CAMHD Annual Data Review & Presentation: FY 2012

February 20, 2013

CAMHD Research and Evaluation Office
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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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Registered Youth</th>
<th># Youth with Svcs Procured</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>2265</td>
<td>1555</td>
</tr>
<tr>
<td>2009</td>
<td>2248</td>
<td>1518</td>
</tr>
<tr>
<td>2010</td>
<td>2110</td>
<td>1389</td>
</tr>
<tr>
<td>2011</td>
<td>1878</td>
<td>1197</td>
</tr>
<tr>
<td>2012</td>
<td>1954</td>
<td>1230</td>
</tr>
</tbody>
</table>

% Change FY11-FY12: +4.0%
% Change FY11-FY12: +2.8%

* - Not including Mokihana Program
Youth Profile

Number of Admissions & Discharges, FY08-FY12*

<table>
<thead>
<tr>
<th>Year</th>
<th>Initial Admissions</th>
<th>Repeat Admissions</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>920</td>
<td>640</td>
<td>324</td>
</tr>
<tr>
<td>2009</td>
<td>968</td>
<td>642</td>
<td>309</td>
</tr>
<tr>
<td>2010</td>
<td>1047</td>
<td>527</td>
<td>324</td>
</tr>
<tr>
<td>2011</td>
<td>840</td>
<td>567</td>
<td>217</td>
</tr>
<tr>
<td>2012</td>
<td>825</td>
<td>644</td>
<td>295</td>
</tr>
</tbody>
</table>

Gain or Loss w/in Year

* - Not including Mokihana Program
Youth with Serious Emotional Disturbance Registered as Percent of Population, FY11

Youth Profile
Youth Profile

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

Fiscal Year by Family Guidance Center

- Hawaii (Big Island)
- Leeward Oahu
- Honolulu Oahu
- Maui
- Kauai
- Central Oahu
- Windward Oahu
- Family Court Liaison

Registered Youth
Youth with Procured Services
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

<table>
<thead>
<tr>
<th>Year</th>
<th>National Origin NA</th>
<th>Race NA</th>
<th>Ethnicity NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>53%</td>
<td>27%</td>
<td>0%</td>
</tr>
<tr>
<td>2009</td>
<td>52%</td>
<td>18%</td>
<td>10%</td>
</tr>
<tr>
<td>2010</td>
<td>39%</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>2011</td>
<td>33%</td>
<td>14%</td>
<td>30%</td>
</tr>
<tr>
<td>2012</td>
<td>35%</td>
<td>23%</td>
<td>40%</td>
</tr>
</tbody>
</table>
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*

Percent of Youth

Disruptive Behavior | Attentional | Mood | Anxiety | Pervasive Developmental

2008: 1% | 16% | 10% | 12% | 0%
2009: 1% | 17% | 12% | 13% | 0%
2010: 1% | 18% | 13% | 13% | 0%
2011: 1% | 18% | 13% | 13% | 0%
2012: 1% | 18% | 12% | 12% | 0%

* - Not including Mokihana Program
SERVICES PROCURED
Services Procured

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

Number of Youth

Out-of-Home Services

Intensive Home & Community Services

Outpatient Services

Supportive Services

Crisis Stabilization

- Decreasing over time

-36%
-18%
-63%
+30%
+109%
Number of Youth with Procured Services by Out-of-Home Sub-Categories, FY08-FY11

- Increasing over time
- Decreasing over time

Number of Youth

Out-of-State    Hospital Residential    Community High Risk    Community Residential    Therapeutic Group Home    Multidimensional Foster Care    Transitional Family Home
Services Procured

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

- Multisystemic Therapy
- Intensive In-Home
- Functional Family Therapy
- Outpatient Therapy
- Assessment

Decreasing over time

-21%

+83%

+57%

+16%
APPROPRIATIONS & SPENDING
Appropriations and Spending

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

- DOH/DOE enter into Felix Consent Decree: Oct. 25, 1994; Plan implemented: July 31, 1996
- DOH/DOE held in contempt for not designing an ‘adequate’ SOC: June 1, 2000
- ‘Substantial compliance’ w/ Felix Decree met: April 15, 2004;
  Obligations under Felix Consent terminated: May 27, 2005

Difference btw FY00 TA & GF: $17.8M
Difference btw FY12 TA & GF: $23.2M

Based on ‘2013 Medical Services Inflation Adjustment’ dollars
Total Costs for Services Procured, FY07-FY12

Decay from FY07-FY12: -30%

* - NOT adjusted for inflation
Appropriations and Spending

Cost Per Youth with Services Procured, FY07-FY12

FY11-FY12: 2.8% increase
FY11-FY12: 6.2% decrease
Appropriations and Spending

Procured Service Expenditures by Level of Care, FY08-FY12

- Decreasing over time

Expenditures (in US$ Millions)

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>FY08</th>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Residential</td>
<td>$4.9</td>
<td>$2.6</td>
<td>$2.0</td>
<td>$2.0</td>
<td>$2.0</td>
</tr>
<tr>
<td>Community Residential</td>
<td>$2.6</td>
<td>$4.9</td>
<td>$5.0</td>
<td>$5.0</td>
<td>$5.0</td>
</tr>
<tr>
<td>Community High Risk</td>
<td>$2.0</td>
<td>$2.0</td>
<td>$2.0</td>
<td>$2.0</td>
<td>$2.0</td>
</tr>
<tr>
<td>Therapeutic Group Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional Family Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multisystemic Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensive In-Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional Family Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Decreasing over time:
- $4.9M
- $2.3M
- $1.9M
- $1.0M
- $0.8M
- $0.5M
- $0.4M
- $0.9M
- $0.1M
- $0.5M
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

- MTPS
- CAFAS
- CALOCUS

Percent Improved

- 2009.1: 65.9%
- 2009.2: 65.9%
- 2009.3: 64.7%
- 2009.4: 63.3%
- 2010.1: 62.8%
- 2010.2: 64.1%
- 2010.3: 69.1%
- 2010.4: 68.4%
- 2011.1: 67.8%
- 2011.2: 66.5%
- 2011.3: 67.3%
- 2011.4: 68.8%
- 2012.1: 65.0%
- 2012.2: 65.1%
- 2012.3: 60.4%
- 2012.4: 65.0%

Trend line = ‘+’  Trend line = ‘-’  Trend line = ‘-’
Outcome Trends

Trends in Discharge Reasons, FY08-FY12

<table>
<thead>
<tr>
<th>Eligibility Change</th>
<th>Family Relocation</th>
<th>Insufficient Progress</th>
<th>Other</th>
<th>Runaway/Elopement</th>
<th>Refuse/Withdraw</th>
<th>Success/Goals Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.4%</td>
<td>3.2%</td>
<td>11.5%</td>
<td>19.9%</td>
<td>16.4%</td>
<td>11.0%</td>
<td>13.8%</td>
</tr>
<tr>
<td>3.3%</td>
<td>3.8%</td>
<td>11.0%</td>
<td>24.5%</td>
<td>11.0%</td>
<td>8.5%</td>
<td>58.1%</td>
</tr>
<tr>
<td>3.2%</td>
<td>11.0%</td>
<td>19.9%</td>
<td>16.4%</td>
<td>11.0%</td>
<td>8.5%</td>
<td>61.5%</td>
</tr>
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</table>

2008  2009  2010  2011  2012
Outcome Trends

Trends in Discharge Living Situation, FY08-FY12

<table>
<thead>
<tr>
<th>Living Situation</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Home</td>
<td>12.5%</td>
<td>12.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Care</td>
<td>3.9%</td>
<td>1.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home</td>
<td>70.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeless/Shelter</td>
<td>3.6%</td>
<td>1.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institution/Hospital</td>
<td>3.7%</td>
<td>3.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jail/Correctional Facility</td>
<td>4.6%</td>
<td>4.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>22.4%</td>
<td>19.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential Treatment</td>
<td>7.3%</td>
<td>5.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>
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

Joint Decisions focused on Placement

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

Youth and Parent/guardian

DOE, DHS worker, GAL, PO, etc.

MHCC Facilitator

CD

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

Clinically appropriate treatment options developed by the FGC Clinical Team are provided to the Youth-Specific Team members. Final Choices about treatment options are made by the family.

FGC Clinical Team

CC Facilitator and Other workers

Produces: Choice of treatment from options

Parents/guardians

Youth

Youth-Specific Team

Produce: Choice of treatment from options

Clinical Director

Clinical Psychologist

Produce: Clinical Formulation

Clinical Lead
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
Example of ‘Youth Access/Profile’ Indicators: Increase Percent of SED Youth Served

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

<table>
<thead>
<tr>
<th>Percent of Youth</th>
<th>0-12</th>
<th>13-17</th>
<th>18+</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0.22</td>
<td>1.38</td>
<td>0.67</td>
</tr>
<tr>
<td>1</td>
<td>1.15</td>
<td>1.55</td>
<td>0.78</td>
</tr>
<tr>
<td>2</td>
<td>1.55</td>
<td>1.65</td>
<td>0.85</td>
</tr>
<tr>
<td>3</td>
<td>1.75</td>
<td>1.89</td>
<td>0.99</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Dollars (in Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>15.8</td>
</tr>
<tr>
<td>2008</td>
<td>24.6</td>
</tr>
<tr>
<td>2009</td>
<td>25.1</td>
</tr>
<tr>
<td>2010</td>
<td>26.1</td>
</tr>
<tr>
<td>2011</td>
<td>24.2</td>
</tr>
<tr>
<td>2012</td>
<td>23.2</td>
</tr>
<tr>
<td>2013</td>
<td>25</td>
</tr>
<tr>
<td>2014</td>
<td>28</td>
</tr>
<tr>
<td>2015</td>
<td>35</td>
</tr>
</tbody>
</table>
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

** - Indicator for which we currently collect data
Examples of ‘Quality & EBS Standards’ Indicators: Increase Use of Treatment Progress Data

Number of Ohio Scales (Parent Version) Collected

- 2012: 0
- 2013: 500
- 2014: 5400
- 2015: 14500

Number of Parent Forms
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**

- **Episode Month**
- **Avg MTPS Score (Blue Solid Line)**
- **N (Red Dotted Line)**

Examples of “Youth Outcome/Client Satisfaction” Indicators:
- Decrease in Median Length of Treatment
Examples of ‘Youth Outcome/Client Satisfaction’ Indicators: Decrease in Median Length of Treatment

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

Avg MTPS Score (Red Solid Line)

Episode Month

N (Red Dotted Line)
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).