

# ANNUAL EVALUATION SUMMARY: FISCAL YEAR 2017

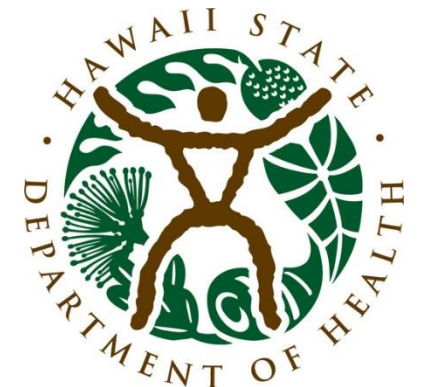
---

**Child & Adolescent Mental Health Division**

Research, Evaluation & Training

Program Improvement & Communications Office

Trina Orimoto, David Jackson, Max Sender, & Kalyn Holmes



April 2018

# Overview

**Review of major trends and findings in the following areas:**

Overall

- Youth Served
- Services Rendered

Special Analyses

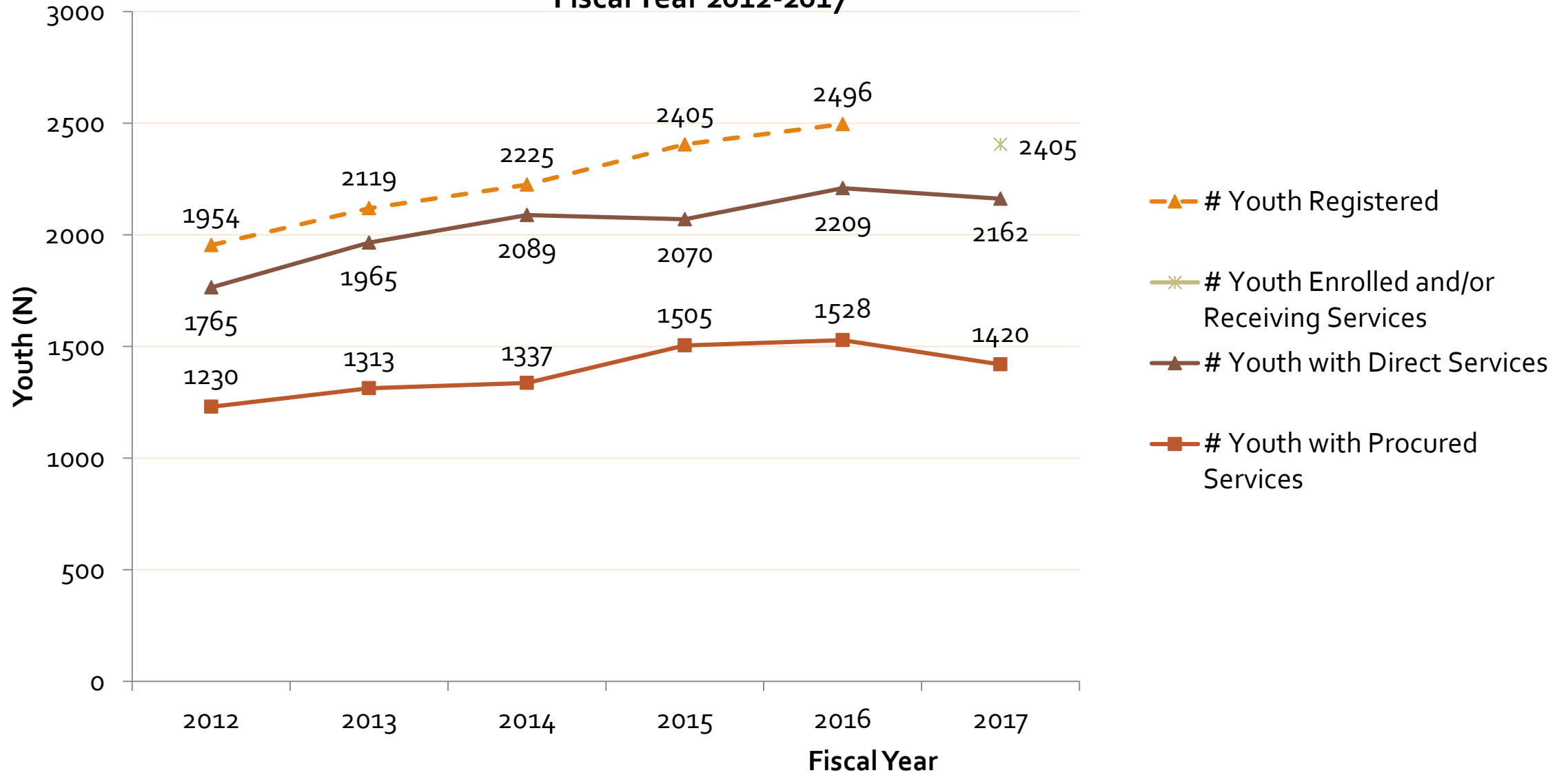
- Decreasing average age of youth clients
- Trends in youth and family reported outcomes
- Risk profiles revisited

Summary

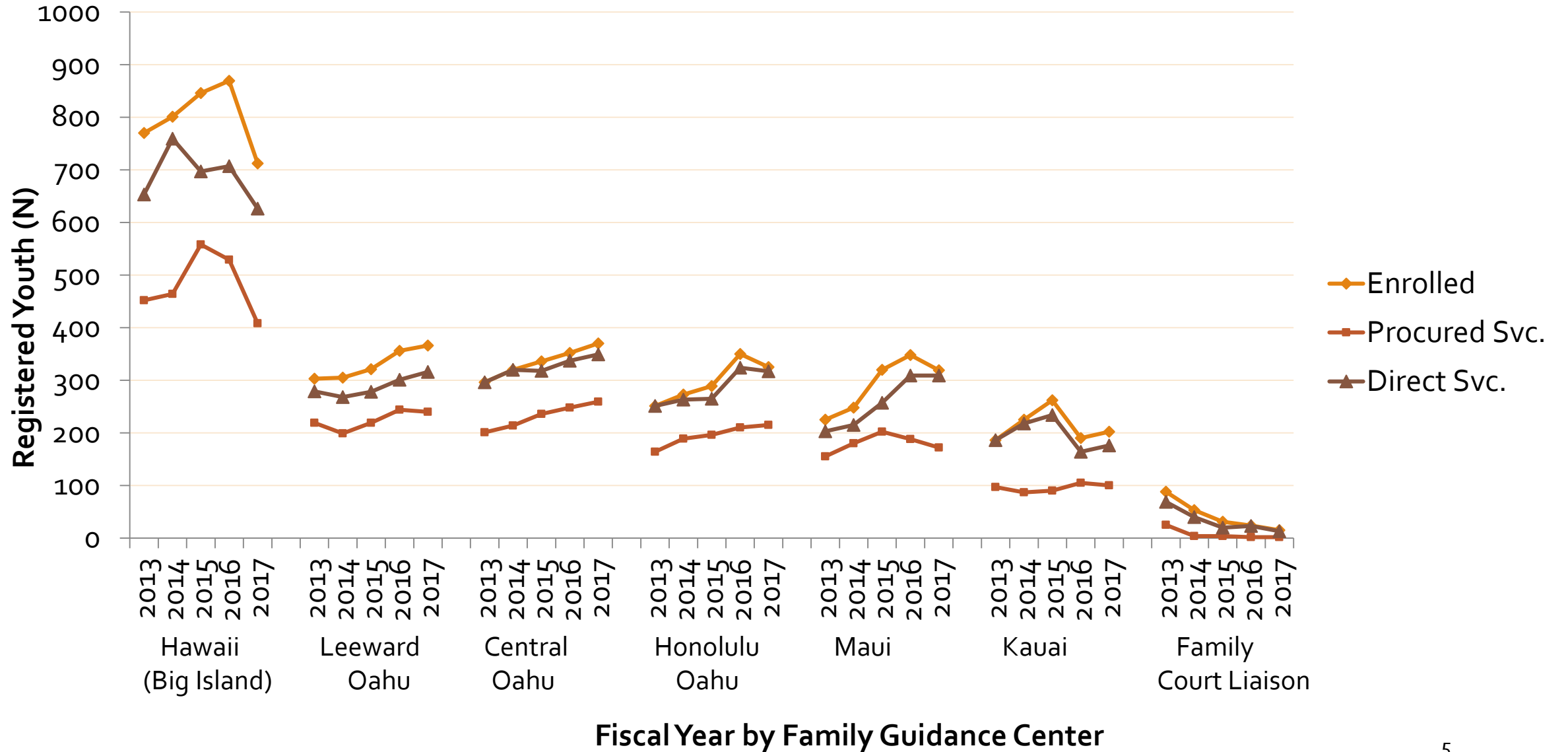
# YOUTH SERVED

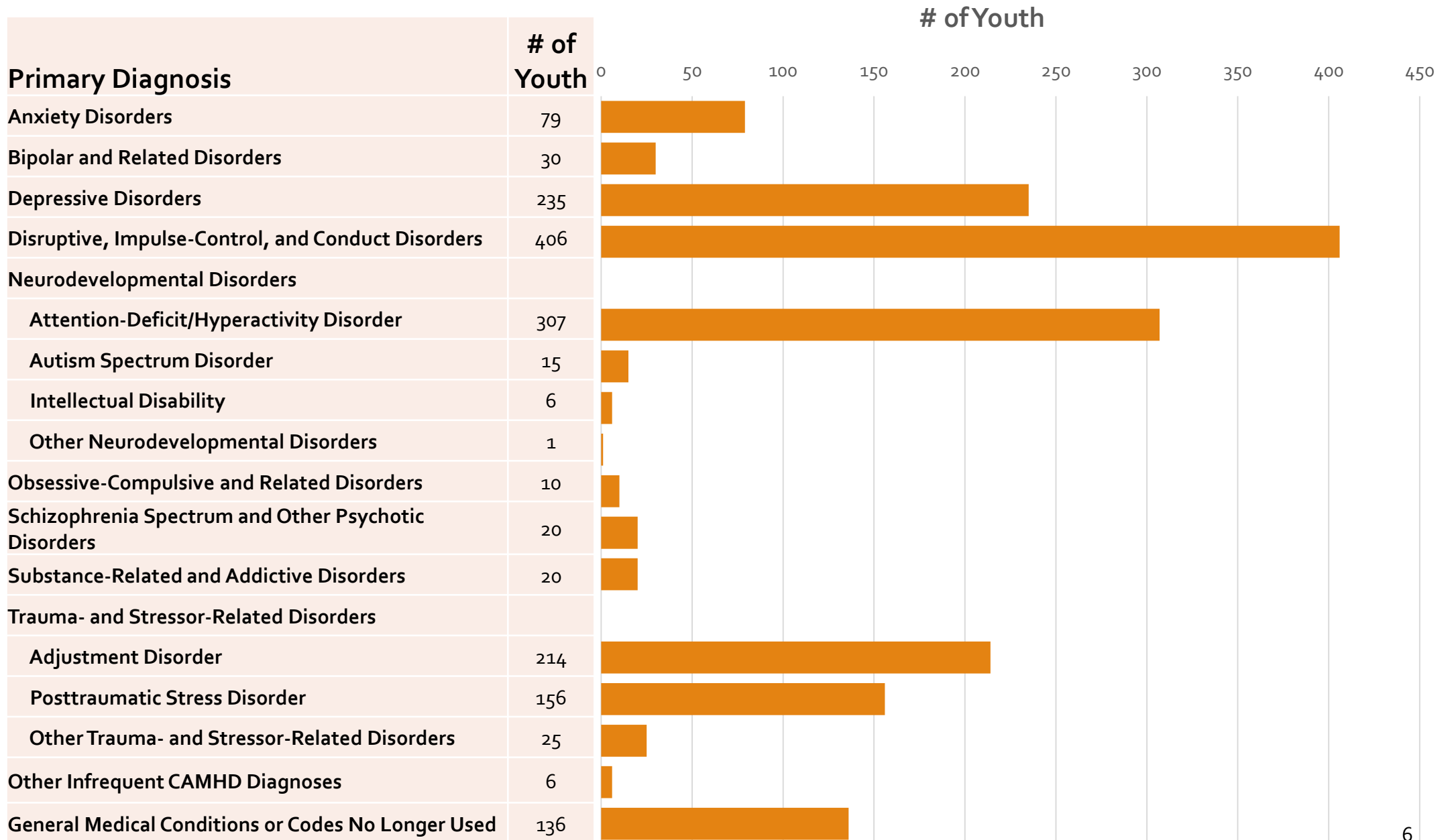
---

## CAMHD Youth Registered & With Procured & Direct Services Fiscal Year 2012-2017

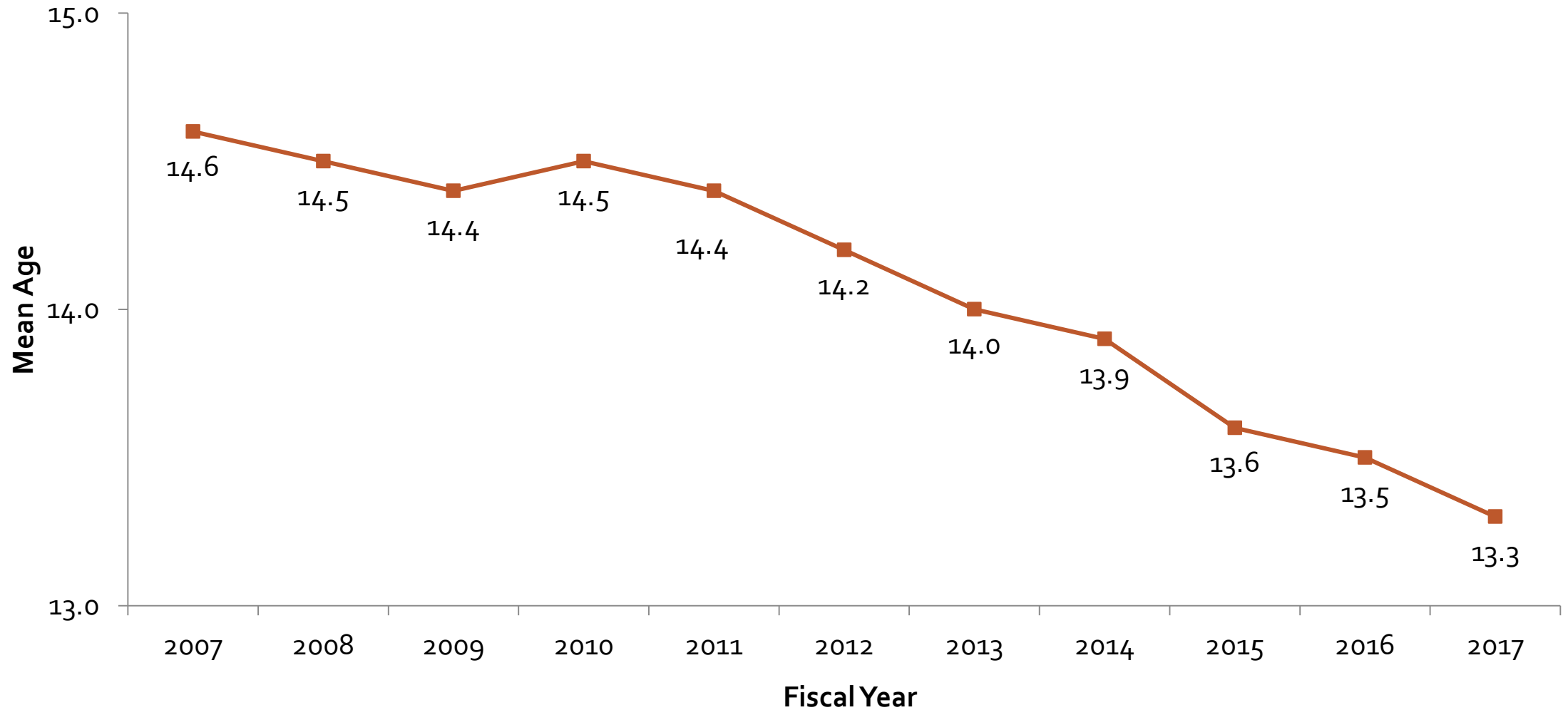


## CAMHD Youth Enrolled & Receiving Direct & Procured Services by FGC Fiscal Year 2013-2017



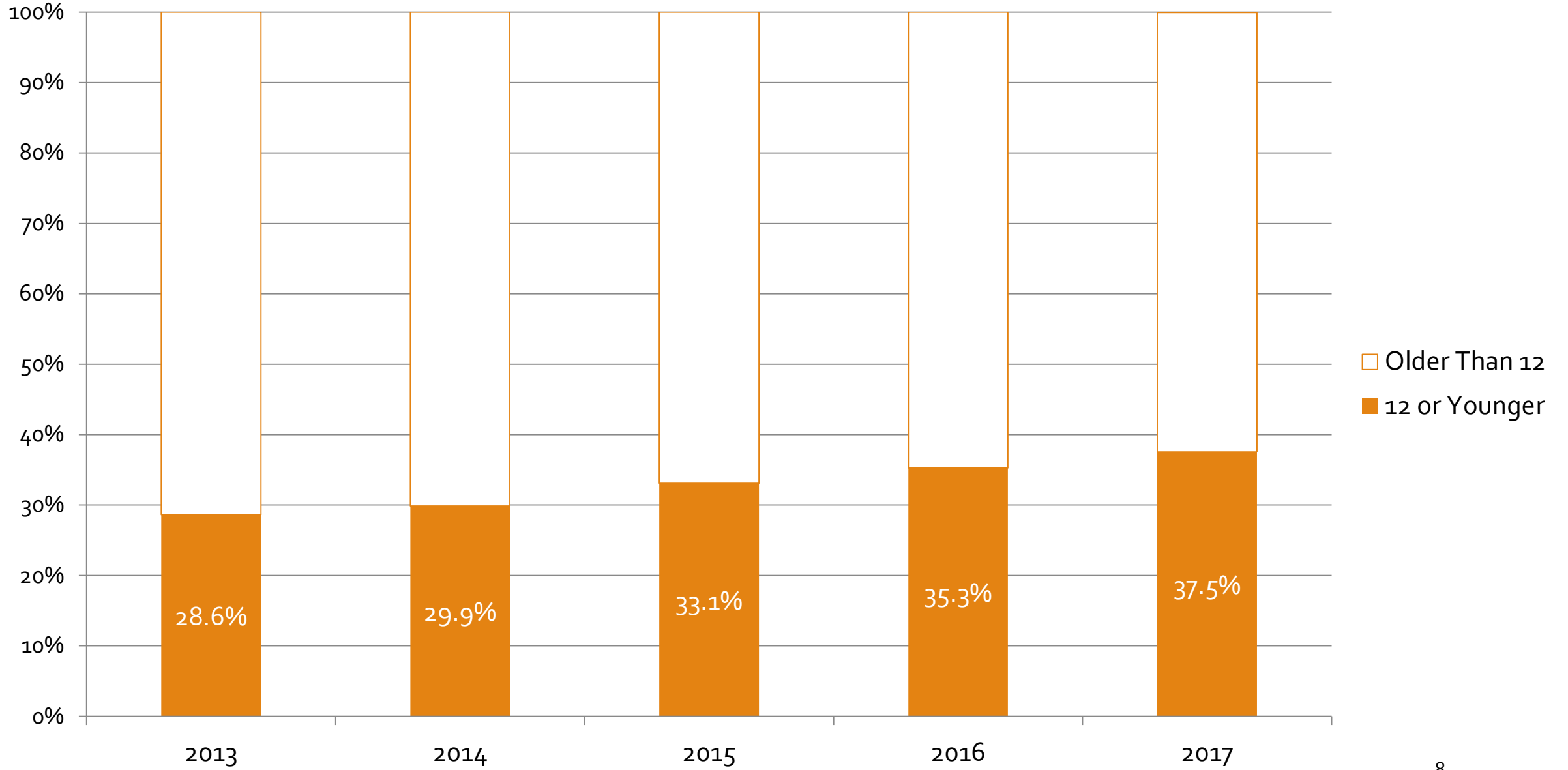


### CAMHD Enrolled Youth Average Age Fiscal Years 2007-2017



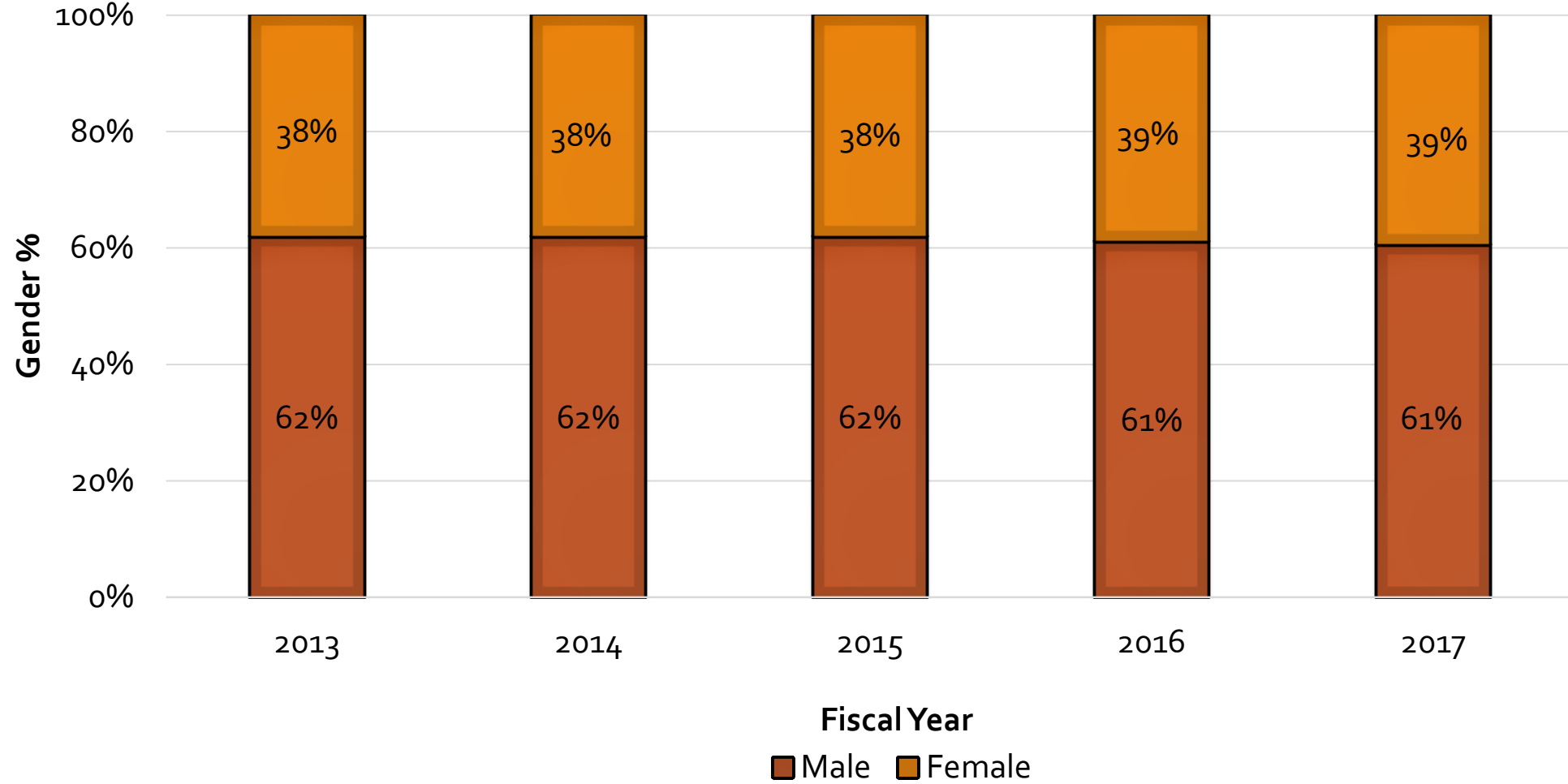
*Note. Data excludes Kauai from 2007-2011 because of Mokihana program.*

Trend in % of Enrolled Youth 12 or Younger





### CAMHD Enrolled Youth Gender Fiscal Year 2013-2017



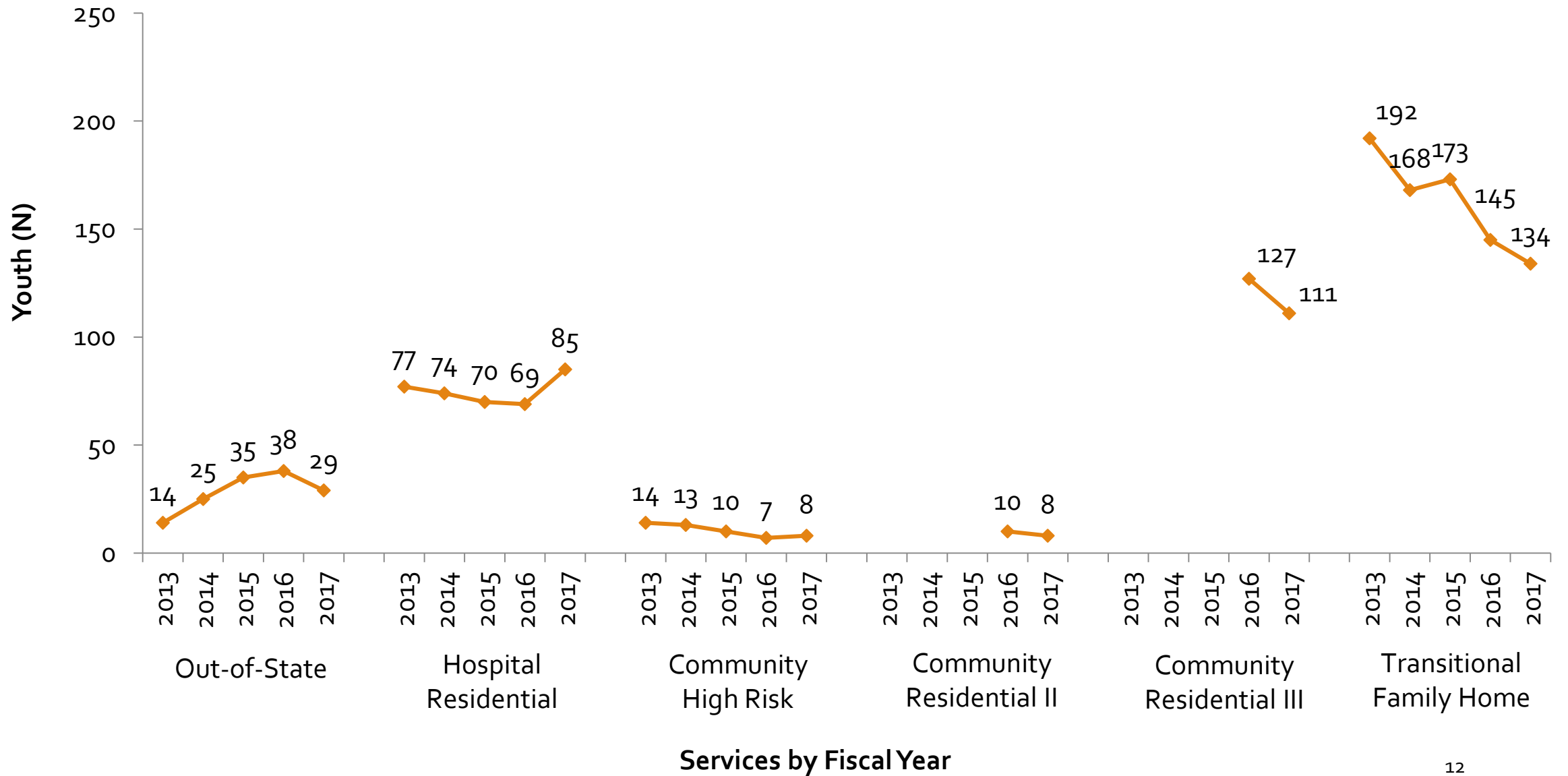
# Youth Served-Key Findings

- The number of enrolled youth has decreased slightly from FY 2016 to FY 2017.
- CAMHD client population continues to have a younger average age.

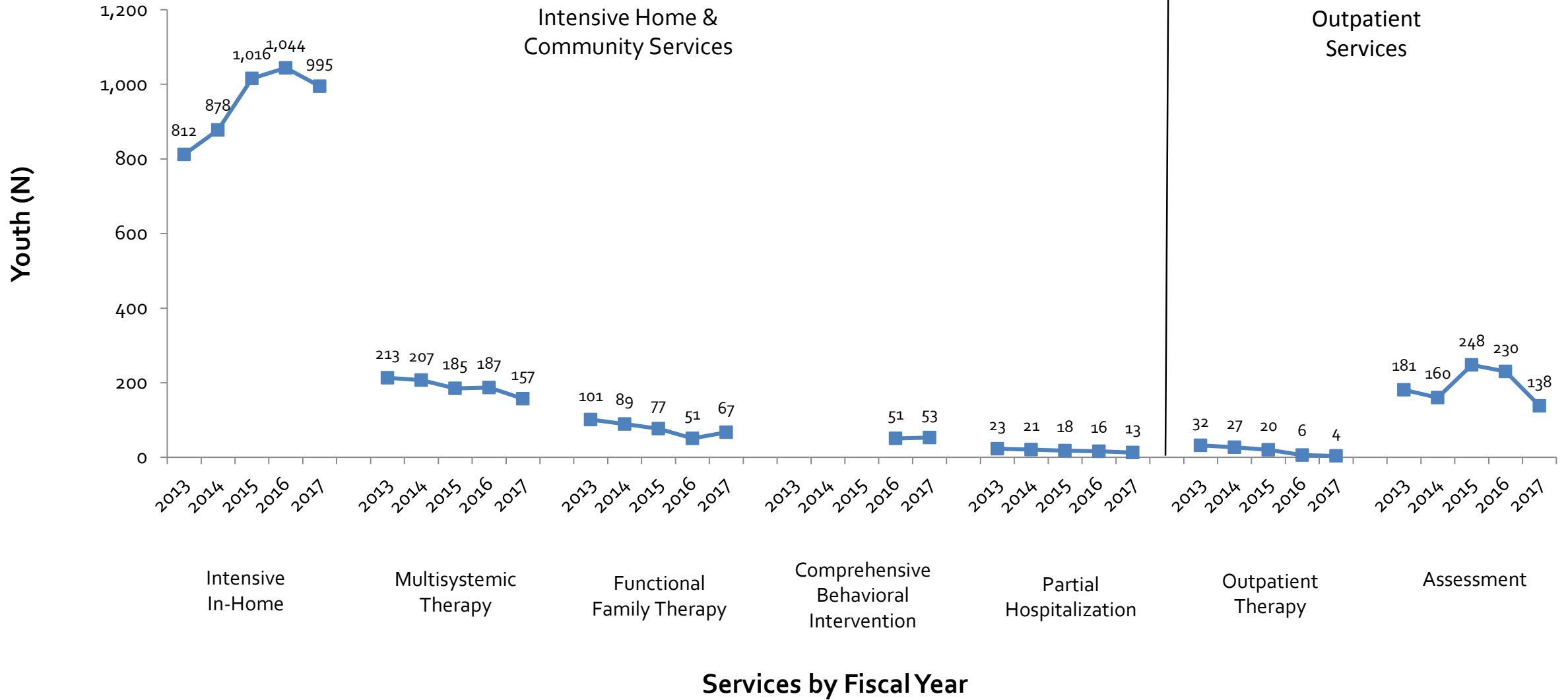
# SERVICES RENDERED

---

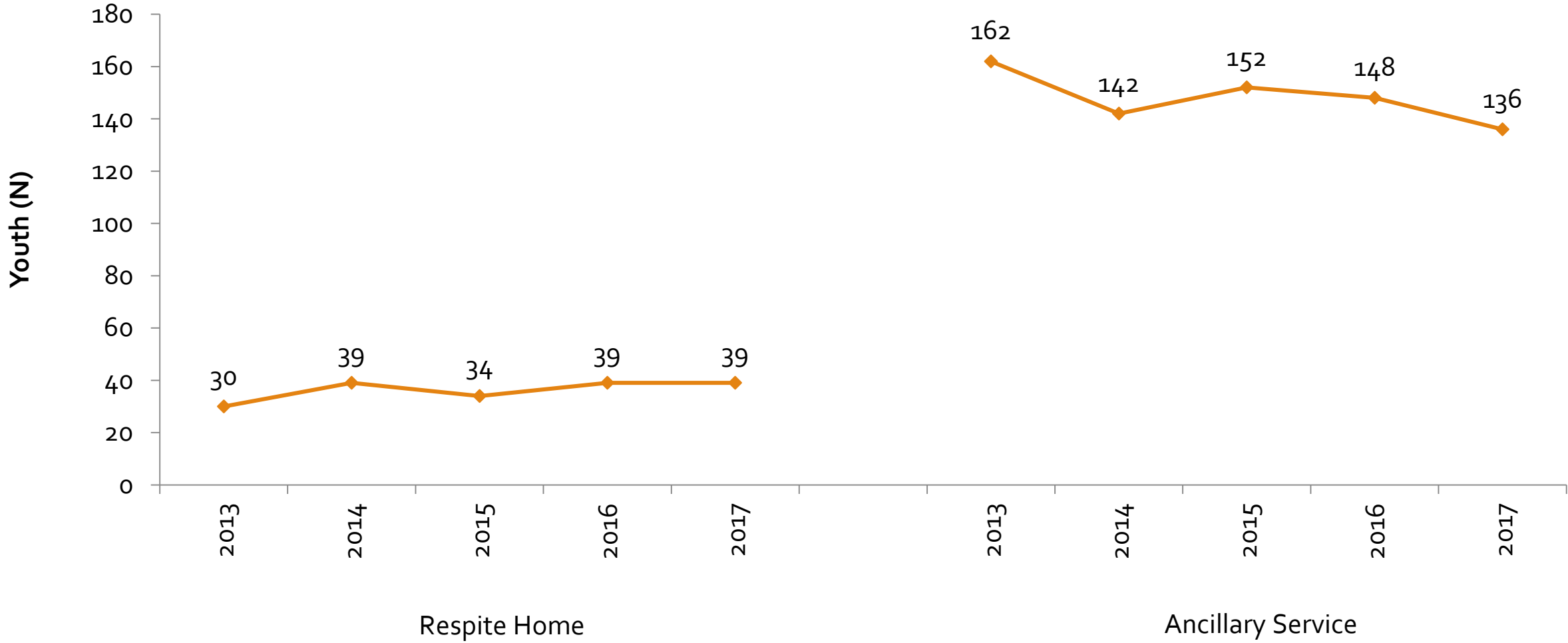
### CAMHD Out-of-Home Service Utilization FY 2013-2017



# CAMHD Intensive Home and Community and Outpatient Service Utilization FY 2013-2017

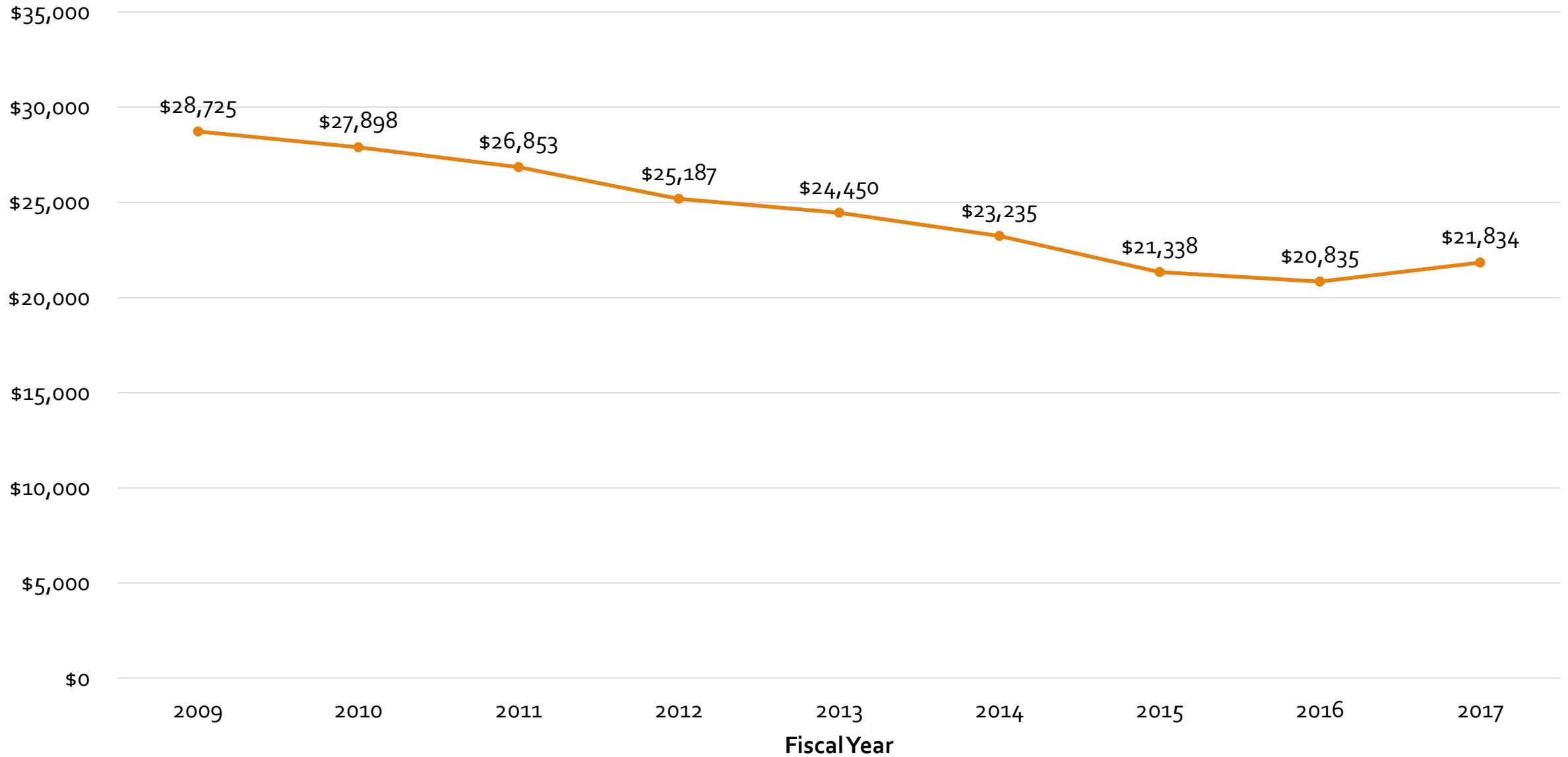


# CAMHD Supportive Service Utilization FY 2013-2017



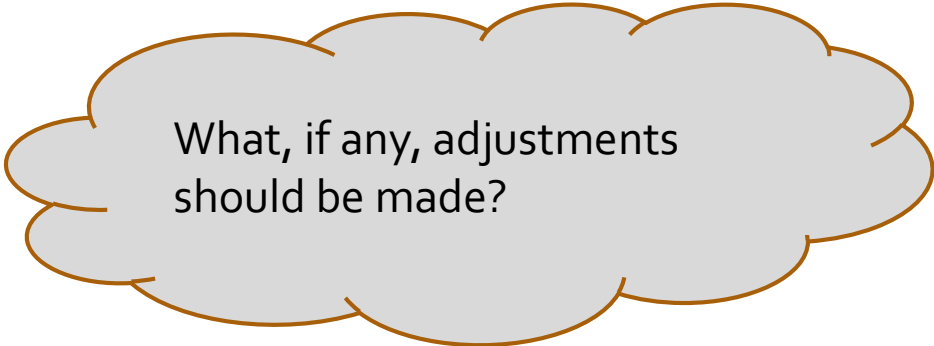
Services by Fiscal Year

## Procured Service Cost Per Youth Within Each Fiscal Year



# Services Rendered – Key Findings

- The majority of services have shown slight declines in number of youth served.
- Use of Out-of-State services has declined.
- Increases in service use shown for hospital-based residential and functional family therapy.



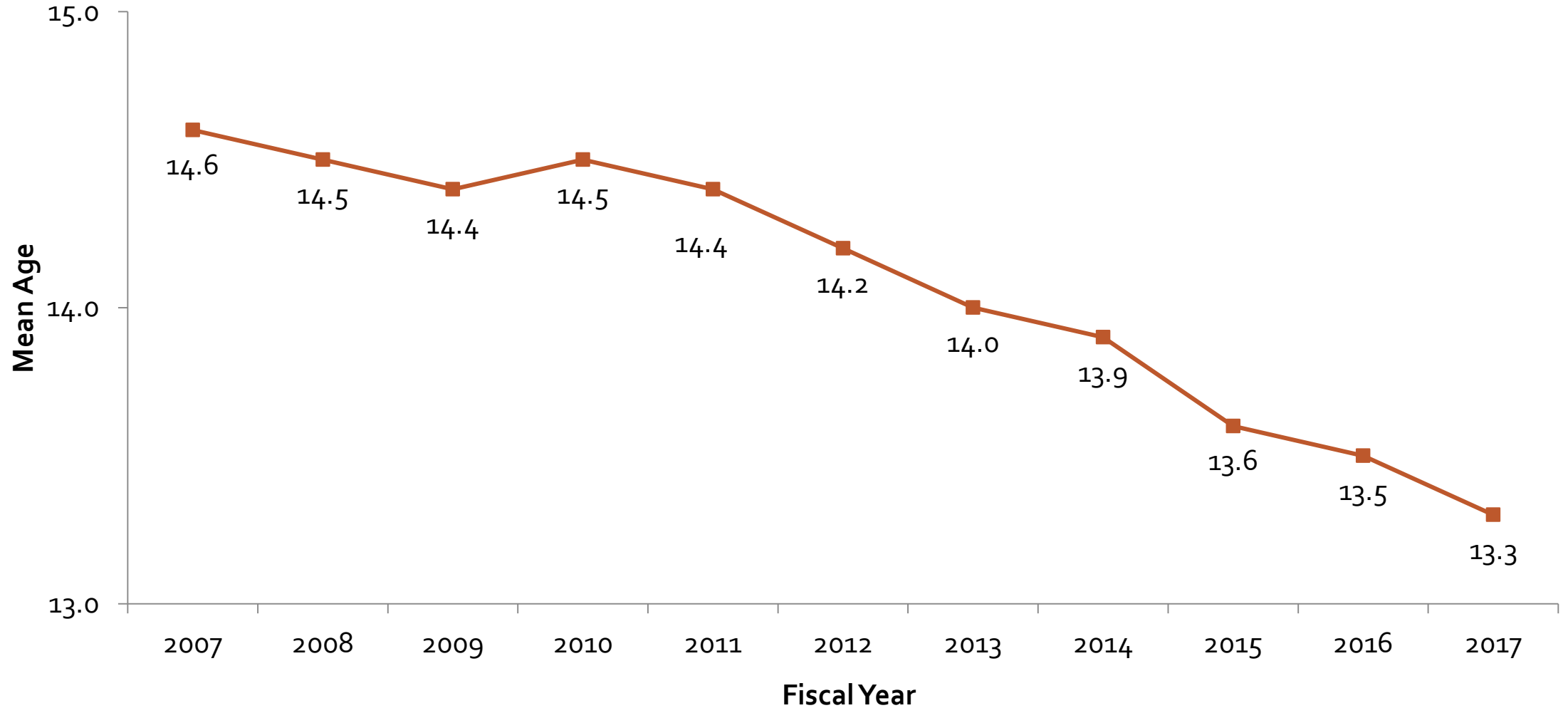
What, if any, adjustments should be made?



# DECREASING AVERAGE AGE OF YOUTH CLIENTS

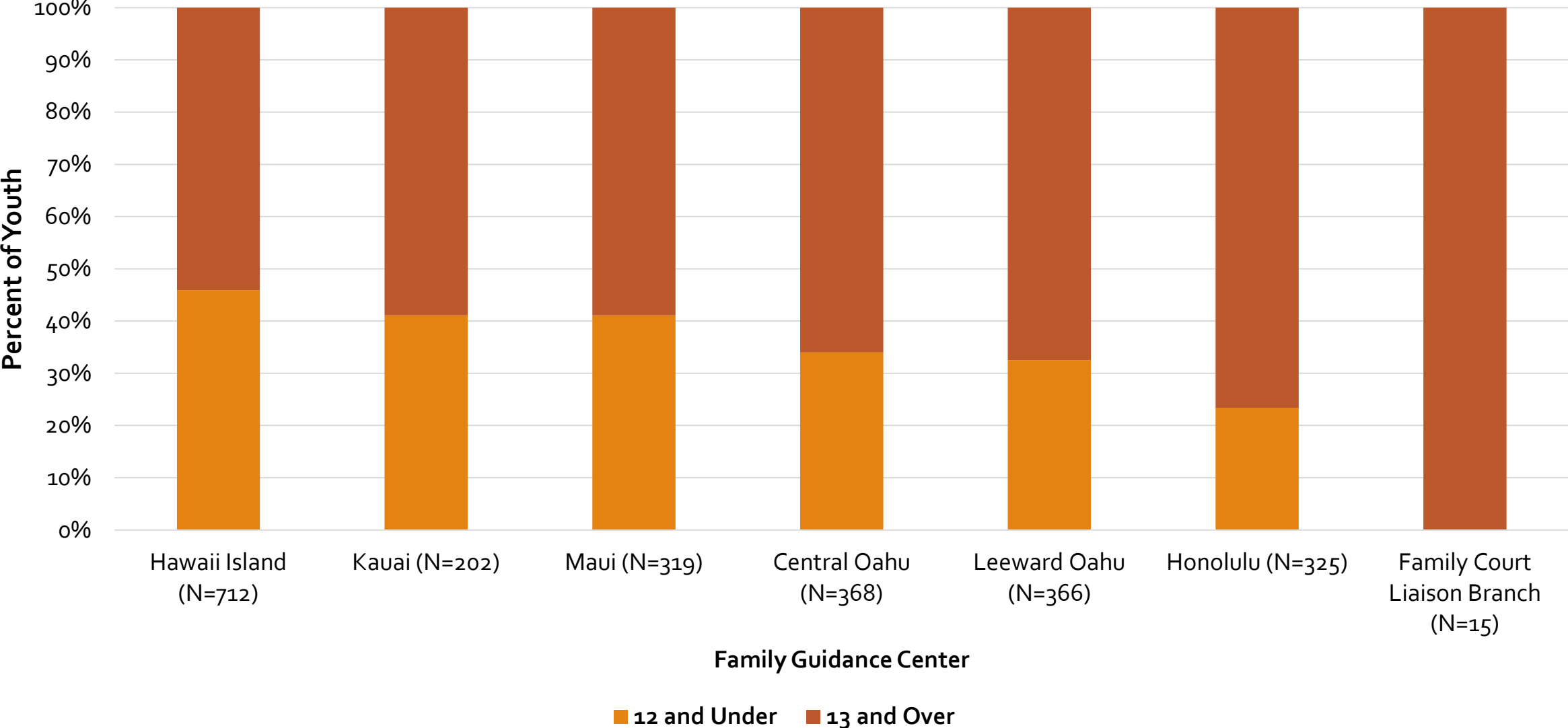
---

### CAMHD Enrolled Youth Average Age Fiscal Years 2007-2017

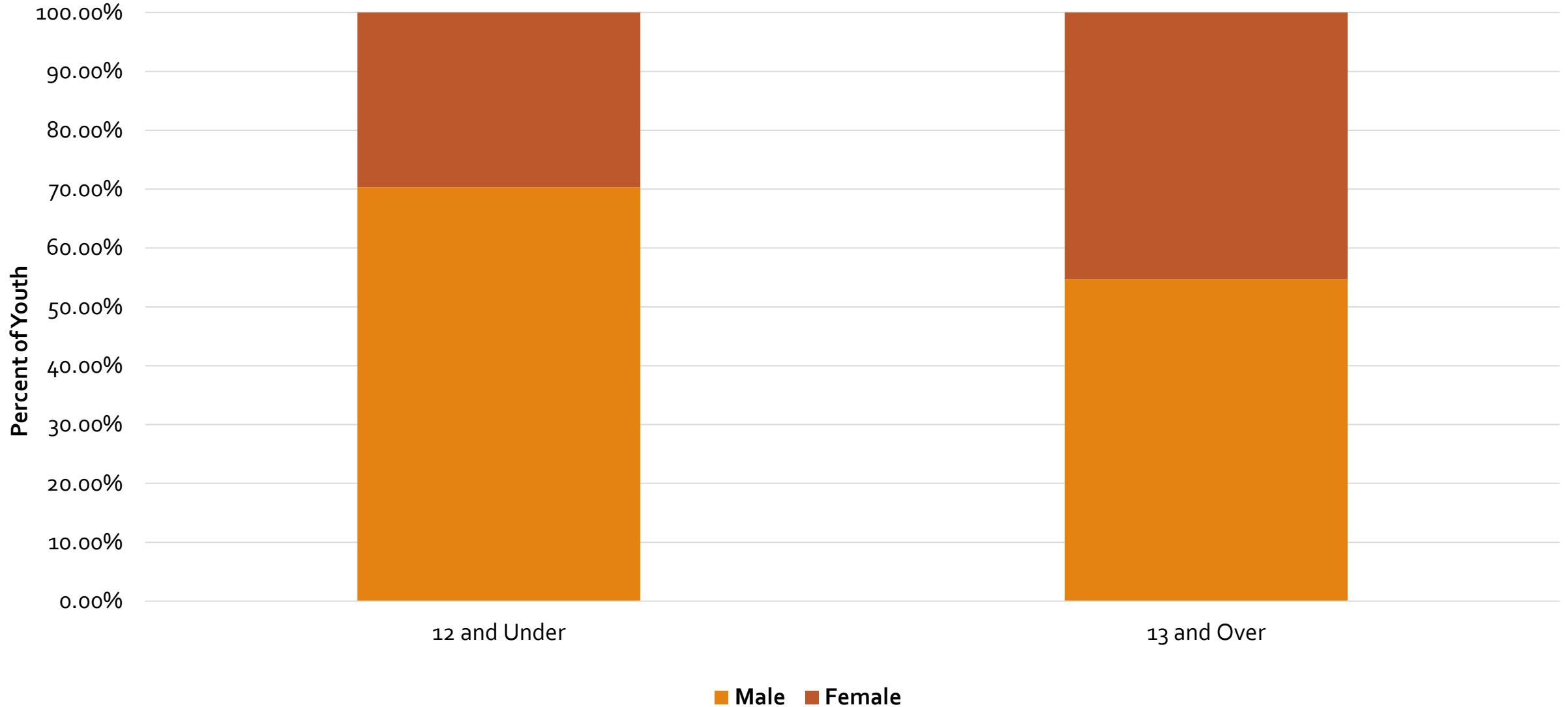


*Note. Data excludes Kauai from 2007-2011 because of Mokihana program.*

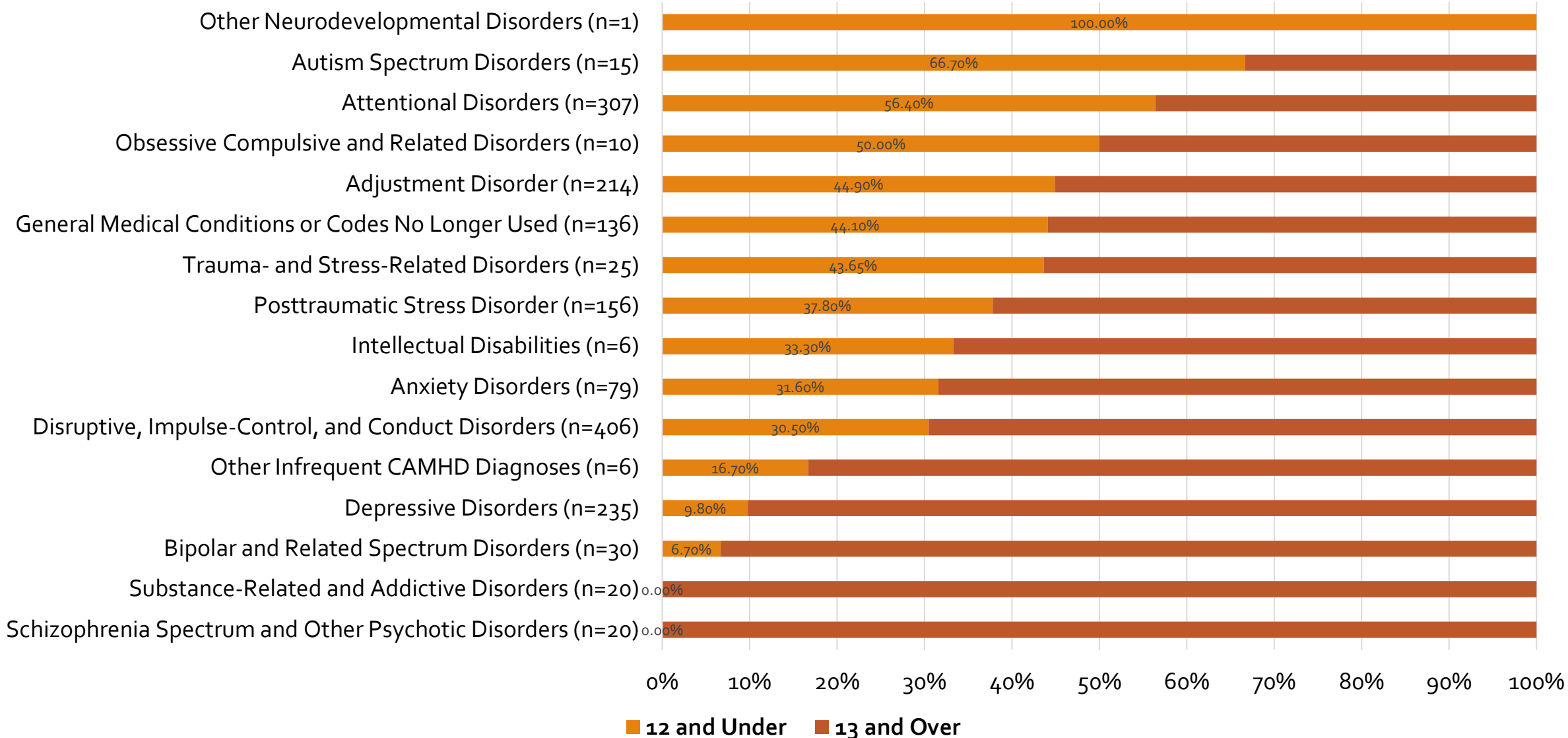
### Percent of 12 and Under/13 and Over Youth by Center/Branch



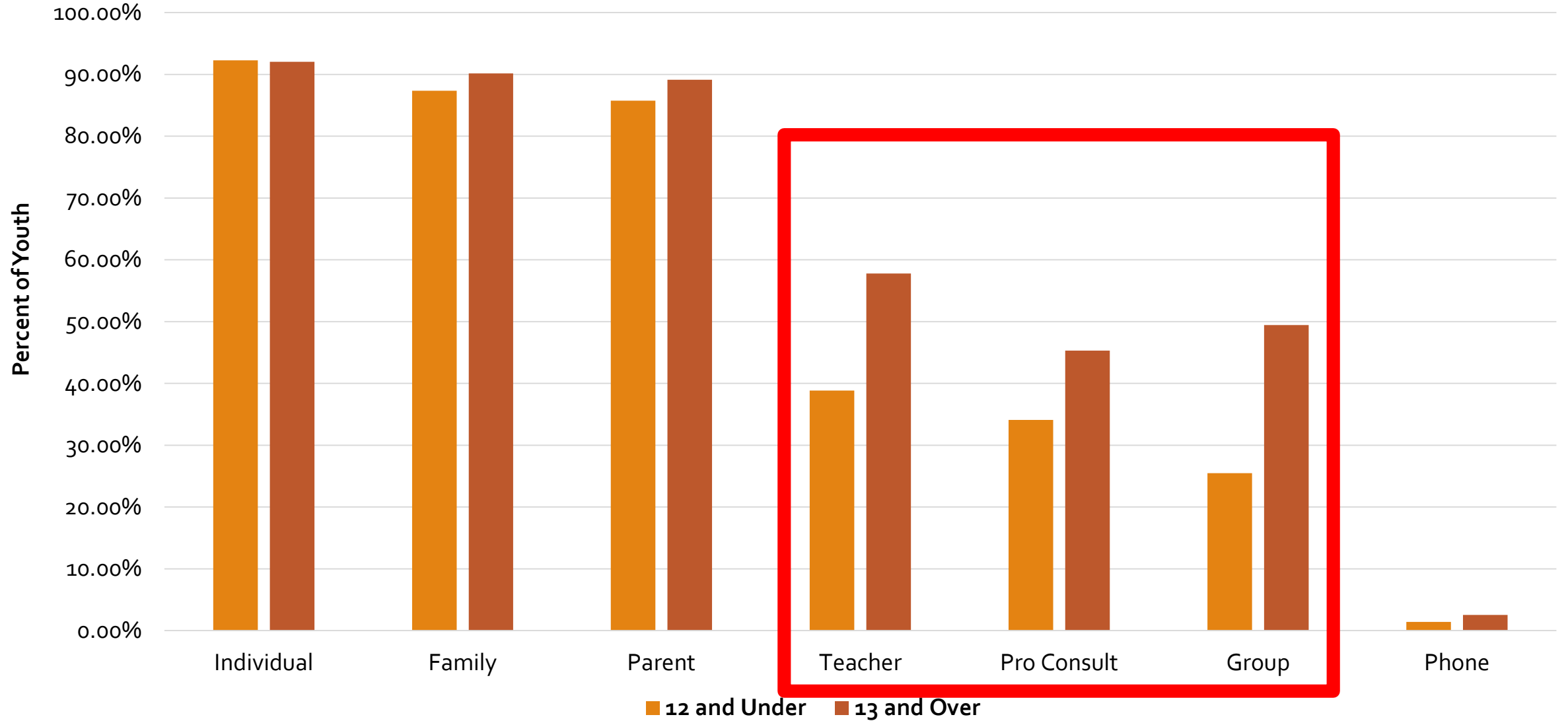
### Percent of Male/Female Youth by Age Group



## Percent of 12 and Under/13 and Over Youth by Primary Diagnosis Area



Percent of Youth Within Each Age Group Receiving Services by Service Format Type



12 and Under - 10 Most Frequently Endorsed Treatment Targets		
Target	% Endorsed (N=569)	Average Progress Rating (0-7)
Positive Peer Interaction	86.82	4.83
Oppositional or Non-Compliant Behavior	71.35	4.68
Anger	61.16	4.46
Aggression	59.40	4.78
Social Skills	53.60	4.54
Treatment Engagement	52.90	4.4
Activity Involvement	51.49	4.91
Anxiety	49.91	4.51
Peer or Sibling Conflict	49.91	4.43
Attention Problems	47.98	4.18

13 and Over - 10 Most Frequently Endorsed Treatment Targets		
Target	% Endorsed (N=1068)	Average Progress Rating (0-7)
Positive Peer Interaction	86.61	5.21
Treatment Engagement	76.59	4.96
Oppositional or Non-Compliant Behavior	72.10	4.98
Activity Involvement	66.85	5.17
Anger	57.40	4.79
Anxiety	55.99	4.75
Depressed Mood	55.06	4.23
Aggression	54.12	5.14
Academic Achievement	48.50	4.92
School Involvement	47.66	4.81

Note. Treatment targets not present in the top 10 targets for both groups are highlighted in yellow.

**12 and Under - 10 Most Frequently Endorsed Intervention Strategies**

Intervention Strategy	% Endorsed (N=569)
Relationship or Rapport Building	92.27
Supportive Listening or Client Centered	87.35
Psychoeducational Parent	86.99
Communication Skills	84.18
Family Engagement	82.60
Modeling	80.84
Therapist Praise or Rewards	80.14
Skill Building	79.09
Parent Coping	78.21
Problem Solving	75.92

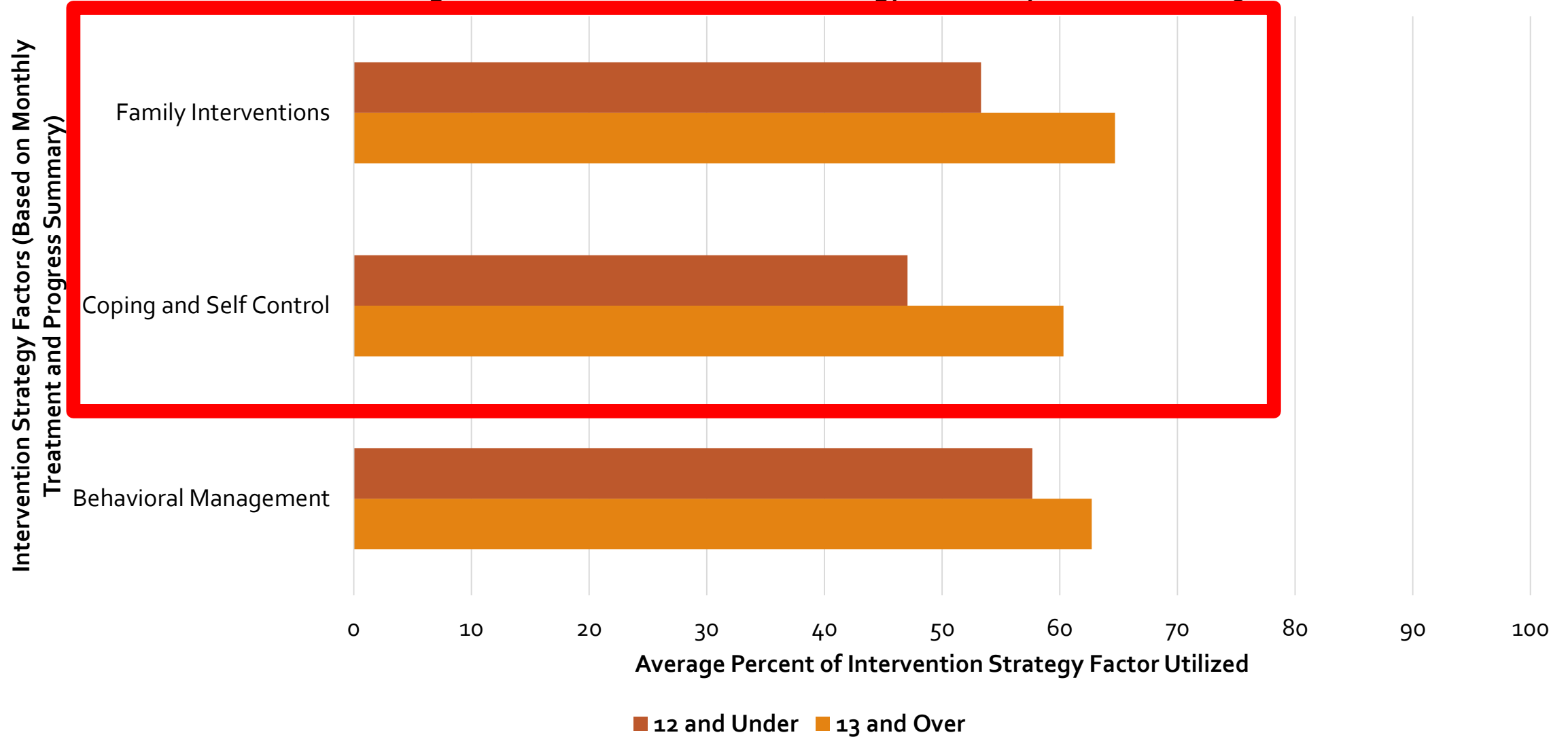
**13 and Over - 10 Most Frequently Endorsed Intervention Strategies**

Intervention Strategy	% Endorsed (N=1068)
Relationship or Rapport Building	95.13
Supportive Listening or Client Centered	90.54
Communication Skills	89.89
Problem Solving	89.04
Family Engagement	88.67
Goal Setting	87.73
Psychoeducational Parent	84.27
Skill Building	83.52
Family Therapy	82.49
Emotional Processing	81.74

**Note. Intervention strategies not present in the top 10 strategies for both groups are highlighted in yellow.**



### Average Utilization of Intervention Strategy Factors by 12 and Under/13 and Over

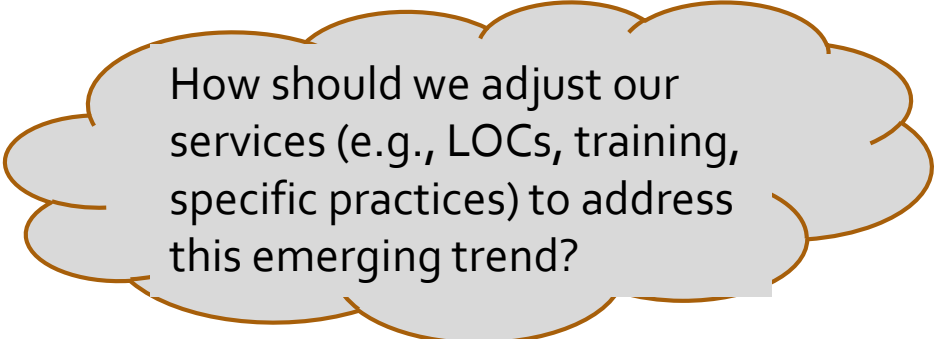


Note. Youth ages 13 and over receive significantly more Family Interventions and Coping and Self Control Interventions than youth ages 12 and under.

# Decreasing Average Age of Youth Clients

## SUMMARY

- The average age of CAMHD clients has continued to decrease over the past ten years.
- The proportion of younger clients varies by Family Guidance Center.
- The demographic and clinical profile of clients 12 and under differs slightly from the profile of youth 13 and older.



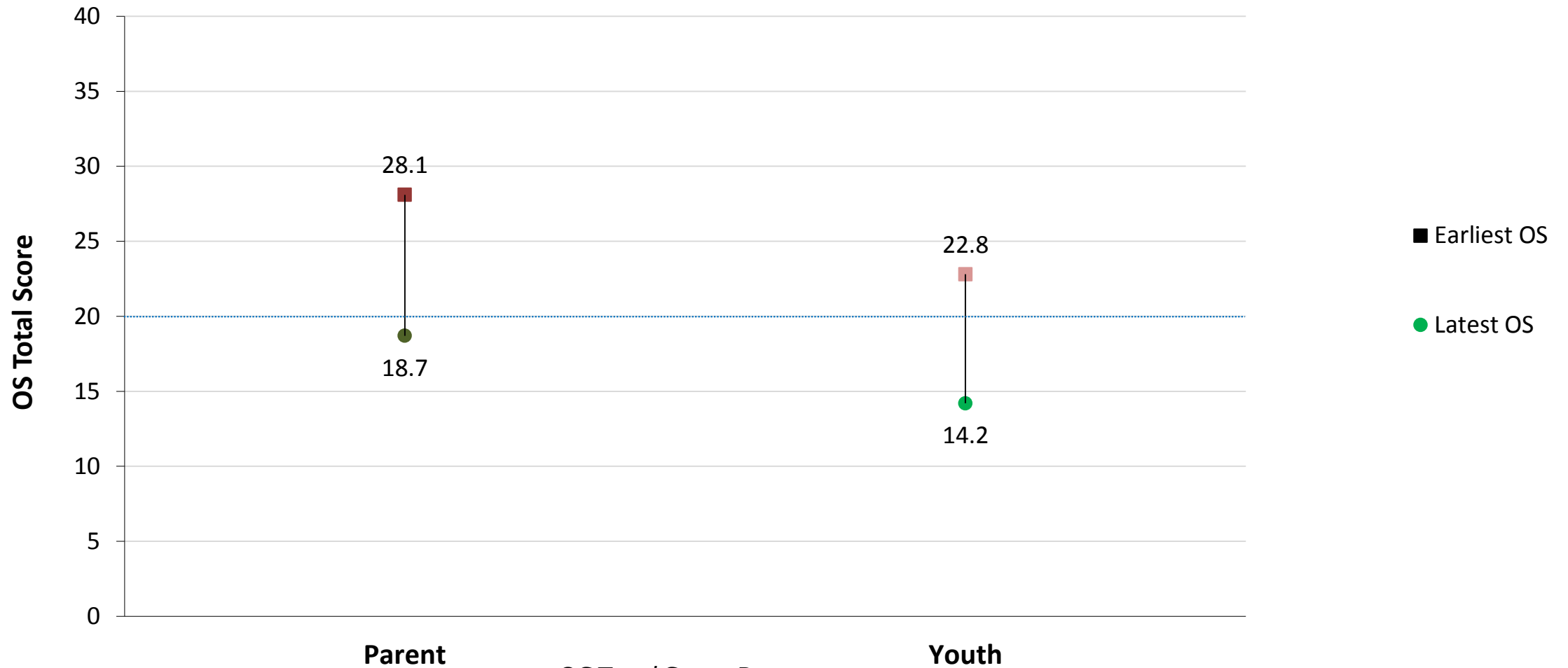
How should we adjust our services (e.g., LOCs, training, specific practices) to address this emerging trend?

# TRENDS IN YOUTH AND FAMILY REPORTED OUTCOMES

---

\*Based on CAMHD outcome measures

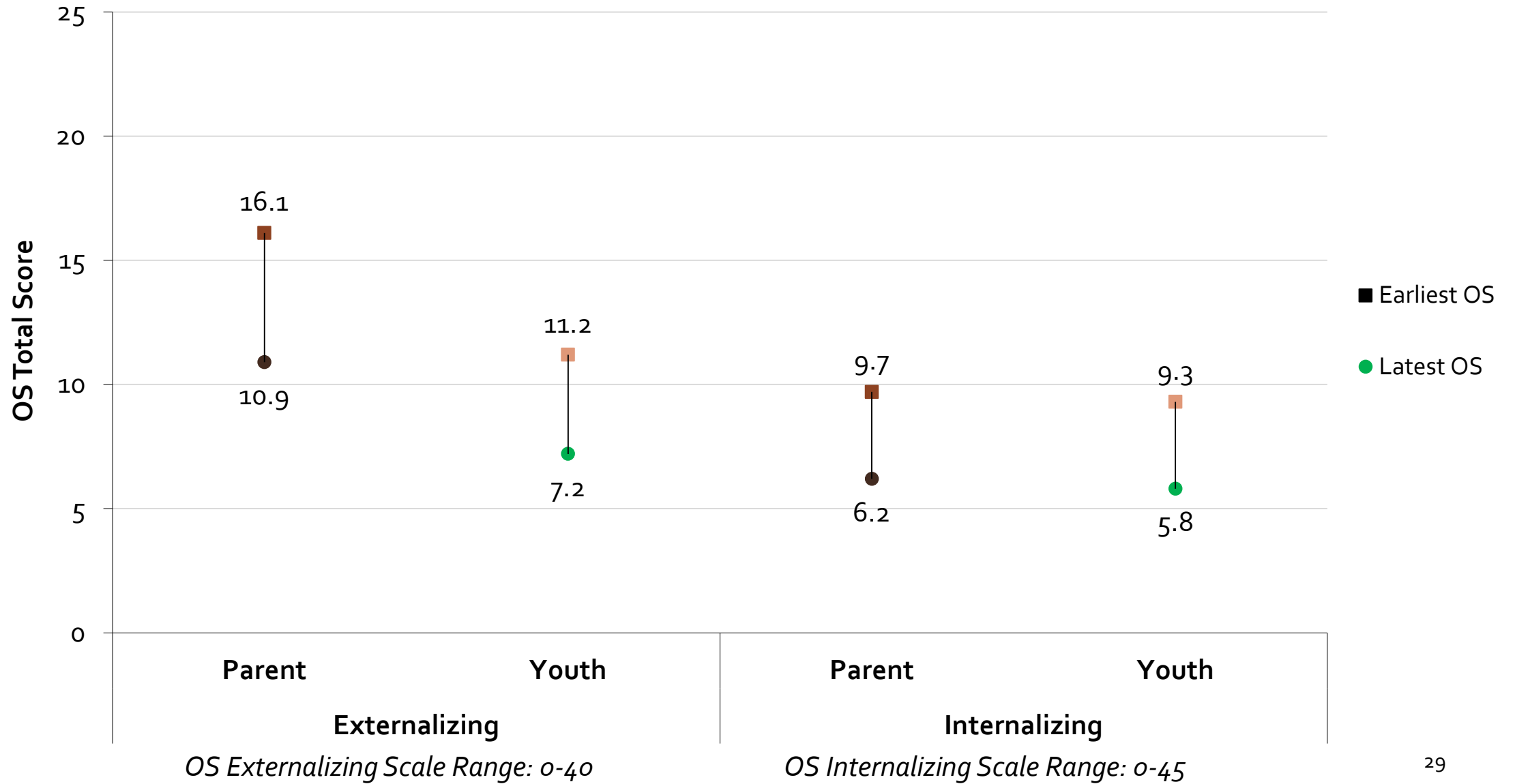
# Average of Youth's Earliest and Most Recent Ohio Scale Total Problems Score: Youth Enrolled in FY 2017



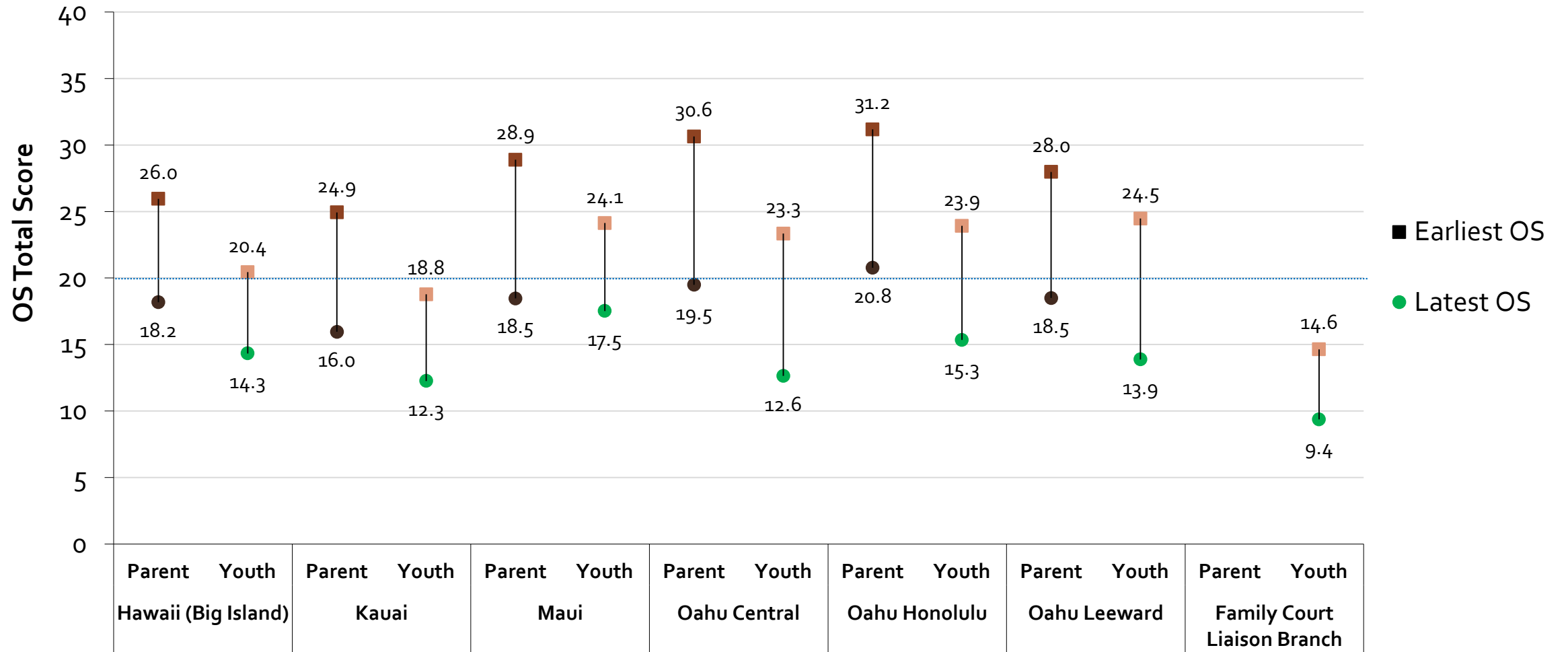
OS Total Score Range: 0-100

\*Clinical cutoff recommended by a study by the Ohio Scales author.

**Average of Youth's Earliest and Most Recent Ohio Scale Problems Subscale Scores: Youth Enrolled in FY 2017**



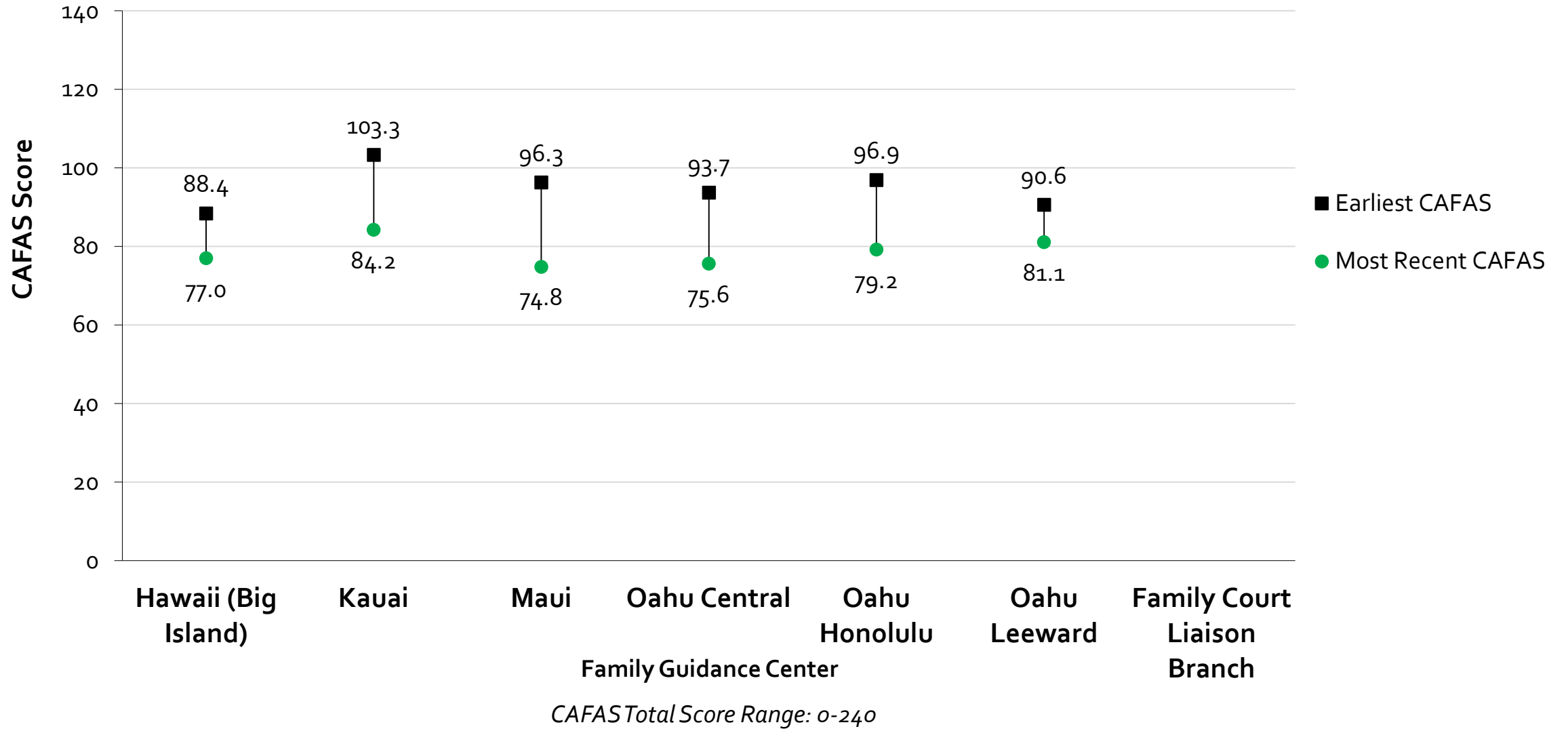
# Average of Youth's Earliest and Most Recent Ohio Scale Total Problems Score by FGC: Youth Enrolled in FY 2017



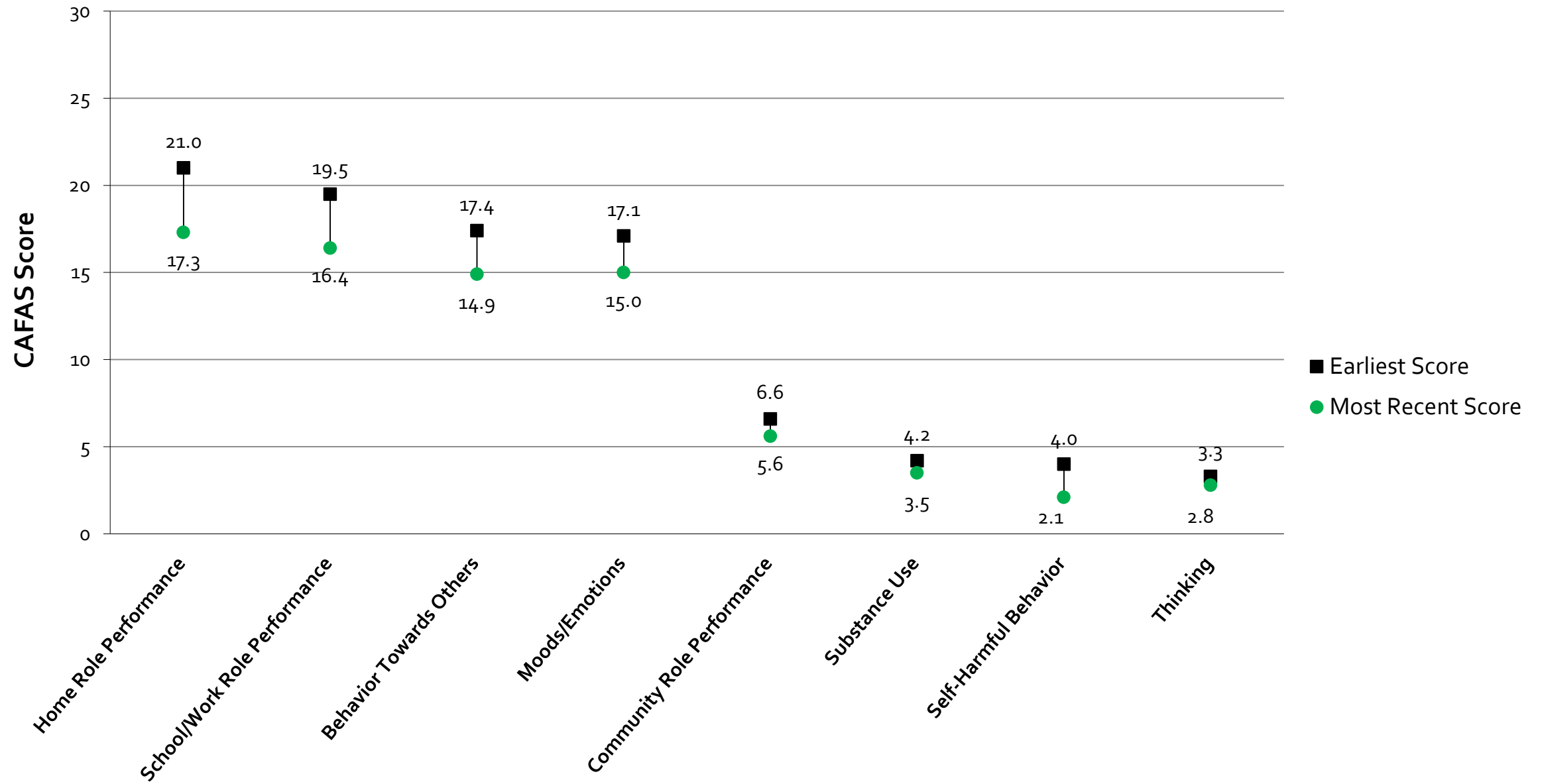
**Family Guidance Center**

*OS Total Score Range: 0-100, Clinical cutoff=20*

### Average of Youth's Earliest and Most Recent CAFAS Total Score by FGC: Youth Enrolled in FY 2017

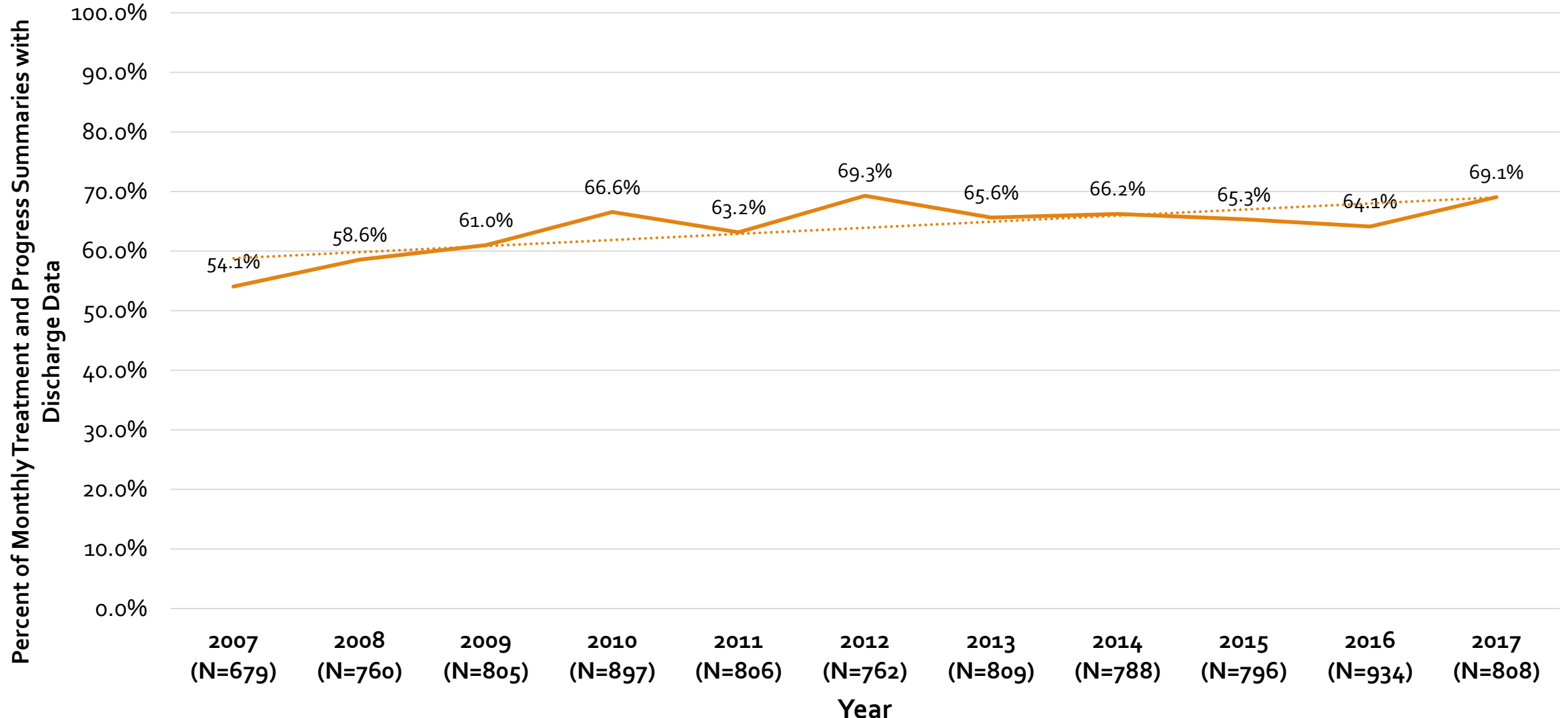


### Average of Earliest and Most Recent CAFAS Subscale Scores: Youth Enrolled in FY 2017



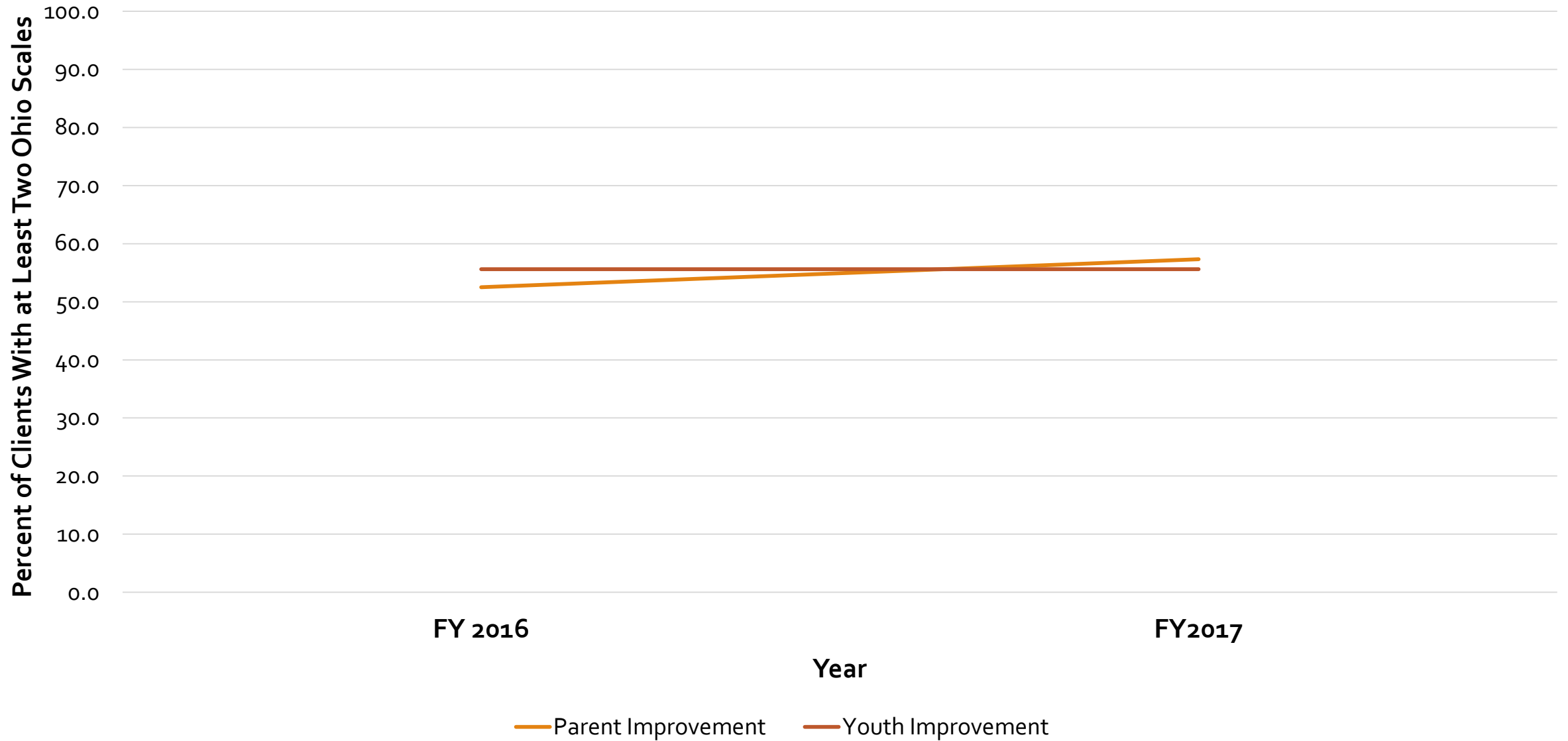


## Percent of Service Episodes with Successful Discharge Indicated on the Monthly Treatment and Progress Summary



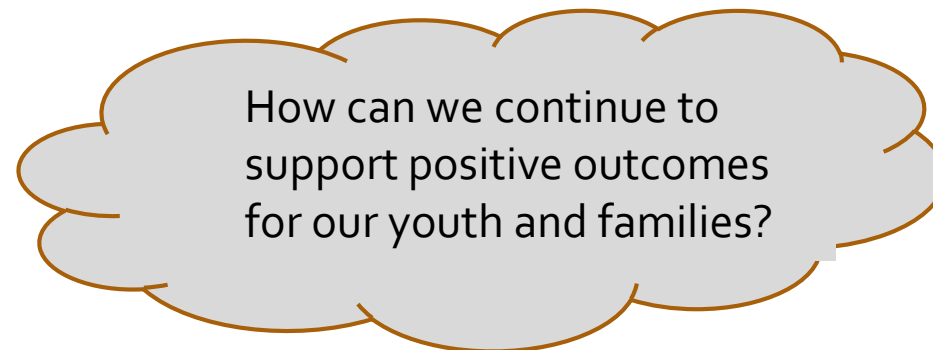
Note. Successful discharge was defined as "success/goals met" indicated on the MTPS. Not successful discharge was defined as "runaway/elopement," "insufficient progress," "refuse/withdraw."

# Percent of Youth Demonstrating Improvement Between the First and Most Recent Ohio Scales Problems Scales (Youth and Parent) in FY 2016 and FY 2017



# Outcomes– Key Findings

- On average, youth and families report statistically and clinically significant improvements between their first and most recent Ohio Scales administrations.
- On average, youth tend to report fewer problems on the Ohio Scales than parents.
- On average, CAMHD staff report statistically significant improvements for youth and families between the first and most recent CAFAS administrations.
- On average, therapists report a slight increasing trend in successful discharges.



# RISK PROFILES: INITIAL RISK

---

(REVISITED)

# Risk Profiles: Initial CAFAS

Initial CAFAS is a significant predictor of discharge success

CBRIII Discharge Success Rate by Initial CAFAS Score		
Initial CAFAS Score	Success Rate at This Level or Higher	N at This Level or Higher (Denominator)
All	70.4%	81
90+	71.4%	77
110+	71.6%	67
130+	66.0%	47
150+	47.8%	23
170+	20.0%	5

Lower Risk

Higher Risk

# Risk Profiles: Initial CAFAS

## Levels of Care in Which Initial CAFAS Significantly Predicted Discharge Success.

Level of Care	CAFAS Cutoff For Higher Risk Cases	Probability of Successful Discharge
Community Based Residential III	<b>150+</b>	47.8%
Transitional Family Home	<b>120+</b>	45.2%
Intensive In-Home	<b>130+</b>	46.7%

# Risk Profiles: Initial CAFAS

Average Total Procured Service Cost Per Youth Starting From Service in Which Initial Risk Indicated



# Risk Profiles: Initial CAFAS

## SUMMARY

- Initial CAFAS significantly predicts success at discharge for TFH, CBRIII, & IIH
- Initial CAFAS Risk Indicator
  - In TFH, CBRIII, & IIH: Indicates the dysfunction level where youth has <50% probability of success in that level of care
  - In IIH: Indicates a dysfunction level where cost of services is significantly greater

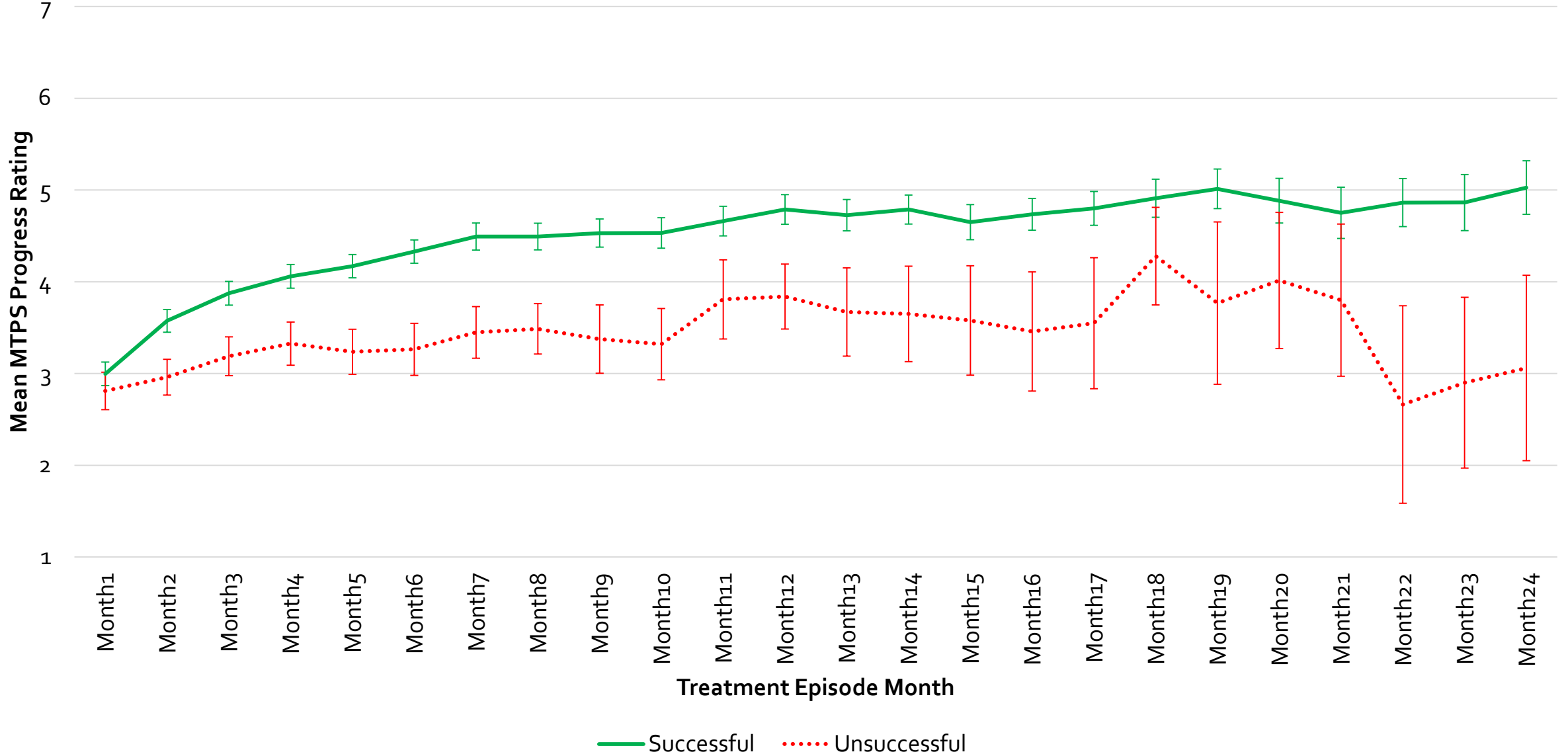


# RISK PROFILES: EARLY PROGRESS

---

(REVISITED)

Intensive In-Home Average MTPS Progress Ratings With 95% CI

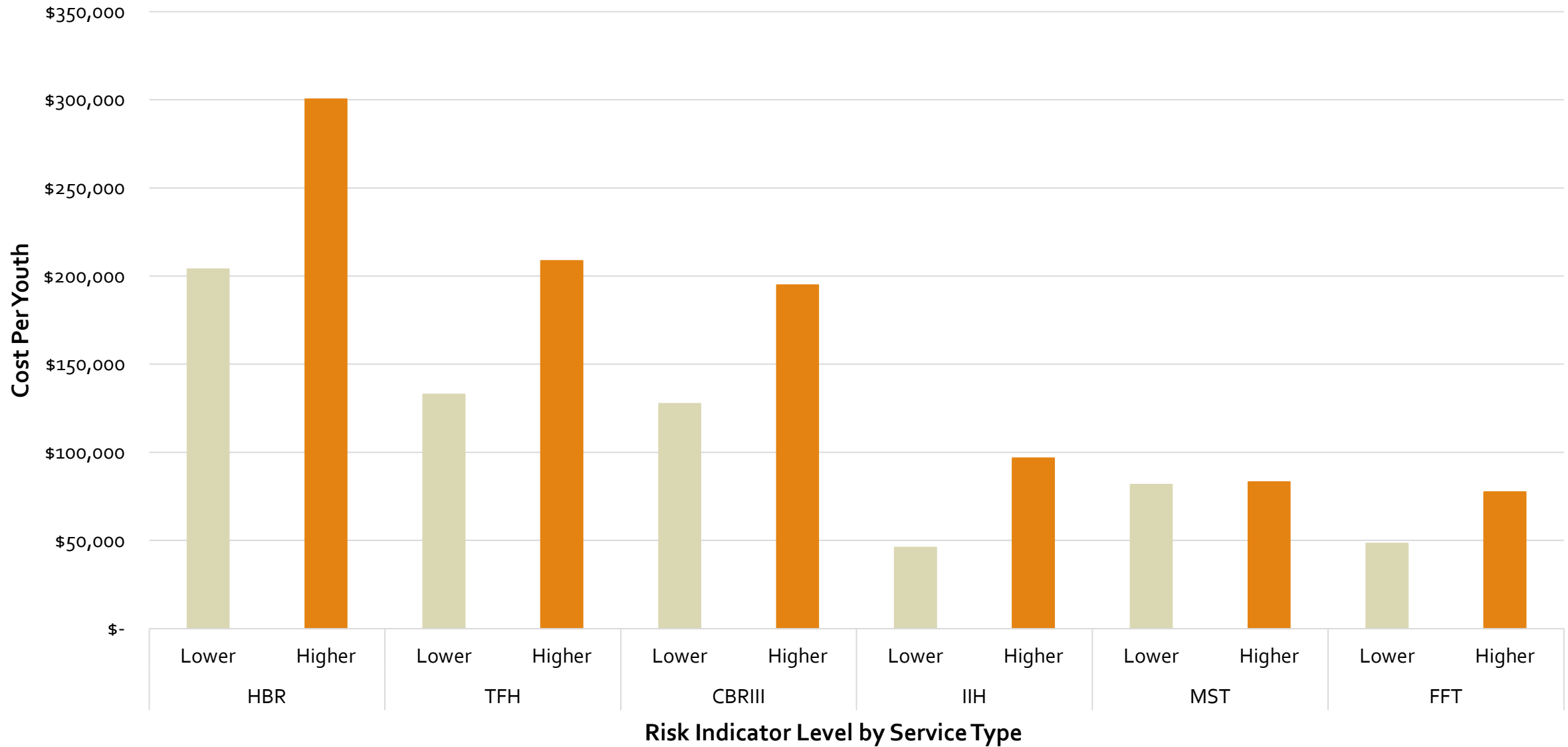


# Risk Profiles: Early Progress

Levels of Care and Their Early Progress Risk Indicators That Were Predictive of Discharge Success with Cutoff Scores Where Probability of Discharge Success <50%.

Level of Care	Assessment	Early Progress Risk Indicator
Community Based Residential III	4 <sup>th</sup> (Month) MTPS	Average MTPS Progress Rating <b>Below 2.9</b>
	2 <sup>nd</sup> (Quarter) CAFAS	CAFAS Score <b>150 or higher</b>
Transitional Family Home	3 <sup>rd</sup> (Month) MTPS	Average MTPS Progress Rating <b>Below 3.6</b>
	2 <sup>nd</sup> (Quarter) CAFAS	CAFAS Score <b>140 or higher</b>
Intensive-In Home	2 <sup>nd</sup> (Month) MTPS	Average MTPS Progress Rating <b>Below 2.0</b>
	2 <sup>nd</sup> (Quarter) CAFAS	CAFAS Score <b>120 or higher</b>
Hospital-Based Residential	2 <sup>nd</sup> (Month) MTPS	Average MTPS Progress Rating <b>Below 2.8</b>
Multisystemic Therapy	3 <sup>rd</sup> (Month) MTPS	Average MTPS Progress Rating <b>Below 3.3</b>
Functional Family Therapy	3 <sup>rd</sup> (Month) MTPS	Average MTPS Progress Rating <b>Below 3.6</b>

# Average Total Procured Service Cost Per Youth Starting From Service in Which Early Progress Risk Indicated



# Risk Profiles: Early Progress

## SUMMARY

- Early progress is predictive of discharge success across levels of care.
- Cost of total services is higher for youth with early progress risk at all major LOCs examined, although only minimally higher for MST.

# Reflections

- Dr. Kurt Humphrey
- Dr. Scott Shimabukuro
- Dr. Lesley Slavin
- Dr. M. Stanton Michels

# Mahalo!

- For more information, please contact:

David Jackson, Ph.D.

[David.Jackson@doh.hawaii.gov](mailto:David.Jackson@doh.hawaii.gov)

(808) 733-8354

Trina Orimoto, Ph.D.

[Trina.Orimoto@doh.hawaii.gov](mailto:Trina.Orimoto@doh.hawaii.gov)

(808) 733-9255

The screenshot shows the 'Help Your Keiki' website interface. At the top, there are navigation links: HOME, ABOUT, CONTACT, RESOURCES, and a Facebook icon. The main header features the text 'Help Your Keiki' in a large, yellow, stylized font, accompanied by a silhouette of an adult and a child. Below the header is a video player showing a document titled 'ADDRESSING Mental Health CONCERNS IN PRIMARY CARE A CLINICIAN'S TOOLKIT'. The document is part of the 'EVIDENCE-BASED CHILD AND ADOLESCENT MENTAL HEALTH CONCERNS IN PRIMARY CARE (PWEBS) Database, available at www.practicewise.com. If this is not the most current version, please check the website.' The video player shows a table with the following content:

Problem Area	Level 1- BEST SUPPORT	Level 2- GOOD SUPPORT
Anxious or Avoidant Behaviors	Cognitive Behavior Therapy (CBT), CBT and Medication, CBT with Parents, Education, Exposure, Modeling	Assertiveness Training, CBT for Children and Family Psychoeducation, Hypnosis, Relaxation Inoculation
Attention and Hyperactivity Behaviors	Behavior Therapy and Medication, Self-Verbalization	Richesedback, Contingency Management, Parent Management Training (PMT), Solving, or with Teacher Psychoeducation, Exercise (with or without Pedometer), Working Memory

Below the video player, there is a Facebook post from 'Help Your Keiki Hawaii' with 92 likes. The post includes a 'Liked' button and a 'Share' button. Below the post, it says 'You and 9 other friends like this' and shows a row of profile pictures.