

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Partnering to Develop Evaluations to Inform Policy Planning: Addressing the Mental Health Needs of Children/Youth Involved with Child Welfare

Jim Wotring, Georgetown University

Brigitte Manteuffel, ICF Macro

Malisa Pearson, Association for Children's Mental Health

Carolyn Lichtenstein, Walter R. McDonald & Associates, Inc.





*NATIONAL EVALUATION OF SAMHSA'S
CHILDREN'S MENTAL HEALTH INITIATIVE (CMHI):
IMPROVED WELL BEING AMONG CHILD WELFARE
INVOLVED CHILDREN/YOUTH AND FAMILIES
SERVED IN SYSTEMS OF CARE*

Brigitte Manteuffel, ICF Macro

Carolyn Lichtenstein, Walter R. McDonald & Associates, Inc.

August 29, 2011



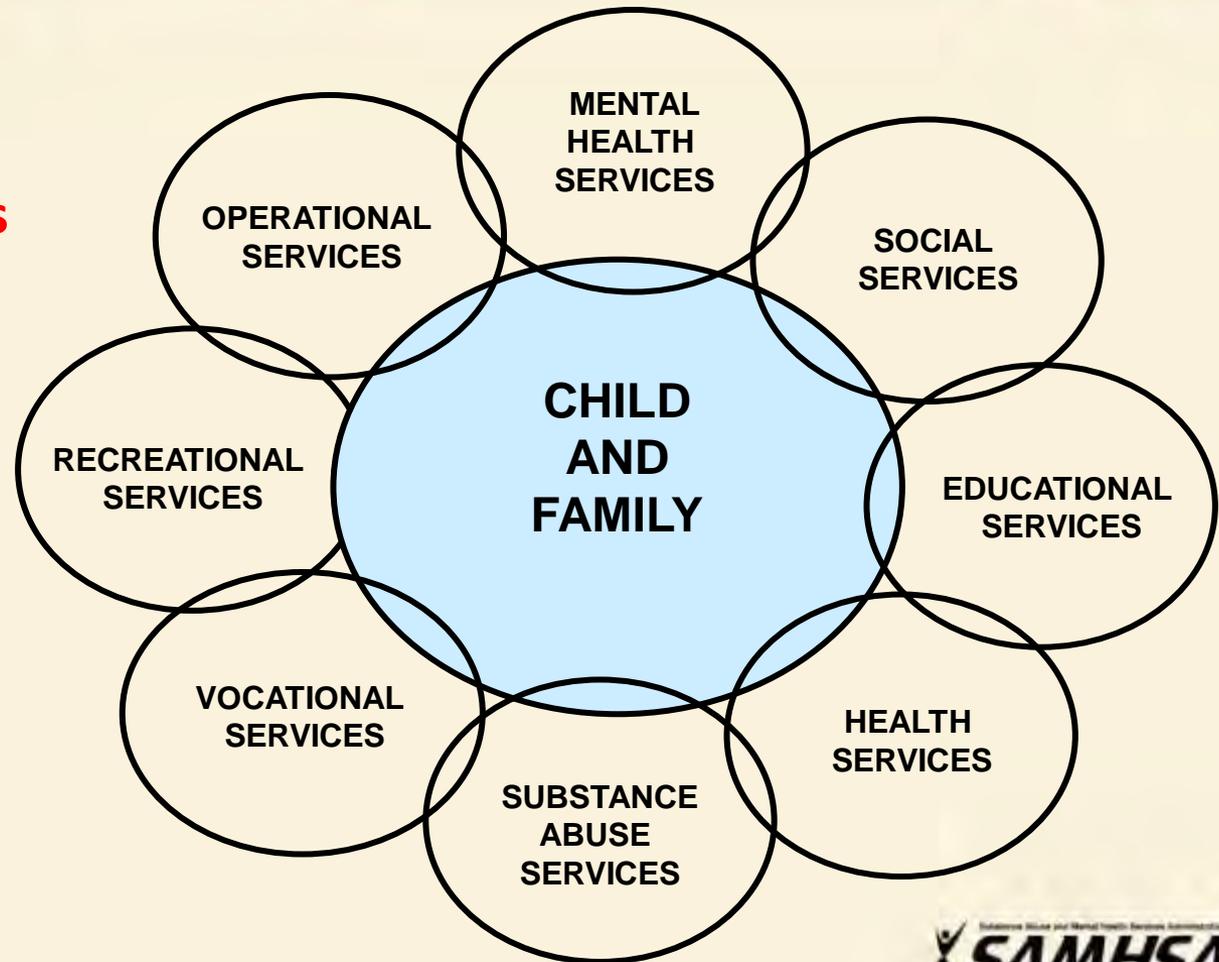
Children's Mental Health Initiative (CMHI)

- Comprehensive Community Mental Health Services for Children and Their Families Program
- Funded by SAMHSA
- 173 communities funded since 1993: *76 currently*
- Supports development of home and community-based systems of care to meet the needs of children and youth with serious emotional disturbances and their families

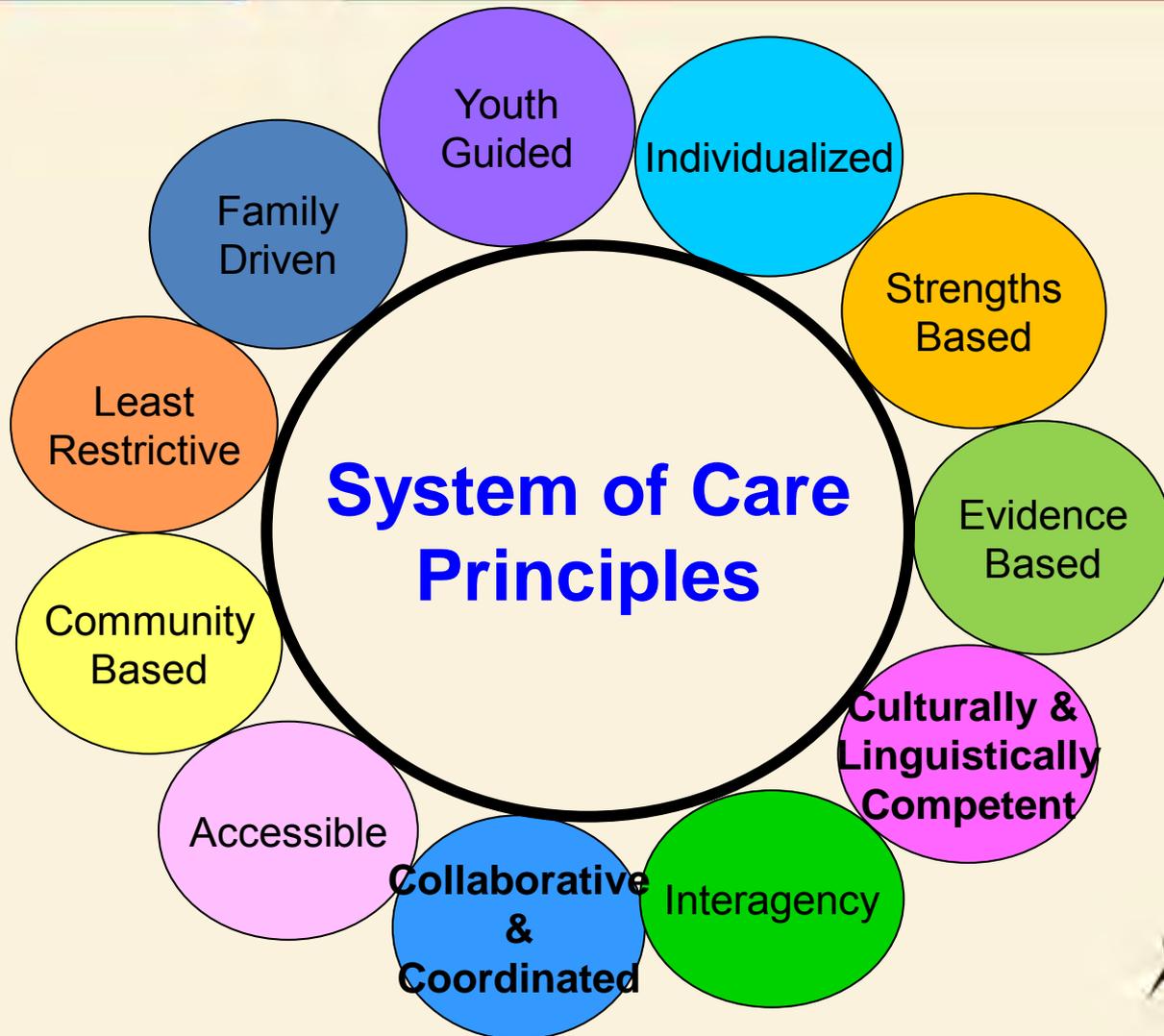
System of Care Approach

Child Serving Agencies

- Mental Health
- Child Welfare
- Education
- Juvenile Justice
- Public Health

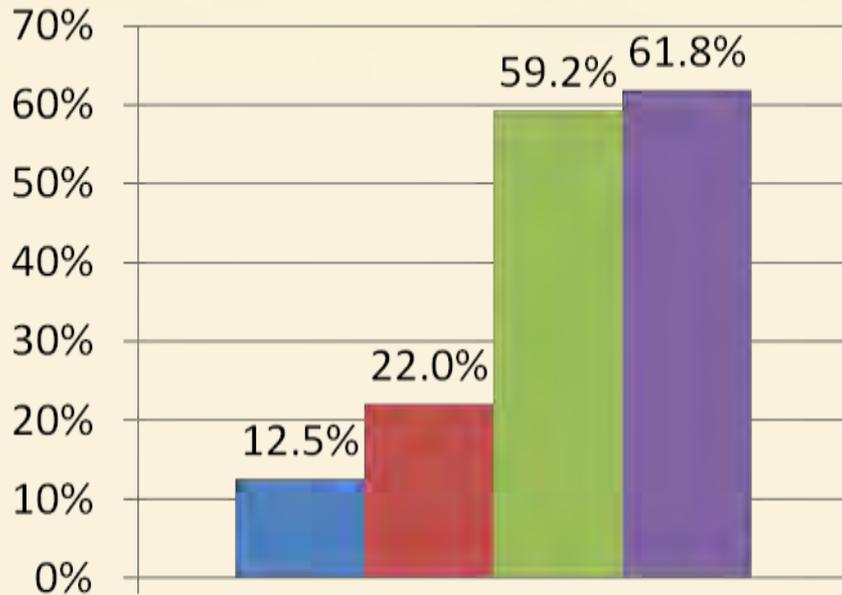


Value-Driven Systems Change



Agency Involvement & Referral Source

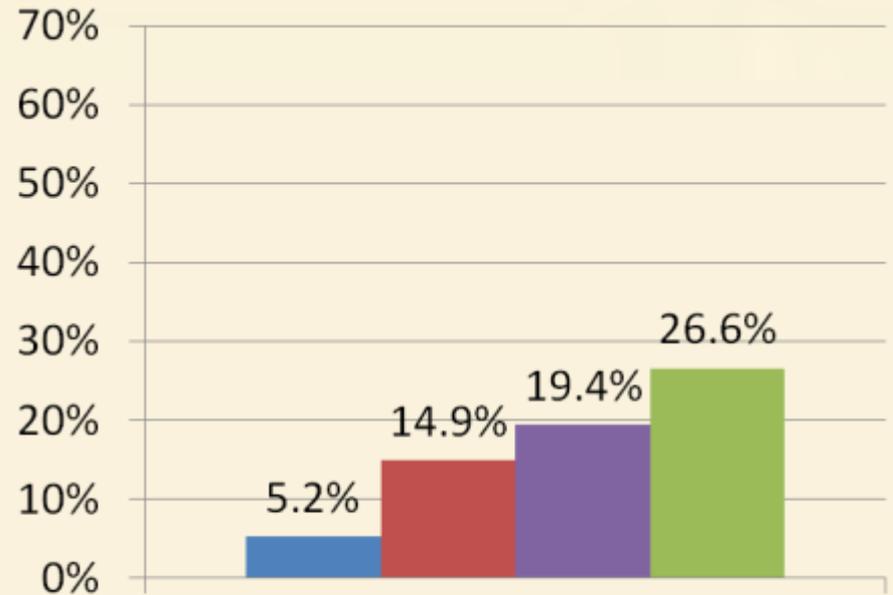
Agency Involvement



Percent

Juvenile Justice Child Welfare
Mental Health School

Referral Source



Percent

Juvenile Justice Child Welfare
School Mental Health



Detailed Involvement with Child Welfare

Type of Involvement	% of children / youth served by grant communities funded in FY 2008 and involved in child welfare (n=640)	
	Court-Ordered	Voluntary
Foster care placement	19.7%	3.3%
Kinship care placement	11.4%	4.7%
In-home services	8.1%	14.7%
Residential treatment placement	6.3%	2.3%
Investigation / assessment	29.5%	

Involved with Child Welfare: 28.3%

Referred to services from Child Welfare: 12.6%



Mental Health Problems of Children/Youth Involved with Child Welfare in CMHI

Presenting Problems at SOC Entry	
Conduct / delinquency-related	56.3%
Adjustment-related*	41.5%
Hyperactive / attention-related	40.4%
Anxiety-related	35.0%
Depression-related	32.4%

*differs significantly from 26.8% of non-child welfare-involved children.

Comparison of CMHI Children/Youth Involved and Not Involved with Child Welfare

Involved with Child Welfare?	Age				
	0-3	4-6	7-11	12-14	15-18
Yes (n=7387)	12.6%	13.6%	25.4%	24.0%	23.5%
No (n=22650)	4.6%	10.4%	26.5%	26.5%	30.9%

p<.0001

Involved with Child Welfare?	CMHI Adverse Childhood Experience Score				
	0	1	2	3	4+
Yes(n=1512)	12.0%	17.1%	18.8%	19.2%	32.8%
No (n=6489)	16.9%	23.4%	20.6%	18.1%	21.0%

p<.0001

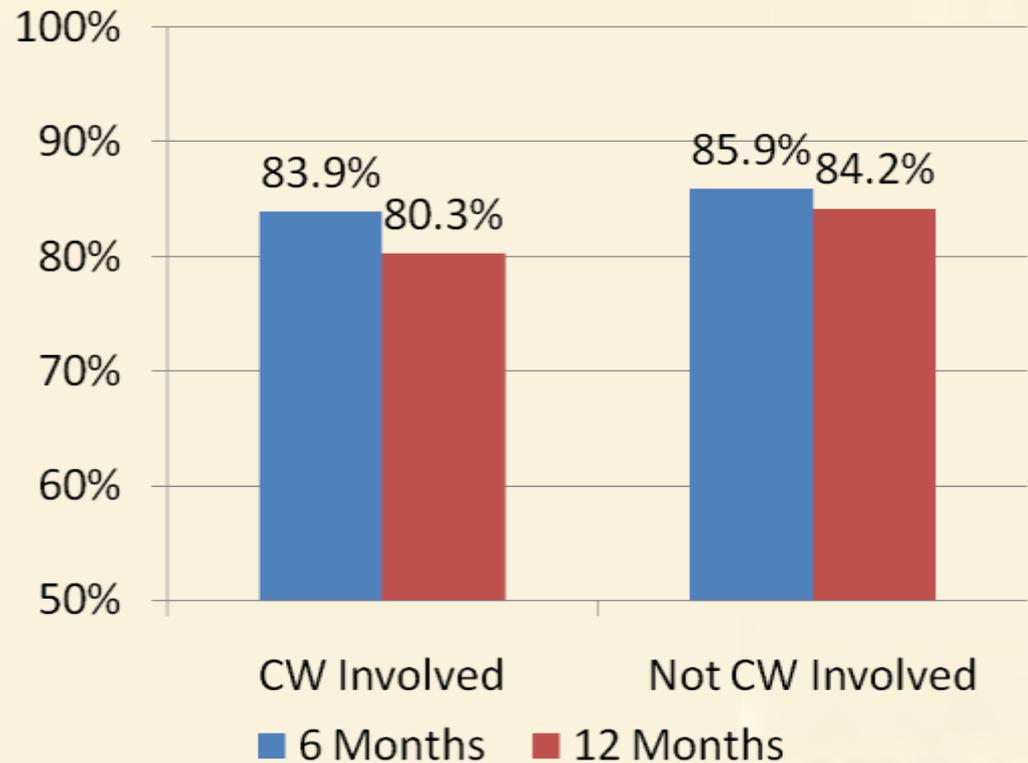
Children/Youth Living Situations

Child welfare involved child/youth at system of care intake:

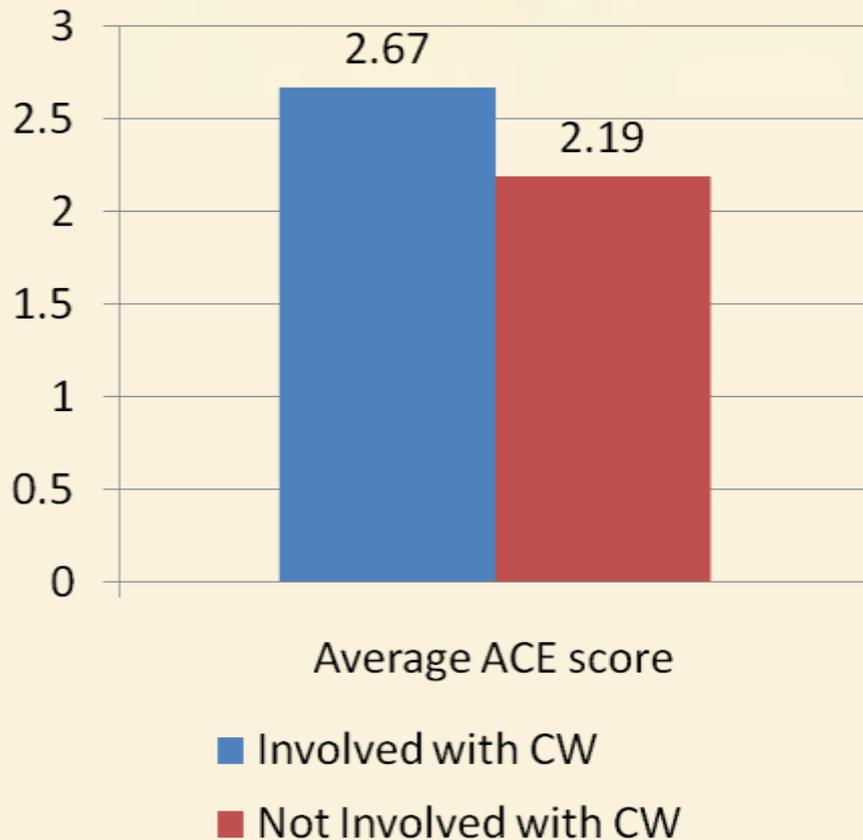
- 86.5% one living situation
- 83.8% living at home (93.4% non-CW at home)
- 7.0% foster home

Children/youth in foster home or therapeutic foster home fell by 20% in first 6 months in systems of care.

% of those at home at intake, at home full time at intake-6 and 6-12 months*



Average Number of Types of Adverse Childhood Experiences (ACE)

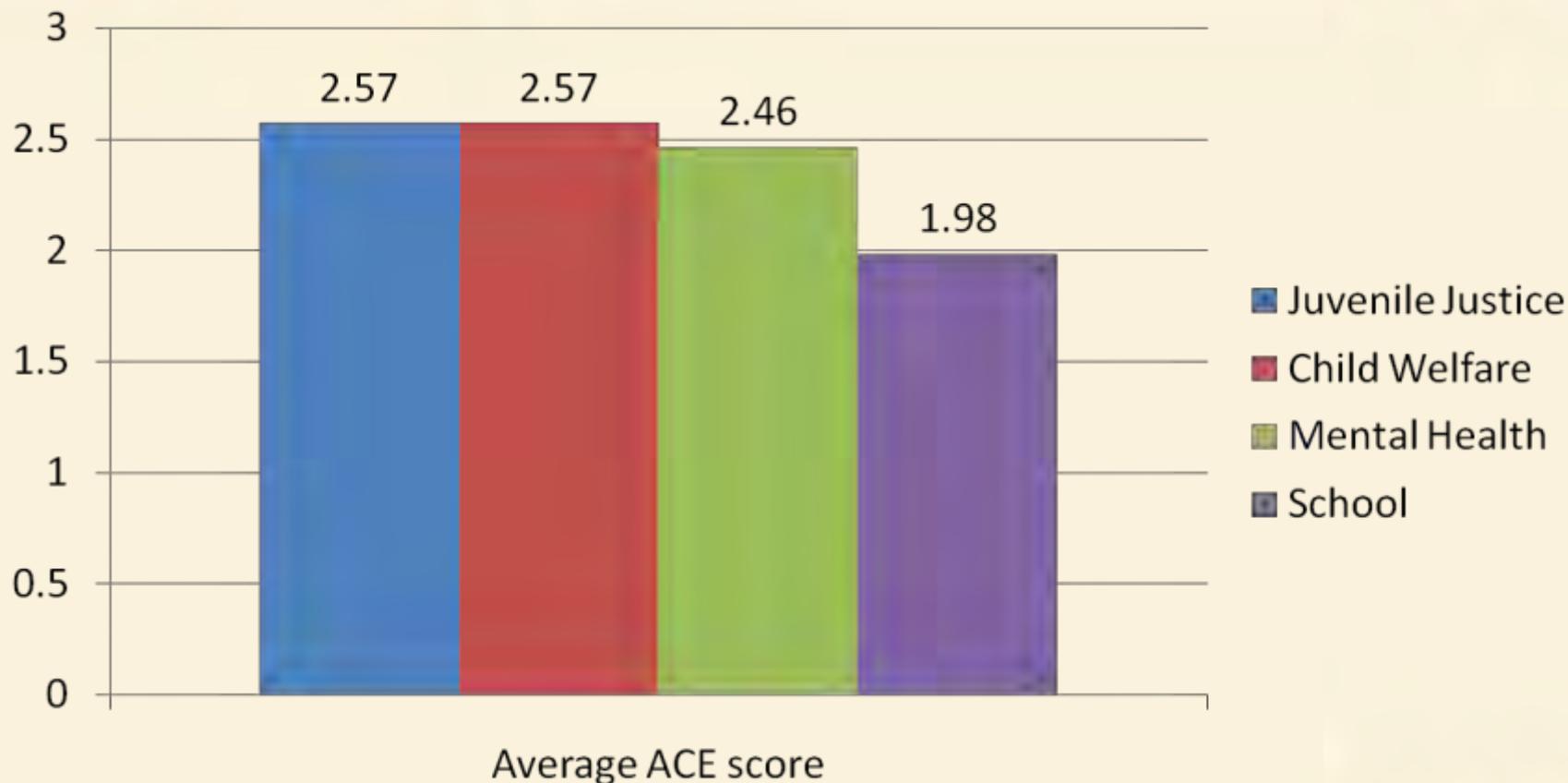


$t(3,672) = 6.98, p < .001$

FY 2002 to 2006-funded sites

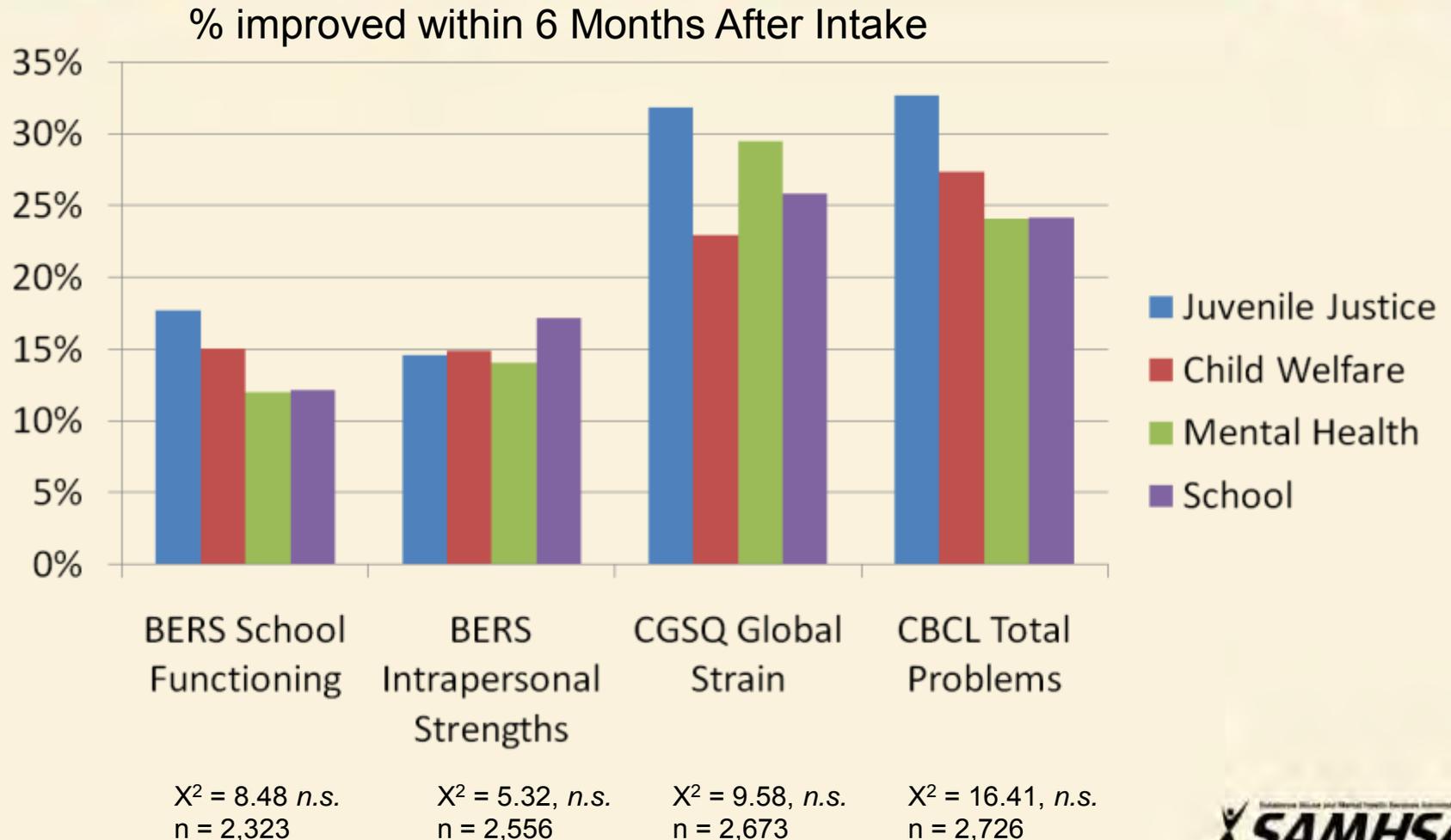
Adverse Experience	% of Children/ Youth
Physical Abuse	32.3%
Sexual Abuse	23.0%
Exposed to Domestic Violence	56.0%
Family Member with a Felony Conviction	41.4%
Family Member with a Substance Abuse Problem	54.3%
Family Member with a Severe Mental Illness	74.7%

Average Number of Adverse Childhood Experiences (ACE) by Referral Source



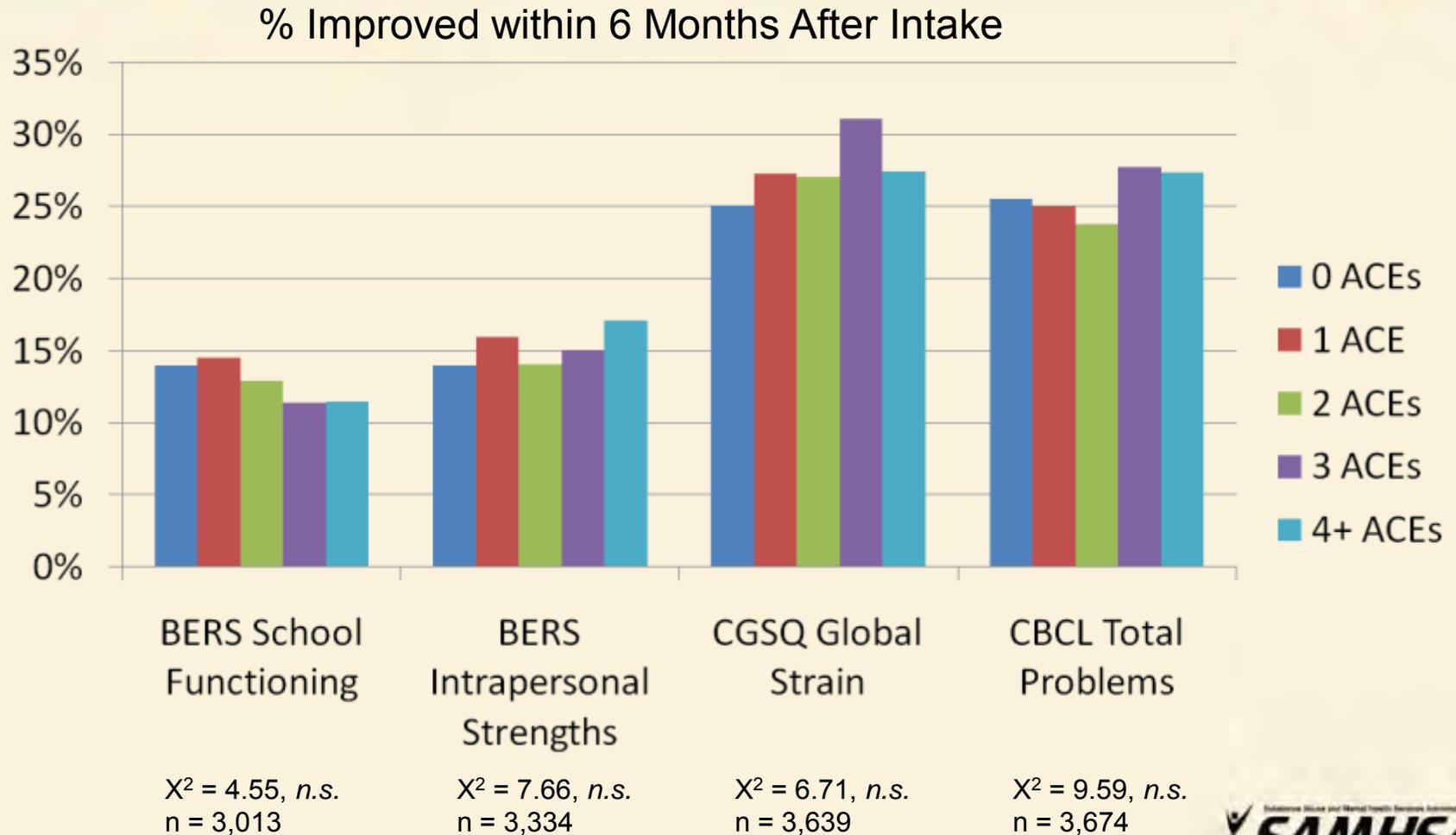
$F(3, 2635) = 18.63, p < .001$

Children/Youth and Caregivers with Improved Outcomes After 6 Months by Referral Source

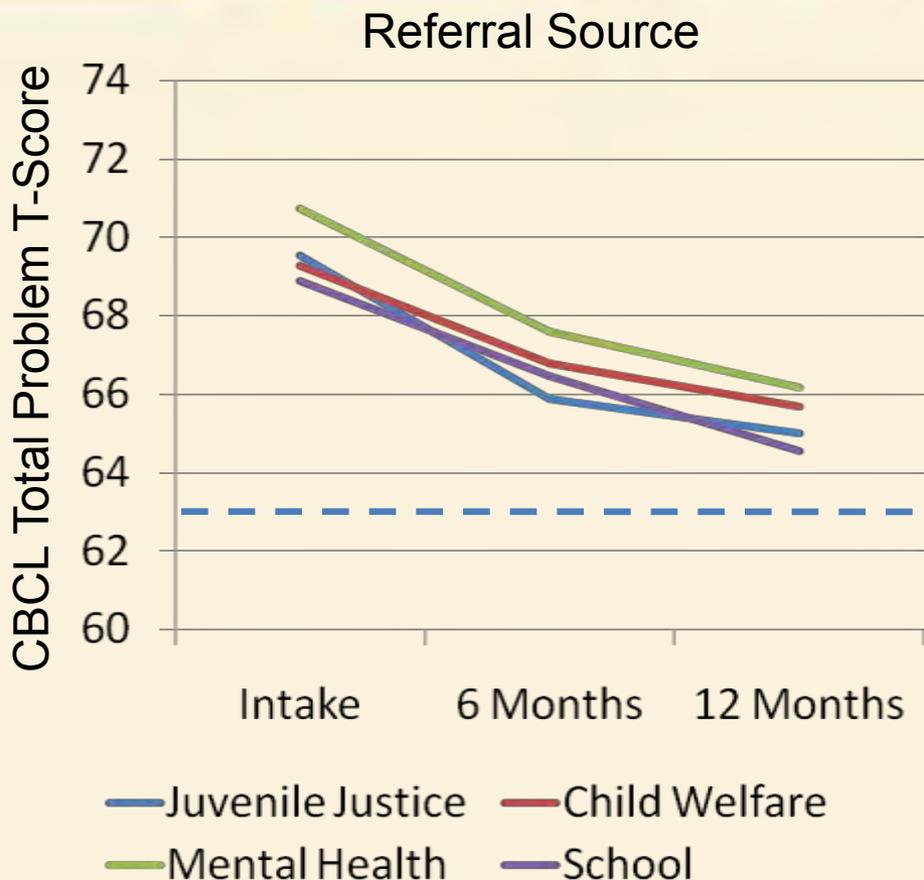


Increased percentage of children/youth improved at 12 months after intake on all measures.

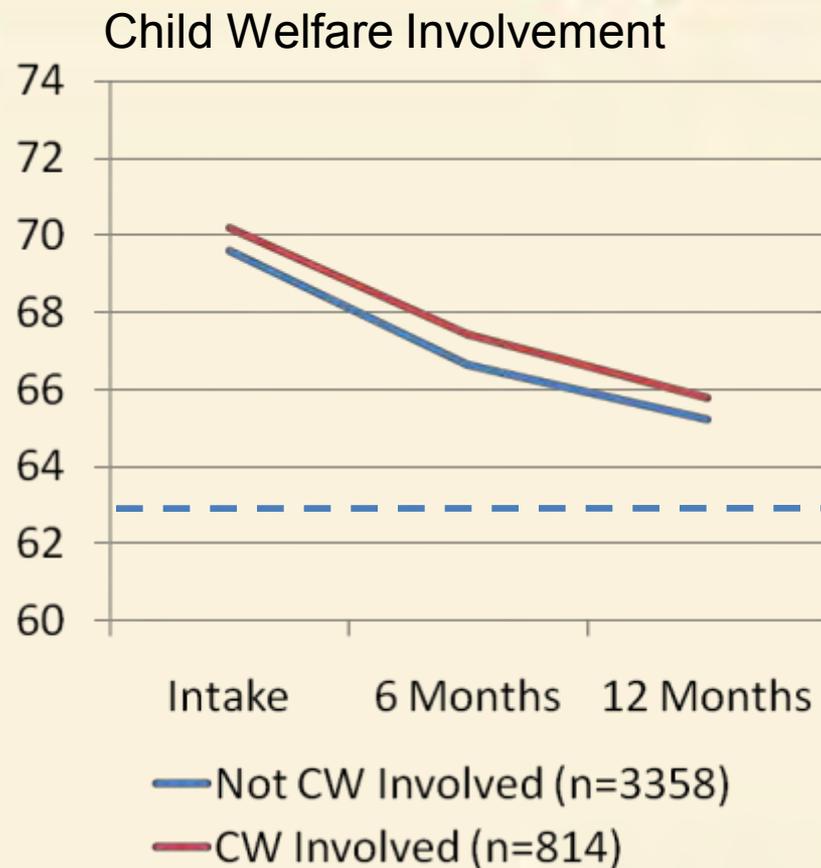
Percent of Children/Youth and Caregivers with Improved Outcomes by ACE Score



Change in Behavioral and Emotional Problems by Referral Source and CW Involvement



Referral Source * Time $F(6) = 1.76, n.s.$
 N=2,726

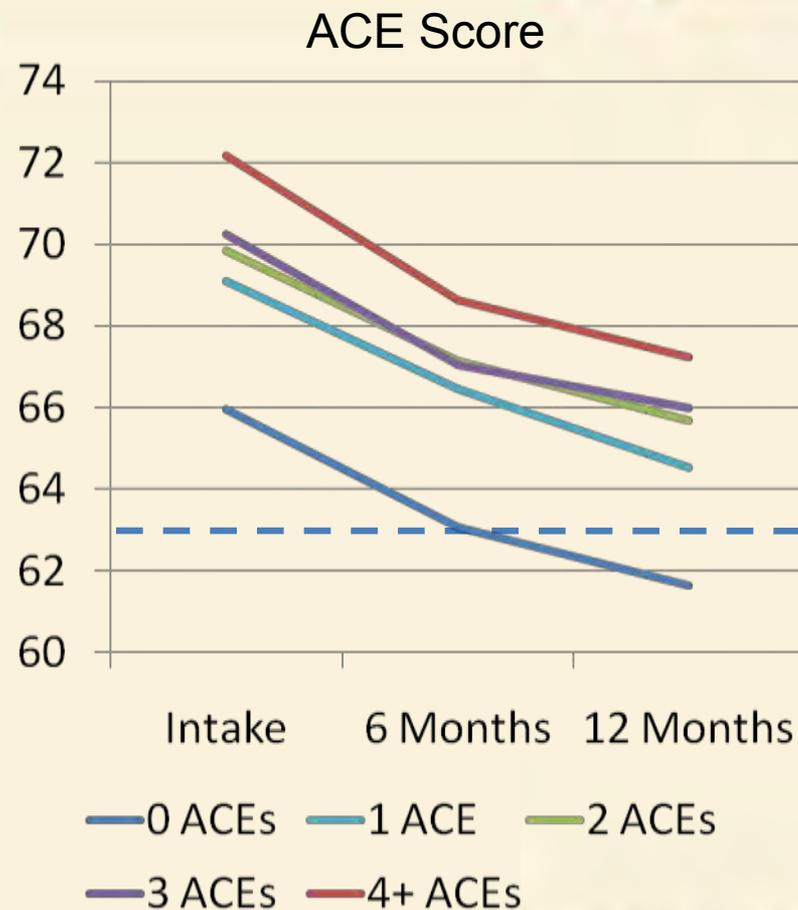
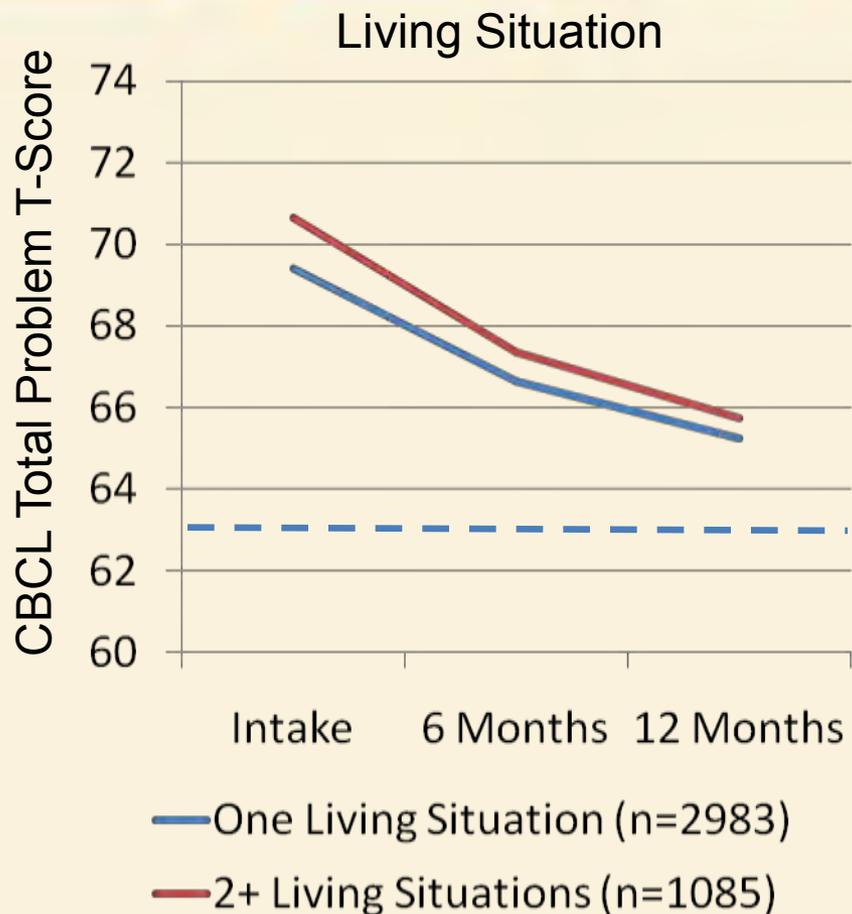


CW Involvement * Time $F(1) = .006, n.s.$



CIBCL = Child Behavior Checklist; Significant improvement over time.

Change in Behavioral and Emotional Problems by Intake Living Situation and ACE Score



Living situation * Time $F(1) = 5.054, p < .05$

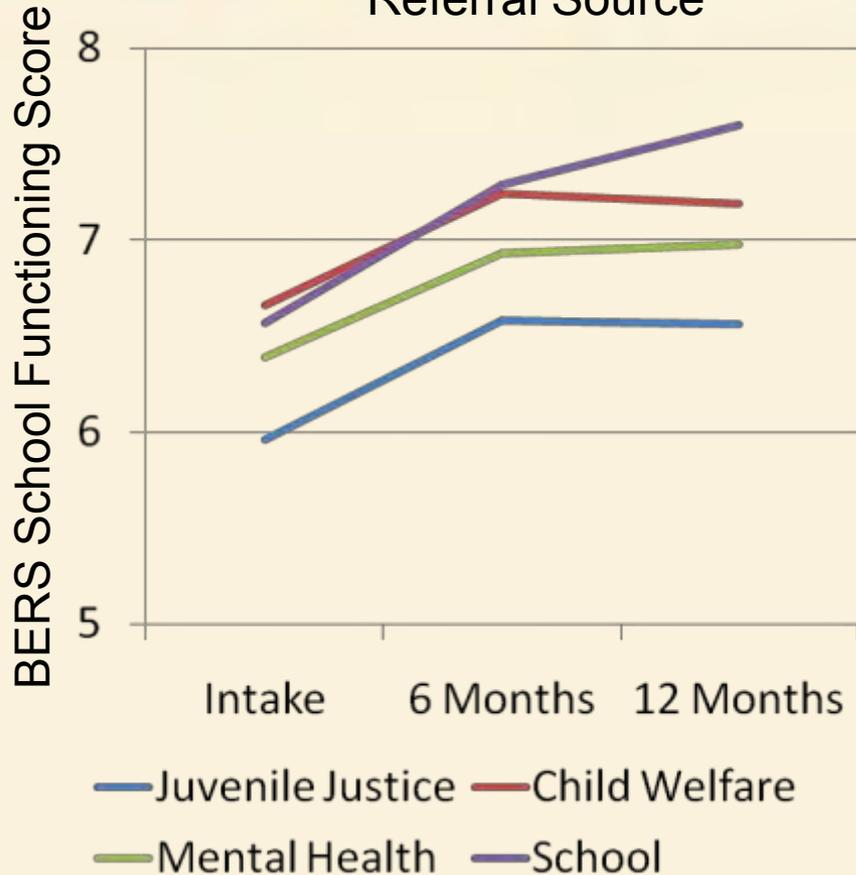
ACE score * Time $F(8) = 1.30, n.s.$
N=3,674



CBCCL = Child Behavior Checklist; Significant improvement over time.

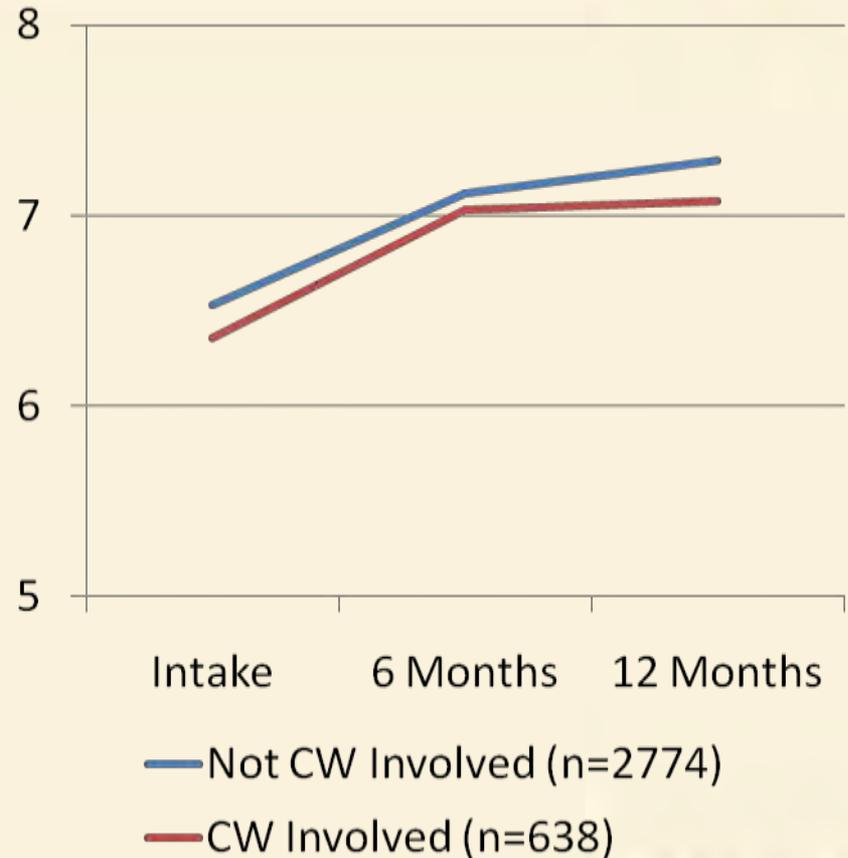
Change in School Strengths by Referral Source and CW Involvement

Referral Source



Referral Source * Time $F(6) = 2.39, p < .05$
 N=2,323

Child Welfare Involvement

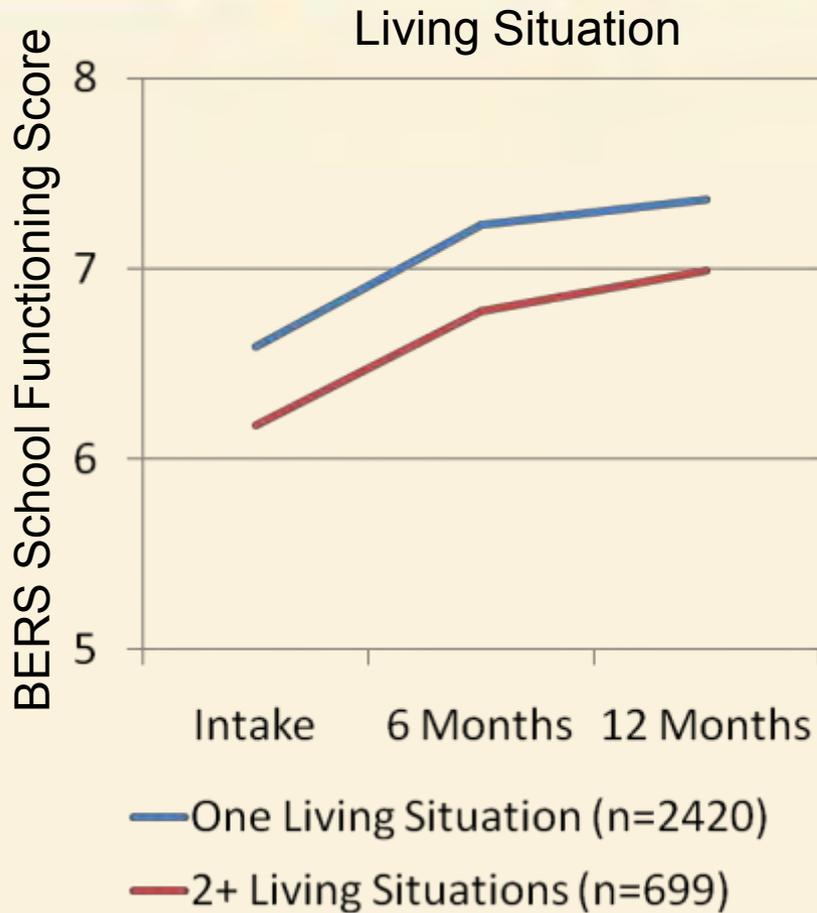


Referral Source * Time $F(6) = .417, n.s.$

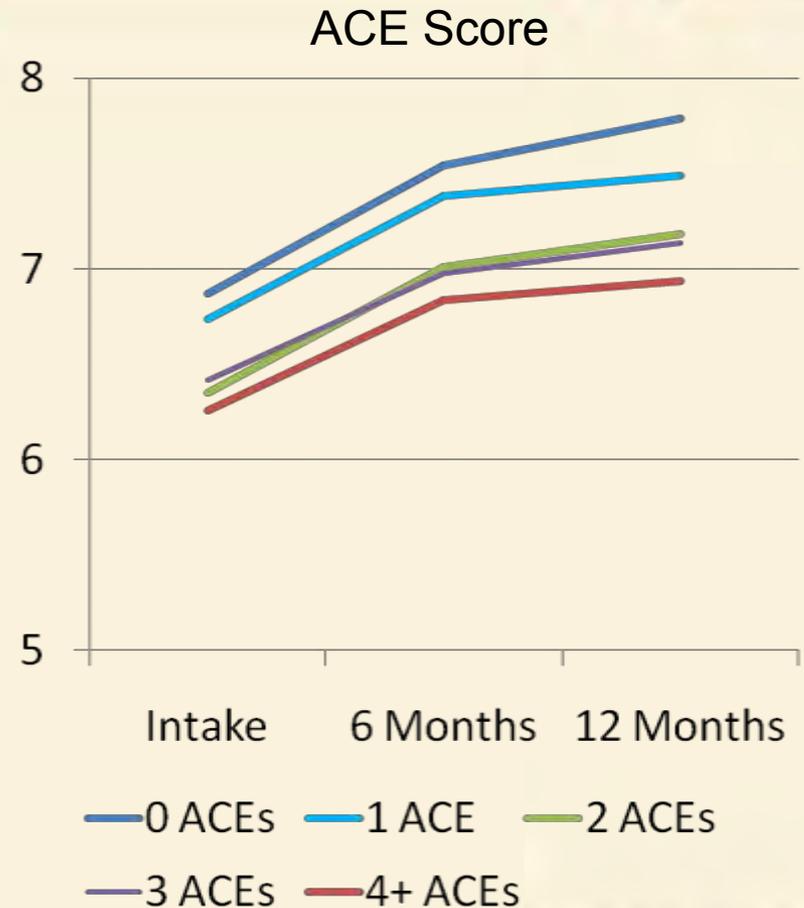


BERS = Behavioral and Emotional Rating Scale; Significant improvement over time.

Change in BERS School Strengths by Living Situation & ACE Score



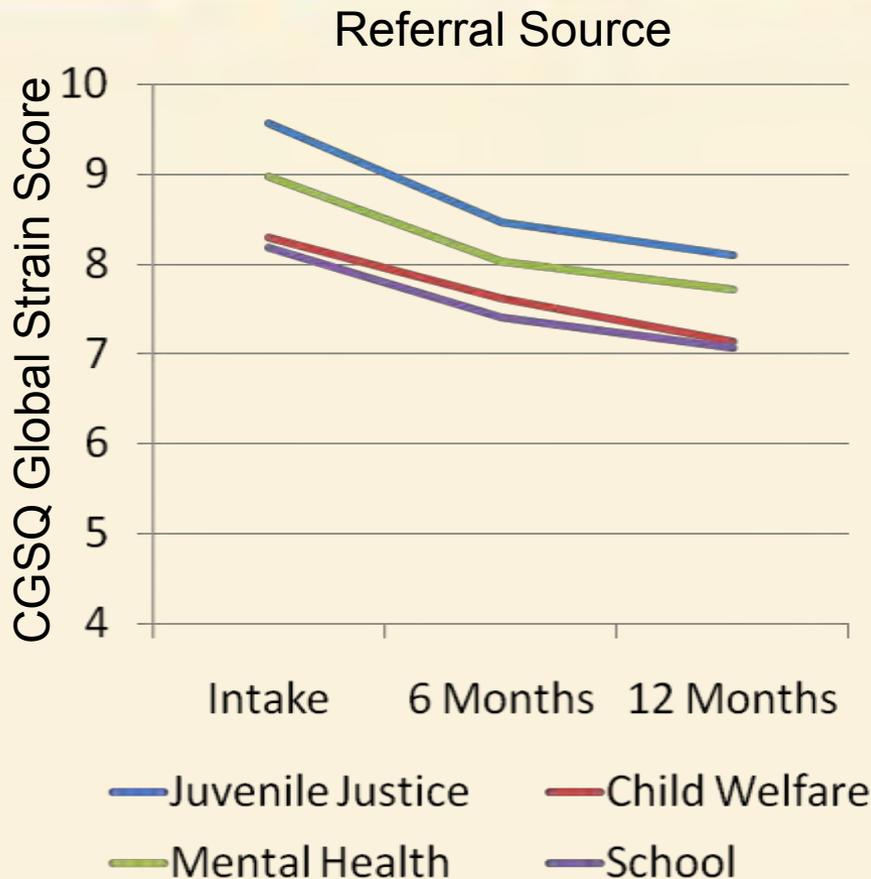
Referral Source * Time $F(6) = .125, n.s.$



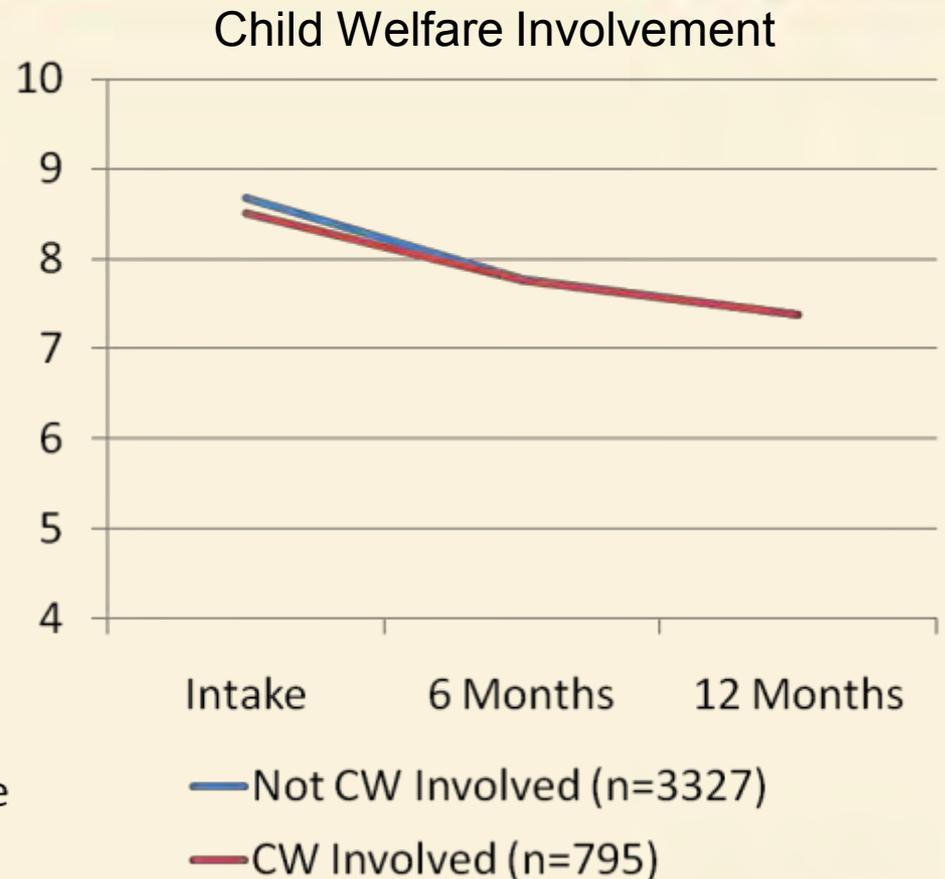
ACE score * Time $F(8) = 0.35, n.s.$
 N=3,013



Change in Caregiver Strain by Referral Source and Agency Involvement



Referral Source * Time $F(6) = 1.64, n.s.$
 N=2,673

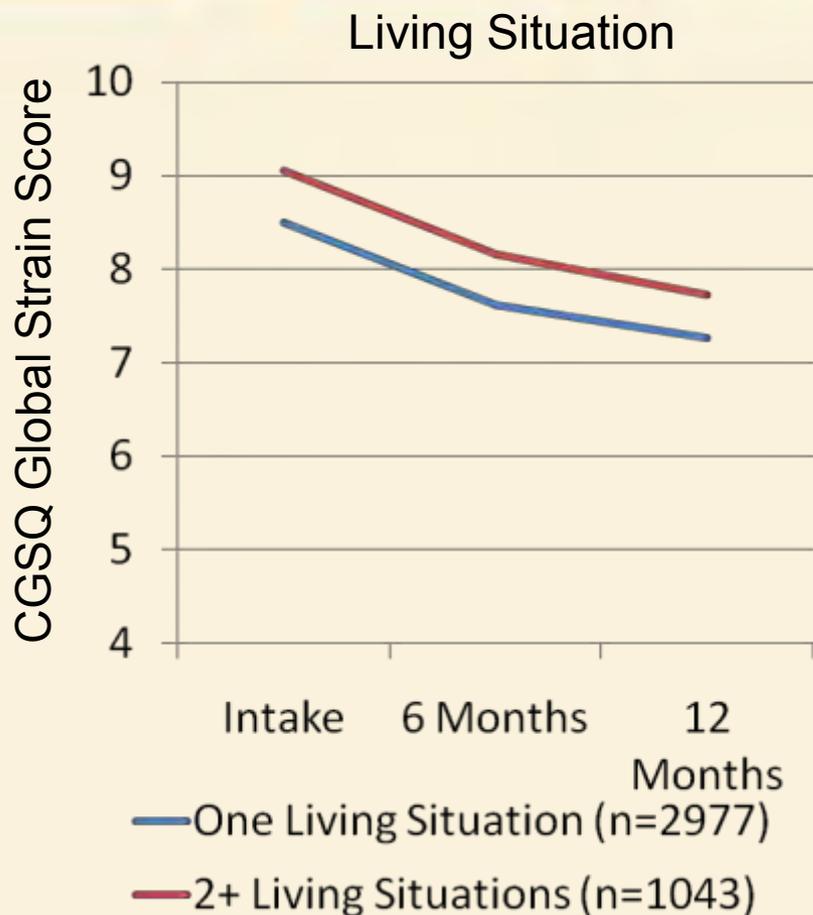


Living situation * Time $F(1) = 2.573, n.s.$

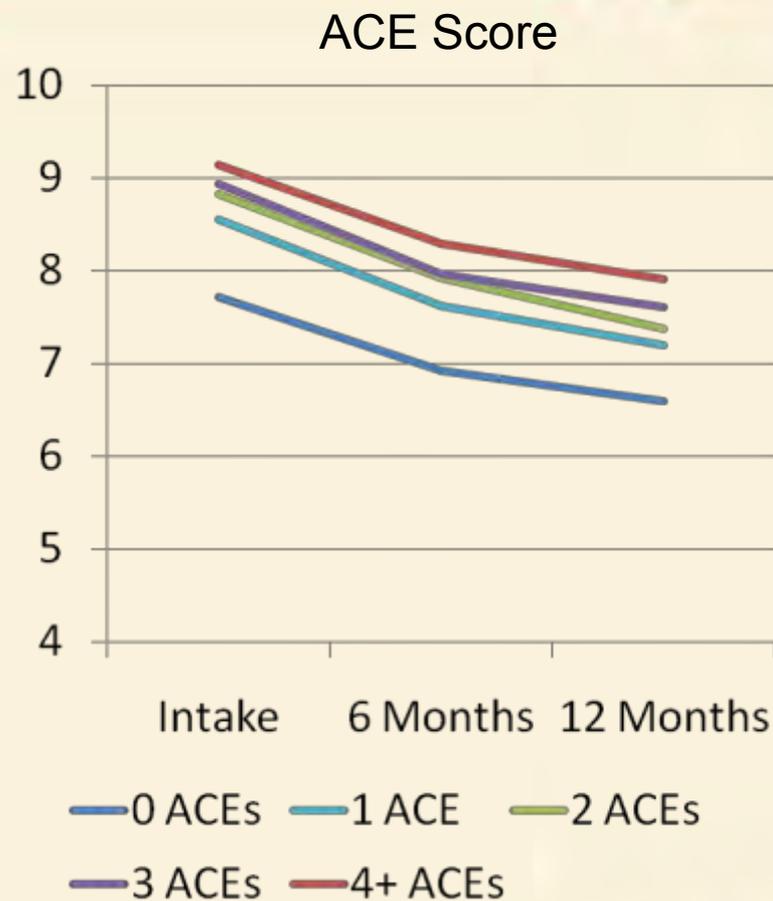


CGSQ = Caregiver Strain Questionnaire; Significant improvement over time.

Change in Caregiver Strain by Child/Youth Intake Living Situation and ACE Score



Living situation * Time $F(1) = 1.322$, n.s.



Ace Score * Time $F(8) = 1.26$, n.s.
N=3,639



Child/Youth Improved Well Being

- Child welfare involved children/youth who receive services in systems of care, have significantly:
 - Reduced behavioral and emotional problems
 - Improved behavioral and emotional strengths
 - Strengths contribute to protective factors and resilience
 - Reduced caregiver strain associated with a child/youth with serious mental health needs
- Child welfare involved children/youth and their caregivers improve equal to other children/youth who are not involved with child welfare

Child/Youth Improved Well Being

- Children/youth who experienced a higher number of types of adverse childhood experiences:
 - Enter services with
 - greater behavioral and emotional problems
 - Fewer strengths
 - Improve as well as children/youth who experienced fewer or no types of adverse childhood experiences/traumatic events

Contact Information

James Wotring jrw59@georgetown.edu

Brigitte Manteuffel bmanteuffel@icfi.com

Carolyn Lichtenstein clichtenstein@wrma.com

Malisa Pearson acmhmalisa@aol.com