

System Challenges and Mental Health Services for Children in Foster Care: The Illinois Experience

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Mental health of children in foster care is at risk

- Abuse & neglect
- Unstable families
- Dislocation, instability and loss associated with foster care
- Some have prior mental health and health problems that led to their families being unable to care for them



Research on foster care & mental health

- 30% to 50% or more of children in foster care have impaired mental health
- Children in foster care are more likely to receive mental health services than other children at risk

But many children in need do not receive mental health services

See e.g., Chernoff, Combs-Orme, et al., 1994; Garland, Landsverk, et al., 1996; Halfon, Berkowitz & Klee, 1992; Leslie, Hurlburt, et al., 2004; Takayama, Bergmann, & Connell, 1994



State Focus Needed

- All prior research concerns localities or country as a whole
- Yet child welfare is a state function
- Research is needed at the state level



Research Question 1

What percentage of Illinois children in foster care have mental health problems in the clinical or borderline clinical range and how does that compare to the percentage for children in foster care nationally?



Research Question 2

What percentages of Illinois children in foster care receive services from a range of specific mental health settings (e.g., outpatient services from a community mental health center, school-based services, residential treatment centers, etc.) and, how do these compare to percentages for children in foster care nationally?



Research Question 3

What percentage of Illinois children with mental health problems in the clinical or borderline clinical range receive mental health services, and how does that compare to the parallel national percentage?



Research Question 4

What might account for differences between Illinois and the rest of the country on delivery of mental health services to children in foster care?



Illinois Child Well-Being Study

- Random samples of Illinois children in foster care
- Round 2 (2003) and Round 3 (2005) data here
- Caregiver and child interviews
- Standardized measures of mental health problems and services
- Patterned after the National Survey of Child and Adolescent Well-Being (NSCAW; comparison sample here)



Measures

Problems

- Child Behavior Checklist
- Youth Self Report
- Children's Depression Inventory
- Trauma subscale (Trauma Symptom Checklist)

Services

- Child and Adolescent Services Assessment

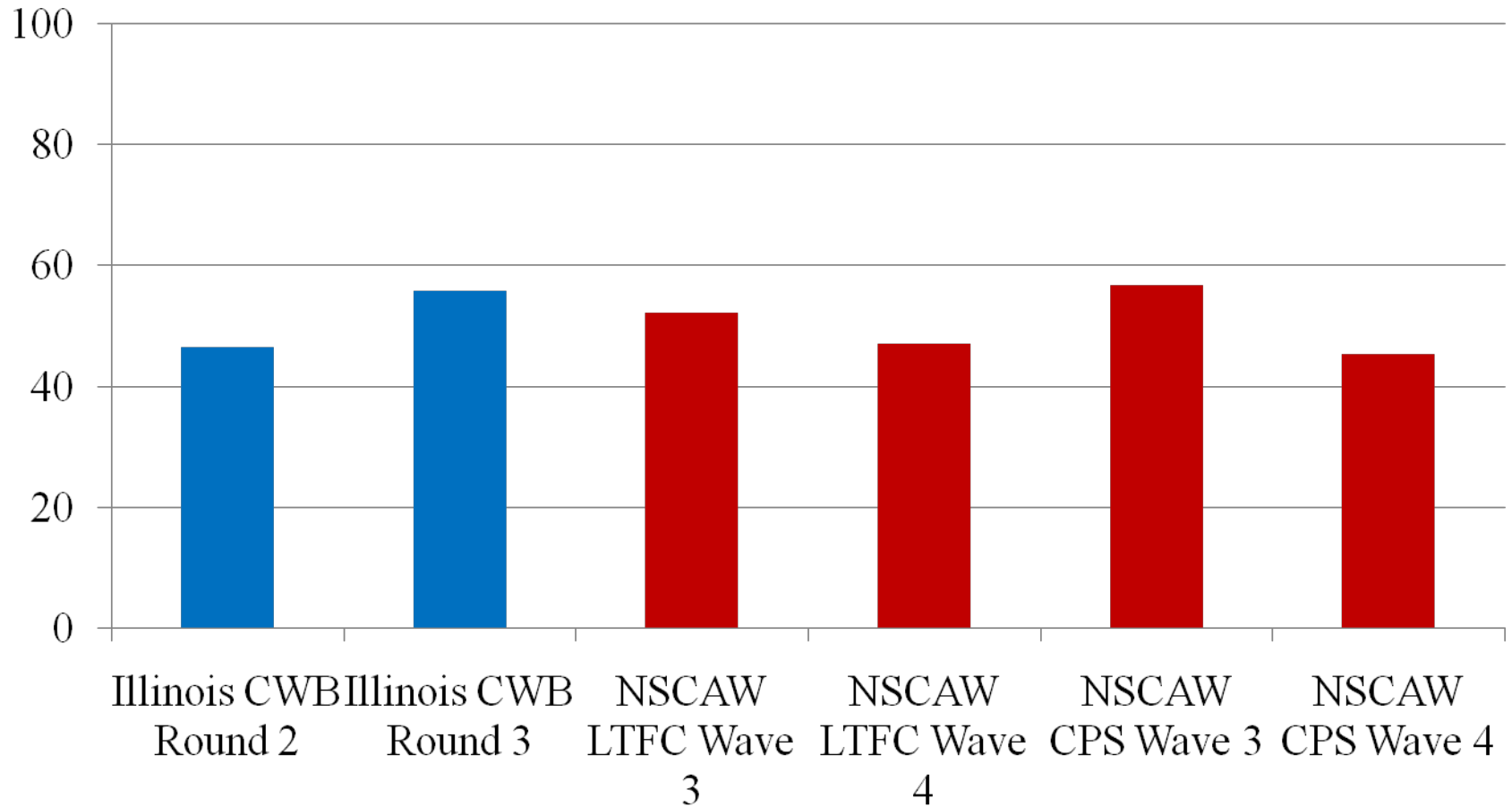
Measures listed in blue are completed by Caregivers
Measures listed in crimson are completed by Youths



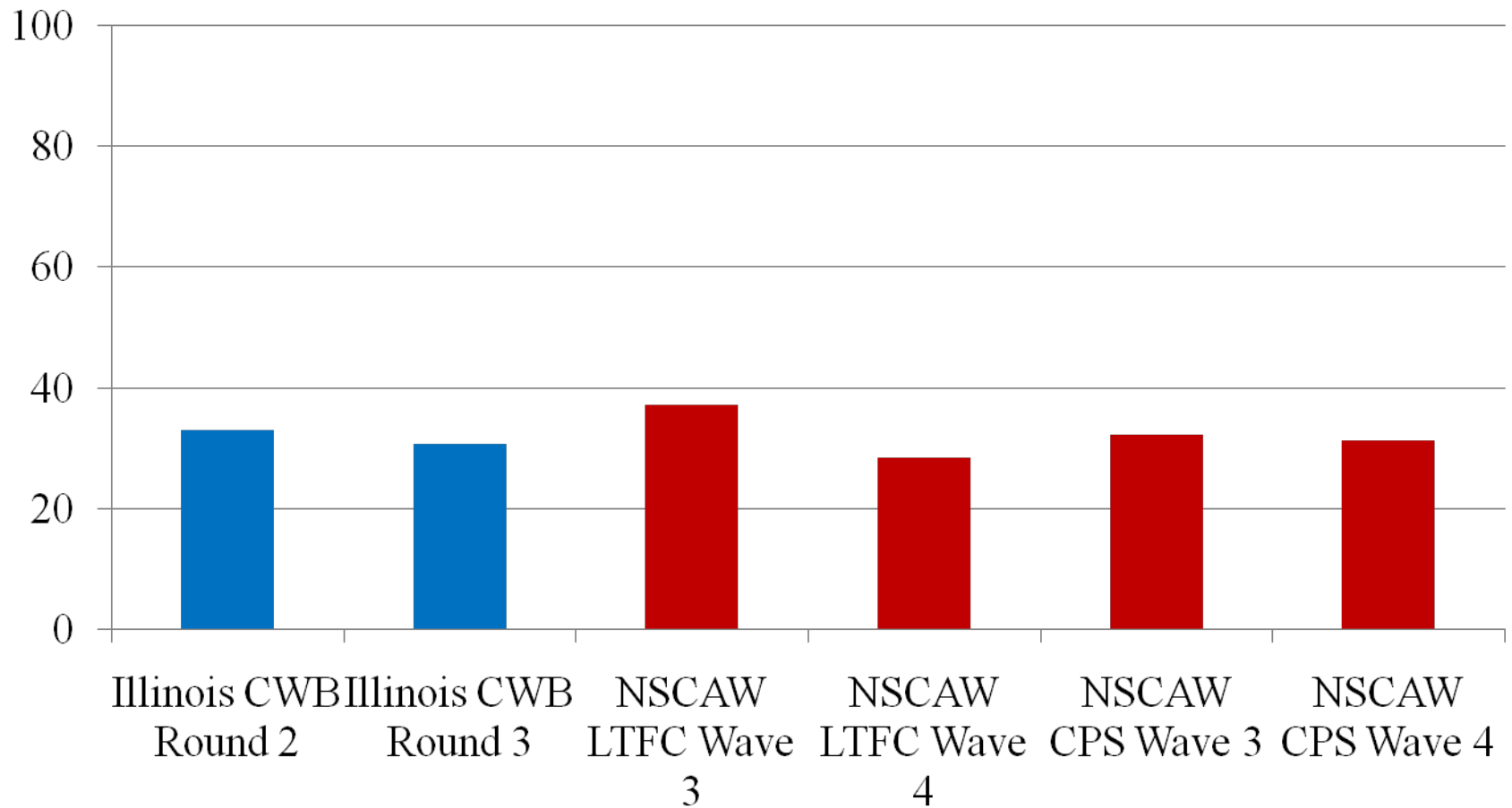
Findings on Mental Health Problems

Illinois and national children in foster care had the same rate of mental health problems

% of Children in Borderline Clinical/Clinical Range on CBCL (parent checklist)



% of Children in Borderline Clinical/Clinical Range on YSR (youth self-report checklist)

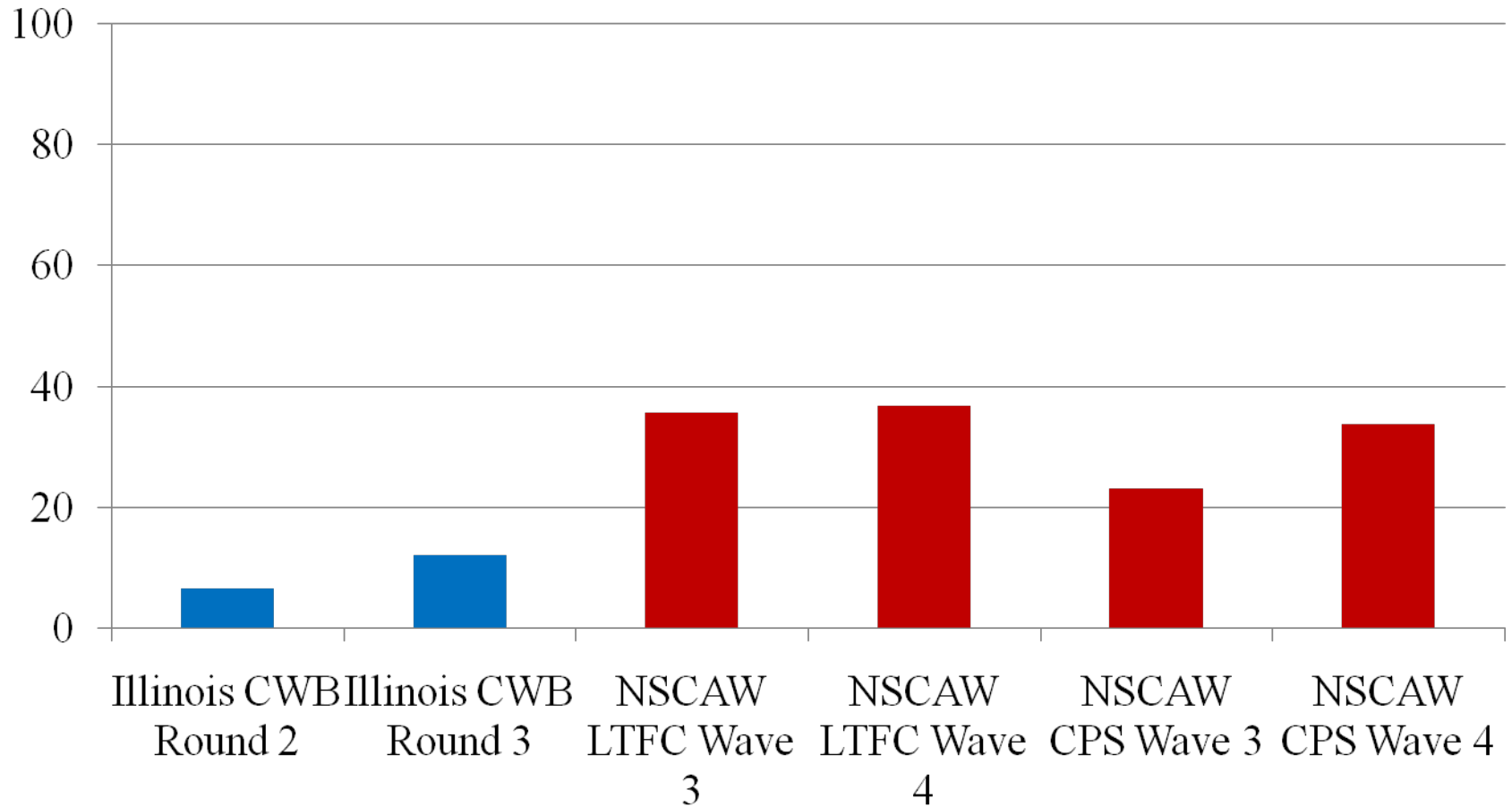




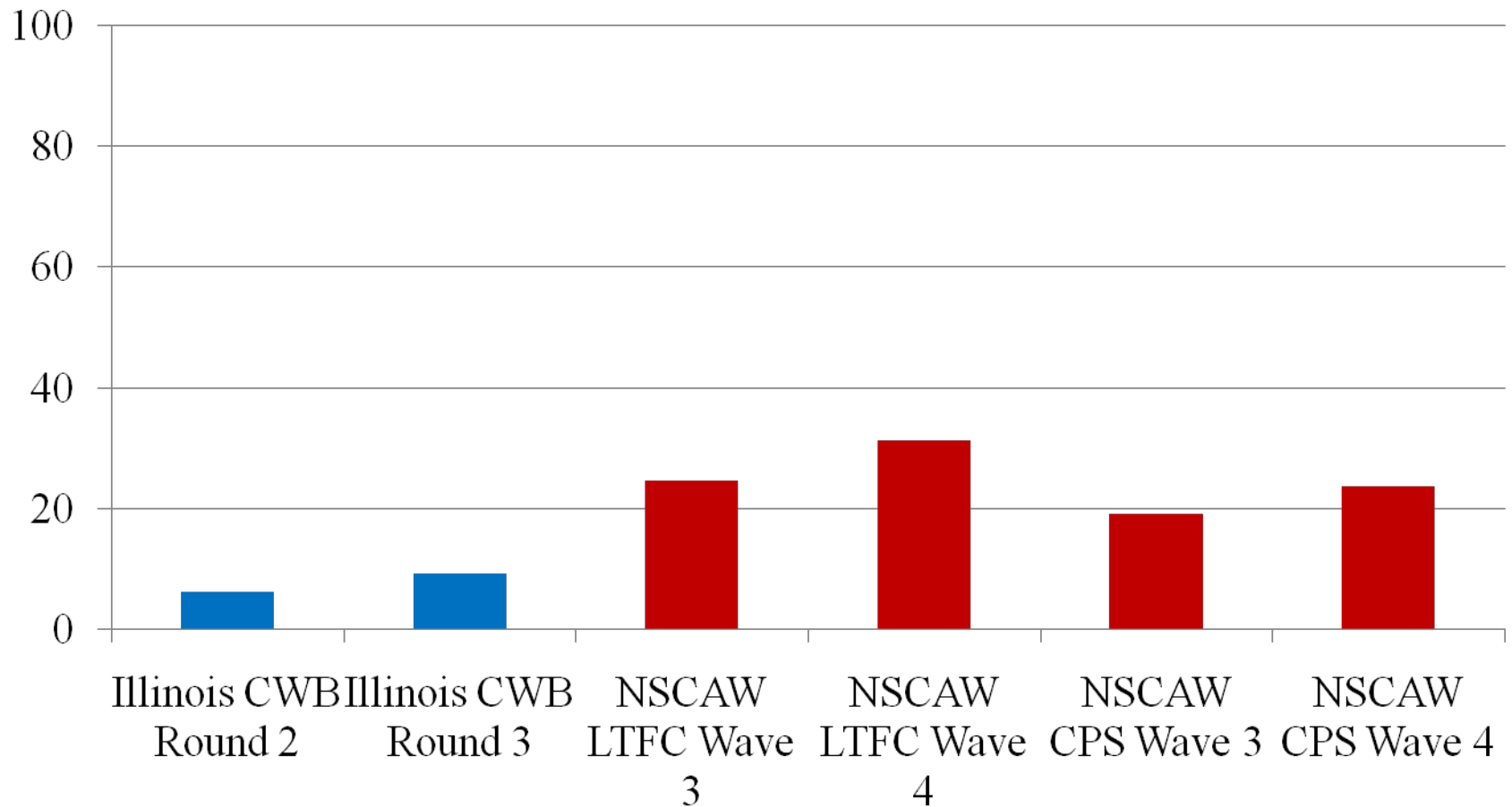
Finding on Mental Health Services:

Children in foster care nationally were more likely to receive several types of mental health services than Illinois children

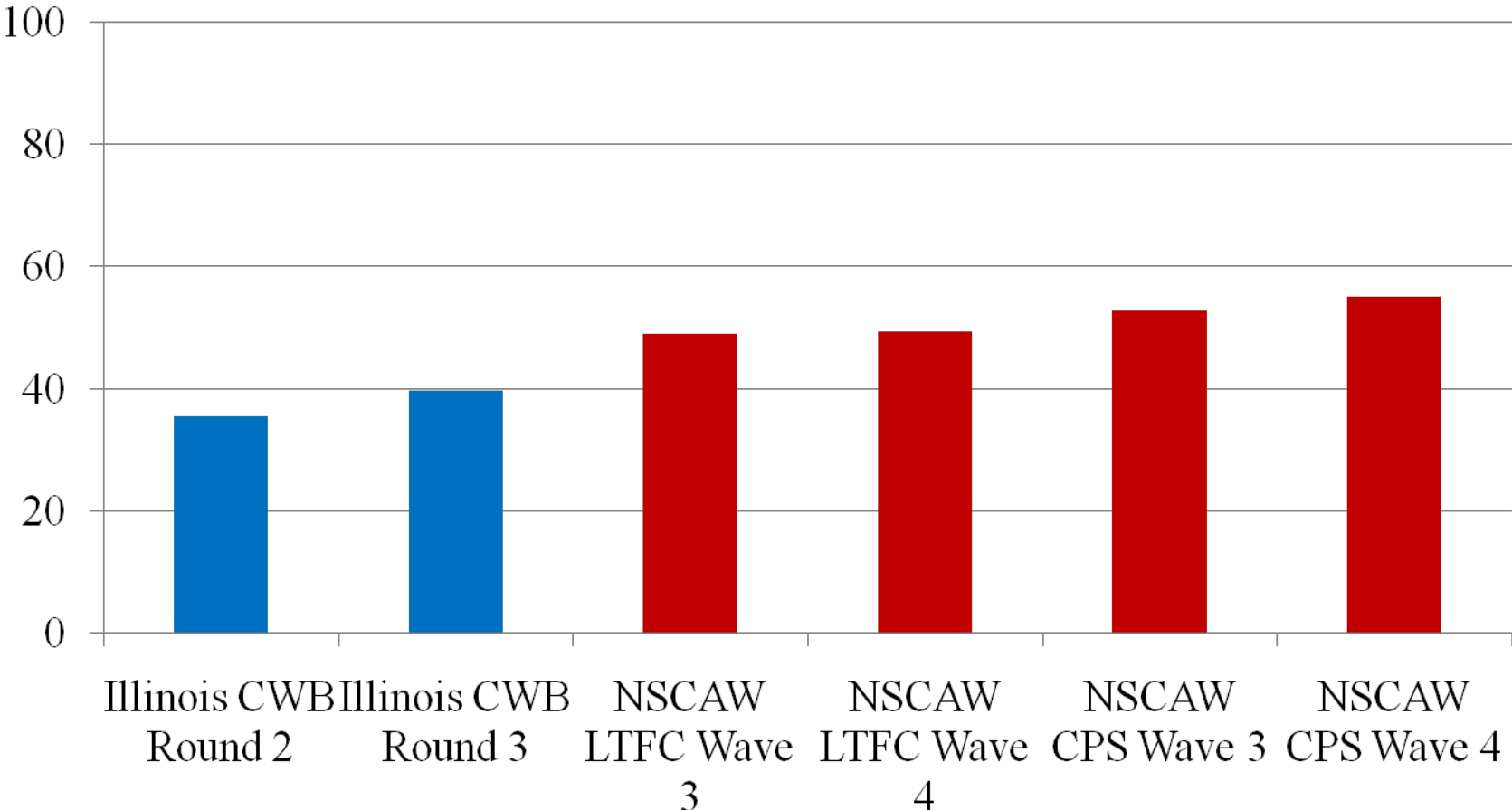
% Receiving Residential Treatment



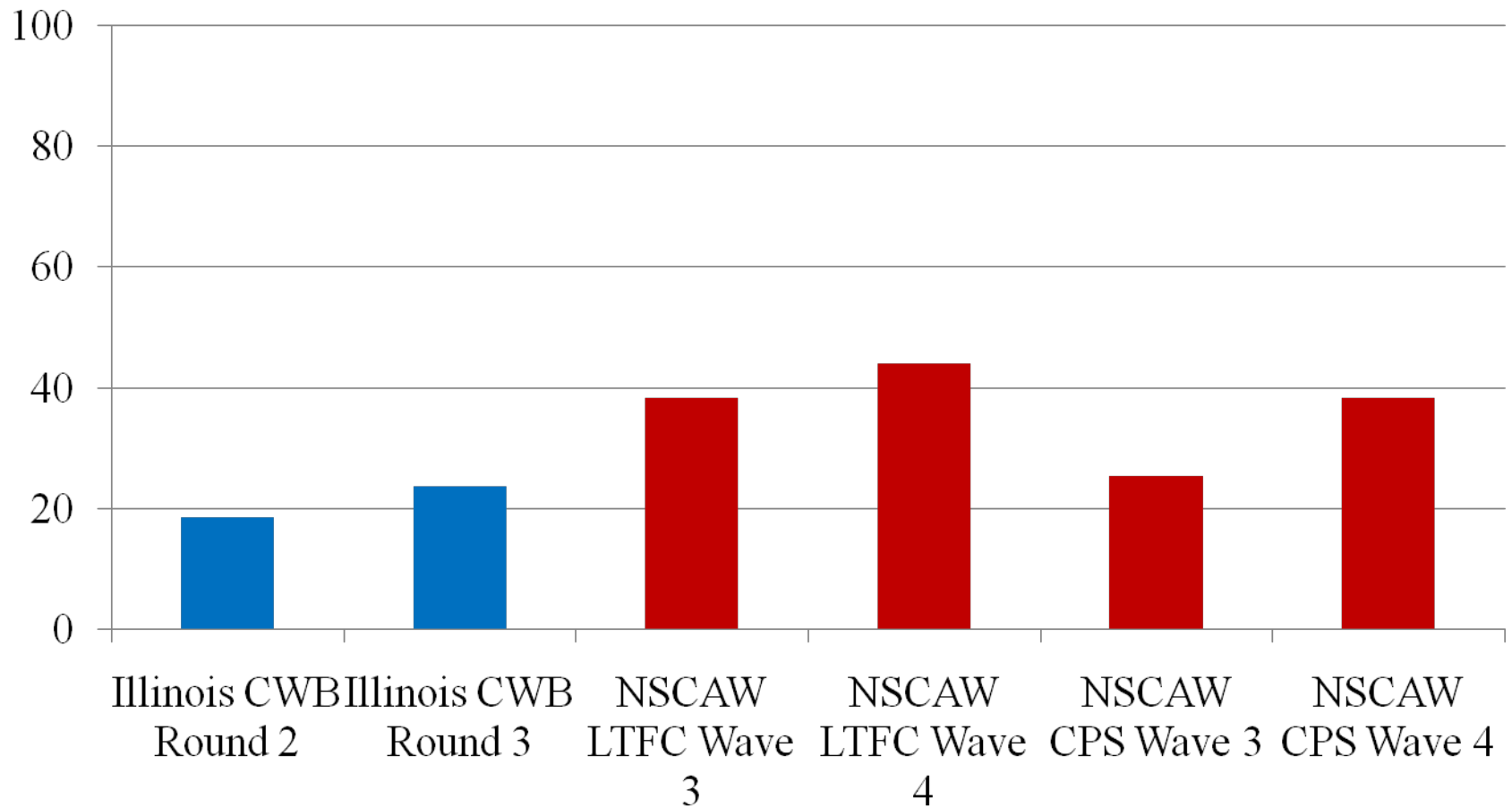
% Receiving Services from a Mental Health or Community Mental Health Center



% Receiving Services from a Guidance Counselor or other School Professional

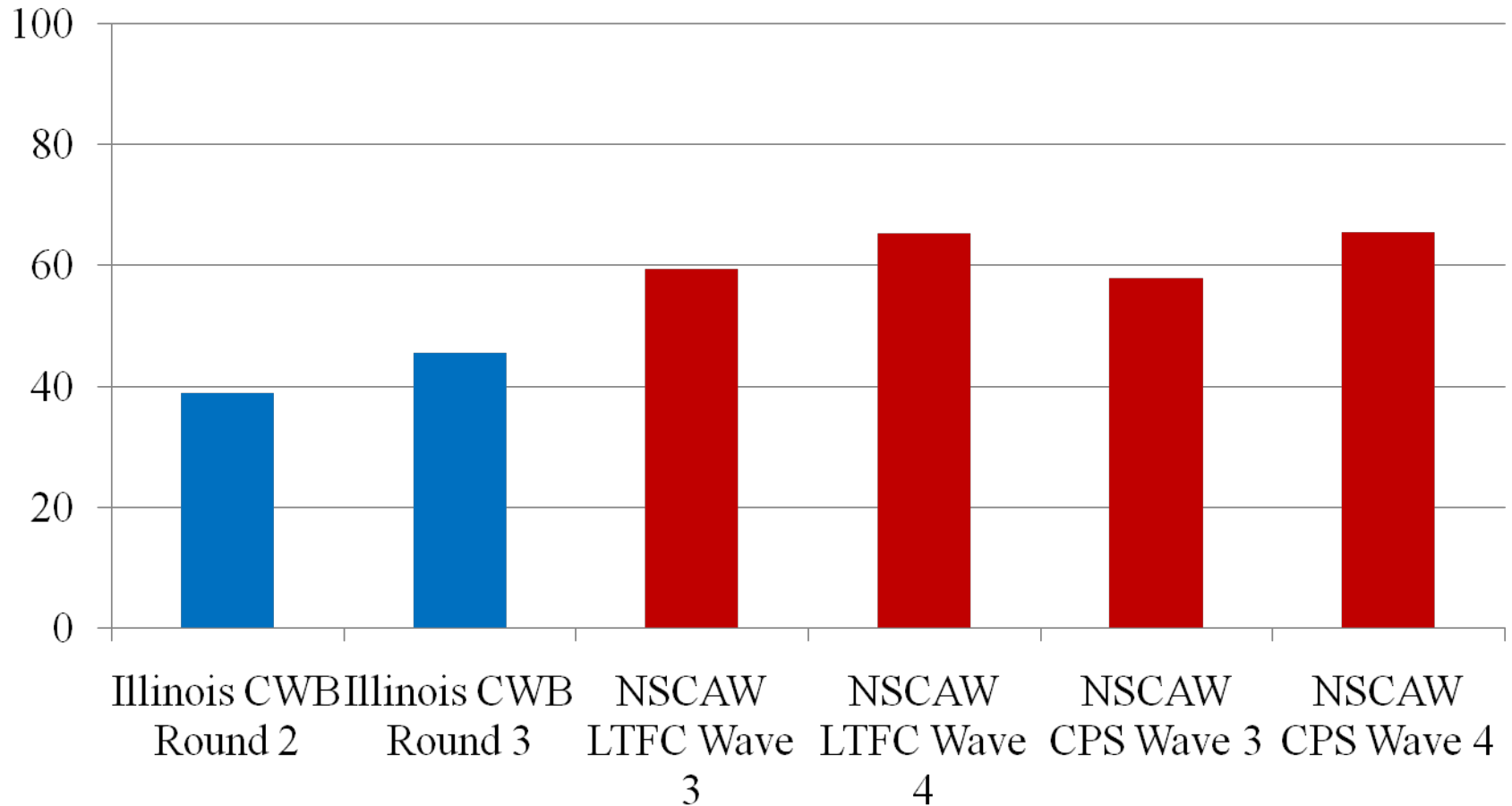


% Receiving Any Specialty Mental Health Service*



* Excludes private professional services

% Receiving Any Mental Health Service*



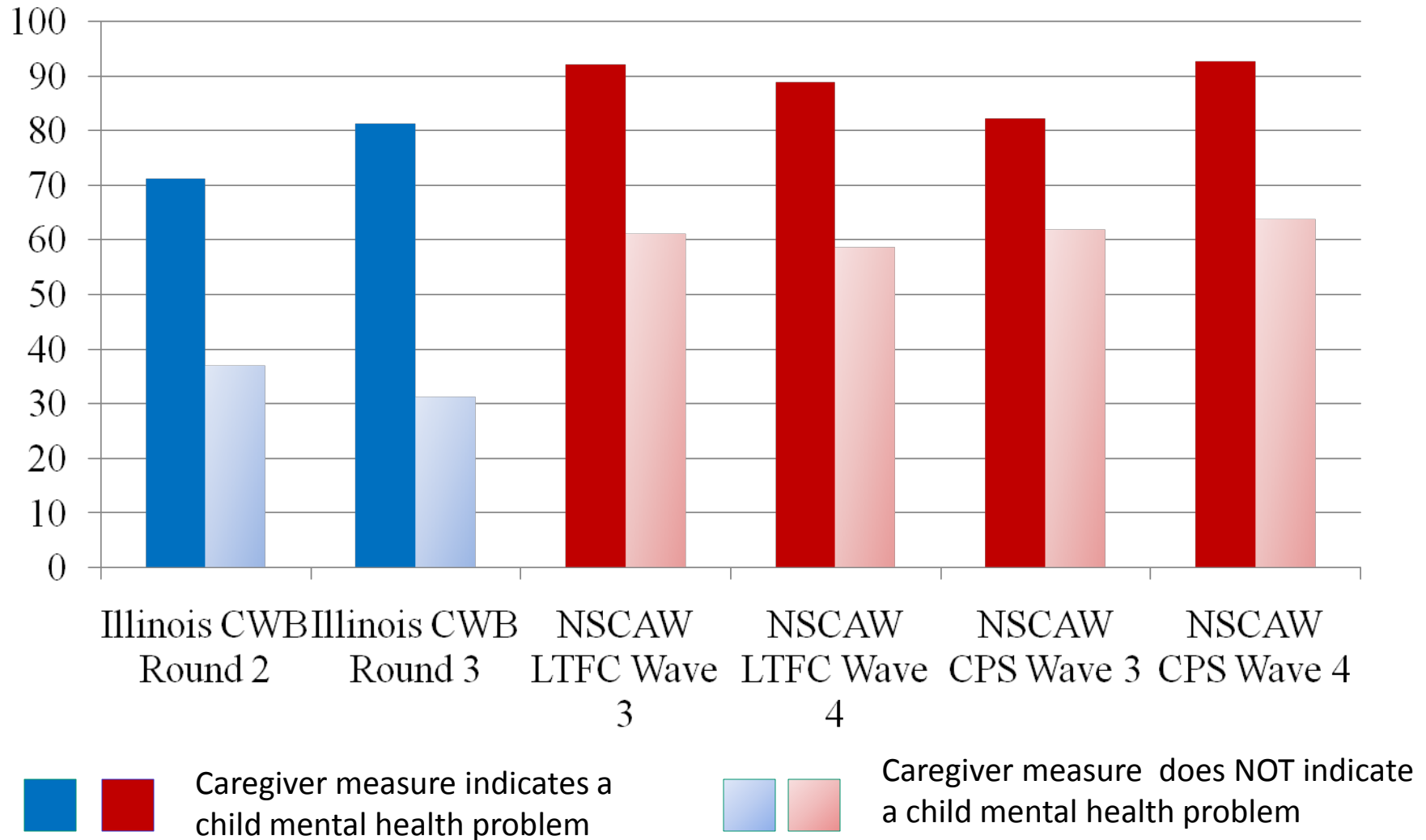
* Excludes private professional services



Big reason for difference between Illinois and rest of the country:

Rest of country is much more likely than Illinois to provide services when caregivers do NOT report child mental health problems

% Receiving a Mental Health Service by Caregiver Indication of MH Problem





Why the apparent shortfall for Illinois children in foster care?

Numerous obstacles to mental
health services



Problems with Illinois public children mental health service system overall

- “Gross under-funding”
- 16% of psychiatrists and psychologists accept public insurance
- Overall shortage of child mental health professionals

Sources: Illinois Children’s Mental Health Task Force, Heartland Alliance, federal Child and Family Services Review, Kids Count



Challenges to the Illinois Department of Children and Family Services

- Three fold increase in numbers in foster care from 1987-1997
- Enormous caseloads at that time (> 75 in Cook County)
- Excessive use of psych. hospitalization and residential treatment for children in custody
- Inadequate assessment of children in custody



Limitations of Medicaid

- Limited funds
- Cumbersome billing
- Delayed and meager reimbursement
- Limited range of professionals reimbursed (no social workers)



Progress and Opportunities since 2000

- Dramatic reductions in foster care and restrictive placements and increases in permanency since 2000
- New DCFS assessment and access mechanisms
 - 2005: Integrated Assessment Program for all children entering custody
 - 2005: Child and Adolescent Youth Investment Teams (CAYITs) review cases with multiple placements
 - 2008: DCFS Statewide Web-Based Provider Database



Progress and Opportunities (cont.)

- 2003: Illinois Children's Mental Health Partnership (grassroots movement) advocating for improvements
- 2006: Modest increase in Federal Medicaid match with opportunities to do more



General challenge:

Mental health services for foster children can be a lower priority than other needs in both the mental health and child welfare systems