



## Out-of-Home Placements within Systems of Care

**Source:** Farmer, E. M. Z., Mustillo, S., Burns, B. J., & Holden, E. W. (2008). Use and predictors of out-of-home placements within systems of care. *Journal of Emotional and Behavioral Disorders, 16*, 5-14.

The systems of care initiative is characterized by an emphasis on family-centered and individualized services for youth with mental health conditions. One of the basic tenets of systems of care is treating youth in the least restrictive settings possible. Despite this goal, however, youth are sometimes placed in out-of-home settings. This study examined the patterns and predictors of out-of-home placements within systems of care.

### Method

Data for this study originated from a larger national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program. This longitudinal project utilized data from all 45 systems of care sites that were funded between 1998 and 2000. A total of 4,933 youth, ages 5 to 18 at intake, comprised the larger sample. This study excluded youth who were already out of home at intake ( $n=1,668$ ). Therefore, the sample used for this analysis was 3,066. More than half the sample was White, 23% was African American, and 9% was Hispanic; mean age at intake was almost 12. One third of the youth were female. This sample was followed from 6 months post-intake through 24 months.

The outcome variable was whether the youth was placed out of home after enrolling in the system of care. Out-of-home placements were categorized into five placement types: foster care, therapeutic foster care, group home or emergency shelter, residential treatment, hospital, and jail or detention.

Measures used to predict out-of-home placement included child psychiatric risk factors (i.e., history of substance use, history of running away, previous suicide attempts, previous psychiatric hospitalizations, physical abuse, and sexual abuse), children's current problems as measured by the Child Behavior Checklist (CBCL), youths' strengths as measured by the Behavioral and Emotional Rating Scale (BERS), biological family risk factors (i.e., history of mental illness, psychiatric hospitalizations, substance use, treatment for substance use, criminal conviction, and domestic violence), and number of previous placements prior to enrolling in the system of care. Survival curves were used to examine the rates of out-of-home placements and discrete-time hazard models were used to determine the predictors of out-of-home placement.

### Results

Of the over 3,000 youth, almost one third (32%) were placed out of home at some point during the two years of the study; the majority of these placements were to more restrictive settings. Of those youth who experienced an out-of-home placement, 31% went to jail or

detention, 25% to residential treatment, 23% to a group home, and 22% to a psychiatric hospital (numbers add up to more than 100% due to multiple placements). In contrast, only 12% went into foster care and 6.5% to therapeutic foster care. There was wide variation in the number of placements, they ranged from none to 20, with the mean among those youth experiencing any placements being 3.6 ( $SD = 2.8$ ). In other words, 73% of youth who were placed experienced more than one placement during the 2-year period.

Males and older youth were more likely to experience an out-of-home placement. Not surprisingly, youth with out-of-home placements also had significantly more severe CBCL scores, lower BERS scores, and more individual risk factors than youth who did not experience an out-of-home placement. Factors that predicted placement overall were also significantly associated with number of placements. Youth who were older, male, had higher CBCL scores, lower BERS scores, and more individual risk factors were more likely to experience multiple placements. In addition, Hispanic youth were more likely to experience multiple placements. Family risk factors were not significantly associated with out-of-home placements or placement stability (number of placements).

### Conclusions

This study examined the prevalence and predictors of out-of-home placements among youth served by federally-funded systems of care. Although one of the fundamental principles of these systems of care is to provide mental health treatment for youth in the least restrictive settings possible, this study suggests that out-of-home placements are still relatively common among youth served in this manner, with almost one third of youth living somewhere besides home over a two-year period. In addition, more youth were placed in relatively restrictive settings (e.g., juvenile corrections, residential treatment), than in less-restrictive settings (e.g., foster care). Not surprisingly, youth that exhibit more problem behaviors were more likely to experience an out-of-home placement.

Future research needs to focus on the effectiveness of these placements. Although the large proportion of placements experienced by these youth over the course of two years (mean of 3.6 among those who lived outside the home) implies that out-of-home placements may not be effective, more research needs to be done regarding the progression of placements (i.e., more to less restrictive settings) and changes in behavioral outcomes after such placements. Similarly, more research needs to document the association between changes in behavioral outcomes and overall number of placements.

One limitation of this study, as pointed out by the authors, is the lack of comparable data on placements in youth who are served by sites other than those adopting systems-of-care principles. Despite the prevalence of out-of-home placements within systems of care, it is possible that without this program in place, placement instability would be even higher.



Prepared by the Research and Training Center for Family Support and Children's Mental Health, Portland State University, PO Box 751, Portland, OR 97207-0751, (503) 725-4040 in collaboration with the Research and Training Center for Children's Mental Health, University of South Florida. Contact [datatrends@pdx.edu](mailto:datatrends@pdx.edu), or [www.rtc.pdx.edu](http://www.rtc.pdx.edu).

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