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

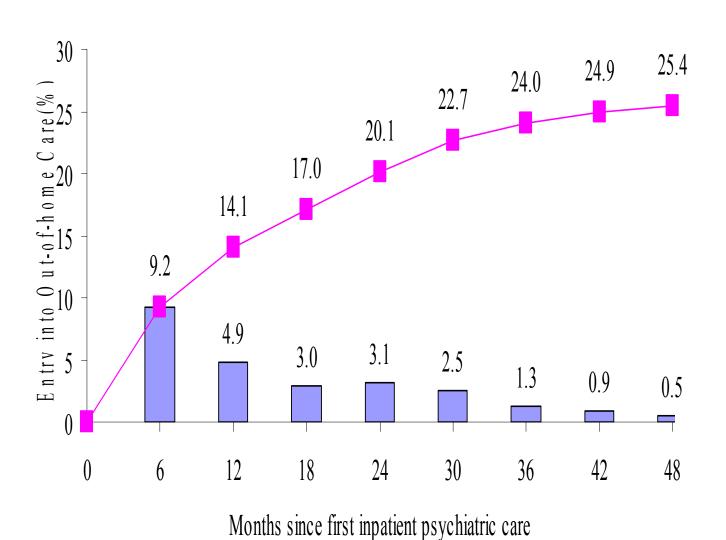
Objectives

- 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

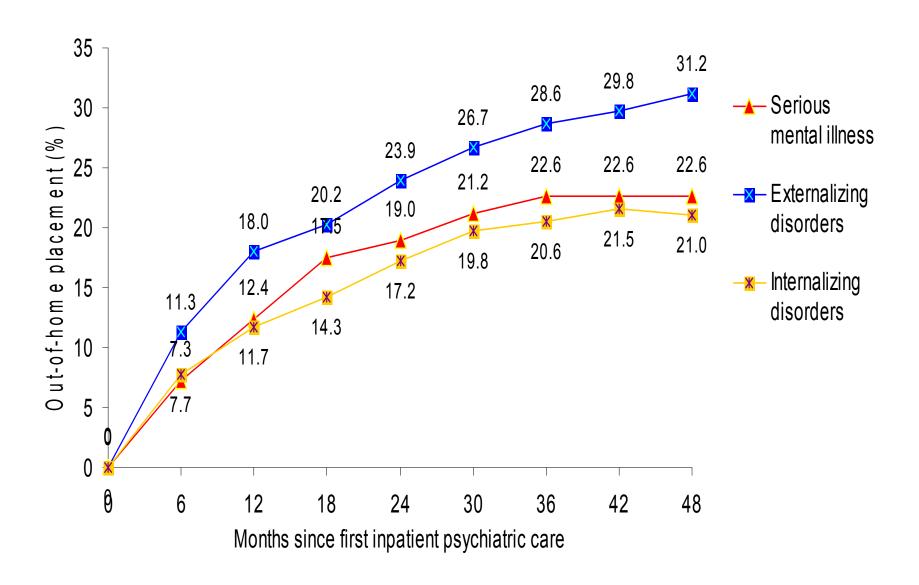
Entry into Out-of-home Care among Children in Inpatient Psychiatric Care

- 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



Rate of out-of-home placement by diagnosis



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

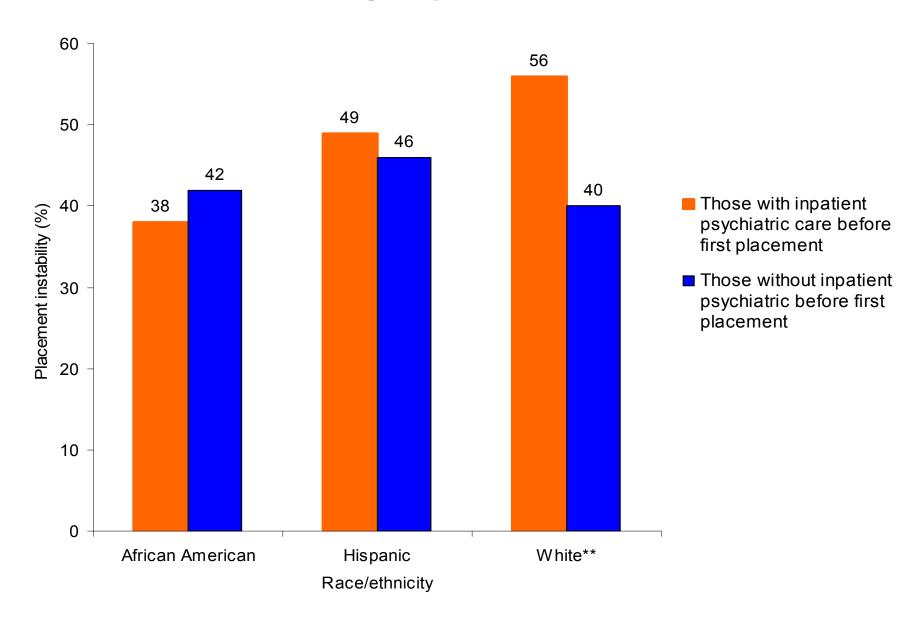
Implications

- Need for coordination between inpatient settings and child welfare
- Identification of an important point of intervention for diversion from out-ofhome placement
- Benefits of continued follow-up and referrals to community-based treatment and support services

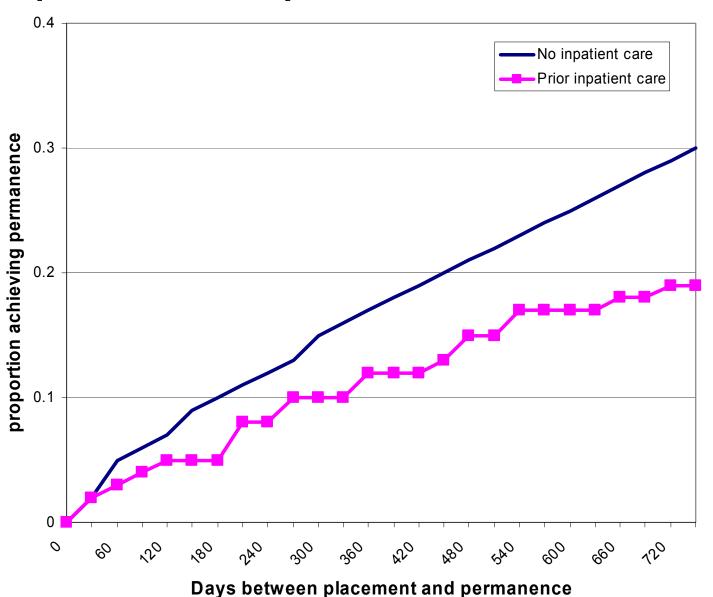
Child Welfare Outcomes by History of Inpatient Psychiatric Care

- 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



Life table for African American youth: Permanence by inpatient care history



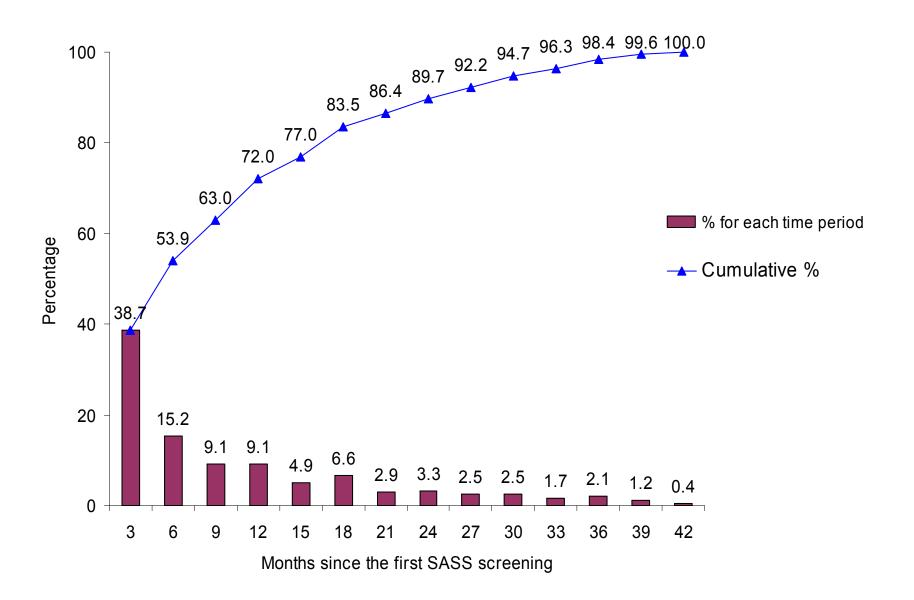
Summary

- 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



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)