

MULTI-LEVEL SYSTEMS EVALUATION: SELECTED PROJECTS FROM HAWAII

Intensive Home and Community Services:
Status of twelve-month follow-up

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Purpose of the study

- Look at –
 - ◆ Intake descriptors for the eligible population
 - ◆ LOC histories
- Check for
 - ◆ Service or LOC transitions
 - ◆ Correlations to assist us in marshalling our resources.

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Hawaii System of Care

- Public
 - ◆ Case management
 - ◆ Procure services
 - ◆ Set and monitor treatment standards
- Private
 - ◆ Contracted agencies provide direct services

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Intensive Home & Family Based Treatment

- Natural environment
- Less restrictive (lower LOC)
- Multi-faceted
- Available 24/7
- Time limited

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CAMHD IHBS Eligibility Criteria

- Registered at a Family Guidance Center
- High Risk for Out-of-Home (OOH) placement
- Living in a long term stable home environment
- Less intensive services ineffective or inappropriate due to behaviors

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What we wanted to know...

Q1: Who received IHBS services?

Q2: What services were used at 12 months following intake?

Q3: How did youth who used higher LOC's differ from youth who did not?

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Study Population

- 163 youth met the following criteria:
 - ◆ admitted during 2-year period
 - ◆ received IHBS as first service
 - ◆ began IHBS within 60 days of registration

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Data Collection

- From statewide information system (CAMHMIS):
 - ◆ Date of birth, gender, ethnicity & DSM diagnosis
 - ◆ CAFAS (Hodges, 1998) & CALOCUS (AACAP, 1999)
 - ◆ Service data from billing records

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Q1: Who received IHBS?

- between ages 3 and 20
- 90 males, 73 females
- Mean age 11.1 years
- Ethnically diverse
- Primary diagnoses: 35% mood/anxiety, 15% disruptive behavior
- Average CAFAS at intake: 98.3
- Average CALOCUS at intake: 3.7

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Q2: Services used at 12 months

Type of Service	%
Discharged (No Service)	68%
Case Management Only	8%
Intensive Home-Based Services	20%
Multisystemic Therapy	0.6%
Therapeutic Group Home (TGH)	1%
Community Residential (CBR)	2%
Hospital Residential (HBR)	0.6%
Crisis Stabilization (Duplicate Service)	0.6%

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Q3: Lower or Higher LOC's?

Univariate Group Differences

Significant Variables	Higher LOC's (N = 29)	Same/Lower LOC's (N = 134)
Primary Disorder		
Disruptive Behavior	28%	13%
Substance Use	7%	0.7%
Pervasive Developmental	0%	15%
Age (in Years)	14.2	10.4
CAFAS Intake	122.1	91.7
CALOCUS Intake	4.3	3.5

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Q3: Lower or Higher LOC's?

Disruptive Behavior Illustration

Service Month	Disruptive Behavior Disorder (p)	No Disruptive Behavior Disorder (p)
0	0.00	0.00
1	0.08	0.02
2	0.12	0.04
3	0.16	0.07
4	0.20	0.12
5	0.28	0.12
6	0.28	0.13
7	0.28	0.13
8	0.28	0.13
9	0.28	0.14
10	0.32	0.14
11	0.32	0.14
12	0.32	0.14

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What did we find out?

- Identification of characteristics appear to be risk factors for higher LOC's.
 - ◆ Individual Level – prepare for at-risk groups at start of treatment
 - ◆ System Level – increase program monitoring & evaluation; develop new programs.

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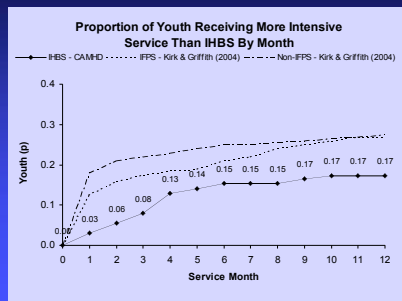
What did we find out?

- IHBS seems to be reasonably effective at reducing the need for higher LOC's
- Benchmark
 - ◆ For future CAMHD services
 - ◆ For other services (MST)

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What did we find out?

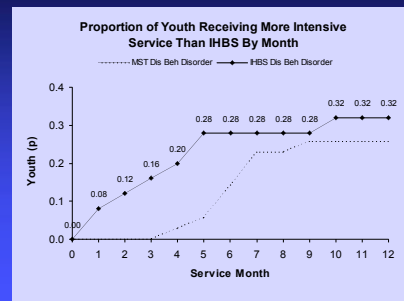
Benchmark to a Study of Child Welfare



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What did we find out?

Benchmark to MST results



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MAHALO
 for your time
 and attention!

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