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# Behavioral Health Services Needs and Availability for Young Children Involved in the Child Welfare System

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# BEHAVIORAL HEALTH SERVICE NEEDS AND AVAILABILITY FOR YOUNG CHILDREN INVOLVED IN THE CHILD WELFARE SYSTEM

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The Ohio State University  
Columbus, OH*

*Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health  
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**THE OHIO STATE UNIVERSITY**

COLLEGE OF SOCIAL WORK

# ACKNOWLEDGEMENTS



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- We would also like to thank our child welfare and behavioral health partners for their collaboration.

# SESSION OBJECTIVES

- Participants will...
  - Identify key characteristics of young children (0-5 years old) involved in child welfare
  - Learn about the prevalence of behavioral health service needs and use among children 0-5 years old involved in child welfare
  - Learn about the availability of behavioral health services targeted toward children aged 0-5 years old
  - Have the opportunity to engage in a discussion on this study's findings and trends they have seen in the populations they serve

# WHAT DO WE KNOW?

- Children from 0-5 comprise nearly half of child maltreatment victims
  - Face significant risks for toxic stress that can lead to poor behavioral health, developmental, and educational outcomes
  - 32% experience a behavioral health need
- Developmentally appropriate services exist and can improve behavioral health outcomes for young children
  - Large gaps exist between service need and receipt, with an estimate of 7% of 0-5 children receiving needed services

# WHAT DON'T WE KNOW?

- Unique features and behavioral health needs of young children involved with child welfare
- Availability of developmentally appropriate services in the community
- How behavioral health needs and service use for young children align



# STUDY PURPOSE & DESIGN

Identify key characteristics, behavioral health service needs, and service receipt among young children in child welfare custody in a Midwestern county



Child  
Welfare  
Records



Identify behavioral health services available to young children in this community.



Organizational  
Capacity

# STUDY CONTEXT

- System demonstration project
  - Promote access to behavioral health services
  - Study conducted during the planning phase of the demonstration project
- County-based public child welfare agency in a large, urban area in the Midwest



# PART I

## Child Welfare Records

# METHODS

- Selected child welfare case records for children 0-5 years old who had been in custody within a 6-month time frame (n=599)
- Records reviewed for:
  - Demographic characteristics
  - Number and type of abuse allegations
  - Placement type
  - Abuse risk
  - Behavioral health service needs
  - Behavioral health service receipt

# SAMPLE DEMOGRAPHICS

Variable	Description	% (n)
<b>Demographics</b>		
<i>Gender</i>	Male	51% (306)
	Female	49% (293)
<i>Race</i>	Black	33% (110)
	Hispanic	7% (25)
	White	43% (144)
	2 or more races	16% (54)
<b>CW Demographics</b>		
<i>Placement type</i>	Foster care	58% (345)
	Kinship care	30% (177)
	Pre-adoptive home	7% (42)
	Trial home visit	5% (29)
<i>Time in custody (mean, SD)</i>	Days in child welfare custody	583 days ( $\approx$ 19 months) (310 days) RANGE = 1 – 1583 days

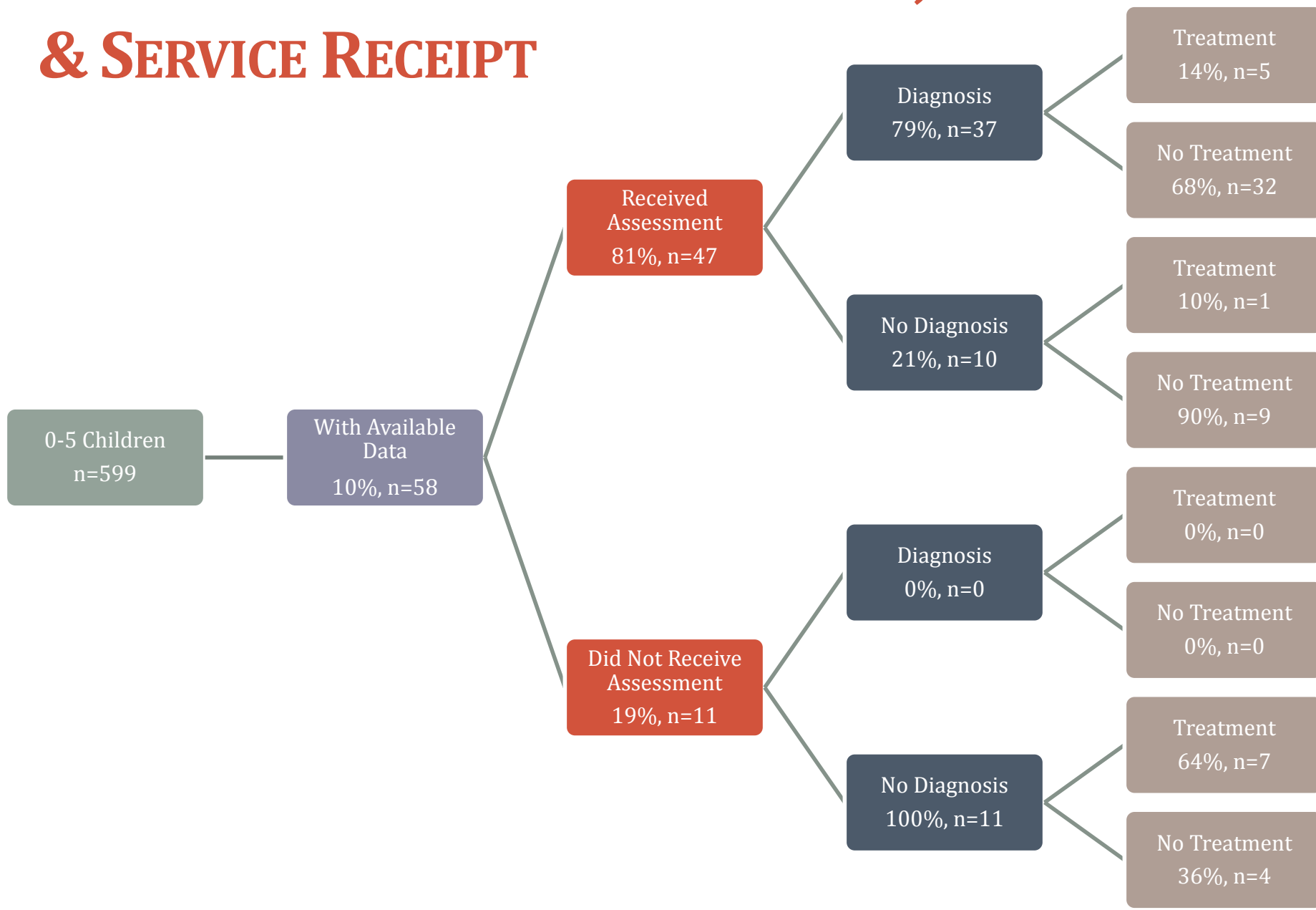
# SAMPLE DEMOGRAPHICS

Variable	Description	% (n)
<b>CW Demographics</b>		
<i>Allegation type</i>  <i>*Multiple response options</i>	<b>Physical Maltreatment</b>	<b>80% (368)</b>
	<b>Neglect</b>	<b>61% (280)</b>
	Emotional Maltreatment	4% (19)
	Medical Neglect	12% (57)
	Sexual Maltreatment	19% (89)
	Dependent	32% (147)
<i>Abuse risk</i> <i>(measured using the Structured Decision Making Instrument)</i>	Low	7% (158)
	Moderate	23% (102)
	<b>High</b>	<b>55% (241)</b>
	Intensive	15% (65)
	1+ prior reports	72% (303)
	Major issues with parenting skills	27% (115)
	Parental mental health problem	9% (38)
	Caregiver in harmful relationships	34% (144)
Caregiver substance abuse problem	53% (224)	
Caregiver abused as child	42% (174)	

# BEHAVIORAL HEALTH INFORMATION

Variable	Description
<b>Behavioral Health</b>	
<i>Need</i>	Any behavioral health concern noted by a DSM III diagnosis in the case record
<i>Diagnosis type</i>	Behavioral health diagnosis type: ASD, Attention Disorders, Adjustment Disorders, Anxiety Disorders, Disruptive Disorders, Mood Disorders, Substance Use Disorders, Psychotic Disorders, Learning Disabilities, Developmental Disabilities, V-codes, Personality Disorders, & Other
<i>Assessment</i>	Receipt of a behavioral health assessment
<i>Service receipt</i>	Receipt of a behavioral health service including consultation, counseling, or medication monitoring

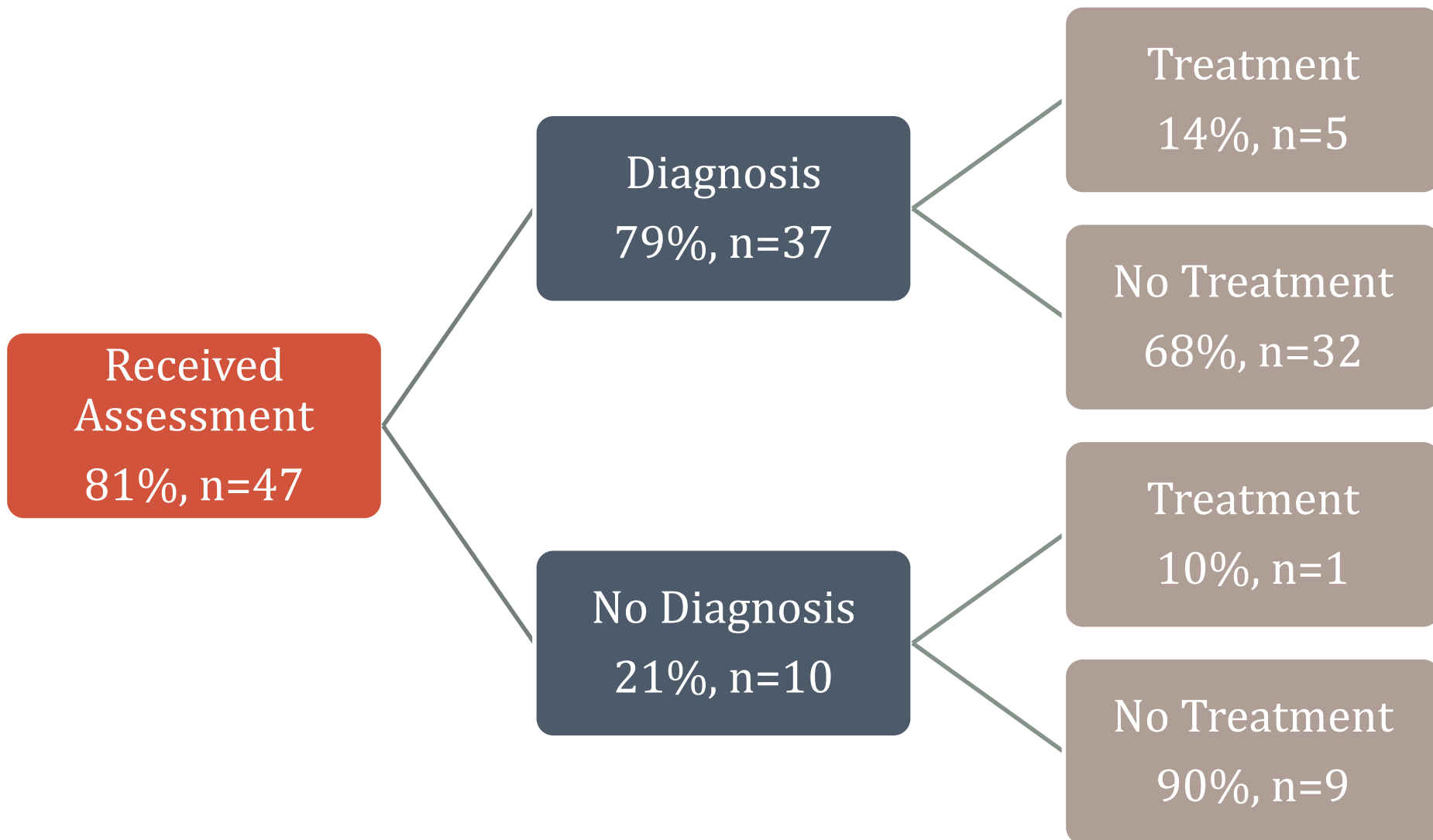
# BEHAVIORAL HEALTH ASSESSMENT, DIAGNOSIS & SERVICE RECEIPT



# BEHAVIORAL HEALTH ASSESSMENT RECEIPT

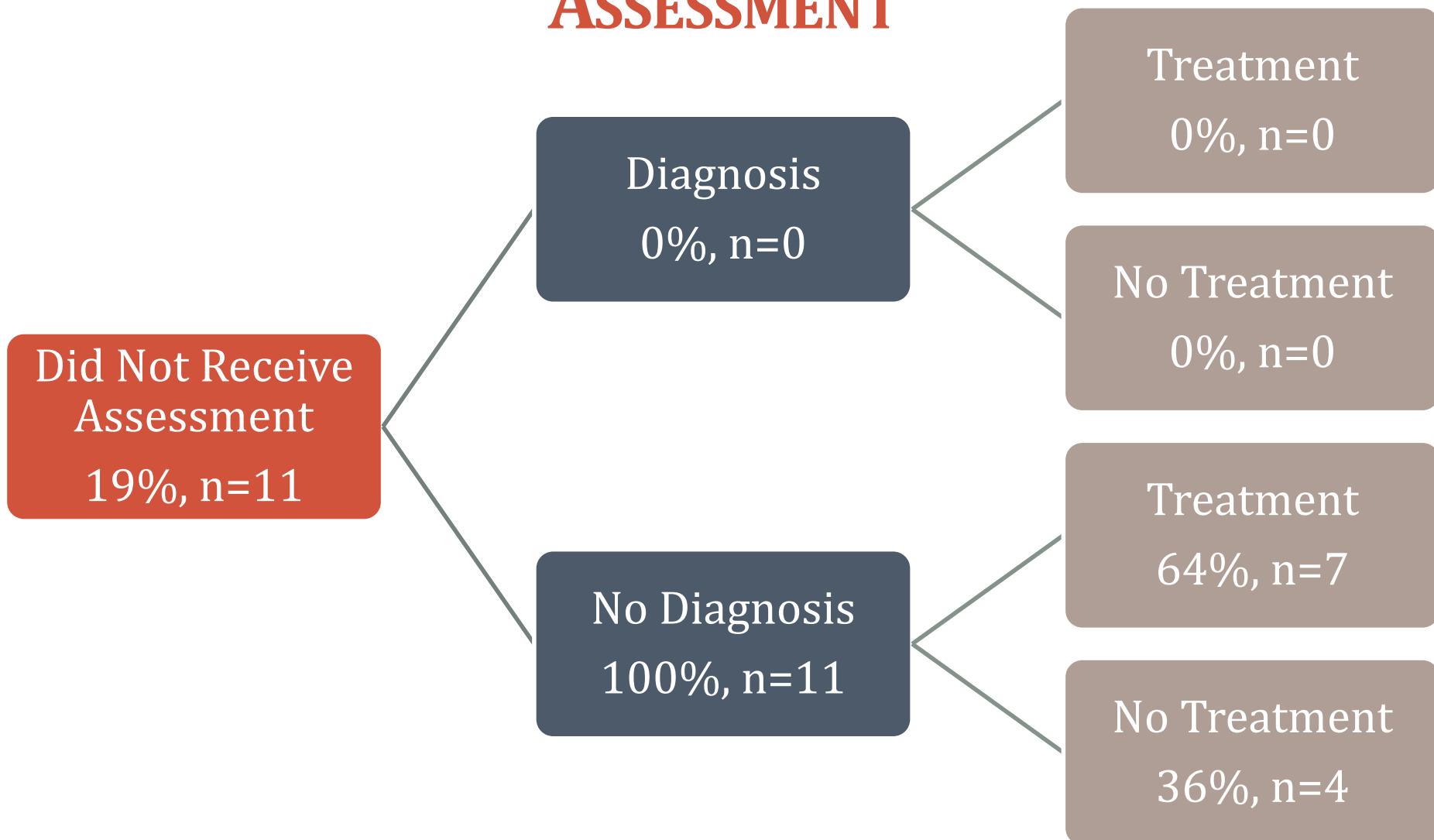


## CHILDREN WHO RECEIVED A BH ASSESSMENT





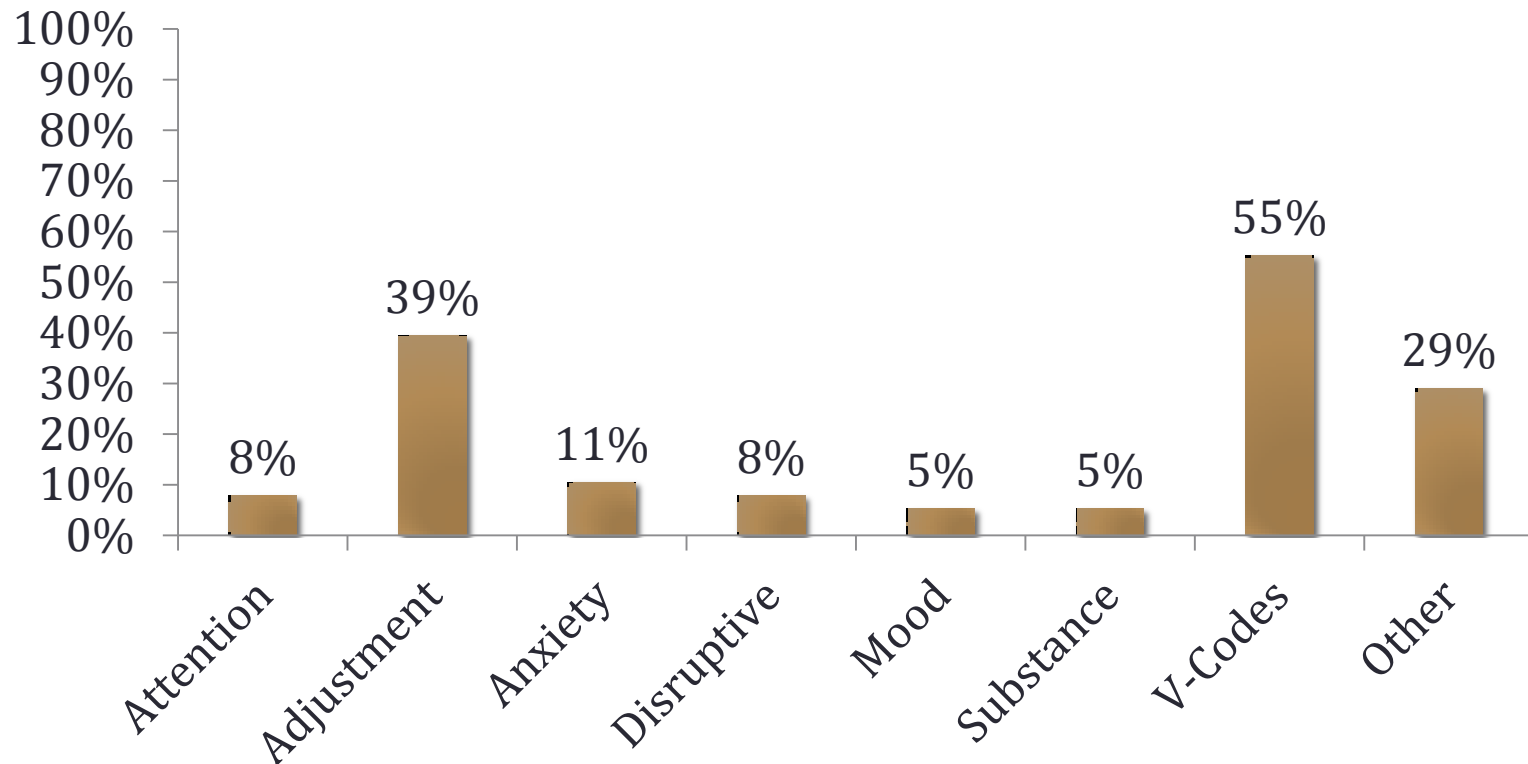
# CHILDREN WHO DID NOT RECEIVE A BH ASSESSMENT



# BEHAVIORAL HEALTH NEED & DIAGNOSIS

- Eight percent of young children in the sample had a behavioral health diagnosis or concern (n=38)

## Diagnosis Types



# DEMOGRAPHICS

## FULL SAMPLE VS. BEHAVIORAL HEALTH SAMPLE

	Full Sample (N=599)	Behavioral Health Sample (N=38)
	%(n)	%(n)
<i>Gender</i>		
<i>Male</i>	<b>51%(306)</b>	<b>61%(23)</b>
<i>Female</i>	49%(293)	39%(15)
<i>Placement Type</i>		
<i>Foster Care</i>	<b>58%(345)</b>	<b>79%(30)</b>
<i>Kinship</i>	30% (177)	13% (5)
<i>Pre-Adoptive</i>	7% (42)	3% (1)
<i>Trial Home Visit</i>	5% (29)	5% (2)
<i>Days in Custody (mean, SD)</i>	583(310)	622(322)

# DEMOGRAPHICS

## FULL SAMPLE VS. BEHAVIORAL HEALTH SAMPLE

	Full Sample (N=599)	Behavioral Health Sample (N=38)
	%(n)	%(n)
<i>Allegation Type</i>		
<i>Physical</i>	<b>80%(368)</b>	<b>95%(36)</b>
<i>Neglect</i>	<b>61%(280)</b>	<b>66%(25)</b>
<i>Dependent</i>	<b>32% (147)</b>	18% (7)
<i>Emotional</i>	4% (19)	8% (3)
<i>Sexual</i>	19% (89)	<b>37% (14)</b>
<i>Medical Neglect</i>	12% (57)	5% (2)
<i>Abuse Risk</i>		
<i>Intensive</i>	15% (65)	13% (5)
<i>High</i>	<b>55%(241)</b>	<b>50%(19)</b>
<i>Moderate</i>	23% (102)	21% (8)
<i>Low</i>	7% (158)	0% (0)

## PART II

# Organizational Capacity Survey

# METHODS

- N=44 organizations
  - 34% of all behavioral health agencies in a 7-county region
- On-line survey administered to agency directors
  - Organizational demographics
  - Types of service programs

# TREATMENT MODEL INCLUSION CRITERIA

- Targeted toward children age 0-21 years old
- Program focuses on
  - Children's mental/behavioral health AND/OR
  - Parenting skills for children with mental/behavioral health problems
- Listed in a program registry
  - California Evidenced-Based Clearinghouse for Child Welfare
  - Casey Foundation
  - CrimeSolutions.gov
    - Office of Juvenile Justice and Delinquency Programs
  - Washington State Children's Evidence Based Practice Expert Panel
- Relevance to child welfare (medium or above)
- Scientific rating (promising or better) = Evidence-Informed

**(As of May 2013)**

# ORGANIZATIONAL DEMOGRAPHICS

Variable	Description	%/Mean
<i>Age</i>	Years since founding	53 years (SD = 43) Range = 4 - 183
<i>Size</i>	Number of employees (F/T & P/T) & volunteers	125.6 (SD = 264) Range = 4 - 1705
<i>Revenue</i>	Annual revenue	\$52.5m Range = \$20,000 - \$1.19b
<i>Status</i>	Non-profit For-Profit Public	82% 16% 2%
<i>Contract</i>	Presence of a contract with local public CW agency (Y/N)	71%



# SERVICES REPORTED

Variable	Description	Results
<b>Treatment Models</b>		
<i>Reported</i>	All types of treatment models reported (from checklist and write-ins)	System: N=200 treatment models; 46 unique models  Agency: M=5 (SD=5, Range=1-21)
<i>EIPs</i>	Evidence Informed Practices	System: 70% (n=140) Agency: M=4 (SD=4, Range=0-19)
<i>Target Age</i>	Age group(s) of participants served by the program. <ul style="list-style-type: none"> <li>• ELIGIBLE = 0-5 years old included</li> <li>• ECMH SPECIALTY = 0-5 years old only</li> </ul>	N=35; 80% of agencies  N=15; 34% of agencies

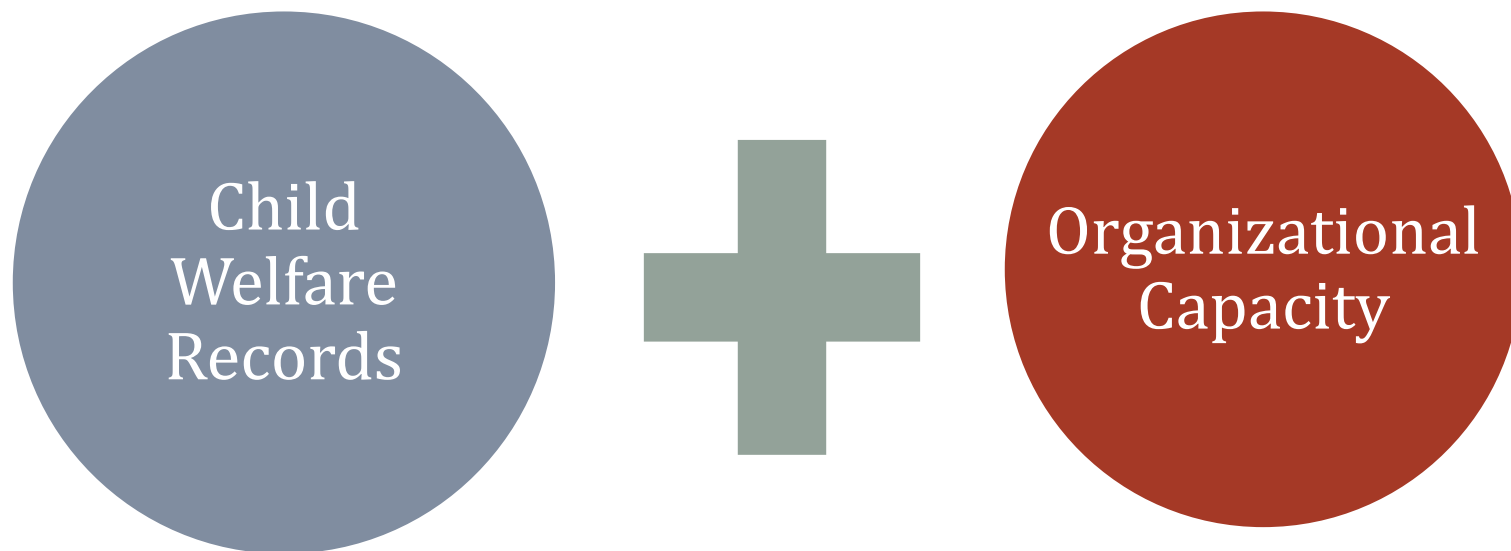
# EARLY CHILDHOOD SERVICES REPORTED

- Of those agencies providing treatments open to young children (n=35 organizations):
  - Cognitive Behavioral Therapy (CBT) (n=26, 74%)
    - Wide range of behavioral health problems
    - Children ages 3+ & their caregiver
  - Trauma-Focused CBT (TF-CBT) (n=15, 43%)
    - PTSD, Depression, Anxiety and/or Shame
    - Children ages 3+ & their caregiver
  - Family Psychoeducation (n=8, 23%)
    - All types of behavioral health problems
    - Children of all ages & their caregiver

# EARLY CHILDHOOD SERVICES REPORTED

- Of those agencies providing specialized ECMH treatment (n=15 organizations):
  - Children with Sexual Behavior Problems Cognitive Behavioral Treatment Program: Preschool Group (CSBP-CBT) (n=9; 60%)
    - Sexual behavior problems
    - Children ages 3-6 & their caregivers
  - Parent-Child Interaction Therapy (PCIT) (n=6; 40%)
    - Behavior and parent-child interaction problems
    - Children ages 3-6 and their caregivers
  - Child-Parent Psychotherapy (CPP) (n=2; 13%)
    - Trauma, Anxiety, and Mood Disorders
    - Children ages 0-5 and their caregivers

## PART III: PUTTING IT ALL TOGETHER



# Treatment Availability and BH Prevalence

## Treatment Availability and Behavioral Health Prevalence

### Attention Problems

<i>Prevalence</i>	8%
<i>EC Treatment</i>	<ul style="list-style-type: none"> <li>• Parent-Child Interaction Therapy (n=6)</li> <li>• Incredible Years (n=2)</li> </ul>
<i>Treatment for all ages</i>	<ul style="list-style-type: none"> <li>• Cognitive Behavior Therapies (n=26)</li> </ul>

### Anxiety & Mood Disorders

<i>Prevalence</i>	Anxiety: 11%; Mood: 5%
<i>EC Treatment</i>	<ul style="list-style-type: none"> <li>• Child-Parent Psychotherapy (n=2)</li> </ul>
<i>Treatment for all ages</i>	<ul style="list-style-type: none"> <li>• Family Psychoeducation (n=8)</li> <li>• Homebuilders* (n=1)</li> <li>• Trauma Focused CBT (n=15)</li> <li>• Integrated Family and Systems Treatment (n=1)</li> <li>• Cognitive Behavior Therapies (n=26)</li> </ul>

### Disruptive Behavior Disorders

<i>Prevalence</i>	8%
<i>EC Treatment</i>	<ul style="list-style-type: none"> <li>• Child-Parent Psychotherapy (n=2)</li> <li>• Incredible Years (n=2)</li> <li>• Multidimensional Treatment Foster Care – Preschool (n=1)</li> <li>• Parent-Child Interaction Therapy (n=6)</li> <li>• Children with Sexual Behavior Problems Cognitive Behavioral Treatment Program: Preschool Group (n=9)</li> </ul>
<i>Treatment for all ages</i>	<ul style="list-style-type: none"> <li>• Helping the Non-Compliant Child (n=1)</li> <li>• Aggression Replacement Training (n=5)</li> <li>• Cognitive Behavior Therapies (n=26)</li> </ul>

### Other Concerns

<i>Prevalence</i>	Adjustment: 39%; V-Codes: 55%; Other: 29%
<i>EC Treatment</i>	<ul style="list-style-type: none"> <li>• V-Codes are often used for children who are too young for a formal diagnosis. They are also used to indicate abuse or neglect and parent-child relational problems. Treatments for these types of problems can be found under the trauma or parenting category.</li> <li>• Treatment for adjustment and other disorders will depend upon the specific needs of the child</li> </ul>
<i>Treatment for all ages</i>	<ul style="list-style-type: none"> <li>• See above</li> </ul>

### Substance Use

<i>Prevalence</i>	5%
<i>EC Treatment</i>	--
<i>Treatment for all ages</i>	--

### Trauma

<i>EC Treatment</i>	<ul style="list-style-type: none"> <li>• Child-Parent Psychotherapy (n=2)</li> <li>• Parent-Child Interaction Therapy (n=6)</li> </ul>
<i>Treatment for all ages</i>	<ul style="list-style-type: none"> <li>• Trauma Focused CBT (n=15)</li> </ul>

### Parenting

<i>EC Treatment</i>	<ul style="list-style-type: none"> <li>• Healthy Families America (Home Visiting for Child Well-Being) (n=2)</li> <li>• Nurse-Family Partnership (n=1)</li> <li>• Promoting Alternative Thinking Strategies (n=2)</li> </ul>
<i>Treatment for all ages</i>	<ul style="list-style-type: none"> <li>• Integrated Family and Systems Treatment (n=1)</li> <li>• KidsSTEP (Systematic Training for Effective Parenting) (n=1)</li> <li>• Nurturing Parent (n=7)</li> <li>• Together Facing the Challenge (foster parents) (n=1)</li> <li>• Homebuilders* (n=1)</li> </ul>

# Treatment Availability and BH Prevalence

## Treatment Availability and Behavioral Health Prevalence

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## DISCUSSION

In this community, assessing young children's behavioral health needs and service availability is challenging ***without age-appropriate and complete data!***



# DISCUSSION

## Identification of Needs

- Low prevalence of behavioral health problems among young children documented in case records
  - In records = 8%
  - National estimates = 32%
- Yet, high risk for behavioral health problems
  - High risk for maltreatment
  - Long periods of time in out-of-home placements

# DISCUSSION

## Service Needs Met?

- Many received assessments and subsequent diagnoses, few received behavioral health services as documented.
- Only 10% with available data – SACWIS is not a BH record

# DISCUSSION

## Service Needs Met?

- Availability of developmentally-appropriate treatment
  - ECMH specialty services are available in the region
  - But, may not meet full range of service needs
    - Most service needs are related to adjustment disorders or other unspecified problems (e.g., V-Codes)
    - Yet, available specialty services are geared toward disruptive behavior disorders, particularly problem sexual behaviors

# LIMITATIONS

- One urban region – limited generalizeability
  - Service availability likely to vary across regions; rural and suburban regions tend to have fewer service resources
- Use of DSM diagnosis to indicate service need
  - Could inaccurately represent behavioral health needs for young children
  - Needs of young children in our study may be under-identified.
- Use of case records
  - Incomplete
  - Data entered by workers
- Low organizational survey response rate
  - Underestimate availability of services

## RECOMMENDATIONS

- **Systematic Identification of Young Children with Behavioral Health Problems**
  - Implement standardized and developmentally-tailored screening and assessment tools within child welfare settings (e.g. Devereux Early Childhood Assessment)

## RECOMMENDATIONS

- **Improve Documentation of Children's Behavioral Health Needs and Services**
  - Routinize entry of behavioral health service needs, diagnoses, and services received into child welfare case records

AND/OR

- Integrated and shared data systems across BH and CW systems

## RECOMMENDATIONS

- **Strengthen Partnerships Between Child Welfare and Behavioral Health Systems**
  - Target Referrals - Identify providers in the community that deliver ECMH services; develop/strengthen referral relationships to facilitate access to existing services.

# FUTURE RESEARCH DIRECTIONS

- Assess validity of behavioral health data in child welfare case records
  - Compare to other data sources (e.g. Medicaid billing records)
- Alternative methods of assessing regional service capacity
  - Use interviews or other methods
- Deeper exploration of services for 0-5 children (using other child welfare and Medicaid records)



## QUESTIONS FOR YOU!

- *Are there similarities or differences in your region for BH service need, receipt, and availability?*
- *How do you identify BH needs in child welfare case records?*
- *How do you keep track of the BH service array in your area?*

## QUESTIONS FOR US?

# REFERENCES

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