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# Service use and multi-sector use for mental health problems by youth in contact with child welfare

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ABSTRACT

This article uses data from the National Survey of Child and Adolescent Well-Being (NSCAW) to examine multi-sector service use for mental health problems by youth in contact with social service agencies. At 18-months post-investigation for abuse/neglect, 24% was receiving some service for a mental health problem. Among served youth, 33% received services from multiple sectors. Likelihood of service use was higher for youth who were older, male, in non-kin foster care, had more severe mental health problems, and more parental risk factors. Among service users, few factors differentiated youth who used multiple sectors from those served in only one sector.



## 1. Introduction

Youths who come into contact with child welfare services display high rates of mental health problems and come from families affected by multiple problems (e.g., Burns et al., 2004; Farmer et al., 2001; Kolko Selelyo, & Brown, 1999; Landsverk, Garland, & Leslie, 2002). As such, they are likely to require services from a variety of child-serving sectors (e.g., specialty mental health, education, juvenile justice, general medicine) to meet these multiple needs. In response to this often extended and broad need for services, system of care principles have been utilized during the past two decades in an attempt to more adequately serve these youth with multifaceted needs (e.g., Kutash, Duchnowski, & Friedman, 2004; Pumariega & Winters, 2003; Stroul, 1996; Stroul & Friedman, 1986). This paper builds upon previous research to examine cross-sectional patterns of multi-sector service use and predictors of such patterns across a broad range of communities.

Previous work has shown that contact with child welfare may play a 'gatekeeping' role that increases access to mental health services (Blumberg, Landsverk, Ellis-McLeod, Ganger, & Culver, 1996; Farmer et al., 2001; Halfon, Berkowitz, & Klee, 1992; Takayama, Bergman, & Connell, 1994). However, a high level of unmet need remains among such youth (Burns et al., 2004; Farmer et al., 2001; Horwitz, Hurlburt, & Zhang, 2010). In addition, previous work has shown that it is crucial to recognize the broad range of child-serving sectors (not just the specialty mental health sector) that provide services to address these youths' mental health problems (Burchard, Burchard, Sewell, & VanDenBerg, 1993; Burns, et al., 1995; Farmer et al., 2001; Staghezza-Jaramillo, Bird, Gould, & Canino, 1995; Stroul, 1993; Zahner & Deskalakis, 1997).

A growing body of research has focused on factors related to the receipt of mental health treatment for the youth in contact with child welfare services (CWS). The severity of the child's mental health problems has frequently been related to increased likelihood of receiving treatment (Burns et al., 2004; Garland, Landsverk, Hough, & Ellis-McLeod, 1996; Leslie et al., 2000, 2004). However, even this factor has not consistently predicted such services (Kolko, Bauman, & Caldwell, 2003). Race has also been linked to service use, with the majority youth being more likely to receive treatment than the minority youth (Farmer et al., 2001; Garland & Besinger, 1997; Kolko et al., 1999; Leslie et al., 2004; McMillen, Scott, Zima, Ollie, Munson, & Spitznagel, 2004; Walrath & Liao, 2004). However, not all analyses have found this pattern (e.g., Zima, Bussing, Yang, & Berlin, 2000). There has also been evidence that where (and whether) a child is placed may affect service use. Youth placed in non-relative foster care are more likely to receive services than those living in kinship care (Leslie et al., 2000; McMillen et al., 2004) or at home (Burns et al., 2004). The type and severity of abuse has also been linked with increased rates of service use, with more severe abuse and sexual abuse related to increased use of services (Garland et al., 1996; Kolko

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et al., 2003; Walrath et al., 2003). In addition to these factors, parental factors have also been shown to increase the likelihood of service use. These factors include parental mental health problems and service use as well as the parental history of abuse and other risk factors (Burns et al., 2004; Kolko et al., 1999, 2003). Finally, work has suggested the importance of broader system-relevant factors such as insurance coverage (Burns et al., 2000; Farmer et al., 2001; Schneider & Fennel, 1999) and linkages between child-serving agencies (Hurlburt et al., 2004).

The current work uses the National Study of Child and Adolescent Well-being (NSCAW), a nationally representative sample of youth who came into contact with child welfare services because of allegations of abuse or neglect. It builds upon previous research on service delivery and systems of care to examine patterns of service use, particularly multi-sector service use, among youth who have been in contact with CWS. The paper focuses on service use beyond the initial period of CWS involvement, by examining service use 18 months after completion of the maltreatment investigation. The paper addresses three primary research questions:

(1) Of the youth who have had contact with CWS, how many receive services for mental health problems? Which sectors provide these services?
(2) To what extent do such youth receive services from multiple sectors? Among the youth who receive such multi-sector services, which sectors are involved?
(3) What factors predict service use? Do different factors predict any use of services, use of services within particular sectors, and use of services from multiple sectors

## 2. Methods

### 2.1. NSCAW study design

The National Survey for Child and Adolescent Well-Being was a national study of youth who were subjects of reports of maltreatment investigated by child welfare agencies (NSCAW Research Group, 2002). NSCAW was designed by the Department of Health and Human Services to address the relationships among child and family well-being, family characteristics, experience with the child welfare system, community environment and other factors (Dowd, Kinsey, & Wheeless, 2001). The NSCAW design has been detailed elsewhere and will be summarized here (Dowd et al., 2001; NSCAW Research Group, 2002). The sample was selected using a two-stage, stratified sample design. Children were selected from 92 primary sampling units (PSUs) in 97 counties nationwide, with oversampling of infants, youth with reports of sexual abuse, and youth who were receiving ongoing child welfare services. Weights were used to adjust for small deviations from the original plan (both in sampling and for non-response). Therefore weighted data provide the best available nationally representative estimates for this population. Current analyses include data from the baseline interview (Wave 1), and from a follow-up interview that took place approximately 18 months later (Wave 3).

Current analyses used the NSCAW main sample cohort which included 5504 children, ages birth to 14 at the time of sampling, who had contact with the child welfare system because of investigations/assessments for abuse/neglect within a fifteen-month period which began in October 1999. Children under 2 ($n = 1699$) were excluded because of inadequate data on mental health problems in this age group. Therefore, the analyzed sample included 3802 youth.

### 2.2. Measures

#### 2.2.1. Psychological need

Parent report on The Child Behavior Checklist (CBCL) (Achenbach, 1991) was used to estimate emotional and behavioral problems for youth and need for mental health services. The reliability and validity of these instruments have been well established (Achenbach, 1991) and the CBCL has been used extensively in previous research on child welfare populations (e.g., Armsden, Pecora, Payne, & Szatkiewicz, 2000; Burns et al., 2004; Simms, 1989). Internal consistency on the total score for the current sample is high ($a = .92$). With a sensitivity of .60 and a specificity of .73 against the Diagnostic Interview for Children (Jensen, Salzberg, Richters, & Watanabe, 1993), the parent reports on the CBCL provide a reasonable proxy for clinical need.

#### 2.2.2. Mental health service use

Use of services to address a mental health problem was assessed using an adapted version of the Child and Adolescent Services Assessment (CASA) (Ascher, Farmer, Burns, & Angold, 1996; Farmer, Angold, Burns, & Costello, 1994). The CASA gathers information from caregivers and youth about an array of services for emotional and behavioral problems. The current study includes information on the use of specialty mental health, school, justice system, and general medical service use. Specialty mental health services include: 1) outpatient services (e.g., community mental health centers, private professionals such as psychologists, psychiatrists, social workers, and outpatient drug and alcohol services); 2) in-home services; 3) therapeutic nursery/day treatment; 4) inpatient services and residential treatment for emotional, behavioral, drug or alcohol problems. School services included services for 'emotional, behavioral, learning, attentional, or substance abuse problems provided by a guidance counselor, school psychologist, school social worker, or other school-based provider. Because there was no direct measure for justice system services in the included version of the CASA, we used an indicator for the child going to court for misbehaving as a proxy. Use of general medical services is defined by a child visiting a primary care setting for an emotional or behavioral problem. Data focuses on the 'current' use of services from each sector. This focus on present use was necessary to provide a comparable reporting period for data for youth who were residing at home and those who were currently placed in non-relative or kinship foster care where caregivers were often unable to provide data on more extended histories of service use.

For the current analyses and discussion, use of mental health services is defined as receipt of services from any of these sectors (i.e., specialty mental health, school, justice system, general medical). Multi-sector care is defined as receiving services from at least two of these sectors (i.e., specialty mental health, school, justice system, general medical) during the 'current' period.

#### 2.2.3. Maltreatment

Child welfare workers identified the types of alleged maltreatment using a modified Maltreatment Classification Scale (Manly, Cicchetti, & Barnett, 1994). From the caseworker reports, a variable indicating the most serious form of maltreatment was derived by NSCAW. Categories include physical abuse, sexual abuse, failure to provide, failure to supervise/abandonment, and other (e.g., educational maltreatment, moral maltreatment, exploitation).

#### 2.2.4. Placement

At the time of the investigation, children were categorized as living: 1) with their permanent primary caregiver, typically their biological parent; 2) with relatives; 3) in non-relative foster care; or 4) in group or residential care.

#### 2.2.5. Parental risk factors

Child welfare caseworkers were asked to identify the parental risk factors they believed existed at the time of the investigation. Risk factors included drug or alcohol abuse, severe mental illness, cognitive impairment, physical impairment, poor parenting, trouble meeting