Oral Defense Announcement
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Risk and Protective Factors to Well-being in Foster Care Youth Prescribed Psychotropic Medication in a Wraparound Program of Care

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Abstract
Youth in foster care are prescribed psychotropic medications at higher rates and are more likely to experience disruptions to their medical care. Wraparound models of care have been shown to improve outcomes for youths on psychotropic medications, however, these methods have proved difficult to replicate in the foster care population. Government policies have called for better oversight in the foster care population and in response programs have been implemented, however, there remains little outcomes research for these programs. This research will evaluate the characteristics of foster care youth as they enter a Wraparound model of care and the predictive value of these characteristics on psychotropic medication prescribing. The research will also identify the association of Wraparound care on specific outcomes of well-being in foster care youth. This research uses a quantitative analysis of data from a specific Wraparound model of care through a retrospective case control study. The initial data analysis identifies sociodemographic variations, as well as potential protective and risk factors of these youth through linear regression modeling. A second analysis of youth with multiple data points was used to identify the relationship of the measures of well-being of those on psychotropic medications while in this Wraparound model of care. Analysis demonstrates that age, sex, race, BMI, zip code and presence of medical home together can account for the variance in psychotropic medication prescribing, with individual variable significance include age and BMI, and no significant correlation to zip code. The access to care provided by WAW demonstrates improved health outcomes with PPP associated with decreased number of placements (p<.001), and decreased BMI in those with medical home (p=.01). Repeated use of psychological care improved with those in WAW with 50% of those with an initial evaluation receiving follow up care, however, there was no associated decrease in number of psychotropic medications. These findings contribute to the understanding of the variables that contribute to well-being for foster care youth on psychotropic medications. These findings are essential to ongoing programmatic design, implementation, and evaluation, as well as promoting policy that supports similar programs for foster care youth that promote well-being.

Defense of Dissertation Committee
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