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Transition-Age Youth
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BEHAVIORAL HEALTH AND LEGAL SYSTEM INVOLVEMENT AMONG TRANSITION-AGE YOUTH IN FOSTER CARE: A LONGITUDINAL ANALYSIS OF YOUTH IN CALIFORNIA



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Significance

The transition from childhood to adulthood can pose challenges for young people in foster care because many are disconnected from supports that families typically provide to adult children (e.g., material support, guidance). Additionally, they may lose access to child welfare services (e.g., housing and behavioral health care services). An added complication is that young people transitioning from foster care experience higher rates of behavioral health problems compared to peers who are not in foster care. Behavioral health conditions (both mental health and substance use disorders) may be more common, given that these young people may experience the trauma of child maltreatment and factors associated with being in foster care (e.g., removal from home, separation from family).

Research suggests that unmet behavioral health needs may increase the risk of incarceration for young people with histories of foster care, potentially leading to lasting effects into adulthood. Involvement with the legal system can complicate the transition to

adulthood, impeding employment opportunities, social relationships, and the formation of identity. This study used longitudinal survey data from young people in foster care at age 17 to examine the relationships between 10 distinct behavioral health conditions and their involvement with the legal system during early adulthood.

THE STUDY EXPLORED THE FOLLOWING QUESTIONS:

- ✓ What is the prevalence of behavioral health disorders among youth in foster care at age 17?
- ✓ Are there associations between types of behavioral health disorders at age 17 and later involvement in the legal system between ages 19 and 21, while considering other relevant factors?

Study Methods

The current study involved prevalence and regression analyses using data from a longitudinal study of transition-age youth in the California foster care system—the CalYOUTH Study. Participants included young people at the onset of the transition to adulthood (ages 16.75–17.75) and who had been in the foster care system for at least 6 months. Young people were interviewed again at ages 19 and 21. Behavioral health disorders were measured at the Wave 1 interviews (age ~17), and legal system involvement was measured at follow-up interviews (Wave 2 at age 19 and Wave 3 at age 21).

The presence of mental health and substance use disorders was assessed using the Mini International Neuropsychiatric Interview for Children and Adolescents to capture 10 diagnoses: major depressive episode, mania,

social phobia, posttraumatic stress disorder, attention deficit hyperactivity disorder, conduct disorder, oppositional defiant disorder, psychotic thinking, alcohol abuse or dependence, and drug abuse or dependence.

Later legal system involvement was based on three measures of self-reported legal system involvement, capturing arrests, incarceration (for at least one night), or convictions of a crime between ages 19 and 21.

Covariates included demographic characteristics (race and ethnicity and gender), maltreatment history (severity and type), child welfare context (living arrangement, total foster care placements, time in extended foster care as a nonminor), and history of juvenile legal system involvement.

Findings

1 More than half of the young people screened positive for a mental health or substance use disorder at age 17.

Among those who later experienced legal system involvement, the most common behavioral health conditions were drug use disorders (40.2%), depression (23.8%), and alcohol use disorders (22.6%).

2 Rates of nearly all behavioral health disorders were higher for young people who later reported legal system involvement than for those who did not.

Significant differences were documented for drug use disorder (40% vs. 16%, respectively; $p < .001$), alcohol use disorder (23% vs. 10%; $p < .01$), oppositional defiant disorder (15% vs. 5%; $p < .05$), conduct disorder (12% vs. 3%; $p < .05$), and any behavioral health disorder (66% vs. 46%; $p < .001$).

3 A diagnosis of drug abuse or dependence was a salient predictor of later legal system involvement, even after accounting for other factors.

Results showed that having a drug abuse or dependence diagnosis as a minor increased the estimated odds of later legal system involvement in adulthood by a factor of 2.4.

4 Time spent in extended care after age 18 reduced the odds of later legal system involvement.

Each additional month spent in extended foster care after participants' 18th birthday was associated with a 2% decrease in the odds of involvement with the legal system in adulthood.

Implications

This study contributes to existing research highlighting the connection between specific behavioral health conditions and legal system involvement among transition-age youth in care. The findings underscore the need for increased attention to drug use disorders among older adolescents in foster care. Future research should investigate whether routine behavioral health screenings and tailored services for youth diagnosed with drug use disorders can improve behavioral health, potentially leading to subsequent reductions in legal system involvement.

Importantly, our findings add to the body of the knowledge showing that foster care services provided beyond age 18 may buffer against legal system involvement. Providing resources through the child welfare system in early adulthood could serve as a protective factor against legal system involvement, which may lead to benefits in later adulthood.

Finally, the results emphasize the importance of identifying mechanisms that contribute to the overrepresentation of foster youth with a juvenile legal history in the adult legal system, including practices in case management (e.g., over surveillance), law enforcement (e.g., probation violations), or court decisions (e.g., court bias).



READ THE FULL STUDY:

Park, K., Munson, M. R., Courtney, M. E., & Blair, K. (2023). Behavioral health and legal system involvement among transition-age youth in foster care: A longitudinal analysis of youth in California. *Journal of Public Child Welfare*. Advance online publication. <https://doi.org/10.1080/15548732.2023.2279226>