



CENTER FOR HEALTH POLICY

INDIANA UNIVERSITY

School of Public and Environmental Affairs
IUPUI

CHILD WELFARE MENTAL HEALTH SCREENING INITIATIVE

EVALUATION PROGRESS REPORT: SUMMARY

APRIL 2008

The child welfare mental health screening initiative, sponsored by the Indiana Family and Social Services Administration, was developed to identify children with mental health needs who are among those referred to the child welfare system. The goal of this program is to provide better care to children in need of mental health services and reduce the number of failed placements. As part of the project, Dr. Eric R. Wright, Director of the Center for Health Policy and Associate Professor, School of Public and Environmental Affairs, IUPUI, and his research staff were asked to initiate an independent evaluation of both the planning and implementation of this initiative.

- The analysts performed a pre-screening to post-screening comparison of mental health referrals and treatment.
 - The comparisons used data from the Division of Mental Health and Addiction (DMHA), the Indiana Department of Child Services (DCS), and the Office of Medicaid Policy and Planning (OMPP).
 - Data from the benchmark period, before screening, are from July 1, 2003, through June 30, 2004.
 - Data for the full implementation period are from January 1, 2005, through June 30, 2007.

- Client flow data show:
 - In the benchmark period, there were 2,817 children with DCS referrals, and among them
 - 494 (17.5%) children were previously declared a child in need of services (CHINS) and
 - 441 (15.7%) children had a previous removal from their home.
 - In the full implementation period, 15,540 children had DCS referrals, including
 - 2,403 (15.5%) children with a previous CHINS and
 - 2,231 (14.4%) children who had a previous removal.
 - In the full implementation period, 11,061 (71.2% of referrals) children were screened, and of these
 - 3,729 were identified as having a risk and
 - 1,559 of the children with an identified risk received services within 60 days of their current CHINS or removal.

- In the full implementation period, a higher percentage of children received mental health services than during the benchmark period within
 - 3 months of contact
 - During the full implementation period, children with an identified risk had an even higher probability of receiving services.
- Cost of DCS services per child (in 2006 dollars) was higher during the full implementation period:
 - during the benchmark period, the average was \$1,994 per child, and
 - during the full implementation period, the average cost was \$4,967 per child, and
 - \$8,535 per child for children with an identified risk.
- Factors affecting recidivism rates include:
 - recidivism rates increase with age,
 - having previously received mental health services decreases recidivism, and
 - having an identified risk increases recidivism (this result was found only for the full implementation period).
- Factors affecting placement stability:
 - placement stability decreases with age,
 - placement stability is higher for children who previously received mental health services, and
 - having an identified risk increases placement stability (this result was found only for the full implementation period).
- The previous two results suggest that the mental health services received are helpful in increasing stability and decreasing recidivism.
- Cluster analysis
 - finds that children receiving services can be classified into two groups:
 - a high-usage group and
 - a low-usage group.
 - Factors increasing a child's probability of being in the high-usage group include
 - age (being older),
 - having previously received mental health services, and
 - having an identified risk.
 - Factors decreasing the probability of being in a high-usage group include
 - nonwhite—this result deserves further scrutiny to determine its root cause.
- The screening initiative has been successful, resulting in:
 - getting more children into behavioral health treatment sooner,
 - expanding access to mental health treatment for children with identified needs, and
 - concentrating treatment dollars and Medicaid services on youth with an identified risk.

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