



Childhelp USA®

MERV GRIFFIN VILLAGE of ARIZONA FY 2003 ANNUAL EVALUATION REPORT

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CHILDHHELP USA-MERV GRIFFIN VILLAGE OF ARIZONA FY 2003 MID-YEAR EVALUATION REPORT

INTRODUCTION

On June 11, 2002, the Childhelp USA® Merv Griffin Village of Arizona welcomed its first two children into their program. The Village, a Level I treatment center, is located in Wickenburg on a 192-acre site donated by entertainer/entrepreneur Merv Griffin. It is JACHCO accredited and licensed to serve up to twenty children.

The Village provides specialized, comprehensive treatment programs for severely abused and neglected Arizona children between the ages of four and twelve. As of June 30, 2003, the Village had provided residential treatment services to twenty-four children. These twenty-four children were referred by various agencies across Arizona and were ethnically and racially diversity.

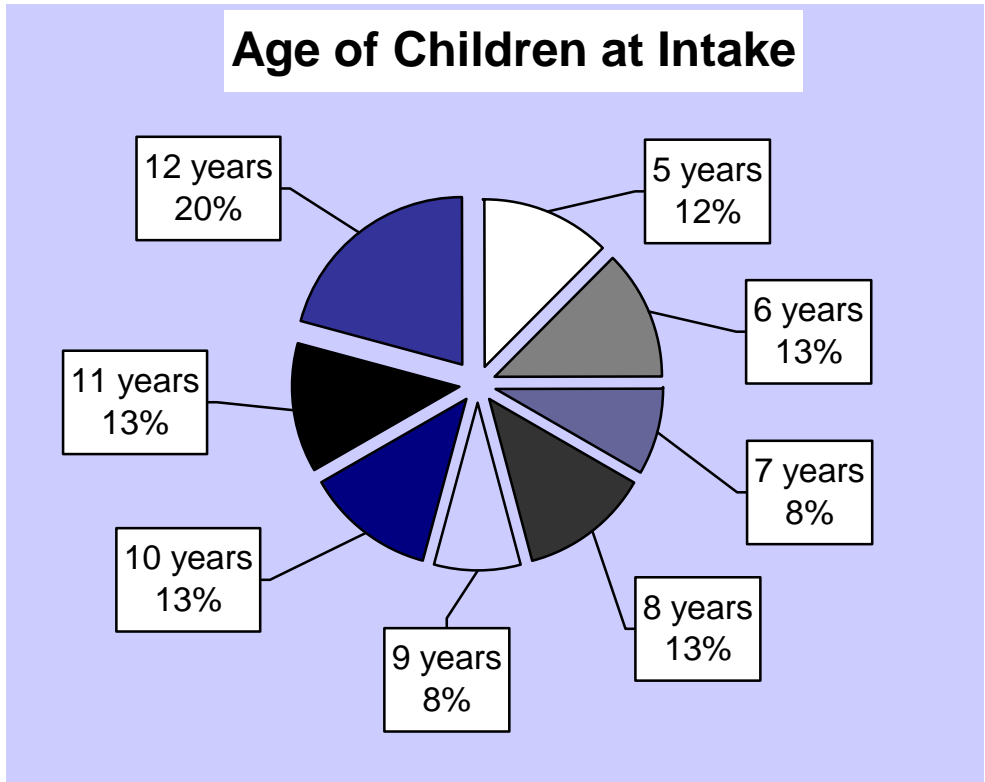
The Village staff provides a nurturing environment in which the building of trust and self-esteem can occur. A combination of modalities is included in each child's individualized treatment plan including: individual and group psychotherapy, family therapy, education, art therapy, an interfaith spiritual program, and recreational activities. Once children are able to succeed in settings with less supervision, in most cases they are transitioned back to their families or to an adoptive home, group home or foster home.

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I. Child Demographic Information

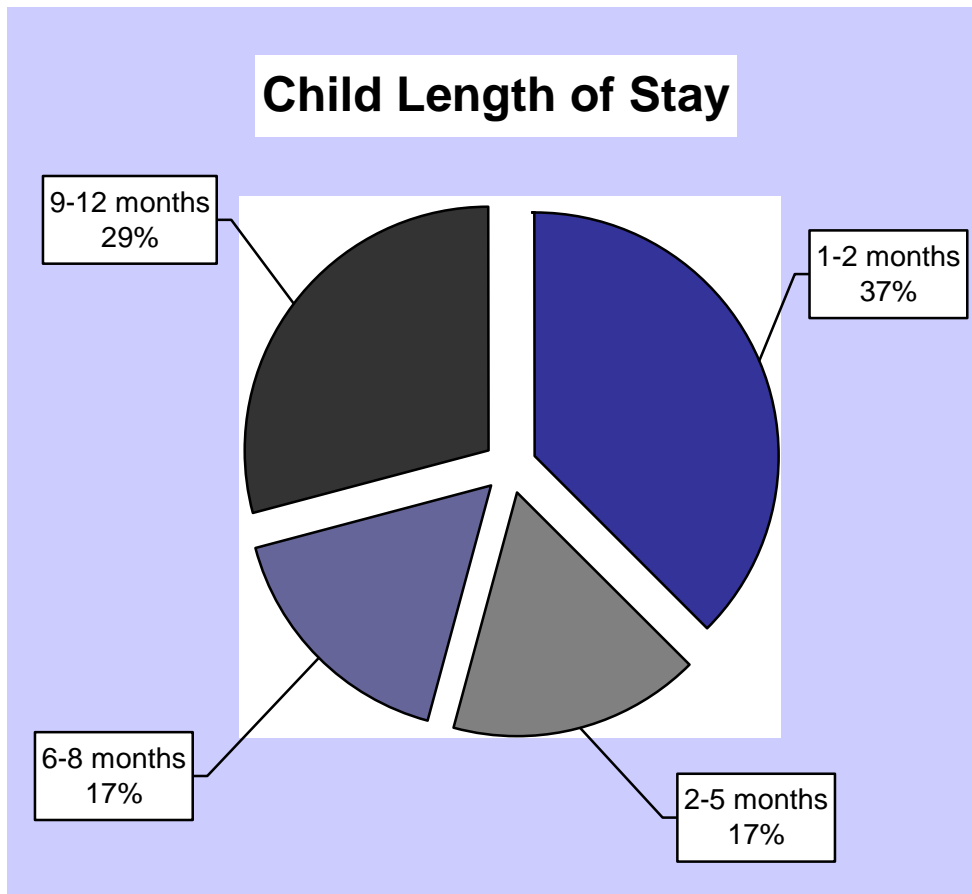
Age and Gender of Children

As of June 30, 2003, twenty-four (24) children were enrolled in services at Childhelp USA-Merv Griffin Village of Arizona. Of the 24 children, 11 were males and 13 females. The age of the children at the time of enrollment ranged from 5 to 12 years, with a mean child being 8.83 years. The graph below reflects the ages of the children at the time of referral.



Current Length of Stay

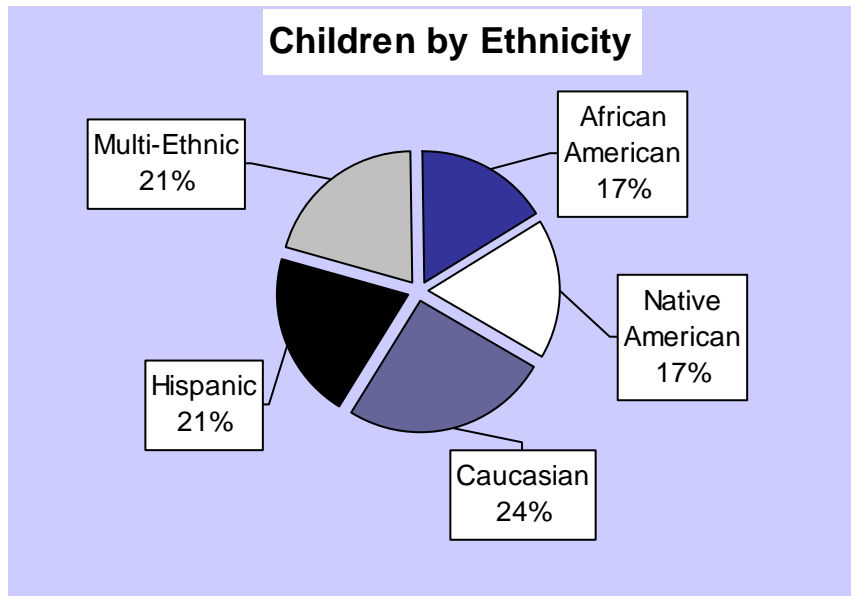
The length of residential enrollment in FY 2003 ranged from one month to one year, dependent upon the child's admission date. The average length of stay during FY 2003 was 5.25 months, and the median length of stay was 5.50 months. The longest length of stay in the Childhelp USA-Merv Griffin Village of AZ program to date has been 13 months. At the end of June 2003, 12 (50%) of the children enrolled in FY 2003 had been discharged, and 12 (50%) children continued enrollment in to FY 2004.



*The graph depicts length of stay for FY 2003 and does not reflect data for children continuing enrollment in to FY 2004

Ethnicity of Children

The children enrolled in Village AZ representative the numerous ethnic backgrounds of the state of Arizona. Of the 24 children enrolled in FY 2003, four (4) were African American, four (4) were Native American, six (6) were Caucasian, five (5) were Hispanic and five (5) were of multiple ethnicities.



Sources of Referral

Children were referred to the Childhelp USA program from a variety of primary and secondary referral sources. A total of thirteen (13) sources have referred children to the program in FY 2003. The most common primary source of referral was Value Options, referring 25% (6), followed by Excel who were responsible for 21% of the referrals.

Seventy-five percent (20) also had a secondary source of referral. Child Protective Services (CPS) served as secondary referral source in 38% (9) of the children referred, and Tribal Social Services was the secondary referral source for 15% of the referrals. The table below lists the primary and secondary sources of referral by number of children referred.

Referral Source	Primary	Secondary
Value Options	6	0
Excel	5	3
People	3	0
HRBHA	3	0
GRBHA	2	0
PGBHA	2	0
APYF	1	0
Horizen	1	0
Show Low Community Counseling	1	0
Arizona Department of Social Service	0	9
Tribal Social Services	0	4
Cocopah Tribe	0	3
GRHCC	0	1

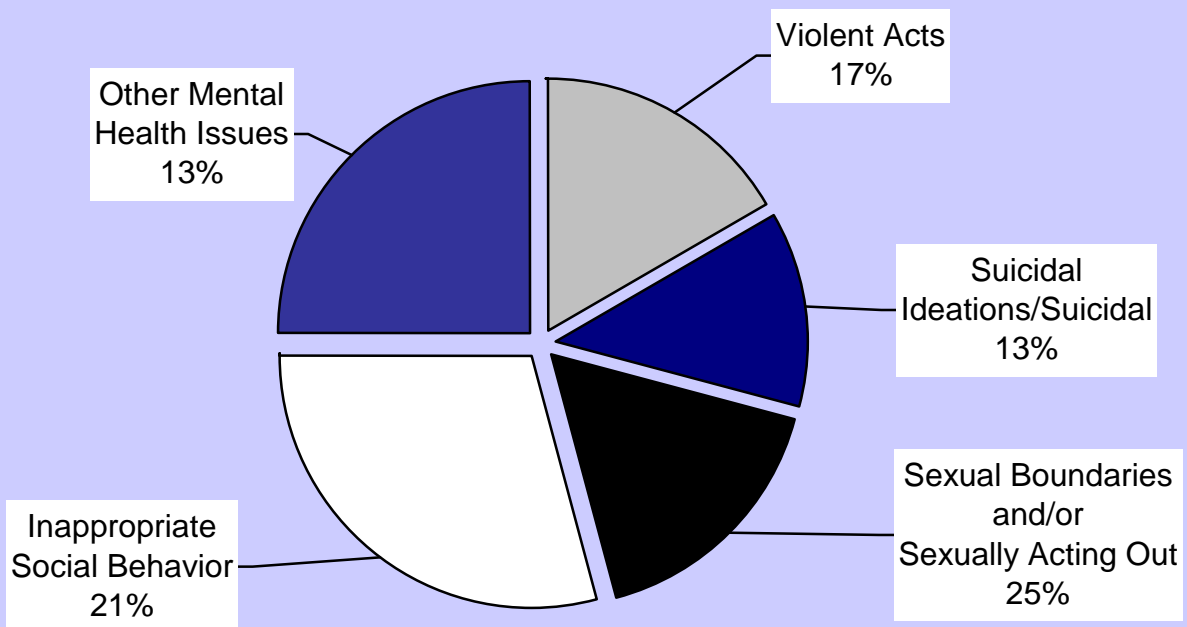
Reason for Referral

The reasons the children were referred to the village for services clustered around one of four areas:

- ◆ Need for treatment and intervention related to abuse and neglect (physical, sexual emotional, neglect, child rape, PTSD)
- ◆ Need for treatment and intervention related to mental health issues
- ◆ Need for treatment and intervention for Mental Health related issues (Bi-Polar, Depression, Previous Suicide Attempts, suicidal ideation)
- ◆ Need for treatment related to behavioral and anti-social behavior issues (ADHD, oppositional defiance, aggression, violence, etc.)

The most common reasons for referral of a child to the program were reasons related to child sexual abuse, inappropriate sexual behavior and inappropriate social behavior.

Identified Reasons for Referral

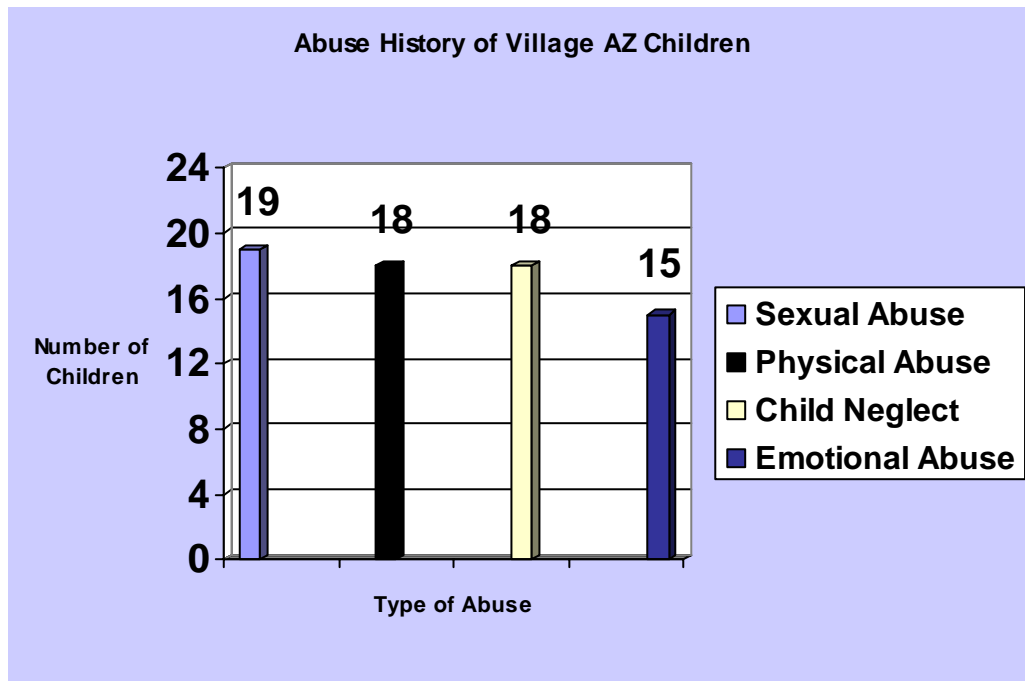


History of Abuse and Neglect

All twenty-four of the children referred to Childhelp USA-Merv Griffin Village of Arizona in FY 2003 sustained some form of abuse and or neglect during their lifetime, and for many, it was one of the primary reasons they were referred for services. Forms of abuse included sexual abuse, emotional abuse, physical abuse and neglect.

Of the 24 children, 75% (18) had experienced two or more forms of abuse, 50% (12) had experienced three forms of abuse and 21% (5) had experienced all four types of abuse.

The most common form of abuse experienced by the children admitted to Village of Arizona was child sexual abuse, with 80% of all children admitted having a history of validated or alleged sexual abuse. Physical abuse and child neglect were the next most common forms of abuse identified, with 75% of the children in FY 2003 reporting a history of these forms of abuse. Emotional abuse, while still common in the majority of the Village of AZ population, was the "least frequently" occurring abuse type, occurring historically in 63% of the children admitted. The below chart depicts the historical abuse type by number of children impacted.



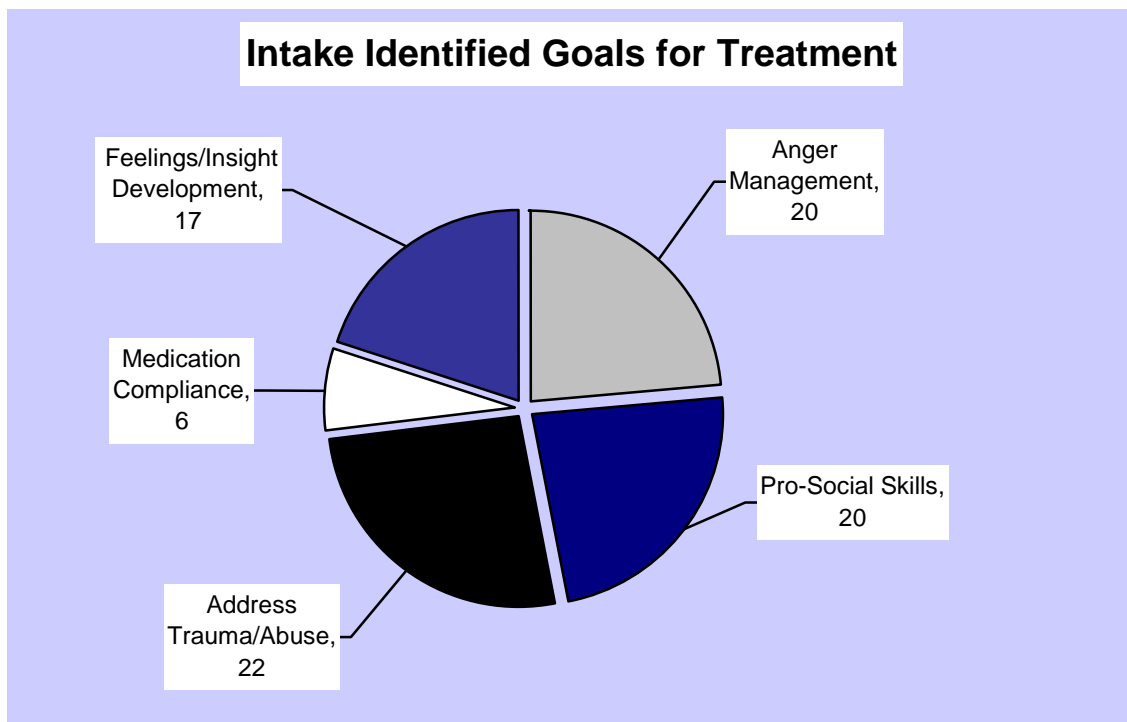
Identified Treatment Goals

At the time of referral, the parent, primary caretaker and/or referral source(s) identified several potential treatment goals for the children referred.

The most commonly identified treatment goals were as follows:

- ◆ Goals related to addressing trauma and abuse
- ◆ Goals related to addressing anger management skills
- ◆ Goals related to addressing pros-social skill development
- ◆ Goals related to addressing medication compliance
- ◆ Goals related to addressing need for feelings/insight development.

The graph below reflects the identified treatment goals of the clients.



Treatment for the identified abuse, neglect child rape and or PTSD was the most common treatment goal identified, while the development of pro-social skills was the second most common treatment goal identified.

***Data are not mutually exclusive and may reflect more than one treatment goal per child

***Number reflects the number of children out of the 24 who at the time of intake in FY 2003 had that goal identified.

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II. Child Outcome Data

Child and Adolescent Functional Assessment Scales (CAFAS)

The Child and Adolescent Function Assessment Scales (Hodges, 2000) are designed to measure the clinical and behavioral status of a child or adolescent. The CAFAS is given to every child enrolled at intake and every three months thereafter to assess the status and change in the following areas of clinical functioning:

- ◆ Role Performance-School, Home/Resident, Community
- ◆ Behavior Toward Others
- ◆ Moods/Self-Harm
- ◆ Moods/Emotions
- ◆ Self-Harm Behavior
- ◆ Substance Use
- ◆ Thinking

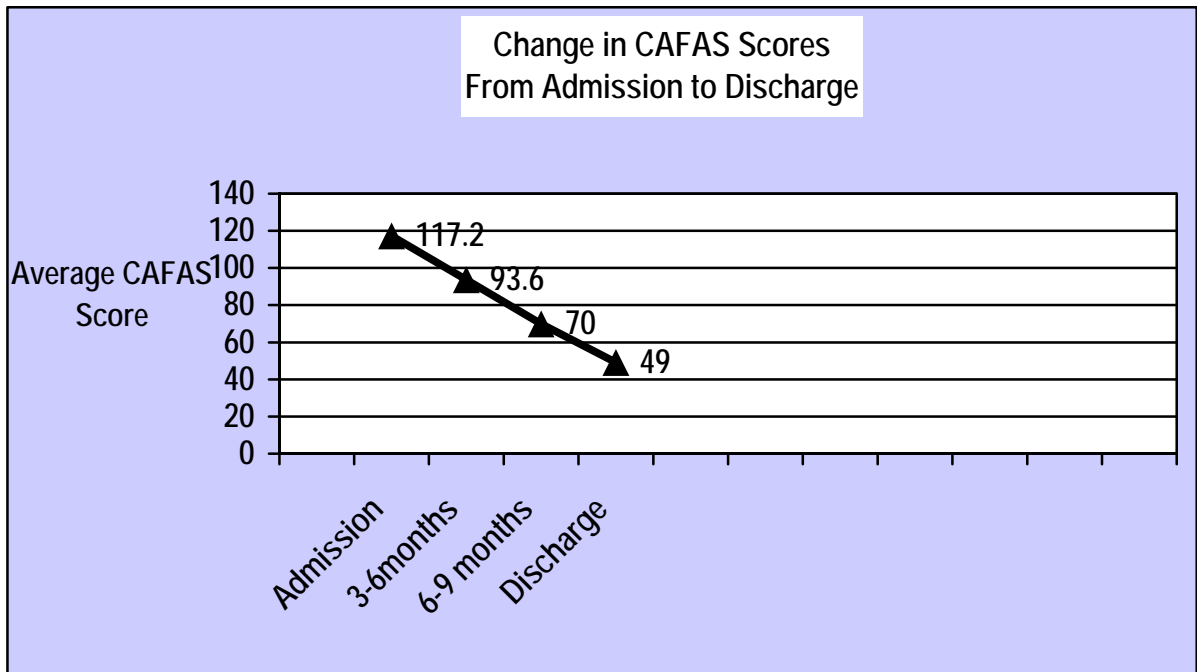
Clinical and behavioral functioning is then assessed based on a total score that is interpreted using the following scoring criteria. A decrease in the functional rating score is equivalent to a positive outcome on this measure:

Score	Description
0-10	Youth exhibits no noteworthy impairment
20-40	Youth likely can be treated on an outpatient basis
50-90	Youth may need additional services beyond outpatient care
100-130	Youth likely needs care which is more intensive than outpatient and/or which includes multiple sources of supportive care
140 & higher	Youth likely needs intensive treatment, the form of which would be shaped by the risk factors and the resources available within the family and community

IN FY 2003, the 24 baseline CAFAS scores ranged from 60 to 200. The extensive variance or difference in baseline scores obtained is related to age, reason(s) for referral and the acute nature of the mental health needs of each particular child.

The average baseline CAFAS score obtained was a rating of 117.20, reflecting that upon admission the majority of children referred services were those children, *“likely to need care more intensive than outpatient and/or care which included multiple sources of supportive care”*.

The chart below reflects the aggregate mean baseline, 3-6 month, 6-9 month and discharge CAFAS scores for children enrolled in FY 2003.



At present, 46% (11) of the clients received a 3-6 month CAFAS rating and 21% (5) received a 6-9 month rating. The CAFAS scores obtained at the three to six month period of service indicate that clinical status and functioning improved, and a statistically significant decrease was noted ($P > .000$). For this assessment period, the clinical functioning decreased an average of 37.3 points, with the decreases ranging from a decrease of zero points to a decrease of 70 points.

Ten of the 12 children discharge in FY 2003 also received a CAFAS assessment at discharge. On average, the typical client positively decreased their clinical functioning assessment score by 70 points from their baseline assessment. The average or mean functional rating given at discharge was a rating of 47, with the most frequently occurring CAFAS discharge score being a 30. This decreases was also statistically significant ($p < .000$).

These positive outcome data indicate that the average child being discharged from Childhelp USA-Merv Griffin Village of Arizona is being discharged capable of functioning in the community with the support of outpatient services. The table below profiles the CAFAS scores by client.

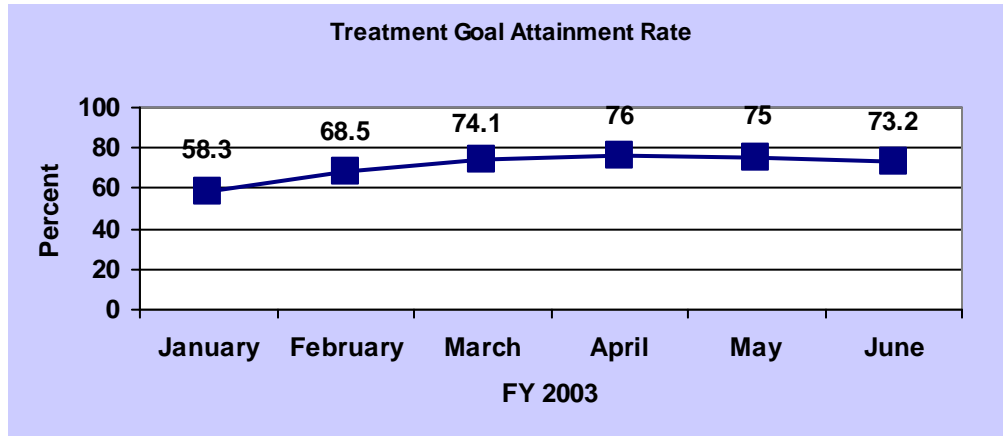
Child	Intake Score	3-6 Months Score	9-12 Months Score	Discharge Score
1	200	130	120	120
2	110	90	60	30
3	120	70		40
4	90			40
5	90	40	40	20
6	90	60	30	20
7	110	70		*
8	130	130		80
9	170	160	100	*
10	120			30
11	160			***
12	140	110		*
13	140	110		*
14	120	60		30
15	100			*
16	120			*
17	120			***
18	60			60
19	120			*
20	60			*
21	120			*
22	60			*
23	140			*
24	120			*

* Indicates that child was still in the program and not yet discharged

***Indicates that the child was discharged but no discharge CAFAS was administer

Treatment Goals Met

An individual treatment plan is developed at the start of each child's stay. This plan includes defined treatment goals that each are reviewed with the child daily, and progress toward meeting the stated goals are reviewed weekly. Each child has the potential to meet 100% of his/her defined goals on a weekly basis. The goal attainment percentage is determined based on demonstration of the stated goal.



The data above and below reflect the average monthly percentage of treatment goals attainment by child. The mean goal attainment scores were figured by adding each child's weekly scores and dividing the overall number of weeks in the month. The data for this outcome are reflective for the period of time ranging from January 1, 2003 through June 30, 2003.

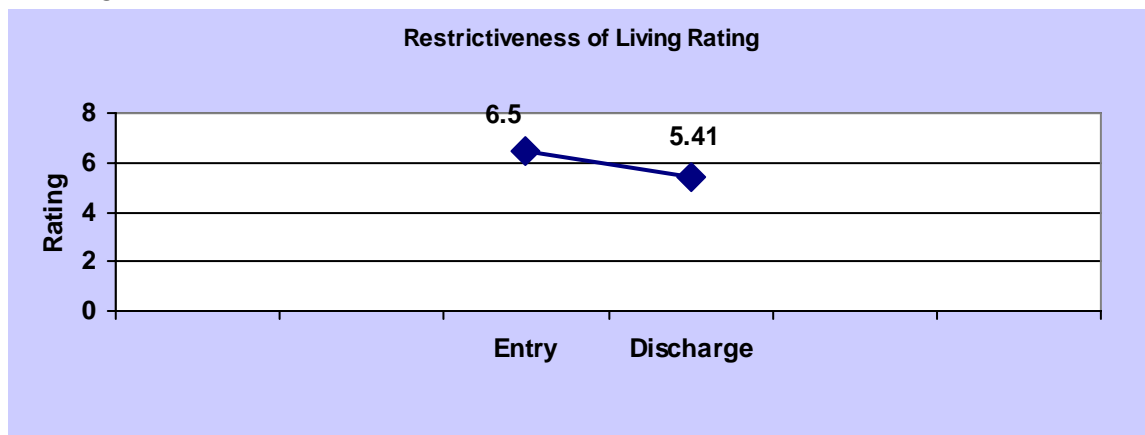
Month	Number of Children Enrolled	Average Percent Goal Attainment	Range of Goal Attainment
January 2003	12	58.3%	34%-82%
February 2003	12	68.5%	50%-94%
March 2003	12	74.1%	61%-88%
April 2003	14	76.0%	65%-89%
May 2003	18	75.0%	50%-98%
June 2003	17	73.2%	55%-96%

Restrictiveness of Living Environment

The Restrictiveness of Living Scale-ROLES (Hawkins, 2002), were used to rate the restrictiveness of living environment of the children at Childhelp USA-Merv Griffin's Village of AZ at the time of intake and again upon discharge. The restrictiveness ratings are based on a 10 point scale, with the most restrictive living environment, "Jail" receiving a rating of a 10.0, and the least restrictive environment, "living independently by self", receiving a rating of a 1.0. A decrease in rating suggests a positive outcome.

All children entering the Village of Arizona received a restrictiveness rating at the time of entry of 6.5, or equivalent to a rating of "Residential Treatment Center". Upon discharge, each child received ROLES rating based on the living environment to which the child was being discharged. The mean or average restrictiveness rating for these 12 children was 5.41, or equivalent to being discharged to a "Group Home" living environment. However, the most frequently rating received was a rating of 4.5, or equivalent to a "Treatment Foster Care" living environment. Seventy-five percent of all discharges in FY 2003 were to a less restrictive care environment.

The data below reflect the change in living restrictiveness from admission to post discharge.



Child	Admissions Placement	Rating	Discharge Placement	Rating
1	Residential Treatment	6.5	Home	2.0
2	Residential Treatment	6.5	Treatment Foster Care	4.5
3	Residential Treatment	6.5	Treatment Foster Care	4.5
4	Residential Treatment	6.5	Treatment Foster Care	4.5
5	Residential Treatment	6.5	Treatment Foster Care	4.5
6	Residential Treatment	6.5	Treatment Foster Care	4.5
7	Residential Treatment	6.5	Group Home	5.5
8	Residential Treatment	6.5	Group Home	5.5
9	Residential Treatment	6.5	Group Home	5.5
10	Residential Treatment	6.5	Residential Treatment	6.5
11	Residential Treatment	6.5	Psychiatric Hospital	7.5
12	Residential Treatment	6.5	Jail	10.0