

Texas Foster Care Alumni Study Technical Report: Executive Summary

Outcomes at Age 23 and 24

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Study Overview

The Texas Alumni Study examined the demographic characteristics, maltreatment history, and foster care experiences among alumni of the Texas foster care system.¹ It also examined the effect those demographic characteristics, maltreatment history, and foster care experiences had on outcomes of the young adult alumni.

Currently, few comprehensive studies of young adults formerly in foster care (*alumni*) provide benchmarks against which agencies can measure the outcomes of alumni and track improvement of their own programs. Therefore, this study interviewed 173 23-year-old alumni from Texas in 2008 and 2009. The interviewed sample was 69.4% female and was ethnically diverse (30.6% Hispanic/Latino, 28.9% African American, 38.7% Non-Hispanic White, and 1.7% other or multiracial).

Two limitations of the study should be noted. First, alumni were very difficult to find; the response rate was 33%. This low response rate may affect the generalizability of the findings because the alumni who did participate may be different from those who did not participate. Second, most of the study findings are generated from retrospective self-report, which may be affected by biases due to recall, social desirability, or other factors. Findings should be interpreted with caution because of these limitations.

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

Findings

The results presented in this report refer to alumni who exited care nearly ten years ago; the vast majority of those interviewed exited in 2002 and 2003. Results therefore reflect experiences and outcomes of youth who were in foster care prior to Texas' initiation of extensive practice improvements, as summarized below and available in detail here: [Texas DFPS New Programs and Policies](#).

Maltreatment history

Consistent with nationwide trends, most youth who entered Texas foster care in this sample (81.6%) did so because they had experienced some form of maltreatment. About half (50.8%) had experienced sexual abuse and about half (49.8%) had experienced neglect; a smaller percentage (36.7%) had experienced physical abuse. Two in five (18.5%) had experienced two types of maltreatment, and one quarter (24.6%) had experienced all three types of maltreatment—neglect, physical abuse, and sexual abuse—prior to entering care.

Foster care experiences

On average, these young adults had entered care at the age of 14 and stayed in care for nearly four 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 (11.1) and, on average, were in 3.3 placements per year in care. Three in ten (30.6%) had experienced at least one reunification failure, and over half (56.3%) had run away at least once.

Outcomes

Nearly seven in ten alumni (68.0%) had at least one mental health problem, as measured by the Composite International Diagnostic Inventory (CIDI), at some point in their lifetime, while four in ten (39.0%) had experienced at least one mental health problem in the past year. The most common lifetime diagnoses included alcohol abuse (32.4%), post-traumatic stress disorder (PTSD; 30.3%), and drug abuse (26.6%). The most common past-year diagnoses included PTSD (13.5%), depression (12.0%), and social phobia (10.7%).

Slightly less than half of the interviewed alumni (48.4%) had completed high school with a diploma; a greater percentage (72.1%) had completed high school with a diploma or GED, but this was much lower than the general population in the United States (92.7%).

Overall, less than half of the alumni (46.9%) were currently employed at least ten hours per week. About two in five (39.2%) 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 half of alumni (51.6%) reported having a household income that was greater than the poverty line, and less than one in five (17.1%) reported having a household income that was at least three times greater than the federal poverty level.

Many alumni had experienced instability in their living arrangements after leaving care, with 47.8% reporting having lived in five or more places. Nearly two in five (37.7%) reported having been homeless and half (50.0%) had “couch surfed” since leaving care.

One in five alumni (21.7%) was currently married. More than half (58.3%) had given birth to or fathered a child; 10.0% of all alumni had done so before age 18. Among those who had children, about one in ten (9.9%) had a child placed in foster care.

Rates of involvement with the criminal justice system among alumni were disturbingly high. One in ten interviewed alumni (11.1%) was currently incarcerated. Nearly seven in ten males (68.0%) had been arrested since leaving care, 55.2% had been convicted of a crime, and 62.3% had spent at least one night incarcerated.² Although the rates of criminal justice involvement were lower for females, these rates were all higher than for the general population.

Predictive analyses

Predictive analyses were conducted to determine which aspects of maltreatment history and foster care experiences were related to alumni outcomes. Alumni had better outcomes if they had a smaller total number of placements, a smaller number of placements per year in care, and no runaway episodes. They also had better outcomes if they had a driver’s license upon leaving care and if they had dishes and utensils upon leaving care. These findings are consistent with what was found in the Casey National and the Northwest Alumni Studies, in which placement stability and having resources upon leaving care were associated with better outcomes. These analyses, which demonstrate the effect of malleable factors (such as experiences in foster care, over which foster care agencies have some control) on alumni outcomes offer areas of improvement to foster care agencies.

Policy and Program Recommendations

Recommendations based on descriptive findings

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. The role of foster care agencies—and case managers specifically—must be re-conceptualized so that they bring expert assessment and navigator skills to every child situation. In addition, there must be greater integration between the child welfare systems and other systems that serve youth in transition. Child welfare systems must assume a centralized role, acting as assessors, integrators, and navigators. 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. 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 Texas, 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.

Recommendations based on predictive analyses

Foster care agencies should help maintain placement stability, which has a positive effect on outcomes. In the predictive analyses, having a lower number of placements and a lower number of placements per year each predicted five positive outcomes, which is more than was predicted by any other predictor. The importance of placement stability found in the current study is consistent with findings from the Northwest Alumni Study. Initial placement decisions, although often made within the context of difficult time constraints, should be made carefully so that youth are less likely to move. Foster parents should be trained in how to implement social learning, behavior management, and other interventions that will minimize placement changes.

Strengthen placements so that youth are less likely to run away. Alumni who had run away frequently (at least six times) during care had poorer outcomes than those who had never run away. Although many factors influence whether a youth decides to run away, having a better match between foster parent and youth and having a clear plan for permanency may help prevent runaway episodes. Careful mental health assessments, outreach to extended family members so a child has some family members to relate to, better mental health care, and prompt crisis intervention by the case manager can also help prevent runaway behavior.

Ensure that youth have concrete resources as they prepare to leave care. In the predictive analyses, having a driver's license and having dishes and utensils each predicted four positive outcomes, and having at least \$250 in cash predicted two positive outcomes. Having concrete resources when leaving care is likely a proxy for more comprehensive independent living preparation; thus, simply providing these resources at the time of exit is not likely to be helpful. Rather, these findings underscore the importance of helping youth achieve permanent connections with an adult as well as delivering effective independent living training.

Texas DFPS Program and Policy Improvements

Texas DFPS has instituted numerous initiatives to improve their child welfare system since the time that alumni in this study were in care, as highlighted below:

- Improvement of placement stability (including minimizing the number of runaways) through trauma-informed care training and improved matching of foster parents and children.
- Provision of concrete resources to youth emancipating from foster care through a transitional living allowance and other refinements.
- Improved transition planning and preparation for independent living through a standardized statewide transition-planning process.
- Increased access to an annual behavioral health screening.
- Support for completion of educational degrees through more thorough education-related service planning; use of DFPS Education Specialists; supplemental educational services, such as vocational training and tutoring, through partnerships with colleges, community organizations, and foster care placement providers; and support provided by the Educational Training Voucher program.
- Bolstered assistance in finding, securing, and maintaining stable housing.

- Assistance in developing and maintaining healthy relationships through training on healthy partners and peer relationships.
- Reducing unplanned pregnancies through additional training on birth control, sexual responsibility, reproduction, and pregnancy risks provided through the Health and Safety core element of PAL classes.

A full list of initiatives, which describes changes instituted that relate to each of the recommendations above, is available online here: [Texas DFPS New Programs and Policies](#). Select changes in practice and policy are described 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 emancipated 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. For example, to help youth in foster care secure permanent families, Casey Family Programs is assisting jurisdictions to develop and conduct 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.⁴

This study of Texas 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 being implemented with fidelity and tracked. Although many foster care alumni outcomes were not positive, several foster care experiences (such as placement stability and having resources upon leaving care) were found to remediate those outcomes. 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 lead to better adult outcomes.

¹ The word *alumni* is used to refer to both males and females who were formerly in foster care.

² This includes jail, prison, juvenile hall, or another correctional facility.

³ The case closure date was the young adult’s 18th birthday for 83.2% of the interviewed young adults; the remaining 16.8% of young adults exited care between their 17th and 18th birthdays.

⁴ See <http://www.casey.org/Resources/Initiatives/garoundtable>