

Hawai`i Youth Interagency Performance Report



Produced by the State of Hawai`i:

Department of Health

Child and Adolescent Mental Health Division
Family Health Services Division (Early Intervention)
Developmental Disabilities Division

Department of Education

School Based Behavioral Health
Special Education

Department of Human Services

Child Welfare Services

Hawai`i State Judiciary

Family Court

FY2015

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Table of Contents

Introduction	1
Who Are We?	2-3
Who Do We Serve?	
Child and Adolescent Mental Health Division	5
Early Intervention Services	6
Developmental Disabilities Division	7-8
School-Based Behavioral Health	9-10
Special Education	10-11
Child Welfare Services	11-12
Judiciary	N/A
How Are Children/Youth Using Services?	
Child and Adolescent Mental Health Division	14
Early Intervention Services	15
Developmental Disabilities Division	16-17
School-Based Behavioral Health	17-18
Special Education	18-19
Child Welfare Services	19-20
Judiciary	N/A
What Is The Cost Of Providing Services To Children/Youth?	
Child and Adolescent Mental Health Division	22
Early Intervention Services	23
Developmental Disabilities Division	24-26
School-Based Behavioral Health	26-27
Special Education	27-18
Child Welfare Services	N/A
Judiciary	N/A
How Well Are We Providing Services To Children/Youth And Families?	
Child and Adolescent Mental Health Division	30-31
Early Intervention Services	31-33
Developmental Disabilities Division	N/A
School-Based Behavioral Health	33-35
Special Education	35-36
Child Welfare Services	37
Judiciary	N/A
Progress Summary	38

Introduction

The Hawai'i Interagency State Youth Network of Care (HI-SYNC) is happy to present the third annual Hawai'i Youth Interagency Performance Report (HYIPR) as part of the collaborative efforts of Hawai'i's child-serving state agencies.

This report was assembled with information from the Department of Health's, Child and Adolescent Mental Health Division (CAMHD), Family Health Services Division, Early Intervention Section (EI) & Developmental Disabilities Division (DDD), the Department of Education's School Based Behavioral Health (SBBH) and Special Education (SpEd) Services, the Department of Human Services' (DHS) Child Welfare Services (CWS) and the Hawai'i State Judiciary's Family Court. The HYIPR presents data reflecting each Department/Division/Section population, utilization, cost, and performance outcomes for Fiscal Year 2015.

Report Structure

For each of the departments/divisions/sections participating in this report, the following questions are 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 being "On Track"?

Performance Indicator Key:

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

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

To conclude the report, each division/department included a brief summary that addresses efforts underway to increase interagency collaboration and address issues presented in the data. The HYIPR is meant to evolve as new data sets become available or are identified as useful. All contributors to this report will work to develop data sets that are more in-tune with the readers' feedback.

Data Utilization

The data contained in this report are meant to prompt interagency discussions about system barriers and future system improvements. Information gained from the review of the data will be presented to the public in order to provide transparency and allow for input from the community.

Who Are We?

HAWAII DEPARTMENT OF HEALTH

The Child and Adolescent Mental Health Division (CAMHD) provides mental health services to eligible youth ages three (3) through twenty (20) who have a qualifying diagnosis and severe functional impairment. The CAMHD provides an array of culturally sensitive, child and family centered services including assessment, case management, intensive home and community based therapeutic supports, and temporary out-of-home therapeutic programs.

For more information about the CAMHD, visit www.health.hawaii.gov/camhd or call 733-9333.

The Family Health Services Division, Early Intervention Section (EIS) provides services for children from birth to three years of age with special needs. Early Interventionists assist children in the following five developmental areas: Communication (talking, understanding), Cognitive (paying attention, solving problems), Physical (sitting, walking, picking up small objects), Social or Emotional (playing with others, having confidence), Adaptive (eating, dressing self).

For more information about EIS, visit www.health.hawaii.gov/eis or call 594-0000.

The Developmental Disabilities Division (DDD) provides supports and services for persons with intellectual and/or developmental disabilities, which includes principles of self-determination and incorporates individualized funding, person-centered planning, and services provided in homes and in the community. DDD services are provided primarily through the Medicaid 1915(c) Home and Community Based Services Waiver.

For more information about DDD, visit www.health.hawaii.gov/ddd or call 586-5842.

DEPARTMENT OF EDUCATION

School Based Behavioral Health (SBBH) provides evidence-based mental and behavioral health interventions to students with the most challenging mental and behavioral health concerns when it impacts their learning or the learning of others.

For more information about SBBH services, visit <http://www.hawaiipublicschools.org/> or call 808-305-9787.

Special Education (SpEd) is specially designed instruction and related services to meet the unique needs of eligible students with disabilities under the IDEA/Chapter 60. Services include academic services, speech-language services, psychological services, physical and occupational therapy, and counseling services. The Department provides these services at no cost to families to students aged 3 to 22 who demonstrate a need for specially designed instruction.

For more information about Special Education, visit <http://www.hawaiipublicschools.org/> or call 808-305-9806.

DEPARTMENT OF HUMAN SERVICES

The Child Welfare Services Branch (CWSB) provides services to children and their families when the children are reported to have been abused and/or neglected, or to be at risk for abuse and/or neglect. These services include child protection, family support, foster care, adoption, independent living, and licensing of resource family homes, group homes, and child placement organizations.

For more information about CWSB, visit <http://humanservices.hawaii.gov/ssd/home/child-welfare-services/> or call 855-643-1643.

HAWAII STATE JUDICIARY

Family Court (FC) "The Family Courts were established by statute in 1965 to hear all legal matters involving children, such as delinquency, waiver, status offenses, abuse and neglect, termination of parental rights, adoption, guardianship and detention. The Family Court also hears traditional domestic relations cases, including divorce, nonsupport, paternity, uniform child custody jurisdiction cases, and miscellaneous custody matters." (The Judiciary, State of Hawai'i, 2015 Annual Report).

For more information about Family Court, visit <http://www.courts.state.hi.us/> or call (808)954-8000.

Population

Who Do We Serve?

Registered/Served/Enrolled Children and Youth

Who Do We Serve? Registered/Served/Enrolled Children and Youth

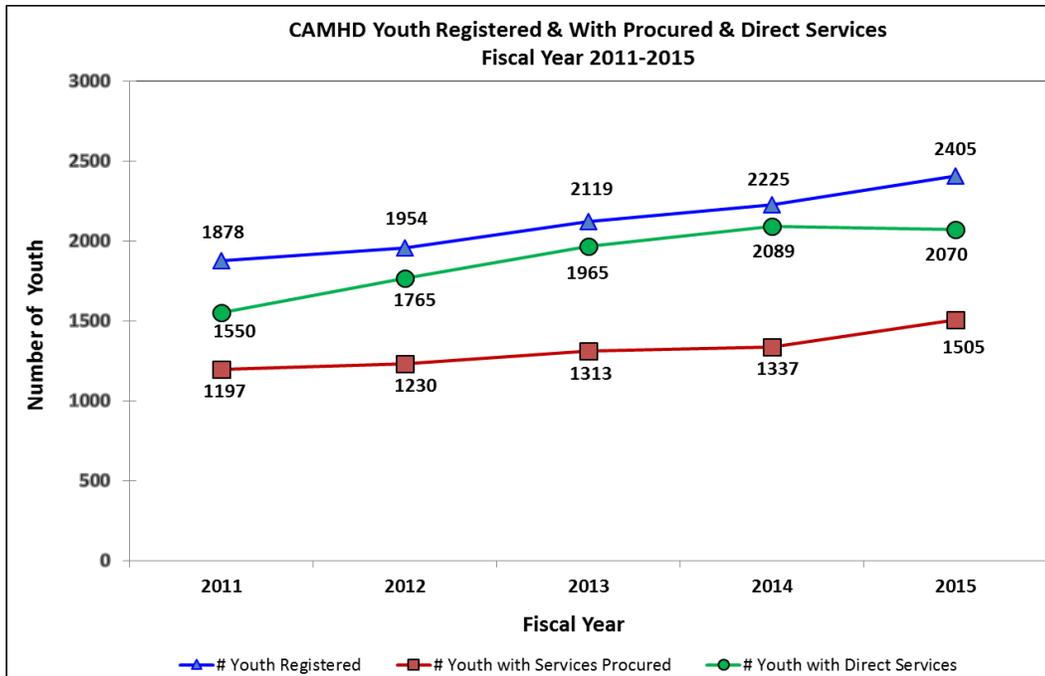
Child and Adolescent Mental Health Division (CAMHD)

What does this measure/indicator describe?

Number of Youth with Services Procured: The chart below shows the number of youth who were: a) registered and b) youth who received direct or c) contracted services at least one day during the reporting period over the past five (5) fiscal years. These are unduplicated counts within each category, but registered youth may receive both direct and contracted services.

Performance Indicator

● = On Track



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

In FY2015, the CAMHD had 2,405 youth registered and 2,070 (86.1%) of these youth were provided services through CAMHD staff (case management, assessments, etc.). Also, 1,505 youth received services through the various providers (services procured) with which the CAMHD contracts. The number of youth registered and the number of youth receiving procured services has been increasing steadily since 2011 (28.6% increase from FY2011 to FY2015).

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

● = On Track

The CAMHD is “On Track” according to this measure because the number of youth registered to CAMHD and receiving services continues to increase and to better meet mental health needs in the state. CAMHD also continues to increase the number of youth who receive procured services, despite a slight ‘leveling off’ over the past year.

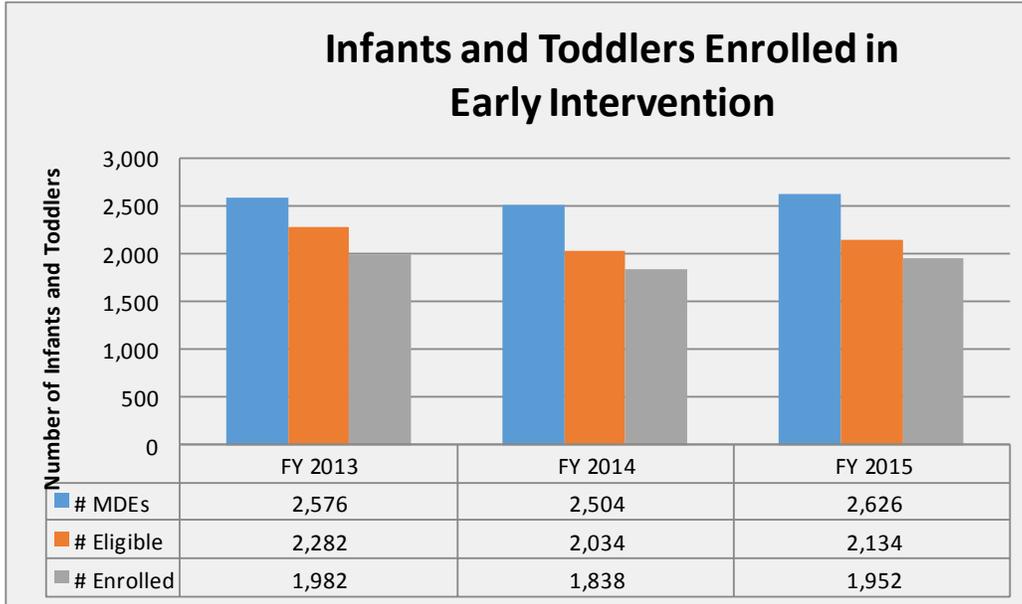
Early Intervention (EI)

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 an Initial Individualized Family Support Plan (IFSP) developed during the specified year.

Performance Indicator

▼ = Warrants Monitoring



***NOTE:** previous numbers revised based on corrected reports generated from database

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

In FY 2015, the Early Intervention Programs completed 2,626 initial multidisciplinary developmental evaluations (MDEs) and of those evaluated, 2,134 (81%) infants and toddlers met the Hawai'i Part C Early Intervention eligibility criteria. Of those determined eligible, 1,952 (91%) infants and toddlers were enrolled.

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

▼ = Warrants Monitoring

Although the number of infants and toddlers enrolled increased, the percentage of children determined to be eligible (81%) remained the same for FY 2013 and FY 2014. However, the number of children enrolled (91%) in FY 2015 increased slightly from FY 2014 (90%).

**Developmental
Disabilities
Division
(DDD)**

What does this measure/indicator describe?

Background: Hawai`i was the first state to include concepts of self-determination and a planning process that focuses on the individual with an intellectual or developmental disability (I/DD) in its statutes. In just over a decade, Hawai`i moved from laying a foundation for deinstitutionalization to clearly mandating a system of services in the community that is person-centered and ensures self-determination. In 1999, Hawai`i became the ninth state to completely shut down its publicly-operated institutions for individuals with an I/DD. DDD maximizes its funds for community services as state matching funds through the Medicaid 1915(c) Home and Community Based Services (HCBS) Waiver. DDD now provides the majority of its services through the HCBS Waiver through an array of services provided statewide and case-managed by State employees. Besides services provided by community providers, DOH is also mandated to identify funds to “allow consumers to direct the expenditure of the identified funds” to provide for consumer-directed services.

Number of Youth (age 0 to 21): Figure 1 below shows the unduplicated number of youth by age groups registered in the HCBS Waiver over the past five fiscal years (FY 2011- 2015).

(Data Source: Waiver Client Listing)

**Performance
Indicator**

▼ = Warrants
Monitoring

Figure 1.

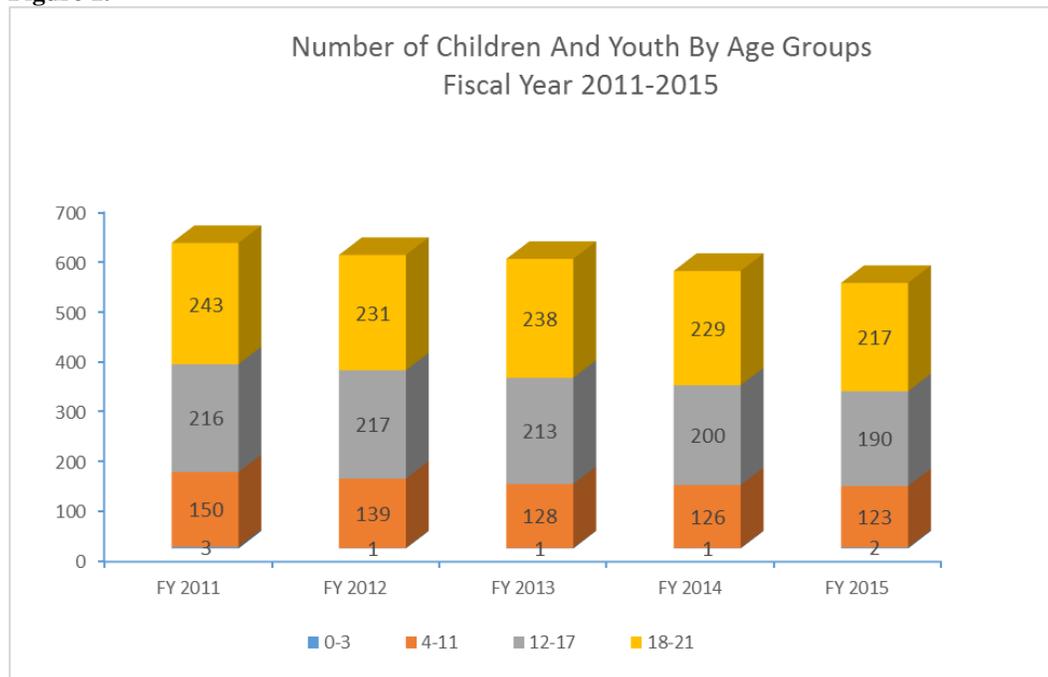
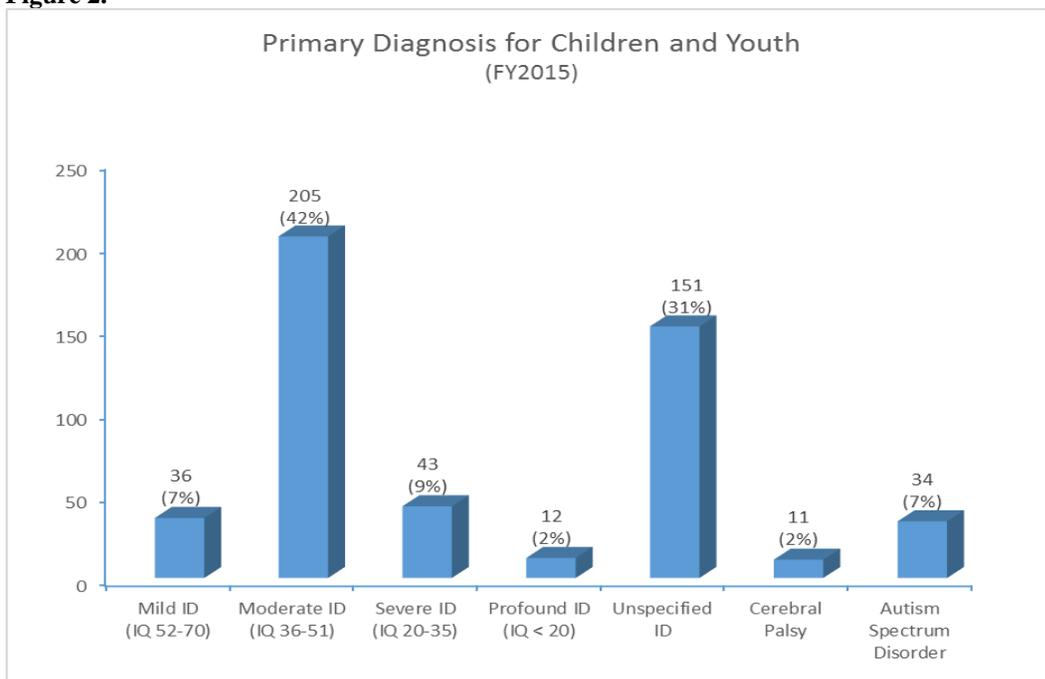


Figure 2 presents the primary diagnosis for children and youth receiving HCBS Waiver services during Fiscal Year 2015.

Figure 2.



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

There is decreasing trend in the numbers of children served across all age groups.

About 42% of children and youth had a primary diagnosis of moderate Intellectual Disability (ID) as the primary diagnosis. Overall, 92% of children had a diagnosis of intellectual disability. Children with moderate to profound intellectual disabilities typically need considerable supports in school and at home. They often develop cognitively and learn at a significantly slower rate and to a lower level than other children their age. These children have significant deficits in their cognitive skills, their ability to think and reason, as well as their skills of independence, socialization and language, compared with other children their age.

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

▼ = Warrants Monitoring

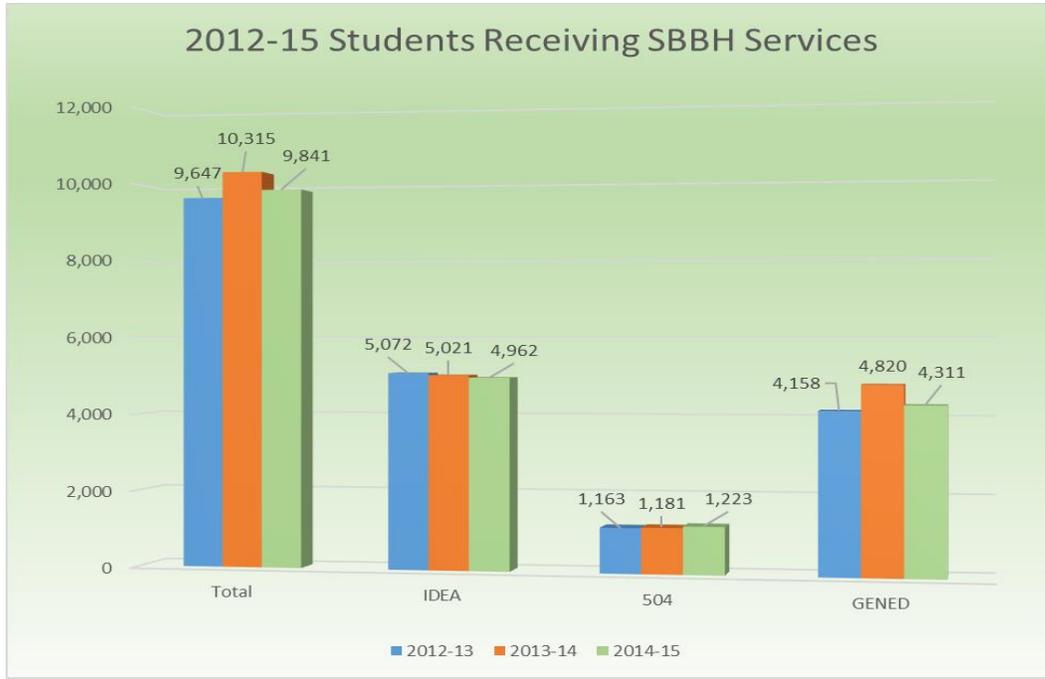
These data are largely descriptive, however the trend of fewer children being served across age groups needs to be monitored in order to ensure access to services for eligible children.

What does this measure/indicator describe?

This indicator describes the number of DOE enrolled students receiving School-Based Behavioral Health (SBBH) services between the school years 2012-2015. Each student name is counted one time, though some receive more than one type of SBBH service in the school setting.

**Performance
Indicator**

▼ = Warrants
Monitoring



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

Data for School Years (SY) 2012-13, 2013-14, and 2014-15 are presented related to the provision of counseling and all other SBBH services. SBBH provides services to students identified as having needs under the Individuals with Disabilities Education Act (IDEA), under Section 504, as well as those selected members of the General Education (GENED) student population for assistance with less intense needs. The data provides the number of students receiving services at any time during the respective school years for those criteria. During 2014-15, 9,841 different students received Counseling or other SBBH services within the DOE. “Total” refers to all students identified under IDEA, Section 504, or as a GENED student.

IDEA is a federal law that ensures that students who require specially designed instruction to meet their unique learning needs due to a qualifying disability (e.g., Specific Learning Disability, Emotional Disability, etc.) are given an Individualized Education Program (IEP) and related service, if needed, to benefit from special education as appropriate. SBBH counseling can be considered one of those related services. During 2014-15, a total of 4,962 students identified as IDEA received Counseling or other SBBH services within the DOE.

Section 504 of the Rehabilitation act of 1973 is a federal civil rights law that protects students with a disability from discrimination, as well as ensures the same equal opportunity and access to educational opportunities to qualified students as are provided to students without disabilities; identified needs must substantially limit a major life activity and impact a student’s education. Section 504 requires

that students with disabilities are provided appropriate educational services designed to meet the individual needs of such students to the same extent as the needs of students without disabilities are met; SBBH counseling could be considered a supplementary service and may be listed on their Modification Plan (MP). During 2014-15, a total of 1,223 students identified as IDEA received Counseling or other SBBH services within the DOE.

SBBH services may also be provided to GENED students that are neither identified under IDEA or Section 504. Services may be provided to GENED students to reduce barriers to learning and therefore enhance their educational effectiveness. During 2014-15, a total of 4,311 students identified as IDEA received Counseling or other SBBH services within the DOE.

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

▼ = Warrants Monitoring

The SBBH goal to serve 10,000 students annually was approached in 2014-15. SBBH services to 9,841 unique students involves 5.4% of the total student enrollment.

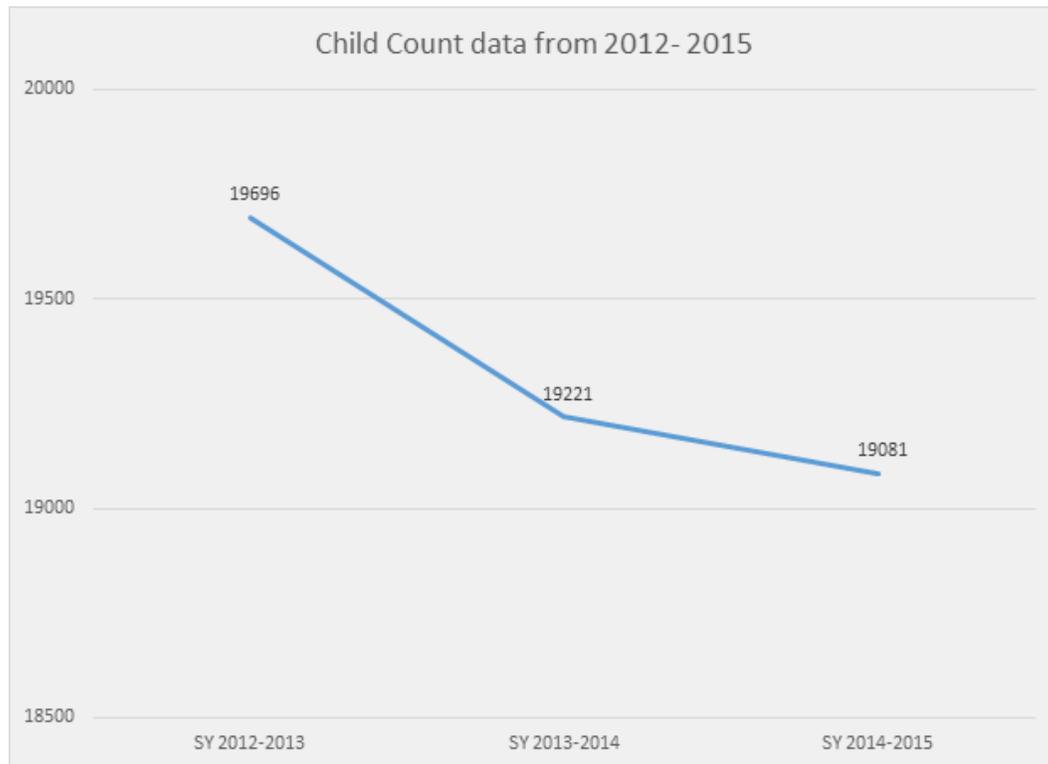
*Department of
Education-
Special
Education
(SpEd)*

What does this measure/indicator describe?

This measure provides the number of students, ages 3 through 21, found eligible to receive special education services based on the requirements in the Individuals with Disabilities Education Act (IDEA). The source of the data is the annual official Child Count taken on December 1 of each year.

**Performance
Indicator**

● = On Track



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

The data indicates that the total number of students with disabilities in the HIDOE has decreased over the last two years.

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

● = On Track

Data for School Years (SY) 2012-13, 2013-14 and 2014-15 are presented. The decrease in the total number of students with disabilities could be attributed to the decline of the total population of students within the HIDOE as well as improved screening methods, interventions, and supports in the general education classroom.

*Department of
Human
Services
(DHS-CWSB)*

What does this measure/indicator describe?

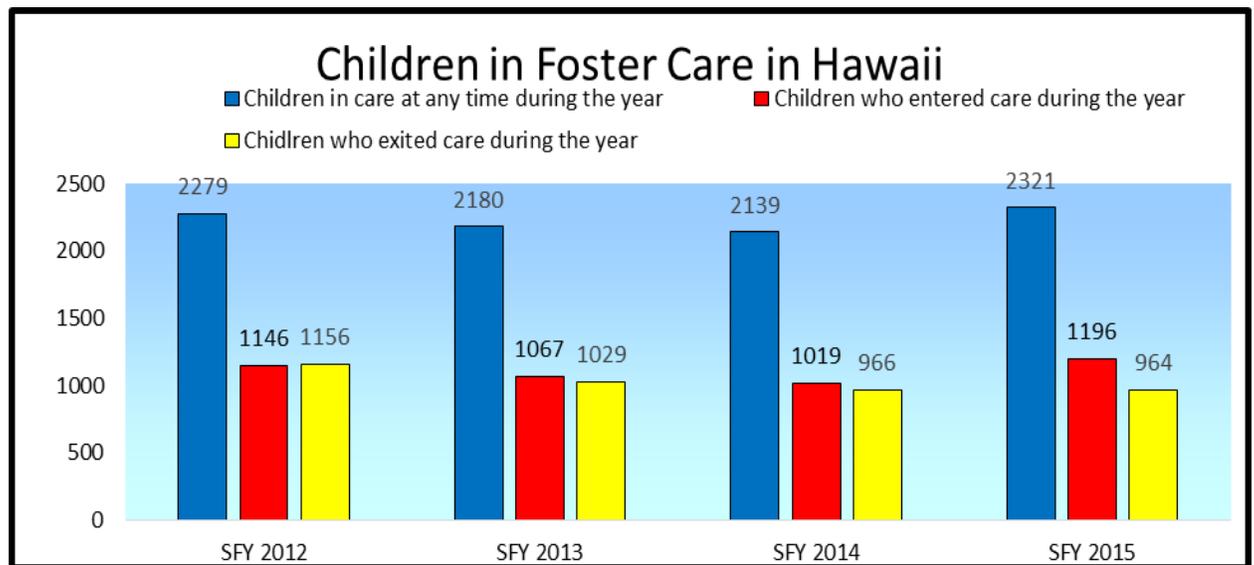
Number of Children in Foster Care. This chart shows the numbers of youth in foster care from State Fiscal Year (SFY) 2012 through SFY 2015.

Data source: DHS, Management Services Office; Annual Progress and Services Report (APSR) 2016

*Please note: The numbers here are unduplicated (each child is only counted once per year).

**Performance
Indicator**

▼ = Warrants
Monitoring



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

This graph shows a slight increase in the number of children in foster care from SFY 2012 to SFY 2015. Given the 40% reduction in the number of children in foster care in Hawai'i over the past decade, the DHS realized that without significant innovation, it would be unlikely that foster care numbers would continue to decline. In collaboration with Casey Family Programs, the Child Welfare Services Branch (CWSB) Administrative staff examined its practice and has recently begun implementation of a Title IV-E Waiver Demonstration Project.

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

▼ = Warrants Monitoring

CWSB is in the first year of implementing four Title IV-E Waiver Demonstration Project initiatives on Oahu and Hawai'i Island to further safely reduce the number of children in foster care as well as time spent in foster care.

Children who are likely to be in foster care for 30 days or less are the focus of two of the Title IV-E Waiver Demonstration innovations: Crisis Response Team (CRT) and Intensive Home-Based Services (IHBS). Hawai'i is optimistic that the number of children in foster care in Hawai'i will be further reduced when the CWSB is better able to: (1) assess children at the time of potential police booking (CRT), and (2) provide immediate intensive services in the home (IHBS). The belief is that a high percentage of children who are in foster care for one month or less would not need to come into care with the proper upfront services.

Safety, Permanency, and Wellbeing meeting (SPAW) and Family Wrap Hawai'i are two strategies that the CWSB expects to decrease time in foster care, and increase permanency for children in foster care 9 months or longer.

Service Utilization

How Are Children/Youth Using Services?

Utilization of Services

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 (FY15). It is unduplicated within levels of care but can be duplicated across levels of care. For example, some youth may have received two different types of ‘Intensive Home & Community’ services during the reporting period but were only counted once within ‘Intensive Home & Community.’ However, they could be counted again in another category such as ‘Out-of-Home.’

Performance Indicator

● = On Track

Services Procured	Total N	% of Youth with Procured Services
Out-of-Home (Includes Out-of-State, Hospital-Based Residential, Community-Based Residential, & Transitional Family Home)	360	23.9%
Intensive Home & Community (Includes Partial Hospitalization, Multi-Systemic Therapy, & Intensive In-Home Therapy)	1,156	76.8%
Outpatient (Includes Functional Family Therapy, Outpatient Therapy, & Assessments)	339	22.5%
Supportive Services (Includes Respite Home & Ancillary Services)	182	12.1%
Crisis Stabilization (Therapeutic Crisis Home)	37	2.5%

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

This table shows the number of youth who received services in each category and the proportions by types of services procured (levels of care) in the past fiscal year (FY15). The CAMHD has served over three-quarters of its youth using the ‘Intensive Home & Community’ level of care and more than one-fifth using ‘Outpatient’ services. Approximately one quarter of the youth were served in therapeutic out-of-home placements at some time during the fiscal year. These percentages are similar to the proportions of youth served in the various settings in the past.

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 (23.9%) of cases of youth using out-of-home services also aligns appropriately with the CAMHD philosophy. The most restrictive treatment alternative should be the treatment option reserved for those youth who, for various reasons, cannot be served in the home.

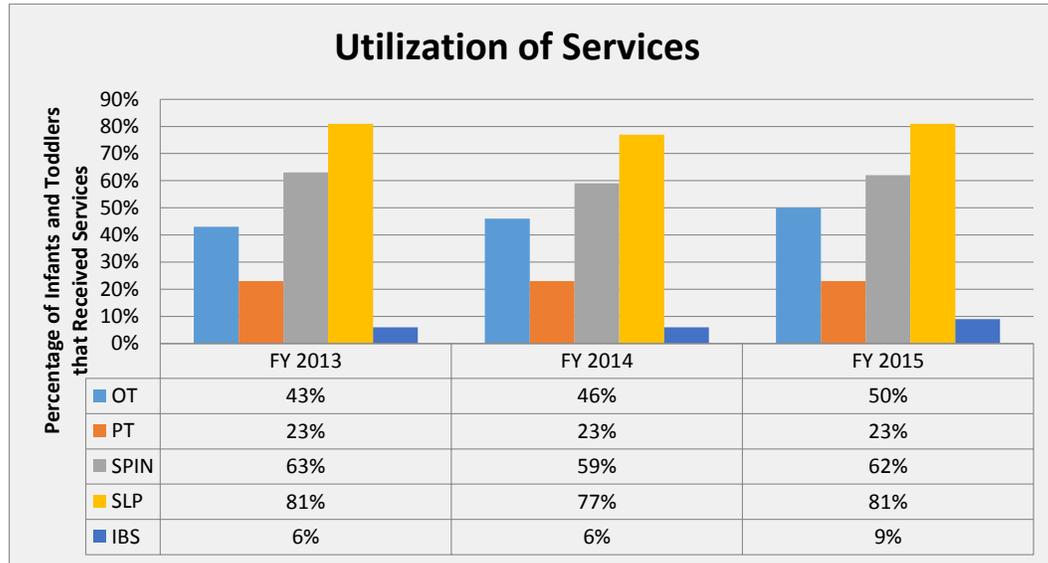
Early Intervention (EI)

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 and does not include multidisciplinary developmental evaluations.

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 2015	# of Infants and Toddlers with Active IFSP in FY 2015	Percentage
OT	1,803	3,587	50%
PT	808	3,587	23%
SPIN	2,218	3,587	62%
SLP	2,891	3,587	81%
IBS	307	3,587	9%

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

Eligible infants and toddlers received an array of services. The majority of eligible infants and toddlers received SLP services. All services increased with the exception of PT services that remained the same.

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

▼ = Warrants Monitoring

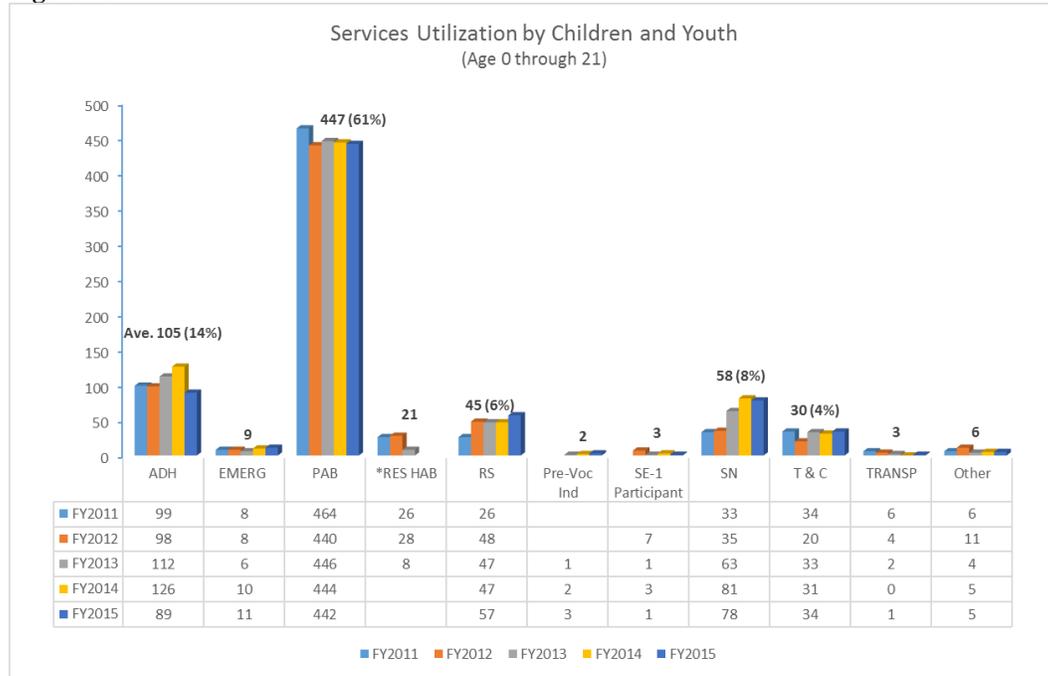
Services received will continue to be tracked so further analysis can be completed.

What does this measure/indicator describe?

Utilization of Services by youth: The figure below indicates the number of Children and Youth through the age of 21 who received various community provider services in fiscal year 2011 to 2015.

**Performance
Indicator**
▼ = Warrants
Monitoring

Figure 2.



*RES HEB was discontinued in the Waiver in FY2012 and services converted to PAB at that point. DDD is proposing to bring back RES HAB through the new Waiver application being submitted to CMS in March 2016.

PAB = Personal Assistance/Habilitation - supports a person to be active in their community or to live in their home.

ADH = Adult Day Health - allows the individual to learn skills, socialize with others and participate in community activities.

RES HEB = Residential Habilitation – individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community.

SN = Skilled Nursing

RS = Respite - provides personnel to care for or provide supervision over an individual with an intellectual or developmental disability for short periods of time, which permits family members caring for a person with I/DD to get needed rest and recreation as to not get “burnt out”.

T and C = Training and Consultation

EMERG = Emergency Outreach and Emergency Shelter

Pre-Voc = Pre-Vocational Activities - prepares a participant for paid employment.

SE = Supported Employments – are targeted toward working with employers to design and develop jobs as well as working with them to train participants for competitive employment in an integrated setting.

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

Personal Assistance/Habilitation (PAB) was the most utilized service for children and youth, accounting for about 61% of services used. PAB supports a person to be active in their community or to live in their home. ADH was the second highest utilized service, accounting for about 14% of service utilization by children and youth. ADH is selected only if a person is out of school. The utilization of each of the remaining services was minimal, each accounting for 8% or less of services utilized.

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

▼ = Warrants Monitoring

Over the five years, the trend was very stable. PAB was the most utilized service, followed by ADH. As the system moves more into ensuring community integration, we would like to see less use of ADH for youth transitioning out of school, and more use of employment supports and services that promote a full life in the community. Youth used very little pre-vocational and supported employment, which indicates a need for improvement. DDD is actively working on improving employment outcomes.

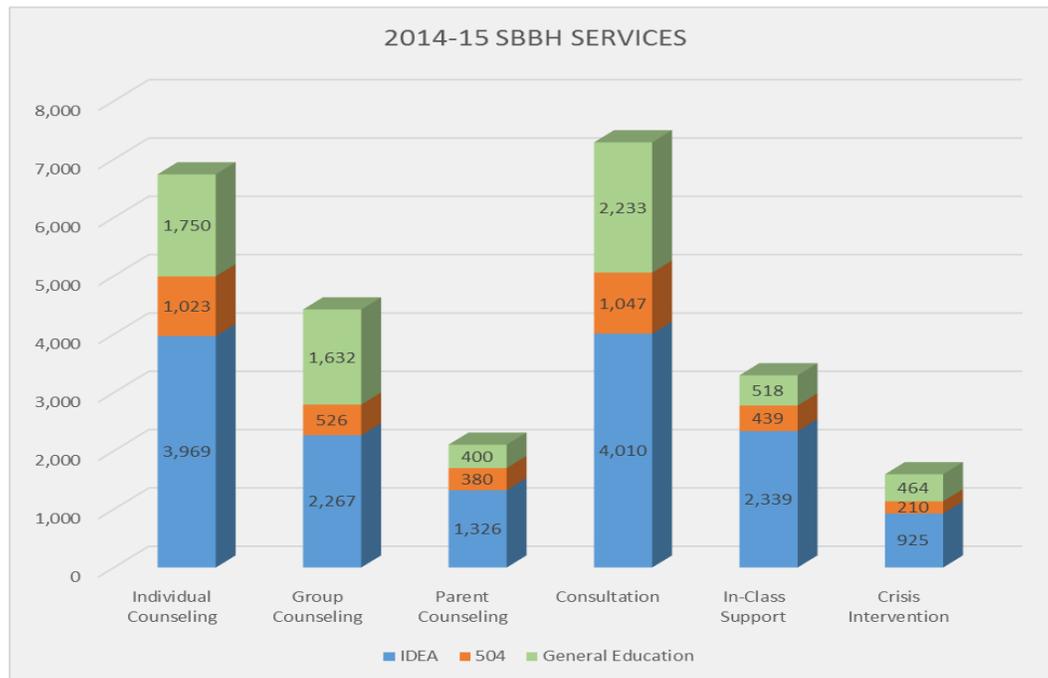
Department of Education (DOE-SBBH)

What does this measure/indicator describe?

The graph below presents a breakdown of the main types of School-Based Behavioral Health (SBBH) services received by students in School Year (SY) 2014-15. This includes types of counseling, consultation, in-class supports, and crisis intervention.

Performance Indicator

● = On Track



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

SBBH services respond to a variety of needs as manifested in the individual student, and may be delivered through Individual, Group, or Parent Counseling; Consultation (to Teachers, Administrators, Parents, School Staff, etc.), In-Class support, or Crisis Intervention. The numbers reported represent the total services provided to students by type during the school year of July 2014 through June 2015.

Students are not counted more than once for any such service. Note that the service totals by student are aggregated according to whether their status is an IDEA, 504, or General Education student. This report is expected to serve as a baseline for comparison in future years.

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

● = On Track

The distribution of services among IDEA, 504, GENED, and the service types is appropriate.

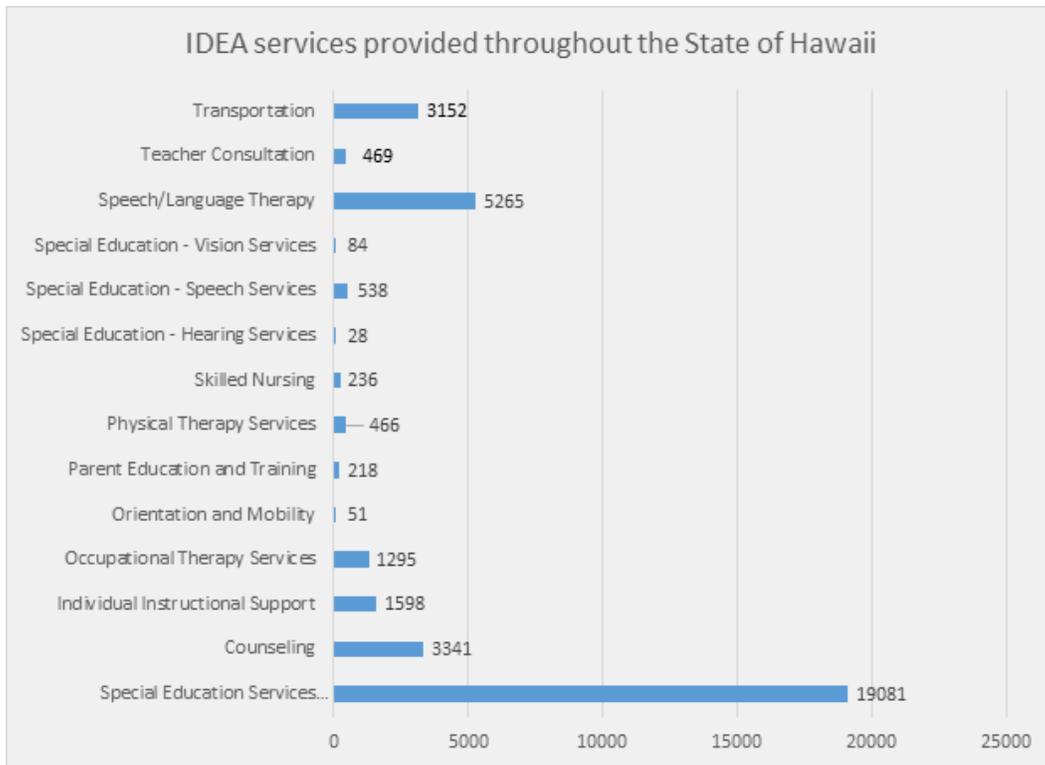
*Department of
Education-
Special
Education
(SpEd)*

What does this measure/indicator describe?

The graph below illustrates the special education and related services offered to special education students within the HIDOE. The total number of special education students receiving services is 19,081 in SY 2014-2015. However, a student could receive multiple services based on needs documented in the Individual Education Program (IEP).

**Performance
Indicator**

● = On Track



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

Special education and related services are provided by trained HIDOE and contracted personnel, including but not limited to speech/language therapy, physical therapy, occupational therapy, individual instructional support, counseling and specially designed instruction. All students with disabilities under the IDEA receive specially designed instruction. The most common related services provided are transportation, speech/language services and counseling. The least common services provided are vision, hearing and orientation and mobility services.

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

● = On Track

Per IDEA, all services are being provided as documented in the Individual Education Program of each student found eligible for special education and related services.

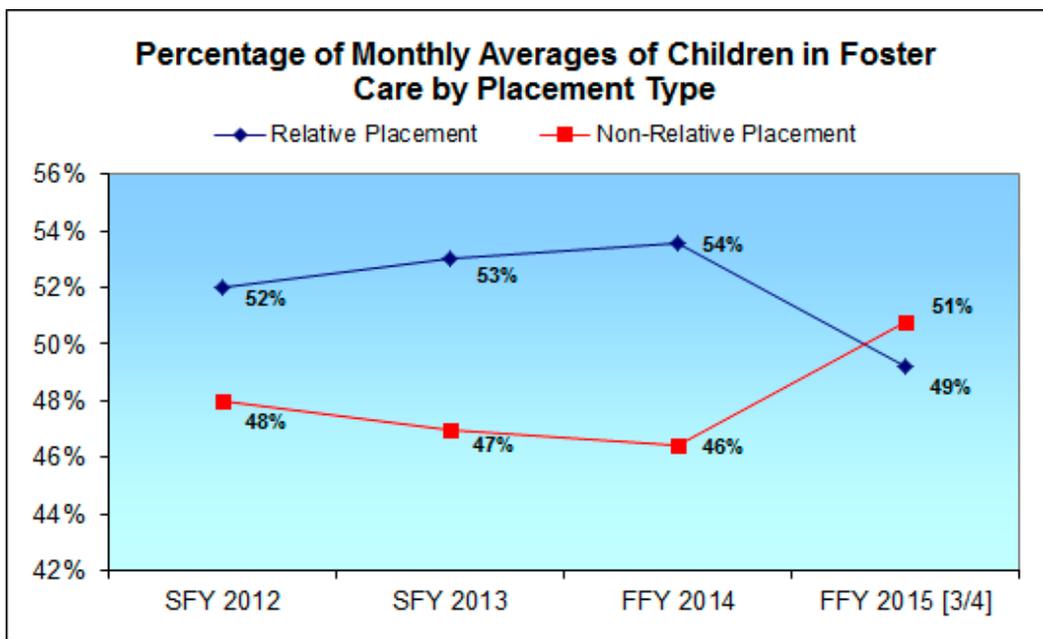
*Department of
Human
Services
(DHS-CWS)*

What does this measure/indicator describe?

This chart represents the monthly average in percentage of foster placement type (either with relatives or with non-relatives). The chart below does not account for all children in foster care, as there are some youth who are in other placements, such as hospitals, emergency shelters, residential drug treatment programs, and residential mental health treatment programs. The youth in placements other than relative and non-relative care account for approximately 5% - 13% of all of the youth in foster care each year. Many of these youth are served by the Child and Adolescent Mental Health Division.

**Performance
Indicator**

● = On Track



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

The percentage of youth placed with relatives has slightly decreased over the past year.

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

● = On Track

Hawai'i has generally done well with relative placements, which can be partially attributed to the cultural values of *'ohana* (family) and *hanai* (similar to fostering, a type of informal adoption). Other factors contributing to this high relative placement rate are the automatic referral for family finding when a child enters foster care, and the State of Hawai'i Revised Statute, Chapter 587A-10 which codifies prioritizing relative placement.

The increase in non-relative placements, surpassing the relative placements, is a new and concerning situation. Internally, Child Welfare Services Branch (CWSB) is working with staff, Quality Assurance/Continuous Quality Improvement (QA/CQI), Office of Information Technology, and the

Research and Statistical Office to look at data trends and correlations to determine if there are some aspects that should be further explored. Once CWSB has reviewed some of the analysis and started to develop some hypotheses next steps will include outreach to community partners and stakeholders during Federal Fiscal Year (FFY) 2016. Some efforts include:

‘Ohana Conferencing is a key means of engagement and case planning, while empowering the family to make safe decisions for the family’s children. This family support system often is a source for possible temporary or permanent placements, facilitators for visitation (‘Ohana Time), or family support at Family Court.

Family Finding is a component of ‘Ohana Conferencing, which involves relative notification during the process of confirming and locating relatives as well as in the process of inviting family members to participate in the ‘Ohana Conference.

“E Makua `Ana” (Becoming and Adult) Youth Circles:

Youth Circles (YC) is one of the services that EPIC ‘Ohana provides under contract with the Department of Human Services. It is a group process, like ‘Ohana Conferencing, for youth who are exiting the foster care system. Youth Circles bring together the youth’s supporters, who can offer support and encouragement and assist the youth with his/her transition plan.

Crisis Response Team (Oahu and Hawai`i Island):

One component of the Crisis Response Team includes identifying and assessing family members to be safety plan participants to maintain the children in the home or as foster care placements if the child must enter foster care.

Cost

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

Cost of Services by Service Type

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 (‘Out-of-Home,’ Intensive Home & Community,’ ‘Outpatient,’ ‘Supportive Services’ & ‘Crisis Stabilization’) offered by CAMHD contracted providers in the most recently completed fiscal year (FY15).

Performance Indicator

▼ = Warrants Monitoring

Services Procured	Cost per LOC	Cost per LOC Per Youth	% of Total Cost per LOC
Out-of-Home	\$20,066,591	\$55,741	62.5%
Intensive Home & Community	\$8,869,219	\$7,672	27.6%
Outpatient	\$929,187	\$2,741	2.9%
Supportive Services	\$550,775	\$3,026	1.7%
Crisis Stabilization	\$1,698,555	\$45,907	5.3%
Unduplicated Total	\$32,114,327		

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

The most costly level of care per youth was ‘Out-of-Home.’ It accounted for almost two-thirds of the CAMHD total service budget. Although relatively low in cost per youth as compared to ‘Out-of-Home,’ ‘Intensive Home & Community’ services accounted for over a quarter of the total expenditures for CAMHD in FY2015. This is due to the fact that over three-quarters of CAMHD youth (76.8% - see CAMHD table in ‘How Are Youth/Children Using Services’ section) served are provided services in this level of care. So, just over 60% of the CAMHD budget is spent on about one-quarter of the population of youth served by CAMHD while approximately one-quarter of the CAMHD service budget is spent on over three-quarters of the youth.

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

▼ = Warrants Monitoring

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. The reason ‘Warrants Monitoring’ is indicated is because, compared to last year, a greater proportion of resources are being allocated to in-home and supportive services and a smaller proportion to out-of-home services, consistent with CAMHD principles; however, costs per youth have increased in Out-of-Home care, Supportive Services, and Crisis Stabilization.

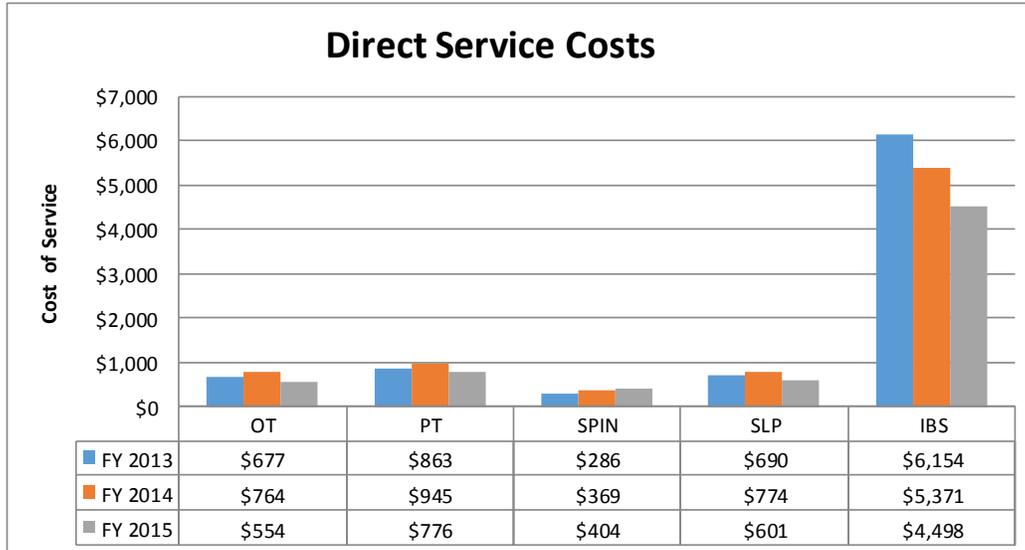
Early Intervention (EI)

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 Intensive Behavioral Support (IBS) services. It does not include costs for multidisciplinary developmental evaluations.

Performance Indicator

▼ = Warrants Monitoring



FY 2015			
Service	Cost	# of Infants & Toddlers Provided with Service	Average Cost per Child
OT	\$999,168	1,803	\$554
PT	\$626,779	808	\$776
SPIN	\$896,672	2,218	\$404
SLP	\$1,736,134	2,891	\$601
IBS	\$1,380,963	307	\$4,498

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

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

Intensive Behavioral Support (IBS) services are the most expensive service per child; however, average cost per child has decreased. 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

Costs for services will continue to be tracked so further analysis can be done. Other factors that may be impacting the average costs of services need to be explored.

**Developmental
Disabilities
Division
(DDD)**

What does this measure/indicator describe?

Waiver Expenditures By Service Type. This measure reports on expenditures by the following services for fiscal year 2015:

PAB = Personal Assistance/Habilitation - supports a person to be active in their community or to live in their home.

ADH = Adult Day Health - allows the individual to learn skills, socialize with others and participate in community activities.

RES HEB = Residential Habilitation – individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community.

SN = Skilled Nursing

RS = Respite - provides personnel to care for or provide supervision over an individual with an intellectual or developmental disability for short periods of time, which permits family members caring for a person with I/DD to get needed rest and recreation as to not get “burnt out”.

T and C = Training and Consultation

EMERG = Emergency Outreach and Emergency Shelter

Pre-Voc = Pre-Vocational Activities - prepares a participant for paid employment.

SE = Supported Employments – are targeted toward working with employers to design and develop jobs as well as working with them to train participants for competitive employment in an integrated setting.

**Performance
Indicator**

● = Needs
Work

Figure 1 shows the overall expenditures for children and youth by age group in fiscal year 2011-2015:

Figure 1.

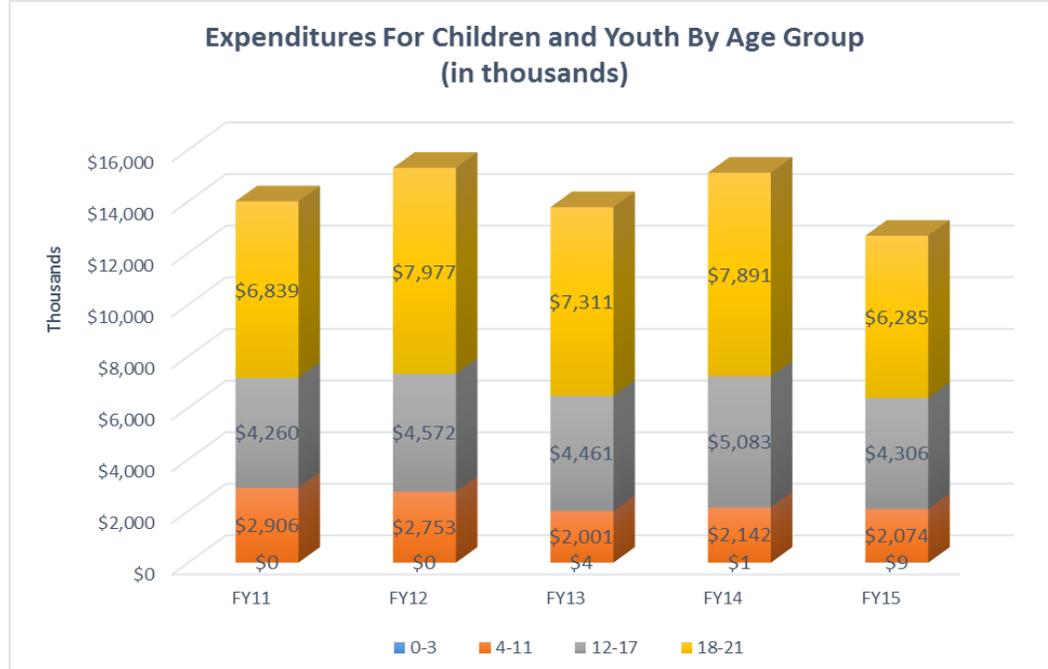


Figure 2 shows the expenditures per person by a child or youth in different age group:

Figure 2.

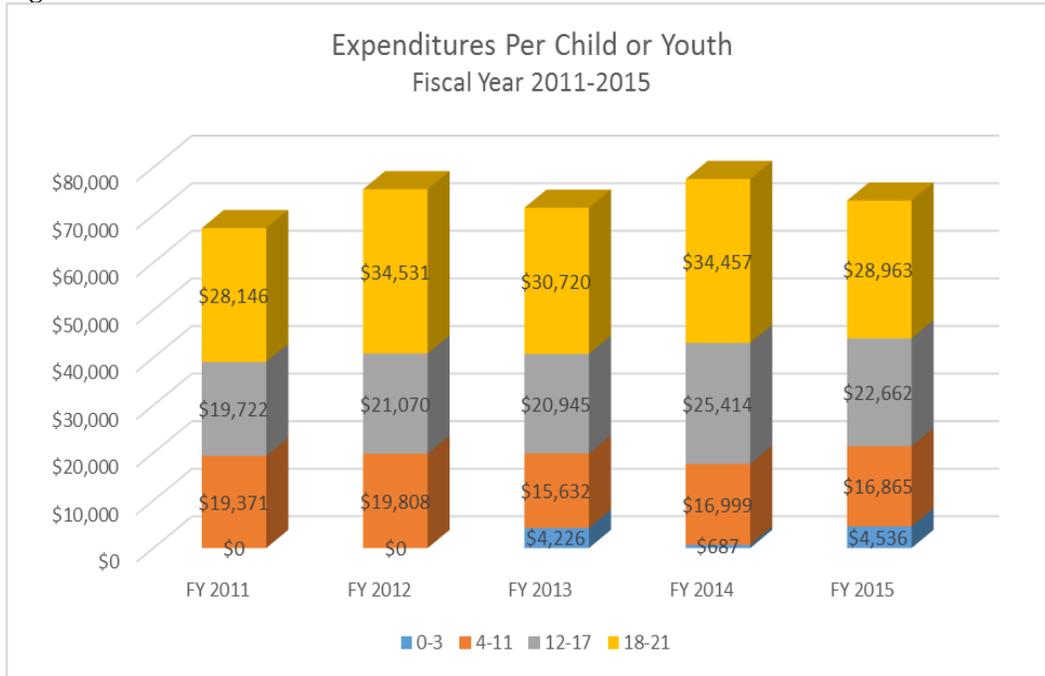
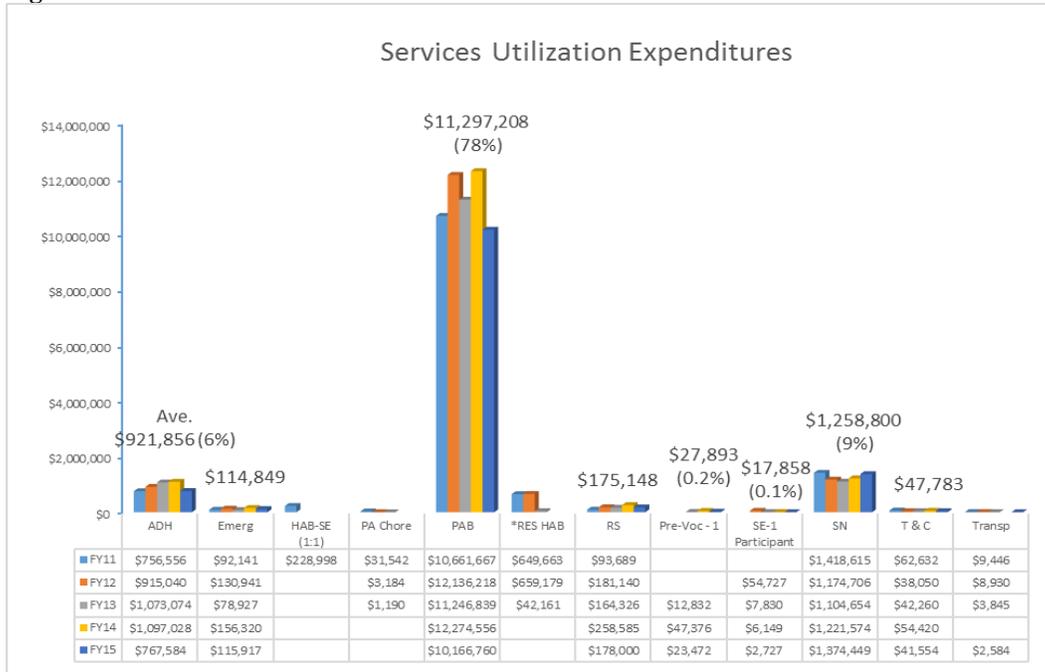


Figure 3 shows the expenditures for children and youth by services:

Figure 3.



*RES HEB was discontinued in the Waiver in FY2012 and services converted to PAB at that point. DDD is proposing to bring back RES HEB through the new Waiver application being submitted to CMS in March 2016.

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

As described in the “Who Do We Serve” section, most DDD services are provided to adults. Therefore, the total expenditures (Figure 1) as well as expenditures per person (Figure 2) increased as the age increases in this population. And the pattern was relatively stable over the five year period.

Personal Assistance/Habilitation (PAB) was the highest expenditure among all the service types (78%), followed by Skilled Nursing (SN) (9%), and Adult Day Health (ADH) (6%) (Figure 3). The expenditures for the rest of the services - Respite, Training and Consultation, and Emergency Services were minimal. ADH programs are usually selected only if a person is out of school. The expenditures for Pre-Vocational Activities (Pre-Voc) and Supported Employment (SE) were very low, and only accounted for 0.2 and 0.1% of expenditures, respectively.

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

● = On Track

These data are descriptive.

As described in the service utilization measure, DDD is working on promoting a system where more money is spent on services that maximize community integration and employment, and less on services that are more isolating in nature.

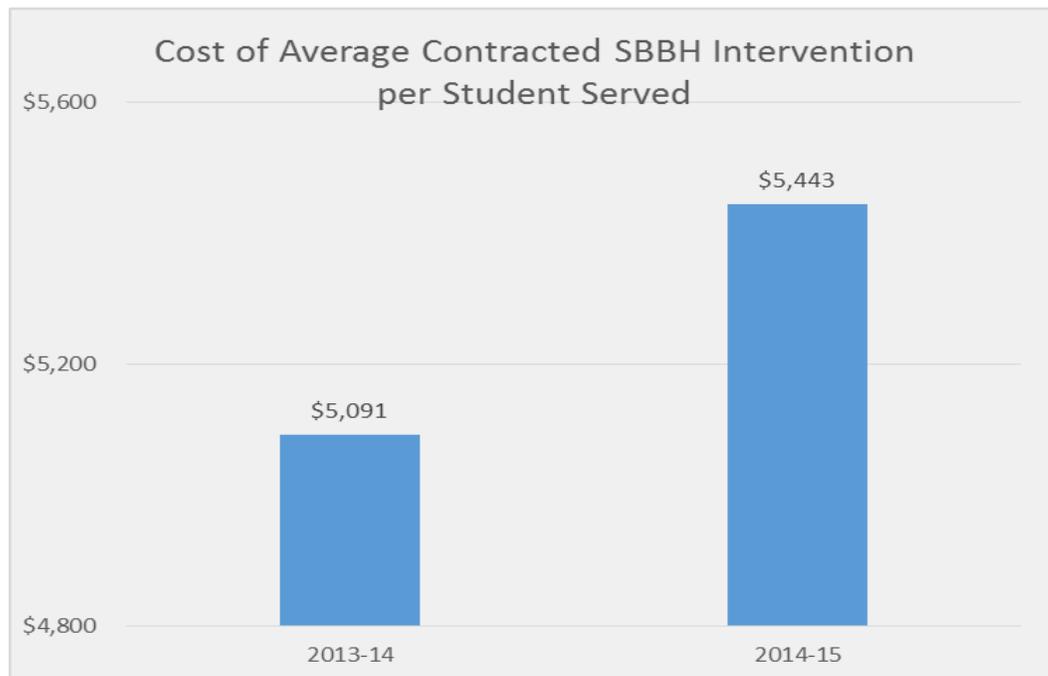
*Department of
Education
(DOE-SBBH)*

What does this measure/indicator describe?

The graph below presents the average cost of contracted School-Based Behavioral Health (SBBH) interventions per student serviced during the school years 2013-14 and 2014-15. SBBH interventions consist of: individual counseling, group counseling, parent counseling, educational team planning, school consultation, and psychiatric medication monitoring.

**Performance
Indicator**

● = On Track



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

Data for School Year (SY) 2013-14 and 2014-15 provides the average cost of contracted SBBH interventions as provided only for those students that received contracted supports. This report is expected to serve as a baseline for comparison in future years.

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

● = On Track

The DOE strives to build capacity within its system to address the needs of all students serviced. However, some specialized populations require a specific specialized skill set that either may be uncommon for DOE SBBH staff to hold, or not readily available for the students when needed to be accessed, and thus necessitating contracting out for additional supports.

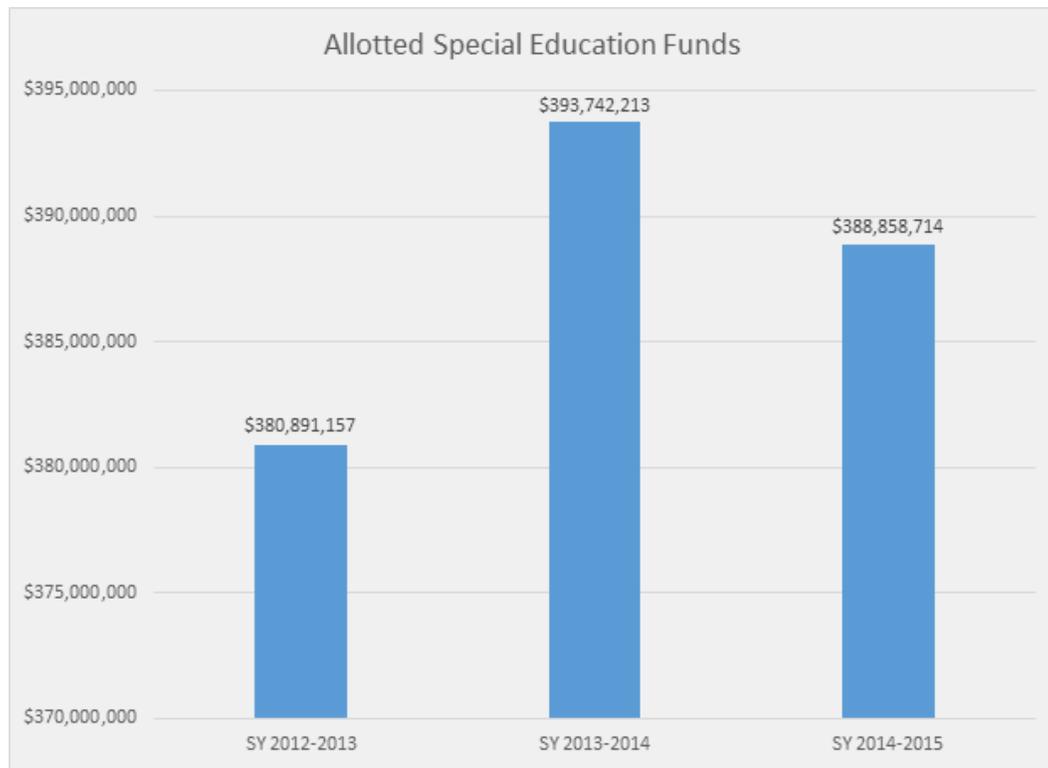
*Department of
Education-
Special
Education
(SpEd)*

What does this measure/indicator describe?

The amount of general and federal funds allotted to HIDOE to provide services to students with disabilities.

**Performance
Indicator**

● = On Track



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

The graph shows the amount of funds allotted to HIDOE to provide services to students with disabilities for school years (SY) 2012- 2013, 2013-2014, and 2014-2015. There has been a slight increase when comparing SY 2012- 2013 through SY 2014-2015. It is hypothesized that the spike in funds in SY 2013-2014 was due to an increase in personnel costs. The decrease in SY 2014-2015 may be due to the retirement of many senior staff members.

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

● = On Track

The overall funding over the past three years has been maintained with a slight increase.

Outcome Measures

**How Well Are We Providing Services
To Children/Youth And Families?**

Outcomes

How Well Are We Providing Services To Children/Youth And Families?

Outcomes

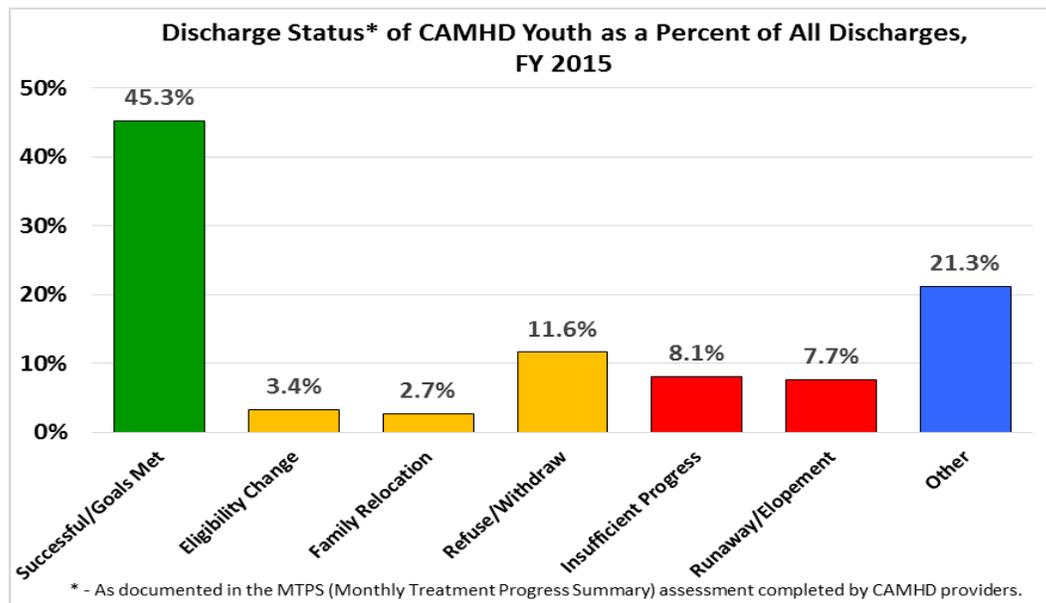
Child and Adolescent Mental Health Division (CAMHD)

What does this measure/indicator describe?

Discharged Youth Status: This graph shows the discharge status for youth in a CAMHD procured service during the past fiscal year (July 1, 2014 to June 30, 2015). The discharge status of ‘Success/Goals Met’ is the goal for the discharge of any youth client from a service. (In past years, CAMHD has presented the CAFAS - Child and Adolescent Functional Assessment Scale - improvement rates over time in the ‘Outcome Measures’ section of the report. At the time of publication of this year’s HYIPR report, no CAFAS data for CAMHD youth had been entered into CAMHD’s MIS and therefore could not be analyzed and presented here at this time. We expect to have CAFAS improvement rate data available for next year’s HYIPR Report for both the FY16 and the previous FY15 period).

Performance Indicator

▼ = Warrants Monitoring



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

The largest proportion (45.3%) of youth who are discharged after receiving services provided by CAMHD contracted providers are discharged with a status of ‘Successful/Goals Met.’

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

▼ =Warrants Monitoring

We have put ‘Warrants Monitoring’ as a dashboard indicator here because despite having the largest proportion of youth being discharged as ‘Successful/Goals Met,’ there are still a fairly large proportion of youth who are discharged at less than ‘successful’ status and CAMHD would like to see a greater proportion be discharged ‘successfully’ or with all of their treatment ‘goals met.’ The CAMHD Health Systems Office is currently working to improve the data process for youth discharge. This includes adding several new discharge status options based on data currently stored in the ‘Other’ category. The

goal of this effort is to offer a more detailed picture of the status of youth at discharge, giving more meaningful data and reducing the size of the ‘Other’ discharge status category.

**Early
Intervention
(EI)**

What does this measure/indicator describe?

EI Child Outcomes and Family Outcomes: These measures indicate child progress from entry to exit and family satisfaction in the following areas:

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

Outcome A: Positive Social and Emotional Skills

Outcome B: Learning and Using Knowledge and Skills

Outcome C: Taking Appropriate Action to Meet Needs

EI Family Satisfaction Outcomes measures their satisfaction in the following areas:

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

**Performance
Indicator**

■ = Needs
Work

Statewide Child Outcomes					
	Summary Statement	State Target	FY 2013	FY 2014	FY 2015
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.	58.5%	56.3%	53.1%	48.9%
2	Percent of children who were functioning within age expectations in Outcome A, by the time they exited.	82.5%	78.9%	79.3%	73.4%
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.	70.5%	70.5%	70.8%	65.9%
2	Percent of children who were functioning within age expectations in Outcome B, by the time they exited.	77.5%	64.6%	65.2%	58.7%

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.	74.5%	64.6%	65.2%	63.7%
2	Percent of children who were functioning within age expectations in Outcome C, by the time they exited.	74.5%	81.2%	80.6%	77.1%

Statewide Family Survey Results				
Family Goal	State Target	FY 2013	FY 2014	FY 2015
Percent of respondent families participating in Part C who report that early intervention services have helped the family know their rights.	92%	87%	87%	88%
Percent of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs.	94%	88%	88%	88%
Percent of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn.	94%	85%	85%	85%

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

There has been a decrease in all three child outcome areas in both categories (i.e. percent that made a substantial increase in their rate of growth from entry to time of exit and percent who continue to function within age expectations at exit). The data indicate a decrease in children who were functioning within age expectations, as well as, a decrease in the percentage of children who entered the program below age expectations that substantially increased their rate of growth by the time they exited early intervention.

Regarding family satisfaction, there was a slight increase in the number of families that reported early intervention services helped them know their rights. There was no change in the percentage of families that reported early intervention services helped them effectively communicate their children’s needs and help their children develop and learn.

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

■ = Needs Work

The Child Outcomes form has been changed to help the Care Coordinators facilitate the team discussion which includes the family, regarding the three child outcomes ratings. Technical assistance (TA) was provided and continues to be available to programs. The State has also accessed national TA to develop training materials and provide support to programs.

Furthermore, the Child Outcomes is a component of the State Systemic Improvement Plan for Early Intervention. The goal for the plan is to increase capacity of the Early Intervention programs to implement, scale up, and sustain evidence-based practices and improve outcomes for children with special needs and their families.

*Department of
Education
(DOE-SBBH)*

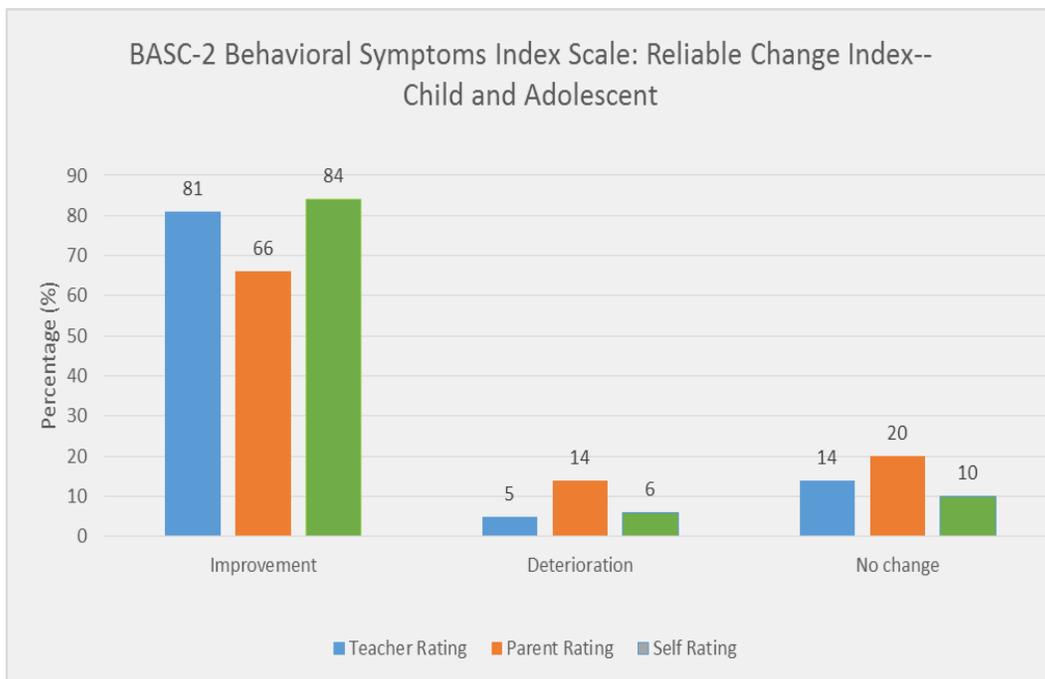
What does this measure/indicator describe?

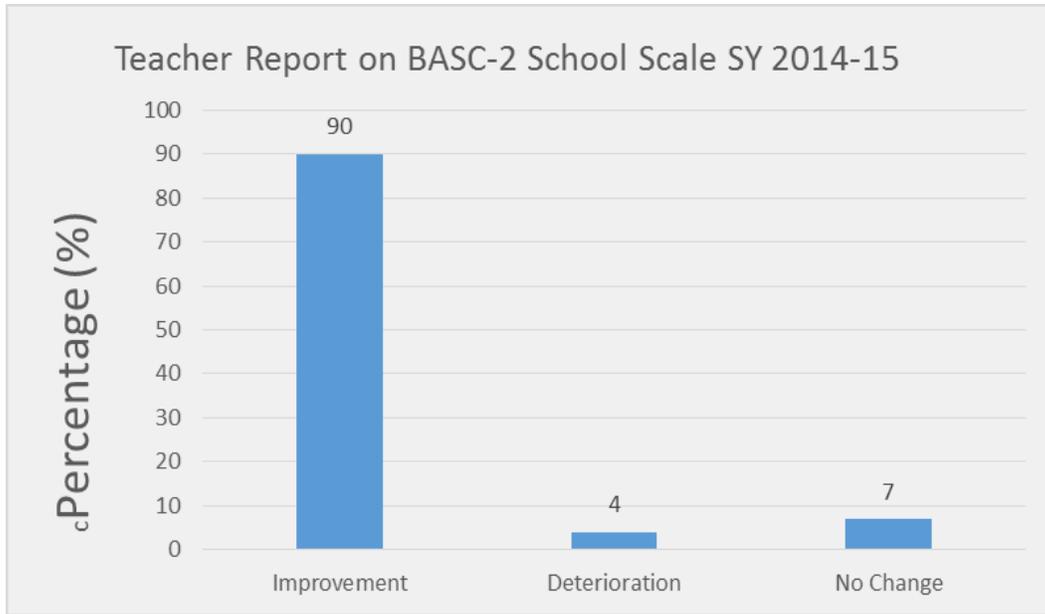
The DOE uses the Behavioral Assessment System for Children-Second Edition (BASC-2) as a measure of program performance so that the SBBH Program can be optimized and to support the overall behavioral support system for students. The BASC-2 is a multimethod system used to evaluate numerous aspects of social, emotional, and behavioral factors of children and young adults.

The first graph below shows the percent of students receiving SBBH counseling, and initially identified as having behaviors within the clinically significant classification range according to the overall global scale, as either showing improvement, deterioration, or no change according to the teacher, parent and self-report scales of the BASC-2. This analysis examines all students who have had at least two BASC-2s administered while also receiving SBBH support since 2004.

The second graph below indicates whether or not students receiving SBBH counseling have shown improvement, deterioration, or no change on the School Scale of the BASC-2. The School Scale is a composite that reflects academic difficulties, including problems of motivation, attention, learning, and cognition. This analysis examines all students who have had at least two BASC-2s administered while also receiving SBBH support since 2004.

**Performance
Indicator**
● = On Track





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

This measure captures the impact of counseling services for Individuals with Disabilities Education Act (IDEA) and 504 eligible youth who, at baseline, are rated in the clinical range of concern according to teacher, parent, and student self-report.

Overall results indicate that students are improving at a high and consistent rate according to overall global functioning measures of the BASC-2 and across multi-informants (teachers, parents, and students).

Teacher reports indicate that approximately 81% of children and adolescents initially identified as having behaviors within the clinically significant classification range on the overall global scale of the BASC-2 as demonstrating reliable improvement; approximately 5% deteriorated; and the remaining 14% were reported as showing no change. In addition, teachers report 90% of students initially identified as having behaviors within the clinically significant classification range on the School Scale as showing reliable improvement from baseline to follow-up. This suggests that behaviors previously deemed as problematic due to their interfering with academic achievement was significantly reduced by the majority of students receiving SBBH supports.

Parent reports indicate that approximately 66% of children and adolescents initially identified as having behaviors within the clinically significant classification range on the overall global scale of the BASC-2 as demonstrating reliable improvement; approximately 14% deteriorated; and the remaining 20% were reported as showing no change. Of students initially identified as having behaviors within the clinically significant classification range on the overall global scale of the BASC-2, 84% perceive themselves as demonstrating reliable improvement; approximately 6% perceive themselves as deteriorating; and the remaining 10% reported no change.

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

● = On Track

The benchmark is for 66% or more of students to show improvement on the BASC-2. Results show student improvement exceeds or is at 66% for all informants. In addition, parents are reporting a significant reduction in behaviors related to academic difficulties for those students receiving SBBH supports.

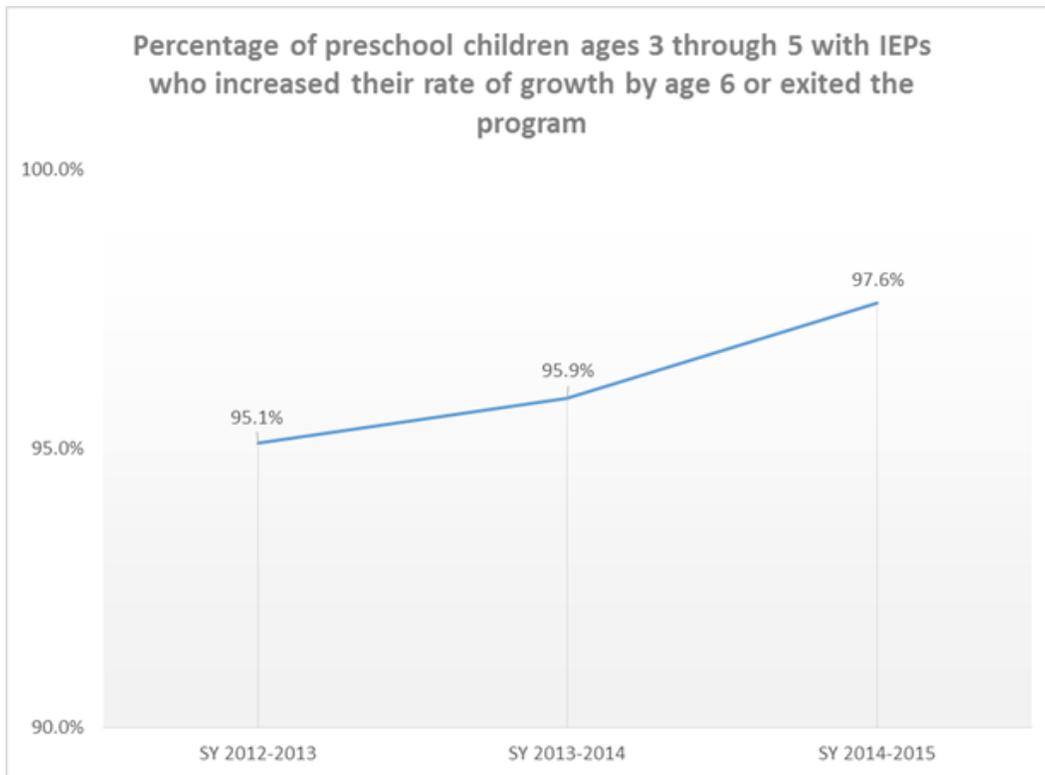
*Department of
Education-
Special
Education
(SpEd)*

What does this measure/indicator describe?

This graph shows percentage of preschool children aged 3 through 5 with Individual Education Programs (IEP)s who entered or exited the early childhood special education program who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. The rate of growth refers to demonstrated student improvement of appropriate behaviors to meet their needs from the time the student entered the program to the time the student exited the program.

**Performance
Indicator**

● = On Track



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

The graph above indicates that the great majority (95.1%-97.6%) of preschool children ages 3 through 5 with IEPs who entered the program below age expectation substantially increased their rate of growth by the time they turned 6 years of age or exited the program.

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

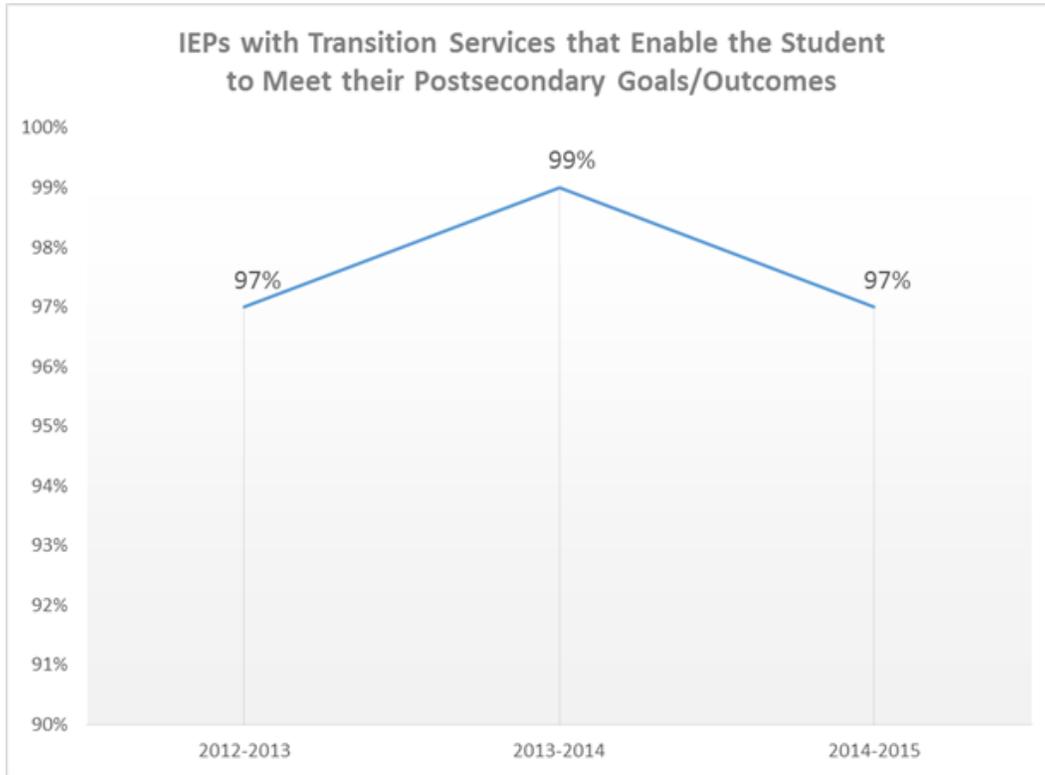
● = On Track, however, the HIDOE is always striving for improvement in this area.

What does this measure/indicator describe?

Annually, the transition plan in IEPs are reviewed and updated based on students’ expressed interests. A key element in the transition plans are the student-identified post-secondary goals/outcomes in the areas of post-secondary Education and Training, Employment, and, if relevant, Independent Living. This indicator demonstrates that a very high percentage of students have appropriate services in their plans, provided by team members, that will help them toward achieving those expressed goals/outcomes.

Performance Indicator

● = On Track



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

The graph indicates that transition services are addressed for students to meet their postsecondary goals.

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

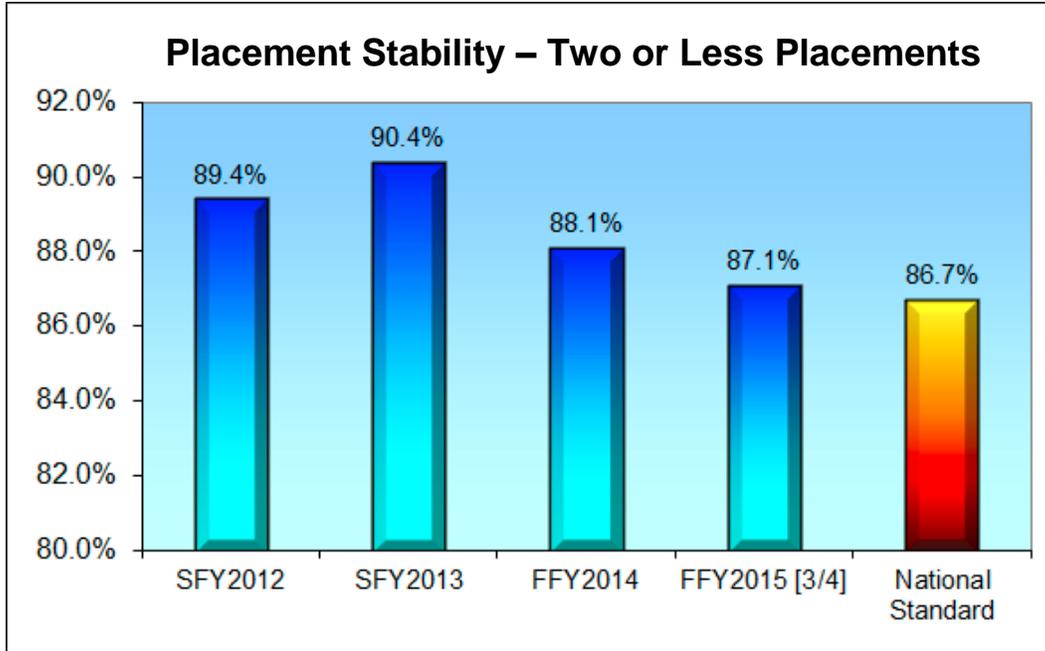
● = On Track, however, the HIDOE is always striving for improvement in this area.

What does this measure/indicator describe?

This chart displays annual aggregate data showing the percentage of children in foster care who lived in two foster homes or fewer during their time in care.

**Performance
Indicator**

● = On Track



Note: Higher percentages are desirable.

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

Child Welfare Services Branch continues to exceed the national standard. These efforts have been supported over the past few years by new practices of upfront Family Finding activities and ‘Ohana Conferences being held for every child entering foster care. Identifying family resources early and having the family come together to create a plan to support the child are both crucial for minimizing placement disruptions.

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

● = On Track

Child Welfare Services Branch (CWSB) continues to improve practice through the Title IV-E Waiver Workgroups, ‘Aha (community gatherings), and various collaborations with other departments, stakeholders, and partners strengthen overall efforts to prevent removals, support reunification or other permanency options, and maintain connections.

Progress Summary

The HYIPR report has grown out of the monthly dialog of the Hawai'i Interagency State Youth Network of Care (HI-SYNC) Committee that is comprised of various agencies.¹ All of these various agencies all agree on at least one thing: in order for agencies serving youth to become more transparent, there is a great need to have consistent data and outcomes reported to the public by the participating agencies. Over the past year, the following initiatives have been taken on by the agencies participating in HI-SYNC to meet this overall goal:

- All agencies worked to supply and share data that should prove to be useful to stakeholders, be they in government or in the private sector. It is important to know that the agencies participating in HI-SYNC have differing capacities regarding their data systems. It should also be recognized that all agencies are in the process of updating their data systems so the data contributed by agencies will be modified as data collection improves. Also, those measures may change from time to time as specific concerns also change.
- HI-SYNC is in the last stages of finalizing a new Memorandum of Understanding (MOU) that describes the three major activities of HI-SYNC, specifically:
 - Assemble and analyze data from all participants and sharing data across agencies.
 - Develop joint policies and design ways for the agencies to work as partners when they hold similar clients or issues.
 - Establish a forum for the discussion and management of particularly complex or troublesome cases. The goal is to develop joint treatment and support plans for individuals who have multiple agency involvement.
- HI-SYNC members, as a group, are committed to going to the next level in establishing a system where HI-SYNC discusses particular youth cases. Because the logistics of getting various decision makers together and documenting the consensus findings and plan can be very difficult, an independent person who is not associated with any one agency participating in HI-SYNC is needed. Several of the agencies have contributed funding to help hire such a person. CAMHD has agreed to pool the funding and publish a small Request for Proposal (RFP) to find a person to take this new position. The person in this new position would deal with facilitating and moving the process along. This person could also be responsible for shepherding joint policy drafts through to final versions.

¹ The various agencies that participate in HYSINC are: Community Children's Council Office, Child and Adolescent Mental Health Division, Family Health Services Division, Family Court, Developmental Disabilities Division, Department of Education, Office of Youth Services, Child and Family Services, Child Welfare Services, and Project Laulima.