Effect of Foster Care Wraparound Services on Psychiatric Hospitalization Threshold

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Background

- Many benefits of foster care wraparound services have been established (Lyons, 2004)
  - Fewer symptoms of serious emotional & behavioral disorders
  - Fewer high risk behaviors
  - Improved functioning

Wraparound & Psychiatric Hospitalization

- In spite of wraparound’s successes, many children in foster care are
  - Referred for crisis assessment & treatment
  - Hospitalized
- 40% of hospital placements of children may be avoidable (Collins & Collins, 1994; Knitzer, 1982)
- Unknown whether wraparound services help to prevent inappropriate psychiatric hospitalization

Hypotheses

- Among children who have had a crisis assessment, children receiving wraparound services have:
  1. Lower rates of low risk hospitalization &
  2. Higher rates of high risk deflection than children only in out-of-home care.

Study Sample

- Intervention group (n=270): children who
  - Received foster care wraparound services as part of Illinois’ System of Care (FCSOC) initiative AND
  - Had a crisis assessment through Illinois’ Screening, Assessment, and Supportive Services (SASS) program
- Comparison group (n=2015): non-SOC children in out-of-home placements who had a SASS assessment (FC)

Inclusion & Exclusion Criteria

- Crisis assessment occurred during 7/1/02-12/31/03
- Children were followed for up to 1 year
- For children with multiple SASS episodes or FCSOC episodes, only considered 1st episode
**Data & Variables**

- Source: SASS report for each child
- Childhood Severity of Psychiatric Illness (CSPI) (Lyons, et al., 1997)
  - Symptoms
  - Risk factors
  - Functioning
  - Comorbidity
  - System factors
- 3-7 items per domain
- Item scores range from 0 (no evidence) to 3 (severe)
- Hospital admission or deflection at screening
- Demographic characteristics

**Demographic Characteristics**

<table>
<thead>
<tr>
<th></th>
<th>FCSOC (n=270)</th>
<th>FC (n=2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD) age</td>
<td>12.7 (3.3)</td>
<td>13.8 (3.7)</td>
</tr>
<tr>
<td>% Male</td>
<td>54.8</td>
<td>53.0</td>
</tr>
<tr>
<td>% Non-White</td>
<td>65.3</td>
<td>68.9</td>
</tr>
<tr>
<td>% by Region:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cook County</td>
<td>46.8</td>
<td>59.7</td>
</tr>
<tr>
<td>Northern</td>
<td>20.5</td>
<td>11.0</td>
</tr>
<tr>
<td>Central</td>
<td>27.9</td>
<td>22.1</td>
</tr>
<tr>
<td>Southern</td>
<td>4.7</td>
<td>7.3</td>
</tr>
</tbody>
</table>

**Psychiatric Hospital Decision Model**

- **Criterion 1**
  - At least one rating of “3” (dangerous) on either
    - Neuropsychiatric (psychosis)
    - Impulsivity
- **Criterion 2**
  - At least one rating of at least “2” (actionable symptoms) on
    - Neuropsychiatric
    - Impulsivity
    - Emotional (depression/anxiety)
    - Conduct
    - Oppositional Behavior
    - Substance Use
  - AND at least one rating of at least “2” (actionable risk) on
    - Suicide Risk
    - Danger to Others
    - Elopement
    - Sexual Aggression
    - Sexual Development

**Appropriate Hospitalization & Deflection Rates by Group**

- Low Risk Admissions: Central Region 7.9%, Rest of State 7.8%
- High Risk Deflections: FCSOC 63.0%, FC 59.5%

**Low Risk Admissions**

- Central Region: FCSOC 7.9%, FC 7.8%
- Rest of State: FCSOC 10.5%, FC 10.6%

**Next Steps**

- Multivariate analysis to consider direct and interaction effects of age and region
- Analyze change in CSPI outcomes from assessment to SASS discharge