Project Ho'omohala: A Three-year Evaluation of a Community-based Youth Development Project

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Introduction

In October of 2005, on behalf of the Governor, the Hawaii State Department of Health, Child and Adolescent Mental Health Division (CAMHD), entered into a cooperative agreement with Center for Mental Health Services (CMHS) to develop a system of care to meet the transition needs of youth and young adults with serious emotional or behavioral disturbances (SEBD), ages 15 to 21, residing in the Kalihi-Palama community. The system was entitled “Project Ho’omohala”. CAMHD contracted the Center on Disability Studies (CDS) at the University of Hawaii-Manoa (UH) to manage the cooperative agreement.

The overall mission of Project Ho’omohala is to implement a system of care for youth and young adults with SEBD that are transitioning to adulthood, through the integration of a comprehensive array of age appropriate services and supports, peer mentoring, and targeted policy and system activities. The major system enhancement will include the use of Clark’s Transition to Independence Process (TIP) as the framework for the delivery of transition services. Implementation of the TIP will be adapted to Hawai‘i’s culturally and linguistically diverse population.

Methods

- Intake interviews take place within 30 days of being deemed eligible for services.
- Follow up interviews occur at 6, 12, 18, 24, 30, and 36 months following intake interview.
- 6 weeks before to 6 weeks after data collection target.

76% of youth attended school in the past 6 months. (n=37) [a]
54.5% of youth had a grade point average of ‘C’ or above. (n=22) [a]
73% of youth reported engaging in some type of delinquent or illegal behavior prior to intake. (n=51) [c]
82% of youth reported some type of criminal contact prior to intake. (n=51) [c]
56.6% of caregivers were employed in the past 6 months. (n=23) [a]
70% of youths’ households had incomes below the Federal poverty level. (n=20) [a]
48% of youth have a recurring physical health problems. (n=25) [a]
56.5% of caregivers had money for basic needs. (n=23) [a]

Maslow’s Hierarchy of Needs

- Physiological needs: breathing, food, water, shelter, clothing, sleep
- Safety and Security: health, employment, property, family and social stability
- Love and Belonging: friendship, family, intimacy, sense of connection
- Self-esteem: confidence, achievement, respect of others, the need to be a unique individual
- Self-Actualization: personal growth and satisfaction

How often do you have time to spend with family? [a]
A. 47.8% (n=23)
How often can you talk to someone your age? [b]
A. 63.5% (n=52)
How often can you talk to an adult? [b]
A. 63.5% (n=52)
How often do you get help from someone your own age? [b]
A. 60.8% (n=51)
How often do you get help from an adult? [b]
A. 73% (n=52)
How often do you hang out with someone your age? [b]
A. 78.8% (n=52)
How often do you hang out with an adult? [b]
A. 63.5% (n=52)

These percentages include the responses ‘Most of the time’ and ‘Always’.

[a] Data were collected using the Caregiver Information Questionnaire-Intake (CIQ-I)
[b] Data were collected using the Youth Information Questionnaire-Intake (YIQ-I)
[c] Data were collected using the Delinquency Survey-Revised (DS-R). This instrument collects data on the status of the child/family in the 6 months prior to the interview.
[d] Data were collected using the Education Questionnaire-Revised (EQ-R). This instrument collects data on the status of the child/family in the 6 months prior to the interview.