

## ***Border Children's Mental Health Collaborative***

### **Evaluation Activity Summary**

#### **June 2009 Update**

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##### **Coordination Activities with BCMHC Project Staff and Other Project Components**

- TriWest Group continued completing Wraparound Fidelity Checklist interviews with caregivers of youth enrolled in the national evaluation longitudinal study. Forty-five (45) interviews have been completed to date. Five (5) of those interviews were completed during June 2009.
- We continued ongoing coordination with Care Management to obtain enrollment and demographic information (to complete the Enrollment and Demographic Information Form--EDIF) for youth newly enrolled for services and for youth for whom information has not been submitted to the evaluation team.
- We continued ongoing coordination with Care Management to obtain follow-up demographic information (to complete the Child Information Update Form – CIUF) for youth still receiving BCMHC services who are participating in national evaluation follow-up interviews.
- TriWest Group continues to attend regularly scheduled BCMHC Advisory Council meetings and to report on evaluation enrollment and other evaluation activities being conducted.

##### **Baseline and Follow-up Outcome Interviews**

- TriWest Group received two new referrals from Care Management during June for youth to participate in national evaluation outcome study activities. Since data collection interviews resumed in June 2007, fifty-four (54) baseline youth and caregiver interview sets have been completed. Overall, TriWest Group has enrolled **78** youth and families into the longitudinal outcome study. Three (3) baseline data interview sets were completed during June 2009.
- We continue to contact families enrolled into BCMHC services since May 2007 to complete 6-month, 12-month, 18-month and 24-month follow-up interviews. Overall, for this subset of enrollees, we have completed:
  - twenty-eight (28) 6-month youth and caregiver follow-up interview sets,
  - eighteen (18) 12-month youth and caregiver follow-up interview sets,
  - thirteen (13) 18-month youth and caregiver follow-up interview sets,
  - one (1) 18-month caregiver interview, and
  - four (4) 24-month youth and caregiver follow-up interview sets.Two of the 6-month interview sets and all four (4) of the 24-month interview sets were conducted during June 2009.
- Upon completion of data collection interviews, all data is checked for completeness and accuracy, and submitted electronically to the national evaluation (Macro International) via the electronic data submission and management system (ICN – Interactive Collaborative Network).
- As part of the national evaluation data quality assurance process, during June TriWest Group continued to troubleshoot and address data issues in coordination with Macro International.



## Demographic and Enrollment Summary

The tables that follow provide a summary of demographic and other enrollment-related information for youth enrolled for BCMHC services and for whom enrollment information had been provided to TriWest Group as of June 25, 2009. The information presented is obtained from enrollment information provided for all enrollees, as well as from data obtained through baseline and six-month follow-up evaluation interviews completed.

### Demographic Characteristics of Youth Served

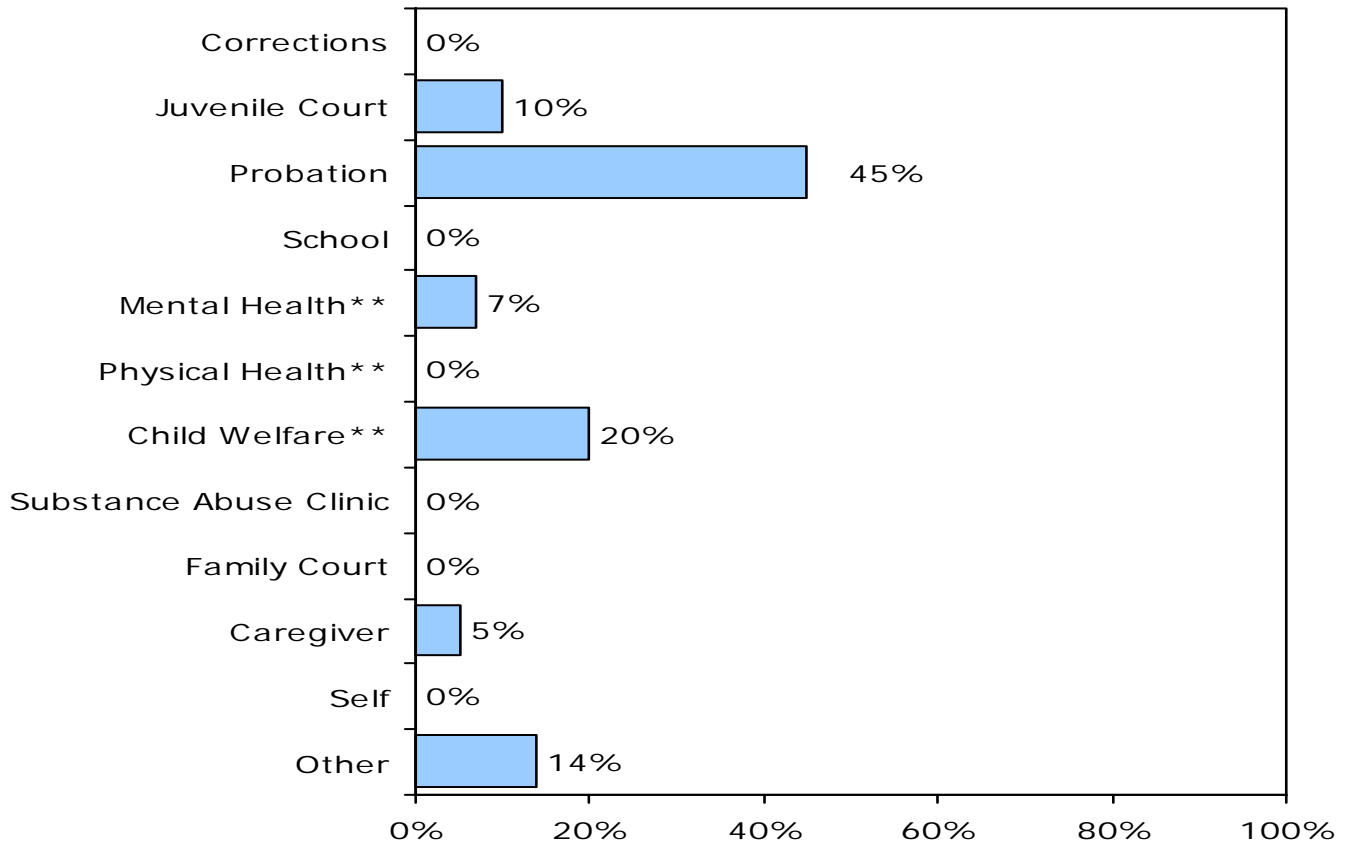
<b>Demographics for Youth Enrolled for BCMHC Services (as of June 25, 2009)</b>	
<b>Gender</b>	(n = 133)
Male	57%
Female	43%
<b>Average Age at Intake</b>	(n = 133) 14.2 years
<b>Age Group</b>	(n = 133)
Birth to 3 years	0%
4 to 6 years	1%
7 to 11 years	18%
12 to 14 years	36%
15 to 18 years	45%
19 to 21 years	0%
<b>Race/Ethnicity*</b>	(n = 133)
American Indian or Alaska Native	0%
Asian	0%
Black or African-American	8%
Native Hawaiian or Other Pacific Islander	0%
White	77%
Other	8%
Not provided	9%
<b>Hispanic Origin (out of 133)</b>	76%

\* May add up to more than 100% due to rounding.



## Intake Referral Information and Agency Involvement

### Referral Agency\*



*n* = 133

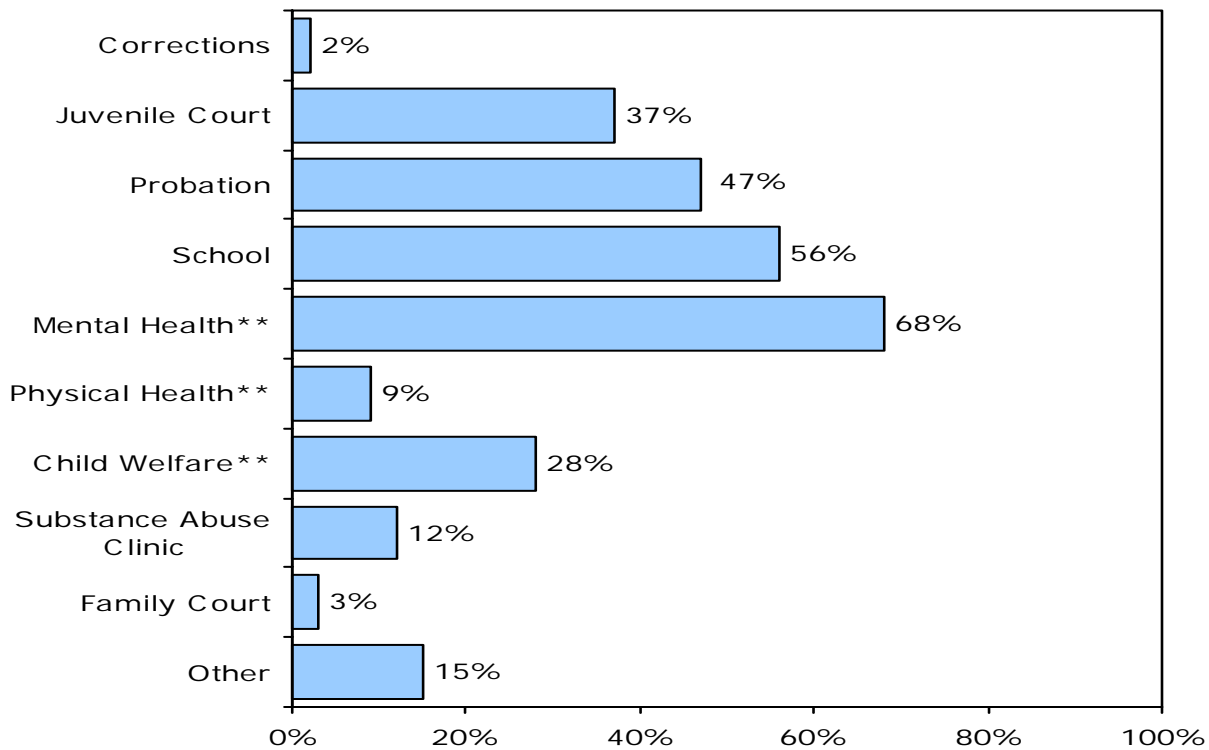
Percent

\* May add up to more than 100% due to rounding.

\*\* Mental health = Mental health agency, clinic or provider; Physical health = Physical health care agency, clinic, or provider; Child welfare = Child welfare agency or child protective services.



## Agency Involvement\*



*n* = 133

Percent

\*Because individuals may claim involvement in more than one agency, percentages for agency sum to more than 100%.

\*\* Mental health = Mental health agency, clinic or provider; Physical health = Physical health care agency, clinic, or provider; Child welfare = Child welfare agency or child protective services.



## DSM Axis I and Axis II Diagnoses

Diagnosis*	% (n = 123)
Attention Deficit Hyperactivity Disorder	49%
Mood Disorders	46%
V Code**	29%
Disruptive Behavior Disorder	24%
Substance Use Disorders***	19%
Conduct Disorder	17%
Oppositional Defiant Disorder	13%
Other	12%
Impulse Control Disorders	11%
Adjustment Disorders	7%
Mental Retardation	6%
Anxiety Disorders	3%
Learning, Motor Skills, and Communication Disorders	3%
PTSD and Acute Stress Disorder	3%
Pervasive Developmental Disorders	3%
Schizophrenia and Other Psychotic Disorders	3%
Personality Disorders	1%
Substance Induced Disorders	1%

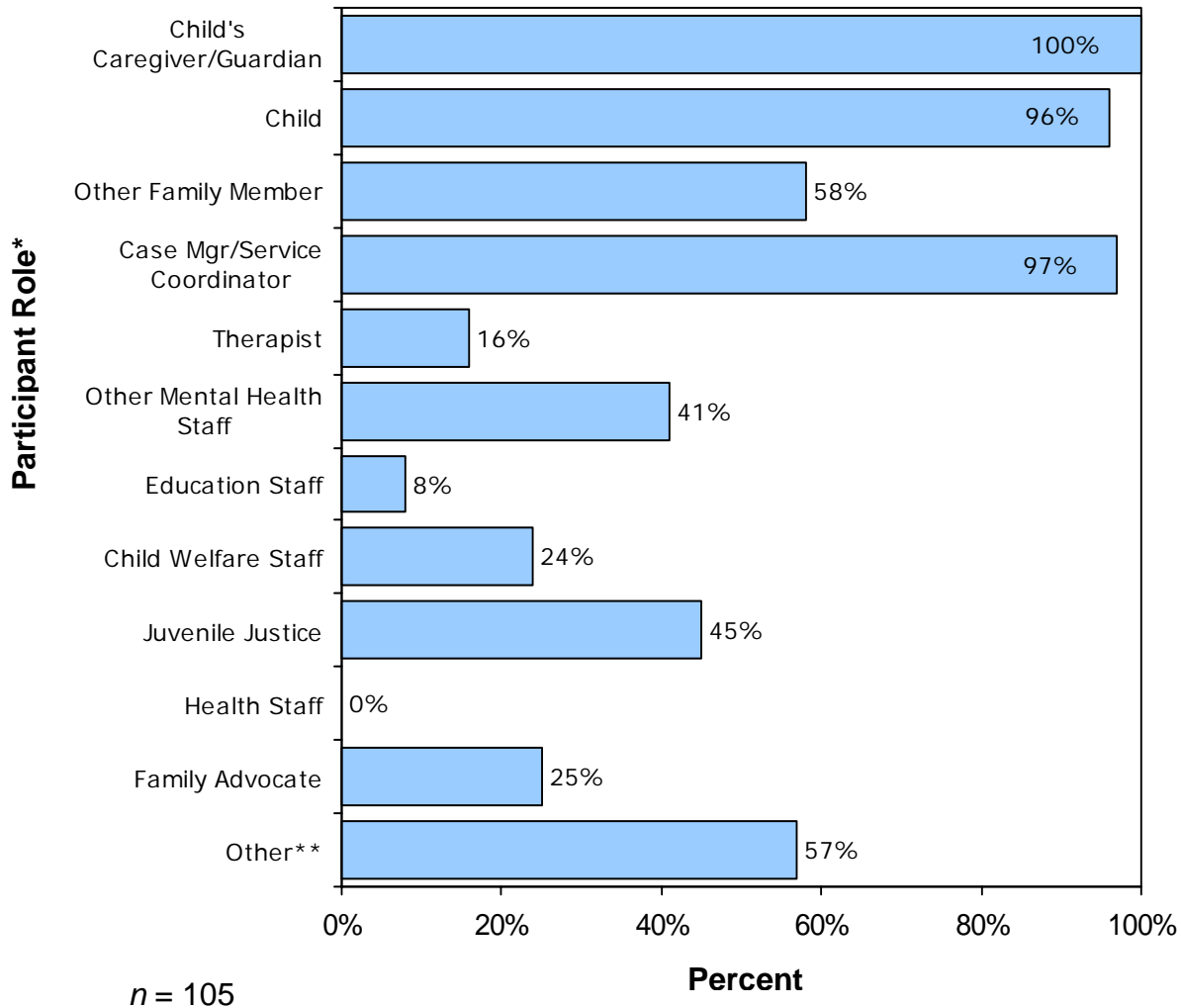
\* Because youth may have more than one diagnosis, percentages for diagnoses sum to more than 100%.

\*\* V Code refers to Relational Problems, Problems Related to Abuse or Neglect, and additional conditions. Percentage excludes V71.09 (No Axis I or II diagnosis).

\*\*\* Substance Use Disorders include caffeine intoxication.



## Participation in Development of Service Plan

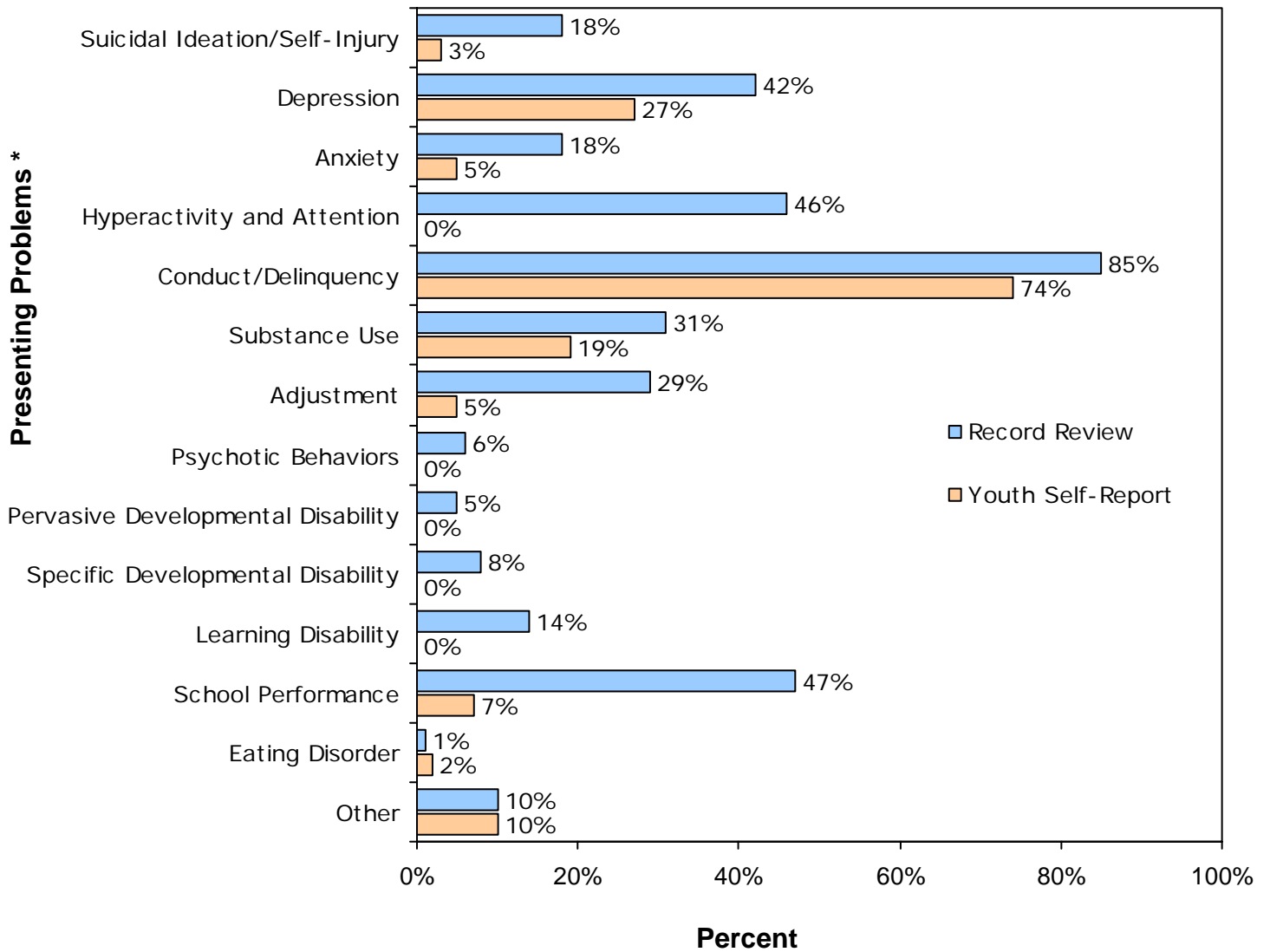


\* Because more than one participant may be involved in the development of the service plan, participants sum to more than 100%.

\*\* Other includes School Resource Officer, Teacher, Psychiatrist, Youth Advocate, Foster Home Staff, Americorps Worker, School Principal, and Big Brother.



## Presenting Problems Reported



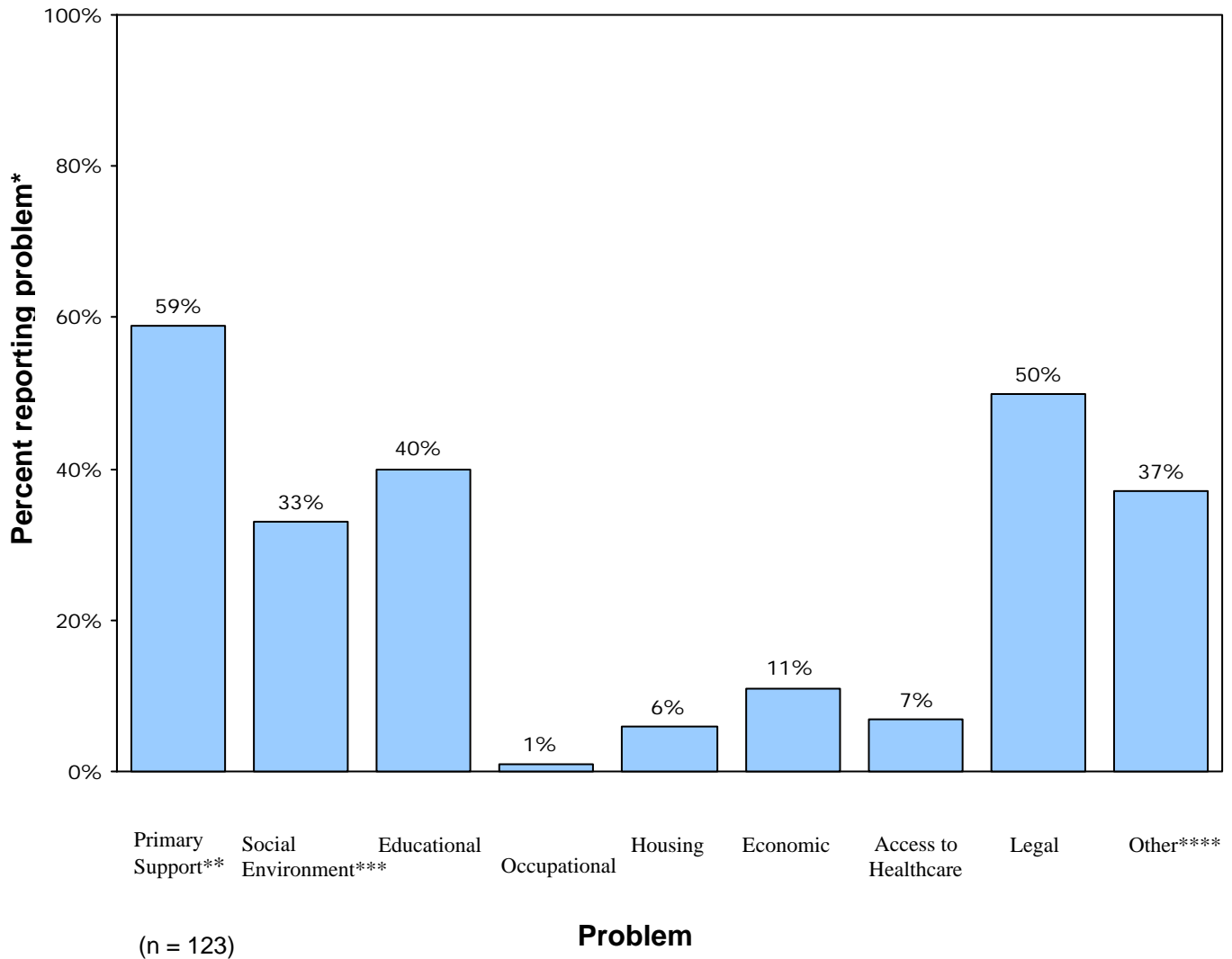
Record Review: n = 132

Youth Self-Report: n = 62

\* Because youth may present with more than one problem, percentages for presenting problems sum to more than 100%.



## DSM Axis IV: Psychosocial and Environmental Problems



\* Because youth may experience more than one psychosocial or environmental problem, problems add to more than 100%.

\*\* Primary support problems include health problems in family, removal from the home, remarriage or divorce of parent, and child abuse or neglect.

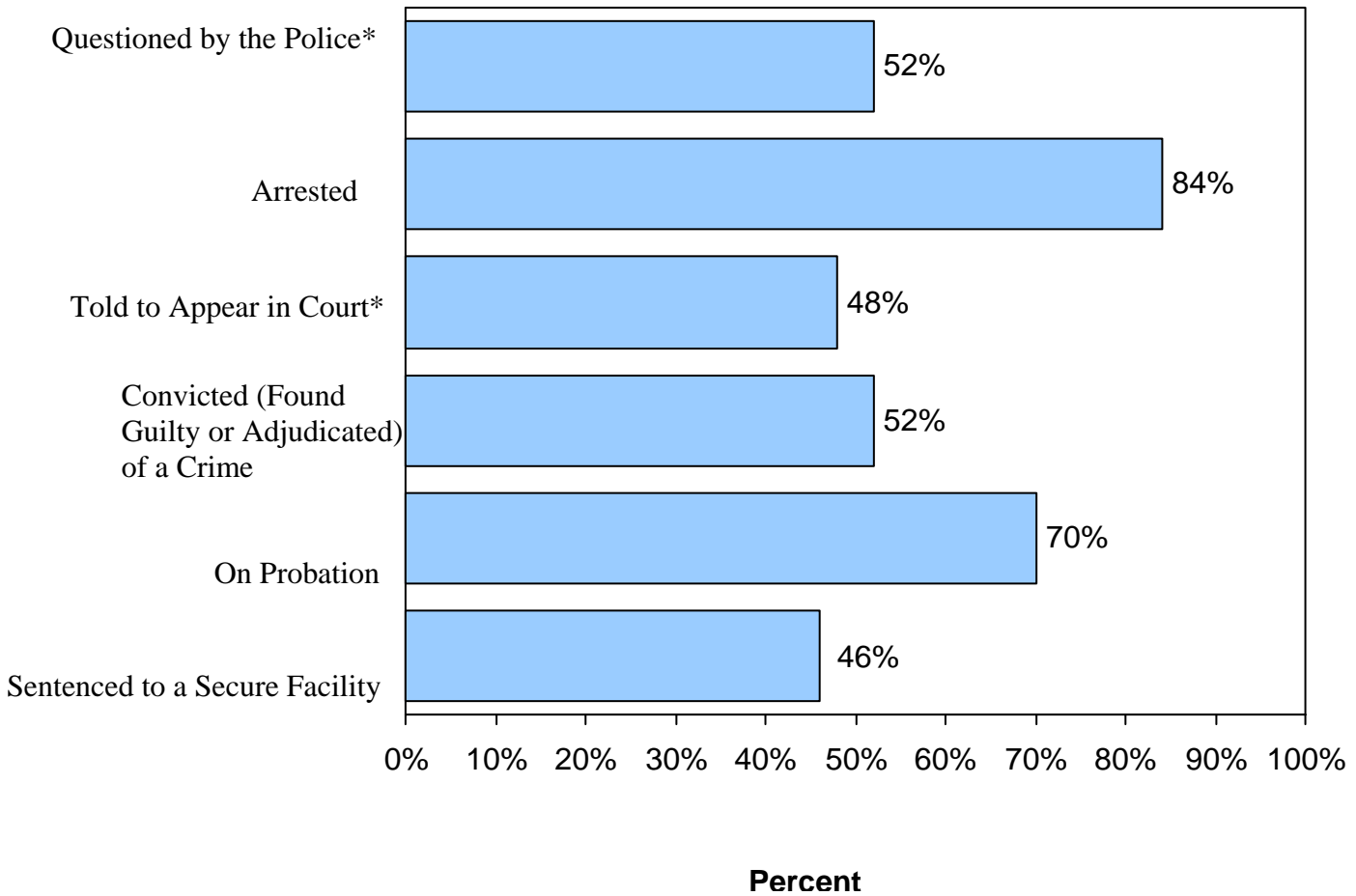
\*\*\* Social environment problems include inadequate social support, death or loss of a friend, and adjustments to life-cycle transitions.

\*\*\*\* Other problems include discord with non-family caregivers, unavailability of social service agencies, and exposure to disasters.



## Criminal Justice History at Intake for BCMHC Services

➤ Have you **ever** been . . . ?



\* "...because you were suspected of committing a crime." (Responses may include some who were questioned, and subsequently arrested, but generally responses indicate those questioned only, without arrest.)

Number of Youth Self-Reports = 67



## School Attendance and Performance at Intake

100% of children were attending school at intake for BCMHC services (n = 78)

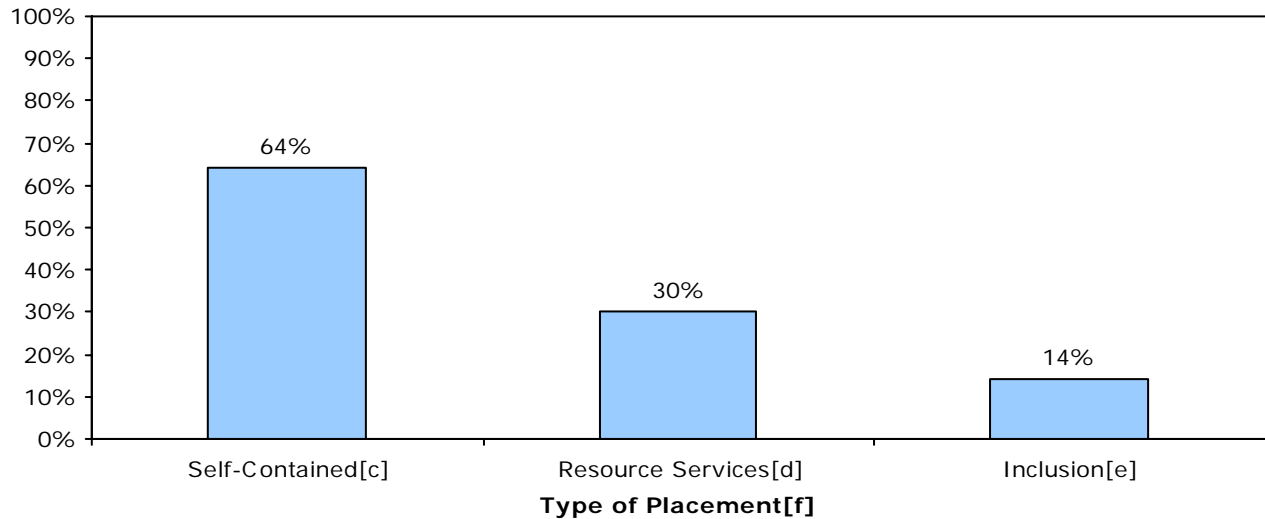
<b>School Attendance and Performance*</b>	
<b>Average Number of Excused and Unexcused Absences in the Past 6 Months (n = 78)</b>	
Perfect Attendance	26%
Less Than 1 Day Per Month	15%
About 1 Day a Month	19%
About 1 Day Every 2 Weeks	14%
About 1 Day a Week	8%
2 Days Per Week	4%
3 or More Days Per Week	12%
Unknown	3%
<b>Intake School Performance (n = 78)</b>	
Grade Average 'A'	9%
Grade Average 'B'	33%
Grade Average 'C'	31%
Grade Average 'D'	3%
Failing 'About Half' or 'Most' Classes	6%
Failing All or Most Subjects/Classes	5%
School Does Not Grade the Children and doing Satisfactory	6%
School Does Not Grade the Children and Needs Improvement	5%
School Does Not Grade the Children and doing Unsatisfactory or Failing	1%
Other	0%

\* Totals may add up to more than 100% because of rounding.



## Special Education Placements[a] in the 6 Months Prior to Intake for BCMHC Services

Caregiver reports indicated that 45 of 78 children (58%) took special education classes.[b]



(n =44)

[a] Data reported were collected using the Education Questionnaire–Revised (EQ–R).

[b] This includes children who took special education classes in which either all children or only some children in the class were receiving special education, and children who received any other kind of special education.

[c] Self-Contained refers to special education classes in which all the children in the class are receiving special education for all or most of the day.

[d] Resource Services refers to special education classes in which all the children leave their general education class to receive special education instruction in specific subjects for a portion of the day.

[e] Inclusion refers to special education provided in the general education class in which some children receive special education and others do not.

[f] Because children may have received more than one type of placement over the past 6 months, percentages may sum to more than 100%.



## Child Clinical Measures

This section provides clinical information on the youth participating in the Longitudinal Outcome Study. Information in this section is taken from the following instruments:

**Behavioral and Emotional Rating Scale for Caregiver (BERS-2C)**--Measures children's emotional and behavioral strengths in the following six areas:

- Interpersonal Strength, which assesses a youth's ability to control his/her emotions or behaviors in social situations.
- Family Involvement, which assesses a youth's participation in and relationship with his/her family.
- Intrapersonal Strength, which examines a youth's view of his/her competence and accomplishments.
- School Functioning, which assesses a youth's competence in school and classroom tasks.
- Affective Strength, which captures a youth's ability to accept affection from others and express feelings towards others.
- Career Strength, which measures a youth's interest and aptitude for career development.

Scaled scores on the strength subscales range from 1 to 16, with an average score between 8 and 12. Higher scores indicate greater strengths.

A strength index can be calculated and is based on the sum of the subscale scores, excluding career strength. The strength index ranges from 38 to 161, with an average index in the 90–110 range. A higher index indicates greater overall strengths.

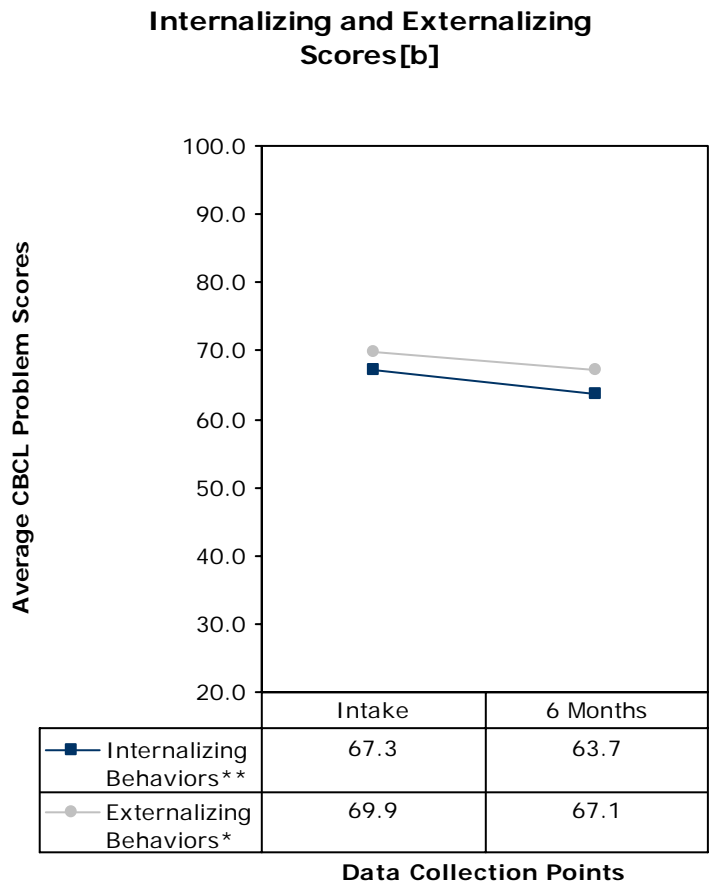
**Child Behavior Checklist (CBCL)**--The CBCL is a caregiver report of the child's social competence, behavioral and emotional problems. The social competence section collects information related to involvement in organizations, sports, peer relations and school performance. The behavioral and emotional problems section documents the presence of various problems and symptoms. This instrument assesses children's symptoms along a continuum and provides a total problem score; two broad-band syndrome scores (internalizing and externalizing); eight narrow-band syndrome scores (anxious/depressed, withdrawn/depressed, somatic complaints, social problems, thought problems, attention problems, rule breaking behavior, and aggressive behavior); and a total problem score. T-scores between 65 and 69 (93rd and 97th percentile) on the narrow-band syndrome scales are in the borderline clinical range. T-scores greater than 69 are in the clinical range. On the internalizing, externalizing, and total problem scales, T-scores between 60 and 63 (84th and 90th percentile) are in the borderline clinical range. T-scores above 63 are in the clinical range.

The CBCL is also comprised of three competence subscales, as well as a Total Competence scale. Higher scores on the competence scales indicate greater competence. The three competence subscales have a T-score range from 20 to 65, with scores under 30 falling in the clinical range (i.e., less competence) (2nd percentile), scores between 31 and 36 in the borderline clinical range, and scores over 36 below the clinical range (i.e., greater competence). The Total Competence scale has a T-score range from 10 to 80, with scores under 37 falling in the clinical range (i.e., less



competence), scores between 37 and 40 in the borderline clinical range, and scores over 40 below the clinical range (i.e., greater competence).

**Average Scores of Child Behavioral and Emotional Problems[a] for Children Ages 6 to 18 at Intake, and 6 Months**



\* = Externalizing Behaviors difference significant at p<.05

\*\* = Internalizing Behaviors difference significant at p<.01

(n = 39)

[a] Data reported were collected using the Child Behavioral Checklist 6–18 (CBCL 6–18). The CBCL measures behavioral and emotional problems during the 6 months prior to data collection.

[b] Internalizing and externalizing scores above 63 are in the clinical range.



## Syndrome Scale Scores[a,b]

Scale	Intake	6 Months
Withdrawn	66.2	62.9*
Somatic Complaints	63.0	61.5
Anxious/Depressed	66.7	63.3*
Social Problems	69.0	63.1**
Thought Problems	68.0	64.2**
Attention Problems	68.6	66.3
Rule Breaking Behaviors	67.0	65.3
Aggressive Behavior	72.3	69.2*

\* = Difference significant at  $p < .05$

\*\* = Difference significant at  $p < .01$

(n = 39)

[a] Data reported were collected using the Child Behavioral Checklist 6–18 (CBCL 6–18). The CBCL measures behavioral and emotional problems during the 6 months prior to data collection.

[b] Scores on the eight syndrome scales above 70 are in the clinical range.



## Caregiver Report of Behavioral and Emotional Strengths[a] at Intake and 6 Months

Strength Subscale[b]	BERS-2 Caregiver Average Score	
	Intake	6 Months
Interpersonal Strength (n = 40)	6.58	7.43*
Family Involvement (n = 40)	6.53	7.00
Intrapersonal Strength (n = 40)	6.55	7.83*
School Functioning (n = 39)	6.90	7.28
Affective Strength (n = 40)	8.05	8.13
Career Strength (n = 34)	9.03	9.35
<b>Strength Index[c] (n = 39)</b>	<b>77.87</b>	<b>82.33</b>

\* = Difference significant at  $p < .05$

[a] Data reported were collected using the Behavioral and Emotional Rating Scale–Second Edition, Parent Rating Scale (BERS-2C). The BERS-2C reflects behavioral and emotional strengths during the 6 months prior to data collection.

[b] Strength subscales on the BERS-2C range from 1 to 16, with an average score between 8 and 12. Higher scores indicate greater strength.

[c] Strength index on the BERS-2C ranges from 38 to 161 with an average index between 90 and 110. A higher index indicates greater overall strengths.

