



THE
FOSTER CARE
ALUMNI STUDIES
STORIES FROM THE PAST TO SHAPE THE FUTURE

Mental Health Outcomes of the Northwest Foster Care Alumni Study

The SAMHSA State/Tribal/Adolescents at Risk Suicide
Prevention Grantee Technical Assistance Meeting

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on behalf of the Northwest Alumni Study team.

Acknowledgements

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Presentation Outline

- I. Overview of National Child Welfare Statistics
- II. Study Methods
 - Demographics
- III. Risk Factors, Foster Care Experiences & Outcomes
- IV. Optimization Analyses
- V. Recommendations

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Foster Care: Why be Concerned?

1. **Our ethical obligations to serve and protect children are clear.**
2. **The “materiality” (i.e., overall significance) is high ~ numbers served and funds expended.**
3. **Foster care can have a positive influence on child development (current outcome data are mixed).**
4. **Higher quality foster care will produce young adults ready to contribute to a stronger American work force because of good physical and mental health, and the life skills necessary to succeed.**

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Child Maltreatment

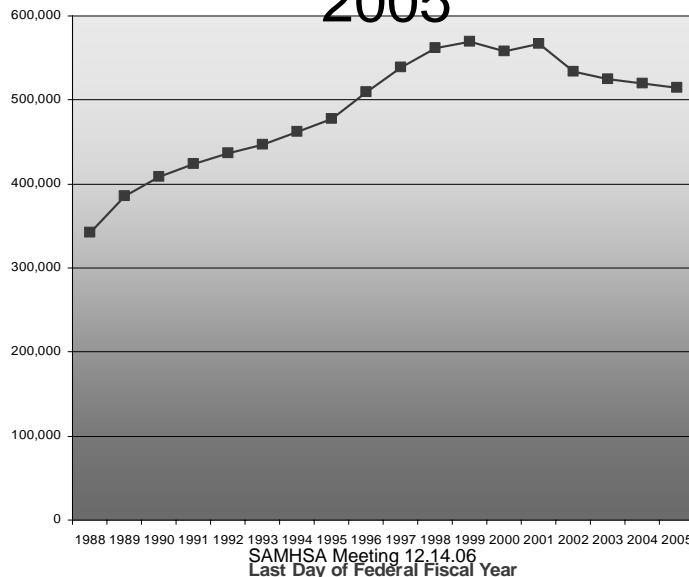
- In 2003, nearly three million U.S. children were reported as abused and neglected, with 906,000 confirmed victims.
- This represents an increase of over 13% in officially reported victims since 1990.

U.S. Department of Health and Human Services, Children's Bureau, Administration on Children, Youth and Families, National Clearinghouse on Child Abuse and Neglect Information (2003), pp. iii and 3, (2005), p. iii.

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Children in Foster Care, 1988 - 2005



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Last Day of Federal Fiscal Year

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Foster Care & Suicide

- In the past 12 months, adolescents (12-17) who had ever been in foster care were:
 - Almost 3 times more likely to seriously consider suicide
 - Almost 4 times more likely to have attempted suicide

Pilowsky, D.J., & Wu, L-T. (2006). Psychiatric symptoms and substance use disorders in a nationally representative sample of American adolescents involved with foster care. *Journal of Adolescent Health, 38*, 351-358.

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“Nothing About Us Without Us”



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Study Methods: *Research Questions*

1. How are youth who were placed in foster care faring as young adults?
2. Are certain key factors or program components linked with better functioning in adulthood?

- We will start to build an equation:

Demos + Risk Factors + Agency + FC Experiences =
Outcomes
Control Variables

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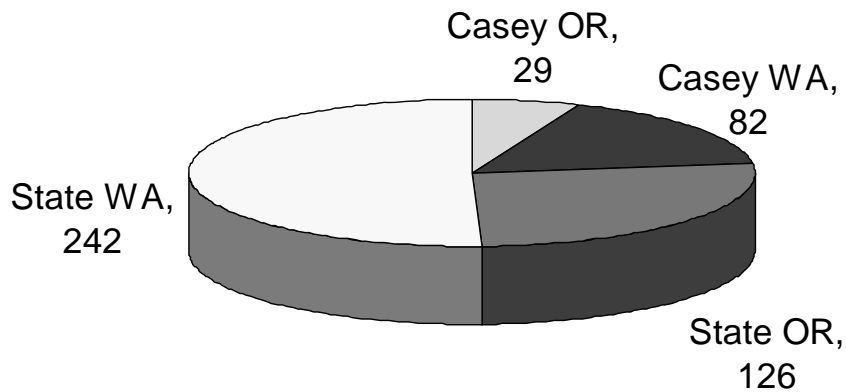
Study Methods: *Inclusion Criteria*

- Placed in family foster care before age 16.
- Spent a year or more in care between ages of 14 and 18, between 1988 and 1998.
- Served in Seattle, Tacoma, Yakima, or Portland.
 - Case record reviews of 659 alumni, interviews with 479 (76% response rate).

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Study Methods: *Alumni Interviewed*



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Study Methods: *Data Weighting*

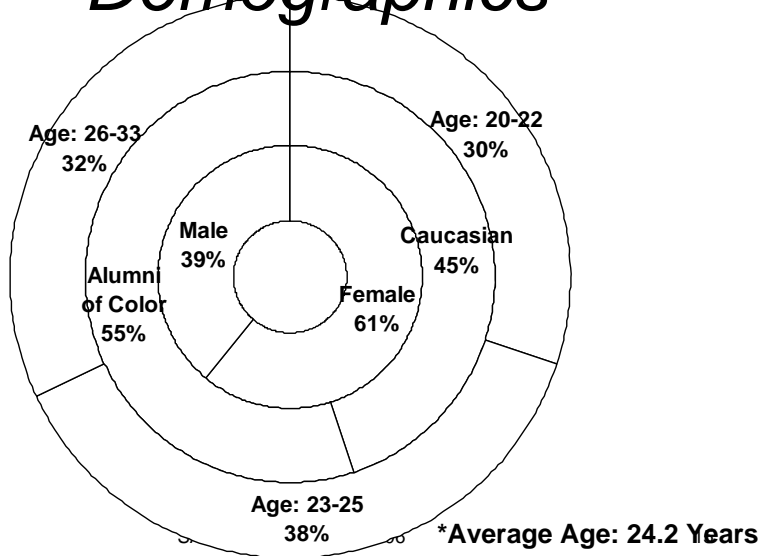
Data were weighted to adjust for:

- 1. Alumni we were unable to locate or interview due to death and institutionalization.**
- 2. Differences between Casey and State alumni (e.g., age, gender, and race).**

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Study Methods: *Demographics*



Risk Factors

Most Common Form of:	Northwest Alumni
<u>Maltreatment by Birth Family:</u> sexual abuse with physical abuse and/or neglect	49.2%
<u>Reason for Initial Placement:</u> maltreatment	64.3%
<u>Mental/Physical Health Diagnoses (before or during care):</u>	
– ADHD	13.7%
– Physical or learning disability	13.1%

Foster Care Experiences

Foster Care Experience:	Northwest Alumni
<u>Placements</u> : 8 or more	32.3%
<u>School Changes</u> : 7 or more	65.0%
Had 2 or 3 of the following at exit: <ul style="list-style-type: none">- A driver's license- \$250 in cash- Dishes and Utensils	28.8%

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Outcomes: *Assessing Mental Health*

Composite International Diagnostic Interview (CIDI)

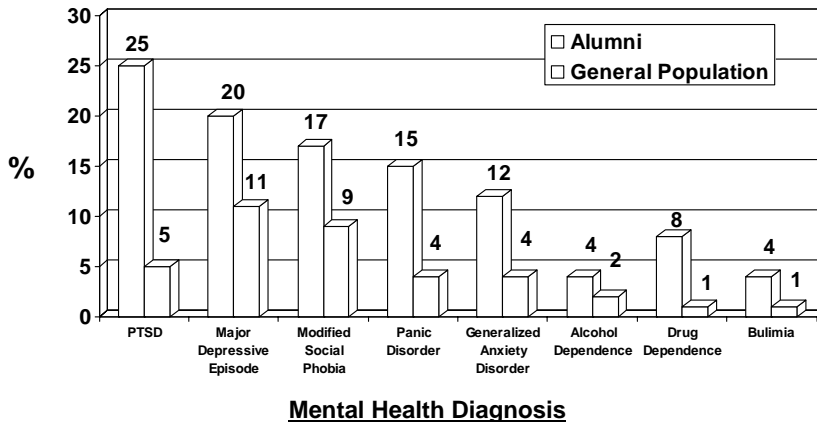
- **Non-clinician mental health instrument**
- **World Health Organization-approved tool with high reliability and validity**
- **Assesses mental health during lifetime and over the previous 12 months**
- **Used as part of the Northwest Alumni Study and National Comorbidity Study-Replication (NCS-R)**

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Outcomes: *Mental Health*

Twelve-Month Mental Health Diagnoses Among Foster Care Alumni and the General Population Matched by Age, Race and Gender



Source: Pecora, P. J., Kessler, R. C., Williams, J. A., Downs, A. C., English, D., & White, J. & O'Brien, K. (Forthcoming). *What works in foster care?* Oxford, England: Oxford University Press.

Optimization Analyses

- **Statistical simulations were conducted that estimated the degree to which optimizing certain foster care experiences might affect alumni outcomes.**
 - **Foster care experience areas were optimized separately and simultaneously**
 - **After controlling for demographics, risk factors and agency**

Optimization Analyses (cont)

- **Outcomes were regressed on observed foster care experiences.**
 - **Using the coefficients, optimized levels of foster care experiences were placed in the regression equation.**
 - **Estimated predicted outcomes using observed foster care experiences were compared to estimated predicted outcomes using optimal foster care experiences.**

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Foster Care Experience Domains

1. **Placement History and Experience**
2. **Educational Services and Experience**
3. **Access to Therapeutic Services and Support**
4. **Activities with Foster Family**
5. **Preparation for Leaving Care**
6. **Leaving Care Resources**
7. **Foster Family and Other Nurturing Supports**

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Example: *Placement History*

Placement History & Experience	Observed Data		Simulated Data	
	Level	%	Optimized Level	%
Number of Placements	Low (3 or fewer)	31.9	Low (3 or fewer)	100
	Medium (4 to 7)	35.8		
	High (8 or more)	32.3		
Length of Time in Care (in years)	Low (fewer than 3.6)	32.5	Low (fewer than 3.6)	100
	Medium (3.6 to 5.9)	27.6		
	High (5.9 or more)	39.9		
Placement Change Rate (placements per year)	Low (fewer than 0.61)	27.6	Low (fewer than 0.61)	100
	Medium (0.62 to 1.23)	29.3		
	High (1.23 or more)	43.1		

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Example: *Placement History*

Placement History	Observed Data		Simulated Data	
	Level	%	Optimized Level	%
Number of Reunification Failures	Low (0)	69.5	Low (0)	100
	Medium (1)	18.8		
	High (2 or more)	11.7		
Number of Runaways	Low (0)	60.7	Low (0)	100
	Medium (1)	18.1		
	High (2 or more)	21.2		
Number of Unlicensed Living Situations with Friends/Relatives	Low (0)	76.8	Low (0)	100
	Medium (1)	16.8		
	High (2 or more)	6.4		

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Optimization Results: *MH Domain*

Outcome Domain	Prevalence score prior to optimization	Prevalence Score after Optimization							
		Placement History & Experience	Educational Services & Experience	Access to Therapeutic services & Support	Activities with Foster Family	Preparation for Leaving Care	Leaving Care Resources	Foster Family & Other Nurturing Supports	ALL Variables Optimized
Mental Health	7.8 (out of 10)	8.3	8.1	7.9	7.7	7.9	--	--	8.6



Increased positive mental health



Decreased positive mental health

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Optimization Results: *MH Items*

SF-12 MH and 12-Month MH Diagnoses	Prevalence rate prior to optimization	Prevalence Rate after Optimization							
		Placement History & Experience	Educational Services & Experience	Access to Therapeutic services & Support	Activities with Foster Family	Preparation for Leaving Care	Leaving Care Resources	Foster Family & Other Nurturing Supports	ALL Variables Optimized
(SF-12) mental health score of 50 and above	50%	52%	--	--	--	51%	55%	54%	60%
No CIDI diagnosis	45%	55%	50%	--	--	--	--	43%	56%
Total number of CIDI diagnoses was less than 3	82%	91%	88%	83%	75%	85%	--	77%	93%
No major depression	82%	83%	84%	83%	--	85%	--	85%	91%
No panic disorder	83%	90%	80%	83%	78%	--	89%	81%	89%

Optimization Results: *MH Items*

12-Month MH Diagnoses	Prevalence rate prior to optimization	Prevalence Rate after Optimization							
		Placement History & Experience	Educational Services & Experience	Access to Therapeutic services & Support	Activities with Foster Family	Preparation for Leaving Care	Leaving Care Resources	Foster Family & Other Nurturing Supports	ALL Variables Optimized
No modified social phobia	86%	88%	91%	---	---	---	---	---	93%
No alcohol dependence	95%	98%	97%	---	---	96%	91%	96%	99%
No drug dependence	94%	91%	98%	---	---	---	98%	96%	99%
No PTSD	76%	85%	82%	---	---	78%	75%	---	90%
No generalized anxiety	91%	95%	---	92%	88%	---	---	84%	90%

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Recommendations: *Mental Health*

1. Increase youth and alumni access to evidence-based mental health treatment
 - **More group work, and cognitive behavioral treatment approaches**
2. Increase mental health insurance coverage.
 - **E.g., states can extend Medicaid coverage beyond age 18 by using the waiver clause in the Chafee legislation.**
3. Minimize placement change

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More Information/Contact Us

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www.casey.org

Search “Northwest Alumni Study”

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