The Effect of Mental Health Service Utilization on the Risk of Juvenile Justice System Involvement for Children in Foster Care

Svetlana Yampolskaya, PhD
Debra Mowery, PhD
Patty Sharrock, MSW

University of South Florida
Disclosure

- Financial support for this project provided in part by the Florida Agency for Health Care Administration (AHCA).
Introduction

- Nationally
  - more than 400,000 children were in foster care at the end of FY2011
  - The median length of stay was 13.5 months (USDHHS, 2012)
- State of Florida
  - 14,207 children entered foster care during FY2010
  - 18,865 were in foster care at the end of year 2010
  - The median length of stay was 9.5 months
Introduction

- Children placed in out-of-home care have a high prevalence of mental health problems
- The incidence of emotional, behavioral, and developmental problems among children in foster care is 3 to 6 times greater than among children not in foster care
- Between 35% and 85% of youth entering foster care exhibit complex mental health problems
The Effect of Mental Health Problems on Child Outcomes

- Youth with behavioral/emotional problems who enter out-of-home care experience poor child welfare outcomes, such as longer length of stay in out-of-home care, reentry, and placement instability.

- Adolescents in child welfare with anxiety, depression, and externalizing behaviors are likely to engage in risky behaviors including involvement with early sexual activity, having multiple sexual partners, lack of contraceptive use, and substance use.
Mental Health and Involvement with Juvenile Justice System

- Mental health disorders such as depression, conduct disorder, attention deficit disorder, and substance use were shown to significantly contribute to risk for aggressive behavior and delinquency.
- Mental health disorders such as conduct disorder, depression, attention-deficit disorder, and psychosis are associated with subsequent criminal recidivism.
- These associations were found among samples of female adolescents, youth in juvenile courts, juvenile delinquents referred for forensic assessment, psychiatric hospitalized adolescents, and in a national sample of adolescents.
About the Child Welfare Prepaid Mental Health Plan (CW-PMHP)

- CW-PMHP was developed to increase the effectiveness of mental health service provision for children placed in out-of-home care.
- CW-PMHP represents collaboration between the Florida Agency for Health Care Administration (AHCA) and the Community-Based Care Partnership, LTD (CBC Partnership).
Study Goal

- To examine the effect of mental health service utilization on involvement with the juvenile justice system for all children enrolled in the CW-PMHP
Data Sources

- **The Florida Child Welfare Information System**
  - Information about child maltreatment history, involvement with the Child Protection System (CPS), child demographics, out-of-home care, and discharge outcomes

- **Florida Medicaid Administrative Data Sets**
  - Information about admissions to different treatment facilities, mental health and physical health diagnoses, types of mental health services received, dates when these services were provided, and mental health diagnoses

- **Florida Department of Juvenile Justice Data Sets**
  - Information about arrests and offenses committed by juveniles

- **Florida Department of Law Enforcement (FDLE)**
  - Information about arrests and offenses committed by young adults
Study Design

The study employed a longitudinal design consisting of a four-group comparison:

- **Presence of Mental Health Diagnosis and the Use of Mental Health Services**
  (children who had mental health diagnoses and who received any mental health services through the CW-PMHP)

- **Presence of Mental Health Diagnosis and no Use of Mental Health Services**
  (children who had mental health diagnoses and who did not receive any mental health services through the CW-PMHP)

- **No Mental Health Diagnosis and the Use of Mental Health Services**
  (children who did not have mental health diagnoses but received mental health services through the CW-PMHP)

- **No Mental Health Diagnosis and No Use of Mental Health Services**
  (children who did not have mental health diagnoses and who did not receive any mental health services through the CW-PMHP)
Sample Characteristics

- Sample was based on exit cohorts and included all children who were enrolled in CW-PMHP and exited out-of-home care in Florida between July 2007 and June 2010.
- There were 46,786 children who were discharged from out-of-home care.
- Approximately 40% of these children received mental health services.
Sample Characteristics

- 51% male
- 48% Caucasian, 38% African American, 12% Hispanic, 2% other racial and ethnic groups
- Average age was 7 years ($M = 7.01$, $SD = 4.91$).
- Type of maltreatment:
  - Neglect (37%) the most common form of child maltreatment
  - Abuse (17%)
  - Threatened harm (8%)
  - Sexual abuse (3%)
- In addition, absence of a caregiver comprised approximately 21% of the cases
Examined Outcome

- A record of an arrest on any date after children were discharged from out-of-home care was defined as an involvement with the juvenile justice system
Predictors: Child Characteristics

- Gender
- Age
- Race/ethnicity: categorized into African American, Caucasian, Hispanic, and Other
- Type of Maltreatment
  - Sexual abuse
  - Physical abuse
  - Neglect
  - Absence of a caregiver
- Parental substance abuse
- History of domestic violence
Predictors: Child Health Status

- Presence of any emotional and behavioral problems
- Presence of any serious physical health problems
- Mental health diagnoses:
  - Adjustment reaction disorder
  - Attention deficit disorder
  - Conduct disorder
  - Other youth disorders
  - Depression
  - Anxiety disorders
Predictors: Service Groups

- Four categorical variables that reflect presence of mental health diagnosis and receipt of mental health services.
Analytic Approach

To examine the effect of various predictors on a dichotomized outcome, such as whether a child was involved in the DJJ system, logistic regression was used. Due to the anticipated large sample size, odds ratios were used to describe the strength of association between variables. The statistically significant ($p < .05$) predictors that change the odds of an outcome the most were interpreted as most important.
Results:
Prevalence of Mental Disorders

- Adjustment Reaction Disorder: 18.4%
- Attention Deficit Hyperactivity Disorder: 4.7%
- Conduct Disorder: 2.9%
- Other Youth Disorders: 2.1%
- Depression: 1.3%
- Anxiety Disorders: 1.1%
Results of Multivariate Logistic Regression Analysis: Odds Ratios for the Predictors

PREDICTORS

- Other youth disorders: 1.9
- Conduct disorder: 1.5
- Attention deficit disorder: 1.2
- Adjustment reaction disorder*: 0.8
- Absence of a caregiver*: 0.84
- Neglect*: 0.89
- Physical abuse*: 0.88
- Sexual abuse*: 0.76
- Parental substance abuse problems*: 0.88
- Domestic violence history*: 0.98
- Physical health problems*: 0.78
- Emotional problems: 1.74
- African American: 1.68
- Age: 1.46
- Gender: 1.72
- No mental health diagnosis but use of services*: 0.3
- Presence of mental health diagnosis & no use of services: 1.49
- Presence of mental health diagnosis & the use of services: 3.39

* inverse associations
Results: Child Characteristics

- Older age, male gender, and being African American were positively associated with juvenile justice involvement
- Having emotional problems was associated with 74% increased odds of being involved with DJJ
- Having physical health problems was associated with 28% decreased likelihood of getting involved with the juvenile justice system
Results: Mental Health Disorders

- Of all examined mental health disorders, three were significantly associated with the risk of becoming involved with the juvenile justice system: Attention deficit disorder, Conduct disorder, and Other youth disorders.
- Children diagnosed with Conduct disorder were 48% more likely to become involved with the juvenile justice system.
- Children with Other youth disorders were almost twice more likely to get involved with the juvenile justice system compared to children who did not have such disorders.
- Children with Attention deficit disorder were 22% more likely to get involved with DJJ.
Results: Service Groups

- Compared to children without a mental health diagnosis who did not receive services, children with a mental health diagnosis who did not receive services were over three times more likely to get involved with the juvenile justice system.

- Children with a mental health diagnosis who received services had 49% increased odds of being involved with DJJ.
Conclusions

- These findings suggest that children with a mental health diagnosis who did not receive services were at highest risk for juvenile delinquency.
- Controlling for child demographic characteristics and history of maltreatment, presence of emotional problems was the strongest predictor of juvenile justice involvement.
Policy Recommendations

- Presence of a mental health disorder without mental health service use was associated with highest risk for juvenile delinquency. This suggests a need for increased efforts to provide mental health services and treatment for children with identified mental health problems.

- Child welfare professionals, in collaboration with mental health workers, should develop strategies that increase access to services for children and youth and quality of mental health services they need.

- Other suggestions include a greater focus on the evidence-based treatments that have demonstrated efficacy for a variety of mental health diagnoses.

- In addition, considering that all children in the study were removed from home and that many of them experienced placement instability while in care, greater attention needs to be paid to the trauma-informed and trauma-specific interventions that systematically identify and address trauma, attachment, traumatic grief, and loss.
CONTACT INFORMATION

Svetlana Yampolskaya
yampol@usf.edu
Debra Mowery
mowery@usf.edu
Patty Sharrock
psharrock@usf.edu