

Comprehensive Community Mental Health Services for Children and Their Families Program: Supporting Documentation for the Key Systems of Care Findings

Bullet 1: These data are from the longitudinal outcome study conducted in communities initially funded between 2002 and 2004. This finding is based on the 1,130 caregivers with complete data at entry and 6 months on item 18 on the Child Behavior Checklist (Achenbach, 2001¹) which asks respondents if their child had deliberately harmed himself/herself or attempted suicide in the previous 6 months. Responses of “very true or often true” and “somewhat or sometimes true” were combined for the positive response category. Analysis involved the use of a logistic regression. Change over the two time points was statistically significant ($p < .0001$).

Bullet 2: These data are from the longitudinal outcome study conducted in communities initially funded between 2002 and 2004. This finding is based on the responses of 1,093 caregivers with complete data at entry into services and at the 6-month follow-up on the Child Behavior Checklist (CBCL). The CBCL assesses a child’s behavioral and emotional problems. The analysis involved the calculation of the Reliable Change Index for the Total Problems scale of the CBCL. Because numeric change may vary in magnitude and implications for actual behavioral change are often difficult to interpret, a quantitative indicator of clinical change for clinical outcome measures is provided. The reliable change index (RCI; Jacobson, Roberts, Berns, & McGlinchey, 1999²; Jacobson & Truax, 1991³; Speer & Greenbaum, 1995⁴) is used to assess whether individual behavioral and emotional change over time was clinically significant. This statistic compares a child’s scores at two different points in time, in this case at baseline and at the 6-month follow-up, adjusting for the reliability of the measure. It indicates whether a change in scores shows clinically significant improvement, stability, or deterioration. Improvement and deterioration are defined as a difference in outcome scores, adjusted for measurement error of the outcome that exceeds the 95 percent confidence bounds around a change score of zero. In other words, a difference of that magnitude would not be expected simply due to the unreliability of the measure. The change in the proportion of children who showed improvement in clinical outcomes after 18 months of services is based on the responses of 284 caregivers with complete data at entry into services, at the 6-month follow-up, and at the 18-month follow-up on the CBCL. The 6-month and 18-month RCIs have been recoded into a dichotomous variable, where “1” indicated “Improvement” and “0” indicated “Stability” or “Deterioration.” Analysis involved the

¹ Achenbach, T. M., & Rescorla, L. A. (2001). *Manual for ASEBA School-Age Forms & Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.

² Jacobson, N. S., Roberts, L. J., Berns, S. B., & McGlinchey, J. B. (1999). Methods for defining and determining the clinical significance of treatment effects: Description, application and alternatives. *Journal of Consulting and Clinical Psychology, 67*, 300-307.

³ Jacobson, N. S., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology, 59*, 12-19.

⁴ Speer, D. C., & Greenbaum, P. E. (1995). Five methods for computing significant individual client change and improvement rates: Support for an individual growth curve approach. *Journal of Consulting and Clinical Psychology, 63*, 1044-1048.

use of a logistic regression. Change over the two time points was statistically significant ($p < .0001$).

Bullet 3: These data are from the longitudinal outcome study conducted in communities initially funded between 2002 and 2004. This finding is based on the 747 youth who had complete data at entry and 6 months on the Delinquency Survey (DS) for the relevant question. The DS, developed specifically for the national evaluation, is used to collect information from the youth on their engagement in behaviors that could result in law enforcement involvement and on actual contacts with law enforcement. One question on the DS asks the youth how many times he or she was arrested in the previous 6 months. The average number of arrests per child at baseline and 6 months were calculated. These figures were multiplied by the national cost estimate, and a difference in costs from baseline to 6 months was calculated. According to data from the Bureau of Justice Statistics, the average cost per juvenile arrest was \$4,149 in 2000 (CASA, 2004⁵).

Bullet 4: These data are from the longitudinal outcome study conducted in communities initially funded between 2002 and 2004. This finding is based on the 203 caregivers who were unemployed at baseline, had responded “Yes” to the question “Do you think you would have a paid job if your child did not have problems?”, and had complete data on employment status at 6 months on the Caregiver Information Questionnaire developed specifically for the national evaluation. Full-time jobs were defined as working 35 or more hours per week.

Bullet 5: These data are from the descriptive study conducted in communities initially funded between 2002 and 2004. This finding is based on the 8,193 children for whom intake referral source data were provided.

Bullet 6: These data are from the longitudinal outcome study conducted in communities initially funded between 2002 and 2004. This finding is based on 762 caregivers whose children attended school in the previous 6 months and who provided complete data at entry and 6 months on their child’s school performance. The data were collected using the Education Questionnaire developed specifically for the national evaluation. One question on this questionnaire asks about the child’s grades (if the school attended uses grades). Grades were dichotomized so that A, B, or C equaled 1 and D or F equaled 0. Analysis involved the use of a logistic regression. Change over the two time points was statistically significant ($p < .01$).

Bullet 7: These data are from the longitudinal outcome study conducted in communities initially funded between 2002 and 2004. This finding is based on the 912 caregivers whose children attended school in the previous six months and who provided complete data at entry and 6 months on the Education Questionnaire (EQ) for the relevant question. The data were collected using the EQ developed specifically for the national evaluation. One question on the EQ asks whether a child has been suspended, expelled,

⁵ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *Criminal neglect: Substance abuse, juvenile justice and the children left behind*. New York.

or both. Analysis involved the use of a logistic regression. Change over the two time points was statistically significant ($p < .01$).

Bullet 8: These data are from the descriptive and longitudinal outcome studies conducted in communities initially funded between 2002 and 2004. This finding is based on the 961 caregivers whose children attended school in the previous 6 months and who provided complete data at entry and 6 months on their child's school attendance. The data were collected using the Education Questionnaire developed specifically for the national evaluation. Two items ask about the child's absences from school. Attendance was dichotomized so that children with excused or unexcused absences of 1 day per week or less (attendance of 80 percent of the time or more) equaled 1 and 2 days per week or more (60 percent attendance or less) equaled 0. Analysis involved the use of a logistic regression. Change over the two time points was statistically significant ($p < .01$).

Bullet 9: These data are from the longitudinal outcome study conducted in communities initially funded between 2002 and 2004. This finding is based on the 156 caregivers whose children attended multiple schools in the previous 6 months, who reported that the reason that their child attended multiple schools was the child's behavioral and emotional problems, and who provided complete data at entry and 6 months on the relevant questions on the Education Questionnaire (EQ). The data were collected using the EQ developed specifically for the national evaluation. A series of items asks about the number of schools children attended and reasons for attending multiple schools.