



MENTAL HEALTH CHALLENGES FOR EMANCIPATING DEPENDENTS

FROM FOSTER CARE TO... *DOES ANYONE CARE?*

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Overview

- Why is it important to focus upon these youth?
 - What issues do TAY face when emancipating?
 - What are some etiological explanations?
 - Our Contra Costa County TAY
 - Mental Health and Foster Care
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Difficulties of Emancipated Youth

■ Education

- ~5 times fewer graduate from HS compared to non foster youth

■ Employment/Economics

- < 50% employed
 - Far more earning < \$10,000/year than other 19 year-olds
 - ~50% living in the poverty range
 - 10% report not having enough money for food
 - 30% to 50% enrolled in at least one public assistance program
 - 14% homeless at some time in first year after emancipating
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Emancipating Youth and The Criminal Justice System

- Arrests before emancipation
 - 30-40% of youth in foster system
 - 6.9% of youth outside of the foster system
 - Within first year after emancipation
 - ~1/3 of youth arrested
 - 15-20% of youth spent at least one night in a correctional facility
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Disconnected Youth

- Defined as “*out of work*” and “*not in school*”
 - 12 months after emancipation, ~1/3rd of youth can be described as “Disconnected Youth”
 - 3 times higher than other 19 year-olds
 - Risk factors for disconnectedness
 - History of Incarceration
 - Protective factors against disconnectedness
 - Closeness to at least one family member
 - Desire to attend college
 - General satisfaction with their out-of-home care experiences
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Health and Mental Health Issues

- Compared to other 19 year olds, emancipated youth have
 - > health problems
 - > visits to the ER
 - > hospitalizations
 - ~50% of emancipated females have been pregnant by age 19
 - compared to 20% of a non-foster care population
 - ~1/3rd of emancipated youth have sought MH care
 - 2x the rate of non-foster care youth at age 19
 - Males more likely to report substance abuse problems
 - Females more likely to report symptoms of depression and PTSD
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Developmental Challenges

- Trust vs. Mistrust
 - *Will the world give me what I need?*
 - *Neglect*
- Autonomy vs. Shame
 - *Can I exert my will over my environment?*
 - *Abuse and abandonment*
- Initiative vs. Guilt
 - *What can I imagine becoming when I grow up?*
 - *Paucity of role models; Limited opportunity to play*
- Industry vs. Inferiority
 - *What can I learn to do?*
 - *Learning Disabilities, emotional and behavioral impediments*

Developmental Challenges

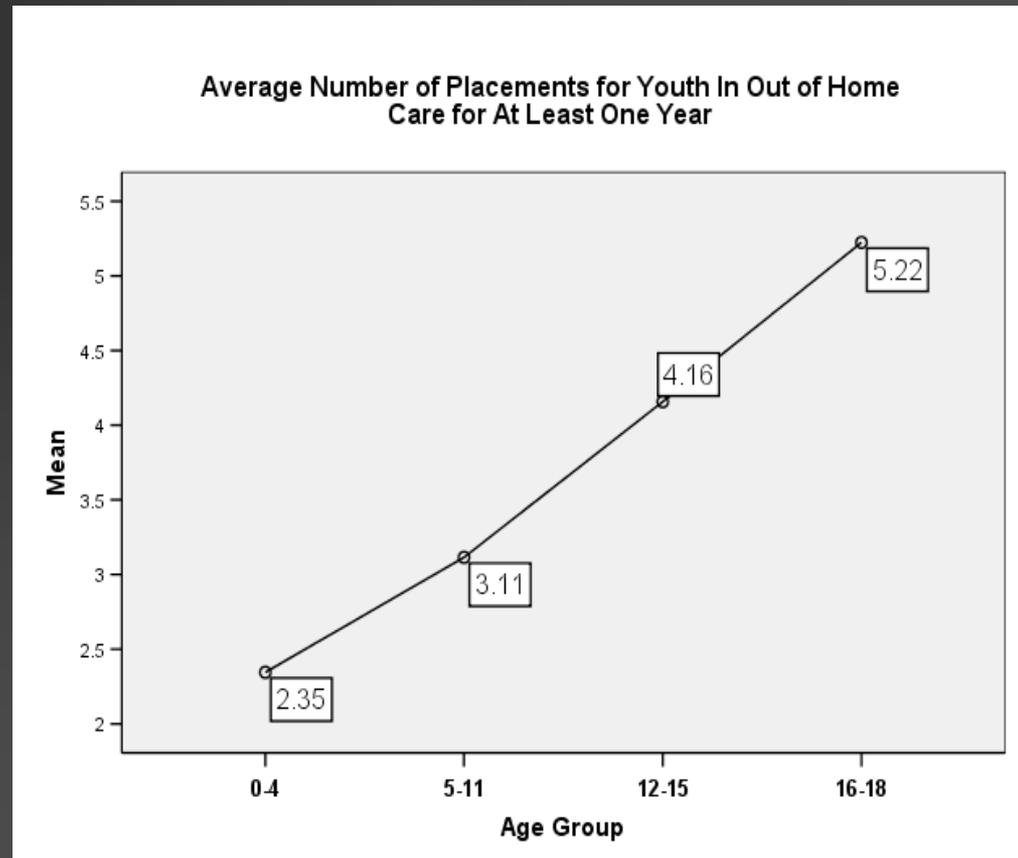
- *Identity vs. Role Confusion*
 - *Who am I?*
 - *What is my relationship to those around me?*
 - *To whom can I look for my moral compass?*
 - *What is my philosophy of life?*
 - *Paucity of role choices*
 - *Bankruptcy of available models*
 - *Foreclosure on sense of identity*

Biological, Genetic, Environmental Risk Factors

- Genetic loading
 - Intra-uterine exposure / trauma
 - Early childhood abuse and neglect
 - For TAY,
 - Failure of family reunification
 - Failure to be adopted
 - Placement instability
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Placement Instability

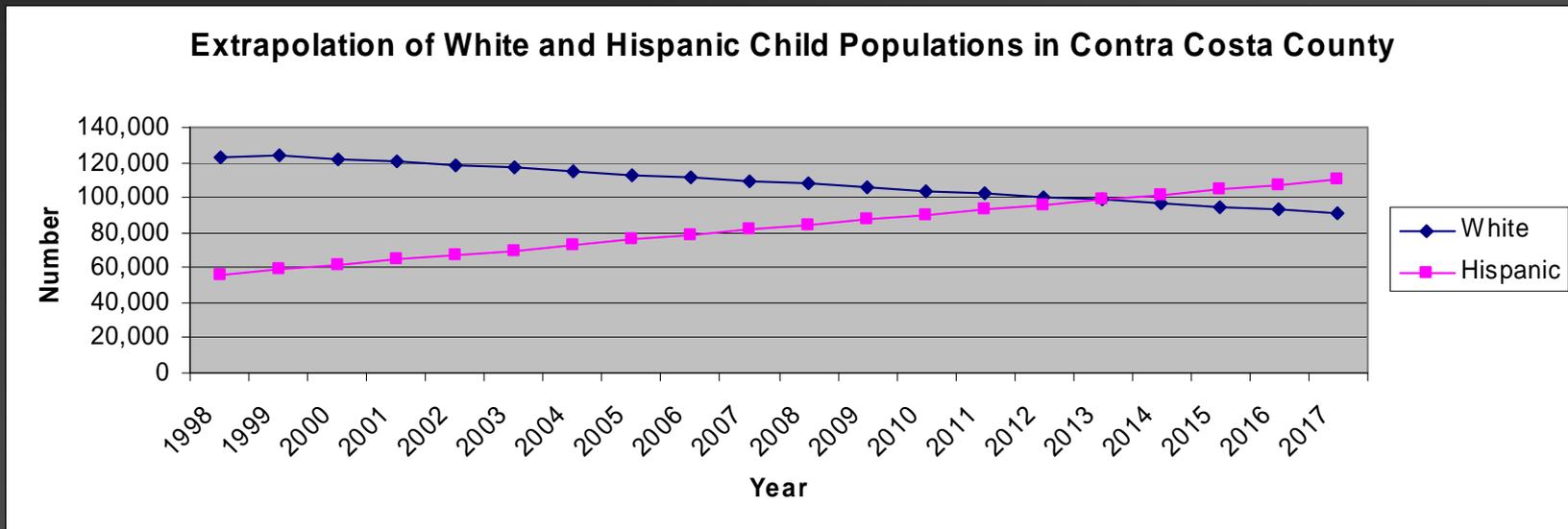
- For youth in care >1 yr:
- The older they are, the more they have moved
- TAY have moved > 5 times; some > 20 times



Contra Costa County

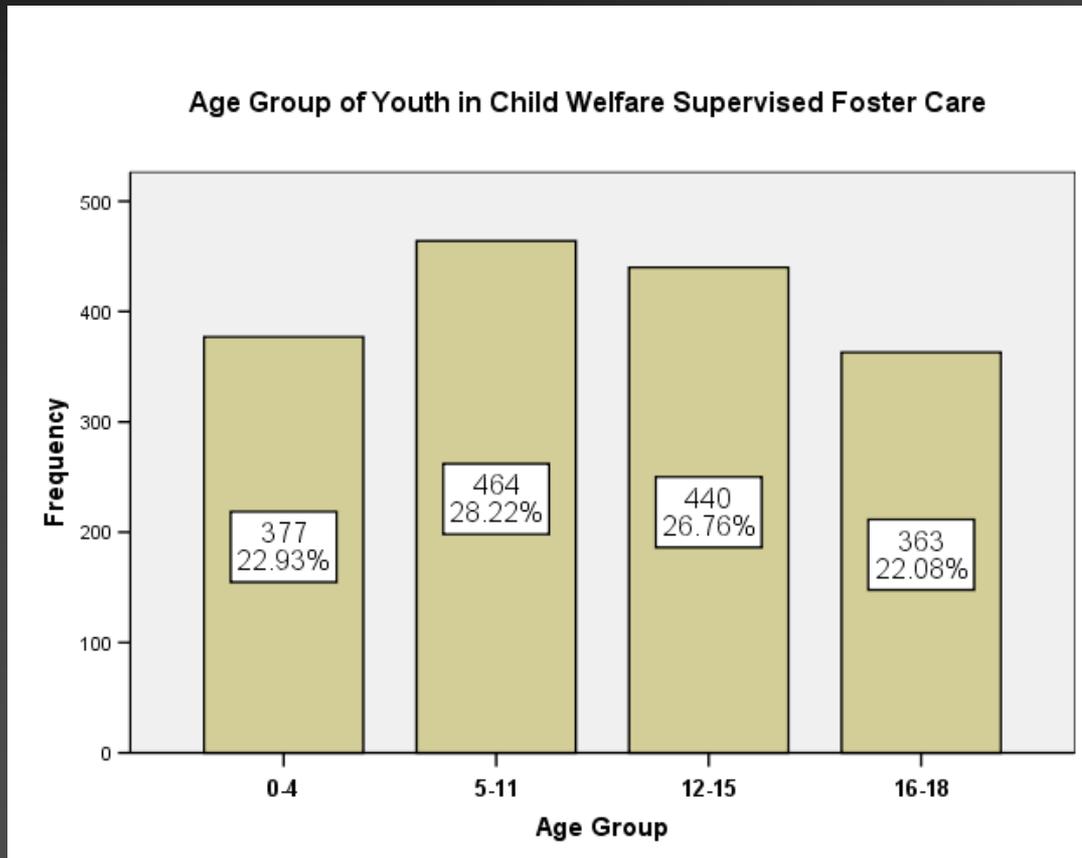
- Population >> 1,000,000
 - Population growing ~1% per year
 - East county growing > 12% per year
 - 9th most populous county in state
 - Population under age 18 ~270,000
 - Increase of > 20,000 between 1998 and 2006
 - Increase predominantly in Hispanic population
 - Asian and African American #s virtually unchanged
 - Caucasian #s declined
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Trends in Population of Youth



- Number of Latino/Latina youth under age 18 likely to surpass that of White youth sometime around 2014

Children in Foster Care



- TAY account for 22% (n = 363) of the total number of foster care youth in CCC

Foster Youth Rates by Age Group

- For 2006, youth in foster care represented
 - TAY in care relative to state pop = 7.6/1000
 - Children under 2 years in care relative to state pop = 8.5/1000
 - TAY in care relative to CCC pop = 7.3/1000
 - Relative to CCC foster care rates of other age groups, TAY represents the highest proportion
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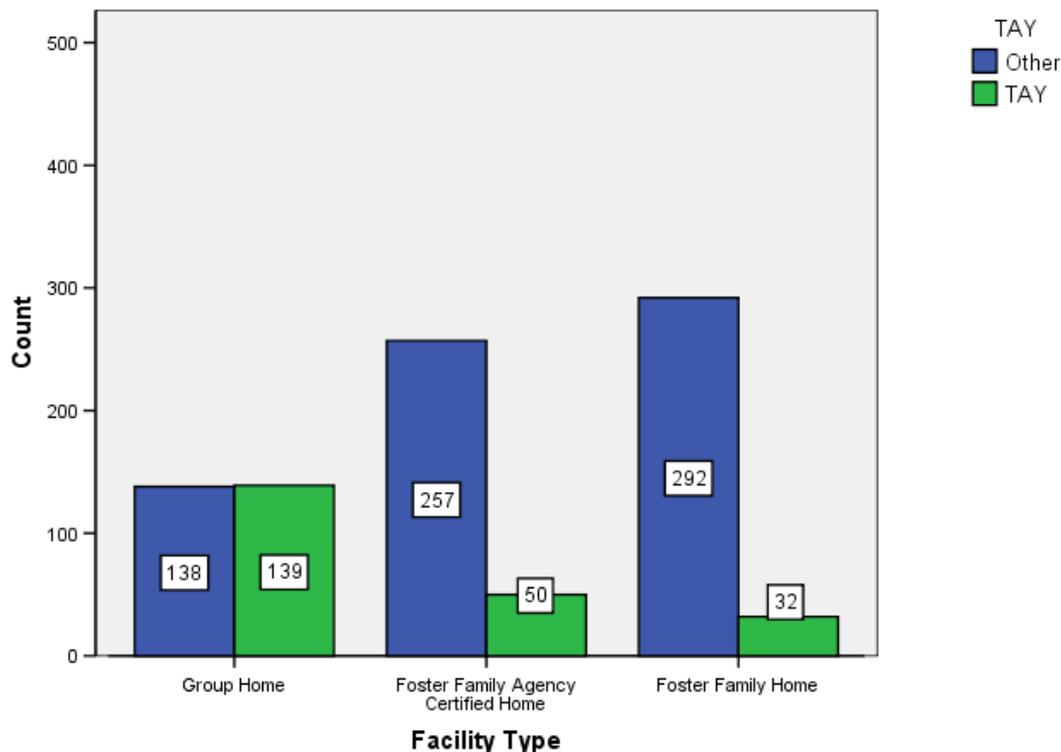
TAY by Gender and Ethnicity

- Gender
 - TAY: More females
 - Pre-TAY: More males
- Ethnicity
 - TAY : >50 % AA
 - Pre-TAY: <50 % AA

	Pre-TAY	TAY
F	47.9%	56.2%
M	52.1%	43.8%
AA	46.1%	54.8%

Placement Type

Facility Type for Youth in Child Welfare Supervised Foster Care by Age Group



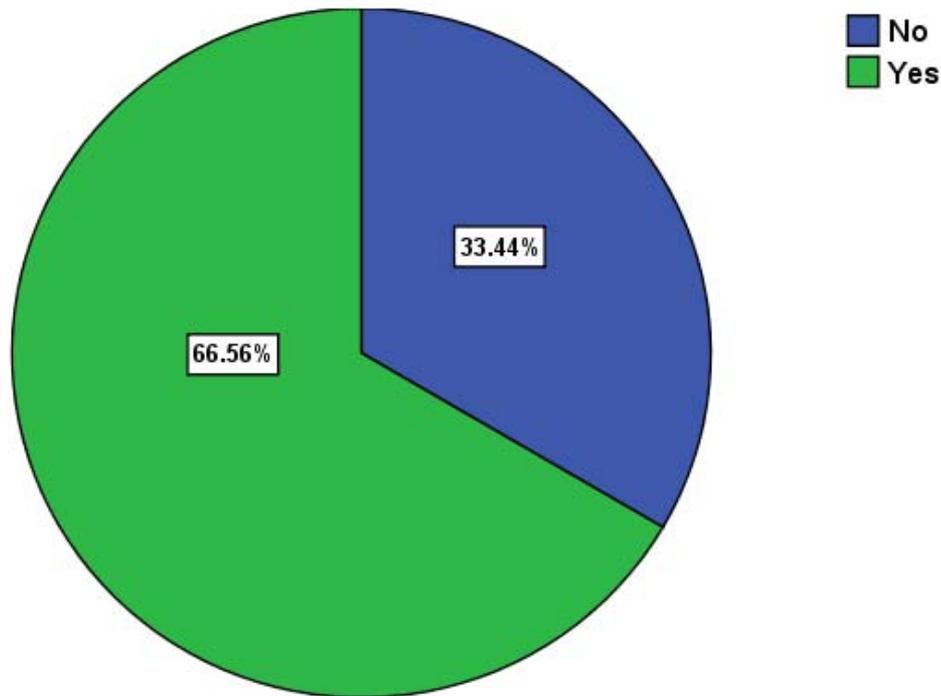
- As level of restrictiveness increases, the percentage of TAY youth increases
- TAY %'s
 - FH = 9.9%
 - FFA = 16.3%
 - GH = 50.2%

Long Term Planning

- 41% of current TAY have spent $> \frac{1}{2}$ of their lives in foster care
 - FR
 - Pre-TAY n=485 (92.6%)
 - TAY n=39 (7.4%)
 - PP
 - Pre-TAY n=781 (70.7%)
 - TAY n=323 (29.3%)
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Open CFS Cases With MH Records

Percentage of Children With An Open Case in CFS and a
History of Mental Health Involvement

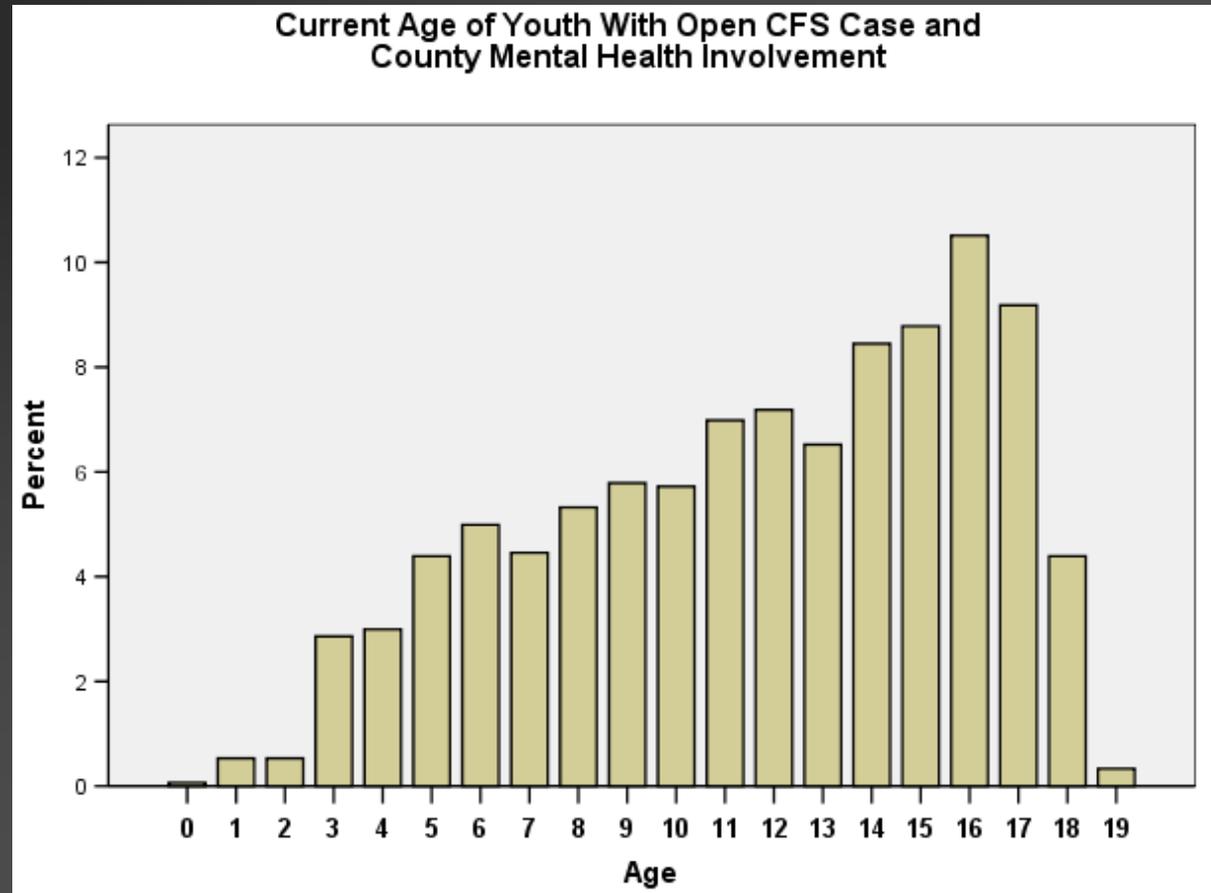


~2/3rds of open CFS cases have had mental health involvement

~2/3rds of those who have had MH involvement still have an open case

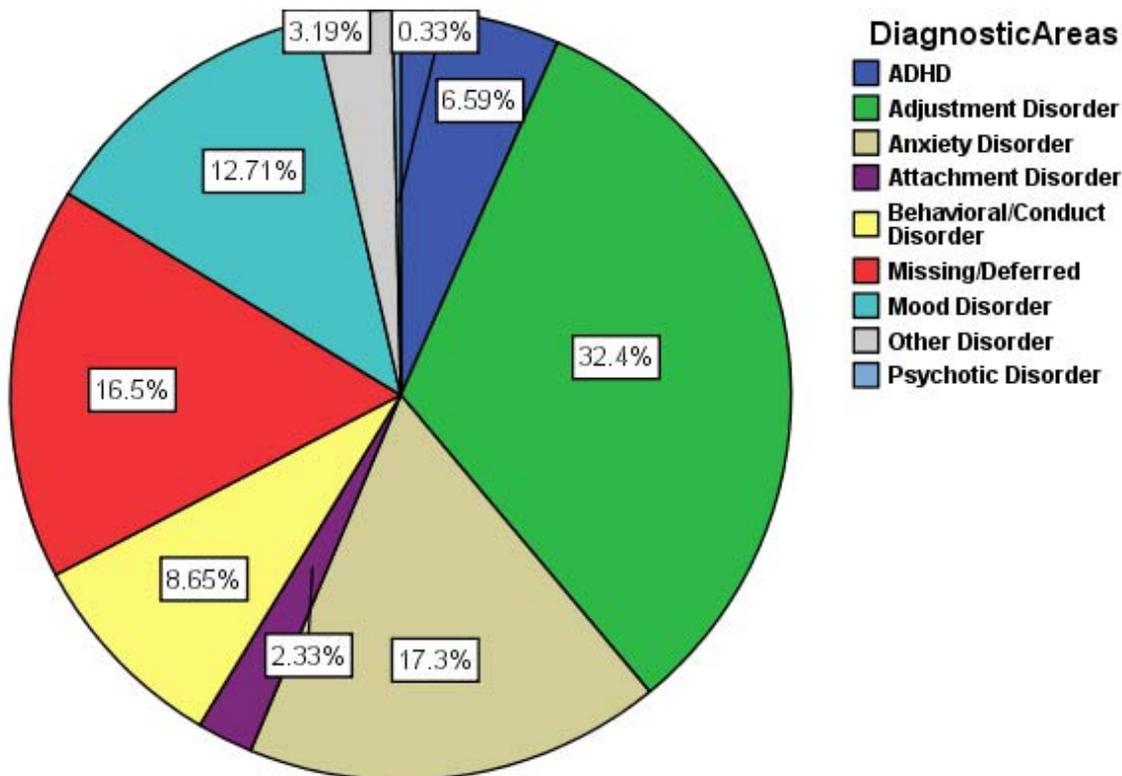
Age of Child and MH Involvement

- Likelihood of mental health involvement increases with age
- Median Age = 12
- Modal Age = 16



Diagnostic Information

Diagnostic Areas for Child Welfare Youth With A County Mental Health Case



- 1/3rd - Adjustment D/O
- 1/3rd - Anxiety or Depression
- 9% - “acting out”
- 7% - ADHD
- 2% Attachment D/O
- 17% - missing or deferred

Age and Diagnosis

- Adjustment Disorders

- Fairly evenly distributed by age – after age 3

- Anxiety Disorders

- Over 200 children diagnosed with PTSD
 - Highest % aged 16 now

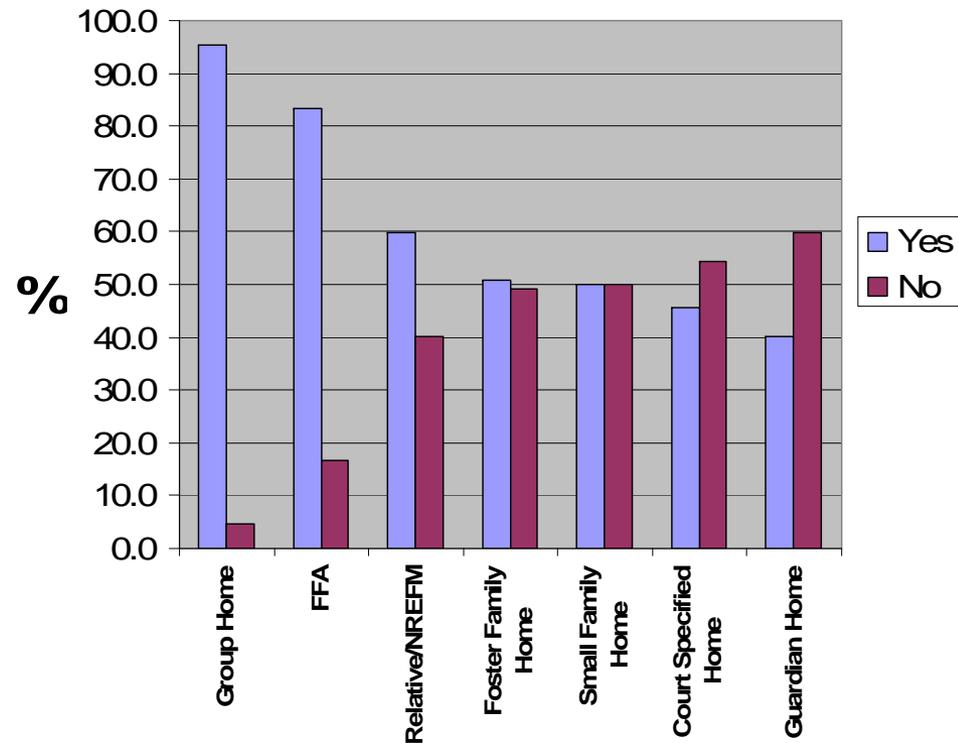
- Depressive Disorders

- Majority in “teens”
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MH Involvement By Placement Type

- In general, as restrictiveness increases, so does MH involvement
- Over 95% of youth in group homes have had MH involvement

Percentage of Children in Out of Home Care with MH Involvement by Placement Home Type



Psychiatric Dxs & Psychotropic Meds

Data from CCC JV220 Process

- Application from physician for court authorization to prescribe psychotropic meds to dependents placed out-of-home
 - 05/2000 – today
 - > 2700 applications
 - > 760 unduplicated dependents
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Inventory of Diagnoses

- Psychotic D/Os
 - Schizophreniform D/Os
 - Psychotic Mood D/Os
 - Mood D/Os
 - Depressive D/Os
 - Bipolar D/Os
 - Anxiety D/Os
 - Posttraumatic Stress D/O
 - Generalized Anxiety D/O
 - Obsessive Compulsive D/O
 - Impulse Control D/Os
 - Intermittent Explosive D/O
 - Disruptive Behavior
 - ADHD
 - ODD / CD
 - Autism Spectrum D/Os
 - Learning D/Os & MR
 - Substance Related D/Os
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Non-specific Signs & Symptoms as Targets of Intervention

- *Impulsivity & hyperactivity*
 - *Depressed mood*
 - *Irritability or expansive mood*
 - *Agitation*
 - *Aggressive & assaultive behavior*
 - *Worries and fears*
 - *Hallucinations & delusions*
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Medication Considerations

- *Efficacy*
 - *Diagnostic specificity*
 - *Symptom specificity*
 - *Co-occurring conditions*
 - *Dosing & adherence*
 - *Response time-line*
 - *Safety*
 - *Adverse effects*
 - *short term & long term*
 - *Drug interactions*
 - *Availability of alternative effective interventions*
 - *Stigma*
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Psychotropic Medications

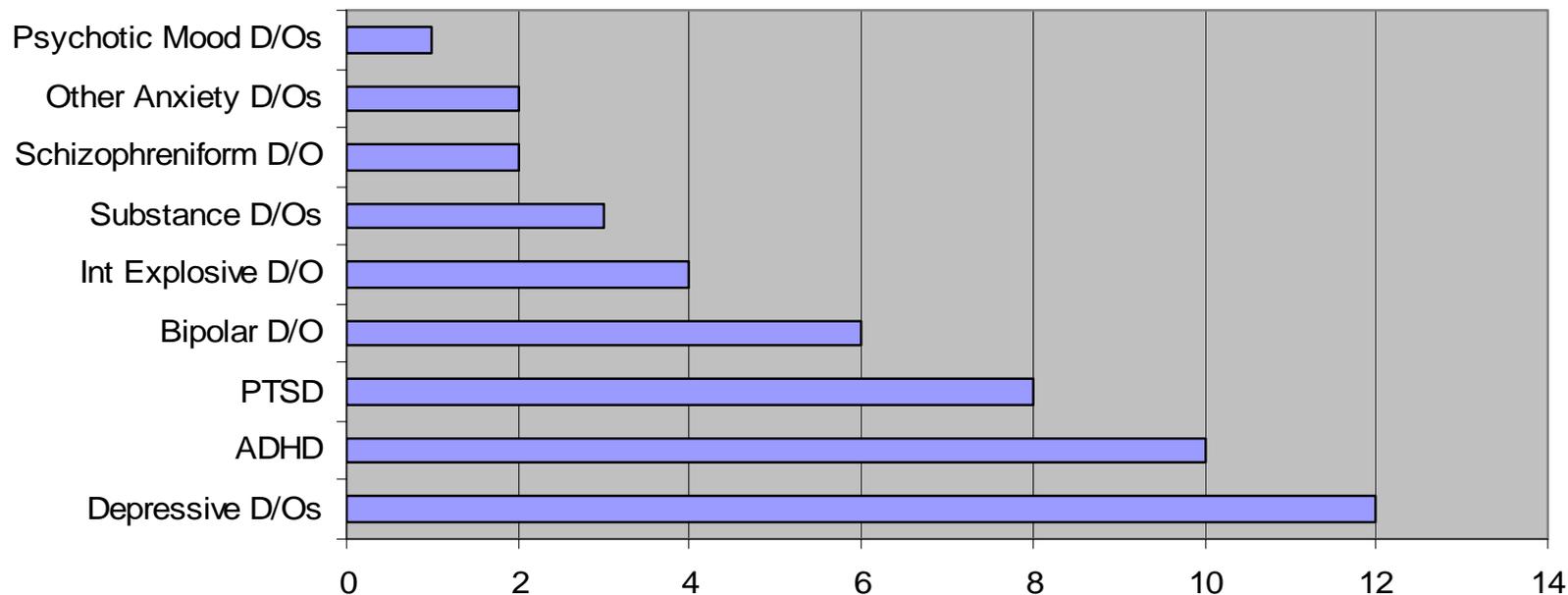
- *Antidepressants – SSRIs and others*
 - *Antipsychotics – 1st, 2nd, & 3rd generation*
 - *Mood stabilizers – lithium and beyond*
 - *Psychostimulants – the amphetamine family*
 - *Alpha agonists & beta blockers*
 - *Anxiolytics – benzodiazepines, diphenhydramine*
 - *Over the counter, herbal, & ‘natural’ drugs*
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Foster Youth with Court Authorization for Ψ Meds

- 8% (n=126) of all youth currently in foster care have current court authorization for psychotropic medications
 - Percentage with court authorization by age group
 - Ages 5-11 (9.3%)
 - Ages 12-15 (12.5%)
 - Ages 16-18 (7.4%)
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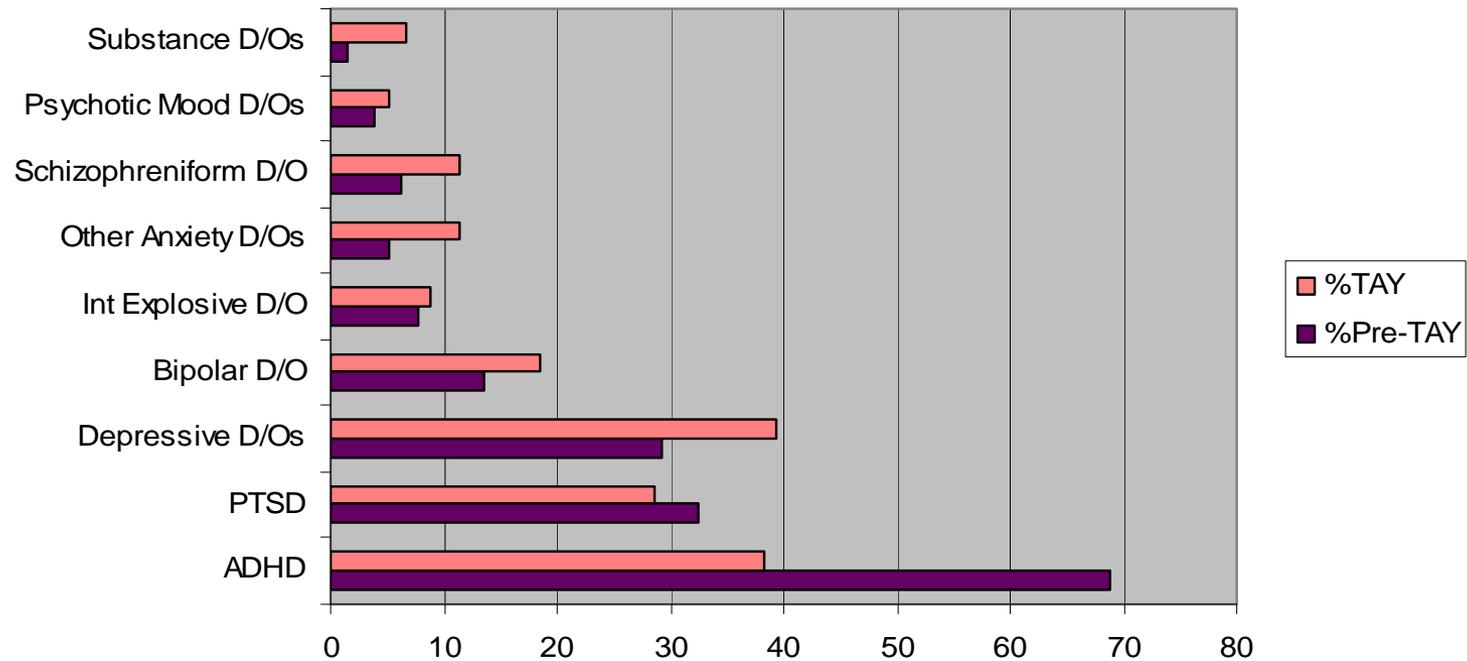
Diagnostic Data for TAY with Court Authorization for Ψ Meds

Diagnoses of TAY with Court Authorization for Psychotropic Meds



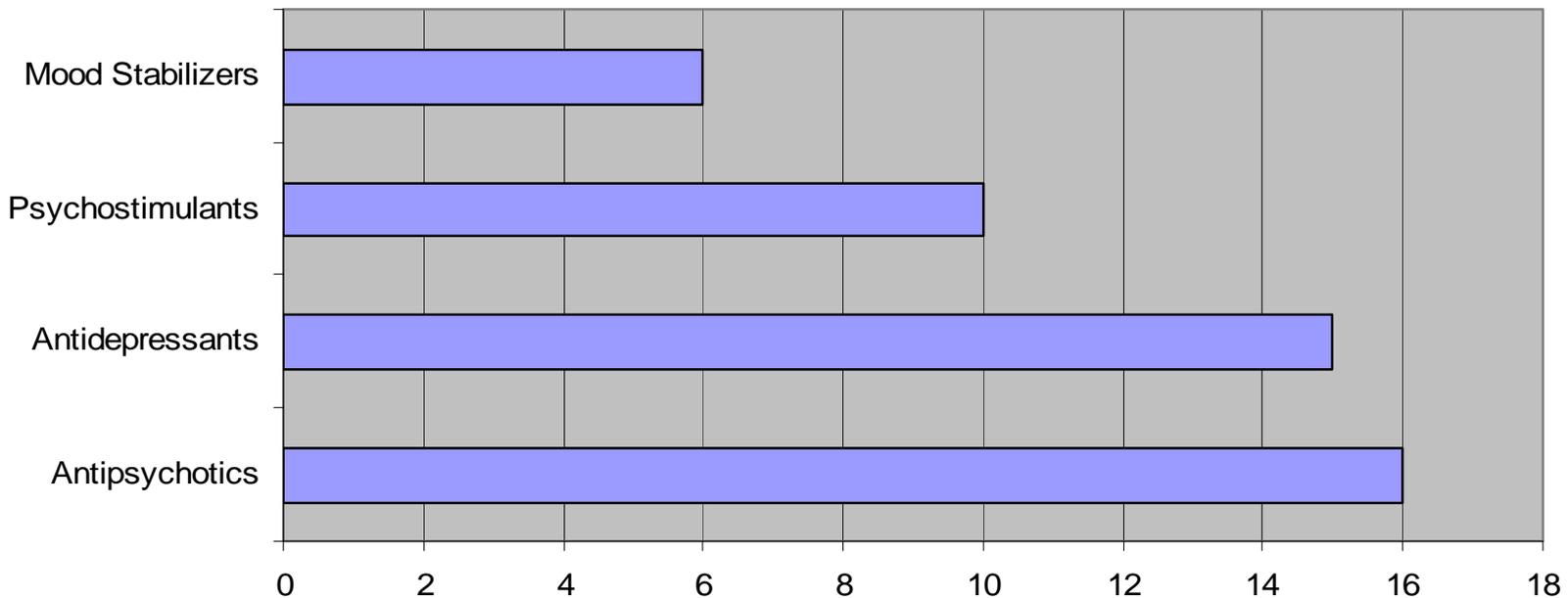
History of Diagnostic Data from JV220 Database - TAY to Pre-TAY

Diagnoses for TAY Vs. Pre-TAY from JV220 Database



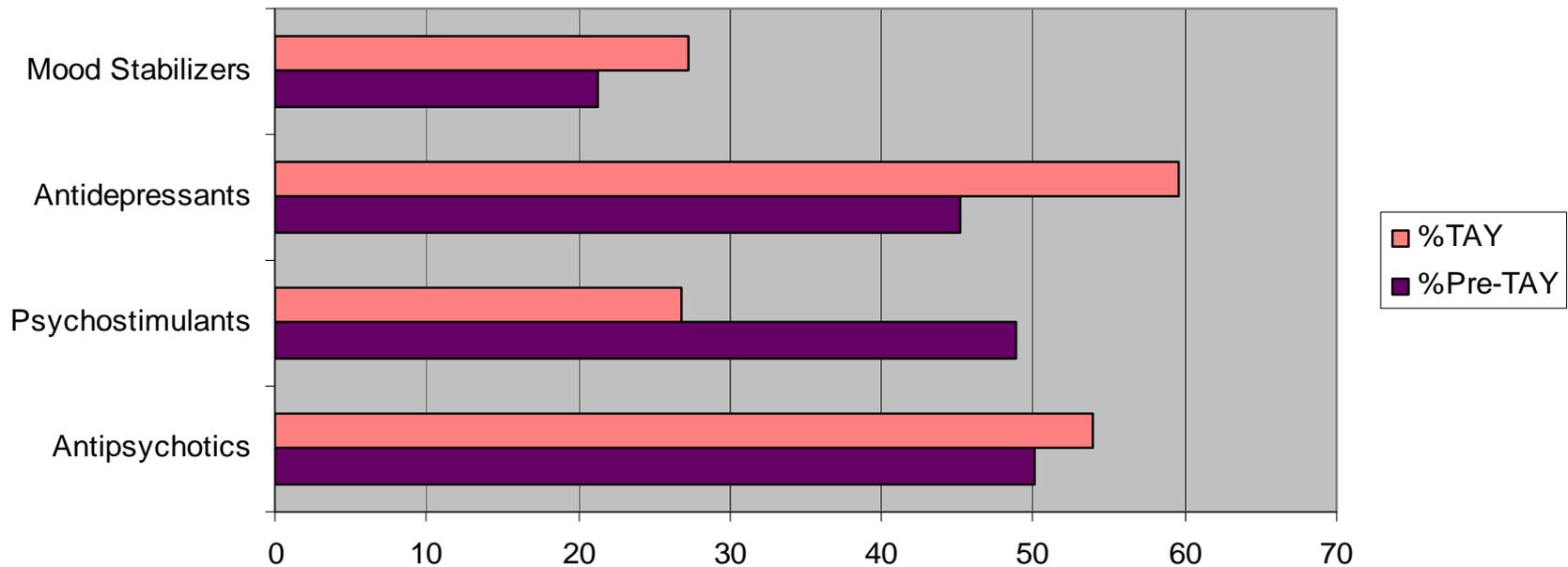
Ψ Meds Currently Authorized for TAY

Court Authorized Psychotropic Meds for TAY



History of Authorized Ψ Meds Comparing TAY and Pre-TAY

Court Authorized Psychotropic Meds by Age



TAY

Obstacles to Continuity of MH Care

- *Logistical support*
 - *Motivation and engagement*
 - *Cost of care & cost of medications*
 - *Lack of “SPMI” diagnosis*
 - *Lost history*
 - *Lack of appreciation for history*
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Some Good News!



- Keep youth engaged!
 - Increased services ⇒ better outcomes
 - Economics
 - Housing
 - Education
 - Criminal behavior
 - Connectedness
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