

Early Childhood Mental Health Outcome Evaluation

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JACK, JOSEPH AND MORTON MANDEL
SCHOOL OF APPLIED SOCIAL SCIENCES

CASE WESTERN RESERVE
UNIVERSITY

Invest in Children
Cuyahoga County

Zero to Three
National Training Institute
December 11, 2014

Evaluation Questions

1. What are the characteristics of the children and families served?
2. Do children show improved functioning following treatment?
3. For whom are ECMH services most effective?



Sample

- Administrative records from 6 local agencies
 - Agencies varied in size and number of children served
- Cases opened b/t Jan 2007 -Dec 2012
 - 2 agencies stopped offering ECMH services as part of this initiative on June 30, 2011
- N=930



Main Findings

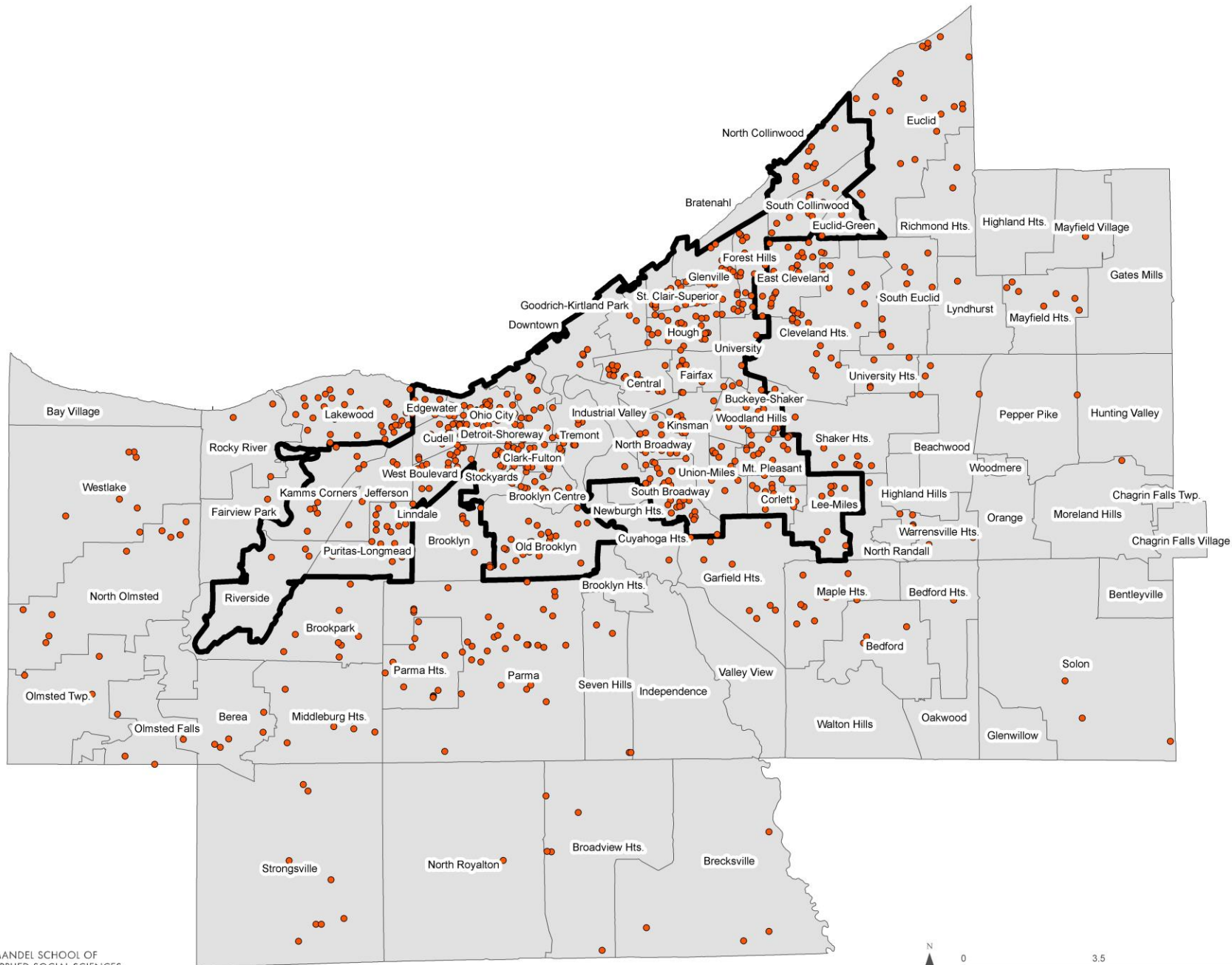
1. ECMH efforts are bringing about behavioral improvements and relationship benefits
2. Better outcomes associated with treatment completion



Sample Characteristics

- Across agencies:
 - Children served ~60% male
 - Children b/t 24-35 months old
 - Vast majority living w/ biological parent
 - ~ 50% parented by 2 caregivers
 - 1.3% (Agency B) - 28.6% (Agency C) of parents already referred/involved in mental health services





Child Welfare Involvement Cont.

- Report of child maltreatment
 - Before (N=923) ECMH = 39%
 - During (n=756) ECMH = 13%
 - After (n=215) ECMH = 13%
- Substantiated/Indicated report
 - Before ECMH = 12%
 - During ECMH = 2%
 - After ECMH = 2%



Axis I Diagnoses

- Regulatory = 10.0 - 51.7%
- Affect = 5.0 - 40.1%
- Adjustment = 6.7 - 19.7%
- Traumatic Stress = 2.7 - 6.7%
- Sleep = 0.0 - 3.3%
- Relating & Communicating = 1.0 - 11.7%



Axis II Diagnoses

- Relationship = 0.0 – 57.7%
- Axis I & II = 0.0 – 53.3%



Service Dosage

- Variability in average # of months in ECMH
 - Overall sample $M = 8.0$ ($SD=6.3$)
 - $M= 4.3$ ($SD=2.9$) to $M=10.7$ ($SD=8.1$)
- Across all agencies
 - 42.9% of children received < 6 months ECMH
 - 35.5% of children received between 6-11 months



Service Dosage Continued

- Variability in average # of hours in ECMH
 - Overall sample $M = 33.9$ ($SD=44.8$)
 - $M= 20.4$ ($SD=16.4$) to $M=119.7$ ($SD=103.9$)
- Across all agencies
 - 37.4% of children received < 15 hours ECMH
 - 26.6% of children received between 15-29 hours



Reason for Case Closure (%)

- Across agencies
 - Between 14.5-66.7% of cases ‘completed treatment’ (M=30.0%)
- % of Families who withdrew from ECMH
 - 11.7-53.6%, M=28.7%
- Other reasons for non-completion
 - Child transitioned to other program
 - Unable to locate family
 - Family declined service

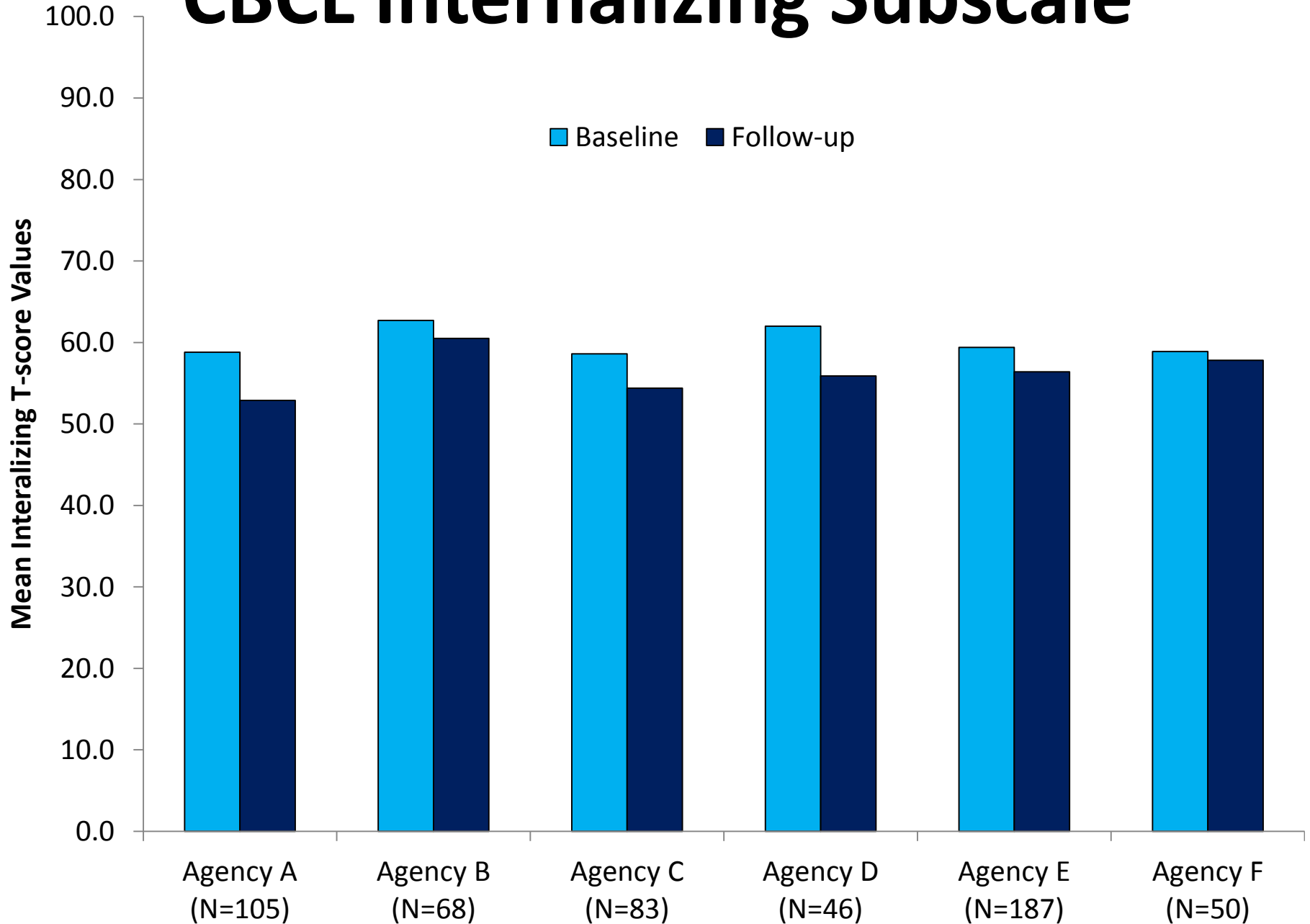


Finding #1

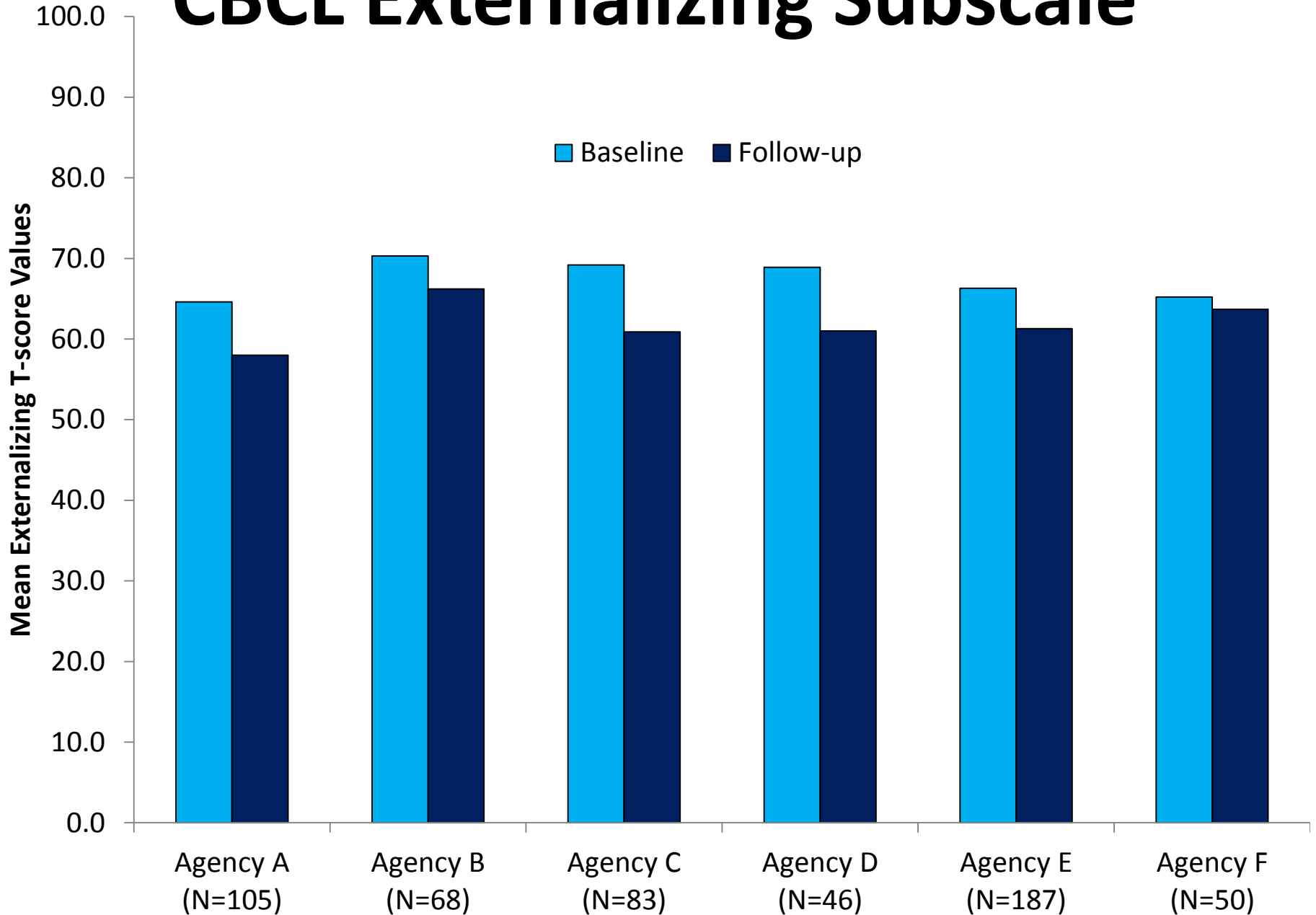
- Parents reported statistically significant reductions in child internalizing and externalizing problems following treatment.
 - 6.5% reduction in internalizing behaviors
 - 8.5% reduction in externalizing behaviors
 - 8.3% reduction in total behavior problems



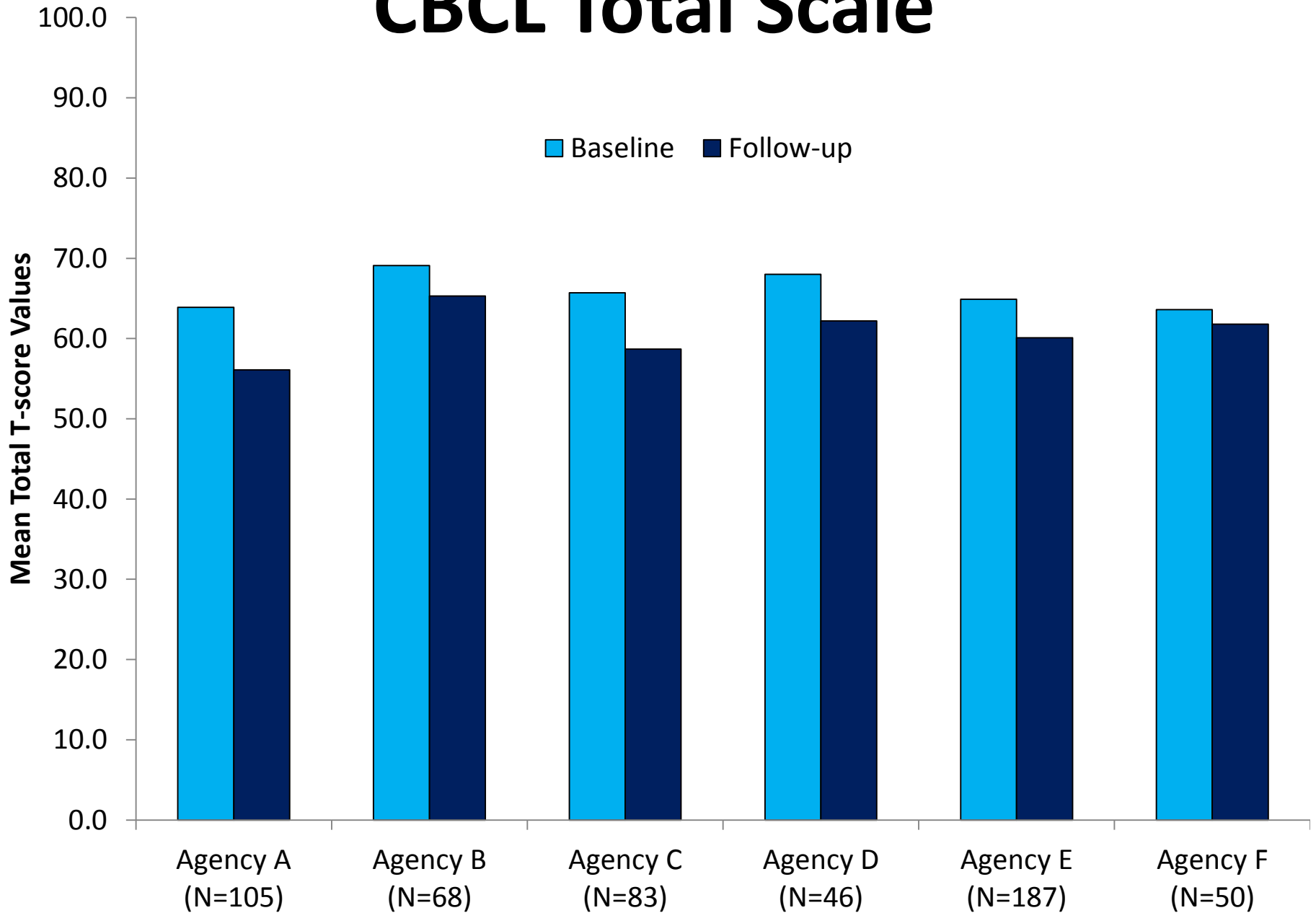
CBCCL Internalizing Subscale



CBCCL Externalizing Subscale

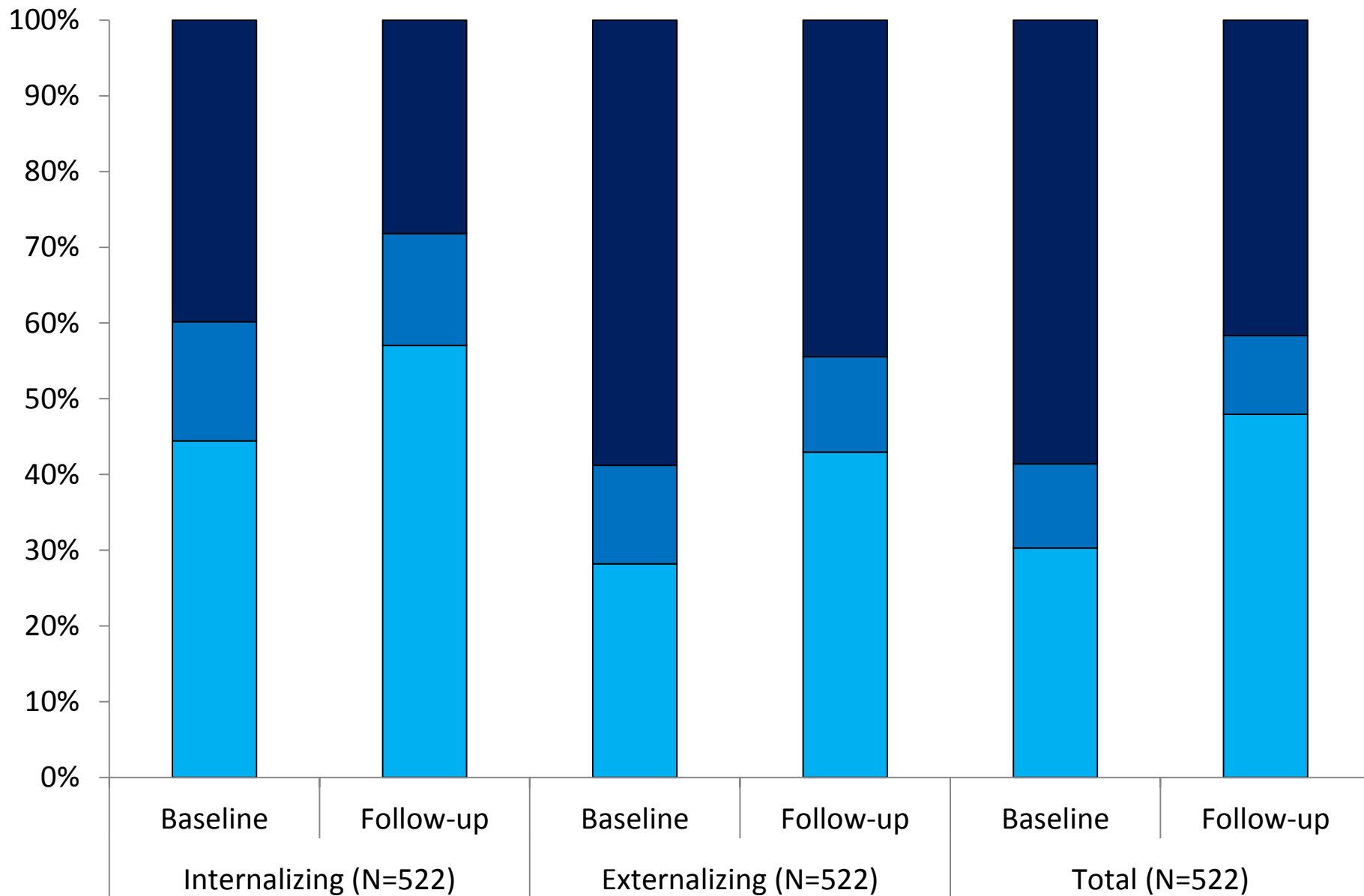


CBCCL Total Scale



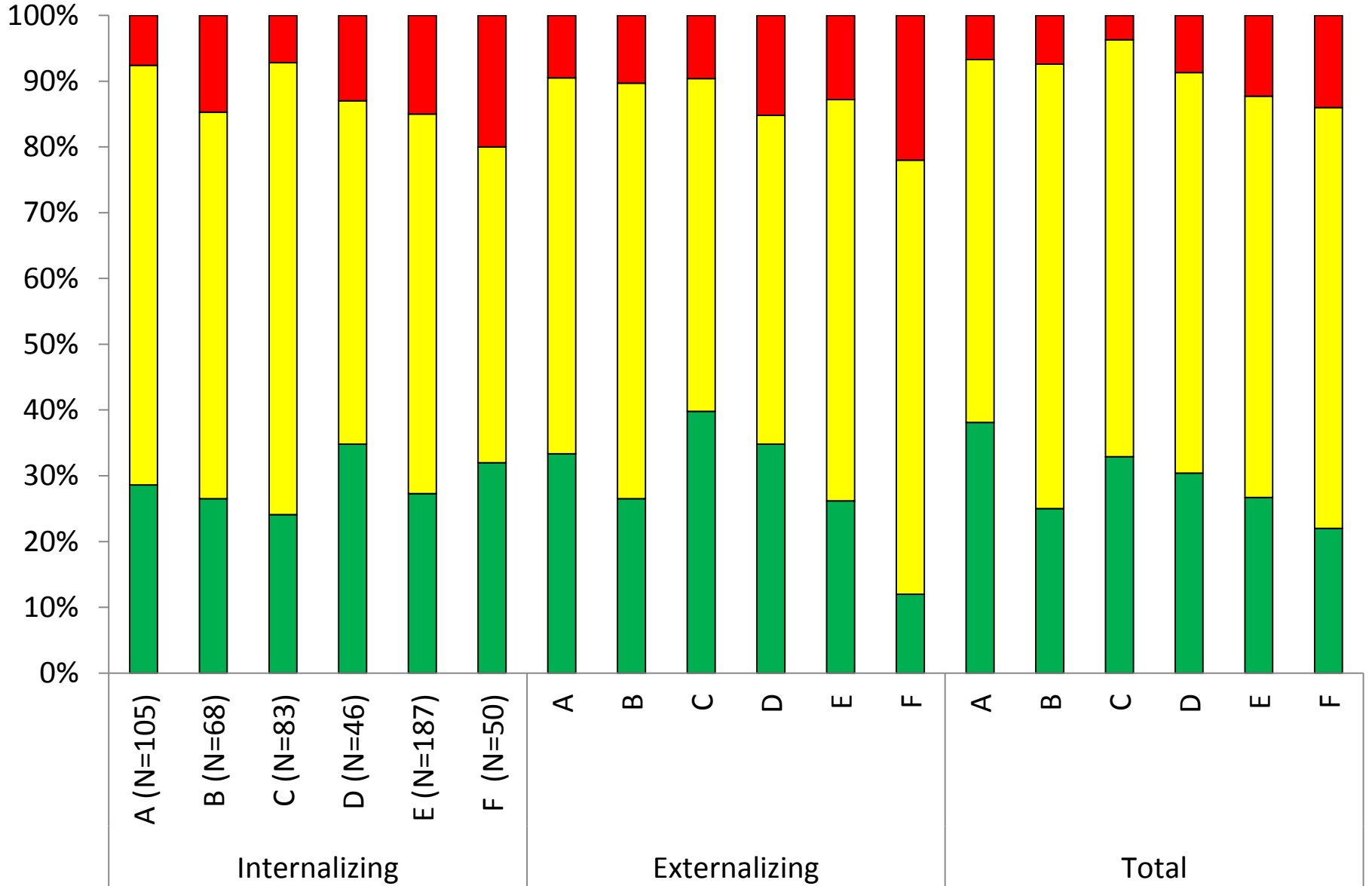
Categorical Change Across Agencies

■ Subclinical ■ Borderline clinical ■ Clinical



Within Child Change

Improved Stayed the same Worsened



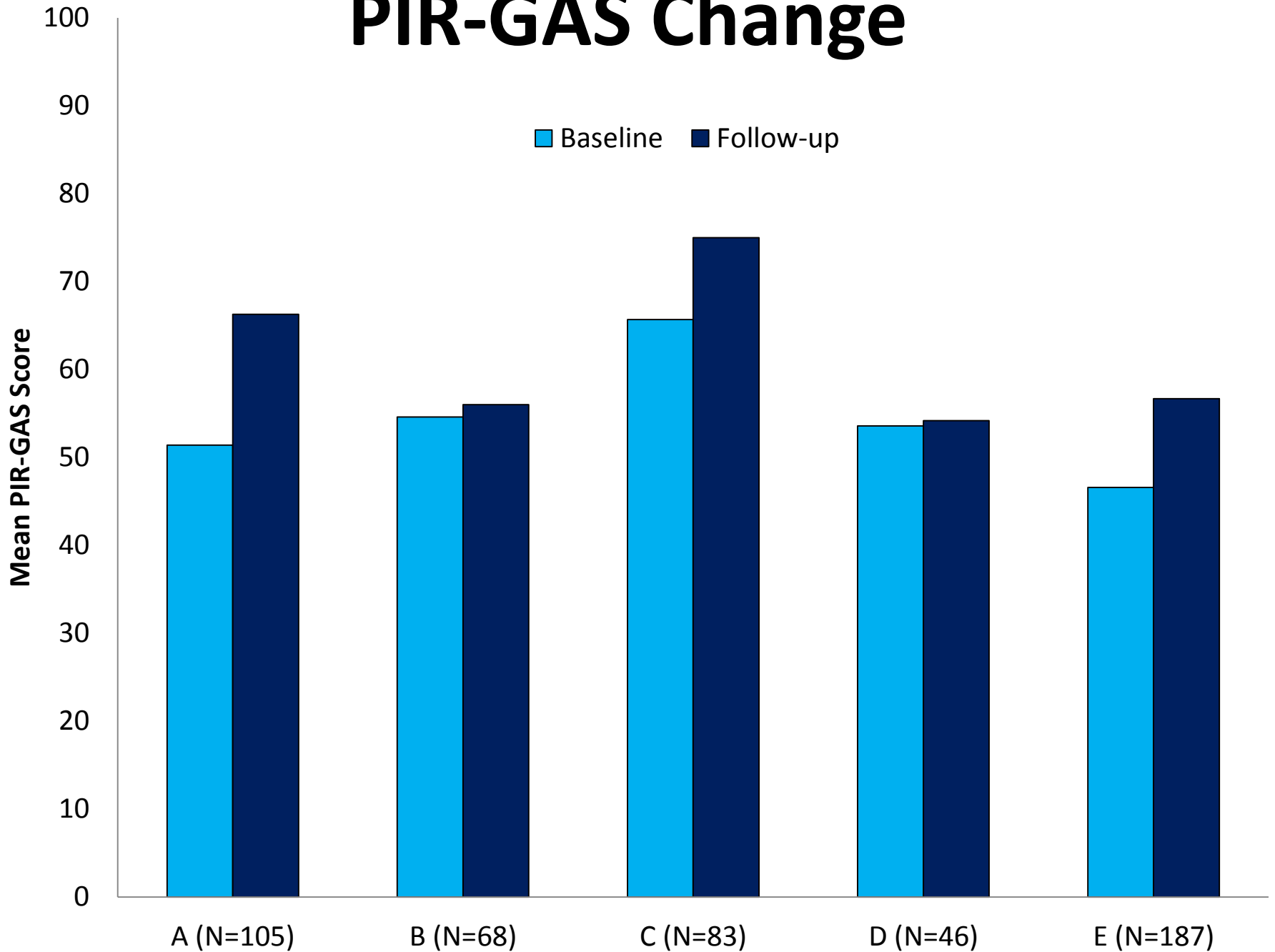
Finding #2

- Parent-child relationship functioning, as reported by ECMH therapists, improved significantly following treatment.

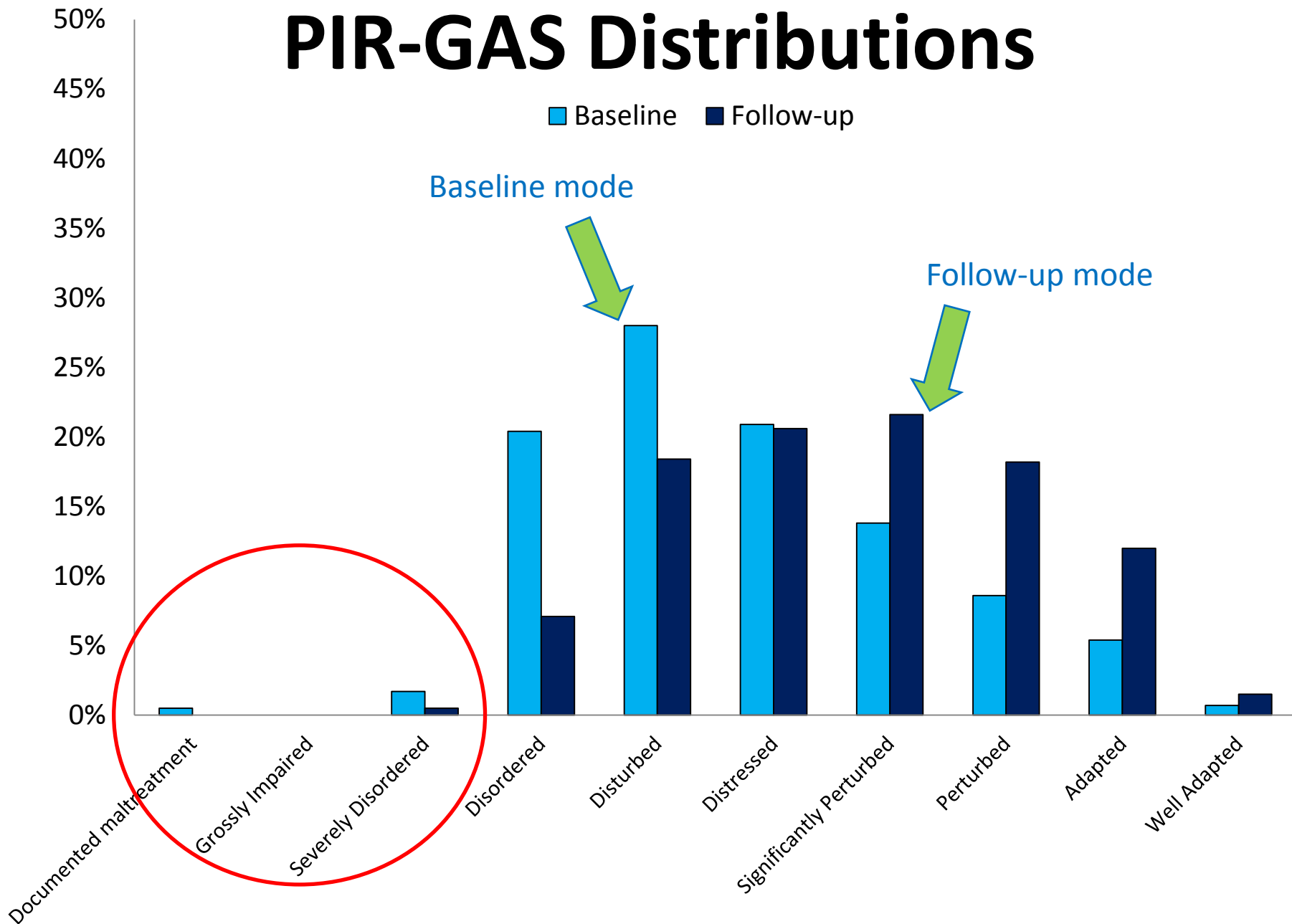


PIR-GAS Change

■ Baseline ■ Follow-up



PIR-GAS Distributions



Finding #3

- Outcomes for cases that completed treatment were significantly better
 - On average, families who completed treatment saw an *additional 7.7* point decline in internalizing problems,
 - **11.5** point decline in externalizing problems,
 - and a **10.8** point improvement in parent-child relationship functioning



Finding #4

- “Significant improvement” related to:
 - Number of service units (in hours) received
 - Treatment completion
 - Child gender
 - # of caregivers



For whom is ECMH most effective?

- Created baseline – follow-up change scores for each outcome
- Explored characteristics of children who made gains in excess of 1.5 *SD* of the change score mean on each outcome
 - CBCL internalizing subscale = 32 children
 - CBCL externalizing subscale = 41 children
 - CBCL total scale = 35 children
 - PIR-GAS = 35 children



Total Sample vs. Children who Made Significant Gains

- On average
 - Received more hours of ECMH
 - More likely to complete treatment
 - More likely to be female
 - More likely to come from 2 caregiver households
- For PIR-GAS only
 - Younger than total sample



General Conclusions

- Variability across agencies at each agency
- ECMH efforts associated w/ behavioral improvements, relationship benefits
- Better outcomes associated w/ treatment completion
- Significant proportion of children within subclinical CBCL threshold at baseline



Implications for the System

- Consensus across agencies
 - What does “completed treatment” mean?
 - Diagnoses
- Improve data collection methods
 - Are we capturing the ‘right’ data?
- Are we reaching the children most in need?
- Should agencies specialize in treatment modalities or particular diagnoses?
- Referral sources



Thank you!

Questions?

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