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Preventing the residential placement of young children: A multidisciplinary investigation of challenges and opportunities in a rural state

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ABSTRACT

Estimates suggest that most children placed in state custody have mental or behavioral health problems. Many of these children are difficult to place with foster families and ultimately are referred for residential care. Residential care is expensive relative to other alternatives and the effects on child outcomes do not seem to justify the expense. This study identifies systemic factors contributing to the residential placement of young children and opportunities for service improvement in a rural state. Key informant interviews and surveys were used to synthesize a broad array of professional perspectives. Remarkable consensus across multiple groups suggests that young children are best served in a family setting. Strategies to reduce residential placement and improve outcomes of young children are discussed.

1. Introduction

Estimates suggest that approximately 50,000 children in the United States are placed in residential facilities focused on addressing mental health problems each year (Little, Kohm, & Thompson, 2005; Vaughn, 2005). Many of these children are in state custody due to issues of child maltreatment. Studies indicate that up to 80% of children in state custody have mental or behavioral health problems (Villagrana, 2010; Whitted, Delavega, & Lennon-Dearing, 2013) as compared to approximately 20% of the general US child population (Shaffer et al., 1996). Most of these children, however, do not receive mental health services. One of the few national studies of children investigated by child welfare agencies found that only one-fourth of children with mental health problems had received any mental health services in the previous 12 months (Burns et al., 2004).

The majority of research addressing youth placement in residential treatment facilities has focused on the adolescent population (Whitted et al., 2013). As 77% of child victims of maltreatment are under age 12 (USDHHS, 2011), the lack of research regarding the mental health needs of young children in the child welfare system is disturbing. Although the developmental literature consistently reports that early identification and treatment of behavioral problems leads to improved outcomes, the mental health needs of young children are often not diagnosed or treated until the behaviors escalate as children become older. Many of these children experience a long list of failed placements prior to receiving targeted mental health services (Whitted et al., 2013). A review of the scholarly literature indicates very few studies that have systematically evaluated the effectiveness of residential treatment for children (Barth, 2002). This is especially true for young children.

For children in the child welfare system, those with mental health problems are less likely to be placed in permanent homes (Smithgall, Gladden, Yang, & George, 2005) and are more likely to experience a placement change (Park & Ryan, 2009; Smithgall et al., 2005). Consequently, children with mental health problems are more likely to be placed out of the home (Hurlburt et al., 2004), and are more likely to be placed in residential care (Pottick, Warner, & Yoder, 2005). Once a child begins residential treatment, there is a high probability of returning to residential care after discharge. Interviews with parents suggest that a key factor in repeated admissions is lack of services available in the home community (Mercer Government Human Services Consulting, 2008). Without needed services available in the child's home community, readmissions to residential facilities are more likely. In one study including six-states, 75% of children in residential care were re-admitted or incarcerated after 7 years (Burns, Hoagwood, & Mrazek, 1999). Another study notes that 32%, 53%, and 59% return to

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residential placement after one, two, and three years, respectively (Asarnow, Aoki, & Elson, 1996). Other authors raise the possibility that residential settings might result in adverse effects on behavior as children are exposed to other disturbed youth (Dishion, McCord, & Poulin, 1999).

Residential care is expensive relative to other alternatives and the effects on child outcomes do not seem to justify the expense. Estimates suggest that residential treatment centers account for 8% of treated children and one-fourth of the national outlay in child mental health (Butler & McPherson, 2007; US DHHS, 1999). In general, the evidence does not support that residential treatment centers improve community protection or child outcomes (Hoagwood, Burns, Kiser, Ringeisen, & Schoenwald, 2001; US DHHS, 1999). Some research finds that there are improvements in clinical symptoms (US DHHS, 1999) but benefits may not be sustained after discharge (Burns et al., 1999). In examining treatment alternatives, Barth (2002) found that community-based services, when available, are at least as effective as residential treatment.

A rural state faces substantial obstacles to the provision of mental health services, including limited financial resources and barriers to service access. Growing concern regarding the mental and behavioral health needs of young children, particularly those within state custody, led to the initiation of the current study. State policy-makers recognized that limited in-state availability of residential treatment options for children under age 12 had led to most young children recommended for residential treatment to be placed out-of-state. Placement out-of-state often meant that these children were geographically separated from their families and home communities, and that educational consistency was difficult to achieve. The purpose of this study was to identify systemic factors that contribute to the residential placement of young children (under age 12) and opportunities for improvement in meeting these children's mental and behavioral health needs in a rural state. The complexities of the child welfare and behavioral health systems are well documented, with multiple professions, bureaucracies, and policy decisions impacting the process and outcome of child placement. For this reason, a multidisciplinary approach was utilized to synthesize a broad array of professional perspectives.

2. Method

A multidisciplinary research team was formed to examine the residential placement of young children in a rural state. Multiple methods were used to explore a broad array of professional perspectives regarding the rationale, process, and outcomes of child placement. First, we conducted a detailed examination of three levels of policy (federal law, state law, and agency policy) that influence child placement. Next, we interviewed a variety of key informants from different stakeholder groups including Child Protective Services (CPS) caseworkers, CPS administrators, other administrators within state agencies, residential placement providers, judges, and attorneys who provide Guardian ad Litem representation to children placed in residential facilities. These informants were asked to identify and comment on systemic issues affecting children's mental health and residential placement from their professional point of view. Finally, we surveyed licensed psychologists across the state regarding the mental health needs and residential placement of young children.

To outline the policy framework that shapes placement practices both within and outside the state, we examined federal law beginning with the Social Security Act of 1935 through the present time. We also examined state law, summarizing relevant sections of state code as applied to child placement procedures. Finally, we examined agency policy of the state's Department of Health and Human Resources (DHHR), focusing on foster care policy, the process of foster care placement, and referral policy.

Key informant interviews were conducted both with individual key informants and with small focus groups. A total of 41 individuals participated in key informant interviews. These individuals included: one executive director of a state-level professional organization, five state-level administrators within the Department of Health and Human Resources, five court-related professionals (e.g. judges and attorneys), six clinical psychologists, six Child Protective Services (CPS) caseworkers, and 18 representatives (clinicians and administrators) from 11 residential service provider organizations. Each interview followed a standardized interview protocol and included questions regarding: 1) the informant's role within the child welfare system or placement process; 2) the process of residential placement for children with mental health needs (i.e. how placement decisions are made); 3) the monitoring and reintegration process once a child is in residential placement; 4) systemic factors and challenges impacting the residential placement of young children; and 5) suggestions for improvement in the system of care for children in need of mental health services.

To further address specific clinical practice considerations, the six licensed clinical psychologists who participated in individual key informant interviews assisted in piloting items subsequently used in an electronically administered survey. A survey invitation link was sent by email to 102 individuals licensed through the state Board of Examiners of Psychologists for who valid contact information was available. Thirty-four licensed psychologists completed the survey. Survey questions addressed several areas including: 1) level of contact with children placed in residential treatment facilities; 2) appropriate circumstances for residential placement of children under age 12; 3) available child mental health treatment options in their local area; 4) needed changes in the system of care for children with mental health needs; and 5) suggested strategies for prevention or early intervention. All procedures were approved by the University's Institutional Review Board. The results of this study were first documented in a report to the State Legislature (Colyer, Morris, & Rishel, 2012).

3. Results

3.1. Child placement policy and procedures

State law has been crafted to be consistent with federal mandates, including requirements to place children in the least restrictive setting and to balance family preservation and reunification priorities with a child's need for safety and permanency. The state law calls for a coordinated system of child welfare and juvenile justice that is family focused, attuned to the mental and physical welfare of children, and that recognizes the fundamental rights of children and their parents. State services for children and families operate within a System of Care philosophy as defined by Stroul and Friedman (1986). Each county is required to establish multidisciplinary teams (MDTs) to assist the courts and the Department of Health and Human Resources (DHHR) in child abuse and neglect proceedings, as well as in youth services proceedings. A treatment MDT advises the court on treatment and placement recommendations and monitors ongoing treatment delivery. The MDT process is the state's cornerstone strategy for ensuring that each child has an appropriate treatment and permanency plan (United States Children's Bureau, 2009). By code, the MDT convenes at least once every 90 days. This creates an opportunity to bring all the stakeholders together to discuss progress and/or make adjustments.

3.2. Synthesis of professional perspectives

The goal of the current study was to synthesize a wide variety of professional perspectives in order to identify strategies to better meet the mental health needs of young children either currently, or at-risk of being, placed outside the home. All stakeholders interviewed or surveyed were asked about strategies to improve services and reduce out-of-state placement of young children. Contrary to what might be expected, almost none recommended increasing in-state residential options or “beds” for younger children. Across the board, stakeholders agreed that resources would be better spent on strengthening