Agenda for the Day

- CAMHD Model Indicators:
  - Current Indicators of Progress Toward the CAMHD Model

Short Break

Panel Discussion:
- Thoughts and Recommendations re: the Annual Report Data Presented
CAMHD 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
Ia. CAMHD Direct Services

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

CAMHD Youth Registered & Receiving Procured & Direct Services, FY2010 - FY2014

- # Youth Registered
- # Youth with Svcs Procured
- # Youth with Direct Services

* - Adjusted for Mokihana
1a. CAMHD Direct Services

I. 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

CAMHD Youth Registered and Receiving Direct and Procured Services by FGC, FY2010 - FY2014

Number of Registered Youth

Fiscal Year by Family Guidance Center

- Registered Youth
- Procured Svc.
- Direct Svc.
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

1a. CAMHD Direct Services

Distribution of Direct Service Types by FGC:
Percent of Total Records Submitted, FY 2014
1b. Documentation of Medications Prescribed

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

Youth Receiving Documented Medication Management by CAMHD Staff, FY11 - FY14
1c. Data Sharing

Projects Underway:

• **CAMHD** – First year of the Hawaii Youth Interagency Performance Report (HYIPR) created & distributed

• **Project Kealahou** – Renewed data sharing agreement with DOE; Developing summit to share PK outcomes and lessons learned

• **Project Laulima** – Plan to share outcome data, particularly regarding CBI with DDD as well as other 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

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**2a. Length of Services**

**Mean Length of Service:**
Intensive In-Home, FY10 Q1 - FY14 Q4

- **Orange Book Re-Authorization Guideline = 150 days**
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: Community-Based Residential III, FY10 Q1 - FY14 Q4

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

Mean Length of Service: Transitional Family Home, FY10 Q1 - FY14 Q4

Orange Book Re-Authorization Guideline = 240 days

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
2b. Time on Clinical Tasks

Number of Youth Served with Any Documented CAMHD Direct Services by Month, FY11 - FY14

Examples of Direct Services include:
- Case Management and Family Therapy

- 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

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 with Other Documented Contacts* with CAMHD Staff, FY11 - FY14

* - Contacts include 'Telephone' & 'Other' type contacts. 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 - FY14

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 Outpatient Services by CAMHD Staff, FY11 - FY14

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 Formal MH Assessments by CAMHD Staff, FY11 - FY14

Formal MH Assessments include: Psychiatric Evaluation, Focused Mental Health Assessment

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

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

Number of Days Filled by Clinical Leads by Fiscal Year, FY06 - FY15 *

Total # of Days possible = 6753 (18.5 positions x 365 days)

- FY15 assumes no changes in CL hiring the rest of the FY
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

3a. Use of Evidence-Based Services

CAMHD Evidence-Based Services Utilization FY 2010-2014

- 21.0% decrease from FY10 – FY14
- 20.3% increase from FY10 – FY14
- 40.0% decrease from FY10 – FY14

Number of Youth

Multi-Systemic Therapy
- 2010: 262
- 2011: 262
- 2012: 242
- 2013: 213
- 2014: 207

Functional Family Therapy
- 2010: 20
- 2011: 18
- 2012: 16
- 2013: 12
- 2014: 12

Multidimensional Treatment Foster Care
- 2010: 74
- 2011: 76
- 2012: 113
- 2013: 101
- 2014: 89

Evidence-Based Services by FY
### 3b. Use of Treatment Progress Data

#### 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**

**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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#### Mean # and % of OS Assessments Completed per Month *

<table>
<thead>
<tr>
<th>FGC</th>
<th># of Months of OS Data Collection (since 1/15/14)</th>
<th># of Clients on Caseload (as of Dec. 1, 2014)</th>
<th>Mean # of Youth w/ OS Attempts per Month (at least 1 P or Y)</th>
<th>Mean % of CC Caseload w OS Attempts per Month (at least 1 P or Y)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Big Island (East)</td>
<td>8</td>
<td>284</td>
<td>48</td>
<td>16.8%</td>
</tr>
<tr>
<td>2 Big Island (West)</td>
<td>8</td>
<td>64</td>
<td>48</td>
<td>74.2%</td>
</tr>
<tr>
<td>3 Central</td>
<td>5</td>
<td>170</td>
<td>67</td>
<td>39.5%</td>
</tr>
<tr>
<td>4 Honolulu</td>
<td>12</td>
<td>142</td>
<td>33</td>
<td>22.9%</td>
</tr>
<tr>
<td>5 Kauai</td>
<td>2</td>
<td>70</td>
<td>13</td>
<td>18.6%</td>
</tr>
<tr>
<td>6 Leeward</td>
<td>2</td>
<td>88</td>
<td>13</td>
<td>14.8%</td>
</tr>
<tr>
<td>7 Maui</td>
<td>1</td>
<td>167</td>
<td>30</td>
<td>18.0%</td>
</tr>
<tr>
<td>8 FCLB **</td>
<td>3</td>
<td>N/A</td>
<td>19</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>-</strong></td>
<td><strong>985</strong></td>
<td><strong>251</strong></td>
<td><strong>25.5%</strong></td>
</tr>
</tbody>
</table>

* - This includes either a Parent OR a Youth OS assessment attempted/completed.

** - FCLB not included in the TOTALs

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- The average ‘OS Attempts per Month’ CAMHD-wide is: 1 out of every 4 families gets a Parent and/or a Youth assessment administered for the youth each month.
- The FGC averages range from a low of 15% to a high of 75% (with each FGC having a different average caseload size as well as # of months participating in the assessment administration).
3b. Use of Treatment Progress Data

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

![Ohio Scales Problem Severity (PS) Total Scores: Parent and Youth Assessments, 2014](image-url)

Mean Score-Parent Vers.  
Mean Score-Youth Vers.

- Clinical Norm (24)
- Borderline Norm (17)
3c. Family Engagement

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

Consumer Survey Results, 2014

<table>
<thead>
<tr>
<th>Consumer Survey Items</th>
<th>Percent Who Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helped Choose Svcs</td>
<td>88</td>
</tr>
<tr>
<td>Helped Choose Goals</td>
<td>91</td>
</tr>
<tr>
<td>Participated in Tx</td>
<td>96</td>
</tr>
<tr>
<td>Tx Participation Composite *</td>
<td>93</td>
</tr>
</tbody>
</table>

* Percent or respondents who averaged 3.5 or higher on composite score.
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
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
4b. Medicaid Reimbursement

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

Percent of Youth w/ Improving Trend*:
MTPS & CAFAS, FY10 - FY14

* - Up to most current assessment
5. Improve outcomes for youth and families

5a. Rate of Youth Improvement

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

Distribution of Initial CAFAS Total Scale Scores by Level of Care and MTPS Discharge Success Rates, FY2003 - FY2013

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>HBR (N=162)</th>
<th>CBRIII (N = 396)</th>
<th>CHR (N=22)</th>
<th>TFH (N=430)</th>
<th>MTF (N=39)</th>
<th>MST (N=429)</th>
<th>FFT (N = 88)</th>
<th>IIH (N=1117)</th>
</tr>
</thead>
<tbody>
<tr>
<td>75th - 100th Percentile</td>
<td>68%</td>
<td>72%</td>
<td>78%</td>
<td>72%</td>
<td>67%</td>
<td>60%</td>
<td>85%</td>
<td>70%</td>
</tr>
<tr>
<td>50th - 75th Percentile</td>
<td>49%</td>
<td>58%</td>
<td>67%</td>
<td>45%</td>
<td>69%</td>
<td>70%</td>
<td>82%</td>
<td>58%</td>
</tr>
<tr>
<td>25th - 50th Percentile</td>
<td>68%</td>
<td>67%</td>
<td>60%</td>
<td>40%</td>
<td>69%</td>
<td>70%</td>
<td>82%</td>
<td>58%</td>
</tr>
<tr>
<td>0 - 25th Percentile</td>
<td>75%</td>
<td>72%</td>
<td>55%</td>
<td>75%</td>
<td>75%</td>
<td>75%</td>
<td>70%</td>
<td>70%</td>
</tr>
</tbody>
</table>
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

**5a. Rate of Youth Improvement**

- **Increase rate of improvement for youth**
  - 25% Successful
  - 25% Successful
  - 0% Successful
  - 27% Successful
  - 33% Successful
  - 25% Successful
  - 69% Successful
  - 46% Successful
  - 85% Successful
  - 67% Successful
  - 67% Successful
  - 83% Successful
5b. Consumer Satisfaction

Percent "Satisfied" with CAMHD Services Overall

Survey Year

Percent Responding Positively

2010 2011 2012 2013 2014

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
5c. School Attendance

Number of Youth who Attended School in Past 30 Days: First OS Assessment

- Yes: 183
- No: 36

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

These data come from the Ohio Scales (OS) ‘Cover Sheet.’ The OS has only recently been implemented in most FGCs and in order for these data to become more informative, more data must be collected across the FGCs over the current year.
5c. School Attendance

Number of Youth Suspended or Expelled in Past 30 Days - First OS Assessment

- Yes: 16
- No: 203

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

These data come from the Ohio Scales (OS) ‘Cover Sheet.’ The OS has only recently been implemented in most FGCs and in order for these data to become more informative, more data must be collected across the FGCs over the current year.
5d. Youth Arrests

Youth Arrested in Past 30 Days - First OS Assessment

These data come from the Ohio Scales (OS) ‘Cover Sheet.’ The OS has only recently been implemented in most FGCs and in order for these data to become more informative, more data must be collected across the FGCs over the current year.

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

CAMHD Youth Registered, with Procured & Direct Services*, FY2010 - FY2014

- 11.7% gain from FY11-FY14
- 18.5% gain from FY11-FY14
- 34.8% gain from FY11-FY14

* - Adjusted for Mokihana
6b. Mean Age of Youth

CAMHD Registered Youth (Without Kauai) Average Age, FY2010 - FY2014

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

Fiscal Year:
- 2010: 14.5
- 2011: 14.4
- 2012: 14.2
- 2013: 14.0
- 2014: 13.9
6c. Youth Served w/ Trauma

Percent of Youth with “Traumatic Stress”* as a Treatment Target, FY2007 – FY2014

- 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
6d. Public Awareness

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

- **Project Kealahou:** Federal recognition for new non-profit serving youth with mental health needs; Public awareness campaign at the national SAMHSA conference; Legislative advocacy by PK families to support passing and funding of bill at 2014 legislature

- **Project Laulima:** ARC Fair; Big MAC; SPIN conference; IVAT conference; Children and Youth Summit; Leeward Health Fair; Malama Da Mind; Children’s Mental Health Awareness activities
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

HYK Website Visitors Flow (Apr 2012 - Jun 2014)

- Global
- US
- Hawaii
- Linear (Global)
Summary of Indicator Results

- Nearly all youth have at least one documented direct service; now more deliberate and consistent effort needed
- Length of treatment moving closer to guidelines
- Evidence-based program use continuing to decline; although increasing local evidence-base for decision making
- Better process for early identification of high risk youth can be pursued
- Parents reporting that they are participating in services
- Increasing parent and youth voice
- Non-state funding needs to be tracked closely
- Increase in number of youth registered
- Age of clients continuing to decrease slowly
- Increase in percent of youth with Traumatic Stress as treatment target
- Public Awareness activities continuing
PANEL DISCUSSION

- Keli Acquaro – Branch Chief, Big Island FGC
- Derek Vale – Healthcare System Management Officer
- Rachael Guay – Family Engagement Liaison
- Brad Nakamura, PhD – Associate Professor, UH-Manoa
- Dan Ulrich, MD – Medical Director
- Stan Michels, MD – Chief Administrator