Annual Review of CAMHD
Performance Indicators: FY 2015
March 4, 2016

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Agenda for the Day

CAMHD Model Indicators:

- Current Indicators of Progress Toward the CAMHD Model

Panel Discussion:

- Thoughts and Recommendations re: The Changing CAMHD Service Array
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. Keep clinical positions filled
   - d. Improve consistency of monthly entry of DAP notes

3. Improve the quality of services provided
   - a. Increase use of Evidence-Based Txns
   - 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 amount 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
   - e. Offer appropriate services for a changing population

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
   - e. Offer appropriate services for a changing population.
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 with Direct & Procured Services, Fiscal Years 2011-2015

- Number of Youth
- Fiscal Year
- # Youth Registered
- # Youth with Direct Services
- # Youth with Services Procured

- 2011: 1197
- 2012: 1230
- 2013: 1313
- 2014: 1337
- 2015: 1505
- 2011: 1878
- 2012: 1954
- 2013: 2119
- 2014: 2225
- 2015: 2405
- 2011: 1550
- 2012: 1765
- 2013: 1965
- 2014: 2089
- 2015: 2070
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 Percent of Registered Youth with Direct & Procured Services, Fiscal Year 2011-2015

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Percent with Direct Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>83%</td>
</tr>
<tr>
<td>2012</td>
<td>90%</td>
</tr>
<tr>
<td>2013</td>
<td>93%</td>
</tr>
<tr>
<td>2014</td>
<td>94%</td>
</tr>
<tr>
<td>2015</td>
<td>86%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Percent with Procured Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>64%</td>
</tr>
<tr>
<td>2012</td>
<td>63%</td>
</tr>
<tr>
<td>2013</td>
<td>62%</td>
</tr>
<tr>
<td>2014</td>
<td>60%</td>
</tr>
<tr>
<td>2015</td>
<td>63%</td>
</tr>
</tbody>
</table>
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 & Procured Services by FGC, Fiscal Year 2011-2015

# of Registered Youth

Fiscal Year by Family Guidance Center

- Registered
- Direct Services
- Procured Services
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

Distribution of Direct Service Types by FGC and All CAMHD: Percents of Total Records Submitted, FY 2015

# of Youth Registered Annually
(N = 2405)  (N = 336)  (N = 846)  (N = 289)  (N = 321)  (N = 262)  (N = 320)  (N = 31)
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 - FY15

# of Youth Served within Month

- Graph shows the number of youth served within each month from FY11 to FY15.
Ic. Data Sharing

Projects Underway:

- **CAMHD** – Data Governance initiative planned with DOH BHA Divisions and DHS for data sharing; Hawaii Youth Interagency Performance Report (HYIPR) created & posted online for 2nd year

- **Project Kealahou** – Shared PK outcomes and lessons learned in Family and Youth “Our Story” Summit in August 2015 with PK families

- **Project Laulima** – Shared CBI and Solutions Hui outcome data with DDD, DOE, CWS and other agencies
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. Keep clinical positions filled
d. Improve consistency of monthly entry of DAP notes

Mean Length of Service: Intensive In-Home, FY10 Q1-FY15 Q3

Fiscal Year and Quarter

# of Days in Treatment

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. Keep clinical positions filled
d. Improve consistency of monthly entry of DAP notes

2a. Length of Services

Mean Length of Service: Community-Based Residential III, FY10 Q1-FY15 Q3

Orange Book Re-Authorization Guideline = 150 days

# of Days in Treatment

Fiscal Year and Quarter
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. Keep clinical positions filled
d. Improve consistency of monthly entry of DAP notes

2a. Length of Services

Mean Length of Service: Transitional Family Home, FY10 Q1-FY15 Q3

Orange Book Re-Authorization Guideline = 240 days
Direct Service Documentation at CAMHD

"Watson, you've got to see this..."
2b. Time on Clinical Tasks

Number of Youth Receiving a ‘Direct Service’*
Recorded Note by Month, FY11 - FY15

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

* - Examples of Direct Services include: Case Management and Family Therapy
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 spends on clinical tasks
   c. Keep clinical positions filled
   d. Improve consistency of monthly entry of DAP notes

Number of Youth Receiving a ‘Contact’* Recorded Note by Month, FY11 - FY15

* - Contacts include ‘Telephone’ & ‘Other’ type contacts.
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 spends on clinical tasks
c. Keep clinical positions filled
d. Improve consistency of monthly entry of DAP notes

Number of Youth Receiving a ‘Case Management’* Recorded Note by Month, FY11 - FY15

* - Case Management includes: Targeted and Intensive Case Mgmt.
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 spends on clinical tasks
   c. Keep clinical positions filled
   d. Improve consistency of monthly entry of DAP notes

Number of Youth Receiving an ‘Outpatient Service’* Recorded Note by Month, FY11 - FY15

* - Outpatient Services include: Individual, Group, and Family Therapy
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 spends on clinical tasks
   c. Keep clinical positions filled
   d. Improve consistency of monthly entry of DAP notes

Number of Youth Receiving a ‘Formal MH Assessment’* Recorded Note by Month, FY11 - FY15

* - Formal MH Assessments include: Psychiatric Evaluation, Focused Mental Health Assessment
2c. Keeping Clinical Positions Filled

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

Number of Filled Clinical Lead Days, FY06-FY16*

Current Total # of Days possible = 6826 (18.7 positions x 365 days)

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th># of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>3342</td>
</tr>
<tr>
<td>2007</td>
<td>3685</td>
</tr>
<tr>
<td>2008</td>
<td>3899</td>
</tr>
<tr>
<td>2009</td>
<td>4403</td>
</tr>
<tr>
<td>2010</td>
<td>4279</td>
</tr>
<tr>
<td>2011</td>
<td>3941</td>
</tr>
<tr>
<td>2012</td>
<td>4305</td>
</tr>
<tr>
<td>2013</td>
<td>5053</td>
</tr>
<tr>
<td>2014</td>
<td>5869</td>
</tr>
<tr>
<td>2015</td>
<td>5927</td>
</tr>
<tr>
<td>2016*</td>
<td>5599</td>
</tr>
</tbody>
</table>

*2016 Projection
3a. Use of Evidence-Based Services

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

CAMHD Evidence-Based Program Utilization, FY11-FY15

Multisystemic Therapy
- 29.4% decrease from FY11 – FY15
- 262 (2011) to 185 (2015)

Functional Family Therapy
- 31.8% decrease from FY12– FY15
- 113 (2011) to 77 (2015)

Multidimensional Tx Foster Care
- 100% decrease from FY11– FY15
- 18 (2011) to 0 (2015)
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

### OS Assessments Administered (Parent and/or Youth): 13-Month Trends

<table>
<thead>
<tr>
<th>Rank</th>
<th>FGC</th>
<th># of Clients on Caseload (as of Jan 31, 2015)</th>
<th># of OS Assessments Administered (P and/or Y)</th>
<th>% of Caseload Administered (as of Jan. 31, 2015)</th>
<th># of Clients on Caseload (as of Jan 31, 2016)</th>
<th># of OS Assessments Administered (P and/or Y)</th>
<th>% of Caseload Administered (as of Jan. 31, 2016)</th>
<th>Rate Change (Jan. 2015 to Jan. 2016)</th>
<th>Average Across Past 13 Months</th>
<th>Completion Rate Goal **</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Big Island West</td>
<td>64</td>
<td>60</td>
<td>93.8%</td>
<td>91</td>
<td>94</td>
<td>103.3%</td>
<td>9.5%</td>
<td>81</td>
<td>95.0%</td>
</tr>
<tr>
<td>2</td>
<td>Big Island East</td>
<td>331</td>
<td>134</td>
<td>40.5%</td>
<td>310</td>
<td>240</td>
<td>77.4%</td>
<td>36.9%</td>
<td>246</td>
<td>76.6%</td>
</tr>
<tr>
<td>3</td>
<td>Kauai</td>
<td>111</td>
<td>18</td>
<td>16.2%</td>
<td>102</td>
<td>65</td>
<td>63.7%</td>
<td>47.5%</td>
<td>65</td>
<td>59.7%</td>
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<tr>
<td>4</td>
<td>Central</td>
<td>170</td>
<td>78</td>
<td>45.9%</td>
<td>189</td>
<td>74</td>
<td>39.2%</td>
<td>-6.7%</td>
<td>85</td>
<td>46.6%</td>
</tr>
<tr>
<td>5</td>
<td>Leeward</td>
<td>143</td>
<td>21</td>
<td>14.7%</td>
<td>165</td>
<td>64</td>
<td>38.8%</td>
<td>24.1%</td>
<td>62</td>
<td>36.6%</td>
</tr>
<tr>
<td>6</td>
<td>Honolulu</td>
<td>142</td>
<td>43</td>
<td>30.3%</td>
<td>191</td>
<td>70</td>
<td>36.6%</td>
<td>6.4%</td>
<td>70</td>
<td>40.1%</td>
</tr>
<tr>
<td>7</td>
<td>Maui</td>
<td>167</td>
<td>19</td>
<td>11.4%</td>
<td>128</td>
<td>36</td>
<td>28.1%</td>
<td>16.7%</td>
<td>27</td>
<td>17.3%</td>
</tr>
</tbody>
</table>
| **TOTAL** | **1128**    | **373**                                      | **1176**                                    | **643**                                         | **54.7%**                                   | **636**                                    | **53.1%**                                |                                  |                          |                        | ** **

* Based on January 2016 Administration Rate

** - Set by each FGC to meet by Feb. 2016

- The average ‘OS Attempts per Month’ CAMHD-wide is: approx. 1 out of every 2 families gets a Parent and/or a Youth assessment administered for the youth each month.
3b. Use of Treatment Progress Data

**CONGRATS TO BIG ISLAND WEST!!**

<table>
<thead>
<tr>
<th>Rank</th>
<th>FGC</th>
<th>January, 2015</th>
<th>January, 2016</th>
<th>Rate Change (Jan. 2015 to Jan. 2016)</th>
<th>Average Across Past 13 Months</th>
<th>Completion Rate Goal **</th>
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<td>60</td>
<td>93.8%</td>
<td>103.3%</td>
<td>81</td>
</tr>
</tbody>
</table>

*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  

**EXCEEDED THEIR GOAL!!**
### 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

#### Fewer problems are better
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

Average Ohio Scale Problem Severity Scores by Primary Diagnosis (w/ 95% Confidence Interval)

- Anxiety Disorders
- Attentional Disorders
- Disruptive Behavior Disorders
- Mood Disorders

Fewer problems are better

Parent | Youth
--- | ---
Anxiety Disorders | Attentional Disorders | Disruptive Behavior Disorders | Mood Disorders
20.26 | 19.11 | 15.78 | 24.03
28.48 | 28.44 | 25.51 | 28.47
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, 2015: During the time my child was receiving services from CAMHD ...

- My CC contacted me at least one time every month: 88.0%
- I was kept informed about the services my child was receiving: 93.3%
- I was kept informed about how my child was doing: 90.3%
- I was asked for feedback about my child's treatment plan by my CC: 90.0%

Items related to communication with care coordinator
3d. Agreement Between Planning and Services Provided

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

CSP Treatment Plan and MTPS Agreement

Anticipate Data in Late 2016
Let’s Check Out the Fiscal Data
4a. Federal Grants

4. Increase non-state funding for services

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

Federal Grant Revenues
Fiscal Year 2011-2015

The grants that comprise these dollar figures include: Project Kealahou, Project Laulima, and the Block Grant
4. Increase non-state funding for services

a. Increase amount of federal grant dollars allocated to CAMHD

b. Increase amount of Medicaid dollars allocated to CAMHD
Let's Look at Improvement of CAMHD Youth
5a. Rate of Youth Improvement

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

Discharge Status* of CAMHD Youth as a Percentage of All Discharges, FY 2015

Discharge Status

- Successful/Goals Met: 45.3%
- Eligibility Change: 3.4%
- Family Relocation: 2.7%
- Refusal/Withdraw: 11.6%
- Insufficient Progress: 8.1%
- Runaway/Elopement: 7.7%
- Other: 21.3%

* - As documented in the MTPS (Monthly Treatment Progress Summary) assessment completed by CAMHD providers.
5a. Rate of Youth Improvement

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

![Graph showing average Ohio Scale Problem Severity Scores for Parent and Youth, with standard error.](attachment:graph.png)

- **Average Ohio Scale Problem Severity Scores – All Services (w/ Standard Error)**

  - **Score**
    - 0
    - 5
    - 10
    - 15
    - 20
    - 25
    - 30
    - 35
    - 40
    - 45

  - **Parent**
    - Score: 22.66
    - N: 755

  - **Youth**
    - Score: 17.79
    - N: 580

- **Note:** OS Problem Severity Score has a possible range of 0-100.
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

Note: OS Problem Severity Score has a possible range of 0-100.
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

Comparison of Parent and Youth Hopefulness Scale from Earliest to Latest Available

<table>
<thead>
<tr>
<th></th>
<th>Earliest</th>
<th>Latest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>11.61</td>
<td>10.22</td>
</tr>
<tr>
<td>Youth</td>
<td>10.55</td>
<td>9.59</td>
</tr>
</tbody>
</table>

Lower score is better
5a. Rate of Youth Improvement

<table>
<thead>
<tr>
<th>Outcome Measure (Over 2-year time period)</th>
<th>Improvement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAFAS (based on slopes)</td>
<td>55.8%-62.3%*</td>
</tr>
<tr>
<td>MTPS (based on slopes)</td>
<td>75.8%-79.6%*</td>
</tr>
<tr>
<td>Ohio Scales Youth (based on earliest to latest scores)</td>
<td>63.0%</td>
</tr>
<tr>
<td>Ohio Scales Parent (based on earliest to latest scores)</td>
<td>68.5%</td>
</tr>
</tbody>
</table>

* - Range of recent quarterly improvement rates.
5b. Consumer Satisfaction

- 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, FY11-FY15

<table>
<thead>
<tr>
<th>Survey Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Responding Favorably</td>
<td>80.0%</td>
<td>87.0%</td>
<td>80.0%</td>
<td>93.0%</td>
<td>90.2%</td>
</tr>
</tbody>
</table>

Percent Responding Favorably, Overall, FY11-FY15
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 actual question is: “Did youth attend school in past 30 days?” [Yes/No]
5c. School Attendance

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 actual question is: “Was youth suspended or expelled from school in past 30 days?” [Yes/No]
5d. Youth Arrests

Arrested in Past 30 Days: Earliest to Latest Ohio Scale Completed*

<table>
<thead>
<tr>
<th></th>
<th>Parent n=150</th>
<th>Youth n=138</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Removed summer months from analysis.

These data come from the Ohio Scales (OS) ‘Cover Sheet.’ The actual question is: “Was youth arrested in past 30 days?” [Yes/No]
OK, You Still With Us?

Death by PowerPoint

Crime Scene Do Not Cross Crime

Blah Blah Blah
- Blah Blah Blah
- Blah Blah Blah
- Blah Blah Blah
- Blah Blah Blah
- Blah Blah Blah
- Blah Blah Blah

Slide 75
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
e. Offer appropriate services for a changing population.

![Graph showing number of youth registered and with direct services over fiscal years 2011 to 2015.]

- 28.1% gain from FY11-FY15
- 33.5% gain from FY11-FY14
- 25.7% gain from FY11-FY14

* - Adjusted for Mokihana youth in FY2011
6b. Mean Age of Youth

Mean Age of CAMHD Registered Youth, Fiscal Year 2011-2015

- **Mean Age**
  - 2011: 14.4*
  - 2012: 14.2
  - 2013: 14.0
  - 2014: 13.9
  - 2015: 13.6

*Removed Kauai youth in 2011 due to Mokihana program that served younger youth.*

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

e. Offer appropriate services for a changing population.
6b. Mean Age of Youth

Trend in % of Registered Youth 12 or Younger

- 2011: 25.0%*
- 2012: 26.3%
- 2013: 28.7%
- 2014: 29.5%
- 2015: 32.9%

Fiscal Year

* Removed Kauai youth in 2011 due to Mokihana program that served younger youth.

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
   e. Offer appropriate services for a changing population.
6c. Youth Served w/ Trauma

Percent of Youth With Any ‘Traumatic Stress’* as a Treatment Target, FY11 – FY15

- Percent of Youth
- Fiscal Year

- 2011: 12.7%
- 2012: 15.1%
- 2013: 15.5%
- 2014: 17.3%
- 2015: 17.7%

* Percent of Youth with Traumatic Stress as a ‘Treatment Target’ on the MTPS.

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
- e. Offer appropriate services for a changing population.
6d. Public Awareness

- **CAMHD:** Children’s Mental Health Awareness Day included statewide activities and health fairs by the FGCs; Establish a fully operational Coordinated Specialty Care clinic to treat youth and young adults with First Episode in the Fiscal Year 2016; Help Your Keiki website; FaceBook posts

- **Project Kealahou:** Hawaii Children & Youth Summit; Mental Health America of Hawai’i; EBS Roundtable; National Children's Mental Health Awareness Week; IVAT Conference; Teen Day

- **Project Laulima:** 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

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
e. Offer appropriate services for a changing population.

HYK Website Visitors Flow (Apr 2012 - Jan 2016)
6e. Services for Changing Population

Why we need to look at this:

- Keeping on top of changing population
  - Younger
  - Less dysfunction
  - Slightly smaller proportion of DBD youth
  - OYS & other youth

- Increasing numbers of youth while service array is shrinking
  - Potential consequences
    - More youth on mainland and in IIH
    - Low success rates for high dysfunction youth in IIH

- Toward new “Teal Book” Performance Standards
6e. Services for Changing Population

- **Younger**
  - Less dysfunction
  - Slightly smaller proportion of DBD youth
  - OYS & other youth

- Mean age decreasing
- Increasing proportion of 12 and younger group
6e. Services for Changing Population

- Younger
- **Less dysfunction**
- Slightly smaller proportion of DBD youth
- OYS & other youth

![Graph showing "CAMHD Lifetime" Max CAFAS Score for all Registered Youth](image)

- 2010: 126
- 2011: 124
- 2012: 121
- 2013: 119
- 2014: 116

Fiscal Year
6e. Services for Changing Population

- Younger
- Less dysfunction
- Slightly smaller proportion of DBD youth
- OYS & other youth

CAMHD Registered Youth Major Diagnoses (Adjusted for Mokihana), FY2011-FY2015

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Disruptive Behavior</th>
<th>Attentional</th>
<th>Mood</th>
<th>Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>34%</td>
<td>18%</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>2012</td>
<td>33%</td>
<td>18%</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>2013</td>
<td>32%</td>
<td>19%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>2014</td>
<td>30%</td>
<td>19%</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>2015</td>
<td>26%</td>
<td>19%</td>
<td>14%</td>
<td>10%</td>
</tr>
</tbody>
</table>
No Data Yet!

- Younger
- Less dysfunction
- Slightly smaller proportion of DBD youth
- **OYS & other youth**
6e. Services for Changing Population

Intensive Home & Community and Outpatient Service Utilization
FY 2005-2015

Number of Youth

<table>
<thead>
<tr>
<th>Year</th>
<th>Multisystemic Therapy</th>
<th>Intensive In-Home</th>
<th>Functional Family Therapy</th>
<th>Outpatient Therapy</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>328</td>
<td>185</td>
<td>62</td>
<td>11</td>
<td>248</td>
</tr>
<tr>
<td>2006</td>
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<td>2014</td>
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<tr>
<td>2015</td>
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</tr>
</tbody>
</table>

Services by Fiscal Year
6e. Services for Changing Population

Out-of-Home Service Utilization
FY 2005-2015

<table>
<thead>
<tr>
<th>Services by Fiscal Year</th>
<th>Number of Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-State</td>
<td>8</td>
</tr>
<tr>
<td>Hospital Residential</td>
<td>35</td>
</tr>
<tr>
<td>Community High Risk</td>
<td>96</td>
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<tr>
<td>Community Residential</td>
<td>70</td>
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<tr>
<td>Therapeutic Group Home</td>
<td>323</td>
</tr>
<tr>
<td>Multidimensional Treatment Foster Care</td>
<td>190</td>
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<tr>
<td>Transitional Family Home</td>
<td>128</td>
</tr>
<tr>
<td></td>
<td>0</td>
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<tr>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>


Number of Youth
Changes in Service Array

2005 CAMHD Procured Services

# of Registered Youth: 2,462
6e. Services for Changing Population

Changes in Service Array

2015 CAMHD Procured Services

# of Registered Youth: 2,405
6e. Services for Changing Population

Changes in Service Array

<table>
<thead>
<tr>
<th>Service</th>
<th># of Youth in 2005</th>
<th># of Youth in 2015</th>
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</thead>
<tbody>
<tr>
<td>OOS</td>
<td>8</td>
<td>35</td>
</tr>
<tr>
<td>CHR</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>HBR</td>
<td>96</td>
<td>70</td>
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<tr>
<td>CBR</td>
<td>323</td>
<td>128</td>
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<tr>
<td>TGH</td>
<td>190</td>
<td>0</td>
</tr>
<tr>
<td>MTFC</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TFH</td>
<td>225</td>
<td>173</td>
</tr>
<tr>
<td>MST</td>
<td>328</td>
<td>185</td>
</tr>
<tr>
<td>FFT</td>
<td>0</td>
<td>77</td>
</tr>
<tr>
<td>IIH</td>
<td>750</td>
<td>1016</td>
</tr>
</tbody>
</table>

Youth Unduplicated Total=2,462  
Number of Episodes=1,937  
Youth Unduplicated Total=2,405  
Number of Episodes=1,694

Yellow areas indicate decreased youth served in each level of care.
Summary of Indicator Results

- Increase in number of youth registered and receiving procured services
- Differences across FGCs in reporting of direct services
- Relative success at keeping clinical positions filled
- Length of treatment generally within Orange Book guidelines
- Use of manualized evidence-based programs continuing to decline
- Increasing use of progress monitoring as a local evidence-based tool
- Increasing parent and youth voice
- Ohio Scales data face-valid and suggesting youth improvement
- Increase in percent of youth with Traumatic Stress as treatment target
- Public Awareness activities continuing
- Grant funding down and Medicaid funding stable
- Age of clients continuing to decrease
- Changing service array across levels of care
PANEL DISCUSSION

PANEL OF EXPERTS:

- LaVerne Bishop, Executive Director - Hale ‘Opio
- Kahea Freitas-Crocket – Mental Health Supervisor I
- Scott Shimabukuro – Practice Development Manager
- Stan Michels, MD – Chief Administrator
- Dan Ulrich, MD – Medical Director
For more information, please contact CAMHD Research and Evaluation at (808) 733-8354.