Agenda for the Day

• Clinical Model Indicators:
  ◦ Current Indicators of Progress Toward the Clinical Model
  ◦ Current Data on Clinical Model Indicators

  *Short Break*

• Panel Discussion:
  ◦ Measuring CAMHD’s Progress with ‘Clinical Model’ Performance Indicators
Clinical Model Strategy

1. Improve the coordination of services offered
   a. Increase documentation and use of ‘Direct Services’
   b. Improve documentation of medications prescribed and used
   c. Increase data-sharing across DoH divisions and state agencies

2. Improve clinical operations and processes
   a. Bring length of service closer to CAMHD policy guidelines
   b. Increase time CAMHD clinical team spend on clinical tasks
   c. Reduce turnover of clinician positions
   d. Improve consistency of monthly entry of DAP notes

3. Improve the quality of services provided
   a. Increase use of Evidence-Based Txs
   b. Increase accessibility and use of data in case planning
   c. Increase parent engagement in case planning
   d. Improve agreement between CSP, Tx plan, & MTPS

4. Increase non-state funding for services
   a. Increase # of federal grant dollars allocated to CAMHD
   b. Increase amount of Medicaid dollars allocated to CAMHD

5. Improve outcomes for youth and families
   a. Increase rate of improvement for youth
   b. Improve consumer satisfaction
   c. Improve attendance in school for CAMHD youth
   d. Decrease arrests of youth served

6. Expand populations served
   a. Increase # of youth served annually
   b. Decrease mean age of youth
   c. Increase # of youth served w/ trauma history
   d. Increase public awareness

* - Not all Performance Indicators listed for each of the ‘Goals’ are included in this presentation.
1a. CAMHD Direct Services

- Improve the coordination of services offered
  - Increase documentation and use of ‘Direct Services’
  - Improve documentation of medications prescribed and used
  - Increase data-sharing across DoH divisions and state agencies

Examples of Direct Services include: Case Management, Family Therapy
1b. Documentation of Medications Prescribed

- Patient ‘Prescriptions/Medications’ is a tab included in the Electronic Health Record (EHR) (activation pending)

1. Improve the coordination of services offered
   a. Increase documentation and use of ‘Direct Services’
   b. Improve documentation of medications prescribed and used
   c. Increase data-sharing across DoH divisions and state agencies
Projects Underway:

- **CAMHD** – Redesigned Hawaii Youth Interagency Performance Report (HYIPR)
- **Project Kealahou** – Data-sharing agreement with DOE for cost services study
- **Project Laulima** – Agreement with DDD to collect/share data on youth served by program
2a. Length of Services

2. Improve clinical operations and processes

   a. Bring length of service closer to CAMHD policy guidelines
   b. Increase time CAMHD clinical team spend on clinical tasks
   c. Reduce turnover of clinician positions
   d. Improve consistency of monthly entry of DAP notes

Mean Length of Service:
IIH, FY09Q4 - FY13Q3

Orange Book Re-Authorization Guideline = 150 days
2a. Length of Services

Mean Length of Service: CBR III, FY09Q4 - FY13Q3

Orange Book Re-Authorization Guideline = 150 days

- a. Bring length of service closer to CAMHD policy guidelines
- b. Increase time CAMHD clinical team spend on clinical tasks
- c. Reduce turnover of clinician positions
- d. Improve consistency of monthly entry of DAP notes

Fiscal Year/Quarter

Mean Length of Service

- 2009.4: 94
- 2009.2: 117
- 2009.3: 124
- 2009.4: 175
- 2010.1: 160
- 2010.2: 114
- 2010.3: 111
- 2010.4: 122
- 2011.1: 135
- 2011.2: 138
- 2011.3: 122
- 2011.4: 150
- 2012.1: 124
- 2012.2: 177
- 2012.3: 143
- 2012.4: 122
- 2013.1: 96
- 2013.2: 122
- 2013.3: 122
2. Improve clinical operations and processes

a. Bring length of service closer to CAMHD policy guidelines
b. Increase time CAMHD clinical team spend on clinical tasks
c. Reduce turnover of clinician positions
d. Improve consistency of monthly entry of DAP notes

**2a. Length of Services**

Mean Length of Service: TFH, FY09Q4 - FY13Q3

- **Orange Book Re-Authorization Guideline = 240 days**
Mean Length of Service: HBR, FY09Q4 - FY13Q3

- **2a. Length of Services**

2. Improve clinical operations and processes

  a. Bring length of service closer to CAMHD policy guidelines
  b. Increase time CAMHD clinical team spend on clinical tasks
  c. Reduce turnover of clinician positions
  d. Improve consistency of monthly entry of DAP notes

Orange Book Re-Authorization Guideline = 15 days
2b. Time on Clinical Tasks

2. Improve clinical operations and processes
   a. Bring length of service closer to CAMHD policy guidelines
   b. Increase time CAMHD clinical team spend on clinical tasks
   c. Reduce turnover of clinician positions
   d. Improve consistency of monthly entry of DAP notes

Youth Receiving Documented Outpatient Services by CAMHD Staff, FY11-FY13

Outpatient Services include: Individual, Group, and Family Therapy

Each point on the graph is a 3-month sliding average.
2b. Time on Clinical Tasks

2. Improve clinical operations and processes

- a. Bring length of service closer to CAMHD policy guidelines
- b. Increase time CAMHD clinical team spend on clinical tasks
- c. Reduce turnover of clinician positions
- d. Improve consistency of monthly entry of DAP notes

Youth Receiving Documented Case Management by CAMHD Staff, FY11-FY13

Case Mgmt. includes: Targeted and Intensive Case Mgmt.

Each point on the graph is a 3-month sliding average.
2b. Time on Clinical Tasks

- Improve clinical operations and processes
  a. Bring length of service closer to CAMHD policy guidelines
  b. Increase time CAMHD clinical team spend on clinical tasks
  c. Reduce turnover of clinician positions
  d. Improve consistency of monthly entry of DAP notes

Youth with Other Documented Contacts with CAMHD Staff*, FY11-FY13

* - Contacts include ‘Telephone’ & ‘Other’ type contacts.

Each point on the graph is a 3-month sliding average.
2c. Turnover of Clinical Positions

CAMHD Clinical Position Turnover Rate, FY07-FY13

2. Improve clinical operations and processes
   - Bring length of service closer to CAMHD policy guidelines
   - Increase time CAMHD clinical team spend on clinical tasks
   - Reduce turnover of clinician positions
   - Improve consistency of monthly entry of DAP notes
3a. Use of Evidence-Based Services

Statistically Significant Change in Use of Evidence-Based Practice Elements: Past 5 Years

**Disruptive Behavior**
- Increasing Use:
  - Family Engagement
  - Psychoeducation-Parent
  - Educational Support
- Decreasing Use:
  - Response Cost
  - Interpretation
  - Therapist Praise or Rewards
  - Tangible Rewards

**Anxiety**
- Increasing Use:
  - Exposure
  - Guided Imagery
  - Individual Therapy for Caregiver
- Decreasing Use:
  - None

**Mood**
- Increasing Use:
  - Motivational Interviewing
  - Guided Imagery
  - Psychoeducation-Child
  - Insight Building
- Decreasing Use:
  - Therapist Praise or Rewards
  - Social Skills Training

**Attention**
- Increasing Use:
  - Psychoeducation-Parent
  - Communication Skills
  - Insight Building
  - Goal Setting
  - Guided Imagery
- Decreasing Use:
  - None

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3. Improve the quality of services provided

a. Increase use of Evidence-Based Txs
b. Increase accessibility and use of data in case planning
c. Increase parent engagement in case planning
d. Improve agreement between CSP, Tx plan, & MTPS
3. Improve the quality of services provided

a. Increase use of Evidence-Based Txs
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3b. Use of Treatment Progress Data

‘Three-Legged Stool’ of Feedback

- CAFAS
- MTPS
- CC, Therapist, Parent & Youth Input
- Ohio Scales
### 3b. Use of Treatment Progress Data

<table>
<thead>
<tr>
<th>Family Guidance Center</th>
<th>Projected Implementation Month/Date</th>
<th>Finalized Date</th>
<th>Follow-up</th>
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<td>January 2014</td>
<td>1/14/14 Module 1 1/21/14 Module 2 1/28/14 Module 3</td>
<td>Monthly meetings w/ MHSI; OS Reports provided to CCs</td>
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<td>Kona – 5/7/14 Hilo – 5/13/14</td>
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<td>Booster Trainings?</td>
<td>January – March 2015</td>
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3. Improve the quality of services provided

a. Increase use of Evidence-Based Txs

b. Increase accessibility and use of data in case planning

c. Increase parent engagement in case planning

d. Improve agreement between CSP, Tx plan, & MTPS

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Honolulu FGC

- January 2014
- 1/14/14 Module 1
- 1/21/14 Module 2
- 1/28/14 Module 3

**Follow-up**

- Monthly meetings w/ MHSI; OS Reports provided to CCs

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Hawaii FGC

- May 2014
- Kona – 5/7/14
- Hilo – 5/13/14

**Follow-up**

- *One day training*

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Kauai FGC

- July 2014

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Central FGC

- August 2014
- Pearl City Windward

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Leeward FGC

- October 2014

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Maui FGC

- November 2014

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FCLB

- December 2014

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Booster Trainings?

- January – March 2015
3c. Family Engagement

3. Improve the quality of services provided

- Increase use of Evidence-Based Txs
- Increase accessibility and use of data in case planning
- Increase parent engagement in case planning
- Improve agreement between CSP, Tx plan, & MTPS

Consumer Survey: "Treatment Participation" Composite Score* Percentage, SY09-SY13

* - ‘Composite Score’ includes items related to parents’ participation in: choosing child’s services, child’s Tx goals and participation in Tx.

Survey Year (SY)

Percent of Responses ‘Strongly Agree’/‘Agree’

Survey Year (SY)

- 2009
- 2010
- 2011
- 2012
- 2013

Composite Score* Percentage, SY09-SY13

- 79
- 81
- 82
- 88
- 81
3d. Agreement Between Planning and Services Provided

3. Improve the quality of services provided

a. Increase use of Evidence-Based Txs
b. Increase accessibility and use of data in case planning
c. Increase parent engagement in case planning
d. Improve agreement between CSP, Tx plan, & MTPS

• Two UH-CAMHD studies provide baseline data (see references below)

• Current efforts to implement this are in process

References:

4a. Federal Grants

4. Increase non-state funding for services

a. Increase # of federal grant dollars allocated to CAMHD
b. Increase amount of Medicaid dollars allocated to CAMHD

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<tr>
<td>2014</td>
<td>$3,762,129</td>
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4b. Medicaid Reimbursement

Medicaid Dollars Reimbursed, FY07-FY13

Fiscal Year

2007 2008 2009 2010 2011 2012 2013

Dollars

0 5,000,000 10,000,000 15,000,000 20,000,000

4. Increase non-state funding for services

a. Increase # of federal grant dollars allocated to CAMHD

b. Increase amount of Medicaid dollars allocated to CAMHD
5a. Rate of Youth Improvement

Percent of Youth w/ Improving Trend*: MTPS, CAFAS, CALOCUS, FY09-FY13

- Improve outcomes for youth and families
  a. Increase rate of improvement for youth
  b. Improve consumer satisfaction
  c. Improve attendance in school for CAMHD youth
  d. Decrease arrests of youth served

* - Up to most current assessment
5b. Consumer Satisfaction

5. Improve outcomes for youth and families
   a. Increase rate of improvement for youth
   b. Improve consumer satisfaction
   c. Improve attendance in school for CAMHD youth
   d. Decrease arrests of youth served

Percent "Satisfied" With CAMHD Services Overall, SY09-FY13*

Survey Year (SY) | Percent of Survey Respondents |
-----------------|--------------------------------|
2009            | 73.0                           |
2010            | 73.0                           |
2011            | 73.0                           |
2012            | 87.0                           |
2013            | 81.0                           |

* Percent whose average rating was 3.5 or higher on a 1-5 scale.
5c. School Attendance

Indicators of ‘School Attendance’
being collected through Ohio Scales:

- “Youth attended school in the past 30 days.”
- “If yes, what grade?”
- “Youth was suspended/expelled in the past 30 days.”

5. Improve outcomes for youth and families

- Increase rate of improvement for youth
- Improve consumer satisfaction
- Improve attendance in school for CAMHD youth
- Decrease arrests of youth served
5d. Youth Arrests

Indicators of ‘Youth Arrests’ being collected through Ohio Scales:

- “Youth arrested in the past 30 days.”
- “If yes, # of arrests.”

5. Improve outcomes for youth and families

a. Increase rate of improvement for youth
b. Improve consumer satisfaction
c. Improve attendance in school for CAMHD youth
d. Decrease arrests of youth served
6a. Youth with Procured Services

6. Expand populations served

a. Increase # of youth served annually
b. Decrease mean age of youth
c. Increase # of youth served w/ trauma history
d. Increase public awareness

Number of Youth Registered and Receiving Procured Services, FY07 – FY13

- # of Youth Registered
- # of Youth Served

12.5% gain from FY11-FY13
9.7% gain from FY11-FY13
6b. Mean Age of Youth

CAMHD Registered Youth (w/out Kauai)
Average Age, FY07-FY13

Mean Age

Fiscal Year

2007: 14.6
2008: 14.5
2009: 14.4
2010: 14.5
2011: 14.4
2012: 14.2
2013: 14.0

0.4 year decrease from FY11-FY13

6. Expand populations served
   a. Increase # of youth served annually
   b. Decrease mean age of youth
   c. Increase # of youth served w/ trauma history
   d. Increase public awareness
6c. Youth Served w/ Trauma

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Registered Youth with Trauma*</th>
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<tr>
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<td>230</td>
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<td>Sep-09</td>
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<td>Jan-10</td>
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<td>Mar-10</td>
<td>150</td>
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<td>May-10</td>
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<td>Jul-10</td>
<td>110</td>
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<td>90</td>
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<tr>
<td>Nov-10</td>
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<td>Jan-11</td>
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* Refers specifically to any current diagnosis listed as ‘PTSD’.

6. Expand populations served

a. Increase # of youth served annually
b. Decrease mean age of youth
c. Increase # of youth served w/ trauma history
d. Increase public awareness
6c. Youth Served w/ Trauma

6. Expand populations served

- Increase # of youth served annually
- Decrease mean age of youth
- Increase # of youth served w/ trauma history
- Increase public awareness

* - Refers specifically to any current diagnosis listed as ‘PTSD’.
6d. Public Awareness

- **CAMHD:** CAMHD website; Children’s Mental Health Awareness Day; Help Your Keiki website; FaceBook site postings

- **Project Kealahou:** PSAs; Web-based video series; Magazine & Newspaper articles; Charity benefit event; UH-Manoa orientation; TV segments/interviews; Participation in conferences

- **Project Laulima:** Resource table at ARC Fair; IVAT (Institute on Violence and Trauma) conference; Project Laulima website
6d. Public Awareness

1. Expand populations served
   a. Increase # of youth served annually
   b. Decrease mean age of youth
   c. Increase # of youth served w/ trauma history
   d. Increase public awareness

Go to: http://helpyourkeiki.com/
ARE WE MOVING IN THE RIGHT DIRECTION?
PANEL DISCUSSION

- Dan Ulrich – Medical Director
- Janet Ledoux – Public Health Admin Officer
- Rachael Guay – Family Engagement Liaison
- Tim Ryan – Branch Chief, Leeward FGC
- Charles Mueller – Professor, UH-Manoa
- Stan Michels – Chief Administrator