers shown here.

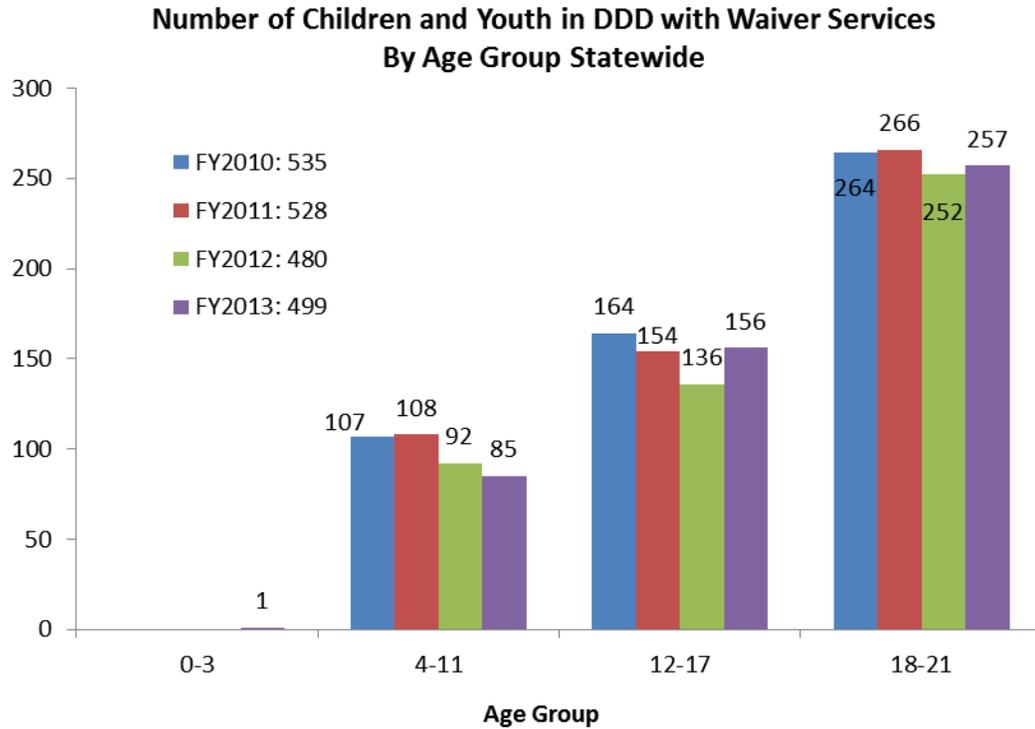
Developmental Disabilities Division (DDD)

What does this measure/indicator describe?

Number of Children and Youth With Waiver Services By Age Group: This measure shows the number of Children and Youth under age of 21 who are enrolled in Hawaii State Developmental Disabilities Division (DDD) with Waiver services over the four fiscal years, from fiscal year 2010 to fiscal year 2013 by age group.

Performance Indicator

● = On Track



What does the included graph/table tell us about this measure/indicator?

The pattern of the enrolled children and youth with Waiver services for different age groups were similar for these four fiscal years: there were almost none in the 0 to 3 age group, and the number increased almost linearly for the rest of the age groups. The highest enrollment was in the 18-21 age group. This reflects that once determined eligible, most individuals continue services. Intellectual and developmental disabilities are by definition lifelong, chronic conditions. So with increasing age, there are more and more people enrolled (until we hit the older geriatric age groups when we lose people secondary to death). Many families wait until young adulthood or later to apply for services for their loved one with developmental or intellectual disability.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

● = On Track

Early Intervention (EI)

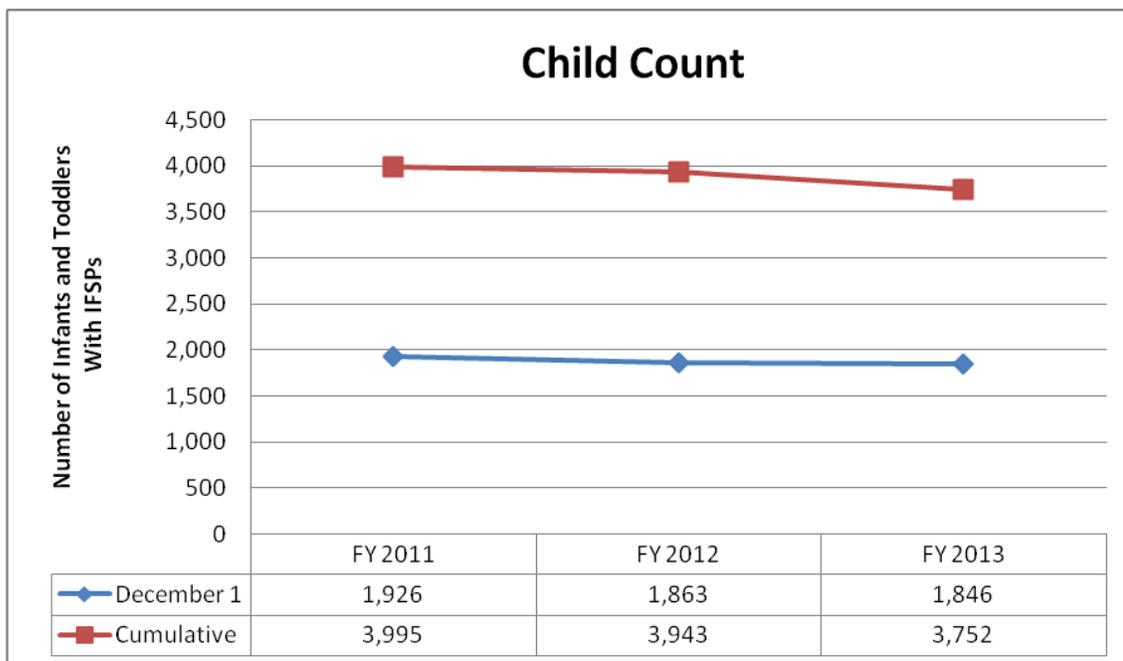
What does this measure/indicator describe?

Number of Infants and Toddlers, birth to three who had an Individualized Family Support Plan (IFSP) in the indicated year:

1. This measure indicates the number of infants and toddlers with an IFSP on December 1.
2. This measure indicates number of infants and toddlers with an IFSP during the year.

Performance Indicator

▼ = Warrants Monitoring



What does the included graph/table tell us about this measure/indicator?

There has been a slight decline each year in the number of infants and toddlers with IFSPs.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

▼ = Warrants Monitoring

Although Hawaii has surpassed the national average for FY 2012 and FY 2011 (national average for FY 2013 is not yet available), this indicator “warrants monitoring” since there has been a decline in Hawaii’s Child Count.

For FY 2012, the national average for all states including Washington D.C. was 2.79%. Hawaii surpassed the national average for infants and toddlers birth to 3 by 0.7%. Hawaii was ranked 15th as it served 3.49% (1863/53,413) of infants and toddlers birth to 3 with IFSPs.

For FY 2011, the national average for all state including Washington D.C. was 2.82%. Hawaii surpassed the national average for infants and toddlers birth to 3 by 0.8%. Hawaii was ranked 14th as it served 3.62% (1926/53,219) of infants and toddlers birth to 3 with IFSPs.

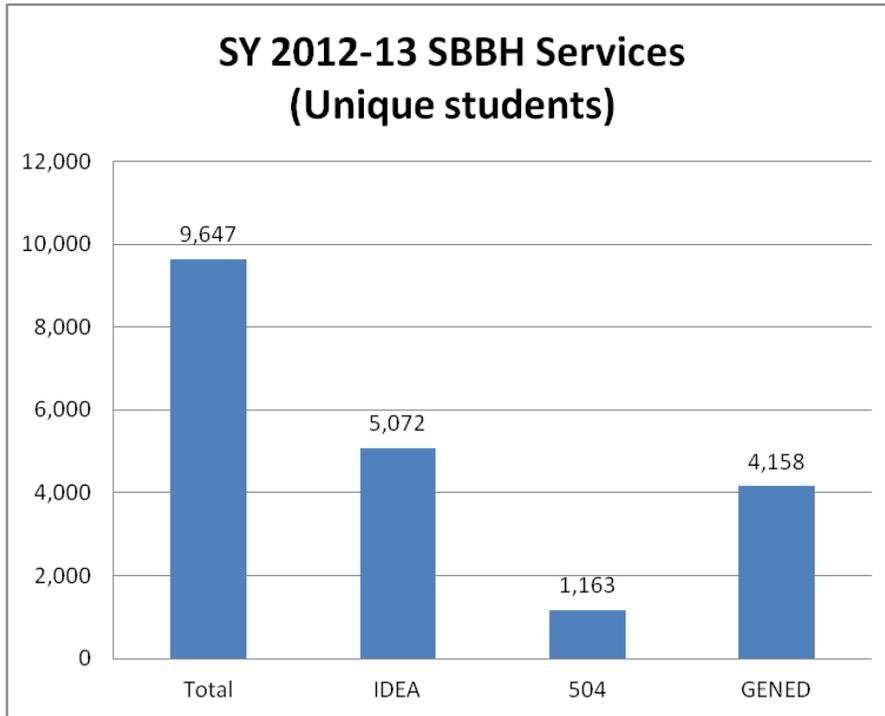
**Department of
Education
(DOE-SBBH)**

What does this measure/indicator describe?

Number of Youth Receiving SBBH counseling and consultation. This measure shows the number of unique students receiving counseling services, Counseling services include individual and group counseling, crisis intervention, in-class support and student observation for generalization of skills in the school setting. Consultation includes support to parents, school teachers, administrators, and school staff who work with students.

**Performance
Indicator**

● = On Track



What does the included graph/table tell us about this measure/indicator?

This measure quantifies counseling and consultation services to DOE enrolled students by eligibility category (IDEA and 504) in 2012-13. GENED refers to the school population not identified as having a IDEA disability or 504 needs. During 2012-13, 9,647 unique students received SBBH Counseling services within the DOE. The SBBH goal is to serve 10,000 students annually, which represents 5.4% of the General Student Enrollment.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

● = On Track

Service Utilization

How Are Children/Youth Using Services?

⇒ *Utilization of Services*

Child and Adolescent Mental Health Division (CAMHD)

What does this measure/indicator describe?

Utilization of Services by Level of Care: The table below shows the number of youth with procured services within each of the five broad categories of care in the most recently completed fiscal year. It is unduplicated within levels of care. For example, some youth may have received in-home services and out-of-home services during the reporting period but were only counted once.

Performance Indicator

● = On Track

Services Procured	Total N	% of Procured
Out-of-Home	392	29.9%
Intensive Home & Community	986	75.1%
Outpatient	308	23.5%
Supportive Services	188	14.3%
Crisis Stabilization	46	3.5%
Unduplicated Total (% of Registered)	1,313	62%

What does the included graph/table tell us about this measure/indicator?

This table shows the number of youth who received services in a category and the ratios by types of services procured (levels of care) in the past Fiscal Year. The CAMHD has served over three-quarters of its youth using the Intensive Home & Community level of care and about one-fourth using Outpatient services.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

● = On Track

Since efforts are made to serve youth while still in their homes and with their families, this proportion aligns well with the CAMHD philosophy of using “least restrictive services” whenever appropriate. The lower proportion (29.9%) of cases of youth using out-of-home services also aligns well with the CAMHD philosophy. The most restrictive treatment alternative should be the treatment option reserved for those youth who cannot be served in the home.

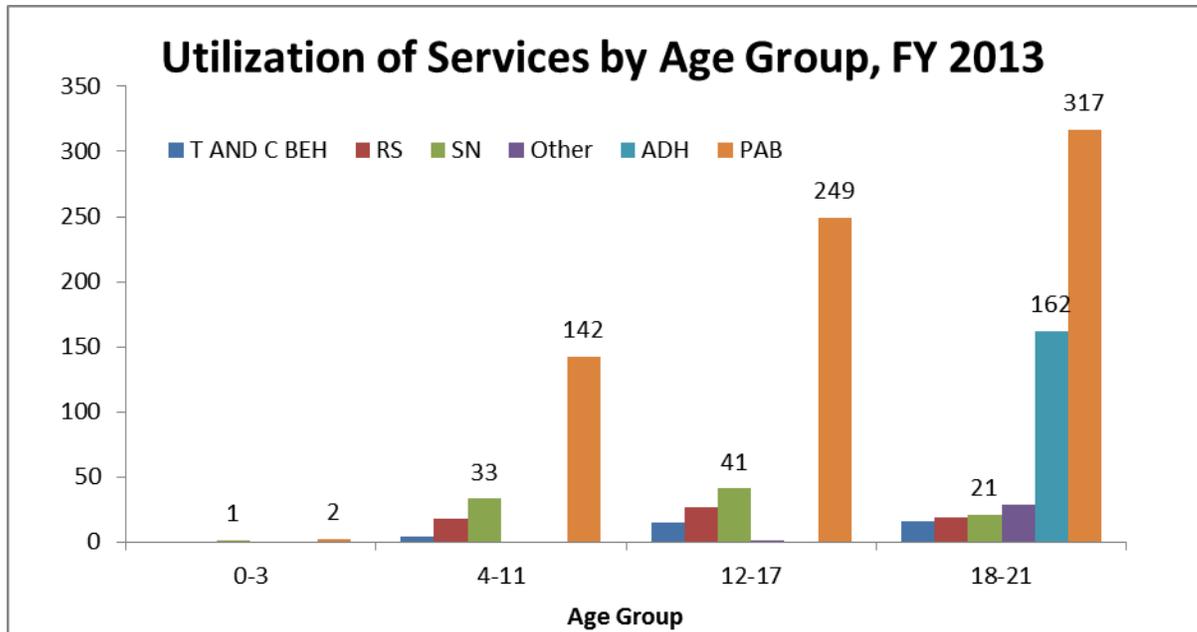
Developmental Disabilities Division (DDD)

What does this measure/indicator describe?

Utilization of Services by Age Group: This measure indicates the number of Children and Youth under age of 21 who received waiver services in fiscal year of 2013.

Performance Indicator

● = On Track



What does the included graph/table tell us about this measure/indicator?

- PAB = Personal Assistance/Habilitation
- ADH = Adult Day Health
- SN = Skilled Nursing
- RS = Respite
- T and C BEH = Training and Consultation Behavioral
- Other = Emergency services, Chore, etc.

This graph shows that PAB was the most utilized service across all child/teen age groups. Personal Assistance/Habilitation supports a person to be active in their community or to live in their home. Adult day health programs are usually selected only if a person is out of school, and not employed once they are a young adult or older. These programs allow the individual to learn skills, socialize with others and participate in community activities. Respite provides personnel to care for or provide supervision over an individual with an intellectual or developmental disability for short periods of time. This permits family members caring for a person with I/DD to get needed rest and recreation as to not get “burnt out”.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

● = On Track

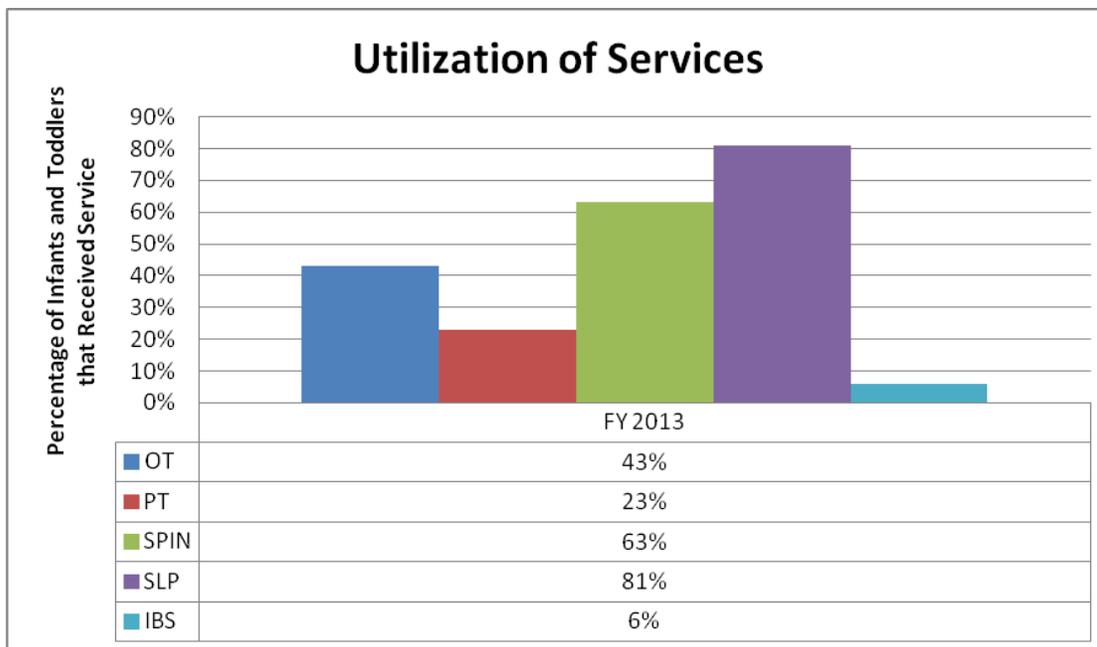
Early Intervention (EI)

What does this measure/indicator describe?

Utilization of Services: This measure indicates the percentage of eligible infants and toddlers that received core services provided by EI Programs as well as Intensive Behavioral Support (IBS) services. It is an unduplicated count within each service.

Performance Indicator

▼ = Warrants Monitoring



OT = Occupational Therapy
 PT = Physical Therapy
 SPIN = Special Instruction
 SLP = Speech Language Pathology
 IBS = Intensive Behavioral Services

Services	# of Infants and Toddlers that Received Service in FY 2013	# of Infants and Toddlers with Active IFSP in FY 2013	Percentage
OT	1,623	3,752	43%
PT	850	3,752	23%
SPIN	2,380	3,752	63%
SLP	3,050	3,752	81%
IBS	224	3,752	6%

What does the included graph/table tell us about this measure/indicator?

Eligible infants and toddlers received an array of services. Majority of eligible infants and toddlers received SLP services. Services received will continue to be tracked so further analysis can be completed.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

▼ = Warrants Monitoring

Based on the new report format and collection of data, FY 2013 will serve as baseline data.

What does this measure/indicator describe?

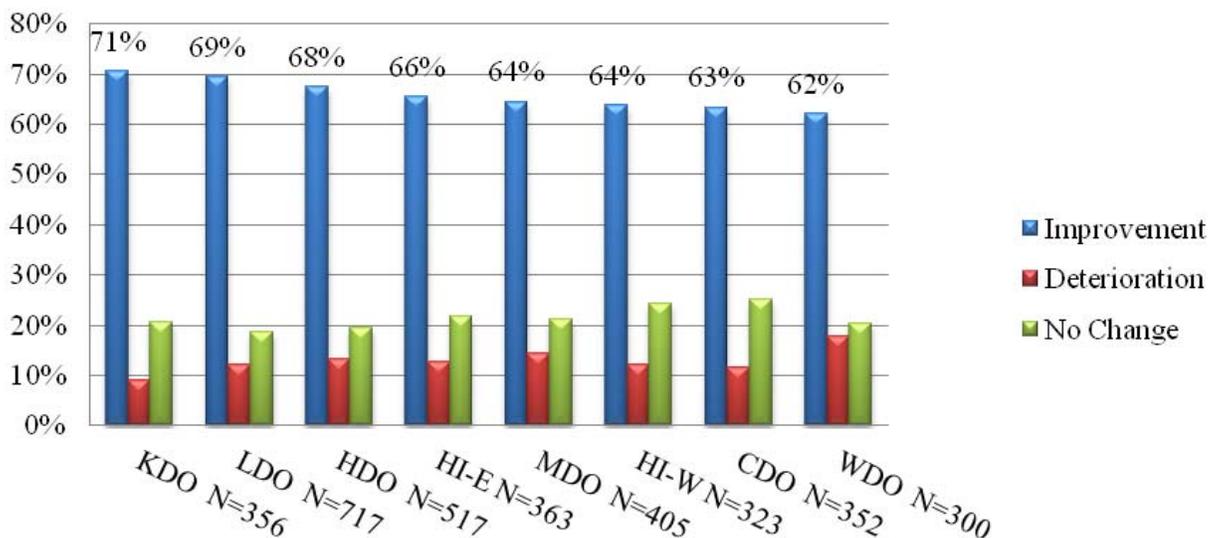
Analyses of the Behavioral Symptom Index of the Teacher Rating Scale were performed for each district individually, looking at all students who were in the “At-Risk” or “Clinical” range.

Performance

Indicator

- = On Track
- ▼ = Warrants Monitoring

TRS-C & A Reliable Change by District



What does the included graph/table tell us about this measure/indicator?

Most districts were within several points of the system average of students improving. Kauai seems to have a relative strength in terms of TRS results, with Windward showing a relative area for further investigation. The statewide goal for SBBH counseling services is that 66% will improve. Presently Kauai, Leeward, Honolulu and Hawaii East are on track. Maui, Hawaii West, Central and Windward districts warrant additional monitoring. All students identified as deteriorating are reviewed for increased supports.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

- = On Track
- ▼ = Warrants Monitoring

Half the Districts are On Track and half warrant monitoring as they are close to attaining the goal.

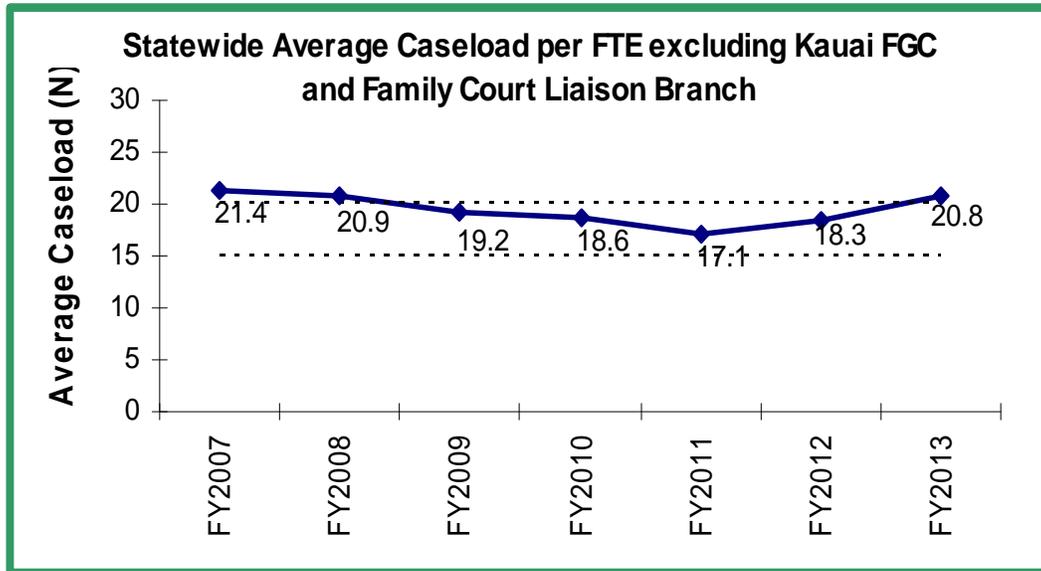
Child and Adolescent Mental Health Division (CAMHD)

What does this measure/indicator describe?

Average Caseload Size for Care Coordinator Over Time: This measure shows the average size of a CAMHD Care Coordinator caseload in the fiscal year. Each case represents a youth that was registered to a Care Coordinator. Some cases received continued services from year to year.

Performance Indicator

● = On Track



What does the included graph/table tell us about this measure/indicator?

By maintaining a caseload that has the appropriate number of clients, a care coordinator should be able to devote the necessary time to address the needs of youth effectively without wasting resources. This graph shows that the average number of cases a care coordinator managed remained relatively stable, decreasing slightly from FY2007 through FY2011 before increasing modestly in FY2012 and FY2013.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

● = On Track

The optimal average caseload is between 15 and 20 active cases, which is very close to the actual average caseload of 20.8. Geographic differences in average caseload among Family Guidance Centers are reviewed systematically and problem-solved to minimize disparities. This measure will continue to be tracked and evaluated to ensure adequate coverage and devotion of resources to match the needs of the youth.

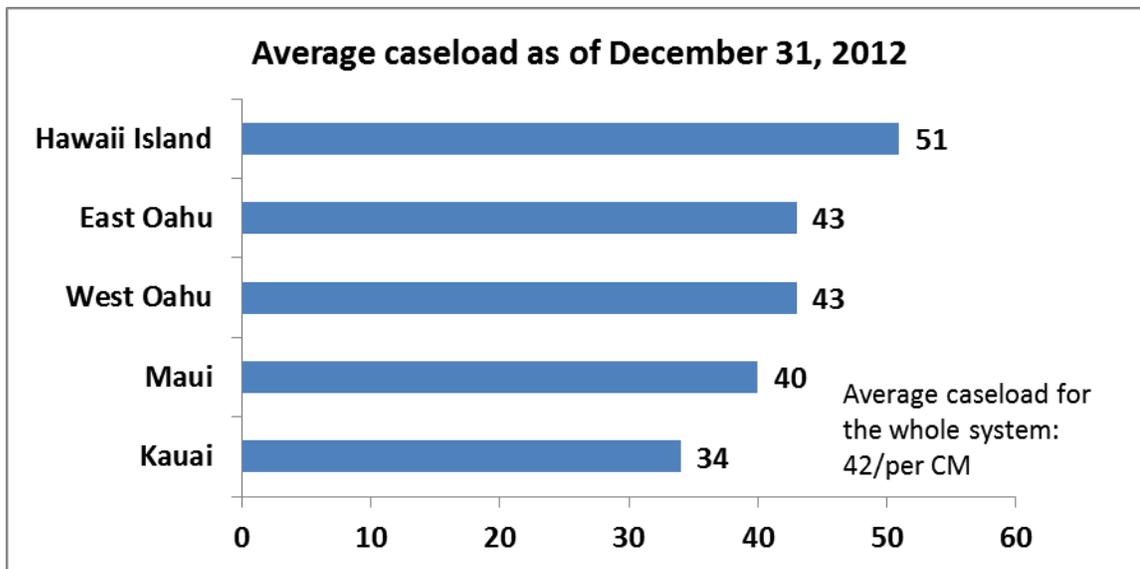
Developmental Disabilities Division (DDD)

What does this measure/indicator describe?

Average Caseload for Case Managers: 42

Performance Indicator

● = On Track



What does the included graph/table tell us about this measure/indicator?

Hawaii Island had the highest caseload, followed by East and West Oahu. Even though Maui (including Molokai and Lanai) and Kauai had the lowest caseload, their caseloads were still high, which may make the services challenging.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

● = On Track

Early Intervention (EI)

What does this measure/indicator describe?

Staffing/Personnel: This measure shows the number and percentage of State Positions that are filled and the average Social Worker/Care Coordinator caseloads.

Performance Indicator

■ = Needs Work

Table 1: Early Intervention Section (EIS) Administrative Positions

Island	EIS Administrative Positions (FTE) as of June 2013		
	Total # FTE	Filled # FTE	Filled %
Oahu	44	36	82%

Performance Indicator

■ = Needs Work

Table 2: EIS Direct Service Positions (excluding Social Worker (SW)/Care Coordinator (CC))

Island	EIS Administrative Positions (FTE) as of June 2013		
	Total # FTE	Filled # FTE	Filled %
Oahu	30	23	77%

Performance**Indicator**

■ = Needs Work

Table 3: EIS SW/CC Positions

Island	EIS SW/CC Positions (FTE) as of June 2013		
	Total #	Filled #	Filled %
Oahu	26	21	81%
Hawai'i	1.5*	1	67%
Maui	0.25**	0	0%
Kauai	1.75***	1.75	100%
Total	29.5	23.75	81%

* Includes 1 position that provides care coordination at 0.50 FTE

** Includes 1 position that provides care coordination at 0.25 FTE

*** Includes 1 position that provides care coordination at 0.75 FTE

Performance**Indicator**

● = On Track

Table 4: Purchase of Service (POS) SW/CC Positions

Island	POS SW/CC Positions (FTE) as of June 2013		
	Total #	Filled #	Filled %
Oahu	20.5*	19.5	95%
Hawai'i	5**	5	100%
Maui	6	5.80	97%
Kauai	1	1	100%
Molokai	0.50***	0.45	90%
Lanai	0.50***	0.50	100%
Total	33.5	32.55	96%

* Three positions are funded at 0.50 FTE

** Two positions are funded at 0.50 FTE

*** Both positions are funded at 0.50 FTE

Performance**Indicator**

■ = Needs Work

Table 5: EIS and POS SW/CC Caseload (1:35)

Island	# Social Workers Providing Care Coordination as of June 2013	Number with Caseloads No More than 35	Percent with Caseloads No More than 35
Oahu	40.5*	11	27%
Hawai'i	6*	2.5	42%
Maui	5.8**	1	17%
Kauai	2.75***	2.75	100%
Molokai	0.45****	0.45	100%
Lanai	0.50*****	0.50	100%
Total	56	18.2	33%

* Does not include SW IV supervisory positions (4-Oahu). Includes 3 SW at 0.5 FTE on Oahu and 2 SW at 0.5 FTE on Hawai'i

** Includes 1 SW at 0.8 FTE

*** Includes 1 SW at 0.75 FTE

**** Includes 1 SW at 0.45 FTE

***** Includes 1 SW at 0.50 FTE

What does the included graph/table tell us about this measure/indicator?

With the exception of the POS SW/CC Positions, the other personnel categories do not meet the target of 90%.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

■ = Needs Work

The number of vacant positions continues to strain the Early Intervention system. High caseloads and staff vacancies challenge the ability of staff to meet the needs of the families and to assure that the MDEs, IFSPs, and provision of services are timely. It also interferes with quality assurance and training/supervision efforts to meet the Part C requirements of the Individuals with Disabilities Education Act (IDEA).

Contracted fee-for-service (FFS) providers help ensure that children receive all services identified on their IFSP. The main need for FFS providers is to provide intensive behavioral support for infants and toddlers with Autism Spectrum Disorder and Challenging Behaviors. Other FFS providers include audiologists, nutritionist, OT, PT, and SLP. Interpreters are also contracted through the FFS process to address the increasing number of families receiving EI services whose primary language is other than English.

Care Coordination support was also provided by Administrative SW IV positions on Oahu and Program Managers statewide. Without their support, there would have been more SW/CC with caseloads of more than 35. This cannot be a long-term solution as it interferes with their primary role to provide supervision and technical assistance to staff.

**Department of
Education
(DOE-SBBH)**

What does this measure/indicator describe?

This chart identifies the average caseload of the SBBH provider per month during the 2012-13 School Year, by year.

**Performance
Indicator**

● = On Track

2012-13 SBBH Caseload		
August	2012	19.55
September	2012	19.32
October	2012	19.75
November	2012	20.14
December	2012	19.86
January	2013	21.15
February	2013	21.24
March	2013	20.36
April	2013	20.91
May	2013	20.61
All Months		20.29

What does the included graph/table tell us about this measure/indicator?

The monthly caseloads are very consistent through the 2012-13 school year and averaged 20.29 students per month during 2012-13. Currently, SBBH is beginning to capture both case load and work load data, to understand more clearly the extent of services students receive. Future reporting will include workload as well as caseload.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

● = On Track

Cost

What Is The Cost Of Providing Services To Children/Youth?

⇒ *Cost Of Services By Service Type*

Child and Adolescent Mental Health Division (CAMHD)

What does this measure/indicator describe?

Cost of Procured Services by Level of Care: This measure shows how much it costs to provide services in each of the broad categories of services offered by CAMHD providers in the most recently completed fiscal year.

Performance Indicator

● = On Track

Statewide Procured Service Summary of Youth			
For the Period of July 1, 2012 to June 30, 2013			
Services Procured	Cost per LOC (\$) ^a	Cost per LOC per Youth (\$) ^a	% of Total Cost per LOC
Out-of-Home	\$21,177,652	\$54,025	66.0%
Intensive Home & Community	\$7,809,382	\$7,920	24.3%
Outpatient	\$979,255	\$3,179	3.1%
Supportive Services	\$450,482	\$2,396	1.4%
Crisis Stabilization	\$1,686,173	\$36,656	5.3%
Unduplicated Total	\$32,102,945		

Note: ^(a) Cost per LOC represents the unduplicated cost (US\$) for services at the specified level of care.

What does the included graph/table tell us about this measure/indicator?

The two most expensive levels of care per youth were: ‘Out-of-Home’ and ‘Crisis Stabilization.’ The two combined for over 70% of the CAMHD total budget. Although relatively low in cost per youth as compared to Out-of-Home and Crisis Stabilization, ‘Intensive Home & Community’ services still accounted for almost a quarter of the total expenditures for CAMHD in FY2013. This is due to the fact that over three-quarters of CAMHD youth served are provided services in this level of care. So, in summary, over three-quarters of the youth served by CAMHD only use about one-quarter of the service budget. Conversely, over 70% of the budget is used by less than 35% of the population of youth served by CAMHD.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

● = On Track

As would be expected, the most restrictive (and most costly per youth) level of care, Out-of-Home, absorbs the greatest proportion of the CAMHD annual budget. However, since CAMHD serves many more youth in the less restrictive settings (Intensive In-Home and Outpatient services), less money is expended on the more expensive services than could have been spent had CAMHD not put an emphasis, when appropriate, on providing services to youth while in their own homes.

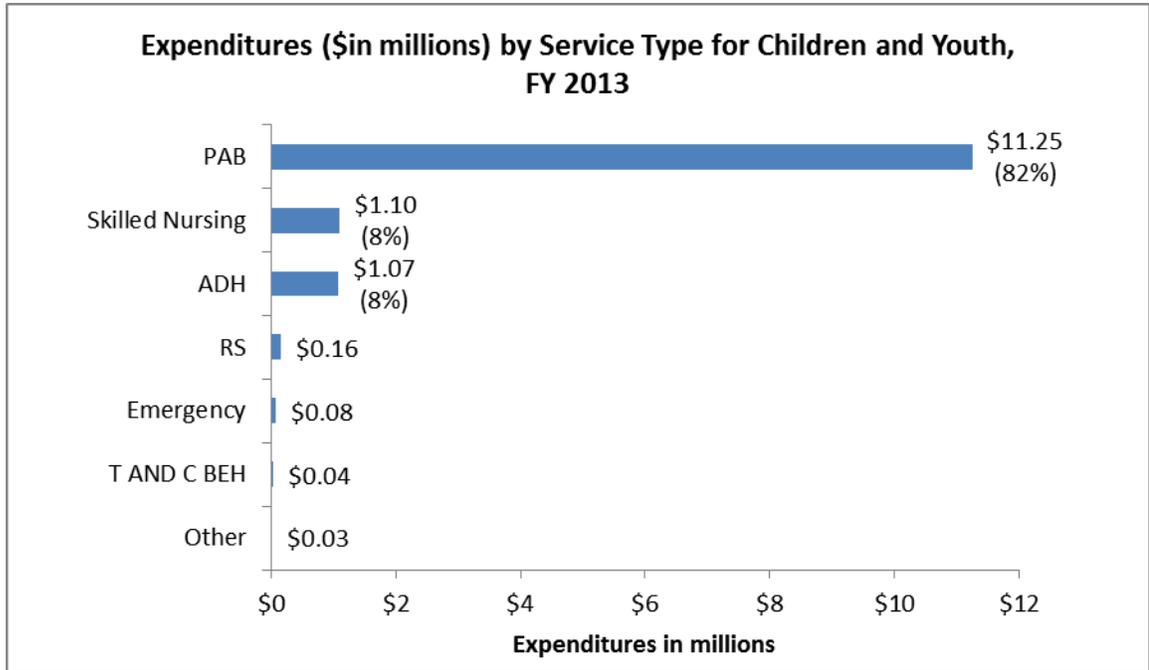
**Developmental
Disabilities
Division
(DDD)**

What does this measure/indicator describe?

Waiver Expenditures By Service Type: This measure shows the expenditures by service type for fiscal year 2013.

**Performance
Indicator**

● = On Track



What does the included graph/table tell us about this measure/indicator?

PAB = Personal Assistance/Habilitation

ADH = Adult Day Health

SN = Skilled Nursing

RS = Respite

T and C BEH = Training and Consultation Behavioral

Other = Emergency services, Chore, etc.

This graph shows that PAB was the highest expenditure among all the service types (82%), followed by skilled nursing (8%), and ADH (8%). The rest of the services -respite, training and consultation around behavioral problems, and other services such as emergency services, each comprise less than 1%. Personal Assistance/Habilitation supports a person to be active in their community or to live in their home. Adult day health programs are usually selected only if a person is out of school, and not employed once they are a young adult or older. These programs allow the individual to learn skills, socialize with others and participate in community activities. Respite provides personnel to care for or provide supervision over an individual with an intellectual or developmental disability for short periods of time. This permits family members caring for a person with I/DD to get needed rest and recreation as to not get “burnt out”.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

● = On Track

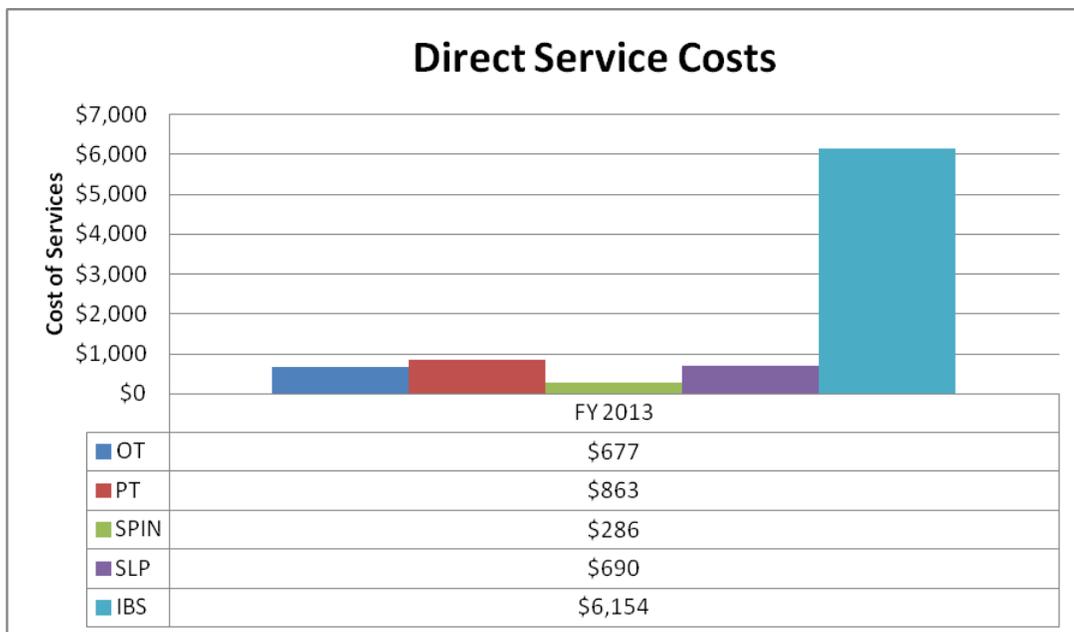
Early Intervention (EI)

What does this measure/indicator describe?

Cost of Providing Services to Infants and Toddlers: This measure indicates the average direct service cost per child of core services provided by the EI Programs as well as cost of IBS services.

Performance Indicator

▼ = Warrants Monitoring



FY 2013			
Service	Cost	# of Infants & Toddlers Provided with Service	Average Cost per Child
OT	\$1,099,281	1,623	\$677
PT	\$733,885	850	\$863
SPIN	\$680,199	2,380	\$286
SLP	\$2,103,948	3,050	\$690
IBS	\$1,378,553	224	\$6,154

What does the included graph/table tell us about this measure/indicator?

Intensive Behavioral Support (IBS) services is the most expensive service per child. The frequency and intensity of IBS services is greater to provide the level of support needed by children with autism and/or challenging behaviors and their families.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

▼ = Warrants Monitoring

Based on the new report format and collection of data, FY 2013 will serve as baseline data.

*Department of
Education
(DOE-SBBH)*

What does this measure/indicator describe?

The information states the cost of the SBBH program in terms of cost per student.

**Performance
Indicator**

● = On Track

Incremental cost of SBBH services to one such student.	\$3,241.00
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What does the included graph/table tell us about this measure/indicator?

The cost is \$3,241 per student, per year. Services include all program operating costs, personnel, contracted Psychiatric costs, consultation, assessments, intensive learning center support and counseling services.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

● = On Track

Caseload is similar to national standards. Improvements in data collection will include workload and caseload to capture the direct services to students in the future.

Outcome Measures

How Well Are We Providing Services To Children/Youth and Families?
⇒ *Outcomes*

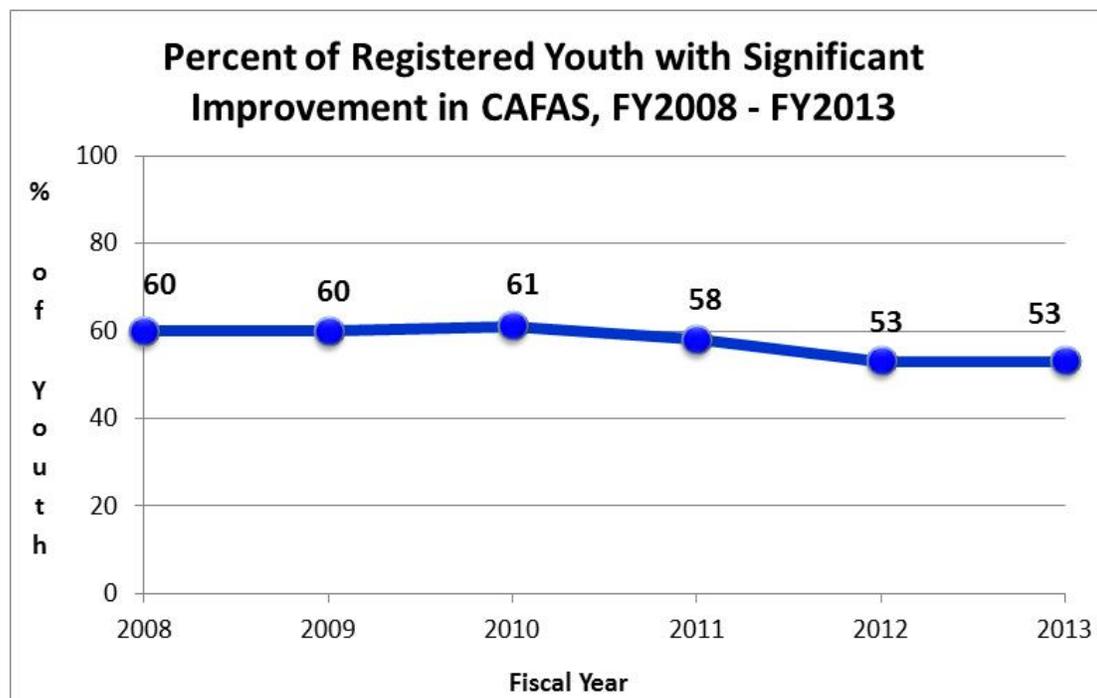
Child and Adolescent Mental Health Division (CAMHD)

What does this measure/indicator describe?

The Child and Adolescent Functional Assessment Scale (CAFAS) Scores Over Time: This graph shows the CAFAS improvement rate for youth registered to CAMHD over the past six fiscal years. This indicator represents the percentage of youth that showed statistically significant improvement during the fiscal year. There may be a higher percentage of youth who showed improvement but their change was not statistically significant. It should also be noted that some youth included in these numbers may have just recently begun their treatment episodes.

Performance Indicator

▼ = Warrants Monitoring



What does the included graph/table tell us about this measure/indicator?

The improvement level (as measured by the Child and Adolescent Functional Assessment Scale or the CAFAS) for youth served by CAMHD has been relatively consistent over the past five years with a small decline experienced only in the past couple of fiscal years.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

▼ = Warrants Monitoring

Although the decrease in the proportion of youth showing significant improvement is relatively small (less than 10 percent), it will still be important to watch this as CAMHD does not want this to decrease much further beyond the current level. In addition, supplemental measures of youth progress will be collected and reported on in the future to provide a more balanced and holistic representation of youth improvement.

Developmental Disabilities Division (DDD)

What does this measure/indicator describe?

Adverse Event Reports, Including Mortality For Children and Youth Served By DDD Per Year By Category

Performance

Indicator

■ = Needs Work

**No graph due to single data point (baseline).*

What does the included graph/table tell us about this measure/indicator?

Currently, we do not have this data element. More work needs to be done in this area. Although Adverse Event Reports are collected, these have not been analyzed by age and only total Division data can currently be generated.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

■ = Needs Work

Early Intervention (EI)

What does this measure/indicator describe?

EI Child Outcomes and Family Outcomes: This measure indicates child progress from entry to exit and family satisfaction in the following areas:

EI Child Outcomes measures “Substantially Increased Rate of Growth” and “Functioning Within Age Expectations at Exit” in each of the following areas:

- A. Positive Social and Emotional Skills
- B. Learning and Using Knowledge and Skills
- C. Taking Appropriate Action to Meet Needs

EI Family Outcomes measures their satisfaction in the following areas:

- A. EI has helped the family know their rights
- B. EI has helped the family communicate their child needs
- C. EI has helped the family help their child learn and grow

Performance

Indicator

■ = Needs Work

Statewide Child Outcomes				
Summary Statement		FY 2011	FY 2012	FY 2013
Outcome A: Positive social-emotional skills (including social relationships)				
1	Of those children who entered the program below age expectations in Outcome A, the percent that substantially increased their rate of growth in [outcome] by the time they exited.	61.6%	59.5%	56.3%
2	Percent of children who were functioning within age expectations in Outcome A, by the time they exited.	80.7%	77.6%	78.9%

Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)				
1	Of those children who entered the program below age expectations in Outcome B, the percent that substantially increased their rate of growth in [outcome] by the time they exited.	72.9%	67.8%	70.5%
2	Percent of children who were functioning within age expectations in Outcome B, by the time they exited.	75.5%	69.0%	64.6%
Outcome C: Use of appropriate behaviors to meet their needs				
1	Of those children who entered the program below age expectations in Outcome C, the percent that substantially increased their rate of growth in [outcome] by the time they exited.	74.3%	78.4%	73.3%
2	Percent of children who were functioning within age expectations in Outcome C, by the time they exited.	73.3%	78.0%	81.2%

Statewide Family Survey Results		
Family Goal	FY 2012	FY 2013
Percent of respondent families participating in Part C who report that early intervention services have helped the family know their rights.	87%	86%
Percent of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs.	88%	85%
Percent of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn.	86%	83%

What does the included graph/table tell us about this measure/indicator?

A greater percentage of children were functioning within age expectations by the time they exited for positive social-emotional skills and use of appropriate behaviors to meet their needs. In both of these outcomes, there was an increase in this category from the previous year.

For acquisition and use of knowledge and skills (including early language/communication and early literacy), a greater percentage of children who entered the program below age expectations substantially increased their rate of growth by the time they exited. There was also an increase in this category from the previous year.

Regarding family satisfaction, there has been a decrease in all three areas.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

■ = Needs Work

With the exception of Outcome B.1 and C.2, state targets were not met for EI Child Goals and EI Family Goals.

Training will be provided to EI Providers as well as technical assistance for Programs to use quality assurance data for program improvement.

*Department of
Education
(DOE-SBBH)*

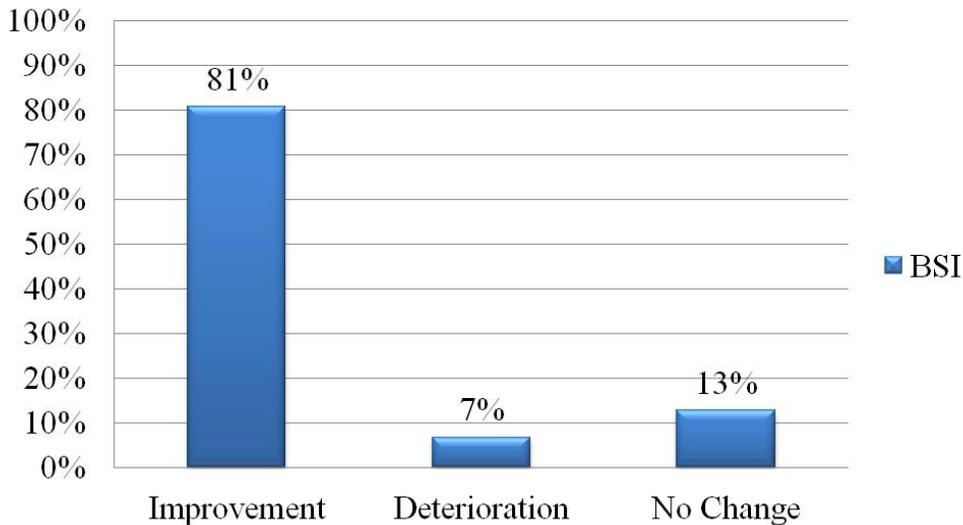
What does this measure/indicator describe?

The SBBH Program Performance Measures Service Utilization: This measure shows the percent of students receiving SBBH counseling showing improvement, deterioration, or no change according to the teacher, parent and self-report scales of the BASC-2, a social, emotional and behavioral measure.

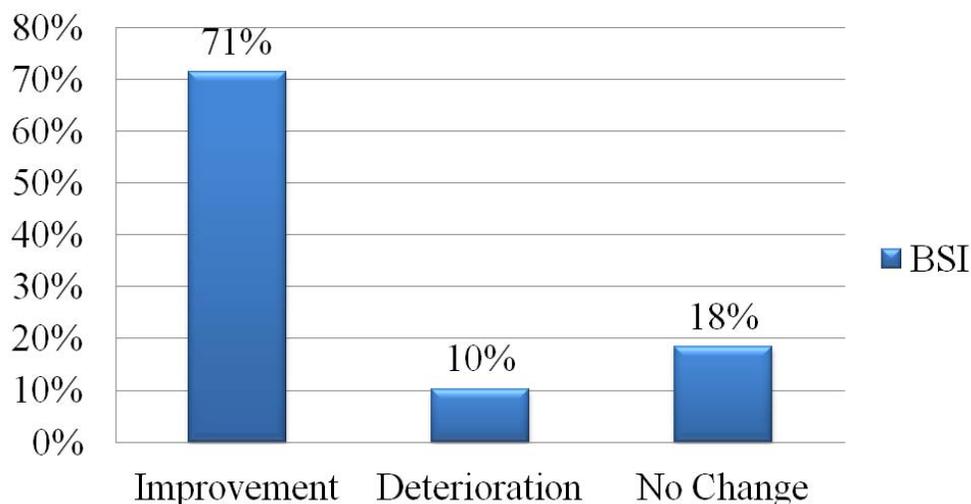
**Performance
Indicator**

● = On Track

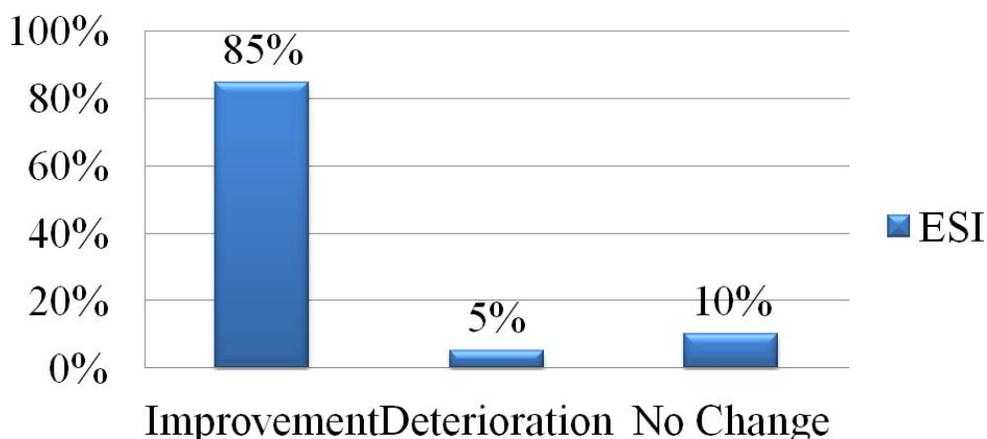
**Reliable Change Index:
TRS Child and Adolescent**



Reliable Change Index: PRS Child and Adolescent



Reliable Change Index: SRP Child and Adolescent



What does the included graph/table tell us about this measure/indicator?

This measure captures the impact of counseling services for IDEA and 504 youth who at baseline are rated in the clinical range of concern.

TRS is the teacher rating scale, PRS is the parent rating scale, and SRP is the student’s self report; all are of the BASC-2 social, emotional, and behavioral rating system.

The TRS found that state wide, approximately 81% (1,538) of children and adolescents in the “Clinical” range on the Behavioral Symptom Index (BSI) of the BASC-2, demonstrated reliable

improvement, while approximately 7% (126) got worse, and the remaining 13% (242) showing no significant change. The BSI is the BASC-2 composite summary scale of clinical issues.

On the PRS, 71% of students in the “Clinical Range” show reliable improvement. On the SRP, 85% of students in the “Clinical Range” show reliable improvement.

Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

● = On Track

The percent showing improvement exceeds 66% on each BASC-2 scale, therefore, this measure is “On Track”.

Progress Summary

Department of Health

Child and Adolescent Mental Health Division (CAMHD)

Strengths/Positive Trends:

- The CAMHD registered and served more youth this year than in the previous three years.
- Youth continue to be served in their homes whenever possible, which is the least restrictive and least expensive level of care.

Challenges/Things to Correct:

- Youth outcomes as measured by the CAFAS were somewhat lower in 2012 and 2013 than in previous fiscal years. Planned activities to increase youth progress include implementing more measures of youth progress, development of refined efforts to improve family engagement, and increased use of evidence-based services.

Developmental Disabilities Division (DDD)

Strengths/Positive Trends:

- DDD staff/case managers continued to coordinate multiple supports, especially personal assistance, to serve children and youth with intellectual or developmental disability (I/DD).
- Services are being provided to eligible children and youth, especially as they get older nearing adulthood.

Challenges/Things to Correct:

- The data was provided through the Waiver Expenditures information system, therefore, information in the waiver system was captured. Other children may be getting services outside of the Medicaid Waiver.
- A centralized electronic health record (EHR) system is very much needed in order to obtain analyzable data for both the non-Waiver and Waiver population of people with I/DD. The Hawaii legislature appropriated monies for such a system this past year.

Early Intervention (EI)

Strengths/Positive Trends:

- EI staff/providers continued commitment to the children and families served as well as improving the EI system.
- Ability to gather data and use the data for improvement planning.
- Services are being provided to eligible children and families.
- Compared to the previous year, a greater percentage of children were functioning within age expectations by the time they exited for positive social-emotional skills and use of appropriate behaviors to meet their needs.

Challenges/Things to Correct:

- Staff vacancies increase the challenge in the meeting federal and state requirements.
- SW/CC caseloads are predominately more than the recommended 1:35 ratio, which challenges the ability of the SW/CC to meet the needs of the families receiving EI services.

Department of Education

Department of Education-School-Based Behavioral Health (DOE-SBBH)

Strengths/Positive Trends:

- Eighty-one percent of SBBH students show improvement according to teacher ratings of their social, emotional, and behavioral functioning on the BASC-2 rating scale, seventy-one percent show improvement on the parent rating, and, eighty-five percent show improvement on the self-report, all ratings using the BASC-2 test instrument.

Challenges/Things to Correct:

- Increasing services to General Education.