

# Hawaii Youth Interagency Performance Report



Learning Together

**Produced by the State of Hawaii:**

**Department of Health**

Child and Adolescent Mental Health Division  
Family Health Services Division (Early Intervention)  
Developmental Disabilities Division

**Department of Education**

School Based Behavioral Health

**Department of Human Services**

Child Welfare Services

**FY2014**

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## **Introduction**

The Hawaii Interagency State Youth Network of Care (HI-SYNC) is happy to present the second annual Hawaii Youth Interagency Performance Report (HYIPR) as part of the collaborative efforts of Hawaii's child serving state agencies.

This report was assembled with information from the Department of Health's, Child and Adolescent Mental Health Division (CAMHD), Family Health Services Division Early Intervention Section (EI), and Developmental Disabilities Division (DDD), Department of Education's, School Based Behavioral Health (SBBH) Services and The Department of Human Services' (DHS), Child Welfare Services (CWS). The HYIPR presents data reflecting each Department's/Division's/Section's population, utilization, cost, and performance outcomes for Fiscal Year 2014.

### **Report Structure**

For each of the departments/divisions/sections participating in this report, the following questions are addressed:

1. What does this measure/indicator describe?
2. What does the included graph/table tell us about this measure/indicator?
3. In 'dashboard' terminology, is this measure/indicator in "On Track," "Warrants Monitoring," or "Needs Work" mode?
4. If the measure/indicator "Warrants Monitoring" or "Needs Work," what will be done to move it toward "On Track"?

#### **Performance Indicator Key:**

- = On Track
- ▼ = Warrants Monitoring
- = Needs Work

Each department/division participating in the HYIPR used the most recent data they have available (e.g., charts, tables, and graphs) including a brief narrative explanation of the figure included.

To conclude the report, each division/department included a brief summary that addresses efforts underway to increase interagency collaboration and address issues presented in the data. The HYIPR is meant to evolve as new data sets become available or are identified as fruitful. All contributors to this report will work to hone data sets to parameters that are more in-tune with readers' feedback.

### **Data Utilization**

The data contained in this report is meant to prompt interagency discussions about system barriers and future system improvements. Information gained from the review of the data will be presented to the public in order to provide transparency and allow for input from the community.

# Who Are We?

## HAWAII DEPARTMENT OF HEALTH

**The Child and Adolescent Mental Health Division (CAMHD)** provides mental health services to eligible youth ages three through 20 who have a qualifying diagnosis and severe functional impairment. The CAMHD provides an array of culturally sensitive, child and family centered services including assessment, case management, intensive home and community based therapeutic supports, and temporary out-of-home therapeutic programs.

For more information about the CAMHD, visit [www.health.hawaii.gov/camhd](http://www.health.hawaii.gov/camhd) or call 733-9333.

**The Family Health Services Division, Early Intervention Section (EIS)** provides services for children from birth to three years of age with special needs. Early Interventionists assists children in the following five developmental areas: Communication (talking, understanding), Cognitive (paying attention, solving problems), Physical (sitting, walking, picking up small objects), Social or Emotional (playing with others, having confidence), Adaptive (eating, dressing self).

For more information about EIS, visit [www.health.hawaii.gov/eis](http://www.health.hawaii.gov/eis) or call 594-0000.

**The Developmental Disabilities Division (DDD)** provides supports and services for persons with intellectual and/or developmental disabilities, which includes principles of self-determination and incorporates individualized funding, person-centered planning, and services provided in homes and in the community. DDD services are provided primarily through the Medicaid 1915(c) Home and Community Based Services Waiver.

For more information about DDD, visit [www.health.hawaii.gov/ddd](http://www.health.hawaii.gov/ddd) or call 586-5842.

## DEPARTMENT OF EDUCATION

**School Based Behavioral Health (SBBH)** provides evidence-based mental and behavioral health interventions to students with the most challenging mental and behavioral health concerns when it impacts their learning or the learning of others.

For more information about SBBH services, visit <http://www.hawaiipublicschools.org/> or call 808-305-9787.

## DEPARTMENT OF HUMAN SERVICES

**The Child Welfare Services Branch (CWSB)** provides services to children and their families when the children are reported to have been abused and/or neglected, or to be at risk for abuse and/or neglect. These services include child protection, family support, foster care, adoption, independent living, and licensing of resource family homes, group homes, and child placement organizations.

For more information about CWSB, visit <http://humanservices.hawaii.gov/ssd/home/child-welfare-services/> or call 855-643-1643.

# Who Do We Serve?

⇒ Registered/Served/Enrolled Children and Youth

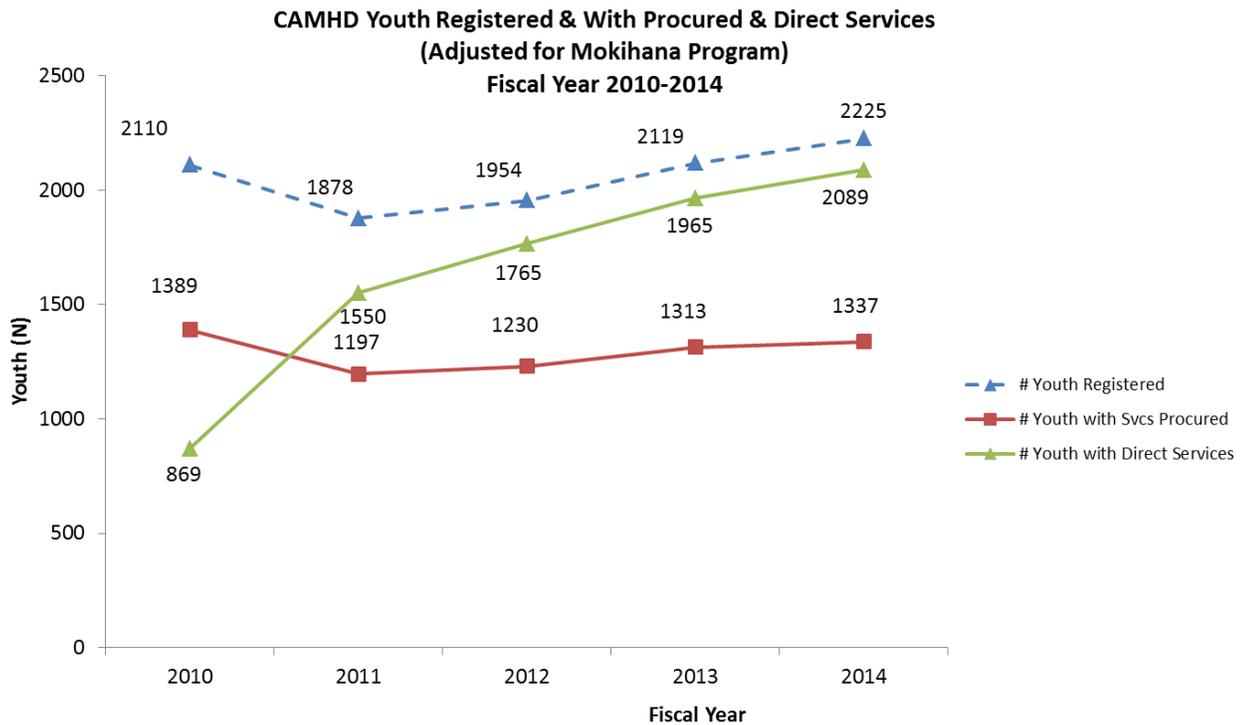
*Child and Adolescent Mental Health Division (CAMHD)*

**What does this measure/indicator describe?**

*Number of Youth with Services Procured:* The chart below shows the number of youth who were registered and youth who received direct or contracted service at least one day during the reporting period over the past eight fiscal years. These are unduplicated counts.

**Performance Indicator**

- = On Track
- ▼ = Warrants Monitoring



**What does the included graph/table tell us about this measure/indicator?**

In FY2014, the CAMHD had 2,225 youth registered and 1,337 youth who received services through the various providers with which the CAMHD contracts. The number of youth registered and the number of youth receiving procured services dropped sharply from FY2008 to FY2011, but has been increasing gradually since 2011.

**Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?**

- = On Track

The CAMHD is “On Track” according to this measure because the number of youth receiving contracted services continues to increase. The CAMHD is also providing more direct services through its internal staff.

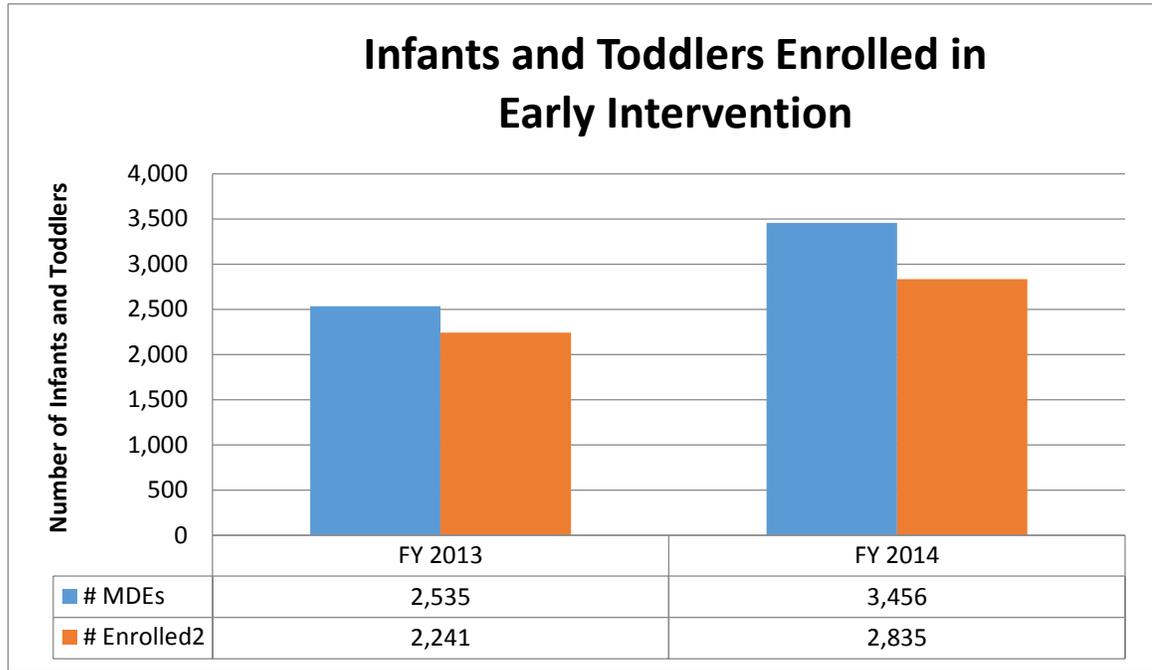
**Early Intervention (EI)**

**What does this measure/indicator describe?**

*Number of Infants and Toddlers enrolled in Early Intervention (EI):* This measure looks at the number of children referred to an Early Intervention Program who had an initial multidisciplinary developmental evaluation (MDE) during the specified year and was determined eligible.

**Performance Indicator**

▼ = Warrants Monitoring



**What does the included graph/table tell us about this measure/indicator?**

In FY 2014, the Early Intervention Programs completed 3,456 initial multidisciplinary developmental evaluations (MDEs) and of those evaluated, 2,835 (82%) infants and toddlers met the Hawaii Part C Early Intervention eligibility criteria.

**Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?**

▼ = Warrants Monitoring

Although the number of infants and toddlers enrolled increased, the percentage of children determined to be eligible (82%) decreased from FY 2013 (88%) which may be due to changes in eligibility that went into effect on October 21, 2013. Prior to October 21, 2013, the MDE team would determine if children were eligible for EI if they had a developmental delay based on a -1 standard deviation (SD) in any developmental domain and/or a biological risk whereby a diagnosis of a physical or mental condition has a high probability of resulting in a developmental delay if EI services are not provided. The current eligibility remains the same for biological risk and the new developmental delay criteria is:

- ✓  $\leq -1.0$  SD in at least two or more area or sub-areas of development
- ✓  $\leq -1.4$  SD in at least one area or sub-area of development

Eligibility is supported by multidisciplinary team observations and informed clinical opinion when the child’s score cannot be measured by the evaluation instrument.

**What does this measure/indicator describe?**

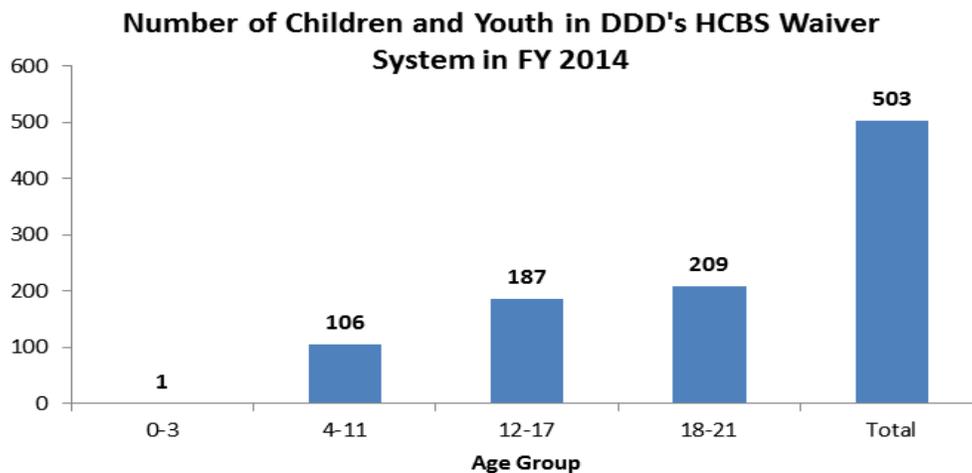
In FY 2014, there were total of 2623 clients enrolled in the Hawaii State Developmental Disabilities Division (DDD)'s Home and Community Based Service (HCBS) Waiver program. Of these, 503 (19%) were children and youth aged 21 and younger. The graph below shows the distribution of different age groups among children and youth who are enrolled the Waiver services in fiscal year 2014.

(Data Source: FY-14 Waiver Client Alpha Listing)

**Performance**

**Indicator**

● = On Track



**What does the included graph/table tell us about this measure/indicator?**

The total number of Children and Youth in DDD waiver service for fiscal year 2014 was 503. Among them, one was in the 0-3 age group, 106 (21%) were in 4-11 age group, 187 (37%) were in 12-17 age group, and 209 (42%) were in 18-21 age group.

The Division identifies people with intellectual and developmental disabilities (I/DD) who qualify for services in order to support these individuals and their families. However, most families and professionals know that the Developmental Disabilities Division primarily concentrates its services in the adult years, when Division services do not supplant or duplicate services such as those given by early intervention or the DOE. There have been ongoing efforts to coordinate with the Department of Education and the Division of Vocational Rehabilitation around transition of people with I/DD to adulthood, where the Developmental Disabilities Division strongly support efforts leading to people with I/DD having competitive employment.

**Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?**

● = On Track

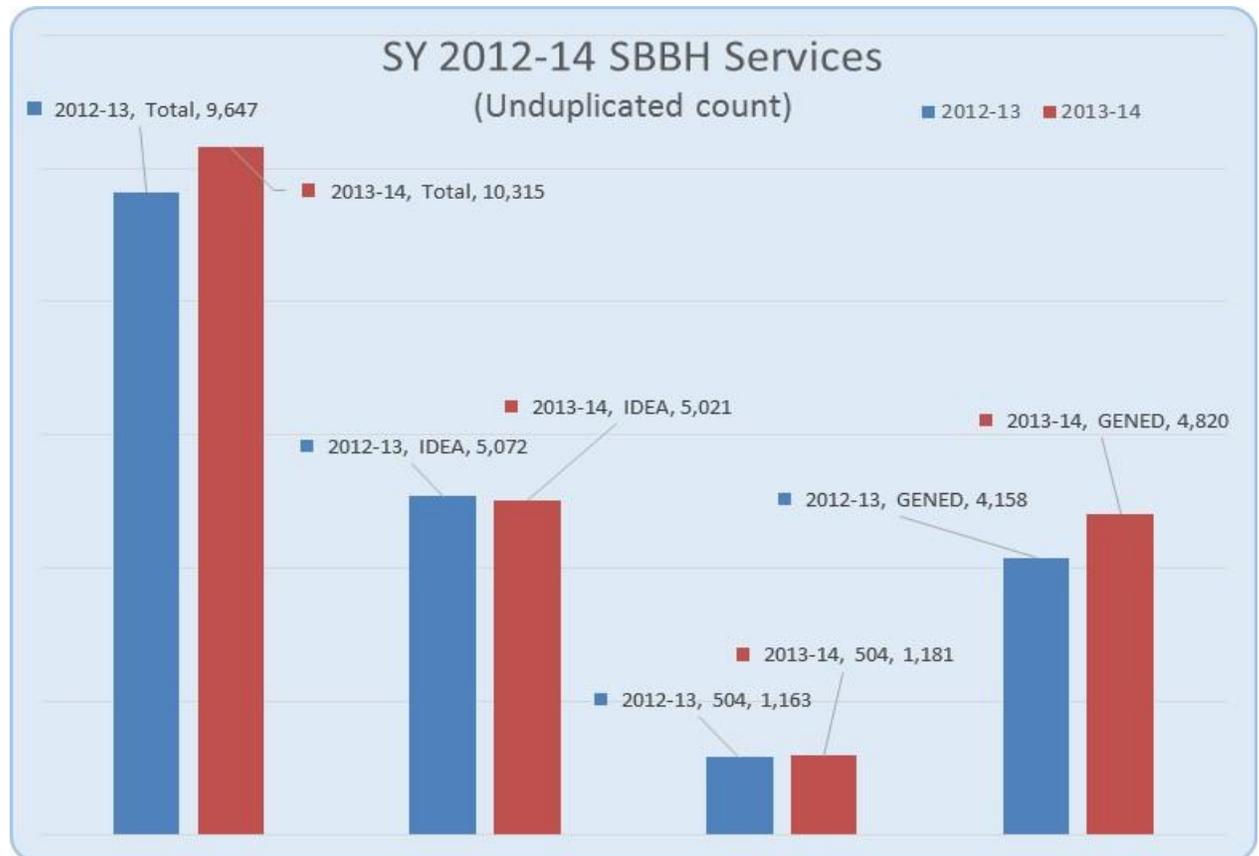
It is difficult to tell if this data is on target as these data are largely descriptive. The timing of when families choose to apply for Developmental Disabilities Division services for their loved one with I/DD is dependent on many variables. These includes: 1. Awareness of services available through the Division; 2. Need to have services, secondary to emancipation of their loved one from their home and family supports, including foster home or group home living arrangements; 3. Worries about family members (who care for their child or adult loved one with I/DD) becoming too old or infirm to continue to care for their loved one; and 4. Financial situation of the individual and family. Therefore although the Developmental Disabilities Division will continue to spur awareness of their services through multiple methods, families will still decide to have their loved one be more or less involved depending on their situation.

**What does this measure/indicator describe?**

*Number of Youth Receiving SBBH counseling and/or consultation:* This measure shows the number of unique students receiving counseling services. Counseling services include individual and group counseling, crisis intervention, in-class support and student observation for generalization of skills in the school setting. Consultation includes support to parents, school teachers, administrators, and school staff who work with students.

**Performance  
Indicator**

● = On Track



**What does the included graph/table tell us about this measure/indicator?**

Data for School Year (SY) 2012-13 and 2013-14 is presented. During 2013-14, 10,315 students received Counseling or other SBBH services within the DOE.

Individuals with Disabilities Education Act (IDEA) students refer to students covered under a federal law relating to various disabilities which may require special educational services to students. For example, specific learning disability, emotional disability and others. Students categorized as “504” are covered by a federal civil rights measure which requires the students to have access to educational opportunities comparable to non-disabled peers. Students who are “504” have physical or mental impairments that substantially limit one or more major life activities. Such impairments are usually less serious than IDEA disabilities, but greater than any concerns found among General Education (GENED) students (those not identified as having IDEA or 504 concerns). SBBH also provides services to GENED students to enhance their educational effectiveness.

**Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?**

● = On Track

The SBBH goal to serve 10,000 students annually, representing approximately 5.4% of the General Student Enrollment, was met in 2013-14.

**What does this measure/indicator describe?**

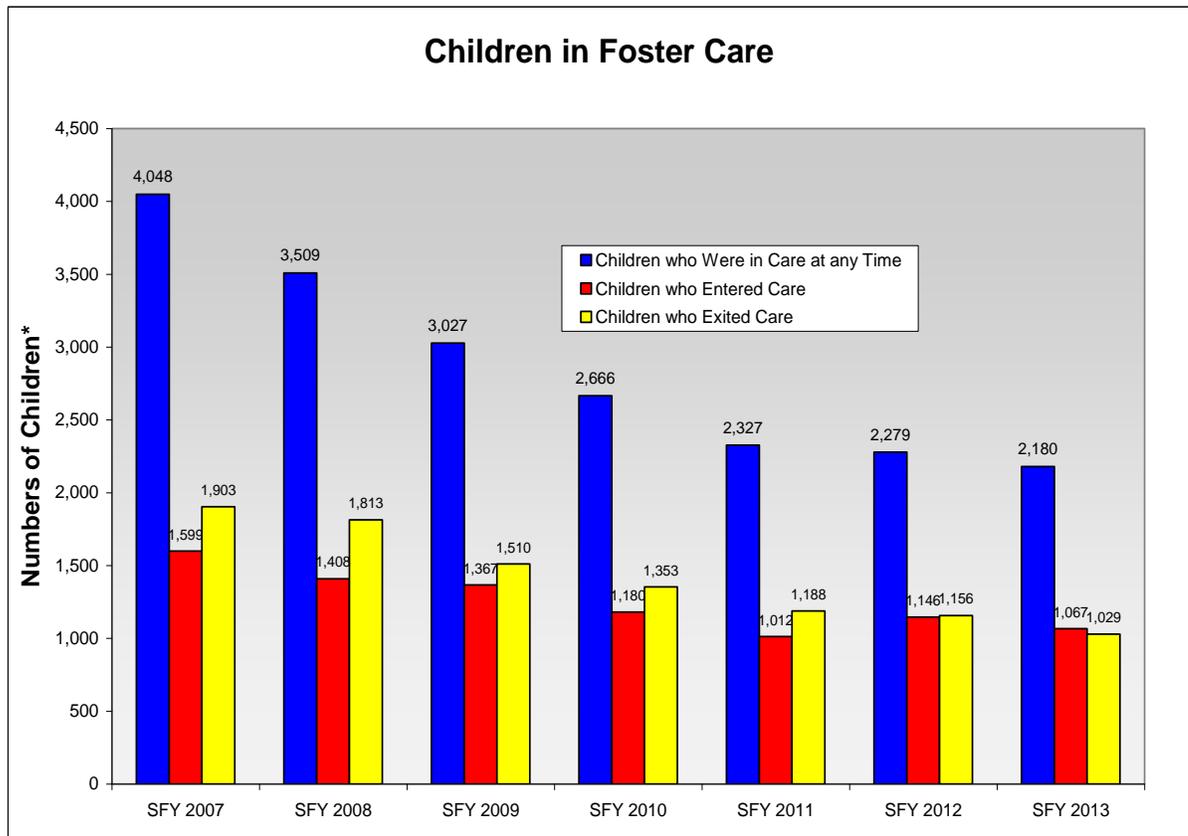
*Number of Children in Foster Care.* This chart shows the numbers of youth in foster care from State Fiscal Year (SFY) 2007 through SFY2013.

Data source: DHS, Management Services Office; and DHS SFY 2013 Annual Report

\*Please note: The numbers here are unduplicated; each child is only counted once per year.

**Performance  
Indicator**

● = On Track



**What does the included graph/table tell us about this measure/indicator?**

The number of children in foster care has continued to decrease, from a total of 4,048 children in SFY 2007 to a total of 2,180 children in SFY 2013. This is a decrease of almost 50% in seven years. Although the total number of children in foster care for SFY 2013 (2,180) was lower than for SFY 2012 (2,279), it was a decrease of only 4%.

**Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?**

● = On Track

Given the major reduction in the number of children in foster care in Hawaii over the past decade, DHS realized that without significant innovation, it would be unlikely that foster care numbers would continue to decline. In collaboration with Casey Family Programs, CWSB Administrative staff examined its practice and has recently begun implementation of a Title IV-E Demonstration Project. Hawaii is optimistic about future reductions with the upcoming project.

*Child and Adolescent Mental Health Division (CAMHD)*

**What does this measure/indicator describe?**

*Utilization of Services by Level of Care:* The table below shows the number of youth with procured services within each of the five broad categories of care in the most recently completed fiscal year. It is unduplicated within levels of care but can be duplicated across levels of care. For example, some youth may have received two different types of “Intensive Home & Community” services during the reporting period but were only counted once within “Intensive Home & Community” and could be counted again in another category such as “Out-of-Home”.

**Performance Indicator**

● = On Track

Services Procured	Total N	% of Youth with Procured Services
Out-of-Home (Includes Out-of-State, Hospital-Based Residential, Community-Based Residential, & Therapeutic Foster Homes)	363	27%
Intensive Home & Community (Includes Partial Hospitalization, Multisystemic Therapy, & Intensive In-Home Therapy)	1035	77%
Outpatient (Includes Functional Family Therapy, Outpatient Therapy, & Assessments)	270	20%
Supportive Services (Includes Respite Home & Ancillary Services)	172	13%
Crisis Stabilization (Therapeutic Crisis Home)	38	3%

**What does the included graph/table tell us about this measure/indicator?**

This table shows the number of youth who received services in a category and the ratios by types of services procured (levels of care) in the past Fiscal Year. The CAMHD has served over three-quarters of its youth using the Intensive Home & Community level of care and about one-fifth using Outpatient services. Approximately one quarter of the youth were served in therapeutic out-of-home placements at some time during the fiscal year. These percentages are similar to the ratios of youth served in the various settings in the past.

**Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?**

● = On Track

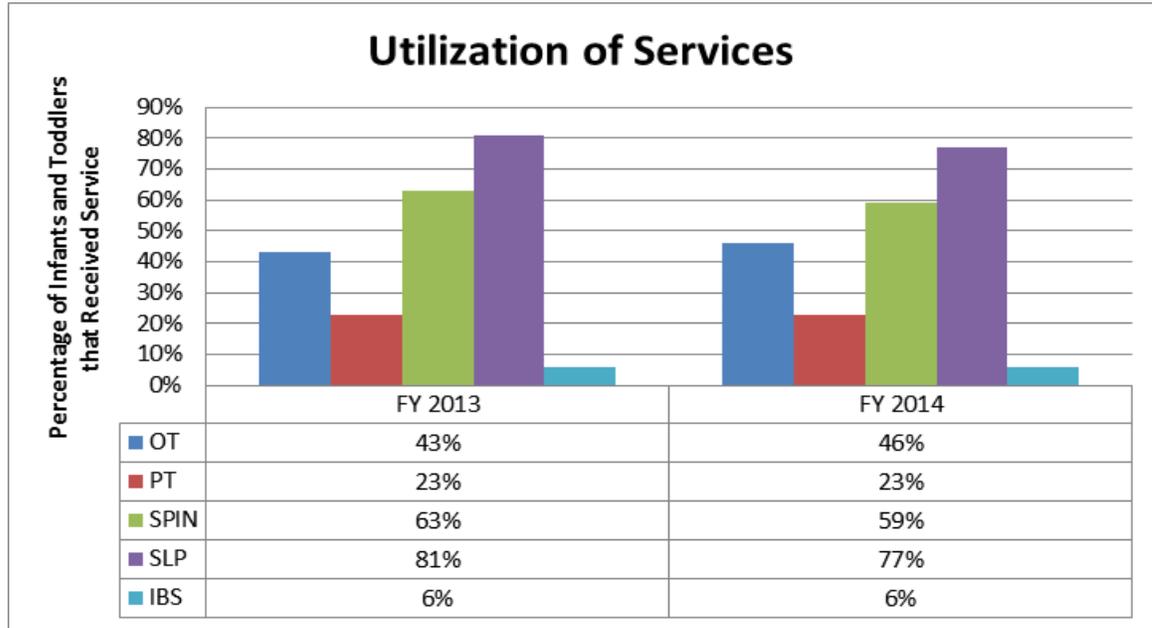
Since efforts are made to serve youth while still in their homes and with their families, this proportion aligns well with the CAMHD philosophy of using “least restrictive services” whenever appropriate. The lower proportion (27%) of cases of youth using out-of-home services also aligns well with the CAMHD philosophy. The most restrictive treatment alternative should be the treatment option reserved for those youth who cannot be served in the home.

**Performance Indicator**

▼ = Warrants Monitoring

**What does this measure/indicator describe?**

*Utilization of Services:* This measure indicates the percentage of eligible infants and toddlers that received core services provided by EI Programs as well as Intensive Behavioral Support (IBS) services. It is an unduplicated count within each service and does not include multidisciplinary developmental evaluations.



OT = Occupational Therapy  
 PT = Physical Therapy  
 SPIN = Special Instruction  
 SLP = Speech Language Pathology  
 IBS = Intensive Behavioral Services

Services	# of Infants and Toddlers that Received Service in FY 2014	# of Infants and Toddlers with Active IFSP in FY 2014	Percentage
OT	1,635	3,591	46%
PT	825	3,591	23%
SPIN	2,129	3,591	59%
SLP	2,777	3,591	77%
IBS	229	3,591	6%

**What does the included graph/table tell us about this measure/indicator?**

Eligible infants and toddlers received an array of services. Majority of eligible infants and toddlers received SLP services.

**Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?**

▼ = Warrants Monitoring

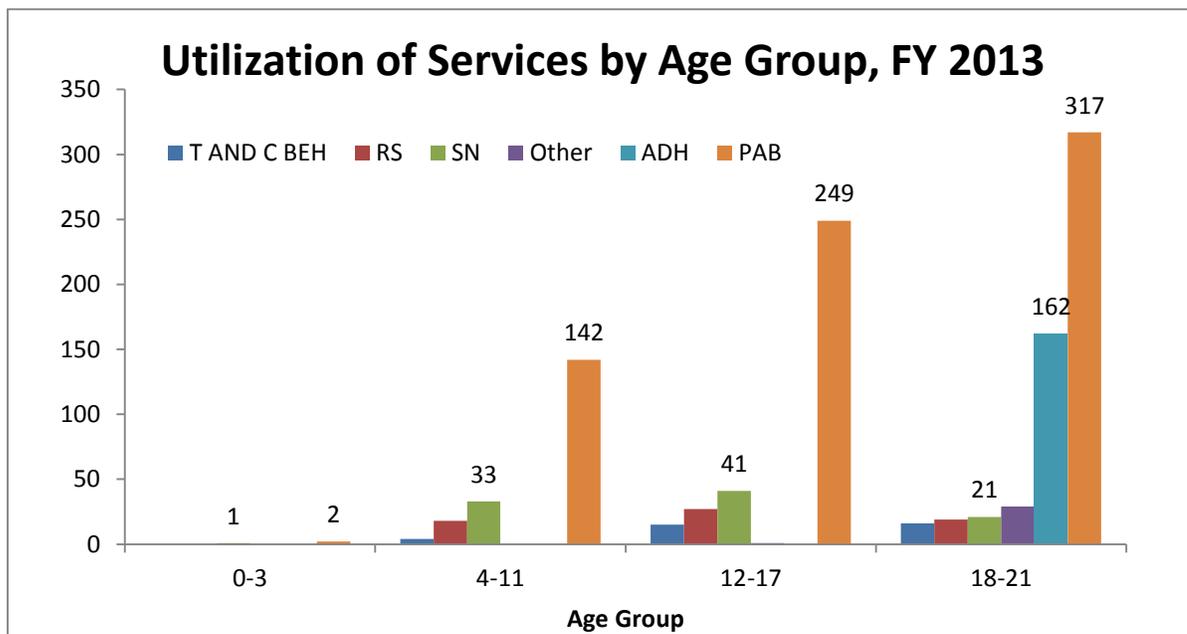
Services received will continue to be tracked so further analysis can be completed.

**What does this measure/indicator describe?**

Utilization of Services by Age Group: This measure indicates the number of Children and Youth under age of 21 who received waiver services in fiscal year of 2013.

**Performance  
Indicator**

● = On Track



- PAB = Personal Assistance/Habilitation
- ADH = Adult Day Health
- SN = Skilled Nursing
- RS = Respite
- T and C BEH = Training and Consultation Behavioral
- Other = Emergency services, Chore, etc.

**What does the included graph/table tell us about this measure/indicator?**

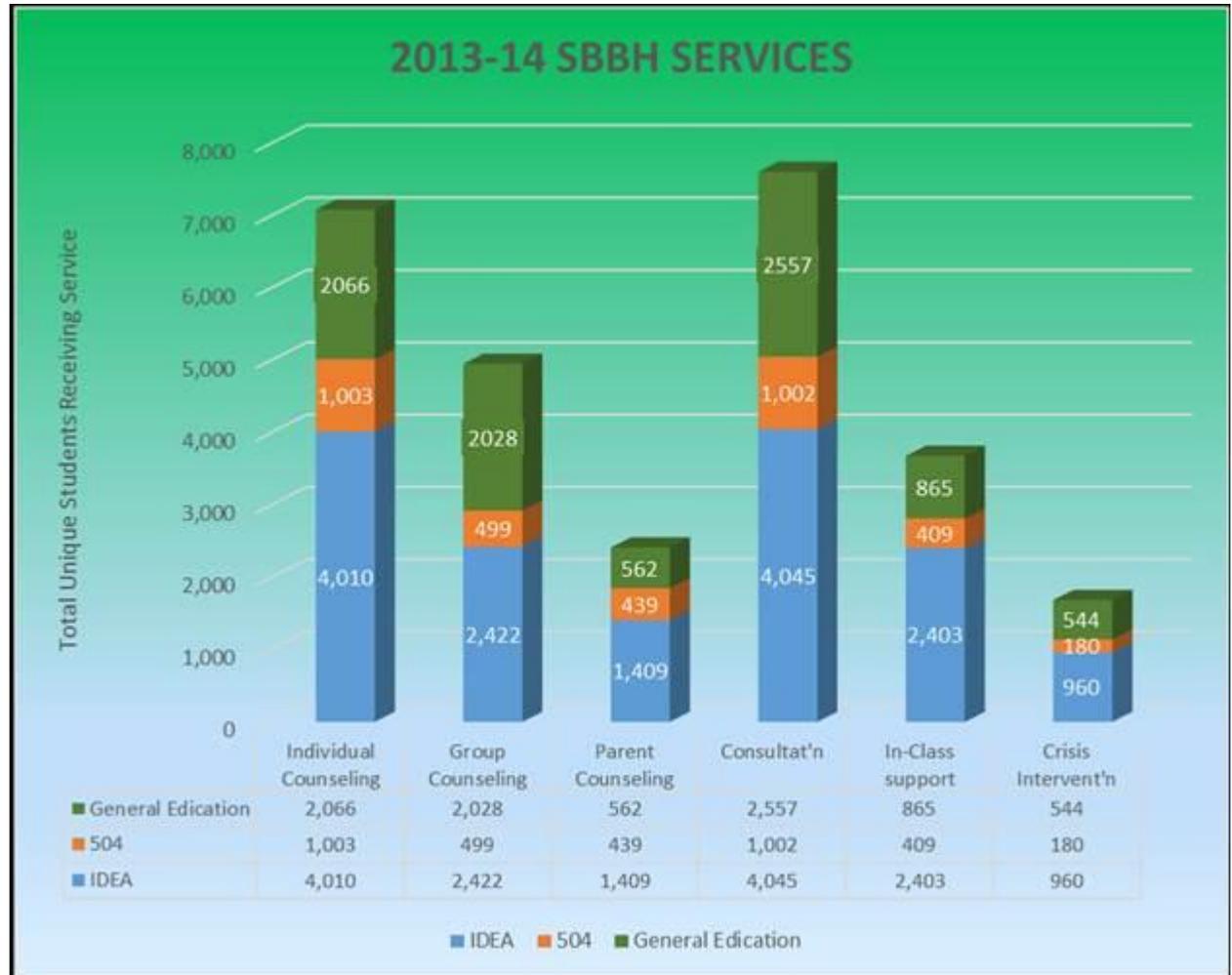
This graph shows that PAB was the most utilized service across all child/teen age groups. Personal Assistance/Habilitation supports a person to be active in their community or to live in their home. Adult day health programs are usually selected only if a person is out of school, and not employed once they are a young adult or older. These programs allow the individual to learn skills, socialize with others and participate in community activities. Respite provides personnel to care for or provide supervision over an individual with an intellectual or developmental disability for short periods of time. This permits family members caring for a person with I/DD to get needed rest and recreation as to not get “burnt out”.

**What does this measure/indicator describe?**

The SBBH graph below presents a breakdown of the main types of SBBH services received by students in 2013-14. This includes types of counseling, and other interventions. The Emotional, Behavioral Assessment, Cognitive Assessments, and Psychiatric Evaluation chart (Assessment of Individual Student needs) is a report on numbers of such formal assessments performed during the 2013-14 school year.

**Performance Indicator**

- = On Track
- ▼ = Warrants Monitoring



**What does the included graph/table tell us about this measure/indicator?**

SBBH services involve Individual, Group, or Parent Counseling; as well as Consultation (to Teachers, Principals, Parents, and others), In-Class support and Crisis Intervention. The numbers reported represent the total of unique students receiving such services during the school year from July 2013 through 2014. “Unique” means that a student is not counted more than once for any such service. Further, the service totals are divided among General Education students, and those whose needs reflect eligibility under IDEA or 504. This report is expected to serve as a baseline for comparison in future years.

**Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?**

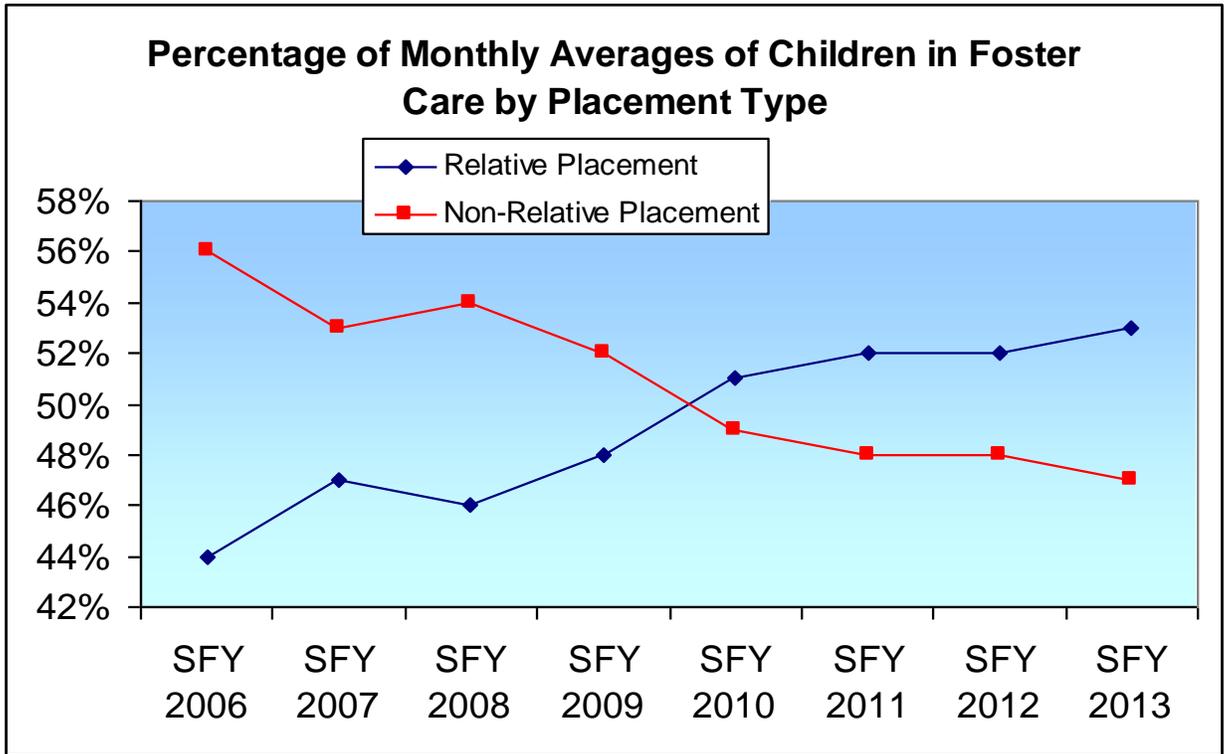
- = On Track

The distribution of services among IDEA, 504, GENED, and the service types is appropriate.

**What does this measure/indicator describe?**

This chart represents the monthly average in percentage of placement type (either with relatives or with non-relatives). The chart below does not account for all children in foster care, as there are some youth who are in other placements, such as hospitals, group homes, residential drug treatment programs, and residential mental health treatment programs. The youth in placements other than relative and non-relative care account for approximately 5% - 13% of all of the youth in foster care each year. Many of these youth are served by the CAMHD.

**Performance Indicator**  
● = On Track



**What does the included graph/table tell us about this measure/indicator?**

The percentage of youth placed with relatives has increased over the past several years.

**Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?**

● = On Track

Hawaii has generally done well with relative placements, which can be partially attributed to the cultural values of *‘ohana* (family) and *hanai* (similar to fostering, a type of informal adoption). Other factors contributing to this high relative placement rate are the automatic referral for family finding when a child enters foster care, and the State of Hawaii Revised Statute, Chapter 587A-10 which codifies prioritizing relative placement.

*Child and Adolescent Mental Health Division (CAMHD)*

### What does this measure/indicator describe?

*Cost of Procured Services by Level of Care:* This measure shows how much it costs to provide services in each of the broad categories of services offered by CAMHD providers in the most recently completed fiscal year.

### Performance Indicator

● = On Track

Services Procured	Cost per LOC (\$) <sup>a</sup>	Cost per LOC per Youth (\$) <sup>a</sup>	% of Total Cost per LOC
<b>Out-of-Home</b>	<b>\$19,999,166</b>	<b>\$51,018</b>	<b>64.4%</b>
<b>Intensive Home &amp; Community</b>	<b>\$8,063,846</b>	<b>\$8,178</b>	<b>26.0%</b>
<b>Outpatient</b>	<b>\$894,288</b>	<b>\$2,904</b>	<b>2.9%</b>
<b>Supportive Services</b>	<b>\$414,790</b>	<b>\$2,206</b>	<b>1.3%</b>
<b>Crisis Stabilization</b>	<b>\$1,692,680</b>	<b>\$36,797</b>	<b>5.4%</b>
Unduplicated Total	\$31,064,770		

### What does the included graph/table tell us about this measure/indicator?

The two most expensive levels of care per youth were: ‘Out-of-Home’ and ‘Crisis Stabilization.’ The two combined for approximately 70% of the CAMHD total budget. Although relatively low in cost per youth as compared to Out-of-Home and Crisis Stabilization, ‘Intensive Home & Community’ services still accounted for almost a quarter of the total expenditures for CAMHD in FY2014. This is due to the fact that over three-quarters of CAMHD youth served are provided services in this level of care. So, in summary, over three-quarters of the youth served by CAMHD only use about one-quarter of the service budget. Conversely, over 70% of the budget is spent on less than 35% of the population of youth served by CAMHD.

### Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?

● = On Track

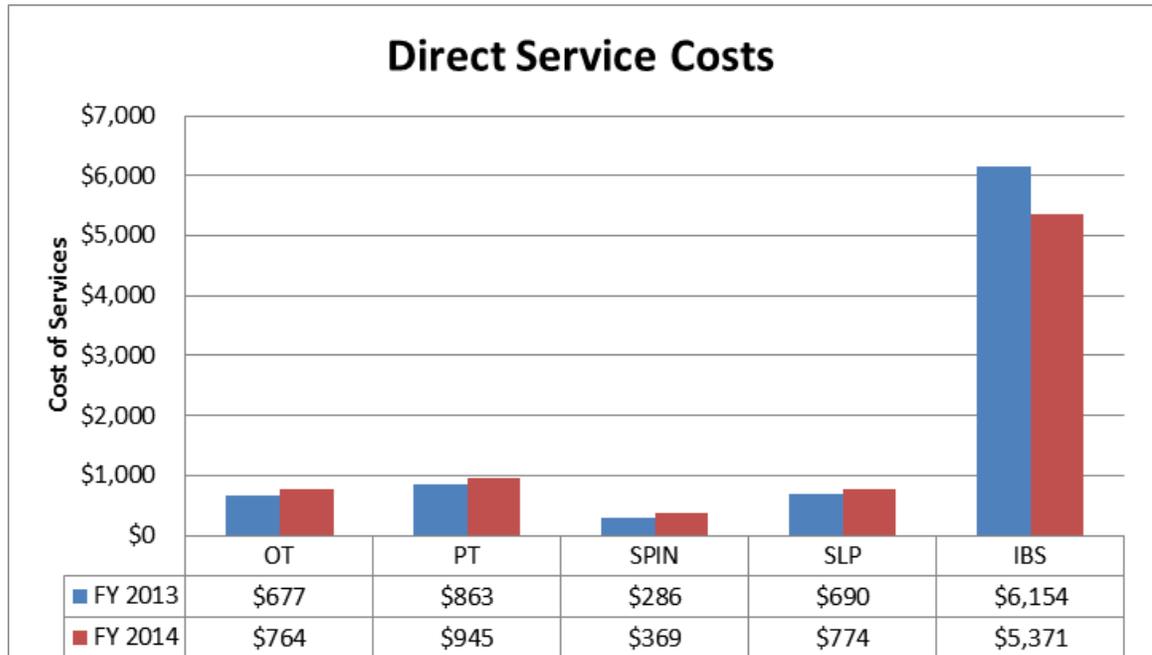
As would be expected, the most restrictive (and most costly per youth) level of care, Out-of-Home, absorbs the greatest proportion of the CAMHD annual budget. However, since CAMHD serves many more youth in the less restrictive settings (Intensive In-Home and Outpatient services), less money is expended on the more expensive services than could have been spent had CAMHD not put an emphasis, when appropriate, on providing services to youth while in their own homes.

**What does this measure/indicator describe?**

*Cost of Providing Services to Infants and Toddlers:* This measure indicates the average direct service cost per child of core services provided by the EI Programs as well as cost of IBS services. It does not include costs for multidisciplinary developmental evaluations.

**Performance Indicator**

▼ = Warrants Monitoring



FY 2014			
Service	Cost	# of Infants & Toddlers Provided with Service	Average Cost per Child
OT	\$1,248,099	1,634	\$764
PT	\$779,980	825	\$945
SPIN	\$785,354	2,128	\$369
SLP	\$2,148,949	2,777	\$774
IBS	\$1,229,871	229	\$5,371

OT = Occupational Therapy  
 PT = Physical Therapy  
 SPIN = Special Instruction  
 SLP = Speech Language Pathology  
 IBS = Intensive Behavioral Services

**What does the included graph/table tell us about this measure/indicator?**

Intensive Behavioral Support (IBS) services is the most expensive service per child. The frequency and intensity of IBS services is greater to provide the level of support needed by children with autism and/or challenging behaviors and their families.

**Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?**

▼ = Warrants Monitoring

FY 2014 will serve as the new baseline data as other costs were included this year such as meetings and transportation.

**What does this measure/indicator describe?**

*Waiver Expenditures By Service Type.* This measure shows the following expenditures by service type for fiscal year 2014:

PAB = Personal Assistance/Habilitation - supports a person to be active in their community or to live in their home.

ADH = Adult Day Health - allows the individual to learn skills, socialize with others and participate in community activities.

SN = Skilled Nursing

RS = Respite - provides personnel to care for or provide supervision over an individual with an intellectual or developmental disability for short periods of time, which permits family members caring for a person with I/DD to get needed rest and recreation as to not get “burnt out”.

T and C = Training and Consultation

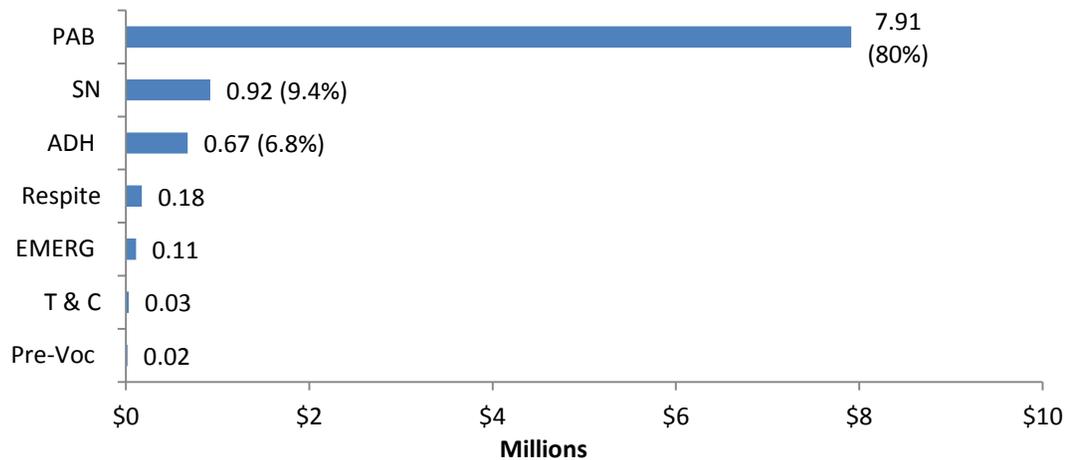
EMERG = Emergency Outreach and Emergency Shelter

Pre-Voc = Pre-Vocational activities - prepares a participant for paid employment.

**Performance  
Indicator**

● = On Track

**Expenditures by Services Type for Children and Youth, FY 2014**



**What does the included graph/table tell us about this measure/indicator?**

This graph shows that PAB was the highest expenditure among all the service types (80%), followed by skilled nursing (9.4%), and ADH (6.8%). The rest of the services -respite, training and consultation, and other services such as emergency services, each comprise less than 1%. Adult day health programs are usually selected only if a person is out of school, and not employed once they are a young adult or older

**Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?**

● = On Track

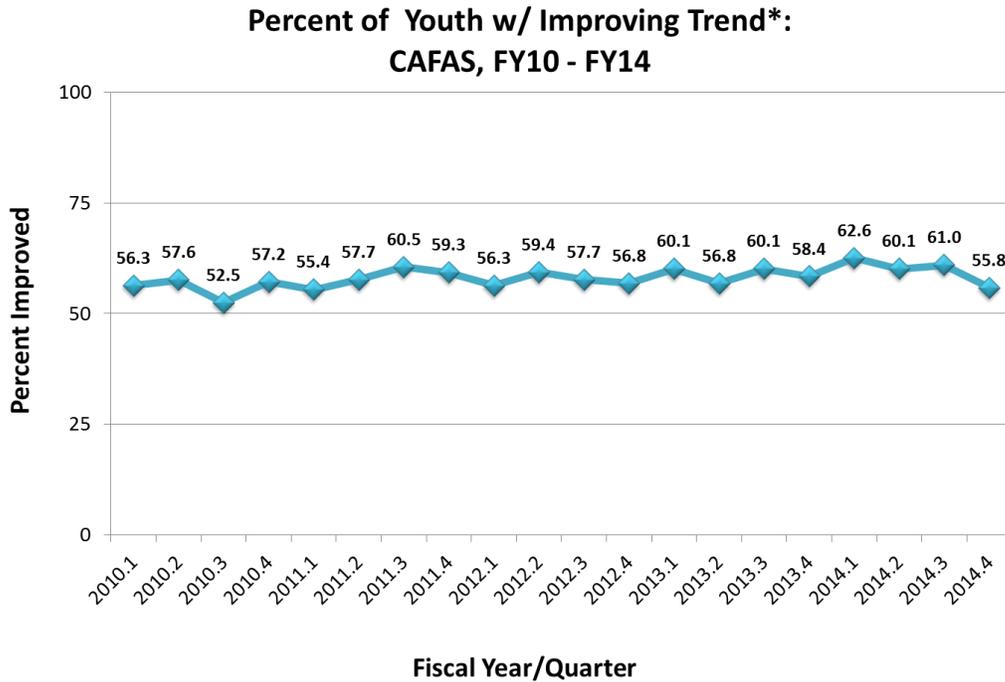
It is difficult to say if these data are on-track as it is largely descriptive of how services were used at this point and service utilization does not have performance targets at this point.

*Child and Adolescent Mental Health Division (CAMHD) Performance Indicator*

▼ = Warrants Monitoring

**What does this measure/indicator describe?**

*The Child and Adolescent Functional Assessment Scale (CAFAS) Scores Over Time:* This graph shows the CAFAS improvement rate for youth registered to CAMHD over the past six fiscal years. This indicator represents the percentage of youth that showed any improvement during the fiscal year.



**What does the included graph/table tell us about this measure/indicator?**

The percentage of youth improving (as measured by the Child and Adolescent Functional Assessment Scale, or the CAFAS) has been relatively stable since 2010.

**Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?**

▼ = Warrants Monitoring

The data shown here is indicative of several changes in the CAMHD population. The fact that younger youth with better functioning are accessing services is on track with the CAMHD goals. Using the CAFAS as the sole measure of youth improvement is not ideal, and in future reports the CAMHD will report on additional measures of treatment progress, such as the Ohio Scales.

**Early  
Intervention  
(EI)**

**What does this measure/indicator describe?**

*EI Child Outcomes and Family Outcomes:* These measures indicate child progress from entry to exit and family satisfaction in the following areas:

EI Child Progress Outcomes measures “Substantially Increased Rate of Growth” and “Functioning Within Age Expectations at Exit” in each of the following areas:

Outcome A: Positive Social and Emotional Skills

Outcome B: Learning and Using Knowledge and Skills

Outcome C: Taking Appropriate Action to Meet Needs

EI Family Satisfaction Outcomes measures their satisfaction in the following areas:

- EI has helped the family know their rights
- EI has helped the family communicate their child needs
- EI has helped the family help their child learn and grow

**Performance  
Indicator**

■ = Needs  
Work

Statewide Child Outcomes					
Summary Statement		State Target	FY 2012	FY 2013	FY 2014
Outcome A: Positive social-emotional skills (including social relationships)					
1	Of those children who entered the program below age expectations in Outcome A, the percent that substantially increased their rate of growth in [outcome] by the time they exited.	58.5%	59.5%	56.3%	53.1%
2	Percent of children who were functioning within age expectations in Outcome A, by the time they exited.	82.5%	77.6%	78.9%	79.3%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)					
1	Of those children who entered the program below age expectations in Outcome B, the percent that substantially increased their rate of growth in [outcome] by the time they exited.	70.5%	67.8%	70.5%	70.8%
2	Percent of children who were functioning within age expectations in Outcome B, by the time they exited.	77.5%	69.0%	64.6%	65.2%
Outcome C: Use of appropriate behaviors to meet their needs					
1	Of those children who entered the program below age expectations in Outcome C, the percent that substantially increased their rate of growth in [outcome] by the time they exited.	74.5%	78.4%	73.3%	68.0%
2	Percent of children who were functioning within age expectations in Outcome C, by the time they exited.	74.5%	78.0%	81.2%	80.6%

<b>Statewide Family Survey Results</b>				
<b>Family Goal</b>	<b>State Target</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
Percent of respondent families participating in Part C who report that early intervention services have helped the family know their rights.	92%	87%	86%	87%
Percent of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs.	94%	88%	85%	88%
Percent of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn.	94%	86%	83%	85%

**What does the included graph/table tell us about this measure/indicator?**

A greater percentage of children were functioning within age expectations by the time they exited for positive social-emotional skills and use of appropriate behaviors to meet their needs. In both of these outcomes, there was an increase in this category from the previous year.

For acquisition and use of knowledge and skills (including early language/communication and early literacy), a greater percentage of children who entered the program below age expectations substantially increased their rate of growth by the time they exited. There was also an increase in this category from the previous year.

Regarding family satisfaction, there has been an increase in all three areas.

**Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?**

■ = Needs Work

With the exception of Outcome B.1 (Percent of children who were functioning within age expectations in acquisition and use of knowledge and skills (including early language/communication and early literacy, by the time they exited) and C.2 (Percent of children who were functioning within age expectations in use of appropriate behaviors to meet their needs, by the time they exited), state targets (see table above) were not met for EI Child Goals and EI Family Goals.

The lowest percentage was in positive social emotional skills for children who entered the program below age expectations who substantially increased their rate of growth by the time they exited.

Social-emotional development was identified as the focus area for Hawaii’s Part C State Systemic Improvement Plan. Improvement strategies are being developed with input from stakeholders to address the identified area of need.

The data shows that the EI consistently falls below the state targets. Based on the data and feedback from the EI programs, training will be provided to EI providers as well as technical assistance for programs to use quality assurance data for program improvement.

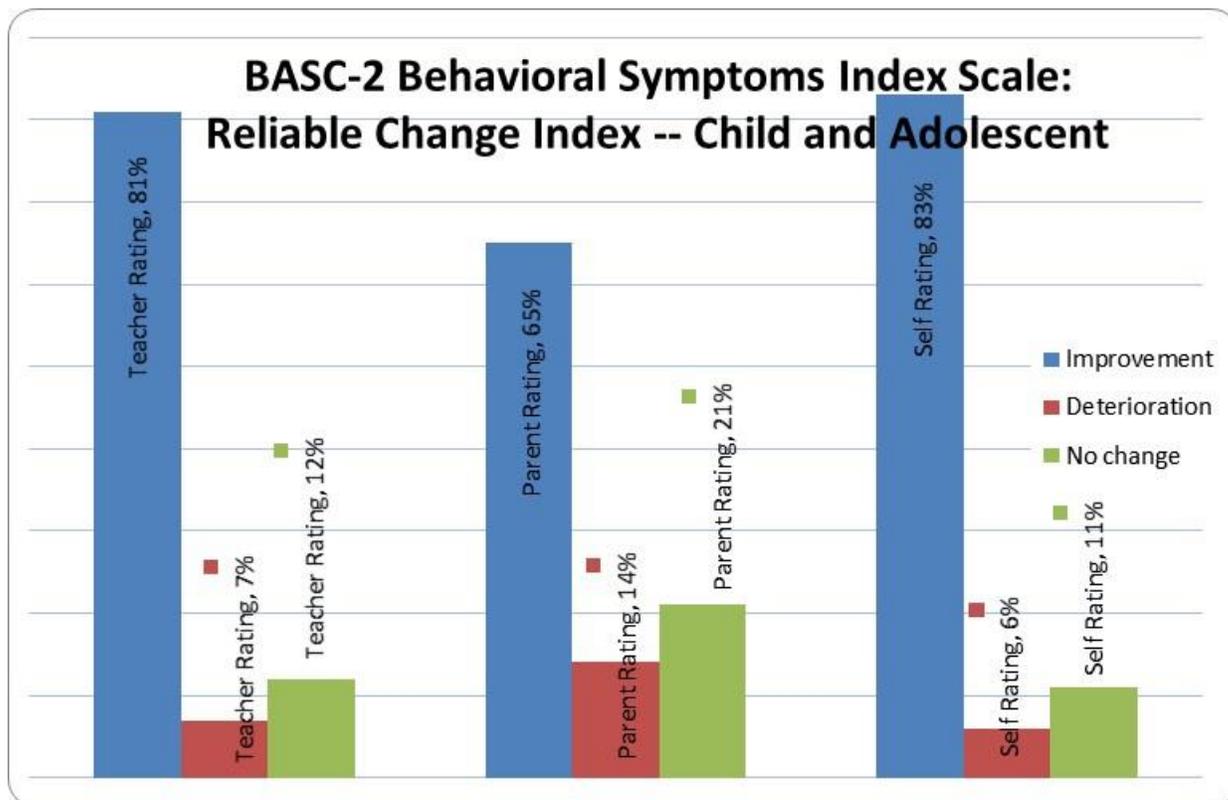
**What does this measure/indicator describe?**

The SBBH Program Performance Measures Service Utilization: This measure shows the percent of students receiving SBBH counseling showing improvement, deterioration, or no change according to the teacher, parent and self-report scales of the BASC-2, a social, emotional and behavioral measure.

**Performance**

**Indicator**

▼ = Warrants  
Monitoring



**What does the included graph/table tell us about this measure/indicator?**

This measure captures the impact of counseling services for IDEA and 504 youth who at baseline are rated in the clinical range of concern.

TRS is the teacher rating scale, PRS is the parent rating scale, and SRP is the student’s self report; all are of the BASC-2 social, emotional, and behavioral rating system.

State wide, approximately 81% (1,647) of children and adolescents in the “Clinical” range on the Behavioral Symptom Index of the BASC-2 demonstrated reliable improvement, approximately 7% (136) got worse, with the remaining 12% (250) showing no significant change. This analysis includes all students with BASC-2’s since 2004.

On the PRS, 71% of students in the “Clinical Range” show reliable improvement. On the SRP, 83% of students in the “Clinical Range” show reliable improvement.

**Is this measure/indicator in “On Track,” “Warrants Monitoring,” or “Needs Work” mode?**

▼ = Warrants Monitoring

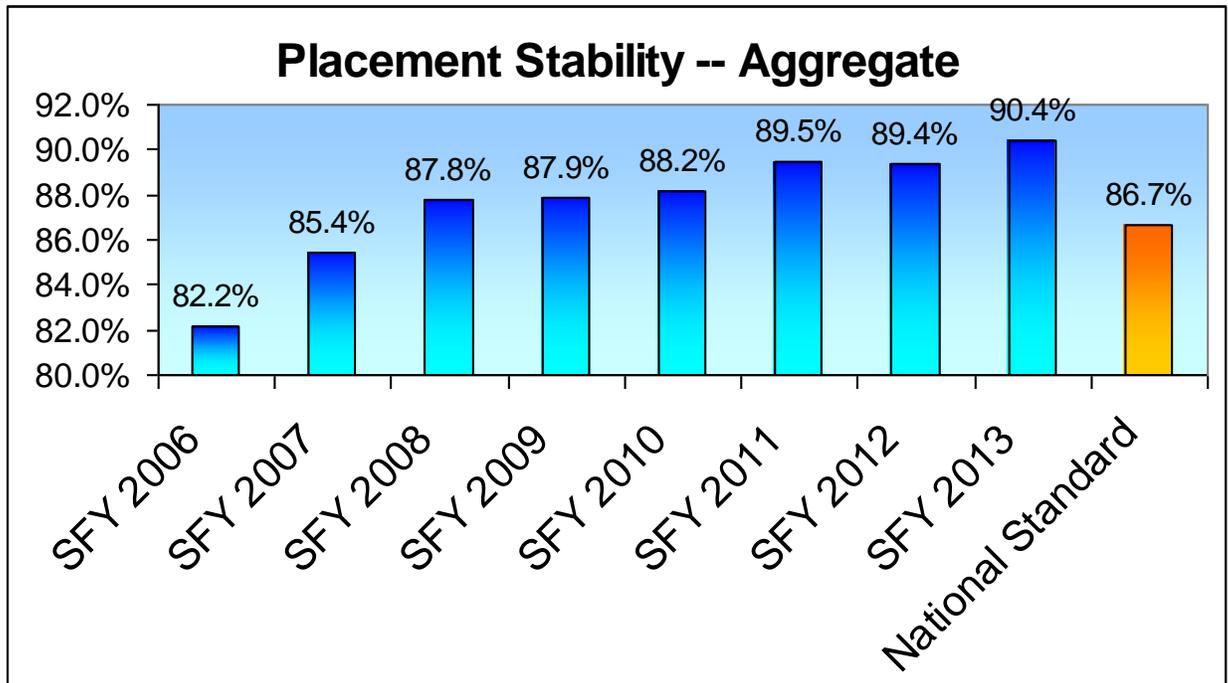
The benchmark is for 66% or more of students to show improvement on the BASC-2. Results show student improvement exceeds 66% on the Teacher, and Self Report Scales, while the Parent scale, at 65% was one percent below the goal. Therefore this measure is rated “Warrants Monitoring”.

**What does this measure/indicator describe?**

This chart displays annual aggregate data showing the percentage of children who were in foster care and had no more than two placements.

**Performance  
Indicator**

● = On Track



**What does the included graph/table tell us about this measure/indicator?**

The upward trend indicates Hawaii CWSB's increasing success in minimizing placement disruptions and diligent up front efforts to make the first placement the only placement. These efforts have been supported over the past few years by new practices of upfront Family Finding activities and 'Ohana Conferences being held for every child entering foster care. Identifying family resources early and having the family come together to create a plan to support the child are both crucial for minimizing placement disruptions.

**Is this measure/indicator in "On Track," "Warrants Monitoring," or "Needs Work" mode?**

● = On Track

## **Progress Summary**

The data presented in this report show how each child serving agency has independently measured and performed in the categories of population, utilization, cost, and outcomes (where data was available). In future HYIPR reports, the HI-SYNC plans to identify children and youth receiving services from multiple agencies and additionally show measures of population, utilization, cost and outcomes for those with multi-agency involvement. Examination of such data may yield information relevant to steering collaboration efforts, some of which are already in process.

### **Interagency Collaboration**

This year, the [child serving] State Quality Assurance Committee evolved in its mission and goals and adopted a new name, “Hawaii Interagency State Youth Network of Care,” or “HI-SYNC”. HI-SYNC worked diligently on a new Memorandum of Agreement, so that the group’s mission and goals would be current and clearly delineated. HI-SYNC also initiated a monumental task: The development of an interagency consent form to allow the sharing of case information for problem-solving at the agency administration level. Several agencies re-dedicated staff to participating in the ongoing activities of the committee, strengthening the bonds between the agencies and providing additional resources to address issues.

In conjunction with the HI-SYNC, the CAMHD collaborated with several other divisions/departments to improve services for youth and reduce gaps in the service system. The CAMHD and OYS partnered in supporting Project Kealahou, a program for girls who have experienced trauma. The CAMHD, DHS, OYS, and Juvenile Justice formed a coalition to develop a treatment program for youth who have been trafficked. Regular meetings have occurred between the CAMHD and various partner agencies including the DOE, DHS MedQuest Division, and Developmental Disabilities Division, leading to successful resolutions of a number of system concerns.

Project Laulima, a CAMHD program, worked diligently with the Developmental Disabilities Division to contract for a new service, Comprehensive Behavioral Intervention for Youth with Developmental Disabilities (CBI). CBI is a specialized, intensive home and community-based service used to provide treatment and support to youth who have a mental health diagnosis and cognitive abilities in the 55-85 IQ range. It is designed to enhance the family’s capacity to sustain the youth in their current living environment and to prevent the need for placement outside the home due to behavioral challenges. CBI also may be used to help reunify the family after the youth has been placed outside the home or to support the transition to a new resource family for foster youth with both developmental disabilities and behavioral difficulties.

Service elements include:

- Behavioral and therapeutic interventions
- Paraprofessional support services
- Specialized training (for provider organizations), and
- Indirect services.

CWS continued to collaborate with the judiciary, CIP, EPIC Ohana, PIDF, ITAO, QLCC, Hawaii Families as Allies, Casey Family Programs, and others on initiatives to support and empower birth parents and strengthen and honor reunification efforts. A notable recent collaboration is the effort to enlist a former CWS birth parent to help with CWS Orientations at Court and to help support and engage the birth parents (Law School’s Ho’olokahi program). Another notable collaboration was the hosting of Hawaii’s first National Reunification Month in

June 2013. This event honored a team of a Maui father, his children, the MCWSS social worker, and other significant team members. The family and the social worker were highlighted as Hawaii's Reunification Heroes on the American Bar Association's National Reunification Month website.

The purpose of HI-SYNC is to work collaboratively to improve our child-serving system and to better serve the mental health needs of children and families in the state. Through this report, members look forward to increasing transparency and maintaining focus on future collaborations and successes in bridging system gaps in order to improve services for Hawaii's families.