Characteristics of Children Referred From Child Welfare, Their Service Use and Clinical Outcomes in Systems of Care

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Previous Research

- Children involved with child welfare agencies are more likely to receive mental health services – Farmer et al., 2001
- Circumstances such as physical and sexual abuse, maltreatment, and a family history of domestic violence lead to child welfare agency intervention and contribute to the development of certain mental health disorders – Burns et al., 2004

The Comprehensive Community Mental Health Services Program for Children and Their Families Program

- CMHS grant program addressing youth with severe emotional problems
- Individual, family-centered focus
- Focus to integrate systems across child agency sectors
- Has funded 121 system-of-care communities since 1994

Study Purpose

- This study describes the demographic and clinical characteristics of children referred from child welfare agencies and compares them to children referred to the system of care from other sources.
- Service use during the first 12 months following entry into services is also examined.

Study Design

- Children referred from child welfare were compared to children referred from other based on demographic, diagnostic, and clinical measures at entry into the system of care.
- Child and family history was also examined.
- Children referred from child welfare were then compared with other children to determine differences in service use and clinical outcomes.

Sample Description

- 45 communities funded by CMHS between 1997 and 2000 contributed data to this analysis.
- Sample with complete data on selected descriptive and clinical characteristics at baseline was 3,997.
- 8.6% of 3,997 children were referred from child welfare agencies.
Measures
- Descriptive Information Questionnaire (DIQ)
- DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition)
- Multi-Sector Service Contracts (MSSC)
- Education Questionnaire
- Child Behavior Checklist (CBCL, Achenbach, 1991)
- Behavioral and Emotional Rating Scale (BERS, Epstein & Sharma, 1998)

Statistical Methods
- Reliable Change Index (RCI)
  - Used as a quantitative indicator of meaningful clinical change and compares scores at entry into the system of care and 12 months later to indicate whether a change in scores reveals clinically significant improvement, stability, or deterioration. RCIs were used to measure changes in clinical outcomes, school performance, and school attendance.
- Chi Square
  - Used to test group differences in dichotomous measures.
- t-test
  - Used to test differences in continuous measures.

Demographic Characteristics

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Age</td>
<td>14.91</td>
<td>43.82%</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widowed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinical Measures at Intake

<table>
<thead>
<tr>
<th>Measure</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internalizing problems in the clinical range</td>
<td></td>
</tr>
<tr>
<td>Externalizing problems in the clinical range</td>
<td></td>
</tr>
<tr>
<td>BERS below average</td>
<td></td>
</tr>
</tbody>
</table>

Children Referred From Child Welfare

- Child History
  - More likely to make a run away attempt
  - History of domestic violence
- Family History
  - Parents convicted of a crime
  - History of substance abuse

Child History
- Risk Analysis: $\chi^2 = 12.5, p = .002$
- Demographic Analysis: $t = 10.5, p < .001$
- Clinical Measures Analysis: $t = 3.997, p < .001$
- Substance Abuse: $t = 4.5, p = .001$
Children referred from child welfare are more likely to have been abused sexually, physically, or both. These children are also more likely to be sexually abusive to others.

Sexual Abuse: \( \chi^2 = 19.4, p < .001 \), Physical Abuse: \( \chi^2 = 12.9, p < .001 \ ), Sexual and Physical Abuse: \( \chi^2 = 22.2, p < .001 \ ), Sexually Abusive to Others: \( \chi^2 = 16.8, p < .001 \ ).

Children referred from child welfare are more likely to obtain a DSM-IV diagnosis of impulse control disorder and adjustment disorder. Children referred from child welfare were less likely to be diagnosed with mood disorder.

Impulse Control: \( \chi^2 = 4.4, p < .05 \), Mood Disorder: \( \chi^2 = 3.6, p < .05 \ ), Adjustment Disorder: \( \chi^2 = 4.6, p < .05 \ ).

Histories of abuse and diagnoses were also compared between child welfare and other group referrals.

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### DSM-IV Diagnosis at Intake

- Child Welfare
- Other

### DSM-IV Diagnosis

- Child Welfare
- Other

### Child and Family Service Use* at 6 Months

- Child Welfare
- Other

### Service Use

<table>
<thead>
<tr>
<th>6 Months</th>
<th>12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare</td>
<td>Other</td>
</tr>
<tr>
<td>Therapeutic Group Home Services</td>
<td>9.0%</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>41.8%</td>
</tr>
<tr>
<td>Family Preservation Services</td>
<td>17.6%</td>
</tr>
<tr>
<td>Residential Treatment Services</td>
<td>13.5%</td>
</tr>
<tr>
<td>Independent Living Services</td>
<td>13.2%</td>
</tr>
<tr>
<td>Therapeutic Foster Care</td>
<td>12.2%</td>
</tr>
<tr>
<td>Foster Care</td>
<td>7.2%</td>
</tr>
<tr>
<td>Respite Services</td>
<td>21.2%</td>
</tr>
<tr>
<td>Transportation Services</td>
<td>29.7%</td>
</tr>
</tbody>
</table>

* Child and family service use was measured by the MSRC (Multi-Sector Resource Contact).
Presented in Tampa, February 2006

Reliable Change in Clinical and Educational Indicators From Entry Into Systems of Care to 12 Months by Referral Source

Clinical Measures

- Reliable Change Index
  - School Performance
    - 33.7% of children referred from child welfare improved
    - 40.6% of children referred from other sources improved
  - BERS
    - 43.8% of children referred from child welfare improved their scores
    - 41.5% of children referred from other sources improved

Conclusions

- The Comprehensive Community Mental Health Program for Children and Their Families Program provides a therapeutic environment for children referred from child welfare served as evidenced by the percentage of these children who either remained stable or improved after 12 months in services.
- Children referred from child welfare were clinically the same at entry into services and had similar clinical outcomes as children referred to the system of care through other sources, in spite of experiencing a greater number of risk factors.
- Children referred from child welfare reported more child and family risk factors that required a comprehensive array of services at both the child and family levels. Data from this analysis show that they received services aimed at addressing needs at both levels.

Implications

- Additional focus should be placed on providing services that will improve the educational performance and emotional strengths and competencies of children referred to the system of care from child welfare agencies.
- Future research can be conducted to examine service utilization and its relationship to outcomes of children referred from child welfare and their families.

References


