

# CAMHD Annual Data Review & Presentation: FY 2012



February 20, 2013

CAMHD Research and Evaluation Office

Scott Keir, Ph.D.

David Jackson, Ph.D.

Jarrett Ku, B.A.

Chuck Mueller, Ph.D.

# Agenda for the Day



- **CAMHD-Wide Review:**
  - Youth Profile, Services Procured, Appropriations & Spending, Outcome Trends
- **Clinical Model Indicators:**
  - Very Brief Summary of the ‘Clinical Model’ (Lesley)
  - Potential Indicators of Progress Toward the Clinical Model: Current and Future Data Collection

*Short Break*

- **Panel Discussion:**
  - Measuring CAMHD’s Progress Toward the ‘Clinical Model’

# CAMHD-Wide Review

- Youth Profile
- Services Procured
- Appropriations & Spending
- Outcome Trends

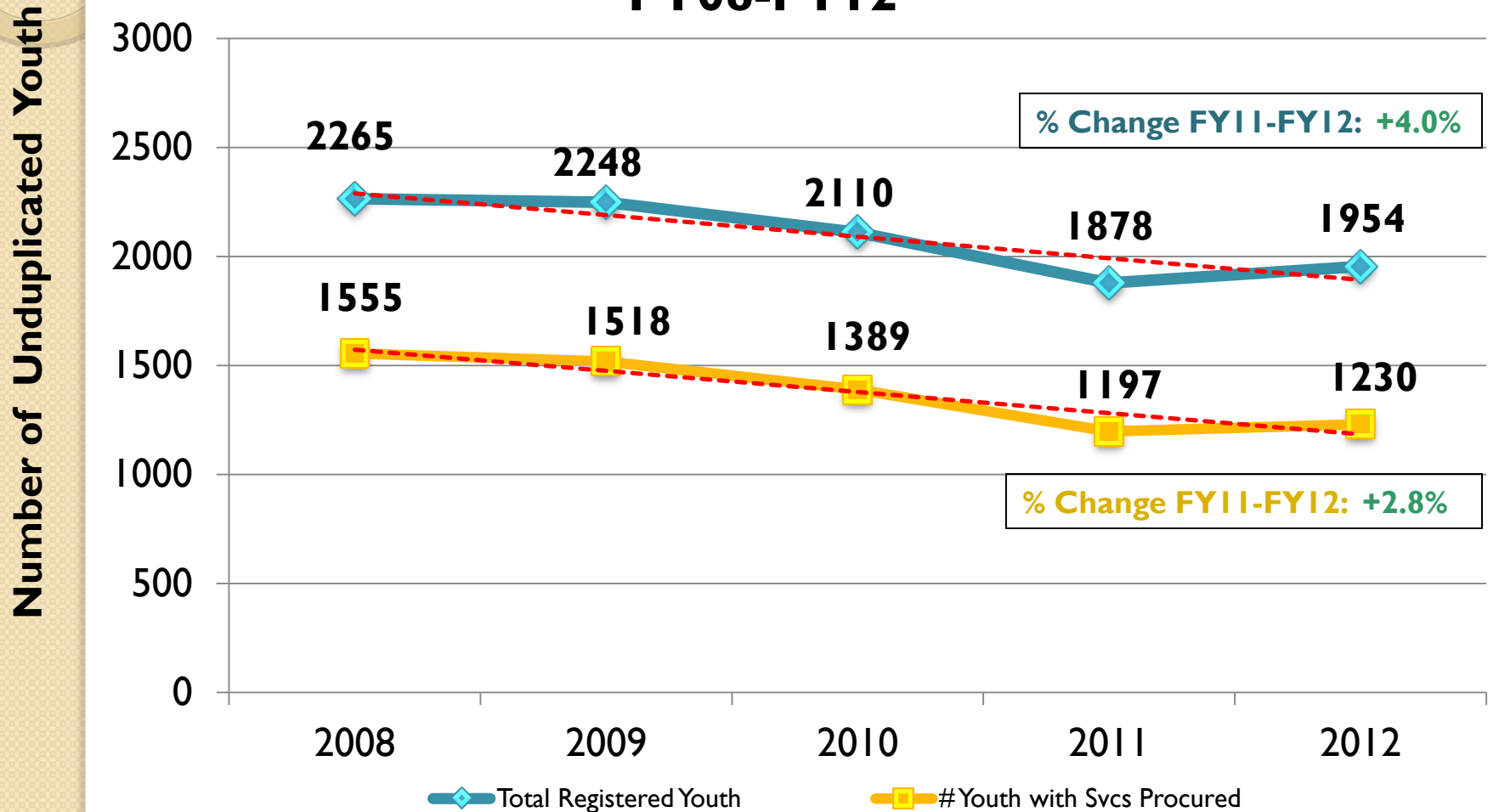


# YOUTH PROFILE



# Youth Profile

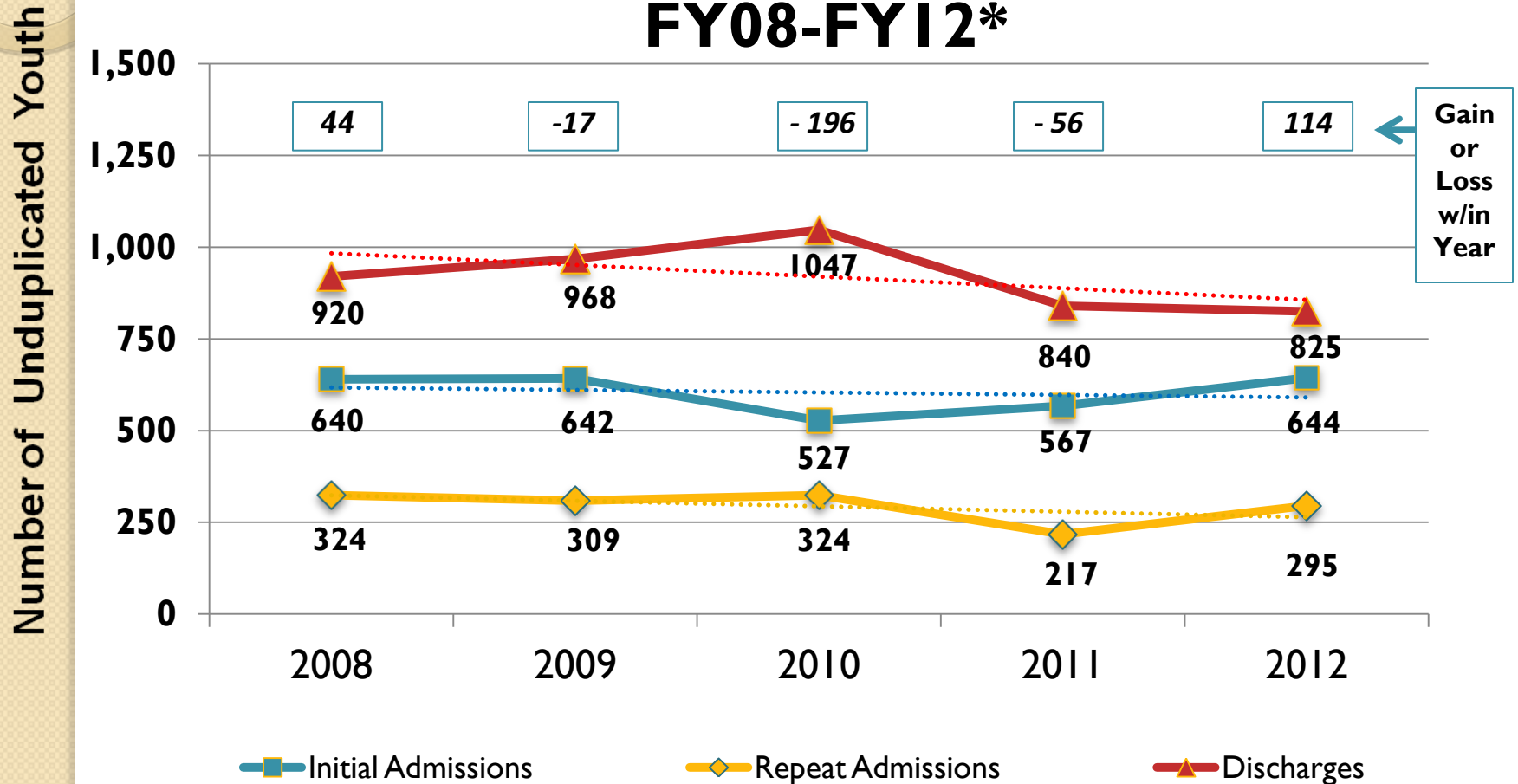
## Number of Youth Registered and with Procured Services, FY08-FY12 \*



\* - Not including Mokihana Program

# Youth Profile

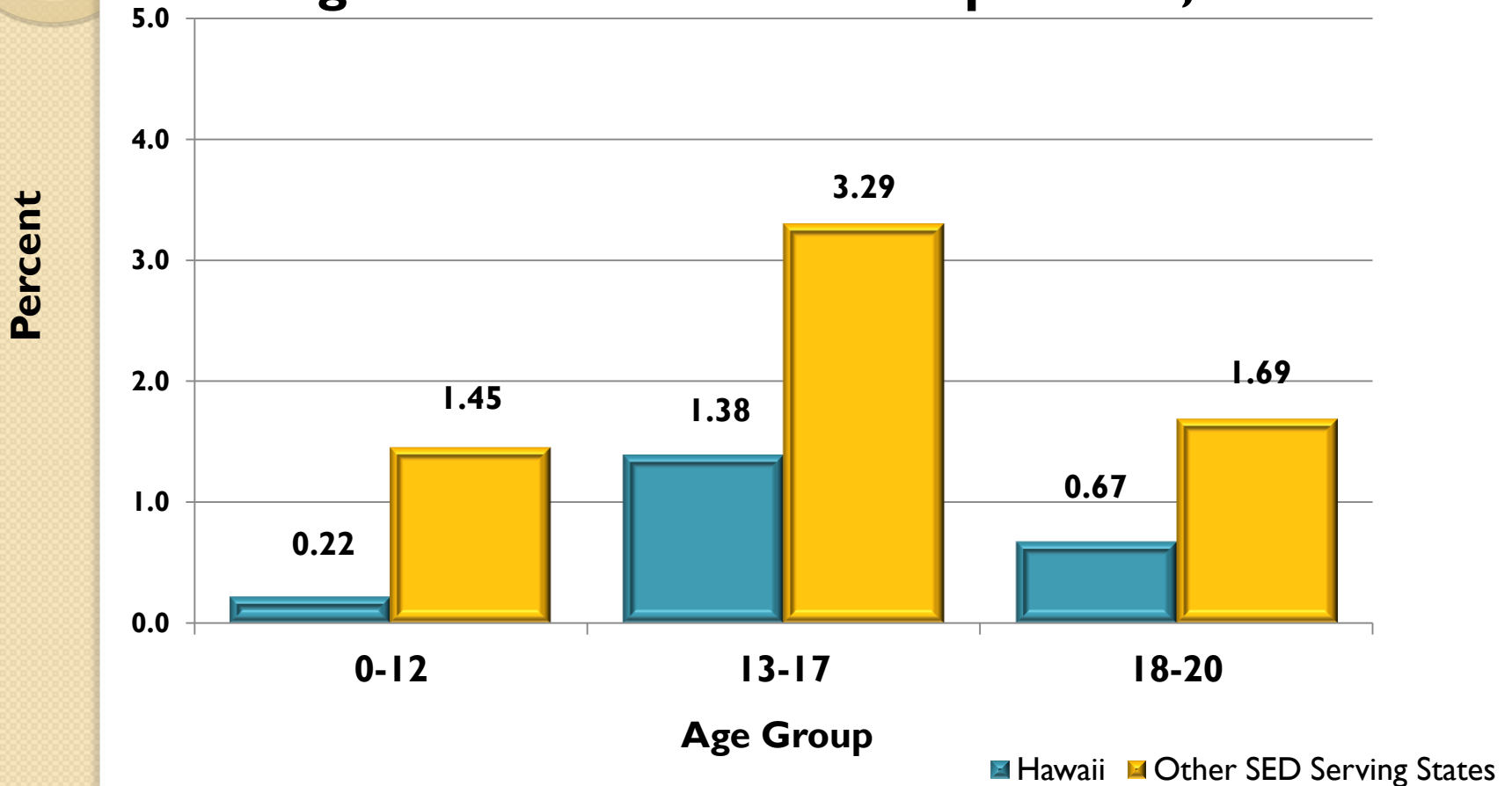
## Number of Admissions & Discharges, FY08-FY12\*



\* - Not including Mokihana Program

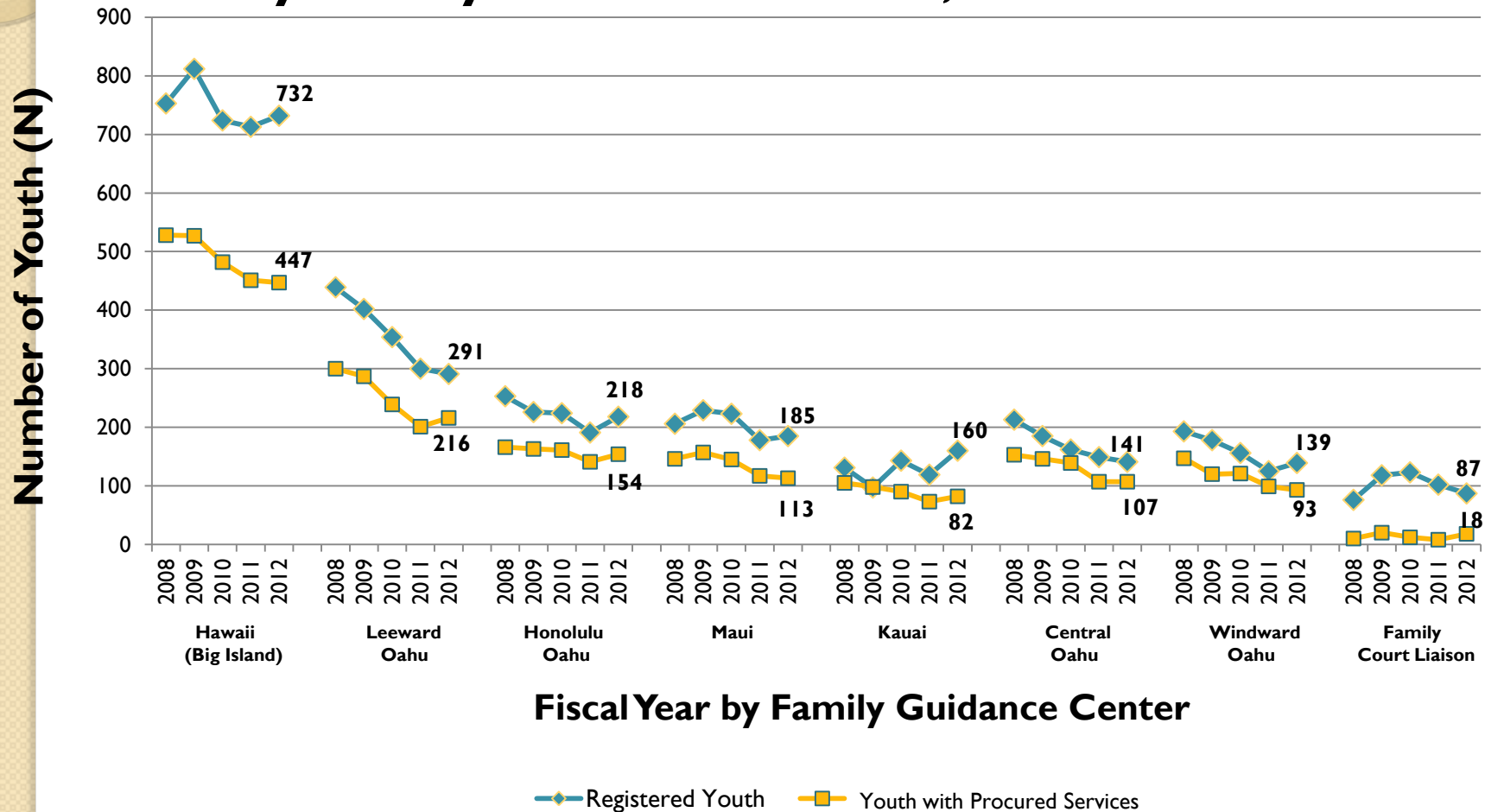
# Youth Profile

## Youth with Serious Emotional Disturbance Registered as Percent of Population, FY11



# Youth Profile

## Number of Youth Registered and with Procured Services by Family Guidance Center, FY08-FY12





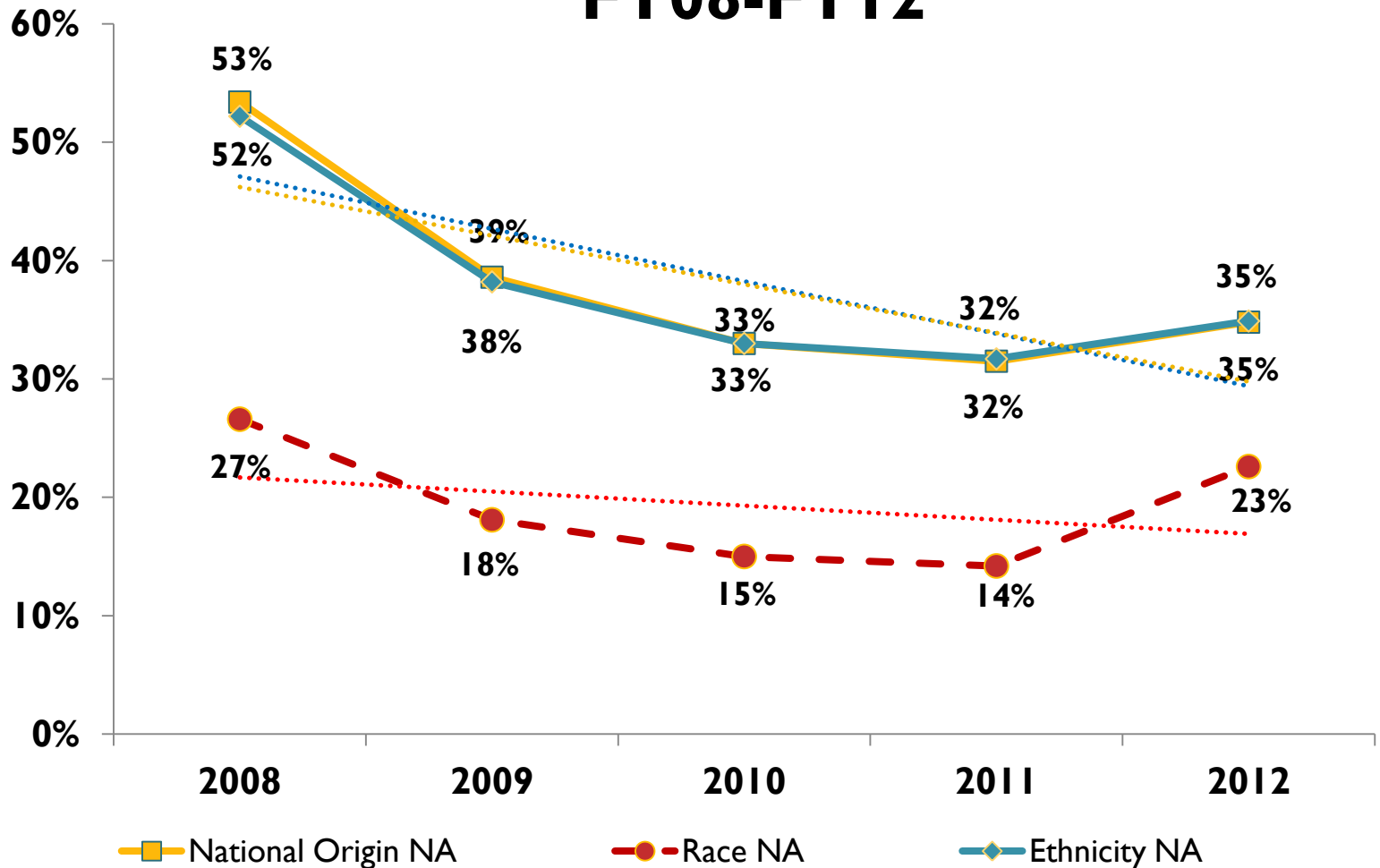
# Youth Profile

- **Age:** Average age = 14.2 years
- **Gender:** 62% Male; 38% Female
- **Race:** 61% Multi-racial; 15% White; 13% NH-Pacific Islander; 9% Asian; 2% Black; 1% AI-Alaskan-Native
- **Diagnosis:** 33% Disruptive; 20% Mood; 18% Attention; 12% Anxiety; 1% Pervasive Developmental

# Youth Profile

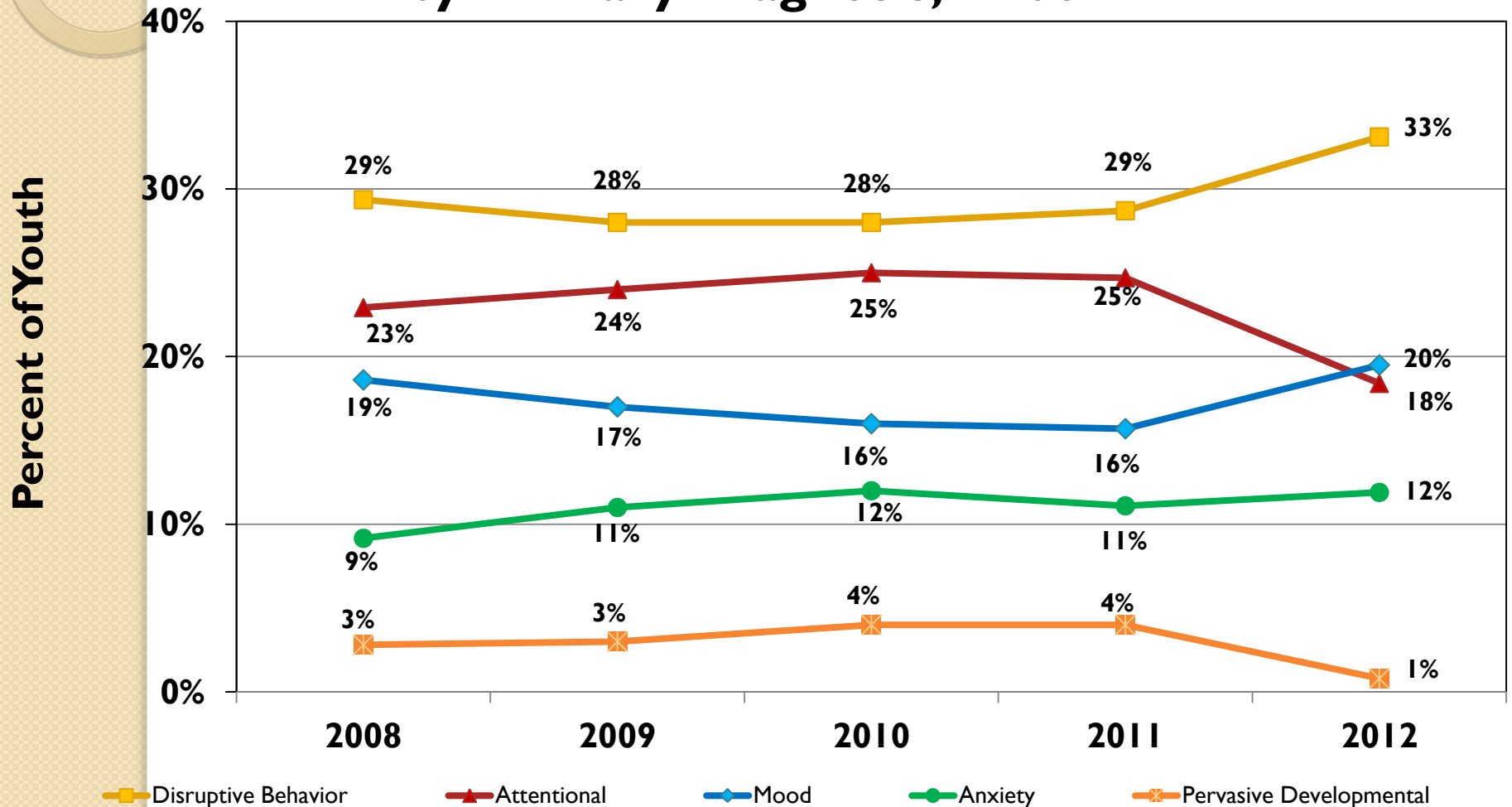
## Percent Race/Ethnicity Not Available, FY08-FY12

Percent of Registered Youth



# Youth Profile

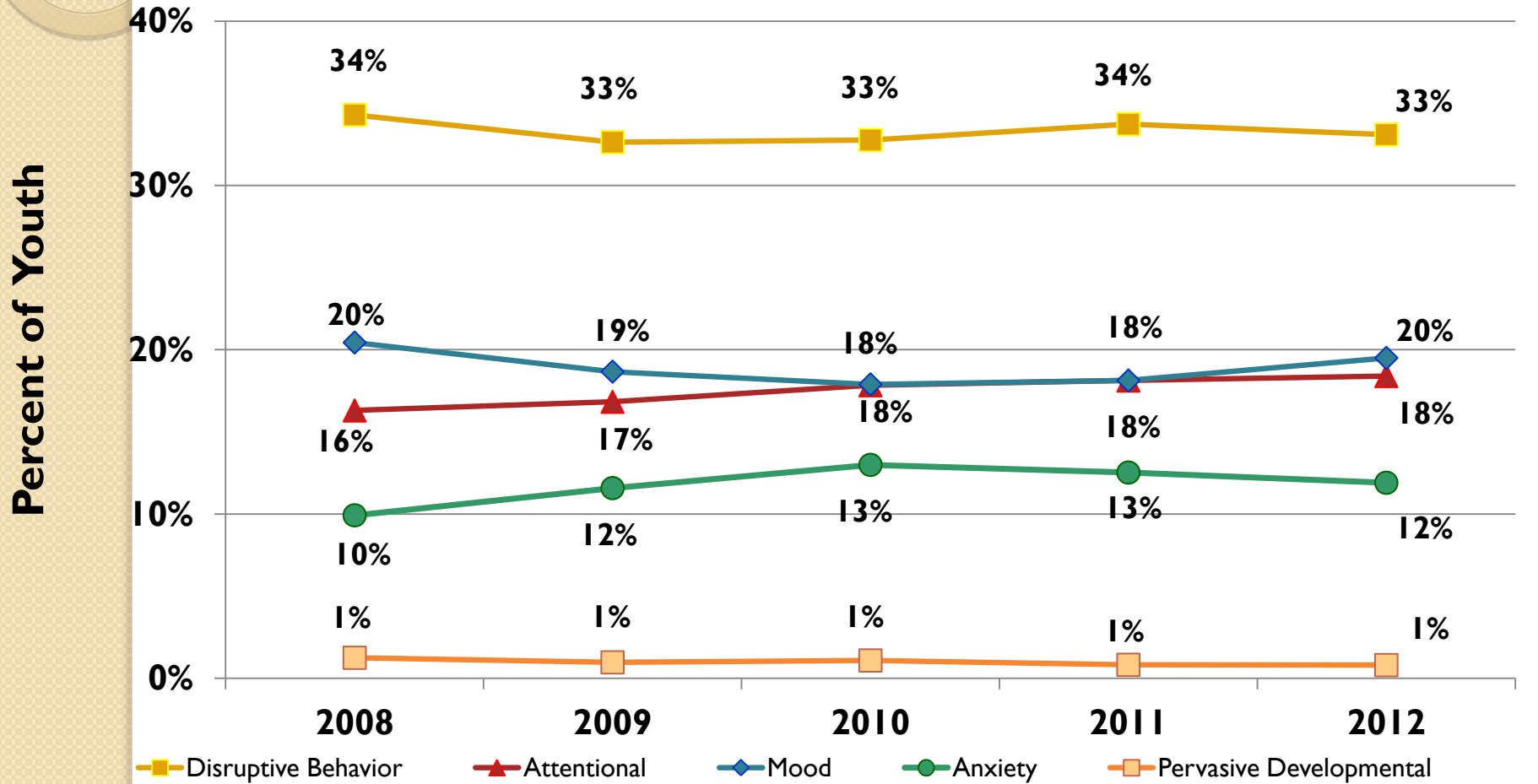
## Youth Registered in CAMHD by Primary Diagnosis, FY08-FY12\*



\* - Including Mokihana Program

# Youth Profile

## Youth Registered in CAMHD by Primary Diagnosis, FY08-FY12\*



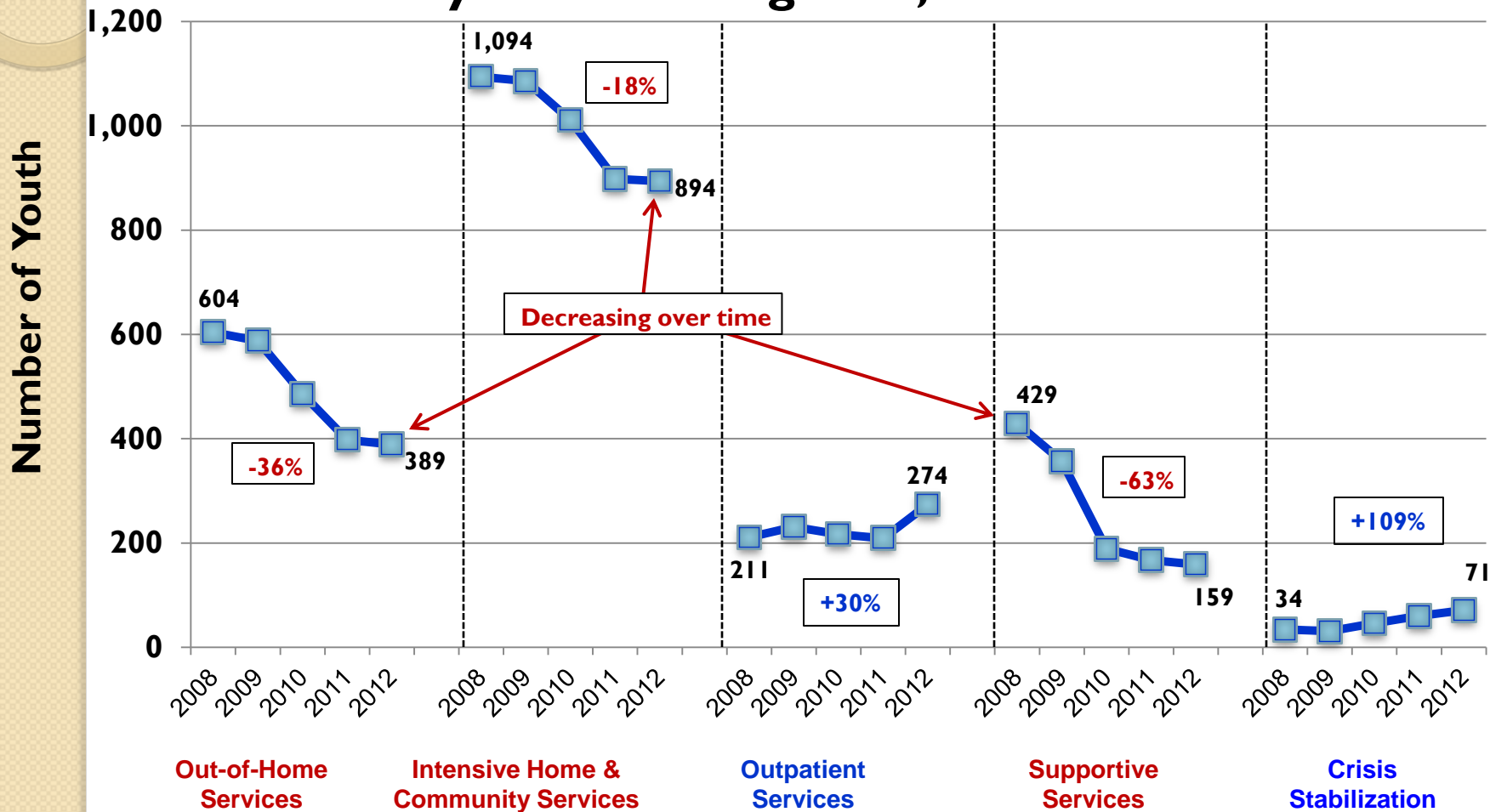
\* - Not including Mokihana Program

# SERVICES PROCURED



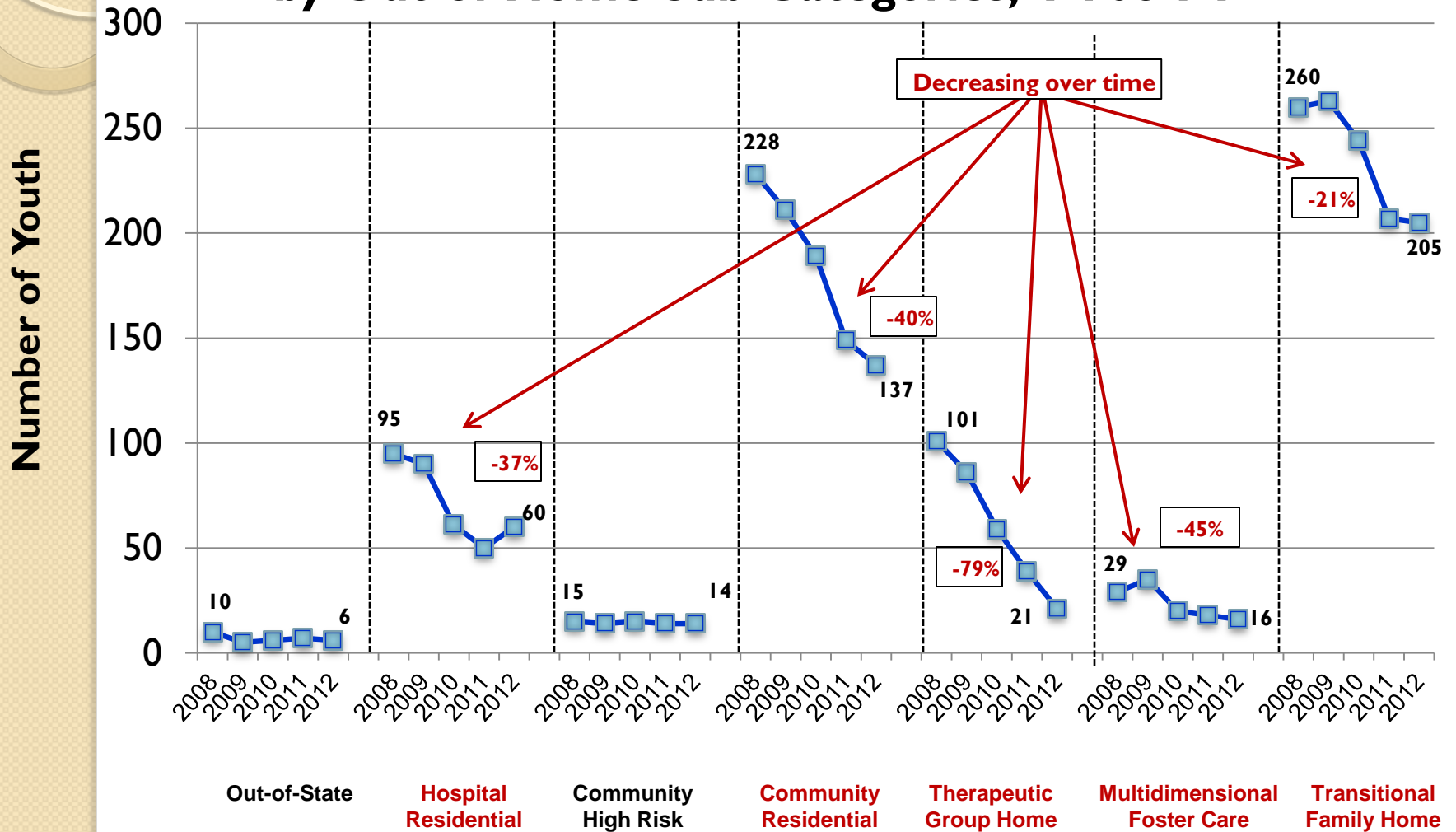
# Services Procured

## Number of Youth with Procured Services by Broad Categories, FY08-FY12



# Services Procured

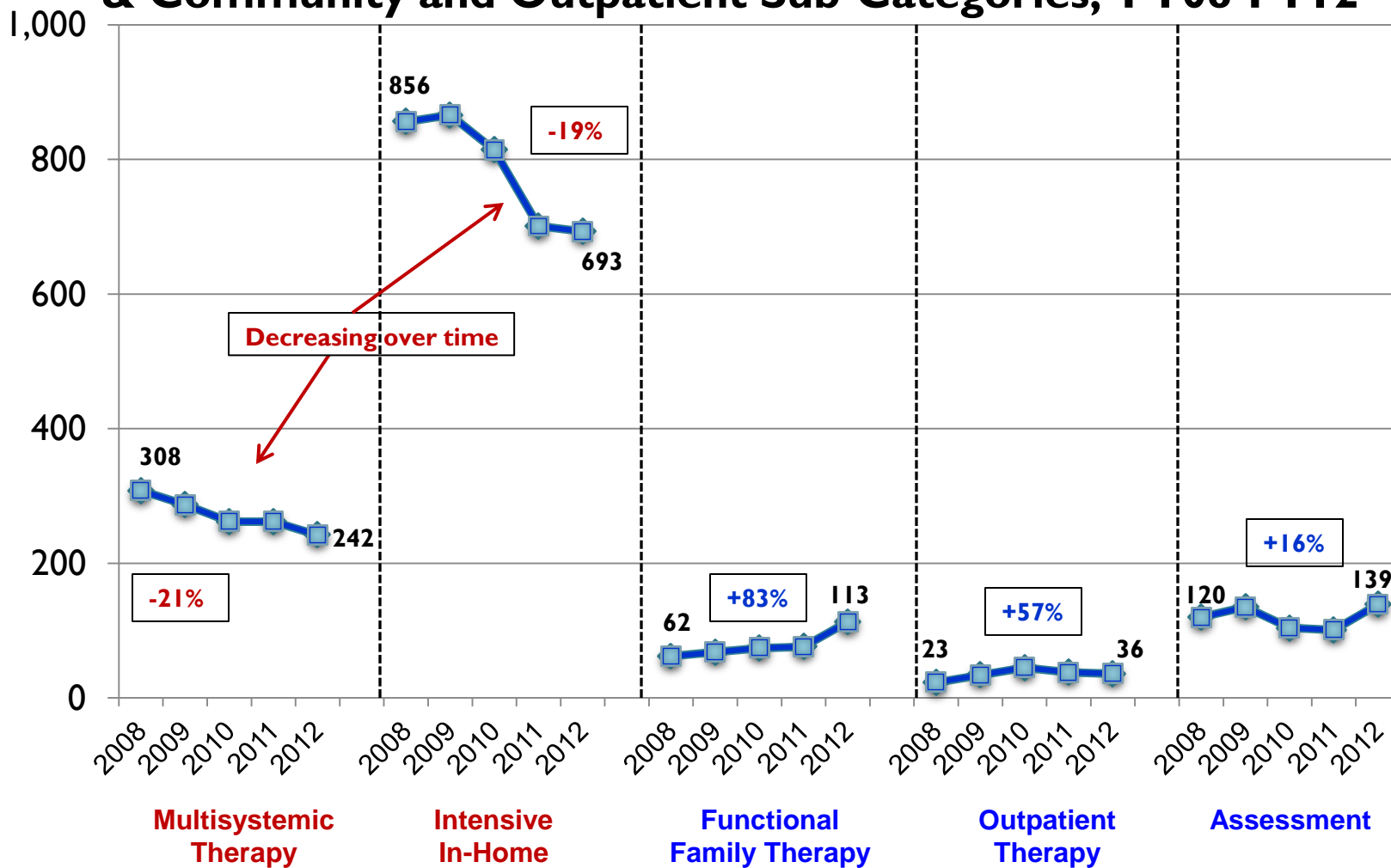
## Number of Youth with Procured Services by Out-of-Home Sub-Categories, FY08-FY12



# Services Procured

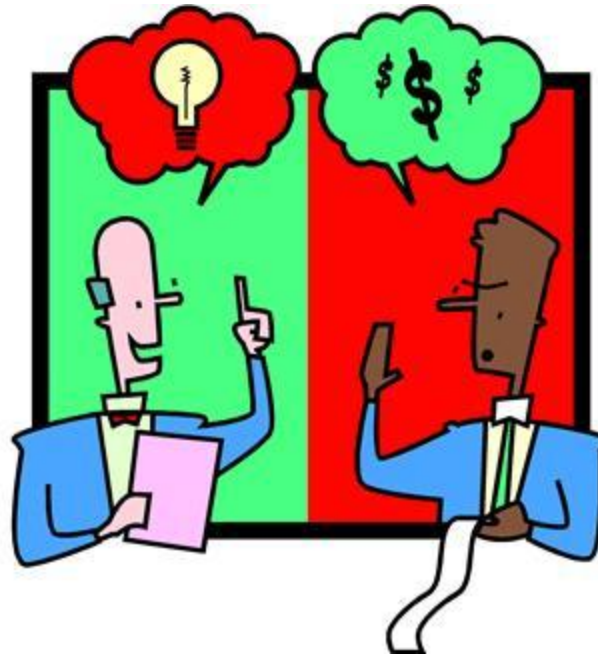
Number of Youth with Procured Services by Intensive Home & Community and Outpatient Sub-Categories, FY08-FY12

Number of Youth



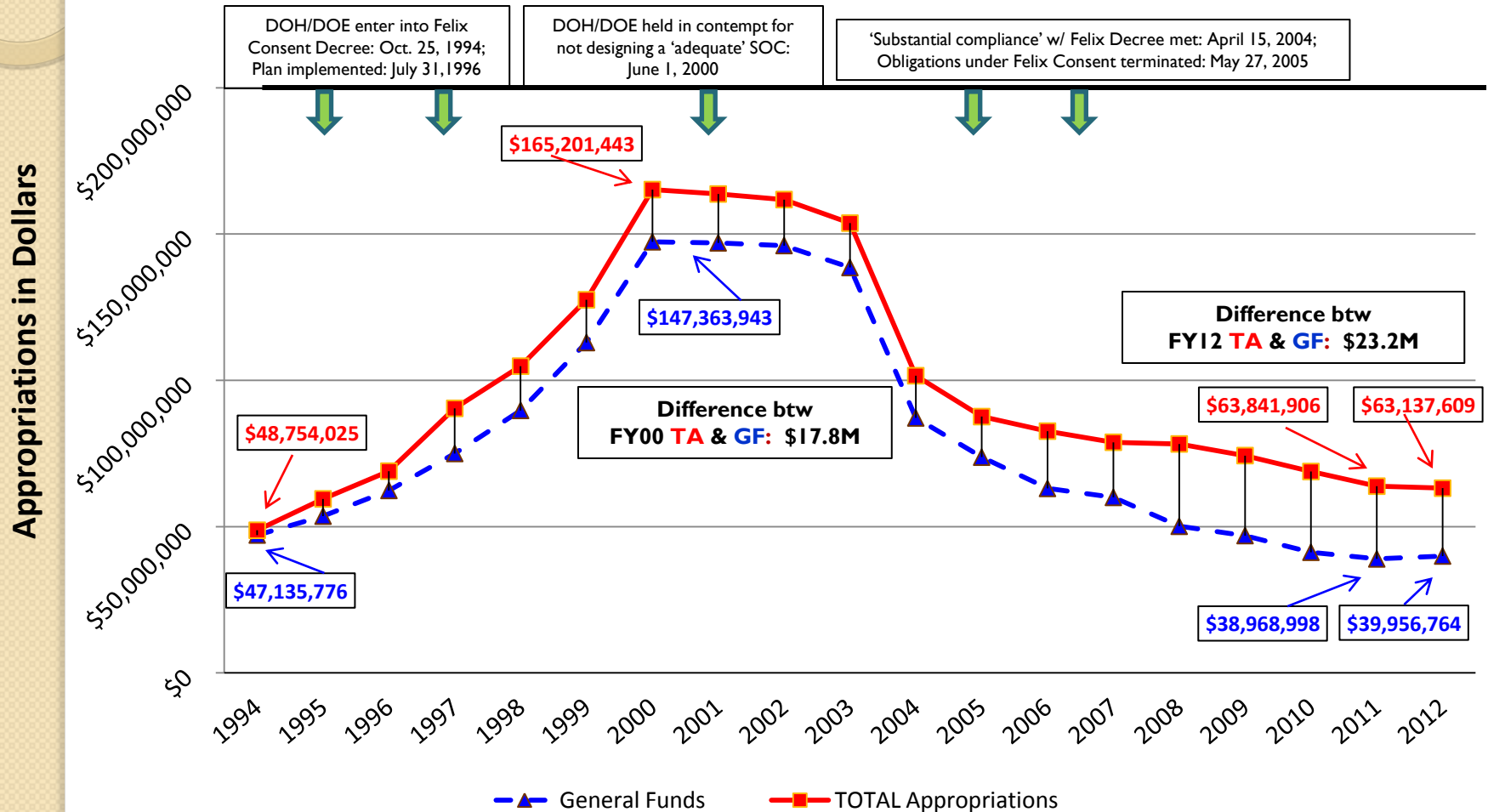


# APPROPRIATIONS & SPENDING



# Appropriations and Spending

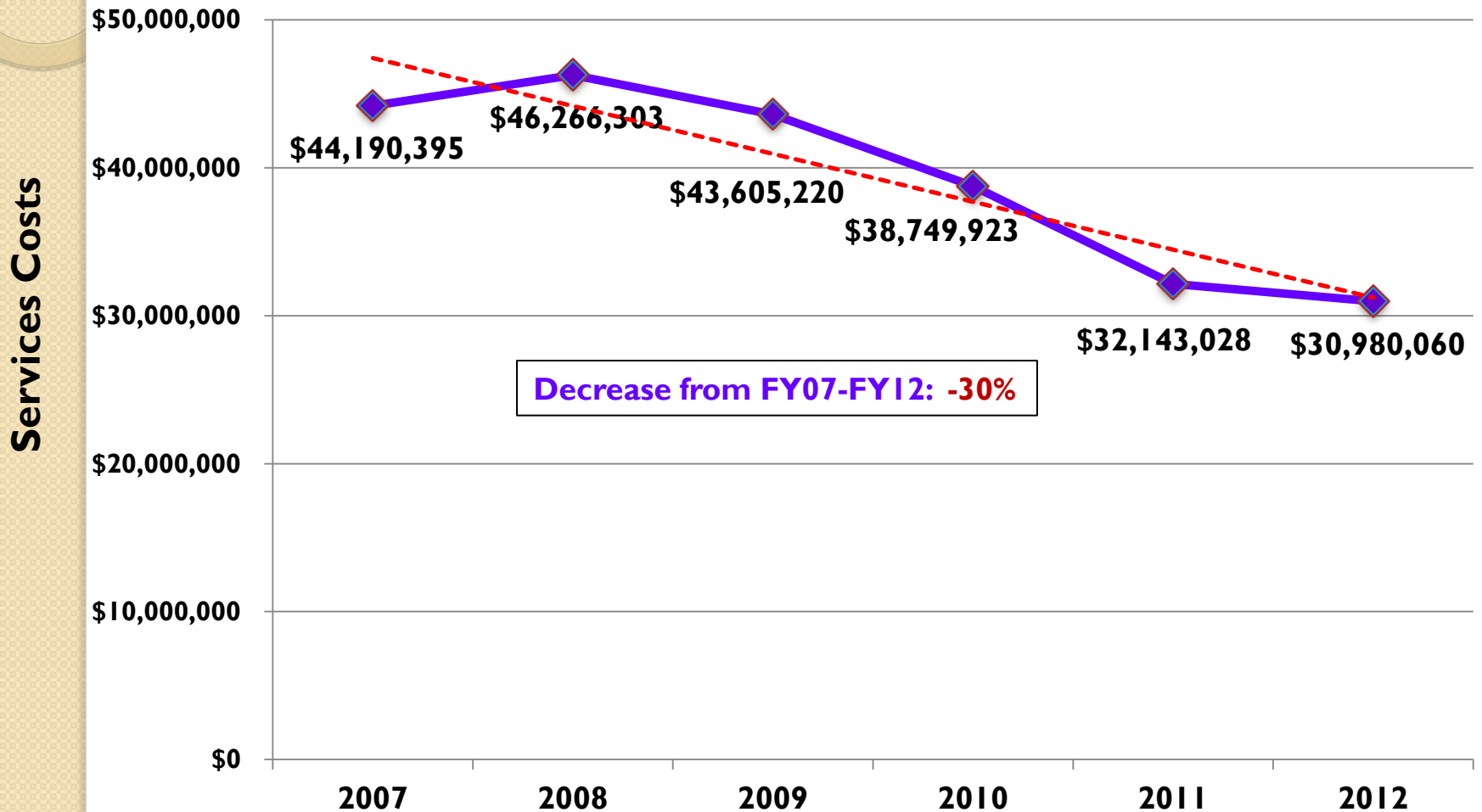
## CAMHD Total Appropriations and General Funds, FY94-FY12 (Adjusted for Inflation\*)



\* Based on '2013 Medical Services Inflation Adjustment' dollars

# Appropriations and Spending\*

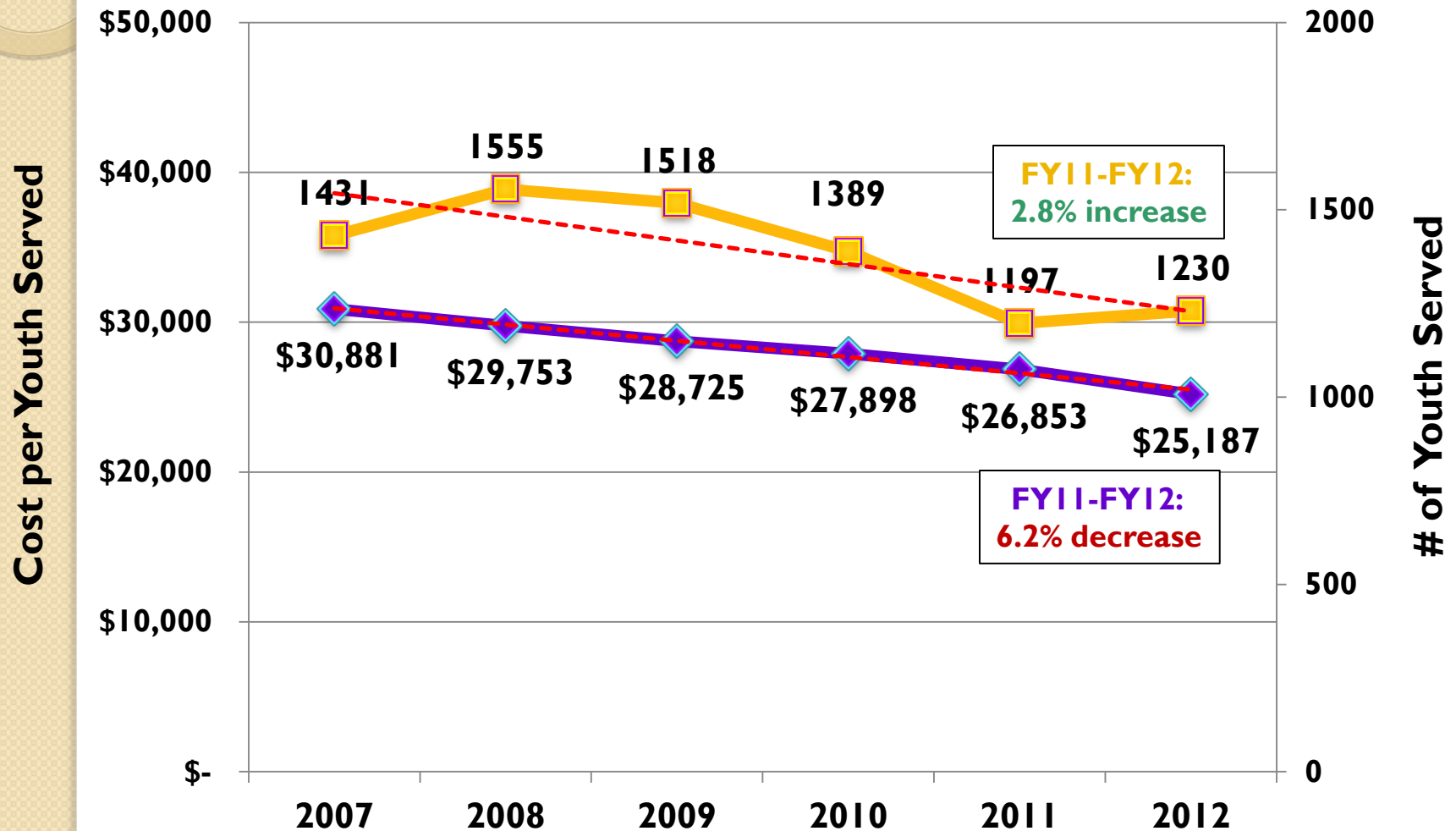
## Total Costs for Services Procured, FY07-FY12



\* - NOT adjusted for inflation

# Appropriations and Spending

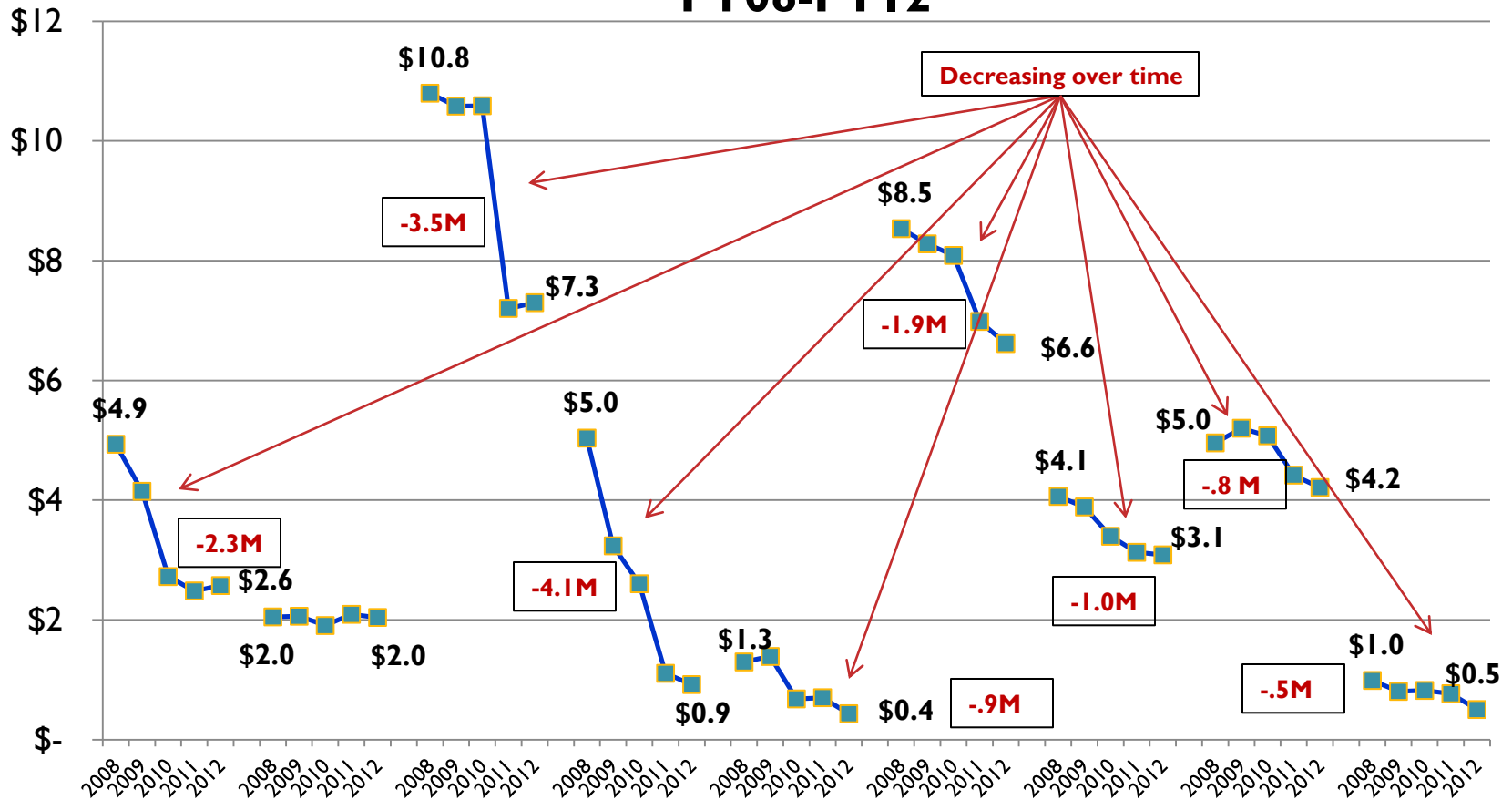
## Cost Per Youth with Services Procured, FY07-FY12



# Appropriations and Spending

## Procured Service Expenditures by Level of Care, FY08-FY12

Expenditures (in US\$ Millions)



Hospital Residential  
 Community High Risk  
Community Residential  
Therapeutic Group Home  
Multidimensional Foster Care  
Transitional Family Home  
Multisystemic Therapy  
Intensive In-Home  
 Functional Family Therapy

# Good News . . . Bad News

## Good News :

- More youth were registered (76 youth or 4% more) since FY11.
- More services were procured by youth (33 youth or 2.8% more) since FY11.
- Increased use of Functional Family Therapy
- Youth registered and served increased despite decreases similar funding allocated.

## Bad News :

- Decreased use of Multisystemic Therapy and Multidimensional Treatment Foster Care
- Still have a ways to go to meet the need of SED youth (1.4% of youth aged 13-17 years are registered . . . while estimated 5% youth with SED)

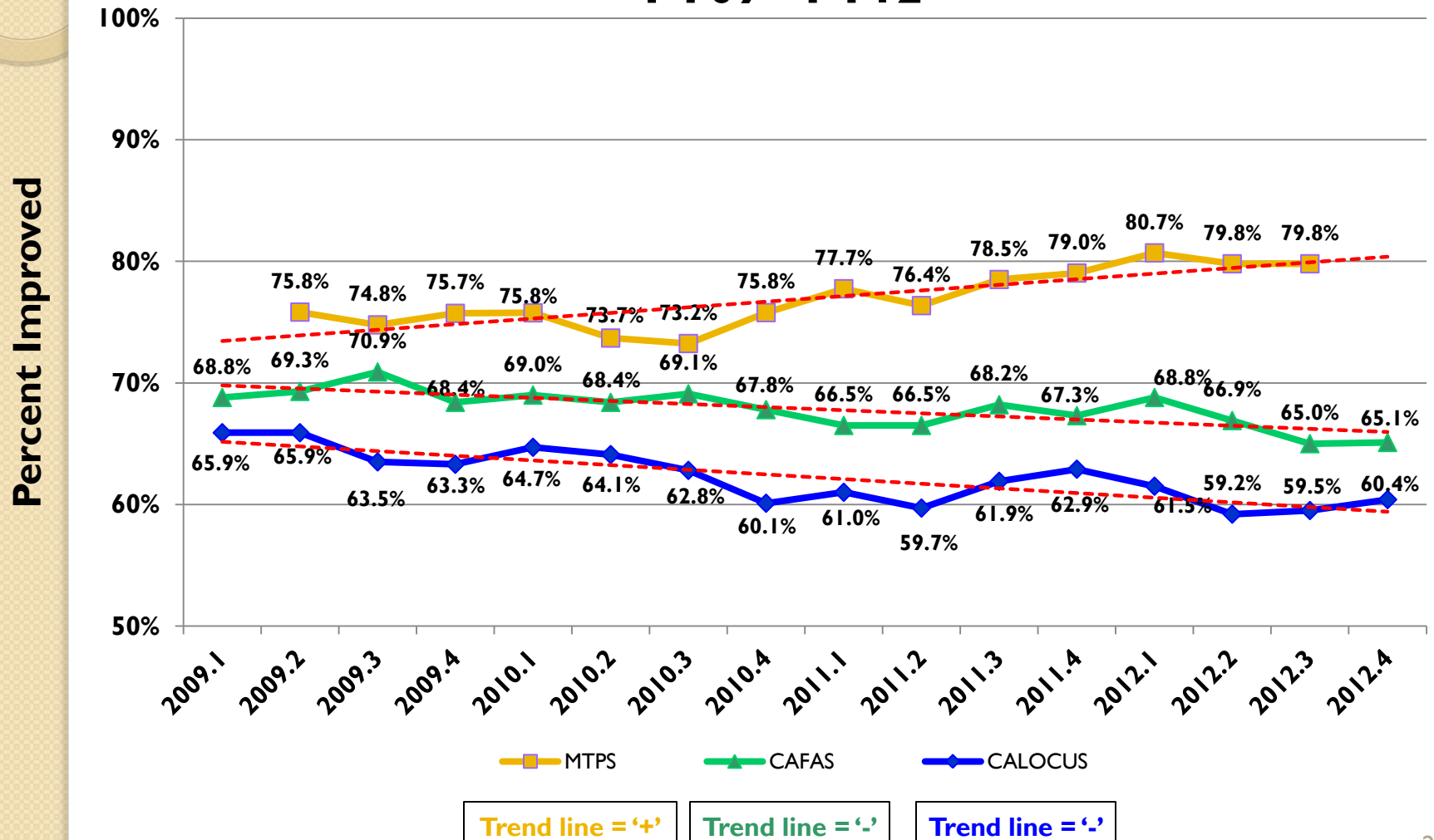
# OUTCOME TRENDS



- MTPS
- CAFAS
- CALOCUS
- Discharge Status

# Outcome Trends: Remember Me?

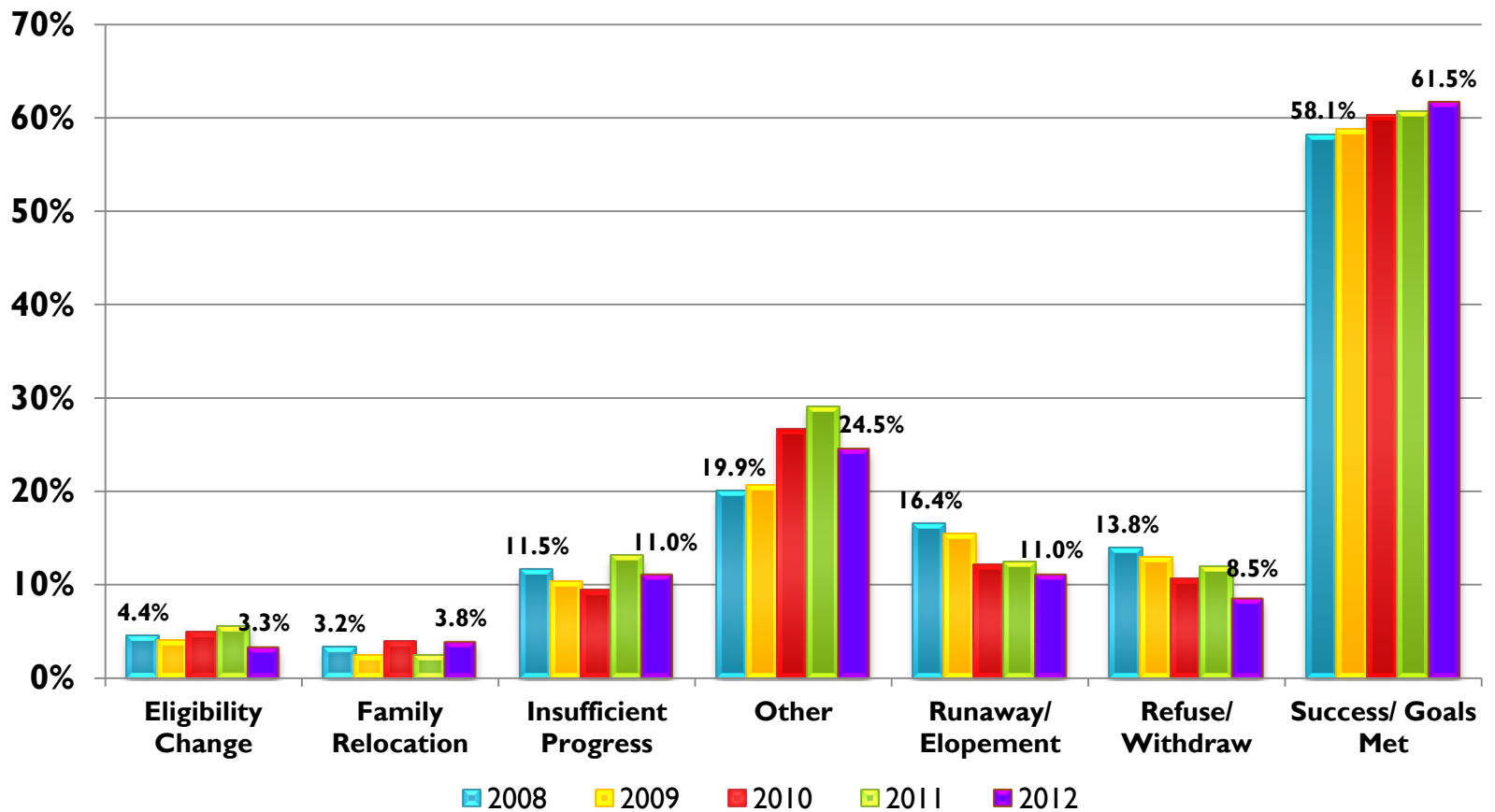
## Percent Improvement: MTPS, CAFAS, CALOCUS, FY09 - FY12





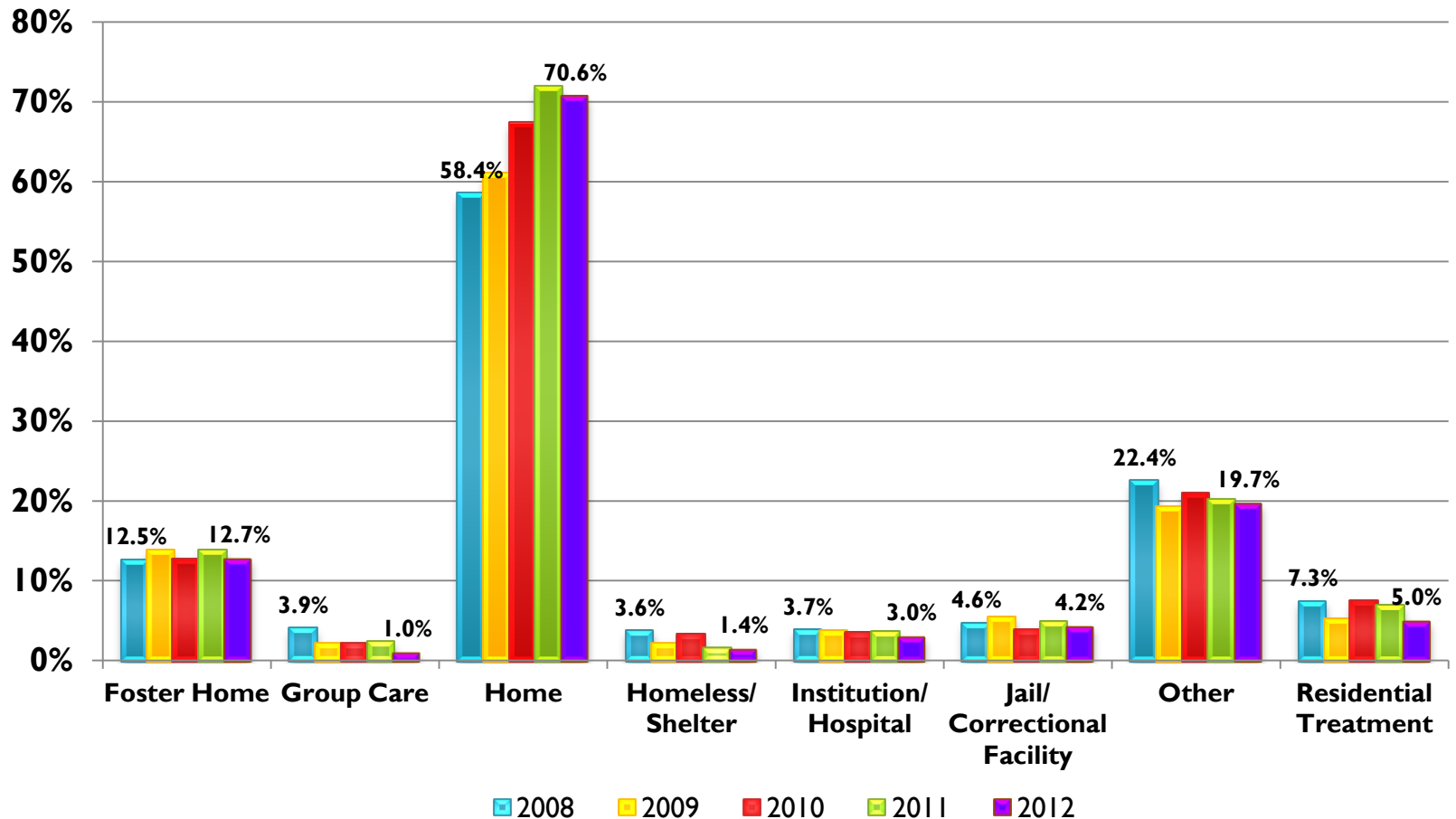
# Outcome Trends

## Trends in Discharge Reasons, FY08-FY12



# Outcome Trends

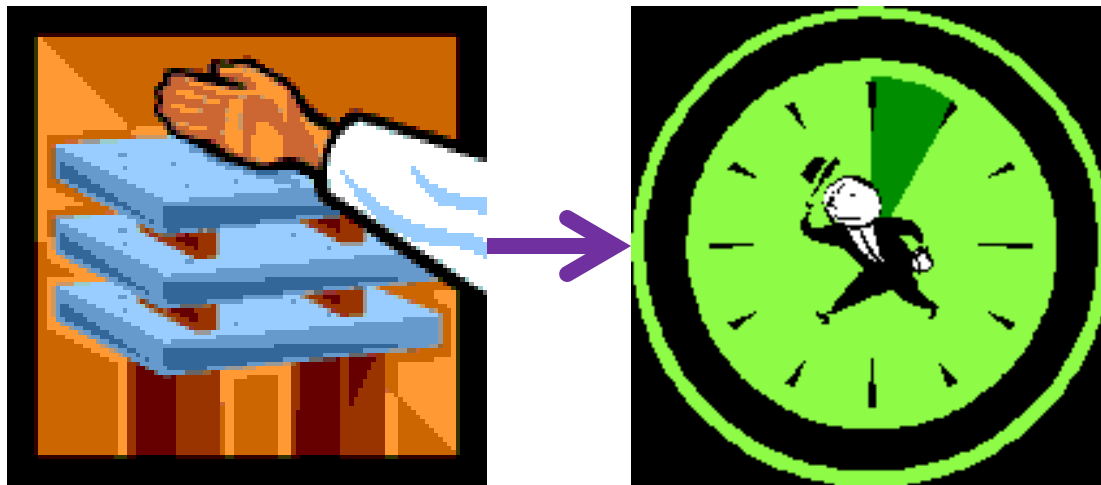
## Trends in Discharge Living Situation, FY08-FY12



# Outcome Trends

- MTPS improvement levels have been **slowly improving to around 80%** over past 4 years (**4% ↑** since FY09 Q1)
- CAFAS improvement levels have been **slowly decreasing to around 65%** over past 4 years (**3.7% ↓** since FY09 Q1)
- CALOCUS improvement levels have been **slowly decreasing to around 60%** over past 4 years (**5.5% ↓** since FY09 Q1)
- Discharge status of 'Success/Goals Met' has **slowly been increasing to around 62%** (**3.4% ↑** since FY08)
- Discharges to 'Home' have been **increasing to around 70%** (**12.2% ↑** since FY08)
- Good news and Not-so-Good News: CAMHD services have resulted in positive improvement over time for between **6 and 8 out of every 10** youth CAMHD serves.

# BREAK - TIME

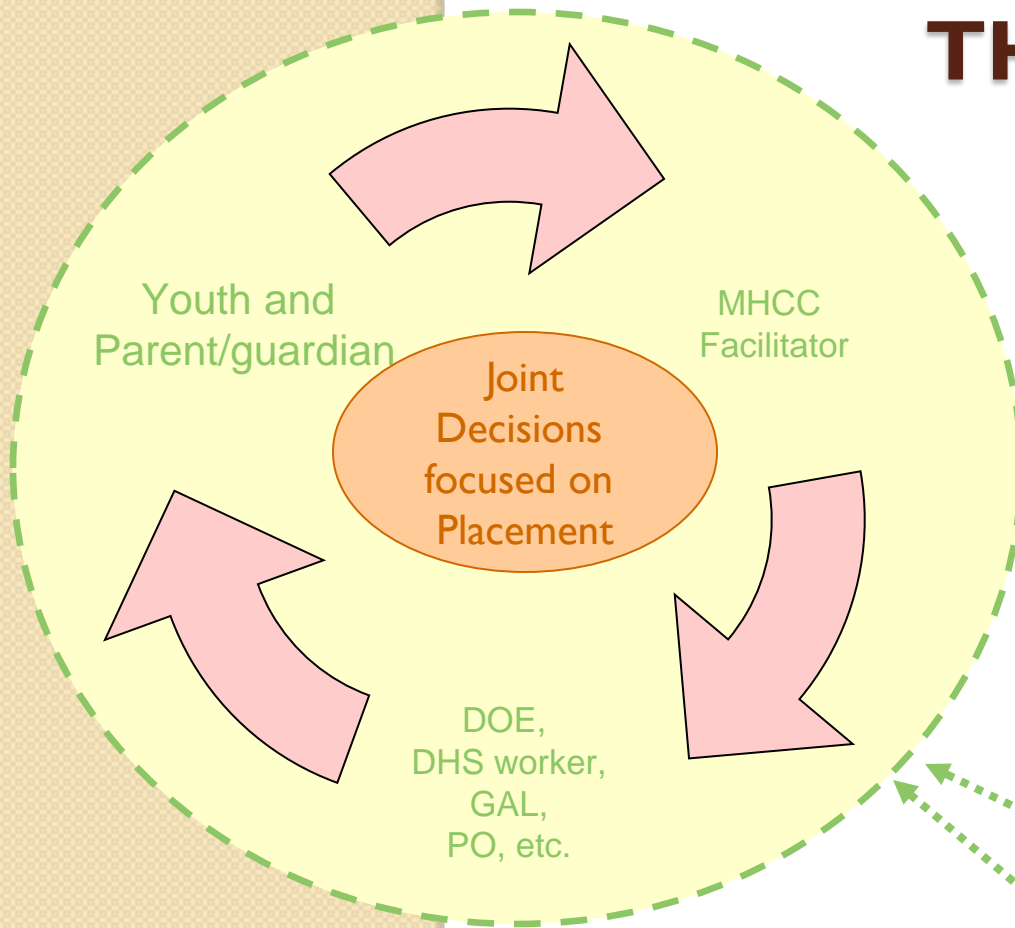


**10 Minutes, please!**

# INDICATORS OF THE CLINICAL MODEL



# THE 'OLD' MODEL



**“Felix-Style” practice model**

**Focus on services and team-based, multi-agency, consensus decision-making**

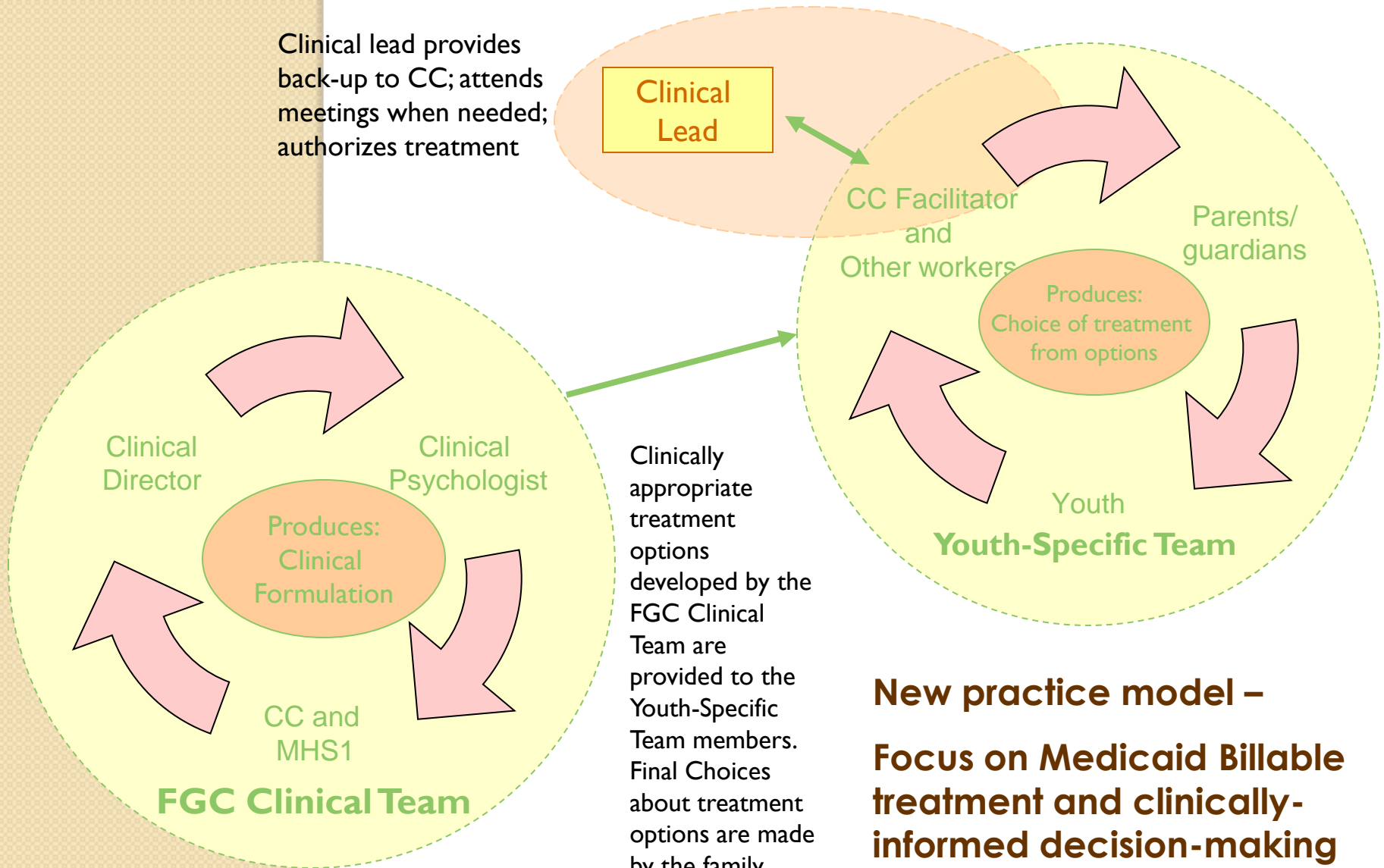
Clinicians provide some assessment information and case consultation when requested – distanced from the process

CD

CP

# THE CLINICAL MODEL

Clinical lead provides back-up to CC; attends meetings when needed; authorizes treatment



**New practice model –  
Focus on Medicaid Billable  
treatment and clinically-  
informed decision-making  
by the consumer**

# THE CLINICAL MODEL

- Branch Child Psychiatrists and Clinical Psychologists are centrally involved in every case in the role of “Clinical Lead” (CL).
- Consumer choice determines the treatment plan within a range of clinically appropriate treatment options.
- The Clinical lead documents decisions about authorizing services and medical necessity in the Electronic Health Record (EHR)
- The Care Coordinator is the main point of contact for the family.



# Potential Indicators

Possible indicators of progress toward “Clinical Model” vision. We’ve broken indicators up into 4 categories:

1. ‘Youth Access/Profile’
2. ‘Coordination & Funding of Services’
3. ‘Quality Services & EBS Standards’
4. ‘Youth Outcome/Client Satisfaction’

# Potential Indicators

Possible Indicators of Progress toward  
“Clinical Model” vision:

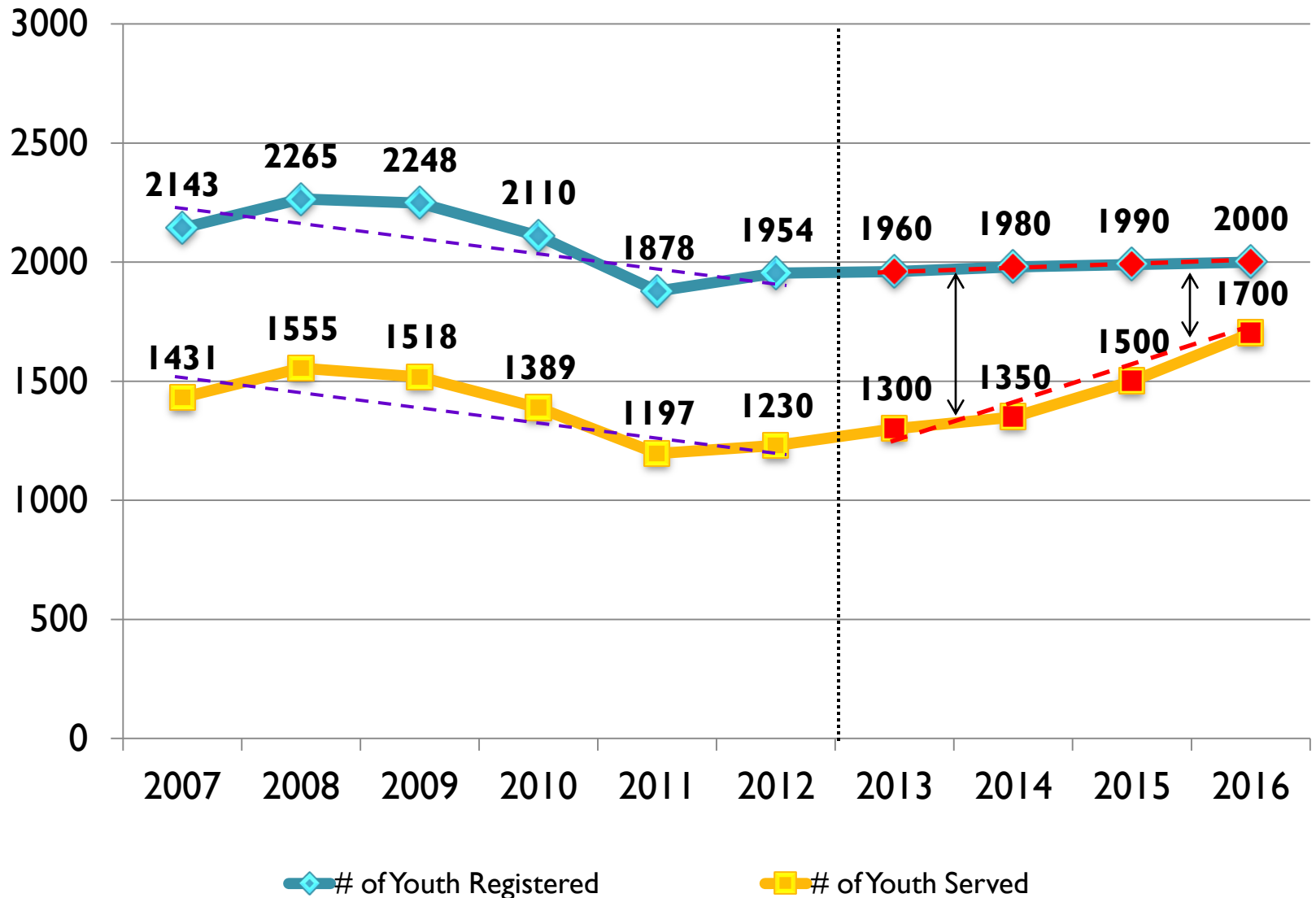
## ‘Youth Access/Profile’ Indicators

1. Increase number of youth served \*\*
2. Decrease median age of youth served \*\*

\*\* - Indicator for which we currently collect data

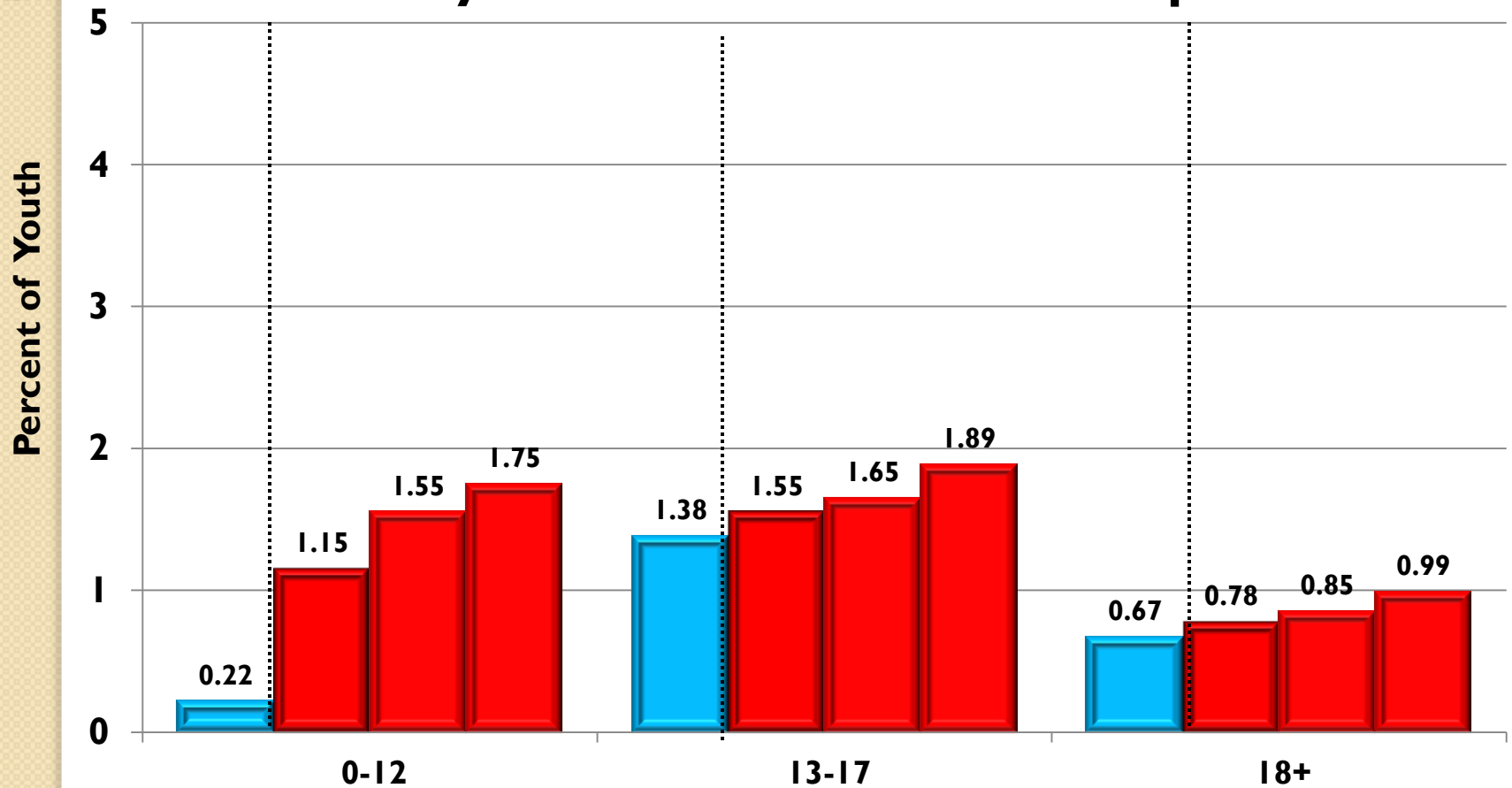
# Example of 'Youth Access/Profile' Indicator: Increase Number of Youth Registered and Served

Number of Youth

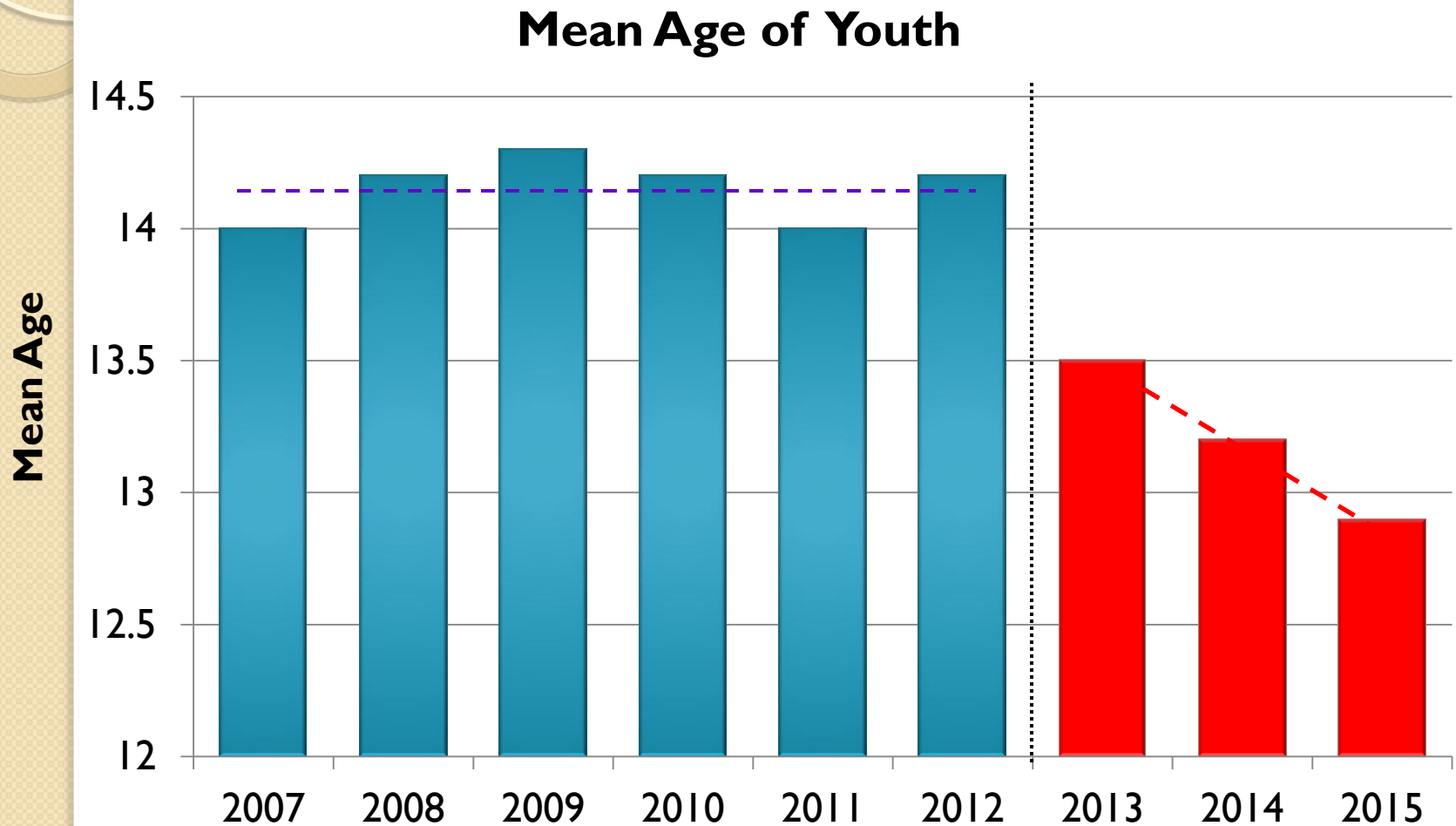


# Example of 'Youth Access/Profile' Indicators: Increase Percent of SED Youth Served

## Youth with Serious Emotional Disturbance Served by CAMHD as Percent of Population



# Example of 'Youth Access/Profile' Indicator: Decrease Mean Age of Youth Served



# Potential Indicators

Possible Indicators of Progress toward  
“Clinical Model” vision:

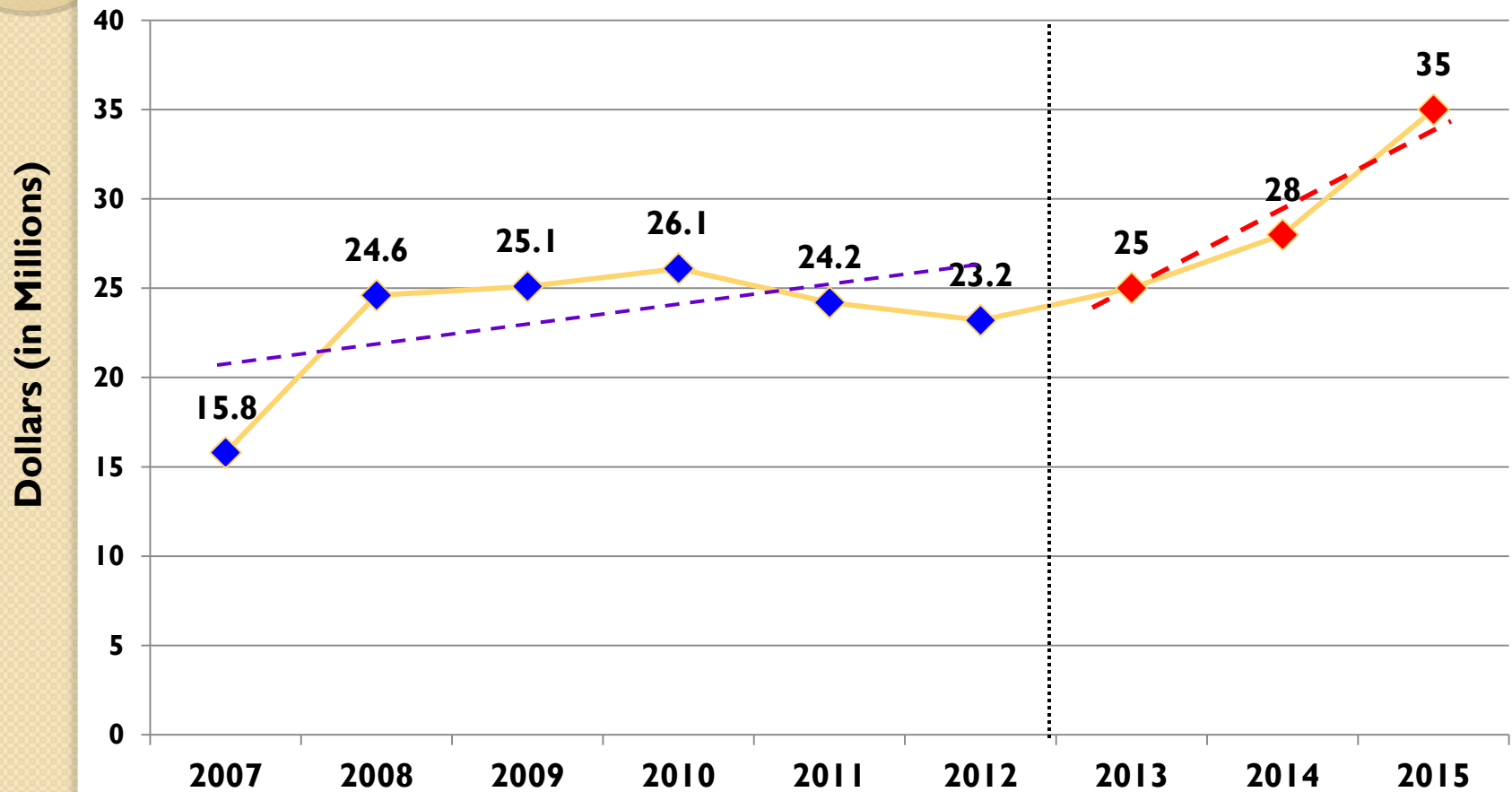
‘Coordination & Funding of Services’  
Indicators

1. Increase Medicaid reimbursement dollars\*\*
2. Increase use of within-CAMHD direct services
3. Increase accuracy and timeliness of health records, including med use
4. Increase interagency data sharing

\*\* - Indicator for which we currently collect data

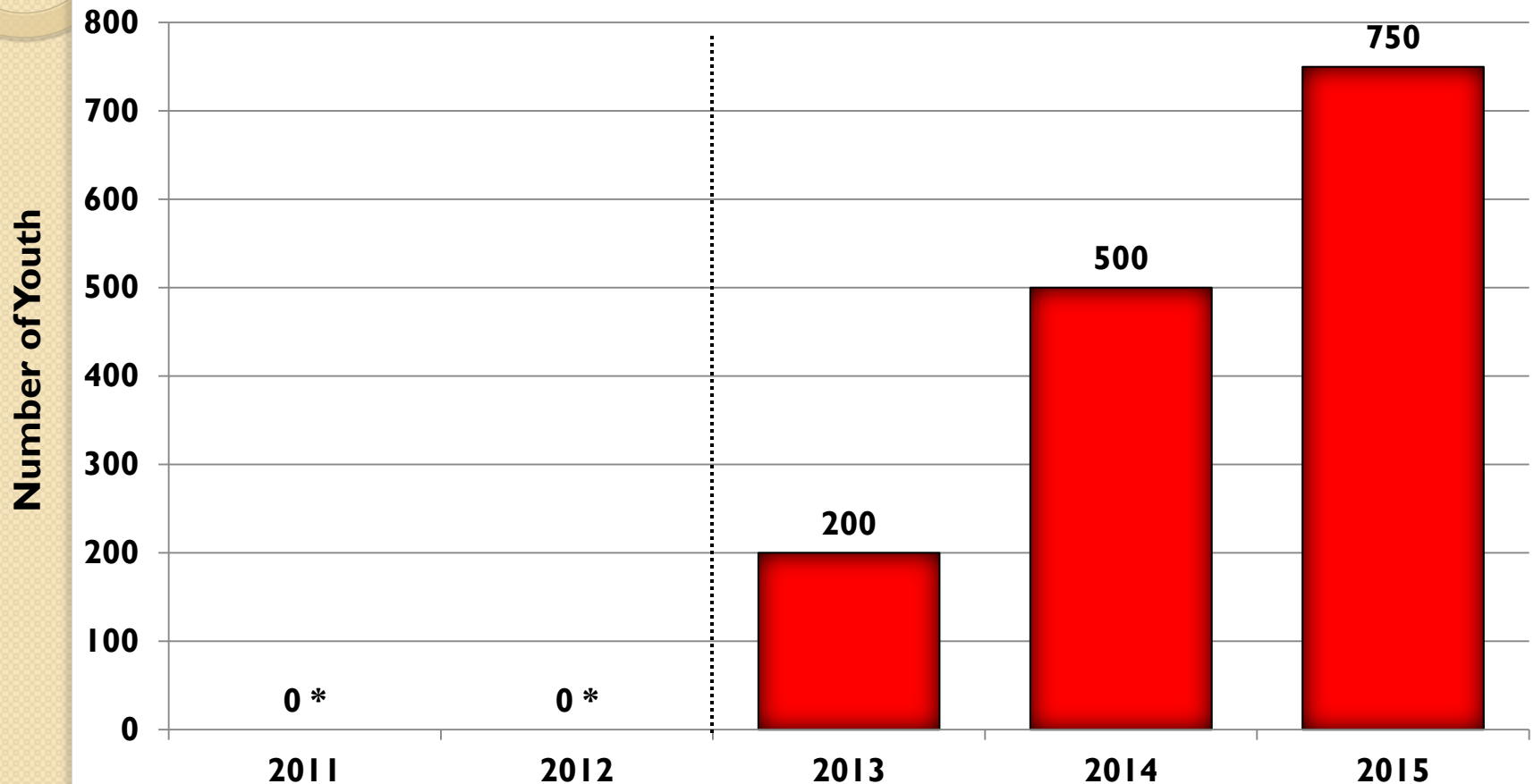
# Examples of 'Coordination & Funding' Indicators: Increase Medicaid reimbursement

## Amount of Medicaid Dollars Collected



# Examples of 'Coordination & Funding' Indicators: Increase CAMHD Direct Services

## # of Youth Served by CAMHD Direct Services



\* - Data are collected and entered for some 'Direct Services' but we are not able to download these data at this time.



# Potential Indicators

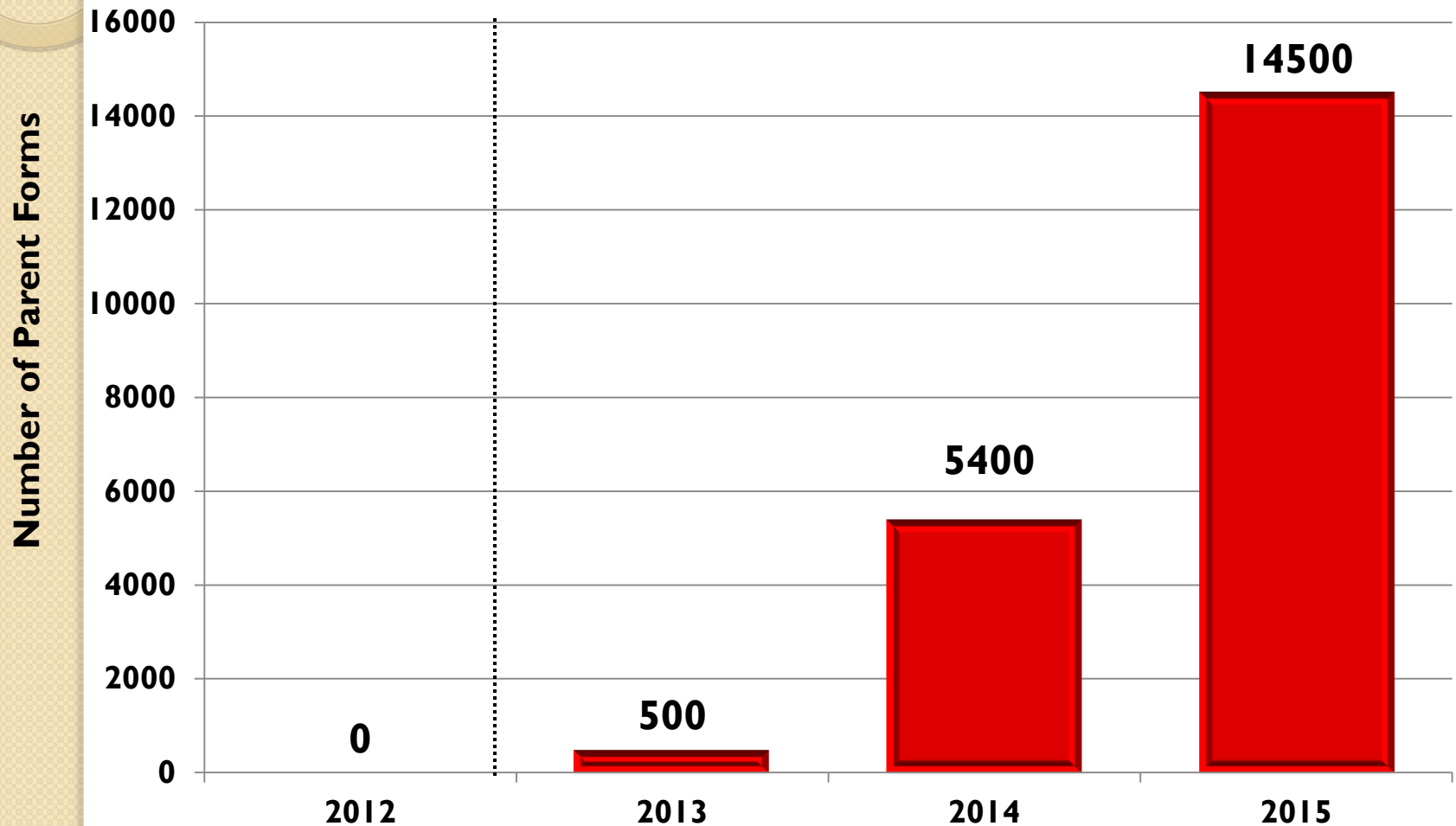
Possible Indicators of Progress toward  
“Clinical Model” vision:

‘Quality Services & EBS Standards’ Indicators

1. Increase use of evidence-based practice elements \*\*
2. Increase use of treatment progress data /reports
3. Increase congruence between CSP, Treatment Plan, and TPS Treatment Targets
4. Increase parent engagement

# Examples of 'Quality & EBS Standards' Indicators: Increase Use of Treatment Progress Data

## Number of Ohio Scales (Parent Version) Collected



# Potential Indicators

Possible Indicators of Progress toward  
“Clinical Model” vision:

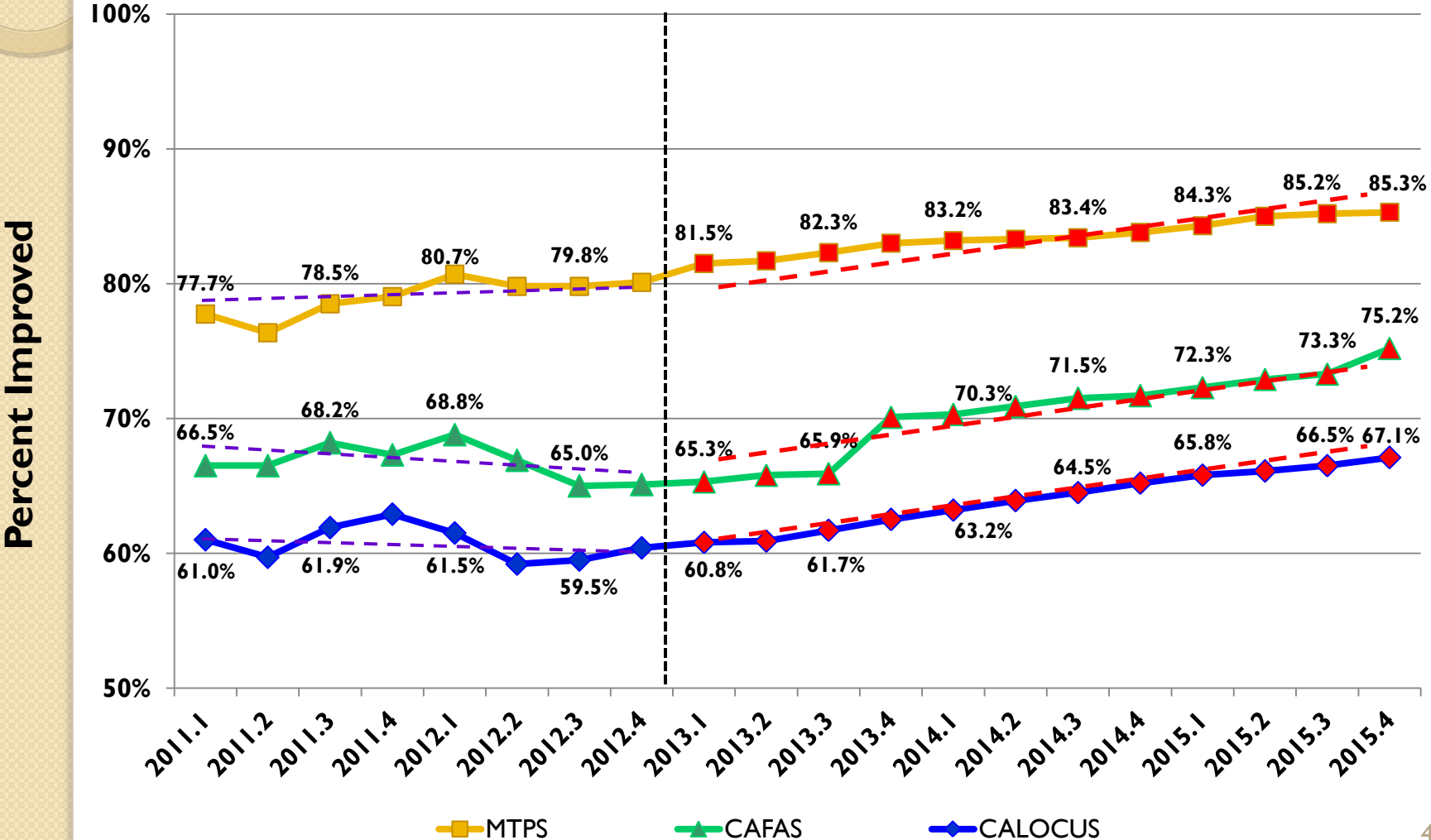
‘Youth Outcome/Client Satisfaction’  
Indicators

1. Increase improvement rates\*\*
2. Decrease in median length of treatment (faster improvement) \*\*
3. Decrease number of arrests \*\*
4. Increase school performance \*\*

\*\* - Indicator for which we currently collect data

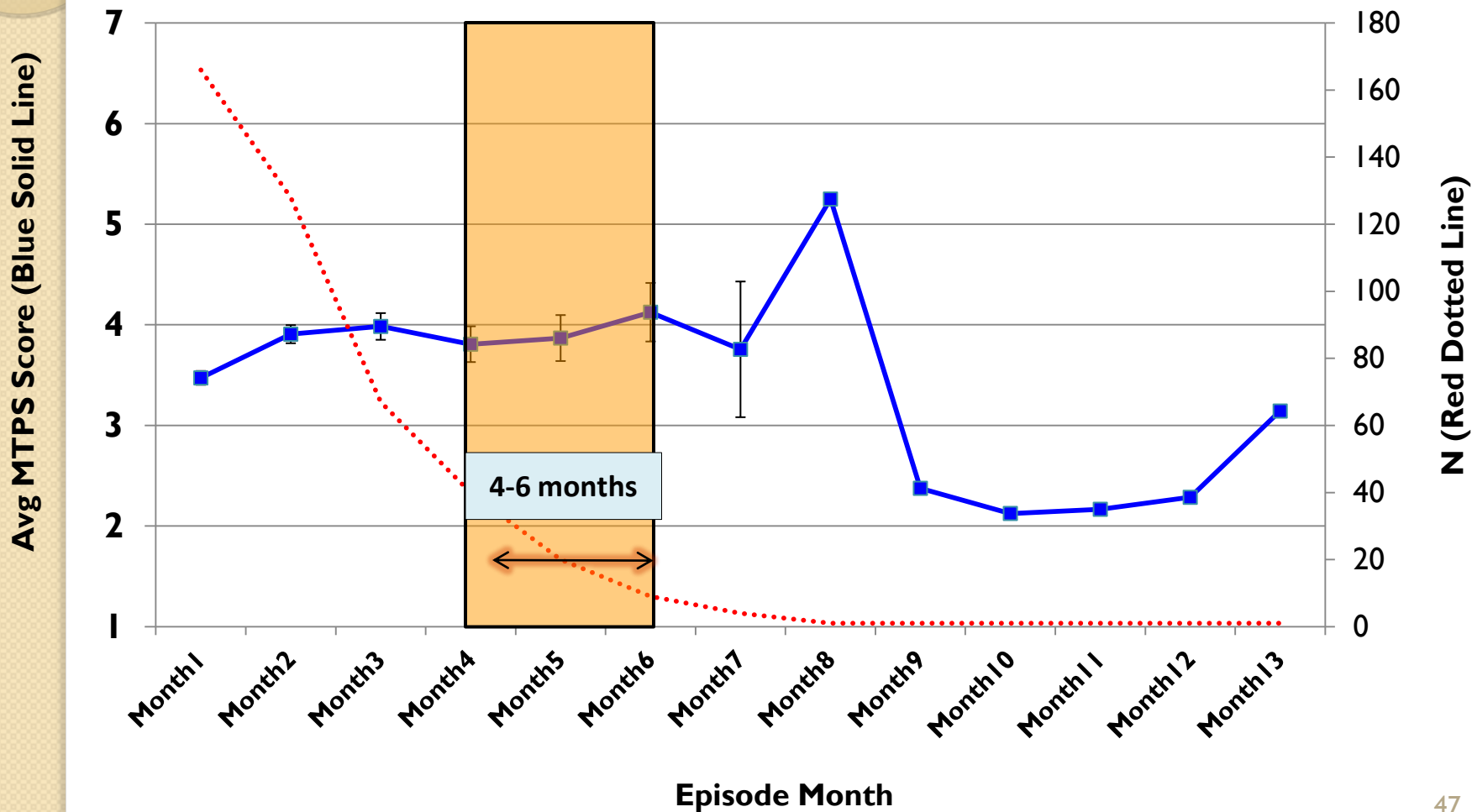
# Examples of 'Youth Outcome/Client Satisfaction' Indicators: Increase rate of improvement

## Percent Improvement: MTPS, CAFAS, CALOCUS,



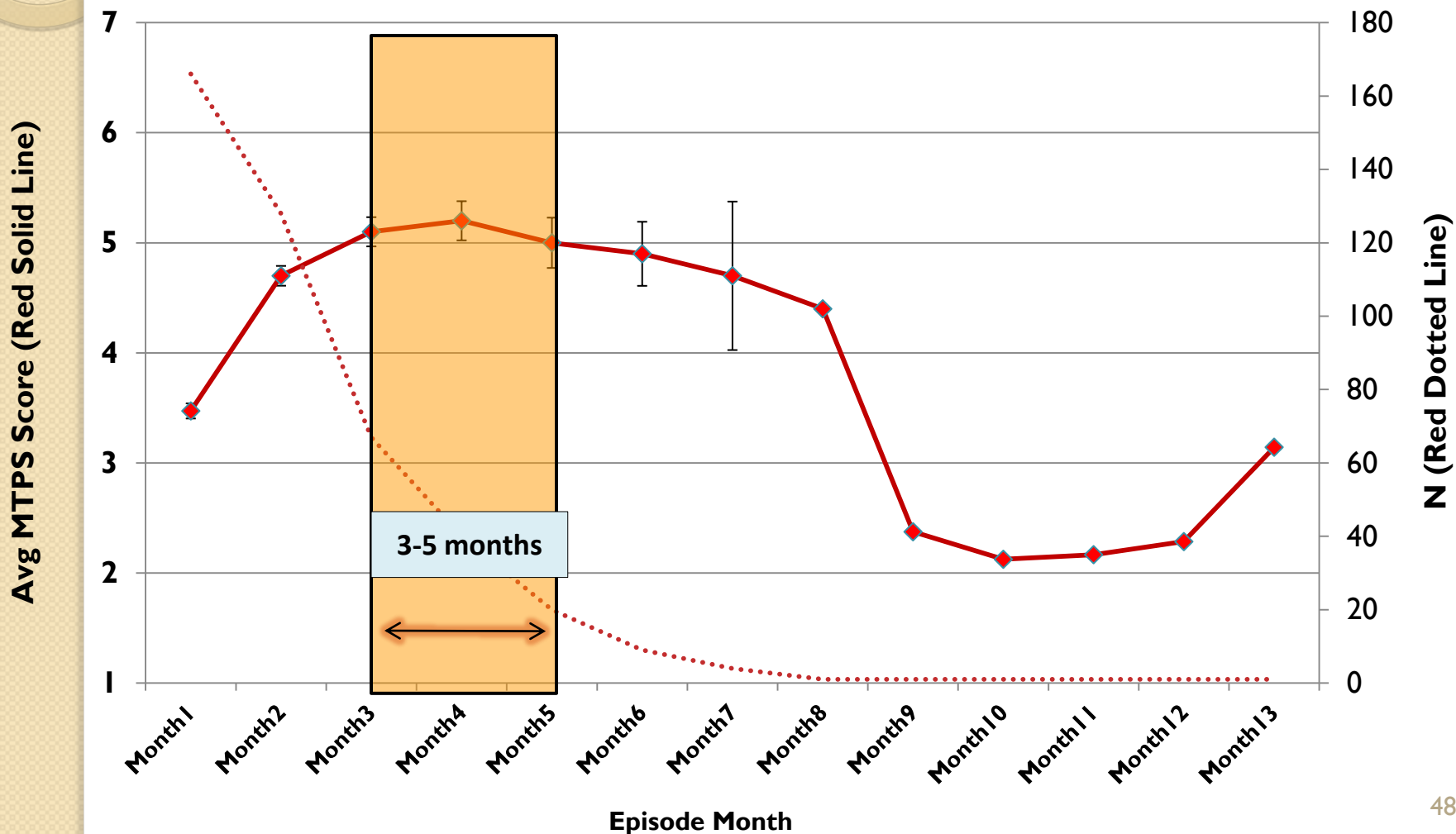
# Examples of 'Youth Outcome/Client Satisfaction' Indicators: Decrease in Median Length of Treatment

## Length of Stay by Avg. TPS Score: HBR *Current*



# Examples of 'Youth Outcome/Client Satisfaction' Indicators: Decrease in Median Length of Treatment

## Length of Stay by Avg. TPS Score: HBR *Future*



# HOW DO WE KNOW IF WE ARE MOVING IN THE RIGHT DIRECTION?



# PANEL DISCUSSION

- Stanton Michels – Chief Administrator, CAMHD
- Lesley Slavin – Lead Psychologist (CSO)
- Scott Shimabukuro – Asst. Admin. of Operations
- Brad Nakamura – Assistant Professor, UH (RET)
- Leah Chang – Branch Chief (HoFGC)
- Susan Nillias – Senior Application Analyst (MIS)



# PANEL: Questions to Consider

- What will 'look different' about CAMHD when we are fully implementing the Clinical Model?
- How will we know we are successfully implementing the Clinical Model?
- What will look different in our data (e.g., youth, services, funding) over time?
- What performance indicators should we track to know how we are progressing?

# We Want You!



## To Complete your Evaluation Form!!

# That's All Folks ...



- We will be sending out the final 2012 Annual Factbook (on CD) near the end of this month.
- We will also post the Annual Factbook to the CAMHD website.
- There will be a special Annual Factbook made for each Family Guidance Center containing only that FGC's information (for faster access to each FGC).