

Hurlburt, M. S., Leslie, L. K., Landsverk, J., Barth, R. P., Burns, B. J., Gibbons, R. D., Slymen, D. J., et al. (2004). Contextual predictors of mental health service use among children open to child welfare. *Archives of General Psychiatry*: 61, 1217-1224.

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The authors investigated the strength of interagency coordination and its relationship to outpatient mental health service use by children in the child welfare system. They also explored the association between the number of mental health service providers and receipt of services. Results indicate that most children in need of services do not receive them, especially including younger children, children who remain in their homes, and Hispanic children. African-American children were more likely to receive services only in regions having strong interagency linkages.

Data identifying eligible children were from the National Survey of Child and Adolescent Well-Being (NSCAW); children from 92 counties nationwide were selected for the current study ($N = 2,823$). They were between the ages of 0-14; of the sample, 862 were removed from their homes, and 1,961 were in foster care, kinship foster care, or a group home. Half of the sample was male. Most youth were Caucasian (47%); African Americans comprised the next largest ethnic/racial group (32%), and Hispanics accounted for 13% of the sample. Emotional neglect was the most common reason for opening a child welfare case, followed by physical abuse.

Initial interviews were conducted with child welfare workers and the caregiver, and follow-up interviews occurred 12 months later with the caregiver only. A battery of instruments gathered information on: (a) child demographics and placement status; (b) type of maltreatment; (c) family risk factors that resulted in contact with the child welfare system; (d) insurance status; (e) internalizing and externalizing behaviors as identified by the Child Behavior Checklist; (f) use of specialty mental health services (i.e., community mental health clinics; clinic-based providers; day treatment; psychiatrists, social workers and other professionals); (g) the linkages, or "strength of ties existing between child welfare and mental health agencies at the local level" (p. 1219); and (h) the number of agencies per county that offer specialty mental health services. With this data, a series of bivariate and multivariate analyses were performed. Selected results are listed below:

- Of the entire sample, 43% of youth had CBCL scores in the clinical range, and 28.3% received outpatient specialty mental health services,
- Children with CBCL scores in the clinical range were 4 times more likely to receive mental health services than children whose scores were not in the clinical range,
- As interagency linkages increased, children in the clinical range received more services, and children in the non-clinical range experienced a decrease in services "This [latter] relation was moderated by a strong and significant interaction of interagency linkage with CBCL scores" (p. 1220),
- Children living outside of the home were more likely to receive mental health services than children living at home,
- Younger children were less likely to receive services than older children,
- Compared with rates of service use among Caucasians, African-American children were 0.61 times, and Hispanics were 0.51 times, as likely to use services, and
- Compared to counties with weak interagency relationships, African Americans were more likely to receive services in counties with strong interagency linkages.

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In conclusion, the combined effects of available services and the strength of interagency linkages appear to be associated with receipt of services. For example, strong interagency linkages predicted more service use by African-American children. Thus, the authors write: “The two most significant results of this analysis concern the interactions of CBCL score, and race/ethnicity with the strength of interagency linkages between the local child welfare and mental health service systems” (p. 1223). These findings support a previous analysis of NSCAW data conducted by the authors (see *Data Trends* 104), and suggest a greater need for interagency coordination between the mental health services system and the child welfare system.