

Michigan Foster Care Alumni Study Technical Report

Outcomes at Age 23 and 24

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Table of Contents

Executive Summary	3
Chapter I. Introduction	5
Foster Care in the United States	5
Study Background, Rationale, and Collaborators	5
Research Questions	5
Chapter II. Study Sample and Methodology	6
Design and Procedure	6
Informed consent	6
Sample	6
Eligibility criteria	6
Response rates	6
Demographic characteristics	7
Measures	7
Administrative data	7
Interviews	7
Data Analysis	8
Missing data	8
Benchmarking data	8
Analyses	9
Chapter III. Maltreatment History and Foster Care Experiences	10
Background	10
Maltreatment History	10
Placement History and Foster Care Experiences	11
Placement history	11
Foster care experiences	11
Chapter IV. Outcome Findings	13
Physical and Mental Health	13
Education and Training	15
Employment, Finances, and Economic Hardships	16
Living Arrangements and Household Composition	18

Marriage, Relationships, and Children..... 19

Criminal Justice Involvement.....20

Chapter V: Study Limitations, Summary, Recommendations, and Conclusions ...22

Study Limitations.....22

Summary of Findings.....22

Policy and Program Recommendations.....25

Recent Michigan DHS Initiatives26

Conclusions.....28

References.....29

Executive Summary

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.

Chapter I. Introduction

Foster Care in the United States

In 2009, nearly 30,000 young adults emancipated from foster care in the United States. These young adults were among the 700,000 children who were served in the foster care system during 2009. Many children spend a substantial amount of their childhood in foster care: The 276,266 children exiting foster care in 2009 spent an average of nearly two years (22 months) in care (U. S. Department of Health and Human Services, 2010). Clearly, foster care affects a large number of children in the United States and it affects children for a significant length of time.

Studies indicate that children in foster care and former recipients of foster care (alumni) have poorer outcomes than their peers in the general population in areas such as mental health, employment, and education (American Academy of Pediatrics, 2000; Courtney, Dworsky, Lee, & Raap, 2010; McMillen et al., 2005; Pecora et al., 2010; Vandivere, Chalk, & Moore, 2003; White, Havalchak, Jackson, O'Brien, & Pecora, 2007; Williams, Pope, Sirles, & Lally, 2005).⁴ Given the large number of children involved in the foster care system, it is important to document their outcomes and to develop strategies to improve their outcomes.

Findings from studies of foster care alumni have influenced policy aimed at improving their outcomes. For example, the Midwest Study and the Northwest Foster Care Alumni Study were both instrumental in the passage of the Fostering Connections to Success and Increasing Adoptions Act of 2008. This act extended Title IV-E eligibility to young adults in foster care up to the age of 21. Continued monitoring of outcomes after the passage of this act will allow for a better understanding of its effectiveness and a better understanding of how foster care should be changed to improve outcomes.

Study Background, Rationale, and Collaborators

Currently, few comprehensive studies of alumni of foster care provide benchmarks against which agencies can measure the outcomes of these alumni and improve their own programs. Although current and forthcoming data (such as that provided by the National Survey of Child and Adolescent Well-Being and the National Youth in Transition Database) will provide important information about young alumni of foster care, there will be a significant knowledge gap concerning their longer-term outcomes.

Research Questions

The primary research questions for the overall study were as follows:

1. What were the demographic characteristics of foster care alumni in Michigan and what were their experiences while in foster care?
2. What were the outcomes of these foster care alumni at age 23 and 24? How do their outcomes compare with the outcomes of other young adults?

Chapter II. Study Sample and Methodology

Design and Procedure

Professionally trained interviewers from the University of Michigan's Survey Research Center conducted one-time retrospective in-person (n=65) interviews between December 2008 and March 2009.⁵ The interview included questions regarding experiences in foster care and outcomes as young adults in areas such as education, employment, mental health, living situations, and relationships. The length of the interview ranged from 50 to 272 minutes with an average of 149 minutes. Participants had the option to answer questions related to sensitive topics (such as criminal justice involvement) via a self-administered audio interview program on a laptop computer.

Informed consent

The study protocol was approved by the University of Michigan's Institutional Review Board and Casey's Human Subjects Review Committee. All participants read and signed a consent form, which explained the study procedures and stipulated that their data would be kept confidential and that results would be published in group form only (that is, no individual identifiers would be used). Additionally, a Certificate of Confidentiality was received from the National Institutes of Health to ensure that participant data could not be shared because of legal demands (e.g., court orders, subpoenas). All respondents who completed an interview were paid \$90 in appreciation of their time and ideas.

Sample

Eligibility criteria

To be eligible for the study, alumni had to meet the following criteria:

1. Placed in care initially due to child maltreatment and/or child behavior problems.
2. Entered care prior to their 16th birthday and still in court-supervised care at age 17 (i.e., were wards of the court for at least one year).
3. 23 years old on September 1, 2008.
4. Able to speak English.
5. Mentally able to complete the interview.

There was no restriction on the way in which these young people exited foster care. Alumni could have exited care for any reason, including emancipation, reunification, or adoption. These eligibility criteria were chosen in consultation with Chapin Hall researchers so that the study in Michigan would be comparable to the Midwest Study (Courtney et al., 2010). A total of 300 alumni of foster care were eligible to participate in Michigan.⁶

Response rates

Despite the use of extensive location strategies by the University of Michigan Survey Research Center, a relatively small proportion of alumni were located and interviewed prior to the end of the study. A total of 65 alumni of foster care in Michigan participated in the study out of an eligible pool of 300 alumni. The response rate (AAPOR RR2) was 21.7% (American Association for

Public Opinion Research, 2009). Study findings should be interpreted with some caution due to this low response rate.

Demographic characteristics

More females than males were interviewed (see Table 1). This may be partially explained by the fact that there were more females than males in the full sample and because more males than females were found to be incarcerated at the time of the interview. The interviewed sample was racially and ethnically diverse and roughly mirrored the race/ethnicity of the full sample, with about one in two identifying as African American and four in ten identifying as Non-Hispanic White.

Table 1. Demographic Characteristics of the Interviewed Young Adults

DEMOGRAPHIC CHARACTERISTICS		Interviewed young adults %
Gender	Male	33.8
	Female	66.2
Race/ethnicity	African American	50.8
	Non-Hispanic White	38.5
	American Indian	7.7
	Hispanic/Latino	3.1
Age (at time of interview)	23	23.1
	24	76.9
<i>Sample size</i>		65

Measures

Administrative data

Case record data were pulled from Michigan Department of Family and Protective Services databases. Data collected included information on demographic characteristics (gender, race/ethnicity, date of birth) and placement history.

Interviews

A large proportion of the interview used the exact questions from the Midwest Study because the Michigan study was designed to determine how comparable Midwest Study findings were to other states. As such, the interview contained several standardized scales and covered a wide range of areas. Among the standardized scales or sub-scales included in the interview and reported in this study are the Lifetime Experiences Questionnaire (Gibb et al., 2001; Rose, Abramson, & Kaupie, 2000), which was used to measure respondents' emotional, physical, and sexual maltreatment history, and the Restrictiveness of Living Environment Scale (ROLES; Hawkins, Almeida, Fabry, & Reitz, 1992).

The Composite International Diagnostic Interview (CIDI) was used to assess mental health. The CIDI was created as a psychiatric diagnostic interview that can facilitate psychiatric epidemiological research without the need for clinician interviewers. The CIDI used type and

severity of experienced symptoms to determine whether a young adult had a specific mental health diagnosis in the past 12 months or ever in his or her lifetime. It provided diagnoses for a number of mental health disorders, such as depression, post-traumatic stress disorder (PTSD), and substance abuse, and has demonstrated high validity (Haro et al., 2006, 2008; Kessler & Üstün, 2004). All study interviewers received standardized comprehensive training on administration of the CIDI.

Data Analysis

Missing data

Frequencies were examined to determine the extent to which data were missing. Imputation of missing data was dependent on which variables had missing data and the type and quantity of missing data. Thus, there were different imputation methods for different types of missing data:

1. For dichotomous (yes/no) questions, missing values, don't know/refuse responses are all coded to "no."
2. For ordinal variables, the missing values, don't know/refuse responses are coded to the most likely response under ordinary circumstances.
3. For continuous variables, a regression-based imputation method in SAS (PROC MI) was used, controlling for demographic characteristics and other variables that may be correlated with the variable in question.

Benchmarking data

For most of the outcomes, comparisons between the Michigan sample of young adults and young adults from these other studies are provided:

Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study).

The Midwest Study is a longitudinal study that has been following a sample of 732 young people from Iowa (n=63), Wisconsin (n=195), and Illinois (n=474) as they "age out" of foster care and transition to adulthood (Courtney et al., 2005). A fourth wave of survey data was collected from 602 Midwest Study participants between July 2008 and April 2009 when the young adults were 23 and 24 years old.

Northwest Foster Care Alumni Study (Northwest Study).

The Northwest Study was a cross-sectional study that examined the outcomes of 479 young adults between the ages of 20 and 33 who had been placed in family foster care between 1988 and 1998 in Oregon and Washington (Pecora et al., 2005). Researchers reviewed case records for the entire sample of 659 and interviewed 479 of the young adults between September 2000 and January 2002.

National Longitudinal Study of Adolescent Health.

This report included comparison data from a nationally representative sample of 23- and 24-year-olds from the National Longitudinal Study of Adolescent Health (Add Health; <http://www.cpc.unc.edu/projects/addhealth>), a federally funded longitudinal study of adolescents' health-related behavior and outcomes. The data cited in this report are based on the sample of 23- and 24-year-olds who participated in the third wave of data collection in 2001 and 2002.

National Comorbidity Study Replication.

Mental health comparison data, matched on the age, race/ethnicity, and gender demographic characteristics of the current study, were provided by the National Comorbidity Study Replication survey. This survey, conducted in 2001 and 2002, used the CIDI in a nationally representative sample of 9,282 people age 17 and older (Kessler et al., 2003; Kessler & Merikangas, 2004; Kessler & Walters, 2002); information from a subsample of 523 23- to 25-year-olds is included as general population comparison data in this report.

Analyses

Simple descriptive findings are presented for the entire interviewed sample and for comparison studies. Results were tested for significant differences between the Michigan alumni and comparison studies using a significance level of $p < .05$. For continuous variables, a t-statistic was used; and for categorical variables, a chi-square statistic was used. Statistically significant differences are indicated by an asterisk.

Chapter III. Maltreatment History and Foster Care Experiences

Background

Although foster care is intended to be a temporary living situation, many children spend a substantial amount of time in care. In 2003 (about the time many of the young adults in the current study left care), children and youth exiting care had been in care for an average of 22 months with nearly one in five (19%) having been in care for three years or more (U. S. Department of Health and Human Services, 2005). The services and support children and youth receive while in foster care can be a potentially powerful intervention for remediating the effects of child maltreatment and removal from the birth home; alternatively, unfavorable living situations and a lack of services and support while in care can exacerbate the negative effects of maltreatment and trauma.

The Michigan Alumni Study examined the demographic characteristics, maltreatment history, and foster care experiences among alumni of the Michigan foster care system.

Maltreatment History

Table 2 presents the maltreatment history of the young adults who were interviewed. Consistent with nationwide trends (Pecora et al., 2010), most youth who entered care (95.4%) did so because they had experienced some form of maltreatment. About two in five (38.5%) had experienced sexual abuse and 56.9% had experienced neglect; a similar percentage (58.5%) had experienced physical abuse. One in five (21.5%) had experienced all three types of maltreatment—neglect, physical abuse, and sexual abuse—prior to entering care.

Table 2. Maltreatment History of the Interviewed Young Adults

MALTREATMENT HISTORY		%
Reason(s) for placement into foster care	Behavior problems	26.2
	Maltreatment	95.4
	Parent substance abuse	46.2
Number of reason(s) for placement into foster care	0	1.5
	1	38.5
	2	50.8
	3	9.2
Maltreatment before care (young adults could have experienced more than one type)	Neglect	56.9
	Physical abuse	58.5
	Sexual abuse	38.5
Number of types of maltreatment before care	0	20.0
	1	27.7
	2	30.8
	3	21.5
Sample size		65

Placement History and Foster Care Experiences

Placement history

Table 3 includes information about the placement history and foster care experiences of the interviewed young adults. On average, young adults had entered care at the age of 13 and stayed in care for over five years. The case closure date was on or 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.

Youth experienced instability in their placements while in care. On average, alumni experienced 8.1 placements and 2.4 placements per year in care. Three in ten (35.4%) had experienced at least one reunification failure, and a similar percentage (32.3%) had run away at least once.

Over half (56.3%) lived with one or more siblings at least once while in foster care.

Table 3. Placement History

PLACEMENT HISTORY		%
Age at child welfare case opening (in years)	14 years or younger	52.3
	15 years or older	47.7
Average age at child welfare case opening (in years): 13.4 (SD: 2.8)		
Length of time in foster care (in years)	Less than 4 years	36.9
	4 or more years	63.1
Average length of time in foster care (in years): 5.2 (SD: 3.3)		
Number of placements	Less than 4	15.4
	4 to 7	33.8
	8 or more	50.8
Average number of placements: 8.1 (SD: 6.8)		
Number of placements per year in care	Less than 1	27.7
	1 to 2.9	47.7
	3 or more	24.6
Average number of placements per year in care: 2.4 (SD: 3.3)		
Number of failed reunifications	None	64.6
	1 to 2	29.2
	3 or more	6.2
Average number of failed reunifications: 0.7 (SD: 1.4)		
Number of runaway episodes	None	67.7
	1 to 4	21.5
	5 or more	10.8
Average number of runaway episodes: 1.6 (SD: 4.3)		
Lived with one or more siblings in foster care		56.3
Sample size		65

Foster care experiences

Table 4 includes information about experiences in foster care among the interviewed alumni. Alumni provided a mixed assessment of their satisfaction with foster care: 38.5% disagreed or

strongly disagreed with the statement, “Overall, I am satisfied with my experience in foster care,” and a slightly smaller proportion (35.3%) agreed or strongly agreed. Just over half of alumni agreed or strongly agreed that their foster families were helpful (52.3%) or that their social workers were helpful (56.9%).

Alumni-reported rates of maltreatment while in care are much higher than what is reported in Child and Family Services Reviews. Less than one percent (0.2%) of children in foster care in Michigan were reported as victims of maltreatment in care in 2006 (U. S. Department of Health and Human Services, 2008, Table 3-20). However, 29.2% of alumni reported having experienced neglect, 21.5% reported having experienced physical abuse, and 12.3% reported having experienced sexual abuse at some point during their time in foster care. Note that very specific descriptors of child maltreatment were used.⁷

Table 4. Foster Care Experiences – Self-Reported by Alumni of Care

FOSTER CARE EXPERIENCES		%
Satisfied with experience in foster care	Strongly disagree	20.0
	Disagree	18.5
	Neither agree nor disagree	26.2
	Agree	21.5
	Strongly agree	13.8
Foster families were a help	Strongly disagree	13.8
	Disagree	10.8
	Neither agree nor disagree	23.1
	Agree	29.2
	Strongly agree	23.1
Social workers were a help	Strongly disagree	9.2
	Disagree	23.1
	Neither agree nor disagree	10.8
	Agree	35.4
	Strongly agree	21.5
Had a mentor since the age of 14 (not necessarily while in care)		75.4
Maltreatment while in care	Neglect	29.2
	Physical abuse	21.5
	Sexual abuse	12.3
Felt prepared to live on own when left care	Not at all prepared	21.5
	Not very prepared	12.3
	Somewhat prepared	50.8
	Very prepared	15.4
Sample size		65

Chapter IV. Outcome Findings

Physical and Mental Health

Youth who are placed in foster care are at increased risk of mental health problems due to the maltreatment they received from their birth families and the trauma of entering and living in foster care (Garland et al., 2000; Leslie et al., 2003). Mental health outcomes are based on the CIDI (see Chapter 2). The report includes benchmarking data from the Midwest Study, the Northwest Study, and the National Comorbidity Study Replication (NCS-R) survey (see Chapter 2 for more information).

About one in four alumni (24.6%) reported having a chronic physical or mental health condition that required regular medical care (see Table 6). A large percentage (61.5%) reported that they currently smoked, which was much higher than the general population (26.3%), as reported in the NCS-R. Nearly seven in ten alumni (73.8%) had at least one mental health problem, as measured by the CIDI, at some point in their lifetime, and half (50.8%) had 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%). Note that prevalence rates reported for some diagnoses, such as panic disorder (1.5%), were very low. Given that these findings were driven by a very small number of participants, the prevalence rates may be sensitive to sampling bias and may be unstable.

Alumni had significantly higher rates of lifetime diagnoses than the general population for several disorders, notably PTSD (23.1% for alumni vs. 9.8% for the general population), alcohol abuse (32.3% vs. 12.9%), drug abuse (26.2% vs. 9.8%), and mania (18.5% vs. 2.0%). However, the lifetime prevalence rate of depression was slightly lower for alumni of care (24.6%) than for the general population (25.7%) as reported in the NCS-R, matched on age, gender, and race/ethnicity.

Differences between alumni and the general population for past-year diagnoses were less pronounced, suggesting that recovery had occurred for many alumni. For one disorder, panic disorder, alumni had lower past-year rates than the general population. However, the overall finding that 50.8% of alumni had at least one past-year mental health diagnosis demonstrates that alumni need access to appropriate treatment, including treatment for alcohol and drug problems.

Table 6. Physical and Mental Health

PHYSICAL AND MENTAL HEALTH	Michigan		Midwest Study		Northwest Study		NCS-R	
	Life-time (%)	Past year (%)	Life-time (%)	Past year (%)	Life-time (%)	Past year (%)	Life-time (%)	Past year (%)
Has a chronic physical or mental health condition ^a	n/a	24.6	n/a	12.4*	n/a	27.5 ^b	n/a	n/a
Currently smokes	n/a	61.5	n/a	45.8*	n/a	42.8*	n/a	26.3*
Currently drinks alcohol (past year)	n/a	67.7	n/a	49.1*	n/a	46.9*	n/a	72.9
At least one CIDI DSM diagnosis	73.8	50.8	41.0*	19.2*	n/a	54.4	48.8*	36.3*
Three or more CIDI DSM diagnoses	32.3	10.8	12.0*	2.2*	n/a	19.9	17.7*	10.4
Alcohol abuse	32.3	12.3	19.7*	2.8*	n/a	11.9 ^c	12.9*	6.3
Alcohol dependence	10.8	6.2	6.9	0.6*	11.3	3.6	5.7	2.2
Drug abuse	26.2	4.6	14.2*	3.8	n/a	12.3 ^d	9.8*	3.0
Drug dependence	12.3	6.2	2.1*	0.3*	21.0	8.0	5.3*	0.9*
Any substance abuse or dependence	47.7	18.5	n/a	n/a	n/a	n/a	17.3*	9.0*
Depression	24.6	10.8	15.0*	8.6	41.1*	20.1	25.7	16.4
Generalized anxiety disorder	10.8	4.6	6.7	4.3	19.1	11.5	11.0	9.5
Mania	18.5	12.3	0.1*	0.1*	n/a	n/a	2.0*	1.0*
Panic disorder	4.6	1.5	n/a	n/a	21.1*	14.8*	9.0	8.6*
Post-traumatic stress disorder (PTSD)	32.3	23.1	12.7*	5.9*	30.0	25.2	9.8*	7.5*
Social phobia	23.1	16.9	3.1*	2.3*	23.3	17.1	17.3	10.8
<i>Sample size</i>	65		602		479		523	

* Indicates a statistically significant difference between Michigan and the comparison group (Midwest Study, Northwest Study, or NCS-R), $p < .05$.

^a The question asked in the current study was as follows: "Do you have any chronic physical or mental health conditions for which you need medical care on a regular basis?"

^b Chronic physical disorder in the Northwest Study includes heart disease, high blood pressure, chronic lung disease, ulcers, and human immunodeficiency virus. It does not include diabetes or asthma.

^c Alcohol problem

^d Drug problem

Comparisons to other studies of alumni of care revealed mixed results and should be interpreted with some caution, given that differences in diagnosis rates could be attributable to several factors other than true differences. Differences could be due to (1) different response rates across studies, (2) differences in the age distribution of respondents across studies, and (3) in the Midwest Study, a downward bias in diagnosis rates between the first and fourth interview waves

due to study participants learning how to avoid follow-up questions by responding “no” to CIDI screener questions about symptoms (Courtney, Dworsky, Lee, & Raap, 2010).

Education and Training

Youth in foster care are confronted with challenges completing their education, due to frequent school moves (both before and during care), a lack of educational support, and other adversities related to their placement in care, such as trauma and neglect (Leone & Weinberg, 2010; Pecora et al., 2010).

Table 7 presents education and training outcomes, including some general population data specific to Michigan. Slightly more than a 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, but this was much lower than the Michigan general population (84.0%) and the general population as measured by Add Health (92.7%) and was lower than what was found in the Northwest Study (84.8%). Note that many education experts believe the high school completion rates in the United States are actually lower than 93% because dropouts are not counted properly. Nevertheless, child welfare agencies should be helping youth achieve educational success in much higher numbers.⁸

Table 7. Education and Training

EDUCATION AND TRAINING	Michigan (%)	Midwest Study (%)	Northwest Study (%)	Michigan General Population ages 18-24 (%)	Add Health (%)
Currently enrolled in school	16.9	16.6	15.7	46.3 ^{a*}	23.1
Has high school diploma	35.4	n/a	56.3*	n/a	n/a
Has high school diploma or GED	69.2	75.6	84.8*	84.0 ^{b*}	92.7*
Any education beyond high school	26.2	31.8	42.7*	55.0 ^{b*}	61.2*
Any diploma or certificate beyond high school	13.8	6.2*	20.6	13.5 ^c	33.6*
Completed college (bachelor's degree)	7.7	3.0	1.8*	8.5 ^b	24.2*
Sample size	65	602	479	8342 ^d	1486

Indicates a statistically significant difference between Michigan and the comparison groups (Midwest Study, Northwest Study, Michigan's general population ages 18-24, or Add Health), $p < .05$.

^a Ages 20-24; $N=5661$. U. S. Census Bureau (2008f). Sample size estimated from number of people interviewed and percent of Michigan's population that is aged 20-24. See U. S. Census Bureau (2008a) and U. S. Census Bureau (2012).

^b U. S. Census Bureau (2008c).

^c U. S. Census Bureau (2008g).

^d Sample size estimated from number of people interviewed and percent of Michigan's population that is aged 18-24. See U. S. Census Bureau (2008a) and U. S. Census Bureau (2012).

Foster care alumni studies continue to see high rates of completion of high school via a GED rather than a high school diploma, which is a concern for several reasons (see, for example, Grubb, 1999):

1. High school graduates earn more than GED recipients in the labor market. That is, as measured by later economic success, it is more beneficial to finish high school than to drop out and earn a GED.
2. High school graduates are more likely to complete a four-year college degree, which will net them greater lifetime incomes

Over one-fourth of alumni (26.2%) had received some education beyond high school, yet only 13.8% had completed a college diploma or certificate. The percent of alumni who had completed a bachelor's degree (7.7%) was significantly lower than that of the general population (24.2%).

Overall, there was only one significant differences in education and training outcomes between alumni in Michigan and those in the Midwest Study (a higher percentage of alumni in Michigan completed a diploma or certificate beyond high school). Northwest Study alumni had higher rates of high school completion (via a diploma or GED) and higher rates of having any diploma or certificate beyond high school, but they had lower rates of college completion. This is unexpected as the Northwest Study participants were older, on average, and were at an age when they would be expected to be more likely to have completed their undergraduate studies (about 24 years old).

Employment, Finances, and Economic Hardships

Table 8 reports on the employment and financial outcomes of alumni in Michigan. 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 significantly lower than in the general population (57.3%), as reported in the NCS-R. Some of this difference could be attributed to the fact that interviews took place during 2008-2009, when the United States was in a recession, whereas the general population data from the NCS-R were obtained through interviews conducted in 2000-2001.

Only one-third of alumni (32.3%) reported having a household income that was greater than the federal poverty line, and one in eight (12.3%) reported having a household income that was at least three times greater than the poverty line. These are both significantly lower than in the general population, in which 81.4% and 32.0% of young adults were at or above and three times greater than the poverty line, respectively (see NCS-R data in Table 8).

Alumni relied on public assistance to a great degree.⁹ For example, four in five (81.5%) reported having received public assistance since leaving care, and three in five (61.5%) reported receiving public assistance in the past year. Both of these rates were significantly higher than that of the general population, in which 26.7% and 21.5% of young adults received public assistance ever and in the past year, respectively (see Table 8).

A significantly lower proportion of young adults had a checking or savings account (43.1%) compared to their peers in the general population (85.1%). Less than half (47.7%) reported having health insurance, which is a concern given the physical and mental health challenges they faced.

Table 8. Employment, Finances, and Economic Hardships

EMPLOYMENT, FINANCES, AND ECONOMIC HARDSHIPS	Michigan (%)	Midwest Study (%)	Northwest Study (%)	Michigan General Population ages 18-24 (%)	NCS-R/ Add Health (%)
Currently employed at least 10 hours per week	43.1	48.0	69.1*	66.4 ^{e*}	75.5 ^{**a,b}
Working 35 or more hours per week	26.2	35.5	52.7*	n/a	57.3*
Household income greater than the poverty line	32.3	34.1	66.8*	74.8 ^{f*}	81.4*
Household income at least three times greater than the poverty line	12.3	9.6	21.3	39.1 ^{g*}	32.0*
Any public assistance since leaving care	81.5	70.1	51.7 ^{*d}	n/a	26.7*
Any public assistance in past 12 months	61.5	55.8	47.8 ^{*c}	n/a	21.5*
Owns a residence	13.8	5.9*	9.3	n/a	19.5 ^a
Has a checking or savings account	43.1	46.7	n/a	n/a	85.1 ^{**a}
Has health insurance	47.7	55.7	67.0*	n/a	75.0*
Unable to pay rent or mortgage	33.8	28.5	n/a	n/a	7.4 ^{**a}
Unable to pay and evicted	9.2	8.6	n/a	n/a	0.7 ^{**a}
Unable to pay utility bill	43.1	26.9*	n/a	n/a	11.8 ^{**a}
Sample size	65	602	479	8342 ^h	523 / 1486

* Indicates a statistically significant difference between Michigan and the comparison group (Midwest Study, Northwest Study, Michigan's general population ages 18-24, Add Health, or NCS-R), $p < .05$.

^a Add Health

^b Employment could have been less than 10 hours per week.

^c Past six months.

^d Since age 18.

^e Ages 20-24. $N=5661$. Note that employment could have been less than 10 hours per week. U.S. Census Bureau (2008d). Sample size estimated from number of people interviewed and percent of Michigan's population that is aged 20-24. See U. S. Census Bureau (2008a) and U. S. Census Bureau (2012).

^f U. S. Census Bureau (2008e).

^g U. S. Census Bureau (2008b).

^h Sample size estimated from number of people interviewed and percent of Michigan's population that is aged 18-24. See U. S. Census Bureau (2008a) and U. S. Census Bureau (2012).

About one-third (33.8%) had experienced a time during the past 12 months when they were unable to pay their rent or mortgage, and 9.2% reported having been evicted during the past 12 months because of inability to pay. Four in ten (43.1%) reported being unable to pay their utility bill during the past 12 months. Alumni experienced all of these economic hardships at a greater rate than the general population (see data from Add Health in Table 8).¹⁰

Alumni in Michigan had significantly poorer employment, finances, and economic hardship outcomes compared to the general population on all outcomes except one (owns a residence). Outcomes between Michigan and the Midwest and Northwest Studies were fairly similar; however, for two outcomes, Michigan alumni had better outcomes than Midwest Study alumni,

and for seven outcomes, Northwest Study alumni had better outcomes than Michigan alumni. This is possibly due to the increased age range of the foster care alumni in the Northwest Study.

Living Arrangements and Household Composition

Table 9 presents information on the living arrangements and household composition of interviewed alumni. Many alumni had experienced instability in their living arrangements after leaving care, with 26.2% reporting having lived in five or more places.

Table 9. Living Arrangements and Household Composition

LIVING ARRANGEMENTS AND HOUSEHOLD COMPOSITION		Michigan (%)	Midwest Study (%)	Northwest Study (%)	Add Health (%)
Currently living by self		58.5	49.0	n/a	63.2
Currently living with birth parents		6.2	7.0	n/a	29.4
Lived with birth parents at least once since leaving care		29.2	n/a	n/a	n/a
Number of places lived since leaving care [†]	1	15.4	12.1	3.4	n/a
	2	12.3	19.3	7.6	
	3	24.6	19.4	15.4	
	4	21.5	17.9	17.4	
	5 or more	26.2	30.1	56.2	
<i>Sample size</i>		<i>65</i>	<i>602</i>	<i>479</i>	<i>1486</i>

[†] Chi-square tests were not conducted on multilevel variables.

Just over half of the alumni (58.5%) were living in their own place at the time of the interview, which is slightly less than those in the general population (63.2%), as reported in Add Health. Notably, a much lower percentage of alumni (6.2%) were living with their birth parents than their peers in the general population (29.4%). Although only 6.2% were currently living with birth parents, 29.2% had lived with their birth parents at least once since leaving care.

Table 10 presents data on homelessness. Nearly half (47.7%) reported having ever been homeless or “couch surfing” since leaving care.

Among the 30.8% of alumni who had been homeless, 38.1% had been homeless for more than one month at a time, and 9.5% had experienced four or more episodes of homelessness. Similarly, among the 33.8% of alumni who had couch surfed, 63.6% had experienced four or more episodes of couch surfing, and 40.9% had couch surfed for more than one month at a time. Overall, alumni in Michigan had higher rates of homelessness and couch surfing than did alumni in the Midwest Study and the Northwest Study. Again, the severe recession and high rates of unemployment in Michigan may have contributed to this finding.

Table 10. Homelessness

HOMELESSNESS		Michigan (%)	Midwest Study (%)	Northwest Study (%)
Ever homeless or couch surfed since leaving care		47.7	36.5	n/a
Ever homeless since leaving care		30.8	24.3	22.2 ^a
Number of times homeless since leaving care (among those who had been homeless) [†]	1	61.9	46.6	31.3 ^{*b}
	2	19.0	13.7	19.3
	3	9.5	7.5	24.1*
	4 or more	9.5	27.4	25.3*
Longest period of time (in days) homeless (among those who had been homeless) [†]	1 night	9.5	9.6	1.1 ^{*b}
	2 to 7 nights	33.3	28.8	18.0*
	8 to 30 nights	19.0	24.0	17.5
	31 to 90 nights	33.3	13.0	9.9*
	More than 90 nights	4.8	20.5	52.4*
Don't know		0.0	4.1	1.1
Ever couch surfed since leaving care		33.8	27.6	n/a
Number of times couch surfed since leaving care (among those who had couch surfed) [†]	1	22.7	32.5	n/a
	2	4.5	15.7	
	3	9.1	9.0	
	4 or more	63.6	35.5	
	Missing	0.0	7.2	
Longest period of time (in days) couch surfed (among those who had couch surfed) [†]	1 night	4.5	6.0	n/a
	2 to 7 nights	31.8	22.9	
	8 to 30 nights	22.7	25.9	
	31 to 90 nights	13.6	16.9	
	More than 90 nights	27.3	18.7	
Don't know		0.0	9.6	
<i>Sample size</i>		65	602	479

[†] Chi-square tests were not conducted on multilevel variables.

^a Homeless within a year of leaving foster care.

^b This could include spells of homelessness before entering foster care.

Marriage, Relationships, and Children

Table 11 shows that slightly over one in five alumni (21.5%) had ever been married, and 21.5% were currently married. These rates are both similar to the general population as reported by the NCS-R. Comparisons with alumni from other studies are mixed: marriage rates in Michigan were higher than those in the Midwest Study, and lower than those in the Northwest Study.

Table 11. Marriage and Children

MARRIAGE AND CHILDREN	Michigan (%)	Midwest Study (%)	Northwest Study (%)	Michigan General Population ages 20-24 (%)	NCS-R (%)
Ever married	21.5	14.0	44.5*	11.7 ^{a*}	33.4
Currently married	21.5	11.8*	30.4	10.8 ^{a*}	27.5
Has given birth to / fathered a child	60.0	57.4	63.0	n/a	33.4*
Child placed in out-of-home care (among those with a child)	10.3	8.6	8.2	n/a	n/a
Had baby before age 18	13.8	12.4	7.3	n/a	n/a
Had baby outside of marriage	12.3	52.5*	18.0	n/a	n/a
Currently parenting / living with child(ren)	49.2	42.3	54.4	n/a	20.9*
Sample size	65	602	479	5661 ^b	523

* Indicates a statistically significant difference between Michigan and the comparison group (Michigan, Midwest Study, Northwest Study, Michigan's general population ages 20-24, or NCS-R), $p < .05$.

^a U. S. Census Bureau (2008h).

^b Sample size estimated from number of people interviewed and percent of Michigan's population that is aged 20-24. See U. S. Census Bureau (2008a) and U. S. Census Bureau (2012).

More than half (60.0%) had given birth to or fathered a child, which is significantly higher than the rate in the general population (33.4%); 13.8% of all alumni had done so before age 18. Among those who had children, about one in ten (10.3%) had ever had a child placed in foster care. Overall, 49.2% of young adults were currently parenting and living with at least one child. The percent of young adults living with at least one child was over twice the rate in the general population (20.9%), as reported in the NCS-R. This rate is similar to that of alumni in the Midwest Study, but it is lower than that of alumni in the Northwest Study (54.4%).

Criminal Justice Involvement

Table 12 presents rates of involvement with the criminal justice system for alumni of care. Results are presented separately for males and females, given established differences by gender. The arrest rate among males is disturbing and is very similar to what was found in the Midwest Study. Over half of the males (54.5%) had been arrested since leaving care, and 40.9% had been convicted of a crime. Both of these rates are significantly higher than those found in the general population.

Table 12. Criminal Justice Involvement

CRIMINAL JUSTICE INVOLVEMENT	Michigan		Midwest Study		Add Health	
	Males (%)	Females (%)	Males (%)	Females (%)	Males (%)	Females (%)
Ever arrested since leaving foster care	54.5	39.5	64.0 ^a (n=272)	38.7 ^a (n=315)	2.9 ^{*a}	0.3 ^{*a}
Ever convicted of a crime since leaving foster care	40.9	25.6	42.8 ^a (n=264)	18.4 ^a (n=304)	9.1 ^{*a}	1.6 ^{*a}
Ever spent at least one night incarcerated since leaving foster care	59.1	25.6	44.9 ^b (n=254)	17.9 ^b (n=308)	n/a	n/a
<i>Sample size</i>	22	43	254-272	308-315	725	762

* Indicates a statistically significant difference between Michigan and the comparison group (Michigan, Midwest Study, or Add Health), $p < .05$.

^a Since age 18.

^b Since last interview (at age 21).

Although rates of criminal justice involvement were lower for females, they were significantly higher than for the general population as reported in Add Health. For example, 39.5% of female alumni had been arrested since leaving care, compared with 0.3% of females in the general population who had been arrested since age 18.

Chapter V: Study Limitations, Summary, Recommendations, and Conclusions

Study Limitations

Several important study limitations should be noted. First, findings may not generalize to the larger population because the interviewed sample was constrained in several ways (by respondent age, for example). Notably, the interview response rate (21.7%) was low, which may further limit the generalizability of the findings. Alumni who were doing less well may have been more difficult to find given their relative disconnectedness from society. Also, males were underrepresented in the interviewed sample. The study included alumni from the state of Michigan only, which further limits the generalizability of findings.

Second, available case record data from administrative files were somewhat limited and could contain errors. This affected the ability to describe the sample and to control for demographic characteristics and maltreatment history. Finally, as is the case with all studies that rely on interview data, the results may have been affected by the fact that most of the foster care experiences and all outcomes were measured by self-report. Some interview questions referred to experiences that had occurred many years before; as such, responses could be affected by recall bias. Further, alumni who were doing better at the time of the interview may recall their experience in foster care more positively than alumni who were not doing well at the time of the interview.

Summary of Findings

Despite the limitations noted above, results of the study are useful in that they support the findings of previous studies and provide updated information about outcomes among alumni of foster care. Many of the results of this study are similar to those of other alumni studies conducted by Chapin Hall, Casey Family Programs, and Casey Family Services (see, for example, Casey Family Services, 2004; Courtney et al., 2007; Courtney et al., 2010; Pecora et al., 2003; Pecora et al., 2010).

The placement history of the alumni indicates that they had unstable living situations while in care; on average, alumni had experienced 8.1 placements while in care (an average of 2.4 placements per year). About one in three (35.4%) had experienced at least one failed reunification; that is, they re-entered care after reuniting with their birth family. About one in three (32.3%) ran away at least once while they were in care.

Overall, alumni of foster care had higher rates of mental health problems than the general population. Over half of the alumni (50.8%) had a past-year mental health diagnosis, and over one in ten (10.8%) had three or more past-year diagnoses. Although lifetime rates for substance abuse were high, past-year rates were lower, suggesting that many alumni had recovered from their substance abuse. Similarly, although three in ten alumni (32.3%) had experienced PTSD at some point in their life, a smaller percentage (23.1%) had experienced symptoms of PTSD in the past year.

Completion of high school and post-secondary education was lower for alumni than for the general population on all measured items. In particular, only 7.7% of alumni had completed college (bachelor's degree), compared to 24.2% of the general population of the same age. Alumni were also employed at a lower rate and had lower household incomes than the general population, and they were more likely to receive public assistance and to have difficulty paying their bills. Nearly half (47.7%) had been homeless or couch surfed since leaving foster care.

About one in five (21.5%) alumni was married at the time of the interview, and 49.2% were currently parenting and living with children, which is more than twice the rate in the general population as measured by the NCS-R (20.9%). Over one in ten (13.8%) had had a baby before the age of 18. Both male and female alumni were significantly more likely to have been arrested and/or convicted of a crime than their peers in the general population. The box below summarizes selected findings from the Michigan Alumni Study.

Selected Outcomes^a

MENTAL AND PHYSICAL HEALTH

- 50.8% have at least one past-year mental health diagnosis.
- 24.6% currently have a chronic physical or mental health condition.
- 18.5% report symptoms of substance abuse or dependence in the past year.
- 32.3% have experienced PTSD in their lifetime.
- 23.1% report symptoms of PTSD in the past year.

EDUCATION AND TRAINING

- 35.4% have a high school diploma.
- 69.2% have completed high school via a diploma or GED.
- 7.7% have completed college (bachelor's degree).

EMPLOYMENT, FINANCES, AND ECONOMIC HARDSHIPS

- 43.1% are currently employed at least 10 hours per week.
- 32.3% have a household income above the poverty line.
- 47.7% have health insurance.
- 33.8% have been unable to pay their rent or mortgage at least once since leaving care.

LIVING ARRANGEMENTS AND HOUSEHOLD COMPOSITION

- 26.2% have lived five or more places since leaving foster care.
- 30.8% have been homeless since leaving foster care.
- 9.5% of those who have been homeless have been homeless four or more times.

MARRIAGE, RELATIONSHIPS, AND CHILDREN

- 21.5% are currently married.
- 60.0% have given birth to or fathered a child.
- 49.2% are currently parenting or living with child(ren)

CRIMINAL JUSTICE INVOLVEMENT

- 54.5% of males and 39.5% of females have been arrested since leaving foster care.
- 40.9% of males and 25.6% of females have been convicted of a crime since leaving foster care.
- 59.1% of males and 25.6% of females have spent at least one night incarcerated since leaving foster care.

^a Data must be viewed with caution because of the small sample 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. Studies that matched youth in care with youth from the general population have found few differences in adult outcomes when pre-placement life experiences are considered (Berzin, 2010; Berzin & DeMarco, 2010). Nevertheless, foster parents, child welfare workers, and the services provided to youth in care can be positive influences.

- **Rethink the foster care service delivery model and roles of case managers.** As results in this and other studies of alumni of foster care indicate, changes need to be made to the foster care service delivery model. Child welfare systems should assume a centralized role, acting as assessors, integrators, and navigators—but other service delivery systems must be engaged. Case managers, supported by their agencies, must assume responsibility for the following roles on behalf of youth in foster care: (1) ensuring safety, (2) seeking permanency, (3) navigating systems, and (4) preparing for adult living.
- **Build practice frameworks.** We need to develop a more theory- and research-based conceptual practice framework to guide the design and implementation of transition programs for older youth in foster care. Better markers or milestones of success need to be identified so that both youth and program staff know with more clarity whether they are on the right track for successful transition.
- **Increase access to evidence-based mental health treatment for youth in care and alumni of care.** Child welfare workers should be trained to identify children and youth who may need more formalized assessment and treatment for mental health disorders. Barriers to mental health care—including state and Federal eligibility requirements that limit access to funding—should be identified and addressed so that youth in care and alumni have greater access to the effective treatment methods that have been developed.
- **Support youth in care and alumni of care in pursuing and completing educational degrees.** Make greater efforts to include graduation from high school in service plans. Support better preparation for, access to, and success in vocational training and other postsecondary education programs.
- **Assist young alumni of care in finding, securing, and maintaining stable housing.** Reform systems to strengthen transitional housing and public/community housing systems (Choca et al., 2004; Kroner, 1999).
- **Overhaul independent living preparation.** Federal and state funds should be redirected to the most promising independent living programs, which should be rigorously evaluated and replicated if successful.
- **Assist youth in care in developing and maintaining healthy relationships throughout life, including establishing permanent connections with caring adults prior to leaving care.** Youth learn how to develop healthy relationships through real life experiences, not through workshops or classes. Teach youth in care how to develop and maintain healthy dating relationships and healthy relationships with other adults, such as mentors and birth families, in the absence of supervision from a social worker.
- **Reduce unplanned pregnancies and involvement with the criminal justice system.** All of the major alumni studies, including the present study in Michigan, have uncovered these

two serious problem areas. We need more careful reviews of the causal factors in order to design practical, cost-effective prevention strategies for these problems.

Recent Michigan DHS Initiatives

Michigan DHS has implemented a number of initiatives recently as part of a 2008 settlement to a class-action lawsuit filed by Children's Rights. In July 2011, a modified settlement agreement resulted in additional changes designed to improve the child welfare system.¹¹ Some recent DHS initiatives include:

Education Planners

Fourteen Education Planners, located in DHS offices throughout Michigan, serve as consultants and liaisons with local school systems to ensure that youth in foster care (age 14 and older) have access to and receive appropriate services. In addition to advocating for youth and teaching youth to advocate for themselves, the Education Planners assist youth in developing and working toward long-term educational goals. Education Planners also assist with educational transitions between high school and post-secondary education, transitions from residential facilities when returning to the community, and transitioning from the educational system to the workforce.

Health Liaison Officers

The Health Liaison Officer (HLO) promotes positive health outcomes for all children in foster care. The HLO serves as a liaison with the Medicaid health plans, improving Medicaid access and supporting identification and assessment of physical, developmental, and mental health needs and provision of appropriate treatment services. The HLO also provides technical assistance and trainings to DHS foster care staff, placement agencies, and partners regarding Medicaid, Medicaid health plans, and working with the data systems.

Homeless Youth and Runaway Services

Homeless Youth Services are provided to youth between the ages of 16 and 21 who require support for an extended period of time. Services include crisis management, community education, counseling, placement, and life skills training. Services are provided statewide through contracted providers. At minimum, 25% of the youth served by transitional living programs are foster care alumni.

DHS supports the transitional living program in the Upper Peninsula, funded through a federal Housing and Urban Development grant. DHS provides a match for the federal funding. DHS also supports a statewide crisis line with a toll-free number available for youth and families in crisis, which connects callers with the respective Homeless Youth and Runaway providers or local community services.

Summer Youth Employment Program

DHS partners with the Michigan Strategic Fund (MSF) to implement the foster care Summer Youth Employment Program (SYEP). SYEP is run by several local *Michigan Works!* agencies and is implemented from June through September. Youth age 14 to 21 are provided with workforce

development activities, including paid employment opportunities directly linked to academic and occupational learning, for a minimum of six weeks.

Mother/Baby Programs

Residential programming (educational, vocational, and parenting) provides extensive services for pregnant and parenting youth. Participating youth reflect upon their own parenting strengths and challenges, increase their understanding of child development, and demonstrate an ability to prioritize their child's needs. This is done in a supervised environment that allows the young parent and child to safely reside together. Upon discharge from the program, the youth will have a supportive adult connection to assist with transitioning into independence or their next placement.

Seita Program at Western Michigan University

The goal of the Seita Program, established in 2008, is to increase opportunities for young people who have aged out of foster care to pursue higher education and to provide supports that promote success and well-being throughout the undergraduate experience at Western Michigan University (WMU). The program aims to create a community among this segment of WMU's student population, helping youth from foster care transition into adulthood through the experience of higher education.

DHS provides WMU with a DHS liaison located on WMU's campus. The liaison assists Seita scholars in accessing DHS services, such as Youth in Transition funds and Education and Training Vouchers. The liaison also provides courtesy supervision for students whose foster care cases continue remain open in other counties. In fall 2011, 141 Seita Scholars were attending WMU.

Michigan Youth Opportunity Initiative (MYOI)

MYOI is a partnership between DHS, the Jim Casey Youth Opportunities Initiative, the Oakland Livingston Human Services Agency, and many other local community partners. MYOI's goal is to ensure that young people in foster care have successful outcomes in housing, education, employment, community engagement, and health. Each MYOI site provides youth boards, community partner boards, training, financial matches for a participating youth's Individual Development Account (IDA), and stipends.

Youth boards serve as the leadership and advocacy arm of MYOI. Youth are trained in leadership, media and communication skills, including how to strategically share their story and present on panels. Training opportunities include preparation for adulthood, including, housing, employment, education, health, and community engagement.

Youth earn stipend payments for participation in events and meetings, which assist them in saving money in their IDAs. Youth are required to save money in their IDA each month, and MYOI matches deposits dollar to dollar up to \$1,000 per year.

MYOI-eligible youth include those ages 14 to 21 who are in the foster care system due to abuse and neglect. Youth ages 18 to 21 who were in foster care on or after their 14th birthday but are no longer under DHS supervision are also eligible.

Extension of Foster Care

On November 22, 2011, Governor Rick Snyder signed into law the Young Adult Voluntary Foster Care Act. This legislation will allow foster youth to voluntarily remain under the state's care until age 21 if they are in job training, attending college, employed, or disabled. Policy and system details are currently being finalized for this extension to be enacted. In addition to allowing youth to remain in foster care through age 21, it will extend guardianship assistance and adoption subsidy payments until age 21. This will provide more permanency supports for older youth in foster care hoping to find permanency through adoption or guardianship.

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 emancipated young adults rather than leaving the foster care system after having achieved permanency (through adoption, reunification, or guardianship). 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. For example, to assist youth in care in achieving permanency, Casey Family Programs is sponsoring permanency roundtables throughout the United States. These intensive roundtable sessions are staffed by internal and external experts who devote two hours to discussion of each case and development of a permanency action plan. Initial results from roundtables, particularly in Georgia, indicate that they can be an effective way to achieve permanency for youth who are considered "stuck" in foster care.¹² Other strategies that may help youth achieve permanency include Residentially-based Services Reform (<http://www.rbsreform.org/>) and Family Finding (<http://www.senecacenter.org/familyconnectedness>).

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 and outcomes are implemented with fidelity and are 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. Since data were collected, Michigan has implemented several initiatives to serve youth more effectively, which can in turn improve outcomes in adulthood.

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Endnotes

- 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.
- ⁴ The word *alumni* is used to refer to both males and females who were formerly in foster care.
- ⁵ Two interviews were conducted by phone.
- ⁶ 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.
- ⁷ See Appendix B (pp. 57-58) of Courtney, Terao, & Bost (2004) for a full list of the questions asked regarding child maltreatment while in care.
- ⁸ See Pham (2011) for a review of the controversy over the true high school graduation rate in the United States.
- ⁹ Public assistance included food stamps, WIC, SSI, rental assistance / public housing, or cash payments from a state's assistance program.
- ¹⁰ Debt load was not measured in the current study as another indicator of economic hardship. Given that many young adults have debt, this could be an important economic indicator to include in future studies.
- ¹¹ See www.michigan.gov/dhs for more information on the modified agreement.
- ¹² See <http://www.casey.org/Resources/Initiatives/garoundtable>

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