

EARLY CHILDHOOD INITIATIVE
 PRESCHOOL 0-5
 CHILDREN'S CENTER OF RIVERSIDE
 INCREDIBLE KIDS
 MT. SAN JACINTO 0-5/VIIP TOTS



A Profile of Early Childhood Mental Health Needs and Associated Outcomes
 by
**Riverside County First Five Commission
 Riverside County Department of Mental Health**



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 Research and Evaluation

A Profile of Early Childhood Mental Health Needs and Associated Outcomes

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Study Focus

- Examine the common characteristics or profiles of children presenting at a community mental health early childhood program.
- Examine outcomes associated with various profiles.

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Developing Profiles

- Child characteristics:
 - Ethnicity
 - Age
- Family characteristics:
 - Caregiver characteristics
 - Household characteristics
- Clinical characteristics:
 - Standardized measures

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Understanding Needs

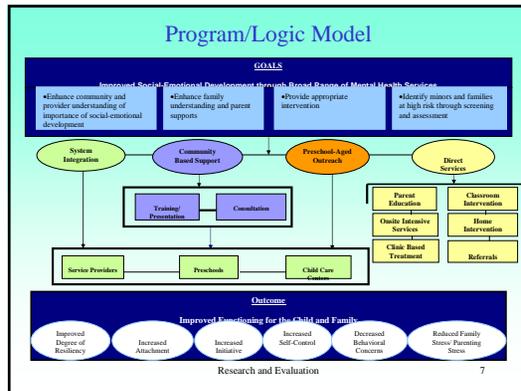
- Profiles can inform program operations:
 - Language proficiencies
 - Training needs of staff
 - Improving access and availability of services

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Outcomes

- After developing profiles...
- What outcomes are experienced by these families?
 - Adequately responding to needs?
 - Additional opportunities for training
 - Additional information regarding treatment strategies
 - Which Evidence Based Practices?

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access to the program

- Screening of children in primary care physicians' offices
 - Devereux Early Childhood Assessment (DECA; 1998)

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service delivery

- Location and type of service based on needs
 - Parent education
 - Classroom intervention
 - Onsite intensive services
 - Home intervention
 - Clinic based treatment
 - Referrals

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methods

- 233 children ages 0-5
- Measures
 - DECA, completed by caregivers
 - Parenting Stress Index (PSI; Abidin, 1995), completed by caregiver
 - Measure of interaction between the caregiver and child, completed by clinician
 - CA State DMH, CSS, IPFMHI

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timeframes

- DECA & PSI:
 - Intake
 - 6 months
 - Discharge

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encounter data

- Age
- Ethnicity
- Gender
- Diagnosis
- Medicaid eligibility

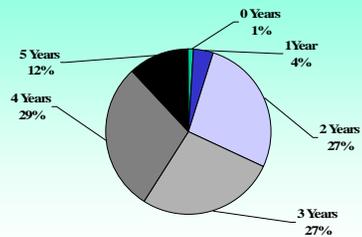
chart reviews

- Number of parents in household
- Number of people in household
- Monthly income
- Parental employment status
- Parental marital status

analysis strategy

- Develop client profiles with factor analysis
- Correlational analyses of the profiles to look at clinical characteristics at intake
- Correlational analyses to look at clinical change

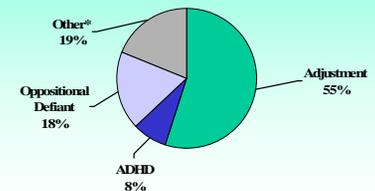
age of sample



sample characteristics

- 62% Male; 38% Female
- 53% Caucasian; 30% Latino
- 55% were eligible for Medicaid

diagnosis



diagnosis correlations

- Adjustment more likely to be young females
- Oppositional defiant more likely to be older males

medicaid correlations

- Medicaid eligibility correlated with:
 - A single caregiver in the household
 - Unemployment
 - Lower monthly income

factor analysis

- Complete information regarding all variables available for 146 (65%) of sample
- Factor analysis resulted in 4 factors
 - Variance accounted for by the 4 factors:
 - 16.54%; 15.99%; 13.57%; 9.79%
 - Cumulative variance: 55.89%

	Medicaid Population	Latino w/ higher income	Older Opp/Def	ADHD
Marital Status	-.83			
# Parents	-.69			
Medicaid	.61			
Employed	-.54			-.37
Latino		.84		
White		-.83		
Income	-.49	.62		-.24
Gender		.40	.35	
Opp/Def			.81	-.23
Adjustmt			-.73	-.31
ADHD				.89
Age			.49	
# in Household			.26	

clinical profile at intake

	Medicaid Population	Latino w/ higher income	Older Opp/Def	ADHD
PSI			.23	
DECA				
Parent's Affect			-.25	
Clinician Perception of Progress		.25		.57

Correlations significant at $p < .05$

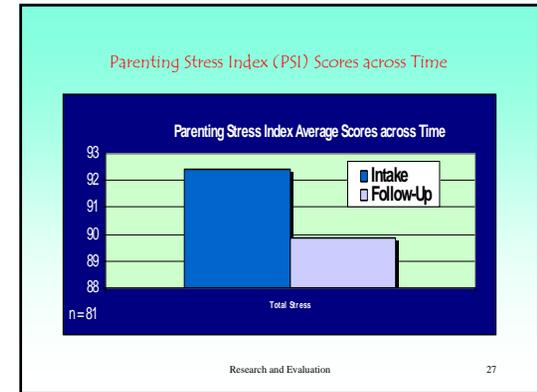
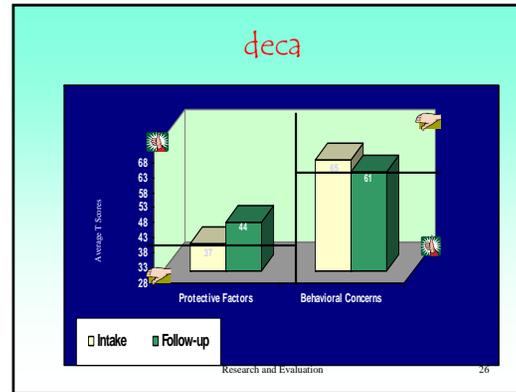
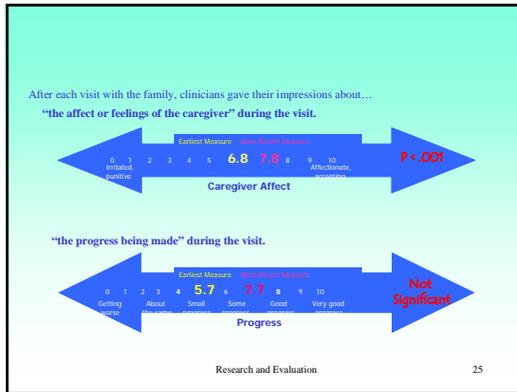
overall outcomes

After each visit with the family, clinicians gave their impressions about...
 "the attunement between the child and the caregiver" during the visit.



"the affect or feelings of the child" during the visit.





relative change comparing the 4 profiles

	Medicaid Population	Latino w/ higher income	Older Opp/Def	ADHD
PSI				
DECA (Behavioral Concerns)	.26			
Parent's Affect		-.33		
Clinician Perception of Progress		-.24		-.79

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- medicaid population
- More likely to have a single, unmarried, unemployed caregiver with limited financial resources
 - These kids are more likely to demonstrate improvement in behavioral concerns
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- Latino with higher income
- This profile represents a population of male Latino's with a higher than average household income
 - Clinicians perceive early clinical progress
 - According to standardized measures, outcomes are basically average
 - Clinicians perceive less improvement in parental affect and overall improvement
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older boys with opp/def

- The third profile represents older boys with a diagnosis of oppositional defiance living in larger households
- At intake, parents reports greater stress and clinicians note below average parental affect
- Outcomes don't appear to deviate from average

adhd

- This last factor represents youth diagnosed with ADHD in families with less income and more unemployment
- Initially, clinicians perceive early progress, but report below average progress in outcomes
- However, standardized measures appear to indicate that outcomes don't deviate from averages