Utilization of Mental Health Services and Trajectories of Mental Health Status among Children in the Child Welfare Prepaid Mental Health Plan (CW PMHP)

Svetlana Yampolskaya, Ph.D.
Patty J. Sharrock, Ph.D.
Colleen Clark, Ph.D.
Ardis Hanson, Ph.D.

March 24, 2015
Tampa, Florida
Introduction

- The prevalence of mental health problems experienced by children in out-of-home care is well documented.

- It has been suggested that as many as 80% of children involved with child welfare agencies have indicated or identified emotional, behavioral, or developmental needs (Farmer et al., 2001, Landsverk, Garland, & Leslie, 2002; Leslie et al., 2000; Taussig, 2002).
Introduction

- Despite the recognized high level of mental health needs among children in child welfare, there is a significant gap between need and service utilization.

- There is a significant portion of adolescents in out-of-home care who had mental health needs but did not receive mental health services.

- The literature indicates that even when children receive mental health services, these services are often not sufficient to help them overcome their emotional difficulties (McCrae et al., 2010).
Introduction

- With increasing attention being given to well-being of children in contact with the child welfare system, a significant issue is the degree to which mental health services improve children’s mental health status.

- Little is know about how the intensity of mental health service provision relates to changes in mental health status over time.
The goal of this study is to understand the relationship between mental health service provision and mental health outcomes for children placed in out-of-home care and enrolled in the Medicaid Child Welfare Prepaid Mental Health Plan (CW PMHP).
Data Sources

- **The Florida Child Welfare Database (Florida Safe Families Network - FSFN)**
  Information about child maltreatment history, involvement with the Child Protection System, and out-of-home child welfare placement

- **Florida Medicaid Administrative Data Sets**
  Information about mental health diagnoses, number and type of mental health services received, and dates when these services were provided

- **Children’s Functional Assessment Rating Scale (CFARS) administrative database**
  Data about children’s mental health status
Sample Characteristics

- All children who:
  - entered out-of-home care in Florida during FY2007-2008 through 2009-2010
  - received mental health services through the CW PMHP
  - had their mental health status assessed at least once with the CFARS

- 51% male

- 42% Non-Hispanic White; 40% African-American; 11% Hispanic; 7% other racial and ethnic groups

- Average age was 9 years ($M = 9.45$, $SD = 4.50$) ranging from birth to 17 years
Predictor Variables (Covariates)

- Gender
- Age at the time the child was placed into out-of-home care
- Race/Ethnicity including African American, Hispanic, Caucasian, and Other race-ethnicity
- ICD-9-CM most prevalent mental health diagnoses
- Child maltreatment type including abuse, neglect, and threatened harm
Predictor Variables (Covariates)

- Maltreatment chronicity measured by the number of substantiated maltreatment reports received prior to the child’s out-of-home placement episode used for this study
- Maltreatment severity
- Parental substance abuse problems
- Domestic violence in the family
Outcome Variables

- All outpatient mental health services received by children
- Mental health status as measured by the CFARS (Ward et al., 2006)
- The CFARS contains 16 domains rated on a 9-point strength/severity scale from 1 (no problem) to 9 (extreme problem)
Latent growth curve modeling – specifically a Parallel Growth Model

In this study, the two parallel processes included changes in CFARS scores (indicating changes in mental health status) and changes in the number of mental health services received.

Mplus software was used for the analyses (Muthén & Muthén, 1998-2012).
Mean Outcomes for Each 6-Month Study Period

<table>
<thead>
<tr>
<th>Period</th>
<th>CFARS Score</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>40.9</td>
<td>17.3</td>
</tr>
<tr>
<td>2</td>
<td>38.1</td>
<td>9.5</td>
</tr>
<tr>
<td>3</td>
<td>38.6</td>
<td>4.4</td>
</tr>
<tr>
<td>4</td>
<td>39.3</td>
<td>1.9</td>
</tr>
</tbody>
</table>

- Period 1: 40.9
- Period 2: 38.1
- Period 3: 38.6
- Period 4: 39.3
The average number of all outpatient mental health services received per child during each 6-month study period declined significantly from 17 services at baseline to approximately two services in Period 4.

Without covariates, the trajectories of mental health services significantly decreased over time with a simultaneous trend of decreasing mean CFARS scores (significant improvement in mental health status).

A significant association was found between fewer mental health services provided at baseline and an increase in (or worsening of) CFARS scores over time ($\beta = -6.13$, $S.E. = 2.06$, $p < .05$).
Findings

- Males had significantly higher CFARS scores and received a significantly higher number of mental health services during the baseline period, but they received fewer mental health services over time, and their CFARS scores did not significantly change.

- Older children had significantly higher CFARS scores and received a significantly higher number of mental health services during the baseline period. Their receipt of mental health services also significantly declined, but their CFARS scores increased significantly over time.

- African American children received significantly more services at baseline and fewer services over time, but this was not associated with any change in CFARS scores.
Findings

- Children with a primary diagnosis of adjustment reaction disorder, attention deficit disorder, other youth disorder, or depression received more outpatient mental health services at baseline, and then experienced a significant decline in the number of mental health services received over time with no significant changes in CFARS scores.

- Although children who lost their caregivers had similar CFARS scores and mental health service receipt at baseline compared to children with caregivers present, they received significantly fewer services over time and their CFARS scores increased significantly.
Findings

- Children with a higher number of previously substantiated maltreatment reports (chronicity) had significantly higher CFARS scores and received more mental health services at baseline; however, as service receipt declined, CFARS scores increased (worsened) significantly over time.
Study Limitations

- The study utilized administrative data sets and therefore the accuracy of data across reporting agencies may be limited by the quality and consistency of data entry.

- Certain parental characteristics such as demographic characteristics or mental health status were not examined in this study due to unavailability of this information.

- Only children who were assessed with the CFARS were included in the study and therefore results cannot be generalized to all children in out-of-home care.
Conclusions

- Findings from the study demonstrate that, on average, the number of all outpatient mental health services significantly declined over time parallel to a statistically significant improvement in mental health status.

- Results also bring attention to the timing of service provision. Overall, children who received significantly fewer mental health services during the baseline period were more likely to experience a decline in mental health status over time.
Conclusions

The findings also point to several individual differences between children with specific characteristics and associated trajectories of the number of mental health services received and mental health status. Older age, chronic maltreatment, and caregiver absence were the only characteristics that were associated with significantly increasing CFARS scores over time regardless of the number or type of services they received.

This suggests that children with these characteristics are at the highest risk for declining mental health outcomes and should be provided interventions that attend to their unique needs.
Conclusions

- Children with a primary mental health diagnosis of adjustment reaction disorder, attention deficit disorder, other youth disorder, or depression experienced a significant decline in the number of mental health services provided over time despite no significant change in their mental health status.
Policy Recommendations

- Maintaining intense services throughout an out-of-home stay episode should be considered for children with higher CFARS scores at initial assessment.

- Special attention should be given to children with a history of chronic maltreatment and children who lost their caregivers, as their treatment should include interventions geared toward addressing their specific issues especially as relevant to trauma-focused care.

- Effective and ongoing communication and collaboration should occur between child welfare, mental health, managed care, and other systems involved with families to facilitate a thorough assessment of needs, and access to and provision of appropriate services.
Contact Information

Svetlana Yampolskaya  
yampol@usf.edu

Patty J. Sharrock  
psharroc@usf.edu

Colleen Clark  
cclark8@usf.edu

Ardis Hanson  
hanson@usf.edu