Child and Adolescent Mental Health Division

Fiscal Year 2016
Annual Factbook

For the Period of July 1, 2015 to June 30, 2016

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Contents

Introduction

The purpose of this Factbook is to provide detailed reference information regarding the population, services, and outcomes of the State of Hawaiʻi Department of Health's Child and Adolescent Mental Health Division (CAMHD). The information reported here is based on the population of youth and families that were registered with CAMHD for one or more days during the period from July 1, 2015 to June 30, 2016. Thus, these "factsheets" present a snapshot of the CAMHD system as it functioned during the fiscal year of 2016.

Description of Information Reported

Data Sources

Data for this report were gathered from a variety of sources. The primary source of information is the Child and Adolescent Mental Health Management Information System (CAMHMIS), which supports registration of youth with CAMHD, authorization of services, electronic billing for services, and child status monitoring functions. For part of the fiscal year, registration data was collected and retrieved from an Electronic Health Record (EHR) system known as the Resource and Patient Management System (RPMS). Other system information was collected from independent databases maintained by various offices within CAMHD. The CAMHD Administrative Services Office maintains the databases for manual billing information and contracts, and provides analysis and reporting based on the Department of Accounting and General Services (DAGS) Financial Accounting and Management Information System (FAMIS). The Clinical Services Office maintains a database of youth placed in out-of-home settings based on weekly provider census reports. The Performance Management Office maintains a database of sentinel events and reportable incidents based on reports submitted by providers. The CAMHD Research and Evaluation Office (REO) was responsible for merging and validating information from these databases, and is responsible for any errors in data or analysis reported here.

Information was gathered and entered into CAMHMIS and RPMS through the standard operating procedures of the regional Family Guidance Centers. Detailed information about the structure of the CAMHMIS and RPMS data is beyond the scope of the present report; however, a basic description about the information presented in this Factbook is provided below. In general, care coordinators are responsible for gathering and reporting data from families and other professionals, while both care coordinators and contracted providers report on child status measures on a regular basis.

Some changes have occurred in this fiscal year 2016 Factbook. CAMHD is in the midst of a major upgrade of its information systems, and most of these changes are still ongoing. A change in the client registration process took place during this year, in which registration data transferred from CAMHMIS to RPMS. As a result, there has been a temporary loss of some information that had been reported in past years' Factbooks. In addition, there have been changes from DSM IV/ICD-9 to DSM 5/ICD-10 coding of diagnoses, changes in sentinel event/reportable incident reporting, and changes to outcome measures (from ASEBA and CASII to Ohio Scales measures, and changes to the online CAFAS system). As CAMHD progresses in its transition to a new information system, more comprehensive data will again be available in future Factbooks.

Population Variables

Age in Years was defined as the difference between a youth's date of birth and the final day of each fiscal year (e.g., June 30, 2016).

Diagnostic Status was defined based on Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013) codes entered into RPMS. The RPMS system no longer provides for "primary," "secondary," and "tertiary" diagnoses, and a standard procedure has not yet been established for reporting diagnoses. The system does allow entry of a priority diagnosis, which was used as the

"primary" diagnosis in this Factbook. However, not all existing diagnoses were updated from DSM-IV/ICD-9 to DSM-5/ICD-10, which accounts for the missing data reported.

Family Court Liaison Branch (FCLB) was defined as registration of youth to the statewide Family Court Liaison Branch as of the final day of the reporting period without registration to a regional Family Guidance Center.

Family Guidance Center (FGC) was defined as the most recent regional center to which youth were registered as of the final day of the reporting period.

Gender was based on (a) client self-presentation, (b) caregiver presentation of child gender, or (c) staff observation of child gender, and was coded as either female or male.

National Origin was based on client reports in the categories of (a) Hispanic or Latino or of Spanish Origin, or (b) Not Hispanic or Latino or of Spanish Origin.

Race was based on client reports as either (a) American Indian or Alaska Native; (b) Asian, (c) Black or African-American, (d) Native Hawaiian or Other Pacific Islander, (e) White, (f) Other Race or Ethnicity not Listed, (g) Multiracial, or (h) Unknown. For part of the fiscal year, when ethnicity was collected, consumers could also select multiple choices from the options of Alaska Native, American Indian, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Black or African-American, Guamanian or Chamorro, Micronesian, Native Hawaiian, Samoan, Other Pacific Islander, White or Caucasian, or Portuguese. The multiracial category was identified when respondents selected multiple choices that crossed racial categories (e.g., American Indian and Chinese) but not when multiple choices were selected within the same racial category (e.g., Chinese and Filipino was classified as single race Asian).

Service Variables

Crisis Stabilization was defined to include Crisis Mobile Outreach and Therapeutic Crisis Foster Home.

Direct Services were defined as services provided by CAMHD staff, as opposed to contracted service providers. Direct services include assessments, case management, case consultation, client contacts, medication management, and outpatient treatment.

Intensive Home and Community Services were defined to include Partial Hospitalization, Multisystemic Therapy, Functional Family Therapy, and Intensive In-Home services.

Monthly Treatment and Progress Summary (MTPS). The MTPS (CAMHD 2003; 2005) is a locally constructed clinician report form designed to measure the service format, service setting, treatment targets, clinical progress, intervention practice elements, and provider outcomes on a monthly basis. In addition to providing structured response options from which clinicians could select, the MTPS included other fields for each domain that allowed clinicians to write open-ended responses that were not addressed by the predefined fields. For the format and setting questions, clinicians are asked to indicate all formats (individual, group, parent, family, teacher, or other) and settings (home, school, community, out of home, clinic/office, or other) in which the youth received services during the reporting month. Clinicians are then asked to indicate up to 10 target competencies or concerns, which were the focus of treatment during the reporting month. The targets are selected from a list of 48 predefined targets and two additional open-response fields are provided. Clinicians then provide a progress rating for each target that describes the degree of progress achieved between the child's baseline level of functioning and the goal specified for the target. Progress ratings are provided on a 7-point scale with the anchors of *Deterioration (< 0%), No Significant changes (0 – 10%), Minimal Improvement (11 – 30%), Some Improvement (31 – 50%), Moderate Improvement (51 – 70%), Significant Improvement (71 – 90%),* and *Complete Improvement (91 – 100%).* Next, clinicians are asked to indicate all of the specific intervention strategies (i.e., practice elements) that were used with the child and family during the month. The MTPS records 63 predefined

intervention practice elements (e.g., activity scheduling, assertiveness training, biofeedback, etc.) and allows for the write-in of up to three additional intervention practice elements per month. The 2005 revision includes additional fields for listing psychiatric medications, dose, and schedule, discharge living situation, and reason for discharge. Finally, the MTPS provides a number of optional fields that allow providers to report other measure of outcomes that they may collect including the CAFAS and CALOCUS, whether the youth was arrested during the month, and the percent of school days attended. These forms and the structured codebook defining the interventions are available on the CAMHD website. Statewide training is provided on the completion of the form and definitions of various practice elements.

For the Factbook, MTPS data were based exclusively on CAMHMIS records. Providers' written responses were individually reviewed and coded into appropriate categories, including new response categories that were created to account for responses that could not be categorized into the existing category framework. The definitions for the specific codes are as follows:

Service Setting

Home – Working with youth or family members in the youth's home.
School – Working with youth or professionals in the youth's educational setting, other than in the context of an IEP/MP meeting.
Community – Working with youth or others in the youth's community/neighborhood.
Out of Home – Working with the youth or family in a residential facility.
Clinic/Office – Working with the youth or family in a clinical office.
Phone – Any written response to an open-ended question that indicated use of the telephone as a service setting. No specification of the person called was required.
Other – Any written response to an open-ended question that could not be categorized into another service setting sub-category and did not necessitate the addition of a new category.

Service Format

Individual – Working with youth directly.
Group – Working with youth along with other youths receiving services.
Parent – Working directly with parents or caretakers, with youth not present.
Family – Working with parents or caretakers and youth together. Can include other family members.
Teacher – Working with a teacher directly.
Phone – Any written response to an open-ended question that indicated use of the telephone as a service format. No specification of the person called was required.
Professional Consult – Any written response to an open-ended question that indicated consultation or involvement of another service profession.
Other – Any written response to an open-ended question that could not be categorized into another service format sub-category and did not necessitate the addition of a new category.

Discharge Living Situation - Describes the type of living environment in which the youth was expected to reside at the time of discharge.

Foster Home – A home that is licensed to provide foster care to children, adolescents, and/or adults. Examples include foster homes or therapeutic foster homes.
Group Care – This level of care may include group homes, therapeutic group homes, or board and care homes. This excludes community-based residential and hospital-based residential care where youth reside in a group care facility.
Home – This living situation for youth includes places where youth live in houses, apartments, trailers, hotels, dorms, barracks, and/or single rooms. This excludes situations better characterized as foster homes.
Homeless/Shelter – Youth are considered homeless if they lack a fixed, regular, and adequate nighttime residence or their primary nighttime residency is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, an institution that provides a temporary residence for individuals intended to be institutionalized, or a public or private place not designed for,

or ordinarily used as a regular sleeping accommodation for human beings (e.g., on the street). Youth who were discharged due to extended runaway or elopement episode should be recorded in this category.

Institutional/Hospital – This level of care includes skilled nursing/intermediate care facilities, nursing homes, institutes of mental disease, inpatient psychiatric hospitals, psychiatric health facilities, Veterans Affairs hospitals, or state hospitals where youth reside with care provided on a 24 hour, 7 day per week basis.

Jail/Correctional Facility – This level of care includes jails, correctional facilities, detention centers, prisons, youth authority facilities, juvenile halls, boot camps, or boys ranches where youth reside with care provided on a 24 hour, 7 day per week basis.

Residential Treatment – This level of care includes community-based residential treatment centers, rehabilitation centers, or other residential treatment that are not better characterized as group homes or institution/hospital facilities. An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth. The services are provided in facilities that are certified by state or federal agencies or through a national accrediting agency.

Other – Any other Discharge Living Situation response that could not be categorized in one of the above sub-categories.

Reason for Discharge

Eligibility Change – Youth discharged in association with a change in eligibility for services, such as a termination of a court order or commitment, aging out of child and adolescent services, loss of Medicaid insurance, etc.

Family Relocation – Youth discharged because the youth and family moved out of state or out of the service area.

Insufficient Progress – Youth discharged from service without showing sufficient treatment progress to be judged as clinically successful (i.e., little symptom reduction, improvement in functioning, or goal attainment was achieved).

Runaway/Elopement – Youth discharged in association with an extended period of unavailability for treatment because the youth had run away from home or eloped from the program.

Refuse/Withdraw – Youth discharged due to parental refusal, non-participation in treatment, lack of consent, or other indication that client withdrew from services against professional advice.

Success/Goals Met – Youth clinically discharged due to sufficient treatment progress (e.g., symptoms reduced, functioning improved), treatment goals were met, youth was evaluated and services were determined unnecessary, services were completed, or youth was moving to a less restrictive and intensive level of care.

Other – Any other Reason for Discharge response that could not be categorized in one of the above sub-categories.

Treatment Targets - described the strengths and needs being addressed as part of the youths' mental health services.

Academic Achievement – issues related to general level or quality of achievement in an educational or academic context. This commonly includes performance in coursework, and excludes cognitive-intellectual ability/capacity issues and specific challenges in learning or achievement.

Activity Involvement – issues related to general engagement and participation in activities. Only code here those activities that are not better described by the particular activity classes of school involvement, peer involvement, or community involvement.

Adaptive Behavior/Living Skills – any written response to an open-ended question that targeted development of skills related to independent living, social functioning, financial management, and self-sufficiency that are not better captured under other codes such as personal hygiene, self-management, social skills, housing/living situation, or occupational functioning/stress.

Adjustment to Change – any written response to an open-ended question referring to targeting a youth's global response to a life transition or specific challenge (e.g., change of school, living situation, treatment transition or discharge, etc.).

Adult Inter-coordination – any written response to an open-ended question that targeted communication and interaction among relevant adults and/or service system workers involved in a child's life. This includes such things as home-school relationships, communication between service providers, treatment team members, transition and discharge preparedness, guardianship issues, etc.

Aggression – verbal and/or physical aggression, or threat thereof, that results in intimidation, physical harm, or property destruction.

Anger – emotional experience or expression of agitation or destructiveness directed at a particular object or individual. Common physical feelings include accelerated heartbeat, muscle tension, quicker breathing, and feeling hot.

Anxiety – a general uneasiness that can be characterized by irrational fears, panic, tension, physical symptoms, excessive anxiety, worry, or fear.

Assertiveness – the skills or effectiveness of clearly communicating one's wishes. For example, the effectiveness with which a child refuses unreasonable requests from others, expresses his/her rights in a non-aggressive manner, and/or negotiates to get what s/he wants in their relationships with others.

Attention Problems – described by short attention span, difficulty sustaining attention on a consistent basis, and susceptibility to distraction by extraneous stimuli.

Avoidance – behaviors aimed at escaping or preventing exposure to a particular situation or stimulus.

Caregiver Self-Management/Coping – any written response to an open-ended question that indicated attempting to alter a caregiver's management, regulation, or monitoring of their own behavior and emotions.

Cognitive-Intellectual Functioning – issues related to cognitive-intellectual ability/capacity and use of those abilities for positive adaptation to the environment. This includes efforts to increase IQ, memory capacity, or abstract problem-solving ability.

Community Involvement – detailed description of amount of involvement in specific community activities within the child's day.

Compulsive Behavior – any written response to an open-ended question that targeted specific compulsive/excessive responses such as hoarding or trichotillomania.

Contentment/Enjoyment/Happiness – refers to issues involving the experience and expression of satisfaction, joy, pleasure, and optimism for the future.

Depressed Mood – behaviors that can be described as persistent sadness, anxiety, or "empty" mood, feelings of hopelessness, guilt, worthlessness, helplessness, decreased energy, fatigue, etc.

Eating/Feeding Problems – knowledge or behaviors involved with the ingestion or consumption of food. May include nutritional awareness, food choice, feeding mechanics (e.g., swallowing, gagging, etc.), and social factors relating to eating situations.

Empathy – identifications with and understanding of another person's situation, feelings, and motives.

Enuresis/Encopresis – enuresis refers to the repeated pattern of voluntarily or involuntarily passing urine into inappropriate places during the day or at night in bed or clothes. Encopresis refers to a repeated pattern of voluntarily or involuntarily passing feces into inappropriate places.

Fire Setting – intentionally igniting fires.

Fitness/Exercise – any written response to an open-ended question that indicated issues related to general fitness or exercise.

Gender Identity Problems – issues related to a youth's self-concept or self-understanding involving sex roles and social behaviors in relation to their biological sex. This does not address self-concept issues involving sexual orientation, which would be coded as "other."

Goal Setting – any written response to an open-ended question that indicated targeting the clarification and commitment to future goals (e.g., academic, career, etc.) that are not better characterized under other targets such as self-management or occupational functioning/stress.

Grief – feelings associated with a loss of contact with a significant person in the youth's environment (e.g., parent, guardian, friend, etc.).

Health management – issues related to the improvement or management of one's health, inclusive of both physical illness and fitness. In addition to dealing with the general development of health oriented behavior and management of health conditions, this target can also focus on exercise or lack of exercise.

Housing/Living Situation – any written response to an open-ended question that indicated finding or stabilizing an appropriate living situation for a youth.

Hyperactivity – can be described by fidgeting, squirming in seat, inability to remain seated, talking excessively, difficulty engaging in leisure activities quietly, etc.

Information Gathering – any written response to an open-ended question that indicated focus on service provider learning more about the child and family through assessment, evaluation, or history taking.

Learning Disorder, Underachievement – refers to specific challenges with learning or educational performance that are not better accounted for by cognitive-intellectual functioning or general academic achievement.

Low Self-Esteem – an inability to identify or accept his/her positive traits or talents, and accept compliments. Verbalization of self-disparaging remarks and viewing him or herself in a negative manner.

Mania – an inflated self-perception that can be manifested by loud, overly friendly social style that oversteps social boundaries and high energy and restlessness with a reduced need for sleep.

Medical Regimen Adherence – knowledge, attitudes, and behaviors related to regular implementation procedures prescribed by a health care professional. Commonly include lifestyle behaviors (e.g., exercise, nutrition), taking medication, or self-administration of routine assessments (e.g., taking blood samples in a diabetic regimen).

Occupational Functioning/Stress – any written response to an open-ended question that indicated issues related to career interests, seeking employment, obtaining work permits, job performance, or managing job stress or strain that are not better characterized under other targets (e.g., anxiety).

Oppositional/Non-Compliant Behavior – behaviors that can be described as refusal to follow adult requests or demands or established rules and procedures (e.g., classroom rules, school rules, etc.).

Pain Management – any written response to an open-ended question that indicated a focus on regulating experiences or behaviors related to pain or ill health.

Parenting Skills – any written response to an open-ended question that indicated attempting to modify a caregiver's strategies for managing child behavior, emotions, or structuring of the caregiving environment.

Peer Involvement – a greater involvement in activities with peers. Activities could range from academic tasks to recreational activities while involvement could range from working next to a peer to initiating an activity with a peer.

Peer/Sibling Conflict – peer and/or sibling relationships that are characterized by fighting, bullying, defiance, revenge, taunting, incessant teasing and other inappropriate behaviors.

Phobia/Fears – irrational dread, fear, and avoidance of an object, situation, or activity.

Personal Hygiene – challenges related to self-care and grooming.

Positive Family Functioning – issues related to healthy communication, problem-solving, shared pleasurable activities, physical and emotional support, etc. in the context of interactions among multiple persons in a family relation, broadly defined.

Positive Peer Interaction – social interaction and communication with peers that are pro-social and appropriate. This differs from peer involvement in that it focuses on interactional behavior, styles, and intentions, whereas peer involvement targets actual engagement in activities with peers regardless of interactional processes.

Positive Thinking/Attitude – this target involves clear, healthy, or optimistic thinking, and involves the absence of distortions or cognitive bias that might lead to maladaptive behavior.

Pregnancy Education/Adjustment – any written response to an open-ended question that indicated issues related to helping a pregnant youth prepare and adjust to parenthood.

Psychosis – issues related to bizarre thought content (e.g., delusions of grandeur, persecution, reference, influence, control, somatic sensations), and/or auditory or visual hallucinations.

Runaway – running away from home or current residential placement for a day or more.

Safe Environment – any written response to an open-ended question that indicated establishing a safe and secure environment for the youth's development that was not better described as targeting the youth's housing/living situation.

School Refusal/Truancy – reluctance or refusal to attend school without adult permission for the absence. May be associated with school phobia or fear manifested by frequent somatic complaints associated with attending school or in anticipation of school attendance, or willful avoidance of school in the interest of pursuing other activities.

School Involvement – detailed description of amount of involvement in specific school activities within the child's scheduled school day.

Self-Injurious Behavior – acts of harm, violence, or aggression directed at oneself.

Self-Management/Self-Control – issues related to management, regulation, and monitoring of one's own behavior.

Sexual Misconduct – issues related to sexual conduct that are defined as inappropriate by the youth's social environment or that include intrusion upon or violation of the rights of others.

Sexual Orientation – any written response to an open-ended question that indicated issues related to clarification or management of a youth's sexual orientation that are excluded from the gender identity problems code.

Shyness – social isolation and/or excessive involvement in isolated activities. Extremely limited or no close friendships outside the immediate family members. Excessive shrinking or avoidance of contact with unfamiliar people.

Sleep Disturbance – difficulty getting to or maintaining sleep.

Social Skills – skills for managing interpersonal interactions successfully. Can include body language, verbal tone, assertiveness, and listening skills, among other areas.

Speech and Language Problems – expressive and/or receptive language abilities substantially below expected levels as measured by standardized tests.

Substance Abuse/Substance Use – issues related to the use or misuse of a common, prescribed, or illicit substances for altering mental or emotional experience or functioning.

Suicidality – issues related to recurrent thoughts, gestures, or attempts to end one's life.

Traumatic Stress – issues related to the experience or witnessing of life events involving actual or threatened death or serious injury to which the youth responded with intense fear, helplessness, or horror.

Treatment Engagement – any written response to an open-ended question that indicated targeting interest, motivation, or active participation in therapeutic activities. This included targeting improved rapport.

Treatment Planning/Framing – any written response to an open-ended question that indicated setting or revising a treatment plan or treatment structure (including IEPs, CSPs, MPs, MHTPs, etc.).

Willful Misconduct/Delinquency – persistent failure to comply with rules or expectations in the home, school, or community. Excessive fighting, intimidation of others, cruelty or violence toward people or animals, and/or destruction of property.

Other – any written response to an open-ended question that could not be categorized into another treatment target sub-category and did not necessitate the addition of a new category.

Unclear – any written response to an open-ended question whose meaning could not be discerned and could not be coded into another category (e.g., relationship issues not otherwise specified).

Practice Elements (a.k.a. Intervention Strategies; Treatment Practices)

Activity Scheduling – the assignment or request that a child participate in specific activities outside of therapy time, with the goal of promoting or maintaining involvement in satisfying and enriching experiences.

Anger Management – any written response to an open-ended question that referred to treatment in the family of anger management with no specific practices identified.

Animal or Plant Assisted Activities – any written response to an open-ended question that indicated use of activities incorporating animals or plants as a therapeutic modality.

Arousal Reconditioning – any written response to an open-ended question that indicated use of classical or operant conditioning procedures to alter the targets of sexual arousal.

Art/Music Therapy – any written response to an open-ended question that indicated use of expressive activities as a therapeutic modality.

Assertiveness Training – exercises or techniques designed to promote the child's ability to be assertive with others, usually involving rehearsal of assertive interactions.

Assessment – any written response to an open-ended question that focused on service provider learning more about the child and family through evaluation, testing, or observation (that would not qualify as parent or self-monitoring).

Attending – exercises involving the youth and caregiver playing together in a specific manner to facilitate their improved verbal communication and nonverbal interaction. This can involve the caregiver's imitation and participation in the youth's activity, as well as parent-directed play (previously called "Directed Play").

Behavioral Contracting – any written response to an open-ended question that indicated the development of a formal agreement specify rules, consequences, and a commitment by the youth and relevant others to honor the content of the agreement.

Behavior Management – any written response to an open-ended question that indicated the use of behavioral techniques or plan with no specific practices identified.

Biofeedback/ Neurofeedback – strategies to provide information about physiological activity that is typically below the threshold of perception, often involving the use of specialized equipment.

Care Coordination – any written response to an open-ended question that indicated coordinating among the service providers to ensure effective communication, receipt of appropriate services, adequate housing, etc.

Catharsis – strategies designed to bring about the release of intense emotions, with the intent to develop mastery of affect and conflict.

Cognitive/Coping – any techniques designed to alter interpretation of events through examination of the child's reported thoughts, typically through the generation and rehearsal of alternative counter-statements. This can sometimes be accompanied by exercises designed to comparatively test the validity of the original thoughts and the alternative thoughts through the gathering or review of relevant information.

Commands/Limit Setting – training for caretakers in how to give directions and commands in such a manner as to increase the likelihood of child compliance.

Communication Skills – training for youth or caretakers in how to communicate more effectively with others to increase consistency and minimize stress. Can include a variety of specific communication strategies (e.g., active listening, "I" statements).

Counseling – any written response to an open-ended question that referred to counseling sessions with youth or parent with no specific practices identified.

Crisis Management – immediate problem solving approaches to handle urgent or dangerous events. This might involve defusing an escalating pattern of behavior and emotions either in person or by telephone, and is typically accompanied by debriefing and follow-up planning.

Cultural Training – any written response to an open-ended question that indicated education or interaction with culturally important values, rituals, or sites with no specific practices identified.

Discrete Trial Training – a method of teaching involving breaking a task into many small steps and rehearsing these steps repeatedly with prompts and a high rate of reinforcement.

Educational Support – exercises designed to assist the child with specific academic problems, such as homework or study skills. This includes tutoring.

Emotional Processing – a program based on an information processing model of emotion that requires activation of emotional memories in conjunction with new and incompatible information about those memories.

Exposure – techniques or exercises that involve direct or imagined experience with a target stimulus, whether performed gradually or suddenly, and with or without the therapist's elaboration or intensification of the meaning of the stimulus.

Eye Movement/Body Tapping – a method in which the youth is guided through a procedure to access and resolve troubling experiences and emotions, while being exposed to a therapeutic visual or tactile stimulus designed to facilitate bilateral brain activity.

Family Engagement – the use of skills and strategies to facilitate family or child's positive interest in participation in an intervention.

Family Therapy – a set of approaches designed to shift patterns of relationships and interactions within a family, typically involving interaction and exercises with the youth, the caretakers, and sometimes siblings.

Family Visit – any written response to an open-ended question that indicated structured or unstructured therapeutic visits with one or more family members who is not typically part of the youth's daily ecology during the course of treatment.

Free Association – technique for probing the unconscious in which a person recites a running commentary of thoughts and feelings as they occur.

Functional Analysis – arrangement of antecedents and consequences based on a functional understanding of a youth's behavior. This goes beyond straightforward application of other behavioral techniques.

Goal Setting – any written response to an open-ended question that indicated setting specific goals and developing commitment from youth or family to attempt to achieve those goals (e.g., academic, career, etc.).

Guided Imagery – visualization or guided imaginal techniques for the purpose of mental rehearsal of successful performance. Guided imagery for the purpose of physical relaxation (e.g., picturing calm scenery) is not coded here, but rather coded under relaxation.

Ho'Oponopono – any written response to an open-ended question that indicated use of the techniques of Ho'Oponopono with no specific practices identified.

Hypnosis – the induction of a trance-like mental state achieved through suggestion.

Ignoring or Differential Reinforcement of Other Behavior – the training of parents or others involved in the social ecology of the child to selectively ignore mild target behaviors and selectively attend to alternative behaviors.

Individual Therapy for Caregiver – any therapy designed directly to target individual (non-dyadic) psychopathology in one or more of the youth's caregivers. This is distinct from Marital Therapy and Communication Skills.

Informal Supports – any written response to an open-ended question that explicitly identified working with youth or families to make use of informal supports in their homes and communities (e.g., cultural or faith based groups, neighbors and friends, etc.).

Insight Building – activity designed to help a youth achieve greater self-understanding.

Interpretation – reflective discussion or listening exercises with the child designed to yield therapeutic interpretations. This does not involve targeting specific thoughts and their alternatives, which would be coded as cognitive/coping.

Juvenile Sex Offender Treatment – any written response to an open-ended question that indicated sex offender treatment with no specific practices identified.

Legal Assistance/Involvement – any written response to an open-ended question that indicated obtaining legal aide for the youth or family or engaging the legal system to provide additional motivation for treatment.

Line of Sight Supervision – direct observation of a youth for the purpose of assuring safe and appropriate behavior.

Maintenance/Relapse Prevention – exercises and training designed to consolidate skills already developed and to anticipate future challenges, with the overall goal to minimize the chance that gains will be lost in the future.

Marital Therapy – techniques used to improve the quality of the relationship between caregivers.

Medication/ Pharmacotherapy – any use of psychotropic medication to manage emotional, behavioral, or psychiatric symptoms.

Mentoring – pairing with a more senior and experienced individual who serves as a positive role model for the identified youth.

Milieu Therapy – a therapeutic approach in residential settings that involves making the environment itself part of the therapeutic program. Often involves a system of privileges and restrictions such as a token or point system.

Mindfulness – exercises designed to facilitate present-focused, non-evaluative observation of experiences as they occur, with a strong emphasis of being "in the moment." This can involve the youth's conscious observation of feelings, thoughts, or situations.

Modeling – demonstration of a desired behavior by a therapist, confederates, peers, or other actors to promote the imitation and subsequent performance of that behavior by the identified youth.

Motivational Interviewing – exercises designed to increase readiness to participate in additional therapeutic activity or programs. These can involve cost-benefit analysis, persuasion, or a variety of other approaches.

Natural and Logical Consequences – training for parents or teachers in (a) allowing youth to experience the negative consequences of poor decisions or unwanted behaviors, or (b) delivering consequences in a manner that is appropriate for the behavior performed by the youth.

Parent Coping – exercises or strategies designed to enhance caretakers' ability to deal with stressful situations, inclusive of formal interventions targeting one or more caretaker.

Parent Monitoring – the repeated measurement of some target index by the caretaker.

Parent Praise – the training of parents or others involved in the social ecology of the child in the administration of social rewards to promote desired behaviors. This can involve praise, encouragement, affection, or physical proximity.

Parenting – any written response to an open-end question that addressed parenting issues with caregiver(s) but no specific practices identified.

Peer Modeling/Pairing – pairing with another youth of same or similar age to allow for reciprocal learning or skills practice.

Personal Safety Skills – training for the youth in how to maintain personal safety of one's physical self. This can include education about attending to one's sense of danger, body ownership issues (e.g., "good touch-bad touch"), risks involved with keeping secrets, how to ask for help when feeling unsafe, and identification of other high-risk situations for abuse.

Physical Exercise – the engagement of the youth in energetic physical movements to promote strength or endurance or both. Examples can include running, swimming, weight-lifting, karate, soccer, etc. Note that when the focus of the physical exercise is also to produce talents or competence, Skill Building may also apply.

Play Therapy – the use of play as a primary strategy in therapeutic activities. This may include the use of play as a strategy for clinical interpretation. Different from Directed Play, which involves a specific focus on modifying parent-child communication. This is also different from play designed specifically to build relationship quality.

Problem Solving – techniques, discussions, or activities designed to bring about solutions to targeted problems, usually with the intention of imparting a skill for how to approach and solve future problems in a similar manner.

Psychoeducational-Child – the formal review of information with the child about the development of a problem and its relation to a proposed intervention.

Psychoeducational-Parent – the formal review of information with the caretaker(s) about the development of the child's problem and its relation to a proposed intervention. This often involves an emphasis on the caretaker's role in either or both.

Relationship/Rapport Building – strategies in which the immediate aim is to increase the quality of the relationship between the youth and the therapist. Can include play, talking, games, or other activities.

Relaxation – techniques or exercises designed to induce physiological calming, including muscle relaxation, breathing exercises, meditation, and similar activities. Guided imagery exclusively for the purpose of physical relaxation is also coded here.

Response Cost – training parents or teachers how to use a point or token system in which negative behaviors result in the loss of points or tokens for the youth.

Response Prevention – explicit prevention of a maladaptive behavior that typically occurs habitually or in response to emotional or physical discomfort.

Self-Monitoring – the repeated measurement of some target index by the child.

Self-Reward/Self-Praise – techniques designed to encourage the youth to self-administer positive consequences contingent on performance of target behaviors.

Skill Building – the practice or assignment to practice or participate in activities with the intention of building and promoting talents and competencies.

Social Skills Training – providing information and feedback to improve interpersonal verbal and non-verbal functioning, which may include direct rehearsal of the skills. If this is paired with peer pairing, that should be coded as well.

Stimulus/Antecedent Control – strategies to identify specific triggers for problem behaviors and to alter or eliminate those triggers in order to reduce or eliminate the behavior.

Supportive Listening – reflective discussion with the child designed to demonstrate warmth, empathy, and positive regard, without suggesting solutions or alternative interpretations.

Tangible Rewards – the training of parents or others involved in the social ecology of the child in the administration of tangible rewards to promote desired behaviors. This can involve tokens, charts, or record keeping, in addition to first-order reinforcers.

Therapist Praise/Rewards – the administration of tangible (i.e. rewards) or social (e.g., praise) reinforcers by the therapist.

Thought Field Therapy – techniques involving the tapping of various parts of the body in particular sequences or "algorithms" in order to correct unbalanced energies, known as thought fields.

Time Out – the training of or the direct use of a technique involving removing the youth from all reinforcement for a specified period of time following the performance of an identified, unwanted behavior.

Twelve-step Programming – any programs that involve the twelve-step model for gaining control over problem behavior, most typically in the context of alcohol and substance use, but can be used to target other behaviors as well.

Other – any written response to an open-ended question that could not be categorized into another intervention strategy sub-category and did not necessitate the addition of a new category.

Unclear – any written response to an open-ended question whose meaning could not be discerned and could not be coded into another category.

Out-of-Home Services included out-of-state, Hospital-Based Residential, Community High-Risk (Community-Based Residential I), Community-Based Residential II, Community-Based Residential III, and Transitional Family Home. Billing records for bed-holds and therapeutic passes were also considered when calculating the indicator of whether a youth received any out-of-home services.

Outpatient Services were defined to include treatment (i.e., medication management and outpatient therapy [individual, group, or family]) and assessment of any type.

Procured Services (Receipt of Services) was calculated based on records that were accepted as payable during billing adjudication. This billing information is augmented by information from manual billing and weekly provider census data from the Fiscal and Clinical Services Offices for specific levels of care. A youth is identified as receiving a service if there was any indication of service for that youth on at least one day during the reporting period. Thus, the service receipt counts are unduplicated within a level of care, but are duplicated across levels of care. For example a youth who received Hospital-Based Residential and Intensive In-Home services would be recorded as receiving both of these levels during the period. A hierarchical model of services is used so that unduplicated aggregates are systematically presented. For example, the Out-of-Home services count is unduplicated across Out-of-Home services, such that a youth who received Hospital-Based Residential and Community-Based Residential services would be counted only once in the Out-of-Home services category, but would also be counted at the Hospital-Based Residential and Community-Based Residential categories.

Sentinel Events (SE) and Reportable Incidents (RI) are reported on separate forms when an event or incident occurs which meets the mandated reporting qualifications. All six RI categories are also found under Sentinel Events, and generally represent a less severe presentation when compared with their SE counterpart (see definitions below). **Combined Sentinel Events (SE) and Reportable Incidents (RI)** were calculated for each of these shared categories by combining the frequencies reported in the separate SE and RI sections. Counts of youth were unduplicated across SE and RI reports for each shared category. For example, if the same youth received both a report of "SE: Restraint and Seclusion" and "RI: Restraint and Seclusion," that youth would only be counted only once under the Combined SE and RI "Restraint and Seclusion" category.

Sentinel Events

Abuse of Client – Any act upon youth that results in a CPS/CWS report (made by the service provider).

Death of a Client – Result of an accident or natural events and occurs while youth is receiving services from the agency.

Elopement (high-risk for harm to self or others) – Youth away from home/program without permission; whereabouts unknown; gone overnight.

Homicide – A deliberate & unlawful death; youth either perpetrator or victim.

Injury – Result of an accident or intentional act; requires medical attention (emergency dept. or hospital visit).

Medication Error/Substance Intoxication – Accidental misuse of medication; intentional abuse of medication/substance seeking intoxication; requires medical attention (emergency dept. or hospital visit). *Note: NOT a suicide attempt.*

Physical Assault – Youth is either the perpetrator or victim of physical attack that results in an injury requiring medical attention (emergency dept. or hospital visit).

Psychiatric Hospitalization – Unplanned admission to either the acute or inpatient psych unit.

Refusal of Life-Preserving Medical Treatment – Refusal of recommended or necessary life-saving treatment.

Restraint or Seclusion (longer than 5 minutes) – Impeding or restricting movement by physical or mechanical force as a safety measure; performed by staff.

Self-Inflicted Potentially Lethal Injury – Non-fatal, deliberate self-injury; with or without suicidal intent; requires medical attention.

Sexual Assault – Engaging in a non-consensual sex act through coercion or force; sexual contact with an individual under the age of 14; youth either perpetrator or victim.

Suicide – Intentional, self-inflicted harm/injury resulting in death.

Suicidal Threat – Expression of intent with a serious plan, and/or means, and/or an act of harm.

Other – Uncommon but SERIOUS events (e.g., possession of a weapon; fire-setting; homicidal threat); potentially life-threatening behaviors; several low-moderate level risk factors combined produce a more serious situation.

Reportable Incidents

Elopement – Youth away from **TFH** or CAMHD **residential** program without permission; whereabouts unknown; gone overnight. ***Note: Elopement from Mainland facility considered "Sentinel Event: Elopement."***

Physical Assault – Youth is either the perpetrator or victim of physical attack that results in an injury but does not require medical attention. ***Note: This does not apply to IIH, MST, or FFT levels of care.***

Restraint or Seclusion – Impeding or restricting movement by physical or mechanical force as a safety measure; performed by staff; duration does not exceed 5 minutes; not repeated.

Self-Harm – Deliberate, intentional self-injury (cutting, burning, hitting) without suicidal intent.

Suicidal Threat – Plausible expression of thoughts or intent without a plan, and/or means, and/or an act of harm.

Other – Significant, warrants follow-up or further assessment (e.g., unfounded allegations; inappropriate sexual behavior) or disrupts treatment (e.g., CWS/CPS removal [service provider not involved]; potentially dangerous behaviors).

Supportive Services was defined to include respite home and ancillary services that could not be classified as another level of care.

Total Youth Served

	N	%
Total Registered Youth	2,496	
Youth Receiving Direct Services	2,209	88.5%
Youth Receiving Procured Services	1,528	61.2%

Gender	N	% of Available
Female	968	38.8%
Male	1528	61.2%

Age	N	%
3	13	0.5%
4	31	1.2%
5	48	1.9%
6	77	3.1%
7	91	3.6%
8	112	4.5%
9	138	5.5%
10	112	4.5%
11	132	5.3%
12	126	5.0%
13	181	7.3%
14	199	8.0%
15	253	10.1%
16	295	11.8%
17	324	13.0%
18	236	9.5%
19	95	3.8%
20	24	1.0%
21+	9	0.4%

	Mean	Median	Std. Deviation
Age in Years	13.5	14.0	4.0
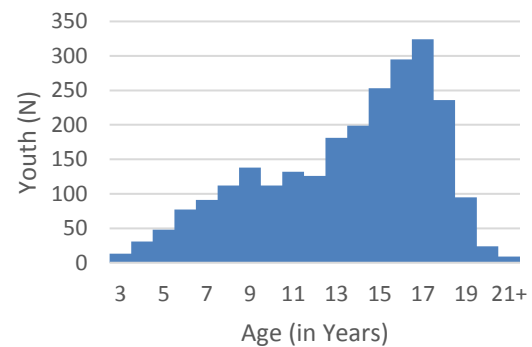
Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	5	0.3%
Asian	143	8.5%
Black or African-American	14	0.8%
Native Hawaiian or Other Pacific Islander	189	11.3%
White	217	13.0%
Other Race	21	1.3%
MultiRacial	1084	64.8%
Not Available	823	33.0%

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	458	33.2%
Not Hispanic or Latino/a	921	66.8%
Not Available	1117	44.8%

Most Recent	Total Registered	
Family Guidance Center	N	%
Central Oʻahu	352	14.1%
Leeward Oʻahu	356	14.3%
Honolulu Oʻahu	350	14.0%
Hawaiʻi (Big Island)	869	34.8%
Maui	348	13.9%
Kauaʻi	190	7.6%
Family Court Liaison Branch	24	1.0%
Unassigned	7	0.3%

Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	122	6.0%
Bipolar and Related Disorders	35	1.7%
Depressive Disorders	314	15.4%
Disruptive, Impulse-Control, and Conduct Disorders	533	26.1%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	398	19.5%
Autism Spectrum Disorder	20	1.0%
Intellectual Disability	6	0.3%
Other Neurodevelopmental Disorders	0	0.0%
Obsessive-Compulsive and Related Disorders	18	0.9%
Schizophrenia Spectrum and Other Psychotic Disorders	37	1.8%
Substance-Related and Addictive Disorders	33	1.6%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	242	11.9%
Posttraumatic Stress Disorder	182	8.9%
Other Trauma- and Stressor-Related Disorders	27	1.3%
Other Infrequent CAMHD Diagnoses[a]	23	1.1%
General Medical Conditions or Codes No Longer Used	50	2.5%
Not Available	456	18.3%

[a]Includes, but is not limited to, Dissociative Disorders, Elimination Disorders, Feeding & Eating Disorders, Gender Dysphoria, Neurocognitive Disorders, Paraphilic Disorders, Personality Disorders, "Other Mental Disorders," and "Other Conditions That May Be a Focus of Clinical Attention."

Services Procured	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	**336**	**22.0%**
Out-of-State	38	2.5%
Hospital-Based Residential	69	4.5%
Community High Risk	7	0.5%
Community-Based Residential II	10	0.7%
Community-Based Residential III	127	8.3%
Transitional Family Home	145	9.5%
Intensive Home & Community	**1255**	**82.1%**
Partial Hospitalization	16	1.0%
Multisystemic Therapy	187	12.2%
Functional Family Therapy	51	3.3%
Comprehensive Behavioral Intervention	51	3.3%
Intensive In-Home	1044	68.3%
Outpatient	**236**	**15.4%**
Treatment	6	0.4%
Medication Management[a]	--	--
Outpatient Therapy	*6*	*0.4%*
Assessment	230	15.1%
Supportive Services	**180**	**11.8%**
Respite Home	39	2.6%
Ancillary Service	148	9.7%
Crisis Stabilization[b]	**307**	**20.1%**
Unduplicated Total[c]	1,528	

[a]Number of youth not available. [b]Estimated; actual count ranges from 297-318.
[c]Does not include Crisis Mobile Outreach services.

Service Settings	Number of Youth With Setting Reported	% of Youth With Setting Reported	Avg Number of Months Setting Reported Per Youth	# of Months in Which Setting is included[a]	% of All Months Reported[a]
Clinic	665	47.0%	3.76	2502	26.8%
Community	1071	75.7%	4.81	5153	55.2%
Home	1167	82.5%	5.43	6337	67.9%
Out Of Home	512	36.2%	3.99	2045	21.9%
Phone[b]	99	7.0%	3.52	348	3.7%
School	671	47.4%	3.74	2510	26.9%
Other	14	1.0%	1.21	17	0.2%
Unclear[b]	68	4.8%	2.03	138	1.5%

Total # of Youth With Months Reported	1415		Total # of Service Months	9339	

[a]Includes multiple months for the same youth. [b]Indicates written response to an open-ended question.

Service Formats	Number of Youth With Format Reported	% of Youth With Format Reported	Avg Number of Months Format Reported Per Youth	# of Months in Which Format is included[a]	% of All Months Reported[a]
Family	1080	76.3%	4.64	5008	53.6%
Group	346	24.5%	3.70	1281	13.7%
Individual	1250	88.3%	6.20	7744	82.9%
Parent	1090	77.0%	4.89	5335	57.1%
Phone[b]	7	0.5%	2.43	17	0.2%
Professional Consult[b]	354	25.0%	2.95	1044	11.2%
Teacher	464	32.8%	3.12	1446	15.5%
Other	13	0.9%	1.08	14	0.1%
Unclear[b]	108	7.6%	3.18	343	3.7%

Total # of Youth With Months Reported	1415		Total # of Service Months	9339	

[a]Includes multiple months for the same youth. [b]Indicates written response to an open-ended question.

Treatment Targets (TTs)	# of Youth With TT Reported	% of Youth With TT Reported	Avg # of Months Reported Per Youth	# of Months in Which TT is included[a]	% of All Months Submitted[a]
Academic Achievement	398	28.1%	2.61	1039	11.1%
Activity Involvement	667	47.1%	4.10	2738	29.3%
Adaptive Behavior or Living Skills	209	14.8%	2.98	622	6.7%
Adjustment to Change	324	22.9%	2.55	826	8.8%
Adult Intercoordination	22	1.6%	1.59	35	0.4%
Aggression	565	39.9%	3.59	2030	21.7%
Anger	623	44.0%	3.66	2281	24.4%
Anxiety	513	36.3%	3.94	2021	21.6%
Assertiveness	180	12.7%	2.81	505	5.4%
Attention Problems	291	20.6%	3.38	985	10.5%
Avoidance	207	14.6%	2.48	513	5.5%
Caregiver Self Management or Coping	10	0.7%	1.70	17	0.2%
Cognitive Intellectual Functioning	74	5.2%	2.61	193	2.1%
Community Involvement	216	15.3%	2.92	631	6.8%
Compulsive Behavior	5	0.4%	3.20	16	0.2%
Contentment or Enjoyment or Happiness	253	17.9%	2.59	656	7.0%
Depressed Mood	459	32.4%	3.65	1677	18.0%
Eating or Feeding Problems	37	2.6%	3.62	134	1.4%
Empathy	116	8.2%	2.65	307	3.3%
Enuresis or Encopresis	33	2.3%	4.88	161	1.7%
Fire Setting	4	0.3%	1.75	7	0.1%
Fitness or Exercise	0	0.0%		0	0.0%
Gender Identity Problems	20	1.4%	3.20	64	0.7%
Goal Setting	10	0.7%	2.00	20	0.2%
Grief	71	5.0%	2.90	206	2.2%
Health Management	95	6.7%	2.38	226	2.4%
Housing or Living Situation	183	12.9%	2.32	425	4.6%
Hyperactivity	147	10.4%	3.22	474	5.1%
Information Gathering	27	1.9%	1.22	33	0.4%
Learning Disorder or Underachievement	28	2.0%	1.46	41	0.4%
Mania	15	1.1%	2.60	39	0.4%
Medical Regimen Adherence	127	9.0%	2.73	347	3.7%
Occupational Functioning Or Stress	54	3.8%	2.52	136	1.5%
Oppositional or Non-Compliant Behavior	793	56.0%	4.08	3233	34.6%
Pain Management	0	0.0%		0	0.0%
Parenting Skills	23	1.6%	2.00	46	0.5%
Peer Involvement	172	12.2%	2.14	368	3.9%
Peer or Sibling Conflict	347	24.5%	3.44	1193	12.8%
Personal Hygiene	32	2.3%	1.94	62	0.7%
Phobia or Fears	369	26.1%	3.23	1193	12.8%
Positive Family Functioning	86	6.1%	3.41	293	3.1%
Positive Peer Interaction	1054	74.5%	4.67	4925	52.7%
Positive Thinking or Attitude	318	22.5%	3.07	975	10.4%
Pregnancy Education or Adjustment	12	0.8%	1.92	23	0.2%
Psychosis	41	2.9%	3.46	142	1.5%
Runaway	176	12.4%	2.90	510	5.5%
Safe Environment	26	1.8%	2.50	65	0.7%
School Attendance or Truancy	204	14.4%	2.90	592	6.3%
School Involvement	334	23.6%	2.64	882	9.4%
Self Esteem	310	21.9%	3.12	966	10.3%
Self Injurious Behavior	355	25.1%	3.43	1218	13.0%
Self Management or Self Control	218	15.4%	2.96	646	6.9%
Sexual Orientation	1	0.1%	1.00	1	0.0%
Sexual Variation or Misconduct	70	4.9%	4.83	338	3.6%
Shyness	21	1.5%	2.00	42	0.4%
Sleep Disturbance or Sleep Hygiene	24	1.7%	1.67	40	0.4%
Social Skills	433	30.6%	3.61	1565	16.8%
Speech and Language	18	1.3%	4.44	80	0.9%
Substance Use	325	23.0%	4.18	1359	14.6%
Suicidality	107	7.6%	2.73	292	3.1%
Traumatic Stress	238	16.8%	3.71	883	9.5%
Treatment Engagement	686	48.5%	2.88	1976	21.2%
Treatment Planning or Framing	70	4.9%	1.70	119	1.3%
Willful Misconduct or Delinquency	186	13.1%	2.17	403	4.3%
Other	358	25.3%	2.79	1000	10.7%
Unclear	92	6.5%	1.75	161	1.7%
Total # of Youth	1415		Total # of Months	9339	

Note: Some open-ended responses to the "Other" category were recoded into existing categories.
[a]Includes multiple months for the same youth.

Practice Elements (PEs)	# of Youth With PE Reported	% of Youth With PE Reported	Avg # of Months Reported Per Youth	# of Months in Which PE is included[a]	% of All Months Submitted[a]
Activity Scheduling	832	58.9%	3.88	3229	34.6%
Anger Management	11	0.8%	3.64	40	0.4%
Animal or Plant Assisted Activities	1	0.1%	1.00	1	0.0%
Arousal Reconditioning	0	0.0%		0	0.0%
Art or Music Therapy	13	0.9%	2.15	28	0.3%
Assertiveness Training	404	28.6%	3.18	1286	13.8%
Assessment	20	1.4%	1.35	27	0.3%
Attending	452	32.0%	3.29	1486	15.9%
Behavior Management	71	5.0%	3.82	271	2.9%
Behavioral Contracting	692	49.0%	3.82	2642	28.3%
Biofeedback or Neurofeedback	34	2.4%	2.41	82	0.9%
Care Coordination	848	60.1%	4.27	3625	38.8%
Catharsis	101	7.2%	3.18	321	3.4%
Cognitive	891	63.1%	4.42	3936	42.1%
Commands	198	14.0%	2.52	498	5.3%
Communication Skills	1128	79.9%	4.73	5337	57.1%
Counseling	5	0.4%	1.20	6	0.1%
Crisis Management	554	39.2%	3.09	1714	18.4%
Cultural Training	119	8.4%	2.87	341	3.7%
Discrete Trial Training	13	0.9%	2.38	31	0.3%
Educational Support	696	49.3%	3.81	2651	28.4%
Emotional Processing	935	66.2%	4.66	4354	46.6%
Exposure	324	22.9%	3.14	1017	10.9%
Eye Movement or Tapping	46	3.3%	2.70	124	1.3%
Family Engagement	1037	73.4%	4.08	4226	45.3%
Family Therapy	921	65.2%	4.02	3704	39.7%
Family Visit	1	0.1%	1.00	1	0.0%
Free Association	62	4.4%	1.76	109	1.2%
Functional Analysis	201	14.2%	2.56	514	5.5%
Goal Setting	1022	72.4%	4.54	4638	49.7%
Guided Imagery	217	15.4%	2.74	594	6.4%
Ho Oponopono	0	0.0%		0	0.0%
Hypnosis	6	0.4%	1.83	11	0.1%
Ignoring or DRO	364	25.8%	3.55	1293	13.8%
Individual Therapy for Caregiver	334	23.7%	2.66	888	9.5%
Informal Supports	7	0.5%	1.00	7	0.1%
Insight Building	920	65.2%	4.65	4278	45.8%
Interpretation	223	15.8%	2.84	634	6.8%
Juvenile Sex Offender Treatment	10	0.7%	6.20	62	0.7%
Legal Assistance or Involvement	0	0.0%		0	0.0%
Line of Sight Supervision	398	28.2%	3.41	1356	14.5%
Maintenance or Relapse Prevention	315	22.3%	3.01	948	10.2%
Marital Therapy	44	3.1%	2.09	92	1.0%
Medication or Pharmacotherapy	377	26.7%	3.69	1393	14.9%
Mentoring	535	37.9%	3.80	2035	21.8%
Milieu Therapy	260	18.4%	3.65	948	10.2%
Mindfulness	692	49.0%	3.82	2646	28.3%
Modeling	928	65.7%	4.31	4003	42.9%
Motivational Interviewing	738	52.3%	4.10	3028	32.4%
Natural and Logical Consequences	871	61.7%	4.25	3705	39.7%
Parent Coping	831	58.9%	3.61	3003	32.2%
Parent or Teacher Monitoring	542	38.4%	3.43	1861	19.9%
Parent or Teacher Praise	610	43.2%	3.39	2068	22.1%
Parenting	21	1.5%	4.29	90	1.0%
Peer Pairing	199	14.1%	2.44	486	5.2%
Personal Safety Skills	614	43.5%	3.33	2046	21.9%
Physical Exercise	0	0.0%		0	0.0%
Play Therapy	319	22.6%	3.74	1194	12.8%
Problem Solving	1015	71.9%	4.60	4672	50.0%
Psychoeducational Child	867	61.4%	4.31	3741	40.1%
Psychoeducational Parent	958	67.8%	4.23	4057	43.4%
Relationship or Rapport Building	1054	74.6%	3.83	4039	43.2%
Relaxation	655	46.4%	3.60	2359	25.3%
Response Cost	208	14.7%	2.70	562	6.0%
Response Prevention	231	16.4%	2.82	652	7.0%
Self Monitoring	618	43.8%	3.50	2164	23.2%
Self Reward or Self Praise	450	31.9%	2.74	1233	13.2%
Skill Building	1019	72.2%	4.28	4366	46.8%
Social Skills Training	787	55.7%	4.15	3269	35.0%
Stimulus Control or Antecedent Man	228	16.1%	3.31	754	8.1%
Supportive Listening or Client Centered	1154	81.7%	4.92	5678	60.8%
Tangible Rewards	615	43.6%	3.42	2103	22.5%
Therapist Praise or Rewards	943	66.8%	4.42	4166	44.6%
Thought Field Therapy	21	1.5%	1.71	36	0.4%
Time Out	267	18.9%	2.97	793	8.5%
Twelve Step Program	64	4.5%	3.58	229	2.5%
Other	26	1.8%	2.73	71	0.8%
Unclear	135	9.6%	3.14	424	4.5%
Total # of Youth	1415		Total # of Months	9339	

Note: Some open-ended responses to the "Other" category were recoded into existing categories.
[a]Includes multiple months for the same youth.

Type of Event or Incident	# of Youth with SE/RI Reported	% of Total Youth with Procured Svcs[a]	Total # of SE/RI Reported	% of all SE/RI Reported[b]
Sentinel Events (SE)				
Abuse of Client	14	0.92%	15	4.9%
Death of Client	1	0.07%	1	0.3%
Elopement	30	1.96%	35	11.4%
Homicide	0	0.00%	0	0.0%
Injury	10	0.65%	12	3.9%
Medication Error/Substance Intoxication	9	0.59%	10	3.2%
Physical Assault	9	0.59%	9	2.9%
Psychiatric Hospitalization	50	3.27%	61	19.7%
Refusal of Life Preserving Medical Treatment	0	0.00%	0	0.0%
Restraint or Seclusion	30	1.96%	131	42.5%
Self-Inflicted Potentially Lethal Injury	6	0.39%	8	2.6%
Sexual Assault	14	0.92%	14	4.5%
Suicide	2	0.13%	2	0.6%
Suicidal Threat	36	2.36%	43	13.9%
Other	15	0.98%	19	6.1%
Reportable Incidents (RI)				
Elopement[c]	74	4.84%	129	45.6%
Physical Assault[d]	16	1.05%	18	6.3%
Restraint or Seclusion	29	1.90%	51	18.0%
Self-Harm	22	1.44%	25	8.8%
Suicidal Threat	22	1.44%	25	8.8%
Other	39	2.55%	46	16.3%
Combined SE and RI				
Elopement[c]	100	6.54%	164	27.7%
Physical Assault[d]	25	1.64%	27	4.6%
Restraint or Seclusion	47	3.08%	182	30.8%
Self-Inflicted Potentially Lethal Injury/Self-Harm	27	1.77%	33	5.6%
Suicidal Threat	54	3.53%	68	11.5%
Other	51	3.34%	65	11.0%

[a]Total youth receiving procured services in CAMHD (N = 1,528). [b]Percent excludes missing data. [c]As defined on pg. xiv, Elopement (RI) only applies to TFH and residential facilities. [d]As defined on pg. xiv, Physical Assault (RI) does not apply to IIH, MST, or FFT.

Discharge Living Situation	# of Discharges	% of Discharges
Foster Home	84	7.4%
Group Care	15	1.3%
Home	781	68.9%
Homeless/Shelter	21	1.9%
Institution/Hospital	24	2.1%
Jail/Correctional Facility	14	1.2%
Residential Treatment	71	6.3%
Other	123	10.9%
Total # of Service Discharges Reported	1133	

Note: As youth may receive multiple services, they can be represented more than once in these counts.

Reasons for Discharge	# of Discharges	% of Discharges
Eligibility Change	59	5.2%
Family Relocation	24	2.1%
Insufficient Progress	96	8.5%
Refuse/Withdraw	151	13.3%
Runaway/Elopement	86	7.6%
Success/GoalsMet	592	52.3%
Other	234	20.7%
Total # of Service Discharges Reported	1133	

Note: As youth may receive multiple services, they can be represented more than once in these counts. Also, % of Discharges add to more than 100% because multiple reasons may be selected.

	Average First CAFAS (*SD*)	Average Most Recent CAFAS (*SD*)	Average of all CAFASs Within Period (*SD*)	Average of Highest CAFAS Within Period (*SD*)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score	92.7 (32.3)	83.4 (35.3)	87.5 (28.6)	107 (36.6)

Note: Includes all youth registered within fiscal year. Some youth's first and most recent CAFASs may be the same assessment.

Family Court Liaison Branch Youth Served

	N	%
Total Registered Youth	24	
Youth Receiving Direct Services	23	95.8%
Youth Receiving Procured Services	2	8.3%

Gender	N	% of Available
Female	5	20.8%
Male	19	79.2%

Age	N	%
3	0	0.0%
4	0	0.0%
5	0	0.0%
6	0	0.0%
7	0	0.0%
8	0	0.0%
9	0	0.0%
10	0	0.0%
11	0	0.0%
12	0	0.0%
13	0	0.0%
14	0	0.0%
15	1	4.2%
16	3	12.5%
17	3	12.5%
18	11	45.8%
19	5	20.8%
20	1	4.2%
21+	0	0.0%

	Mean	Median	Std. Deviation
Age in Years	17.8	18.0	1.2
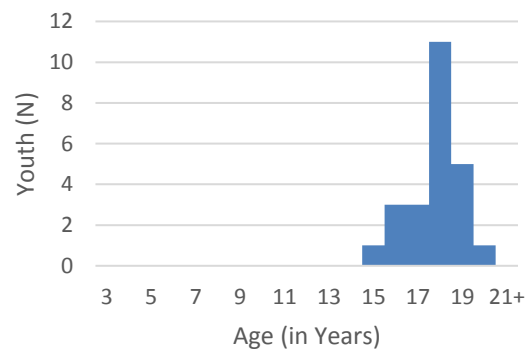
Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	0	0.0%
Asian	0	0.0%
Black or African-American	0	0.0%
Native Hawaiian or Other Pacific Islander	3	37.5%
White	1	12.5%
Other Race	0	0.0%
MultiRacial	4	50.0%
Not Available	16	66.7%

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	0	0.0%
Not Hispanic or Latino/a	7	100.0%
Not Available	17	70.8%

Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	0	0.0%
Bipolar and Related Disorders	0	0.0%
Depressive Disorders	2	8.7%
Disruptive, Impulse-Control, and Conduct Disorders	19	82.6%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	0	0.0%
Autism Spectrum Disorder	0	0.0%
Intellectual Disability	0	0.0%
Other Neurodevelopmental Disorders	0	0.0%
Obsessive-Compulsive and Related Disorders	0	0.0%
Schizophrenia Spectrum and Other Psychotic Disorders	0	0.0%
Substance-Related and Addictive Disorders	2	8.7%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	0	0.0%
Posttraumatic Stress Disorder	0	0.0%
Other Trauma- and Stressor-Related Disorders	0	0.0%
Other Infrequent CAMHD Diagnoses[a]	0	0.0%
General Medical Conditions or Codes No Longer Used	0	0.0%
Not Available (% of Total)	1	(4.2%)

[a]Includes, but is not limited to, Dissociative Disorders, Elimination Disorders, Feeding & Eating Disorders, Gender Dysphoria, Neurocognitive Disorders, Paraphilic Disorders, Personality Disorders, "Other Mental Disorders," and "Other Conditions That May Be a Focus of Clinical Attention."

Services Procured	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	**2**	**100.0%**
Out-of-State	2	100.0%
Hospital-Based Residential	0	0.0%
Community High Risk	0	0.0%
Community-Based Residential II	0	0.0%
Community-Based Residential III	0	0.0%
Transitional Family Home	0	0.0%
Intensive Home & Community	**0**	**0.0%**
Partial Hospitalization	0	0.0%
Multisystemic Therapy	0	0.0%
Functional Family Therapy	0	0.0%
Comprehensive Behavioral Intervention	0	0.0%
Intensive In-Home	0	0.0%
Outpatient	**0**	**0.0%**
Treatment	0	0.0%
Medication Management[a]	--	--
Outpatient Therapy	*0*	*0.0%*
Assessment	0	0.0%
Supportive Services	**0**	**0.0%**
Respite Home	0	0.0%
Ancillary Service	0	0.0%
Crisis Stabilization[a]	**--**	**--**
Unduplicated Total[b]	2	

[a]Number of youth not available by FGC.
[b]Does not include Crisis Mobile Outreach services.

	Average First CAFAS (*SD*)	Average Most Recent CAFAS (*SD*)	Average of all CAFASs Within Period (*SD*)	Average of Highest CAFAS Within Period (*SD*)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score	94.5 (51.8)	109.1 (37.3)	103.8 (40.5)	130.9 (34.2)

Note: Includes all youth registered within fiscal year. Some youth's first and most recent CAFASs may be the same assessment.

Type of Event or Incident	# of Youth with SE/RI Reported	% of Total Youth with Procured Svcs[a]	Total # of SE/RI Reported	% of all SE/RI Reported[b]
Sentinel Events (SE)				
Abuse of Client	1	50.0%	1	20.0%
Death of Client	0	0.0%	0	0.0%
Elopement	2	100.0%	2	40.0%
Homicide	0	0.0%	0	0.0%
Injury	0	0.0%	0	0.0%
Medication Error/Substance Intoxication	0	0.0%	0	0.0%
Physical Assault	0	0.0%	0	0.0%
Psychiatric Hospitalization	0	0.0%	0	0.0%
Refusal of Life Preserving Medical Treatment	0	0.0%	0	0.0%
Restraint or Seclusion	0	0.0%	0	0.0%
Self-Inflicted Potentially Lethal Injury	0	0.0%	0	0.0%
Sexual Assault	0	0.0%	0	0.0%
Suicide	0	0.0%	0	0.0%
Suicidal Threat	1	50.0%	1	20.0%
Other	1	50.0%	1	20.0%
Reportable Incidents (RI)				
Elopement[c]	0	0.0%	0	0.0%
Physical Assault[d]	1	50.0%	1	50.0%
Restraint or Seclusion	0	0.0%	0	0.0%
Self-Harm	0	0.0%	0	0.0%
Suicidal Threat	0	0.0%	0	0.0%
Other	0	0.0%	0	0.0%
Combined SE and RI				
Elopement	2	100.0%	2	33.3%
Physical Assault	1	50.0%	1	14.3%
Restraint or Seclusion	0	0.0%	0	0.0%
Self-Inflicted Potentially Lethal Injury/Self-Harm	0	0.0%	0	0.0%
Suicidal Threat	1	50.0%	1	16.7%
Other	1	50.0%	2	33.3%

[a]Total youth receiving procured services through this family guidance center (N = 2). [b]Percent excludes missing data. [c]As defined on pg. xiv, Elopement (RI) only applies to TFH and residential facilities. [d]As defined on pg. xiv, Physical Assault (RI) does not apply to IIH, MST, or FFT. *Note*: A few youth with SEs did not have a corresponding service record.

Hawai'i (Big Island) Family Guidance Center Youth Served

	N	%
Total Registered Youth	869	
Youth Receiving Direct Services	707	81.4%
Youth Receiving Procured Services	529	60.9%

Gender	N	% of Available
Female	320	36.8%
Male	549	63.2%

Age	N	%
3	6	0.7%
4	13	1.5%
5	24	2.8%
6	36	4.1%
7	46	5.3%
8	49	5.6%
9	67	7.7%
10	55	6.3%
11	43	4.9%
12	46	5.3%
13	58	6.7%
14	64	7.4%
15	68	7.8%
16	97	11.2%
17	95	10.9%
18	62	7.1%
19	29	3.3%
20	6	0.7%
21+	5	0.6%

	Mean	Median	Std. Deviation
Age in Years	12.7	13.0	4.3
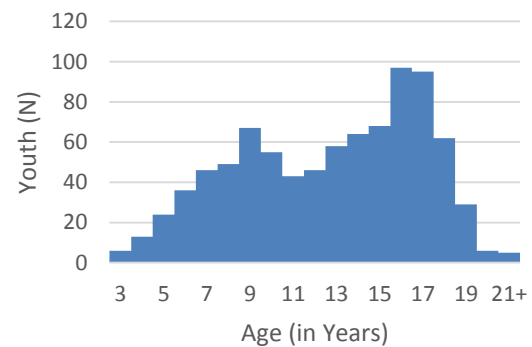
Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	1	0.2%
Asian	20	3.5%
Black or African-American	5	0.9%
Native Hawaiian or Other Pacific Islander	36	6.4%
White	82	14.5%
Other Race	8	1.4%
MultiRacial	412	73.0%
Not Available	305	35.1%

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	200	42.2%
Not Hispanic or Latino/a	274	57.8%
Not Available	395	45.5%

Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	40	6.3%
Bipolar and Related Disorders	9	1.4%
Depressive Disorders	83	13.0%
Disruptive, Impulse-Control, and Conduct Disorders	188	29.5%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	111	17.4%
Autism Spectrum Disorder	9	1.4%
Intellectual Disability	0	0.0%
Other Neurodevelopmental Disorders	0	0.0%
Obsessive-Compulsive and Related Disorders	2	0.3%
Schizophrenia Spectrum and Other Psychotic Disorders	8	1.3%
Substance-Related and Addictive Disorders	7	1.1%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	97	15.2%
Posttraumatic Stress Disorder	54	8.5%
Other Trauma- and Stressor-Related Disorders	12	1.9%
Other Infrequent CAMHD Diagnoses[a]	9	1.4%
General Medical Conditions or Codes No Longer Used	9	1.4%
Not Available (% of Total)	231	(26.6%)

[a]Includes, but is not limited to, Dissociative Disorders, Elimination Disorders, Feeding & Eating Disorders, Gender Dysphoria, Neurocognitive Disorders, Paraphilic Disorders, Personality Disorders, "Other Mental Disorders," and "Other Conditions That May Be a Focus of Clinical Attention."

Services Procured	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	**114**	**21.6%**
Out-of-State	2	0.4%
Hospital-Based Residential	21	4.0%
Community High Risk	2	0.4%
Community-Based Residential II	3	0.6%
Community-Based Residential III	34	6.4%
Transitional Family Home	75	14.2%
Intensive Home & Community	**396**	**74.9%**
Partial Hospitalization	0	0.0%
Multisystemic Therapy	43	8.1%
Functional Family Therapy	14	2.6%
Comprehensive Behavioral Intervention	22	4.2%
Intensive In-Home	346	65.4%
Outpatient	**128**	**24.2%**
Treatment	2	0.4%
Medication Management[a]	--	--
Outpatient Therapy	*2*	*0.4%*
Assessment	126	23.8%
Supportive Services	**82**	**15.5%**
Respite Home	25	4.7%
Ancillary Service	61	11.5%
Crisis Stabilization[a]	**--**	**--**
Unduplicated Total[b]	529	

[a]Number of youth not available by FGC.
[b]Does not include Crisis Mobile Outreach services.

	Average First CAFAS (*SD*)	Average Most Recent CAFAS (*SD*)	Average of all CAFASs Within Period (*SD*)	Average of Highest CAFAS Within Period (*SD*)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score	88.8 (28.4)	80.0 (31.1)	84.0 (24.8)	102.5 (33.6)

Note: Includes all youth registered within fiscal year. Some youth's first and most recent CAFASs may be the same assessment.

Type of Event or Incident	# of Youth with SE/RI Reported	% of Total Youth with Procured Svcs[a]	Total # of SE/RI Reported	% of all SE/RI Reported[b]
Sentinel Events (SE)				
Abuse of Client	8	1.5%	9	8.3%
Death of Client	0	0.0%	0	0.0%
Elopement	6	1.1%	8	7.4%
Homicide	0	0.0%	0	0.0%
Injury	4	0.8%	5	4.6%
Medication Error/Substance Intoxication	3	0.6%	4	3.7%
Physical Assault	3	0.6%	3	2.8%
Psychiatric Hospitalization	16	3.0%	20	18.5%
Refusal of Life Preserving Medical Treatment	0	0.0%	0	0.0%
Restraint or Seclusion	9	1.7%	43	39.8%
Self-Inflicted Potentially Lethal Injury	3	0.6%	4	3.7%
Sexual Assault	6	1.1%	6	5.6%
Suicide	0	0.0%	0	0.0%
Suicidal Threat	10	1.9%	11	10.2%
Other	5	0.9%	5	4.6%
Reportable Incidents (RI)				
Elopement[c]	27	5.1%	64	66.7%
Physical Assault[d]	1	0.2%	1	1.0%
Restraint or Seclusion	5	0.9%	9	9.4%
Self-Harm	6	1.1%	7	7.3%
Suicidal Threat	5	0.9%	7	7.3%
Other	9	1.7%	9	9.4%
Combined SE and RI				
Elopement	32	6.0%	72	35.3%
Physical Assault	4	0.8%	4	2.0%
Restraint or Seclusion	12	2.3%	52	25.5%
Self-Inflicted Potentially Lethal Injury/Self-Harm	9	1.7%	11	5.4%
Suicidal Threat	13	2.5%	18	8.8%
Other	14	2.6%	14	6.9%

[a]Total youth receiving procured services through this family guidance center (N = 529). [b]Percent excludes missing data. [c]As defined on pg. xiv, Elopement (RI) only applies to TFH and residential facilities. [d]As defined on pg. xiv, Physical Assault (RI) does not apply to IIH, MST, or FFT.

Kaua‘i Family Guidance Center Youth Served

	N	%
Total Registered Youth	190	
Youth Receiving Direct Services	164	86.3%
Youth Receiving Procured Services	105	55.3%

Gender	N	% of Available
Female	90	47.4%
Male	100	52.6%

Age	N	%
3	2	1.1%
4	4	2.1%
5	6	3.2%
6	6	3.2%
7	6	3.2%
8	15	7.9%
9	4	2.1%
10	7	3.7%
11	12	6.3%
12	9	4.7%
13	12	6.3%
14	16	8.4%
15	20	10.5%
16	21	11.1%
17	26	13.7%
18	16	8.4%
19	4	2.1%
20	3	1.6%
21+	1	0.5%

	Mean	Median	Std. Deviation
Age in Years	13.2	14.0	4.4
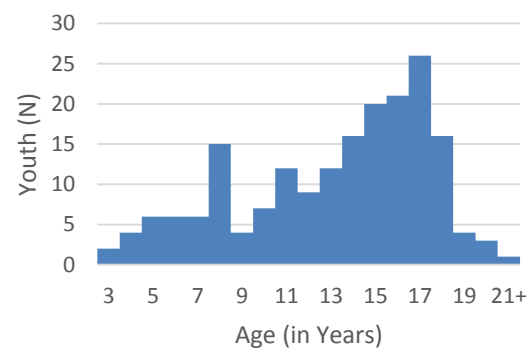
Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	1	0.6%
Asian	14	8.6%
Black or African-American	0	0.0%
Native Hawaiian or Other Pacific Islander	29	17.8%
White	28	17.2%
Other Race	2	1.2%
MultiRacial	89	54.6%
Not Available	27	14.2%

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	37	27.6%
Not Hispanic or Latino/a	97	72.4%
Not Available	56	29.5%

Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	9	6.2%
Bipolar and Related Disorders	3	2.1%
Depressive Disorders	21	14.4%
Disruptive, Impulse-Control, and Conduct Disorders	29	19.9%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	42	28.8%
Autism Spectrum Disorder	0	0.0%
Intellectual Disability	0	0.0%
Other Neurodevelopmental Disorders	0	0.0%
Obsessive-Compulsive and Related Disorders	2	1.4%
Schizophrenia Spectrum and Other Psychotic Disorders	0	0.0%
Substance-Related and Addictive Disorders	2	1.4%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	11	7.5%
Posttraumatic Stress Disorder	22	15.1%
Other Trauma- and Stressor-Related Disorders	4	2.7%
Other Infrequent CAMHD Diagnoses[a]	0	0.0%
General Medical Conditions or Codes No Longer Used	1	0.7%
Not Available (% of Total)	44	(23.2%)

[a]Includes, but is not limited to, Dissociative Disorders, Elimination Disorders, Feeding & Eating Disorders, Gender Dysphoria, Neurocognitive Disorders, Paraphilic Disorders, Personality Disorders, "Other Mental Disorders," and "Other Conditions That May Be a Focus of Clinical Attention."

Services Procured	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	**32**	**30.5%**
Out-of-State	1	1.0%
Hospital-Based Residential	3	2.9%
Community High Risk	2	1.9%
Community-Based Residential II	0	0.0%
Community-Based Residential III	15	14.3%
Transitional Family Home	16	15.2%
Intensive Home & Community	**86**	**81.9%**
Partial Hospitalization	1	1.0%
Multisystemic Therapy	14	13.3%
Functional Family Therapy	18	17.1%
Comprehensive Behavioral Intervention	6	5.7%
Intensive In-Home	52	49.5%
Outpatient	**1**	**1.0%**
Treatment	0	0.0%
Medication Management[a]	--	--
Outpatient Therapy	*0*	*0.0%*
Assessment	1	1.0%
Supportive Services	**24**	**22.9%**
Respite Home	4	3.8%
Ancillary Service	21	20.0%
Crisis Stabilization[a]	**--**	**--**
Unduplicated Total[b]	105	

[a]Number of youth not available by FGC.
[b]Does not include Crisis Mobile Outreach services.

	Average First CAFAS (*SD*)	Average Most Recent CAFAS (*SD*)	Average of all CAFASs Within Period (*SD*)	Average of Highest CAFAS Within Period (*SD*)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score	101.8 (36.4)	89.7 (35.6)	94.9 (30.4)	117.6 (37.7)

Note: Includes all youth registered within fiscal year. Some youth's first and most recent CAFASs may be the same assessment.

Type of Event or Incident	# of Youth with SE/RI Reported	% of Total Youth with Procured Svcs[a]	Total # of SE/RI Reported	% of all SE/RI Reported[b]
Sentinel Events (SE)				
Abuse of Client	2	1.9%	2	20.0%
Death of Client	0	0.0%	0	0.0%
Elopement	2	1.9%	3	30.0%
Homicide	0	0.0%	0	0.0%
Injury	0	0.0%	0	0.0%
Medication Error/Substance Intoxication	0	0.0%	0	0.0%
Physical Assault	1	1.0%	1	10.0%
Psychiatric Hospitalization	1	1.0%	2	20.0%
Refusal of Life Preserving Medical Treatment	0	0.0%	0	0.0%
Restraint or Seclusion	1	1.0%	1	10.0%
Self-Inflicted Potentially Lethal Injury	1	1.0%	1	10.0%
Sexual Assault	0	0.0%	0	0.0%
Suicide	1	1.0%	1	10.0%
Suicidal Threat	1	1.0%	1	10.0%
Other	1	1.0%	1	9.1%
Reportable Incidents (RI)				
Elopement[c]	6	5.7%	7	36.8%
Physical Assault[d]	0	0.0%	0	0.0%
Restraint or Seclusion	4	3.8%	4	21.1%
Self-Harm	2	1.9%	2	10.5%
Suicidal Threat	3	2.9%	3	15.8%
Other	3	2.9%	3	15.8%
Combined SE and RI				
Elopement	7	6.7%	10	34.5%
Physical Assault	1	1.0%	1	3.4%
Restraint or Seclusion	4	3.8%	5	17.2%
Self-Inflicted Potentially Lethal Injury/Self-Harm	3	2.9%	3	10.3%
Suicidal Threat	4	3.8%	4	13.8%
Other	4	3.8%	4	13.3%

[a]Total youth receiving procured services through this family guidance center (N = 105). [b]Percent excludes missing data. [c]As defined on pg. xiv, Elopement (RI) only applies to TFH and residential facilities. [d]As defined on pg. xiv, Physical Assault (RI) does not apply to IIH, MST, or FFT.

Maui Family Guidance Center Youth Served

	N	%
Total Registered Youth	348	
Youth Receiving Direct Services	309	88.8%
Youth Receiving Procured Services	188	54.0%

Gender	N	% of Available
Female	134	38.5%
Male	214	61.5%

Age	N	%
3	2	0.6%
4	6	1.7%
5	7	2.0%
6	13	3.7%
7	12	3.4%
8	10	2.9%
9	22	6.3%
10	13	3.7%
11	26	7.5%
12	20	5.7%
13	27	7.8%
14	18	5.2%
15	39	11.2%
16	44	12.6%
17	44	12.6%
18	34	9.8%
19	11	3.2%
20	0	0.0%
21+	0	0.0%

	Mean	Median	Std. Deviation
Age in Years	13.3	14.0	4.0
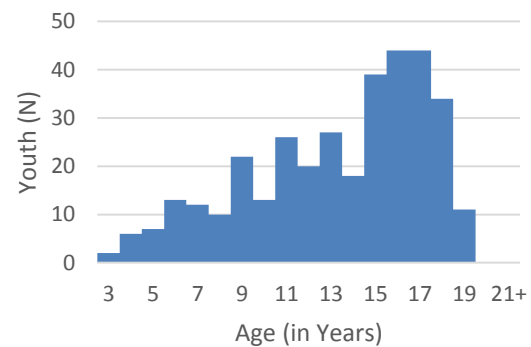
Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	1	0.6%
Asian	15	9.4%
Black or African-American	0	0.0%
Native Hawaiian or Other Pacific Islander	9	5.6%
White	34	21.3%
Other Race	10	6.3%
MultiRacial	91	56.9%
Not Available	188	54.0%

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	26	21.7%
Not Hispanic or Latino/a	94	78.3%
Not Available	228	65.5%

Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	20	6.9%
Bipolar and Related Disorders	9	3.1%
Depressive Disorders	58	20.1%
Disruptive, Impulse-Control, and Conduct Disorders	66	22.8%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	46	15.9%
Autism Spectrum Disorder	2	0.7%
Intellectual Disability	0	0.0%
Other Neurodevelopmental Disorders	0	0.0%
Obsessive-Compulsive and Related Disorders	6	2.1%
Schizophrenia Spectrum and Other Psychotic Disorders	7	2.4%
Substance-Related and Addictive Disorders	3	1.0%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	29	10.0%
Posttraumatic Stress Disorder	26	9.0%
Other Trauma- and Stressor-Related Disorders	1	0.3%
Other Infrequent CAMHD Diagnoses[a]	2	0.7%
General Medical Conditions or Codes No Longer Used	14	4.8%
Not Available (% of Total)	59	(17.0%)

[a]Includes, but is not limited to, Dissociative Disorders, Elimination Disorders, Feeding & Eating Disorders, Gender Dysphoria, Neurocognitive Disorders, Paraphilic Disorders, Personality Disorders, "Other Mental Disorders," and "Other Conditions That May Be a Focus of Clinical Attention."

Services Procured	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	**38**	**20.2%**
Out-of-State	3	1.6%
Hospital-Based Residential	13	6.9%
Community High Risk	2	1.1%
Community-Based Residential II	3	1.6%
Community-Based Residential III	18	9.6%
Transitional Family Home	10	5.3%
Intensive Home & Community	**138**	**73.4%**
Partial Hospitalization	0	0.0%
Multisystemic Therapy	42	22.3%
Functional Family Therapy	0	0.0%
Comprehensive Behavioral Intervention	9	4.8%
Intensive In-Home	91	48.4%
Outpatient	**49**	**26.1%**
Treatment	4	2.1%
Medication Management[a]	--	--
Outpatient Therapy	*4*	*2.1%*
Assessment	45	23.9%
Supportive Services	**40**	**21.3%**
Respite Home	3	1.6%
Ancillary Service	38	20.2%
Crisis Stabilization[a]	**--**	**--**
Unduplicated Total[b]	188	

[a]Number of youth not available by FGC.
[b]Does not include Crisis Mobile Outreach services.

	Average First CAFAS (*SD*)	Average Most Recent CAFAS (*SD*)	Average of all CAFASs Within Period (*SD*)	Average of Highest CAFAS Within Period (*SD*)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score	87.4 (34.8)	84.8 (40.1)	86.1 (33.3)	101.0 (38.5)

Note: Includes all youth registered within fiscal year. Some youth's first and most recent CAFASs may be the same assessment.

Type of Event or Incident	# of Youth with SE/RI Reported	% of Total Youth with Procured Svcs[a]	Total # of SE/RI Reported	% of all SE/RI Reported[b]
Sentinel Events (SE)				
Abuse of Client	0	0.0%	0	0.0%
Death of Client	0	0.0%	0	0.0%
Elopement	2	1.1%	2	5.6%
Homicide	0	0.0%	0	0.0%
Injury	2	1.1%	3	8.3%
Medication Error/Substance Intoxication	1	0.5%	1	2.8%
Physical Assault	1	0.5%	1	2.8%
Psychiatric Hospitalization	4	2.1%	5	13.9%
Refusal of Life Preserving Medical Treatment	0	0.0%	0	0.0%
Restraint or Seclusion	5	2.7%	23	63.9%
Self-Inflicted Potentially Lethal Injury	0	0.0%	0	0.0%
Sexual Assault	0	0.0%	0	0.0%
Suicide	1	0.5%	1	2.8%
Suicidal Threat	2	1.1%	3	8.3%
Other	1	0.5%	2	5.6%
Reportable Incidents (RI)				
Elopement[c]	11	5.9%	16	53.3%
Physical Assault[d]	4	2.1%	6	20.0%
Restraint or Seclusion	5	2.7%	5	16.7%
Self-Harm	0	0.0%	0	0.0%
Suicidal Threat	0	0.0%	0	0.0%
Other	5	2.7%	5	16.7%
Combined SE and RI				
Elopement	13	6.9%	18	27.3%
Physical Assault	5	2.7%	7	10.6%
Restraint or Seclusion	8	4.3%	28	42.4%
Self-Inflicted Potentially Lethal Injury/Self-Harm	0	0.0%	0	0.0%
Suicidal Threat	2	1.1%	3	4.5%
Other	6	3.2%	7	10.6%

[a]Total youth receiving procured services through this family guidance center (N = 188). [b]Percent excludes missing data. [c]As defined on pg. xiv, Elopement (RI) only applies to TFH and residential facilities. [d]As defined on pg. xiv, Physical Assault (RI) does not apply to IIH, MST, or FFT.

O'ahu, Central Family Guidance Center Youth Served

	N	%
Total Registered Youth	352	
Youth Receiving Direct Services	337	95.7%
Youth Receiving Procured Services	248	70.5%

Gender	N	% of Available
Female	140	39.8%
Male	212	60.2%

Age	N	%
3	2	0.6%
4	4	1.1%
5	6	1.7%
6	7	2.0%
7	7	2.0%
8	14	4.0%
9	22	6.3%
10	15	4.3%
11	21	6.0%
12	16	4.5%
13	26	7.4%
14	30	8.5%
15	42	11.9%
16	45	12.8%
17	43	12.2%
18	35	9.9%
19	11	3.1%
20	4	1.1%
21+	2	0.6%

	Mean	Median	Std. Deviation
Age in Years	13.7	15.0	3.9
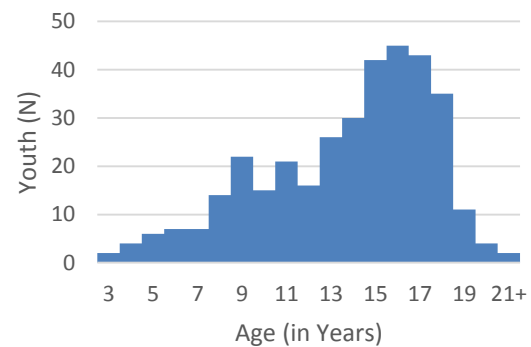
Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	0	0.0%
Asian	16	6.0%
Black or African-American	2	0.7%
Native Hawaiian or Other Pacific Islander	30	11.2%
White	37	13.9%
Other Race	0	0.0%
MultiRacial	182	68.2%
Not Available	85	24.1%

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	65	31.9%
Not Hispanic or Latino/a	139	68.1%
Not Available	148	42.0%

Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	18	5.6%
Bipolar and Related Disorders	3	0.9%
Depressive Disorders	50	15.5%
Disruptive, Impulse-Control, and Conduct Disorders	93	28.8%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	66	20.4%
Autism Spectrum Disorder	4	1.2%
Intellectual Disability	5	1.5%
Other Neurodevelopmental Disorders	0	0.0%
Obsessive-Compulsive and Related Disorders	0	0.0%
Schizophrenia Spectrum and Other Psychotic Disorders	7	2.2%
Substance-Related and Addictive Disorders	7	2.2%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	26	8.0%
Posttraumatic Stress Disorder	20	6.2%
Other Trauma- and Stressor-Related Disorders	6	1.9%
Other Infrequent CAMHD Diagnoses[a]	5	1.5%
General Medical Conditions or Codes No Longer Used	13	4.0%
Not Available (% of Total)	29	(8.2%)

[a]Includes, but is not limited to, Dissociative Disorders, Elimination Disorders, Feeding & Eating Disorders, Gender Dysphoria, Neurocognitive Disorders, Paraphilic Disorders, Personality Disorders, "Other Mental Disorders," and "Other Conditions That May Be a Focus of Clinical Attention."

Services Procured	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	**52**	**21.0%**
Out-of-State	6	2.4%
Hospital-Based Residential	12	4.8%
Community High Risk	0	0.0%
Community-Based Residential II	2	0.8%
Community-Based Residential III	24	9.7%
Transitional Family Home	13	5.2%
Intensive Home & Community	**226**	**91.1%**
Partial Hospitalization	5	2.0%
Multisystemic Therapy	34	13.7%
Functional Family Therapy	5	2.0%
Comprehensive Behavioral Intervention	6	2.4%
Intensive In-Home	197	79.4%
Outpatient	**10**	**4.0%**
Treatment	0	0.0%
Medication Management[a]	--	--
Outpatient Therapy	*0*	*0.0%*
Assessment	10	4.0%
Supportive Services	**7**	**2.8%**
Respite Home	4	1.6%
Ancillary Service	3	1.2%
Crisis Stabilization[a]	**--**	**--**
Unduplicated Total[b]	248	

[a]Number of youth not available by FGC.
[b]Does not include Crisis Mobile Outreach services.

	Average First CAFAS (*SD*)	Average Most Recent CAFAS (*SD*)	Average of all CAFASs Within Period (*SD*)	Average of Highest CAFAS Within Period (*SD*)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score	94.9 (32.8)	78.2 (37.3)	86.1 (28.8)	112.1 (36.8)

Note: Includes all youth registered within fiscal year. Some youth's first and most recent CAFASs may be the same assessment.

Type of Event or Incident	# of Youth with SE/RI Reported	% of Total Youth with Procured Svcs[a]	Total # of SE/RI Reported	% of all SE/RI Reported[b]
Sentinel Events (SE)				
Abuse of Client	0	0.0%	0	0.0%
Death of Client	0	0.0%	0	0.0%
Elopement	4	1.6%	6	15.0%
Homicide	0	0.0%	0	0.0%
Injury	1	0.4%	1	2.5%
Medication Error/Substance Intoxication	2	0.8%	2	5.0%
Physical Assault	3	1.2%	3	7.5%
Psychiatric Hospitalization	12	4.8%	13	31.7%
Refusal of Life Preserving Medical Treatment	0	0.0%	0	0.0%
Restraint or Seclusion	5	2.0%	12	30.0%
Self-Inflicted Potentially Lethal Injury	0	0.0%	0	0.0%
Sexual Assault	4	1.6%	4	10.0%
Suicide	0	0.0%	0	0.0%
Suicidal Threat	6	2.4%	7	17.5%
Other	1	0.4%	1	2.5%
Reportable Incidents (RI)				
Elopement[c]	10	4.0%	13	35.1%
Physical Assault[d]	3	1.2%	3	8.1%
Restraint or Seclusion	3	1.2%	3	8.1%
Self-Harm	7	2.8%	7	18.9%
Suicidal Threat	3	1.2%	3	8.1%
Other	9	3.6%	9	24.3%
Combined SE and RI				
Elopement	13	5.2%	19	24.7%
Physical Assault	6	2.4%	6	7.8%
Restraint or Seclusion	8	3.2%	15	19.5%
Self-Inflicted Potentially Lethal Injury/Self-Harm	7	2.8%	7	9.1%
Suicidal Threat	9	3.6%	10	13.0%
Other	10	4.0%	10	13.0%

[a]Total youth receiving procured services through this family guidance center (N = 248). [b]Percent excludes missing data. [c]As defined on pg. xiv, Elopement (RI) only applies to TFH and residential facilities. [d]As defined on pg. xiv, Physical Assault (RI) does not apply to IIH, MST, or FFT.

Oʻahu, Honolulu Family Guidance Center Youth Served

	N	%
Total Registered Youth	350	
Youth Receiving Direct Services	324	92.6%
Youth Receiving Procured Services	210	60.0%

Gender	N	% of Available
Female	135	38.6%
Male	215	61.4%

Age	N	%
3	0	0.0%
4	0	0.0%
5	0	0.0%
6	3	0.9%
7	6	1.7%
8	10	2.9%
9	12	3.4%
10	10	2.9%
11	14	4.0%
12	16	4.6%
13	28	8.0%
14	40	11.4%
15	45	12.9%
16	49	14.0%
17	64	18.3%
18	36	10.3%
19	12	3.4%
20	5	1.4%
21+	0	0.0%

	Mean	Median	Std. Deviation
Age in Years	14.7	15.0	3.0
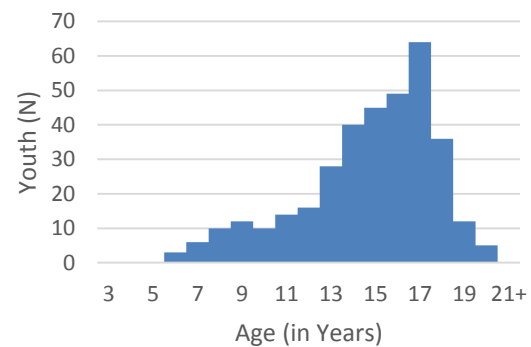
Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	0	0.0%
Asian	46	18.0%
Black or African-American	5	2.0%
Native Hawaiian or Other Pacific Islander	55	21.5%
White	22	8.6%
Other Race	0	0.0%
MultiRacial	128	50.0%
Not Available	94	26.9%

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	40	18.5%
Not Hispanic or Latino/a	176	81.5%
Not Available	134	38.3%

Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	19	6.1%
Bipolar and Related Disorders	5	1.6%
Depressive Disorders	49	15.8%
Disruptive, Impulse-Control, and Conduct Disorders	73	23.5%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	71	22.9%
Autism Spectrum Disorder	4	1.3%
Intellectual Disability	1	0.3%
Other Neurodevelopmental Disorders	0	0.0%
Obsessive-Compulsive and Related Disorders	7	2.3%
Schizophrenia Spectrum and Other Psychotic Disorders	10	3.2%
Substance-Related and Addictive Disorders	6	1.9%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	29	9.4%
Posttraumatic Stress Disorder	29	9.4%
Other Trauma- and Stressor-Related Disorders	0	0.0%
Other Infrequent CAMHD Diagnoses[a]	1	0.3%
General Medical Conditions or Codes No Longer Used	6	1.9%
Not Available (% of Total)	40	(11.4%)

[a]Includes, but is not limited to, Dissociative Disorders, Elimination Disorders, Feeding & Eating Disorders, Gender Dysphoria, Neurocognitive Disorders, Paraphilic Disorders, Personality Disorders, "Other Mental Disorders," and "Other Conditions That May Be a Focus of Clinical Attention."

Services Procured	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	**37**	**17.6%**
Out-of-State	5	2.4%
Hospital-Based Residential	5	2.4%
Community High Risk	0	0.0%
Community-Based Residential II	2	1.0%
Community-Based Residential III	19	9.0%
Transitional Family Home	9	4.3%
Intensive Home & Community	**195**	**92.9%**
Partial Hospitalization	5	2.4%
Multisystemic Therapy	44	21.0%
Functional Family Therapy	7	3.3%
Comprehensive Behavioral Intervention	7	3.3%
Intensive In-Home	154	73.3%
Outpatient	**4**	**1.9%**
Treatment	0	0.0%
Medication Management[a]	--	--
Outpatient Therapy	*0*	*0.0%*
Assessment	4	1.9%
Supportive Services	**10**	**4.8%**
Respite Home	1	0.5%
Ancillary Service	9	4.3%
Crisis Stabilization[a]	**--**	**--**
Unduplicated Total[b]	210	

[a]Number of youth not available by FGC.
[b]Does not include Crisis Mobile Outreach services.

	Average First CAFAS (*SD*)	Average Most Recent CAFAS (*SD*)	Average of all CAFASs Within Period (*SD*)	Average of Highest CAFAS Within Period (*SD*)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score	96.5 (32.4)	89.6 (34.1)	92.1 (28.3)	111.1 (36.9)

Note: Includes all youth registered within fiscal year. Some youth's first and most recent CAFASs may be the same assessment.

Type of Event or Incident	# of Youth with SE/RI Reported	% of Total Youth with Procured Svcs[a]	Total # of SE/RI Reported	% of all SE/RI Reported[b]
Sentinel Events (SE)				
Abuse of Client	2	1.0%	2	6.7%
Death of Client	1	0.5%	1	3.3%
Elopement	6	2.9%	6	20.0%
Homicide	0	0.0%	0	0.0%
Injury	1	0.5%	1	3.3%
Medication Error/Substance Intoxication	3	1.4%	3	10.0%
Physical Assault	0	0.0%	0	0.0%
Psychiatric Hospitalization	6	2.9%	7	22.6%
Refusal of Life Preserving Medical Treatment	0	0.0%	0	0.0%
Restraint or Seclusion	3	1.4%	9	30.0%
Self-Inflicted Potentially Lethal Injury	0	0.0%	0	0.0%
Sexual Assault	1	0.5%	1	3.3%
Suicide	0	0.0%	0	0.0%
Suicidal Threat	8	3.8%	8	25.8%
Other	1	0.5%	1	3.3%
Reportable Incidents (RI)				
Elopement[c]	11	5.2%	15	41.7%
Physical Assault[d]	2	1.0%	2	5.6%
Restraint or Seclusion	3	1.4%	3	8.3%
Self-Harm	3	1.4%	3	8.3%
Suicidal Threat	7	3.3%	8	22.2%
Other	5	2.4%	6	16.7%
Combined SE and RI				
Elopement	16	7.6%	21	31.8%
Physical Assault	2	1.0%	2	3.0%
Restraint or Seclusion	5	2.4%	12	18.2%
Self-Inflicted Potentially Lethal Injury/Self-Harm	3	1.4%	3	4.5%
Suicidal Threat	14	6.7%	16	23.9%
Other	6	2.9%	7	10.6%

[a]Total youth receiving procured services through this family guidance center (N = 210). [b]Percent excludes missing data. [c]As defined on pg. xiv, Elopement (RI) only applies to TFH and residential facilities. [d]As defined on pg. xiv, Physical Assault (RI) does not apply to IIH, MST, or FFT.

O'ahu, Leeward Family Guidance Center Youth Served

	N	%
Total Registered Youth	356	
Youth Receiving Direct Services	301	84.6%
Youth Receiving Procured Services	244	68.5%

Gender	N	% of Available
Female	137	38.5%
Male	219	61.5%

Age	N	%
3	1	0.3%
4	4	1.1%
5	5	1.4%
6	12	3.4%
7	14	3.9%
8	14	3.9%
9	11	3.1%
10	12	3.4%
11	16	4.5%
12	19	5.3%
13	30	8.4%
14	31	8.7%
15	38	10.7%
16	35	9.8%
17	46	12.9%
18	40	11.2%
19	22	6.2%
20	5	1.4%
21+	1	0.3%

	Mean	Median	Std. Deviation
Age in Years	13.9	15.0	4.0
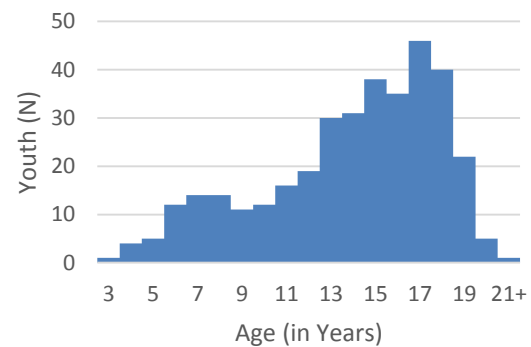
Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	2	0.8%
Asian	30	12.1%
Black or African-American	2	0.8%
Native Hawaiian or Other Pacific Islander	26	10.5%
White	13	5.2%
Other Race	1	0.4%
MultiRacial	174	70.2%
Not Available	108	30.3%

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	88	40.4%
Not Hispanic or Latino/a	130	59.6%
Not Available	138	38.8%

Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	15	4.9%
Bipolar and Related Disorders	6	2.0%
Depressive Disorders	48	15.8%
Disruptive, Impulse-Control, and Conduct Disorders	65	21.4%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	62	20.4%
Autism Spectrum Disorder	1	0.3%
Intellectual Disability	0	0.0%
Other Neurodevelopmental Disorders	0	0.0%
Obsessive-Compulsive and Related Disorders	1	0.3%
Schizophrenia Spectrum and Other Psychotic Disorders	4	1.3%
Substance-Related and Addictive Disorders	6	2.0%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	49	16.1%
Posttraumatic Stress Disorder	30	9.9%
Other Trauma- and Stressor-Related Disorders	4	1.3%
Other Infrequent CAMHD Diagnoses[a]	6	2.0%
General Medical Conditions or Codes No Longer Used	7	2.3%
Not Available (% of Total)	52	(14.6%)

[a]Includes, but is not limited to, Dissociative Disorders, Elimination Disorders, Feeding & Eating Disorders, Gender Dysphoria, Neurocognitive Disorders, Paraphilic Disorders, Personality Disorders, "Other Mental Disorders," and "Other Conditions That May Be a Focus of Clinical Attention."

Services Procured	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	**60**	**24.6%**
Out-of-State	19	7.8%
Hospital-Based Residential	14	5.7%
Community High Risk	1	0.4%
Community-Based Residential II	0	0.0%
Community-Based Residential III	16	6.6%
Transitional Family Home	22	9.0%
Intensive Home & Community	**210**	**86.1%**
Partial Hospitalization	5	2.0%
Multisystemic Therapy	9	3.7%
Functional Family Therapy	7	2.9%
Comprehensive Behavioral Intervention	1	0.4%
Intensive In-Home	201	82.4%
Outpatient	**44**	**18.0%**
Treatment	0	0.0%
Medication Management[a]	--	--
Outpatient Therapy	*0*	*0.0%*
Assessment	44	18.0%
Supportive Services	**7**	**2.9%**
Respite Home	2	0.8%
Ancillary Service	6	2.5%
Crisis Stabilization[a]	**--**	**--**
Unduplicated Total[b]	244	

[a]Number of youth not available by FGC.
[b]Does not include Crisis Mobile Outreach services.

	Average First CAFAS (*SD*)	Average Most Recent CAFAS (*SD*)	Average of all CAFASs Within Period (*SD*)	Average of Highest CAFAS Within Period (*SD*)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score	94.8 (33.2)	86.9 (36.5)	90.0 (29.7)	106.3 (38.0)

Note: Includes all youth registered within fiscal year. Some youth's first and most recent CAFASs may be the same assessment.

Type of Event or Incident	# of Youth with SE/RI Reported	% of Total Youth with Procured Svcs[a]	Total # of SE/RI Reported	% of all SE/RI Reported[b]
Sentinel Events (SE)				
Abuse of Client	1	0.4%	1	1.3%
Death of Client	0	0.0%	0	0.0%
Elopement	8	3.3%	8	10.1%
Homicide	0	0.0%	0	0.0%
Injury	2	0.8%	2	2.5%
Medication Error/Substance Intoxication	0	0.0%	0	0.0%
Physical Assault	1	0.4%	1	1.3%
Psychiatric Hospitalization	11	4.5%	14	17.7%
Refusal of Life Preserving Medical Treatment	0	0.0%	0	0.0%
Restraint or Seclusion	7	2.9%	43	54.4%
Self-Inflicted Potentially Lethal Injury	2	0.8%	3	3.8%
Sexual Assault	3	1.2%	3	3.8%
Suicide	0	0.0%	0	0.0%
Suicidal Threat	8	3.3%	12	15.2%
Other	5	2.0%	8	10.1%
Reportable Incidents (RI)				
Elopement[c]	9	3.7%	14	21.9%
Physical Assault[d]	5	2.0%	5	7.8%
Restraint or Seclusion	9	3.7%	27	42.2%
Self-Harm	4	1.6%	6	9.4%
Suicidal Threat	4	1.6%	4	6.3%
Other	7	2.9%	13	20.3%
Combined SE and RI				
Elopement	17	7.0%	22	15.4%
Physical Assault	6	2.5%	6	4.2%
Restraint or Seclusion	10	4.1%	70	49.0%
Self-Inflicted Potentially Lethal Injury/Self-Harm	5	2.0%	9	6.3%
Suicidal Threat	11	4.5%	16	11.2%
Other	10	4.1%	21	14.7%

[a]Total youth receiving procured services through this family guidance center (N = 244). [b]Percent excludes missing data. [c]As defined on pg. xiv, Elopement (RI) only applies to TFH and residential facilities. [d]As defined on pg. xiv, Physical Assault (RI) does not apply to IIH, MST, or FFT.