

# Child Welfare Outcomes by Prior Inpatient Psychiatric Treatment

Jung Min Park, Ph.D.

Joseph P. Ryan, Ph.D.

(Univ. of Illinois at Urbana-Champaign)

# Background

- Prevalence of emotional and behavioral problems among children in child welfare: 42%-60%
- Mental health problems are linked with adverse outcomes (i.e., placement stability, longer stay in placement, fewer reunification, and school failure)
- Most studies primarily focused on mental health issues subsequent to children's involvement with child welfare

## Background (Cont.)

- Important indicators of success for children in out-of-home care: Greater level of placement stability & timely transition to permanence
- Previous studies are unclear about handling a placement in “temporary living conditions”
- Measures of permanence now include family reunification, adoption, and subsidized guardianship.



# Purpose of the Study

- To examine the extent of having a history of inpatient psychiatric treatment before the first placement in out-of-home care
- To examine whether placement and permanence differ by a history of inpatient psychiatric treatment

# Data Sources

- Illinois administrative data
  - Child welfare records from the Department of Children and Family Services (DCFS)
  - Medicaid claims records

# Sample

- 5,978 children and adolescents:
  - Placed in out-of-home care between July 1, 1997 and June 30, 2001
  - between the ages of 3 and 18
- The sample was tracked until June 30, 2005



# Measures

- Inpatient psychiatric treatment
- Placement instability: (0=1 or 2 placements, 1=3 or more placements)
- Permanence: family reunification, adoption, & subsidized guardianship
- Child welfare characteristics
  - Reasons of child welfare case opening
  - Type of initial placement in out-of-home care
  - Having a sibling in out-of-home care
  - Age at first placement in out-of-home care
  - Average length of time in placement
- Age, sex, race/ethnicity

# Analysis

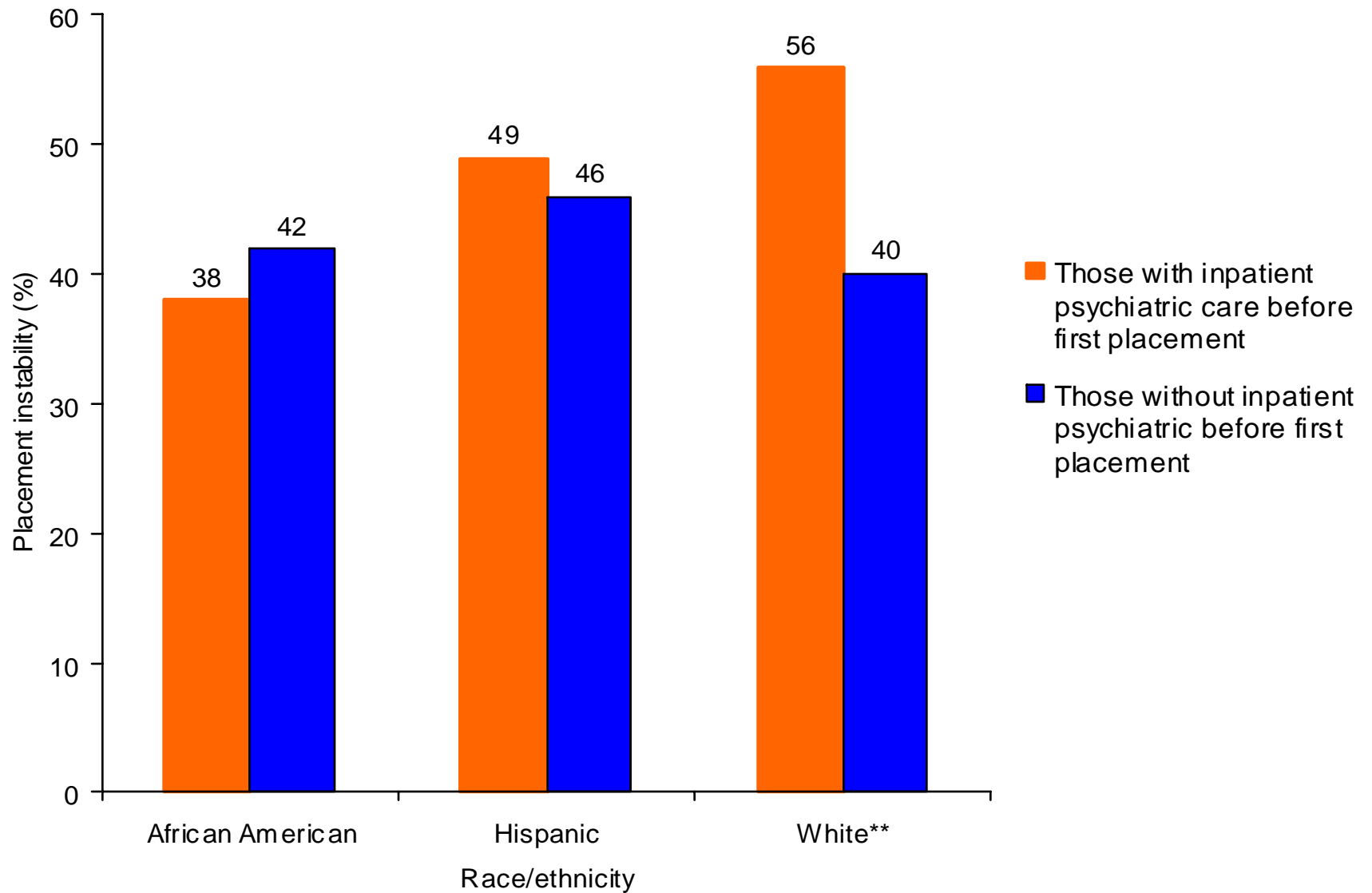
- Chi-square tests and cross-tabulations to compare the outcomes by covariates
- Logistic regression of placement stability
- Cox regression of occurrence and timing of permanence



## Sample characteristics (N=5,978)

	Inpatient psychiatric care history	
	Yes (n=296)	No (n=5,682)
<b>Age group</b>		
3-6 years	5.5	21.0
7-12 years	37.5	45.2
13-18 years	57.5	33.8
<b>Race/ethnicity</b>		
African American	35.1	51.5
White	59.8	42.2
<b>Reason for placement</b>		
Physical abuse	15.2	25.9
Neglect	36.5	49.2
Child behavior issue	13.9	5.7
<b>Residential care as first placement</b>	27.4	22.3
<b>Placement instability</b>	60.1	50.5
<b>Runaway history</b>	18.9	11.8
<b>Permanence</b>	59.5	70.6

## Placement instability by history of inpatient care across racial/ethnic groups



## Logistic regression of placement instability (N=4,802)

Covariate	Odds Ratio
13-18 years** (vs. 3-6 years)	1.36
African American** (vs. white)	0.70
Male**	1.24
Physical abuse (vs. neglect)*	1.23
Child behavior issue (vs. neglect)*	1.34
Length of time in substitute care (months)**	1.05
Residential care as the first placement (1=yes)**	2.80
Siblings in substitute care (1=yes)*	0.89
Runaway history (1=yes)**	5.83
History of inpatient psychiatric care **	1.75
African American X inpatient psychiatric care **	0.33

\*\*  $p < .01$ , \*  $p < .05$

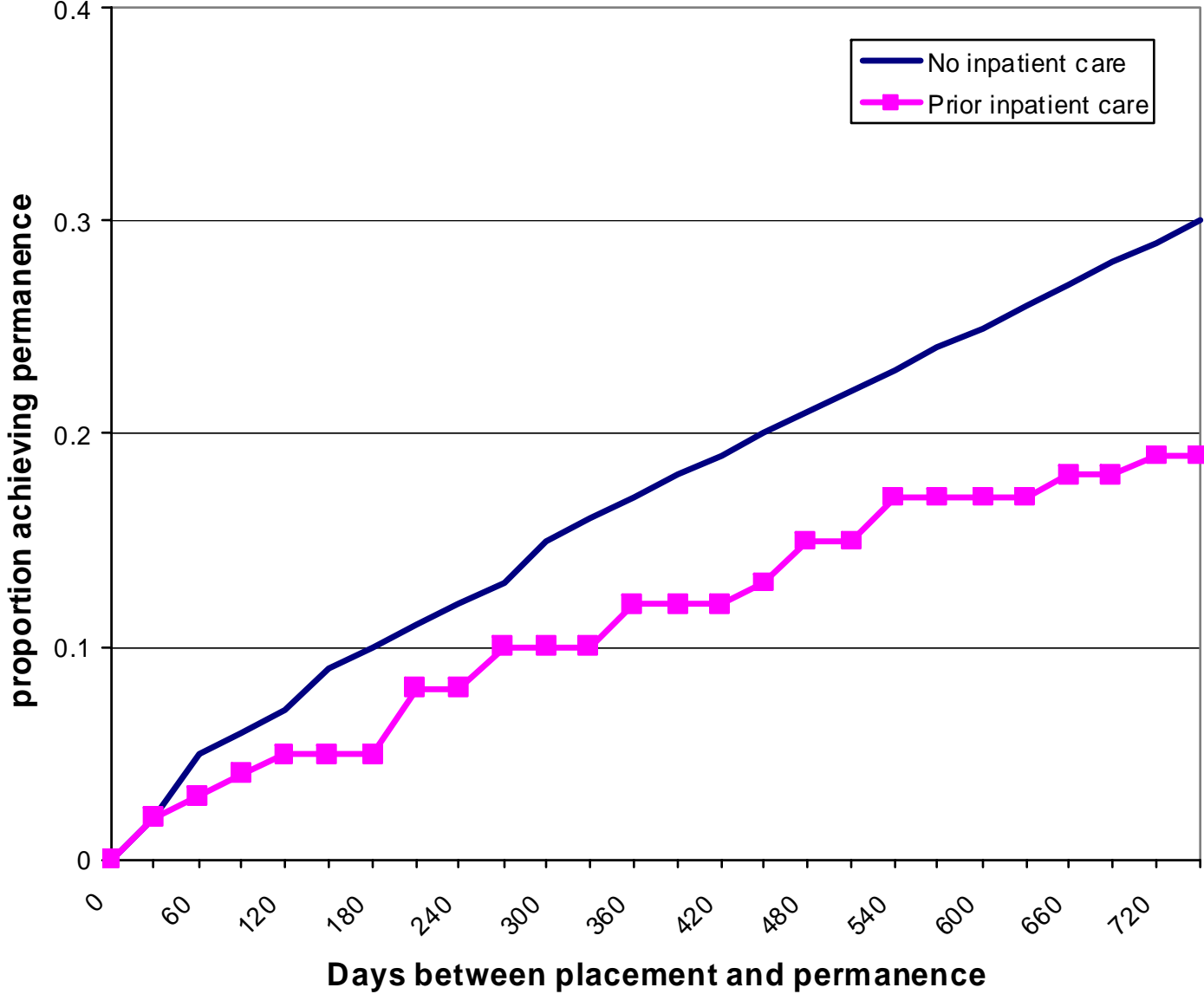


## Cox regression of permanence (N=5,978)

Covariate	Odds Ratio
7-12 years (vs. 3-6 yrs)*	0.92
13-18 years (vs. 3-6 yrs)**	0.50
African American (vs. white)*	0.89
Hispanic (vs. white)**	0.85
Physical abuse (vs. neglect)**	1.19
Length of time in substitute care (months)**	0.95
Residential care as the first placement (1=yes)**	0.87
Siblings in substitute care (1=yes)**	1.19
Runaway history (1=yes)	0.79
History of inpatient psychiatric care (1=yes)	1.13
African American x Inpatient psychiatric care*	0.67

\*\*  $p < .01$ , \*  $p < .05$

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



# Limitations

- Focus on inpatient treatment
- No measures of psychiatric needs
- Only Medicaid claims to identify inpatient psychiatric treatment
- Lack of information on caregivers



# Discussions

- Prior inpatient psychiatric care as a predictor of placement disruptions and failure of permanence
- Potential benefits of continued follow-up and referrals to community mental health agencies of children in out-of-home care with a history of inpatient psychiatric care
- Benefits of assessing service needs of youth who had history of inpatient psychiatric care upon their entry into out-of-home care