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Behavioral Health Services for Children in DCFS Care: Findings from the 2017 Illinois Child Well-Being Study

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The 2017 Illinois Child Well-Being Study of children found that a substantial proportion of children in out-of-home care through the Illinois Department of Children and Family services (IDCFS) had emotional and behavioral problems:[1] 62.3% of caregivers identified at least one emotional or behavioral problem their child had, and 41.5% of children and youth scored in the borderline clinical to clinical range on the Child Behavior Checklist, a measure of child emotional and behavioral problems that is completed by caregivers. Previous studies of children in out-of-home care in Illinois and other parts of the country have also found high rates of emotional and behavioral problems.[2]

Given this substantial need, it is especially important to track whether children in out-of-home care are receiving the behavioral health services they need. Research nationally has shown that entry into child welfare can be a gateway into behavioral health services, with large in-

[1] Cross, T.P., Tran, S., Hernandez, A., & Rhodes, E. (2019). *The 2017 Illinois Child Well-Being Study: Final Report*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign. https://www.cfrc.illinois.edu/pubs/rp_20190619_2017IllinoisChildWell-BeingStudy.pdf Also, see another research brief in this series: Tran, S. P., Cross, T. P., & Kwon, S. (2020). Child emotional and behavioral health in DCFS care: Findings from the 2017 Illinois Child Well-Being Study. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

[2] See, e.g., Bruhn, C., Helton, J., Cross, T.P., Shumow, L. & Testa, M. (2008) Well-being. In Rolock, N. & Testa, M. (Eds.) *Conditions of children in or at risk of foster care in Illinois 2007: An assessment of their safety, stability, continuity, permanence, and well-being*. Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign. Urbana, IL: Children and Family Research Center. Cross, T.P. & Bruhn, C. (2010). Delivery of mental health services for a state's population of children in foster care: A comparison of Illinois and national data. *Illinois Child Welfare*, 5, 87-107. Hartnett, M.A. & Bruhn, C. (2006). *The Illinois Child Well-Being Study. Year One Report*. Urbana, IL: Children and Family Research Center. Hartnett, M.A., Bruhn, C., Helton, J., Fuller, T. & Steiner, L. (2009). *Illinois Child Well-Being Study: Year Two Final Report*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign. Casanueva, C., Ringeisen, H., Wilson, E., Smith, K., & Dolan, M. (2011). *NSCAW II Baseline Report: Child Well-Being*. OPRE Report #2011-27b, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

creases in delivery of mental health services soon after children become involved in child welfare.[3] Nevertheless, many children in out-of-home care nationally do not receive the behavioral health services they need.[4]

A study of Illinois children and youth in out-of-home care in 2003 found that 77% of children and youth with emotional and/or behavioral problems were receiving a behavioral health service.[5] A smaller percentage (35.9%) of those with emotional and/or behavioral problems had received a specialty mental health service, meaning a service provided in a setting specially designed for professional mental health services.[6] A parallel study of Illinois children and youth in out-of-home care in 2004 found that 50.4% of those with emotional and/or behavioral problems had received a specialty mental health service.[7] The researchers in these studies also analyzed comparison data from national samples of children and youth in out-of-home care who had emotional and behavioral problems. They found that 50.5% to 77.2% of these children and youth nationally received specialty mental heatlh services.[8] The higher rates nationally suggested that Illinois had a shortfall in providing specialty mental health services to children in out-of-home care compared to the rest of the country.

However, rates of behavioral health service use among Illinois children and youth in out-of-home care were not studied for more than a decade. The 2017 Illinois Child Well-Being Study provided an opportunity to update our assessment of behavioral health service delivery for Illinois children and youth in out-of-home care.

The 2017 Illinois Child Well-Being Study

The 2017 Illinois Child Well-Being Study provided a snapshot of the well-being of children and youth in out-of-home care in Illinois in 2017. The Children and Family Research Center (CFRC) drew a stratified random sample of 700 children and youth from the population of children and youth in DCFS care in October 2017. The Survey Research Laboratory of the University of

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[3] Becker, M., Jordan, N., & Larsen, R. (2006). Behavioral health service use and costs among children in foster care. *Child Welfare*, *85*(3), 633–647. Leslie L.K., Hurlburt M.S., James S, Landsverk J, Slymen D.J., & Zhang J (2005). Relationship between entry into child welfare and mental health service use. *Psychiatric Services*, *56*(8), 981–987. Stiffman AR, Pescosolido B, & Cabassa LJ (2004) Building a model to understand youth service access: The gateway provider model. *Mental Health Service Research*, *6*,189–198

[4] Shin S.H. (2005) Need for and actual use of mental health services by adolescents in the child welfare system. *Children and Youth Services Review*, *27*, 1071–1083. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2012) *Child welfare outcomes 2008–2011: Report to Congress*. http://archive.acf.hhs.gov/programs/cb/pubs/cwo07-10/cwo07-10.pdf

[5] See Hartnett et al., (2008), ibid.

[6] Cross & Bruhn (2010), ibid. The following were counted as specialty behavioral health services: psychiatric hospital, inpatient detoxification unit, residential treatment center or group home, emergency shelter, day treatment, outpatient drug or alcohol clinic, or mental health or community mental health center.

[7] Cross & Bruhn, (2010) ibid.

[8] Cross & Bruhn, (2010) ibid.

Illinois at Chicago conducted interviews with caseworkers, out-of-home caregivers, and children themselves age seven and older, between December 2017 and July 2018. For more information, see the full report of the study (link below).

Behavioral Health Services the Child Was Currently Receiving

Table 1 shows the proportions of children and youths who were receiving a range of different behavioral health services at the time of the interview. Percentages are reported both for the sample as a whole and for that subset of children and need who had a behavioral health need, as measured by several clinical measures in the study (see the footnote to Table 1).

Most caregivers reported that their child was currently receiving a behavioral health service. When children had an emotional or behavioral problems, that proportion was 85.3%. Counseling was the most common behavioral health service currently used and in-school therapeutic services and outpatient psychiatry were also common

Table 1 Caregiver Report on Child Behavioral Health and Support Services Child Currently Receives (2 to 17 years old)

				Subsample with Emotional or Behavioral Problems[2]		
	N	f	%/ se	N	f	%/ se
Counseling	317	142	44.7 (2.8)	145	101	69.5 (3.8)
Group therapy	319	34	10.7 (1.7)	145	30	20.3 (3.3)
In-school therapeutic services	315	72	22.8 (2.4)	143	57	39.7 (4.1)
Self-esteem/anger management classes	319	17	5.4 (1.3)	145	17	11.7 (2.7)
Outpatient psychiatry	317	60	19.0 (2.2)	144	55	38.4 (4.1)
Outpatient psychiatric care	316	32	10.2 (1.7)	142	31	21.4 (3.5)
Inpatient psychiatric care	319	10	3.3 (1.0)	145	10	7.2 (2.2)
Tutoring	318	34	10.8 (1.7)	144	26	18.0 (3.2)
Mentoring	319	39	12.2 (1.8)	145	29	19.9 (3.3)
Crisis intervention	318	20	6.3 (1.4)	144	20	13.8 (2.9)
Any behavioral health service currently received[1]	320	192	60.0 (2.7)	147	126	85.9 (2.9)

Note. All analyses used weighted data. The sample sizes presented are unweighted.

[a]

[a] In order to evaluate the presence of any behavioral health condition, a variable was constructed based on the following criteria: Clinical/borderline or clinical/subclinical score on the Child Behavior Checklist, Youth Self Report, Children's Depression Inventory, or Post-traumatic Stress subscale OR Caregiver's indication that the child has been diagnosed by a doctor as having ADHD, Depression, Bipolar Disorder, Conduct Disorder, or Oppositional Defiant Disorder

[b] Service delivery was identified as current receipt of any of the following services based on responses of caregivers: inpatient psychiatric services, day treatment, outpatient psychiatric services, counseling or services from a mental health center, group therapy, in-school therapy, self-esteem or anger management classes, mentoring, crisis intervention, SACY programs or services, therapeutic day program, outpatient alcohol or substance abuse clinic services, or services from a family or medical doctor (for emotional, behavioral, attention, learning, or substance abuse problems).

Behavioral Health Services the Child Ever Received

Table 2 shows the behavioral health services the child *ever* received, according to caregivers. It should be noted that the second list of emotional and behavioral health services (for the questions about having *ever* received a service) differs from the first list of services (for the questions about *currently* receiving an emotional or behavioral health service). The second list does not include options for such interventions as mentoring, tutoring, and services provided by a private practitioner. In addition, while a question in the second list asks whether a child has received behavioral health services at a community health center, it does not ask about other possible agencies at which a child might have received behavioral health services, such as a family services center or a Children's Advocacy Center.

The most common behavioral health services *ever* received were in-school counseling services and in-home counseling and crisis services. It is noteworthy that 12.8% of children and 25.5% of children with a behavioral health need had been psychiatrically hospitalized. The percentage of children who had ever received a behavioral health service in the second list was 37.9%. Among children with emotional or behavioral problems, 65.7% had ever received a behavioral health service in the second list. It might seem illogical that the percentage who ever received a behavioral health service listed in Table 2 was smaller than the percentage who were currently receiving a behavioral service listed in Table 1. This occurred because of the omission of several types of services from the *ever received* list of questions.

Differences in Receipt of Behavioral Health Services by Placement Setting

The 2017 Illinois Child Well-Being Study found that older youth in out-of-home care and youth in specialized foster care, group homes and residential treatment were more likely to have emotional and behavioral problems, so we analyzed receipt of behavioral health services by age group and placement setting. Figure 1 shows the differences in receipt of behavioral health services by child age for children with emotional and behavioral problems. Children under the age of 6 were omitted because most children's behavioral health services are designed for children of school age. In each age group, majorities of children and youth had received behavioral health services. The chief difference by age group was in receipt of speciality

Table 2 Caregiver Report on Whether Child has Ever Received Different Behavioral Health Services

				Subsample with Emotional or Behavioral Problems[a]		
	N	f	%/ se	N	f	%
In-school counseling	190	74	39.0 (3.6)	113	59	52.2 (4.7)
In-home counseling	308	51	16.7 (2.1)	136	42	30.5 (4.0)
Psychiatric hospital	315	40	12.8 (1.9)	143	37	25.5 (3.7)
Behavioral health service from a family doctor	315	36	11.4 (1.8)	142	30	21.2 (3.4)
Residential treatment center	316	25	7.7 (1.5)	144	23	16.1 (3.1)
Hospital medical inpatient unit	312	21	6.8 (1.4)	141	20	13.9 (2.9)
Mental health center/community center	314	18	5.6 (1.3)	142	17	11.8 (2.7)
Behavioral health service from hospital emergency room	314	16	5.2 (1.3)	141	14	10.0 (2.5)
Emergency shelter	188	7	3.6 (1.4)	111	7	6.0 (2.3)
Day treatment	186	5	2.8 (1.2)	110	5	4.8 (2.1)
Inpatient detoxification	113	3	2.4 (1.4)	70	3	3.9 (2.3)
Outpatient drug or alcohol clinic	110	2	2.1 (1.4)	67	2	3.4 (2.2)
Any specialty behavioral health service[b]	319	54	16.9 (2.1)	146	48	33.1 (3.9)
Any behavioral health service listed in this table	320	122	37.9 (2.7)	147	96	65.7 (3.9)

Note. All analyses used weighted data. The sample sizes presented are unweighted.

[a] In order to evaluate the presence of any behavioral health condition, a variable was constructed based on the following criteria: Clinical/borderline or clinical/subclinical score on the Child Behavior Checklist, Youth Self Report, Children's Depression Inventory, or Post-traumatic Stress subscale OR Caregiver's indication that the child has been diagnosed by a doctor as having ADHD, Depression, Bipolar Disorder, Conduct Disorder, or Oppositional Defiant Disorder

[b] The following were counted as specialty behavioral health services: psychiatric hospital, inpatient detoxifica-tion unit, residential treatment center or group home, emergency shelter, day treatment, outpatient drug or alcohol clinic, or mental health or community mental health center

Figure 1. Receipt of Behavioral Health Service by Child Age Group for Children and Youth with Emotional and Behavioral Problems

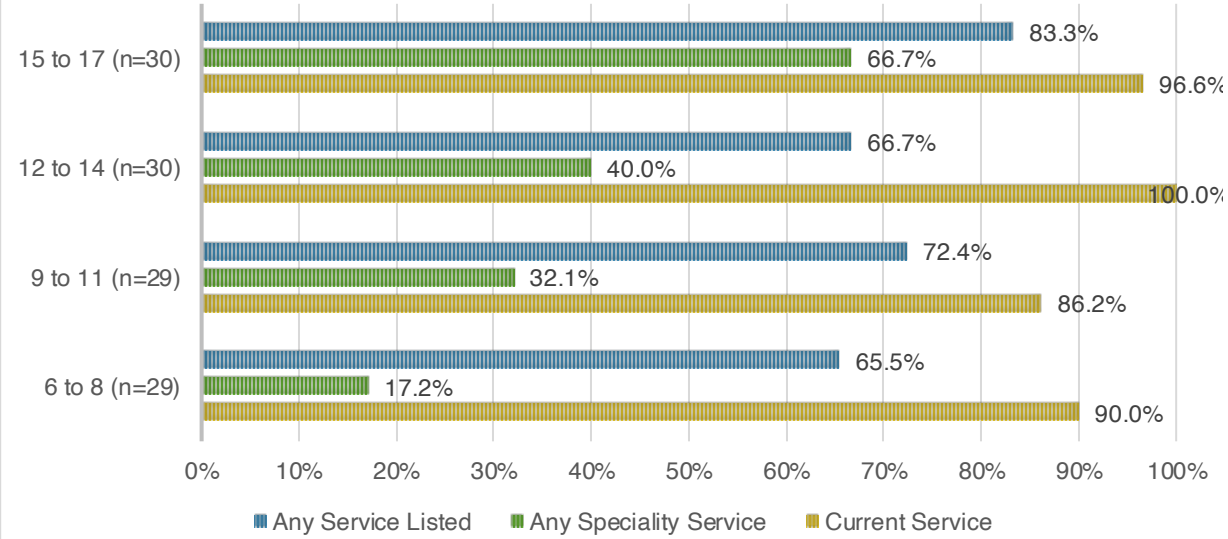
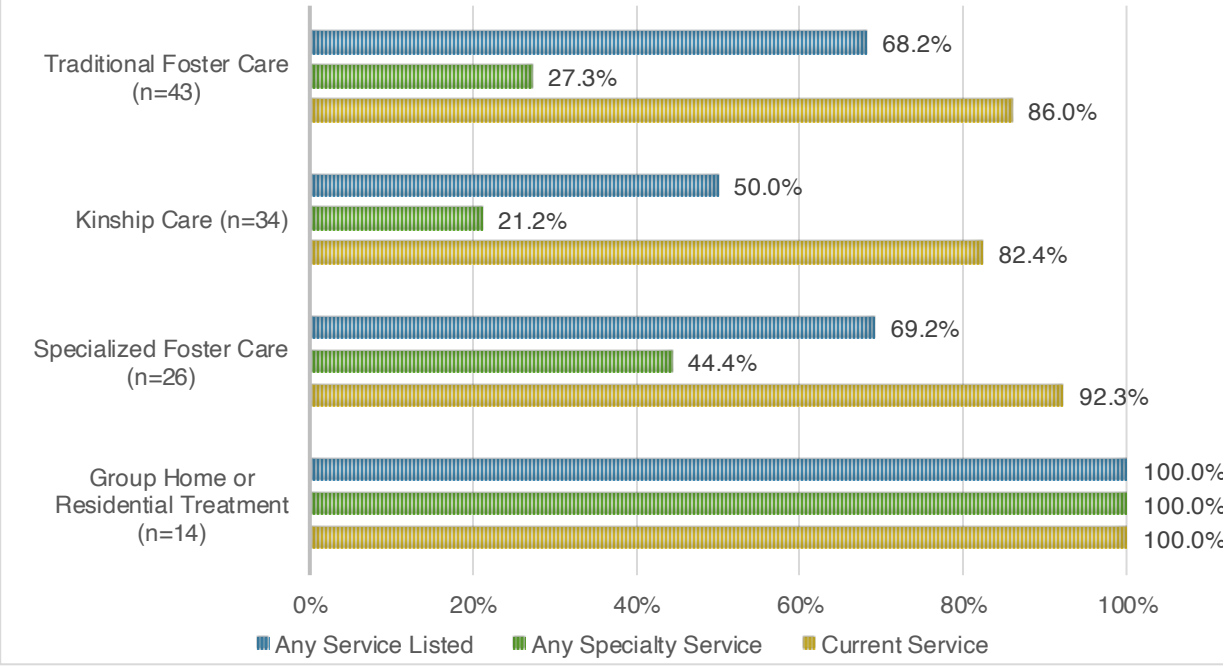


Figure 2. Receipt of Behavioral Health Service by Placement for Children and Youth with Emotional and Behavioral Problems



behavioral health services. A majority of youth age 15 to 17 received speciality behavioral health services but only minorities of every other age group received them.

Figure 2 shows the differences in receipt of behavioral health services by placement setting for children with emotional and behavioral health problems. Every youth in a group home or residential treatment had received a specialty behavioral health services and was currently receiving services. Majorities of children and youth in each placement setting were receiving behavioral health services, but receipt of specialty behavioral health services differed substantially by placement setting. Children in specialized foster care were substantially more likely to receive a specialty behavioral health service than children in traditional foster care or kinship care.

Discussion

It is good news that a large majority of children and youth with emotional or behavioral problems were receiving a behavioral health service. The percentage of children and youth with emotional and behavioral problems who currently received behavioral health services was 85.9%, larger than the figure of 77.0% found in 2004. By far the most common behavioral health service was counseling. Often the counseling that children received was in-school or at home.

About one third of children and youth with emotional and behavioral problems had received specialty behavioral health services, at least at some point. This rate was comparable to the rate found for Illinois children in out-of-home care in 2003, though smaller than the rate found in 2004. Unlike previous Illinois Child Well-Being studies, we have no current national results to compare these rates to. Over a quarter of our subsample with emotional and behavioral problems had at some point been psychiatrically hospitalized. This suggests the seriousness of the behavioral health problems many children in out-of-home care have.

It is not surprising that all children in group homes and residential treatment had received specialty behavioral health services. Youth are typically placed in these settings because of behavioral problems and and behavioral health care is a necessary part of their service plan. Similarly, children in specialized foster care are often placed there because of behavioral problems, so it is not surprising that a larger percentage of them receive specialty behavioral health services compared to children in traditional foster care and kinship care.

It is important to acknowledge limitations in analyzing behavioral health services in this study. Simply knowing the percentage of children and youth in need who received a particular type of behavioral health service leaves many questions unanswered. The most common behavioral health services such as counseling and in-school services can involve widely varying types and amounts of therapeutic work with children, and we have little or no understanding of how the service was delivered, what issues were addressed, and what the quality of the service was.

The distinction between specialty behavioral health services and other behavioral health services is useful, because speciality behavioral health services are likely to be more intensive and may tend to utilitize better intervention methods. However, even this distinction is not very helpful for understanding exactly what treatment was delivered and how it progressed.

Finding out more is particularly important because previous research has raised a number of concerns about behavioral health services for this population. Behavioral health services for children in out-of-home care are often of poor quality[9] and limited in quantity (e.g., the number of treatment sessions).[10] Continuity of care is often lacking,[11] as it can be difficult to maintain continuity of care when children move between placements, and yearly turnover rates in the community behavioral healthcare workforce have been estimated to be 30% to 50%.[12] The literature on the effect of emotional and behavioral health services for children in out-of-home care has yielded mixed results.[13] A number of evidence-supported interventions and other promising interventions specifically designed or adapted for this population have shown positive effects on behavioral problems for children in out-of-home care,[14] but only a limited number of children out-of-home care receive such interventions. Several studies have found that

[9] Kerker, B.D. & Dore, M.M. (2006). Mental health needs and treatment of foster youth: Barriers and opportunities. *American Journal of Orthopsychiatry*, *76*(1), 138-147. McMillen J., Fedoravicius N., Rowe J., Zima B. & Ware N. (2007). A crisis of credibility: Professionals' concerns about the psychiatric care provided to clients of the child welfare system. *Administration and Policy in Mental Health and Mental Health Services Research*, *34*(3), 203-212. Raghavan, R., Inoue, M., Ettner, S. L., Hamilton, B. H., & Landsverk, J. (2010). A preliminary analysis of the receipt of mental health services consistent with national standards among children in the child welfare system. *American Journal of Public Health*, *100*(4), 742-749.

[10] Leslie, L. K., Landsverk, J., Ezzet-Lofstrom, R., Tschann, J. M., Slymen, D. J., & Garland, A. F. (2000). Children in foster care: Factors influencing outpatient mental health service use. *Child Abuse & Neglect*, *24*, 465–476.

[11] Fontanella, C.A., Gupta, L., Hiance-Steelesmith, D.L., & Valentine S. (2015) Continuity of care for youth in foster care with serious emotional disturbances, Children and Youth Services Review, 50, 38–43

[12] Herschell, A. D., Kolko, D. J., Hart, J. A., Brabson, L. A., & Gavin, J. G. (2020). Mixed method study of workforce turnover and evidence-based treatment implementation in community behavioral health care settings. *Child Abuse & Neglect*, *102*. Advanced online publication.

[13] Yampolskaya, S. & Callejas, L.M. (2020). The effect of child mental health service use on child safety and permanency in substance misusing families. Children and Youth Services Review, *111*. Advanced online publication.

[14] Leve, L.D., Fisher, P.A., & Chamberlain, P. (2009). MultidimensionalTreatment Foster Care as a preventive intervention to promote resiliency among youth in the child welfare system. *Journal of Personality*, *77*(6), 1869–1902. Leve, L. D., Harold, G. T., Chamberlain, P., Landsverk, J. A., Fisher, P. A., & Vostanis, P. (2012). Practitioner review: Children in foster care – vulnerabilities and evidence-based interventions that promote resilience processes. Journal of Child Psychology and Psychiatry and Allied Disciplines, 53(12), 1197-1211. Oriana Linares, L., Montalto, D., Li, M., & Oza, V. S. (2016). A promising parenting intervention in foster care. *Journal of Consulting and Clinical Psychology*, *74*(1), 32–41. Taussig, H. N., Weiler, L. M., Garrido, E. F., Rhodes, T., Boat, A., & Fadell, M. (2019). A positive youth development approach to improving mental health outcomes for maltreated children in foster care: Replication and extension of an RCT of the Fostering Healthy Futures Program. *American Journal of Community Psychology*. *64*(3-4), 405–417. Wood, J. N., Dougherty, S. L., Long, J., Messer, E. P., & Rubin, D. (2019). A pilot investigation of a novel intervention to improve behavioral well-being for children in foster care. *Journal of Emotional & Behavioral Disorders*, *27*(1), 3–13.

usual receipt of behavioral health services for children in out-of-home care, on the other hand, is not associated with improvement in behavior problems.[15]

Future research should explore in greater depth behavioral health services for Illinois children and youth in out-of-home care. Data should be collected on the service setting (e.g., clinic, private practice, Children's Advocacy Center) and the frequency and duration of service visits to help us determine how to support children receiving the services. Data on specific interventions (e.g., talk therapy, behavior modification) and evidence-based practices used would shed light on whether the treatments matched children's need. Data on changes in treatment provider would help us assess continuity of care. Data on treatment goals and goal attainment would identify what specific problems were addressed and what program children and youth made. Children and youth in out-of-home care face greater emotional and behavioral challenges than almost any other group of young people. They deserve every effort we can make to get them the behavioral health services they need and make sure they are effective.

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[15] Bellamy, J. L., Gopalan, G., & Traube, D. E. (2010). A national study of the impact of outpatient mental health services for children in long-term foster care. *Clinical Child Psychology and Psychiatry*, *15*(4), 467–479. Kerker, B.D. & Dore, (2006), ibid. Tabone, J. K., Thompson, R., & Wiley, T. R. (2010). The impact of early mental health services on child behavioral outcomes: Comparisons between and within trajectory groups. *Children and Youth Services Review*, *32*, 292–297.