



Data Trends

Summaries of research on mental health services for children and adolescents and their families

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Source: Hodges, K., Doucette-Gates, A., Cheong-Seok, K. (2000). Predicting service utilization with the Child and Adolescent Functional Assessment Scale in a sample of youths with serious emotional disturbance served by Center for Mental Health Services-funded demonstrations. *The Journal of Behavioral Health Services & Research* 27(1), 47-59.

This study reports on data gathered as part of the evaluation of the Comprehensive Community and Mental Health Services for Children and their Families Program. The Child and Adolescent Functional Assessment Scale (CAFAS) is a measure commonly used to determine the presence and severity of serious emotional disturbance (SED) in children and adolescents. This article reports on a study to see if there is a correlation between CAFAS scores at intake and the subsequent length and level of restrictiveness of care that a youngster receives for treatment of SED.

Prior research from the Fort Bragg Evaluation has suggested that children and adolescents with greater impairment as measured by the CAFAS would require greater and more intensive care. However, those youths were generally from middle-income, two-parent military families and had less impairment than the youngsters sampled in the present study.

The CMHS-funded sites and CMHS-funded national evaluation are ongoing initiatives, with data collection at intake, 6 months, 12 months, and annually thereafter while children actively receive mental health services. Therefore, data collected by the evaluation are significant for their demographic and longitudinal scope.

Data for the present study indicate that the majority of caregivers were single females living below the poverty level. About two-thirds of the youngsters were male. About half of the children were adolescent (age 13 and above), and the rest were preadolescent. Youths meeting criteria for SED were referred for services through a variety of service agencies (see text box).

Changes in CAFAS scores from intake to 6 months were analyzed for the present study. Data were analyzed for over 1,500 youth according to levels of restrictiveness of care received as part of their treatment for SED. Youths who were very impaired as measured by the CAFAS scores at intake were more likely to receive services in residential units or in intermediate care settings. Youths who were less impaired were more likely to remain in a family setting during the six month period after intake.

Sources of referral. Data collected by Macro, International, Inc.:	
Mental health	23%
Social services	17%
Corrections or court	12%
Parent	9%
Other	17%

It is suggested by the authors that CAFAS scores at intake can aid policymakers and planners in allocation of funds based on anticipated out-of-family treatment and restrictiveness of care (e.g., cost and setting) for groups of youth. However, youths in the present study cannot be assumed to be representative of all youngsters with SED because only children and adolescents in treatment for six months were sampled. Furthermore, care should be exercised with scores for individual youth, as scores at intake should not be the only indicator for which type or intensity of treatment is deemed best for a particular youngster. The predictive utility of this measurement may, however, be beneficial to individuals as they progress through treatment in restrictive care settings. The authors suggest that frequent assessment with the CAFAS might help determine when a youngster has improved enough to be released into less restrictive care settings.