Evaluation Update May 2013

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One Community One Family (OCOF) provides an interagency *system of care* for young people with the most serious emotional and behavioral challenges and their families in Southeastern Indiana

Rural Mental Health

- Higher levels of depression, domestic violence, & child abuse/neglect than urban areas (Cellucci & Vik, 2001)
- Increase risks presented combined with less willingness to seek help
- Stigma toward mental health (HRSA, 2005)
- 87% of mental health professional shortages are in rural areas (Bird, Demsey, & Hartley, 2001)
- Sense of community and close personal relationships can be strengths
- Lack scope of practice, training, & experience to address varied needs and ethical dilemmas in creative and flexible ways (Helbok, 2003)

System of Care Principles

- Family Driven
- Youth Guided
- Community-Based
- Culturally Responsive
- Trauma Informed

OCOF Federal Grant

- National evaluation components
- Local evaluation components
- United Families
- FIRE
- Educational connections
- Other questions of interest

Overview of Studies

- Demographics
- Symptomatology between Enrollment and 6 Months
- Educational Functioning at Enrollment and 6 months
- Functional Improvement and Service Satisfaction
- United Families

Data Sources

- One Community, One Family's Electronic Health Records.

- In-depth interviews with the Youth and Primary Caregivers.

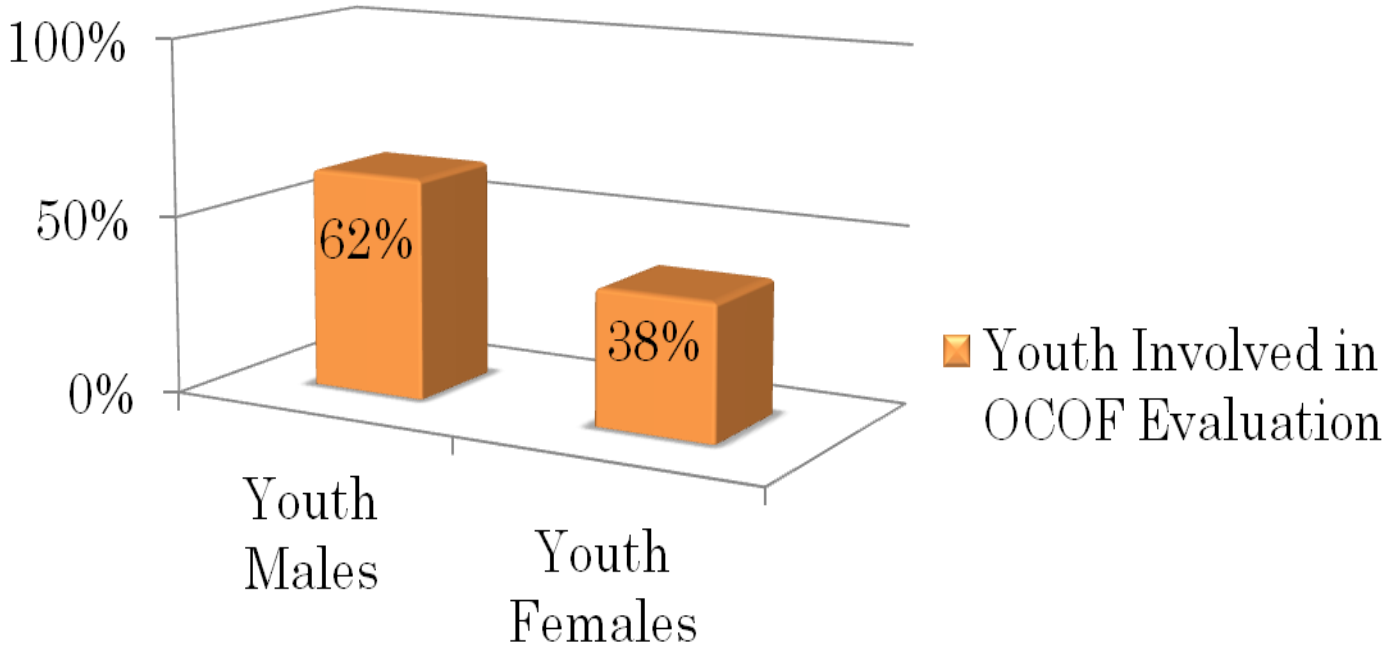
- Field observations, in-depth interviews with families, focus groups, and stakeholders.

Demographics

- To date, 433 families have entered OCOF, and approximately 130 have enrolled into national evaluation.

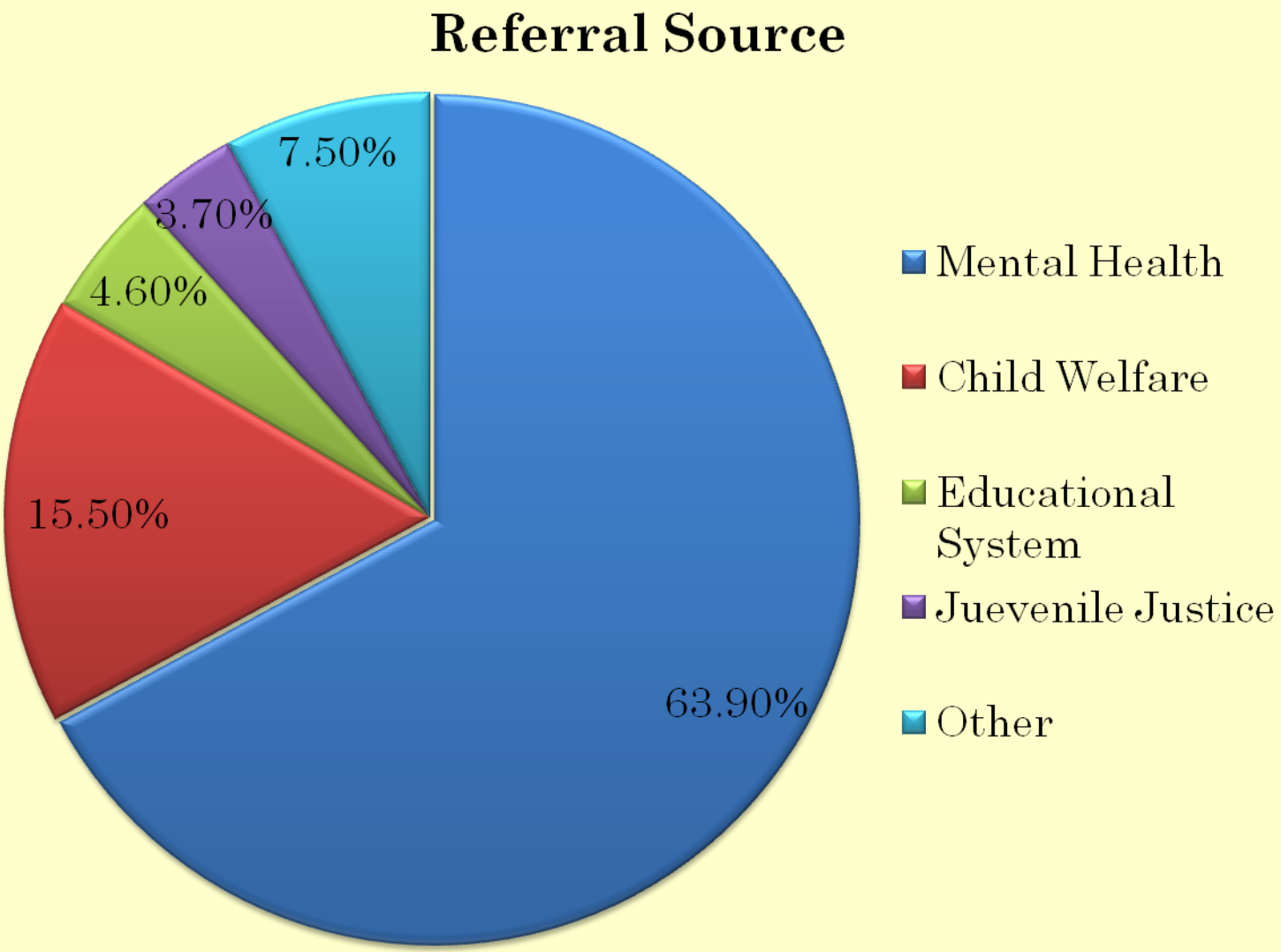
- The average age of youth at the time of enrollment was 11.82 years (n=130). This is slightly lower than 2012 when the average age was 12.61 years (n = 84).

Youth Involved in OCOF Evaluation



*As of March 2013

Youth Referrals by Services



- More than 95% of participating families were Medicaid eligible at enrollment.

- At enrollment, more than half of young people lived with a caregiver who had mental health challenges.

- Slightly less than one third of young people entering OCOF were living with a caregiver who was experiencing substance abuse.

Most Common Presenting Problems at Time of Enrollment	
Attention Problems	39.3%
Behavior Related Challenges	74.6%
Early Childhood Difficulties, RAD	13.2%
Post-Traumatic Stress Related Challenges	12.7%
Bipolar Related Challenges	7.3%
Child Abuse and/or Neglect Related Disorders	8.8%
Other Issues	19.4%

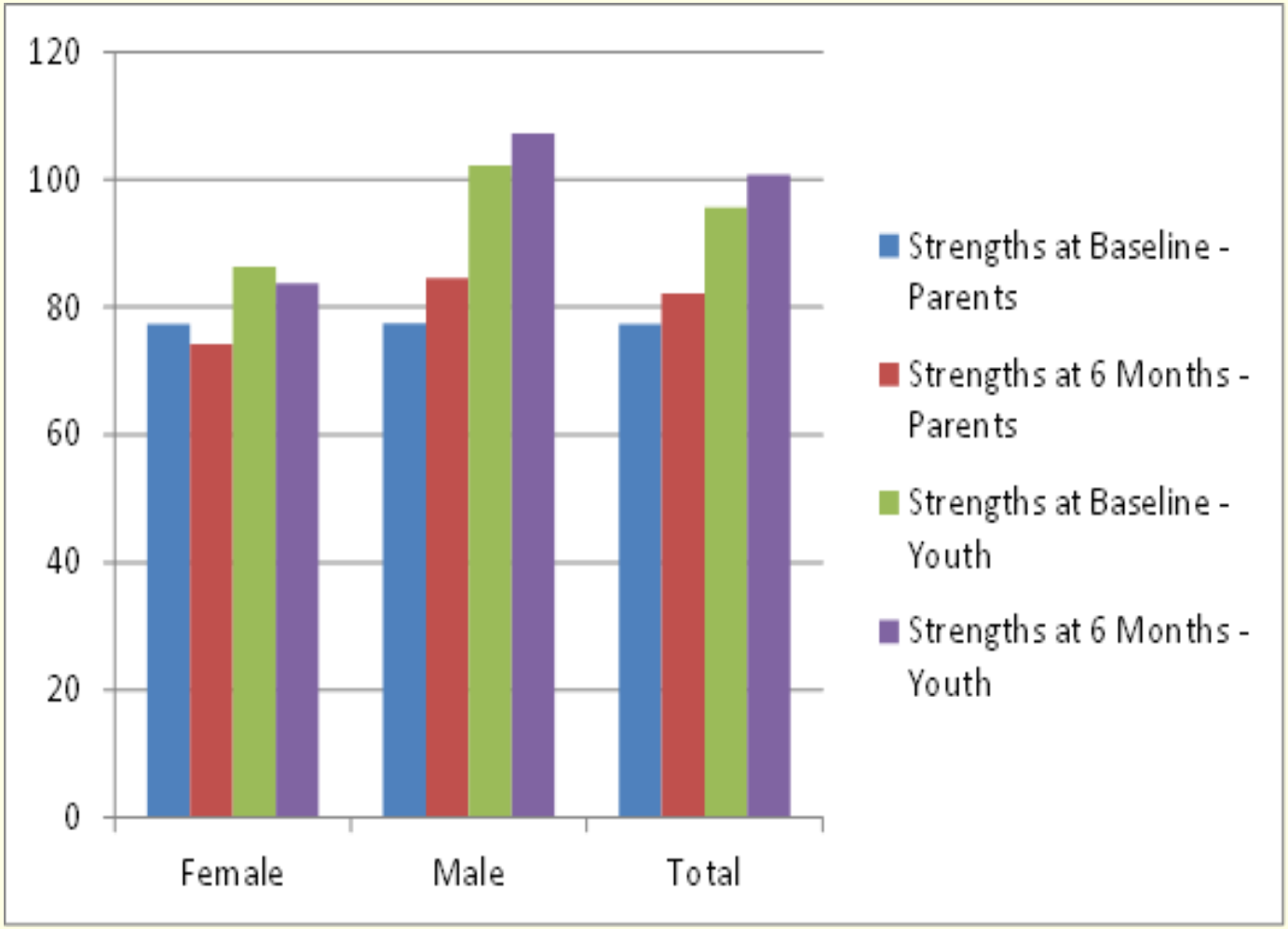
*Percentages are rounded and may not add up to 100

Symptomatolgy between Enrollment and 6 Months

- Strengths appear to improve between enrollment and 6 months for males and decrease for females (*not statistically significant)

- Young people rate themselves as having more strengths than do their caregivers.

- Behavioral challenges appear to improve between enrollment and 6 months for older students when compared to younger students.

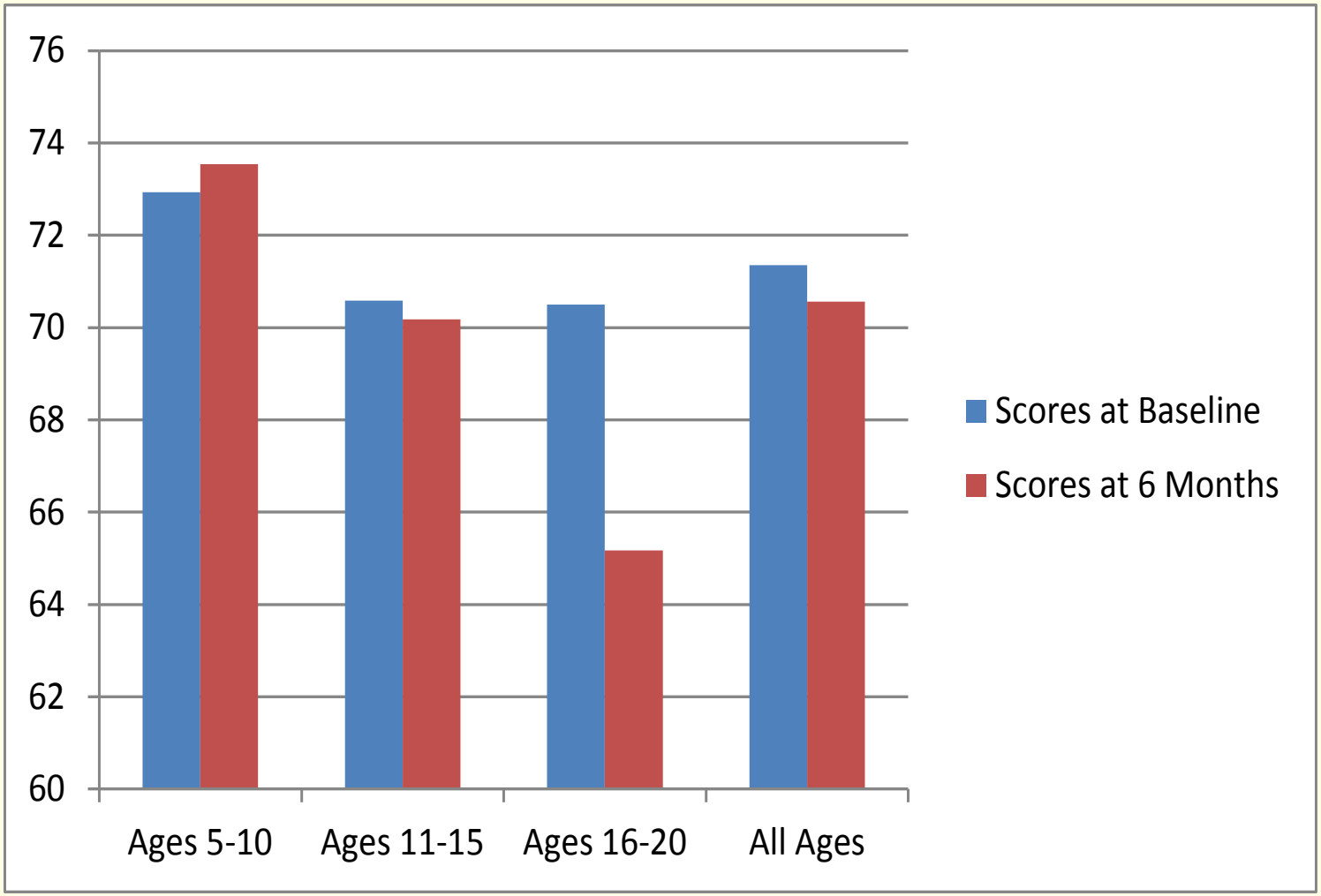


NOTE. Higher scores on the BERS indicate more strengths. Scores ***below 70*** *indicate* ***very poor strengths****; scores from* ***70 to 79*** *indicate* ***poor strengths****; scores from* ***80 to 89*** *indicate* ***below average strengths****; scores from* ***90 to 110*** *indicate* ***average strengths****; scores from* ***111 to 120*** *indicate* ***above average strengths****; scores from* ***121 to 130*** *indicate* ***superior strengths****; and scores* ***above 130*** *indicate* ***very superior strengths****.*

- Age associated with improvements in externalizing behaviors from enrollment to six months. As children mature, externalizing behaviors decrease

*rates of decrease are statistically significant

- Gender associated with increased strengths from enrollment to six months. Boys demonstrate more improvements in strengths than girls. *difference in strengths is statistically significant



NOTE. Higher scores on the CBCL indicate more impairment. Scores with a T value of ***60-63*** *are considered* ***borderline clinical****; above 63 are considered to be in the* ***clinical range****.*

Educational Functioning at Enrollment and 6 months in OCOF

School Attendance

- **More than one third of students have missed more than 2 days of school per month.**

- **At enrollment, 85% of caregivers reported that their youth's attendance was affected by behavioral or emotional problems. At 6 months, 80% of caregivers reported same.**

- **At enrollment, 66% of youths had attended more than one school in the past 6 months due to behavioral or emotional problems. At 6 months, this dropped to 33%.**

Special Education

- **At enrollment, 62% of children and youth in this sample had an IEP. This increased to 73% at 6 months.**
  - **32% received services in a special education classroom most of the day; 27% at 6 months**
  - **21% received services in special education classes for part of the day; 37% at 6 months**
  - **20% were in general education classrooms with minimal SE supports; 6% at 6 months**

Discipline and Grades

- **At enrollment, 27% of youth had either been suspended or expelled during the previous 6 months. At 6 months, this dropped to 23%.**

- **Approximately 87% of children and youth received at least passing grades in all subject area during their first 6 months.**

- **School performance of 85% of youth at enrollment and 76% of youth at 6 months was negatively affected by their behavioral or emotional problems.**

Educational Functioning at Enrollment and 6 months in One Community One Family

	Enrollment (94 Youth)	6 Months (42 Youth)
	%	%
Attendance		
Absent 1 day per month or less	63	64
Absent 1 day per week or less	21	39
Absent more than 1 day per week	13	10
Attendance was affected by behavioral/emotional problems	85	80
School provided support to improve attendance	61	47
Student attended more than one school due to behavioral or emotional problems	66	33
Special Education-Related Services		
Had an IEP	62	73
Had classroom aide	37	35
Social Engagement		
Gets along with friends at school	74	86
School Performance		
As and Bs	43	45
Bs and Cs	26	29
Cs and Ds	20	18
Ds and Fs	12	8
Emotional or behavioral problems affected grades or school performance	85	76

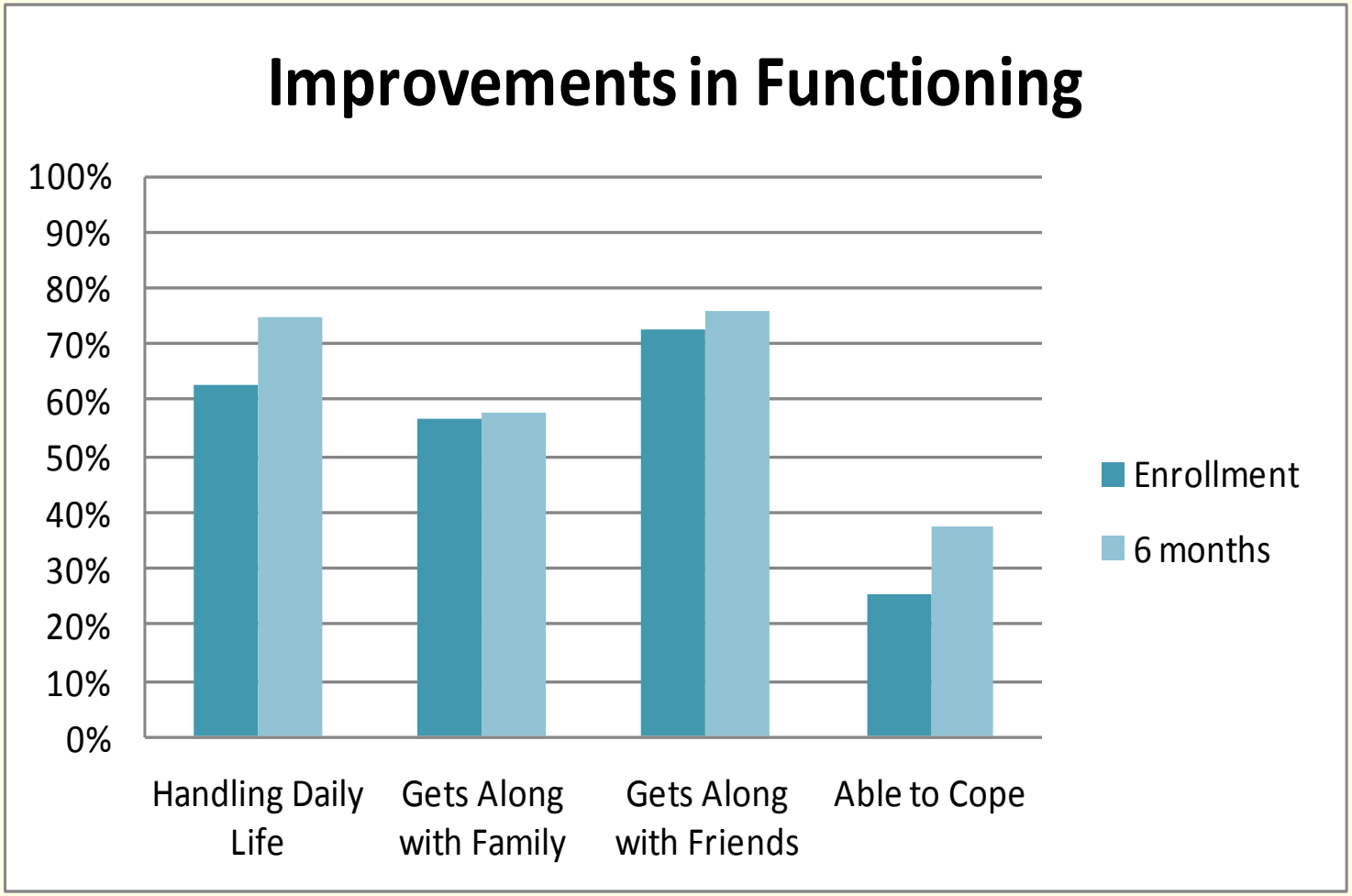
Functional Improvement and Service Satisfaction

Ten Domains the National Outcome Measures

Functioning	*Social Connectedness*
Stability in Housing	*Access / Capacity*
Employment and Education	*Retention*
Crime and Criminal Justice Status	*Cost-Effectiveness*
Perception of Care	*Use of Evidence-Based Practice*

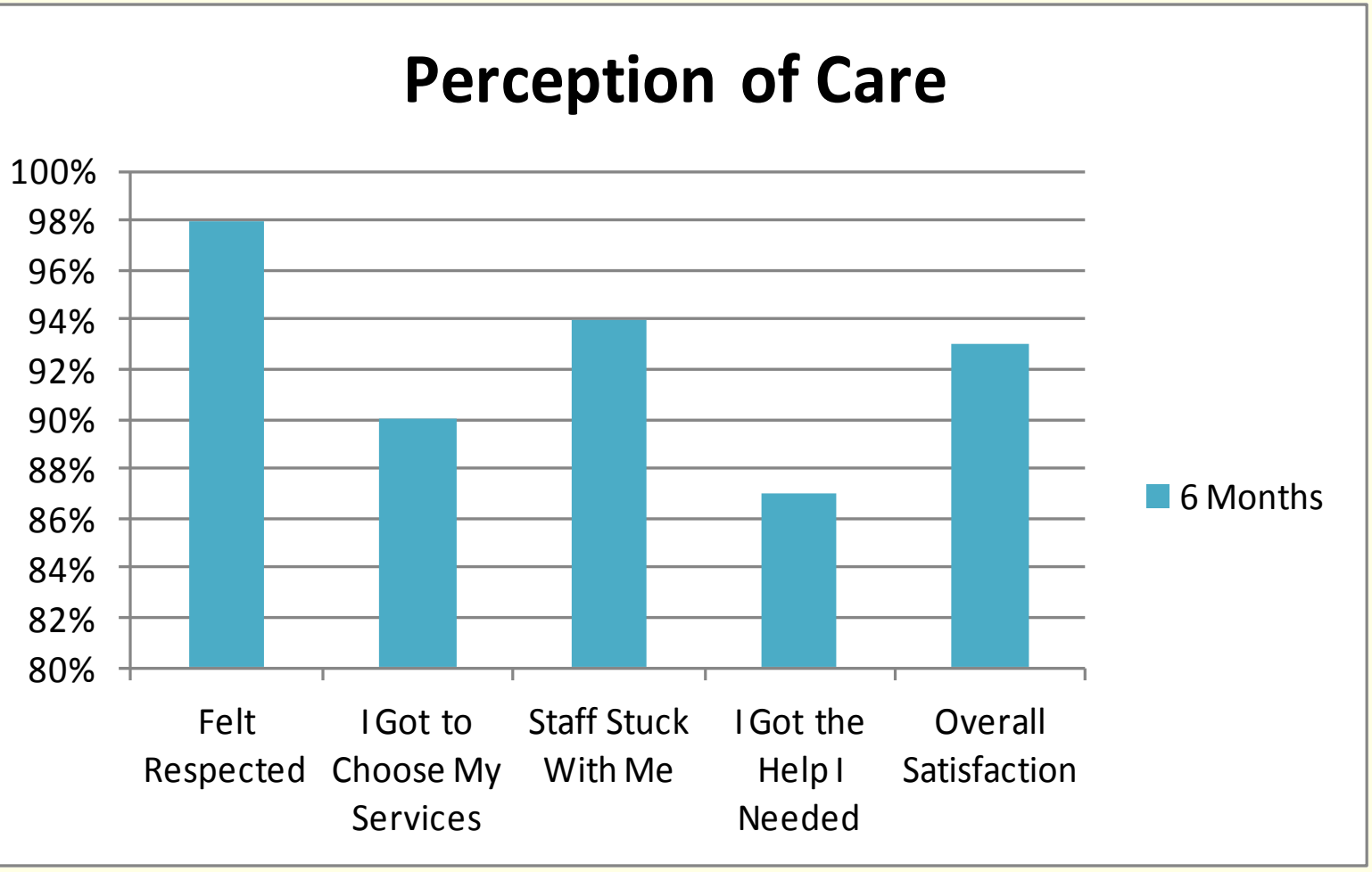
This brief focuses on Functioning and Perception of Care

- **To assess change for youth enrolled in care, NOMS scores were examined between baseline and six months:**
  - **Handling Daily Life;**
  - **Gets Along with Family;**
  - **Gets Along with Friends;**
  - **Able to Cope.**
    - **All Improved**
      - ***Handling Daily Life***
      - ***Able to Cope***



Improvement found in all domains from enrollment to 6 months. Statistically significant for *Handling Daily Life* and *Ability to Cope*.

- **Satisfaction questions:**
  - **Felt Respected;**
  - **Got to Choose My Services;**
  - **Staff Stuck with Me;**
  - **Got Services I Needed;**
  - **Overall Satisfaction.**
    - ***↑87% youth agreed***



***Perception of Care is only collected at 6 months or later and not at enrollment.

United Families

UF hosts monthly parent gatherings at five locations.

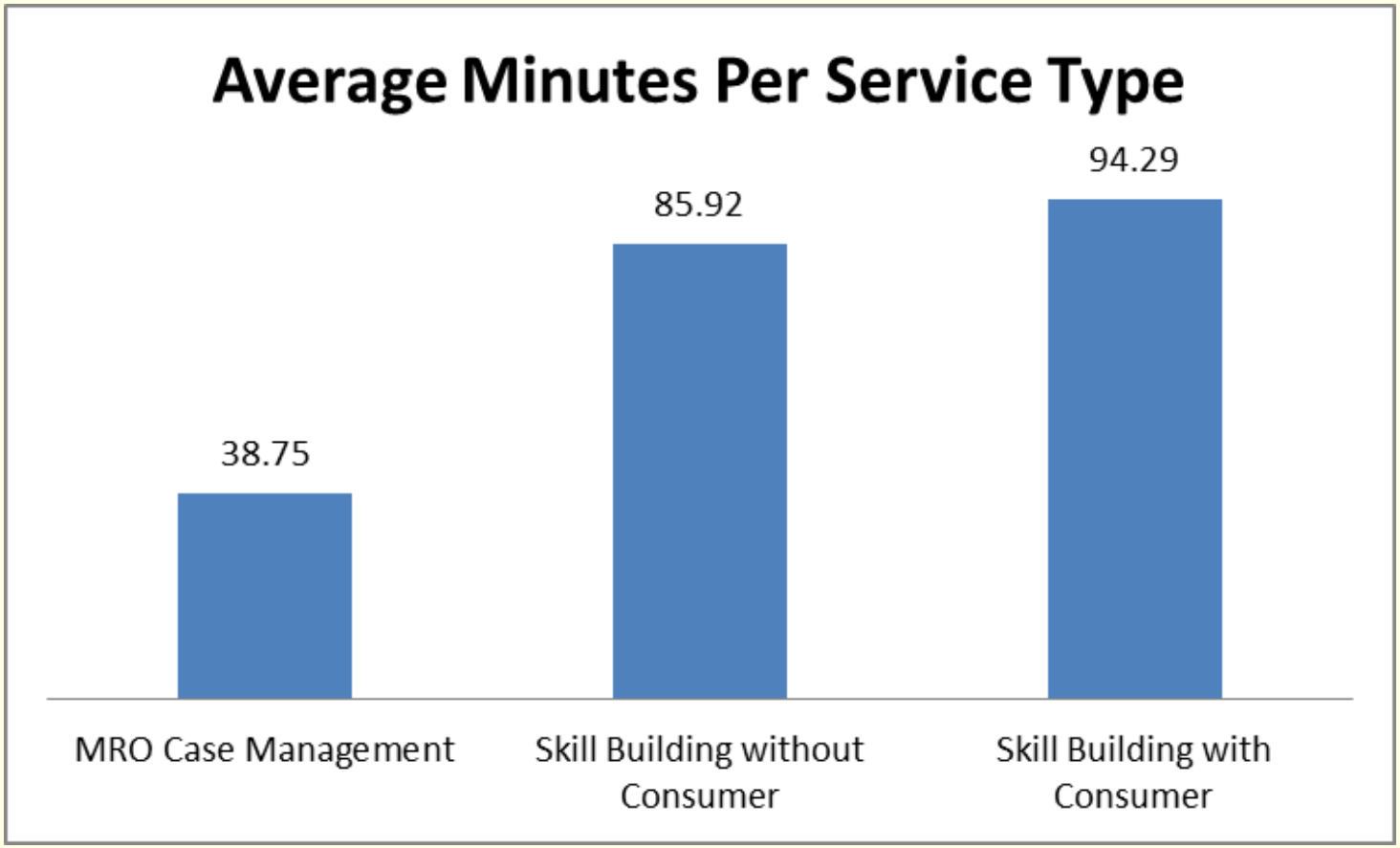
- **Number of families attending parent gatherings increased from 131 (March 2012) to 194 (March 2013).**

- **Evaluations indicated 97% of attendees found their experiences helpful and positive.**

Parent Gathering Participant Responses (198 responses)

	Strongly Agree	Agree	Disagree	Strongly Disagree
This parent gathering addressed the topic I was expecting to learn about.	56%	39%	2%	0%
This parent gathering helped me better understand my child or family's needs.	51%	44%	5%	0%
This parent gathering gave me information I can use with my child right now (right away).	49%	45%	4%	2%
This parent gathering gave me the chance to visit and connect with other families and/or United Families Staff.	46%	47%	7%	0%
The presenter was knowledgeable and prepared.	54%	46%	0%	0%
The location and accommodations (e.g., meeting room, food, child care, etc.) met my family's needs.	73%	27%	0%	0%
Overall, I was satisfied with this Gathering Session.	61%	38%	1%	0%
I will attend another United Families Parent Gathering?	79%	19%	2%	0%

Time by Service Type per Family Contact



Caregiver Surveys

- 30% improvement ($p < .000$) in parents understanding their rights
- 15% improvement ($p < .001$) in communicating with schools (office staff and teachers)
- 96% to 99% believed UF services effective in providing important information and supporting families to cope with challenges

UF Parent/Caregiver Survey

2010=53 responses 2012=84 responses

	Strongly Agree		Agree		Disagree		Strongly Disagree	
Parent Caregiver Engagement with Schools	2010	2012	2010	2012	2010	2012	2010	2012
I am sometimes confused about my rights as a parent.	**11.3%**	**11.5%**	**41.5%**	**23.0%**	**28.3%**	**42.6%**	**3.8%**	**23.0%**
Talking with the office staff at my child's school is uncomfortable for me.	**11.3%**	**5.2%**	**34.0%**	**19.0%**	**22.6%**	**51.7%**	**17.0%**	**24.1%**
Talking with my child's current teacher(s) is uncomfortable.	**13.2%**	**5.1%**	**11.3%**	**10.2%**	**49.1%**	**50.8%**	**9.4%**	**33.9%**
UF Family Gatherings/ Services								
The topics covered at Family Gatherings are important to me and my family.	**39.6%**	**30.4%**	**58.8%**	**68.4%**	**0**	**1.3%**	**0**	**0**
United Families staff does a good job supporting parents and caregivers.	**47.2%**	**32.5%**	**49.1%**	**66.1%**	**3.8%**	**1.3%**	**0**	**0**
United Families has helped me to better understand and/or cope with my child's challenges.	**43.4%**	**34.1%**	**50.9%**	**63.4%**	**3.8%**	**2.4%**	**1.9%**	**0**

Early Childhood Perceptions

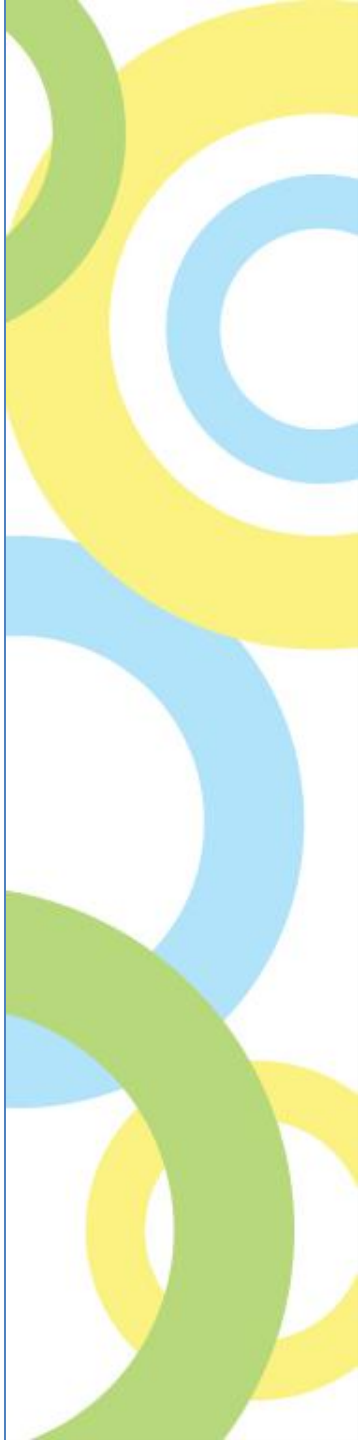
- **Survey was developed collaboratively: OCOF Evaluation Advisory Board and infant mental health specialists;**

- **Survey included: demographics, mental health problem list, and questions about referral practices.**

- **Participants:**
  - **mental health providers (N=28, 25.5%)**
  - **daycare/preschool providers (N=54, 49%)**
  - **other early childhood providers (N=28, 24.5%)**

Over 50% of providers reported parental concerns, developmental issues, behavioral problems, and trauma history among the children they serve

Finding suggest that early childhood providers are only likely to refer young children for mental health services if there is a known traumatic event, alternatively early childhood providers are almost 2 times less likely to initiate a mental health referral for developmental concerns which commonly co-occur and frequently indicate mental health needs in young children.



Comparison of need in population and referral patterns

	Need in population served, N=110	Reason to referral to mental health, N=80
Potty Training Issues	30.9%	10.8%
Developmental Concerns	74.5%	53%
Attachment Issues	42.8%	66.3%
Parenting Concerns	69.1%	72.3%
Behavioral Problems	79.2%	79.5%
Trauma History	61.9%	79.5%

One can see that parental concerns, behavioral problems, and trauma history are consistently reported for both lists, while the biggest variations are for potty training issues, developmental concerns and attachment issues.

Mental Health Problem List

Parenting needs	Attachment	Behaviors	Trauma	Developmental concerns
Poor parenting	Leaves adults	Relationship with peers	Exposure to Trauma	Delay verbal
Unsafe home	Leaves home	Head banging	Lack empathy	Delayed motor
Caregiver Mental Illness	Difficultly bonding with caregiver	Temper	Lack of eye contact	Learning delay
Caregiver Substance Abuse	Relationship with adults	Moodiness		
Problems at foster care		Biting		
Malnourishment		Kicked out of preschool		

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