Outcomes of Children Receiving Mental Health Services from Washburn Center for Children

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Background

In Minnesota, one in five children experiences mental health challenges, yet only 20% receive the help they need. Washburn Center for Children is deeply committed to delivering high-quality assessment, treatment, and training that improves the lives of the 2,700 children and 8,100 families served.

This evaluation sought to better understand the clinical outcomes of children who received mental health treatment services from Washburn Center in regard to symptomology, behavior, and functioning. Mental health symptoms were measured by caregiver report via the Strengths and Difficulties Questionnaire (SDQ), a tool commonly used by mental health practitioners.

Objectives

This study relied on the integration of client service records and administrative data from education, child protection, and juvenile court records to address the following questions:

- Do children served by Washburn Center show progress through reduced symptoms over time as measured by the SDQ?
  - Are changes in symptomology different for children who complete treatment as compared to those who do not complete treatment?
  - Are significant reductions in symptomology evident across program types?
- What factors predict treatment completion among children?
- Do children served at Washburn Center show improved functioning compared to their peers with respect to education, child safety, and juvenile court involvement?

Washburn Sample Characteristics (n=1,338)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percent (%)</th>
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</thead>
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<tr>
<td>Male</td>
<td>60.3</td>
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<tr>
<td>Female</td>
<td>39.7</td>
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<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
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<tr>
<td>Black</td>
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<tr>
<td>Hispanic</td>
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<td>Asian</td>
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<td>Native American</td>
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</table>

Methods

Through Minn-LnK, administrative education, child welfare, and juvenile court records were linked to client treatment service records from Washburn Center. A cohort of 1,338 children who received treatment between July 1, 2007 and June 30, 2012 were identified as having completed treatment or not completing treatment (as determined by clinician report).

Paired t-tests (mean last score – mean first score and mean last score – mean highest score) were used to assess symptomology change over time for the entire cohort as well as sub-samples identified through treatment completion and program type. Effect sizes were calculated to determine the magnitude of change using Cohen’s d (mean change/standard deviation). Logistic regression was used to determine predictors of treatment completion. Washburn Center children were compared to their peers using Propensity Score Matching Method (PSMM). School and community functioning were assessed using Generalized Estimating Equations (GEE) and Chi-square analysis.

Results

- Children who participated in Washburn Center’s services lowered their SDQ scores, on average, 2.7 points from the first to the last assessment and 5.1 points from the highest to the last assessment; differences in scores were statistically significant with moderate to large effects.
- The reductions in symptoms from first to last and highest to last were larger than expected given SDQ parameters and improvements were evident across all SDQ subscales.
- Slight differences existed between treatment programs in their association with symptom improvement, but on average all children (regardless of the program in which they received treatment) experienced symptom reduction.
- Children who received services at Washburn performed similarly to their peers who did not receive treatment at Washburn on standardized academic achievement tests. However, children who completed treatment at Washburn Center performed better on the same standardized academic achievement tests than children who did not complete treatment.
- Children with a history of CPS involvement experienced lower, but non-significant, rates of CPS recurrence post-treatment as compared to their peers; children receiving treatment experienced similar rates of juvenile court involvement as their peers.

Conclusions

The role of Washburn Center for Children is incredibly important and has a large impact on the well-being of children in Minnesota. Through its partnership with CASCW, Washburn Center has tested a way of using children’s mental health service data to inform treatment and service delivery for future use by practitioners and may be poised to use this information to support improvements in policy & practice in the state of Minnesota.

Children receiving services at Washburn Center experienced significant, meaningful change over time in conjunction with treatment. Reductions in symptomology were significant regardless of the SDQ change score used.

Children’s SDQ scores peaked mid-treatment, after their intake at Washburn Center. This could suggest presenting symptomology is underestimated by caregivers or that the process of treatment itself may bring out additional symptoms not previously reported by caregivers.