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
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
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
Disconnected Youth

- Defined as “out of work” and “not in school”
  - 12 months after emancipation, ~1/3 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
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
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

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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

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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
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
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

![Age Group of Youth in Child Welfare Supervised Foster Care](chart.png)
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
TAY by Gender and Ethnicity

- **Gender**
  - **TAY:** More females
  - **Pre-TAY:** More males

- **Ethnicity**
  - **TAY:** >50 % AA
  - **Pre-TAY:** <50 % AA

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<thead>
<tr>
<th></th>
<th>Pre-TAY</th>
<th>TAY</th>
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<tr>
<td><strong>F</strong></td>
<td>47.9%</td>
<td>56.2%</td>
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<tr>
<td><strong>M</strong></td>
<td>52.1%</td>
<td>43.8%</td>
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<tr>
<td><strong>AA</strong></td>
<td>46.1%</td>
<td>54.8%</td>
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As level of restrictiveness increases, the percentage of TAY youth increases.

- FH = 9.9%
- FFA = 16.3%
- GH = 50.2%
Long Term Planning

- 41% of current TAY have spent > ½ 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%)
Open CFS Cases With MH Records

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

~2/3 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”
In general, as restrictiveness increases, so does MH involvement.

Over 95% of youth in group homes have had MH involvement.
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
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
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
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
Psychotropic Medications

- Antidepressants – SSRIs and others
- Antipsychotics – 1\textsuperscript{st}, 2\textsuperscript{nd}, & 3\textsuperscript{rd} generation
- Mood stabilizers – lithium and beyond
- Psychostimulants – the amphetamine family
- Alpha agonists & beta blockers
- Anxiolytics – benzodiazepines, diphenhydramine
- Over the counter, herbal, & ‘natural’ drugs
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%)
Diagnostic Data for TAY with Court Authorization for Psychotropic Meds

Diagnoses of TAY with Court Authorization for Psychotropic Meds

- Psychotic Mood D/Os
- Other Anxiety D/Os
- Schizophreniform D/O
- Substance D/Os
- Int Explosive D/O
- Bipolar D/O
- PTSD
- ADHD
- Depressive D/Os
History of Diagnostic Data from JV220 Database - TAY to Pre-TAY

Diagnoses for TAY Vs. Pre-TAY from JV220 Database

- Substance D/Os
- Psychotic Mood D/Os
- Schizophreniform D/O
- Other Anxiety D/Os
- Int Explosive D/O
- Bipolar D/O
- Depressive D/Os
- PTSD
- ADHD

%TAY vs. %Pre-TAY for various diagnoses.
Ψ Meds Currently Authorized for TAY

Court Authorized Psychotropic Meds for TAY

- Mood Stabilizers
- Psychostimulants
- Antidepressants
- Antipsychotics
History of Authorized \( \Psi \) Meds Comparing TAY and Pre-TAY

Court Authorized Psychotropic Meds by Age

- Mood Stabilizers
- Antidepressants
- Psychostimulants
- Antipsychotics

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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
Some Good News!

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