



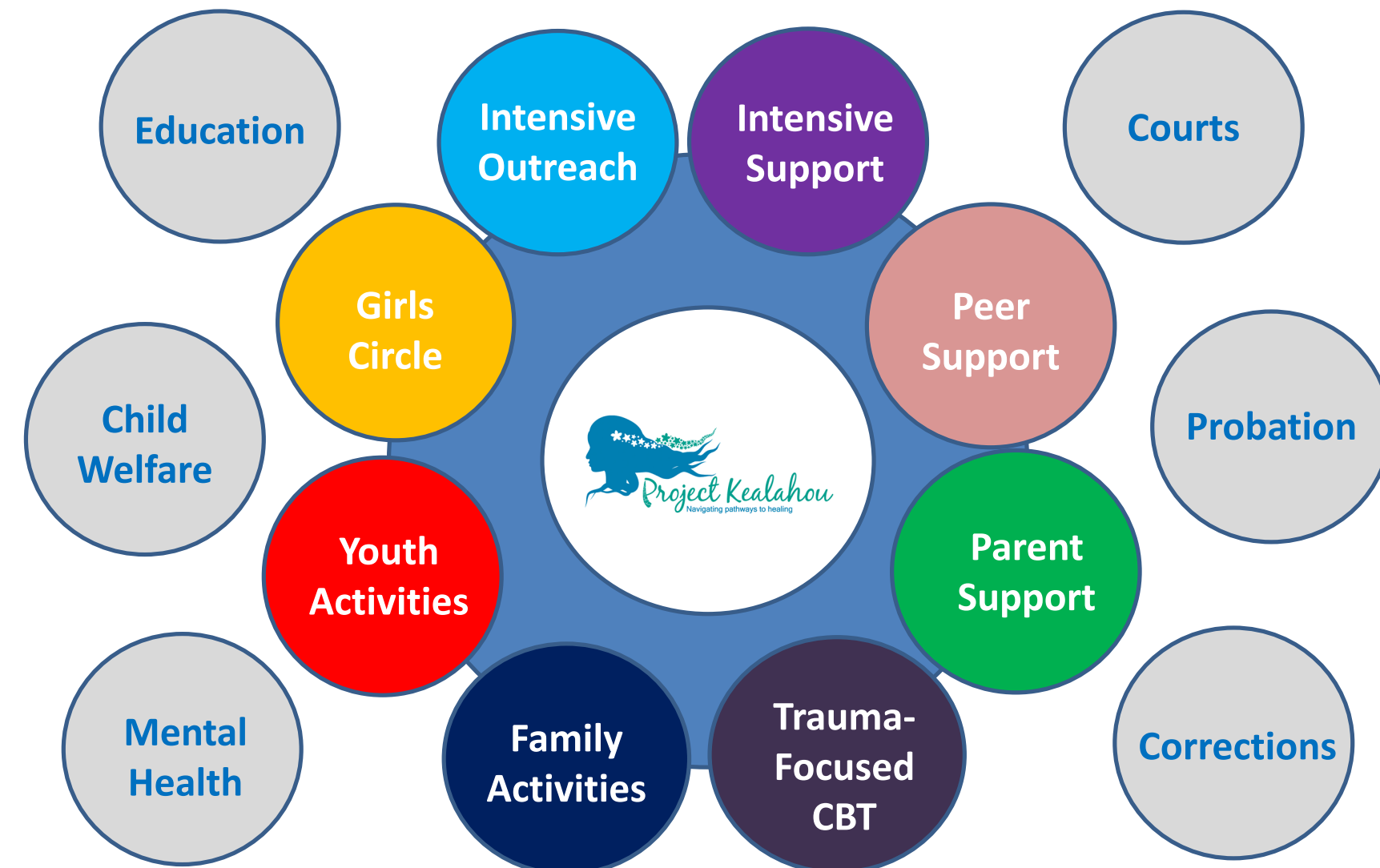
Implementing a Gender-Responsive, Trauma-Informed System of Care for Young Women with Trauma Histories and Their Families

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Abstract—Young women who have experienced significant trauma face significant challenges in accessing and navigating services in the Hawai'i System of Care (SOC) to effectively address their educational, financial, legal, behavioral health, social and independence needs. As one of 29 sites participating from 2009 to 2015 in the federally funded Children's Mental Health Initiative (CMHI), Project Kealahou (PK) promotes System of Care (SOC) principles: community-based, individualized, culturally and linguistically competent, family-driven, youth-guided and evidence-based services. Project Kealahou coordinates among the state's mental health, juvenile justice, education and child welfare systems to promote system of care principles in Hawai'i. Project Kealahou offers gender-responsive, trauma-informed services and supports to a target population of females ages 11-21 years who have experienced trauma and have been diagnosed with a mental health disorder that meets standardized diagnostic criteria. Results from the first two years of the implementation of Project Kealahou highlight the family, socioeconomic, functional, and interpersonal challenges faced by girls and their families who receive services in the Hawai'i system of care. Results suggest that Project Kealahou may serve as a model for a cost-effective way to improve care and outcomes for at-risk youth and their families in Hawai'i.

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Hawai'i System of Care



Project Kealahou consists of a diverse set of gender-responsive, trauma-informed supports and services that are consistent with System of Care principles. These services are delivered within a larger system of care, which includes the children's public mental health system, as well as other child-serving agencies such as Juvenile Justice, Child Welfare and Education.

PK vs. Usual Care – Treatment Targets

Top 10 UC Targets

1. + Family Functioning (55%)
2. Oppositional Behavior (47%)
3. Academic Achievement (36%)
4. Anger (31%)
5. Aggression (27%)
6. Treatment Engagement (25%)
7. Substance Use (20%)
8. Anxiety (19%)
9. Social Skills (16%)
10. + Peer Interaction (16%)

Top 10 PK Targets

1. Traumatic Stress (42%)
2. Anger (25%)
3. Depressed Mood (23%)
4. Anxiety (20%)
5. + Family Functioning (20%)
6. Treatment Engagement (18%)
7. Activity Involvement (17%)
8. Avoidance (13%)
9. Substance Use (13%)
10. School Refusal/Truancy (12%)

Purple: unique to Usual Care; Blue: unique to PK; Black: common to both Usual Care and PK

PK vs. Usual Care – Intervention Strategies

Top 10 UC Strategies

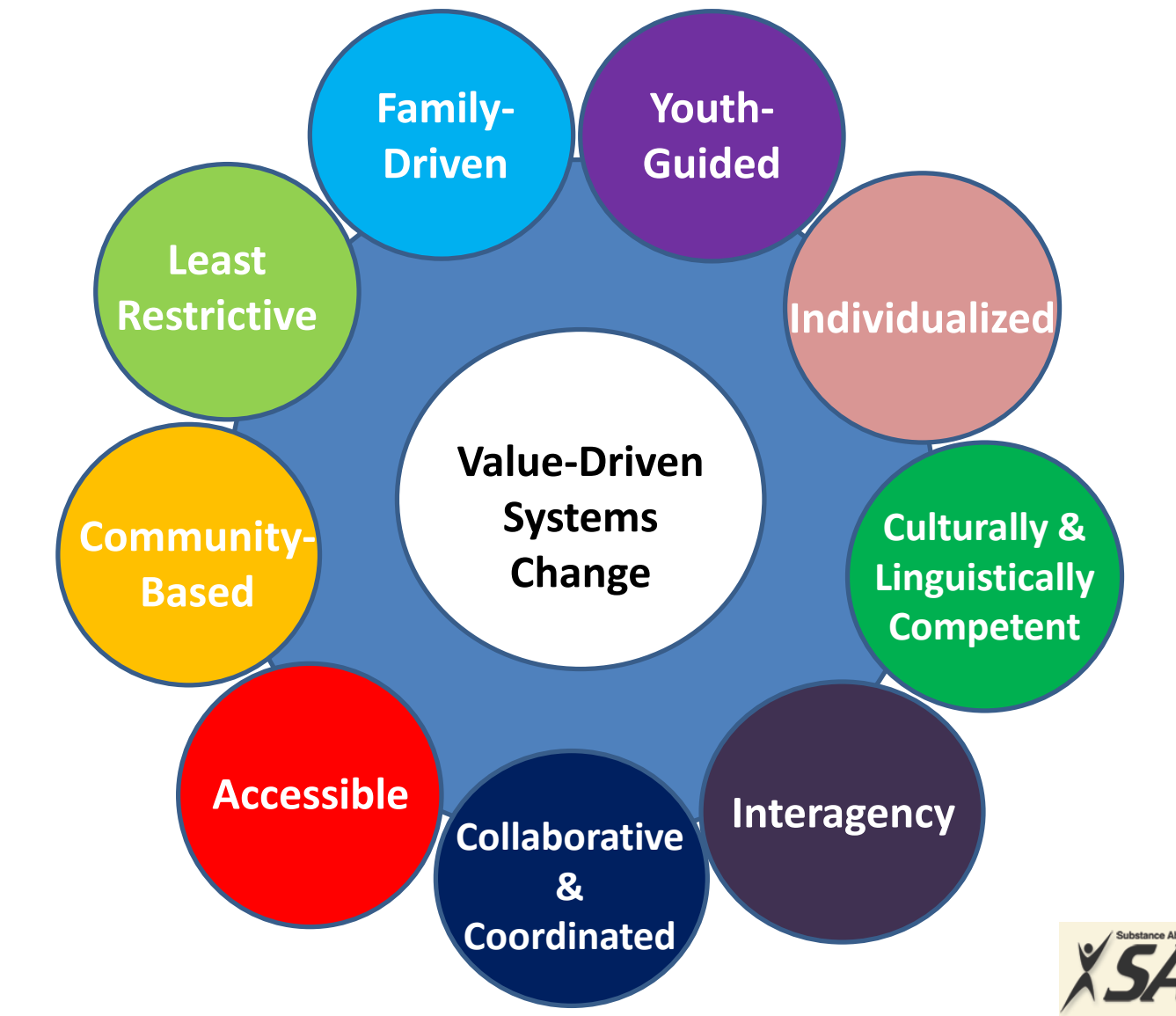
1. Supportive Listening (60%)
2. Communication Skills* (56%)
3. Problem Solving* (55%)
4. Natural Consequences* (53%)
5. Rapport Building* (46%)
6. Therapist Rewards* (46%)
7. Goal Setting* (46%)
8. Emotional Processing (44%)
9. Family Engagement (44%)
10. Skill Building* (44%)

Top 10 PK Strategies

1. Supportive Listening (78%)
2. Rapport Building* (52%)
3. Mentoring (44%)
4. Modeling* (40%)
5. Communication Skills* (39%)
6. Goal Setting* (30%)
7. Relaxation* (30%)
8. Peer Pairing (28%)
9. Cognitive* (27%)
10. Activity Scheduling* (23%)

*Evidence Based Practice (EBS)

Principles of Systems of Care



System of Care (SOC) principles aim to ensure services for youth and their families are family-driven, youth-guided, individualized, culturally and linguistically competent, accessible, community-based, least restrictive and provided through interagency, collaborative and coordinated efforts.

The information above compares Project Kealahou services to Usual Care as delivered in the existing children's public mental health system in terms of treatment targets and intervention strategies chosen by service providers. Percentages refer to the frequency with which treatment targets and intervention strategies were reported by service providers for each of their individual clients on a monthly basis. These data reflect the first two years of service provision through Project Kealahou.

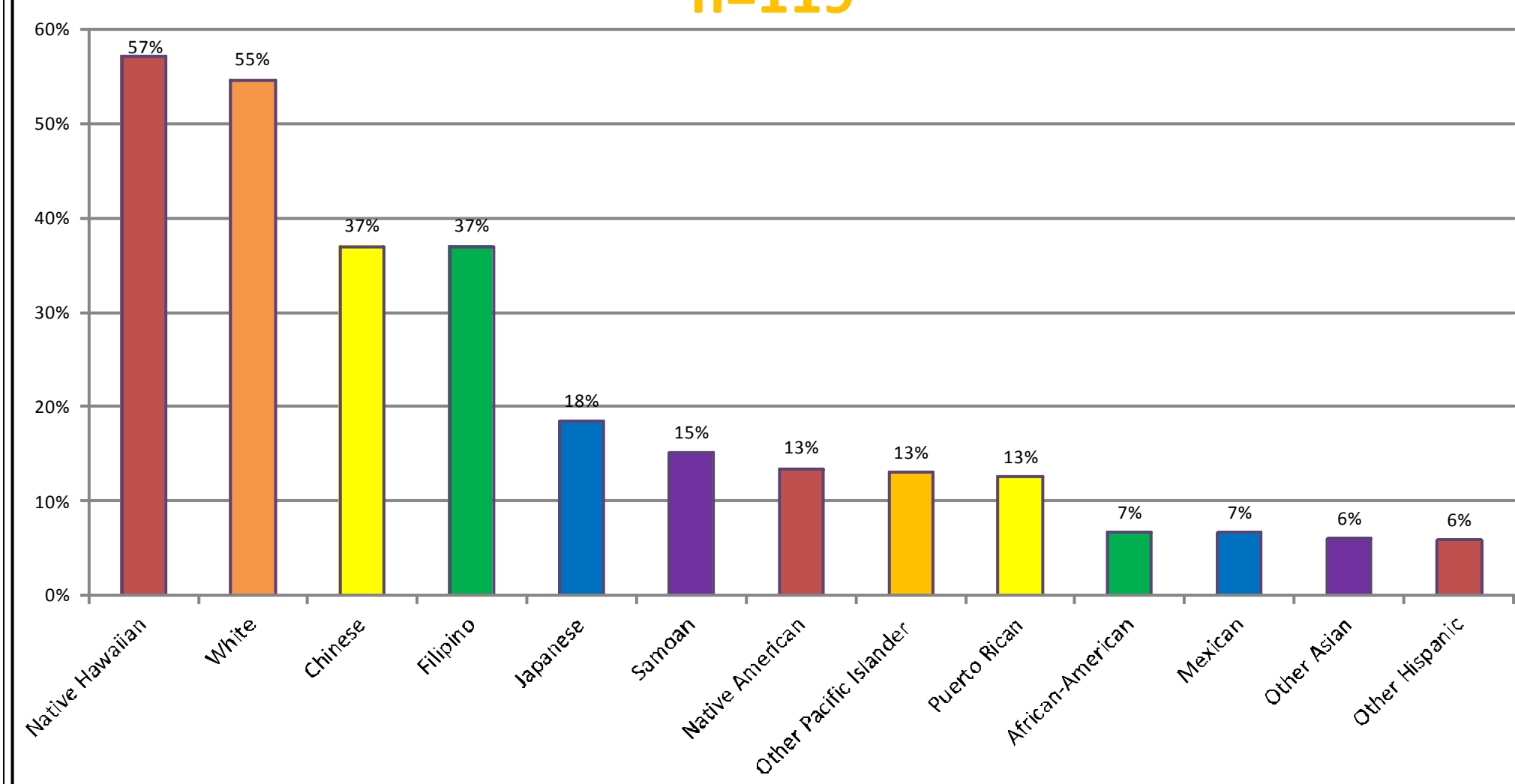
Characteristics of Youth at Intake

- Primary Diagnoses***
 - Mood (44%)
 - Substance Abuse (35%)
 - Conduct (31%)
- Referral Sources**
 - Mental Health (41%)
 - Juvenile Justice (25%)
 - Education (24%)
- Most Reported Ethnicities***
 - Native Hawaiian (57%)
 - White (55%)
 - Chinese (37%)
 - Filipino (37%)
- Youth History of:**
 - Running Away (67%)
 - Suicide Attempt (33%)
 - DV Witness (67%)
 - Survivor of Assault: Physical (44%), Sexual (35%)

*Youth may report more than one primary diagnosis and may indicate more than one ethnicity.

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Ethnicities of Girls Served by PK n=119



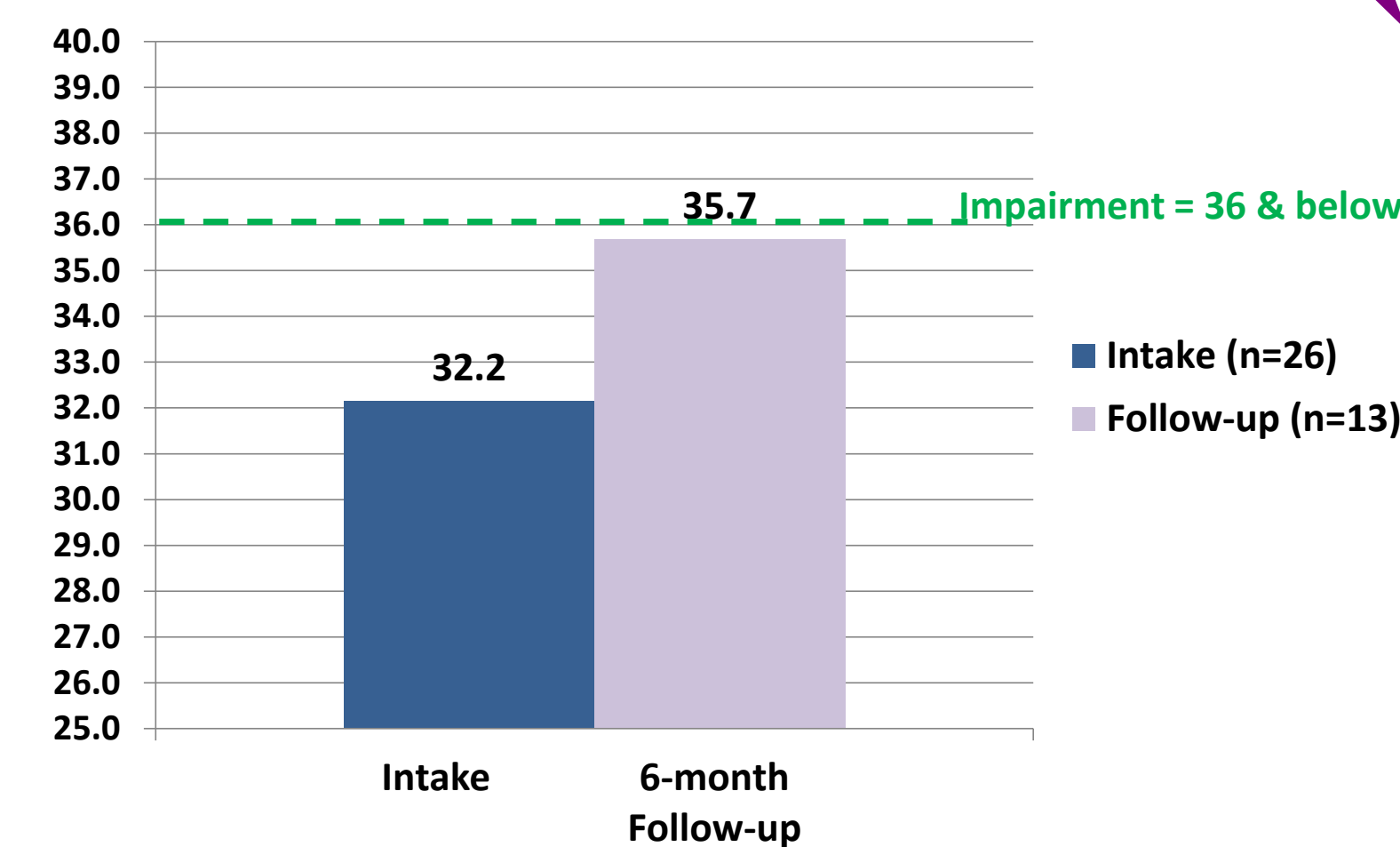
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Outcomes at 6 Month Follow-Up

- Improved Competence
- Improved Strengths
- Lower Arrest Rates
- Better Grades
- Decreased Anxiety
- Improved School Attendance
- Decreased Behavior/Emotion Problems
- Decreased Impairment*
- Decreased Depression
- Less Caregiver Strain*

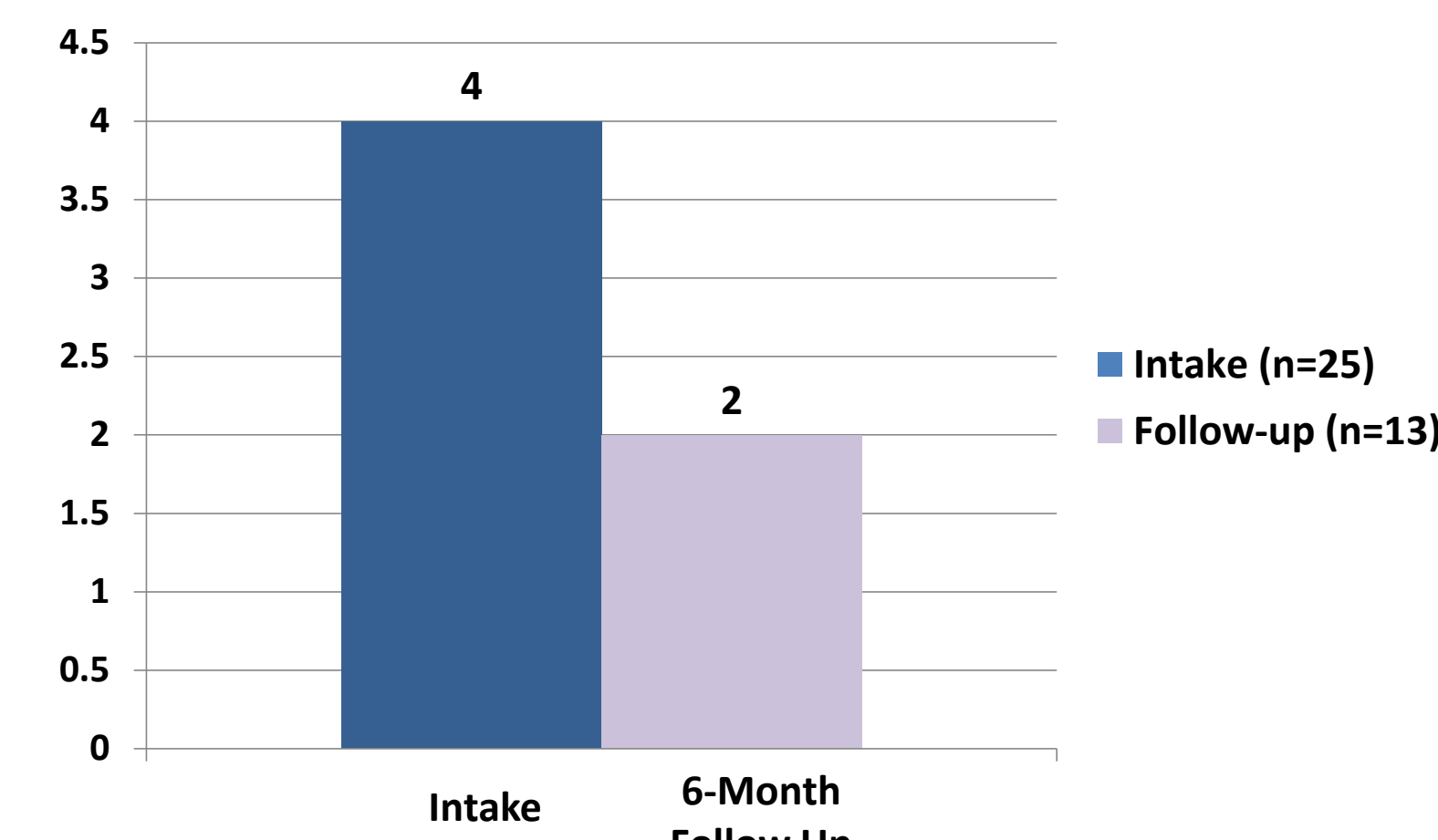
*Indicates significant improvement according to an independent samples t-test (p < 0.05).

Youth Competence



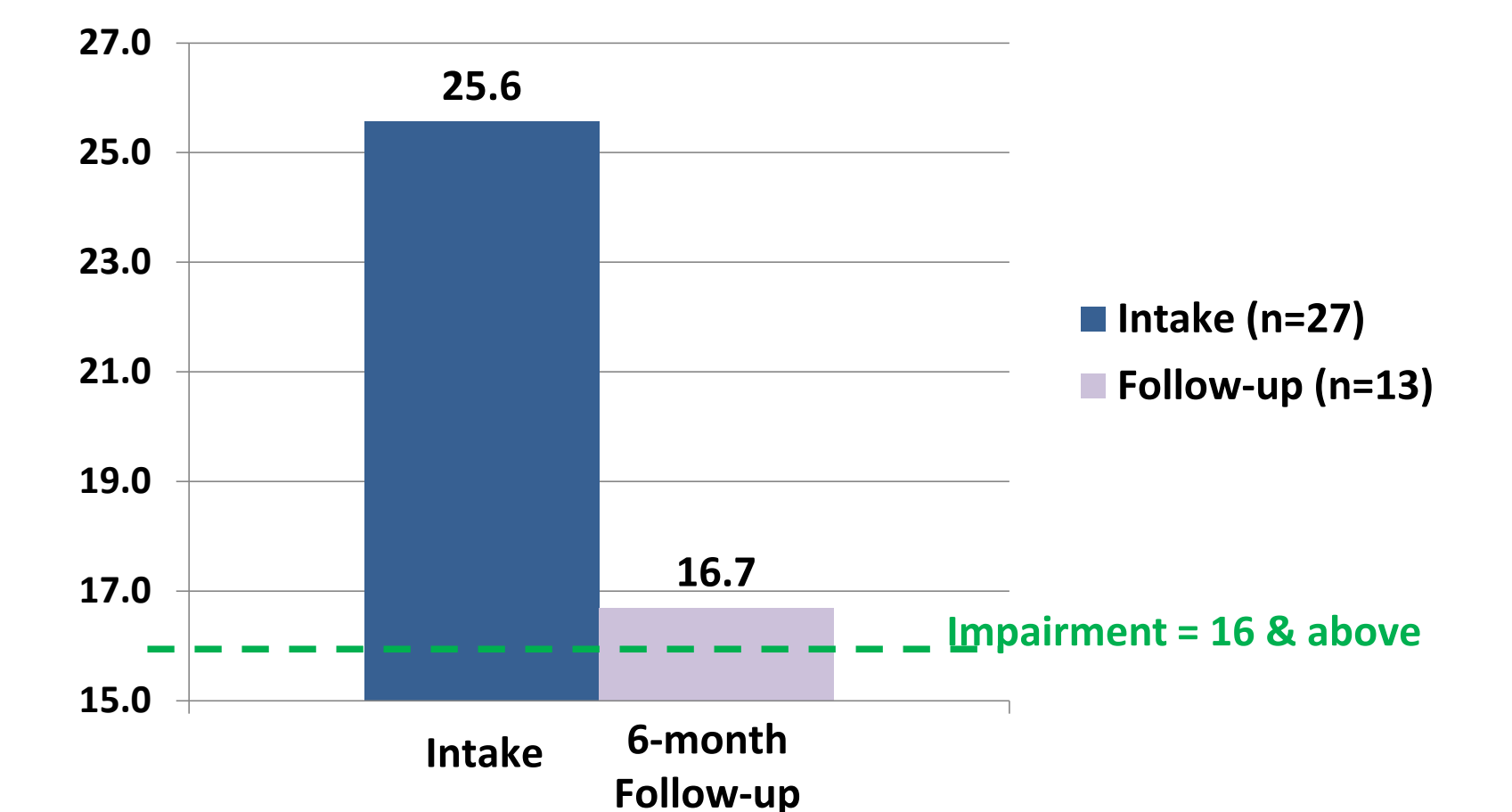
Based on caregiver responses to the Child Behavior Checklist (CBCL), youth showed improved competence in social, educational and other activities at 6-month follow-up, though the difference did not reach significance (p = 0.29).

School Absences



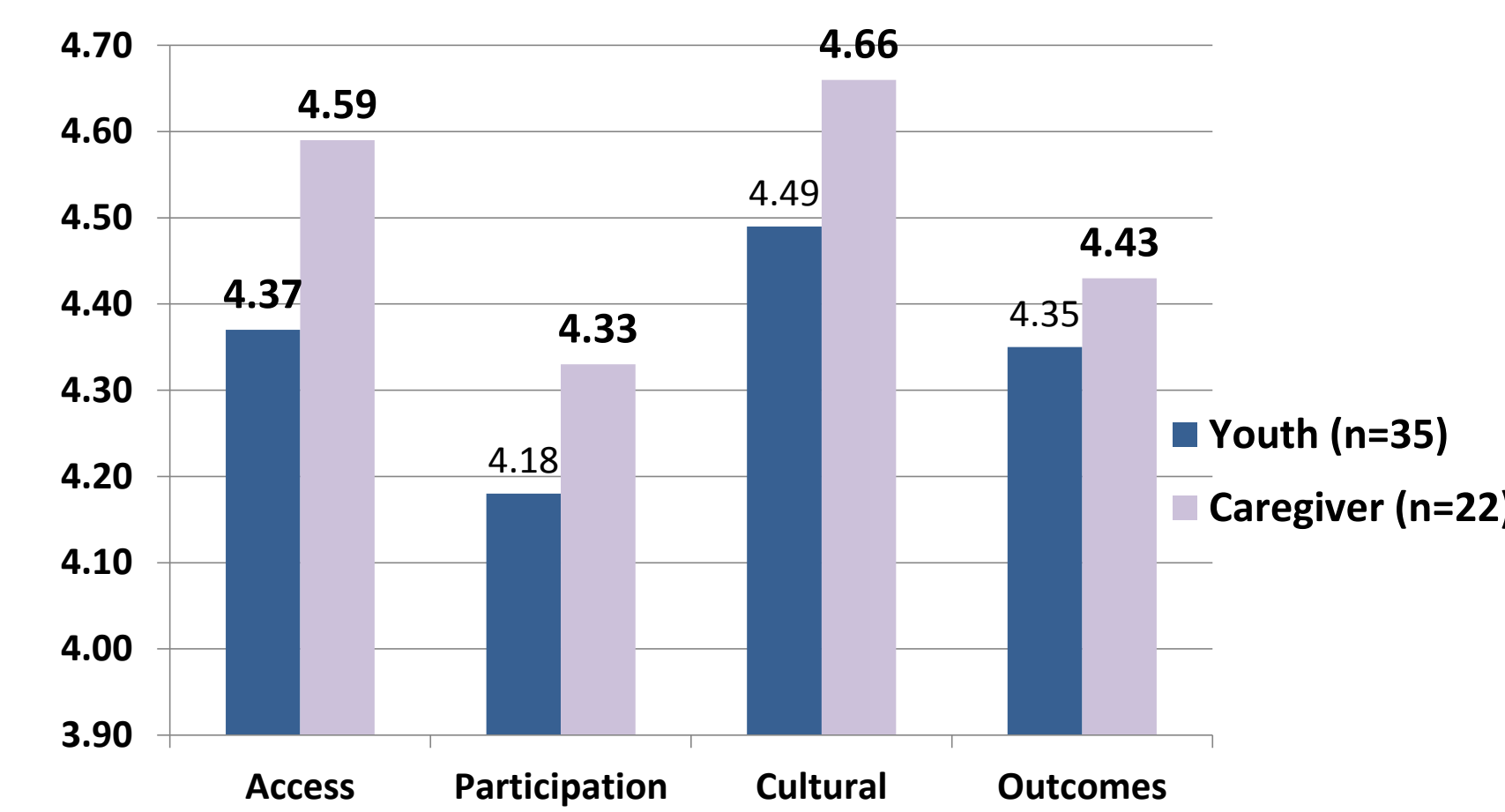
Based on caregiver responses to the Educational Questionnaire, Revision 2 (EQ-R2), youth had fewer monthly absences at 6-month follow-up, though the difference did not reach significance.

Youth Impairment



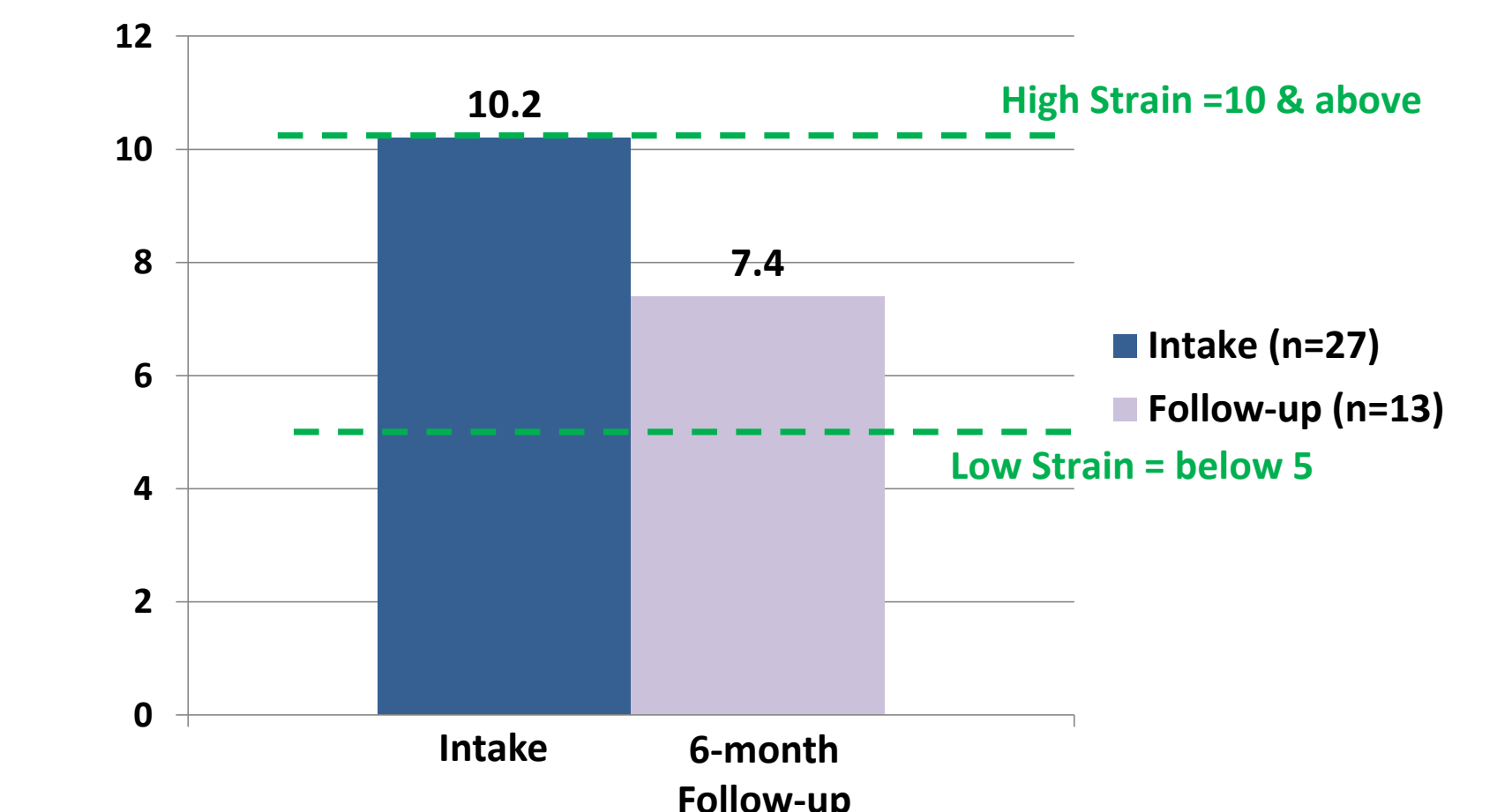
Based on caregiver responses to the Columbia Impairment Scale (CIS), youth demonstrated significant improvement in scores at 6-month follow-up in areas such as getting into trouble, getting along with others, involvement in activities, feeling sad, nervous, etc. (p = 0.017).

Youth/Caregiver Satisfaction Levels



Satisfaction levels are based on youth and caregiver responses to the Youth Services Survey (YSS/YSS-F) in regards to the previous 6 months of services received. Scores for each item range from 1 to 5. A score above 3.5 is regarded as positive.

Caregiver Strain



Based on caregiver responses to the Caregiver Strain Questionnaire (CGSQ), caregivers reported significantly less strain (e.g., worry, guilt, resentment loss, etc.) at 6-month follow-up (p = 0.002).

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