ANNUAL EVALUATION SUMMARY: FISCAL YEAR 2018

Child & Adolescent Mental Health Division
Research & Evaluation Team
Program Improvement & Communications Office
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Overview

Review of major trends and findings in the following areas:

General Review
  • Youth Served
  • Services Rendered
  • Outcomes

Special Analyses
  • Timeliness of Eligibility Determination

Summary
YOUTH SERVED
CAMHD Youth Registered/Enrolled, With Procured, & With Direct Services
Fiscal Years 2014-2018

Note. Change in IT system and classification of youth from “Registered” to “Enrolled” between FY2016 and FY2017.
CAMHD Youth Registered/Enrolled, With Procured, & With Direct Services by FGC: Fiscal Years 2014-2018

Big Island has two separate FGCs since FY18

# of Youth

Fiscal Year by Family Guidance Center

Registered/Enrolled
Procured Svc.
Direct Svc.
CAMHD Registered/Enrolled Youth Average Age
Fiscal Years 2007-2018

Note. Data excludes Kauai from 2007-2011 because of Mokihana program.
The number of youth who are 12 or younger approximately doubled from 2011 (440 youth) to 2017 (903 youth) and 2018 (870 youth).
Average Initial Child and Adolescent Functional Assessment Scores (CAFAS)
Scores Over Time: Fiscal Years 2006-2018

Initial CAFAS scores have decreased steadily.
CAMHD Registered/Enrolled Youth Gender
Fiscal Year 2014-2018

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>62%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>62%</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>61%</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>61%</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>62%</td>
<td></td>
</tr>
</tbody>
</table>
Primary Diagnosis of Youth Enrolled in FY 2018

- Anxiety Disorders: 75 youth
- Bipolar and Related Disorders: 16 youth
- Depressive Disorders: 241 youth
- Disruptive, Impulse-Control, and Conduct Disorders: 378 youth
- Neurodevelopmental Disorders: 326 youth
  - Attention-Deficit/Hyperactivity Disorder: 12 youth
  - Autism Spectrum Disorder: 3 youth
  - Intellectual Disability: 3 youth
  - Other Neurodevelopmental Disorders: 6 youth
- Obsessive-Compulsive and Related Disorders: 22 youth
- Schizophrenia Spectrum and Other Psychotic Disorders: 16 youth
- Substance-Related and Addictive Disorders: 18 youth
- Trauma- and Stressor-Related Disorders: 95 youth
  - Adjustment Disorder: 218 youth
  - Posttraumatic Stress Disorder: 143 youth
  - Other Trauma- and Stressor-Related Disorders: 4 youth
- Other Infrequent CAMHD Diagnoses: 0 youth
- General Medical Conditions or Codes No Longer Used: 0 youth
Change in Primary Diagnoses: Fiscal Years 2017-2018

- Disruptive, Impulse-Control, and Conduct has been consistent since FY15, but was at 34% before FY11.
- Attention/Hyperactivity showing slight increase compared to previous years.
- Depressive Disorders had previously been in 18-20% range.
- Adjustment continuing to increase from 6% in FY11.
Youth Served-Key Findings

• The number of youth enrolled in CAMHD has decreased since FY 2016

• Client population continues to have a younger average age and less dysfunction (as measured by the CAFAS)

• Client population showing notable increases in adjustment disorder and ADHD diagnoses

• Average initial functional impairment score has decreased over time
SERVICES RENDERED
CAMHD Service Utilization by General Service Category
Fiscal Years 2014-2018

Intensive Home & Community
Out-of-Home
Outpatient
Supportive Services

Fiscal Year

1035
1156
1255
1200
1201

363
360
336
315
269

270
339
236
166
183

172
182
180
142
111

0
200
400
600
800
1000
1200
1400

# of Youth
CAMHD Out-of-Home Service Utilization
Fiscal Years 2014-2018

<table>
<thead>
<tr>
<th>Services by Fiscal Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-State</td>
<td>25</td>
<td>35</td>
<td>38</td>
<td>29</td>
<td>21</td>
</tr>
<tr>
<td>Hospital Residential</td>
<td>74</td>
<td>70</td>
<td>69</td>
<td>85</td>
<td>82</td>
</tr>
<tr>
<td>Community High Risk</td>
<td>13</td>
<td>10</td>
<td>7</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Community Residential II</td>
<td>10</td>
<td>8</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Residential III</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional Family Home</td>
<td>168</td>
<td>145</td>
<td>134</td>
<td>133</td>
<td>127</td>
</tr>
</tbody>
</table>
CAMHD Intensive Home and Community and Outpatient Service Utilization
Fiscal Years 2014-2018

Intensive Home & Community Services

Outpatient Services

Services by Fiscal Year
CAMHD Supportive Service Utilization
Fiscal Years 2014-2018

# of Youth

2014: 39, 142
2015: 34, 152
2016: 39, 148
2017: 39, 148
2018: 40, 136
2019: 151

Services by Fiscal Year

Respite Home
Ancillary Service
Past 10 Year Trend in Cost of Procured Services: FY 2009 - FY2018

Total Procured Service Cost (in Millions)

Average Procured Service Cost Per Youth

Fiscal Year


Cost Per Youth

$0 $5,000 $10,000 $15,000 $20,000 $25,000 $30,000 $35,000 $40,000 $45,000 $50,000

Total Cost (in Millions)

$- $5.0 $10.0 $15.0 $20.0 $25.0 $30.0 $35.0 $40.0 $45.0 $50.0
Services Rendered – Key Findings

• The majority of levels of care have shown slight declines in number of youth served since the prior year and since 5 years ago.

• The only major levels of care showing increases since the prior year were Multisystemic Therapy (MST) and Functional Family Therapy (FFT). This might suggest increased utilization of evidence-based packages.

• CAMHD has demonstrated decreased average procured service cost per youth in the last decade. This might be due to increased efficiencies over the course of treatment.
OUTCOMES
Average of Families' Earliest and Most Recent Ohio Scale Problem Score
Youth Served in FY 2018

OS Total Score

Significant improvements in both parent and youth problem scores!

Parent
n=1008

Youth
n=582

Earliest OS

Latest OS

OS Total Score
Range: 0-100
*Clinical cutoff recommended by a study by the Ohio Scales author.
Average of Families’ Earliest and Most Recent Ohio Scale Subscale Scores by FGC Youth Served in FY 2018

Significant improvements in both parent and youth subscale scores!

**Externalizing**

- **Parent** (n=1003)
- **Youth** (n=580)

**Internalizing**

- **Parent** (n=997)
- **Youth** (n=578)

*OS Externalizing Scale Range: 0-40*

*OS Internalizing Scale Range: 0-45*
Average of Youth's Earliest and Most Recent Ohio Scale Score by FGC Youth Served in FY 2018

OS Total Score Range: 0-100, Clinical cutoff=20

Parent Youth (284) (105) Hawaii East
Parent Youth (13) (2) Hawaii West
Parent Youth (103) (44) Kauai
Parent Youth (86) (47) Maui
Parent Youth (182) (118) Oahu Central
Parent Youth (160) (114) Oahu Honolulu
Parent Youth (179) (139) Oahu Leeward
Parent Youth (1) (13) Family Court Liaison Branch

Youth Served in FY 2018

23
Average of Youth's Earliest and Most Recent CAFAS Total Score by FGC
Youth Served in FY 2018

<table>
<thead>
<tr>
<th>Family Guidance Center</th>
<th>Earliest CAFAS</th>
<th>Most Recent CAFAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawaii East</td>
<td>86.6</td>
<td>71.6</td>
</tr>
<tr>
<td>Hawaii West</td>
<td>90.9</td>
<td>73.0</td>
</tr>
<tr>
<td>Kauai</td>
<td>95.7</td>
<td>75.9</td>
</tr>
<tr>
<td>Maui</td>
<td>99.4</td>
<td>74.4</td>
</tr>
<tr>
<td>Oahu Central</td>
<td>93.5</td>
<td>78.7</td>
</tr>
<tr>
<td>Oahu Honolulu</td>
<td>97.5</td>
<td>78.5</td>
</tr>
<tr>
<td>Oahu Leeward</td>
<td>96.9</td>
<td>76.3</td>
</tr>
<tr>
<td>Family Court Liaison Branch</td>
<td>n=245</td>
<td>n=177</td>
</tr>
</tbody>
</table>

CAFAS Total Score Range: 0-240
n=336, n=54, n=127, n=123, n=245, n=177, n=201, n=4
Average of Earliest and Most Recent CAFAS Subscore: Youth Enrolled in FY 2018 (n=1271)
Outcomes– Key Findings

• On average, youth and families report statistically and clinically significant improvements between their first and most recent Ohio Scales administrations.

• On average, youth tend to report fewer problems on the Ohio Scales than parents.

• On average, CAMHD staff report statistically significant improvements for youth and families between the first and most recent CAFAS administrations (for total and subscales).
TIMELINESS OF ELIGIBILITY DETERMINATION
Why examine timeliness of eligibility determinations?

• Lengthy waiting time = access barrier
• Families who wait for a longer time
  • Are more likely to refuse services
  • Report lower general satisfaction with the services they received
• Time spent waiting might increase the opportunity for worsening symptoms
• Consumer and Provider Satisfaction Survey FY 2018 concerns on timeliness

Redko et al. 2006; Westin et al., 2014; Bjørngaard et al. 2008; Jones et al. 2000; Keller 1997; Tahhan et al. 2010; Carr et al. 2008
What is the average number of days between the date the Family Application was received and the date of Eligibility Determination?
What is the IDEAL average number of days?

- Research literature does not have a clear benchmark
  - Shorter is better
  - The threshold for when families no longer are interested in services is:
    - More than 6 months (Foreman & Hanna, 2000)
    - Between seven and eight weeks (Subotski and Berelowitz 1990).

- Teal Book
  - Contracted providers are asked to complete Initial Mental Health Evaluations within 21 days from the date of referral
Average Number of Days from Family Application Receipt Date and Eligibility Determination Date FY 2018
Timeliness of Eligibility Determination - Findings

- Statewide average = 38.51 days*
  - *Caveat: Varying definitions in dates across centers

- On average, decreasing amount of time between “date family application packet received” and “eligibility determination date”

- What should our benchmark be?
Summary

• While the total number of youth enrolled has been decreasing, CAMHD is seeing youth who are younger and with less dysfunction, and seeing more youth with attention/hyperactivity and adjustment disorders.

• Most levels of care continue to serve less youth, although MST and FFT are increasing

• Youth showing statistically and clinically significant improvements

• On average, CAMHD has demonstrated decreasing amount of time between “date family application packet received” and “eligibility determination date.” That said, we can do better!
WHAT ACTION(S) CAN WE TAKE?

(Discussion)
Mahalo!

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  (808) 733-9255
Additional Resources

• Child and Adolescent Mental Health Division Home Page
  • http://health.hawaii.gov/camhd/
  • http://health.hawaii.gov/camhd/resource-library/research-and-evaluation/ (For past annual evaluation reports and additional research studies)

• Help Your Keiki Resource for Families
  • http://helpyourkeiki.com/

• Keiki Mental Health Matters Campaign
  • https://www.keikimentalhealthmatters.org/

• Child and Adolescent Mental Health Division Social Media Accounts
  • www.facebook.com/camhdhawaii
  • www.instagram.com/camhdhawaii/