

Michigan Foster Care Alumni Study Technical Report: Executive Summary

Outcomes at Age 23 and 24

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COMPILED BY CATHERINE ROLLER WHITE, KIRK O'BRIEN, PETER J. PECORA, RONALD C. KESSLER, NANCY SAMPSON, IRVING HWANG, AND ANNE BUHER.



Study Overview

The Michigan Alumni Study¹ examined the demographic characteristics, maltreatment history, and foster care experiences among a small sample of youth formerly in foster care (alumni) in the Michigan foster care system. This study interviewed 65 23- and 24-year-old alumni from Michigan in 2008 and 2009. It was designed to focus on young adults who were likely to have aged out of care, similar to the Midwest Alumni study conducted by Chapin Hall.

Due to funding constraints resulting from the national financial crisis in late 2008 and early 2009, data collection was suspended early. As a result, interviews were completed with only 65 of the 300 released cases (21.7%).² Data from other alumni studies are reported as benchmarks in this report. The interviewed sample was 66.2% female and was ethnically diverse (50.8% African American, 38.5% Non-Hispanic White, 7.7% American Indian, 3.1% Hispanic/Latino, and 1.7% other or multiracial).

Findings

Maltreatment history

Most youth who entered Michigan foster care in this sample (95.4%) did so because they had experienced some form of maltreatment. About two in five (38.5%) had experienced sexual abuse and more than half (56.9%) had experienced neglect; a similar percentage (58.5%) had experienced physical abuse.

Foster care experiences

On average, these young adults had entered care at the age of 13 and stayed in care for five years, presumably until they emancipated (“aged out”) at the age of 18. Overall, they experienced instability in their placements while in care. Alumni experienced a high average number of placements (8.1) and, on average, were in 2.4 placements per year in care. About one in three (35.4%) had experienced at least one reunification failure, and 32.3% had run away at least once.

Outcomes

More than seven in ten alumni (73.8%) had at least one mental health problem, as measured by the Composite International Diagnostic Inventory (CIDI; Kessler & Üstün [2004]), at some point in their lifetime, while half (50.8%) had experienced at least one mental health problem in the past year. The most common lifetime diagnoses included post-traumatic stress disorder (PTSD; 32.3%), alcohol abuse (32.3%) and drug abuse (26.2%). The most common past-year diagnoses included PTSD (23.1%), social phobia (16.9%), alcohol abuse (12.3%), mania (12.3%), and depression (10.8%).

Slightly over one-third of the interviewed alumni (35.4%) had completed high school with a diploma; a greater percentage (69.2%) had completed high school with a diploma or GED. Overall, less than half of the alumni (43.1%) were currently employed at least ten hours per week. About one in four (26.2%) were working at least 35 hours a week, which is lower than in the general population (57.3%), as reported in a subsample of the National Comorbidity Study Replication matched by age, gender, and race/ethnicity. Only one-third of alumni (32.3%) reported having a household income that was greater than the poverty line, and 12.3% reported having a household income that was at least three times greater than the poverty level (Federal Poverty Line; adjusted for household size).

Policy and Program Recommendations

It would be misleading to hold foster care primarily responsible for the adult outcomes of alumni, given that life experiences prior to placement were likely powerful determinants of functioning. Nevertheless,

foster parents, child welfare workers, and the services provided to youth in care can be positive influences. With this context, the following recommendations are outlined:

1. Rethink the foster care service delivery model and roles of case managers
2. Build practice frameworks
3. Increase access to evidence-based mental health treatment for youth in care and alumni of care
4. Support youth in care and alumni of care in pursuing and completing educational degrees
5. Assist young alumni of care in finding, securing, and maintaining stable housing
6. Overhaul independent living preparation
7. Assist youth in care in developing and maintaining healthy relationships throughout life, including establishing permanent connections with caring adults prior to leaving care
8. Reduce unplanned pregnancies and involvement with the criminal justice system

Since the time when interviews were conducted for this study, Michigan DHS has enacted numerous program changes to improve their foster care system and improve outcomes for alumni. These changes include hiring Education Planners, hiring Health Liaison Officers, providing homeless and runaway youth services, providing a Summer Youth Employment Program, offering mother/baby programs for youth in foster care with infants, the Seita Program at Western Michigan University, the Michigan Youth Opportunity Initiative, and new legislation to extend foster care through age 21 (the Young Adult Voluntary Foster Care Act). These initiatives are detailed in the full report.

Conclusions

Many of the results of this study are similar to that of other alumni studies conducted by Chapin Hall, Casey Family Programs, and Casey Family Services. The majority of youth in this study aged out of care as young adults rather than leaving the foster care system after having achieved permanency (through adoption, reunification, or guardianship).³ One of the most effective ways to improve outcomes among alumni may be to ensure that they leave care through achievement of legal permanency rather than through emancipation.

This study of Michigan foster care alumni underscores the need to include more mental health and other child well-being assessment indicators into child welfare agency performance dashboards so that some of the key services are being implemented with fidelity and outcomes are being monitored. Foster care agencies are not able to change the experiences that children and youth experience before they enter care, but the agencies are able to improve the experiences of children and youth who are in care, which can in turn improve outcomes in adulthood.

¹ This study was made possible through the collaborative efforts of the University of Michigan Survey Research Center, Harvard Medical School, administrators and staff in Michigan, Chapin Hall at the University of Chicago, and Casey Family Programs.

² It had been anticipated that a total of 447 cases would be released for interviewing to reach the goal of 300 completed interviews. However, only 302 cases had been released for interviewing by the time interviewing ended in Michigan on March 2, 2009; of these, 300 were eligible for the study.

³ The case closure date was after the young adult's 18th birthday for 84.6% of the interviewed young adults; the remaining 15.4% of young adults exited care at age 17.