## Meeting the Needs of Children in the Child Welfare System with Mental Health Challenges Part I

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## Who Are the Children and Families Served by Child Welfare?

Reports of Child Abuse and Neglect-FY03

- 2,900,000 total reports
- 2/3 investigated (1,914,000)
- 1/3 confirmed (906,000)
- 10% result in child placement (297,000)

- 523,000 children in foster care (9/03)

Source for Slides 2 – 4: AFCARS Report 4/2/05, US DHHS, ACF, ACYF, CB, http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report10.htm

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## Who Are the Children and Families? (cont'd)

Age of Children in Foster Care

| | |
|---|---|
| Median age | 10.9 years |
| Birth – five years | 30% |
| 6 – 15 years | 50% |
| 16 and older | 20% |

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## Who Are the Children and Families (cont'd)

Race/ethnicity of Children in Foster Care

| | |
|---|---|
| White-Non Hispanic | 39% |
| Black-Non Hispanic | 35% |
| Hispanic | 17% |
| Two or more races-Non Hispanic | 3% |
| Unknown | 3% |
| American Indian/Alaskan Native | 2% |
| Asian-Non Hispanic | 1% |
| Hawaiian/Pacific Islander-Non Hispanic | 0.2% |

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## Representation of 5 Racial/Ethnic Groups in Foster Care

- Over-represented
  - African American 2.43
  - Native American 2.16
- Under-represented
  - Latinos .79
  - Non-Latino Whites .76
  - Asian/Pacific Islanders .39

Source: 11/04 working paper by Robert B. Hill published in *Race Matters Consortium*, "Over-representation of Child of Color in Foster Care in 2000"

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## Living Arrangements of Children in Foster Care

| | |
|---|---|
| Foster Family Home (non-relative) | 46% |
| Foster Family Home (relative) | 23% |
| Institution | 10% |
| Group Home | 9% |
| Pre-Adoptive Home | 5% |
| Trial Home Visit | 4% |
| Runaway | 2% |
| Supervised Independent Living | 1% |

Source: AFCARS Report, FY 2003

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## Outcomes for Children Who Leave Foster Care

- Reunification with Parent(s) or Primary Caretaker(s) 55%
- Adoption 18%
- Living with Other Relatives 11%
- Emancipation 8%
- Guardianship 4%
- Transfer to Another Agency 2%
- Runaway 2%
- Death of Child 0.2%

Source: AFCARS Report, FY 2003

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## The Mental Health Discussion - Why?

Need for services:

- children's vulnerability and risk
- high prevalence of physical, behavioral, developmental needs
- prior life experiences
- trauma of separation and placement
- experiences within foster care system
- parental service needs
- relinquishing custody for treatment services

And difficulty in accessing services

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## Mental Health Needs/Services for Children in Child Welfare

Previous state and community level studies indicate 35% to 85% of children in care have significant mental health needs.

SOURCE: Marsenich, L., Evidence-based Practices in Mental Health Services for Foster Youth, California Institute for Mental Health

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## Data Available from the National Survey of Child and Adolescent Well-Being

- 1st national longitudinal study to determine outcomes for children and families in child welfare
- Examines characteristics, needs, experiences and outcomes of child/family
- Authorized by the PRWORA of 1996
- Gathered information associated with 6,100 children in 92 localities

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## NSCAW Data Availability

- First publicly available data set to assess health, mental health, development and service use of a nationally representative sample of infants, children, and their families who have had contact with child welfare system.

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## NSCAW Mental Health Need and Access

- Number of children studied 3,803
- Ages 2 - 14
- Living in own homes 90%
- Living in foster, group, or residential care 10%

SOURCE slides 11-13: Burns, B. et al. 2004 Mental health need and access to MH services by youths involved with child welfare: A national survey. Journal of the American Academy of Child and Adolescent Psychiatry 43:8: 960-970.

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## NSCAW Mental Health Need and Access (cont'd)

- 47.9% of children/youth had significant emotional/behavior problems
  (Need was defined by a clinical range score on the Child Behavior Checklist)
- Only 25% of children/youth with significant emotional/behavior problems received specialty mental health care in previous 12 months

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## NSCAW Mental Health Need and Access (cont'd)

NSCAW provides documentation of the magnitude of the problem:

- Large gap between service need and service use
- Failure of human service sectors to obtain mental health services needed by group of very high risk children and youth

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## Additional Analyses of NSCAW Data

Children with a clinically significant externalizing score on the CBCL were more than twice as likely to have a caregiver with an alcohol, drug, or mental health problem.

Source: Anne M. Libby, University of Colorado

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## Additional Analysis of NSCAW Data (cont'd)

This demonstrates benefits of a whole family approach to treatment:

- to address both child and caregiver needs
- to support interaction between the two
- to prevent children from being separated from their parents, e.g., drug and alcohol treatment facilities for the whole family.

Source: Anne M. Libby, University of Colorado

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## Additional Analysis of NSCAW Data (cont'd)

Analysis of linkages between child serving systems in 92 PSUs:

- Showed that increased coordination between MH and CW is associated with:
  - greater use of services by children with highest level of need
  - decreased racial/ethnic disparities in receipt of MH care

Source: Michael S. Hurlburt, CASRC, San Diego

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## Additional Analysis of NSCAW Data (cont'd)

Developmental Delay and Service Use
N=3,327, ages 0 - 10

- 24% developmentally delayed on at least one measure (cognitive development, language development, or adaptive skills)
- Only 38% with developmental delay were using developmental services

SOURCE: Zimmer, MH, Panko LM. 2006. Developmental status and service use Among children in child welfare system. Archives of Pediatrics and Adolescent Medicine 160 (2):183-186.

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## Potential Solution for Developmental Needs

2003 Amendment to CAPTA requires states to develop a system for referring every child under age 3 with substantiated abuse or neglect to Part C of IDEA.

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## Child and Family Services Review (CFSR)

Key Principles

- Individualized services to meet unique needs
- Community-based services
- Family-centered practice
- Strengthening parental capacity to care for their children (especially important for children with emotional/behavioral needs)

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## Child and Family Services Review (cont'd)

***The CFSR Process:***

- Focuses on well-being (PH, MH, Education)
- Identifies need for MH reform
- Provides opportunity for reform
- Encourages participation of other systems, c/b agencies, families

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## Well-being and Mental Health Findings from CFSRs

2001-2004 Reviews (n=52)

- PH and MH Needs Met (WB Outcome 3)
  - In substantial conformity 1 state
  - NOT in substantial conformity 51 states
- MH Needs of the Child Met (Item 23)
  - Strength 4 states
  - Area Needing Improvement 48 states

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## More CFSR Findings

Primary Reasons for Case Openings (2001-04)
(N = 2,416 children)

Four major factors:

- Child's behavior (11%; 41% of children age 13 +)
- Parent's behavior (including neglect, excluding child abuse)
- Family's mental and physical well being
- Child abuse

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## More CFSR Findings (cont'd)

Ratings for Children in the Sample (2002-04)
(N= 1,632 children)

- Well-Being Outcome 3: Children receive services to meet their physical and MH needs
  - Substantially achieved 68.8%
    - *For children in-home* 38%
    - *For children in FC* 62%
  - Not substantially achieved 31.2%

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## More CFSR Findings (cont'd)

2002-04 Content Analysis of Systemic Factors
(N=35 states)

- Service Array
  - MH assessment and treatment services are not sufficient to meet children's needs 31 states
  - Key services for parents are lacking (including substance abuse svcs) 30 states
  - Lack of culturally appropriate services 18 states

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## Special MH Analysis of CFSRs

Conducted by:

- National TA Center for Children's Mental Health
  Georgetown University Center for Child and Human Development
- Technical Assistance Partnership for Child and Family Mental Health
  American Institutes for Research
- At the request of SAMHSA and ACF Workgroup

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## Special MH Analysis of CFSRs

**Preliminary Report Includes:**

Final Reports (38 states)

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, ID, IN, IA, KS, KY, MA, MI, MN, MT, NE, NH, NM, NY, NC, ND, OH, OK, OR, PA, SC, SD, TN, TX, UT, VT, WV, WY

Program Improvement Plans (28 states)

AL, AK, AZ, AR, CA, CT, DE, DC, FL, GA, IN, KS, MA, MN, MT, NE, NM, NY, NC, ND, OH, OR, PA,, SD, TN, TX, VT, WV

- **Final version** (all 50 states, DC, PR) available 6/06

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## Findings from GU and AIR Analysis

Final Reports – 4 Areas of Interest

- Does state policy require MH screening/assessment of children in foster care?
- Do children in FC receive initial formal MH screenings or assessments?
- Are services provided to meet the MH needs of children in the CW system (FC and In-home)?
- Is there a lack of MH services to meet needs of children in CW?

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## Findings from 38 Final Reports

- Is MH screening or assessment REQUIRED for children in foster care? (n = 38)
  - Yes 10 states
  - No 2 states
  - ***Cannot determine*** 26 states

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## Findings from Final Reports (cont'd)

- Do children in foster care RECEIVE mental health screenings or assessments? (n=38)
  - Yes 1 state
  - No 0 states
  - ***Practice is mixed*** 32 states
  - Cannot determine 5 states

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## Findings from Final Reports (cont'd)

Access to assessment when entering care:
Some CFSR site visits found children who had experienced significant trauma, e.g., gun shot wounds, sexual abuse, victimized and rejected, appeared depressed or had symptoms of ADHD, did NOT receive MH assessments when they entered care.

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## Findings from Final Reports (cont'd)

- Are services provided to meet mental health needs of children in foster care, and in own homes? (n=38)
  - ***Practice is mixed*** 38 states

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## Findings from Final Reports (cont'd)

- Is there a scarcity of mental health services to meet needs of children in child welfare system? (n=38 states)
  - ***Yes*** 37 states
  - No 1 state

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## Program Improvement Plans (PIPs) [N=28]

***States are working on solutions to the problems:***

- PIPs provide opportunity to correct problems identified in Final Reports
- 2/3 of PIPs identify strategies to improve assessment of MH needs and to expand service array and service capacity
- All 28 PIPs mentioned MH issues and most (25) set goals and action steps to address them

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## Program Improvement Plans (cont'd)

- 2/3 of PIPs showed collaboration across systems to address cross-system problems
- 1/3 of the PIPs proposed a comprehensive strategy for improving MH services

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## Issues for Further Consideration and Study

- Cultural competence – addressed in very few Final Reports and PIPs in relation to MH and SA services – requires further study
- Evidence based practices – very little data about concerted efforts to use evidence based MH practices

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## More Trends in Child Welfare

- Moving toward family-centered practice
- Use of child and family teams (including multiple families in child's life)
- Growth of kinship care
- Collaboration with other child-serving systems – especially mental health
- Privatization

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## Balancing the Solutions

- Children and families in child welfare need effective MH services.
- Improvements are clearly needed.
- However, states and communities also are responsible for building a mental health system that will adequately serve all children (those in child welfare and those not)

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## Balancing the Solutions

- Some state child welfare systems essentially have become the children's mental health system, making child welfare the main route to mental health care.
- A broader, system-wide view will address MH services for children involved with the child welfare system **AND** the development of community-based services for all children and families.

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## Litigation, Consent Decrees, Settlement Agreements – Another Reform Strategy

Braam Settlement Agreement
State of Washington

- Six year period of litigation
- Settlement agreement signed in 2004
- Oversight panel appointed in 2004-first meeting in 12/04
- Purpose – to improve the conditions and treatment of children in the custody of Washington's state foster care system

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## Braam Settlement Agreement

The class includes:

children in the custody of DCFS who are now, or in the future will be, placed by DCFS in three or more placements and those children in the custody of DCFS who are at risk of three or more placements.

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## Braam Settlement Agreement (cont'd)

Six areas of the settlement agreement:

- Placement Stability
- Mental Health
- Foster Parent Training and Information
- Unsafe or Inappropriate Placements
- Sibling Separation
- Services for Adolescents

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## Braam Settlement Agreement (cont'd)

Panel Role and Responsibility

In collaboration with Washington's Department of Social and Health Services and with substantial input from Plaintiffs, in each of the six areas the Panel is to:

- Establish outcomes, benchmarks, action steps and professional standards
- Monitor compliance with outcomes, benchmarks, action steps

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## Braam Settlement Agreement (cont'd)

Mental Health Goals (established in the original agreement)

- An initial physical and mental health screening within 30 days of entry into care.
- Plans to meet special needs of children in custody will be included in the child's Individual Service and Safety Plan.

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## Braam Settlement Agreement (cont'd)

Mental Health Goals (cont'd)

- Children in custody shall receive timely, accessible, individualized and appropriate mental health assessments and treatment by qualified mental health professionals consistent with the child's best interest.
- Continuity of treatment providers will be maintained, except when it is not in best interest of child.

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## Braam Settlement Agreement (cont'd)

For additional information see:

Oversight Panel's website – www.braampanel.org

Plaintiff's website – www.braamkids.org

Washington DSHS link - http://www1.dshs.wa.gov/ca/about/imp_settlement.asp

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