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Background: Use of Meds

Authors and Service Type	Population	Past year use	Current
Bartlett, 2003	Children and youth ages 6-21 in Illinois' foster care system		29%
dos Reis et al., 2001	Children and youth ages 6-19 in the foster care system of a Mid-Atlantic state	41%	
McMillen et al., 2004	17 year old youth in Missouri's foster care system		37%
Raghavan et al., 2005	National sample of children ages 2-16 in foster care system who had entered the child welfare system in prior year		18%
Raghavan et al., 2005	National sample of children ages 2-16 who had entered the child welfare system in prior year and living with parents.		13%
Zima et al., 1999	Ages 6-12 in Los Angeles County foster care system	13%	

Background

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- But, we don't know if that is good or bad.
- And, we don't know what happens to medication use as children or young adults leave the foster care system.



Structural Barriers to Continued Medication Use

- Lose foster care case manager who may arrange services.
- Lose a care provider (RTC, foster parent) who may arrange services.
- Lose Medicaid eligibility.

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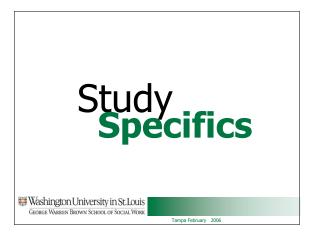
• Face tighter qualifying criteria in adult systems of care.



Research Questions

- How many older youth who are psychotropic medication users continue to use medications after they leave the foster care system?
- What predicts continued psychotropic medication use?
- When psychotropic medication use stops, what are the reasons?





Research Sample

- 404 youth enrolled in short longitudinal study at age 17 from 8 counties in Missouri who were then in the custody of the Missouri Children's Division
- 90% of those eligible
- 56% female 56% youth of color

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Research Methods

- Youth interviewed 9 times from age 17 to age 19.
- Youth interviewed with the aid of a history calendar
- 325 youth remained in study at age 19 (80%)



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Those not retained

Reason	N	%
Inability to locate	63	16
Dropped Out	7	2
Incarcerated	7	2
Overseas military service	2	< 1 %

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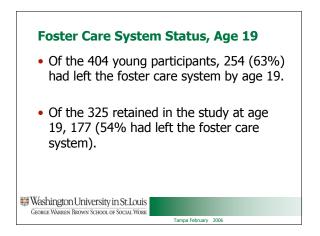
Measurement

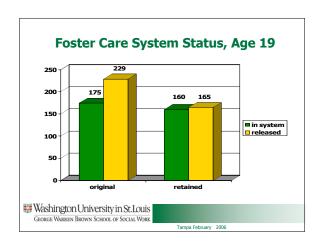
- Medication module of the Service Assessment for Children and Adolescents (Horwitz et al., 2001; Stiffman et al, 2000)
- Constructed two medication continuity measures:
 - a. using at 17 and using at 19
 - b. use during the transition out of care (med use in each of the first two months after leaving the foster care system and four of the next six months).

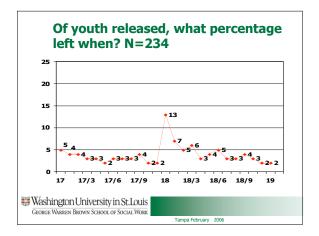
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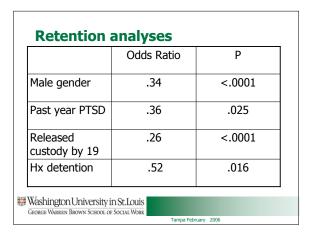
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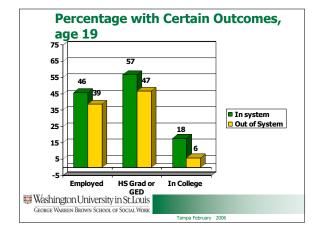
Study Results Washington University in St. Louis George Warren Brown School of Social Work Tampa February 2006

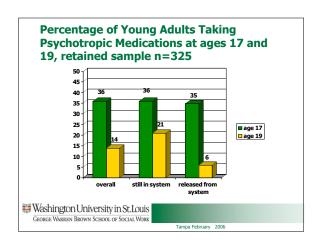


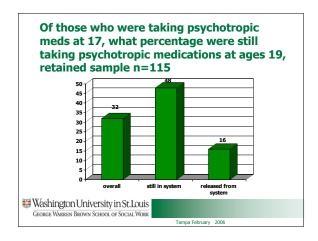


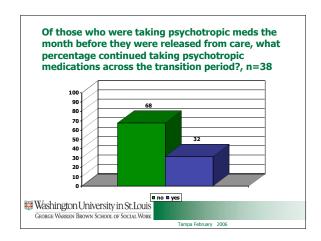


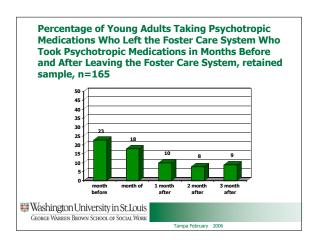


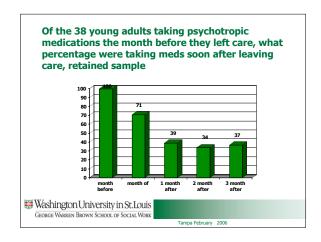




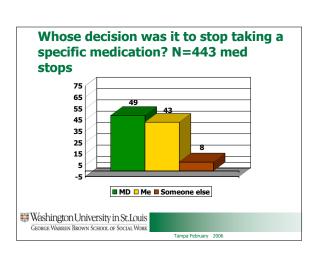


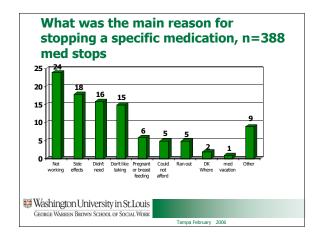


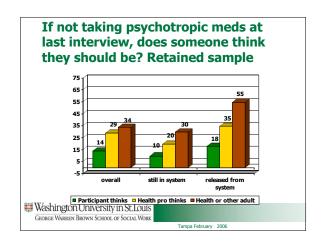


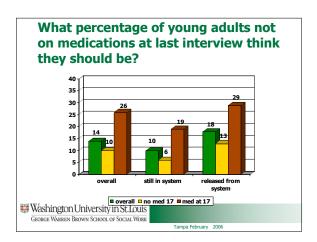


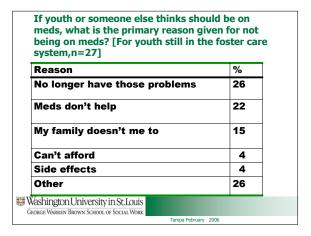
What predicts continued medication use from age 17 to age 19? N=115 • Leaving the foster care system OR=.08, p <.0001 • Being a youth of color OR=.32, p=.037 Washington University in St.Louis George Warren Brown School of Social Work

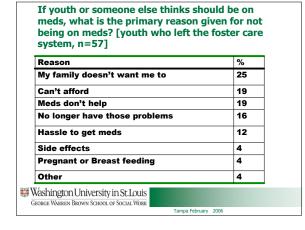


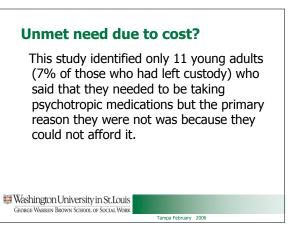












The Story

- Some young adults in this foster care system stopped taking psychotropic medications before they left the foster care system.
- When youth left the system, the drop off in medication use occurred quickly.
- There was some unmet need for psychotropic medications among those who have left the foster care system.
- Reasons other than cost/access were primarily given for not taking psychotropic medications than payment reasons.
- Family is an important factor in determining whether young people continue to take psychotropic medication as they leave the foster care system.



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Policy Implications

• Expand Medicaid coverage for youth leaving the foster care system.

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Practice Implications

- Careful clinical work, psychoeducation to avoid intended consequences of unmonitored stopping of medications.
- Careful consideration of medication prescriptions for youth expected to leave the foster care system.
- Involve family in psychiatric treatment planning before youth leave foster care.



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