

A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System*

Janis Prince Inniss, Ph.D.
Robert I. Paulson, Ph.D.
Florida Mental Health Institute
University of South Florida


21st Annual Research Conference-
A System of Care for Children's Mental Health:
Expanding the Research Base
Tampa, Florida
February 26, 2008

*This project was funded by the Florida Agency for Health Care Administration



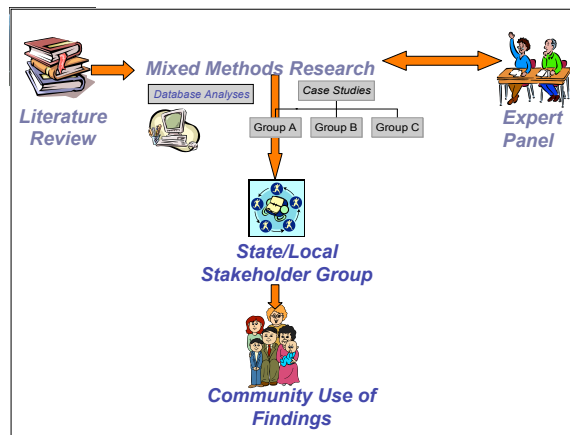

Agenda

- Study Purpose
- Research Design
- Findings
- Suggested Innovations and Best Practices
- Discussion



Purpose of the Study

- Identify individual, family, and systems-level factors that impact the medications and services that children in the child welfare system receive
- Expectation is that by clarifying these factors, and the relationships among the factors, a systemic formulation will emerge to improve the quality of care and identify best practices


Quantitative Data

- Study population: children who are deep end service users and/or behavioral pharmacy outliers
- Medicaid claims data from July 1, 2005 to September 28, 2006 were used to identify all mental health services
- Three groups:
 - Pharmacy outliers with no deep end services
 - Pharmacy outliers with a deep end service
 - Non-pharmacy outliers with a deep end service

Qualitative Data

- Two study sites in Florida
- Chart reviews of 32 children
- Service provider interviews of 18 child cases
- Interviews of 8 youth
- In-depth interviews of 50 key informants
- Several meeting observations



The Florida Context

A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY**

- Privatization of the child welfare system
- CBC structures differ considerably
- CBCs responsible for all children new to system
- Title IV-E Waiver
- Statewide Behavioral Health Carve Out

The map shows various CBCs across Florida, including: Family First Network, Big Bend Community-Based Care, Inc. (20), City & Baker Kids Inc. Inc., Family Matters of Nassau County, Family Support Services of South Florida, St. Johns County Board of County Commissioners, Community Partnership for Children, Inc., Partnership for Strong Families, Kids Central, Inc., Community-Based Care of Citrus County, Inc., Family Services of Middle-Orlando, Inc., Heartland for Children, Inc., Community-Based Care of Duval County, Inc., YMCA Children, Youth, & Family Services, Inc. South, YWCA Children, Youth, & Family Services, Inc. South, United for Families, Inc., Hillsborough Kids, Inc., Child & Family Connections, Inc., Child's Network of Southeast Florida, Child & Family Connections, Inc., Our Kids of Miami-Dade & Monroe, Inc., and Childnet, Inc.

Findings

A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY**

AHCA Districts by Study Group

A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY**

Legend:
 ■ Outliers with No Deep End Services
 ■ Outliers with Deep End Services
 □ Non-Outliers with Deep End Services
 □ All Medicaid-Enrolled Children FY05

Demographics

A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY**

- Most children receiving outlier medications are:
 - male
 - between 6 and 12 years of age

Service Pattern Clusters


A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY**

- Cluster 1: Minimal deep end services with extensive pharmacy throughout entire period and some outpatient services (N=2,908, 55%)
- Cluster 2: Pharmacy services and not much else (N=1,401, 26%)
- Cluster 3: Deep end services followed by pharmacy and outpatient services (N=444, 8%)
- Cluster 4: Deep end services for most of study period (N=392, 7%)
- Cluster 5: Deep end services after a lot of outpatient and pharmacy services (N=192, 4%)

Psychotropic Medications

A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY**


- Generally, children with mental health problems in the child welfare system are *not* being over medicated
- Court orders for medication successfully provides checks and balances
- Distinction between over medication and over usage
- Reliance on medication in responding to problem behaviors



Issues Affecting Appropriate Mental Health Care for Children in Child Welfare

A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY**


- Different cultures of child serving systems
- Lack of mental health training for child welfare and child welfare training for mental health providers
- Insufficient qualifications, experience and training of workers (in all sectors)
- Lack of training in evidence-based practices for this population
- Provider overload and turnover



Issues Affecting Appropriate Mental Health Care for Children in Child Welfare

A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY**


- The failure to distinguish between behavior problems and mental health problems
- Medications and services not targeted towards behaviors causing problems in home and school settings and there is a lack of data showing how interventions led to changes in functioning
- Availability of evidence based parent training programs



Issues Affecting Appropriate Mental Health Care for Children in Child Welfare

A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY**


- "We are still providing old services for new problems and we're trying to make them fit."
- Availability and accessibility of evidence based intensive in-home services, crisis services, and behavior analyst services
- Many case managers know children primarily as cases and not as people and there is no efficient way of learning about the history of children



Issues Affecting Appropriate Mental Health Care for Children in Child Welfare

A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY**


- Lack of empathy for children's plight
- Transportation
- Stigma
- Placement stability: each move creates disruptions in medications, services and schooling and results in additional trauma
- Orienting children at every step of process



Issues Affecting Appropriate Mental Health Care for Children in Child Welfare

A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY**


- Data sharing problems
- Handoffs between systems with no transitions or ongoing interaction
- Integration of treatment planning
- Trauma informed services
- Courts
 - ✓ Unified family court
 - ✓ Court liaisons
 - ✓ Sufficient guardians *ad litem*



Suggested Innovations and Best Practices

A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY**


- Comprehensive assessments need to be more readily accessible to caseworkers within the system and collaborating providers in other systems.
- One stop assessment center (e.g., physical, mental health, educational).
- Joint assessment process needs to conclude with joint treatment plan accepted by all parties. This should also provide an opportunity to collect data on service availability gaps across systems in a central location.
- Co-location of health, mental health, juvenile justice, child welfare into one stop shopping.



Suggested Innovations and Best Practices

A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY**


- Build capacity for flexible intensive services which are available as long as is needed to resolve situation.
- Create additional level between regular foster care and STFC.
- System needs to continually evaluate how it might be contributing to further traumatization of children.
- Provide children with maximum amount of information such as pictures of location and foster parents, common interests, and information on the process.
- Mobile crisis teams.



Suggested Innovations and Best Practices

A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY**



- Parent and foster parent training refocused; caregivers are primary interventionists and need to be prepared for this role.
- Give parents concrete skills in behavior management and focus on enhancing resiliency and reducing risk. Conduct *in vivo* trainings where caregivers get to practice and receive skills coaching.
- Parent training programs need to be evidence based and the court should evaluate parents' program completion based on whether parents learned sufficient parenting skills.
- Bring foster parents into the planning for training, as well as the training itself.



Suggested Innovations and Best Practices

A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY**


- Case managers need training in conflict resolution. These skills need to be part of a larger cultural shift giving workers the expertise to engage families in a positive manner.
- Parents, out of home caregivers, caseworkers need better knowledge and skills around basic psychology, mental health issues and managing problematic behavior.
- Focus on improving performance of current employees; shift focus to ongoing coaching and supervision. Research indicates that training alone does not translate into practice.

Suggested Innovations and Best Practices

A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY**


- EBPs can be coordinated, integrated through wraparound approaches. They address burn-out, turnover, and provide continuity of care both within and across systems. Case managers no longer are responsible for managing cases alone, and therefore the team approach also provides a vehicle for cross system training (both formal and informal) on an ongoing basis.
- Team approaches provide more holistic view of children by combining multiple perspectives and better historical knowledge regarding what has worked in the past. They operate in the community, with all persons involved with the child, and have the ability to titrate the intensity of services at all times including after hours and on weekends.



Suggested Innovations and Best Practices

A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY**


- Children with externalizing behaviors should not be placed in group homes or residential treatment. Building capacity to use EBPs shown to be effective with these types of problems.
- Facilitate case managers and other providers knowing children and families sufficiently to provide effective services; e.g. improve case records to include a "short form" that contains historical and current information about children, and is available "at a glance".
- Increase the youth and family voice in all levels of the system, such as using monthly visits not just for monitoring, but to get to know basic history, likes, dislikes and successes of children and their families.




Suggested Innovations and Best Practices

A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY**

- Evidence-based practice should be used for each age group.
- Any intervention must include parent or caregiver and be trauma sensitive.
- Preventive approach (primary, secondary or tertiary) is desirable.
- Placement stability is of the utmost importance.



 **Contact Information**
A Study of Mental Health Care for Children and Youth in the Florida Child Welfare System **BIG SKY!**

Bob Paulson
(813) 974-3117
rpaulson@fmhi.usf.edu

Janis Prince Inniss
(813) 974-4967
jpinniss@fmhi.usf.edu

