

Title of Presentation: Evidence-Based Services For Youth in the Hawaii System of Care: Coding the Literature and Evaluating the Fit Between Services and Needs

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The New Freedom Commission Report on Mental Health calls for a thorough transformation of mental health services. Recent innovations within the Hawaii Child and Adolescent System of Care for Mental Health Services match various goals of the Report, including an attempt to systematically provide effective evidence-based mental health care to youth and families. In an effort to assess and match services and decision-making to the unique needs of the local community, the evidence-based movement in Hawaii has emphasized an assessment of treatment outcome literature that highlights not only established treatment packages, but the elements of practice within those packages. One driving force behind the understanding and adoption of evidence-based practices for youth in Hawaii has been the Evidence-Based Services (EBS) Committee.

The EBS Committee is an interdisciplinary team with various roles related to mental health service decisions and implementations within the Hawaii state system of care. The EBS Committee's original charge was to review the child and adolescent psychosocial treatment literature to identify practices supported by research. The Committee identified one or more evidence-based psychosocial services for a variety of problem areas (e.g., anxiety and

avoidant, attention and hyperactivity, depressed and withdrawn, etc.). The Committee coded the research at multiple levels of detail, including a level considering evidence-based interventions as packages (e.g., Multisystemic Therapy, Functional Family Therapy, Cognitive Behavioral Therapy) targeting various disorders similar to other coding schemes (e.g., American Psychological Association's Task Force on Promotion and Dissemination of Psychological Procedures, APA, 1995). Additionally, the treatment literature was further coded to identify individual treatment elements within different evidence-based packages (e.g., tangible rewards, parent praise, parent-monitoring in efficacious treatments for attention and hyperactivity problems; exposure, modeling, cognitive coping, relaxation in efficacious treatment strategies for anxious/avoidant problems).

The multilayer system of coding both for evidence-based interventions and specific treatment elements within interventions employed by the EBS Committee allows for a detailed analysis of evidence-based interventions. Coding the efficaciousness of related packages (e.g., CBT for depression, parent training for disruptive behaviors) enables system wide examination of whether an evidence-based intervention exists for various diagnostic groups, while coding treatment elements might provide insight into the most important "clinical ingredients" and is a step towards identifying specific components of evidence-based interventions that might most effectively address a particular problem.

The current talk will present data on the degree to which a statewide evidence-based services review from EBS Committee reports identified services for the actual problems (both diagnoses and targets of intervention) for which youth in the local community received intensive state public mental health services. Diagnostic profiles and specific intervention targets reported by treatment providers were coded to determine whether a relevant empirically supported treatment was identified by the Hawaii EBS Committee for each specific problem. Results suggest that the vast majority of youth receiving intensive public mental health services experienced a mental health difficulty for which an evidence-based service was identified (but not necessarily available in the Hawaii system of care). Nevertheless, many youth had additional problems for which evidence-based services have not yet been identified.

Additionally, "clinical ingredient" profiles resulting from the practice element coding representing the relative frequency with which each element was represented in an efficacious protocol will be presented. Implications for tracking evidence-based services for youth beyond treatment packages to include treatment elements will also be discussed.