Young Adult Outcomes of Foster Care, Justice, and Dually Involved Youth in New York City

Supported by the Conrad N. Hilton Foundation

Center for Innovation through Data Intelligence (CIDI)
New York City Office of the Mayor
June 2015
Executive Summary

I. Introduction

Background
The transition period to adulthood is a particularly difficult time for most adolescents. This difficulty is magnified for young adults in foster care, which includes foster boarding homes, kinship care, and residential placements. These youth often must navigate this transition with minimal family support and stability. In New York City, youth may legally choose to be discharged from foster care at the age of 18 years. Although youth can stay in care until the age of 21 years, many choose to leave earlier and are then confronted with the adaptation to independent living. Although increasing attention is being paid to the importance of continued transitional support for youth who age out of foster care, resources for this group are limited. Additionally, many youth in foster care have experienced numerous hardships throughout their lives, including maltreatment and family trauma, poverty, and multiple movements in placements, leading to disruptions in relationships and schooling.

It is no surprise, then, that numerous studies have found that foster care children are at risk of poor adult outcomes, including elevated rates of juvenile delinquency and criminal justice involvement, homelessness, teenage pregnancies, and health issues, as well poor educational and employment outcomes.1,2,3

Another at-risk group during this time of adolescence includes those who become involved in the juvenile and/or criminal justice systems. Similar to foster care children, histories of early maltreatment and hardship often intensify problematic behaviors, leading to arrest and placement in detention (up to the age of 15 years in New York City) or jail (after the age of 15 years).4 These adolescents are at particular risk of recidivism and continued involvement in the justice systems. This, in turn, can impact housing, educational, and employment stability.

Youth who interact with both the foster care system and the justice system — either detention or jail — therefore, face even greater challenges and are particularly at risk for poor outcomes in adulthood. However, to date, few studies have examined this population (i.e., “dually involved youth”) in detail.5,6,7

Study Design
The current study aims to replicate the study conducted by Culhane et al. (2011) in Los Angeles County by examining the adult outcomes of adolescents who exit the foster care system, juvenile detention and adult correction system, and those who are dually involved in New York City via administrative data analysis. These groups are termed ‘exits’ of the foster care and justice systems. Although the public systems and data sources vary by location, this study adapts the methodology of Culhane et al. (2011) to the greatest extent possible.

Therefore, this study seeks to answer a similar set of questions to those proposed in Culhane et al. (2011):

1. After youth exit from the foster care system and/or the juvenile detention and adult correction system, how do they interact with health and human service systems (e.g., homeless shelters, jail, public benefits, hospitals) over the next six years? What are the costs associated with this service utilization?
2. What differences exist in adult outcomes of youth who exit from foster care, youth who exit from a justice system (i.e., juvenile detention or adult corrections), and youth who exit from both?
3. What are the patterns of multi-system involvement within the three groups?
4. What are the risk factors for high-cost service use?
5. What differences exist in service utilization between New York City and Los Angeles County for these groups?

2. Methods

Sample
The sample consists of three groups of youth:

1. Youth who are discharged from a foster care stay between 2004 and 2006 (“foster care group”).
2. Youth who are discharged from juvenile detention and/or jail between 2004 and 2006 (“justice group”).
3. Youth who are discharged from foster care AND at least one justice system (juvenile detention and/or jail) between 2004 and 2006, regardless of the order of their system involvement (“dually involved group”).

For youth who had multiple discharges from these systems during 2004 and 2006, the last discharge during this time period was used (“last discharge”). All youth included in the sample were between...
13 and 18 years of age at discharge. Notably, basing the sample on adolescents who were still in foster care at some point between the ages of 13 and 18 has implications for the generalizability of the findings of this study. A significant portion of children in foster care are adopted or reunified with their families prior to adolescence (i.e., age 13); these individuals are not included in the sample and may have different outcomes than those who are still in care as adolescents, which includes individuals who have been in care continuously since early childhood, individuals who have had several foster care spells, one of which was in adolescence, and those who came in as adolescents.

Outcomes

Outcomes are reported for the six years after the last discharge for each individual (with several exceptions). Outcome data consist of the degree of involvement in five domains: foster care, justice, homeless shelters, health services, and benefits. The degree of involvement with each of these systems is computed from administrative data from NYC Health and Human Service (HHS) agencies, as well as administrative data from the New York Department of Health Statewide Planning and Research Cooperative System (SPARCS). For each outcome measure, dates of admissions and discharges from the system were received to calculate the length of each stay, number of stays, and total duration over the six years for each individual. The total duration was then multiplied by the average cost per day in each system (unless otherwise noted) during Fiscal Year 2011.

3. Findings

Outcomes by system

The dually involved group had the highest system involvement both overall and in the majority of the specific systems examined (eight of twelve).

Summary of Outcomes in Individual Domains in Years 1-6

Note: Detention stays are only reported for Year 1 and 2. Inpatient stays, ambulatory visits, and emergency department visits are only reported for Years 1 through 5.
Multi-system Outcomes

Over 90% of the dually involved group was involved in at least one domain in the six years after discharge. Almost 80% were involved in two or more service domains, almost 50% were involved in three or more domains, and 13% were involved in four or more domains. This signifies the overlap in the foster care and justice outcomes that the dually involved group continues to experience, as they have high rates of utilization in both the systems that the foster care group utilizes the most and the systems that the justice group utilizes the most, resulting in very high overall utilization and multi-domain utilization.

Although the dually involved group has the most service usage, the justice and foster care groups also have high service involvement. Comparatively, almost 80% of the foster care and justice groups were involved in at least one domain, almost 60% were involved in two or more domains, about 30% were involved in three or more domains, and 6-8% were involved in four or more domains.

Summary of Service Use Across Multiple Domains in Years 1-6

All three groups also continue to incur costs after discharge. However, the average cost for the dually involved group was approximately 40% higher than the other two groups (approximately $65,000 for the dually involved, compared to $46,000-$48,000 for the other two groups).

Average Cumulative Cost of Services Used in Years 1-6
The quartiles of highest users for the foster care and justice groups comprise over three-quarters of the cumulative cost, the next highest quartile (Quartile 3) comprises about 20% of the cost, while Quartile 2 comprises the rest of the cost, and the final quartile does not utilize any services (and therefore, does not contribute to the cost). The dually involved group is slightly more spread out in utilization. About two-thirds of the cost can be attributed to the top quartile, about a quarter to the next highest quartile, about 8% to Quartile 2, and about 1% to Quartile 1. This pattern reflects that the dually involved group overall has more individuals who utilize services and therefore, the cost is shared slightly more over the four quartiles, although the large majority is still attributable the top quartile.

The average cost for a high-cost user in the dually involved group is $173,440 over the outcome period, compared to $2,359 for a low-cost user (bottom 25%). The average cost for a high-cost user in the foster care group is $145,770 over the outcome period, compared to $0 for a low-cost user (bottom 25%). The average cost for a high-cost user in the justice group is $144,602 over the outcome period, compared to $4 for a low-cost user (bottom 25%). In sum, a minority — 25% — of young adults in each group account for the majority — up to roughly 80% — of the cost incurred by each group.

**Total Cumulative Cost of Services Used in Years 1-6**

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<thead>
<tr>
<th></th>
<th>Justice Only</th>
<th>Foster Care Only</th>
<th>Dually Involved Youth</th>
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<tr>
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<td>0.0</td>
<td>0.9</td>
</tr>
<tr>
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<tr>
<td>Q3</td>
<td>20.2</td>
<td>18.9</td>
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</tr>
<tr>
<td>Q4</td>
<td>76.4</td>
<td>78.4</td>
<td>67.0</td>
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**Risk Factors for High-Cost Service Use**

Risk factors for being a high-cost service user (i.e., in the top quartile of service use cost) were identified for the foster care and dually involved groups using information about their foster care history, as well as demographic information. Risk factors were not identified for the justice group due to the lack of information beyond demographics that could potentially be explored as risk factors. Logistic regression was used in order to assess which characteristics were significant risk factors for high-service use, while controlling for other factors.

Among those in the foster care group, a number of factors predicted high-cost users. Being female increased the odds of becoming a high-cost user. This is likely due to in part to the high rates of childbirth (and thus hospital costs) in the high-cost user group. Of the females in the high-cost user group, 55% had an inpatient hospital stay resulting in childbirth, compared to only 17% of the other females in the high-cost group. Additionally, being discharged to any situation other than adoption increased the odds of being a high-cost user relative to adoption. Being discharged to a mental health facility had a particularly large increase in odds; however, it should be noted that this was a very small proportion of the sample. Psychiatric inpatient stays and emergency department visits were more prevalent during the outcome period for the high-cost group: 17% of the high-cost group had a psychiatric inpatient stay during the outcome period, compared to 2% of the rest of the foster care group; similarly, 26% of the high-cost users had a psychiatric emergency department visit compared to only 6% of the rest of the group.
For the dually involved group, the number of foster care spells increased the odds of being a high-cost user. Entering care for the first time between the ages of 13 and 15 years increased the odds of becoming a high-cost user compared to children who enter at age one or younger. Finally, exiting from jail and exiting from detention and jail between 2004 and 2006 increased the odds compared to exiting from detention only.

**Comparison of Results between New York City and Los Angeles County**

The current study aimed to replicate the methodology of the study in Los Angeles County to be able to compare outcomes and better understand the policies and programs that best support a healthy and stable transition to adulthood for these populations. The findings of the current study validate those of the study in LA. Across all systems, the dually involved group had the highest utilization or close to it. Across cities, almost the entire dually involved group was involved in at least one system post discharge (88% in LA County and 94% in NYC) and the dually involved group had almost the exact same percentage involved in two or more domains (78% in LA County and 80% in NYC) and three or more systems (49% in both places).

Findings regarding average cumulative costs across the three groups were also similar and both found that while the foster care and justice exiters had about the same average cumulative cost, the dually involved group had the highest average cumulative cost by far.

Both studies had very similar findings regarding the distribution of costs within each group, with the top quartile in both places accounting for around three-quarters of the cumulative cost in each group, while the lowest quartile accounted for almost none of the cost.

Therefore, the findings in NYC largely confirmed the original findings in LA County, even with a slightly different set of outcomes and in a different service environment.

**4. Implications for Policy and Research**

**Policy and Programmatic Implications**

The overarching finding in the current study is that dually involved youth exiters utilize more services and in more domains than youth who exit only foster care or only the justice system in their adolescence. However, all three groups continue to be involved with various systems into young adulthood and therefore, policies should aim to prevent entry into the foster care and justice systems and/or support any youth who interact with them in adolescence.

The administration of Mayor de Blasio is expanding and strengthening its alternatives to detention, court involvement, and placement of young people in the justice system. The best way to reduce to the number of young people leaving the justice system is to prevent them from entering in the first place. Over the last five years, New York City has reduced the number of children entering detention by 42 percent. Meanwhile the number of teens under age 15 whose cases have been diverted from court has increased by more than 50 percent.

Similarly, New York City continues to reduce the number of young people entering foster care, so that fewer ever have to leave foster care. Since FY12, New York City Administration for Children’s Services (ACS) has reduced the number of teens placed in foster care by 21 percent by implementing new, evidence-based, intensive preventive family support services designed specifically for families struggling with behavioral health issues related to their teen children. These research-based programs currently have the capacity to serve currently serve more than 3,000 families per year and should continue to expand.

The administration is developing data-driven, predictive analytic tools to determine which young people exiting foster care or the justice system are most likely to return. These tools make it possible to provide targeted, specialized support services to address family needs early, reinforce family stability and prevent the crises that lead to young people returning to care.

New York City is planning to reinvest savings from the shrinking foster care system into supportive services for post-reunification, post-adoption, post-kinship guardianship placement, and post-justice system involvement.

**Research Implications**

The administration and its partner foundations and research organizations continue to evaluate the impact of programs developed for these populations, and further develop best practices for serving and supporting dually involved youth.

New York City ACS is an international leader in the implementation of evidence-based programs and is evaluating their effectiveness in the foster care, preventive family support and family justice systems. The lessons learned from this work will guide further development of programs for young adults across city and state government.

**Conclusion**

Adolescents who are involved in the foster care and justice systems, and in particular those youth who are dually involved, are at risk for continued involvement in various systems throughout their young adulthood. This system involvement, particularly continued justice involvement, homeless shelter stays, and hospital visits, is likely disruptive to their overall stability and well-being. Policies and programs that prevent entry into foster care and justice systems and specifically address the needs of adolescents are required to improve their adult outcomes and reduce the cost associated with their high service utilization.