

Daleiden, E. L., Chorpita, B. F., Donkervoet, C. M., Arensdorf, A. A., & Brogan, M. (in press). Getting better at getting them better: Health outcomes and evidence-based practice within a system of care. *Journal of the American Academy of Child and Adolescent Psychiatry*.

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As the title of this article indicates, the Hawaii system of care is getting better at identifying and implementing evidence-based practices for children and adolescents with emotional or behavioral problems and their families. For more than a decade, the Hawaii system of care has undergone numerous transformations, and this article outlines some strategies that have helped to make the site a success. With a specific focus on evidence based services and child outcomes, the authors provide a brief history of a statewide system of care. The Hawaii system of care utilizes a public-private system in which regional public guidance centers provide care coordination and administrative services, and private agencies provide direct care.

Legislation in 1994 mandated that the State of Hawaii create a system of care (including special education services) for children with emotional and behavioral disorders and their families. A major outcome of this ruling—due to a “leadership-initiated response to improve service quality and efficiency” (in press, p. 3)—was to identify and implement evidence based services in the system of care. To help accomplish this goal, the Hawaii Department of Health Child and Adolescent Mental Health Division (CAMHD) established the CAMHD Empirical Basis to Services (EBS) Task Force. This Task Force continues to drive the evidence based services initiative, and is further summarized in Chorpita et. al (2002). The initiative identifies empirically supported programs (such as Multisystemic Therapy) while also seeking out common components of evidence based services that can be duplicated in routine care. The initiative provides course definition and treatment selection; implements specific evidence based services; encourages the use of evidence based services; provides large scale training, performance standards and practice guidelines; and utilizes information systems, performance measures, and feedback tools. Chorpita et al (2002) provide a summary of evidence based services identified by the Task Force, and Daleiden and Chorpita (2005) discuss strategies used by CAMHD to manage evidence based clinical decision making (See also Chorpita & Taylor, 2001; Chorpita, Daleiden, & Weisz, 2005).

Once identified, early efforts to disseminate evidence based services included Best Practice conferences; regular, detailed reports summarizing services research; a one page “menu” of evidence based services; a training institute; and presentations to stakeholders to address any concerns they may have about those services. This initiative has developed to include case-based expert consultation and peer-oriented best practice networks. Another key component to the dissemination of evidence based services is an interagency document that specifies requirements for each level of care, including admission, discharge, documentation and clinical support. Clinical support is also made available through information about protocols and instruments, coexisting conditions, promising interventions, etc. The document accompanies requests for proposals and service contracts.

During the years of system reform, child and system outcomes were also evaluated with the establishment of interagency monitoring teams. Consisting of parents and representatives from various agencies, the team reviews child and service outcomes annually. The team reviews case records and conducts interviews with family members and service providers and completes a service-specific case review. Systems are evaluated based on service planning and implementation, long term plans for the child, service coordination and transition, service array and integration, caregiver supports, monitoring and modification, and effective results.

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The most rapid improvement occurred during the middle years of the reform, in which “the measured improvement became evident after the period of administrative reorganization and rapid capacity expansion, and during the period of expanded care coordination, performance management and information systems development” (in press, p. 8). The evidence based services initiative began halfway through this period of improvement.

Quarterly outcome measures used to assess child and service system characteristics included the Child and Adolescent Functional Assessment Scale (CAFAS), the Child and Adolescent Level of Care Utilization System (CALOCUS), and the parent, teacher, and youth report forms of the Achenbach System of Empirically Based Assessment (ASEBA). During the period FY 2002-2004, youth ($N = 500$) were admitted with average clinical impairment scores of ~ 110 on the CAFAS; youth were maintained at a moderate level of impairment (~ 85) and discharged with an average CAFAS Total score of ~ 60 . A rate of change calculation revealed that youth were getting better. “The median rate of improvement nearly tripled over the four-year period, whereas the mean rate approximately doubled” (in press, p. 10). Similar rates of improvement were found for the CALOCUS and ASEBA. From FY 2002-2005, the average length of services was reduced by 40%-60%, and the average length of service reduced most rapidly from FY 2002-2004. For example, youth went from an average length of service from 866 days in 2002 to 434 days in 2004. Average expenditures were also reduced from FY 2002-2005. Costs reduced from \$1083 per point of improvement in the CAFAS during 2002 to \$650 in 2005.

In summary, the Hawaii system of care has “improved dramatically” (in press, p. 13) over the past decade. “Efforts to implement evidence based services, develop care coordination practice, increase information feedback to stakeholders, adopt statewide performance measures, restructure quality improvement and practice-focused performance management processes, and improve utilization management are meeting with success” (in press, p. 13).

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