

CAFAS

Agency 2013



An Agency CAFAS Report
Prepared by the Research Department of
Wood's Homes
June 2014



Table of Contents

Introduction.....	3
A Brief Summary of CAFAS.....	3
Changes in the 2013 Reporting year at Wood’s Homes.....	3
Brief Glossary of Terms.....	4
Agency CAFAS Scores.....	5
Average Total CAFAS Score.....	5
Percentage of Client Change.....	7
Annual Comparison.....	7
Intensive Residential CAFAS Scores.....	8
Average Total CAFAS Score.....	8
Average Total CAFAS Score by Program.....	8
Percentage of IR Client Change.....	9
Average CAFAS Subscale Score.....	9
Annual Comparison.....	10
Community Residential CAFAS Score.....	11
Average Total CAFAS Score.....	11
Average Total CAFAS Score by Program.....	11
Percentage of CR Client Change.....	12
Average CAFAS Subscale Score.....	13
Annual Comparison.....	13
In-Home Support CAFAS Score.....	14
Average Total CAFAS Score.....	14
Average Total CAFAS Score by Program.....	14
Percentage of IHS Client Change.....	15
Average CAFAS Subscale Score.....	15
Annual Comparison.....	16
Summary of Agency CAFAS Outcomes.....	17
References.....	..18



Introduction

A Brief Summary of CAFAS:

The Child & Adolescent Functional Assessment Scale (CAFAS) was developed in 1996 by Dr. Kay Hodges at the University of Michigan and is being widely used in the US and Canada. It is a multidimensional rating scale consisting of eight subscales:

(1) School/Work, (2) Home, (3) Community, (4) Thinking, (5) Behaviour Towards Others, (6) Moods/Emotions, (7) Self-Harming Behaviour, and (8) Substance Use.

Each of the subscales are used to assess the degree of **functional impairment** in youth, ages 7-17 with behavioral, emotional or substance use problems. Youth younger than 7 are assessed using the Preschool & Early Childhood Functional Assessment Scale (PECFAS), which does not contain the Substance Use subscale.

A total score ranging from 0-240 is possible and clinically significant change is 20 or more points.

Employees who administer CAFAS or PECFAS have been trained to reliability and receive subsequent training as necessary.

For more detailed information about this functional assessment tool please see:

Hodges, K. (2000). *Child and Adolescent Functional Assessment Scale*. Ypsilanti, MI: Eastern Michigan University.

Changes for 2013 Reporting Year

❖ Programs Included

For the current report, only programs that operate on a January to December reporting year are included. Programs that are not included in this report operate on a fiscal timeframe. The programs not included in this report are: Children's Village School, Starting Points & Park, William Taylor Learning Centre, Family Support Network, and Family Connections. Additionally, the Temple and Lotus programs are not included.

❖ 2013 Reporting Year

For the current report, there were a total of 15 programs included. Only complete cases of CAFAS and PECFAS for a client who was discharged from a program in 2013 are included. One client from intensive residential had PECFAS at intake and discharge, 4 PECFAS are included in the community residential results and a total of 11 intake and 9 discharge PECFAS are included in the in-home support results. This will be denoted throughout the report using an asterisk (*).

❖ Additional Outcome Category

This year a new outcome category has been included. "Remained Adequate" will be reported for those clients whose intake CAFAS total score was 0 or 10 and whose discharge CAFAS total score was also 0 or 10. This is considered a positive outcome as the child was able to maintain adequate functioning during their time with the program.



Brief Glossary

Please request a copy of the CAFAS Reference Guide for an extensive glossary of terms and/or a detailed explanation of these results.

Clinically Meaningful Improvement	Defined by the creator as a reduction in the total CAFAS by 20 points or greater (Hodges et al., 2004).
Improvement	Occurs when there is any decrease in total CAFAS and/or subscale score
Increased Impairment	Occurs when there is any increase in total CAFAS and/or subscale score
Maintained Impairment	Occurs when a client has the same total CAFAS score at intake and at discharge and the score is more than 10, or 10 and higher for subscale score
Remained Adequate	Occurs when a client has a total CAFAS score of 0 or 10 at both intake and discharge and/or a CAFAS subscale score of 0 at both intake and discharge
Percentage (of clients)	The number of identified clients divided by the total number of clients in the sample.
(CAFAS) Subscale Score	The rating of impairment assigned to an individual for each of the areas of functioning as determined using items selected from the CAFAS. The subscale score can be either: 0 (minimal or no impairment), 10 (mild impairment), 20 (moderate impairment), 30 (severe impairment). The summation of the subscale scores provides the total CAFAS score.
(CAFAS) Total Score	The summation of each subscale score on an assessment. The total score can range from 0-240 and is used to indicate the suggested level of support for an individual.



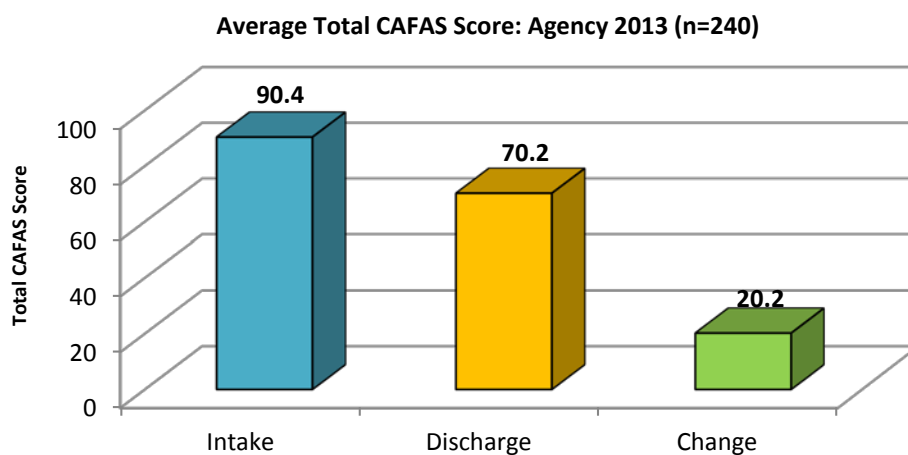
Agency CAFAS Scores 2013

Average Total Score: Intake to Agency

Figure 1 shows the average intake and discharge score and the change in average score for the Wood's Homes agency. This includes children and youth from the intensive and community residential programs, as well as the in-home support programs. There is a large range in acuity of behaviour and functioning between these programs as Wood's offers a variety of services for children and youth depending on their needs. The average intake score for the Wood's Homes agency this year was **90.4** and ranged from **0-220**. A score of 90.4 indicates that a youth "may need additional services beyond outpatient care" (Hodges, 2012). 10.2% (n=24) of Wood's Homes clients had an intake total CAFAS score that indicated minimal (10) or no (0) functional impairment.

The change in average intake and discharge scores (20.2 pts) is considered clinically meaningful (see figure 1). This indicates that during the course of their treatment, on average, the children and youth served at Wood's Homes are significantly decreasing the impairment they experience.

Fig. 1 Wood's Homes Agency Average Total CAFAS Score at Intake and Discharge for 2013 (n=240)*



Average Total Score: by Program Area

Intensive residential programs had the highest intake and discharge scores in 2013, as well as the greatest change in average score. This is consistent with the level of support provided, as clients with more severe concerns would be placed into a more intensely supported program.

The CAFAS/PECFAS total score indicates the level of impairment experienced by a child/youth. The total score is also indicative of the level of support that may be necessary for addressing the impairment. The intensive residential programs offer the highest degree of support for children/youth and these programs have the highest average CAFAS total scores. In-home support had the lowest intake and discharge scores, as well as the lowest change in average score (see figures 2&3).



Additionally, the programs with the largest decrease in average score from each program area were Exceptional Needs U12 (55.4 pts), Wheatland (60 pts), and Canmore (10 pts). This indicates that the clients in these programs had the greatest reduction in impairment, on average.

Fig. 2 Average Total CAFAS Score at Intake & Discharge by Program Area for 2013 (n=240)

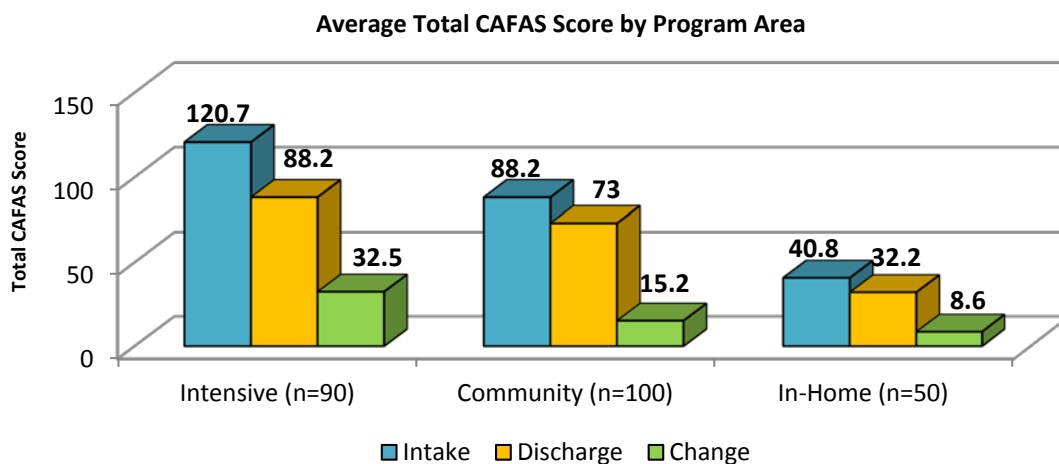
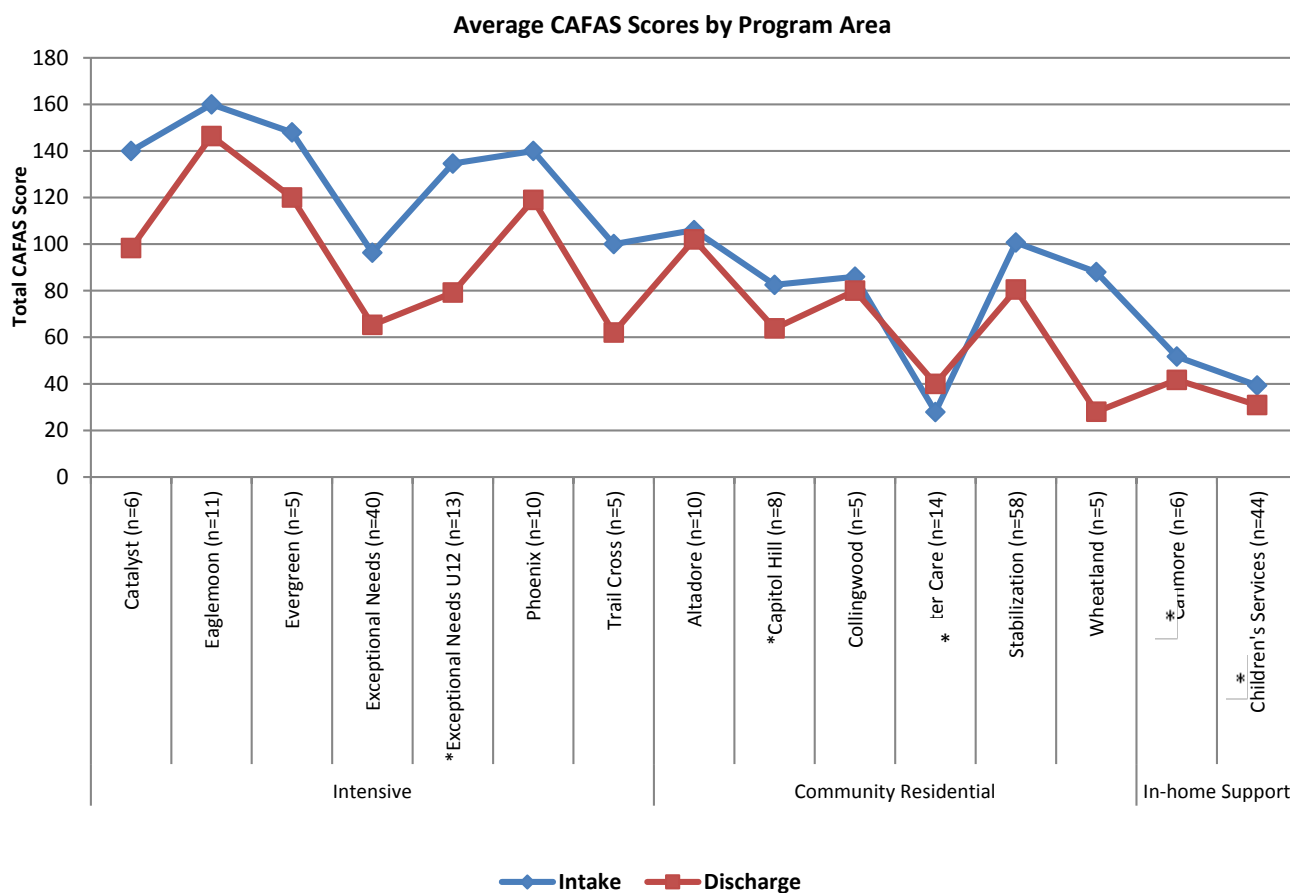


Fig. 3 Average Total CAFAS Score by Program for 2013 (n=240)



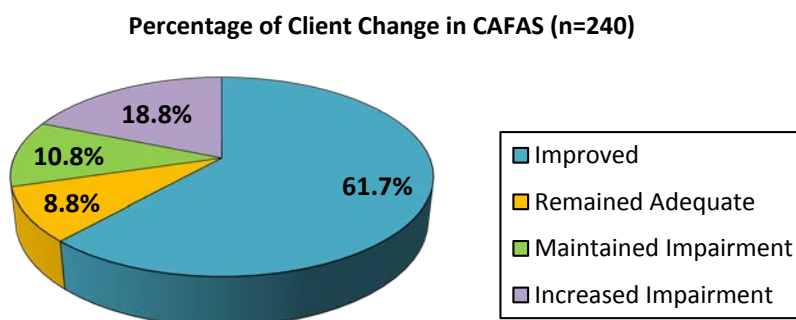


Percentage of Client Change

Figure 4 shows the overall outcomes for clients from Wood’s Homes in the 2013 reporting year. Individual client scores from their admission are compared to their score at discharge. **70.4%** (n=169) of clients demonstrated positive outcomes in change in total CAFAS score. Positive outcomes include improvement and remaining at adequate functioning.

More than **50%** (n=122) of children and youth at Wood’s Homes demonstrated a clinically meaningful improvement from the beginning to the end of treatment. See figure 4 for the remaining agency-wide outcomes for clients discharged in the 2013 reporting year.

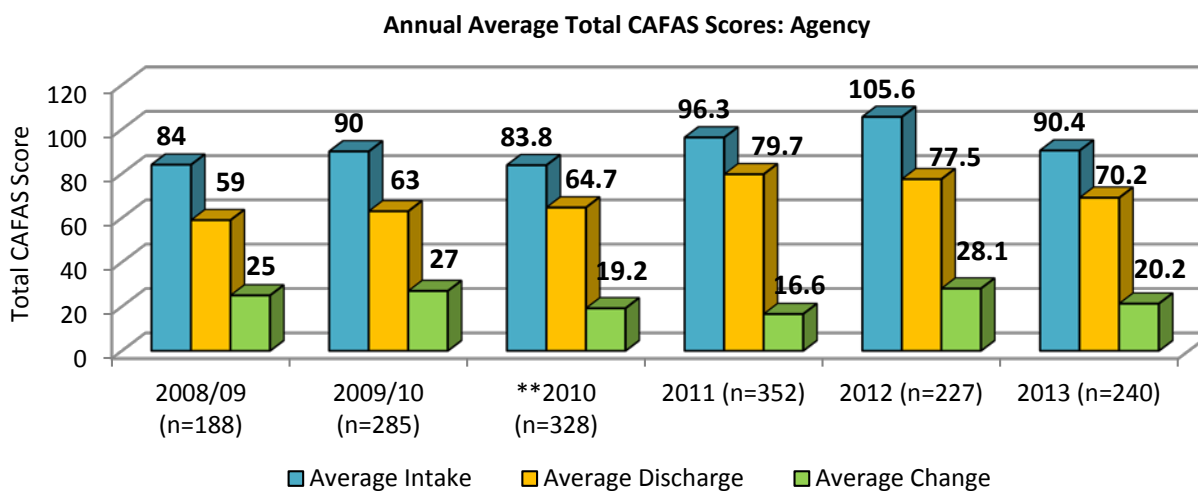
Fig. 4 Percentage of Client Change in Total CAFAS Score for 2013 (n=240)



Annual Comparison

The average total CAFAS score at intake for children and youth discharged in 2013 was less than in the last two years, and the change in average total CAFAS scores for 2013 was also less than several of the years past (see figure 5).

Fig. 5 Annual Comparison of Average Total CAFAS Score at Intake & Discharge for Wood’s Homes





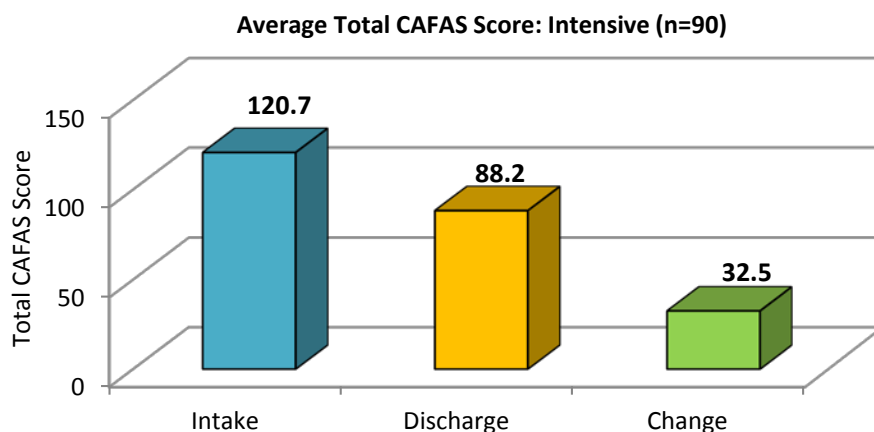
Intensive Residential CAFAS 2013 (n=90)

Average Total CAFAS Score: Intake to Intensive program

A total of 90 children and youth from intensive residential programs had complete CAFAS/PECFAS. The average intake score for intensive programs in 2013 was **120.7** which indicates that the “youth may likely need care which is more intensive than outpatient and/or includes multiple sources of supportive care” (Hodges, 2012). The children and youth served by the intensive programs are often discharged into transitional (less intensive) care if possible. If this is not available or not wanted, then referrals and resources for continued support are provided to the client and their caregivers.

Figure 6 shows the average intake and average discharge total CAFAS scores for intensive programs. The change of 32.5 points is considered clinically meaningful improvement, indicating that children and youth served in the intensive programs demonstrated improved functioning at discharge.

Fig. 6 Average Total CAFAS Score at Intake & Discharge for Intensive programs 2013 (n=90)

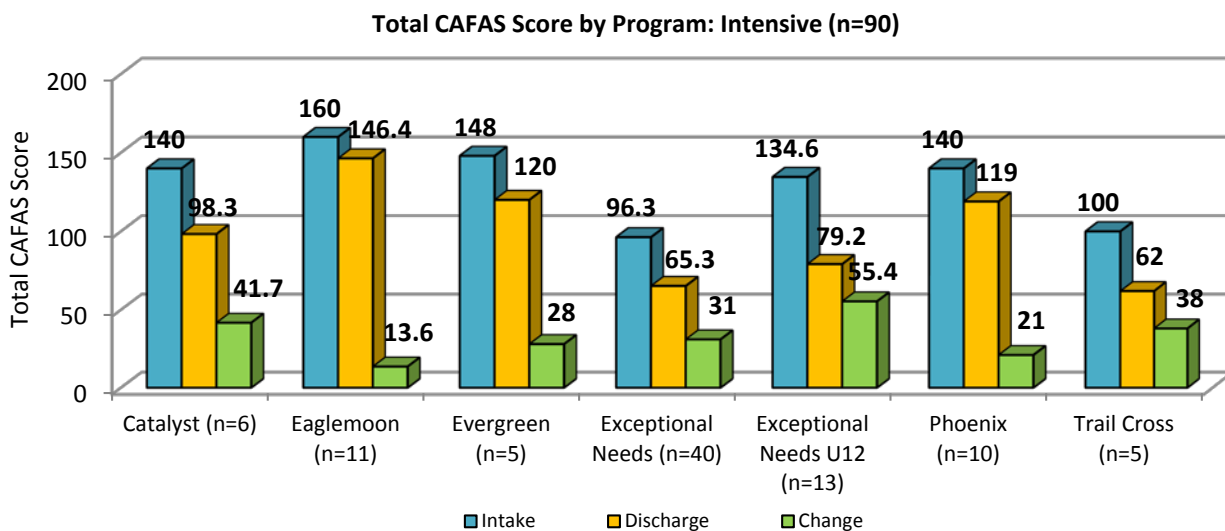


Average total CAFAS Score by Program: Intensive 2013

Of the six intensive programs with discharged clients in 2013, **85.7%** (n=6) had clinically meaningful change in average intake and discharge total CAFAS scores. Eaglemoon had only 13.6 points difference in average intake and discharge. Eaglemoon also had the highest average intake score and ENP-U12 had the greatest change in average scores for the intensive programs (55.4 points) (see figure 7).



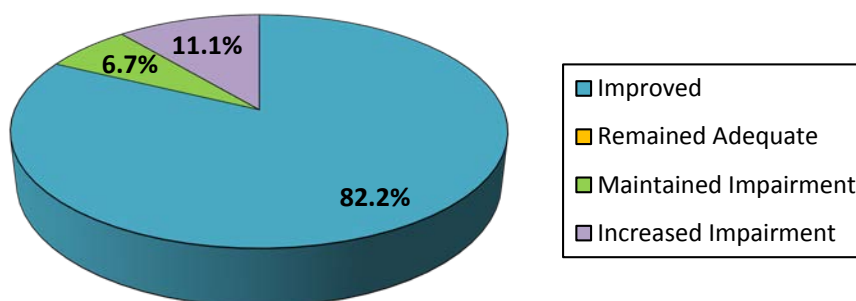
Fig. 7 Average Total CAFAS Score at Intake & Discharge by Program: Intensive 2013



Percentage of Client Change: Intensive 2013

The children and youth served at intensive residential programs have a CAFAS assessment at admission to a program and at discharge. The total CAFAS score for each individual is compared to their discharge score and one of four outcomes occurs. As shown in figure 8, **82.2%** (n=74) of intensive residential children and youth had improvement. It is unlikely that a child or youth from an intensive program would demonstrate remaining adequate because these programs serve children and youth who are experiencing severe impairments that are often the reason for their referral. **17.8%** (n=16) of intensive program children and youth had negative outcomes, either maintaining or increasing their impairment.

Fig. 8 Percentage of Client Change in Total CAFAS Score: Intensive 2013 (n=90)

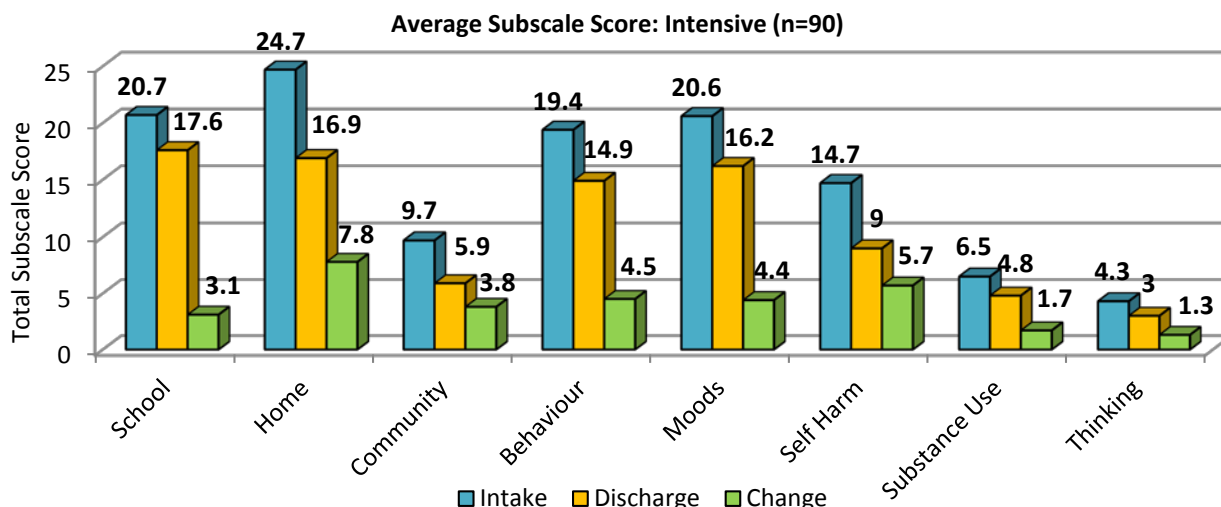


Average Subscale Score at Intake & Discharge: Intensive

Figure 9 shows the average subscale score at intake and discharge, as well as the change between these two scores. The average subscale scores can indicate the areas in which a population tends to show the most severe impairment. The highest possible subscale score is 30 and this indicates severe impairment. This year, the intensive programs saw the highest average impairment scores in the home, school and moods subscales.



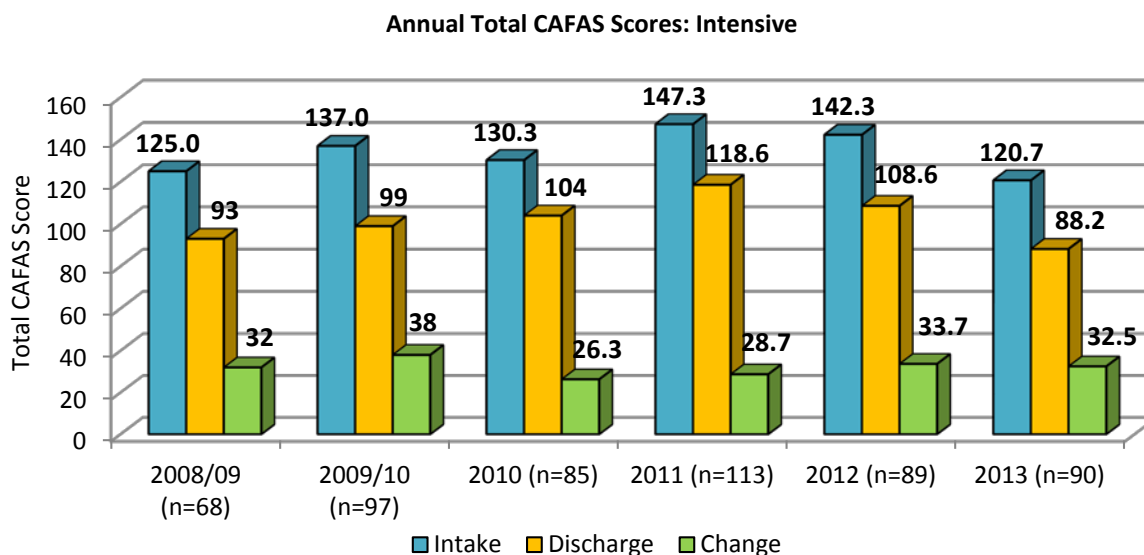
Fig. 9 Average CAFAS Subscale Score at Intake & Discharge: Intensive 2013



Annual Comparison of Total CAFAS Score: Intensive

As shown in figure 10, this year had the lowest reported intake CAFAS total score since 2008. The average discharge score for intensive residential was **88.2** which indicates that the “youth may need additional services beyond outpatient care” (Hodges, 2012).

Fig. 10 Annual Comparison of the Average CAFAS Score for Intensive Programs





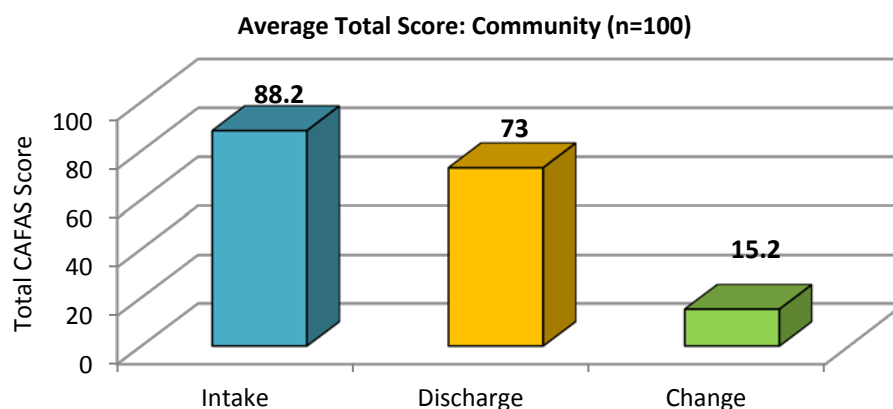
Community Residential CAFAS 2013 (n=100)

Total CAFAS Score at Intake to Community program

A total of 100 children and youth from Community programs had complete CAFAS/PECFAS. The average intake score for community programs in 2013 was **88.2**, which indicates that the “*youth may need additional services beyond outpatient care*” (Hodges, 2012). The community programs work with the caregivers and/or case workers for the children and youth served and provide referrals and resources that will support the clients’ continued improvement once they have been discharged.

Figure 11 shows the average intake and average discharge total CAFAS scores for community programs. The change of 15.2 points is not considered clinically meaningful improvement.

Fig. 11 Average Total CAFAS Score at Intake & Discharge for Community programs 2013 (n=100)

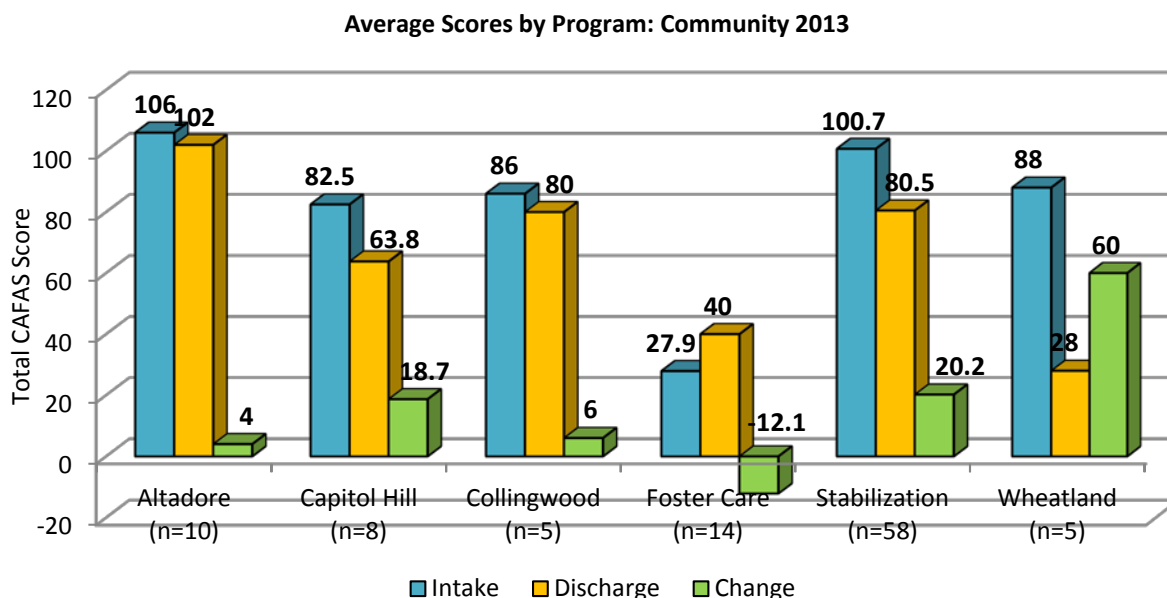


Average Total CAFAS Score by Program: Community 2013 (n=100)

The community program with the highest average total score was Altadore. The community program with the greatest change from average intake to average discharge was Wheatland (60 points) and this was also the greatest change across the agency this year. The Foster care program had the lowest average intake score and was the only community program to have an increase in average score at discharge (12.1 points), constituting a negative change (see figure 13).



Fig. 13 Average Total CAFAS Score at Intake & Discharge by Program: Community 2013

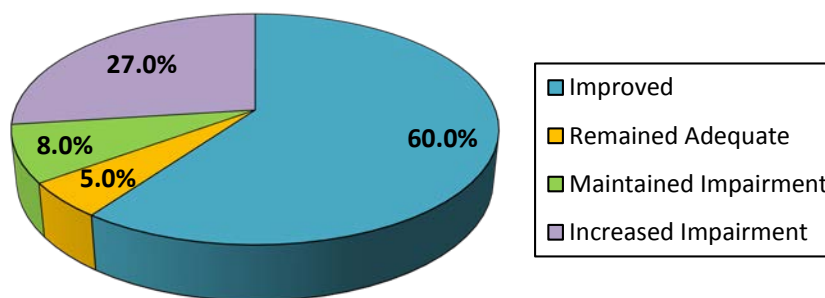


Percentage of Client Change: Community 2013

The children and youth served at community residential programs have a CAFAS assessment at admission to a program and at discharge. The total CAFAS score for each individual is compared to their discharge score and one of four outcomes can occur. As shown in figure 12, **65%** (n=65) of community residential children and youth had a positive outcome, either remaining at adequate or improving their functioning. **35%** (n=35) of community program children and youth had negative outcomes, either maintaining or increasing their impairment.

Fig. 12 Percentage of Client Change in Total CAFAS Score: Community 2013 (n=100)

Percentage of Client Change in Total Score: Community 2013

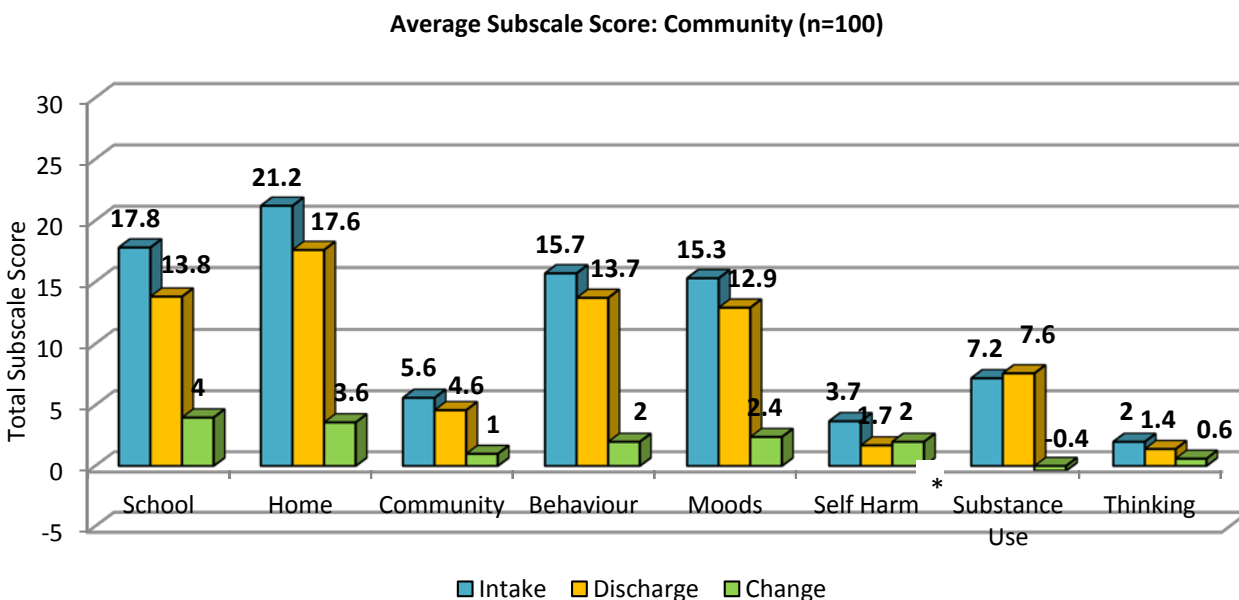




Average Subscale Score at Intake & Discharge: Community

The average subscale scores can help indicate the areas in which a population tends to show the most severe impairment. This year the community programs saw the highest average impairment in the home and school subscales. The substance use subscale, though remaining low, showed an increase at discharge. This negative change in score indicates that youth served in the community programs had a slightly higher impairment score when they were discharged from a program (see figure 14).

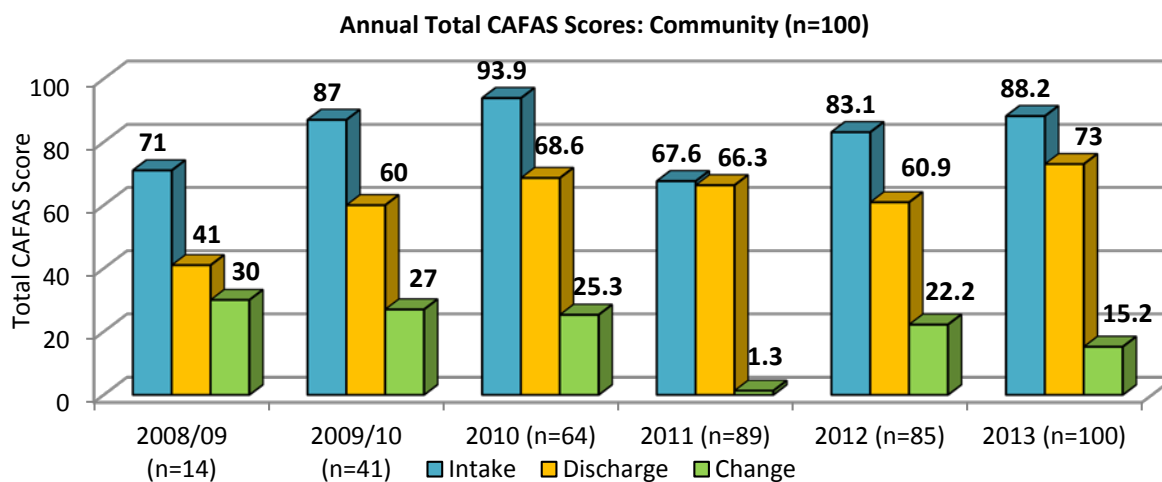
Fig. 14 Average CAFAS Subscale Score at Intake & Discharge: Community 2013



Annual Comparison of Total CAFAS Score: Community

As shown in figure 15, this year the community programs had the second highest average intake score since 2008 and the second lowest amount of change in average scores.

Fig. 15 Annual Comparison of the Average CAFAS Score for Community Programs 2013





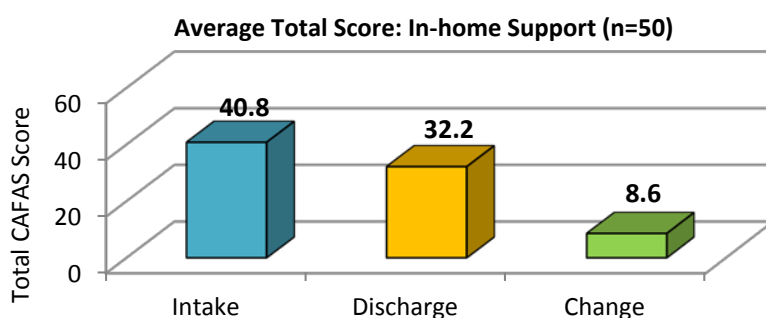
In-Home Support CAFAS 2013 (n=50)

Total CAFAS Score at Intake to In-home Support program

The In-home support programs served 50 children and youth who were discharged in 2013. The average intake score for in-home support programs was **40.8**, which indicates that the *“youth can likely be treated on an outpatient basis”* (Hodges, 2012).

Figure 16 shows the average intake and discharge total CAFAS scores as well as the change in scores. The change of 8.6 points between the average intake and average discharge total CAFAS score for in-home support programs is not considered clinically meaningful improvement.

Fig. 16 Average Total CAFAS Score at Intake & Discharge for In-home Support programs 2013

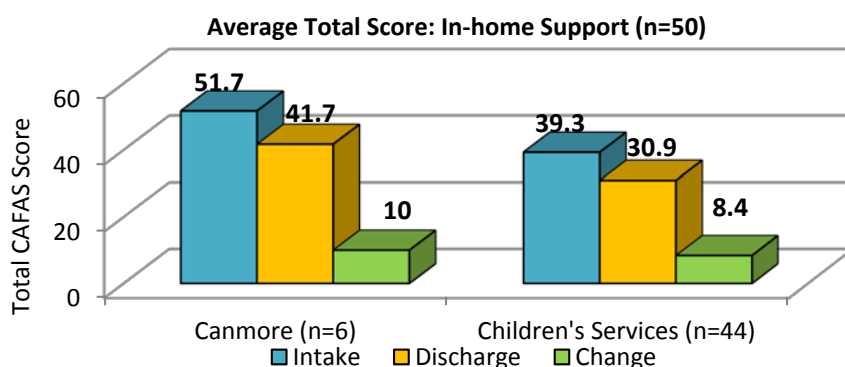


Average Total CAFAS Score by Program: In-home Support 2013 (n=50)

Figure 18 shows that Canmore had the highest intake score and the most amount of change in average scores this year for the two in-home support programs. The average intake score for Canmore of **51.7** suggests that the *“youth may need additional services beyond outpatient care”* (Hodges, 2012).

Home Connections Calgary and Canmore work with clients who have become involved in Child & Family Services. Typically there is a disruption of functioning on an individual and/or familial level. By providing skills, resources, referrals and support, the Home Connections programs work to maintain the family unit and improve functioning. At discharge, both programs had average discharge scores reflecting treatment on an outpatient basis was recommended. When a family is discharged, if members still show signs of impairment, they are referred for additional supportive services to address any continued concerns.

Fig. 18 Average Total CAFAS Score at Intake & Discharge by Program: In-home Support 2013



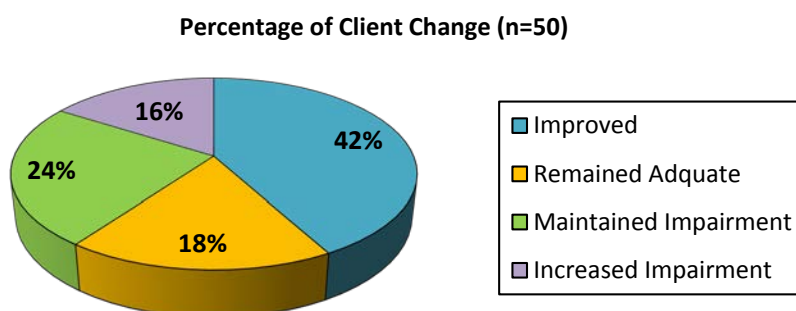


Percentage of Client Change: In-Home Support 2013

The children and youth served by the in-home support programs have a CAFAS assessment at admission to a program and at discharge. The total CAFAS score for each individual is compared to their discharge score and one of four outcomes can occur. Often the children and youth served by in-home support are referred to the program due to family concerns, and are not always experiencing functional impairment. The percentage of children and youth from in-home support programs who remain adequate is often higher than in the residential programs.

As shown in figure 17, **60%** (n=30) of in-home support children and youth had a positive outcome, either remaining at adequate or improving their functioning. **40%** (n=20) of in-home support children and youth had negative outcomes, either maintaining or increasing their impairment.

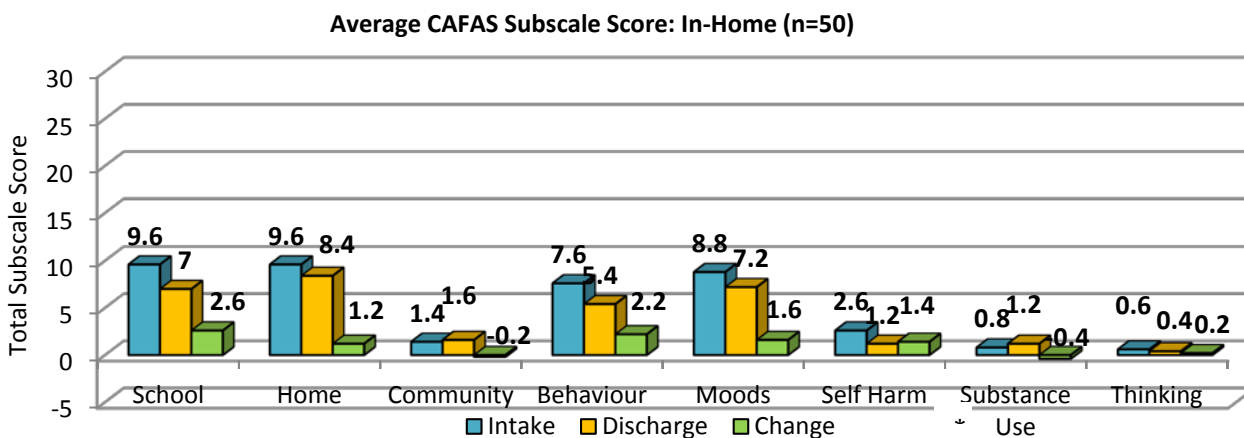
Fig. 17 Percentage of Client Change in Total CAFAS Score: In-home Support 2013



Average Subscale Score at Intake & Discharge: In-home Support

The average subscale scores can help indicate the areas in which a population tends to show the most severe impairment. This year the in-home support programs saw the highest average impairment in the school and home subscales. The community and substance use subscales, though remaining low, showed a slight increase in impairment at discharge. This negative change in average subscale score indicates that youth served in the in-home support programs had a slightly higher impairment score when they were discharged (see figure 19).

Fig. 19 Average CAFAS Subscale Score at Intake & Discharge: In-home Support 2013

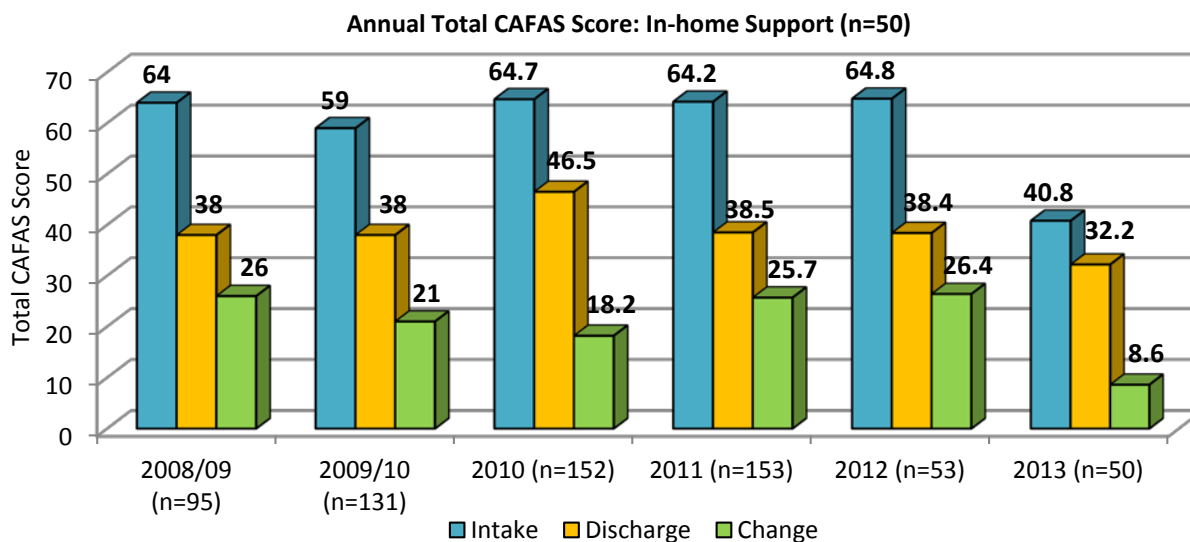




Annual Comparison of Total CAFAS Score: In-home Support

This year, the average intake total CAFAS score was the lowest since 2008 for the in-home support programs and the change in average scores was also the lowest (see figure 20).

Fig. 20 Annual Comparison of the Average CAFAS Score for In-home Support Programs





Summary

- ❖ Overall, the agency achieved clinically significant change at discharge for children and youth discharged in 2013 and **70.4%** (n=169) had positive outcomes at discharge, either improving in score or maintaining an adequate functioning score.
- ❖ Compared with the last five years of average total CAFAS scores by program area, the Intensive and In-Home support program areas had their lowest intake scores and the Community programs had some of their highest. Across all program areas, the subscales with the highest average scores at intake were the Home and School subscales.
- ❖ Overall, Eaglemoon Lodge had the *highest average total score at intake* (160) and Home Connections: Calgary had the lowest (39.3). Wheatland had the *greatest positive change* at discharge (60 points) and Foster Care had the least positive change (-12.1 points).



References

Hodges, K., Xue, Y., & Wotring, J. (2004). Use of the CAFAS to evaluate outcome for youths with severe emotional disturbance served by public mental health. *Journal of Child and Family Studies*, 13 (3), pp. 325-339.

Hodges, K. (2000). Child and Adolescent Functional Assessment Scale. Ypsilanti, MI: Eastern Michigan University.

Materials

Hodges, K. (2012). *CAFAS paper assessments, form with strengths and goals*. Multi-Health Systems Assessments. Copyright 2010, 2012. CAF116.