

1 **Youth Aging Out of Foster Care & The Opioid Crisis**

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2 **The Aging Out Crisis: A Brief Primer**

- +APPLA: Another Planned Permanent Living Arrangement
 - +Available only after ruling out other permanency options
 - +Least desirable permanency option
 - +Assumes youth will live on their own after exiting care
- +Aging Out
 - +Occurs when youth legally emancipate from the child welfare system (CWS) prior to or without ever being *reunified*, *adopted*, or achieving some other permanent placement option, like *guardianship*
 - +Occurs when youth reach the age of “majority,” which in 25 states is now age 21
 - +CWS is considered to have *failed* to achieve permanency

3 **# of Youth Emancipating by Fiscal Year**

4 **% of Youth Exiting Foster Care via Emancipation by Fiscal Year**

5 **Outcomes for Youth Who Age Out of Foster Care:
*We promised a better life!***

6 **Opioid* Use Among
 Youth Aged Out of Foster Care**

7 **Non-Street* Opiate Use Among
 Youth in Foster Care**

8 **Prevalence of Adolescent Non-Street Opioid Misuse in**

General Population

- +In 2016, 3.6% of adolescents aged 12-17 reported misusing opioids over the past year
- +In 2016, 7.2% of young adults aged 18-25 reported misusing opioids over the past year

(USDHHS Office of Adolescent Health, 2017)

- 9 **Heroin Use Among Youth with History of Foster Care Placement**
- 10 **Past Year Heroin Use by Adolescents in the General Population**
 - +In 2016, 0.1% of adolescents aged 12-17 reported using Heroin in the past year
 - +In 2016, 0.7% of young adults aged 18-25 reported using Heroin in the past year
- 11 **“Hard” Drug Use Among Youth in Foster Care**
- 12 **Summary**
- 13 **Methodological Challenges with Current Prevalence Research**
 - +Lack of continuity between samples
 - +Age ranges (11 – 26 y/o)
 - +Foster care status (In care vs. Aged out of care vs. History of care)
 - +Most studies aggregate substance use/abuse/dependence
 - +Lack of disaggregated information specifically about non-street opioid use
 - +Lack of consistent use of prevalence timeframes (point vs. period vs. lifetime)
- 14 **Risk & Protective Factors for Substance Use Among Older**

Youth in Foster Care

- 15 **Evidence-Based Approaches to Treating Adolescent Substance Use Disorders for Youth in Foster Care**
- +The first brief substance use intervention *specifically for youth in foster care* is in development : *Interactive Healthy Lifestyle Preparation* (iHELP; Braciszewski et al., 2016)
 - +Involves a computerized screening and brief intervention to target substance use reduction
 - +Uses approach consistent with motivational interviewing
 - +Incorporated the preferences and voices of youth exiting foster care in a collaborative, participatory manner
 - +Small RCT is underway (n=33) to track participants over 1 year
- 16 **Evidence-Based Treatment Approaches for Adolescent Substance Use**
- +Family-Based Approaches
 - +Considered most effective treatment approach for adolescents – *significant challenge for youth aging out of foster care!*
 - +Brief Strategic Family Therapy (BSFT)
 - +Family Behavior Therapy (FBT)
 - +Functional Family Therapy (FFT)
 - +Multidimensional Family Therapy (MFT)
 - +Multisystemic Therapy (MST)
- 17 **Evidence-Based Treatment Approaches for Adolescent Substance Use (cont.)**
- +Behavioral Approaches
 - +Adolescent Community Reinforcement Approach (A-CRA)
 - +Cognitive Behavioral Therapy (CBT)
 - +Contingency Management (CM)
 - +Motivational Enhancement Therapy (MET)
 - +Addiction Medications for Opioid Use Disorders (*although none have been approved by the FDA to treat adolescents*)

- +Buprenorphine
- +Methadone
- +Naltrexone
- +Medication Assisted Treatment – combining medications with behavioral counseling for a “whole patient” approach
 - +Is being used “off label” among adolescents

18  **THANK YOU!**

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