



CHAPIN HALL
CENTER FOR CHILDREN
AT THE UNIVERSITY OF CHICAGO

Midwest Evaluation of the Adult Functioning of Former Foster Youth

Chapin Hall Center for Children
University of Chicago

Mark Courtney, Principal Investigator
Amy Dworsky, Project Director

Why study youth aging out of care?

- Nearly 20,000 foster youth age out of care each year
 - In most states, youth are discharged from care at age 18
 - Illinois is an exception in that youth can remain in care until age 21
- Youth aging out of care face considerable challenges including educational deficits, a lack of economic resources and psycho-social problems

Why study youth aging out of care?

- Their well-being is a good indicator of how effectively child welfare systems are addressing the needs of foster youth more generally
- They are a good population to study to better understand the transition to adulthood for “vulnerable” or “at risk” youth
- Federal and state policies specifically target this group (i.e., Foster Care Independence Act of 1999)

Why be concerned about their mental health?

- Rates of mental and behavioral health problems among children in foster care are much higher than prevalence rates for children in community samples
 - 35% to 85% of children entering foster care have mental health problems causing moderate to severe impairment (Leslie et al., 2000; Staudt, 2003)
- Rates of mental health service utilization among children in foster care are approximately 10 times higher than estimated rates for children in community samples

Does poverty account for the difference in prevalence rates?

- Rates of mental health problems among children in foster care are also higher than the prevalence rates found among children in high poverty samples
- Studies have consistently found that children in foster care experience higher rates of mental health disorders and higher rates of mental health service utilization than Medicaid-eligible children not in foster care (i.e., children on SSI or AFDC)

Why be especially concerned about the mental health of youth aging out of care?

- Risk of developing mental health problems may be especially high for youth making the transition from foster care to independent living, particularly if they do not have adequate social supports after their discharge
- Former foster youth may not have access to mental health services because many lose their Medicaid coverage once they leave care

Purpose of Three State Study

- Gather information about services provided to foster youth in Illinois, Iowa, and Wisconsin
- Measure the self-sufficiency of former foster youth
- Provide guidance to 3 states regarding their compliance with and implementation of the Foster Care Independence Act of 1999

Study Design and Sample

- Three wave panel study
- Foster youth in 3 states were eligible to participate if they:
 - Were in out-of-home care at age 17
 - Had entered care before their 16th birthday
 - Had been placed in care due to abuse and/or neglect

Study Design and Sample (continued)

- Baseline survey data collected from 736 youth in '02-'03
- Response rate of 95.8 percent
- Age 17 or 18 at first interview
- 603 (82 percent of sample) re-interviewed in '04 when most were 19 years old
 - 47 percent were still in care
 - 53 percent had already been discharged
- Third wave of data will be collected at age 21

Demographic Characteristics

		Wave 1 (N = 736)	Wave 2 (N = 603)
Gender	Male	48.8	45.9
	Female	51.2	54.1
Race	Black	56.9	56.7
	White	31.0	30.8
	Multi-racial	9.6	10.3
	Other	2.4	2.1
Ethnicity	Hispanic origin	8.7	8.3
State	Illinois	64.8	64.0
	Wisconsin	26.6	27.0
	Iowa	8.6	8.0

Living Arrangements at Wave 2

	Still in Care	No Longer in Care
Own place	----	28.7
Supervised independent living	49.6	---
With biological parents	----	16.8
With other relatives	19.1	17.8
With unrelated foster parents	20.2	10.1
Group quarters	6.7	9.0
Homeless	----	0.6
Other	4.3	17.1

Measures of Mental Health

Composite International Diagnostic Interview (CIDI)

- Highly structured interview designed for use by non-clinicians that generates psychiatric diagnoses according to DSM-IV criteria
- Items included in both the Wave 1 and Wave 2 survey instruments were taken from the lifetime version of the CIDI
 - Major Depression
 - Dysthymia
 - Social Phobia
 - Generalized Anxiety Disorder (GAD)
 - Post Traumatic Stress Disorder (PTSD)
 - Alcohol Abuse and Dependence
 - Substance Abuse and Dependence

Prevalence of Mental Health Disorders at Wave 1 and Wave 2

	Wave 1	Wave2
Major Depression*	10.5	8.3
PTSD	16.1	12.6
Dysthymia	1.0	1.5
Social Phobia	0.4	0.5
GAD	1.4	0.0
Any mental health diagnosis	22.6	18.4

*Wave 1 figure based on valid data for only 630 youth due to problem with skip pattern

Prevalence of Mental Health Disorders by Gender

	Wave 1		Wave2	
	Male	Female	Male	Female
Major Depression*	5.1	11.1	6.9	13.8
PTSD	8.2	23.7	6.9	17.5
Any mental health diagnosis	12.8	31.8	25.2	10.8

*Wave 1 figure based on valid data for only 630 youth due to problem with skip pattern

Prevalence of Mental Health Disorders by Care Status at Wave 2

	Still in Care	No Longer in Care
Major Depression*	6.1	10.3
PTSD	12.9	12.4
Any mental health diagnosis	16.8	20.1

*Wave 1 figure based on valid data for only 630 youth due to problem with skip pattern

Prevalence of Mental Health Disorders at Wave 1 by Care Status at Wave 2

	Still in Care	No Longer in Care
Major Depression*	8.8	12.9
PTSD	16.9	16.5
Any mental health diagnosis	22.5	25.1

*Wave 1 figure based on valid data for only 630 youth due to problem with skip pattern

Prevalence of Substance Disorders at Wave 1 and Wave 2

	Wave 1	Wave2
Alcohol Abuse	10.0	10.5
Alcohol Dependence	4.2	4.3
Alcohol Abuse or Dependence	14.2	14.8
Other Drug Abuse	8.6	10.9
Other Drug Dependence	4.1	3.8
Other Drug Abuse or Dependence	12.0	13.6
Any Substance Abuse	15.6	17.6
Any Substance Dependence	7.1	6.3
Any Substance Disorder Diagnosis	19.4	21.1

Most Common “Problem” Drugs

- 87% of those with a drug abuse diagnosis and 90% of those with a drug dependence diagnosis at wave 1 had a problem with cannabis
- 82% of those with a drug abuse diagnosis and 91% of those with a drug dependence diagnosis at wave 2 had a problem with cannabis
- 20% of those with a drug dependence diagnosis at wave 1 and 17% of those with a drug dependence diagnosis at wave 2 had a problem with cocaine

Prevalence of Substance Disorders by Gender

	Wave 1		Wave2	
	Male	Female	Male	Female
Alcohol Abuse	11.8	8.2	13.4	8.0
Alcohol Dependence	3.7	4.8	4.0	4.6
Alcohol Abuse or Dependence	15.4	13.0	17.3	12.6
Other Drug Abuse	10.0	7.2	14.8	7.7
Other Drug Dependence	5.0	3.2	5.1	2.8
Other Drug Abuse or Dependence	14.2	9.8	18.6	9.3
Any Substance Abuse	18.4	13.0	22.4	13.5
Any Substance Dependence	7.8	6.4	6.5	6.1
Any Substance Diagnosis	22.8	16.2	26.0	16.9

Prevalence of Substance Disorders by Care Status at Wave 2

	Still in Care	No Longer in Care
Alcohol Abuse	6.1	14.2
Alcohol Dependence	2.2	6.2
Alcohol Abuse or Dependence	8.2	20.4
Other Drug Abuse	6.4	14.9
Other Drug Dependence	2.1	5.3
Other Drug Abuse or Dependence	8.6	18.0
Any Substance Abuse	10.4	23.8
Any Substance Dependence	3.6	8.7
Any Substance Diagnosis	12.9	28.2

Prevalence of Substance Disorders at Wave 1 by Care Status at Wave 2

	Still in Care	No Longer in Care
Alcohol Abuse	6.5	12.4
Alcohol Dependence	2.9	5.6
Alcohol Abuse or Dependence	9.4	18.0
Other Drug Abuse	6.8	11.8
Other Drug Dependence	1.4	6.2
Other Drug Abuse or Dependence	8.2	16.7
Any Substance Abuse	10.7	20.7
Any Substance Dependence	3.6	9.6
Any Substance Diagnosis	13.6	25.7

Prevalence of Mental Health and Substance Disorders at Wave 1 and Wave 2

	Wave 1	Wave 2
Any Mental Health Diagnosis	22.7	18.6
Any Substance Disorder Diagnosis	19.4	21.1
Any Mental Health or Substance Disorder Diagnosis	36.3	33.3
Both Mental Health and Substance Disorder Diagnosis	5.7	6.3

Prevalence of Mental Health and Substance Disorders by Gender

	Wave 1		Wave 2	
	Males	Females	Males	Females
Any Mental Health Diagnosis	12.8	31.8	10.8	25.2
Any Substance Diagnosis	22.8	16.2	26.0	16.9
Any Mental Health or Substance Diagnosis	30.9	41.4	31.4	35.0
Both Mental Health and Substance Diagnosis	4.7	6.6	5.4	7.1

Prevalence of Mental Health and Substance Disorders by Care Status at Wave 2

	Still in Care	No Longer in Care
Any Mental Health Diagnosis	16.8	20.1
Any Substance Diagnosis	12.9	28.2
Any Mental Health or Substance Diagnosis	26.4	39.3
Both Mental Health and Substance Diagnosis	3.2	9.0

Mental and Behavioral Health Care Service Utilization

	Wave 1	Wave2
Received counseling for psychological or emotional problem	36.6	20.6
Participated in substance abuse treatment	13.7	7.5
Prescribed psychotropic medication	22.7	15.4
Hospitalized for psychiatric reasons*	7.1	5.9

*Asked only of those no longer in care at Wave 2

Add Health Comparison

- 6 percent of the young adults in our sample who were no longer in care reported that they had experienced a psychiatric hospitalization since they were discharged.
- By comparison, only 3 percent of the 19-year-olds in the nationally representative Add Health sample reported a psychiatric hospitalization during the past 5 years

Mental and Behavioral Health Care Service Utilization by Care Status at Wave 2

	Still in Care	No Longer in Care
No health insurance	1.8	52.9
Did not receive needed medical care	4.6	21.4
Received counseling for psychological or emotional problem	28.5	13.7
Participated in substance abuse treatment	7.4	7.5
Prescribed psychotropic medication	15.6	15.3

Foster Care Independence Act of 1999

- Requires states to use some portion of their Chafee funds to provide assistance (including room and board) and services to former foster youth who have aged out of care until age 21
- Allows states to extend Medicaid coverage to former foster youth until age 21—but few states have exercised this option

Conclusions and Implications

- The needs of these youth must be addressed by state child welfare agencies if the youth are to make a successful transition to early adulthood
- What is less clear is how states can best prepare these youth for the challenges they will face- i.e., what independent living services or subsidies should be provided and to whom?

Conclusions and Implications

- However, our research suggests that youth may benefit if states allow them to remain in care until age 21
- States could increase access to health and mental health care services by extending Medicaid coverage to former foster youth until age 21

Results from Wave 2

Midwest Study of Foster Youth Transitions to Adulthood: Outcomes at Age Nineteen

Available at www.chapinhall.org