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CHILDREN IN FOSTER CARE: FACTORS INFLUENCING OUTPATIENT MENTAL HEALTH SERVICE USE

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ABSTRACT

Objective: To determine factors influencing outpatient mental health service use by children in foster care.

Method: Detailed survey and administrative data were collected on 480 children who entered long-term foster care in San Diego County from May 1990 through October 1991. These data were linked with claims data from Medicaid and San Diego County Mental Health Services information systems. A Poisson regression model was used to determine whether the following factors influenced outpatient mental health service use: age, race/ethnicity, gender, maltreatment history, placement pattern, and behavioral problems as measured by the Achenbach Child Behavior Checklist (CBCL).

Results: Except for maltreatment history, all independent variables included in the multivariate regression model were statistically significant. The total number of outpatient mental health visits increased with age, male gender, and non-relative foster placements. Relative to Caucasians, visits were lower for Latinos, and Asian/Others, but comparable for African-Americans. Concerning maltreatment history, differences were only found in one category; children experiencing caretaker absence received fewer visits compared to children who did not experience caretaker absence. Children with CBCL Total Problem Scale *T*-scores of 60 or greater had significantly more visits than those with a score less than 60.

Conclusions: Both clinical and non-clinical factors influence outpatient mental health service use by foster children. Limitations imposed by gender, race/ethnicity, and placement setting need to be addressed by child welfare policies. These findings suggest that guidelines are needed to systematically link children in foster care with behavioral problems to appropriate services. © 2000 Elsevier Science Ltd.

Key Words—Foster care, Mental health services, Medicaid.

INTRODUCTION

THE NUMBER OF children in the US foster care system has increased substantially over the last decade, growing by 60% from 1982 to nearly 480,000 children in 1995 (Barbell, 1997). Current national estimates are that over 500,000 children are in foster care. In California, a state with 10% of the nation's population but 20% of its total foster care children, the number of children in out-of-home care increased from 56,957 in 1988 to 87,387 in 1994 (Needell, Webster, Barth, Monks, & Armijo, 1995). This burgeoning number of children in foster care is thought to reflect the increasing number of substantiated abuse and neglect reports, an excess of entrances into foster care as compared to exits, and the impact of poverty, prenatal drug and alcohol use, family violence, homelessness, and AIDS on at-risk families (Barbell, 1997).

Children entering the foster care system are at significant risk for behavioral and psychological problems. Many children in foster care are members of minority populations and share a background of chronic poverty with associated familial disruptions, stresses, and social problems. A history of *in utero* and environmental drug and alcohol exposure, common to young children entering the foster system, may predispose children to emotional and cognitive problems (Curtis & McCullough, 1993; Franck, 1996). Experiences of maltreatment and neglect have also been linked with emotional problems (Egeland, Sroufe, & Erickson, 1983). Entering the foster care system itself presents a significant psychological challenge; children must cope with the effects of traumatic events precipitating their entry into foster care, face a temporary or permanent loss of their parent(s), and adjust to new families and living situations. In addition, foster care experiences may exacerbate psychological problems; multiple foster placements are common and the length of placement is often unclear (McIntyre & Keesler, 1986). Finally, the Adoption and Assistance and Child Welfare Act of 1980 (P.L. 96-272) mandated increased efforts to maintain children in their own homes. This has led some to suggest that children entering the foster care system do so when other services have failed, and hence, will come from more deleterious circumstances and have more physical, developmental and psychological needs than their peers (Chernoff, Combs-Orme, Risley-Curtiss, & Heisler, 1994).

Available evidence suggests that 35% to 85% of children entering foster care have significant mental health problems, with the variability between studies reflecting sample characteristics and method of ascertainment used (Chernoff et al., 1994; Clausen, Landsverk, Ganger, Chadwick, & Litrownick, 1998; Halfon & Klee, 1987; Hochstadt, Jaudes, Zimo, & Schachter, 1987; Kavalier &

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