

## Data Overview for: Kari Centre

	2018/19FY	2019/20FY	2020/21FY	% Change between FYs	
				2019/20FY -	2020/21FY -
				v-	v-
	2018/19FY	2019/20FY		2018/19FY	2019/20FY
<b>New Referrals</b>	<b>1622</b>	<b>1538</b>	<b>1852</b>	<b>-5.2%</b>	<b>20.4%</b>
<b>Year-End Caseloads</b>	<b>772</b>	<b>811</b>	<b>960</b>	<b>5.1%</b>	<b>18.4%</b>
<b>"Active" Clients</b>	<b>2014</b>	<b>1919</b>	<b>2110</b>	<b>-4.7%</b>	<b>10.0%</b>
<b>Clients Seen F2F/Zm</b>	<b>1438</b>	<b>1338</b>	<b>1256</b>	<b>-7.0%</b>	<b>-6.1%</b>

### Notes:

*New Referrals* is a count of all referrals to the service in a FY, regardless of outcome.

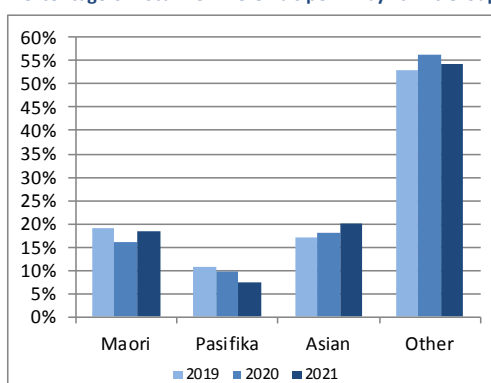
*Year-End Caseloads* is a count of open cases at the end of each FY.

*"Active" Clients* is a count of individuals who have had one or more contacts with or about them in a FY.

Each individual is only counted once regardless of the number of contacts. Contacts can be via any modality (face-to-face, phone, zoom etc) and may be with the client, their family/whanau or other professionals or providers. (Aligns with MoH PP6 reporting)

*Clients seen F2F/Zm* is a count of individuals who have had at least one face-to-face or Zoom contact with them and/or their family/whanau in a FY. Each individual is only counted once regardless of the number of contacts.

Percentage of Total New Referrals per FY by Ethnic Group



The Kari Centre is the Child and Adolescent mental health services providing support to young people and whanau up till age 18 years.

In the last year (20/21) there has been a 20% increase in referrals, 18% increase in caseloads across the service and this increase has been particularly noticeable after the Covid 19 lockdowns. In addition, there has been a marked increase in the acuity, complexity and risk profile of young people presenting to services. The increased acuity translates into the service providing a lot more urgent assessments after risk events. The increased demand has led to a wait for treatment, which currently is about a 5-month period. These trends have been seen across the country.

### Challenges

- Increased demand and acuity, leading to long wait times for treatment
- Hard to recruit staff, particularly experienced staff. We currently have a high cohort of inexperienced staff that we are upskilling while also providing treatment to young people
- Current vacancies 4.1 FTE – allied health/nursing, 1.1 SMO FTE, 5.0 FTE (newly allocated) – Intake team
- The model of care is not fit for purpose and unable to handle increased demand and acuity

### Service improvement initiatives

- Moving to CAPA (Choice and Partnership Approach) model on the 1<sup>st</sup> of November 2021. Fiona Anderson, who is an expert in CAPA seconded from WDHB to assist.
- A new leadership structure in place which will support better functioning of the team
- Referral criteria into services clearly defined and rolled out
- Prioritization guidelines to access services clearly defined and rolled out
- Nurse Educator role in place
- Primary Care Liaison role being recruited into
- Redesigning the Referrals management and Acute Assessment Team is underway
- Redesigning the Group pathway and the Neurodevelopmental pathway
- Initiatives underway for Training and support for staff – including supporting staff wellbeing