



September 2012 Evaluation Report: Population Served – Profile

Issue 1

Welcome to the first MD CARES Evaluation Date Report. This report will present information on children and family status at intake for the first 160 participants in the Baltimore City, Maryland System of Care (SOC). This report is based on data submitted through August 13th, 2012. Please note that sample size (n) varies since some data come from the Demographic and Information Study which includes all families enrolled into the SOC (larger sample size) and some data come from the Longitudinal Study which includes only families enrolled in the Evaluation (smaller sample size).

Demographic Information

Table 1 summarizes demographic information on the 160 children **referred** to Maryland CARES from its inception. The average age at enrollment is 14.5 years.

Table 1. Demographics (n=160)	
Gender	
Male	39.4% (64)
Female	60.0% (96)
Average Age at Intake	
Average Age	14.5 years
Age Group	
Birth to 3 years	0.6% (1)
4 to 6 years	4.4% (7)
7 to 11 years	18.1% (29)
12 to 14 years	28.1% (45)
15 to 18 years	42.5% (68)
19 to 21 years	6.3% (10)
Race/Ethnicity	
Black or African American	89.4% (143)
White	6.3% (10)
Hispanic/Latino	1.9% (3
Multi-Racial	2.5% (4

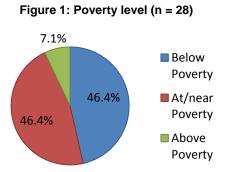
Family/Household Annual Income

Table 2 displays the distribution of family income reported from the family with whom the child has lived most in the 6 months prior to data collection.

Table 2. Family Income (n=29)	
Less Than \$5,000	10.3%
\$5,000–\$9,999	17.2%
\$10,000–\$14,999	10.3%
\$15,000–\$19,999	3.4%
\$20,000-\$24,999	10.3%
\$25,000-\$34,999	6.9%
\$35,000-\$49,999	24.1%
\$50,000-\$74,999	10.3%
\$75,000-\$99,999	3.4%
\$100,000 and over	3.4%

Poverty Level

Poverty categories are based on the U.S. reported Department of Health and Human Services poverty guidelines. Figure 1 shows that a similar amount of families are below and at/near poverty level.



Referral Information and Agency Involvement

Most of the children (98%) were referred to Maryland CARES through Public Child Welfare. Figures 2 and 3 below reflect agency and child welfare involvement. At intake, children were potentially receiving services from more than one agency (Figure 2). They reported involvement with public child welfare agencies (96%), followed by mental health agencies, clinics, or providers (50%), and the school system (45%). Figure 3 illustrates public child welfare system involvement by type of involvement. The majority of children (47%) were involved in court ordered out of home placement – foster care.

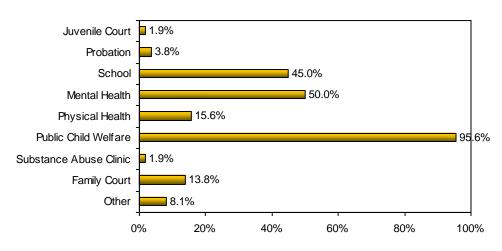
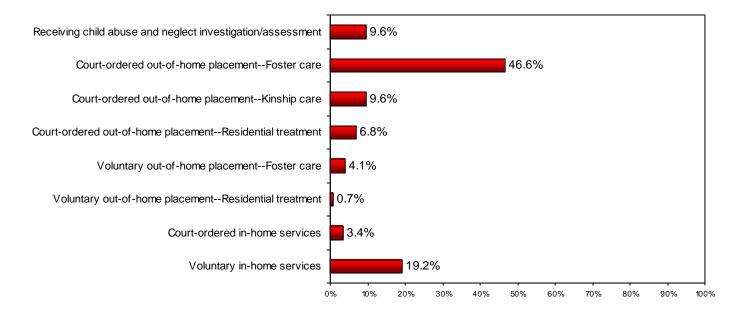


Figure 2: Agency Involvement (n=160)

Figure 3: Child Welfare Involvement (n=146)



Primary Care or Emergency Room Visits, and Hospitalization at Intake

The average number of times children visited their primary care physicians, the emergency room, or had to be hospitalized in the 6 months before intake, is displayed below.

Table 3. Visits to Primary Care Provider or Emergency Rooms and Hospitalization at Intake

2.3 (n=35)
0.5 (n=35)
0.3 (n=35)
0.1 (n=35)
0.4 (n=35)

Children's Physical Health Problems

Caregiver report indicated that 44.4% of 36 children had recurring or chronic physical health problems at intake. The most common problems included allergies, asthma, and migraine headaches.

Presenting Problems Reported at Intake

Figure 4 shows the presenting problems recorded at intake based on record reviews. For most of the children, more than one presenting problem was identified, therefore the total percentage of presenting problems may sum to more than 100%. The most common problems reported included conduct/delinquency (57%), hyperactivity and attention (49%), school performance not related to learning disabilities (46%), depression (41%), and adjustment issues (40%).

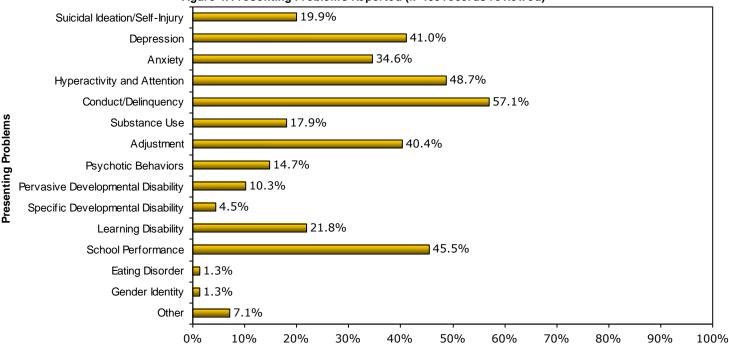


Figure 4: Presenting Problems Reported (n=156 records reviewed)

Diagnosis Information

Table 4 illustrates the major diagnoses identified at intake. Because children may have more than one diagnosis, the total percentage for diagnoses may sum to more than 100%. The most common disorder was Mood Disorder (72%), followed by Attention-Deficit/ Hyperactivity Disorder (53%), and PTSD and Acute Stress Disorder (20%). Other disorders such as adjustment disorders, substance use disorders, and anxiety disorders had a total prevalence less than 10%.

Table 4. Diagnosis (n=137)	%
Mood Disorders	72.3%
Attention-Deficit/Hyperactivity Disorders	53.3%
PTSD and Acute Stress Disorder	20.4%
V code (relational problems, problems related to abuse or neglect, and additional conditions)	19.0%
Oppositional Defiant Disorder	16.8%
Mental Retardation	10.9%

Custody Status at Intake

At intake, approximately 42% of the participants were wards of the state, 33% were living with their biological mother only, and 8.3% lived with both parents. Additionally, 5.6% lived with adoptive parents, 5.6% lived with their biological father only, 2.8% lived with grandparents, and 2.8% had other living arrangements.

Family and Child History

Below are caregiver reported instances of family mental illness and substance abuse. Table 5 presents data on the history of adverse child experiences as reported by the caregiver.

- 58% (18) of caregivers reported a family history of depression (n = 31).
- 48% (14) of caregivers reported a family history of mental illness, other than depression (n = 29).
- 60% (18) of caregivers reported a family history of substance abuse (n = 30).

Table 5. Child History	
Has the child ever	
Witnessed domestic violence? (n = 31)	32.3% (10)
Lived with someone who was depressed? (n = 33)	45.5% (15)
Lived with someone who had a mental illness, other than depression? ($n = 32$)	31.3% (10)
Lived with someone who was convicted of a crime? (n = 32)	18.8% (6)
Lived with someone who had a substance abuse problem? (n = 32)	40.6% (13)
Experienced physically assault? (n = 32)	31.3% (10)
Experienced sexually assault? (n = 32)	18.8% (6)
Run away? (n = 36)	52.8% (19)
Had substance abuse problems? (n = 36)	16.7% (6)
Attempted suicide? (n = 35)	31.4% (11)

Participation in Development of Service Plan

Figure 5 reports the percentage of participants involved in the development of each child's service plan for the team meetings of the first 156 families referred to Maryland CARES. Caregivers participated in approximately 94% of meetings, while case managers participated in 88% and children in 87% of meetings.

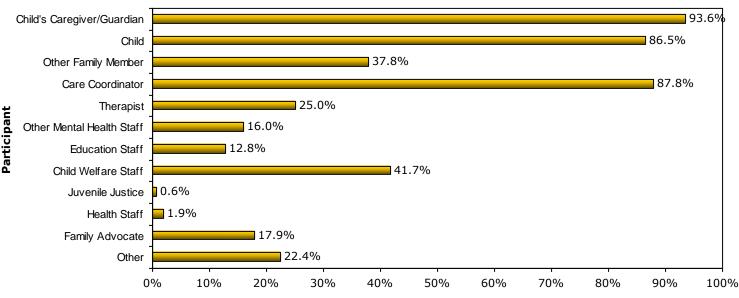


Figure 5. Participation in Development of Service Plan (n=156)

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