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

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Executive Summary

Introduction

As a result of experiences in high-risk and often dysfunctional family settings, reactions to the trauma of being removed from their biological families, and being placed in out-of-home care, children in the child welfare system exhibit a higher prevalence of mental health problems than those in the general population (Halfon, Zepeda, & Inkelas, 2002; McIntyre & Keesler, 1986). In spite of the documented need for mental health services and the high rates of use by children in California, information regarding service utilization and outcomes for children and youth in the child welfare system is lacking. A better understanding of the impact of mental health service utilization on system-related outcomes is important for all children in the child welfare system, and especially for children of color who make up the majority of the child welfare population (U.S. DHHS, 2003).

In addition, given the prevalence of mental health problems among children in the child welfare system, effective collaboration between the child welfare and mental health systems has become increasingly important. However, information on factors that enhance or impede collaboration between the two systems is lacking. A better understanding of strategies for improving collaboration between the child welfare and mental health systems may help reduce fragmented service delivery and improve the overall quality of services (Prince & Austin, 2005).

Research Questions

The primary purpose of the current study was to examine the utilization of mental health services by child welfare clients, and to evaluate for the first time, the impact of mental health service utilization on outcomes for children in the child welfare system. In addition, qualitative data were used to examine contextual issues related to collaboration between the mental health and child welfare systems. Based on gaps in the current research literature, we posed five sets of research questions:

1. Demographic and System-Related Characteristics: What are the demographic and system related characteristics of children and youth in the child welfare system (CWS) who are also involved in the mental health system (MHS)? How do the characteristics of these children and youth compare to those not referred to the MHS?

2. Clinical Need: What is the clinical need for mental health services by children and youth in the child welfare system? Are there differences by demographic and system-related characteristics regarding the clinical need for mental health services?
3. Mental Health Service Utilization: What are utilization patterns for child welfare clients involved in the mental health system? What types of services are utilized? What is the intensity (i.e., frequency and duration) of services? What demographic and system-related characteristics are associated with treatment type and intensity? What is the relationship between clinical need and treatment type and intensity? What factors are related to mental health treatment completion for child welfare clients?
4. Outcomes: Controlling for demographic and system-related factors, what is the association between mental health service utilization and child welfare outcomes, specifically family stability, including family reunification versus types of permanency placement (adoption, legal guardianship, or long-term foster care)?
5. System Collaboration: How do the systems currently collaborate? What formal structures for collaboration are in place? Do system goals correspond or conflict? What factors impede or facilitate collaborative practice? What is the potential impact of Proposition 63 on system collaboration?

Methods

In order to address questions 1 through 4, secondary analysis was conducted utilizing child welfare and mental health system data files from Santa Clara County's Data Warehouse. The study included a total sample (N=1,127) of child welfare cases that were closed between January 1, 2004 and December 16, 2004, and a subset (N=520) of those children in the child welfare system (CWS) also referred to the mental health system (MHS) during the period specified.

In order to address question 5, qualitative, in-depth interviews with program managers and supervisors in both systems and focus groups with line staff in both systems were conducted. In each system, three program managers and three supervisors were interviewed and three focus groups with line staff were conducted.

Main Findings

In answer to our first set of questions, regarding demographics, CWS characteristics of child welfare clients involved in the MHS, as well as those not involved, the following key findings emerged:

- Latino children comprised the majority of children involved in both the CWS and MHS (51.3%), followed by Whites (25.8%), African Americans (11.7%), Asian/Pacific Islanders (9.2%), and Native Americans (1.9%).
- Among children in both systems, the average age at entry into the CWS was 8.97 years, and 53.2% were female.
- Among children involved in both systems, the majority entered the CWS due to caretaker absence/incapacity (36%) or physical abuse (27%).
- Compared to those not receiving mental health services, a larger percentage of child welfare clients receiving mental health services entered the CWS due to physical or sexual abuse.
- Among children involved in both systems, the majority (47%) was assigned to family maintenance (FM), with 37% to Permanent Placement (PP), and 10% to Family Reunification (FR).
- Age at entry to the CWS and MHS varied, with children entering the MHS an

average of 1.47 years after entry into the CWS.

- Among children involved in both systems, Asian/Pacific Islanders had shorter stays in the CWS than either African Americans or Whites.
- Compared to those not receiving mental health services, child welfare clients receiving mental health services entered the CWS at an older age and had longer stays in the CWS.

Our second set of questions regarding clinical need for mental health services yielded the following key findings:

- The most frequent mental health diagnosis was an adult-type disorder. Along with adult-type disorders, adjustment disorder and childhood disorders were common diagnoses.
- Diagnosis varied by age at entry to the CWS, with those diagnosed with an adult-type disorder entering at an older age than those with childhood disorders.
- Diagnosis varied by gender, with girls being classified more often than boys with adult disorders.
- Diagnosis varied with length of stay in the CWS, with those diagnosed with childhood disorders having longer average stays than those diagnosed with adjustment, adult-type, or other types of disorders.

The following key findings are related to the third set of questions about mental health service utilization:

- Children who received day treatment had longer average stay in the CWS than those who received out-patient services.
- The vast majority (92%) of children received out-patient services as their primary mode of treatment.
- Controlling for other factors, younger children, those who were removed for caretaker absence/incapacity vs. those who were removed for neglect, and those diagnosed with an adjustment disorder, adult disorder, relational problem or deferred diagnosis vs. those with a childhood disorder were likely to receive a smaller dosage of mental health treatment. Sexual abuse and out-of-home placement were marginally significant, with those removed for sexual abuse and those in out-of-home care receiving a smaller dosage of mental health treatment.
- Controlling for other factors, younger children were more likely to complete mental health treatment; those children diagnosed with adjustment disorder or deferred diagnosis were less likely than children diagnosed with a childhood disorder to have completed mental health treatment; ethnicity was marginally significant, with Latinos being more likely to have completed treatment than Whites; out patient dosage was also marginally significant, with those receiving more services more likely to have completed treatment.

The following key findings are related to our fourth set of questions related to mental health service utilization and CWS outcomes:

- Among children in both systems, 42% were stabilized with their families at case closure.
- Among those who received out-patient services, Asian/Pacific Islanders were most likely to be stabilized (60%), followed by Latinos (46%), African Americans (37%) and then Whites (35%).
- Controlling for other factors, children entering the CWS at a younger age and

those who spent less time in the CWS and those who were in FM vs. FR or PP, were more likely to be stabilized with their families; those removed from the home for caretaker absence/incapacity or sexual abuse were less likely to be stabilized than those removed for neglect

The following key findings emerged from our fifth question that focused on collaboration between the child welfare and mental health systems.

Regarding the collaborative relationship between the child welfare and mental health systems interview and focus group data suggested that:

- Workers in both systems place a high value on collaboration and recognize the important role that interagency linkages can play in service access and quality.
- However, most respondents also described a relatively limited collaborative relationship between the two systems.

Interview and focus group respondents also identified formal structures that guide collaboration.

- Outstationed mental health workers at the Family Resource Center and the Children's Shelter were identified as a formal point of collaboration that is currently working well.
- Respondents also identified meetings connected with the Resources for Intensive Services Committee (RISC) as an existing collaborative structure between the two systems.
- In addition, the Community Wraparound Team, a group of workers from mental health, child welfare and juvenile probation that meets monthly to discuss system issues, address barriers and evaluate and develop collaborative projects.
- Other line staff level collaborative meetings that were mentioned included family conferences, team decision-making and the Wraparound Family and Child Team.

In addition, referral processes were described as a formal structure guiding collaboration.

- In general, the referral process for children with more serious mental health problems was described as more structured and straightforward than the referral process for children with less serious mental health problems.
- Referral processes for outpatient counseling for children were less straightforward. Workers described the Call Center as a common referral point for children in the CWS in need of mental health services and some child welfare workers indicated that they contact service providers directly for outpatient counseling. This process was described as problematic because children are often put on a waiting list for outpatient counseling.

Qualitative data also provided information on the ways in which system goals correspond or conflict.

- Child welfare respondents described the CWS as being greatly influenced by court processes and legal mandates that often carry with them serious consequences for children and families. Child welfare respondents described the MHS as being more focused on treatment issues and serving the seriously mentally ill.
- Mental health participants also described similar sentiments regarding the differing perspectives of the systems.

- However, both child welfare and mental health participants noted that the overall goals of the two systems are complementary and focus on helping children and youth address issues of trauma, abuse, abandonment, and loss, as well as assisting youth to obtain greater self-sufficiency and to be successful community members.

Responses related to the factors that impede or enhance collaboration between the two systems indicate a number of conditions, circumstance and activities that can greatly influence the collaborative relationship.

- Factors that impede collaboration included: 1) communication problems, 2) difficulties associated with joint treatment planning, 3) funding restrictions, 4) individual-level factors, and 5) a lack of mental health services for children in the CWS.
- Factors that enhance collaboration included: 1) commitment and support from organizational leaders, 2) development of system infrastructures to foster collaboration, communication, and service coordination, and 3) cross-training.

Last, respondents also provided information on the potential impact of the Mental Health Services Act (Proposition 63) on the collaborative relationship between systems.

- Perspectives from child welfare participants were largely hopeful that Proposition 63 would improve collaboration between systems as well as improve services for children in the CWS.
- However, some child welfare staff expressed doubt that Proposition 63 would impact children in the CWS, and a need for the MHS to prioritize services for children in the CWS was also expressed.
- Mental health participants described the involvement of the Social Services Department in the planning of Proposition 63 implementation as a reflection of the positive impact of Proposition 63 on collaboration.

Implications of Quantitative Findings

- To date, studies have documented that African American or Latino children are less likely to receive mental health services (Garland & Besinger, 1997; Garland et al., 2000). However, the current study indicates that the ethnic distribution of children receiving mental health services reflected the overall ethnic composition of the CWS. The exception being that Asian/PI children appear to receive services at a slightly higher rate than their representation in the CWS. In addition, Asian/PI children seem to be in the CWS for a shorter period of time, implying that either their cases are less severe, or perhaps CWS and MHS services are effective in reducing the stay in that group. Understanding more about the process for referring Asian children for mental health services would be beneficial.
- Our results indicate that the most common reason for entry to the CWS for children receiving mental health services is caretaker absence/incapacity. Our findings also indicate these same children are likely to receive a smaller dosage of mental health services and are less likely to be stabilized with their families than those removed for neglect. Bivariate results (table not shown in text) show that of the children referred to the CWS because of caretaker absence/incapacity, a majority (58%) are in the non-FM (vs. FM) group. In addition, findings that were marginally significant indicate that children in

non-FM (vs. FM) were likely to receive a smaller dosage of mental health treatment. More information on the referral and delivery of mental health services to children in out-of-home placements vs. those residing with their families is warranted.

- Compared to those who are not referred to the MHS, child welfare clients who utilize mental health services are more likely to enter the CWS due to physical or sexual abuse and to have longer stays in the CWS. More information on the delivery of child welfare services to this group would help explain whether their cases are more severe requiring longer stays or whether they become trapped in the system due to the difficulty of their problems.
- There appears to be a lag between the age at which a child is referred to the CWS and referred for mental health services. Further information on the referral process is necessary to explain this finding.
- The majority of children in the sample received outpatient services. Among those, older children receiving the highest dosage of treatment, a finding that is corroborated by other research (Burns et al., 2004; Halfon, Berkowitz, & Klee, 1992). Dosage did not appear to differ by gender, ethnicity, or CWS characteristics in the current sample. Further research that examines the receipt of mental health services and outcomes for older children, particularly those about to emancipate from the CSW is necessary.
- The most frequent diagnosis for children in our sample was an adult-type disorder, with girls and children entering the CWS at an older age most commonly diagnosed within these categories. However, in looking at treatment completion outcomes for the MHS, younger children, those diagnosed with an Adjustment or Deferred Disorder were more likely to have a successful MHS outcome. Again, further research is needed on older children to examine whether their cases are more problematic, requiring more mental health treatment.
- Regarding family stabilization, a positive outcome for the CWS, it appears that those children who are younger and spent less time in the system and those who were assigned to FM, were more likely to be stabilized with their families. While a higher dosage of services was related to completed treatment (a finding that was marginally significant), the receipt of mental health services does not appear to be directly related to family stabilization. Perhaps we are addressing the MHS needs of children, but other issues outside the realm of the MHS are not being resolved. Further research in this area is necessary.

Implications of Qualitative Findings

Qualitative results from this study have a number of important practice and research implications. With respect to practice implications, qualitative findings clearly suggest areas in which the collaborative relationship between systems can be strengthened.

- In particular, there is a need to improve communication between workers at all organizational levels. The development of system infrastructures to facilitate and encourage communication between line workers, supervisors and program managers in both systems may improve communication and service coordination.

In addition, commitment and support from organizational leaders is a key aspect in creating strong collaborative relationships.

- Workers at all organizational levels emphasized a strong commitment to collaboration among organizational leaders as a critical factor that can enhance collaboration.
- Administrative policy and planning meetings can be used to identify and address problems that arise.
- In addition, line workers noted difficulties in trying to make time to collaborate with one another in the midst of their normal work duties. Collaborative activities require additional time and responsibilities and workers need administrative support in order to engage in collaboration.

Another practice implication centers on the need for cross-training between staff in both systems.

- Interview and focus group participants consistently discussed differing agency goals, mandates and procedures as a point of conflict between the systems. However, workers at all organizational levels also emphasized overlapping goals of both systems, including encouraging child and youth well-being and helping children. Cross-training activities can emphasize shared system goals, while also educating staff on each system's unique policies, procedures and mandates.

In addition to practice implications, qualitative findings also have implications for research and evaluation.

- Most notably, there is a lack of information on the impact of collaboration on service access, child outcomes (e.g. well-being, alleviation of mental health problems), and child welfare outcomes (e.g. family stabilization, placement disruptions, achievement of permanent placement).
- Previous research has found that effective cross-system collaboration between the child welfare and mental health systems improves the relationship between clinical need and mental health service use among children in the CWS. These findings suggest that collaboration may be associated with improved service access and use, however, more research is needed to link collaborative relationships between systems to actual outcomes.
- In counties that are implementing strategies to improve collaboration between the systems, evaluations to determine the impact of these efforts on the well-being of children and the achievement of a positive case outcome can improve our understanding of the role of interagency collaboration for children involved in both the child welfare and the mental health systems.

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