

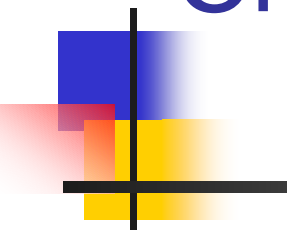


Mental Health Service Utilization and Outcomes for Children and Youth in the Child Welfare System

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Demographic and System- Related Characteristics of Children in the Child Welfare and Mental Health Systems

Section I



Review of the Literature

- ❖ Studies indicate that 50-80% of children in foster care suffer from some type of mental health disorder (Halfon et al., 1995).
- ❖ A large percentage of children in California enter the mental health system through public child welfare (Garland & Leslie, 2001).
- ❖ Previous research indicates approximately 56% of all children and youth in the child welfare system receive mental health services.

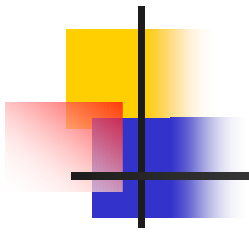
Characteristics of Children Involved in Both the Child Welfare and Mental Health Systems



Children experiencing the following are *more likely* to receive mental health services:

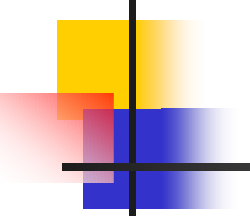
- ❖ History of sexual abuse, physical abuse, or abandonment,
- ❖ Children in group home care,
- ❖ Children experiencing multiple out-of-home placements,

Characteristics of Children Involved in Both the Child Welfare and Mental Health Systems (cont'd)



- ❖ Children who spend longer amounts of time in out-of-home placement,
- ❖ Children with episodic out-of-home placement experiences, and
- ❖ Children with public, private, or military insurance (versus children with no insurance).

Characteristics of Children Involved in Both the Child Welfare and Mental Health Systems (cont'd)



Children experiencing the following are *less likely* to receive mental health services:

- ❖ Children entering the child welfare system as a result of neglect or caretaker absence,
- ❖ Children in kinship care, and
- ❖ Children who remain in the home (versus children placed in any type of out-of-home placement).



Clinical Need

- ❖ Types of behavioral problems most commonly reported include Conduct Disorder, Oppositional Defiant Disorder, ADHD, etc.
- ❖ Children in the child welfare system are more likely to have a mental health diagnosis and hospitalizations compared to children receiving public assistance or SSI.
- ❖ Studies suggest emotional and behavioral problems are associated with a decreased likelihood of reunification.
- ❖ Older and male children are more likely to use mental health services, but children under the age of 13 are more likely to use psychotropic medication for mental health issues.



Mental Health Service Utilization and Outcomes: Current Research

(Hines, Lee, & Osterling, 2006)

- ❖ Sample of 1,126 cases from the public child welfare system.
- ❖ 46% of sample (N = 520) were also receiving services from the public mental health system.
- ❖ Primary purpose of current study was to examine the utilization of mental health services for child welfare clients and to evaluate outcomes for children in the child welfare system.



Findings:

Demographic Characteristics

- ❖ There is a significant lag between when a child enters the child welfare system and when a child is referred for mental health services (mean age in sample was 6.87 years, yet mean age of children referred for mental health services was 8.97 years).
- ❖ Type of abuse for 41.3% was caretaker absence or incapacity (but this group is less likely to be referred for mental health services).
- ❖ Children referred for mental health services stayed longer in the child welfare system (average of 3 years).
- ❖ Children of color also have lengthier stays in the foster care system.



Primary Diagnosis


- ❖ 38.5% in the study were diagnosed with an adult-type disorder (e.g., depression, adjustment, etc.).
- ❖ Girls were diagnosed with adult disorders more often than boys.
- ❖ Those with childhood disorders (more often boys) had a longer average stay in care.
- ❖ African Americans were more likely to be diagnosed with an adjustment disorder compared to other ethnic groups.
- ❖ Latinos and Asians were more likely to be diagnosed with an adult disorder.

Practice Implications?



- ❖ Most common reason for entry into child welfare services is caretaker absence/incapacity.
- ❖ Findings also suggest that these children are likely to receive smaller dosage of mental health services and are less likely to be stabilized with their families.
- ❖ Those children who receive mental health services are more likely to enter CWS for sexual or physical abuse.
- ❖ There is a lag in time between when a child enters the CWS system and when mental health services are received.

Clinical Need for Services, Service Utilization Patterns, and Association Between Mental Health Services and Child Welfare Outcomes



Section II



Clinical Need for Services: Literature Review

- ❖ Types of behavioral problems most commonly reported include Conduct Disorder, Oppositional Defiant Disorder, ADHD, etc.
- ❖ Children in the child welfare system are more likely to have a mental health diagnosis and hospitalizations compared to children receiving public assistance or SSI.



Service Utilization Patterns

Literature review (Garland et al.)

- ❖ Children ages 12-17 had more mental health visits than younger children.
- ❖ Children in care for sexual abuse had the highest number of mental health visits.
- ❖ Outpatient service was the most common type of mental health service provided (91.5%).
- ❖ White children had more visits than children of other ethnicities.
- ❖ Males had more visits than females.



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Mental Health Service Utilization

- ❖ Outpatient services was the primary mode.
- ❖ Average dosage was 18.79 hours.
- ❖ Mean age was 8.89 years.
- ❖ An older age was correlated with receiving more outpatient services.
- ❖ No significant differences for gender or ethnicity.



Family Stabilization Patterns

- ❖ Of those referred for mental health services, 42.2% were stabilized, and 57.8% were not stabilized.
- ❖ Trend: Those who received outpatient services were more often stabilized with their families than those who received day treatment.
- ❖ Finding: No significant difference in family stabilization by those referred or not referred to the mental health system.



Family Stabilization Patterns

(cont'd)

- ❖ Those entering care younger were more likely to be stabilized.
- ❖ Those removed for caretaker absence/incapacity, or sexual abuse were less likely to be stabilized.
- ❖ Asian-Pacific Islanders were the most likely to be stabilized (59.6%), followed by Latinos (46.2%), Blacks (37%), and Whites (34.7%).



Practice Implications?

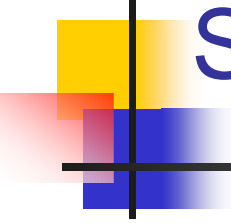
- ❖ Children entering the CWS at a younger age were more likely to have completed treatment.
- ❖ Those diagnosed with adjustment disorder were less likely to have completed treatment.
- ❖ Latinos were more likely to have completed treatment.
- ❖ Younger children were more likely to be stabilized.
- ❖ Children removed for caretaker absence/incapacity or sexual abuse were less likely to be reunified with their families.

Policies Affecting Mental Health Services Utilization by Children in the Child Welfare System



Section III

Child Welfare Policies: The Adoption and Safe Families Act (ASFA) of 1997



- ❖ Created shortened timelines for the provision of family reunification services.
- ❖ Permanency hearing must occur 1 year after out-of-home placement.
- ❖ Can be difficult to locate and/or complete mental health services within shortened timeframes.



Child and Family Service Reviews

- ❖ First implemented in 2001.
- ❖ Focus on measuring outcomes for children and families in the child welfare system.
- ❖ Outcomes are related to the safety, permanency, and well-being of children, including services to meet their physical and mental health needs.
- ❖ Assessed through case reviews.
- ❖ Only one state in substantial conformity.



California Family and Child Service Review

- ❖ First implemented in 2004.
- ❖ Similar outcomes as in federal review.
- ❖ California also included specific measures related to the well-being of youth emancipating from the child welfare system.
- ❖ This state legislation has potential to increase collaboration between child welfare and mental health systems.

Keeping Children and Families Safe Act of 2003



- ❖ Provides grants to states to provide a variety of child welfare services.
- ❖ Includes promotion of collaboration between child welfare and other child-serving systems.
- ❖ Includes public health agencies and community-based organizations that provide services to address the health and mental health needs of children in the child welfare system



Child and Adolescent Service Review System (CASSP)

- ❖ First funded and initiated by the NIMH in 1984.
- ❖ Has had a major influence on interventions for children with emotional and behavioral disorders.
- ❖ Provided funding for interventions utilizing a “system of care” philosophy.
- ❖ Goal of comprehensive and coordinated array of mental health and other social services (e.g., juvenile justice, child welfare, and Special Education).



Mental Health Policies: Medi-Cal

- ❖ Medi-Cal is the main funding source for mental health services for children in California's child welfare system.
- ❖ Eligibility process is complex and can be time-consuming to complete.
- ❖ May slow down process of obtaining services for children.
- ❖ Parents not eligible if child(ren) not in the home.



Mental Health Services Act (Prop. 63)

- ❖ Passed in 2004, created a 1% tax on personal income over \$1 million.
- ❖ Generated over \$600 million in 2005.
- ❖ Encourages strong collaboration between child-serving systems.
- ❖ Santa Clara County plan to strengthen collaboration between child welfare and mental health systems.



Study Findings: Policy Issues Affecting Collaboration Between Child Welfare and Mental Health Systems

- ❖ Qualitative in-depths interviews and focus groups with program managers, supervisors, and line staff in both child welfare and mental health systems in Santa Clara County.
- ❖ Responses focus on: funding restrictions, lack of mental health services, need for infrastructures to facilitate collaboration, and potential impact of the Mental Health Services Act.



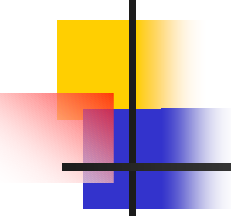
Funding Restrictions

- ❖ Difficulty accessing services for families with private insurance or Healthy Kids insurance.
- ❖ Victim Witness funds inadequate.
- ❖ Not able to bill Medi-Cal for family therapy.
- ❖ Process of applying for Medi-Cal can delay services.



Lack of Mental Health Services

- ❖ Need for more mental health services, especially in South County area.
- ❖ Receiving mental health services impacted by shortened child welfare timelines.
- ❖ Need for dual diagnosis services.
- ❖ Need for culturally competent and linguistically appropriate services.



Infrastructures to Facilitate Collaboration

- ❖ A liaison between mental health and child welfare could help improve service coordination.
- ❖ Co-location of services.
- ❖ Memorandums of Understanding and contracts.
- ❖ Increased use of multidisciplinary teams.
- ❖ Shared database between systems to facilitate information sharing.



Potential Impact of Prop. 63

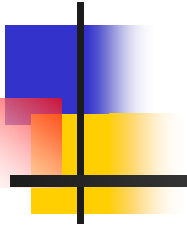
- ❖ Overall...Hopefulness that it will have a positive impact on collaboration.
- ❖ Some funds should be devoted specifically to children in the child welfare system.
- ❖ Involvement of DFCS in planning for Prop. 63 funds reflects improved collaboration.



Implications for Child Welfare Practice

- ❖ Streamlining application processes for Medi-Cal may increase timely access to services.
- ❖ Need policies to improve access for families with private insurance.
- ❖ Create joint treatment planning meetings to improve communication.
- ❖ Co-locate services such as at the Children' Shelter and the Family Resource Centers.
- ❖ Increased use of MOUs and creation of shared databases.

Collaboration Between Child Welfare and Mental Health Systems



Section IV



Collaboration...

- ❖ Is defined as a process of working together to achieve goals that cannot be achieved individually.
- ❖ Strong interagency linkages between child welfare and mental health systems may improve service access and quality.
- ❖ Effective cross-system collaboration has also been linked with a reduction in racial/ethnic disparities in the use of mental health services by children in the child welfare system.



Key Aspects of the Collaborative Relationship Between the Two Systems Include:

- ❖ Ways in which the systems currently collaborate,
- ❖ Formal structures that guide collaboration,
- ❖ Ways in which system goals correspond or conflict,
- ❖ Factors that *enhance* or *impede* collaboration, and
- ❖ The anticipated impact of Prop. 63 on the collaborative relationship between the systems.



Ways in Which the Two Systems Currently Collaborate...

- ❖ Largely focused on Systems of Care collaborative model, which contains goal of providing comprehensive array of coordinated mental health and other social services.
- ❖ National evaluation found that 13% of children participating were referred by the child welfare system with positive outcomes including improved school performance, reduction in law enforcement contacts, reduction in drug use, and improvement in residential stability (U.S. DHHS, 2001).



Ways in Which System Goals Conflict

- ❖ Child welfare system is primarily concerned with child protection and safety and is influenced by court requirements and process.
- ❖ Mental health system is typically concerned with the emotional well-being of the child and is influenced by therapeutic process.



Factors That Impede Collaboration

- ❖ Failing to share client information due to confidentiality mandates.
- ❖ Lack of organizational support and resources (i.e., time for collaboration).
- ❖ Desire for each system to maintain own autonomy (fear of loss of funding, changing job duties, etc.).



Factors That Enhance Collaboration

- ❖ Committed agency leaders who problem-solve and communicate vision.
- ❖ Widespread involvement of workers at all levels in the organization.
- ❖ Cross training to help workers understand differing agency procedures, roles, and responsibilities.



Anticipated Impact of Prop. 63

- ❖ Created 1% tax on personal income over \$1 million, has generated over \$600 million in new state funding.
- ❖ Guiding principle to encourage strong collaboration between child-serving systems.
- ❖ Has much potential to enhance collaboration between child welfare and mental health systems.



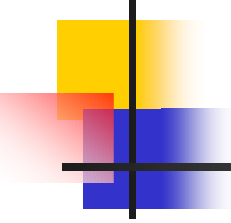
Study Findings: Collaboration Between Child Welfare and Mental Health Systems

- ❖ Qualitative, in-depth interviews with program managers and supervisors in both child welfare and mental health systems.
- ❖ Focus groups with line staff in both systems.
- ❖ Questions and responses focused on four themes...

Theme #1:

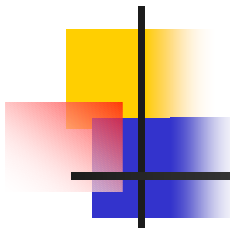
Ways in Which the Two Systems Currently Collaborate...

- ❖ Child welfare program managers and supervisors: collaboration described as minimal with more contact at higher levels. Systems also operating with different goals.
- ❖ Child welfare line workers: collaboration described as limited, and more focused on case consultation.
- ❖ Mental health program managers: collaboration described as good and moderately strong and developing.
- ❖ Mental health line workers: collaboration described as mixed and limited.



Theme #2: Formal Structures That Guide Collaboration...

- ❖ Child welfare: outstationed mental health workers at the Family Resource Center, committees (such as Resources for Intensive Services [RISC]), formal referral process for System of Care and Wraparound.
- ❖ Mental health: The Call Center, direct referral to agencies, Chapter 26.5 through the educational system, and Memorandums of Understanding.



Theme #3:

Ways in Which System Goals Correspond or Conflict...

- ❖ Child welfare: child welfare as “enforcers” and mental health as “good guys,” conflict around the legal system and timelines, and funding limitations.
- ❖ Mental health: child welfare primarily concerned with child safety whereas mental health focuses on therapeutic goals.

Theme #4:

Factors That Impede or Enhance Collaboration Between Systems...

- ❖ Factors that impede include: communication problems, difficulties with joint treatment planning, varying perceptions, professional orientations, and personalities.
- ❖ Factors than enhance include: commitment and support among leaders, and cross training.



Summary of Findings

- ❖ Workers in both systems place a high value on collaboration.
- ❖ However...most respondents described a fairly limited collaborative relationship between systems.
- ❖ Some of the formal structures that guide collaboration are working well (RISC, outstationed mental health workers, etc.).
- ❖ Referral process for outpatient services needs some improvement.



Summary of Findings (cont'd)

- ❖ CWS described as greatly influenced by court processes and legal mandates.
- ❖ Mental health more focused on treatment issues.
- ❖ However...both systems focus on helping children address issues of trauma, abuse, abandonment, and loss.



Implications for Child Welfare Practice

- ❖ Need commitment and support from organizational leaders.
- ❖ Need workers at all levels involved.
- ❖ Funding issues need to be addressed.
- ❖ Collaborative activities require TIME.
- ❖ Cross training between staff is essential.