

Child and Adolescent Mental Health Division

Fiscal Year 2017 Annual Factbook

For the Period of July 1, 2016 to June 30, 2017

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Introduction

The purpose of this Factbook is to provide detailed reference information regarding the population, services, and outcomes of the State of Hawai'i 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 enrolled and/or receiving services with CAMHD for one or more days during the period from July 1, 2016 to June 30, 2017. Thus, these "factsheets" present a snapshot of the CAMHD system as it functioned during the fiscal year of 2017.

Description of Information Reported

Data Sources

A major transition from the previous Child and Adolescent Mental Health Management Information System (CAMHMIS) to the Resource and Patient Management System (RPMS) was initiated one month prior to the beginning of fiscal year 2017 (in June 2016). Therefore, this fiscal year's report is the first in which all enrollment, and some outcome, data were drawn from RPMS. This change in systems coincided with major changes in workflows and processes as well, which continue to be refined and improved. While these changes have introduced differences in information gathering and management, every effort has been made to maintain continuity in the quality and consistency of data presented in these annual reports.

Data for this report were gathered from a variety of sources. The primary source of information is CAMHD's Electronic Health Record (EHR) system, known as 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 (CSO) 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 Team (RET) and the Program Improvement and Communications Office (PICO) was responsible for merging and aggregating information from these databases, and is responsible for any errors resulting from such data aggregation.

Detailed information about the structure of RPMS and other data is beyond the scope of the present report; however, a basic description about the information presented in this Factbook is provided below.

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, 2017).

Primary Diagnosis was defined based on Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5; American Psychiatric Association, 2013) codes entered into RPMS. The RPMS system allows entry of a priority diagnosis, which was used as the "primary" diagnosis in this Factbook. The primary diagnoses that are reported are the most recently recorded in the client records.

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/a, or (b) Not Hispanic or Latino/a.

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. Specific ethnicity data was not collected for a large part of the fiscal year during the transition, but will be collected and reported in the future.

Service Variables

Crisis Stabilization was defined to include Crisis Mobile Outreach (CMO) and Therapeutic Crisis Foster Home. However, the number of youth served by CMO was not available at the time of reporting.

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, Comprehensive Behavioral Intervention, 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 53 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.

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 IHH, 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.

Outcome Variables

Child and Adolescent Functional Assessment Scale (CAFAS). The CAFAS measures impairment across eight subscale domains: role performance in school/work, role performance at home, role performance in the community, behavior toward others, moods/emotions, self-harmful behavior, substance use, and thinking (Hodges, 2000). Care Coordinators at local Family Guidance Centers gather information on youth to select specific behavioral descriptions on the CAFAS that reflect a youth’s level of impairment across the eight domains. The level of impairment for all items in the CAFAS is measured by a four-point scale (i.e., severe=30, moderate=20, mild=10, no/minimal=0). The total CAFAS score can range from 0 to 240, with higher scores indicating greater overall functional impairment. Psychometric properties of the CAFAS are well-documented in the literature. The literature shows that the CAFAS has internal consistency, inter-rater reliability, stability across time, and concurrent and predictive validity (Hodges, Doucette-Gates, & Kim, 2000; Hodges & Kim, 2000; Hodges & Wong, 1996; Hodges, Wong, & Latessa, 1998; Manteuffel, Stephens, & Santiago, 2002). The CAFAS is conducted for all youth enrolled with CAMHD at approximately 3-month intervals.

Ohio Scales Problem Severity Scale. The complete Ohio Scales instrument evaluates four areas: problem severity, functioning, hopefulness, and satisfaction. Currently, the short form of the problem severity and hopefulness scales are administered monthly by CAMHD Mental Health Care Coordinators to collect treatment progress data from both parents and youth. Previous studies have found that the 20-item short-form problem severity scale possesses a three factor structure (Baize, 2001; Texas Department of Mental Health and Mental Retardation [TDMHMR], 2004) – externalizing, internalizing, and delinquency. The total scores and the externalizing and internalizing factor scores are reported here. Youth and parents rate the degree to which the youth has experienced the stated problem in the past 30 days. Each item is rated on a six-point scale (0 “Not at all” to 5 “All the time”), so the total score ranges from 0 to 100, the 8-item externalizing score ranges from 0-40, and the 9-item internalizing score ranges from 0-45. Studies examining its psychometric properties have shown that the Ohio Scales possesses good validity, reliability, and sensitivity to change (Ogles, Dowell, Hatfield, Melendez, & Carlston, 2004; Ogles et al., 2000; TDMHMR, 2004).

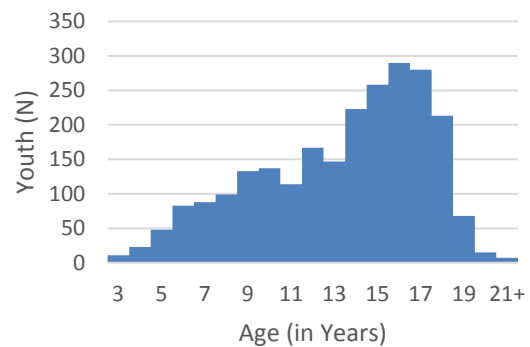
Total Youth Served (Statewide)

	N	%
Total Enrolled and/or Served Youth	2,405	
Youth Receiving Direct Services	2,162	89.9%
Youth Receiving Procured Services	1,420	59.0%

Gender	N	% of Available
Female	948	39.4%
Male	1457	60.6%

Age	N	%
3	11	0.5%
4	23	1.0%
5	48	2.0%
6	83	3.5%
7	88	3.7%
8	99	4.1%
9	133	5.5%
10	137	5.7%
11	114	4.7%
12	167	6.9%
13	147	6.1%
14	223	9.3%
15	258	10.7%
16	290	12.1%
17	280	11.6%
18	213	8.9%
19	68	2.8%
20	15	0.6%
21+	7	0.2%
Not Available	1	0.0%

	Mean	Median	Std. Deviation
Age in Years	13.3	14.0	3.9



Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	4	0.3%
Asian	123	9.6%
Black or African-American	14	1.1%
Native Hawaiian or Other Pacific Islander	211	16.4%
White	142	11.0%
Other Race	0	0.0%
MultiRacial	792	61.6%
Not Available (% of Total)	1119	(46.5%)

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	355	32.6%
Not Hispanic or Latino/a	733	67.4%
Not Available (% of Total)	1317	(54.8%)

Most Recent Family Guidance Center	Total Served Youth	
	N	%
Family Court Liaison Branch	15	0.6%
Hawai'i (Big Island)	712	29.6%
Kaua'i	202	8.4%
Maui	319	13.3%
O'ahu, Central	370	15.4%
O'ahu, Honolulu	325	13.5%
O'ahu, Leeward	366	15.2%
Unassigned	96	4.0%

Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	79	4.7%
Bipolar and Related Disorders	30	1.8%
Depressive Disorders	235	14.1%
Disruptive, Impulse-Control, and Conduct Disorders	406	24.4%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	307	18.4%
Autism Spectrum Disorder	15	0.9%
Intellectual Disability	6	0.4%
Other Neurodevelopmental Disorders	1	0.1%
Obsessive-Compulsive and Related Disorders	10	0.6%
Schizophrenia Spectrum and Other Psychotic Disorders	20	1.2%
Substance-Related and Addictive Disorders	20	1.2%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	214	12.8%
Posttraumatic Stress Disorder	156	9.4%
Other Trauma- and Stressor-Related Disorders	25	1.5%
Other Infrequent CAMHD Diagnoses ^a	6	0.4%
General Medical Conditions or Codes No Longer Used	136	8.2%
Not Available	739	30.7%

^aIncludes, 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."

All Services Procured Within FY	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	315	22.2%
Out-of-State	29	2.0%
Hospital-Based Residential	85	6.0%
Community High Risk	8	0.6%
Community-Based Residential II	8	0.6%
Community-Based Residential III	111	7.8%
Transitional Family Home	134	9.4%
Intensive Home & Community	1200	84.5%
Partial Hospitalization	13	0.9%
Multisystemic Therapy	157	11.1%
Functional Family Therapy	67	4.7%
Comprehensive Behavioral Intervention	53	3.7%
Intensive In-Home	995	70.1%
Outpatient	142	10.0%
Treatment	4	0.3%
<i>Medication Management^a</i>	--	--
<i>Outpatient Therapy</i>	4	0.3%
Assessment	138	9.7%
Supportive Services	166	11.7%
Respite Home	39	2.7%
Ancillary Service	136	9.6%
Crisis Stabilization^b	21	1.5%
Unduplicated Total^b	1420	

^aNumber of youth not available.

^bDoes not include Crisis Mobile Outreach services.

Service Settings	# of Youth With Setting Reported ^a	% of Youth With Setting Reported	Avg # of Months Setting Reported Per Youth	# of Months in Which Setting is included ^b	% of All Months Reported ^b
	Total N=1329			Total N=9068	
Clinic	655	49.3%	4.15	2718	30.0%
Community	977	73.5%	4.87	4758	52.5%
Home	1153	86.8%	5.36	6180	68.2%
Out-of-Home	484	36.4%	4.12	1995	22.0%
Phone ^c	81	6.1%	3.40	275	3.0%
School	608	45.7%	3.67	2232	24.6%
Other	6	0.5%	1.83	11	0.1%
Unclear ^c	64	4.8%	1.52	97	1.1%

^aMore than one setting may be selected per youth. ^bIncludes multiple months per youth. ^cRecorded written response when "Other" was selected.

Service Formats	# of Youth With Format Reported ^a	% of Youth With Format Reported	Avg # of Months Format Reported Per Youth	# of Months in Which Format is included ^b	% of All Months Reported ^b
	Total N=1329			Total N=9068	
Family	1059	79.7%	4.68	4951	54.6%
Group	349	26.3%	3.97	1384	15.3%
Individual	1157	87.1%	6.30	7290	80.4%
Parent	1031	77.6%	4.80	4947	54.6%
Phone ^c	4	0.3%	1.00	4	0.0%
Professional Consult ^c	361	27.2%	3.20	1156	12.7%
Teacher	413	31.1%	3.36	1389	15.3%
Other	21	1.6%	1.05	22	0.2%
Unclear ^c	155	11.7%	2.80	434	4.8%

^aMore than one format may be selected per youth. ^bIncludes multiple months per youth. ^cRecorded written response when "Other" was selected.

Treatment Targets (TTs)	# of Youth With TT Reported N = 1329	% of Youth With TT Reported	Avg # of Months TT Reported Per Youth	# of Months in Which TT is included ¹ N = 9068	% of All Months Reported ¹
Academic Achievement	356	26.8%	2.40	855	9.4%
Activity Involvement	585	44.0%	3.53	2067	22.8%
Adaptive Behavior or Living Skills	223	16.8%	2.55	568	6.3%
Adjustment to Change	326	24.5%	2.22	724	8.0%
Adult Intercoordination	18	1.4%	1.11	20	0.2%
Aggression	517	38.9%	3.73	1928	21.3%
Anger	582	43.8%	3.93	2287	25.2%
Anxiety	549	41.3%	3.79	2081	22.9%
Assertiveness	187	14.1%	2.35	439	4.8%
Attention Problems	261	19.6%	3.35	875	9.6%
Avoidance	229	17.2%	2.48	569	6.3%
Caregiver Self Management or Coping	8	0.6%	1.50	12	0.1%
Cognitive Intellectual Functioning	75	5.6%	2.05	154	1.7%
Community Involvement	215	16.2%	2.09	450	5.0%
Compulsive Behavior	1	0.1%	1.00	1	0.0%
Contentment or Enjoyment or Happiness	217	16.3%	2.57	557	6.1%
Depressed Mood	421	31.7%	3.45	1452	16.0%
Eating or Feeding Problems	38	2.9%	2.47	94	1.0%
Empathy	144	10.8%	2.41	347	3.8%
Enuresis or Encopresis	43	3.2%	3.77	162	1.8%
Fire Setting	7	0.5%	2.71	19	0.2%
Fitness or Exercise	5	0.4%	1.80	9	0.1%
Gender Identity Problems	12	0.9%	1.75	21	0.2%
Goal Setting	6	0.5%	2.17	13	0.1%
Grief	67	5.0%	2.21	148	1.6%
Health Management	91	6.8%	2.37	216	2.4%
Housing or Living Situation	139	10.5%	2.21	307	3.4%
Hyperactivity	134	10.1%	3.42	458	5.1%
Information Gathering	33	2.5%	1.15	38	0.4%
Learning Disorder or Underachievement	17	1.3%	1.41	24	0.3%
Mania	9	0.7%	1.44	13	0.1%
Medical Regimen Adherence	111	8.4%	2.14	237	2.6%
Occupational Functioning Or Stress	38	2.9%	1.97	75	0.8%
Oppositional or Non-Compliant Behavior	753	56.7%	4.03	3038	33.5%
Pain Management	0	0.0%	--	0	0.0%
Parenting Skills	21	1.6%	2.95	62	0.7%
Peer Involvement	143	10.8%	1.62	231	2.5%
Peer or Sibling Conflict	325	24.5%	3.24	1054	11.6%
Personal Hygiene	34	2.6%	2.35	80	0.9%
Phobia or Fears	354	26.6%	2.99	1058	11.7%
Positive Family Functioning	102	7.7%	2.86	292	3.2%
Positive Peer Interaction	1017	76.5%	4.69	4773	52.6%
Positive Thinking or Attitude	365	27.5%	2.58	943	10.4%
Pregnancy Education or Adjustment	4	0.3%	2.25	9	0.1%
Psychosis	29	2.2%	3.38	98	1.1%
Runaway	132	9.9%	3.06	404	4.5%
Safe Environment	18	1.4%	3.17	57	0.6%
School Attendance or Truancy	188	14.1%	2.61	490	5.4%
School Involvement	272	20.5%	2.58	702	7.7%
Self Esteem	283	21.3%	2.84	805	8.9%
Self-Injurious Behavior	361	27.2%	3.11	1122	12.4%
Self Management or Self Control	192	14.4%	2.74	527	5.8%
Sexual Orientation	0	0.0%	--	0	0.0%
Sexual Variation or Misconduct	59	4.4%	3.98	235	2.6%
Shyness	16	1.2%	1.31	21	0.2%
Sleep Disturbance or Sleep Hygiene	26	2.0%	1.27	33	0.4%
Social Skills	418	31.5%	3.41	1424	15.7%
Speech and Language	18	1.4%	2.00	36	0.4%
Substance Use	254	19.1%	3.94	1000	11.0%
Suicidality	93	7.0%	2.43	226	2.5%
Traumatic Stress	233	17.5%	3.32	773	8.5%
Treatment Engagement	639	48.1%	2.69	1722	19.0%
Treatment Planning or Framing	68	5.1%	1.94	132	1.5%
Willful Misconduct or Delinquency	142	10.7%	1.99	282	3.1%
Other	285	21.4%	2.58	734	8.1%
Unclear	68	5.1%	1.82	124	1.4%

¹Includes multiple months for the same youth.

Note: Some open-ended responses to the "Other" category were recoded into existing categories

Practice Elements	# of Youth With PE Reported N = 1322	% of Youth With PE Reported	Avg # of Months PE Reported Per Youth	# of Months in Which PE is included ¹ N = 9068	% of All Months Reported ¹
Activity Scheduling	746	56.4%	3.83	2858	31.5%
Anger Management	13	1.0%	4.00	52	0.6%
Animal or Plant Assisted Activities	0	0.0%	--	0	0.0%
Arousal Reconditioning	0	0.0%	--	0	0.0%
Art or Music Therapy	21	1.6%	1.95	41	0.5%
Assertiveness Training	380	28.7%	3.12	1186	13.1%
Assessment	21	1.6%	1.14	24	0.3%
Attending	488	36.9%	3.81	1859	20.5%
Behavior Management	51	3.9%	3.73	190	2.1%
Behavioral Contracting	598	45.2%	3.53	2112	23.3%
Biofeedback or Neurofeedback	31	2.3%	1.23	38	0.4%
Care Coordination	737	55.7%	4.30	3170	35.0%
Catharsis	93	7.0%	2.61	243	2.7%
Cognitive	778	58.9%	4.22	3285	36.2%
Commands	206	15.6%	2.18	449	5.0%
Communication Skills	1040	78.7%	4.90	5093	56.2%
Counseling	3	0.2%	1.00	3	0.0%
Crisis Management	509	38.5%	2.96	1508	16.6%
Cultural Training	129	9.8%	2.54	328	3.6%
Discrete Trial Training	16	1.2%	1.00	16	0.2%
Educational Support	644	48.7%	3.61	2325	25.6%
Emotional Processing	903	68.3%	4.85	4381	48.3%
Exposure	348	26.3%	3.40	1183	13.0%
Eye Movement or Tapping	42	3.2%	1.43	60	0.7%
Family Engagement	937	70.9%	4.10	3838	42.3%
Family Therapy	863	65.3%	4.21	3632	40.1%
Family Visit	2	0.2%	1.00	2	0.0%
Free Association	77	5.8%	2.62	202	2.2%
Functional Analysis	169	12.8%	3.07	519	5.7%
Goal Setting	933	70.6%	4.32	4028	44.4%
Guided Imagery	245	18.5%	2.85	699	7.7%
Ho'oponopono	0	0.0%	--	0	0.0%
Hypnosis	18	1.4%	1.06	19	0.2%
Ignoring or DRO	345	26.1%	2.98	1027	11.3%
Individual Therapy for Caregiver	346	26.2%	2.45	848	9.4%
Informal Supports	5	0.4%	1.00	5	0.1%
Insight Building	869	65.7%	4.66	4048	44.6%
Interpretation	223	16.9%	2.87	640	7.1%
Juvenile Sex Offender Treatment	9	0.7%	7.00	63	0.7%
Legal Assistance or Involvement	1	0.1%	1.00	1	0.0%
Line of Sight Supervision	351	26.6%	3.24	1136	12.5%
Maintenance or Relapse Prevention	291	22.0%	3.08	896	9.9%
Marital Therapy	46	3.5%	1.48	68	0.7%
Medication or Pharmacotherapy	355	26.9%	3.71	1318	14.5%
Mentoring	541	40.9%	3.46	1873	20.7%
Millieu Therapy	231	17.5%	3.27	756	8.3%
Mindfulness	723	54.7%	4.10	2967	32.7%
Modeling	873	66.0%	4.19	3662	40.4%
Motivational Interviewing	689	52.1%	4.16	2864	31.6%
Natural and Logical Consequences	803	60.7%	4.20	3371	37.2%
Parent Coping	815	61.6%	3.66	2983	32.9%
Parent or Teacher Monitoring	485	36.7%	3.15	1528	16.9%
Parent or Teacher Praise	552	41.8%	3.15	1739	19.2%
Parenting	21	1.6%	4.29	90	1.0%
Peer Pairing	155	11.7%	2.70	418	4.6%
Personal Safety Skills	536	40.5%	3.12	1672	18.4%
Physical Exercise	0	0.0%	--	0	0.0%
Play Therapy	379	28.7%	3.90	1477	16.3%
Problem Solving	994	75.2%	4.70	4669	51.5%
Psychoeducational Child	862	65.2%	4.49	3873	42.7%
Psychoeducational Parent	967	73.1%	4.32	4176	46.1%
Relationship or Rapport Building	1016	76.9%	3.67	3725	41.1%
Relaxation	681	51.5%	3.64	2480	27.3%
Response Cost	233	17.6%	3.09	719	7.9%
Response Prevention	246	18.6%	2.77	681	7.5%
Self Monitoring	568	43.0%	3.15	1788	19.7%
Self Reward or Self Praise	421	31.8%	2.66	1119	12.3%
Skill Building	915	69.2%	4.28	3920	43.2%
Social Skills Training	704	53.3%	3.92	2760	30.4%
Stimulus Control or Antecedent Man	233	17.6%	3.08	718	7.9%
Supportive Listening or Client Centered	1085	82.1%	5.07	5504	60.7%
Tangible Rewards	559	42.3%	3.18	1778	19.6%
Therapist Praise or Rewards	894	67.6%	4.53	4051	44.7%
Thought Field Therapy	22	1.7%	1.36	30	0.3%
Time Out	219	16.6%	2.85	624	6.9%
Twelve Step Program	51	3.9%	2.84	145	1.6%
Other	29	2.2%	2.00	58	0.6%
Unclear	149	11.3%	2.95	440	4.9%

¹Includes multiple MTPSs for the same client.

Note: Some open-ended responses to the "Other" category were recoded into existing categories.

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	16	1.1%	17	7.1%
Death of Client	1	0.1%	1	0.4%
Elopement	18	1.3%	20	8.4%
Homicide	0	0.0%	0	0.0%
Injury	12	0.9%	13	5.4%
Medication Error/Substance Intoxication	6	0.4%	6	2.5%
Physical Assault	5	0.4%	5	2.1%
Psychiatric Hospitalization	63	4.4%	88	36.8%
Refusal of Life Preserving Medical Treatment	0	0.0%	0	0.0%
Restraint or Seclusion	27	1.9%	73	30.5%
Self-Inflicted Potentially Lethal Injury	2	0.1%	2	0.8%
Sexual Assault	8	0.6%	10	4.2%
Suicide	2	0.1%	2	0.8%
Suicidal Threat	34	2.4%	46	19.2%
Other	17	1.2%	20	8.4%
Reportable Incidents (RI)				
Elopement ^c	69	4.9%	109	42.1%
Physical Assault ^d	15	1.1%	16	6.2%
Restraint or Seclusion	29	2.0%	41	15.8%
Self-Harm	26	1.8%	43	16.6%
Suicidal Threat	21	1.5%	23	8.9%
Other	35	2.5%	40	15.4%
Combined SE and RI				
Elopement ^c	79	5.6%	129	25.9%
Physical Assault ^d	19	1.3%	21	4.2%
Restraint or Seclusion	47	3.3%	114	22.9%
Self-Inflicted Potentially Lethal Injury/Self-Harm	27	1.9%	45	9.0%
Suicidal Threat	48	3.4%	69	13.9%
Other	45	3.2%	60	12.0%

^aTotal youth receiving procured services in CAMHD (N = 1,420). ^bTotal number of SE=239; Total number of RI=259; Percent excludes missing data. ^cAs defined on pg. xiv, Elopement (RI) only applies to TFH and residential facilities. ^dAs defined on pg. xiv, Physical Assault (RI) does not apply to IIH, MST, or FFT.

Discharge Living Situation	# of Discharges Total N=1094	% of Total Discharges
Foster Home	97	8.9%
Group Care	7	0.6%
Home	771	70.5%
Homeless/Shelter	16	1.5%
Institution/Hospital	23	2.1%
Jail/Correctional Facility	12	1.1%
Residential Treatment	38	3.5%
Other	130	11.9%

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

Reasons for Discharge	# of Discharges Total N=1094	% of Total Discharges
Eligibility Change	63	5.8%
Family Relocation	39	3.7%
Insufficient Progress	64	5.9%
Refuse/Withdraw	118	10.8%
Runaway/Elopement	68	6.2%
Success/Goals Met	558	51.0%
Other	215	19.7%

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

	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=1,192)	92.9 (0.93)	77.9 (1.02)
CAFAS School/Work Role Performance	19.5 (0.28)	16.4 (0.32)
CAFAS Home Role Performance	21.0 (0.25)	17.3 (0.29)
CAFAS Community Role Performance	6.6 (0.27)	5.6 (0.26)
CAFAS Behavior Towards Others	17.4 (0.20)	14.9 (0.21)
CAFAS Moods/Emotions	17.1 (0.21)	15.0 (0.22)
CAFAS Self-Harmful Behavior	4.0 (0.23)	2.1 (0.16)
CAFAS Substance Use	4.2 (0.25)	3.5 (0.23)
CAFAS Thinking	3.3 (0.19)	2.8 (0.18)
Ohio Scales (OS) Problem Score – Parent (N=1,044)	28.1 (0.53)	18.7 (0.45)
OS Internalizing Score – Parent	9.7 (0.27)	6.2 (0.21)
OS Externalizing Score – Parent	16.1 (0.31)	10.9 (0.26)
Ohio Scales (OS) Problem Score – Youth (N=649)	22.8 (0.64)	14.2 (0.53)
OS Internalizing Score – Youth	9.3 (0.38)	5.8 (0.29)
OS Externalizing Score – Youth	11.2 (0.31)	7.2 (0.27)

Notes: Includes youth who received any type of service within the fiscal year and had at least two assessments. A youth's earliest score is the very first score at any time within CAMHD, while the most recent score is the latest score up to the end of the fiscal year. Counts (N's) represent unduplicated clients.

Ranges of scores are presented below:

CAFAS Total Score: 0-240

CAFAS (All) Subscales: 0-30

OS Parent and Youth Problem Score: 0-100

OS Parent and Youth Internalizing Score: 0-45

OS Parent and Youth Externalizing Score: 0-40

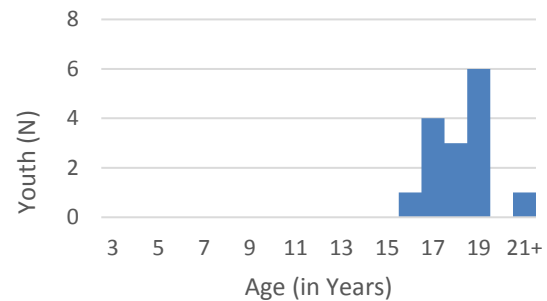
Family Court Liaison Branch Youth Served

	N	%
Total Enrolled and/or Served Youth	15	
Youth Receiving Direct Services	13	86.7%
Youth Receiving Procured Services	2	13.3%

Gender	N	% of Available
Female	2	13.3%
Male	13	86.7%

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	0	0.0%
16	1	6.7%
17	4	26.7%
18	3	20.0%
19	6	40.0%
20	0	0.0%
21+	1	6.7%

	Mean	Median	Std. Deviation
Age in Years	18.3	18.0	1.6



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	2	50.0%
White	0	0.0%
Other Race	0	0.0%
MultiRacial	2	50.0%
Not Available (% of Total)	11	(73.3%)

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	0	0.0%
Not Hispanic or Latino/a	3	100.0%
Not Available (% of Total)	12	(80.0%)

Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	0	0.0%
Bipolar and Related Disorders	0	0.0%
Depressive Disorders	0	0.0%
Disruptive, Impulse-Control, and Conduct Disorders	9	81.8%
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	1	9.1%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	0	0.0%
Posttraumatic Stress Disorder	1	9.1%
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)	4	(26.7%)

^aIncludes, 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."

All Services Procured Within FY	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	1	50.0%
Out-of-State	1	50.0%
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%
<i>Medication Management^a</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	0	0.0%
Supportive Services	1	50.0%
Respite Home	0	0.0%
Ancillary Service	1	50.0%
Crisis Stabilization^b	0	0%
Unduplicated Total^b	2	

^aNumber of youth not available by FGC.

^bDoes not include Crisis Mobile Outreach services.

	Average Earliest Score (<i>Std Err</i>)	Average Most Recent Score (<i>Std Err</i>)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=1)	N/A ^a (N/A)	N/A ^a (N/A)
CAFAS School/Work Role Performance	N/A (N/A)	N/A (N/A)
CAFAS Home Role Performance	N/A (N/A)	N/A (N/A)
CAFAS Community Role Performance	N/A (N/A)	N/A (N/A)
CAFAS Behavior Towards Others	N/A (N/A)	N/A (N/A)
CAFAS Moods/Emotions	N/A (N/A)	N/A (N/A)
CAFAS Self-Harmful Behavior	N/A (N/A)	N/A (N/A)
CAFAS Substance Use	N/A (N/A)	N/A (N/A)
CAFAS Thinking	N/A (N/A)	N/A (N/A)
Ohio Scales (OS) Problem Score – Parent (N=0)	N/A (N/A)	N/A (N/A)
OS Internalizing Score – Parent	N/A (N/A)	N/A (N/A)
OS Externalizing Score – Parent	N/A (N/A)	N/A (N/A)
Ohio Scales (OS) Problem Score – Youth (N=11)	14.6 (4.49)	9.4 (3.55)
OS Internalizing Score – Youth	5.1 (2.82)	1.0 (0.62)
OS Externalizing Score – Youth	6.8 (1.66)	7.2 (2.94)

^aCAFAS scores were not reported due to limited sample size.

Note: Includes youth who received any type of service within the fiscal year and had at least two assessments. A youth's earliest score is the very first score at any time within CAMHD, while the most recent score is the latest score up to the end of the fiscal year. Counts (N's) represent unduplicated clients.

Ranges of scores are presented below:

CAFAS Total Score: 0-240

CAFAS (All) Subscales: 0-30

OS Parent and Youth Problem Score: 0-100

OS Parent and Youth Internalizing Score: 0-45

OS Parent and Youth Externalizing Score: 0-40

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	0	0.0%	0	0.0%
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	0	0.0%	0	0.0%
Other	0	0.0%	0	0.0%
Reportable Incidents (RI)				
Elopement ^c	0	0.0%	0	0.0%
Physical Assault ^d	0	0.0%	0	0.0%
Restraint or Seclusion	2	100.0%	2	100.0%
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	0	0.0%	0	0.0%
Physical Assault	0	0.0%	0	0.0%
Restraint or Seclusion	2	100.0%	2	100.0%
Self-Inflicted Potentially Lethal Injury/Self-Harm	0	0.0%	0	0.0%
Suicidal Threat	0	0.0%	0	0.0%
Other	0	0.0%	0	0.0%

^aTotal youth receiving procured services through this Branch (N = 2). ^bTotal number of SE=0; Total number of RI=2; Percent excludes missing data. ^cAs defined on pg. xiv, Elopement (RI) only applies to TFH and residential facilities. ^dAs 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.

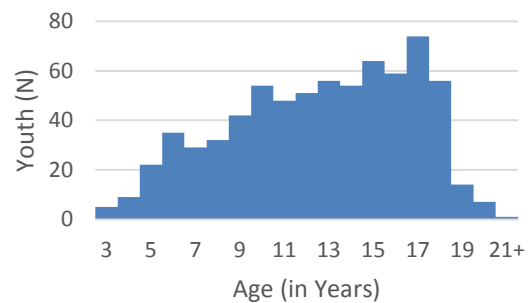
Hawai'i (Big Island) Family Guidance Center Youth Served

	N	%
Total Enrolled and/or Served Youth	712	
Youth Receiving Direct Services	626	87.9%
Youth Receiving Procured Services	408	57.3%

Gender	N	% of Available
Female	273	38.3%
Male	439	61.7%

Age	N	%
3	5	0.7%
4	9	1.3%
5	22	3.1%
6	35	4.9%
7	29	4.1%
8	32	4.5%
9	42	5.9%
10	54	7.6%
11	48	6.7%
12	51	7.2%
13	56	7.9%
14	54	7.6%
15	64	9.0%
16	59	8.3%
17	74	10.4%
18	56	7.9%
19	14	2.0%
20	7	1.0%
21+	1	0.1%

	Mean	Median	Std. Deviation
Age in Years	12.6	13.0	4.1



Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	1	0.2%
Asian	8	1.8%
Black or African-American	3	0.7%
Native Hawaiian or Other Pacific Islander	59	13.3%
White	63	14.2%
Other Race	0	0.0%
MultiRacial	309	69.8%
Not Available (% of Total)	269	(37.8%)

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	158	42.2%
Not Hispanic or Latino/a	216	57.8%
Not Available (% of Total)	338	(47.5%)

Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	33	6.3%
Bipolar and Related Disorders	9	1.7%
Depressive Disorders	54	10.2%
Disruptive, Impulse-Control, and Conduct Disorders	153	29.0%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	97	18.4%
Autism Spectrum Disorder	8	1.5%
Intellectual Disability	0	0.0%
Other Neurodevelopmental Disorders	0	0.0%
Obsessive-Compulsive and Related Disorders	2	0.4%
Schizophrenia Spectrum and Other Psychotic Disorders	4	0.8%
Substance-Related and Addictive Disorders	4	0.8%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	73	13.9%
Posttraumatic Stress Disorder	62	11.8%
Other Trauma- and Stressor-Related Disorders	9	1.7%
Other Infrequent CAMHD Diagnoses ^a	2	0.4%
General Medical Conditions or Codes No Longer Used	17	3.2%
Not Available (% of Total)	185	(26.0%)

^aIncludes, 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."

All Services Procured Within FY	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	95	23.3%
Out-of-State	3	0.7%
Hospital-Based Residential	19	4.7%
Community High Risk	4	1.0%
Community-Based Residential II	4	1.0%
Community-Based Residential III	17	4.2%
Transitional Family Home	68	16.7%
Intensive Home & Community	327	80.1%
Partial Hospitalization	0	0.0%
Multisystemic Therapy	29	7.1%
Functional Family Therapy	13	3.2%
Comprehensive Behavioral Intervention	28	6.9%
Intensive In-Home	273	66.9%
Outpatient	34	8.3%
Treatment	2	0.5%
<i>Medication Management^a</i>	--	0.0%
<i>Outpatient Therapy</i>	2	0.5%
Assessment	32	7.8%
Supportive Services	66	16.2%
Respite Home	32	7.8%
Ancillary Service	39	9.6%
Crisis Stabilization^b	13	3.2%
Unduplicated Total^b	408	

^aNumber of youth not available by FGC.

^bDoes not include Crisis Mobile Outreach services.

	Average Earliest Score (<i>Std Err</i>)	Average Most Recent Score (<i>Std Err</i>)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=397)	88.4 (1.43)	77.0 (1.59)
CAFAS School/Work Role Performance	18.4 (0.48)	16.4 (0.51)
CAFAS Home Role Performance	20.8 (0.41)	18.3 (0.45)
CAFAS Community Role Performance	5.3 (0.43)	4.6 (0.40)
CAFAS Behavior Towards Others	17.8 (0.32)	16.0 (0.35)
CAFAS Moods/Emotions	17.5 (0.33)	15.2 (0.35)
CAFAS Self-Harmful Behavior	3.1 (0.35)	1.8 (0.26)
CAFAS Substance Use	2.7 (0.37)	2.3 (0.34)
CAFAS Thinking	2.8 (0.30)	2.2 (0.26)
Ohio Scales (OS) Problem Score – Parent (N=325)	26.0 (0.89)	18.2 (0.74)
OS Internalizing Score – Parent	8.5 (0.44)	5.4 (0.34)
OS Externalizing Score – Parent	15.8 (0.51)	11.5 (0.44)
Ohio Scales (OS) Problem Score – Youth (N=136)	20.4 (1.30)	14.3 (1.10)
OS Internalizing Score – Youth	8.1 (0.74)	6.0 (0.58)
OS Externalizing Score – Youth	10.7 (0.63)	7.3 (0.60)

Note: Includes youth who received any type of service within the fiscal year and had at least two assessments. A youth's earliest score is the very first score at any time within CAMHD, while the most recent score is the latest score up to the end of the fiscal year. Counts (N's) represent unduplicated clients.

Ranges of scores are presented below:

CAFAS Total Score: 0-240

CAFAS (All) Subscales: 0-30

OS Parent and Youth Problem Score: 0-100

OS Parent and Youth Internalizing Score: 0-45

OS Parent and Youth Externalizing Score: 0-40

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	7	1.3%	8	13.6%
Death of Client	0	0.0%	0	0.0%
Elopement	4	0.8%	4	6.8%
Homicide	0	0.0%	0	0.0%
Injury	4	0.8%	5	8.5%
Medication Error/Substance Intoxication	2	0.4%	2	3.4%
Physical Assault	1	0.2%	1	1.7%
Psychiatric Hospitalization	18	3.4%	21	35.6%
Refusal of Life Preserving Medical Treatment	0	0.0%	0	0.0%
Restraint or Seclusion	7	1.3%	17	28.8%
Self-Inflicted Potentially Lethal Injury	1	0.2%	1	1.7%
Sexual Assault	2	0.4%	2	3.4%
Suicide	0	0.0%	0	0.0%
Suicidal Threat	9	1.7%	10	16.9%
Other	2	0.4%	2	3.4%
Reportable Incidents (RI)				
Elopement ^c	22	4.2%	37	43.0%
Physical Assault ^d	6	1.1%	6	7.0%
Restraint or Seclusion	9	1.7%	12	14.0%
Self-Harm	7	1.3%	16	18.6%
Suicidal Threat	10	1.9%	11	12.8%
Other	7	1.3%	7	8.1%
Combined SE and RI				
Elopement	24	5.8%	41	28.3%
Physical Assault	7	1.7%	7	4.8%
Restraint or Seclusion	13	3.2%	29	20.0%
Self-Inflicted Potentially Lethal Injury/Self-Harm	7	1.7%	17	11.7%
Suicidal Threat	16	3.9%	21	14.5%
Other	9	2.2%	9	6.2%

^aTotal youth receiving procured services through this Family Guidance Center (N = 408). ^bTotal number of SE=59; Total number of RI=86; Percent excludes missing data. ^cAs defined on pg. xiv, Elopement (RI) only applies to TFH and residential facilities. ^dAs defined on pg. xiv, Physical Assault (RI) does not apply to IIH, MST, or FFT.

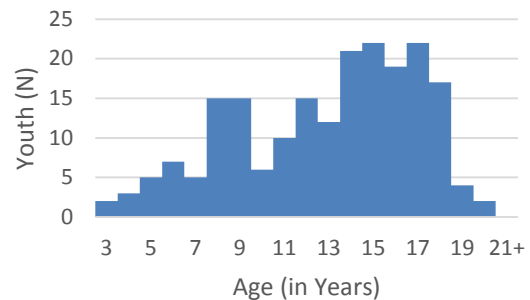
Kaua'i Family Guidance Center Youth Served

	N	%
Total Enrolled and/or Served Youth	202	
Youth Receiving Direct Services	176	87.1%
Youth Receiving Procured Services	100	49.5%

Gender	N	% of Available
Female	89	44.1%
Male	113	55.9%

Age	N	%
3	2	1.0%
4	3	1.5%
5	5	2.5%
6	7	3.5%
7	5	2.5%
8	15	7.4%
9	15	7.4%
10	6	3.0%
11	10	5.0%
12	15	7.4%
13	12	5.9%
14	21	10.4%
15	22	10.9%
16	19	9.4%
17	22	10.9%
18	17	8.4%
19	4	2.0%
20	2	1.0%
21+	0	0.0%

	Mean	Median	Std. Deviation
Age in Years	12.9	14.0	4.1



Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	0	0.0%
Asian	11	11.5%
Black or African-American	0	0.0%
Native Hawaiian or Other Pacific Islander	18	18.8%
White	12	12.5%
Other Race	0	0.0%
MultiRacial	55	57.3%
Not Available (% of Total)	106	(52.5%)

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	25	26.3%
Not Hispanic or Latino/a	70	73.7%
Not Available (% of Total)	107	(53.0%)

Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	3	4.3%
Bipolar and Related Disorders	1	1.4%
Depressive Disorders	11	15.7%
Disruptive, Impulse-Control, and Conduct Disorders	10	14.3%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	9	12.9%
Autism Spectrum Disorder	0	0.0%
Intellectual Disability	0	0.0%
Other Neurodevelopmental Disorders	0	0.0%
Obsessive-Compulsive and Related Disorders	1	1.4%
Schizophrenia Spectrum and Other Psychotic Disorders	0	0.0%
Substance-Related and Addictive Disorders	1	1.4%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	4	5.7%
Posttraumatic Stress Disorder	11	15.7%
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	19	27.1%
Not Available (% of Total)	132	(65.3%)

^aIncludes, 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."

All Services Procured Within FY	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	26	26.0%
Out-of-State	0	0.0%
Hospital-Based Residential	4	4.0%
Community High Risk	1	1.0%
Community-Based Residential II	1	1.0%
Community-Based Residential III	12	12.0%
Transitional Family Home	14	14.0%
Intensive Home & Community	84	84.0%
Partial Hospitalization	0	0.0%
Multisystemic Therapy	11	11.0%
Functional Family Therapy	28	28.0%
Comprehensive Behavioral Intervention	8	8.0%
Intensive In-Home	47	47.0%
Outpatient	0	0.0%
Treatment	0	0.0%
<i>Medication Management^a</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	0	0.0%
Supportive Services	18	18.0%
Respite Home	0	0.0%
Ancillary Service	18	18.0%
Crisis Stabilization^b	0	0.0%
Unduplicated Total ^b	100	

^aNumber of youth not available by FGC.

^bDoes not include Crisis Mobile Outreach services.

	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=95)	103.3 (3.67)	84.2 (3.80)
CAFAS School/Work Role Performance	20.3 (0.99)	16.4 (1.20)
CAFAS Home Role Performance	22.3 (0.87)	17.6 (1.09)
CAFAS Community Role Performance	9.6 (1.04)	8.4 (1.05)
CAFAS Behavior Towards Others	17.9 (0.62)	15.5 (0.69)
CAFAS Moods/Emotions	18.9 (0.65)	15.8 (0.68)
CAFAS Self-Harmful Behavior	5.7 (0.91)	2.9 (0.63)
CAFAS Substance Use	6.0 (0.99)	4.9 (0.98)
CAFAS Thinking	3.1 (0.78)	2.5 (0.62)
Ohio Scales (OS) Problem Score – Parent (N=88)	24.9 (1.61)	16.0 (1.37)
OS Internalizing Score – Parent	9.0 (0.86)	5.8 (0.67)
OS Externalizing Score – Parent	14.2 (1.03)	8.9 (0.81)
Ohio Scales (OS) Problem Score – Youth (N=39)	18.8 (1.88)	12.3 (1.69)
OS Internalizing Score – Youth	8.6 (1.65)	5.8 (1.10)
OS Externalizing Score – Youth	8.7 (0.83)	5.8 (0.79)

Note: Includes youth who received any type of service within the fiscal year and had at least two assessments. A youth's earliest score is the very first score at any time within CAMHD, while the most recent score is the latest score up to the end of the fiscal year. Counts (N's) represent unduplicated clients.

Ranges of scores are presented below:

CAFAS Total Score: 0-240

CAFAS (All) Subscales: 0-30

OS Parent and Youth Problem Score: 0-100

OS Parent and Youth Internalizing Score: 0-45

OS Parent and Youth Externalizing Score: 0-40

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	1.0%	1	7.7%
Death of Client	1	1.0%	1	7.7%
Elopement	0	0.0%	0	0.0%
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	3	2.9%	3	23.1%
Refusal of Life Preserving Medical Treatment	0	0.0%	0	0.0%
Restraint or Seclusion	2	1.9%	5	38.5%
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	2	1.9%	3	23.1%
Other	2	1.9%	4	30.8%
Reportable Incidents (RI)				
Elopement ^c	6	5.7%	8	33.3%
Physical Assault ^d	2	1.9%	2	8.3%
Restraint or Seclusion	4	3.8%	8	33.3%
Self-Harm	4	3.8%	6	25.0%
Suicidal Threat	1	1.0%	1	4.2%
Other	3	2.9%	3	12.5%
Combined SE and RI				
Elopement	6	6.0%	8	21.6%
Physical Assault	2	2.0%	2	5.4%
Restraint or Seclusion	5	5.0%	13	35.1%
Self-Inflicted Potentially Lethal Injury/Self-Harm	4	4.0%	6	16.2%
Suicidal Threat	3	3.0%	4	10.8%
Other	4	4.0%	7	18.9%

^aTotal youth receiving procured services through this Family Guidance Center (N = 100). ^bTotal number of SE=13; Total number of RI=24; Percent excludes missing data. ^cAs defined on pg. xiv, Elopement (RI) only applies to TFH and residential facilities. ^dAs defined on pg. xiv, Physical Assault (RI) does not apply to IIH, MST, or FFT.

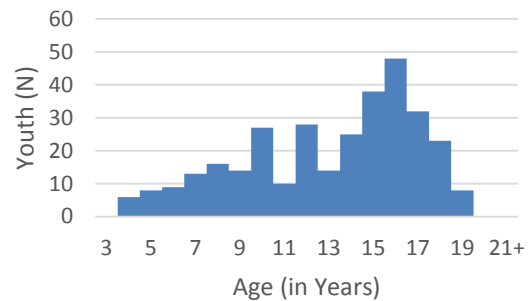
Maui Family Guidance Center Youth Served

	N	%
Total Enrolled and/or Served Youth	319	
Youth Receiving Direct Services	309	96.9%
Youth Receiving Procured Services	172	53.9%

Gender	N	% of Available
Female	128	40.1%
Male	191	59.9%

Age	N	%
3	0	0.0%
4	6	1.9%
5	8	2.5%
6	9	2.8%
7	13	4.1%
8	16	5.0%
9	14	4.4%
10	27	8.5%
11	10	3.1%
12	28	8.8%
13	14	4.4%
14	25	7.8%
15	38	11.9%
16	48	15.0%
17	32	10.0%
18	23	7.2%
19	8	2.5%
20	0	0.0%
21+	0	0.0%

	Mean	Median	Std. Deviation
Age in Years	13.0	14.0	3.9



Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	1	1.1%
Asian	6	6.7%
Black or African-American	0	0.0%
Native Hawaiian or Other Pacific Islander	4	4.4%
White	16	17.8%
Other Race	0	0.0%
MultiRacial	63	70.0%
Not Available (% of Total)	229	(71.8%)

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	14	17.3%
Not Hispanic or Latino/a	67	82.7%
Not Available (% of Total)	238	(74.6%)

Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	2	1.1%
Bipolar and Related Disorders	2	1.1%
Depressive Disorders	24	13.4%
Disruptive, Impulse-Control, and Conduct Disorders	27	15.1%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	15	8.4%
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	1	0.6%
Substance-Related and Addictive Disorders	0	0.0%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	26	14.5%
Posttraumatic Stress Disorder	13	7.3%
Other Trauma- and Stressor-Related Disorders	1	0.6%
Other Infrequent CAMHD Diagnoses ^a	0	0.0%
General Medical Conditions or Codes No Longer Used	68	38.0%
Not Available (% of Total)	140	(43.9%)

^aIncludes, 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."

All Services Procured Within FY	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	39	22.7%
Out-of-State	3	1.7%
Hospital-Based Residential	14	8.1%
Community High Risk	1	0.6%
Community-Based Residential II	0	0.0%
Community-Based Residential III	17	9.9%
Transitional Family Home	10	5.8%
Intensive Home & Community	146	84.9%
Partial Hospitalization	0	0.0%
Multisystemic Therapy	36	20.9%
Functional Family Therapy	0	0.0%
Comprehensive Behavioral Intervention	2	1.2%
Intensive In-Home	116	67.4%
Outpatient	25	14.5%
Treatment	1	0.6%
<i>Medication Management^a</i>	--	--
<i>Outpatient Therapy</i>	1	0.6%
Assessment	24	14.0%
Supportive Services	34	19.8%
Respite Home	1	0.6%
Ancillary Service	34	19.8%
Crisis Stabilization^b	6	3.5%
Unduplicated Total^b	172	

^aNumber of youth not available by FGC.

^bDoes not include Crisis Mobile Outreach services.

	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=118)	96.3 (3.03)	74.8 (3.48)
CAFAS School/Work Role Performance	19.2 (0.99)	15.9 (1.15)
CAFAS Home Role Performance	21.8 (0.81)	15.6 (1.00)
CAFAS Community Role Performance	6.1 (0.82)	5.6 (0.81)
CAFAS Behavior Towards Others	17.3 (0.64)	14.2 (0.61)
CAFAS Moods/Emotions	17.5 (0.66)	14.6 (0.68)
CAFAS Self-Harmful Behavior	4.9 (0.83)	1.8 (0.48)
CAFAS Substance Use	4.7 (0.84)	3.1 (0.67)
CAFAS Thinking	5.0 (0.67)	4.1 (0.62)
Ohio Scales (OS) Problem Score – Parent (N=105)	28.9 (1.89)	18.5 (1.50)
OS Internalizing Score – Parent	9.8 (0.93)	6.3 (0.70)
OS Externalizing Score – Parent	16.5 (1.05)	10.9 (0.87)
Ohio Scales (OS) Problem Score – Youth (N=52)	24.1 (2.18)	17.5 (2.02)
OS Internalizing Score – Youth	9.3 (1.16)	6.6 (1.13)
OS Externalizing Score – Youth	12.7 (1.02)	9.9 (1.12)

Note: Includes youth who received any type of service within the fiscal year and had at least two assessments. A youth's earliest score is the very first score at any time within CAMHD, while the most recent score is the latest score up to the end of the fiscal year. Counts (N's) represent unduplicated clients.

Ranges of scores are presented below:

CAFAS Total Score: 0-240

CAFAS (All) Subscales: 0-30

OS Parent and Youth Problem Score: 0-100

OS Parent and Youth Internalizing Score: 0-45

OS Parent and Youth Externalizing Score: 0-40

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	0.5%	1	4.5%
Death of Client	0	0.0%	0	0.0%
Elopement	4	2.1%	5	22.7%
Homicide	0	0.0%	0	0.0%
Injury	2	1.1%	2	9.1%
Medication Error/Substance Intoxication	1	0.5%	1	4.5%
Physical Assault	0	0.0%	0	0.0%
Psychiatric Hospitalization	4	2.1%	5	22.7%
Refusal of Life Preserving Medical Treatment	0	0.0%	0	0.0%
Restraint or Seclusion	5	2.7%	6	27.3%
Self-Inflicted Potentially Lethal Injury	0	0.0%	0	0.0%
Sexual Assault	1	0.5%	2	9.1%
Suicide	0	0.0%	0	0.0%
Suicidal Threat	3	1.6%	3	13.6%
Other	2	1.1%	2	9.1%
Reportable Incidents (RI)				
Elopement ^c	9	4.8%	13	40.6%
Physical Assault ^d	3	1.6%	3	9.4%
Restraint or Seclusion	2	1.1%	3	9.4%
Self-Harm	4	2.1%	5	15.6%
Suicidal Threat	2	1.1%	2	6.3%
Other	7	3.7%	7	21.9%
Combined SE and RI				
Elopement	11	6.4%	18	33.3%
Physical Assault	3	1.7%	3	5.6%
Restraint or Seclusion	7	4.1%	9	16.7%
Self-Inflicted Potentially Lethal Injury/Self-Harm	4	2.3%	5	9.3%
Suicidal Threat	5	2.9%	5	9.3%
Other	8	4.7%	9	16.7%

^aTotal youth receiving procured services through this Family Guidance Center (N = 172). ^bTotal number of SE=22; Total number of RI=32; Percent excludes missing data. ^cAs defined on pg. xiv, Elopement (RI) only applies to TFH and residential facilities. ^dAs defined on pg. xiv, Physical Assault (RI) does not apply to IIH, MST, or FFT.

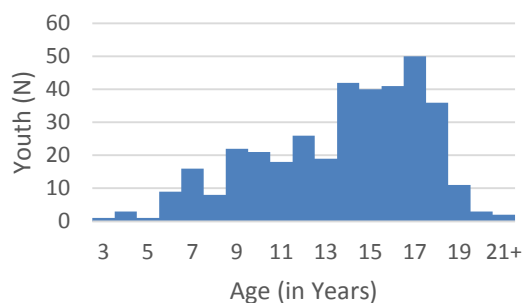
O'ahu, Central Family Guidance Center Youth Served

	N	%
Total Enrolled and/or Served Youth	370	
Youth Receiving Direct Services	349	94.3%
Youth Receiving Procured Services	259	70.0%

Gender	N	% of Available
Female	151	40.8%
Male	219	59.2%

Age	N	%
3	1	0.3%
4	3	0.8%
5	1	0.3%
6	9	2.4%
7	16	4.3%
8	8	2.2%
9	22	5.9%
10	21	5.7%
11	18	4.9%
12	26	7.0%
13	19	5.1%
14	42	11.4%
15	40	10.8%
16	41	11.1%
17	50	13.5%
18	36	9.7%
19	11	3.0%
20	3	0.8%
21+	2	0.5%
Not Available	1	0.3%

	Mean	Median	Std. Deviation
Age in Years	13.7	14.0	3.8



Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	0	0.0%
Asian	12	6.0%
Black or African-American	2	1.0%
Native Hawaiian or Other Pacific Islander	24	11.9%
White	25	12.4%
Other Race	0	0.0%
MultiRacial	138	68.7%
Not Available (% of Total)	169	(45.7%)

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	50	26.0%
Not Hispanic or Latino/a	142	74.0%
Not Available (% of Total)	178	(48.1%)

Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	12	4.1%
Bipolar and Related Disorders	4	1.4%
Depressive Disorders	58	20.0%
Disruptive, Impulse-Control, and Conduct Disorders	73	25.2%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	52	17.9%
Autism Spectrum Disorder	4	1.4%
Intellectual Disability	5	1.7%
Other Neurodevelopmental Disorders	0	0.0%
Obsessive-Compulsive and Related Disorders	0	0.0%
Schizophrenia Spectrum and Other Psychotic Disorders	2	0.7%
Substance-Related and Addictive Disorders	6	2.1%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	29	10.0%
Posttraumatic Stress Disorder	16	5.5%
Other Trauma- and Stressor-Related Disorders	9	3.1%
Other Infrequent CAMHD Diagnoses ^a	4	1.4%
General Medical Conditions or Codes No Longer Used	16	5.5%
Not Available (% of Total)	80	(21.6%)

^aIncludes, 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."

All Services Procured Within FY	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	43	16.6%
Out-of-State	5	1.9%
Hospital-Based Residential	15	5.8%
Community High Risk	0	0.0%
Community-Based Residential II	2	0.8%
Community-Based Residential III	19	7.3%
Transitional Family Home	11	4.2%
Intensive Home & Community	239	92.3%
Partial Hospitalization	4	1.5%
Multisystemic Therapy	29	11.2%
Functional Family Therapy	13	5.0%
Comprehensive Behavioral Intervention	7	2.7%
Intensive In-Home	204	78.8%
Outpatient	20	7.7%
Treatment	0	0.0%
<i>Medication Management^a</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	20	7.7%
Supportive Services	6	2.3%
Respite Home	3	1.2%
Ancillary Service	4	1.5%
Crisis Stabilization^b	0	0%
Unduplicated Total ^b	259	

^aNumber of youth not available by FGC.

^bDoes not include Crisis Mobile Outreach services.

	Average Earliest Score (<i>Std Err</i>)	Average Most Recent Score (<i>Std Err</i>)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=248)	93.7 (2.16)	75.6 (2.35)
CAFAS School/Work Role Performance	20.8 (0.61)	16.1 (0.71)
CAFAS Home Role Performance	21.3 (0.56)	16.7 (0.64)
CAFAS Community Role Performance	6.6 (0.58)	5.6 (0.59)
CAFAS Behavior Towards Others	16.7 (0.47)	13.5 (0.46)
CAFAS Moods/Emotions	16.4 (0.50)	14.4 (0.53)
CAFAS Self-Harmful Behavior	4.5 (0.55)	2.2 (0.38)
CAFAS Substance Use	4.4 (0.56)	4.1 (0.55)
CAFAS Thinking	2.8 (0.42)	2.8 (0.42)
Ohio Scales (OS) Problem Score – Parent (N=164)	30.6 (1.30)	19.5 (1.21)
OS Internalizing Score – Parent	11.1 (0.72)	7.0 (0.58)
OS Externalizing Score – Parent	17.0 (0.74)	10.7 (0.67)
Ohio Scales (OS) Problem Score – Youth (N=105)	23.3 (1.69)	12.6 (1.26)
OS Internalizing Score – Youth	10.4 (0.98)	5.7 (0.66)
OS Externalizing Score – Youth	10.7 (0.81)	6.0 (0.64)

Note: Includes youth who received any type of service within the fiscal year and had at least two assessments. A youth's earliest score is the very first score at any time within CAMHD, while the most recent score is the latest score up to the end of the fiscal year. Counts (N's) represent unduplicated clients.

Ranges of scores are presented below:

CAFAS Total Score: 0-240

CAFAS (All) Subscales: 0-30

OS Parent and Youth Problem Score: 0-100

OS Parent and Youth Internalizing Score: 0-45

OS Parent and Youth Externalizing Score: 0-40

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	3	1.2%	3	7.5%
Death of Client	0	0.0%	0	0.0%
Elopement	2	0.8%	2	5.0%
Homicide	0	0.0%	0	0.0%
Injury	4	1.5%	4	10.0%
Medication Error/Substance Intoxication	0	0.0%	0	0.0%
Physical Assault	0	0.0%	0	0.0%
Psychiatric Hospitalization	14	5.4%	23	57.5%
Refusal of Life Preserving Medical Treatment	0	0.0%	0	0.0%
Restraint or Seclusion	1	0.4%	2	5.0%
Self-Inflicted Potentially Lethal Injury	0	0.0%	0	0.0%
Sexual Assault	2	0.8%	3	7.5%
Suicide	2	0.8%	2	5.0%
Suicidal Threat	5	1.9%	12	30.0%
Other	2	0.8%	2	5.0%
Reportable Incidents (RI)				
Elopement ^c	7	2.7%	12	44.4%
Physical Assault ^d	0	0.0%	0	0.0%
Restraint or Seclusion	2	0.8%	3	11.1%
Self-Harm	4	1.5%	6	22.2%
Suicidal Threat	0	0.0%	0	0.0%
Other	6	2.3%	6	22.2%
Combined SE and RI				
Elopement	9	3.5%	14	20.9%
Physical Assault	0	0.0%	0	0.0%
Restraint or Seclusion	3	1.2%	5	7.5%
Self-Inflicted Potentially Lethal Injury/Self-Harm	4	1.5%	6	9.0%
Suicidal Threat	5	1.9%	12	17.9%
Other	8	3.1%	8	11.9%

^aTotal youth receiving procured services through this Family Guidance Center (N = 259). ^bTotal number of SE=40; Total number of RI=27; Percent excludes missing data. ^cAs defined on pg. xiv, Elopement (RI) only applies to TFH and residential facilities. ^dAs defined on pg. xiv, Physical Assault (RI) does not apply to IIH, MST, or FFT.

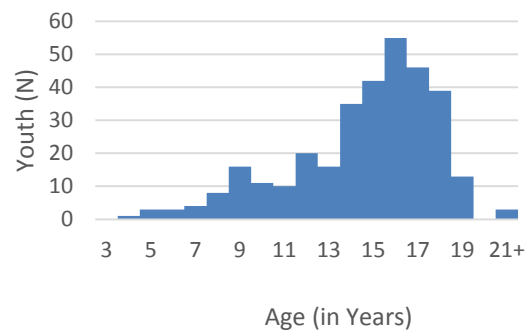
O'ahu, Honolulu Family Guidance Center Youth Served

	N	%
Total Enrolled and/or Served Youth	325	
Youth Receiving Direct Services	317	97.5%
Youth Receiving Procured Services	215	66.2%

Gender	N	% of Available
Female	120	36.9%
Male	205	63.1%

Age	N	%
3	0	0.0%
4	1	0.3%
5	3	0.9%
6	3	0.9%
7	4	1.2%
8	8	2.5%
9	16	4.9%
10	11	3.4%
11	10	3.1%
12	20	6.2%
13	16	4.9%
14	35	10.8%
15	42	12.9%
16	55	16.9%
17	46	14.2%
18	39	12.0%
19	13	4.0%
20	0	0.0%
21+	3	0.9%

	Mean	Median	Std. Deviation
Age in Years	14.6	15.0	3.3



Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	1	0.4%
Asian	65	24.2%
Black or African-American	8	3.0%
Native Hawaiian or Other Pacific Islander	76	28.3%
White	18	6.7%
Other Race	0	0.0%
MultiRacial	101	37.5%
Not Available (% of Total)	56	(17.2%)

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	43	24.0%
Not Hispanic or Latino/a	136	76.0%
Not Available (% of Total)	146	(44.9%)

Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	17	6.0%
Bipolar and Related Disorders	6	2.1%
Depressive Disorders	48	17.0%
Disruptive, Impulse-Control, and Conduct Disorders	66	23.3%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	52	18.4%
Autism Spectrum Disorder	2	0.7%
Intellectual Disability	1	0.4%
Other Neurodevelopmental Disorders	1	0.4%
Obsessive-Compulsive and Related Disorders	5	1.8%
Schizophrenia Spectrum and Other Psychotic Disorders	9	3.2%
Substance-Related and Addictive Disorders	3	1.1%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	39	13.8%
Posttraumatic Stress Disorder	27	9.5%
Other Trauma- and Stressor-Related Disorders	1	0.4%
Other Infrequent CAMHD Diagnoses ^a	0	0.0%
General Medical Conditions or Codes No Longer Used	6	2.1%
Not Available (% of Total)	42	(12.9%)

^aIncludes, 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."

All Services Procured Within FY	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	47	21.9%
Out-of-State	5	2.3%
Hospital-Based Residential	11	5.1%
Community High Risk	1	0.5%
Community-Based Residential II	1	0.5%
Community-Based Residential III	25	11.6%
Transitional Family Home	9	4.2%
Intensive Home & Community	188	87.4%
Partial Hospitalization	8	3.7%
Multisystemic Therapy	33	15.3%
Functional Family Therapy	8	3.7%
Comprehensive Behavioral Intervention	6	2.8%
Intensive In-Home	152	70.7%
Outpatient	1	0.5%
Treatment	1	0.5%
<i>Medication Management^a</i>	--	--
<i>Outpatient Therapy</i>	1	0.5%
Assessment	0	0.0%
Supportive Services	26	12.1%
Respite Home	1	0.5%
Ancillary Service	25	11.6%
Crisis Stabilization^b	1	0.5%
Unduplicated Total^b	215	

^aNumber of youth not available by FGC.

^bDoes not include Crisis Mobile Outreach services.

	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=162)	96.9 (2.68)	79.2 (2.91)
CAFAS School/Work Role Performance	20.6 (0.72)	16.2 (0.87)
CAFAS Home Role Performance	19.8 (0.69)	16.0 (0.78)
CAFAS Community Role Performance	8.2 (0.80)	6.8 (0.78)
CAFAS Behavior Towards Others	17.0 (0.59)	14.0 (0.62)
CAFAS Moods/Emotions	15.7 (0.67)	14.1 (0.62)
CAFAS Self-Harmful Behavior	5.1 (0.66)	2.4 (0.47)
CAFAS Substance Use	7.0 (0.81)	5.2 (0.72)
CAFAS Thinking	5.4 (0.63)	4.7 (0.56)
Ohio Scales (OS) Problem Score – Parent (N=174)	31.2 (1.46)	20.8 (1.22)
OS Internalizing Score – Parent	11.3 (0.68)	7.2 (0.56)
OS Externalizing Score – Parent	16.4 (0.81)	11.2 (0.70)
Ohio Scales (OS) Problem Score – Youth (N=136)	23.9 (1.48)	15.3 (1.33)
OS Internalizing Score – Youth	9.7 (0.86)	6.4 (0.75)
OS Externalizing Score – Youth	11.1 (0.68)	7.3 (0.60)

Note: Includes youth who received any type of service within the fiscal year and had at least two assessments. A youth's earliest score is the very first score at any time within CAMHD, while the most recent score is the latest score up to the end of the fiscal year. Counts (N's) represent unduplicated clients.

Ranges of scores are presented below:

CAFAS Total Score: 0-240

CAFAS (All) Subscales: 0-30

OS Parent and Youth Problem Score: 0-100

OS Parent and Youth Internalizing Score: 0-45

OS Parent and Youth Externalizing Score: 0-40

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	0.5%	1	2.3%
Death of Client	0	0.0%	0	0.0%
Elopement	2	1.0%	2	4.7%
Homicide	0	0.0%	0	0.0%
Injury	0	0.0%	0	0.0%
Medication Error/Substance Intoxication	1	0.5%	1	2.3%
Physical Assault	2	1.0%	2	4.7%
Psychiatric Hospitalization	8	3.8%	10	23.3%
Refusal of Life Preserving Medical Treatment	0	0.0%	0	0.0%
Restraint or Seclusion	4	1.9%	23	53.5%
Self-Inflicted Potentially Lethal Injury	0	0.0%	0	0.0%
Sexual Assault	1	0.5%	1	2.3%
Suicide	0	0.0%	0	0.0%
Suicidal Threat	5	2.4%	6	14.0%
Other	1	0.5%	1	2.3%
Reportable Incidents (RI)				
Elopement ^c	13	6.2%	20	58.8%
Physical Assault ^d	1	0.5%	1	2.9%
Restraint or Seclusion	3	1.4%	5	14.7%
Self-Harm	3	1.4%	4	11.8%
Suicidal Threat	2	1.0%	2	5.9%
Other	3	1.4%	3	8.8%
Combined SE and RI				
Elopement	15	7.0%	22	28.6%
Physical Assault	3	1.4%	3	3.9%
Restraint or Seclusion	4	1.9%	28	36.4%
Self-Inflicted Potentially Lethal Injury/Self-Harm	3	1.4%	4	5.2%
Suicidal Threat	5	2.3%	8	10.4%
Other	3	1.4%	4	5.2%

^aTotal youth receiving procured services through this Family Guidance Center (N = 215). ^bTotal number of SE=43; Total number of RI=34; Percent excludes missing data. ^cAs defined on pg. xiv, Elopement (RI) only applies to TFH and residential facilities. ^dAs defined on pg. xiv, Physical Assault (RI) does not apply to IIH, MST, or FFT.

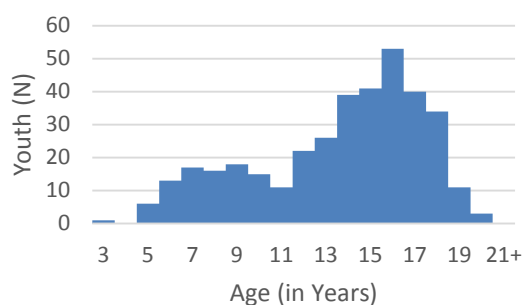
O'ahu, Leeward Family Guidance Center Youth Served

	N	%
Total Enrolled and/or Served Youth	366	
Youth Receiving Direct Services	316	86.3%
Youth Receiving Procured Services	240	65.6%

Gender	N	% of Available
Female	142	38.8%
Male	224	61.2%

Age	N	%
3	1	0.3%
4	0	0.0%
5	6	1.6%
6	13	3.6%
7	17	4.6%
8	16	4.4%
9	18	4.9%
10	15	4.1%
11	11	3.0%
12	22	6.0%
13	26	7.1%
14	39	10.7%
15	41	11.2%
16	53	14.5%
17	40	10.9%
18	34	9.3%
19	11	3.0%
20	3	0.8%
21+	0	0.0%

	Mean	Median	Std. Deviation
Age in Years	13.6	14.0	3.8



Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	0	0.0%
Asian	21	12.4%
Black or African-American	1	0.6%
Native Hawaiian or Other Pacific Islander	20	11.8%
White	4	2.4%
Other Race	0	0.0%
MultiRacial	124	72.9%
Not Available (% of Total)	196	(53.6%)

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	60	37.7%
Not Hispanic or Latino/a	99	62.3%
Not Available (% of Total)	207	(56.6%)

Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	12	4.3%
Bipolar and Related Disorders	8	2.8%
Depressive Disorders	38	13.5%
Disruptive, Impulse-Control, and Conduct Disorders	58	20.6%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	77	27.3%
Autism Spectrum Disorder	1	0.4%
Intellectual Disability	0	0.0%
Other Neurodevelopmental Disorders	0	0.0%
Obsessive-Compulsive and Related Disorders	2	0.7%
Schizophrenia Spectrum and Other Psychotic Disorders	4	1.4%
Substance-Related and Addictive Disorders	5	1.8%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	42	14.9%
Posttraumatic Stress Disorder	22	7.8%
Other Trauma- and Stressor-Related Disorders	4	1.4%
Other Infrequent CAMHD Diagnoses ^a	0	0.0%
General Medical Conditions or Codes No Longer Used	9	3.2%
Not Available (% of Total)	84	(23.0%)

^aIncludes, 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."

All Services Procured Within FY	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	56	23.3%
Out-of-State	12	5.0%
Hospital-Based Residential	20	8.3%
Community High Risk	1	0.4%
Community-Based Residential II	0	0.0%
Community-Based Residential III	19	7.9%
Transitional Family Home	16	6.7%
Intensive Home & Community	205	85.4%
Partial Hospitalization	1	0.4%
Multisystemic Therapy	17	7.1%
Functional Family Therapy	4	1.7%
Comprehensive Behavioral Intervention	2	0.8%
Intensive In-Home	195	81.3%
Outpatient	52	21.7%
Treatment	0	0.0%
<i>Medication Management^a</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	52	21.7%
Supportive Services	11	4.6%
Respite Home	2	0.8%
Ancillary Service	11	4.6%
Crisis Stabilization^b	1	0.4%
Unduplicated Total^b	240	

^aNumber of youth not available by FGC.

^bDoes not include Crisis Mobile Outreach services.

	Average Earliest Score (<i>Std Err</i>)	Average Most Recent Score (<i>Std Err</i>)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=171)	90.6 (2.37)	81.1 (2.63)
CAFAS School/Work Role Performance	19.0 (0.81)	17.7 (0.82)
CAFAS Home Role Performance	21.2 (0.73)	18.1 (0.79)
CAFAS Community Role Performance	7.1 (0.79)	5.6 (0.71)
CAFAS Behavior Towards Others	17.5 (0.46)	15.7 (0.52)
CAFAS Moods/Emotions	17.4 (0.53)	16.3 (0.54)
CAFAS Self-Harmful Behavior	3.1 (0.50)	2.4 (0.43)
CAFAS Substance Use	3.2 (0.58)	3.3 (0.57)
CAFAS Thinking	2.2 (0.38)	1.9 (0.42)
Ohio Scales (OS) Problem Score – Parent (N=188)	28.0 (1.22)	18.5 (1.06)
OS Internalizing Score – Parent	9.5 (0.62)	6.1 (0.52)
OS Externalizing Score – Parent	16.1 (0.74)	10.7 (0.61)
Ohio Scales (OS) Problem Score – Youth (N=170)	24.5 (1.31)	13.9 (0.96)
OS Internalizing Score – Youth	9.9 (0.77)	5.4 (0.53)
OS Externalizing Score – Youth	12.5 (0.65)	7.3 (0.52)

Note: Includes youth who received any type of service within the fiscal year and had at least two assessments. A youth's earliest score is the very first score at any time within CAMHD, while the most recent score is the latest score up to the end of the fiscal year. Counts (N's) represent unduplicated clients.

Ranges of scores are presented below:

CAFAS Total Score: 0-240

CAFAS (All) Subscales: 0-30

OS Parent and Youth Problem Score: 0-100

OS Parent and Youth Internalizing Score: 0-45

OS Parent and Youth Externalizing Score: 0-40

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	3	1.2%	3	4.8%
Death of Client	0	0.0%	0	0.0%
Elopement	6	2.5%	7	11.3%
Homicide	0	0.0%	0	0.0%
Injury	2	0.8%	2	3.2%
Medication Error/Substance Intoxication	2	0.8%	2	3.2%
Physical Assault	2	0.8%	2	3.2%
Psychiatric Hospitalization	18	7.4%	26	41.9%
Refusal of Life Preserving Medical Treatment	0	0.0%	0	0.0%
Restraint or Seclusion	8	3.3%	20	32.3%
Self-Inflicted Potentially Lethal Injury	1	0.4%	1	1.6%
Sexual Assault	2	0.8%	2	3.2%
Suicide	0	0.0%	0	0.0%
Suicidal Threat	10	4.1%	12	19.4%
Other	8	3.3%	9	14.5%
Reportable Incidents (RI)				
Elopement ^c	12	4.9%	19	35.2%
Physical Assault ^d	3	1.2%	4	7.4%
Restraint or Seclusion	7	2.9%	8	14.8%
Self-Harm	4	1.6%	6	11.1%
Suicidal Threat	6	2.5%	7	13.0%
Other	9	3.7%	14	25.9%
Combined SE and RI				
Elopement	15	6.3%	26	22.4%
Physical Assault	4	1.7%	6	5.2%
Restraint or Seclusion	13	5.4%	28	24.1%
Self-Inflicted Potentially Lethal Injury/Self-Harm	5	2.1%	7	6.0%
Suicidal Threat	14	5.8%	19	16.4%
Other	13	5.4%	23	19.8%

^aTotal youth receiving procured services through this Family Guidance Center (N = 240). ^bTotal number of SE=62; Total number of RI=54; Percent excludes missing data. ^cAs defined on pg. xiv, Elopement (RI) only applies to TFH and residential facilities. ^dAs defined on pg. xiv, Physical Assault (RI) does not apply to IIH, MST, or FFT.