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CAMHD REPORT 2013

Prepared for

Department of Health

Child and Adolescent Mental Health Division

June, 2013

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June 24, 2013

David Jackson, Ph.D.
Hawaii Department of Health
Child and Adolescent Mental Health Division
3627 Kilauea Avenue, Room 101
Honolulu, HI 96816

Dear Dr. Jackson:

We are pleased to submit this report on the results of the Child and Adolescent Mental Health Division Project.

The report is presented in two parts. The first part presents a description of the methods used to collect data, sampling results, and comments on data quality that will be useful to researchers who work with the file. The second part consists of the findings of the survey results as they relate to satisfaction with services, behavioral outcomes, and opinions about positive/negative aspects of their experiences.

Please call if you have any questions about this report.

Sincerely,

James E. Dannemiller
President

SMS Affiliations and Associations:

Warren Dastrup – Kauai Affiliate
Experian
International Survey Research
Interviewing Service of America
Solutions Pacific, LLC
Ka'ala Souza Training
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INTRODUCTION

The Hawaii State Department of Health (DOH) includes the Behavioral Health, Health Resources, and Environmental Health Administrations. The Behavioral Health Administration houses the Child and Adolescent Mental Health Division (CAMHD). CAMHD is tasked with two major goals: (1) to improve the emotional well-being of children and adolescents, and (2) to preserve and strengthen families by providing early access to a child and adolescent-centered, family-focused community-based coordinated system of care that addresses the child's physical, social, emotional, and other developmental needs within the least restrictive environment.

Consistent with CAMHD's Vision Statement "*Happy and Healthy Children and Families Living in Caring Communities*" the division strives to provide timely and effective mental health assessment and treatment services to children and youth with emotional and behavioral challenges, and their families.

Today, according to its strategic plan, CAMHD and its provider agencies attempt to achieve the following four goals:

- Integrate Health Information Technology
- Strengthen Clinical Services
- Implement a Strategic Financial Plan
- Strengthen Effective Collaborations to Increase Early Access to Care

CAMHD conducts yearly consumer surveys to monitor the condition of children and youth being served, evaluate current services, and develop continuous service improvement. This research effort began in 2003 with the Family Satisfaction Questionnaire (FSQ-A). In 2004 and 2005 CAMHD adopted the Experience of Care & Health Outcomes (ECHO) survey. For the last seven years CAMHD contracted with independent research providers to conduct the Youth Services Survey for Families (YSS-F). The YSS-F includes 60 items that measure client assessments of program services and child outcomes and behaviors.[1] The YSS-F is used to monitor the parents and guardians' perception of behavioral changes of their children or wards, and provide a foundation for program improvement.

SMS Research & Marketing Services was selected to conduct the YSS-F from 2008 through 2013. This report presents the survey results from the study conducted in 2013 based on a population of youth who were served by CAMHD in Calendar Year 2012 (January 1, 2012 to December 31, 2012). The report focuses on the major findings from the analysis of the surveys collected in April through June of 2013.[2]

[1] The survey instrument may be found in Appendix B and frequency distributions of each survey item may be found in Appendix C.

[2] Throughout this report the dates shown in the titles of the figures and tables reflect when the survey was distributed and when the study was conducted (April through June of 2013). However, the reader should be aware that the youth and parents who were selected for participation in this survey actually received services from CAMHD in the *previous calendar year* (CY2012).

METHODS

Data Collection

The 2013 YSS-F was mailed to parents and guardians of youth who received or who were registered to receive CAMHD services in Calendar Year 2012 (January 1, 2012 to December 31, 2012). The survey instrument consisted of items that asked caregivers about their satisfaction with the services and behavioral outcomes generated by these services. The list of registered youth in calendar year 2012 was provided by CAMHD and included, for survey distribution and analysis purposes, the child or adolescent's name, the legal caregiver's name and address, service delivery site and service characteristics, and the child's behavioral diagnostic category and basic demographic characteristics.

SMS administered the 2013 YSS-F in three stages over the span of 3 months in the spring of 2013. First, SMS mailed out pre-notification postcards to all families on the register who provided addresses. The purpose of the pre-notification postcard was to increase response rates by validating and legitimizing the nature of the study for respondents prior to them receiving the first survey instruments. This was the second year that SMS has performed this step. The postcards stated that the family would receive a survey in the next few days and that the respondent could return the survey in a self-addressed stamped envelope to SMS. The postcard also underscored that the information collected from the survey would be kept confidential and aggregated with survey data from other respondents that completed the survey.

Two weeks after mailing out the pre-notification postcards SMS mailed out the first wave of survey instruments. In the first wave each parent or guardian of children in our master list received an envelope that was stamped in red ink the words "Important Survey Enclosed" and which contained: (1) a survey form; (2) a cover letter from CAMHD explaining the purpose of the survey and the importance of each client's response; and (3) a pre-addressed, postage-paid reply envelope in which to return the completed survey. In addition, each survey instrument contained a link to an online version of the survey as well as a unique password. SMS and CAMHD staff thought it would be easier for some families to complete the survey online rather than using the paper based option and provide insight about alternative ways of conducting the survey with families.[3]

One month after the initial mailing, a second survey was mailed to sample members who had not yet responded or who had provided an alternative mailing address.[4] We collected data for an additional four weeks, which concluded on June 14th, 2013.

The survey instrument was a one-sheet, 11x17 inch document printed on both sides and folded in half to resemble a booklet (4 pages in total). The survey instrument was similar in content to that used the previous three years. The most significant changes included two new questions regarding awareness and usage of the Help Your Keiki website. Each survey contained a four digit identification number associated with the parent/guardian and child, and the letters "A", or "B" to denote the wave in which the survey was sent. The survey instrument was prepared in a

[3] Ultimately just 6 percent of all completed surveys that were returned came from the online survey.

[4] Some cases in the master list included a mailing address and a physical address for the parent/guardians. In situations in which we had both, the mailing address was utilized first. If surveys were returned due to bad address or lack of forwarding information, the physical address was used.

scannable format using advanced scanning software to facilitate accurate data, scanning, processing, and reporting. The data collected online was captured in Microsoft Excel format and transferred to SPSS, which was the same format in which the scanned data was established. The two files were combined into a single file.

After the merging was finished the final data file was cleaned, sample information was appended to the file, and open-ended responses were edited and coded. The edited file was submitted to data cleaning routines designed to identify any data errors that may have passed through quality control procedures. Variable and value labels were added to complete file preparation.

Response Rates

SMS received from CAMHD a population file that contained a list of 1,929 children who had either used CAMHD services or registered to use these services in 2012. Of that original list, 315 names did not have a corresponding address or contact information ('Bad Addresses or Address Missing') and were not mailed a survey. Of the 1,614 pre-notification postcards and surveys that were mailed out as in the first wave of the study ('Working Sample Size'), 245 were returned due to bad addresses or lack of forwarding information ('Items Returned as Undeliverable'). Eleven respondents either called or sent written responses indicating that their children had never actually used the services or had not used the services in the past 12 months ('Non-Use of Service'). Accounting for these issues of non-coverage and non-response left us with an adjusted sample size of 1,358.

Table 1: Adjusted Response Rate for YSS-F, 2013

Original Sample File Elements	1,929
Bad Addresses or Address Missing	315
Working Sample Size (Initial Mailing)	1,614
Items Returned as Undeliverable	245
Non-Use of Service	11
Adjusted Sample Size (2013)	1,358
Total Completed Surveys*	166
Adjusted Response Rate	12%

*10 surveys were completed via an online option

After mailing out pre-notification postcards and two waves of survey instruments (which included links to the online version of the survey instrument) we collected 166 completed surveys in 2013. The adjusted response rate resulted at 12 percent. In spite of our efforts to increase the response rate with the pre-notification postcards, visually altering the survey instrument, and providing respondents with the option to complete the survey over the Internet, the response rate in 2013 was 4 percentage points lower than the response rate in 2012 (16%), and eleven percentage points lower than that of 2011 (23%).

Table 2: Family Guidance Center Response Rate for YSS-F, 2011-2013

Family Guidance Center	Response Rate 2011	Response Rate 2012	Response Rate 2013
Central O'ahu	31%	19%	11%
Maui	26%	20%	13%
Kaua'i	26%[5]	13%	11%
Windward O'ahu[6]	23%	23%	25%
Honolulu-O'ahu	20%	23%	14%
Big Island	20%	13%	11%
Leeward O'ahu	20%	12%	9%
Total Response Rate	23%	16%	12%

Table 2 displays the response rates over the last three years for each of the seven Family Guidance Centers and demonstrates considerable variation. The highest response rate in 2013 (25%) was found among families who used the Windward O'ahu Family Guidance Centers. Additionally, the greatest (and only) year-to-year increase in response rate from 2012 to 2013 was also found among families that utilized the Windward facility (+2%). In fact, the response rates for the Windward facility are the only response rates that have remained consistent over the last three to four years. The lowest response rate (9%) was shared among families who used the Leeward O'ahu Family Guidance Center, although there are equally poor response rates for all guidance centers save Windward. The greatest year-to-year decline was found among families who used the Honolulu Family Guidance Center (23% in 2012 to 14% in 2013).

Sample Error Estimates

The sample error estimate for YSS-F 2012 was plus-or-minus 7.3 percentage points at the 95 percent confidence interval. This estimate is larger than the +/-6.4 percentage point error estimate associated with the 2012 study and considerably larger than the +/-4.6 percentage point error estimate associated with the 2011 study. Lower estimates indicate greater confidence in the sampling precision of the survey.

Sample Representativeness

We have also included a table that compares characteristics of the respondent group to that of the target population in the 2013 study. Generally speaking, if the characteristics of the respondent group are similar to those of the population we have additional confidence that the survey results found in this report can applied to the population at large.

Table 3 presents the comparison of sample to population on measures of gender, age, geographic region, and diagnostic category of the child or adolescent.[7] Compared to past

[5] Youth registered at Kauai's Mokihana Program were not included in the registered count because they do not receive CAMHD's standard array of services.
[6] Windward FGC had previously merged with Central FGC during this period, but was still distinguishable by their FGC code.
[7] Characteristics of the population were calculated based on all 1,929 cases in CAMHD's file of children whose parents and guardians were registered in the CAMHD data system for CY2012.

years, the sample is less reflective of the population of children who received CAMHD services in previous years.

For example, this sample has a greater percentage of males than that of the population, is skewed towards children over the age of 16 and between the ages of 6 and 12, has overrepresentation from families that use the Windward facility and underrepresentation from families that use the Leeward facility, and includes a larger percentage of children who have miscellaneous disorders and mood disorders and a smaller percentage of children with no disorders identified.

Given the differences in characteristics between the sample and population, along with the small sample size, we urge readers caution in interpreting the data and drawing conclusions about the population based on the figures that are presented in the remainder of this report.

Table 3: Comparing Characteristics of Survey Respondents to Population, 2013

Characteristic	Respondents		Population	
	Count	Percent	Count	Percent
Gender				
Male	108	65%	1,181	61%
Female	58	35%	748	39%
Total	**166**	**100%**	**1,929**	**100%**
Age of Children				
Younger than 6	0	0%	57	3%
Between 6 and 12	46	28%	480	25%
Between 13 and 15	42	25%	568	29%
Older than 16	78	47%	824	43%
Total	**166**	**100%**	**1,929**	**100%**
Geographic Region				
Central O'ahu	13	8%	154	8%
Windward O'ahu	22	13%	129	7%
Leeward O'ahu	15	9%	289	15%
Honolulu	27	16%	293	15%
Hawai'i	56	34%	713	37%
Maui	19	11%	193	10%
Kaua'i	14	8%	158	8%
Total	**166**	**100%**	**1,929**	**100%**
Diagnostic Category				
Adjustment Disorders	8	5%	106	6%
Anxiety Disorders	13	8%	167	9%
Attentional Disorders	28	17%	283	15%
Disruptive Behavior Disorders	43	26%	512	27%
Mental Retardation	3	2%	23	1%
Miscellaneous Disorders	16	10%	93	5%
Mood Disorders	31	19%	273	14%
None Identified	13	8%	404	21%
Pervasive Developmental Disorders	8	5%	23	1%
Substance Related Disorders	3	2%	45	2%
Total	**166**	**100%**	**1,929**	**100%**

FINDINGS

The following sections report findings from our analysis of the 2013 YSS-F survey data. The first section examines services satisfaction and variables that are associated with overall program satisfaction. Additionally, we parse the data by current enrollment status, length of treatment, and geographic location and examine the covariates of satisfaction in order to present a more detailed view of the data. The second section reveals the information on the behavioral outcomes of children who used CAMHD services and in some cases compares the results to previous years, presents findings regarding respondent's communication with their children's Care Coordinators, and ascertains respondents' knowledge and usage of the Help Your Keiki website. The third section presents the frequencies of responses to questions of what the family perceived to be positive aspects of the program and ways of improving service provisions.

Satisfaction

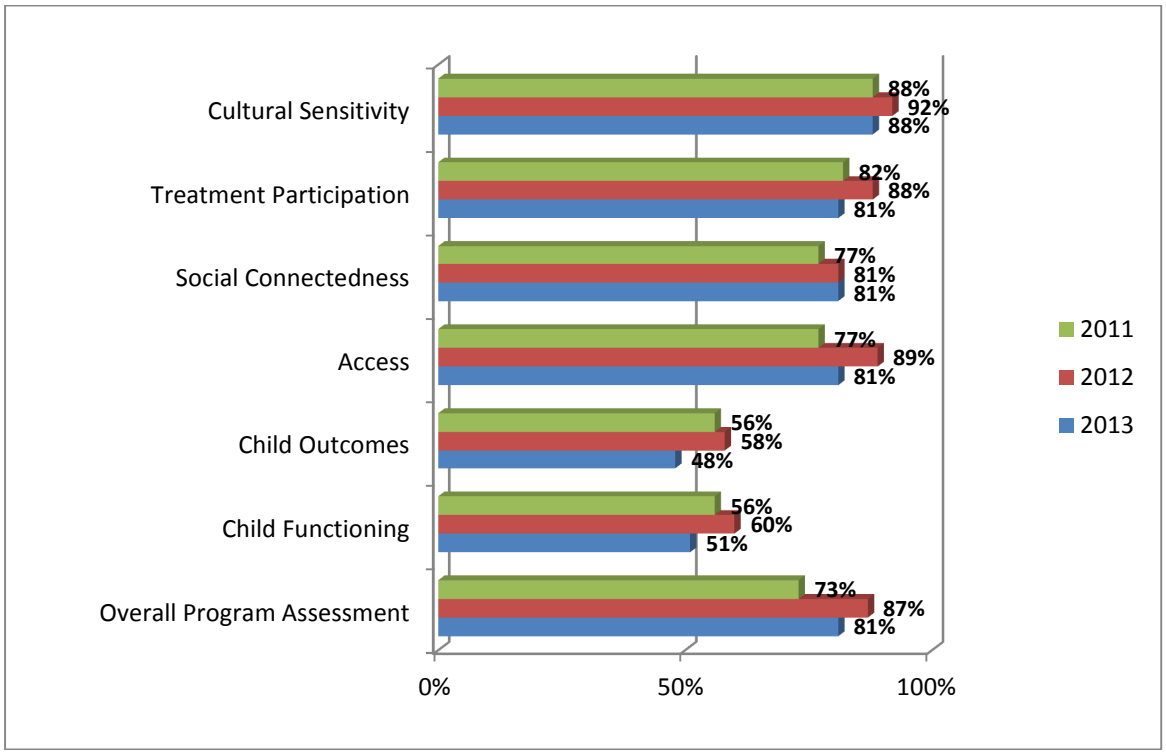
Client Perception of Care Indicators

The 2013 YSS-F can be used to indicate CAMHD users' satisfaction with the services they received. By obtaining satisfaction-related data about these services CAMHD can identify those areas in which the program works well and strive to maintain (or even improve) current levels of satisfaction. Likewise, the data can also reveal those areas that need improvement and, as a result of the consistency of questions asked over time, data can be compared from year to year in order to determine movement in the levels of satisfaction over the years.

The YSS-F survey contains survey items that inquire about consumer assessment of program services and outcomes. Additionally, survey questions that have similar dimensions or address similar concepts can be grouped into seven distinct categories and composite scores can be generated. Figure 1 presents the composite scores[8] of these seven different areas from 2011 to 2013.

[8] Composite scores were compared by combining respondent scores that exceeded 3.5 (on a five-point scale) for individual YSS-F survey items. The specific items used in each of the seven composite scores are presented in Appendix A. The seven composite scores measure satisfaction with services, access, outcomes, participation in treatment, cultural sensitivity of staff, social connectedness, and functioning.

Figure 1: Composite Scores, 2011-2013



(2013 sample size range=166 for all domains)

Data over the past three years demonstrates variation that may be an artifact of the diminishing sample sizes. Nevertheless, the results indicate several important findings with regard to composite domain scores over the past three years. First, the percentages of respondents who rated CAMHD 3.5 or above on each of the seven domains are lower in 2013 than in 2012, but the 2013 percentages are similar to those of 2011. Second, the percentage of respondents who rated CAMHD 3.5 or above dropped from 8 to 10 percentage points from the previous year on the domains of access, child functioning, and child outcomes. These were the largest year-to-year declines over the past three years. Finally, despite large declines and regression from the previous year, the overall program assessment is still above 80 percent. So while respondents indicated less satisfaction in particular domains, they still have a generally positive assessment of the overall program.

As was the case in previous years, the greatest satisfaction in 2013 was for the domains of cultural sensitivity, treatment participation, social connectedness, and access. Likewise, the domains of perceived child outcomes and functioning do not command the same level of satisfaction. However, it should be noted that across all domains the majority of respondents are satisfied with the services and outcomes associated with CAMHD.

Covariates of Domain Satisfaction

One manner in which we can evaluate CAMHD services is to determine those domains that are statistically significant predictors of service satisfaction. In order to do this a multiple regression analysis was conducted in which the domain of overall program assessment was the dependent variable and the domains of child functioning, child outcomes, access, treatment participation, social connectedness, and cultural sensitivity were the predictor variables. The variables that are found to be statistically significant can be seen as variables that are associated with the domain measure of service satisfaction.

Table 4: Statistically Significant Domain Predictors of Service Satisfaction, 2013

Question	Standardized Coefficient	Level of Statistical Significance
Cultural Sensitivity	.29	p<.001
Treatment Participation	.28	p<.001
Child Outcomes	.27	p<.001
Access	.20	p<.001

(n=165)

Table 4 shows the domains that are statistically significant predictors of service satisfaction. Cultural sensitivity, treatment participation, child outcomes, and access are all statistically significant[9] and related to service satisfaction. Unlike previous years in which child outcomes was the domain with the largest coefficient, and unlike last year in which cultural sensitivity was not statistically significant, the data this year indicate that cultural sensitivity has the largest coefficient (.29), followed by treatment participation (.28), child outcomes (.27) and access (.20). Thus the data this year show that satisfaction among the variables in the domain cultural sensitivity is most influential to satisfaction among the variables in the service satisfaction domain; however, the magnitudes of all the standardized coefficients are almost identical, which indicates that they almost have an equal impact on the service satisfaction domain.

Client Perception of Care Indicators by Other Factors

Enrollment Status

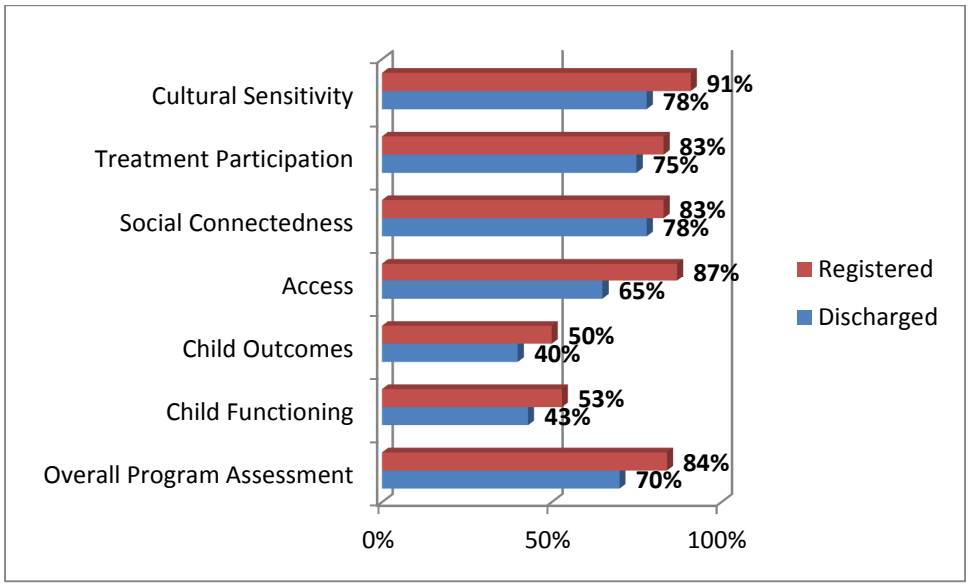
The composite scores presented in Figure 1 show that most survey respondents are satisfied with CAMHD services among the seven different domains. Over 80 percent of the survey respondents gave positive evaluations in the areas of cultural sensitivity, treatment participation, social connectedness, access, and overall program assessment. Approximately 50 percent of the respondents also gave positive evaluations of the services in terms of perceived child outcomes and functioning.

[9] There was evidence of multicollinearity—also known as shared variance—between some of the independent variables. After running Variance Inflation Factor (VIF) tests to determine which variables were collinear, we dropped perceived functioning from the model, which is an acceptable and common solution to this issue (see texts such as Kennedy's *A Guide to Econometrics* or Woolridge's *Introductory Econometrics: A Modern Approach*)

We were also interested to see if there was any variation within these seven domains, and if so, how great is the magnitude of this variation? In order to answer this question we examined the percentage of respondents who gave positive evaluations on these seven domains and further analyzed these results by factors like enrollment status, length of time or experience with the service, and service location.

The following figure separates domain satisfaction by two groups: those respondents whose children were still enrolled in CAMHD services at the time the survey was completed and those whose children had been discharged from the program (irrespective of date of discharge) at the time of the survey.

Figure 2: Composite Scores by Enrollment Status, 2013



(Registered n=126; Discharged n=40)

Figure 2 shows variation in the percentage of respondents who rated CAMHD services 3.5 or higher on the seven different domains when comparing those who were still enrolled in services to those who were discharged by the program.[10] There are several inferences we can draw from the data. First, families who have children that are currently registered have higher ratings in all seven domains. The largest discrepancies are found in the domains of access, overall program assessment, and cultural sensitivity; the smallest differences are found in the domain of social connectedness. Second, when compared to the overall domain satisfaction data in Figure 1, the data for families with children who are currently registered is similar to the average percentages and the data for families with children who have been discharged is considerably lower. For example, 81 percent of respondents rated CAMHD services 3.5 or above on the domain of overall program assessment, compared to 84 percent among families with children

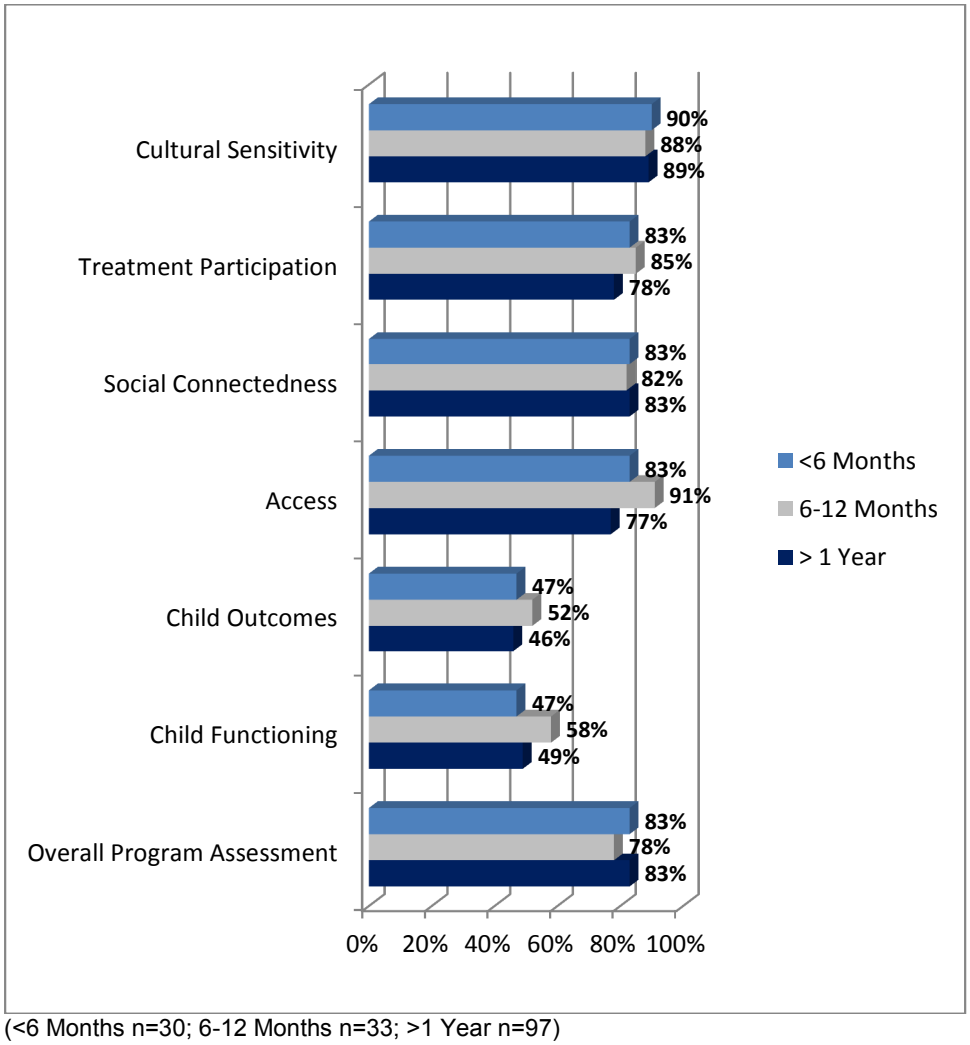
[10] The sample size of respondents whose children were still registered was 126 while the sample size of respondents whose children have been discharged was 40.

who are still utilizing CAMHD services, and 70 percent among families whose children have been discharged from CAMHD services.

Length of Treatment

We also investigated whether or not the child's length of treatment with CAMHD services contributed to the assessment of the services across the seven domains. To explore this relationship we examined domain satisfaction by the respondent-provided categories for length of treatment: children who have used services for less than six months, children who have used services for six to twelve months, and those who have used CAMHD services for greater than one year.

Figure 3: Composite Score by Length of Treatment, 2013



(<6 Months n=30; 6-12 Months n=33; >1 Year n=97)

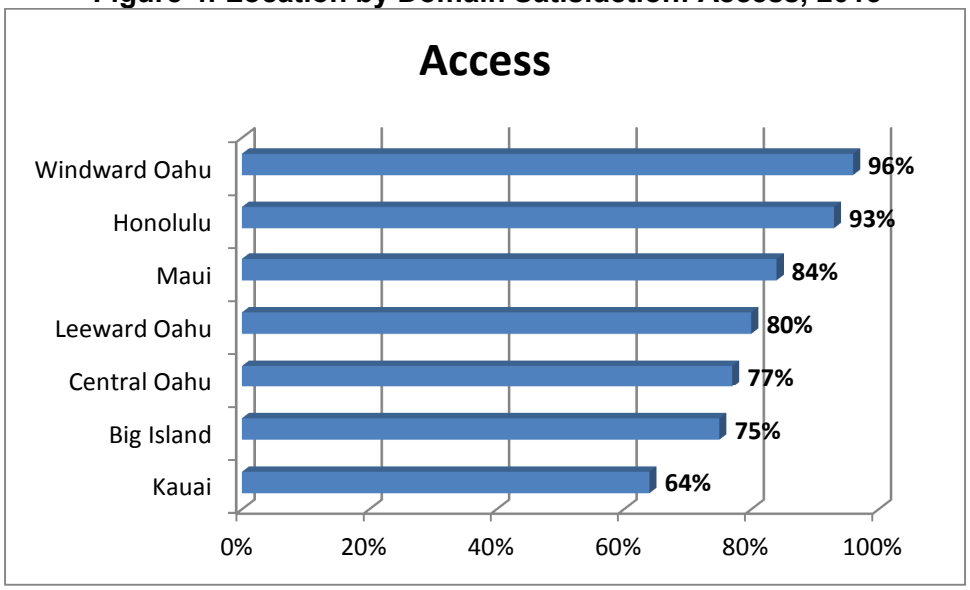
Figure 3 also demonstrates considerable variation in domain satisfaction and length of treatment, which in this case is broken into three groups: less than six months, six to twelve

months, and more than one year. Generally speaking, the highest levels of satisfaction are found among families whose children have used services between six months and one year. This group demonstrates the highest level of satisfaction on the domains of treatment participation, access, child outcomes, and child functioning. Alternatively, all three groups demonstrate similar levels of satisfaction on the domains of cultural sensitivity and social connectedness. Overall program assessment, on the other hand, was highest among those families whose children have used services less than six months, and those whose children have used CAMHD services for greater than one year. Ultimately, however, as was the case in previous years there are no true patterns that reveal a relationship between domain satisfaction and length of treatment.

Geographic Location

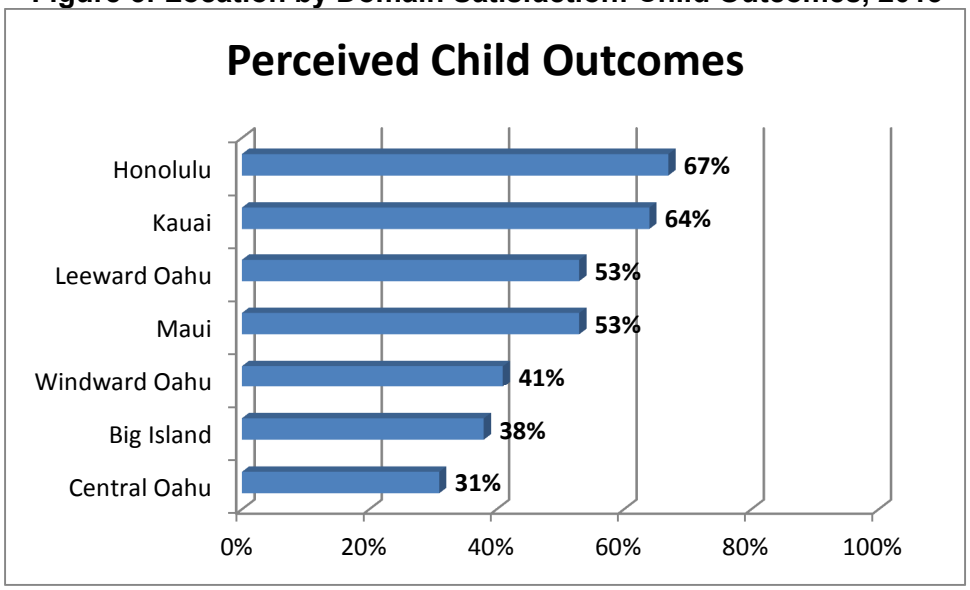
Finally, we examined satisfaction by geographic location in order to determine if service location is related to domain satisfaction. Figures 4 through 10 present domain satisfaction separated by the following locations: Honolulu, Windward Oahu, Central Oahu, Leeward Oahu, Big Island, Maui, and Kauai.

Figure 4: Location by Domain Satisfaction: Access, 2013



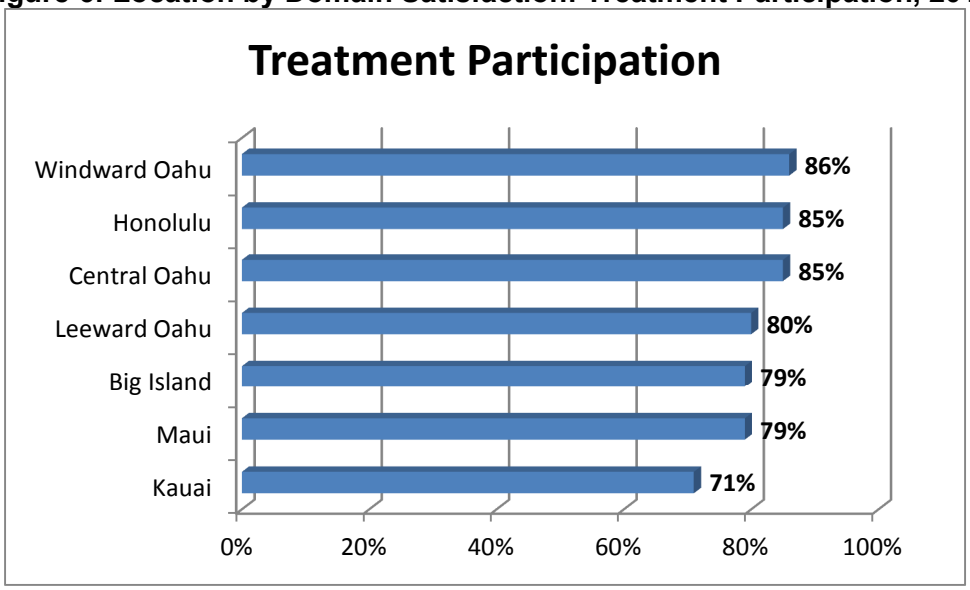
(Central Oahu n=13; Windward Oahu n=22; Leeward Oahu n=15; Honolulu n=27; Maui n=19; Big Island n=56; Kauai n=14)

Figure 5: Location by Domain Satisfaction: Child Outcomes, 2013



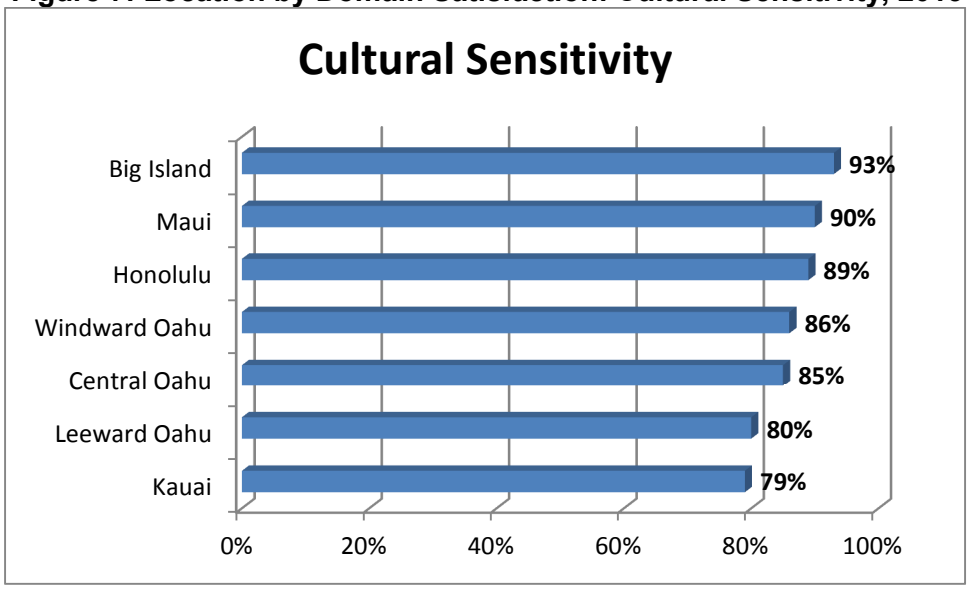
(N Sizes: Central Oahu=13; Windward Oahu=22; Leeward Oahu=15; Honolulu=27; Maui=19; Big Island 56; Kauai=14)

Figure 6: Location by Domain Satisfaction: Treatment Participation, 2013



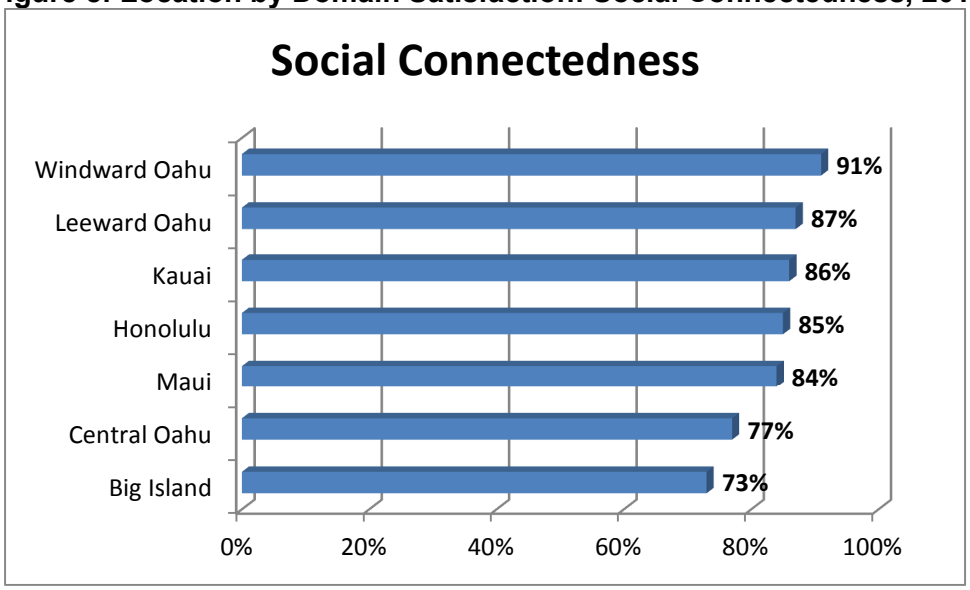
(N Sizes: Central Oahu=13; Windward Oahu=22; Leeward Oahu=15; Honolulu=27; Maui=19; Big Island 56; Kauai=14)

Figure 7: Location by Domain Satisfaction: Cultural Sensitivity, 2013



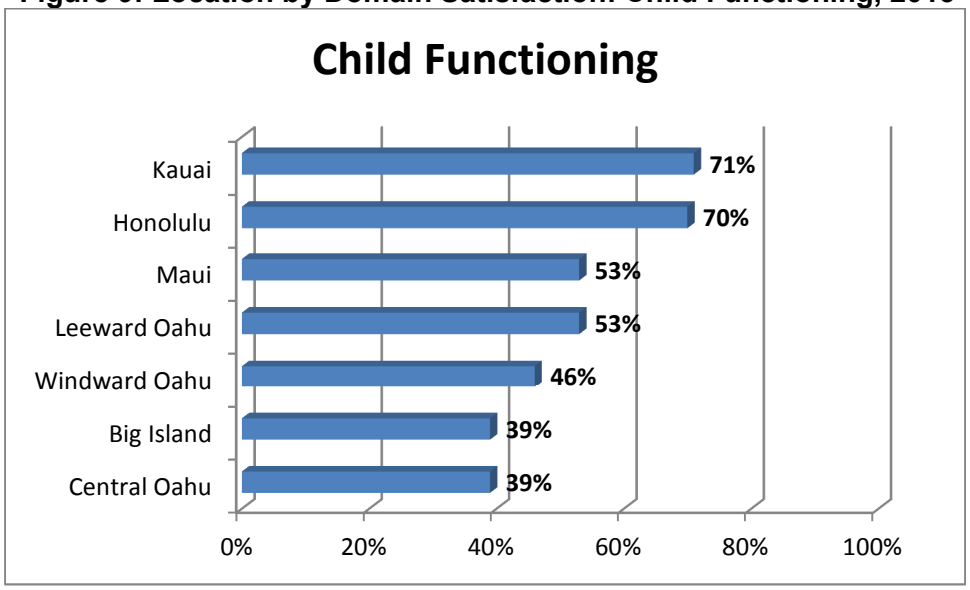
(N Sizes: Central Oahu=13; Windward Oahu=22; Leeward Oahu=15; Honolulu=27; Maui=19; Big Island 56; Kauai=14)

Figure 8: Location by Domain Satisfaction: Social Connectedness, 2013



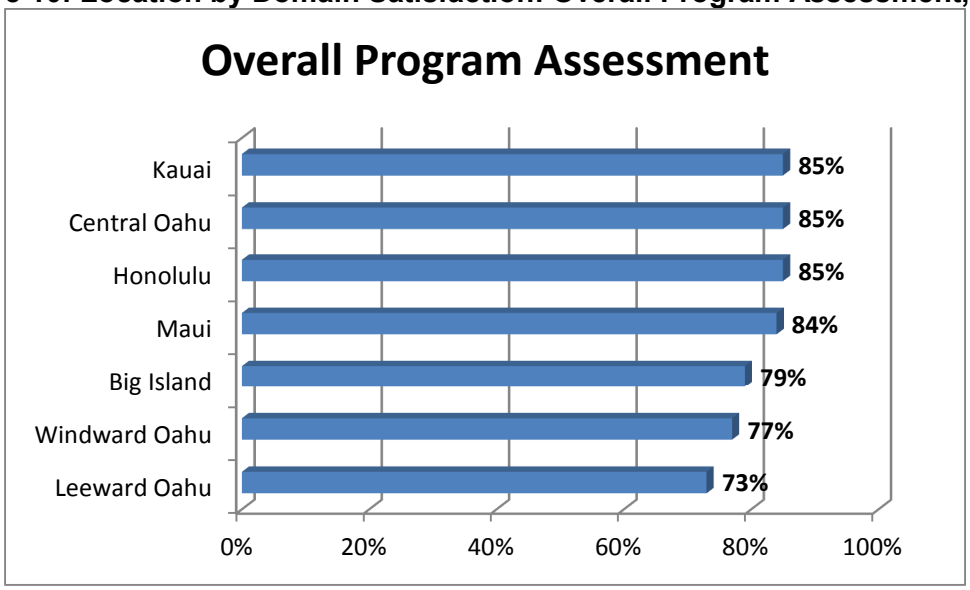
(N Sizes: Central Oahu=13; Windward Oahu=22; Leeward Oahu=15; Honolulu=27; Maui=19; Big Island 56; Kauai=14)

Figure 9: Location by Domain Satisfaction: Child Functioning, 2013



(N Sizes: Central Oahu=13; Windward Oahu=22; Leeward Oahu=15; Honolulu=27; Maui=19; Big Island 56; Kauai=14)

Figure 10: Location by Domain Satisfaction: Overall Program Assessment, 2013



(N Sizes: Central Oahu=13; Windward Oahu=22; Leeward Oahu=15; Honolulu=27; Maui=19; Big Island 56; Kauai=14)

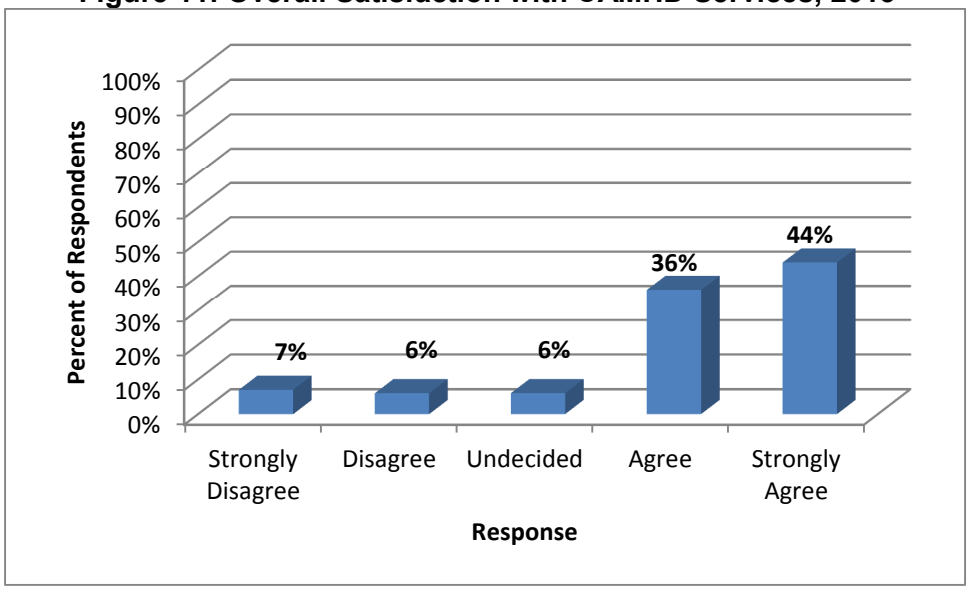
The results do not indicate any discernable relationship between geographical regions and domain satisfaction, and the small sample sizes preclude any meaningful inferences.

Covariates of Overall Satisfaction

Another manner in which the 2013 YSS-F was analyzed involved determining those factors that impacted overall satisfaction with services received by CAMHD users. Instead of aggregating measures to form composite constructs from the data, individual items from the survey were assessed to determine which items were the most important in determining the level of satisfaction with the overall program.

Figure 11 shows the response distribution of those respondents who answered the survey item of overall satisfaction with CAMHD services. The chart shows that 80 percent of respondents either Agree or Strongly Agree that they were satisfied with CAMHD services (down from 87% last year), 13 percent either Disagree or Strongly Disagree with the statement (up from 8% last year), and 6 percent were undecided regarding their level of satisfaction (the same as last year). As we have seen with other measures, the data demonstrate regression from results captured last year.

Figure 11: Overall Satisfaction with CAMHD Services, 2013



(n=166)

In order to determine those aspects of CAMHD services that are related to overall program satisfaction, a multiple regression analysis was run on the survey data. In this model the dependent variable was the parent or guardian's assessment of overall satisfaction with the services their child received from CAMHD (measured on a five-point scale from 'Strongly Disagree' to 'Strongly Agree'). The independent variables in this model are all of the other satisfaction-related variables in the survey that address access, outcomes, participation in treatment, cultural sensitivity of staff, social connectedness, and child functioning. Modeling overall satisfaction in this fashion can generate statistically significant predictors of overall satisfaction, which in turn pinpoint those program areas that can be enhanced for greater consumer satisfaction.

Table 5: Statistically Significant Predictors of Overall Satisfaction, 2013

Question	Standardized Coefficient	Level of Statistical Significance
Q4. The people helping my child stuck with us no matter what (Fortitude)	.42	p<.001
Q7. The services my child and/or family received were right for us (Appropriateness)	.28	p<.05
Q5. I felt my child had someone to talk to when he was troubled (Availability)	.16	p<.05

(n=145)

Table 5 shows the results of the multiple regression analysis. The strongest predictors of overall satisfaction were fortitude (Q4), appropriateness (Q7) and availability (Q5).[11] Thus,

[11] In 2012 the top predictor was Q7 (Appropriateness) and Q11 (Assistance), and in 2011 the top predictor was Q4 (Fortitude) followed by Q7 (Appropriateness).

while all three factors were associated with overall satisfaction, fortitude had almost twice the impact of appropriateness and nearly three times the impact of availability. The fact that service providers stuck with the family really resonated with survey respondents.

Child Outcomes

In addition to service satisfaction questions, the 2013 YSS-F also included a battery of questions that examined additional aspects of services, existing conditions of the CAMHD users, and changes in these conditions over a specified time span. Many of these questions focused on the relationship between the amount of usage and behavioral changes that may have resulted from services. The results of these questions from the 2012 and 2013 survey are presented in the Table 6 below.

Table 6: Child Outcomes, 2012-2013

Type	Indicator	Response % 2012	Response % 2013
Emergency Services Needed			
	Child needed emergency counseling or treatment [a]	57	63
	Child got to see a professional in that emergency (always or usually) [b]	67	62
	Child had to go to an emergency room (2 or more times) [c]	22	23
Services			
	Child received least restrictive services (sometimes or never) [d]	39	38
Current Condition			
	Child is not currently living with parent or caregiver [e]	22	20
	Child did not live with one or both parents in the last six months [f]	42	41
	Child was arrested in the last 30 days [g]	11	11
	Child went to court for something he/she did [h]	22	15
	Used CAMHD services less than 1 year ago [i]		
	Child attended school less than before starting to receive services	10	14
	Child expelled or suspended before entering program	35	38
	Child expelled or suspended since starting to receive services	24	30
	Child had more encounters with police since starting to receive services	7	5
	Used CAMHD services more than 1 year ago [j]		
	Child attended school less than before starting to receive services	16	17
	Child expelled or suspended before entering program	35	31
	Child expelled or suspended since starting to receive services	26	28
	Child had more encounters with police since starting to receive services	10	11

([a] n=154; [b] n=118; [c] n=123; [d] n=141; [e] n=160; [f] n=166; [g] n=162; [h] n=162; [i] n=77; [j] n=122)

Child outcomes in 2013 show both differences and similarities to those reported in 2012. In terms of emergency services needed, there are clear differences in responses to these questions. For example, 63 percent of respondents indicated their child needed emergency counseling or treatment in 2013 compared to 57 percent in 2012 (and 50% in 2011). Likewise,

62 percent of respondents indicated their child always or usually got to see a professional in that emergency compared to 67 percent of respondents the previous year (and 57% in 2011).

The percentage of respondents in 2013 who noted that their child received least restrictive services either sometimes or never was 38 percent compared to 39 percent in 2012.

In terms of current conditions, again, there are some very large differences along with similar response patterns. In 2013 there are a smaller percentage of respondents that indicate the child went to court for something he or she did (22% in 2012 compared to 15% in 2013).

The data for respondents whose children used CAMHD services less than 1 year ago differed significantly on just one measure. The percentage of children who were expelled or suspended since starting to receive CAMHD services increased from 24 percent in 2012 to 30 percent in 2013.

Caregiver Feedback

Caregivers were asked what service had been most helpful to them and their child over the past six months, and what about that service had been helpful? Table 7 shows that 50 percent of parents made a comment about the therapy or counseling (compared to 37% the previous year), 12 percent indicated in-home treatment was the most helpful aspects of CAMHD services, and 10 percent made a comment about supportive staff[12]. Five percent or less of caregivers mentioned availability of staff, improved behavior, medical help, and teamwork as aspects of the service that were helpful. Finally, 17 percent provided other comments that did not fall into the categories mentioned above.

[12] In 2012 the top three responses were therapy/counseling (37%), supportive staff/communication (21%), and in-home treatment (18%).

Table 7: Caregivers' Evaluation of CAMHD Services, 2013

The most helpful thing about services my child received was…..	Percent
Therapy/counseling	50
In-home treatment	12
Supportive staff/communication	10
Teamwork & Everybody working together	4
Availability of staff	3
Medical help	3
Improved behavior	2
Other	17

(Number of Responses=119)

Caregivers were also asked to provide information on what they thought would improve services offered by CAMHD. Table 8 shows that the largest percentage of parents (32%) commented that more customized or special services could be added, aspects of the coordinator or therapist could be improved (16%), don't close the case too soon or extend the length of services (10%) more funding, facilities, or transportation (6%), more contacts with clients or parents (5%), and parent involvement (4%). Eleven percent indicated that no improvements could be made, eight percent mentioned other items that would improve services, and ten percent were unsure what improvements could be made. Blank responses were treated as missing data and therefore not included in this analysis.

Table 8: Caregivers' Suggestions for Improvement, 2013

What would improve the CAMHD services?	Percent
More customized or special services/transitions	32
Coordinator/therapist improvements	16
Don't close case too soon/ Extend length of services	10
More funding/facilities/transportation	6
More contacts with clients/parents	5
Parent involvement	4
None	11
Other	8
Not sure	10

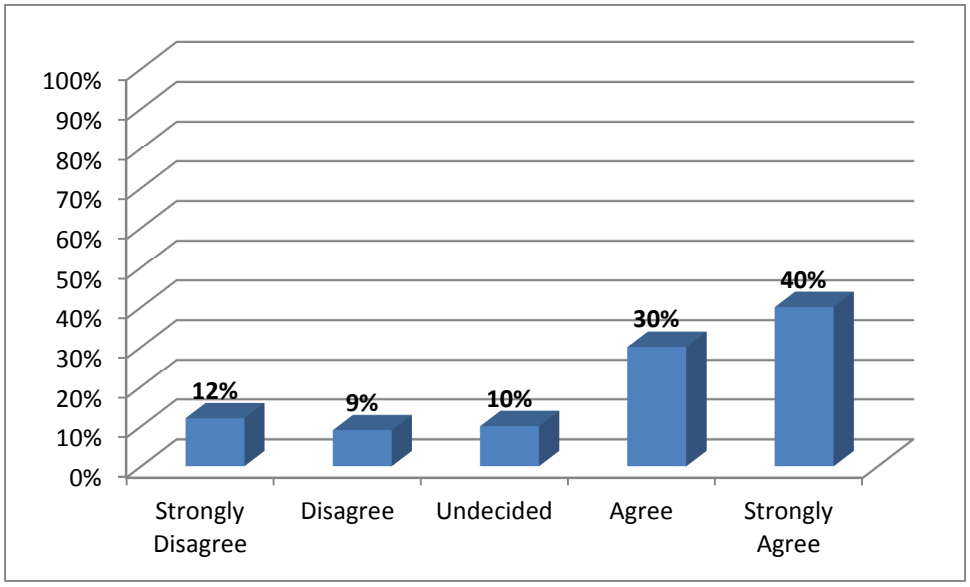
(Number of Responses=84)

Additional Analyses

One of the major changes that were made to the 2012 YSSF survey instrument was the addition of three questions related to respondents' communication with their children's Care Coordinators. Specifically, survey respondents were asked to denote how many times they met with their child's Care Coordinator, and their level of agreement or disagreement that they were kept informed about the services their child received and how their child was doing. These questions were added to the survey instrument with the intent to collect data and set a baseline of knowledge about Care Coordinator communication for future studies. The 2013 YSSF included the latter two of the three questions but altered the first. Instead of asking for a numerical response of how many times parents/guardians were contacted each month by Care Coordinators, the first question was revised in such a way that respondents were asked to agree or disagree with the statement "My Care Coordinator contacted me (in person or by phone) at least one time every month my child was receiving services."

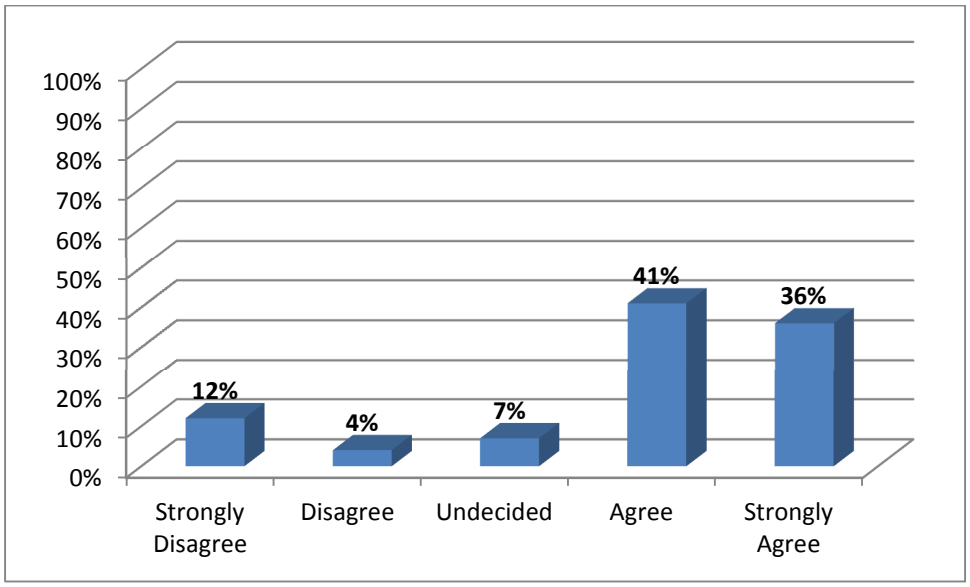
Figures 12-14 show the level of agreement about the correspondence between respondents and Care Coordinators over the past year. Over 70 percent of respondents indicated that the Care Coordinators contacted them at least once a month their child was receiving services while 21 percent disagreed with this statement. Seventy-seven percent of respondents agree that they were informed about the exact services their child received during this time-span, and 76 percent of respondents indicated they were kept informed about how their child was doing over the same period.

Figure 12: Care Coordinator Contacted Guardian At Least Once a Month



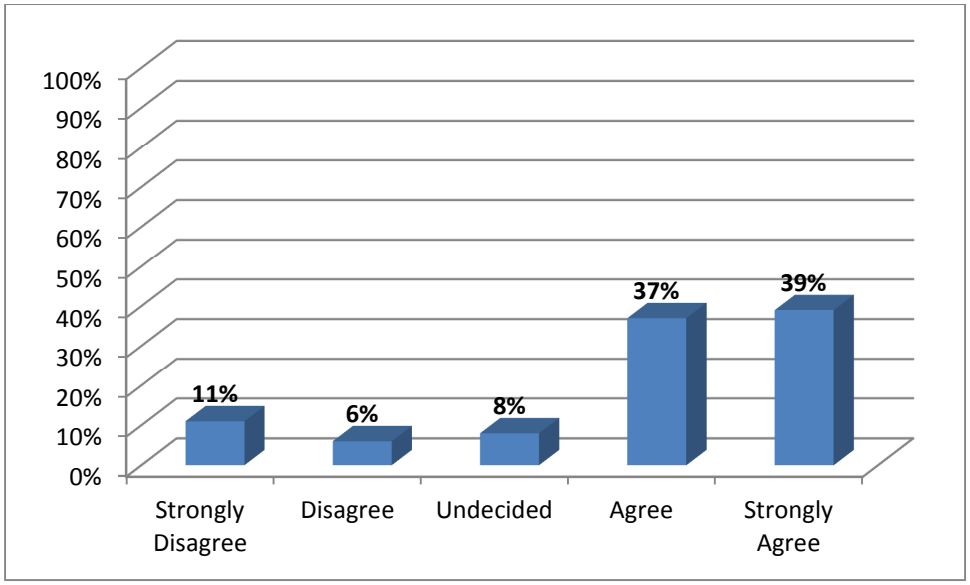
(n=158)

Figure 13: Informed About Services Child Received, 2013



(n=163)

Figure 14: Informed About How Child Was Doing, 2013

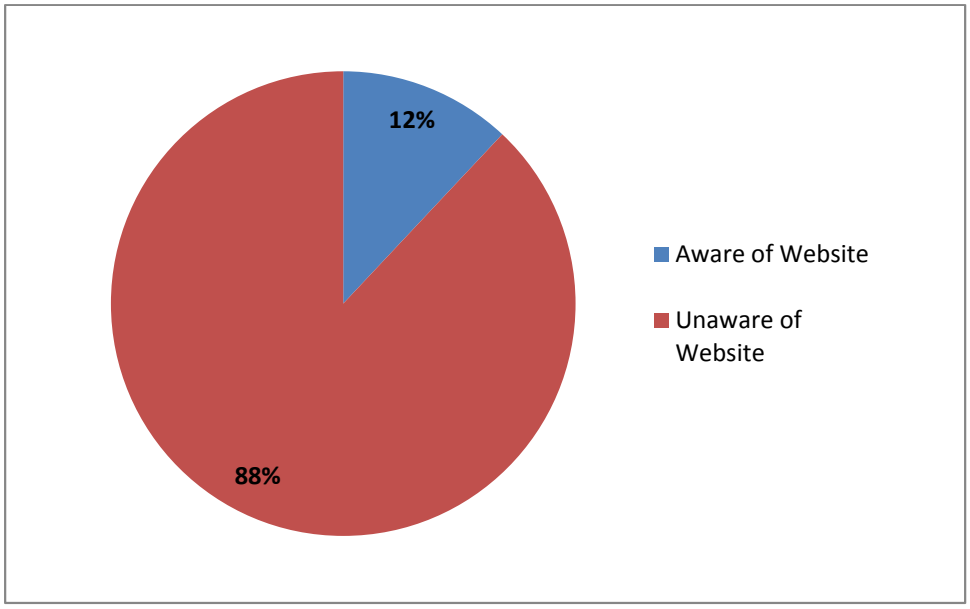


(n=162)

As a new addition to this year's survey instrument (and for establishing a baseline measure), respondents were asked if they were aware of the Help Your Keiki website[13] (www.helpyourkeiki.com), and among those who answered affirmatively, if they had accessed the website during the last year.

The following figures provide the responses to these questions. Twelve percent of respondents indicated they were aware of the website, and out of this small segment, twenty-eight percent indicated they accessed the website during the past year. The data reveal that few parents/guardians have knowledge about this website and even among those who are aware of the website, just a small number have actually accessed the site in the past year.

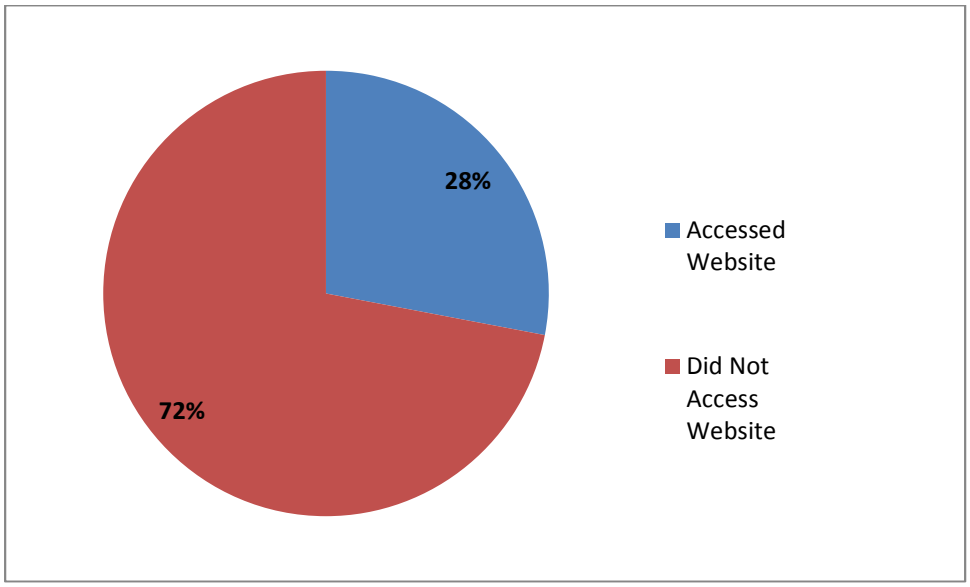
Figure 15: Parent/Guardian Knowledge of Help Your Keiki Website



(n=163)

[13] The website provides information about evidence-based services for children who experience behavioral and/or emotional issues.

Figure 16: Parent/Guardian Accesses Website in Past Year



(n=18)

Appendix A

Table 9: Composite Access, 2013

Composite Access	2013	Count	Col %
The location of services was convenient for us.	1 - Strongly Disagree	7	4%
	2 – Disagree	4	2%
	3 – Undecided	12	7%
	4 – Agree	75	46%
	5 - Strongly Agree	67	41%
Services were available at times that were convenient for us.	1 - Strongly Disagree	7	4%
	2 – Disagree	8	5%
	3 – Undecided	14	8%
	4 – Agree	71	43%
	5 - Strongly Agree	66	40%

Table 10: Composite Functioning, 2013

Composite Functioning	2013	Count	Col %
My child is better able to do things he or she wants to do.	1 - Strongly Disagree	14	8%
	2 - Disagree	25	15%
	3 - Undecided	35	21%
	4 – Agree	69	42%
	5 - Strongly Agree	23	14%
My child is better at handling daily life.	1 - Strongly Disagree	16	10%
	2 - Disagree	20	12%
	3 - Undecided	39	29%
	4 – Agree	52	32%
	5 - Strongly Agree	35	22%
My child gets along better with family members.	1 - Strongly Disagree	11	7%
	2 - Disagree	24	15%
	3 - Undecided	35	21%
	4 – Agree	59	36%
	5 - Strongly Agree	35	21%
My child gets along better with friends and other people.	1 - Strongly Disagree	9	6%
	2 - Disagree	18	11%
	3 - Undecided	41	25%
	4 – Agree	63	38%
	5 - Strongly Agree	34	21%
My child is doing better in school and/or work.	1 - Strongly Disagree	20	12%
	2 - Disagree	18	11%
	3 - Undecided	41	25%
	4 – Agree	52	32%
	5 - Strongly Agree	31	19%
My child is better able to cope when things go wrong.	1 - Strongly Disagree	18	11%
	2 - Disagree	19	12%
	3 - Undecided	47	29%
	4 – Agree	54	33%
	5 - Strongly Agree	26	16%

Table 11: Composite Social Connectedness, 2013

Composite Social Connectedness	2013	Count	Col %
I know people who will listen and understand me when I need to talk.	1 - Strongly Disagree	7	4%
	2 - Disagree	6	4%
	3 - Undecided	17	10%
	4 - Agree	80	48%
	5 - Strongly Agree	56	34%
I have people that I am comfortable talking with about my child's problems.	1 - Strongly Disagree	6	4%
	2 - Disagree	7	4%
	3 - Undecided	13	8%
	4 - Agree	78	47%
	5 - Strongly Agree	62	37%
In a crisis, I would have the support I need from family or friends.	1 - Strongly Disagree	8	5%
	2 - Disagree	9	6%
	3 - Undecided	19	12%
	4 - Agree	69	42%
	5 - Strongly Agree	60	36%
I have people with whom I can do enjoyable things.	1 - Strongly Disagree	6	4%
	2 - Disagree	2	1%
	3 - Undecided	17	10%
	4 - Agree	76	46%
	5 - Strongly Agree	63	38%

Table 12: Composite Cultural Sensitivity of Staff, 2013

Composite			
Cultural Sensitivity of Staff	**2013**	**Count**	**Col %**
Staff treated me with respect.	1 - Strongly Disagree	5	3%
	2 - Disagree	6	4%
	3 - Undecided	7	4%
	4 - Agree	60	36%
	5 - Strongly Agree	87	53%
Staff respected my family's religious/spiritual beliefs.	1 - Strongly Disagree	3	2%
	2 - Disagree	2	1%
	3 - Undecided	14	9%
	4 - Agree	70	43%
	5 - Strongly Agree	75	46%
Staff spoke with me in a way that I understood.	1 - Strongly Disagree	4	2%
	2 - Disagree	1	1%
	3 - Undecided	9	5%
	4 - Agree	70	42%
	5 - Strongly Agree	82	49%
Staff was sensitive to my cultural/ethnic background.	1 - Strongly Disagree	4	2%
	2 - Disagree	4	2%
	3 - Undecided	14	8%
	4 - Agree	68	41%
	5 - Strongly Agree	76	46%

Table 13: Composite Participation in Treatment, 2013

Composite Participation in Treatment	2013	Count	Col %
I helped to choose my child's services.	1 - Strongly Disagree	6	4%
	2 - Disagree	17	10%
	3 - Undecided	8	5%
	4 - Agree	85	52%
	5 - Strongly Agree	49	30%
I helped to choose my child's treatment goals.	1 - Strongly Disagree	4	2%
	2 - Disagree	13	8%
	3 - Undecided	12	7%
	4 - Agree	84	51%
	5 - Strongly Agree	53	32%
I participated in my child's treatment.	1 - Strongly Disagree	3	2%
	2 - Disagree	10	6%
	3 - Undecided	7	4%
	4 - Agree	71	43%
	5 - Strongly Agree	74	45%

Table 14: Composite Overall Program Assessment, 2013

Composite			
Overall Program Assessment	**2013**	**Count**	**Col %**
Overall, I am satisfied with the services my child received.	1 - Strongly Disagree	12	7%
	2 - Disagree	10	6%
	3 - Undecided	10	6%
	4 - Agree	60	36%
	5 - Strongly Agree	73	44%
The people helping my child stuck with us no matter what.	1 - Strongly Disagree	9	6%
	2 - Disagree	4	2%
	3 - Undecided	9	6%
	4 - Agree	54	36%
	5 - Strongly Agree	83	51%
I felt my child had someone to talk to when he/she was troubled.	1 - Strongly Disagree	9	6%
	2 - Disagree	9	6%
	3 - Undecided	17	10%
	4 - Agree	71	43%
	5 - Strongly Agree	59	36%
The services my child and/or family received were right for us.	1 - Strongly Disagree	13	8%
	2 - Disagree	4	2%
	3 - Undecided	23	14%
	4 - Agree	69	42%
	5 - Strongly Agree	57	34%
My family got the help we wanted for my child.	1 - Strongly Disagree	10	6%
	2 - Disagree	11	7%
	3 - Undecided	21	13%
	4 - Agree	70	43%
	5 - Strongly Agree	51	31%
My family got as much help as we needed for my child.	1 - Strongly Disagree	12	7%
	2 - Disagree	12	7%
	3 - Undecided	26	16%
	4 - Agree	67	40%
	5 - Strongly Agree	49	30%

Table 15: Composite Outcomes, 2013

Composite Outcomes	2013	Count	Col %
My child is better at handling daily life.	1 - Strongly Disagree	16	10%
	2 - Disagree	20	12%
	3 - Undecided	39	24%
	4 - Agree	52	32%
	5 - Strongly Agree	35	22%
My child gets along better with family members.	1 - Strongly Disagree	11	7%
	2 - Disagree	24	15%
	3 - Undecided	35	21%
	4 - Agree	59	36%
	5 - Strongly Agree	35	21%
My child gets along better with friends and other people.	1 - Strongly Disagree	9	6%
	2 - Disagree	18	11%
	3 - Undecided	41	25%
	4 - Agree	63	38%
	5 - Strongly Agree	34	21%
My child is doing better in school and/or work.	1 - Strongly Disagree	20	12%
	2 - Disagree	18	11%
	3 - Undecided	41	25%
	4 - Agree	52	32%
	5 - Strongly Agree	31	19%
My child is better able to cope when things go wrong.	1 - Strongly Disagree	18	11%
	2 - Disagree	19	12%
	3 - Undecided	47	29%
	4 - Agree	54	33%
	5 - Strongly Agree	26	16%
I am satisfied with our family life right now.	1 - Strongly Disagree	17	10%
	2 - Disagree	24	15%
	3 - Undecided	43	26%
	4 - Agree	58	35%
	5 - Strongly Agree	23	14%

Appendix B
Survey Instrument

HAWAII STATE DEPARTMENT OF HEALTH

Child and Adolescent Mental Health Division (CAMHD)
2013 YOUTH SERVICES SURVEY FOR FAMILIES

*Online version of this survey may be found at **http://web.smshawaii.com/CAMHD13/login.html***
Your password to access the online survey is XXXX

Please answer the following questions about the most recent services your child received ***in the calendar year 2012*** through the State of Hawai'i's Child and Adolescent Mental Health Division (CAMHD). Please indicate whether you: '**Strongly Disagree,' 'Disagree,'** are **'Undecided,' 'Agree,'** or **'Strongly Agree'** with each of the statements below. Please completely fill in the circle that best represents your answer.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. Overall, I am satisfied with the services my child received.	○	○	○	○	○
2. I helped to choose my child's services.	○	○	○	○	○
3. I helped to choose my child's treatment goals.	○	○	○	○	○
4. The people helping my child stuck with us no matter what.	○	○	○	○	○
5. I felt my child had someone to talk to when he/she was troubled.	○	○	○	○	○
6. I participated in my child's treatment.	○	○	○	○	○
7. The services my child and/or family received were right for us.	○	○	○	○	○
8. The location of services was convenient for us.	○	○	○	○	○
9. Services were available at times that were convenient for us.	○	○	○	○	○
10. My family got the help we wanted for my child.	○	○	○	○	○
11. My family got as much help as we needed for my child.	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○
13. Staff respected my family's religious/spiritual beliefs.	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○
15. Staff were sensitive to my cultural/ethnic background.	○	○	○	○	○
16. My child is better at handling daily life.	○	○	○	○	○
17. My child gets along better with family members.	○	○	○	○	○
18. My child gets along better with friends and other people.	○	○	○	○	○
19. My child is doing better in school and/or work.	○	○	○	○	○
20. My child is better able to cope when things go wrong.	○	○	○	○	○
21. I am satisfied with our family life right now.	○	○	○	○	○
22. My child is better able to do things he or she wants to do.	○	○	○	○	○
23. I know people who will listen and understand me when I need to talk.	○	○	○	○	○
24. I have people that I am comfortable talking with about my child's problems.	○	○	○	○	○
25. In a crisis, I would have the support I need from family or friends.	○	○	○	○	○
26. I have people with whom I can do enjoyable things.	○	○	○	○	○

27. What service has been the most helpful to you and your child in 2012 and what is it about that service that has been so helpful?

_____
_____
_____

28. What would improve the services offered through Hawaii's Child and Adolescent Mental Health Division (CAMHD)?_____

_____
_____
_____

Please answer the following questions to let us know how your child is doing.

29. Is your child currently living with you?
O Yes O No

30. Has your child lived in any of the following places in *the last 6 months*? (**Mark *ALL* that apply**)
- ☐ a. Private Residence (one/both parents, other family member)
- ☐ b. Foster Home (Therapeutic, Multi-Dimensional Treatment)
- ☐ c. Residential Group Home (No treatment provided)
- ☐ d. Crisis Residence (Crisis Shelter)
- ☐ e. Children's Residential Treatment Facility
- ☐ f. Hospital
- ☐ g. Correctional Facility (Detention Facility)
- ☐ h. Homeless (Runaway, on the streets)
- ☐ i. Other (describe): _____

31. Where does your child currently live? (**Mark *ONE* only**)
- O a. Private Residence (one/both parents, other family member)
- O b. Foster Home (Therapeutic, Multi-Dimensional Treatment)
- O c. Residential Group Home (No treatment provided)
- O d. Crisis Residence (Crisis Shelter)
- O e. Children's Residential Treatment Facility
- O f. Hospital
- O g. Correctional Facility (Detention Facility)
- O h. Homeless (Runaway, living on the streets)
- O i. Other (describe): _____

32. In the last month, was your child arrested by the police?
O Yes O No

33. In the last month, did your child go to court for something he/she did?
O Yes O No

34. How often was your child absent from school during the last month?
- O 1 day or less
- O 2 days
- O 3 to 5 days
- O 6 to 10 days
- O More than 10 days
- O Not applicable/ not in school
- O Do not remember

35. How long ago did your child begin to receive services from a Child and Adolescent Mental Health Division (CAMHD) service provider?
- O Less than 1 month → **Go to Question # 36**
- O 1 to 5 months → **Go to Question # 36**
- O 6 months to 1 year → **Go to Question # 36**
- O More than 1 year → **Go to Question # 42**

Answer Questions 36 to 41 if your child began receiving services *less than 1 year ago . . .*

36. Was your child arrested during the 12 months *prior to receiving services* from a CAMHD service provider?
O Yes O No

37. Was your child arrested *since beginning services* from a CAMHD service provider?
O Yes O No

38. Since your child began receiving mental health services from CAMHD, have their encounters (been hassled, arrested, or taken to a shelter) with police . . .
- O a. been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program)
- O b. stayed the same
- O c. increased
- O d. not applicable (They had no police encounters this year or last year)

39. Was your child expelled or suspended from school during the 12 months *prior to receiving services* from a CAMHD service provider?
    O Yes O No

40. Was your child expelled or suspended *since beginning services* from a CAMHD service provider?
    O Yes O No

41. Since your child started receiving services from a CAMHD service provider, is the number of days he/she was in school:
    a. O Greater than before
    b. O About the same
    c. O Less than before
    d. O Does not apply (please select below why this does not apply)
        i. O Child did not have a problem with attendance before starting services
        ii. O Child is too young to be in school
        iii. O Child was expelled from school
        iv. O Child is home schooled
        v. O Child dropped out of school
        vi. O Other: _____

Answer Questions 42 to 47 if your child began receiving services *more than 1 year ago.*
If NOT, Go to Question # 48

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42. Was your child arrested during the last 12 months?
    O Yes O No

43. Was your child arrested during the 12 months prior to that?
    O Yes O No

44. Over the last year, have your child's encounters with the police (e.g., been arrested, questioned or taken to a shelter or crisis program by police)
    O a. been reduced
    O b. stayed the same
    O c. increased
    O d. no encounters with police in the past year

45. Was your child expelled or suspended from school during the last 12 months?
    O Yes O No

46. Was your child expelled or suspended from school during the 12 months prior to that?
    O Yes O No

47. Over the last year, the number of days my child was in school is
    a. O Greater than before
    b. O About the same
    c. O Less than before
    d. O Does not apply (please select below why this does not apply)
        i. O Child did not have a problem with attendance before starting services
        ii. O Child is too young to be in school
        iii. O Child was expelled from school
        iv. O Child is home schooled
        v. O Child dropped out of school
        vii. O Other: _____

Emergency Care

48. In the last 12 months, did your child need counseling or treatment *right away?*
    O Yes - → **Go to Question # 49**
    O No - → **Go to Question # 51**

49. In the last 12 months, when your child needed counseling or treatment *right away*, how often did your child see someone as soon as you wanted?
    O Never
    O Sometimes
    O Usually
    O Always

50. In the last 12 months, how many times did you go to an emergency room or crisis center to get counseling or treatment for your child?
    O None
    O 1
    O 2
    O 3 or more

Least Restrictive Services

Services are said to be "Least Restrictive" when they are effective but interfere as little as possible with your child's life. For example, receiving counseling or treatment at home is *less restrictive* than providing these services to your child in an out-of-home setting.

51. In the last 12 months, how often do you think the people helping your child offered *least restrictive services* for your child?
    O Never
    O Sometimes
    O Usually
    O Always

Communication with Care Coordinator

You may not be familiar with the term "Care Coordinator" we use in some of the questions below. These are staff at each of the Family Guidance Centers (FGCs) who plan and manage your child's mental health services. According to CAMHD policy, Care Coordinators should meet or talk with parents and caregivers on a regular basis. Please let us know about your interaction with your child's Care Coordinator.

52. My Care Coordinator contacted me (in person or by phone) at least one time every month my child was receiving services.

- O Strongly Disagree
- O Disagree
- O Undecided
- O Agree
- O Strongly Agree

53. During the time my child received services from CAMHD, I was kept informed about the exact services my child was receiving.

- O Strongly Disagree
- O Disagree
- O Undecided
- O Agree
- O Strongly Agree
- O N/A

54. During the time my child received services from CAMHD, I was kept informed about how my child was doing.

- O Strongly Disagree
- O Disagree
- O Undecided
- O Agree
- O Strongly Agree
- O N/A

About Your Child

55. What is your relationship to the child? **(Select only one)**

- O Biological parent
- O Adoptive parent
- O Foster Parent
- O Relative
- O Caregiver (no biological relation)
- O Other (e.g., guardian ad litem, social worker)
  (Please specify):_____

56. Child's Race:

(Mark *ALL* that Apply)

- ☐ American Indian/Alaskan Native
- ☐ White (Caucasian)
- ☐ Black (African American)
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other: (Please Specify)_____

57. Are either of the child's parents Spanish/Hispanic/Latino?

- O Yes
- O No

58. Child's Gender:

- O Male
- O Female

Help Your Keiki

59. Before receiving this survey, did you know about the Help Your Keiki website (www.helpyourkeiki.com) that provides information about services for your child?

- O Yes - → **Go to Question # 60**
- O No - **Thank you for your time**

60. During the last year, did you access the "Help Your Keiki" website (www.helpyourkeiki.com) for information about services for your child?

- O Yes
- O No

MAHALO for taking the time to fill out our survey!

Please return your completed survey to SMS Research in the enclosed pre-paid, self-addressed envelope. SMS Research is an independent research organization that will combine your answers with those of other respondents. Your name will not be included with your answers. All information you provide will be kept strictly confidential. If you have any questions please contact Jeff May at SMS Research (808-440-0737).

Form: A