Children and Youth Services Review 34 (2012) 838–844

Contents lists available at SciVerse ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth

Linking infants and toddlers in foster care to early childhood mental health services ☆

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ARTICLE INFO

Article history:
Received 12 September 2011
Received in revised form 10 January 2012
Accepted 12 January 2012
Available online 20 January 2012

Keywords:
Infant mental health
Foster care
Child welfare
Screening
Early childhood

ABSTRACT

Infants and toddlers in foster care are at high risk yet face barriers in accessing mental health services. This study evaluated a model program designed to screen young foster children ($n = 432$) and link them with infant mental health services. Regression analyses identified predictors of appropriate referral and linkage among demographic, placement, and screening clinician variables, and the impact of the program improvement. Clinicians with early childhood training and psychologists who participated in the program improvement were found to provide more appropriate referrals, and referrals led to high rates of mental health service delivery. Prenatal substance exposure was associated with more appropriate referral. Linkage rates did not vary by ethnicity, age, gender, or placement type.

1. Introduction

Infants and toddlers aged birth to three represent one of the largest and most vulnerable groups of children in the foster care system, and are often placed in out-of-home care as a result of multiple family risk factors at a time when they are most dependent on adult care giving for their growth and development (Beckmann, Knitzer, Cooper, & Dicker, 2010). While the combined effects of neglect and/or abuse and separation from primary attachment figures place them at high risk for social–emotional problems, the mental health needs of the youngest children are often overlooked and untreated (Cooper, Banghart, & Aratani, 2010; Stahmer et al., 2005). Evidence-based mental health treatments have been developed for young children who have experienced trauma, such as Child Parent Psychotherapy (Lieberman & Van Horn, 2008), Parent Child Attunement Therapy (Dombrowski, Timmer, Blacker, & Urquizu, 2005), and a comprehensive infant mental health intervention program (Zeanah et al., 2001). However, challenges in screening and identifying mental health problems in infants and toddlers and ensuring that families and courts understand the importance and availability of infant mental health services mean that most infants and toddlers in the foster care system receive no mental health treatment (Stahmer et al., 2005).

This study describes a model program designed to screen and identify the mental health needs of infants and toddlers recently detained by the child welfare system, and appropriately link them with infant mental health services. We sought to (a) identify demographic, placement and clinician variables that were related to whether the child was appropriately referred for mental health services; (b) determine whether a program designed to improve training of clinicians and streamline referral procedures led to more appropriate linkage and referrals; (c) investigate whether the same variables predicted appropriate referral post-intervention; and (d) examine variables that were associated with whether the child actually received services following the referral.

1.1. Young children and foster care

Infants and toddlers represent a large proportion of children in foster care in the United States; in 2010, 16% of children entering foster care were less than one year of age and 37% were ages birth through three (U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, 2011). Infants remain in foster care longer than older children (Wulczyn, Brunner Hislop, & Jones Harden, 2002), and often have experienced multiple risk factors including exposure to substances prenatally, exposure to domestic violence, maternal depression, and poverty (Beckmann et al., 2010). Furthermore, over 80% of children who die as a result of maltreatment are under the age of four years (U.S. Department of

☆ Portions of this manuscript were presented at the National Training Institute of Zero to Three, November, 2007, Orlando, FL. The authors are grateful for the assistance of Fred Dorey, PhD and Choo Phei Wee, PhD, for their consultation regarding statistical analyses.

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doi:10.1016/j.childyouth.2012.01.014

Health and Human Services, Administration on Children, Youth and Families, Children's Bureau, 2010).

1.2. Impact of abuse, neglect and foster care in early childhood

The early years are a critical time during which children develop their understanding of the world and relationships (Shonkoff, 2010); brain development during infancy occurs at a more rapid rate than at any other period in the developmental trajectory (Shonkoff & Phillips, 2000). Early adverse experiences have been shown to have short- and long-term effects on neuroendocrine regulation in animal models (Sanchez, Ladd, & Plotsky, 2001), and it has been hypothesized that prolonged activation of stress response systems, without the buffer of a supportive caregiver, has long-term negative impacts on children (National Scientific Council on the Developing Child, 2007; Schore, 2001). Earlier onset of maltreatment (prior to age 3) predicts greater depression and anxiety later in life (Kaplow & Widom, 2007). While young children are vulnerable to the impact of abuse and neglect, if children's needs are identified and addressed early negative outcomes may be prevented (Dicker, Gordon, & Knitzer, 2001). For example, younger age at entry into out-of-home care predicted better subsequent mental health (Tarren-Sweeney, 2008) and attachment (Smyke, Zeanah, Fox, Nelson, & Guthrie, 2010), compared to children who experienced abuse or neglect for a longer period before placement.

Multiple professional organizations have developed guidelines recommending that all children in foster care receive timely and appropriate screening for mental health needs (American Academy of Child and Adolescent Psychiatry, 2001; American Academy of Pediatrics (AAP) Committee on Early Childhood, Adoption and Dependent Care, 2002; American Academy of Pediatrics (AAP) Committee on Early Childhood Adoption: Dependent Care, 1994; Child Welfare League of America, 2007). Nonetheless, it is estimated that 70% to 85% of children and youth in need of mental health services in the child welfare system do not receive such services (Burns et al., 2008; Hurlburt et al., 2004; Raghavan, Inoue, Ettner, Hamilton, & Landsverk, 2010; Stagman & Cooper, 2010). Children under age three are even less likely to receive mental health services than older children (Stahmer et al., 2005), and community evaluations of young foster children often miss opportunities to identify mental health needs (Horwitz, Owens, & Simms, 2000). A national survey by Raghaven, Inkelas, Franke, and Halfon (2007) revealed that most state and county mental health agencies were unaware of standards for mental health screening of foster children, and multiple systemic barriers prevent effective implementation.

1.3. Foster care reform in Los Angeles County

The Los Angeles County Department of Children and Family Services (LAC-DCFS) is one of the largest child welfare departments in the United States, with an active caseload of almost 35,000 children (LAC-DCFS, 2011). Historically, LAC-DCFS has struggled with coordinating mental health services to meet the needs of children in out-of-home placement, leading to a class action lawsuit in 2002 referred to as "Katie A". The Katie A Settlement (Los Angeles County Department of Children and Family Services, 2002) included a mandate requiring LAC-DCFS to identify and provide timely treatment for the mental health needs of foster children. As part of the implementation of the Katie A Settlement, the Los Angeles County Foster Care Hub system was developed. These specialized clinics provide DCFS-detained children with medical evaluations and primary follow-up care at a designated hub from physicians who specialize in the needs of children in foster care. By 2006, Foster Care Hubs were established for each geographic area of the county. The Los Angeles County Department of Mental Health joined in the collaboration to implement age-appropriate mental health screenings, and Children's Social Workers were required to refer all newly detained children in Los Angeles County to a Foster Care Hub for screening. Primary goals of the Hubs include providing continuity of medical and mental health care, communication with child advocates and social workers to clarify goals of care, and collaboration with foster care agencies to help implement the health and mental health recommendations.

1.4. Foster Care Hub Clinic

The Foster Care Hub Clinic ("Hub Clinic") evaluated in this article was established in 2006 as one of the six Los Angeles County Foster Care Hubs. Pediatricians and mental health professionals perform medical and mental health screenings for newly-detained children in the child welfare system and link children with appropriate follow-up services. The Mental Health Screening Tool (0–5) (MHST; California Institute for Mental Health, n.d.) is completed as part of the Hub evaluation, and consists of a 4-item scale including information about exposure to abuse, neglect, or trauma; specific behavioral and emotional symptoms; and whether the child's behaviors present a risk to stable placement or childcare. A "yes" response to any item on the MHST (0–5) is considered a positive screening, indicating the need for a more comprehensive mental health evaluation.

Both the medical and mental health professionals in the hub make recommendations to DCFS and the court for ongoing care. Recommendations depend on the findings from the medical and mental health screens, whether the child has a medical home and/or is receiving mental health services already, and whether ongoing medical and/or mental health care should be offered at the Hub Clinic hospital or in another community setting. This last determination depends on factors such as geographic location of the child's caregiver, the caregivers' wishes, and the existence of a court order mandating specific services. A key focus of the Hub Clinic is to ensure timely linkage of foster children with needed treatment, to avoid the problems with identification and treatment of mental health problems identified in the Katie A lawsuit.

1.5. Early childhood mental health program services

Within the same community hospital that runs the Hub Clinic, the Early Childhood Mental Health Program ("EC Program") provides clinic- and home-based mental health services to families with infants and young children, aged birth to five. Funding for the program is provided by Medicaid's Early Periodic Screening, Detection, and Treatment (EPSDT). Due to the large number of referrals from the foster care system, the EC Program has developed the following specialized services to meet the needs of infants and toddlers in or at risk for out-of-home placement:

a) Behavior in Babies Clinic (BIB) is an interdisciplinary clinic providing comprehensive evaluations of development and social–emotional concerns to identify needs for mental health services or other community interventions. Following evaluation, families who need additional services are offered therapy within the EC Program, referred to mental health agencies closer to their home, and/or linked with other community agencies focusing on developmental disabilities.
b) Clinic- or home-based therapy: Mental health clinicians with expertise in infant mental health provide therapy services, with a focus on dyadic therapy models including Child Parent Psychotherapy (Lieberman & Van Horn, 2008). Interventions are tailored to fit the specific needs of children in out-of-home placement. Therapists are flexible in including various family members (e.g. foster parents, biological parents, extended family members) depending on the family constellation and reunification plan. Consultation with involved family members, the DCFS Children's Social Worker, and the child's attorney guides treatment planning.