

QON 2115 – Tabled Papers

a) Breakdown of CAMHS funding:

i.	2014-2015	Community	\$22.669 million
		Specialised	\$13.766 million
		Acute	\$23.952 million
ii.	2013-2014	Community	\$19.727 million
		Specialised	\$14.341 million
		Acute	\$20.724 million
iii.	2012-2013	Community	\$16.952 million
		Specialised	\$17.609 million
		Acute	\$18.557 million
iv.	2011-2012	Community	\$15.105 million
		Specialised	\$14.079 million
		Acute	\$16.008 million
v.	2010-2011	CAMHS commenced operations in February 2011	

b) Patient presentations to:

Acute CAMHS

	TOTAL
FY13/14	2847
FY12/13	3606
FY11/12	2767
FY10/11	2318

Community CAMHS

	Number of Referrals	Number of Admissions
FY13/14	3160	1005
FY12/13	2299	911
FY11/12	3079	784
FY10/11	2278	769

Specialised CAMHS

	TOTAL
FY13/14	275
FY12/13	426
FY11/12	219
FY10/11	216

c) Average Patient waiting time:

Acute CAMHS: There are no waitlists for inpatient units, emergency response teams and assertive out-reach teams.

Community CAMHS: During 2013 Community CAMHS commenced implementation of a reform process using the Choice and Partnership Approach (CAPA), where data is collected differently. That is, there is no wait list, but time from receipt of referral to the first face-to-face contact (Choice meeting), and the wait time to engagement in treatment (Partnership meeting) is measured. Teams are implementing this model in a staggered way. At June 2014, 2 of the 10 teams were operating within the CAPA model.

Financial Year		Average Wait times (days)
2013/14 Non-CAPA Teams		128
CAPA Teams (2)	From Referral to Choice	29
	From Choice to Partnership	46
	Average length of time from referral to entering treatment	75
2012/13		153
2011/12		98
2010/11		Not available

Specialised CAMHS: The Multisystemic Therapy (MST) Teams have no waitlist.

	Eating Disorders Program	Family Pathways*	Complex Attention* Hyperactivity Disorders Service
FY13/14	14	129	99
FY12/13	71	177	256
FY11/12	111	190	237
FY10/11	121	168	94

*Note: These wait-times are affected (i.e. increased) by children referred and considered appropriate for the service but are not seen prior to the completion of planned assessments (e.g. autism spectrum disorder assessments) in other services (e.g. DSC).

d) Longest patient waiting time for CAMHS:

Acute CAMHS: There are no waitlists for inpatient units, emergency response teams and assertive out-reach teams.

Community CAMHS

Financial Year		Longest Wait Time (days)
2013/14 Non-CAPA Teams		211
CAPA Teams (2)	From Referral to Choice	42
	From Choice to Partnership	59
	Longest time from referral to entering treatment	101
2012/13		489
2011/12		182
2010/11		Not available

Specialised CAMHS: The Multisystemic Therapy (MST) Teams have no waitlist.

	Eating Disorders Program	Pathways*	Complex Attention* Hyperactivity Disorders Service
FY13/14	429	465	309
FY12/13	817	753	638
FY11/12	516	1009	509
FY10/11	857	620	578

*Note: These wait-times are affected (i.e. increased) by children referred and considered appropriate for the service but are not seen prior to the completion of planned assessments (e.g. autism spectrum disorder assessments) in other services (e.g. DSC).

e) Increase to CAMHS funding:

Community \$2.775 million

Specialised -(\$3.268) million*

Acute \$2.167 million

*Note: The \$3.268m reduction in funding to Specialised CAMHS between 2012-13 and 2013-14 was due to the transfer of Youth Services and associated funding to the North Metropolitan Health Service which occurred at the commencement of 2013-14.

f) CAMHS in-patient beds at PMH and Bentley Adolescent Unit are a Statewide service and are accessible to non- metropolitan areas as required. All specialised services, except MST, receive and accept referrals from rural and remote locations. MST is an outreach service whereby clinicians drive to the family homes and schools and communities of families to provide intensive therapy (e.g. 3 x week for 3-5 months as well as 24/7 on-call backup). MST operates from two branch offices located at Hillarys (North Metropolitan area) and Murdoch (South Metropolitan area).