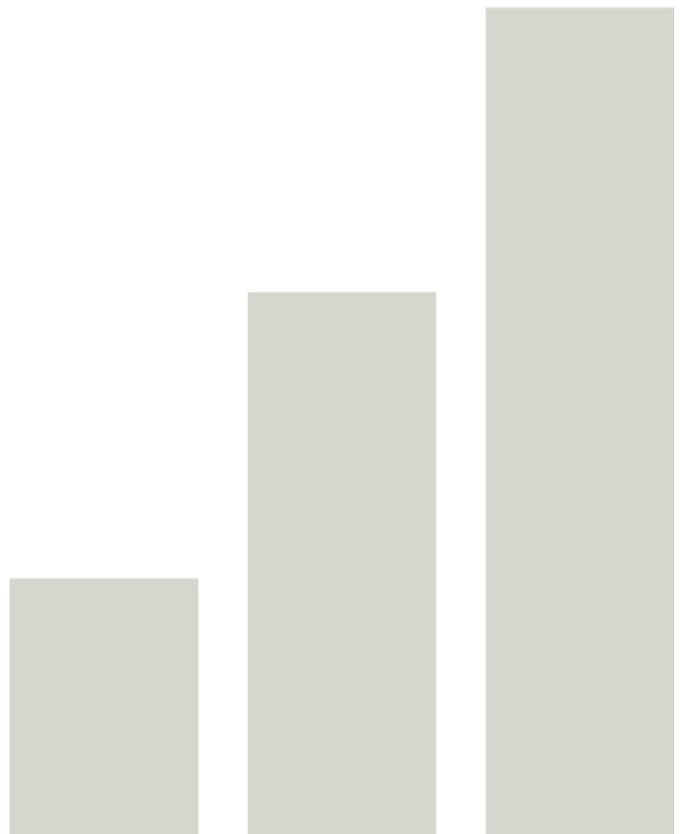


Memo from CalYOUTH: Relationships between Youth and Caseworker Perceptions of the Service Context and Foster Youth Outcomes

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Related Publications

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Over the last few decades, federal and state legislation has been introduced to ensure foster youth's successful transition into adulthood. Unfortunately, foster youth remain in a very vulnerable position in several domains compared to their peers in the general population. For example, studies have found that foster youth have lower rates of secondary educational attainment (Frerer, Sosenko, & Henke, 2013), experience increased rates of housing instability and homelessness (Curry & Abrams, 2015), and have lower rates of employment and lower average income (Okpych & Courtney, 2014). They are also more likely to need treatment for mental health and substance use disorders (Brown, Courtney, & McMillen, 2015).

State and local child welfare agencies and service providers have recognized these problems and redoubled efforts to revamp services and supports to meet the needs of transition-age foster youth and increase cross-system collaboration (Courtney, 2009). Such collaboration should be particularly important for youth in extended foster care as young adults, since they are aging out of child-serving educational, employment, and health systems into systems organized to serve adults. The availability and appropriateness of services for young adults in care seems likely to be at least partly dependent on the effectiveness of collaboration between child welfare agencies and other systems serving young adults. Youth in foster care as young adults are also at an age where they desire, and are expected by the adults supporting them, to exercise increasing autonomy in making decisions about what kinds of services and supports they access. Thus, youth's satisfaction with the services they perceive to be available to them while they are in

extended care is likely to influence whether they receive needed services (and vice versa). Unfortunately, there is limited understanding of the service context for youth in extended foster care and of how youth in extended care perceive the services intended to assist them.

A better understanding of the relationships between the service context of extended foster care, youth's satisfaction with the services they receive, and the outcomes they experience can help policymakers and practitioners better assist youth in extended care. Leveraging multiple data sources—including longitudinal youth survey data, child welfare worker survey data, and administrative data—this memo examines (1) child welfare workers' perceptions of the county-level availability of trainings and services for transition-age foster youth, (2) their perceptions of the collaboration between county child welfare departments and other service systems, and (3) whether foster youths' satisfaction with trainings and services are associated with youths' outcomes in the areas of education, homelessness, employment, and health. We find that caseworkers' satisfaction with their collaboration with secondary education systems is associated with youths' high school degree and GED completion between ages 17 and 19. Caseworkers' perception of the availability of more housing options is associated with lower odds of youth experiencing homelessness between ages 17 and 19. Finally, youths' satisfaction with the availability and provision of trainings and services was associated with high school degree or GED completion by age 19 and lower odds of experiencing symptoms consistent with mental health or substance use disorders at age 19. These findings provide support for

increased collaboration between the child welfare and secondary education systems and call for increased efforts to improve the availability of affordable housing options for young adults. Additionally, our findings provide further evidence for the need to pay greater attention to foster youths' satisfaction with the services they are offered.

Methods

To assess the impact of an extended foster care program in California, the California Youth Transitions to Adulthood Study (CaYOUTH) has gathered information from longitudinal youth surveys, caseworker surveys, and administrative data. This memo uses data from all three sources. CaYOUTH conducted interviews with a representative sample of over 700 youths in California's foster care system, whose care had been supervised by county child welfare agencies for at least 6 months after age 16 (Courtney et al., 2016a). Those youth surveys provide rich information on youth's characteristics and life experiences. To date, three waves of interviews were conducted when youths were ages 17 (Wave 1, conducted in 2013, $n = 727$, response rate = 95.3%), 19 (Wave 2, conducted in 2015, $n = 611$, follow-up rate = 84.0%), and 21 (Wave 3, conducted in 2017, $n = 616$, follow-up rate=84.7%). The current memo uses data from the first two waves.

CaYOUTH also administered online surveys to a sample of California child welfare caseworkers in 2013 (Wave 1, response rate = 89.8%) and 2015 (Wave 2, response rate = 96.4%; see Courtney, Charles, Okpych, & Halsted, 2015; Courtney et al., 2016b). The second caseworker survey included 306

caseworkers from 47 counties who supervised youths who participated in the first wave of the longitudinal youth survey and were in care on June 1, 2015. This survey design allowed us to link information from caseworker and youth surveys to provide a more comprehensive picture of how the California foster care system prepares youths for the transition to adulthood and how youths experienced this process. Caseworkers can provide information on the availability of county-level resources and supports that can improve foster youths' transition to adulthood. Caseworkers can also provide their perceptions of collaboration between county child welfare systems and other health and social service systems focused on creating more favorable conditions for transitioning foster youth.

Lastly, this memo uses administrative data from multiple sources. The California Department of Social Services' (CDSS) Child Welfare Services/Case Management System (CWS/CMS) provides data on youths' basic demographic attributes, foster care history, and history of substantiated maltreatment reports. The California Employment Development Department (EDD) provides data through CDSS to our project on quarterly wages captured by California's unemployment insurance system. In addition to individual-level information from these sources, three county-level attributes were captured from publicly accessible data: the unemployment rate among young adults was obtained from the American Community Survey; data on fair market rent for two-bedroom units was obtained from the U.S. Department of Housing and Urban Development; and the proportion of voters registered as Republican was obtained from the California Secretary of State's office.

The current memo uses information on 423 youths who were in extended care at age 19 and completed both the first and second youth interviews and whose caseworker ($n = 294$) completed the second caseworker survey in 2015. Data on multiple outcomes at age 19 were collected from the Wave 2 youth interviews, including high school/GED completion, experience of homelessness since the Wave 1 youth survey, and the presence of a mental health disorder or substance use disorder.¹ Data on one outcome, the number of quarters youth were employed between ages 17 and 19, came from EDD wage data.

The main predictors used in our analyses were drawn from the caseworker and youth surveys. Caseworkers were asked to evaluate county-level service and training availability in the areas of secondary education, employment, mental health, substance use, and availability of housing options using 4-point scales ranging from 1, or “none,” to 4, or “a wide range.” We recoded these scales into binary variables (0 = few/none and 1 = a wide range/some). Caseworkers were also asked to report on their satisfaction with collaboration with other service systems, including secondary education, mental health treatment, substance use treatment, employment, and housing, using 5-point scales where 1 = “completely dissatisfied,” 2 = “dissatisfied,” 3 = “neither satisfied nor

dissatisfied,” 4 = “satisfied,” and 5 = “completely satisfied.” These scales were recoded into binary variables as well (0 = completely dissatisfied/dissatisfied/neither satisfied nor dissatisfied and 1 = satisfied/completely satisfied). For descriptive information on caseworkers’ overall perceptions of service availability and cross-system collaboration see the *CalYOUTH Survey of Young Adults’ Child Welfare Workers* (Courtney et al., 2016b). Youths’ satisfaction with training and services they received in the five areas was captured using answers to interview questions asked at the time of the Wave 2 interview that ranged from 1, “very dissatisfied” to 4, “very satisfied.” These scales were recoded into binary variables (0 = very dissatisfied/dissatisfied, 1 = satisfied/very satisfied). For summary data on youths’ satisfaction with training and services, see the report titled *Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of Youth at Age 19* (Courtney et al., 2016a).

To more clearly identify the relationships between youths’ and caseworkers’ perceptions and youths’ outcomes, we controlled for a variety of youths’ characteristics. These control variables include youths’ demographic characteristics², the scope of their social

¹ Youths’ mental health and substance use disorders were assessed using the M.I.N.I. International Neuropsychiatric Interview (M.I.N.I.), a short, structured diagnostic interview for DSM-IV and ICD-10 psychiatric disorders (Sheehan et al., 1998). The M.I.N.I. is widely used by mental health professionals and health organizations, and in psychopharmacology trials and epidemiological studies. The CalYOUTH study used an array of measures from the M.I.N.I 6.0 to assess psychiatric disorders, including depression, bipolar disorder, panic disorder, social phobia, generalized anxiety disorder, OCD, PTSD, alcohol and substance abuse/dependence, and antisocial personality disorder.

² Includes gender, race/ethnicity, and age at Wave 1 and Wave 2 interviews.

networks³ collected during the youth interviews, and youths' foster care histories⁴ obtained from CWS/CMS data. To take into account county-level political and economic circumstances, we controlled for the unemployment rate among residents between 16 and 24 years old, fair market rent for two-bedroom units, and the proportion of voters registered as Republican in a youth's last county of placement.⁵

The choice of analytic approach for each outcome was driven by the characteristics of each outcome.⁶ Multivariate logistic regression was used in models with binary outcomes, including high school/GED completion,⁷ experience of homelessness, mental health disorder status, and substance use disorder status. Multivariate linear regression was applied to the model with employment outcomes—the number of quarters they were employed between ages 18 and 21. Poisson regression on this count variable produced similar results.

Findings

Descriptive statistics on youths' outcomes highlight the challenges many of them face during the transition to adulthood. Among youths who had not obtained a high school

diploma or GED by age 17 (i.e., at the time of the Wave 1 youth interview), 72.1% had obtained one of these credentials by age 19 (i.e., at the time of the Wave 2 interview). Between the ages of 17 and 19, youths worked for 1.8 quarters and 12.3% experienced homelessness. At age 19, about 27% of youths screened positive for at least one mental health disorder and about 10% screened positive for a substance use disorder.

Our analyses show statistically significant associations between the outcomes we examined and workers' perceptions of county-level service/training availability, workers' perceptions of the quality of intersystem collaboration, and youths' satisfaction with services and training (see Table 1).

Youths' acquisition of a high school diploma or GED between ages 17 and 19 was positively associated with caseworkers' satisfaction with the level of collaboration with the secondary education system in the county where the worker was located. Specifically, the estimated odds of acquiring a high school diploma or GED between ages 17 and 19 were about 2.4 times higher in counties where caseworkers were satisfied with collaboration between the child welfare and education systems than in counties

³ Includes numbers of individuals identified by the youth as providing emotional, tangible, and cognitive supports (up to 3 people for each support area).

⁴ Includes age of first entry to the foster care system, total number of placement episodes before age 18, primary placement type before age 18, placement change rate per year before age 18, and substantiated maltreatment history (including sexual abuse, physical abuse, emotional abuse, and other abuse).

⁵ To manage potential bias from outlier values, we grouped counties into four quartile groups for each county-level measure and used county-level group-mean values in our regression analyses.

⁶ Multiple imputation using chained equations was applied to address missing values of all variables used in these analyses. All analyses were weighted with a wave 2 youth survey weight.

⁷ For the analysis predicting high school/GED completion, 51 youths with a high school diploma/GED at wave 1 were excluded (n=372).

where caseworkers were not satisfied with the level of collaboration. High school diploma and GED acquisition was also positively associated with youths' satisfaction with services and trainings; the estimated odds of degree or GED completion were about four times higher for youths who were satisfied with the services and training they received targeting secondary education than for those who were not satisfied.

After statistically controlling for county-level factors, including fair market rent for two-bedroom housing units, the odds of experiencing homelessness between ages 17 and 19 was 62% lower among youths in

counties where caseworkers perceived that there were a wide range or at least some available housing options, compared to youth who lived in counties where workers perceived few or no available housing options. The positive relationship between the outcome of homelessness and caseworkers' perceived quality of collaboration between child welfare and housing system is an unexpected result. One possible explanation would be that caseworkers in counties with significant youth homelessness issues might already be working closely with public or private agencies that provide temporary shelter for homeless youth.

Table 1. Regression Analysis Results Summary

Outcome variables	Secondary education completion	Ever homeless between ages 17 and 19	Number of quarters employed	Any mental health symptoms	Any substance use disorder symptoms
Analysis type	Logit (Odds ratio) ^a	Logit (Odds ratio)	Linear (Coefficient) ^b	Logit (Odds ratio)	Logit (Odds ratio)
Availability of service/training	0.79	0.38*	0.23	0.66	0.85
Quality of inter-system collaboration	2.42**	2.65*	-0.13	0.83	0.78
Youth's satisfaction with service/training	4.04**	0.34	0.05	0.22**	0.13*

*p<0.05, **p<0.01

Note: All five models controlled for youths' demographic characteristics, scope of their social network, foster care history, and county-level attributes discussed in the methods section.

^a For logit model results, a coefficient value greater than 1 indicates that the variable increases the estimated odds of the outcome whereas a coefficient less than 1 indicates that it decreases those odds.

^b For the linear ordinary least squares model results, a coefficient value greater than 0 indicates that the variable increases the estimated number of quarters the youth is employed whereas a coefficient less than 0 indicates that it decreases the estimated number of quarters the youth is employed.

The number of quarters youths were employed was not significantly associated with county-level employment service and training availability, intersystem collaboration, or youths' satisfaction with employment support service and training experiences. Youths' satisfaction with treatment and support services was significantly associated with lower probabilities of being screened in for a mental health or substance use disorder at the time of the Wave 2 interview. Specifically, the estimated odds of having a mental health disorder were about 78% lower for youth who were satisfied with available services than for youths who were dissatisfied. Similarly, the odds of having a substance use disorder were about 87% lower for youths who were satisfied with substance abuse treatment services than for those who were not.

Study Limitations

The results of this study should be interpreted with caution due to the study's limitations. First, the current memo relies heavily on caseworkers' perceptions and experiences to capture county-level training and service availability and the quality of intersystem collaboration. Caseworkers can be an important source of information about the county-level service context; we use data collected from almost 300 caseworkers to curb influences from individual biases. However, caseworkers' evaluations are not necessarily objective measures of service availability or cross-system collaboration. Furthermore, we use cross-sectional caseworker survey data to estimate county-level attributes, which may not appropriately capture changes in county

contexts. We need longitudinal data on workers' perceptions of the changing service context in California to better understand the relationships between county-level factors and youth outcomes. Longitudinal data may also shed light on the counterintuitive relationship we find between the homelessness outcome and the quality of collaboration between child welfare agencies and housing systems.

Second, since data on the relationship between youths' satisfaction with services and their outcomes were both collected during the Wave 2 interview, it is possible that youths' views of the services they received were influenced by their current functioning. For example, youth who had recently completed a high school diploma or GED may have been more likely than those who had not yet obtained such a credential to favorably view any educational support they received along the way, even if that support had little to do with their success. Thus, the positive relationships between youths' satisfaction with services and some youth outcomes should not be interpreted as strong evidence of the effectiveness of the services the youth received.

Third, this memo uses information on a sample of youth that may not be representative of all transition-age foster youth in California. Our study sample included youths who completed both waves of youth interviews, who were in extended foster care at age 19, and whose caseworkers completed the Wave 2 caseworker survey. Sample attrition between the first and second round of youth interviews was not excessive, and over 95% of eligible workers completed the second worker survey. Nevertheless, we did not

have linked youth and caseworker data on all of the CalYOUTH sample members who were in care at age 19. Moreover, this study did not include CalYOUTH sample members who left foster care before age 19. Their satisfaction with services and training, and their outcomes, might differ from those of the youths still in care at 19.

Lastly, the findings may not be generalizable to other states. California operates a county-administered child welfare system, whereas most states operate a state-administered system, and only half of the states have extended foster care to age 21. Thus, particularly where the state government administers the foster care system, or the state has not extended foster care to age 21, the relationships between youths' outcomes and the variables studied here may differ from those reported there.

Conclusion

The transition to adulthood can be challenging for all youth, but it has been shown to be particularly challenging to youth in state care. Various publicly supported systems provide services and training to address the needs of youth in care, often in collaboration across systems, to better prepare foster youth for the transition to adulthood. This memo provides some evidence that those efforts are effective, at least with respect to improving some youth outcomes. Caseworkers' perceptions of collaboration at the county level between the child welfare and secondary education systems were strongly associated with youths' success in acquiring a high school diploma or GED, providing evidence of the importance of such collaboration. However, we found that

caseworkers' perceptions of cross-system collaboration were not associated with the other youth outcomes we studied. The absence of an association between cross-system collaboration and employment and behavioral health outcomes may reflect a relatively poor level of collaboration between county child welfare agencies and the systems primarily charged with helping young adults achieve those outcomes. Among caseworkers who completed the Wave 2 survey, only 23% were "dissatisfied" or "very dissatisfied" with the level of collaboration in their county between the child welfare and secondary education systems. However, that was true for 31% of caseworkers when asked about collaboration with the employment service system, 42% when asked about mental health services, and 47% when asked about substance abuse treatment services (Courtney et al., 2016b). Seen in that context, our findings regarding the strong relationship between cross-system collaboration and youths' acquisition of secondary education credentials should provide encouragement for better collaboration between child welfare agencies and other systems serving young adults. Our findings should also encourage counties whose workers report relatively poor collaboration between systems to learn from those counties that appear to be having greater success in that regard.

Our finding that caseworkers' perceptions of the availability of housing options for young adults in care is associated with youths' experience of homelessness should not be surprising given the high cost of housing in much of California and its relationship to homelessness (Khouri, 2018). The relationship between the availability of housing and homelessness among youth in

extended foster care also calls for better collaboration between adult housing services providers and child welfare agencies, given the high risk of homelessness among current and former foster youth (Courtney et al., 2016a; Dworsky, Napolitano, & Courtney, 2013).

Another important takeaway from this memo is that youths' satisfaction with support services and trainings is positively associated with their outcomes in secondary education and behavioral health. For services to be effective, they must engage those in need of help, and youth who are

satisfied with the services they receive are more likely to be engaged. Unfortunately, youth in foster care may not be perceived as valued consumers of health and social services, and their preferences and satisfaction with services may not be adequately discussed. Our findings suggest that professionals working in all systems serving young adults should view youth in care as invaluable sources of information about the utility of efforts to assist them. Moreover, engaging youth in care in service design and outreach can be initial steps to better capture their preferences and needs and design more effective services.

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