Lessons from CalYOUTH: Young People’s Physical and Mental Health

Mark Courtney

Chapin Hall at the University of Chicago
Policy research that benefits children, families, and their communities
Technical Details

- Call-in information
  - Phone number: 1 (562) 247-8422
  - Access code: 255-485-027

- Webinar is being recorded

- Presentation materials will be posted at [www.cafosteringconnections.org](http://www.cafosteringconnections.org)

- To submit questions, click on the “Questions” panel, type your question, and click “Send”
Three-Part Series on CalYOUTH Study

- Housing: Recording available at www.cafosteringconnections.org/wp2/training
- Education: Recording available at www.cafosteringconnections.org/wp2/training
- November 17th: TODAY
Panelists

Mark Courtney, University of Chicago Chapin Hall
Laurie Kappe, i.e. Communications
Anna Johnson, National Center for Youth Law
CalYOUTH Study Funders and Partners

- **Support** Chapin Hall research
- **Provide** guidance and feedback
- **Host** CalYOUTH Study section with results on website (co-invest.org—Resources)
- **Promote** via presentations and media outreach

California Child Welfare Co-Investment Partnership

California Department of Social Services

County Welfare Directors Association of California

The Judicial Council of California

Casey Family Programs

Conrad N. Hilton Foundation

Stuart Foundation

Walter S. Johnson Foundation

Zellerbach Family Foundation

Annie E. Casey (Funder, not in Co-invest Partnership)
Fostering Futures: A Forum on the CalYOUTH Study Findings

CalYOUTH study Brief with Key Findings from the Second Wave of Youth Surveys at age 19
Chapin Hall and the California Child Welfare Co-Investment Partnership (2016)

Fostering Futures Panels and Panel Videos

Fostering Futures Study Overview
CalYOUTH in the Loop

• A Fund for Shared Insights Project
• “Closing the loop” between this research study and foster youth
• Invites youth to share their thoughts and opinions on extended foster care to inform policy and practice

Share with current or former transition-age foster youth!

LEARN MORE AT:
calyouthintheloop.org

IF YOU WANT TO HELP: contact lgranillo@iecommm.org
Speak Up on issues that matter to you

Participate in our survey and learn about the results of the CalYOUTH Study. Researchers asked 19-year-olds how foster care has affected their transition to adulthood in areas like health, relationships, education and employment. Click on the options below to see the results and provide your own feedback to improve extended foster care in California!
Youth Perspective Recruiter

- Reach out to youth ages 18-24, and collect responses to a short survey
- Advocate the importance of including youth voice and perspectives.
- Connect with the CalYOUTH in the Loop coordinator on a weekly basis to discuss any challenges or successes in collecting surveys.

Compensation
Youth would be paid an initial stipend of $100.00 for participation in a 30 minute phone orientation and making a commitment to collecting at least 5 surveys.

After that, you would receive $5.00 for each complete survey that you collect.

Note: survey respondents will also be eligible for a monthly raffle worth $100.
Overview of the CalYOUTH Study

Evaluation of the impact of California Fostering Connections to Success Act (AB 12) on outcomes for foster youth

CalYOUTH Study includes:

– Longitudinal study of young people in CA foster care making the transition to adulthood
– Periodic surveys of caseworkers serving young people in CA foster care
– Analysis of government program administrative data
Purpose of the Longitudinal Youth Study

Obtain information about a broad range of life experiences & young adult outcomes

- Foster care placement
- Service utilization & preparation
- Perceptions of extended care
- Education and employment
- Health and development
- Social support
- Delinquency
- Pregnancy and children
Youth Surveys: Data Collection and Response Rate

- **Wave 1 Survey Period (age 17)**
  - April 2013 to October 2013
  - 51 counties included in final sample
  - Youth eligible for study \( n = 763 \)
  - Completed interviews \( n = 727 \) (response rate = 95.3%)

- **Wave 2 Survey Period (age 19)**
  - March 2015 to December 2015
  - Youth eligible for study \( n = 724 \)
  - Completed interviews \( n = 611 \) (response rate = 84.1%)
## Demographic Characteristics ($n=611$)

<table>
<thead>
<tr>
<th>Category</th>
<th>n</th>
<th>% (weighted)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>367</td>
<td>60.0</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 years old</td>
<td>599</td>
<td>97.9</td>
</tr>
<tr>
<td>20 years old</td>
<td>12</td>
<td>2.1</td>
</tr>
<tr>
<td><strong>Hispanic</strong></td>
<td>272</td>
<td>47.4</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>193</td>
<td>27.8</td>
</tr>
<tr>
<td>African American</td>
<td>108</td>
<td>24.0</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>20</td>
<td>3.1</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>23</td>
<td>4.1</td>
</tr>
<tr>
<td>Mixed race</td>
<td>240</td>
<td>41.1</td>
</tr>
<tr>
<td><strong>Language spoken at home</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>567</td>
<td>91.1</td>
</tr>
<tr>
<td>Spanish</td>
<td>41</td>
<td>8.6</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0.2</td>
</tr>
</tbody>
</table>
Current Foster Care Status

Care Status at Wave 2
(\(n=611\))

- In care (never left since Wave 1): 23%
- In care (exited and reentered after Wave 1): 13%
- Not in care: 64%

Age at Discharge
(\(n=134\))

- 17 or younger: 51%
- 18: 22%
- 19: 27%

Legend:
- In care (never left since Wave 1)
- In care (exited and reentered after Wave 1)
- Not in care

\(n\) represents the sample size for each category.
22% of the young people had BMI scores in the obese range
Behavioral Health

Suicide & Mental Health Screen (%)
\((n = 607)\)

- Suicidal ideation: 20%
- Suicide attempt: 7%
- Major Depressive Episode: 10%
- Manic Episode: 1%
- PTSD: 3%
- Alcohol Dependence/Abuse: 9%
- Substance Dependence/Abuse: 9%
- Any AOD use disorder: 14%
- Any MH disorder: 27%
- Any MH or AOD use disorder: 34%
Most youth reported having medical insurance:
- **Health insurance:** 93%
- **Dental insurance:** 82%
Medication & Hospitalization

Counseling, Medication & Hospitalization in Past Year\(^1\) (%)

- Received counseling: 27%
- Received psychotropic medication: 15%
- Received SA treatment: 6%
- Ever hospitalized for mental health: 9%

- Hospitalized for any reason since last interview: 31%

\(^1\) Mental health hospitalization was “since last interview”
**Victimization**

<table>
<thead>
<tr>
<th>Victimization</th>
<th>Not In Care (%)</th>
<th>In Care (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saw someone being shot or stabbed</td>
<td>10.2</td>
<td>4.9</td>
</tr>
<tr>
<td>Someone pulled a gun on respondent *</td>
<td>13.1</td>
<td>6.1</td>
</tr>
<tr>
<td>Someone pulled a knife on respondent</td>
<td>8.7</td>
<td>6.1</td>
</tr>
<tr>
<td>Someone beat youth and stole something from them *</td>
<td>6.3</td>
<td>2.1</td>
</tr>
</tbody>
</table>

* Significant difference between youth in care and youth not in care
Thank you for listening

Now let’s turn to policy implications
Policy Implications in California and Beyond

- Fragmented Service System
  - medical and mental health care
  - children’s system and adult system
  - county in care and county after exiting care

- Inaccurate and Incomplete Health Records
  - Where’s the warm hand-off?
  - What about discharge?
  - Barriers to receiving copy of records

- Enrollment with Plans but Fewer Services Covered

- Access to Quality, Culturally Appropriate Services
  - Informal and formal mental health supports
  - Substance use services
Policy Implications in California and Beyond

• Hospitalizations over health homes
  – pregnancy
  – Illness
  – injury
  – drug use or emotional problems

• Independent Living Programs and Transition Plans
  – Incomplete for many youth exiting
  – Skills development and empowerment for physical health and wellbeing

• Community Supports and Connections
  – Disconnected from support systems and mentors
  – Takes time to find new places for physical and mental health

• Psychotropic Medication
  – Managing Short and Long-Term Effects of Medications
  – Coming off safely
Policy Implications in California and Beyond

• Thorough transition planning for physical and mental health

• Connect youth to adult system of care and range of services needed before they exit

• Ensure youth have access to complete medical and mental health records in a secure manner so they can manage their discussions with new providers before they exit

• Link youth to providers: reproductive health, physical health, and mental health before crisis preventatively

• Develop local network of available providers for substance use and mental health services who can provide culturally appropriate and linguistically appropriate services

• Improve coordination between service systems
Questions

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