

Youth Mental Health and Addiction Needs: One Community's Answer

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Our Community Partners

- Teen Health Centre
- Windsor Regional Children's Centre
- Maryvale

Background

- To assist with the implementation of the Child Welfare Transformation agenda, MCYS facilitated a planning process and provided funding.
- The planning and funding were to increase access to services in order to improve outcomes for CW clients in the areas of safety, permanency, and/or well-being.

Background continued

- Ministry priority target groups were:
 - Clients referred to Child Welfare
 - Child Welfare clients receiving services
 - Children in the care of the CAS
- In the spring of 2006, service providers in Windsor-Essex came together to develop a plan to meet the Ministry's objectives

The Plan

- The decision was made to focus on the adolescent age group for youth who were in the care of CAS and youth who were receiving CAS services
- The decision was made to focus on addiction and mental health issues

Service Priorities

- Assessment & treatment for adolescents experiencing substance abuse issues (Teen Health Centre)
- Assessment & treatment for mental health issues for adolescents who are receiving CAS services but who are not in care (Windsor Regional Children's Centre)
- Services for adolescents in care and their foster parents to maintain the foster care placement (Maryvale)

Targeted Outcomes

- For youth in care:
 - Permanency in their placements
- For youth not in care:
 - Maintain family placements
 - Family able to manage adolescent issues

Evaluation Plan

- Create a matched control group
- Compare placement permanency between the intervention and control group
- Compare the number of youth entering care between the intervention and control group
- Compare the number of new investigations initiated between the intervention and control group
- Compare pre- and post-service ratings of adolescent clinical severity

Community Capacity Clients Served as of March 31, 2008

	THC	RCC	Maryvale	Total
Total Referred	37	60	22	119
Currently Active	20	24	13	57
Discharged	10 (7.86 mo)	26 (5.25 mo)	8 (5.1 mo)	44 (5.95 mo)
Referrals Withdrawn or Refused Service	6	6	1	13
Waiting for Family to Contact	1	4	0	5

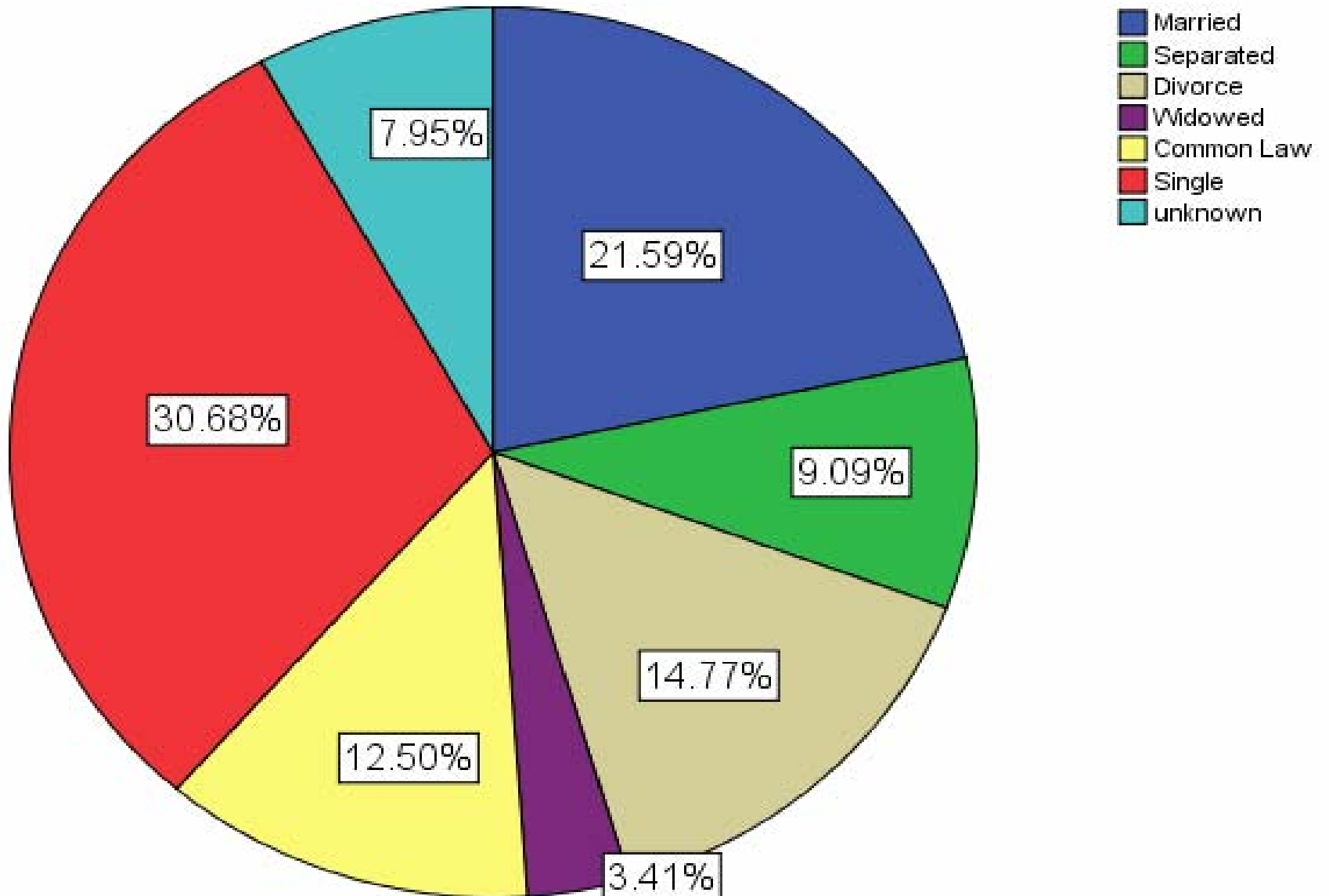
Participants

- Evaluated youth who were enrolled in the program as of March 31, 2008 for which data were available (n = 88)
 - 29 children in care
 - 59 residing with their families
- Equal gender distribution
 - 45 (55.1%) male
 - 43 (48.9%) female
- Mean age = 14.16 years (range 11 – 17)

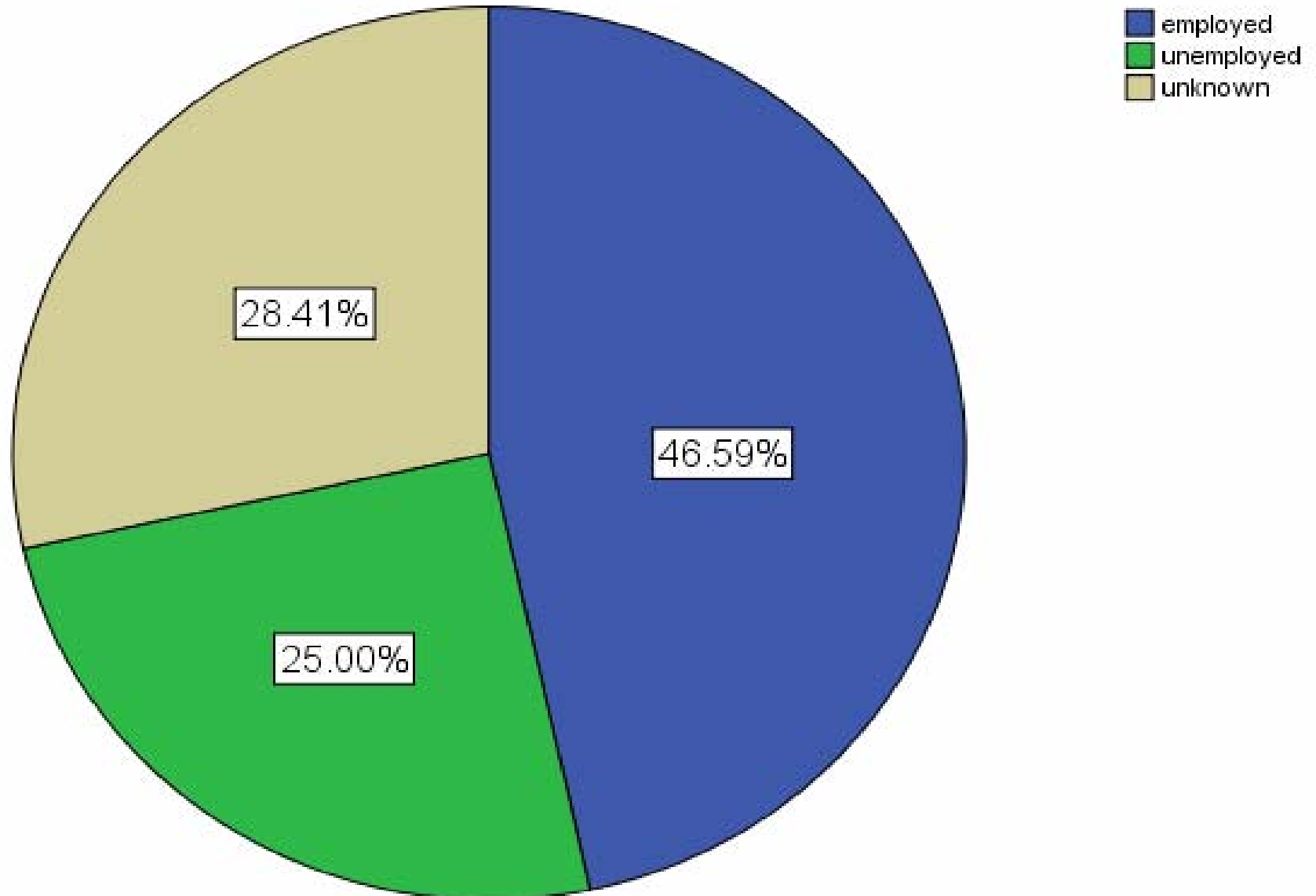
Participants (cont.)

- Mean maternal age = 39.28 (range 30 – 59)
- Mean paternal age = 42 (range 32 – 59)
- 63% are single mothers
- 65% of those for whom employment data was available were employed

Maternal Marital Status



Maternal Employment



Participants (cont.)

- 26 youth received addiction services from the Teen Health Centre
- 45 families received mental health services from the Windsor Regional Children's Centre
- 17 youth in care received services from Maryvale
- 8 youth received services from more than one agency

Results: Youth in Care (n = 29)

- Mean age 14.52 years
- 76% male
- 74% single mothers
- Comparison group matched on:
 - Age
 - Sex
 - Legal status
 - Time in care

Results: Youth in Care

Legal Status

	Number	Percentage
Crown Ward	21	72.4%
Society Ward	3	10.3%
Temporary Care	5	17.3%
Total	29	100%

Results: Youth in Care

Residential Placement

	Number	Percentage
Foster Home	19	65.5%
Group Home	10	34.5%
Total	26	100%

Results: Youth in Care

Community Agency Involvement

	Number	Percentage
RCC *	1	3.4%
Maryvale	14	48.3%
THC	14	48.3%
Total	29	100%

*One youth in temporary society care was referred to RCC for individual counseling with a view toward family reunification

Results: Youth in Care

Placement Permanency by Group

X^2 $p < .05$

	Youth Receiving Services	Control Group	Total
Remained in Current Placement	13	12	25
Changed Placement	9	16	25
Returned Home	7	1	8
Total	29	29	58

Results: Youth in Care

Placement Permanency by Community Agency

χ^2 $p < .01$

	Maryvale	THC	Total
Remained in Current Placement	11	2	13
Changed Placement	2	7	9
Returned Home	1	5	6
Total	14	14	28

Results: Youth in Care

- Youth involved in the program were less likely to change placements than youth in the control group
- Youth involved with the program were more likely to return home than youth in the control group

Results: Youth residing with families

- Mean age 13.98 years
- 39% male
- 32.2% of youth had previously been in care
- 59% single mothers
- Comparison group matched on:
 - Age
 - Sex
 - Child Welfare risk rating (as defined by ORAM)
 - Child Welfare eligibility code

Results: Youth residing with families

Child Welfare Family Risk Rating

	Frequency	Percentage
High Risk	18	30.5%
Moderately High Risk	15	25.4%
Intermediate Risk	25	42.4%
Low Risk	1	1.7%
Total	59	100%

Results: Youth residing with families

Child Welfare Eligibility Code

	Frequency	Percentage
Abuse	7	11.9%
Neglect	2	3.4%
Adult Conflict	2	3.4%
Caregiver-Child Conflict	42	71.2%
Caregiver with Addiction or Mental Health Problem	3	5.1%
Caregiving Skills	3	5.1%
Total	59	100%

Results: Youth residing with families

Community Agency Involvement

	Number	Percentage
RCC	44	74.6%
Maryvale*	3	5.1%
THC	12	20.3%
Total	59	100%

* Three families were referred to Maryvale in order to access respite service

Results: Youth residing with families

Youth Coming into CAS Care by Group

χ^2 ns

	Came into Care	Did Not Come into Care
Youth Receiving Services	12	47
Control Group	16	43

Results: Youth residing with families

New Investigations Initiated by Group

$\chi^2 p < .001$

	New Investigation Initiated	New Investigation not Initiated
Youth Receiving Services	23	36
Control Group	41	19

Results: Youth residing with families

Youth Coming into CAS Care by Risk Level

X² ns

	Came into Care	Did not come into Care
High Risk	6	12
Moderately High Risk	4	11
Moderate Risk	2	23

Results: Youth residing with families

New Investigation Initiated by Risk Level

$X^2 p < .05$

	Investigation Initiated	No Investigation
High Risk	11	7
Moderately High Risk	7	8
Moderate Risk	5	20

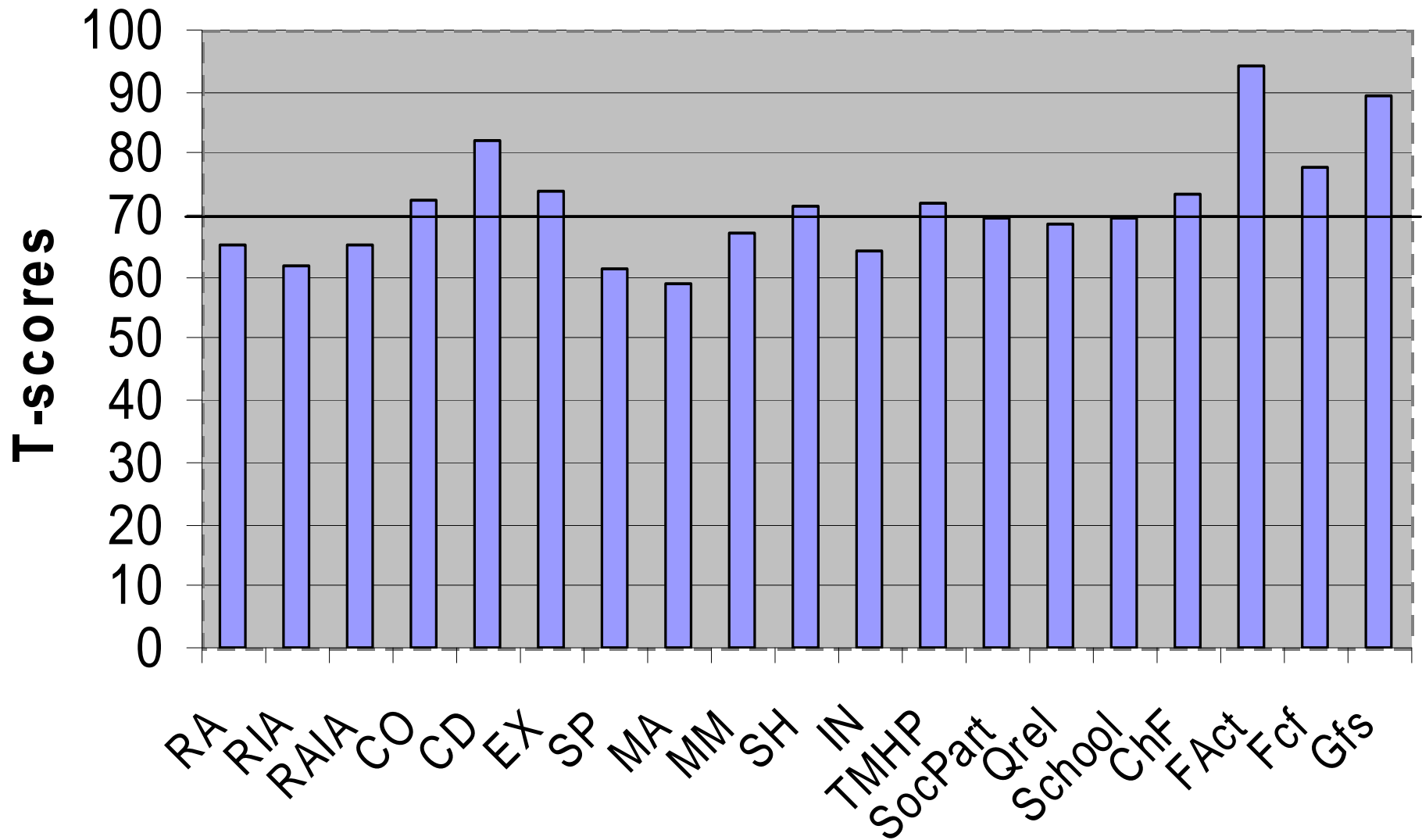
Results: Youth residing with families

- Families referred to the program tend to be an appropriate population
 - Parent-child conflict
- Youth coming into care
 - No differences between treatment and control groups
- New Investigations initiated
 - Treatment group less likely to have new investigation initiated

Clinical Data

- Windsor Regional Children's Centre
 - BCFPI (Brief Child and Family Phone Interview)
 - CAFAS (Child and Family Assessment Scale)
- Teen Health Centre
 - BASC (Behavior Assessment System for Children)
 - SASSI (Substance Abuse Subtle Screening Inventory)
- To date we do not have enough completed data to analyze and use for explanatory purposes but there are interesting preliminary findings

BCFPI Profile



Preliminary Analysis of Clinical Data (as of March 31, 2008)

- Completed pre and post scores:
 - CAFAS – 9 completed
 - BASC – 2 completed
 - SASSI – 7 completed

Clinical Data (cont.)

- CAFAS:
 - improvement in
 - behavior toward others ($p < .05$)
 - total score ($p < .05$)
 - all other means in the right direction
- BASC:
 - no significant differences pre-post
 - means in right direction
- SASSI:
 - no significant differences pre-post
 - means in right direction

Conclusions

- The results indicate that the provision of timely access to addiction and mental health treatment as well as providing day treatment and respite services, when required, leads to positive outcomes for Child Welfare clients in the short-term
 - Youth in Care were able to maintain their placements
 - Youth living with their families had fewer new Child Welfare investigations compared with the control group

Conclusions (cont.)

- Clinical outcomes
 - Beginning to be captured
 - All means in expected direction
- Beginning to see more high risk families who tend to do less well
 - Higher rates of new investigations
 - Will monitor clinical data on these families

Next Steps

- Continue to follow the families over the next year to assess longer term outcomes
- Continue to collect and analyze clinical data
- Develop and implement surveys to assess client, service provider, and CAS staff satisfaction with program

Thank-you to the Centre of Excellence in
Child and Youth Mental Health for
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