

**A Literature Review on the Cost, Cost Benefit, and Cost
Offsets of Treatment and Service Provision to Individuals
with Substance Abuse and Mental Illness**

An Annotated Bibliography

The Substance Abuse and Mental Health Corporation

Presented by the Capstone Consulting Group, Inc.

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Scope of Work:

At the request of the Substance Abuse and Mental Health Corporation (the Corporation), the Capstone Consulting Group, Inc. (The Capstone Group) completed a literature review that covered the cost of the illness and the cost benefits and cost offsets of substance abuse and mental health services. Over 300 citations were reviewed. Services reviewed included prevention and intervention services for children and youth and treatment for adults and individuals over 60 years on age.

Methodology:

The Capstone group, with the concurrence of the Corporation, limited the review to work done within the last ten years, 1997-2007. It should be noted that some of the studies and other work that were reviewed included data from years prior to this time frame.

The focus of the review was research that has appeared in peer-reviewed journals. The Group also reviewed governmental studies and reports that related to these issues and often referenced the work of research done in these areas, some of which was sponsored by the governmental entity. Websites of major governmental and non-profit mental health authorities were also reviewed.

The review was accomplished using online and other resources. Query phrases and key words included:

- cost of mental health treatment,
- cost of substance abuse treatment,
- cost benefit of mental health treatment,
- cost benefit of substance abuse treatment,
- cost offsets of mental health treatment,
- cost offsets of substance abuse treatment,
- cost effectiveness of mental health treatment,
- cost effectiveness of substance abuse treatment,
- cost impact of mental health treatment, general,
- cost impact on substance abuse treatment,
- value of mental health treatment,
- value of substance abuse treatment,
- impact of substance abuse in the workplace,
- impact of mental health in the work place,

- cost benefit of substance abuse treatment in the criminal justice system,
- cost benefit of mental health in the criminal justice system,
- cost benefit of providing mental health treatment for older individuals,
- cost benefit of providing substance abuse treatment for older individuals,
- economic impact of children's mental health,
- cost avoidance child welfare,
- cost effectiveness child welfare,

In discussion with the Corporation, the Capstone Group organized its search in the following manner:

Subject of Research	Age Group	Type of Service Reviewed
Impact on Child Welfare System	Children	Prevention
		Intervention
	0-5	
Impact on Juvenile Justice System	Youth	Prevention
		Intervention
	6-18	Treatment
Impact of Work Place and Impact on Criminal Justice System	Adults	Treatment
	18-59	
Impact on Long term Care and other Medical Cost	Older	Treatment
	Adults	
	60 +	

The review looked for benefits and impacts in both the short term and long term. Long-term data is more difficult to locate but valuable when available.

The reviewed material is organized into an annotated bibliography. The bibliography is organized into sections by group, age and impact area.

Findings:

General:

This review was broad-based in both the scope of work and in the breadth of resources reviewed. The scope as previously discussed includes age segments: 0-5, 6-18, 19-

59, and individuals 60 and above. The scope also reviewed the impact of mental health treatment (or lack thereof) on the child welfare system, juvenile justice system, criminal justice system and the workplace.

The reviewers noted that much of the material available was dated. While this review was limited to a ten-year period, 1997-2007, much of this work relied on earlier research and the monetary costs and costs benefits are not adjusted to 2007 dollars. This is a major drawback - though even in numbers a decade old - the cost and cost benefits are staggering.

It is easier to determine the cost of untreated mental illness than it is to determine its cost benefits. This is prevalent throughout the literature. One of the factors that make determining the cost benefits, or cost impacts challenging is the wide array of factors that need to be considered and the multi-disciplinary and multi-jurisdictional sources of the needed data. The data needed includes information from: federal, state and local jurisdictions and the following disciplines: justice, education, health, child/family assistance, mental health/developmentally disability, public safety, state workforce, regulation/compliance ("Shoveling Up", CASA, 2001.p.9)

In general the reviewers found more specific and targeted information regarding cost, cost benefits and cost offsets in research that targeted substance abuse treatment services for all ages. There is considerable evidence of the cost benefits of substance abuse treatment of individuals in the criminal justice system and equally strong evidence of the cost of substance abuse (and mental health) in the workplace.

The mental health research reviewed was more likely to be targeted to specific issues related to cost. There are numerous studies that focus on the success of a specific treatment modality or drug. There is also considerable research on the topic of the impact of managed care on the cost and availability of treatment, but that is not the subject of this review.

The literature reflects confidence in the cost benefit of treatment for both substance abuse and mental health, but individual studies are not consistent in producing results

of equal impact due to the wide variety of variables that can be used to enumerate the cost benefits or cost offsets.

The Literature Suggests:

There is a reduction in overall health care costs if individuals with mental illness receive accurate and timely diagnosis and treatment (APAonline 2002,p.3; "A New Look About Reduced Cost of Medical Utilization Following Mental Health Treatment". Momford, E. et al, 1998.

Excess disability and expensive hospital or nursing home days can be reduced by targeted prevention and early intervention for older individuals. (Strain JJ, Lyons Js, Hammer JS, et al, "Cost offset from a psychiatric consultation-liaison intervention with elderly hip fracture patients", *American Journal of Psychiatry*, 1991, 148, 1044-1049)

Targeted strategies like mental health courts have specific cost benefits that can be measured in terms of dollars saved. (Susan Ridgely et al, 2007, Treatment and Cost: An Evaluation of the Fiscal Impact of Allegheny Drug Courts", The Rand Corporation)

Substance abuse and mental health cost the U.S. economy \$205 billion dollars a year - only \$92 million comes from direct treatment costs...\$105 billion is due to lost productivity. (Rice, D.P. and Miller, L.S. " Health economics and cost implications of anxiety and other mental disorders in the United States."" *British Journal of Psychiatry*, 173(34), 1998,4-9)

Treatment [substance abuse] is very cost beneficial to taxpayers. The cost benefit averages \$7 for every dollar invested. (State of California (1994) Evaluating Treatment Services, "The California Drug and Alcohol Treatment Assessment" CALDATA, Executive Summary, (ADP), 94-96)

Cost offsets do occur in treatment provision for mental health and substance abuse. This term refers to the point where the cost of treatment are less than the savings to other systems. **These include reductions in the costs of general medical care, health and welfare benefits, incarceration costs and other factors.** (Holder, D. (1998) "Cost benefits of Substance Abuse Treatment: An

Overview of Results from Alcohol and Drug Abuse, *The Journal of Mental Health Policy and Economics*, 1, 23-29.

Criminal Justice shows clear cost benefits and offsets in reference to the treatment of individuals with mental illness and/or substance abuse. In one study it was found that "The cost to taxpaying citizens of treating approximately 150,000 participants was \$209,000 while benefits from treatment were worth about 1.5 billion. This equates to approximately a \$7.00 return for every one dollar invested in treatment. (National Center on Addictions and Substance Abuse (CASA) at Columbia University (1998)).

The cost impact of substance abuse in the workplace is substantial and is evidenced by lost productivity, absenteeism and impact on family members in the workplace. The 2005 Hazelden "Making Recovery America's Business" Survey also found that 57 percent of employees dealing with addiction in their family said they had missed a deadline or had their attendance suffer as a result; 46 percent said they had made errors in judgment they would not have otherwise made, and 14 percent said they had been so distracted that they forgot safety or security procedures at work." (State of Main (2005) "Substance Abuse and the Workplace Data".)

The association of child welfare and substance abuse is very well documented. The relationship between mental health issues and child welfare are less known. Also well known are the intergenerational issues that impact child welfare such as substance abuse, repeated child maltreatment and mental illness. Effective practices to use in the child welfare system are also well documented throughout the literature.

There was very little information available about the overall cost of childhood mental health and cost effectiveness. The cost effectiveness information is compiled by treatment modality and does not make overall broad statements regarding cost avoidance or effectiveness. However, the information on specific treatments is quite good and can be used for our arguments that quality evidence based practice results in cost savings.

It is especially important to note that the younger the child is served, the higher the likelihood that you will

have long term effectiveness (at least some researchers make that point).

Additional Work:

The Capstone Group will meet with representatives of the Substance Abuse and Mental Health Corporation to review the results of this initial work and to determine if any additional information may need to be identified or if there are subjects of specific interests within the scope of work for which the Corporation would like additional information. This might include additional research for Adults on the impact of mental health treatment on the criminal justice system or the impact of substance abuse in the workplace as examples.

In the area of child welfare, cost effectiveness for these services has not been clearly shown in this annotated bibliography to date. More research needs to be obtained that clearly shows a cost reduction in child welfare when substance abuse services are immediately accessible, when mental health issues are identified and addressed and when early indications of high risk factors for later substance abuse or mental health disorders are quickly addressed with the children. Also, the long term impact of treating children on subsequent substance abuse, mental health disorders and maltreatment of their children should be addressed if possible. The literature review to this point did not reveal good peer reviewed journal articles on these issues.

Additional literature review will be sought to more clearly delineate the overall cost-effectiveness of mental health treatment for children and adolescents.

After the Corporation reviews this work, the next step will be the identification of the specific pieces of additional information that are needed by the Corporation

Pathways to Analysis:

Additional data from Florida sources would assist the Corporation in clarifying the message that treatment is cost beneficial and that there are specific cost offsets for both substance abuse and mental health treatment by identifying the specific cost benefit to Florida.

Sources for this state specific data should include:

Department of Children and Families

Access Program (TANF/Food Stamps
Homeless Programs
Child Welfare

Department of Corrections

Prisons
Probation and Parole

Court System

State and Local Courts

Agency for Health Care Administration

Medicaid Program
Hospital Utilization

Department of Health

General Medical
HIV/AIDS Program Data

Department of Education

The services and cost associated with providing services to an individual, i.e. cost of a bed in a county jail, cost of food stamps per person per year, Medicaid costs per person per year, amount of dollars spent by Medicaid on substance abuse treatment and mental health treatment including related charges for prescription drugs and transportation, average cost of medical care for an individual of each age group.

In the area of children and youth, data is available from DCF files on the number of child abuse cases that have substance abuse and an issue. Note-probably much of the substance abuse is probably co-occurring with mental health. There may be some information on the percentage of re-entry with substance abuse and the nature of the maltreatment. We will need to tie together the percent of parents with substance abuse and mental health disorders, the effectiveness of treatment and make some general statements about impact.

Recommendations for Additional Study:

The Center for Addictions and Substance Abuse is updating its 2001 "Shoveling Up: The Impact of Substance Abuse and State Budgets" study. The report is scheduled to be released in early 2008. This will be an important study to

be reviewed for updated information regarding the cost to states of substance abuse treatment.

It is strongly recommended that Florida undertake a study of the cost benefits of substance abuse and mental health. This goal of this study should be to provide specific information regarding cost benefits and cost offsets of substance abuse and mental health treatment in Florida.

Annotated Bibliography

Impact of Mental Health Treatment - General

Citation:

Anderson, Nancy, M.D., Estee, Sharon PhD, (December 2002) Medical Cost Offsets Associated with Mental Health Care: A Brief Review, Washington State, Department of Social And Health Services, Retrieved August 13, 2007, from:
<http://www.dshs.wa.gov/rda/research/3/28.shtm>

Summary:

This review covers the area of cost offsets associated with mental health. 22 pieces of research were a portion of the literature review done for this work. The review was structured in a question and answer format.

Citation:

Mumford, Emily, PH.D., Schlesinger, Herbert J. PH.D., Glass, Gene V. PH.D., Cathleen, Patrick, PH.D. and Cuerdon, Timothy B.A., A New Look About Reduced Cost of Medical Utilization Following Mental Health Treatment, *Journal of Psychotherapy Practice and Research*, 7, 65-86, January 1998, Retrieved August 1, 2007 from:
<http://jppr.psychiatryonline.org/cgi/content/full/7/1/65>

Summary:

The literature review of the phenomenon that the cost of outpatient psychotherapy may be offset by savings in medical expenditures began with a West German study of persons who had psychoanalysis or psychoanalytic psychotherapy and whose use of hospitalization for a 5-year period was less than

that of a control group. This study and the subsequent literature was reviewed by Jones and Vischi, who concluded that the effect of psychotherapy was to reduce use of medical services by about 20%. A meta-analysis of 15 controlled offset studies up to 1978 included some studies reviewed by Jones and Vischi yielded an estimate of the cost-offset effect between 0% and 14%. The range of estimates reflects inconsistencies in the methodology of many studies.

Citation:

Simon, Gregory E. MD, MPH; Manning, William G. PhD; Katzelnick, David J. MD; Pearson, Steven D. MD; Henk, Henry J. MS; Helstad, Cindy P. PhD, (2001). "Cost-effectiveness of Systematic Depression Treatment for High Utilizers of General Medica", Archives of General Psychiatry, 58,181-7.

Summary:

This study examines the incremental cost-effectiveness of an organized depression management program for high utilizers of medical care. The study concluded "among high utilizers of medical care, systematic identification and treatment of depression produced significant and sustained improvements in clinical outcomes as well as significant increase in health services costs".

Citation:

The World Health Organization (2003), Investing in Mental Health, Retrieved August 25, 2007, from: http://www.who.int/mental_health/media/investing_mnf.pdf.

Summary:

This is an international view of the need to invest in mental health. It encourages an "investment of financial and human resources and suggests a higher proportion of national budgets should be allocated to developing adequate infrastructure and services for mental health.

**Impact of Substance Abuse and Mental Health Treatment on
Older Adults:**

Citation:

Bartels, Stephen J., M.D., M.S, Blow, Frederick C.,
PhD, Brockman, Laurie M., Van Citters, Aricca D.,
WESTA, (August, 2005), Substance Abuse and Mental
Health Among Older Americans: The State of the
Knowledge and Future Directions, Older American
Substance Abuse and Mental Health Technical
Assistance Center, Substance Abuse and Mental
Health Service Administration, 2005, 15-17.

Summary:

This study reviewed 152 pieces of research and other literature on the subject of substance abuse and mental health for older Americans. The work looks at: prevalence and impact, impact of demographic changes, currently available services and services needed, rationale for prevention and early intervention, cost and reimbursement issues, Medicare reimbursement issues and missing data and future directions.

Impact of Mental Health Treatment on the Criminal Justice

Citation:

Susan Ridgely, Engberg, John, Greenberg, Michael D., Turner, Susan, De martin, Christine, Dembosky, Jacob W., Justice, (2007) Treatment and Cost: An Evaluation of the Fiscal Impact of Allegheny County Mental Health Court", The Rand Corporation.

Summary:

This study looks at the impact of a mental health court in Allegheny County, Pennsylvania in terms of the benefits to individuals and to the criminal justice system and the cost benefits of this approach.

It was found that "the project was a success in achieving its mission to divert nonviolent offenders with serious mental illnesses out of the penal system and into community mental health treatment and other support services".

Citation:

Bazelton Center for Mental Health Law, "Fact Sheet #11, Resource Issues", retrieved August 19, 2007, from:
<http://www.bazelton.org/issues/criminal/factsheets/criminal111.htm>.

Summary:

This fact sheet was developed for policy makers. It focuses on factors for them to consider, including: ways to use existing resources more effectively, cost benefits of jail diversion and the importance of using evidenced-based and best practices.

Impact of Treatment for Mental Health in the Workplace

Citation:

Judith A. Cook, Ph.D., Executive Summary of Findings from the Employment Intervention Demonstration Program, SAMHSA 2003

Summary:

This study reviewed the effects of a program of clinical interventions and vocational rehabilitation services on the success of individuals with mental illness in the workplace. The study found that with a combination of services individuals were twice as likely to be competitively employed and to work 40 hours or more per week.

Citation:

Tanouye, Elyse.) "Mental Illness: A Rising Workplace Cost", *Wall Street Journal*, June 13, 2001, pg.1.

Summary:

This Wall Street Journal article is heavily cited in the literature. It reviewed the impact of mental illness on the workplace in terms of cost.

Citation:

National Mental Health Association website: "Mental Health: Pay for Services or Pay a Greater Price", Retrieved August 7, 2007, from: www.nmha.org/shcr/community_based/costoffset.pdf.

Summary:

The website has a number of "backgrounder" fact sheets and other articles that summarize research in areas related to employment. All facts are supported by citing the original study which developed the information.

Citation:

NMHA Website, "Backgrounder". Retrieved August 5, 2007, from:
<http://www.nmha.org/go/examining-all-the-evidence/backgrounder>

Summary:

This article reviews the use of evidence -based practice in the provision of treatment services and discussed issues related to the topic of "evidence-based" practice.

Citation:

NMHA Website, Labor Day Report 2001: A Message to Business and Government Leadership. Retrieved on Sept. 15, 2007, from:
<http://www1.nmha.org/pdf.docs/laborday2001.pdf>.

Summary:

This excellent position paper developed by the National Mental Health Association shows full references for all material quoted. The piece focuses on the impact of substance abuse and mental health in the work place and the cost of these illnesses to the U.S. economy. There are specific recommendations identified for both U.S. businesses and the Federal government.

Citation:

Gaining a Competitive Edge Through Mental Health: The Business Case for Employers, Retrieved August 1, 2007 from:
<http://www.nmha.org/go/gaining-a-competitive-edge-through-mental-health-the-business-case>

Summary:

This article was found on the website of the National Mental Health Association. It was one of a series of excellent articles on the subject of the impact of mental illness on the workplace. (Note: this article did not include citations for facts discussed.)

Impact of Substance Abuse Treatment - General

Citation:

Institute for Research, Education and Training in Addictions, May 13, 1998, "The Fact Sheet About Addictions: Evidence Supporting the Public Funding of Addictions Treatment" retrieved August 29, 2007 from:
<http://www.pro-a.org/pdf/The%20Facts%20About%20Addiction.pdf>.

Summary:

This fact sheet identifies 10 evidence-based facts about the cost benefits of addictions treatment. Each fact is substantiated by a research citation.

Citation:

Institute for Research, Education and Training in Addictions, April 3, 2003, "The Fact Sheet About Addictions: Evidence Supporting the Public Funding of Addictions Treatment" retrieved August 29, 2007 from:
<http://www.pro-a.org/pdf/The%20Facts%20About%20Addiction.pdf>.

Summary:

The fact sheet reviews information from published studies in the following areas: Addictions Treatment Effectiveness, Addictions Treatment is Cost Effective and Evidence of A Treatment Gap.

Citation:

SAMHSA, SAMHSA 2005 Budget, retrieved August 13, 2007, from:
http://www.samhsa.gov/Budget/B2005/spending/cj_40.aspx

Summary:

The narrative portion of this document identifies the cost of substance abuse treatment in 2005 as documented by research.

Citation:

Harwood, Henrick J., Malhotra, Deepti, Villarivera, Christine, Liu, Connie, Chong, Umi, Gilani, Jawaria: The Lewin Group, (June 2002) National Evaluation Data Services, "Cost Effectiveness and Cost Benefit Analysis of Substance Abuse Treatment: An Annotated Bibliography", retrieved July 27, 2007, from:
http://.cps.umich.edu/SAMHDA/SATTCAAT/cost_tx_bib.pdf.

Summary:

This annotated bibliography reviews 154 books, published articles and research/evaluation studies, and government documents (including "Web" publications) that focus on the cost of substance abuse treatment, method for estimating the costs of substance abuse treatment, and studies of the cost effectiveness and cost benefits of substance abuse treatment.

Citation:

Cost Benefits of Substance Abuse Treatment: An Overview of Results from Alcohol and Drug Abuse, *Journal of Mental Health Policy and Economics*, 1:23-1:23-29, retrieved August 25, 2007, from:

<http://www.icmpe.org/test1/journal/issues/v1i1/v1i1text04.pdf>.

Summary:

This study looked at the cost benefits of substance abuse treatment, including the impact of "cost offsets". The study found that there was a definite cost benefit to treatment.

Citation:

Robert Wood Johnson Foundation Newsroom "Economic Benefits of Treating Substance Abuse Outweigh Costs", 1-2, retrieved August 25, 2007 from: <http://www.rwjf.org/newsroom/featureDetail.jsp?featureID=1308&type=3&gsa=1>

Summary:

This item from the RWJF newsroom reviewed work sponsored by the Foundation reported **"every dollar invested in substance abuse treatment yields \$7 worth of economic benefits."**

**The Impact of Substance Abuse on the Criminal Justice
System**

Citation:

The National Center on Addiction and Substance Abuse
of Columbia University, (January 2001) Shoveling
Up: The Impact of Substance Abuse on State
Budgets retrieved August 15, 2007 from:
<http://www.casacolumbia.org>

Summary:

This study looks at the impact of substance abuse on state budgets. The work focuses on the impact of substance abuse of the criminal justice system, the public assistance system, the child welfare system and public school systems.

Impact of Substance Abuse in the Workplace

Citation:

Schoenbaum, Michael; PhD, Jurgen Unutzer, MD, MPH; Sherbourne, Cathy, PhD; Duane, Naihua, PhD., Carney, Maureen F., MS; Wells, Kenneth, MD. MPH, (2001) "Depression and Work Productivity: The Comparative Costs of Treatment Versus Non-treatment", *Journal of the American Medical Association*, 286, 1325-1330.

Summary:

This article discussed the impact of depression on work productivity and the potential for improved work performance associated with effective treatment. It includes a literature review using a computer that searched for the following key terms: cost of illness, work loss, sickness absence, productivity, performance and disability.

Citation:

State of Maine (2005) Substance Abuse and the Workplace Data, Retrieved July 7, 2007, from: <http://www.SAWData.072005.pdf>.

Summary:

This work reviewed National Data, the Making Recovery American's Business Survey by Hazelden and other National and Maine -specific data in regards to the impact of substance abuse on the workplace.

Impact of Substance Abuse and Mental Health Children's Services

Citation:

Burns, B. J., Hoagwood, K., & Mrazek, P. J. (1999). Effective treatment for mental disorders in children and adolescents. *Clinical Child and Family Psychology Review*, 2(4), 199-254.

Summary:

As pressure increases for the demonstration of effective treatment for children with mental disorders, it is essential that the field has an understanding of the evidence base. To address this aim, the authors searched the published literature for effective interventions for children and adolescents and organized this review as follows: 1) prevention; 2) traditional forms of treatment, namely outpatient, partial hospitalization, inpatient treatment, and psychopharmacology; 3) intensive, community-based interventions, including case management, home-based treatment, therapeutic foster care, and therapeutic group homes; 4) crisis and support services; and 5) treatment for two prevalent disorders, major depressive disorder and attention-deficit hyperactivity disorder. Strong evidence was found of effective treatments for attention-deficit disorder, depression, anxiety, and disruptive behavioral disorders. Guidance from the field relevant to moving the evidence-based interventions into real-world clinical practice and further strengthening the research base was also recommended to address change in policy and clinical training.

Citation:

Burns, B. J., Howell, J. C., Wiig, J. K., Augimeri, L. K., Welsh, B. C., Loeber, R., & Petechuk, D. (2003). *Treatment, services, and intervention programs for child delinquents*. Washington, DC: United States Department of Justice, Office of

Summary:

In comparison to juveniles whose delinquent behavior begins later in adolescence, child delinquents (offenders younger than age 13) face a greater risk of becoming serious, violent, and chronic juvenile offenders. OJJDP formed the Study Group on Very Young Offenders to examine the prevalence and frequency of offending by children younger than 13. This Study Group identified particular risk and protective factors that are crucial to developing effective early intervention and protection programs for very young offenders. This Bulletin is part of OJJDP's Child Delinquency Series, which presents the findings of the Study Group on Very Young Offenders. This series offers the latest information about child delinquency, including analyses of child delinquency statistics, insights into the origins of very young offending, and descriptions of early intervention programs and approaches that work to prevent the development of delinquent behavior by focusing on risk factors.

Citation:

Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychology Review, 26*, 17-31.

Summary:

This review summarized the current meta-analysis literature on treatment outcomes of CBT for a wide range of psychiatric disorders. An investigation of the literature revealed a total of 16 methodologically rigorous meta-analyses. This paper focused on effect sizes, contrasting outcomes for CBT with outcomes for various control groups for each disorder, providing an overview of the effectiveness of cognitive therapy as quantified by meta-analysis. Large effect sizes were found for CBT for unipolar depression, generalized anxiety disorders, panic disorders with or without agoraphobia, social phobia, posttraumatic stress disorder, and childhood depressive and

anxiety disorders. Effect sizes for CBT for marital distress, anger, childhood somatic disorders, and chronic pain were in the moderate range. CBT was somewhat superior to antidepressants in the treatment of adult depression. CBT uncontrolled effect sizes were found for bulimia nervosa and schizophrenia. The 16 meta-analyses reviewed support the efficiency of CBT for many disorders. While limitations of the meta-analysis approach need to be considered in interpreting the results of the review, its findings are consistent with other review methodologies that also provide support for the efficacy of CBT.

Citation:

California Evidence-based Clearinghouse for Child Welfare. (2006). *Motivational interviewing (MI): Detailed report*. Retrieved November 5, 2007, from <http://www.cachildwelfareclearinghouse.org/program/29/detailed>

Summary:

This article describes motivational interviewing (MI) rated by the Clearinghouse in the area of Parental Substance Abuse. MI is a client-centered, directive method designed to enhance client motivation for behavior change. It focuses on exploring and resolving ambivalence by increasing intrinsic motivation to change. The intervention has been shown to be effective in improving substance abuse outcomes by itself, as well as in combination with other treatments.

Citation:

Center on an Aging Society. (2002). *Substance abuse: Facing the costs*. Washington, DC: Georgetown University, Institute for Health Care Research and Policy.

Summary:

Substance abuse is a preventable and treatable condition that causes tremendous financial and social costs. This article states that societal costs of tobacco, alcohol, and illicit drug use are nearly 6 percent of the nation's income, over \$532 billion a year. This article presents information on the cost of substance abuse, the definition of substance abuse, and the public policies that should be in place to combat substance abuse. Treatment options also are discussed briefly.

Citation:

Finch, R.A. & Phillips, K. (2005). *An employer's guide to behavioral health services: A roadmap and recommendations for evaluating, designing, and implementing behavioral health services*. Washington, DC: National Business Group on Health, Center for Prevention and Health Services.

Summary:

This guide provides action-based strategies and recommendations for employers to develop and implement a system of affordable, effective, and high-quality behavioral health services. The recommendations featured in this Guide are based on the best available administrative and clinical practices. These practices have years of evidence to support their implementation. The guide also provides directions for examining the current behavioral health benefits that are offered to employees, and provides guidance in selecting future behavioral health care plans.

Citation:

Florida Department of Children and Families. (2005). *Adult substance abuse prevention, evaluation and treatment services*. Retrieved November 5, 2007, from

http://dcfdashboard.dcf.state.fl.us/index.cfm?purpose_id=gaa&mcode=M0061&page=preview_pbb

Summary:

The Department of Children and Families dashboard website provides information regarding the Department's performance measures.

Citation:

Hawaii Evidence Based Services Committee. 2004
biennial report: Summary of effective interventions for youth with behavioral and emotional needs. Honolulu, HI: Hawaii Department of Health, Child and Adolescent Mental Health Division.

Summary:

The Child and Adolescent Mental Health Division of the Hawaii Department of Health Task Force for Empirical Basis to Services provides updates on evidence-based practices, having published their first work in 2000. This document provides a comprehensive overview of treatment programs for children and youth, with information included on effectiveness, the practice, and the populations for whom it is most effective. Also included is a detailed list of reference organized by diagnosis.

Citation:

Juvenile Substance Abuse Executive Office of the President Office of National Drug Control Policy. (2004). *The economic costs of drug abuse in the United States 1992-2002.* Washington, DC: Executive Office of the President.

Summary:

From the Executive Summary: The economic cost of drug abuse in 2002 was estimated at \$80.9 billion. This value

represents both the use of resources to address health and crime consequences as well as the loss of potential productivity from disability, death, and withdrawal from the legitimate workforce. This estimate has incorporated extensive new data, although several major components have been trended forward.

Citation:

Lehman, A. F., Goldman, H. H., Dixon, L. B., & Churchill, R. (2004). *Evidence-based mental health treatments and services: Examples to inform public policy*. New York: Milbank Memorial Fund.

Summary:

This report presents information on the scientific basis for treatments and services for adults, children, and adolescents with severe mental disorders. The purpose of the publication is to provide a foundation for policy discussions at various levels of government. This information is especially important to states planning to invest in mental health services, helping them enhance the value of the dollars they spend.

Citation:

Kelly, S. J. (2002). Child maltreatment in the context of substance abuse. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, C. Jenny, & T. A. Reid (Eds.), *The APSAC handbook on child maltreatment* (2nd ed., pp. 105-117). Thousand Oaks, CA: Sage Publications, Inc.

Summary:

This paper examines various aspects of the relationship between child maltreatment and substance abuse. The prevalence of substance abuse in cases of child abuse and neglect is discussed, including prenatal exposure to substances, exposure to drugs after birth, child

fatalities, and childhood history of abuse in substance abusers.

Citation:

Lipsey, M. W. & Wilson, D. B. (1998). Effective intervention for serious juvenile offenders: A synthesis of research. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 313-345). Thousand Oaks, CA: Sage Publications, Inc.

Summary:

This article examines research on juvenile delinquency and effective programs and proposes a juvenile justice research agenda focused on diffusion of existing research into practice. The authors comprehensive strategy for serious, violent, and chronic juvenile offenders is a framework for organizing and implementing basic and program evaluation research throughout the juvenile justice and human services field. Thus, implementation of their strategy involves diffusion of research and "best practices" into state and local prevention and intervention systems.

Citation:

Mental Health Program Office. (2007). *Substance abuse and mental health services plan: 2007 - 2010*. Tallahassee, FL: Florida Department of Children and Families.

Summary:

This report was developed in accordance with Section 394.75, Florida Statutes. Every three years beginning in 2000, the Department of Children and Families, in consultation with the Agency for Health Care Administration, is required to complete a state master plan for the delivery and financing of a system of publicly-funded, community-based substance abuse and mental health services. This document provides information regarding

their programs and the strategic direction the agencies plan to take.

Citation:

The National Center on Addiction and Substance Abuse at Columbia University. (2001). *Shoveling up: The impact of substance abuse on state budgets*. New York: The National Center on Addiction and Substance Abuse at Columbia University.

Summary:

From the Introduction: This report is a clarion call for a revolution in the way governors and state legislators think about and confront substance abuse and addiction. States that want to reduce crime, slow the rise in Medicaid spending, and move more mothers and children from welfare to work and responsible and nurturing family life must shift from shoveling up the wreckage to preventing children and teens from abusing drugs, alcohol, and nicotine and treating individuals who get hooked. The following findings are striking:

- Of the \$620 billion total the states spent, \$81.3 billion—a whopping 13.1%—was used to deal with substance abuse and addiction.
- Of the \$453.5 billion states spent in the 16 budget categories of public programs we examined, 17.9 percent was linked to substance abuse and addiction.
- Of every such dollar states spent, 96 cents went to shoveling up the wreckage of substance abuse and addiction and only four cents was used to prevent and treat it.
- The states spend 113 times as much to clean up the devastation substance abuse and addiction visit on children as they do to prevent and treat it.
- Each American paid \$277 per year in state taxes to deal with the burden of substance abuse and addiction in social programs and only \$10 a year for prevention and treatment.

Citation:

The National Center on Addiction and Substance Abuse at Columbia University. (2004). *Criminal neglect: Substance abuse, juvenile justice and the children left behind*. New York, NY: The National Center on Addiction and Substance Abuse at Columbia University.

Summary:

From the Introduction: This is the first comprehensive examination of the relationship between substance abuse and juvenile delinquency. The findings of this report-based on 2000 data, the most recent available in sufficient detail for this analysis-sketch a bleak portrait of juvenile justice systems overwhelmed by drug and alcohol abuse and addicted 10 to 17 year olds.

Citation:

National Institute of Mental Health. (2005). *Mental illness exacts heavy toll, beginning in youth*. Retrieved November 4, 2007, from <http://www.nimh.nih.gov/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml>

Summary:

This press release from the National Institute of Mental Health provides information on new research that has found that half of all lifetime cases of mental illness began by age 14, with 75% before the age of 24. The article states that mental disorders are the chronic diseases of the young. According to the article, young people with mental disorders suffer disability when they are in the prime of life, when they would normally be the most productive. The study also documents the long delays between onset of mental disorder and the first treatment contact, as well as the increased burden and dangers of untreated mental illness. The article also states that, while approximately 80 percent of all people in the U. S. with a mental disorder eventually seek treatment, there are serious public health implications from the long delays in receiving treatment. Untreated psychiatric disorders can

lead to more frequent and more severe episodes, and are more likely to become resistant to treatment. In addition, early onset mental disorders that are not treated are associated with school failure, teenage childbearing, unstable employment, early marriage, and marital instability and violence.

Citation:

Neighbors, B. D., Clark, D. B., Donovan, J. E., & Brody, G. H. (2000). Difficult temperament, parental relationships, and adolescent alcohol use disorder symptoms. *Journal of Child and Adolescent Substance Abuse, 10*(1), 69-86.

Summary:

Abstract: Difficult temperament has been found to be related to substance use disorders in adolescents. The study tested the hypothesis that the quality of the parent-adolescent relationship mediates the association between difficult temperament and alcohol use disorder symptom. The sample consisted of 438 adolescents aged 12 to 18 years, and their mothers. Structured diagnostic interviews were used to assess alcohol use disorder (AUD) symptoms. A series of multiple regression analyses were performed to test this mediational model separately for females and males. For both genders, difficult temperament was a significant predictor of AUD symptoms, and was negatively related to parent-adolescent relationship quality. For males, the relationship between difficult temperament and AUD symptoms was mediated by parent-adolescent relationship quality. For females, however, difficult temperament and parent adolescent relationship quality independently predicted the adolescents' AUD symptoms. These results suggest that alcohol abuse prevention and treatment programs should consider the role of basic temperamental characteristics in pathological drinking, and the possibility that parent-adolescent relationship quality may be a key point of intervention."

Citation:

Osher, D., Quinn, M. M., Poirier, J. M., and Rutherford, R. B. (2003). *Deconstructing the pipeline: Using efficacy, effectiveness, and cost-benefit data to reduce minority youth incarceration*. Paper Presented to the Research Symposium on the Pipeline to Prison, Harvard University, May 17, 2003, Cambridge, MA.

Summary:

Executive Summary: An emerging research base on reducing risk factors and enhancing protective factors for youth at risk for delinquency suggests the effectiveness of prevention and early intervention as well as reducing the harmful impacts of many of the more traditional reactive responses to juvenile delinquency. Further, programs that prevent the development or continuation of delinquency can not only reduce the human costs of victimization but also save tax dollars in both the short and long term.

Citation:

Office of National Drug Control Policy. (2004). *The economic costs of drug abuse in the United States 1992-2002*. Washington, DC: Executive Office of the President.

Summary:

This is a comprehensive report on the overall costs of substance abuse. The report states that the economic cost of drug abuse in 2002 was estimated at \$80.9 million. This total represents both the use of resources to address health and crime consequences, as well as the loss of potential productivity from disability, death, and withdrawal from the legitimate workforce.

Citation:

Pacific Institute for Research and Evaluation.
(2006). *State underage drinking costs fact sheets*. Retrieved August 31, 2007, from:
www.pire.org

Summary:

Introduction: Tragic health, social and economic problems result from the use of alcohol by youth. Underage drinking is a causal factor in a host of serious problems, including homicide, suicide, traumatic injury, drowning, burns, violent and property crime, high risk sex, fetal alcohol syndrome, alcohol poisoning, and need for treatment of alcohol abuse and dependence.

Citation:

Tarter, R. E., Kirisci, L., Mezzich, A., Cornelius, J. R., Pajer, K., Vanyukov, M., Gardner, W., Blackson, T., & Clark, D., (2003). Neurobehavioral disinhibition in childhood predicts early age at onset of substance use disorder. *American Journal of Psychiatry*, 160(6), 1078-1085.

Summary:

Abstract: Objective: This longitudinal study had three aims: 1) determine the extent to which boys in high average risk and low average risk for substance use disorder differ on a construct of neurobehavioral disinhibition 2) evaluate the capacity of neurobehavioral inhibition to predict substance use frequency at age 16, and 3) demonstrate the utility of neurobehavioral disinhibition in predicting substance use disorder. Conclusion: Cross-sectional and longitudinal analyses indicated that neurobehavioral disinhibition is a component of the liability to early age at onset of substance use disorder.

Citation:

Washington Children's Evidence Based Practices Expert Panel. (2006). *Update: Children's evidence based practices*. Olympia, WA: Washington State Department of Social and Health Services, Mental Health Division.

Summary:

An expert panel was re-convened by the Mental Health Division to review and update the original menu of Children's Evidence Based Practices. The original panel recognized that constant updating of clinical information was necessary and recommended that the "menu be reviewed and revised regularly". The original work of the Expert Panel was limited to the research available at the time of the review. Since that time, many clinical treatment studies have been published related to children's mental health practices. The current panel reviewed these new studies to update and modify the matrix of EBPs from the original report. Many more practices have been added to the matrix. In addition, the re-convened panel included family members of children with mental health problems and researchers from tribal and ethnic communities. This report and matrix reflected the increased diversity of the panel. Practices are highlighted that have been evaluated with ethnic minority communities. The panel was not able to conduct an exhaustive review of the minority status of the sample of every study, but did note that the literature to date is limited regarding effective practices with ethnic minorities. Whenever possible, the panel included information and adaptations that had been highlighted in the literature. The panel recommended that a literature review be commissioned to look more extensively at the inclusion of ethnic, racial, and linguistic minorities in studies of clinical practice. As with the original report, the review was thorough and driven by consensus. The panel revised slightly the criteria used in the original report. Practices were ranked into 5 categories: best empirical support, good or moderate support, moderate support for other populations or conditions, innovative practices, and practices having known risks. The guidelines used for this ranking were listed later in the report. An additional column was added that highlighted practices that have been studied or developed with ethnic minority populations. A similar caveat applies to this updated report as was mentioned in the original report. It is expected that these rankings will change over time as new practices are

introduced to the field, promising practices undergo more research and evaluation, and existing best practices are modified and refined. Therefore, it was the panel's recommendation that the menu continue to be reviewed and revised regularly, at least once every two years.

Citation:

Webster-Stratton, C., & Taylor, T., Nipping early risk factors in the bud: Preventing substance abuse, delinquency, and violence in adolescence through interventions targeted to young children (0-8 years). *Prevention Science*, 2(3), 165-192.

Summary:

Abstract: This bulletin describes state-of-the art universal and selective prevention programs designed to promote parent and teacher competencies and to prevent conduct problems. In addition, it describes indicated interventions designed for children who already have been diagnosed with oppositional defiant disorders and/or conduct disorder. Emphasis is placed on empirically supported programs that have identified key malleable risk factors in children, families and school, which have been shown in longitudinal research to be related to later development of substance abuse, delinquency, and violence. We have targeted preschool and primary grade children, age 0-8 years, in this review because research suggests that the most effective interventions can nip in the bud risk behaviors in the early years, before antisocial behaviors become crystallized. Guidelines for selecting effective interventions are provided.

Impact of Early Childhood Mental Health, Children's Mental Health, and Adolescent Mental Health

Citation:

Aos, S., Lieb, R., Mayfield, J., Miller, M., & Pennucci, A. (2004). *Benefits and costs of prevention and early intervention programs for youth*. Olympia, WA: Washington State Institute for Public Policy.

Summary:

From Summary of Findings: "Our principal conclusion is that, as of September 2004, some prevention and early intervention programs for youth can give taxpayers a good return on their dollar. That is, there is credible evidence that certain well-implemented programs can achieve significantly more benefits than costs. Taxpayers will be better off if investments are made in these successful research-based programs."

Citation:

Brestan, E. V. & Eyberg, S. M. (1998). Effective psychosocial treatments of conduct-disordered children and adolescents: 29 years, 82 studies, and 5,272 kids. *Journal of Clinical Child Psychology* 27(2), 180-189.

Summary:

This article describes the methods and decision rules used in identifying efficacious treatments and well-established treatments for conduct problems in children and adolescents and the descriptive and methodological characteristics of the treatment literature that was reviewed. Treatments are identified as probably efficacious and well established through this process, and their supporting studies and a

brief description of treatments identified as well established is provided.

Citation:

Farmer, E. M. Z., Compton, S. N., and Burns, B. J. (2002). Review of the evidence base for treatment of childhood psychopathology: Externalizing disorders. *Journal of Consulting and Clinical Psychology, 70*(6), 1267-1302.

Summary:

This article reviews controlled research on treatments for childhood externalizing behavior disorders. The review is organized around two subsets of such disorders: disruptive behavior disorders (i.e. conduct disorder, oppositional defiant disorder) and attention-deficit/ hyperactivity disorder (ADHD). The review was based on a literature review of nonresidential treatments for youths ages 6-12. The pool of studies for this age group was limited, but results suggest positive outcomes for a variety of interventions (particularly parent training and community-based interventions for disruptive behavior disorders and medication for ADHD). The review also highlights the need for additional research examining effectiveness of treatments for this age range and strategies to enhance the implementation of effective practices.

Citation:

Florida State University Center for Prevention and Early Intervention. (2003). *Fetal Alcohol Syndrome and other effects of prenatal alcohol exposure: Florida resource guide*. Tallahassee, FL: Florida Department of Children and Families, Florida Department of Health, and Florida State University Center for Prevention and Early Intervention Policy.

Summary:

This publication was funded by the Department of Children and Families, and the Department of Health. Its purpose is to provide a resource guide to help families and health care professionals understand Fetal Alcohol Syndrome (FAS). The guide provides a thorough definition of FAS and explains how and when alcohol consumption affects fetal development. Additionally, the guide lists ten important facts about FAS and explains the four criteria for diagnosis. The effects of FAS and Fetal Alcohol Exposed (FAE) are described and interventions are recommended in the areas of cognitive, behavioral, educational, and health care for persons working with children with FAS or FAE. Screening tools to identify women at risk for prenatal alcohol consumption are listed and compared.

Citation:

Foster, E. M., Jensen, P. S., Schlander, M., Pelham, W. E., Hechtman, L., Arnold, L. E., Swanson, J. M., and Wigul, T. (2006). Treatment and costs, treatment for ADHD: Is more complex treatment cost-effective for more complex cases? *Health Services Research*, 42(1), 165-182.

Summary:

Abstract: Objective: To determine the cost-effectiveness of three alternative high-quality treatments for attention deficit hyperactivity disorder (ADHD) relative to community care to determine whether cost effectiveness varies with the presence of comorbid disorders. Principal Findings: We assessed the cost effectiveness of the alternative using costs measure from a payer perspective. The preferred cost-effective treatment varies as a function of the child's comorbidity and of the policy maker's willingness to pay. For pure ADHD, high quality medication management appears to be cost-effective at all levels of willingness to pay. In contrast, for some comorbid conditions, willingness to pay is critical; the policy maker with low willingness to pay likely will judge medical management most cost-effective. On the other hand, policy makers willing to pay more not in expectation of future cost savings (involving, for example, juvenile justice), will

recognize that the most cost-effective choice for comorbid conditions likely involves behavioral therapy, with or without medication.

Citation:

Goldman, J., Salus, M. K., Wolcott, D., & Kennedy, K. Y. (2003). *A coordinated response to child abuse and neglect: The foundation for practice*. Washington, DC: Government Printing Office.

Summary:

This manual is written for new child protective services caseworkers, professionals working with children and families, other professionals, and concerned community members. It addresses the definition, scope, causes, and consequences of child abuse and neglect, presenting an overview of prevention efforts and the child protection process from identification and reporting through investigation and assessment to service provision and case closure.

Citation:

Haby, M. M., Tonge, B., Littlefield, L., Carter, R., & Vos, T. (2003). Cost-effectiveness of cognitive behavioural therapy and selective serotonin reuptake inhibitors for major depression in children and adolescents. *Australian and New Zealand Journal of Psychiatry* 38, 579-591.

Summary:

Abstract: Objective: To assess from a health sector perspective the incremental cost-effectiveness of cognitive behavioural therapy (CBT) and selective serotonin reuptake inhibitors (SSRIs) for the treatment of major depressive disorder (MDD) in children and adolescents, compared to "current practice". Conclusion: Cognitive behavioural therapy provided by a public psychologist (or other psychologist at this salary level) is the most effective and cost-effective option of the first-line treatment of

MDD in children and adolescents. However, this option is not currently accessible by all patients and will require attention to ensure an adequate workforce.

Citation:

Jensen, P. S., Garcia, J. A., Gilied, S., & Crowe, M. (2005). Cost-effectiveness of ADHD treatments: Findings from the multimodal treatment study of children with ADHD. *American Journal of Psychiatry* 162(9), 1628-1636.

Summary:

Abstract: Objective: Attention deficit hyperactivity disorder is a costly public health problem. To the authors' knowledge, this is the first study on the cost-effectiveness of the major forms of ADHD treatments used in NIMH's Multimodal Treatment Study of Children with ADHD. Conclusion: Medical management treatment, although not as effective as combined medical management and behavioral treatment, is likely to be more cost-effective in routine treatment for children with ADHD, particularly those without comorbid disorders. For some children with comorbid disorders, it may be cost-effective to provide combination treatment.

Citation:

Leslie, L., Gordon, J., Lambros, K., Premji, K., Peoples, J., Gist, K. (2005). Addressing the developmental and mental health needs of young children in foster care. *Journal of Developmental Behavioral and Pediatrics*, 26, 140-151.

Summary:

Research over the past two decades has consistently documented the high rates of young children entering the child protective services/child welfare system with developmental and mental health problems. **There is an emerging evidence base for the role of early intervention services in improving outcomes for children with developmental and mental health problems in the general**

population that heavily relies on accurate and appropriate screening and assessment practices. The Child Welfare League of America, the American Academy of Pediatrics, and the American Academy of child and Adolescent Psychiatry have all published guidelines concerning the importance of comprehensive assessments and appropriate referral to early intervention services for children entering out-of-home care. Recent federal legislation (P.L. 108-36) calls for increased collaboration between child welfare and public agencies to address the developmental and mental health needs of young children in foster care. This paper provides a framework for health, developmental, and mental health professionals seeking to partner with child welfare to develop and implement programs addressing these critical issues.

Citation:

Lynch, T., & Harrington, J. (2003). *Benefit cost analysis of the Florida infant and young child mental health pilot project.* Tallahassee, FL: Center for Economic Forecasting and Analysis

Summary:

This study was performed by the Florida State University Center for Economic Forecasting and Analysis. The publication provides an overview of the quantitative evaluation and benefit cost analysis of the three-year multi-site Florida's Infant and Young Children's Mental Health Statewide Pilot program. The articles suggest that the program showed a 6.37 final benefit-cost ratio.

Citation:

National Institute on Mental Health. (2004). *Preventing child and adolescent mental disorders.* Summary of the February 25, 2004, meeting of the Research Roundtable on Economic Burden and Cost Effectiveness, Rockville, MD.

Summary:

Very little research has systematically addressed estimating the burden of mental illness in children and adolescents.

Citation:

Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review. *Clinical Child and Family Psychology Review*, 3(4), 223-241.

Summary:

Abstract: This paper provides a synthetic review of research on school-based mental health services. Schools play an increasingly important role in providing mental health services to children, yet most school-based programs being provided have no evidence to support their impact. A computerized search of references published between 1985 and 1999 was used to identify studies of school-based mental health services for children. Study inclusion was determined by i) use of randomized, quasi-experimental, or multiple baseline research design; ii) inclusion of a control group; iii) use of standardized outcome measures; and iv) baseline and post intervention outcome assessment. The application of these criteria yielded a final sample of 47 studies on which this review is based. Results suggest that there are a strong group of school-based mental health programs that have evidence of impact across a range of emotional and behavioral problems. However, there were not programs that specifically targeted particular clinical syndromes. Important features of the implementation process that increase the probability of service sustainability and maintenance were identified. These include:

- consistent program implementation;
- inclusion of parents, teachers, or peers;
- use of multiple modalities;
- integration of program content into general classroom curriculum; and
- developmentally appropriate program components.

Implementation of these findings and directions for future research are discussed.

Citation:

Schweinhart, L. J. (2005). *The High/Scope Perry preschool study through age 40: Summary conclusions, and frequently asked questions*. Retrieved August 31, 2007, from: http://www.highscope.org/file/Research/PerryProject/3_specialsummary%20col%2006%2007.pdf

Summary:

Cost-Benefit Analysis: In constant 2000 dollars discounted at 3%, the economic return to society of the Perry Preschool program was \$244,812 per participant on an investment of \$15,166 per participant: \$16.14 per dollar invested. Male program participants cost the public 41% less in crime costs per person. Note that other studies on High/Scope have shown prevention of substance abuse.

Citation:

Weisz, J. R., Hawley, K. M., & Doss, A. J. (2004). Empirically tested psychotherapies for youth internalizing and externalizing problems and disorders. *Child Adolescent Psychiatric Clinics of North America*, 13, 729-815.

Summary:

This article includes a review of numerous psychotherapeutic techniques that have shown significant clinical effects. It provides a good guideline for specific treatment modalities by certain diagnoses and issues. Specific cost benefit information is not presented.

Impact on Child Welfare

Citation:

Berson, I. R., & Armstrong, M. I. (2000). *Mental health care for child welfare clients: Historical data analysis*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.

Summary:

This report focuses on children in the child protective system in Florida and evaluates their access to mental health services. Child welfare and Medicaid historical administrative data were analyzed for FY 1997-1998 in Areas 4 and 6 of the Agency for Health Care Administration. Descriptive information on the demographics of the children served, penetration rates for mental health services, and service utilization patterns were compared across the various health plans. Service provided to children varied based on the health plan in which they were enrolled, although high percentages of children accessed physician services related to mental health issues. Children in the Medipass Area 4 and Medipass/Prepaid Mental Health Plans accessed mental health services at a level consistent with conservative estimates of need for mental health intervention. Issues that require further study are presented to assist in understanding the etiology of child maltreatment and strengthening the response to the concomitant mental health needs of children in the child welfare system.

Citation:

Brunt, C. C. (2004). Parental psychiatric disorder and the law: The American case. In M. Gopfert, J. Webster, & M. V. Seeman (Eds.), *Parental psychiatric disorder: Distressed parents and their families* (2nd ed., pp. 257-270). Cambridge, UK: Cambridge University Press.

Summary:

This article discusses the data from a study showing that 70% to 80% of parents with a serious mental illness lose custody of their children. The author discusses the termination of parental rights, U.S. state laws regarding neglect and abuse, and other legal issues associated with parental custody. The article also addresses issues such as visitation rights, and makes recommendations for attorneys working with parents with mental illness.

Citation:

Corcoran, J. (2000). Family interventions with child physical abuse and neglect: A critical review. *Children and Youth Service Review, 22(7)*, 563-591.

Summary:

This article critically reviews the research on family treatments for child physical abuse and neglect. Studies are organized according to the theoretical orientation of the intervention and include behavioral, cognitive-behavioral, family therapy, social network, and atheoretical treatments. After discussion of findings, a critique is offered, as well as suggestions for strengthening future research. Finally, service delivery recommendations are explored.

Citation:

Dicker, S., Gordon, E., Knitzer, J. (2002). *Promoting the emotional well-being of children and families policy paper No. 2*. New York: National Center for Children in Poverty, Columbia University, Mailman School of Public Health.

Summary:

Executive Summary: Very young children are the fastest growing segment of the child welfare population. Over the

past decade, the number of children under age five has increased by 110 percent in contrast to a 50 percent increase for all children. Over 30 percent of all children in foster care are under age five. Infants comprise the largest cohort of the young child foster care population, accounting for one in five admissions, and they remain in care twice as long as older children. Ensuring healthy development and permanency for these young children, given the range of risks they face, is a complex challenge that requires a unique mix of resources and strategies...

Citation:

Dunn, M. G., Mezzich, A., Janiszewski, S., Kirisci, L., & Tarter, R. E. (2001). Transmission of neglect in substance abuse families: The role of child dysregulation and parental SUD. *Journal of Child and Adolescent Substance Abuse*, 10(4), 123-132.

Summary:

Paternal and maternal models of transmission of child neglect were tested separately in 10-12 year old offspring of men with a substance use disorder (SUD) and psychiatrically normal men (n=156). The model hypothesizes that childhood neglect experienced by parents is related to their neglectful parenting moderated by psychological dysregulation in the child and by parental SUD. The paternal model was not confirmed. However, it was found that a history of childhood neglect in the mother was related to severity of neglect of her offspring. Child dysregulation was independently related to neglect severity and also enhanced the magnitude of association between history of neglect experienced by the mother and the severity of her neglectful parenting. In addition, SUD in the mother directly correlated with severity of neglectful parenting. Maternal SUD also moderated the association between her history of childhood neglect and severity of neglectful parenting. The ramifications of these results for understanding the etiology and impact of child neglect on the risk for SUD are discussed.

Citation:

National Leadership Conference on Child Welfare Issues. (2006). *Evidence-based and best practices/programs in child welfare: Bibliography*. Milwaukee, WI: Severson National Information Center, Alliance for Children and Families.

Summary:

This bibliography is a listing of resources in the field of child welfare and evidence-based/promising programs and practices. Much of the information in this bibliography has been restricted to proven practices and programs in child welfare, family-centered practice in child welfare, and children's mental health whenever possible. Single, paper copies of items with an asterisk are available free-of-charge to staff of full members of the Alliance for Children and Families.

Citation:

Osofsky, J. D., Kronenberg, M., Hammer, J. H., Lederman, C., Katz, L, Adams, S., Graham, M., & Hogan, A. (2007). The development and evaluation of the intervention model for the Florida infant mental health pilot program. *Infant Mental Health Journal* 28(3), 259-280.

Summary:

The focus of this paper is on the development and evaluation of an intervention model for Florida's Infant and Young Child Mental Health Pilot Program, designed to identify families with children at risk for abuse and neglect and to provide clinical evaluation and treatment services. The evaluation model, intervention strategies, and results presented in this paper are all part of the Florida pilot project developed as a response to the recommendations of the state's Strategic Plan for Infant Mental Health. Funded by the Florida legislature, the 3-year, multi-site pilot was designed to provider earlier identification, better evaluation, and more effective

treatment services for high-risk children under the age of three. The target population was children either at risk for out-of-home placement due to abuse and neglect or those already in the child welfare system or adjudicated dependent by the state. The goals of the pilot project were: 1) to reduce the occurrence and re-occurrence of abuse and neglect, 2) to enhance the child's developmental functioning, 3) to improve the parent-child relationship, 4) to increase expeditious permanency placements, 5) to develop a model for intervention and treatment that could potentially be replicated in different sites, and 6) to document the quality components of the infant mental health intervention model, and evaluate its effectiveness.

Citation:

Stahmer, A., Laurel, K., Hurlburt, M., Barth, R., Webb, M. B., Landsverk, J., and Zhang, J. (2005). Developmental and behavioral needs and service use for young children and child welfare. *Pediatrics*, 116(4), 891-900.

Summary:

Abstract: Objective. To determine the level of developmental and behavioral need in young children entering child welfare (CW), estimate early intervention service use, and examine variation in need and service use based on age and level of involvement with CW by using a national probability sample in the United States. Methods: As part of the National Survey of Child and Adolescent Well-Being, data were collected on 2,813 children less than 6 years old for who possible abuse or neglect was investigated by CW agencies. Analyses used descriptive statistics to determine developmental and behavioral needs across 5 domains (cognition, behavior, communication, social, and adaptive functioning) and service use. Logistic regression was used to examine the relationship between independent variables (age, gender, race-ethnicity, maltreatment history, level of CW involvement, and developmental or behavioral problems) and service use. Results: Results indicate that age and level of CW involvement predict service use when controlling for need. Both toddlers (41.8%) and preschoolers (68.1%) in CW have high developmental and behavioral needs; however, few

children are receiving services for these issues (22.7% overall). Children that remain with their biological parents have similar need to those in out-of-home care but are less likely to use services. Children less than 3 years of age are least likely to use services.

Conclusions: Children referred to CW have high developmental and behavioral need regardless of the level of CW involvement. Both age and level of involvement influence service use when controlling for need.

Mechanisms need to be developed to address disparities in access to intervention.