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CAMHD REPORT 2012

Prepared for

Department of Health

Child and Adolescent Mental Health Division

August, 2012

Prepared by:

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August 14, 2012

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
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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 58 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 to 2012. This report presents the survey results from the study conducted in 2012 based on a population of youth who were served by CAMHD in Calendar Year 2011 (January 1, 2011 to December 31, 2011). The report focuses on the major findings from the analysis of the surveys collected in March through May of 2012.[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 (March through May of 2012). 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* (CY2011).

METHODS

Data Collection

The 2012 YSS-F was mailed to parents and guardians of youth who received or signed up to receive CAMHD services in Calendar Year 2011 (January 1, 2011 to December 31, 2011). 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 2011 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.

SMS administered the 2012 YSS-F in three stages over the span of 3 months in the spring of 2012. First, SMS mailed out pre-notification postcards to all families on the register. 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. 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.

A week 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.

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.[3] We collected data for an additional four weeks, which culminated on June 1st, 2012.

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, although there were three noticeable changes. First, we included two questions at the outset of the survey that directed respondents to indicate how many months their child received services from CAMHD service providers in 2011, and indicate when the last time your child received services from CAMHD. The intent of the questions was to ensure that respondents appropriately responded to the questions that applied to them. Second, we placed all the scaled questions (Strongly Disagree to Strongly Agree) on the same page in an attempt to shorten the perceived length of the survey. Third, we included three new

[3] 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.

questions to ascertain the quantity and satisfaction of respondents' communication with their children's Care Coordinators. 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 scannable format using advanced scanning software to facilitate accurate data, scanning, processing, and reporting.

After the data collection 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 1,771 children who had either used CAMHD services or registered to use these services in 2011. Of that original list, 234 names did not have a corresponding address or contact information ('Bad Addresses or Address Missing') and were not mailed a survey. Of the 1,537 pre-notification postcards and surveys that were mailed out as in the first wave of the study ('Working Sample Size'), 211 were returned due to bad addresses or lack of forwarding information ('Items Returned as Undeliverable'). Twenty 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 6 months ('Non-Use of Service'). Accounting for these issues of non-coverage and non-response left us with an adjusted sample size of 1,306.

Table 1: Adjusted Response Rate for YSS-F, 2012

Original Sample File Elements	1,771
Bad Addresses or Address Missing	234
Working Sample Size (Initial Mailing)	1,537
Items Returned as Undeliverable	211
Non-Use of Service	20
Adjusted Sample Size (2012)	1,306
Total Completed Surveys	207
Adjusted Response Rate	16%

After mailing out pre-notification postcards and two waves of survey instruments we collected 207 completed surveys in 2012. The adjusted survey rate resulted at 16 percent. In spite of our efforts to increase the response rate with the pre-notification postcards and visually altering the survey instrument, the response rate in 2012 was seven percentage points lower than the response rate in 2011 (23%), and ten percentage points lower than that of 2010 (26%).

Table 2: Family Guidance Center Response Rate for YSS-F, 2010-2012

Family Guidance Center	Response Rate 2010	Response Rate 2011	Response Rate 2012
Central O'ahu	24%	31%	19%
Maui	22%	26%	20%
Kaua'i	21%	26%[4]	13%
Windward O'ahu[5]	31%	23%	23%
Honolulu-O'ahu	24%	20%	23%
Big Island	18%	20%	13%
Leeward O'ahu	19%	20%	12%
Total Response Rate	26%	23%	16%

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 2012 (23%) was found among families who used the Honolulu and Windward O'ahu Family Guidance Centers. Additionally, the greatest year-to-year increase in response rate from 2011 to 2012 was also found among families that utilized the Honolulu facility (+3%). The lowest response rate (12%) was shared among families who used the Leeward O'ahu Family Guidance Center (although for all intents and purposes Kaua'i and Big Island had similar response rates). The greatest year-to-year decline was found among families who used the Central O'ahu Family Guidance Center (31% in 2011 to 19% in 2012).

Sample Error Estimates

The sample error estimate for YSS-F 2012 was plus-or-minus 6.4 percentage points at the 95 percent confidence interval. This estimate is larger than the +/-4.6 percentage point error estimate associated with the 2011 study and considerably larger than the +/-3.6 percentage point error estimate associated with the 2010 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 2012 study. 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.[6] Compared to past

[4] 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.
[5] Windward FGC had merged with Central FGC during this period, but was still distinguishable by their FGC code.
[6] Characteristics of the population were calculated based on all 1,771 cases in CAMHD's file of children whose parents and guardians were registered in the CAMHD data system for CY2011.

years, the sample is less reflective of the population of children who received CAMHD services in 2011.
For example, the sample tends to have a greater percentage of males, is skewed toward younger children, has over-representation from Central Oah'u, Honolulu, and Maui and under-representation from Leeward O'ahu and Big Island, and has a larger share of children with attentional disorders.

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, 2012

Characteristic	Respondents		Population	
	Count	Percent	Count	Percent
Gender				
Male	145	70%	1125	64%
Female	62	30%	646	36%
Total	**207**	**100%**	**1771**	**100%**
Age of Children				
Younger than 6	3	1%	35	2%
Between 6 and 12	57	28%	424	24%
Between 13 and 15	60	29%	467	26%
Older than 16	87	42%	845	48%
Total	**207**	**100%**	**1771**	**100%**
Geographic Region				
Central O'ahu	24	12%	144	8%
Windward O'ahu	21	10%	129	7%
Leeward O'ahu	23	11%	275	16%
Honolulu	31	15%	188	11%
Hawai'i	67	32%	681	39%
Maui	27	13%	171	10%
Kaua'i	13	6%	122	7%
Unknown	1	1%	61	2%
Total	**207**	**100%**	**1771**	**100%**
Diagnostic Category				
Adjustment Disorders	10	5%	99	6%
Anxiety Disorders	21	10%	183	10%
Attentional Disorders	50	24%	260	15%
Disruptive Behavior Disorders	61	30%	504	29%
Mental Retardation	2	1%	23	1%
Miscellaneous Disorders	12	6%	91	5%
Mood Disorders	27	13%	276	16%
None Identified	14	7%	265	15%
Pervasive Developmental Disorders	3	1%	14	1%
Substance Related Disorders	7	3%	56	3%
Total	**207**	**100%**	**1771**	**100%**

FINDINGS

The following sections report findings from our analysis of the 2012 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 compares the results to 2011, and presents findings regarding respondent's communication with their children's Care Coordinators. 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

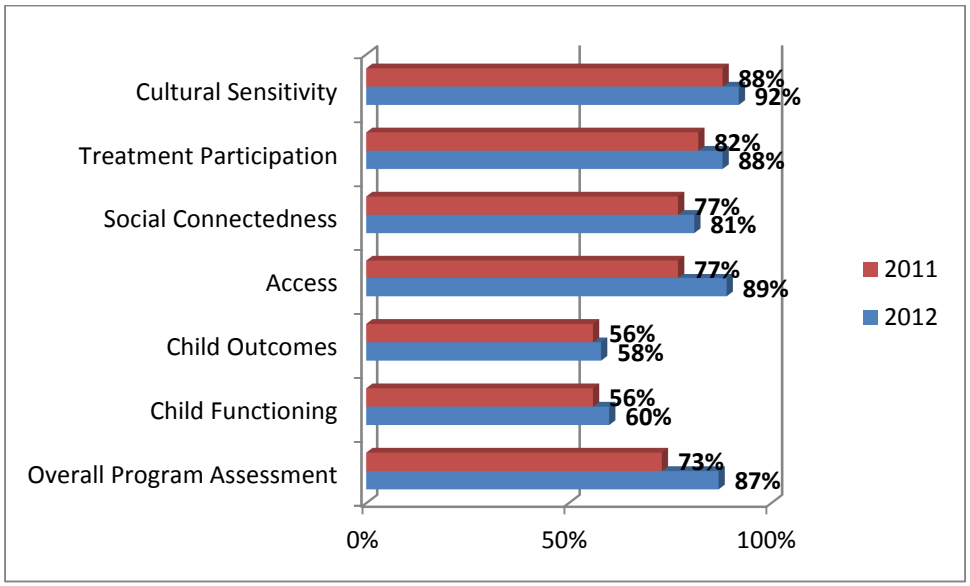
Client Perception of Care Indicators

The 2012 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[7] of these seven different areas for 2011 and 2012.

[7] 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, 2011-2012



(2012 sample size range=165-169)

The 2011 and 2012 composite scores for each of the seven domains are not as similar as the comparisons we have documented in previous years. On one hand, the percentage of respondents who rated CAMHD 3.5 or higher in 2012 for the domains of cultural sensitivity, social connectedness, child outcomes, and child functioning are all within four percentage points of 2011. On the other hand, the percentages in 2012 for the domains of treatment participation, access, and overall program assessment are all greater than those in 2011 by at least six percentage points. In fact, the difference on access and overall program assessment are in the area of 12-14 percentage point differences. This data seems to indicate that the respondents who completed the survey this year were considerably more favorable towards some aspects of the program than respondents in previous years.

As was the case in previous years, the greatest satisfaction in 2012 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, 2012

Question	Coefficient	Level of Statistical Significance
Treatment Participation	.44	p<.001
Child Outcomes	.28	p<.001
Access	.13	p<.05

(n=164)

Table 4 shows the domains that are statistically significant predictors of service satisfaction. Treatment participation, child outcomes, and access are all statistically significant[8] and related to service satisfaction. Unlike previous years in which child outcomes was the domain with the largest coefficient, the data this year indicate that treatment participation has the largest coefficient (.44), followed by child outcomes (.28) and access (.13). Thus the data this year show that satisfaction among the variables in the domain of treatment participation is most influential to satisfaction among the variables in the service satisfaction domain.

Client Perception of Care Indicators by Other Factors

Enrollment Status

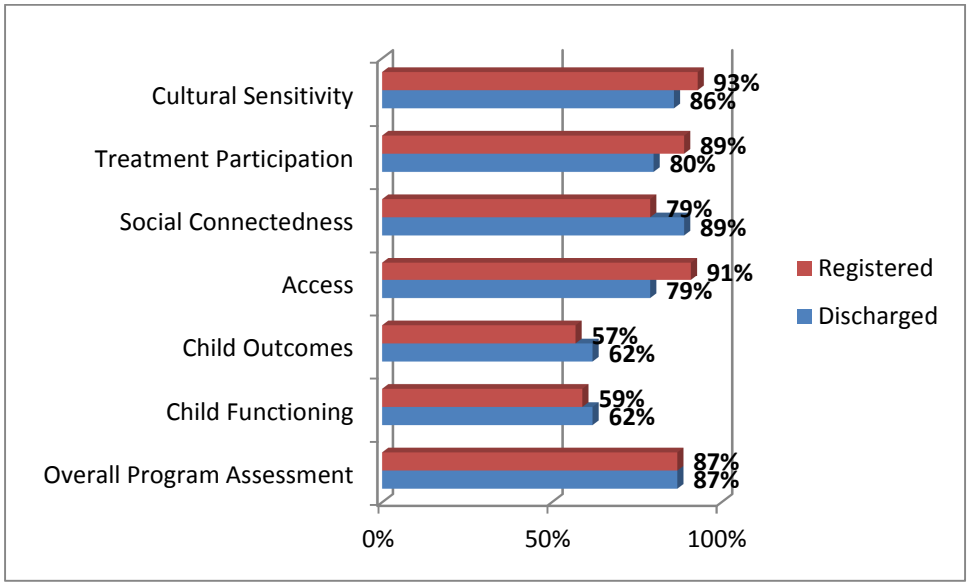
The composite scores presented in Figure 1 show that most survey respondents are satisfied with CAMHD services among the seven different domains. Over 80 percent of the survey respondents gave positive evaluations in the areas of cultural sensitivity, treatment participation, social connectedness, access, and overall program assessment. Over 55 percent of the respondents also gave positive evaluations of the services in terms of perceived child outcomes and functioning.

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.

[8] 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*)

Figure 2: Composite Scores by Enrollment Status, 2012



(Registered n=138; Discharged n=31)

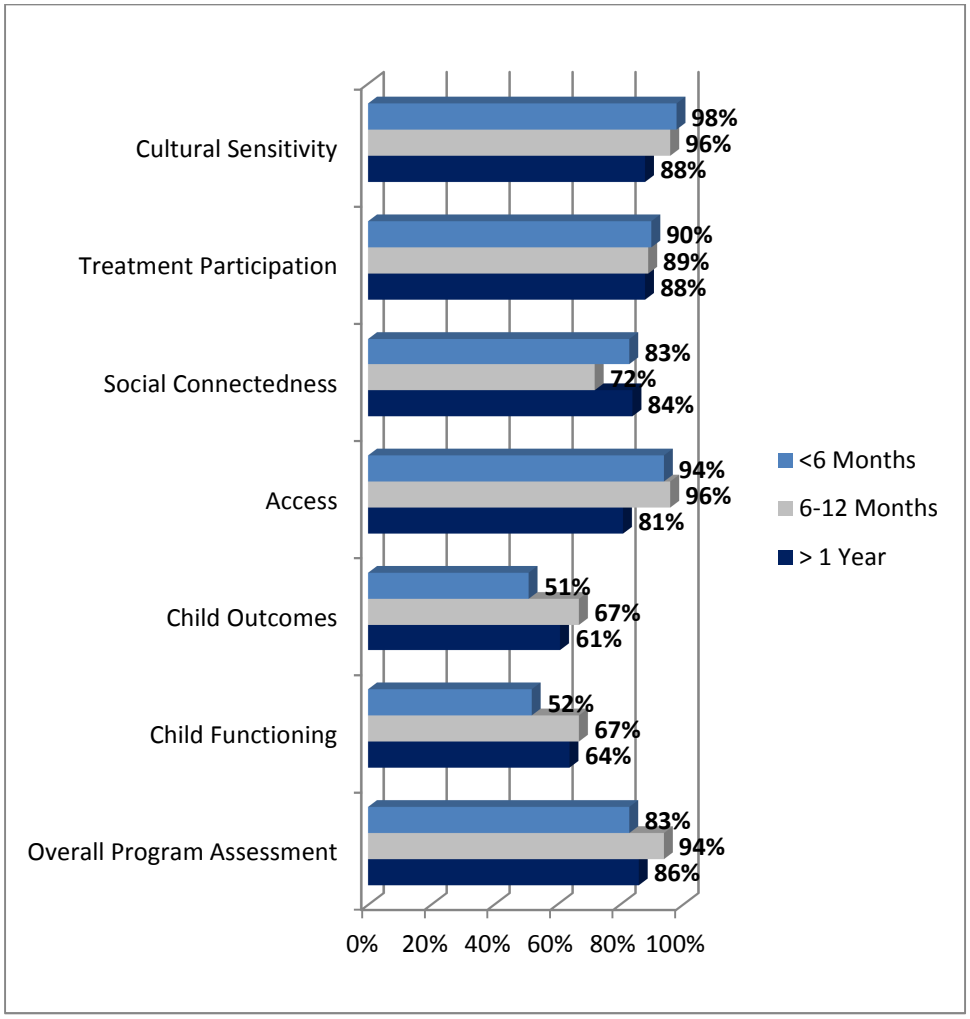
Figure 2 shows variation the percentage of respondents who rated CAMHD services 3.5 or higher on the seven different domains when comparing those who were still enrolled in services to those who were discharged by the program.[9] On one hand, a greater percentage of families who had children registered with CAMHD services at the time of the survey had greater satisfaction for the domains of cultural sensitivity, treatment participation, and access. These results are intuitive given the variables in these domains relate to on-going services. On the other hand, families with children who had been discharged had more favorable ratings among the domains of social connectedness, child outcomes, and child functioning. Interestingly, both groups had the same level of satisfaction with the overall program assessment, as 87 percent rated this domain 3.5 or higher.

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.

[9] The sample size of respondents whose children were still registered was 158 while the sample size of respondents whose children have been discharged was 49.

Figure 3: Composite Score by Length of Treatment, 2012



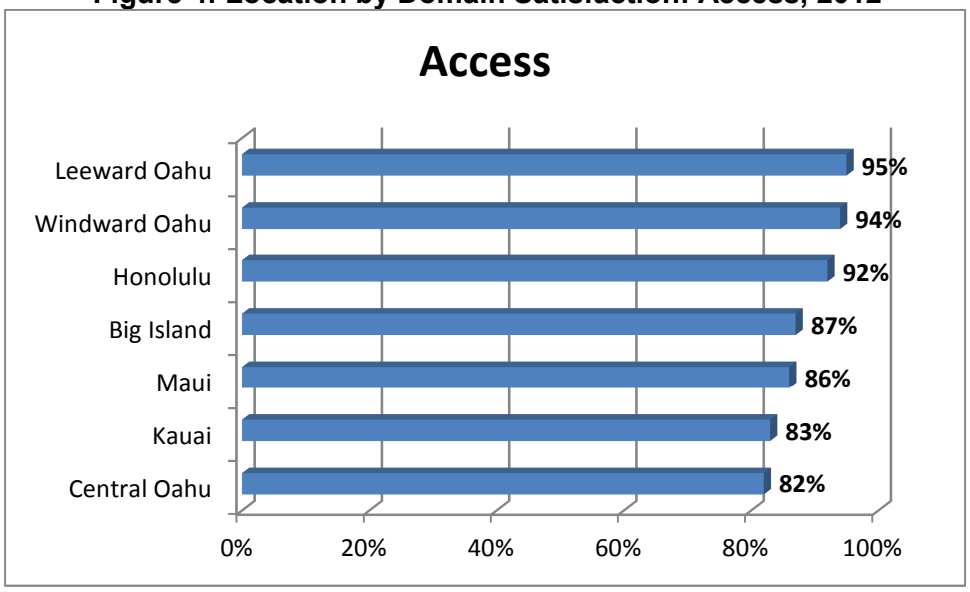
(<6 Months n=48; 6-12 Months n=47; >1 Year n=65)

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. Those families whose children have used CAMHD services for less than six months tend to have a little more satisfaction with aspects grouped under cultural sensitivity and treatment participation. In terms of child outcomes and child functioning domains, families whose children have been using services from six to twelve months give higher domain ratings. Additionally, families that have used CAMHD services for six to twelve months also give the highest ratings to the variables that constitute the overall program assessment domain. Ultimately, however, as was the case last year there are no true patterns that reveal a relationship between domain satisfaction and length of treatment.

Geographic Location

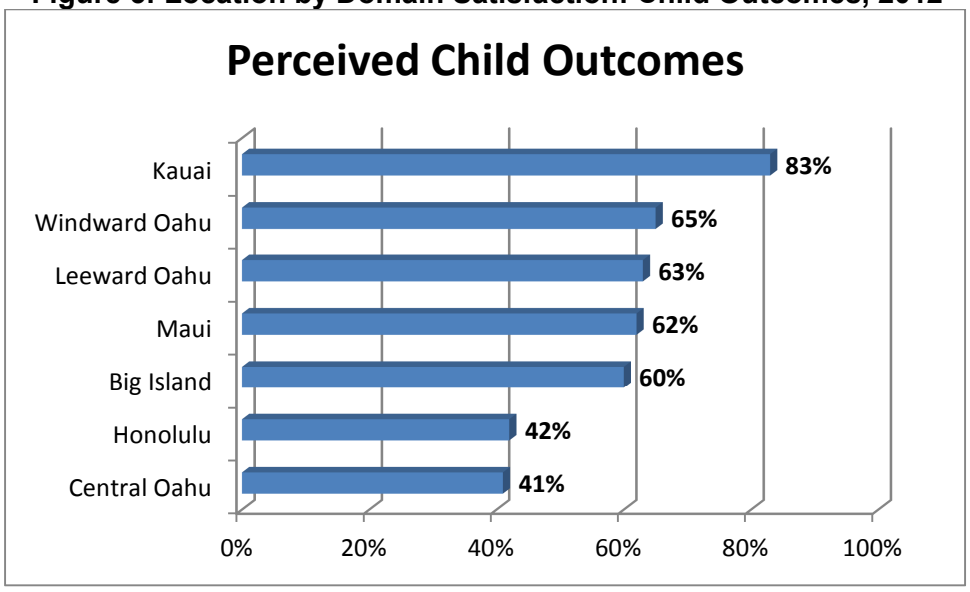
Finally, we examine satisfaction by geographic location in order to determine if service location is related to domain satisfaction. Figures 4 through 10 present domain satisfaction separated by the following locations: Honolulu, Windward Oahu, Central Oahu, Leeward Oahu, Big Island, Maui, and Kauai.

Figure 4: Location by Domain Satisfaction: Access, 2012



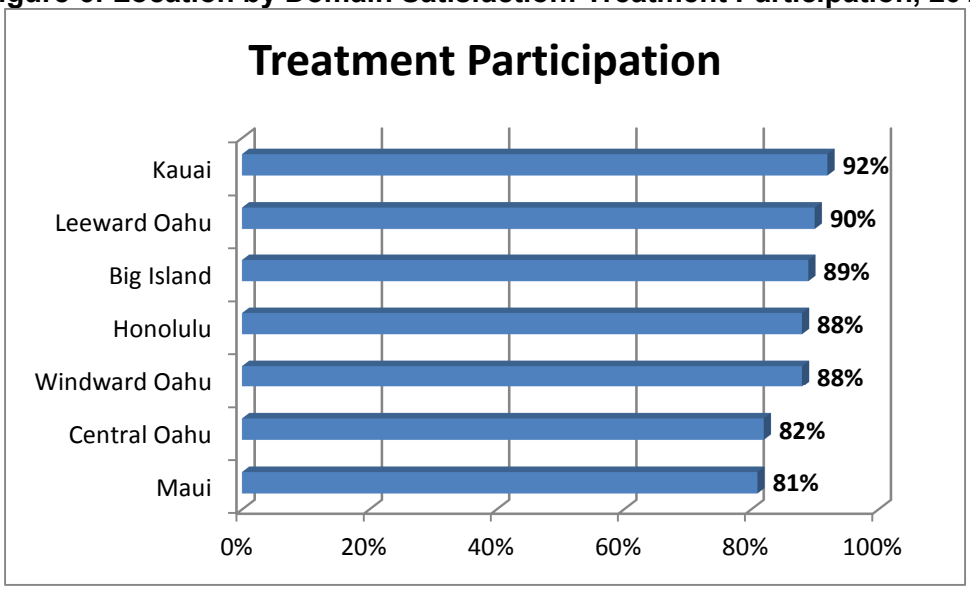
(Central Oahu n=17; Windward Oahu n=17; Leeward Oahu n=19; Honolulu n=25; Maui n=21; Big Island n=55; Kauai n=12)

Figure 5: Location by Domain Satisfaction: Child Outcomes, 2012



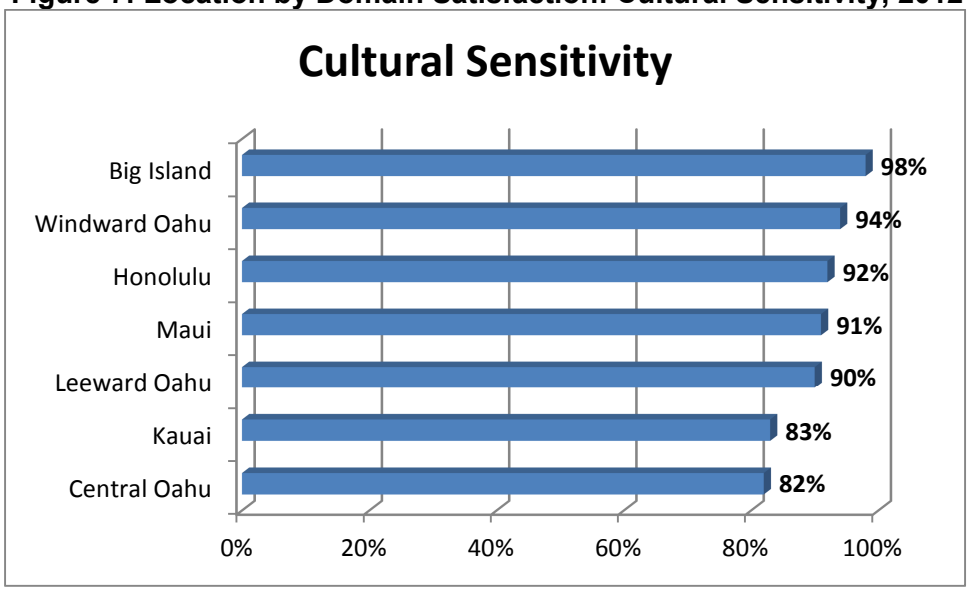
(Central Oahu n=17; Windward Oahu n=17; Leeward Oahu n=19; Honolulu n=25; Maui n=21; Big Island n=55; Kauai n=12)

Figure 6: Location by Domain Satisfaction: Treatment Participation, 2012



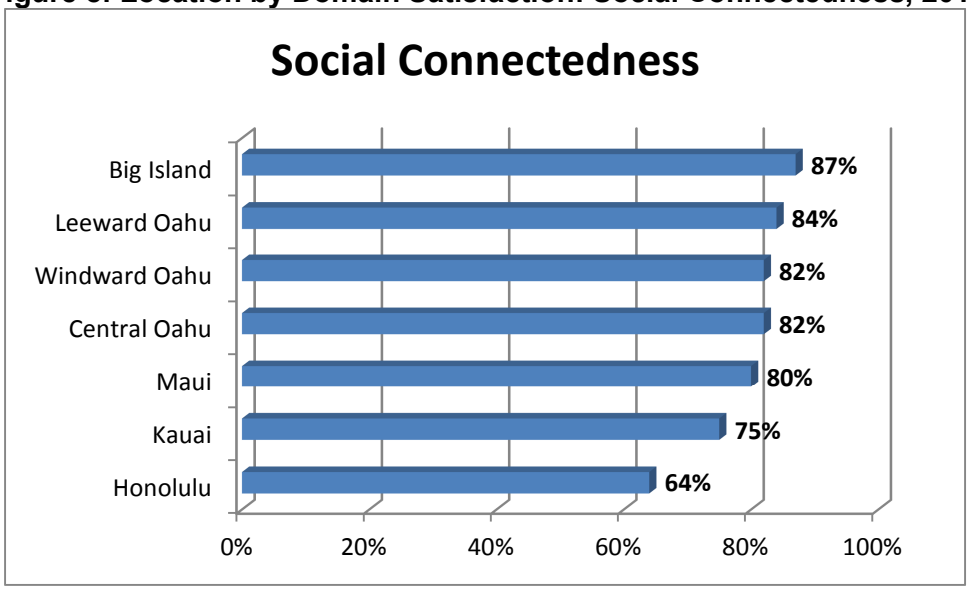
(Central Oahu n=17; Windward Oahu n=17; Leeward Oahu n=19; Honolulu n=25; Maui n=21; Big Island n=55; Kauai n=12)

Figure 7: Location by Domain Satisfaction: Cultural Sensitivity, 2012



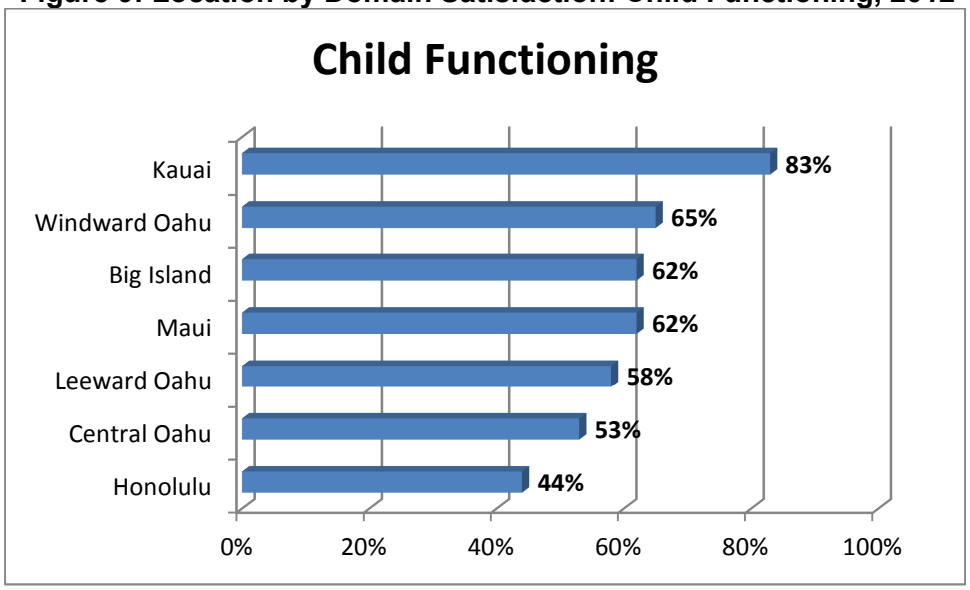
(Central Oahu n=17; Windward Oahu n=17; Leeward Oahu n=19; Honolulu n=25; Maui n=21; Big Island n=55; Kauai n=12)

Figure 8: Location by Domain Satisfaction: Social Connectedness, 2012



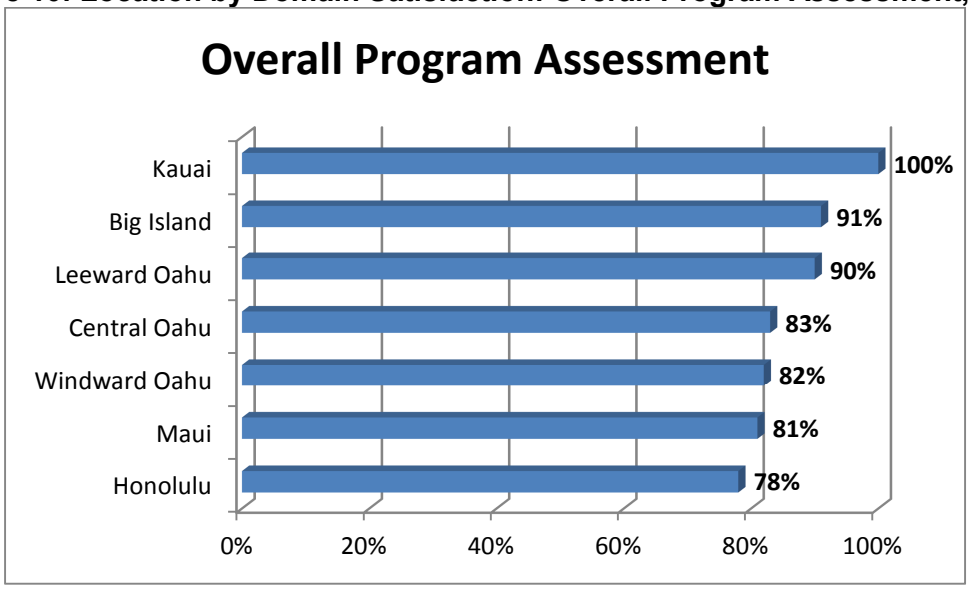
(Central Oahu n=17; Windward Oahu n=17; Leeward Oahu n=19; Honolulu n=25; Maui n=21; Big Island n=55; Kauai n=12)

Figure 9: Location by Domain Satisfaction: Child Functioning, 2012



(Central Oahu n=17; Windward Oahu n=17; Leeward Oahu n=19; Honolulu n=25; Maui n=21; Big Island n=55; Kauai n=12)

Figure 10: Location by Domain Satisfaction: Overall Program Assessment, 2012



(Central Oahu n=17; Windward Oahu n=17; Leeward Oahu n=19; Honolulu n=25; Maui n=21; Big Island n=55; Kauai n=12)

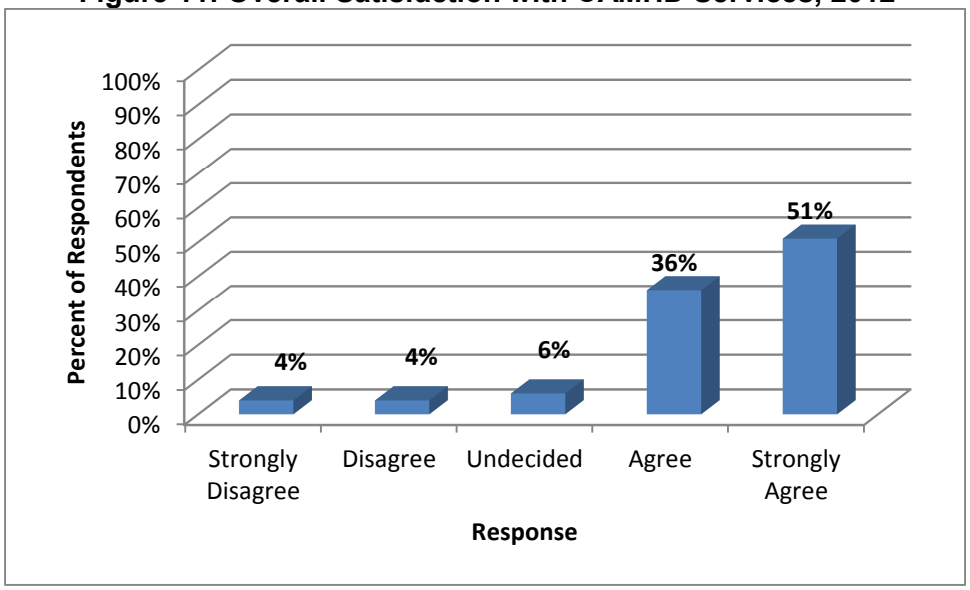
The results do not indicate any discernable relationship between geographical regions and domain satisfaction. In a few instances Leeward Oahu and Windward Oahu show higher levels of satisfaction; however, the overall program assessment domain satisfaction levels are average for the locations. The Honolulu and Maui locations tend to have lower satisfaction ratings on many of the domains, and in fact have the lowest overall program assessment ratings of all the locations.

Covariates of Overall Satisfaction

Another manner in which the 2012 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 87 percent of respondents either Agree or Strongly Agree that they were satisfied with CAMHD services, 8 percent either Disagree or Strongly Disagree with the statement, and 6 percent were undecided regarding their level of satisfaction. Again, this data is consistent with the domain data which shows higher levels of satisfaction with CAMHD services in 2011 compared to previous years.

Figure 11: Overall Satisfaction with CAMHD Services, 2012



(n=167)

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.[10] 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, 2012

Question	Coefficient	Level of Statistical Significance
Q7. The services my child and/or family received were right for us (Appropriateness)	.96	p<.001
Q11. My family got as much help as we needed for my child (Assistance)	.58	p<.05

(n=146)

[10] Missing data was a problem with several of the independent variables. To address this statistical issue we utilized *Amelia II*, a statistical software that uses a multiple imputation method to generate a set of values for the missing variables.

Table 5 shows the results of the multiple regression analysis. The strongest predictors of overall satisfaction were appropriateness (Q7) and assistance (Q11).[11] Thus overall satisfaction with CAMHD services is contingent upon satisfaction with the appropriateness and the amount of assistance each family received.

Child Outcomes

In addition to service satisfaction questions, the 2012 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 times pan. 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 2011 and 2012 survey are presented in the Table 6 below.

Table 6: Child Outcomes, 2011-2012

Type	Indicator	Response % 2011	Response % 2012
Emergency Services Needed			
	Child needed emergency counseling or treatment [a]	50	57
	Child got to see a professional in that emergency (always or usually) [b]	57	67
	Child had to go to an emergency room (2 or more times) [c]	17	22
Services			
	Child received least restrictive services (sometimes or never) [d]	41	39
Current Condition			
	Child is not currently living with parent or caregiver [e]	30	22
	Child did not live with one or both parents in the last six months [f]	46	42
	Child was arrested in the last 30 days [g]	7	11
	Child went to court for something he/she did [h]	17	22
	Used CAMHD services less than 1 year ago [i]		
	Child attended school less than before starting to receive services	11	10
	Child expelled or suspended before entering program	32	35
	Child expelled or suspended since starting to receive services	26	24
	Child had more encounters with police since starting to receive services	3	7
	Used CAMHD services more than 1 year ago [j]		
	Child attended school less than before starting to receive services	14	16
	Child expelled or suspended before entering program	29	35
	Child expelled or suspended since starting to receive services	29	26
	Child had more encounters with police since starting to receive services	9	10

([a] n=189; [b] n=135; [c] n=143; [d] n=189; [e] n=204; [f] n=207; [g] n=203; [h] n=203; [i] n=128; [j] n=140)

[11] In 2011 the top predictor was Q4 (Fortitude) followed by Q7 (Appropriateness), although in 2010 the top predictor was Q7 (Appropriateness) followed by Q4 (Fortitude).

Child outcomes in 2012 show both differences and similarities to those reported in 2011. In terms of emergency services needed, there are clear differences in responses to these questions. For example, 57 percent of respondents indicated their child needed emergency counseling or treatment in 2012 compared to 50 percent in 2011. Likewise, 67 percent of respondents indicated their child always or usually got to see a professional in that emergency compared to 57 percent of respondents the previous year, and 22 percent stated their child had to go to an emergency room 2 or more times compared to 17 percent the previous year.

The percentage of respondents in 2012 who noted that their child received least restrictive services either sometimes or never was 39 percent compared to 41 percent in 2011.

In terms of current conditions, again, there are some very large differences along with similar response patterns. In 2012 there are a smaller percentage of respondents that indicate the child is not currently living with the parent or caregiver and the child did not live with one or both parents in the last 6 months compared to the data collected in 2011. On the other hand, there is a larger percentage of respondents in 2012 compared to 2011 who state that their child was arrested in the last 30 days and the child went to court for something he or she did.

The data for respondents whose children used CAMHD services less than 1 year ago was fairly consistent from 2011 to 2012 with no large differences. The data for respondents whose children sued CAMHD services more than 1 year ago was also consistent from 2011 to 2012 with the exception of the percentage of respondents whose child was expelled or suspended before entering the program, which was higher in 2012 than 2011.

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 37 percent of parents made a comment about the therapy or counseling, 21 percent mentioned something about supportive staff or communication, and 18 percent indicated in-home treatment was the most helpful aspects of CAMHD services[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, 14 percent provided other comments that did not fall into the categories mentioned above.

[12] In 2011 the top three responses were therapy/counseling (31%), supportive staff/communication (29%), and in-home treatment (15%).

Table 7: Caregivers' Evaluation of CAMHD Services, 2012

The most helpful thing about services my child received was…..	Percent
Therapy/counseling	37
Supportive staff/communication	21
In-home treatment	18
Availability of staff	5
Improved behavior	2
Medical help	1
Teamwork & Everybody working together	2
Other	14

(Number of Responses=123)

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 (30%) commented that aspects of the coordinator or therapist could be improved, followed by more customized or special services (12%), more funding, facilities, or transportation (7%), more contacts with clients or parents (7%), don't close the case too soon or extend the length of services (7%), and parent involvement (4%). Twenty-five percent indicated that no improvements could be made, seven percent mentioned other items that would improve services, and two 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, 2012

What would improve the CAMHD services?	Percent
Coordinator/therapist improvements	30
More customized or special services/transitions	12
More funding/facilities/transportation	7
More contacts with clients/parents	7
Don't close case too soon/ Extend length of services	7
Parent involvement	4
None	25
Other	7
Not sure	2

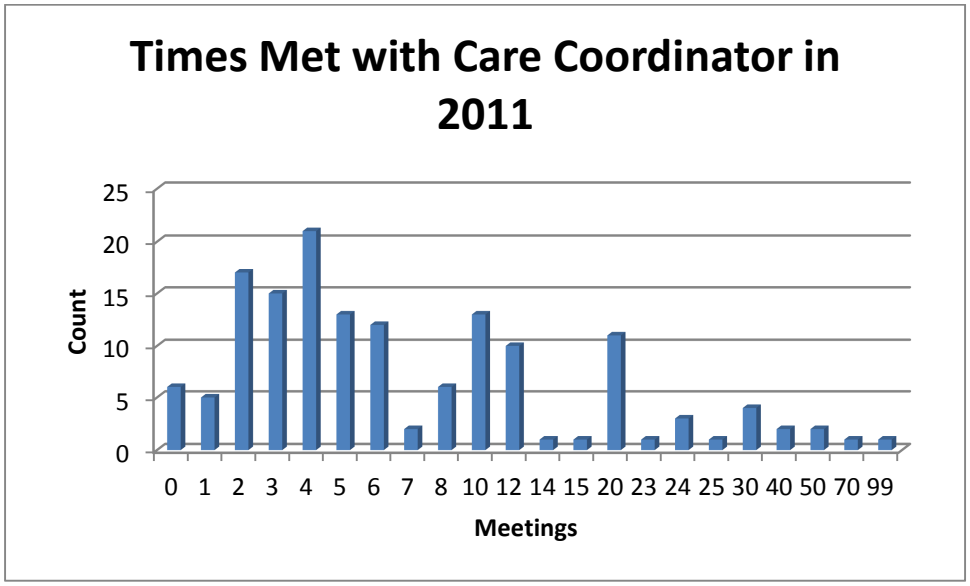
(Number of Responses=90)

Additional Analyses

One of the major changes that was 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.

Figure 12 shows the distribution of responses of the number of times respondents met with their child's Care Coordinator in 2011. The values range from 0 to 99; the mean value is 9.8 and the median value is 5. The chart demonstrates that the largest number of respondents indicated that they met with their child's Care Coordinator four times in 2011.

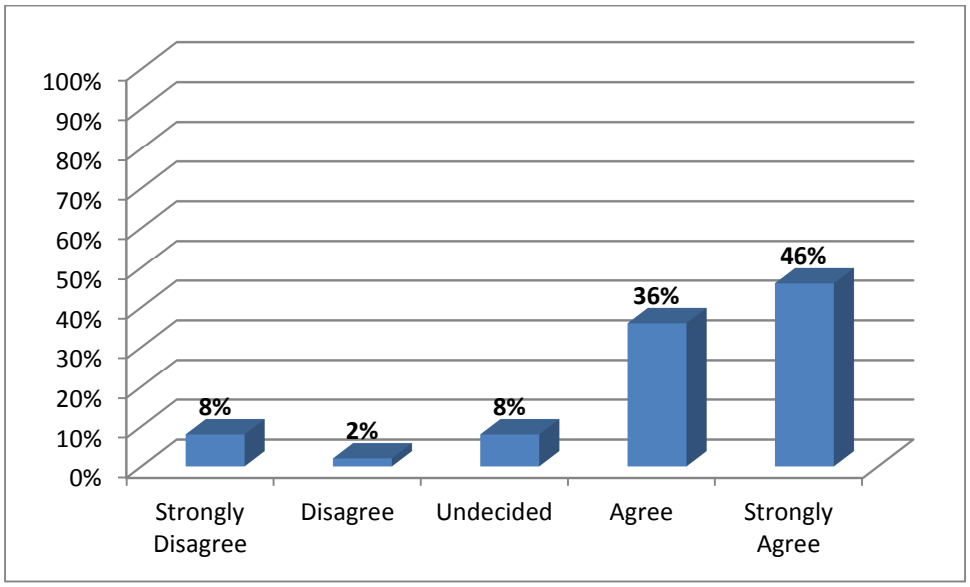
Figure 12: Times Met with Care Coordinator in 2011



(n=148)

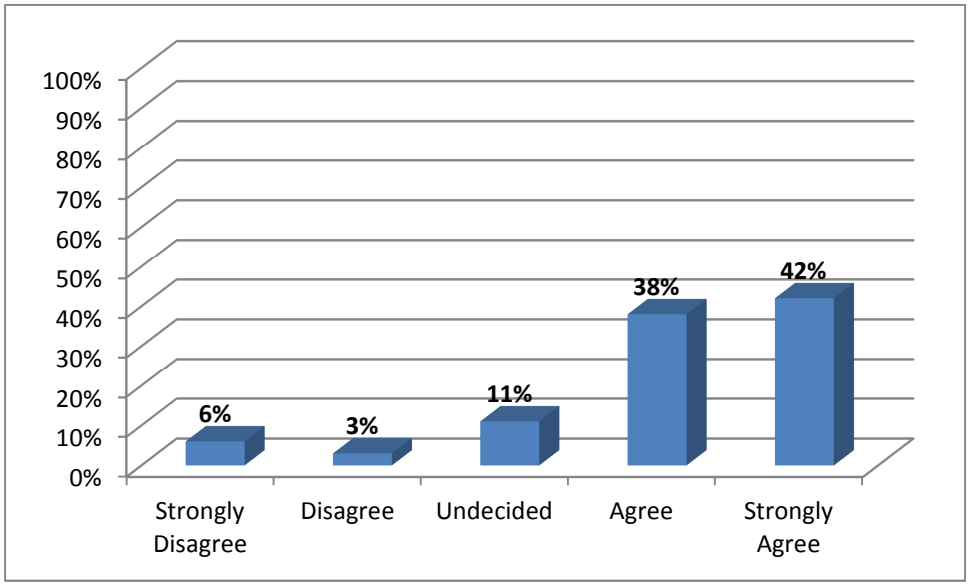
Figure 13 and 14 show that the communication between respondents and Care Coordinators was satisfactory in 2011. Over 80 percent of respondents either agreed or strongly agreed that they were informed about the services their child received or were informed about how their child was doing while less than 10 percent of respondents either disagreed or strongly disagreed with these statements.

Figure 13: Informed About Services Child Received, 2012



(n=202)

Figure 14: Informed About How Child Was Doing, 2012



(n=204)

Appendix A

Table 9: Composite Access, 2012

Composite Access	2011	Count	Col %
The location of services was convenient for us.	1 - Strongly Disagree	6	4%
	2 – Disagree	4	2%
	3 – Undecided	8	5%
	4 – Agree	62	37%
	5 - Strongly Agree	86	52%
Services were available at times that were convenient for us.	1 - Strongly Disagree	5	3%
	2 – Disagree	2	1%
	3 – Undecided	11	7%
	4 – Agree	62	37%
	5 - Strongly Agree	166	52%

Table 10: Composite Functioning, 2012

Composite Functioning	2011	Count	Col %
My child is better able to do things he or she wants to do.	1 - Strongly Disagree	11	7%
	2 - Disagree	17	10%
	3 - Undecided	37	23%
	4 – Agree	68	42%
	5 - Strongly Agree	31	19%
My child is better at handling daily life.	1 - Strongly Disagree	12	7%
	2 - Disagree	11	7%
	3 - Undecided	41	25%
	4 – Agree	53	33%
	5 - Strongly Agree	46	28%
My child gets along better with family members.	1 - Strongly Disagree	11	7%
	2 - Disagree	10	6%
	3 - Undecided	33	20%
	4 – Agree	66	40%
	5 - Strongly Agree	45	27%
My child gets along better with friends and other people.	1 - Strongly Disagree	9	6%
	2 - Disagree	14	9%
	3 - Undecided	36	22%
	4 – Agree	63	38%
	5 - Strongly Agree	42	26%
My child is doing better in school and/or work.	1 - Strongly Disagree	13	8%
	2 - Disagree	16	10%
	3 - Undecided	36	22%
	4 – Agree	54	34%
	5 - Strongly Agree	42	26%
My child is better able to cope when things go wrong.	1 - Strongly Disagree	11	7%
	2 - Disagree	19	12%
	3 - Undecided	39	24%
	4 – Agree	64	39%
	5 - Strongly Agree	31	19%

Table 11: Composite Social Connectedness, 2012

Composite Social Connectedness	2011	Count	Col %
I know people who will listen and understand me when I need to talk.	1 - Strongly Disagree	5	3%
	2 - Disagree	5	3%
	3 - Undecided	14	9%
	4 - Agree	81	49%
	5 - Strongly Agree	59	36%
I have people that I am comfortable talking with about my child's problems.	1 - Strongly Disagree	2	1%
	2 - Disagree	4	2%
	3 - Undecided	10	6%
	4 - Agree	75	46%
	5 - Strongly Agree	73	45%
In a crisis, I would have the support I need from family or friends.	1 - Strongly Disagree	7	4%
	2 - Disagree	9	6%
	3 - Undecided	17	10%
	4 - Agree	61	37%
	5 - Strongly Agree	71	43%
I have people with whom I can do enjoyable things.	1 - Strongly Disagree	4	2%
	2 - Disagree	5	3%
	3 - Undecided	13	8%
	4 - Agree	78	47%
	5 - Strongly Agree	65	39%

Table 12: Composite Cultural Sensitivity of Staff, 2012

Composite			
Cultural Sensitivity of Staff	**2011**	**Count**	**Col %**
Staff treated me with respect.	1 - Strongly Disagree	3	2%
	2 - Disagree	2	1%
	3 - Undecided	6	4%
	4 - Agree	52	32%
	5 - Strongly Agree	102	62%
Staff respected my family's religious/spiritual beliefs.	1 - Strongly Disagree	2	1%
	2 - Disagree	1	1%
	3 - Undecided	10	6%
	4 - Agree	56	35%
	5 - Strongly Agree	92	57%
Staff spoke with me in a way that I understood.	1 - Strongly Disagree	2	1%
	2 - Disagree	2	1%
	3 - Undecided	6	4%
	4 - Agree	57	35%
	5 - Strongly Agree	96	59%
Staff was sensitive to my cultural/ethnic background.	1 - Strongly Disagree	2	1%
	2 - Disagree	2	1%
	3 - Undecided	9	6%
	4 - Agree	59	37%
	5 - Strongly Agree	89	55%

Table 13: Composite Participation in Treatment, 2012

Composite Participation in Treatment	2011	Count	Col %
I helped to choose my child's services.	1 - Strongly Disagree	5	3%
	2 - Disagree	16	10%
	3 - Undecided	7	4%
	4 - Agree	74	44%
	5 - Strongly Agree	66	39%
I helped to choose my child's treatment goals.	1 - Strongly Disagree	4	3%
	2 - Disagree	6	4%
	3 - Undecided	6	4%
	4 - Agree	78	47%
	5 - Strongly Agree	72	43%
I participated in my child's treatment.	1 - Strongly Disagree	3	2%
	2 - Disagree	3	2%
	3 - Undecided	5	3%
	4 - Agree	65	39%
	5 - Strongly Agree	90	54%

Table 14: Composite Overall Program Assessment, 2012

Composite			
Overall Program Assessment	**2011**	**Count**	**Col %**
Overall, I am satisfied with the services my child received.	1 - Strongly Disagree	6	4%
	2 - Disagree	6	4%
	3 - Undecided	10	6%
	4 - Agree	60	36%
	5 - Strongly Agree	85	51%
The people helping my child stuck with us no matter what.	1 - Strongly Disagree	5	3%
	2 - Disagree	4	2%
	3 - Undecided	9	6%
	4 - Agree	50	30%
	5 - Strongly Agree	97	59%
I felt my child had someone to talk to when he/she was troubled.	1 - Strongly Disagree	7	4%
	2 - Disagree	6	4%
	3 - Undecided	22	13%
	4 - Agree	62	38%
	5 - Strongly Agree	68	41%
The services my child and/or family received were right for us.	1 - Strongly Disagree	6	4%
	2 - Disagree	4	2%
	3 - Undecided	21	13%
	4 - Agree	64	39%
	5 - Strongly Agree	71	43%
My family got the help we wanted for my child.	1 - Strongly Disagree	10	6%
	2 - Disagree	7	4%
	3 - Undecided	14	9%
	4 - Agree	67	41%
	5 - Strongly Agree	67	41%
My family got as much help as we needed for my child.	1 - Strongly Disagree	11	7%
	2 - Disagree	12	7%
	3 - Undecided	18	11%
	4 - Agree	55	34%
	5 - Strongly Agree	68	42%

Table 15: Composite Outcomes, 2012

Composite Outcomes	2011	Count	Col %
My child is better at handling daily life.	1 - Strongly Disagree	12	7%
	2 - Disagree	11	7%
	3 - Undecided	41	25%
	4 - Agree	53	33%
	5 - Strongly Agree	46	28%
My child gets along better with family members.	1 - Strongly Disagree	11	7%
	2 - Disagree	10	6%
	3 - Undecided	33	20%
	4 - Agree	66	40%
	5 - Strongly Agree	45	27%
My child gets along better with friends and other people.	1 - Strongly Disagree	9	6%
	2 - Disagree	14	9%
	3 - Undecided	36	22%
	4 - Agree	63	38%
	5 - Strongly Agree	42	26%
My child is doing better in school and/or work.	1 - Strongly Disagree	13	8%
	2 - Disagree	16	10%
	3 - Undecided	36	22%
	4 - Agree	54	34%
	5 - Strongly Agree	42	26%
My child is better able to cope when things go wrong.	1 - Strongly Disagree	11	7%
	2 - Disagree	19	12%
	3 - Undecided	39	24%
	4 - Agree	64	39%
	5 - Strongly Agree	31	19%
I am satisfied with our family life right now.	1 - Strongly Disagree	14	9%
	2 - Disagree	22	13%
	3 - Undecided	42	26%
	4 - Agree	54	33%
	5 - Strongly Agree	32	20%

Appendix B
Survey Instrument

Child and Adolescent Mental Health Division (CAMHD)
2012 YOUTH SERVICES SURVEY FOR FAMILIES

How many months did your child receive services from CAMHD service providers in 2011?
_____ months

When was the last time your child received services from CAMHD?
- ○ Less than 6 months ago → **Go to Question #1**
- ○ More than 6 months ago → **Skip down to Question #29**

Please answer the following questions about the most recent services your child received ***over the last 6 months*** 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 over the past 6 months and what is it about that service that has been so helpful?

_____

_____

_____

28. What would improve the services offered through Hawaii 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?
    ○ Yes ○ 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**)
    - ○ 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, living on the streets)
    - ○ i. Other (describe): _____

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

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

34. How often was your child absent from school during the last month?
    - ○ 1 day or less
    - ○ 2 days
    - ○ 3 to 5 days
    - ○ 6 to 10 days
    - ○ More than 10 days
    - ○ Not applicable/ not in school
    - ○ 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?
    - ○ Less than 1 month → **Go to Question # 36**
    - ○ 1 to 5 months → **Go to Question # 36**
    - ○ 6 months to 1 year → **Go to Question # 36**
    - ○ 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?
    ○ Yes ○ No

37. Was your child arrested *since beginning services* from a CAMHD service provider?
    ○ Yes ○ 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 . . .
    - ○ a. been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program)
    - ○ b. stayed the same
    - ○ c. increased
    - ○ 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?
    ○ Yes ○ No

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

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

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

---

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

43. Was your child arrested during the 12 months prior to that?
    ○ Yes ○ 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)
    ○ a. been reduced
    ○ b. stayed the same
    ○ c. increased
    ○ d. no encounters with police in the past year

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

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

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

Emergency Care

48. In the last 12 months, did your child need counseling or treatment *right away?*
    ○ Yes - → **Go to Question # 49**
    ○ 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?
    ○ Never
    ○ Sometimes
    ○ Usually
    ○ 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?
    ○ None
    ○ 1
    ○ 2
    ○ 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?
    ○ Never
    ○ Sometimes
    ○ Usually
    ○ Always

Communication with Care Coordinator

52. During the months your child received services from CAMHD in 2011, how many times did you meet (either in person, by phone, or video) with your child's Care Coordinator?

_____ times

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

- ○ Strongly Disagree
- ○ Disagree
- ○ Undecided
- ○ Agree
- ○ Strongly Agree

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

- ○ Strongly Disagree
- ○ Disagree
- ○ Undecided
- ○ Agree
- ○ Strongly Agree

About Your Child

55. What is your relationship to the child?

- ☐ Biological parent
- ☐ Adoptive parent
- ☐ Foster Parent
- ☐ Relative
- ☐ Caregiver (no biological relation)
- ☐ 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?

- ○ Yes
- ○ No

58. Child's Gender:

- ○ Male
- ○ Female

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: