

Child and Adolescent Mental Health Division

Fiscal Year 2018 Annual Factbook

For the Period of July 1, 2017 to June 30, 2018

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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, 2017 to June 30, 2018. Thus, these "factsheets" present a snapshot of the CAMHD system as it functioned during the fiscal year of 2018.

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) electronic health record (EHR) system took place in the prior fiscal year 2017. Therefore, this fiscal year's report is the first in which all of the data for the fiscal year were drawn from RPMS. This change in system coincided with major changes in workflows and processes as well, which continue to be refined and improved. In addition, during fiscal year 2018, another major transition to a new case management/ electronic health record (EHR) system was being planned and developed (with the transition taking effect in fiscal year 2019). While these ongoing 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 year's report were gathered from various sources. The primary source of information is CAMHD's RPMS system. 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; however, there was a change in data collection methods within fiscal year 2018 and these data were not yet available at the time of this report. The CAMHD Research and Evaluation Team (RET) 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, 2018).

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 during part of the data transitional period, but will be collected and reported in the future.

Service Variables

Crisis Stabilization was defined to include Crisis Mobile Outreach (CMO) and Therapeutic Crisis 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, Adaptive (previously “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.

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).

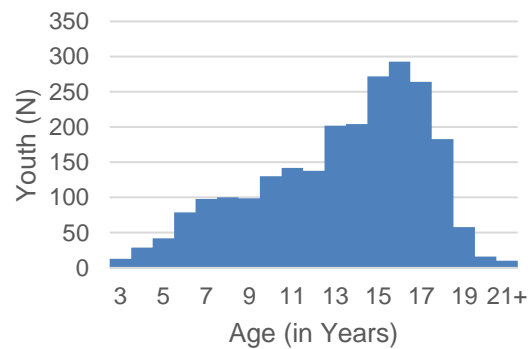
Total Youth Served (Statewide)

	N	%
Total Enrolled and/or Served Youth	2372	
Youth Receiving Direct Services	2082	87.8%
Youth Receiving Procured Services	1397	58.9%

Gender	N	% of Available
Female	909	38.3%
Male	1463	61.7%

Age	N	%
3	13	0.5%
4	29	1.2%
5	42	1.8%
6	79	3.3%
7	98	4.1%
8	100	4.2%
9	99	4.2%
10	130	5.5%
11	142	6.0%
12	138	5.8%
13	202	8.5%
14	204	8.6%
15	272	11.5%
16	293	12.4%
17	264	11.1%
18	183	7.7%
19	58	2.4%
20	16	0.7%
21+	10	0.4%

	Mean	Median	Std. Deviation
Age in Years	13.2	14.0	3.9



Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	3	0.3%
Asian	97	10.4%
Black or African-American	14	1.5%
Native Hawaiian or Other Pacific Islander	186	20.0%
White	102	11.0%
Other Race	0	0.0%
MultiRacial	528	56.8%
Not Available (% of Total)	1442	(60.8%)

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	248	35.6%
Not Hispanic or Latino/a	449	64.4%
Not Available (% of Total)	1675	(70.6%)

Youth's Most Recent Family Guidance Center	Total Served Youth	
	N	%
Family Court Liaison Branch	20	0.8%
Hawaii (Big Island) East	628	26.5%
Hawaii (Big Island) West	103	4.3%
Kauai	232	9.8%
Maui	329	13.9%
Oahu, Central	374	15.8%
Oahu, Honolulu	297	12.5%
Oahu, Leeward	348	14.7%
Unassigned	41	1.7%

Youth's Most Recent Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	75	4.8%
Bipolar and Related Disorders	16	1.0%
Depressive Disorders	241	15.3%
Disruptive, Impulse-Control, and Conduct Disorders	378	24.0%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	326	20.7%
Autism Spectrum Disorder	12	0.8%
Intellectual Disability	3	0.2%
Other Neurodevelopmental Disorders	3	0.2%
Obsessive-Compulsive and Related Disorders	6	0.4%
Schizophrenia Spectrum and Other Psychotic Disorders	22	1.4%
Substance-Related and Addictive Disorders	16	1.0%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	218	13.8%
Posttraumatic Stress Disorder	143	9.1%
Other Trauma- and Stressor-Related Disorders	18	1.1%
Other Infrequent CAMHD Diagnoses ^a	4	0.3%
General Medical Conditions or Codes No Longer Used	95	6.0%
Not Available (% of Total)	796	(33.6%)

^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 Fiscal Year	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	279	20.0%
Out-of-State	21	1.5%
Hospital-Based Residential	82	5.9%
Community High Risk	8	0.6%
Community-Based Residential II	7	0.5%
Community-Based Residential III	79	5.7%
Transitional Family Home	133	9.5%
Intensive Home & Community	1201	86.0%
Partial Hospitalization	9	0.6%
Multisystemic Therapy	171	12.2%
Functional Family Therapy	71	5.1%
Adaptive Behavioral Intervention ^a	40	2.9%
Intensive In-Home	985	70.5%
Outpatient^b	111	7.9%
Treatment	2	0.1%
<i>Medication Management</i>	--	--
<i>Outpatient Therapy</i>	2	0.1%
Assessment	109	7.8%
Supportive Services	183	13.1%
Respite Home	40	2.9%
Ancillary Service	151	10.8%
Crisis Stabilization^c	22	1.6%
Crisis Mobile Outreach	--	--
Therapeutic Crisis Home	22	1.6%
Unduplicated Total^{bc}	1397	

^aPreviously known as "Comprehensive" Behavioral Intervention.

^bDoes not include Medication Management clients, for which data was unavailable.

^cDoes not include Crisis Mobile Outreach clients, for which data was unavailable.

Settings in Which Services Provided to Youth	# of Youth With Setting Reported ^a Total N=1294	% of Youth With Setting Reported	Avg # of Months Setting Reported Per Youth	# of Months in Which Setting is included ^b Total N=8605	% of All Months Reported ^b
Clinic	617	47.7%	3.99	2464	28.6%
Community Home	941	72.7%	4.86	4574	53.2%
Out-of-Home	1107	85.5%	5.22	5782	67.2%
Phone ^c	414	32.0%	4.00	1658	19.3%
School	80	6.2%	3.11	249	2.9%
Other	535	41.3%	3.45	1844	21.4%
Unclear ^c	36	2.8%	1.75	63	0.7%
	44	3.4%	1.59	70	0.8%

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

Formats in Which Services Provided to Youth	# of Youth With Format Reported ^a Total N=1294	% of Youth With Format Reported	Avg # of Months Format Reported Per Youth	# of Months in Which Format is included ^b Total N=8605	% of All Months Reported ^b
Family	1006	77.7%	4.59	4618	53.7%
Group	314	24.3%	3.41	1072	12.5%
Individual	1114	86.1%	6.23	6945	80.7%
Parent	947	73.2%	4.81	4554	52.9%
Phone ^c	7	0.5%	2.86	20	0.2%
Professional Consult ^c	334	25.8%	3.24	1083	12.6%
Teacher	378	29.2%	3.14	1188	13.8%
Other	14	1.1%	1.29	18	0.2%
Unclear ^c	116	9.0%	3.08	357	4.1%

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

Youth Treatment Targets (TTs)	# of Youth With TT Reported N = 1294	% of Youth With TT Reported	Avg # of Months TT Reported Per Youth	# of Months in Which TT is included ¹ N = 8605	% of All Months Reported ¹
Academic Achievement	303	23.4%	2.44	739	8.6%
Activity Involvement	503	38.9%	3.41	1716	19.9%
Adaptive Behavior or Living Skills	171	13.2%	2.48	424	4.9%
Adjustment to Change	291	22.5%	2.22	646	7.5%
Adult Intercoordination	28	2.2%	1.64	46	0.5%
Aggression	510	39.4%	3.58	1824	21.2%
Anger	538	41.6%	3.65	1961	22.8%
Anxiety	515	39.8%	3.55	1827	21.2%
Assertiveness	178	13.8%	2.52	448	5.2%
Attention Problems	265	20.5%	3.06	811	9.4%
Avoidance	217	16.8%	2.45	531	6.2%
Caregiver Self Management or Coping	4	0.3%	1.00	4	0.0%
Cognitive Intellectual Functioning	64	4.9%	2.30	147	1.7%
Community Involvement	178	13.8%	2.22	396	4.6%
Compulsive Behavior	0	0.0%	-	0	0.0%
Contentment or Enjoyment or Happiness	222	17.2%	2.55	566	6.6%
Depressed Mood	410	31.7%	3.40	1394	16.2%
Eating or Feeding Problems	45	3.5%	2.42	109	1.3%
Empathy	144	11.1%	2.27	327	3.8%
Enuresis or Encopresis	54	4.2%	3.87	209	2.4%
Fire Setting	5	0.4%	3.40	17	0.2%
Fitness or Exercise	4	0.3%	2.00	8	0.1%
Gender Identity Problems	6	0.5%	1.67	10	0.1%
Goal Setting	10	0.8%	1.40	14	0.2%
Grief	70	5.4%	2.60	182	2.1%
Health Management	81	6.3%	2.21	179	2.1%
Housing or Living Situation	129	10.0%	2.06	266	3.1%
Hyperactivity	132	10.2%	3.61	476	5.5%
Information Gathering	17	1.3%	1.06	18	0.2%
Learning Disorder or Underachievement	16	1.2%	1.88	30	0.3%
Mania	6	0.5%	2.33	14	0.2%
Medical Regimen Adherence	101	7.8%	2.24	226	2.6%
Occupational Functioning Or Stress	33	2.6%	1.82	60	0.7%
Oppositional or Non-Compliant Behavior	722	55.8%	4.12	2974	34.6%
Pain Management	0	0.0%	-	0	0.0%
Parenting Skills	15	1.2%	3.00	45	0.5%
Peer Involvement	158	12.2%	1.75	277	3.2%
Peer or Sibling Conflict	333	25.7%	3.11	1036	12.0%
Personal Hygiene	35	2.7%	1.60	56	0.7%
Phobia or Fears	357	27.6%	2.54	907	10.5%
Positive Family Functioning	104	8.0%	2.62	272	3.2%
Positive Peer Interaction	973	75.2%	4.62	4499	52.3%
Positive Thinking or Attitude	340	26.3%	2.76	939	10.9%
Pregnancy Education or Adjustment	8	0.6%	1.75	14	0.2%
Psychosis	26	2.0%	3.77	98	1.1%
Runaway	130	10.0%	2.78	362	4.2%
Safe Environment	23	1.8%	3.22	74	0.9%
School Attendance or Truancy	193	14.9%	2.99	578	6.7%
School Involvement	296	22.9%	2.36	700	8.1%
Self Esteem	246	19.0%	2.86	704	8.2%
Self-Injurious Behavior	349	27.0%	3.01	1052	12.2%
Self Management or Self Control	167	12.9%	2.97	496	5.8%
Sexual Orientation	0	0.0%	-	0	0.0%
Sexual Variation or Misconduct	61	4.7%	3.74	228	2.6%
Shyness	13	1.0%	1.69	22	0.3%
Sleep Disturbance or Sleep Hygiene	31	2.4%	1.97	61	0.7%
Social Skills	412	31.8%	3.32	1369	15.9%
Speech and Language	18	1.4%	2.89	52	0.6%
Substance Use	229	17.7%	3.87	886	10.3%
Suicidality	107	8.3%	2.36	253	2.9%
Traumatic Stress	227	17.5%	3.14	712	8.3%
Treatment Engagement	600	46.4%	2.70	1618	18.8%
Treatment Planning or Framing	62	4.8%	1.74	108	1.3%
Willful Misconduct or Delinquency	110	8.5%	2.23	245	2.8%
Other	261	20.2%	2.48	648	7.5%
Unclear	84	6.5%	1.44	121	1.4%

¹Includes multiple months for the same youth.

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

Youth Practice Elements (PEs) (aka Treatment Strategies)	# of Youth With PE Reported N = 1287	% of Youth With PE Reported	Avg # of Months PE Reported Per Youth	# of Months in Which PE is included ¹ N = 8605	% of All Months Reported ¹
Activity Scheduling	694	53.9%	3.57	2478	28.8%
Anger Management	16	1.2%	4.25	68	0.8%
Animal or Plant Assisted Activities	0	0.0%		0	0.0%
Arousal Reconditioning	0	0.0%		0	0.0%
Art or Music Therapy	27	2.1%	2.78	75	0.9%
Assertiveness Training	343	26.7%	3.07	1054	12.2%
Assessment	19	1.5%	1.21	23	0.3%
Attending	423	32.9%	3.48	1471	17.1%
Behavior Management	63	4.9%	4.03	254	3.0%
Behavioral Contracting	564	43.8%	3.18	1795	20.9%
Biofeedback or Neurofeedback	17	1.3%	2.65	45	0.5%
Care Coordination	708	55.0%	3.71	2624	30.5%
Catharsis	73	5.7%	2.67	195	2.3%
Cognitive	707	54.9%	4.06	2873	33.4%
Commands	207	16.1%	2.72	564	6.6%
Communication Skills	996	77.4%	4.61	4596	53.4%
Counseling	8	0.6%	1.50	12	0.1%
Crisis Management	457	35.5%	3.09	1411	16.4%
Cultural Training	122	9.5%	3.13	382	4.4%
Discrete Trial Training	19	1.5%	2.26	43	0.5%
Educational Support	578	44.9%	3.63	2097	24.4%
Emotional Processing	884	68.7%	4.84	4275	49.7%
Exposure	319	24.8%	3.05	972	11.3%
Eye Movement or Tapping	29	2.3%	2.21	64	0.7%
Family Engagement	882	68.5%	3.79	3339	38.8%
Family Therapy	841	65.3%	3.99	3352	39.0%
Family Visit	0	0.0%		0	0.0%
Free Association	85	6.6%	2.28	194	2.3%
Functional Analysis	176	13.7%	3.02	532	6.2%
Goal Setting	897	69.7%	4.04	3623	42.1%
Guided Imagery	192	14.9%	2.71	521	6.1%
Ho'oponopono	0	0.0%		0	0.0%
Hypnosis	15	1.2%	1.07	16	0.2%
Ignoring or DRO	328	25.5%	3.02	989	11.5%
Individual Therapy for Caregiver	346	26.9%	2.81	973	11.3%
Informal Supports	9	0.7%	2.00	18	0.2%
Insight Building	853	66.3%	4.46	3804	44.2%
Interpretation	217	16.9%	2.81	610	7.1%
Juvenile Sex Offender Treatment	8	0.6%	8.00	64	0.7%
Legal Assistance or Involvement	3	0.2%	1.00	3	0.0%
Line of Sight Supervision	308	23.9%	2.91	895	10.4%
Maintenance or Relapse Prevention	289	22.5%	2.88	831	9.7%
Marital Therapy	49	3.8%	1.20	59	0.7%
Medication or Pharmacotherapy	292	22.7%	3.63	1059	12.3%
Mentoring	450	35.0%	3.63	1632	19.0%
Milieu Therapy	184	14.3%	3.14	578	6.7%
Mindfulness	680	52.8%	3.97	2700	31.4%
Modeling	812	63.1%	4.24	3443	40.0%
Motivational Interviewing	651	50.6%	3.91	2546	29.6%
Natural and Logical Consequences	767	59.6%	4.14	3177	36.9%
Parent Coping	773	60.1%	3.61	2788	32.4%
Parent or Teacher Monitoring	443	34.4%	3.03	1343	15.6%
Parent or Teacher Praise	531	41.3%	2.94	1561	18.1%
Parenting	24	1.9%	3.79	91	1.1%
Peer Pairing	149	11.6%	2.74	408	4.7%
Personal Safety Skills	539	41.9%	3.34	1798	20.9%
Physical Exercise	0	0.0%		0	0.0%
Play Therapy	405	31.5%	3.90	1580	18.4%
Problem Solving	954	74.1%	4.44	4237	49.2%
Psychoeducational Child	850	66.0%	4.38	3724	43.3%
Psychoeducational Parent	950	73.8%	4.38	4161	48.4%
Relationship or Rapport Building	986	76.6%	3.79	3740	43.5%
Relaxation	614	47.7%	3.81	2341	27.2%
Response Cost	165	12.8%	2.76	456	5.3%
Response Prevention	170	13.2%	2.54	431	5.0%
Self Monitoring	530	41.2%	3.13	1659	19.3%
Self Reward or Self Praise	388	30.1%	2.95	1143	13.3%
Skill Building	864	67.1%	4.16	3592	41.7%
Social Skills Training	644	50.0%	4.01	2581	30.0%
Stimulus Control or Antecedent Man	243	18.9%	3.13	760	8.8%
Supportive Listening or Client Centered	1058	82.2%	5.00	5285	61.4%
Tangible Rewards	505	39.2%	3.10	1564	18.2%
Therapist Praise or Rewards	849	66.0%	4.49	3812	44.3%
Thought Field Therapy	22	1.7%	2.18	48	0.6%
Time Out	213	16.6%	2.72	579	6.7%
Twelve Step Program	50	3.9%	4.18	209	2.4%
Other	31	2.4%	1.71	53	0.6%
Unclear	101	7.8%	2.77	280	3.3%

¹Includes multiple MTPSs for the same client.

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

Youth Living Situation at Discharge from Services	# of Discharges Total N=1028	% of Total Discharges
Foster Home	93	9.0%
Group Care	3	0.3%
Home	749	72.9%
Homeless/Shelter	17	1.7%
Institution/Hospital	10	1.0%
Jail/Correctional Facility	12	1.2%
Residential Treatment	46	4.5%
Other	98	9.5%

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

Reasons for Youth Discharge from Services	# of Discharges Total N=1028	% of Total Discharges
Eligibility Change	40	3.9%
Family Relocation	27	2.6%
Insufficient Progress	50	4.9%
Refuse/Withdraw	93	9.0%
Runaway/Elopement	49	4.8%
Success/Goals Met	592	57.6%
Other	210	20.4%

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.

Change in Youth Progress Measures	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=1,267)	93.6 (0.89)	75.6 (0.97)
CAFAS School/Work Role Performance	19.7 (0.28)	16.0 (0.31)
CAFAS Home Role Performance	21.2 (0.24)	16.9 (0.27)
CAFAS Community Role Performance	6.4 (0.26)	5.4 (0.25)
CAFAS Behavior Towards Others	17.4 (0.19)	14.7 (0.20)
CAFAS Moods/Emotions	17.2 (0.21)	14.7 (0.21)
CAFAS Self-Harmful Behavior	4.3 (0.23)	2.0 (0.15)
CAFAS Substance Use	4.1 (0.24)	3.5 (0.22)
CAFAS Thinking	3.5 (0.19)	2.5 (0.15)
Ohio Scales (OS) Problem Score – Parent (N=1,008)	28.7 (0.53)	19.4 (0.48)
OS Internalizing Score – Parent	10.0 (0.28)	6.3 (0.22)
OS Externalizing Score – Parent	16.4 (0.30)	11.4 (0.28)
Ohio Scales (OS) Problem Score – Youth (N=582)	23.5 (0.68)	14.6 (0.57)
OS Internalizing Score – Youth	9.7 (0.41)	6.0 (0.32)
OS Externalizing Score – Youth	11.5 (0.33)	7.4 (0.30)

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

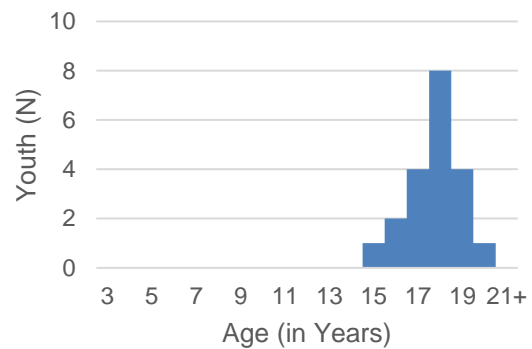
Family Court Liaison Branch Youth Served

	N	%
Total Enrolled and/or Served Youth	20	
Youth Receiving Direct Services	18	90.0%
Youth Receiving Procured Services	1	5.0%

Gender	N	% of Available
Female	4	20.0%
Male	16	80.0%

Age	N	%
3	0	0.0%
4	0	0.0%
5	0	0.0%
6	0	0.0%
7	0	0.0%
8	0	0.0%
9	0	0.0%
10	0	0.0%
11	0	0.0%
12	0	0.0%
13	0	0.0%
14	0	0.0%
15	1	5.0%
16	2	10.0%
17	4	20.0%
18	8	40.0%
19	4	20.0%
20	1	5.0%
21+	0	0.0%

	Mean	Median	Std. Deviation
Age in Years	17.8	18.0	1.2



Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	0	0.0%
Asian	1	14.3%
Black or African-American	0	0.0%
Native Hawaiian or Other Pacific Islander	2	28.6%
White	0	0.0%
Other Race	0	0.0%
MultiRacial	4	57.1%
Not Available (% of Total)	13	(65.0%)

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	1	16.7%
Not Hispanic or Latino/a	5	83.3%
Not Available (% of Total)	14	(70.0%)

Youth's Most Recent Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	0	0.0%
Bipolar and Related Disorders	0	0.0%
Depressive Disorders	2	15.4%
Disruptive, Impulse-Control, and Conduct Disorders	8	61.5%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	1	7.7%
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	7.7%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	0	0.0%
Posttraumatic Stress Disorder	1	7.7%
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	0	0.0%
Not Available (% of Total)	7	(35.0%)

^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 Fiscal Year	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	0	0.0%
Out-of-State	0	0.0%
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	1	100.0%
Partial Hospitalization	0	0.0%
Multisystemic Therapy	0	0.0%
Functional Family Therapy	0	0.0%
Adaptive Behavioral Intervention ^a	0	0.0%
Intensive In-Home	1	100.0%
Outpatient^b	0	0.0%
Treatment	0	0.0%
<i>Medication Management</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	0	0.0%
Supportive Services	0	0.0%
Respite Home	0	0.0%
Ancillary Service	0	0.0%
Crisis Stabilization^c	0	0.0%
Crisis Mobile Outreach	--	--
Therapeutic Crisis Home	0	0.0%
Unduplicated Total^{bc}	1	

^aPreviously known as "Comprehensive" Behavioral Intervention.

^bDoes not include Medication Management clients, for which data was unavailable.

^cDoes not include Crisis Mobile Outreach clients, for which data was unavailable.

Change in Youth Progress Measures	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=4) ^a	N/A (N/A)	N/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=1) ^b	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=13)	18.2 (3.14)	8.2 (1.54)
OS Internalizing Score – Youth	6.2 (1.35)	1.7 (0.68)
OS Externalizing Score – Youth	8.6 (1.57)	5.4 (0.95)

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

^bOhio Scales 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

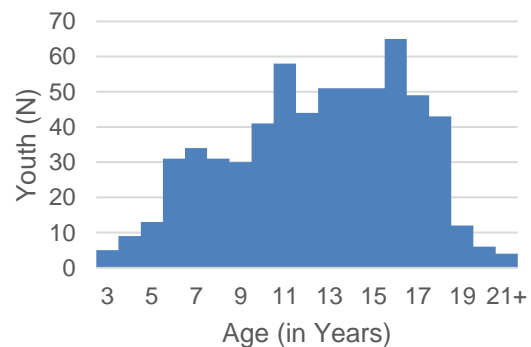
East Hawai'i (Big Island) Family Guidance Center Youth Served

	N	%
Total Enrolled and/or Served Youth	628	
Youth Receiving Direct Services	503	80.1%
Youth Receiving Procured Services	308	49.0%

Gender	N	% of Available
Female	237	37.7%
Male	391	62.3%

Age	N	%
3	5	0.8%
4	9	1.4%
5	13	2.1%
6	31	4.9%
7	34	5.4%
8	31	4.9%
9	30	4.8%
10	41	6.5%
11	58	9.2%
12	44	7.0%
13	51	8.1%
14	51	8.1%
15	51	8.1%
16	65	10.4%
17	49	7.8%
18	43	6.8%
19	12	1.9%
20	6	1.0%
21+	4	0.6%

	Mean	Median	Std. Deviation
Age in Years	12.5	13.0	4.1



Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	1	0.4%
Asian	3	1.1%
Black or African-American	2	0.8%
Native Hawaiian or Other Pacific Islander	45	17.2%
White	33	12.6%
Other Race	0	0.0%
MultiRacial	177	67.8%
Not Available (% of Total)	367	(58.4%)

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	97	45.3%
Not Hispanic or Latino/a	117	54.7%
Not Available (% of Total)	414	(65.9%)

Youth's Most Recent Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	27	6.0%
Bipolar and Related Disorders	4	0.9%
Depressive Disorders	50	11.1%
Disruptive, Impulse-Control, and Conduct Disorders	121	26.8%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	81	18.0%
Autism Spectrum Disorder	6	1.3%
Intellectual Disability	0	0.0%
Other Neurodevelopmental Disorders	1	0.2%
Obsessive-Compulsive and Related Disorders	2	0.4%
Schizophrenia Spectrum and Other Psychotic Disorders	3	0.7%
Substance-Related and Addictive Disorders	4	0.9%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	75	16.6%
Posttraumatic Stress Disorder	60	13.3%
Other Trauma- and Stressor-Related Disorders	5	1.1%
Other Infrequent CAMHD Diagnoses ^a	2	0.4%
General Medical Conditions or Codes No Longer Used	10	2.2%
Not Available (% of Total)	177	(28.2%)

^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 Fiscal Year	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	79	25.6%
Out-of-State	2	0.6%
Hospital-Based Residential	25	8.1%
Community High Risk	2	0.6%
Community-Based Residential II	2	0.6%
Community-Based Residential III	11	3.6%
Transitional Family Home	55	17.9%
Intensive Home & Community	254	82.5%
Partial Hospitalization	0	0.0%
Multisystemic Therapy	28	9.1%
Functional Family Therapy	7	2.3%
Adaptive Behavioral Intervention ^a	18	5.8%
Intensive In-Home	210	68.2%
Outpatient^b	7	2.3%
Treatment	0	0.0%
<i>Medication Management</i>	--	--
<i>Outpatient Therapy</i>	1	0.3%
Assessment	6	1.9%
Supportive Services	62	20.1%
Respite Home	30	9.7%
Ancillary Service	39	12.7%
Crisis Stabilization^c	9	2.9%
Crisis Mobile Outreach	--	--
Therapeutic Crisis Home	9	2.9%
Unduplicated Total^{bc}	308	

^aPreviously known as "Comprehensive" Behavioral Intervention.

^bDoes not include Medication Management clients, for which data was unavailable.

^cDoes not include Crisis Mobile Outreach clients, for which data was unavailable.

Change in Youth Progress Measures	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=336)	86.6 (1.62)	71.6 (1.76)
CAFAS School/Work Role Performance	17.3 (0.54)	14.7 (0.54)
CAFAS Home Role Performance	20.6 (0.46)	16.8 (0.49)
CAFAS Community Role Performance	4.7 (0.43)	4.1 (0.43)
CAFAS Behavior Towards Others	17.8 (0.39)	15.4 (0.34)
CAFAS Moods/Emotions	17.4 (0.40)	14.8 (0.41)
CAFAS Self-Harmful Behavior	3.2 (0.40)	1.7 (0.30)
CAFAS Substance Use	2.6 (0.39)	2.1 (0.34)
CAFAS Thinking	2.9 (0.33)	1.9 (0.25)
Ohio Scales (OS) Problem Score – Parent (N=284)	26.3 (0.90)	18.0 (0.81)
OS Internalizing Score – Parent	8.8 (0.45)	5.5 (0.39)
OS Externalizing Score – Parent	15.9 (0.54)	11.3 (0.48)
Ohio Scales (OS) Problem Score – Youth (N=105)	20.0 (1.44)	16.0 (1.25)
OS Internalizing Score – Youth	8.0 (0.90)	6.7 (0.78)
OS Externalizing Score – Youth	10.3 (0.72)	8.1 (0.70)

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

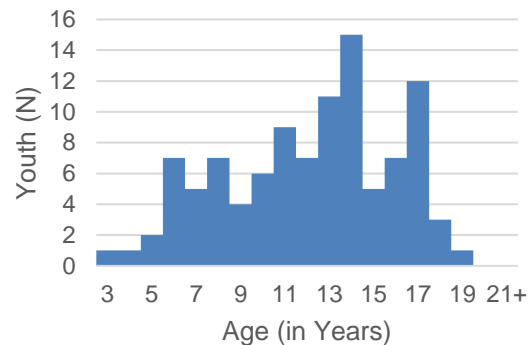
West Hawai'i (Big Island) Family Guidance Center Youth Served

	N	%
Total Enrolled and/or Served Youth	103	
Youth Receiving Direct Services	91	88.3%
Youth Receiving Procured Services	68	66.0%

Gender	N	% of Available
Female	37	35.9%
Male	66	64.1%

Age	N	%
3	1	1.0%
4	1	1.0%
5	2	1.9%
6	7	6.8%
7	5	4.9%
8	7	6.8%
9	4	3.9%
10	6	5.8%
11	9	8.7%
12	7	6.8%
13	11	10.7%
14	15	14.6%
15	5	4.9%
16	7	6.8%
17	12	11.7%
18	3	2.9%
19	1	1.0%
20	0	0.0%
21+	0	0.0%

	Mean	Median	Std. Deviation
Age in Years	12.1	13.0	3.8



Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	1	1.8%
Asian	2	3.6%
Black or African-American	0	0.0%
Native Hawaiian or Other Pacific Islander	18	32.1%
White	14	25.0%
Other Race	0	0.0%
MultiRacial	21	37.5%
Not Available (% of Total)	47	(45.6%)

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	11	37.9%
Not Hispanic or Latino/a	18	62.1%
Not Available (% of Total)	74	(71.8%)

Youth's Most Recent Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	4	4.4%
Bipolar and Related Disorders	2	2.2%
Depressive Disorders	16	17.8%
Disruptive, Impulse-Control, and Conduct Disorders	14	15.6%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	14	15.6%
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	1.1%
Substance-Related and Addictive Disorders	0	0.0%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	12	13.3%
Posttraumatic Stress Disorder	16	17.8%
Other Trauma- and Stressor-Related Disorders	3	3.3%
Other Infrequent CAMHD Diagnoses ^a	0	0.0%
General Medical Conditions or Codes No Longer Used	8	8.9%
Not Available (% of Total)	13	(12.6%)

^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 Fiscal Year	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	25	36.8%
Out-of-State	1	1.5%
Hospital-Based Residential	4	5.9%
Community High Risk	0	0.0%
Community-Based Residential II	1	1.5%
Community-Based Residential III	3	4.4%
Transitional Family Home	17	25.0%
Intensive Home & Community	49	72.1%
Partial Hospitalization	0	0.0%
Multisystemic Therapy	6	8.8%
Functional Family Therapy	7	10.3%
Adaptive Behavioral Intervention ^a	1	1.5%
Intensive In-Home	39	57.4%
Outpatient^b	1	1.5%
Treatment	0	0.0%
<i>Medication Management</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	1	1.5%
Supportive Services	13	19.1%
Respite Home	2	2.9%
Ancillary Service	11	16.2%
Crisis Stabilization^c	5	7.4%
Crisis Mobile Outreach	--	--
Therapeutic Crisis Home	5	7.4%
Unduplicated Total^{bc}	68	

^aPreviously known as "Comprehensive" Behavioral Intervention.

^bDoes not include Medication Management clients, for which data was unavailable.

^cDoes not include Crisis Mobile Outreach clients, for which data was unavailable.

Change in Youth Progress Measures	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=54)	90.9 (3.19)	73.0 (4.01)
CAFAS School/Work Role Performance	20.7 (1.44)	17.2 (1.57)
CAFAS Home Role Performance	21.7 (1.18)	17.2 (1.43)
CAFAS Community Role Performance	3.3 (1.09)	2.0 (0.85)
CAFAS Behavior Towards Others	17.4 (0.96)	14.4 (1.08)
CAFAS Moods/Emotions	18.7 (0.96)	16.3 (0.76)
CAFAS Self-Harmful Behavior	5.4 (1.23)	3.3 (0.95)
CAFAS Substance Use	2.0 (0.81)	1.7 (0.63)
CAFAS Thinking	1.7 (0.63)	0.7 (0.45)
Ohio Scales (OS) Problem Score – Parent (N=13)	31.8 (4.39)	23.3 (4.73)
OS Internalizing Score – Parent	9.8 (2.03)	6.7 (2.07)
OS Externalizing Score – Parent	20.5 (2.48)	15.2 (2.62)
Ohio Scales (OS) Problem Score – Youth (N=2) ^a	N/A (N/A)	N/A (N/A)
OS Internalizing Score – Youth	N/A (N/A)	N/A (N/A)
OS Externalizing Score – Youth	N/A (N/A)	N/A (N/A)

^aOhio Scales 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

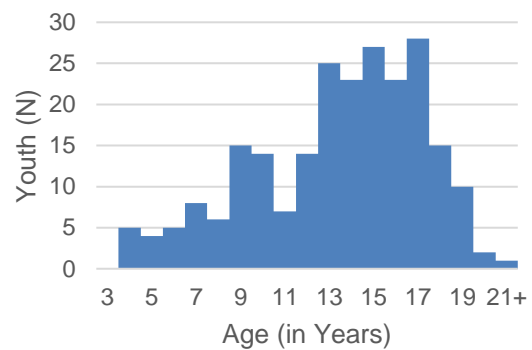
Kaua'i Family Guidance Center Youth Served

	N	%
Total Enrolled and/or Served Youth	232	
Youth Receiving Direct Services	177	76.3%
Youth Receiving Procured Services	114	49.1%

Gender	N	% of Available
Female	94	40.5%
Male	138	59.5%

Age	N	%
3	0	0.0%
4	5	2.2%
5	4	1.7%
6	5	2.2%
7	8	3.4%
8	6	2.6%
9	15	6.5%
10	14	6.0%
11	7	3.0%
12	14	6.0%
13	25	10.8%
14	23	9.9%
15	27	11.6%
16	23	9.9%
17	28	12.1%
18	15	6.5%
19	10	4.3%
20	2	0.9%
21+	1	0.4%

	Mean	Median	Std. Deviation
Age in Years	13.4	14.0	3.8



Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	0	0.0%
Asian	10	11.9%
Black or African-American	0	0.0%
Native Hawaiian or Other Pacific Islander	13	15.5%
White	10	11.9%
Other Race	0	0.0%
MultiRacial	51	60.7%
Not Available (% of Total)	148	(63.8%)

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	11	24.4%
Not Hispanic or Latino/a	18	75.6%
Not Available (% of Total)	74	(71.8%)

Youth's Most Recent Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	2	3.6%
Bipolar and Related Disorders	1	1.8%
Depressive Disorders	6	10.9%
Disruptive, Impulse-Control, and Conduct Disorders	10	18.2%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	10	18.2%
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	0	0.0%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	3	5.5%
Posttraumatic Stress Disorder	9	16.4%
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	14	25.5%
Not Available (% of Total)	177	(76.3%)

^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 Fiscal Year	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	24	21.1%
Out-of-State	0	0.0%
Hospital-Based Residential	4	3.5%
Community High Risk	0	0.0%
Community-Based Residential II	1	0.9%
Community-Based Residential III	3	2.6%
Transitional Family Home	19	16.7%
Intensive Home & Community	103	90.4%
Partial Hospitalization	0	0.0%
Multisystemic Therapy	19	16.7%
Functional Family Therapy	23	20.2%
Adaptive Behavioral Intervention ^a	8	7.0%
Intensive In-Home	62	54.4%
Outpatient^b	0	0.0%
Treatment	0	0.0%
<i>Medication Management</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	0	0.0%
Supportive Services	16	14.0%
Respite Home	3	2.6%
Ancillary Service	14	12.3%
Crisis Stabilization^c	0	0.0%
Crisis Mobile Outreach	--	--
Therapeutic Crisis Home	0	0.0%
Unduplicated Total^{bc}	114	

^aPreviously known as "Comprehensive" Behavioral Intervention.

^bDoes not include Medication Management clients, for which data was unavailable.

^cDoes not include Crisis Mobile Outreach clients, for which data was unavailable.

Change in Youth Progress Measures	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=127)	95.7 (3.03)	75.9 (3.14)
CAFAS School/Work Role Performance	17.8 (0.93)	14.7 (0.95)
CAFAS Home Role Performance	21.3 (0.76)	16.2 (0.89)
CAFAS Community Role Performance	7.4 (0.85)	6.1 (0.83)
CAFAS Behavior Towards Others	16.8 (0.58)	13.9 (0.67)
CAFAS Moods/Emotions	18.2 (0.58)	15.3 (0.64)
CAFAS Self-Harmful Behavior	5.7 (0.85)	2.8 (0.52)
CAFAS Substance Use	4.2 (0.76)	3.5 (0.75)
CAFAS Thinking	4.7 (0.77)	3.2 (0.63)
Ohio Scales (OS) Problem Score – Parent (N=103)	25.8 (1.56)	18.0 (1.32)
OS Internalizing Score – Parent	9.5 (0.88)	6.6 (0.69)
OS Externalizing Score – Parent	14.7 (0.93)	10.2 (0.75)
Ohio Scales (OS) Problem Score – Youth (N=44)	17.4 (1.46)	12.4 (1.34)
OS Internalizing Score – Youth	7.5 (1.14)	6.1 (0.95)
OS Externalizing Score – Youth	8.4 (0.84)	5.5 (0.69)

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

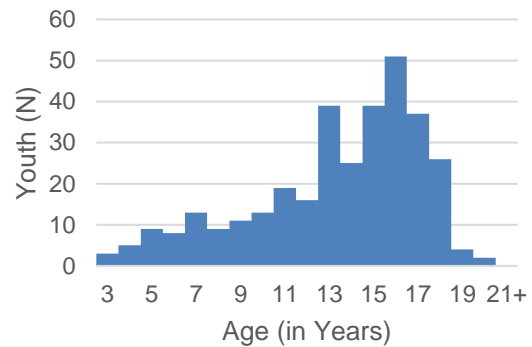
Maui Family Guidance Center Youth Served

	N	%
Total Enrolled and/or Served Youth	329	
Youth Receiving Direct Services	313	95.1%
Youth Receiving Procured Services	178	54.1%

Gender	N	% of Available
Female	129	39.2%
Male	200	60.8%

Age	N	%
3	3	0.9%
4	5	1.5%
5	9	2.7%
6	8	2.4%
7	13	4.0%
8	9	2.7%
9	11	3.3%
10	13	4.0%
11	19	5.8%
12	16	4.9%
13	39	11.9%
14	25	7.6%
15	39	11.9%
16	51	15.5%
17	37	11.2%
18	26	7.9%
19	4	1.2%
20	2	0.6%
21+	0	0.0%

	Mean	Median	Std. Deviation
Age in Years	13.3	14.0	3.8



Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	1	2.0%
Asian	1	2.0%
Black or African-American	0	0.0%
Native Hawaiian or Other Pacific Islander	4	8.2%
White	8	16.3%
Other Race	0	0.0%
MultiRacial	35	71.4%
Not Available (% of Total)	280	(85.1%)

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	8	21.1%
Not Hispanic or Latino/a	30	78.9%
Not Available (% of Total)	291	(88.4%)

Youth's Most Recent Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	2	1.3%
Bipolar and Related Disorders	1	0.7%
Depressive Disorders	35	23.5%
Disruptive, Impulse-Control, and Conduct Disorders	20	13.4%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	22	14.8%
Autism Spectrum Disorder	0	0.0%
Intellectual Disability	0	0.0%
Other Neurodevelopmental Disorders	1	0.7%
Obsessive-Compulsive and Related Disorders	0	0.0%
Schizophrenia Spectrum and Other Psychotic Disorders	3	2.0%
Substance-Related and Addictive Disorders	1	0.7%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	24	16.1%
Posttraumatic Stress Disorder	8	5.4%
Other Trauma- and Stressor-Related Disorders	1	0.7%
Other Infrequent CAMHD Diagnoses ^a	0	0.0%
General Medical Conditions or Codes No Longer Used	31	20.8%
Not Available (% of Total)	180	(54.7%)

^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 Fiscal Year	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	28	15.7%
Out-of-State	1	0.6%
Hospital-Based Residential	13	7.3%
Community High Risk	2	1.1%
Community-Based Residential II	1	0.6%
Community-Based Residential III	12	6.7%
Transitional Family Home	5	2.8%
Intensive Home & Community	137	77.0%
Partial Hospitalization	0	0.0%
Multisystemic Therapy	35	19.7%
Functional Family Therapy	0	0.0%
Adaptive Behavioral Intervention ^a	1	0.6%
Intensive In-Home	103	57.9%
Outpatient^b	37	20.8%
Treatment	0	0.0%
<i>Medication Management</i>	--	--
<i>Outpatient Therapy</i>	1	0.6%
Assessment	36	20.2%
Supportive Services	39	21.9%
Respite Home	1	0.6%
Ancillary Service	38	21.3%
Crisis Stabilization^c	7	3.9%
Crisis Mobile Outreach	--	--
Therapeutic Crisis Home	7	3.9%
Unduplicated Total^{bc}	178	

^aPreviously known as "Comprehensive" Behavioral Intervention.

^bDoes not include Medication Management clients, for which data was unavailable.

^cDoes not include Crisis Mobile Outreach clients, for which data was unavailable.

Change in Youth Progress Measures	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=123)	99.4 (2.69)	74.4 (2.81)
CAFAS School/Work Role Performance	21.3 (0.87)	17.2 (1.05)
CAFAS Home Role Performance	21.5 (0.81)	15.5 (0.89)
CAFAS Community Role Performance	6.0 (0.80)	5.0 (0.82)
CAFAS Behavior Towards Others	16.0 (0.69)	13.7 (0.58)
CAFAS Moods/Emotions	17.7 (0.69)	14.2 (0.71)
CAFAS Self-Harmful Behavior	5.9 (0.88)	1.9 (0.42)
CAFAS Substance Use	5.5 (0.90)	3.7 (0.70)
CAFAS Thinking	5.5 (0.66)	3.2 (0.50)
Ohio Scales (OS) Problem Score – Parent (N=86)	30.4 (2.09)	18.0 (1.54)
OS Internalizing Score – Parent	11.2 (1.10)	5.5 (0.66)
OS Externalizing Score – Parent	16.9 (1.16)	11.3 (0.99)
Ohio Scales (OS) Problem Score – Youth (N=47)	26.9 (2.35)	19.0 (2.61)
OS Internalizing Score – Youth	11.7 (1.52)	8.2 (1.56)
OS Externalizing Score – Youth	13.1 (1.08)	9.6 (1.24)

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

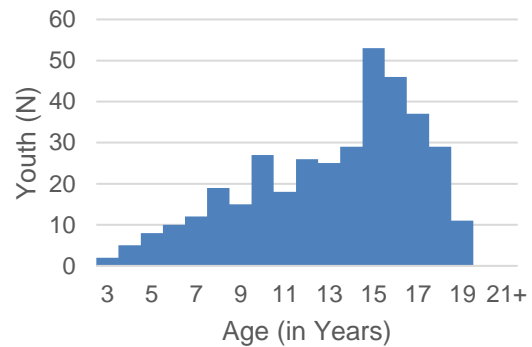
O'ahu, Central Family Guidance Center Youth Served

	N	%
Total Enrolled and/or Served Youth	374	
Youth Receiving Direct Services	362	96.8%
Youth Receiving Procured Services	266	71.1%

Gender	N	% of Available
Female	140	37.4%
Male	234	62.6%

Age	N	%
3	2	0.5%
4	5	1.3%
5	8	2.1%
6	10	2.7%
7	12	3.2%
8	19	5.1%
9	15	4.0%
10	27	7.2%
11	18	4.8%
12	26	7.0%
13	25	6.7%
14	29	7.8%
15	53	14.2%
16	46	12.3%
17	37	9.9%
18	29	7.8%
19	11	2.9%
20	0	0.0%
21+	0	0.0%

	Mean	Median	Std. Deviation
Age in Years	13.2	14.0	3.9



Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	0	0.0%
Asian	9	7.2%
Black or African-American	1	0.8%
Native Hawaiian or Other Pacific Islander	7	5.6%
White	16	12.8%
Other Race	0	0.0%
MultiRacial	92	73.6%
Not Available (% of Total)	249	(66.6%)

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	30	25.4%
Not Hispanic or Latino/a	88	74.6%
Not Available (% of Total)	256	(68.4%)

Youth's Most Recent Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	14	5.5%
Bipolar and Related Disorders	0	0.0%
Depressive Disorders	45	17.7%
Disruptive, Impulse-Control, and Conduct Disorders	67	26.4%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	57	22.4%
Autism Spectrum Disorder	4	1.6%
Intellectual Disability	2	0.8%
Other Neurodevelopmental Disorders	0	0.0%
Obsessive-Compulsive and Related Disorders	0	0.0%
Schizophrenia Spectrum and Other Psychotic Disorders	2	0.8%
Substance-Related and Addictive Disorders	4	1.6%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	31	12.2%
Posttraumatic Stress Disorder	11	4.3%
Other Trauma- and Stressor-Related Disorders	6	2.4%
Other Infrequent CAMHD Diagnoses ^a	1	0.4%
General Medical Conditions or Codes No Longer Used	10	3.9%
Not Available (% of Total)	120	(32.1%)

^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 Fiscal Year	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	36	13.5%
Out-of-State	5	1.9%
Hospital-Based Residential	11	4.1%
Community High Risk	1	0.4%
Community-Based Residential II	0	0.0%
Community-Based Residential III	15	5.6%
Transitional Family Home	10	3.8%
Intensive Home & Community	256	96.2%
Partial Hospitalization	3	1.1%
Multisystemic Therapy	27	10.2%
Functional Family Therapy	15	5.6%
Adaptive Behavioral Intervention ^a	7	2.6%
Intensive In-Home	226	85.0%
Outpatient^b	15	5.6%
Treatment	0	0.0%
<i>Medication Management</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	15	5.6%
Supportive Services	9	3.4%
Respite Home	1	0.4%
Ancillary Service	8	3.0%
Crisis Stabilization^c	0	0.0%
Crisis Mobile Outreach	--	--
Therapeutic Crisis Home	0	0.0%
Unduplicated Total^{bc}	266	

^aPreviously known as "Comprehensive" Behavioral Intervention.

^bDoes not include Medication Management clients, for which data was unavailable.

^cDoes not include Crisis Mobile Outreach clients, for which data was unavailable.

Change in Youth Progress Measures	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=245)	93.5 (1.89)	78.7 (2.32)
CAFAS School/Work Role Performance	21.5 (0.57)	17.1 (0.72)
CAFAS Home Role Performance	20.8 (0.56)	17.3 (0.65)
CAFAS Community Role Performance	6.0 (0.58)	5.6 (0.59)
CAFAS Behavior Towards Others	17.4 (0.42)	15.0 (0.47)
CAFAS Moods/Emotions	16.9 (0.47)	14.9 (0.49)
CAFAS Self-Harmful Behavior	4.5 (0.54)	2.2 (0.38)
CAFAS Substance Use	3.8 (0.53)	4.3 (0.53)
CAFAS Thinking	2.7 (0.42)	2.3 (0.35)
Ohio Scales (OS) Problem Score – Parent (N=182)	30.5 (1.30)	19.6 (1.20)
OS Internalizing Score – Parent	11.3 (0.73)	7.2 (0.59)
OS Externalizing Score – Parent	16.5 (0.68)	10.5 (0.64)
Ohio Scales (OS) Problem Score – Youth (N=118)	24.2 (1.57)	16.2 (1.55)
OS Internalizing Score – Youth	10.6 (0.94)	7.5 (0.84)
OS Externalizing Score – Youth	11.3 (0.73)	7.3 (0.74)

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

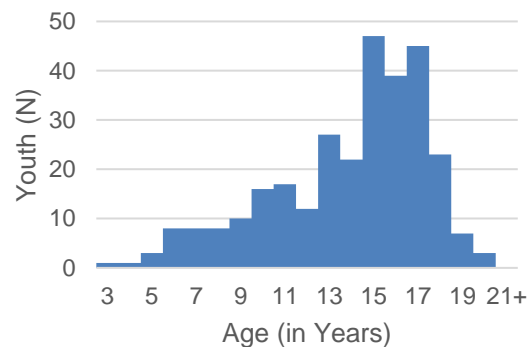
O'ahu, Honolulu Family Guidance Center Youth Served

	N	%
Total Enrolled and/or Served Youth	297	
Youth Receiving Direct Services	274	92.3%
Youth Receiving Procured Services	194	65.3%

Gender	N	% of Available
Female	112	37.7%
Male	185	62.3%

Age	N	%
3	1	0.3%
4	1	0.3%
5	3	1.0%
6	8	2.7%
7	8	2.7%
8	8	2.7%
9	10	3.4%
10	16	5.4%
11	17	5.7%
12	12	4.0%
13	27	9.1%
14	22	7.4%
15	47	15.8%
16	39	13.1%
17	45	15.2%
18	23	7.7%
19	7	2.4%
20	3	1.0%
21+	0	0.0%

	Mean	Median	Std. Deviation
Age in Years	13.9	15.0	3.5



Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	0	0.0%
Asian	53	24.4%
Black or African-American	9	4.1%
Native Hawaiian or Other Pacific Islander	79	36.4%
White	14	6.5%
Other Race	0	0.0%
MultiRacial	62	28.6%
Not Available (% of Total)	80	(26.9%)

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	33	32.7%
Not Hispanic or Latino/a	68	67.3%
Not Available (% of Total)	196	(66.0%)

Youth's Most Recent Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	12	4.8%
Bipolar and Related Disorders	3	1.2%
Depressive Disorders	44	17.5%
Disruptive, Impulse-Control, and Conduct Disorders	61	24.2%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	56	22.2%
Autism Spectrum Disorder	1	0.4%
Intellectual Disability	1	0.4%
Other Neurodevelopmental Disorders	1	0.4%
Obsessive-Compulsive and Related Disorders	2	0.8%
Schizophrenia Spectrum and Other Psychotic Disorders	9	3.6%
Substance-Related and Addictive Disorders	1	0.4%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	32	12.7%
Posttraumatic Stress Disorder	21	8.3%
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	7	2.8%
Not Available (% of Total)	45	(15.2%)

^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 Fiscal Year	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	34	17.5%
Out-of-State	3	1.5%
Hospital-Based Residential	10	5.2%
Community High Risk	1	0.5%
Community-Based Residential II	1	0.5%
Community-Based Residential III	16	8.2%
Transitional Family Home	6	3.1%
Intensive Home & Community	177	91.2%
Partial Hospitalization	5	2.6%
Multisystemic Therapy	38	19.6%
Functional Family Therapy	12	6.2%
Adaptive Behavioral Intervention ^a	4	2.1%
Intensive In-Home	137	70.6%
Outpatient^b	0	0.0%
Treatment	0	0.0%
<i>Medication Management</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	0	0.0%
Supportive Services	24	12.4%
Respite Home	1	0.5%
Ancillary Service	23	11.9%
Crisis Stabilization^c	0	0.0%
Crisis Mobile Outreach	--	--
Therapeutic Crisis Home	0	0.0%
Unduplicated Total^{bc}	194	

^aPreviously known as "Comprehensive" Behavioral Intervention.

^bDoes not include Medication Management clients, for which data was unavailable.

^cDoes not include Crisis Mobile Outreach clients, for which data was unavailable.

Change in Youth Progress Measures	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=177)	97.5 (2.69)	78.5 (3.02)
CAFAS School/Work Role Performance	20.6 (0.74)	16.2 (0.83)
CAFAS Home Role Performance	20.3 (0.68)	16.3 (0.75)
CAFAS Community Role Performance	8.4 (0.79)	7.5 (0.74)
CAFAS Behavior Towards Others	17.2 (0.57)	13.8 (0.62)
CAFAS Moods/Emotions	15.1 (0.64)	13.2 (0.60)
CAFAS Self-Harmful Behavior	5.3 (0.67)	2.5 (0.43)
CAFAS Substance Use	6.6 (0.79)	5.2 (0.71)
CAFAS Thinking	4.8 (0.59)	4.0 (0.51)
Ohio Scales (OS) Problem Score – Parent (N=160)	30.7 (1.41)	21.8 (1.29)
OS Internalizing Score – Parent	10.6 (0.68)	7.5 (0.58)
OS Externalizing Score – Parent	16.9 (0.79)	11.8 (0.74)
Ohio Scales (OS) Problem Score – Youth (N=114)	24.5 (1.60)	13.7 (1.15)
OS Internalizing Score – Youth	9.8 (0.93)	5.5 (0.64)
OS Externalizing Score – Youth	11.5 (0.78)	6.9 (0.57)

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

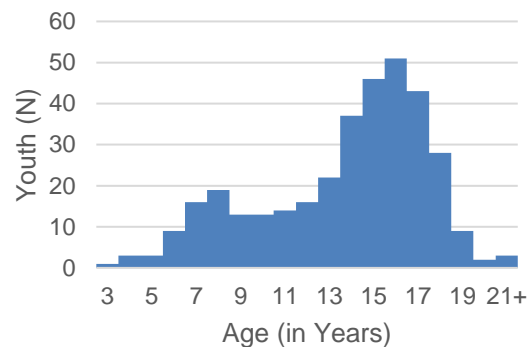
O'ahu, Leeward Family Guidance Center Youth Served

	N	%
Total Enrolled and/or Served Youth	348	
Youth Receiving Direct Services	309	88.8%
Youth Receiving Procured Services	251	72.1%

Gender	N	% of Available
Female	137	39.4%
Male	211	60.6%

Age	N	%
3	1	0.3%
4	3	0.9%
5	3	0.9%
6	9	2.6%
7	16	4.6%
8	19	5.5%
9	13	3.7%
10	13	3.7%
11	14	4.0%
12	16	4.6%
13	22	6.3%
14	37	10.6%
15	46	13.2%
16	51	14.7%
17	43	12.4%
18	28	8.0%
19	9	2.6%
20	2	0.6%
21+	3	0.9%

	Mean	Median	Std. Deviation
Age in Years	13.7	15.0	3.8



Race (Unduplicated)	N	% of Available
American Indian or Alaska Native	0	0.0%
Asian	18	14.3%
Black or African-American	2	1.6%
Native Hawaiian or Other Pacific Islander	14	11.1%
White	6	4.8%
Other Race	0	0.0%
MultiRacial	86	68.3%
Not Available (% of Total)	222	(63.8%)

National Origin (Unduplicated)	N	% of Available
Hispanic or Latino/a	44	41.9%
Not Hispanic or Latino/a	61	58.1%
Not Available (% of Total)	243	(69.8%)

Youth's Most Recent Primary Diagnosis (DSM-5)	N	% of Available
Anxiety Disorders	14	4.7%
Bipolar and Related Disorders	5	1.7%
Depressive Disorders	43	14.3%
Disruptive, Impulse-Control, and Conduct Disorders	71	23.6%
Neurodevelopmental Disorders		
Attention-Deficit/Hyperactivity Disorder	84	27.9%
Autism Spectrum Disorder	1	0.3%
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	1.3%
Substance-Related and Addictive Disorders	4	1.3%
Trauma- and Stressor-Related Disorders		
Adjustment Disorder	40	13.3%
Posttraumatic Stress Disorder	17	5.6%
Other Trauma- and Stressor-Related Disorders	2	0.7%
Other Infrequent CAMHD Diagnoses ^a	1	0.3%
General Medical Conditions or Codes No Longer Used	13	4.3%
Not Available (% of Total)	47	(13.5%)

^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 Fiscal Year	# of Youth Served in LOC	% of Total Youth w/ Procured Svcs
Out-of-Home	53	21.1%
Out-of-State	9	3.6%
Hospital-Based Residential	15	6.0%
Community High Risk	2	0.8%
Community-Based Residential II	1	0.4%
Community-Based Residential III	17	6.8%
Transitional Family Home	21	8.4%
Intensive Home & Community	215	85.7%
Partial Hospitalization	1	0.4%
Multisystemic Therapy	16	6.4%
Functional Family Therapy	7	2.8%
Adaptive Behavioral Intervention ^a	1	0.4%
Intensive In-Home	200	79.7%
Outpatient^b	51	20.3%
Treatment	0	0.0%
<i>Medication Management</i>	--	--
<i>Outpatient Therapy</i>	0	0.0%
Assessment	51	20.3%
Supportive Services	13	5.2%
Respite Home	2	0.8%
Ancillary Service	11	4.4%
Crisis Stabilization^c	0	0.0%
Crisis Mobile Outreach	--	--
Therapeutic Crisis Home	0	0.0%
Unduplicated Total^{bc}	251	

^aPreviously known as "Comprehensive" Behavioral Intervention.

^bDoes not include Medication Management clients, for which data was unavailable.

^cDoes not include Crisis Mobile Outreach clients, for which data was unavailable.

Change in Youth Progress Measures	Average Earliest Score (Std Err)	Average Most Recent Score (Std Err)
Child and Adolescent Functional Assessment Scale (CAFAS) Total Score (N=201)	96.9 (2.27)	76.3 (2.32)
CAFAS School/Work Role Performance	20.6 (0.70)	16.4 (0.78)
CAFAS Home Role Performance	22.8 (0.61)	18.1 (0.70)
CAFAS Community Role Performance	8.1 (0.75)	5.9 (0.66)
CAFAS Behavior Towards Others	17.9 (0.42)	14.7 (0.45)
CAFAS Moods/Emotions	17.9 (0.50)	15.1 (0.50)
CAFAS Self-Harmful Behavior	2.9 (0.44)	1.0 (0.27)
CAFAS Substance Use	4.1 (0.61)	3.5 (0.56)
CAFAS Thinking	2.7 (0.41)	1.7 (0.31)
Ohio Scales (OS) Problem Score – Parent (N=179)	29.5 (1.25)	20.5 (1.21)
OS Internalizing Score – Parent	10.0 (0.66)	5.9 (0.52)
OS Externalizing Score – Parent	17.1 (0.72)	12.6 (0.72)
Ohio Scales (OS) Problem Score – Youth (N=139)	25.8 (1.48)	12.6 (1.06)
OS Internalizing Score – Youth	10.5 (0.93)	4.2 (0.50)
OS Externalizing Score – Youth	13.2 (0.73)	7.4 (0.65)

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