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.

Hawaii System of Care

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

Intensive Home & Family Based Treatment

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

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

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?
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

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

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

Q2: Services used at 12 months

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharged (No Service)</td>
<td>68</td>
</tr>
<tr>
<td>Case Management Only</td>
<td>8</td>
</tr>
<tr>
<td>Intensive Home-Based Services</td>
<td>20</td>
</tr>
<tr>
<td>Multisystemic Therapy</td>
<td>0.6</td>
</tr>
<tr>
<td>Therapeutic Group Home (TGH)</td>
<td>1</td>
</tr>
<tr>
<td>Community Residential (CBR)</td>
<td>2</td>
</tr>
<tr>
<td>Hospital Residential (HBR)</td>
<td>0.6</td>
</tr>
<tr>
<td>Crisis Stabilization (Duplicate Service)</td>
<td>0.6</td>
</tr>
</tbody>
</table>

Q3: Lower or Higher LOC’s?

Univariate Group Differences

<table>
<thead>
<tr>
<th>Significant Variables</th>
<th>Higher LOC’s (N = 29)</th>
<th>Same/Lower LOC’s (N = 134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disruptive Behavior</td>
<td>28%</td>
<td>13%</td>
</tr>
<tr>
<td>Substance Use</td>
<td>7%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Pervasive Development</td>
<td>0%</td>
<td>15%</td>
</tr>
<tr>
<td>Age (in Years)</td>
<td>14.2</td>
<td>10.4</td>
</tr>
<tr>
<td>CAFAS Intake</td>
<td>122.1</td>
<td>91.7</td>
</tr>
<tr>
<td>CALOCUS Intake</td>
<td>4.3</td>
<td>3.5</td>
</tr>
</tbody>
</table>

Q3: Lower or Higher LOC’s?

Disruptive Behavior Illustration
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.

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)

Benchmark to a Study of Child Welfare

Benchmark to MST results

MAHALO for your time and attention!