

Clinical and Functional Outcomes for  
Ethnically/Racially Diverse Youth with Comorbid  
Mental and Physical Illnesses

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Introduction

I Famagu'on-ta (Our Children)  
Guam System of Care

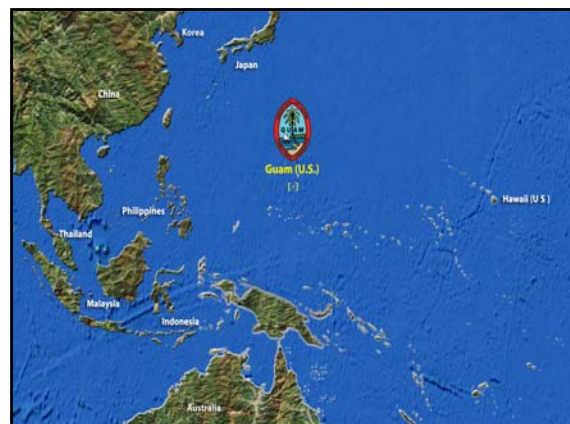
- Funded in 2002 by *The Comprehensive Community Mental Health Services Program for Children and Their Families*
- \$9.5 million over 6 years to develop & implement a system of care for children & youth ages 5 – 21 years with serious emotional & behavioral disorders
- Federal funding ended September 30<sup>th</sup>, 2009
- Over 400 children & youth received services

Overview of I Famagu'on-ta

- Goals & Objectives
  - Reduce off-island & out-of-home placements
  - Develop & implement a comprehensive, community-based array of mental health services & non-traditional supports
  - Provision of Wraparound care coordination, peer-to-peer family supports & flexible funding
  - Develop structure for increased cross-agency collaboration & sustainability

Overview Continued

- Lead Agency : Dept. of Mental Health & Substance Abuse
- Partnering Agencies:
  - Dept. of Public Health & Social Services
- Judiciary; Dept. of Youth Affairs & Police Dept.
  - Dept. of Education
  - Dept. of Integrated Services for Individuals with Disabilities
- Guam System of Care Council (families & agency representatives) serve as Advisory Board



## Methods

## I Famagu'on-ta Evaluation

- Conducted by the University of Guam Center for Excellence in Developmental Disabilities Education, Research & Service (CEDDERS)
- Includes implementation of the National Evaluation, local evaluation activities, continuous quality improvement process
- Evaluation Team:
  - 2 Evaluators (1.15 FTE)
  - 1 Data Coordinator (.75 FTE)
  - 3 Family Interviewers (1.25 FTE)

## Evaluation Continued

- Data collection began in October 2004 & continued through August 2009
- Descriptive data obtained at intake by the Wrap Coordinators
- Descriptive data has been collected on a total of 374 families
- Additional ethnicity fields were added to the EDIF as part of the local evaluation

## Evaluation Continued

- Of the 239 families eligible to participate in the longitudinal study, 167 enrolled.
- At completion of the study, a total of 37 families had dropped out.
- Interviews were conducted by the Family Interviewers at times & locations convenient for families.
- Caregivers & youth received stipends & gas coupons for their participation.

## Participants

- Descriptive Sample ( $n = 374$ )
- Longitudinal Sample ( $n = 167$ )
  - Youth Diagnosed with SEBD only ( $n = 97$ )
  - Youth Diagnosed with SEBD *and* a Comorbid Physical Health Problem ( $n = 64$ )

## Measures

Measure	Description <sup>1</sup>
Enrollment and Demographic Information Form (EDIF)	The EDIF was developed to facilitate reporting child characteristics for all children served. The EDIF was completed at intake only.
Caregiver Information Questionnaire-I (CIQ-I)	The CIQ-I was developed to capture uniform demographic data about caregivers to whom the national evaluation instruments are being administered. The CIQ-I was administered at intake only.
Columbia Impairment Scale (CIS)	The CIS evaluates level of impairment in four basic areas of functioning: interpersonal relations, functioning in job or schoolwork, use of leisure time, and certain broad psychopathological domains.

<sup>1</sup> All descriptions take from: ORC Macro. (2007). *Data Manual: Phase V of the CMHS National Evaluation.*

### Measures Continued

Measure	Description <sup>1</sup>
Reynolds Adolescent Depression Scale-Second Edition (RADS-2)	The RADS-2 evaluates four basic domains of adolescent depression: dysphoric mood, anhedonia/negative affect, negative self-evaluation, and somatic complaints. The instrument provides information on the severity of symptoms experienced by the youth.
Revised Children's Manifest Anxiety Scale (RCMAS)	The RCMAS assesses the level and nature of anxiety experienced by youth aged 6 to 19 years. It examines both the source and the cause of stress in a child's life. The scale can also be used to identify the relationship between anxiety and performance in other aspects of a child's life.

<sup>1</sup>All descriptions take from: ORC Macro. (2007). Data Manual: Phase V of the CMHS National Evaluation.

### Measures Continued

Measure	Description <sup>1</sup>
Child Behavior Checklist 6-18 (CBCL)	The CBCL was designed to provide a standardized measure of behavioral and emotional problems among children aged 6 through 18 years.
Caregiver Strain Questionnaire (CGSQ)	The CGSQ assesses the extent to which caregivers are affected by the special demands associated with caring for a child with emotional and behavioral problems.
Education Questionnaire -R (EQ-R)	The EQ-R was developed to collect information on children's education status and experiences in school.
Multi-Sector Services Contacts-Revised (MSSC-R)	The MSSC-R was developed to record youth and family service use across multiple child serving sectors.

<sup>1</sup>All descriptions take from: ORC Macro. (2007). Data Manual: Phase V of the CMHS National Evaluation.

- ### Procedures
- Step One of the analysis compared the demographic and diagnostic data of the two groups to see if the two groups were significantly different from each other at intake. Chi-squares and independent sample t-tests were used to test for significant differences between the two groups.
  - Step Two examined the longitudinal outcome data of the two groups from intake to 18 months to see if there were any significant differences over time. Two-group, general linear models for repeated measures (GLM) were used to test for significant differences between the two groups over time. List-wise deletion was utilized in each GLM.

## Results

### Demographics

Demographic	SEBD Only (n = 97)	SEBD and Physical Health Problem (n = 64)
Average Age	11.7	12.1
Percentage Male	73.2%	79.7%
Hispanic	2.1%	1.6%
American Indian or Alaskan Native	2.1%	1.6%
Asian	17.5%	14.1%
Black or African-American	3.1%	6.3%
Native Hawaiian or Other Pacific Islander	89.7%	85.9%
White	11.3%	9.4%
Other	1.0%	1.6%

### DSM - IV Diagnoses

DSM - IV Category	SEBD Only (n = 97)	SEBD and Physical Health Problem (n = 64)
Substance Use Disorders	3.1%	9.4%
Schizophrenia and Other Psychotic Disorders	4.1%	1.6%
Mood Disorders	26.8%	29.7%
Anxiety Disorders NOT including PTSD or Acute Stress Disorder	9.3%	7.8%
Adjustment Disorders	2.1%	14.1%
PTSD and Acute Stress Disorder	14.4%	18.8%
Impulse Control Disorders	2.1%	1.6%
Oppositional Defiant Disorder	41.2%	28.1%

$\chi^2_{(1)} = 6.94, p = .00$

### DSM – IV Diagnoses Continued

DSM - IV Category	SEBD Only (n = 97)	SEBD and Physical Health Problem (n = 64)
Attention Deficit Hyperactivity Disorder	43.3%	45.3%
Personality Disorders	1.0%	3.1%
Mental Retardation	1.0%	1.6%
Learning, Motor Skills, and Communication Disorders	19.6%	10.9%
Conduct Disorder	11.3%	12.5%
Disruptive Behavior Disorder	1.0%	0.0%
Substance Induced Disorders	2.1%	0.0%
V Codes	11.3%	15.6%
Other	4.1%	3.1%

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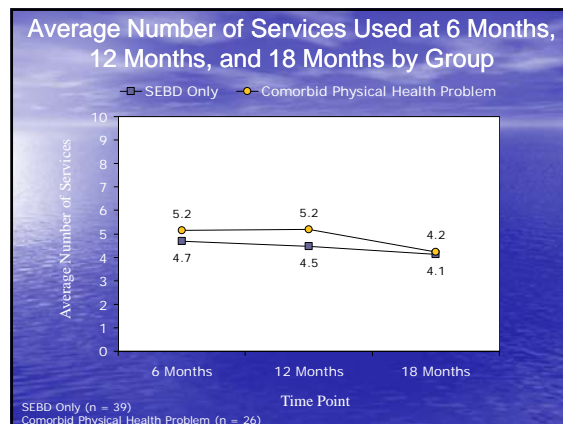
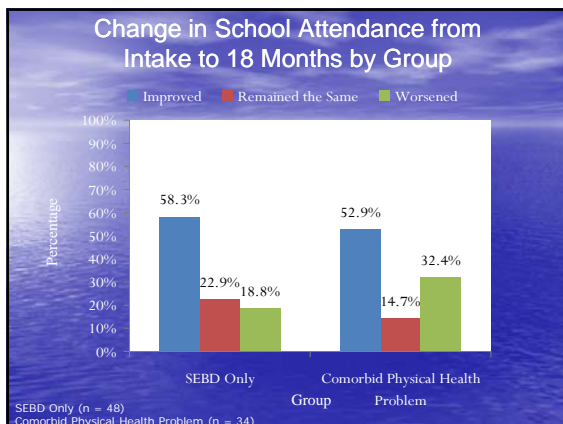
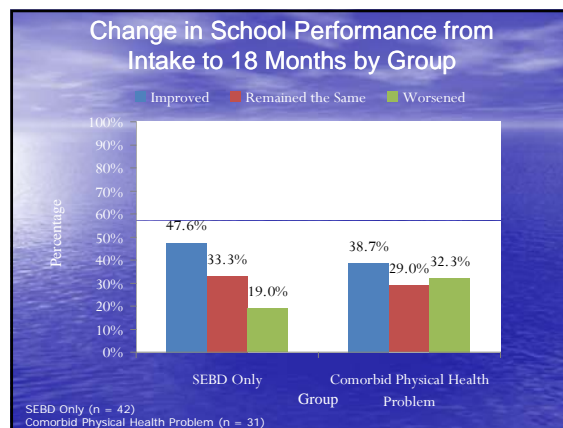
### Presenting Problems

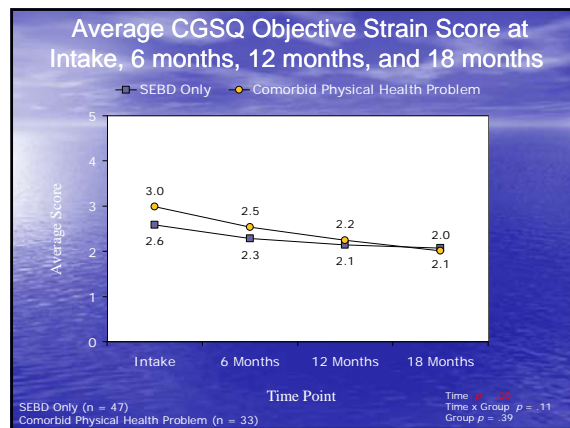
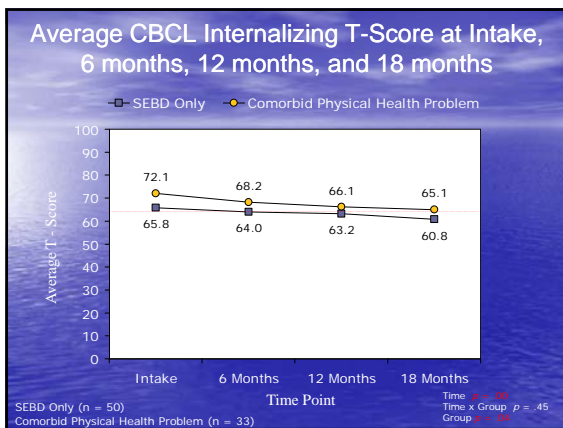
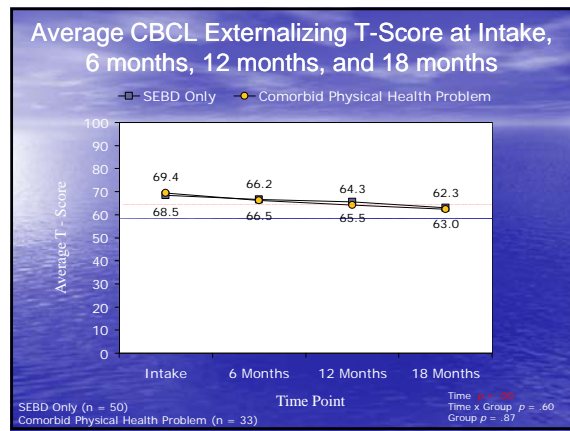
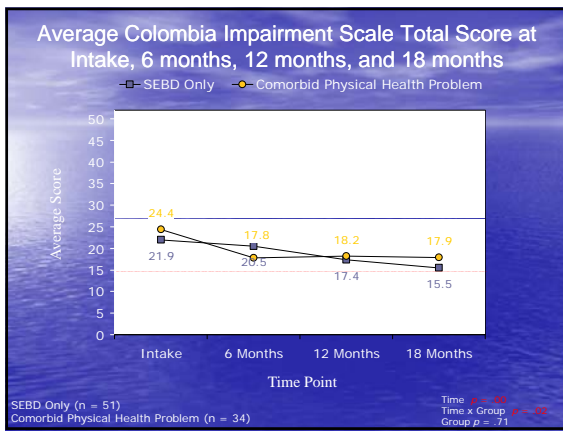
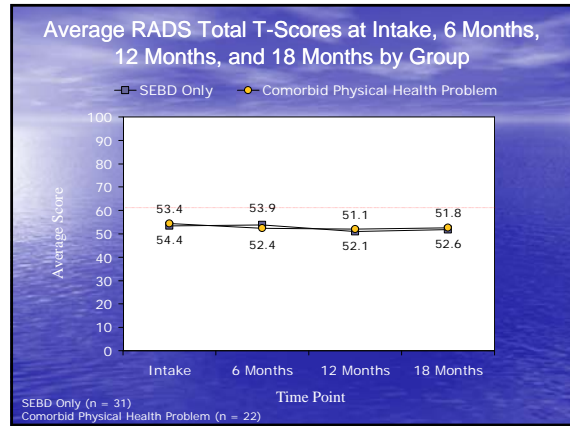
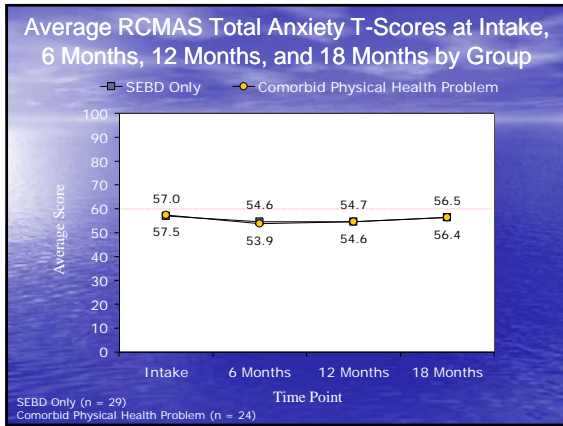
Presenting Problem	SEBD Only (n = 97)	SEBD and Physical Health Problem (n = 64)
Suicide-related Problems	32.0%	32.8%
Depression-related Problems	41.2%	50.0%
Anxiety-related Problems	37.1%	40.6%
Hyperactive and Attention-related Problems	59.8%	64.1%
Conduct/Delinquency-related Problems	74.2%	81.3%
Substance use, Abuse, and Dependence-related Problems	16.5%	18.8%
Adjustment-related Problems	39.2%	31.3%
Psychotic Behaviors	11.3%	9.4%
Pervasive Developmental Disabilities	8.2%	4.7%

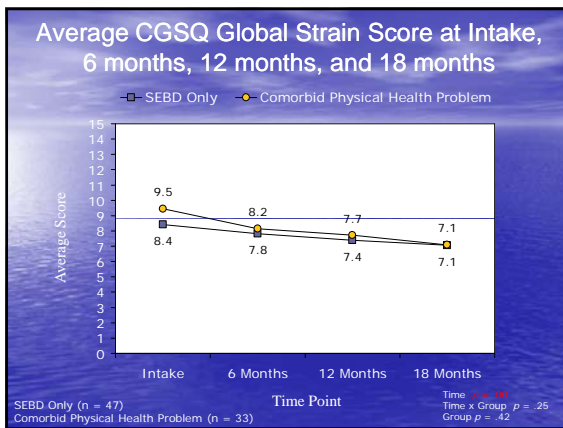
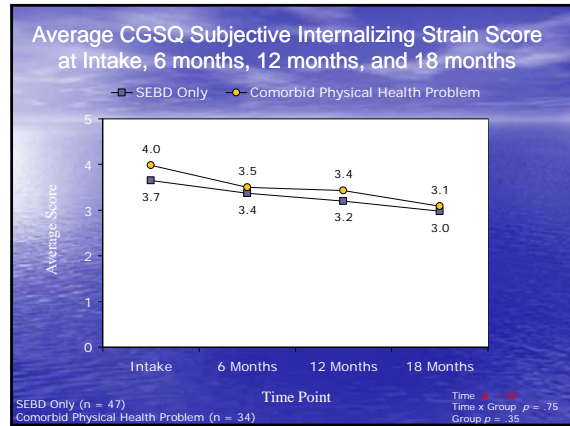
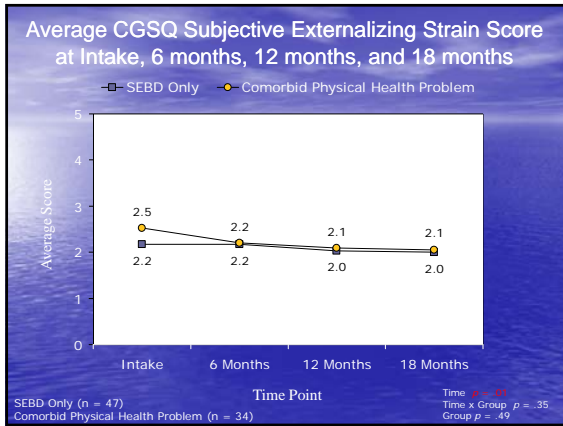
### Presenting Problems Continued

Presenting Problem	SEBD Only (n = 97)	SEBD and Physical Health Problem (n = 64)
Specific Developmental Disabilities	1.0%	12.5%
Learning Disabilities	32.0%	29.7%
School Performance Problems (not related to learning disabilities)	52.6%	60.9%
Eating Disorders	1.0%	3.1%
Other Problem	9.3%	12.5%

$\chi^2_{(1)} = 7.56, p = .00$







Discussion

## Questions

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