Interface of Child Welfare with Public Mental Health System

Jung Min Park, PhD
University of Illinois at Urbana-Champaign
CCA, November 8, 2007
Background

- Considerable mental health problems among children in out-of-home care

- Child welfare involvement as a gateway into mental health services

- While it’s clear that out-of-home care is a risk factor for mental health need and service use, the converse has not been examined
Objectives

- Examine the extent and risk factors of child welfare involvement among children with mental health issues
- Examine outcomes in child welfare by mental health conditions
- Integration of longitudinal administrative records
Entry into Out-of-home Care among Children in Inpatient Psychiatric Care

- Data from Philadelphia
- 1,890 children:
  - Between 6 and 15 years
  - Eligible for Medicaid
  - No history of child welfare involvement
  - Had a psychiatric hospitalization for the first time between 1999-2001
Rate of out-of-home placement: Overall

Months since first inpatient psychiatric care
Rate of out-of-home placement by diagnosis

Out-of-home placement (\%)

Months since first inpatient psychiatric care

Serious mental illness

Externalizing disorders

Internalizing disorders
Summary

- About 1 in 4 children in inpatient psychiatric care will have a subsequent placement within 3 years
- Predictors
  - Externalizing disorders
  - Older age
  - African-American and Hispanic
Implications

- Need for coordination between inpatient settings and child welfare
- Identification of an important point of intervention for diversion from out-of-home placement
- Benefits of continued follow-up and referrals to community-based treatment and support services
Children Welfare Outcomes by History of Inpatient Psychiatric Care

- Data from DCFS and Medicaid
- 5,978 children and adolescents:
  - Placed in out-of-home care between 1997 and 2001
  - Between the ages of 3 and 18
  - Tracked until 2005
- Placement instability & Permanence
Placement instability by history of inpatient care across racial/ethnic groups

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>Those with inpatient psychiatric care before first placement</th>
<th>Those without inpatient psychiatric before first placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>38</td>
<td>42</td>
</tr>
<tr>
<td>Hispanic</td>
<td>49</td>
<td>46</td>
</tr>
<tr>
<td>White**</td>
<td>56</td>
<td>40</td>
</tr>
</tbody>
</table>
Life table for African American youth: Permanence by inpatient care history

Days between placement and permanence

proportion achieving permanence
Summary

- Prior inpatient psychiatric care as a predictor of placement disruptions and failure of permanence

- Other associated factors
  - Older age
  - Residential care as the first placement
  - Runaway history
Entry into Residential Care among Youth in State Custody

- Data from DCFS and the Screening, Assessment and Supportive Services (SASS) program
- 672 youth
  - Screened by SASS for the first time between 2001 and 2003
  - No history of residential care at time of first SASS episode.
Rates of Entry into Residential Care

- **Percentage % for each time period**
- **Cumulative %**

<table>
<thead>
<tr>
<th>Months since the first SASS screening</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>38.7</td>
</tr>
<tr>
<td>6</td>
<td>63.0</td>
</tr>
<tr>
<td>9</td>
<td>72.0</td>
</tr>
<tr>
<td>12</td>
<td>77.0</td>
</tr>
<tr>
<td>15</td>
<td>83.5</td>
</tr>
<tr>
<td>18</td>
<td>86.4</td>
</tr>
<tr>
<td>21</td>
<td>89.7</td>
</tr>
<tr>
<td>24</td>
<td>92.2</td>
</tr>
<tr>
<td>27</td>
<td>94.7</td>
</tr>
<tr>
<td>30</td>
<td>96.3</td>
</tr>
<tr>
<td>33</td>
<td>98.4</td>
</tr>
<tr>
<td>36</td>
<td>99.6</td>
</tr>
<tr>
<td>39</td>
<td>100.0</td>
</tr>
</tbody>
</table>

- **Rates of Entry into Residential Care**

- **Cumulative %**
Findings

- 36% of the sample were subsequently placed in residential care.

- Predictors:
  - Inpatient care following SASS screening
  - Older Age
  - Kinship care (vs. Non-kinship care)