

National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program Data Profile Report

Maryland(Baltimore City)

Prepared by the National Evaluation Team, December 2010



Instruments Reported in This Report

This report is based on data provided by caregivers and youth on the instruments listed below:

Caregiver
•Enrollment and Demographic Information Form (EDIF)

Data Explanations

- The number of cases reported in each slide varies, depending on the data available.
- Summary statistics based on fewer than 10 cases are not reported. When all summary statistics on a slide are based on fewer than 10 cases, the entire slide is not included.
- When data for follow-up timeframes are reported, the number of cases reported include only cases with complete follow-up data for all timeframes.
- When the number of cases reporting data for a timeframe is less than 30, that timeframe is not included.

Section I: Child and Family Status at Intake

This section provides a detailed description of the children and families being served by CMHS-funded systems of care. Information in this section was gathered at intake using the following instruments:

Enrollment and Demographic Information Form (EDIF): The EDIF gathers demographic, diagnostic, and system of care enrollment information on all children receiving CMHS-funded system of care services. Information for the EDIF is gathered from record review and caregiver report.

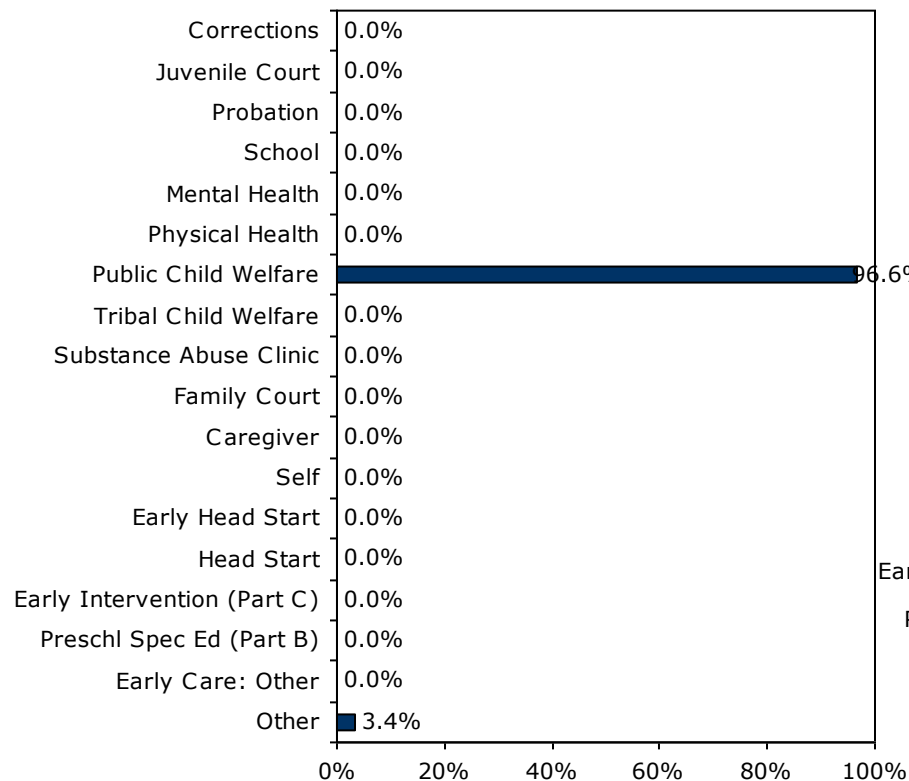
Demographic Characteristics of Children Served^[a]

Demographics	
Gender (n = 29)	
Male	41.4%
Female	58.6%
Don't Know/Not sure	0.0%
Average Age at Intake (n = 29)	
Average Age	13.9 years
Age Group (n = 29)	
Birth to 3 years	0.0%
4 to 6 years	0.0%
7 to 11 years	24.1%
12 to 14 years	27.6%
15 to 18 years	48.3%
19 to 21 years	0.0%
Race/Ethnicity (n = 29)	
American Indian or Alaska Native	0.0%
Asian	0.0%
Black or African American	93.1%
Native Hawaiian or Other Pacific Islander	0.0%
White	3.4%
Hispanic/Latino	0.0%
Multi-Racial	3.4%
Other	

[a] Data reported were collected using the Enrollment and Demographic Information Form (EDIF).

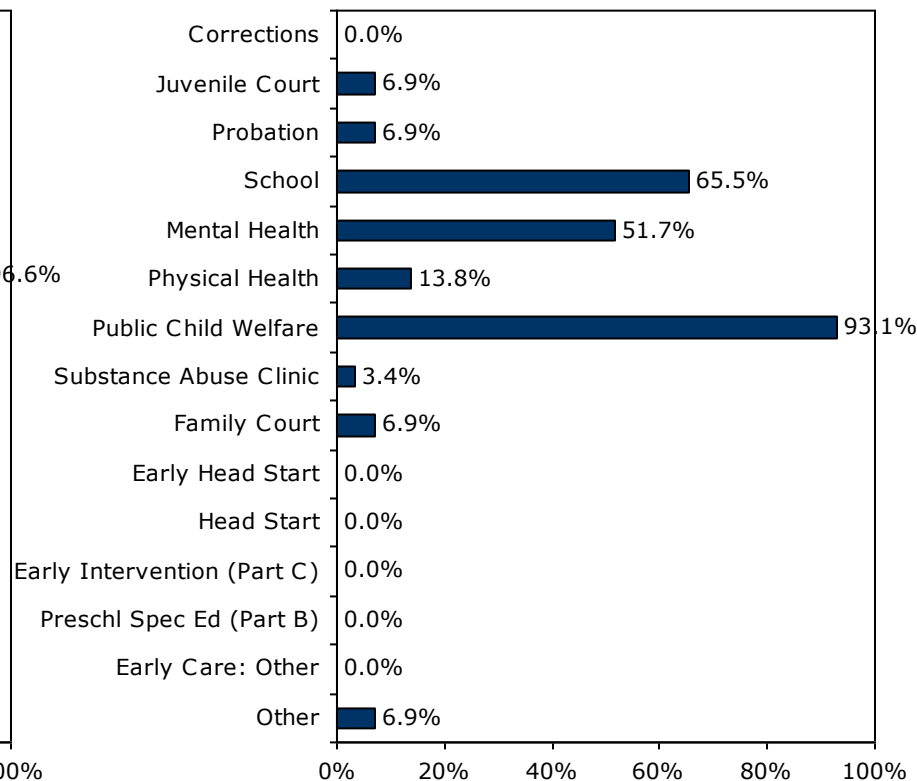
Intake Referral Information and Agency Involvement^[a]

Referral Agency^[b]



n = 29

Agency Involvement^[b,c]



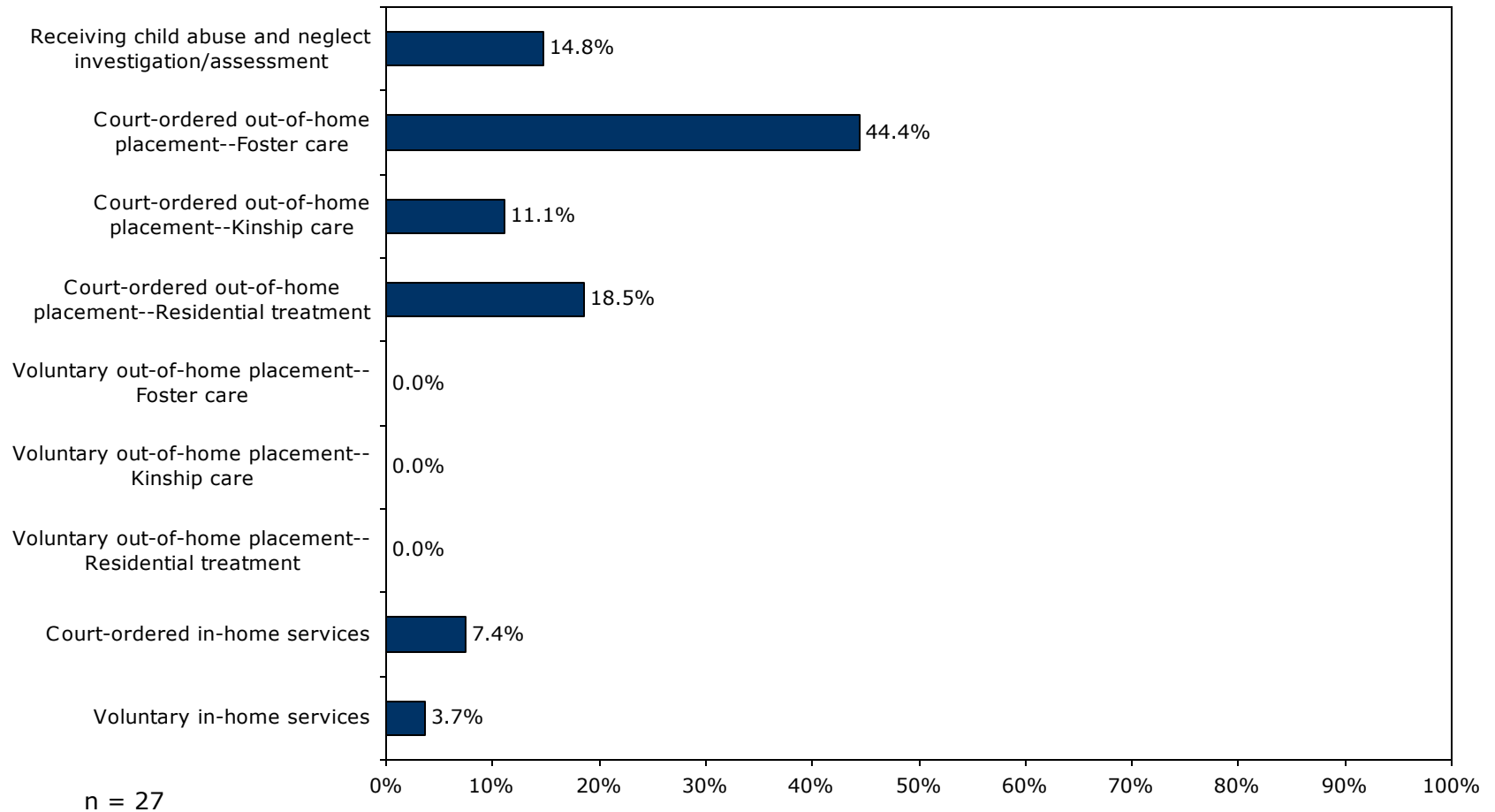
n = 29

[a] Data reported were collected using the Enrollment and Demographic Information Form (EDIF).

[b] Mental health = Mental health agency, clinic or provider; Physical health = Physical health care agency, clinic, or provider.

[c] Because individuals may report involvement in more than one agency, percentages may sum to more than 100%.

Child Welfare Involvement^[a]



[a] Data reported were collected using the Enrollment and Demographic Information Form (EDIF). Percentage reported is based on those whose Agency Involvement was public child welfare.

DSM–IV Axis I and Axis II Diagnoses^[a]

Diagnosis ^[b] (n = 14)	%
Mood Disorders	85.7%
Attention-Deficit/Hyperactivity Disorders	42.9%
Oppositional Defiant Disorder	35.7%
V code ^[c]	35.7%
Mental Retardation	28.6%
Adjustment Disorders	14.3%
PTSD and Acute Stress Disorder	14.3%
Impulse Control Disorders	7.1%
Personality Disorders	7.1%
Other	7.1%
Substance Induced Disorders	0.0%
Learning, Motor Skills, and Communication Disorders	0.0%
Conduct Disorders	0.0%
Disruptive Behavior Disorder	0.0%
Pervasive Developmental Disorders	0.0%
Anxiety Disorders	0.0%
Substance Use Disorders ^[d]	0.0%
Schizophrenia and Other Psychotic Disorders	0.0%

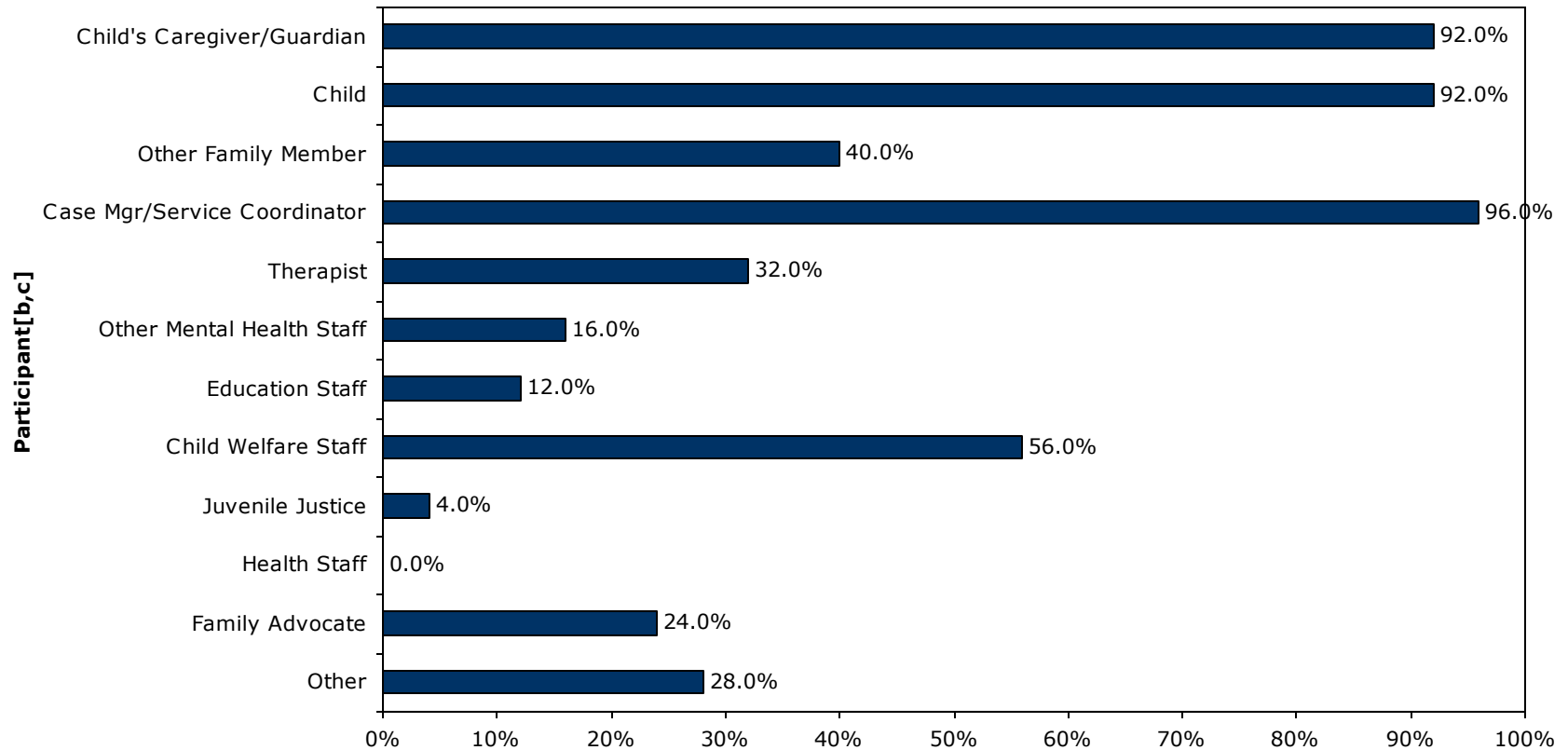
[a] Data reported were collected using the Enrollment and Demographic Information Form (EDIF).

[b] Because youth may have more than one diagnosis, percentages for diagnoses may sum to more than 100%.

[c] V Code refers to Relational Problems, Problems Related to Abuse or Neglect, and additional conditions. Percentage excludes V71.09 (No Axis I or II diagnosis).

[d] Substance Use Disorders include caffeine intoxication.

Participation in Development of Service Plan^[a]



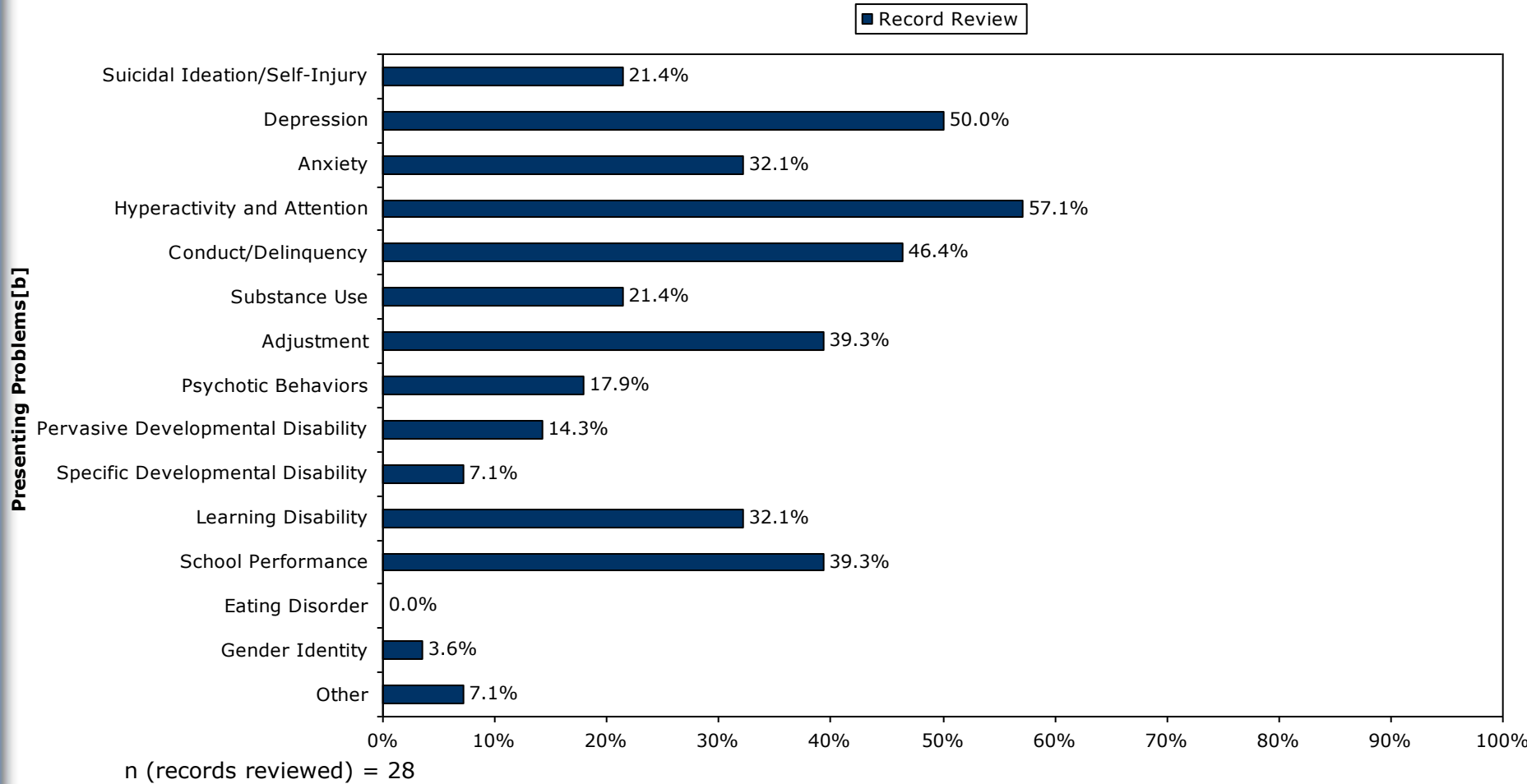
n = 25

[a] Data reported were collected using the Enrollment and Demographic Information Form (EDIF).

[b] Because more than one participant may be involved in the development of the service plan, percentages may sum to more than 100%.

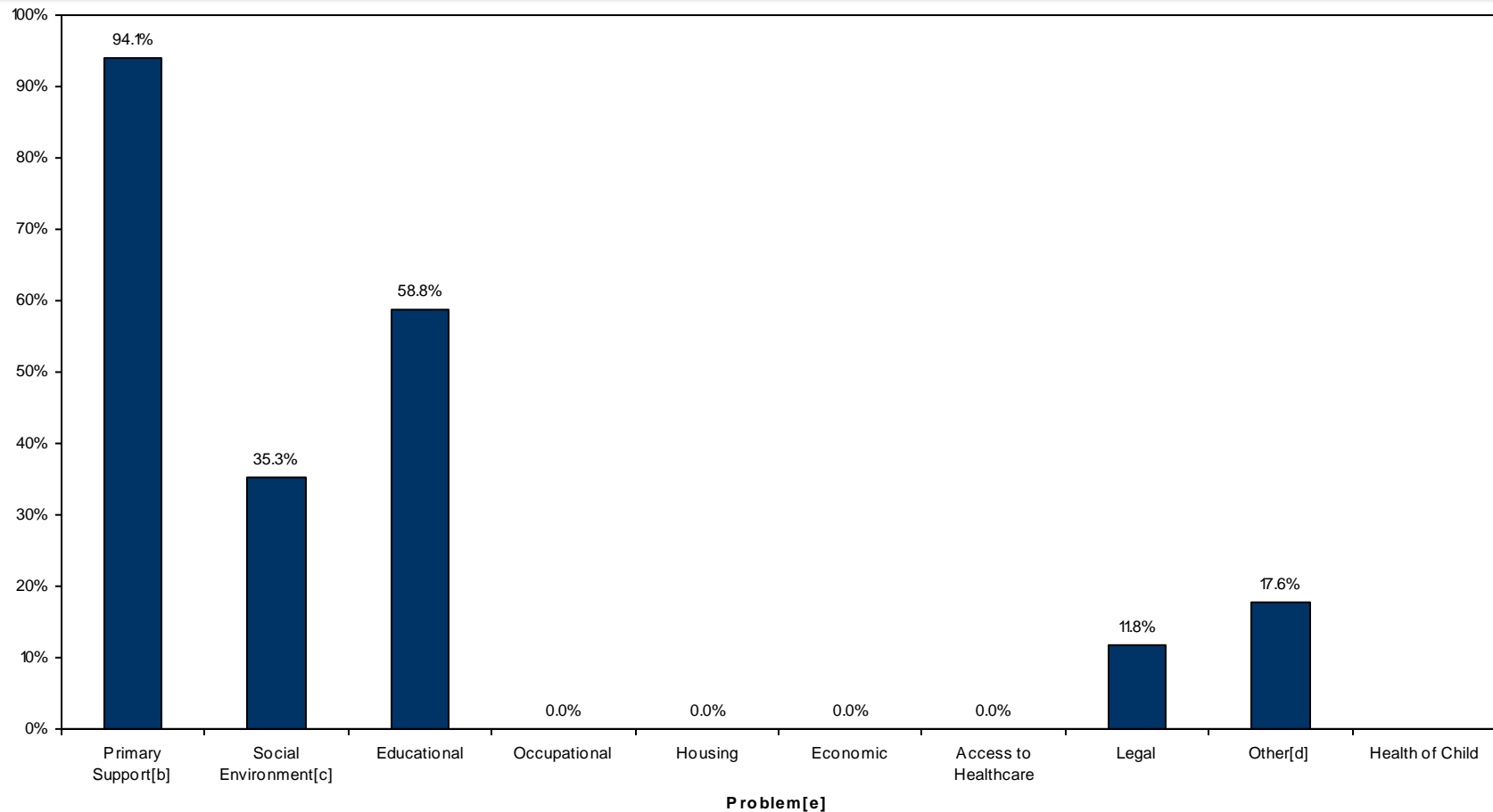
[c] Other includes School Resource Officer, Teacher, Psychiatrist, Youth Advocate, Foster Home Staff, AmeriCorp Worker, School Principal, and Big Brother.

Presenting Problems^[a] Reported



[a] Data reported were collected using the Enrollment and Demographic Information Form (EDIF) and Youth Information Questionnaire, Revised-Intake (YIQ-R-I)
 [b] Because youth may present with more than one problem, percentages may sum to more than 100%.

DSM-IV Axis IV: Psychosocial and Environmental Problems^[a] at Intake



n = 17

[a] Data reported were collected using the Enrollment and Demographic Information (EDIF).

[b] Primary support problems include health problems in family, removal from the home, remarriage or divorce of parent, and child abuse or neglect.

[c] Social environment problems include inadequate social support, death or loss of a friend, and adjustments to life-cycle transitions.

[d] Other problems include discord with non-family caregivers, unavailability of social service agencies, and exposure to disasters.

[e] Because youth may experience more than one psychosocial or environmental problem, problems may sum to more than 100%.

Disclaimer

Site-specific Data Profile Reports (DPRs) are designed for use by local communities, the national evaluation team, and program partners. Members of the national evaluation team and program partner organizations should not distribute these reports to others outside of their organization or use the reports for purposes other than technical assistance. Only the grant communities themselves and the Child, Adolescent, and Family Branch of the Center for Mental Health Services can approve the sharing of site-level information. In addition, grant communities must provide their express permission for sharing of site-specific information.

The views expressed in written conference materials or publications and by speakers and moderators at HHS-sponsored conferences, do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.