ICARE: Identifying Children and Responding Early A Prevention Model That Works

Regional Advisory Council April 2, 2015

iCARE Video

https://vimeo.com/101535276

CT Health Foundation, Children's Mental Health Initiative Goals

- Develop a community strategy that will reduce the number of youth (6-14) at risk of entering either the Juvenile Justice System and/or the most intensive level of mental health treatment due to their behavioral health issues.
- Address innovative ways of identifying, assessing, and providing brief interventions to at risk youth.



Key Partners

Middlesex Hospital, Outpatient Behavioral Health

Middletown Public Schools

Ministerial Alliance of Middletown

How iCARE Works: Core Components of Prevention

Systems Approach

- → <u>Behavioral health screen</u> administered at the start of each school year to identify at-risk students.
- →The regular use of the <u>School Climate Data Team</u> as a communications hub to provide a coordinated approach to data analysis, early identification of issues, provision of school-and community-based interventions, and review of student and family progress.
- → The use of the **OHIO Scales assessment** to monitor children's progress.

How iCARE Works: Core Components of Prevention

Relationships Approach

- →Using an in-school <u>Talking and Learning Center (TLC)</u> to help de-escalate crises, assist students with problem solving, skill building, and conflict resolution.
- → Providing a <u>Wraparound approach</u> to behavioral health services through iCARE's Services Coordinator (resource referral and support) and Ministerial Alliance Interventionists (student & family liaison).
- →Focusing on <u>building trust</u> between the family and school and between the family and behavioral health provider through the Wraparound approach.

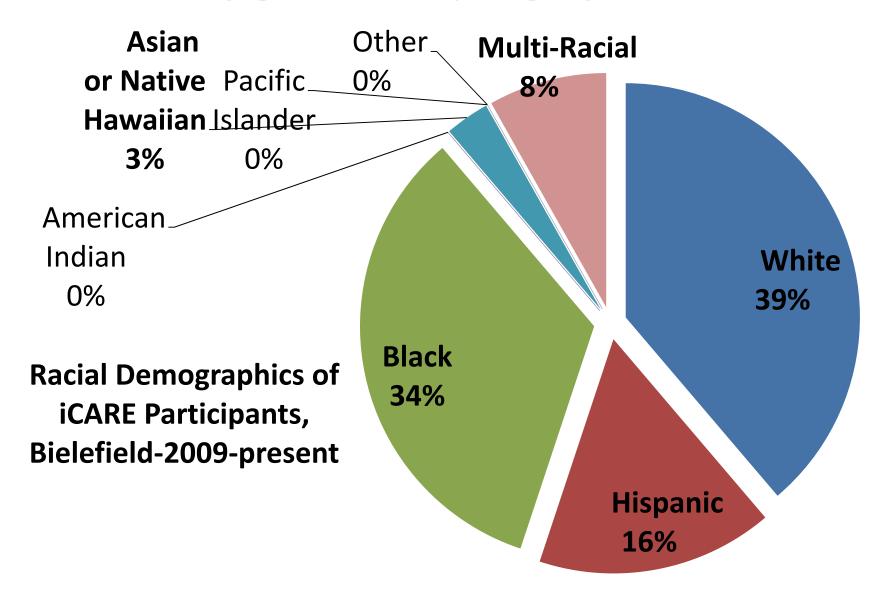


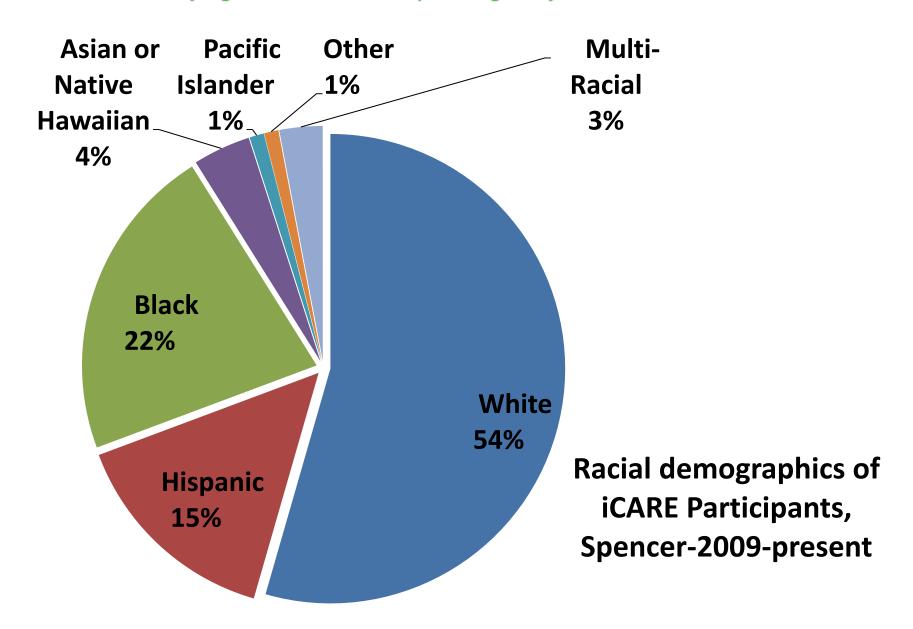
iCARE 2013-14 School Year Snapshot

- Bielefield: Worked with 86 students (approx. 32% of school population)
- Spencer: Worked with 89 students (approx. 27% of the school population)

2013-14 Linkages to **MANY** community resources:

- Adult Education
- Afterschool programs-Green Street, Parks and Recreation, tutoring
- Basic needs-food pantries, clothing, SNAP, utility bills, employment assistance
- Child Care resources
- Church-based leadership programs
- Health insurance
- Medical care/coordination with primary care providers
- Mental health-outpatient counseling, IICAPS, psychological evaluations
- Therapeutic mentoring





Screening Results

- ❖ 1917 children (5 11 years of age) screeened by teachers completing the Walker Survey Instrument (WSI) between 2009 and 2013.
- 23% (439 of 1917) identified as at risk through the WSI and in need of behavioral health services.

Outcome Measures

❖ OHIO Scales completed by teachers and primary caregivers. The OHIO Scales is an evidence-based instrument which measures outcomes for youth who receive mental health services. The instrument reviews the child's problem severity, functioning, hopefulness, and satisfaction.

iCARE Assessment Measures: 2009 to Present

Parents:

- Decreased stress
- Severity of children's problems decreased
- Children's functioning increased
- Very satisfied with iCARE

iCARE Assessment Measures: 2009 to Present

Teachers:

- Severity of student's problems decreased significantly¹
- Children's functioning increased significantly¹
- Students are less depressed, having fewer problematic behaviors, improved self-worth, better interpersonal relationships, better self-direction, higher motivation and higher overall well-being.

Based on Worker Assessments from Bielefield site.

Table 1. Teacher Pre and Post Ohio Scale Severity Scores by School¹

School	N	Pre Intervention Ohio Scale Severity Score	Post Intervention Ohio Scale Severity Score	P- Value
Bielefield	87	18.1	14.6	.0018*
Spencer	46	8.8	6.3	.0546
Both Schools	133	14.7	11.7	.0002*

¹Wilcoxen signed rank test

^{*}Statistically significant

Table 2. Parent Pre and Post Ohio Scale Severity Scores by School ¹

School	N	Pre Intervention Ohio Scale Severity Score	Post Intervention Ohio Scale Severity Score	P- Value
Bielefield	35	21.9	17.8	.05*
Spencer	6	17.0	14.2	.55
Both Schools	41	21.2	17.2	.04*

¹ Paired t-test

^{*}Statistically significant

Table 3.: Middletown Pre- and Post-Ohio severity and functioning differences among students¹

	N	Pre-Ohio (SD)	Post-Ohio (SD)	P-Value
Severity	109	17.2 (11.0)	13.8 (10.9)	0.0007*
		Pre-Ohio Median (Q1, Q3)	Post-Ohio Median (Q1, Q3)	P-Value
Functioning	109	48 (43, 57)	53 (47, 58)	0.0001*

¹ Two separate mixed models, controlling for within student correlation and controlled for site (Spencer, Bielefield), grade (categorical: K, 1, 2, 3, 4, 5), sex (Male, Female), and race (White, Black or African American, Other)

^{*}Statistically significant

Sustainability

- Middletown Public Schools commitment to screening and early intervention at Bielefield and Spencer with possible expansion to Farm Hill elementary school-\$180K from Sept. 2015-June 2017
- Pending local foundation grants for Ministerial Alliance mentors
- Gaps:
 - Services Coordinator-full-time, LCSW, family engagement and wraparound (similar to CSF or System of Care for Level 1 families with an additional clinical component)- approx. \$95K/year
 - Scholarships for interventions-approx. \$5K/year

Future Plans

- Article in peer-reviewed journal
- Follow-up on iCARE children to determine longer term impact of intervention on attendance and disciplinary actions
- Yale final report on initiative and cost benefit analysis
- Implementation manual
- Possible quasi-experimental research

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Questions
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