



## Characteristics of Children & Families Presenting to Early Childhood Mental Health Systems of Care

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## Early Childhood Systems of Care (EC-SOC)

- EC-SOCs develop services and supports for children aged birth to eight years, and their families to:
  - promote positive mental health
  - prevent mental health problems, and
  - provide mental health interventions
- Although the rates of severe emotional disturbance in young children is nearly identical to that in older children (Egger, 2009), SOC's have almost exclusively served adolescents and school-aged children (Kaufmann & Hepburn, 2007).
- A growing number of EC-SOCs are being supported, but little is known across communities regarding
  - demographic and background characteristics of these children
  - experiences that may have and continue to place them at risk for or protect them from psychiatric difficulties

## Building EC Knowledge Base

- In response to this gap in knowledge, the Phase V EC sites came together to:
  - work with the national evaluation team to modify/add appropriate data elements for EC population
  - select several common outcome measures so that more relevant longitudinal data could be gathered about young children
  - agree to share data to be aggregated across sites

## Purpose of Presentation

- To present data pooled from three SAMHSA CMHS funded EC-SOC communities to:
  - Better understand who are the young children aged birth to eight years and their families served, and
  - Report on factors that may have increased children's risk for social, emotional, and/or behavioral challenges or protected them from these difficulties

## Collaborating EC SOC's

- Our three communities were funded in 2005 (Phase V)
- Range in ages served (birth through 11 years)
- Population of focus differs
- Intervention of focus differs
- Continuum of mental health services and supports are similar



### New London Building Blocks

- An initiative of the Southeastern Mental Health System of Care (SEMHSOC)
- Partners include: Families United, The Department of Children and Families, Child and Family Services, United Community and Family Services, LEARN
- Children under six years with serious social, emotional, and mental health challenges and their families
- Serving all of New London County with areas of focus in the following towns: Groton, New London, Norwich, and underserved populations including military families, Hispanic/Latino families, teen parents, and homeless families
- 300 children and their families to be served




### Rhode Island Positive Educational Partnership (RIPEP)

- Partnership among DCYF, RIDE, Sherlock Center, and early childhood systems
- Integration of RI PBIS statewide initiative, RICASSP SOC and continuum of children's behavioral health services, and early childhood systems
- Children aged birth through 11 years with serious social, emotional, and mental health challenges and their families
- 80 schools/ECE sites will be involved
- 700 children and families to be served


### Sarasota Partnership for Children's Mental Health

- Comprised of representatives of the health department, mental health service agencies, school district, early learning and care community, and numerous other child serving organizations.
- The population of focus includes children birth through age 8 and family members at risk of disrupted relationships due to
  - foster care placement or risk of placement,
  - prenatal exposure to alcohol and other substances,
  - risk of expulsion or exclusion from early learning environments, and/or
  - the presence of other environmental stressors (i.e., domestic violence, poverty, caregiver mental illness, homelessness).

The children have a DC:0-3R or DSM-IV-TR diagnosis and prognosis that mental health challenges will last at least one year and require multi-agency interventions from at least two community service agencies.

- Approximately 400 children and families expected to receive care coordination

### CMHS National Evaluation Core Studies

Core Study Component	Core Study Question(s)
Cross-Sectional Descriptive Study	<i>Who are the children and families served and what are their characteristics?</i>
Child and Family Outcome Study	<i>To what extent do child and family outcomes improve over time?</i>
Service Experience Study	<i>To what extent are system of care principles experienced by children and families?</i>
Services and Costs Study	<i>What services do children and families receive, and what are the service costs and utilization patterns associated with those services?</i>

### Methods

- Data collection and sharing approvals
- Measures
- Procedure

### Enrollment and Demographic Information Form (EDIF)


- Age
- Gender
- Race
- Date of entry into services
- Diagnosis
- Service planning
- Program and evaluation enrollment status
- EC-relevant data elements added

### Caregiver Information Questionnaire (CIQ)

- Administered to caregivers of families in the longitudinal outcome study.
- Gathers information related to:
  - Caregiver demographics
  - Household composition
  - Economic Information
  - Child Risk Factors
  - Family Risk Factors
  - Service history prior to enrollment

### Procedure

- Descriptive Data (demographic and diagnostic) must be collected at intake and submitted for:
  - All youth and families supported and served by the CMHS-funded system of care
- Data sources:
  - Administrative records
  - Caregivers
  - Evaluators (for specific questions)
- Family Descriptive Information collected during Child and Family Outcome Study (every 6 months):
  - Intake data reported on here
- Data source:
  - Caregiver participating in Outcome study



### Findings

### System of Care Community

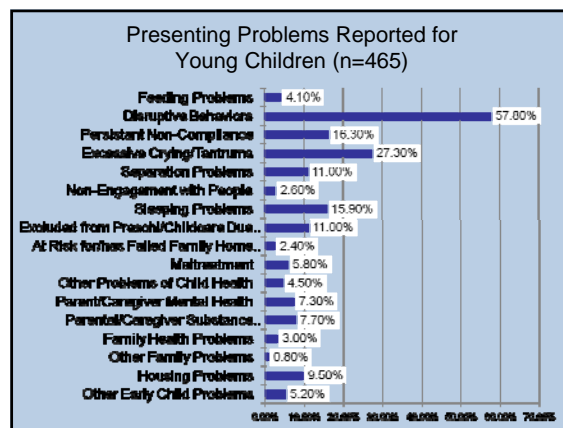
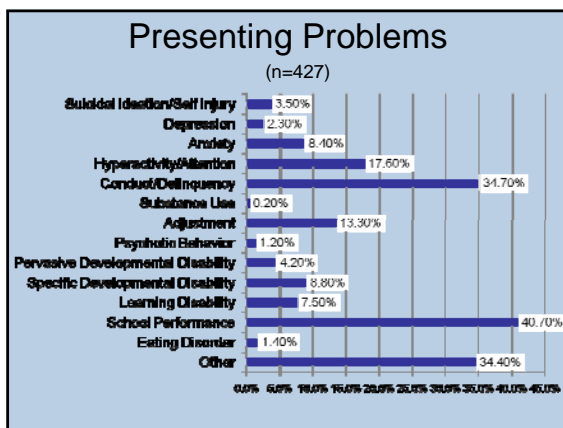
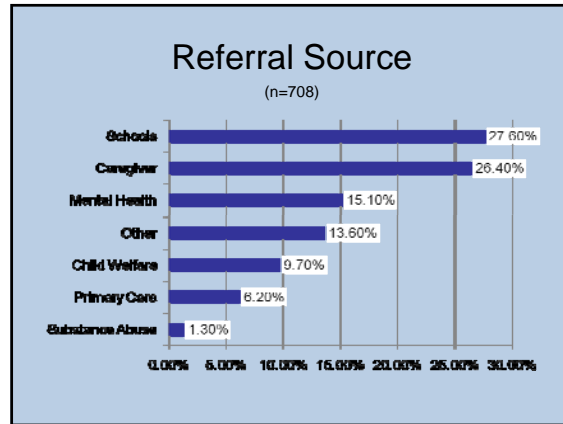
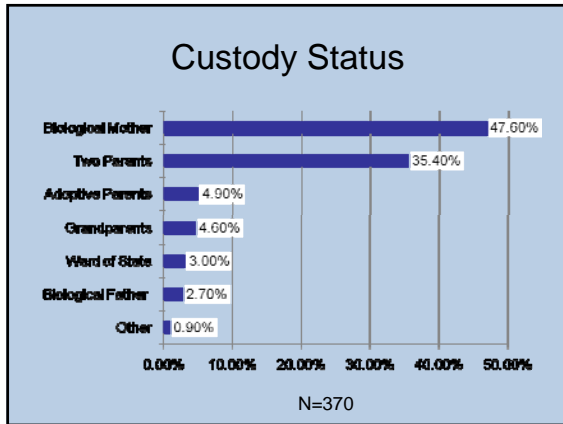
System of Care Community (n = 728)	
New London Building Blocks (NLBB)	21.8%
Rhode Island Positive Educational Partnership (RIPEP)	21.2%
Sarasota Partnership for Children's Mental Health	57.0%

### Demographics (n=728)

Gender	
Male	73.5%
Female	26.5%
Average Age at Intake	
	4.64 years
Age Distribution	
< 1 year	2.7%
1 year	3.8%
2 years	9.1%
3 years	15.2%
4 years	17.3%
5 years	17.7%
6 years	11.3%
7 years	11.3%
8 years	11.5%

### Demographics, cont.

Race/Ethnicity (n = 701)	
American Indian or Alaska Native	1.1%
Black or African American	22.1%
White	60.0%
Other	12.3%
Hispanic/Latino Background (n = 701)	
Yes	16.8%



### DC:0-3R Axis I Diagnoses

Children 0-3 Years of Age

Clinical Diagnosis (n = 97)	%
Adjustment Disorders	32.9%
Anxiety Disorders	14.4%
Sensory Stimulation-Seeking/Impulsive	13.4%
Hypersensitive	12.4%
Regulation Disorders	7.4%
Mixed Disorders of Emotional Expressiveness	4.1%
Sleep Disorders	4.1%
PTSD	2.1%
Other	6.1%

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

### DSM-IV Axis I & II Diagnoses

Children 4-8 Years of Age

Diagnosis (n = 277)	%
Attention Deficit/Hyperactivity	30.3%
Adjustment Disorders	27.8%
Disruptive Behavior Disorders	19.5%
Anxiety Disorders	10.1%
PTSD	8.7%
Oppositional Defiant Disorder	7.6%
Mood Disorders	6.9%
Pervasive Developmental Disorders	6.1%
Other	9.1%

Because children/youth may have more than one diagnosis, percentages for diagnoses may sum to more than 100%.  
 (A) Substance Use Disorders include caffeine intoxication.  
 (B) V Code refers to Relational Problems, Problems Related to Abuse or Neglect, and additional conditions. Percentage excludes V71.09 (See Axis I or II diagnosis).

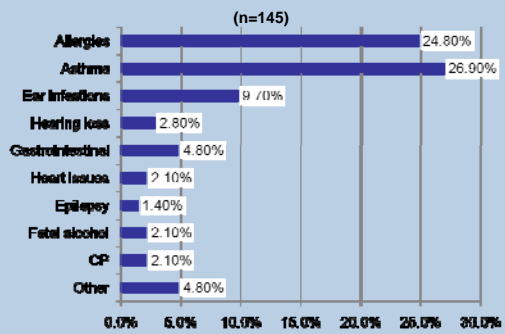
### Educational Information

<b>For children under the age of 6</b>	
Attended an early childhood program in the last 6 months (n=275)	82.5%
Have an IEP (n=207)	42.0%
IEP is for Behavioral Health Issues (n=87)	75.6%
<b>School Disciplinary Issues in the 6-months Prior to Enrollment (n=210)</b>	
Suspended	14.8%
Expelled	2.9%
Suspended and Expelled	1.9%

### Health History

<b>Children who have:</b>	
Have a primary care physician (n=373)	95.4%
Recurring health problem (n=373)	38.9%
On medication for recurring health problem (n=370)	23.3%
Hospitalized in past 6-months for recurring health problem (n=351)	2.8%

### Types of Chronic Health Issues



### Medication – Behavioral Health

Child has taken medication for emotional or behavioral issue in last 6-months (n=373)	22.8%
Psychiatric medications prescribed by pediatrician (n=77)	59.7%
Caregiver understands why child needs meds (n=98)	94.9%
Caregiver knows what meds should do (n=98)	91.8%
Caregiver had choice whether the child took medication (n=97)	73.2%
Caregiver is comfortable with child on the medication (n=97)	71.1%

### Family Characteristics

<b>Children live in homes with:</b>	
Other children	M=1.43
Adults	M=1.86
<b>Family Income:</b>	
Below Poverty	58.1%
At or Near Poverty	15.6%
Above Poverty	26.3%
<b>Caregiver Employment:</b>	
Worked in last 6-months	58.5%
Hours worked per week	M=31.9

### Family Characteristics, cont.

<b>Entitlements</b>	
Medicaid (n=626)	64.2%
SSI (n=626)	2.4%
TANF (n=625)	6.1%
Private Insurance (n=620)	18.1%
Paid for some of the child's treatment in the past 6-months (n=373)	12.9%
<b>How often do you have</b>	
Have money for basic needs? (n=373)	Half of the time or less 41.1%
Have money for special things? (n=373)	78.3%

### Child and Family Risk Factors


Caregivers Reported:	
Family history of depression (n=356)	68.8%
Family history of mental illness (n=358)	46.6%
Family history of substance abuse (n=363)	52.3%
Has the child ever:	
Witnessed domestic violence (n=363)	38.0%
Lived with someone who is depressed (n=361)	62.6%
Lived with some with a mental illness (n=358)	45.2%
Lived with someone convicted of a crime (n=362)	36.7%
Lived with someone w/a substance abuse problem (n=362)	39.2%
Been physically abused (n=359)	9.7%
Been sexually abused (n=355)	3.9%
Run away (n=367)	9.5%
Talked about suicide (n=373)	9.7%
Attempted suicide (n=365)	1.9%

### Services Received Prior to Enrollment

Any Service	32.4%
Outpatient Services	31.0%
School-based Services	23.4%
Day Treatment	2.9%
Residential Treatment	2.2%
Substance Abuse Treatment	--

### Development of Service Plan

Who Participated in the Development of the Child and Family Service Plan?	
Caregiver (n=454)	98.9%
Case Manager (n=445)	94.4%
Family Advocate (n=431)	60.6%
Therapist (n=397)	43.6%
Child (n=407)	40.5%
Other Family Member (n=404)	41.3%
Education Staff (n=389)	41.1%
Child Welfare (n=382)	10.2%
Juvenile Justice (n=365)	0.5%
Health Staff (n=372)	6.5%



### Next Steps

- Our sites will continue to collect this data.
- Plan to submit a R01 this June to create a data repository so that we can pool the data across sites to allow for a more comprehensive understanding of the characteristics of children served and the impact of EC SOCs for young children and their families overtime.