

Alcohol, Drug, and Mental Health Specialty Treatment Services and Race/Ethnicity: A National Study of Children and Families Involved With Child Welfare

Anne M. Libby, PhD, Heather D. Orton, MS, Richard P. Barth, PhD, Mary Bruce Webb, PhD, Barbara J. Burns, PhD, Patricia Wood, MS, and Paul Spicer, PhD

We used data on a national sample of children involved with child welfare systems to compare American Indian caregivers with White, Black, and Hispanic caregivers in their need for, and receipt of, specialty alcohol, drug, and mental health treatment. American Indian caregivers were significantly less likely to receive services than were Hispanic caregivers ($P < .05$) but not significantly less likely than were White or Black caregivers. Child placement, child age, and caregiver psychiatric comorbidity were significantly associated with service receipt. (*Am J Public Health*. 2006;96:628–631. doi:10.2105/AJPH.2004.059436)

Mental and substance abuse disorders generate costs to society estimated in the billions of dollars.^{1,2} American Indians have increased morbidity and mortality rates compared with the rest of the United States,^{3,4} especially alcohol problems and trauma.^{5–11} In addition, child abuse and neglect have been shown to be elevated in some tribal communities.^{12,13} Child welfare systems aim to protect child safety and often provide care for parental alcohol, drug, and mental health problems.¹⁴ As many as 40% to 80% of families involved with child welfare systems have substance abuse problems, although no established

methods are available to measure this nationally.^{2,15,16} This study used a national sample of children involved with child welfare systems to compare American Indian caregivers with White, Black, and Hispanic caregivers in their need for, and receipt of, treatment for alcohol, drug, and mental health problems.

METHODS

The National Survey of Child and Adolescent Well-Being is a nationally representative longitudinal study of children aged 0 to 14 years who were subjects of investigations of child abuse or neglect conducted by Child Protective Services. Analysis weights were used to make nationally representative inferences for the total population. Detailed information about the National Survey of Child and Adolescent Well-Being study design is published elsewhere.^{17–19}

Caregiver race/ethnicity was categorized as American Indian; White, non-Hispanic; Black, non-Hispanic; and Hispanic. Caregivers classified as “other” (2.5%) were excluded.

At baseline, child placement was categorized as in-home or out-of-home. Child age was categorized as younger than 3 years, 3 to 5 years, 6 to 10 years, and 11 years and older.

At baseline (the time of the investigation), a child welfare worker assessed the following caregiver risk factors: serious alcohol or drug problems; serious mental health or emotional problems; physical impairment; impaired parenting (i.e., poor parenting skills, inappropriate or excessive discipline); monetary problems (i.e., problems paying for basic necessities); and active and current domestic violence. The first 2 items were combined—alcohol, drug, and mental health problems. At 18 months, the child welfare worker indicated whether the caregiver

received assessments, referrals, and services for alcohol, drug, and mental health problems since baseline.

Weighted descriptive statistics were obtained with analysis weights and Stata software, Release 7.0 (Stata Corp, College Station, Tex), survey procedures. Weighted multivariate logistic regression was used to estimate relations between baseline independent variables and 18-month service receipt, including only those caregivers who had baseline alcohol, drug, and mental health problems.

RESULTS

The unit of analysis was the current caregiver; thus, only caregivers who responded at both baseline and 18 months were described (N=3340). Five percent were American Indian (Table 1). In nearly all cases, child placement was in-home at baseline. The most

TABLE 1—Descriptive and Service Referral and Receipt Statistics, by Race/Ethnicity

	American Indian (n = 160), % (95% CI)	White (n = 1752), % (95% CI)	Black (n = 952), % (95% CI)	Hispanic (n = 476), % (95% CI)	Total (N = 3340), % (95% CI)
Child's age, y					
<3	33.9 (17.6, 55.1)	20.0 (17.3, 22.9)	18.2 (14.3, 22.8)	12.0 (8.0, 17.7)	18.8 (16.6, 21.4)
3–5	9.9 (4.8, 19.2)	18.8 (16.0, 21.9)	20.3 (15.5, 26.2)	23.4 (13.6, 37.3)	19.5 (17.2, 22.1)
6–10	31.3 (16.1, 52.0)	38.5 (34.8, 42.3)	34.4 (28.4, 40.9)	41.1 (27.3, 56.6)	37.5 (34.1, 41.0)
11–14	25.0 (13.7, 41.1)	22.8 (19.5, 26.5)	27.1 (22.2, 32.7)	23.4 (15.9, 33.1)	24.1 (21.7, 26.8)
Child in home at baseline	97.6 (94.7, 98.9)	95.3 (93.1, 96.8)	93.8 (91.0, 95.8)	95.7 (87.8, 98.6)	95.1 (93.4, 96.3)
Caregiver risk factors					
Physical impairment	8.3 (3.1, 20.3)	5.5 (3.9, 7.6)	3.8 (2.0, 7.1)	2.8 (1.2, 6.4)	4.7 (3.7, 6.0)
Impaired parenting skills	29.8 (15.4, 49.8)	29.1 (24.7, 34.0)	37.3 (30.9, 44.3)	20.3 (12.5, 31.3)	29.8 (26.3, 33.5)
Monetary problems	15.6 (8.3, 27.4)	22.6 (19.2, 26.4)	20.0 (15.7, 25.2)	23.7 (14.0, 37.2)	21.8 (18.7, 25.2)
Domestic violence	11.1 (5.3, 21.8)	13.7 (10.6, 17.5)	11.1 (7.9, 15.3)	11.6 (7.0, 18.9)	12.6 (10.6, 14.9)
Any risk factor	50.2 (32.6, 67.8)	46.9 (41.7, 52.3)	52.2 (45.0, 59.4)	46.2 (34.2, 58.7)	48.3 (44.2, 52.4)
Caregiver mental health or substance use problems					
Mental health or emotional problem	23.4 (11.5, 42.0)	14.3 (10.8, 18.8)	16.5 (11.6, 22.8)	6.4 (3.5, 11.6)	14.0 (11.1, 17.5)
Substance use problem	7.5 (3.8, 14.3)	13.2 (10.4, 16.6)	11.3 (8.2, 15.4)	6.1 (2.5, 14.1)	11.2 (9.2, 13.6)
ADM problem	27.0 (13.9, 45.8)	23.7 (19.1, 29.1)	23.6 (17.8, 30.7)	10.9 (5.5, 20.2)	21.7 (18.0, 26.0)
Caregivers with ADM problems					
Formal assessment done	14.5 (5.8, 32.0)	23.9 (18.0, 31.1)	24.1 (16.7, 33.5)	38.0 (22.6, 56.3)	24.7 (20.1, 30.0)
Referred for services	25.2 (9.3, 52.5)	30.5 (21.2, 41.8)	22.8 (16.1, 31.1)	34.9 (22.0, 50.4)	28.5 (21.9, 36.1)
Received services as result of referral	11.8 (4.7, 26.5)	24.3 (15.4, 36.1)	15.8 (10.4, 23.4)	26.8 (11.6, 50.5)	21.4 (15.6, 28.7)
Already receiving services	0.4 (0.0, 2.7)	1.0 (0.4, 2.2)	1.7 (0.4, 7.2)	8.5 (2.4, 26.2)	1.8 (0.7, 4.1)
Total received services since baseline	12.2 (4.9, 27.0)	25.2 (16.4, 36.8)	17.3 (11.2, 25.9)	32.8 (21.0, 47.1)	23.0 (17.2, 30.1)

Note. CI = confidence interval; ADM = alcohol, drug, and mental health. Sample sizes were unweighted, and population estimates were calculated with the use of survey weights to account for sampling and nonresponse bias.

prevalent risk factor for American Indians (30%) was impaired parenting skills. At the time of the investigation, 22% of the caregivers had alcohol, drug, and mental health problems. Only 15% of the American Indian caregivers with alcohol, drug, and mental health problems at baseline received a formal assessment. About 25% were referred for services, and only 12% received any type of specialty service for alcohol, drug, and mental health problems.

Multivariate logistic regression results predicted 18-month receipt of specialty services for caregivers with alcohol, drug, and mental health problems (Table 2; $n=1079$). American Indian caregivers were significantly less likely to receive services than were Hispanic caregivers ($P<.05$) but not significantly less likely than were White, non-Hispanic, or Black, non-Hispanic, caregivers.

Caregivers of young children (aged 3–5 years) sometimes received more services, perhaps because of concern for increased harm (odds ratio [OR]=3.66; $P<.05$). However, an impaired parent—especially one with unmanaged alcohol, drug, and mental health problems—can be a salient risk for older children too, increasing their risk for early substance-use problems and health-risking behaviors.

Most families served by child welfare agencies do not use foster care (i.e., are in-home cases). These caregivers were nearly 50% less likely to receive services for alcohol, drug, and mental health problems (OR=0.53; $P<.05$), indicating lower access to care that could be preventive. Comorbid problems more than doubled a caregiver's chance of receiving services compared with having only a substance use problem ($P<.05$). No other baseline risk factors were significant in the multivariate model.

DISCUSSION

Results suggested racial and ethnic disparities in referral to, and receipt of, specialty services for alcohol, drug, and mental health problems. At a national level for all families involved with child welfare, we concluded that most of the caregivers with identified alcohol, drug, and mental health problems were not provided treatment services by those child welfare agencies. Hispanic caregivers

TABLE 2—Logistic Regression of Service Use at 18 Months Among Those With Baseline Alcohol, Drug, and Mental Health (ADM) Problems, by ADM Services Received

	ADM Services Received, OR (95% CI)
Race/ethnicity ^{a,b}	
American Indian	1.00
White	2.32 (0.79, 6.83)
Black	1.39 (0.52, 3.70)
Hispanic	3.46 (1.18, 10.09)*
Child's age, y	
<3	1.92 (0.80, 4.62)
3–5	3.66 (1.15, 11.65)*
6–10	0.90 (0.39, 2.05)
11–14	1.00
Child placement at baseline	
Out of home	1.00
In home	0.53 (0.29, 0.97)*
Caregiver ADM problems at baseline	
Both mental health and substance use problems	2.43 (1.15, 5.14)*
Substance use problem only	1.00
Mental health problem only	1.20 (0.68, 2.12)
Other caregiver risk factors at baseline	
Physical impairment	0.84 (0.37, 1.91)
Impaired parenting skills	0.98 (0.46, 2.05)
Monetary problems	1.04 (0.63, 1.73)
Domestic violence	1.05 (0.59, 1.87)
N ^b	968

Note. OR = odds ratio; CI = confidence interval.

^aSample was caregivers who were the same at baseline and wave 3 and had an ADM problem at baseline ($n=1079$).

^bSample size is unweighted, whereas population estimates were calculated with survey weights to account for sampling and nonresponse.

* $P<.05$.

faired the best, perhaps because of language-specific resources, surpassing other groups in assessment, referral to services, and prior receipt of alcohol, drug, and mental health problems services.

American Indian families face tribal and county child welfare agencies enmeshed in a complex web of funding and authority with states, partially established with the 1978 Indian Child Welfare Act.^{2,20–22} Education for nontribal providers and technical assistance

to tribes in using available funding are needed to improve service systems.

Because of the sample size, this study was unable to generate national estimates of minority parents. Descriptive statistics of American Indian, Hispanic, and Black, non-Hispanic, caregivers must be confirmed by additional research. Future surveys should oversample American Indian persons to produce reliable estimates for this important population. ■

About the Authors

Anne M. Libby, Heather D. Orton, and Paul Spicer are with the American Indian and Alaskan Native Programs at the University of Colorado, Denver, and Health Sciences Center, Aurora. Richard P. Barth is with the University of North Carolina, Chapel Hill. Mary Bruce Webb is with the Administration for Children and Families, US Department of Health and Human Services, Washington, DC. Barbara J. Burns is with Duke University, Durham, NC. Patricia Wood is with the Child and Adolescent Services Research Center, San Diego, Calif.

Requests for reprints should be sent to Anne M. Libby, PhD, University of Colorado Health Sciences Center, School of Medicine, Nighthorse Campbell Native Health Building, PO Box 6508, Campus Box F800, Aurora, CO 80045 (e-mail: anne.libby@uchsc.edu).

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Contributors

A. M. Libby originated the study, supervised all aspects of the implementation of the study, and assisted with the writing of the brief. H. D. Orton led the analyses and assisted with the writing of the brief. R. P. Barth, M. B. Webb, and P. Spicer each assisted with the study, analyses, and writing of the brief. B. J. Burns assisted with the study and analyses. P. Wood assisted with the study and completed the analyses and weighting to account for the complex survey design. All authors helped conceptualize the analysis plan, interpret the findings, and review drafts of the article.

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Human Participant Protection

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