Justice-involved Youth in Florida’s Medicaid-funded Out-of-Home Mental Health Treatment Programs

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Purpose

- This paper examined juvenile justice (JJ) contacts among youth in out-of-home (OOH) treatment.
- We examined/described:
  - the rate of JJ contacts before, during, and after OOH treatment;
  - how rates varied across treatment modalities,
  - the types of charges faced by youth, and
  - whether JJ contacts varied across demographic and diagnostic groups.

Background

- Much of the existing research linking OOH and JJ focuses on specific treatment programs.
  - Chamberlain and colleagues focused on a specific therapeutic foster care program (Multidimensional Treatment Foster Care).
  - Externalizing behaviors:
    - Lee and Thompson (2008) focused on a specific group care model, the Teaching-Family model

Out-of-Home Care

- In Florida, Medicaid funds 3 out-of-home treatment programs for children and youth with serious emotional disturbance.
  - Statewide Inpatient Psychiatric Program (SIPP)
    - Intensive residential program
    - Child is considered a danger to self or others
    - Purpose: stabilize youth and connect youth and youth’s family with community-based services
    - Average length of stay: 4 months
    - 14 SIPP programs with approximately 400 beds statewide

- Therapeutic Foster Care: intensive treatment services provided to youth with SED in a licensed therapeutic foster home. Two levels of service which differ in intensity of supervision, treatment parent training requirements, and caseload size. Crisis TFC is also available. The average length of stay is about 7 months.
- Therapeutic Group Care: community-based psychiatric residential treatment services for youth with SED. The average length of stay is about 5 months.

Disclosure

- Financial support for this project provided by Agency for Healthcare Administration (AHCA).
Data

- Florida Medicaid claims data were analyzed for children and adolescents who received out-of-home mental health treatment between July 2003 and June 2007.
- The unit of analysis was the OOH treatment episode (N=5,365).
- Medicaid data were matched with Department of Juvenile Justice data using individual identifiers and deterministic matching.

Demographic Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Number of episodes</th>
<th>%</th>
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<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3,067</td>
<td>57</td>
</tr>
<tr>
<td>Female</td>
<td>2,298</td>
<td>43</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>2,602</td>
<td>48</td>
</tr>
<tr>
<td>African or Caribbean Black</td>
<td>1,539</td>
<td>29</td>
</tr>
<tr>
<td>Hispanic/Latino/Other</td>
<td>1,224</td>
<td>23</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;11</td>
<td>988</td>
<td>18</td>
</tr>
<tr>
<td>11-14</td>
<td>2,405</td>
<td>45</td>
</tr>
<tr>
<td>15-18</td>
<td>1,972</td>
<td>37</td>
</tr>
</tbody>
</table>

JJ Contacts

- The sample contained 5,365 OOH treatment episodes.
- The rate of justice encounters was:
  - 16% during OOH treatment,
  - while the rate was lower in the six months after (24%) treatment
  - than the six months before (28%).

JJ contacts: Before, during, and after treatment

- Before: JJ rates highest among youth treated in a SIPP.
- During: rates lowest among youth in a SIPP; rates did not decline significantly among youth in TFC or TGC.
- After: only youth treated in a SIPP had a reduction in JJ activity after the treatment episode

JJ Contacts

- Fifty-eight percent of the encounters during a treatment episode involved assault and/or battery charges.
- Felonies:
  - 48% of JJ encounters prior to the treatment episode,
  - 41% during the treatment episode, and
  - 45% after the episode.

JJ Recidivism

- Of the 29% of treatment episodes with a JJ contact in the 6 months prior to the treatment episode (N=1,521):
  - 474 (31%) had a JJ contact during the treatment episode and
  - 736 (48%) had at least one JJ contact after the treatment episode.
Demographics
- Higher rates of juvenile justice activity both during treatment and after:
  - Blacks relative to Whites
  - Conduct disorders
  - Involuntary commitments (Baker Act initiations) prior to treatment episode
  - Additional OOH episodes prior to the index treatment episode.

Part II
- Residential treatment (SIPP and TGC):
  - Relationship between the group environment (peer delinquency and facility size) and JJ activity was assessed.
  - Several studies have suggested that youth in residential care may be subject to negative peer effects (e.g., Barth, 2005).

Methods
- Group environment was measured for each treatment episode:
  - Peer delinquency was measured as the percent of youth in a facility with a JJ history.
  - Facility size was defined as the average number of youth in a facility.

Peer delinquency

<table>
<thead>
<tr>
<th></th>
<th>SIPP</th>
<th>TGC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum</td>
<td>1.9%</td>
<td>19.9%</td>
</tr>
<tr>
<td>25th pctl.</td>
<td>29.8%</td>
<td>41.1%</td>
</tr>
<tr>
<td>Median</td>
<td>38.8%</td>
<td>43.3%</td>
</tr>
<tr>
<td>75th pctl.</td>
<td>47.8%</td>
<td>52.9%</td>
</tr>
<tr>
<td>Maximum</td>
<td>71.9%</td>
<td>66.9%</td>
</tr>
</tbody>
</table>

Peer delinquency
- Measured before the treatment episode: Increased JJ encounters and felony charges after the treatment episode, but not during the treatment episode.
- Measured at the end of the treatment episode: Increased JJ encounters and felony charges after the treatment episode.

Facility size
- The median number of Medicaid enrolled youth in a SIPP was 20 while the median number of Medicaid enrolled youth in a group home setting was 13.
- Associated with increased JJ encounters and felony charges during and after the treatment episode.
Discussion

- Preventing youth with mental health issues from entering the justice system is critical.
- Perhaps alternatives such as Multidimensional Treatment Foster Care (Chamberlain, Leve, & DeGarmo, 2007).
- Need to identify the ‘marginal’ kids; the kids who will benefit from different types of treatment settings.

Limitations

- Administrative data
- Descriptive analysis – no causal implications

References