



Department of Human Services  
Community Mental Health Center

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Issue 13

**Poverty and Youth: Presenting Factors and Outcomes**

For our 13<sup>th</sup> evaluation report we looked at how poverty may relate to both factors presented at intake and outcome scores for youth. Poverty was defined using the 2000 U.S. Census Bureau Poverty Thresholds given that a large number of the families entered into Partnership in that year.

Comparisons were made between families who were at or below the official Poverty Threshold and families who were above the threshold to determine if there were any significant differences in the youths' experiences upon entering into Partnership. As indicated in the following table, there were very few significant differences in the youths' experiences that were evaluated at intake. Regarding the two significant comparisons, youth from families experiencing poverty were admitted to a psychiatric hospital less often than youth from families above the Poverty Threshold and were more likely to report experiencing asthma.

Presenting Factor	Poverty Threshold		Significance
	Below	Above	
Youth experienced previous psychiatric hospitalization	27	57	<i>p</i> = .028*
Youth has asthma	17	10	<i>p</i> = .014*
Youth experienced previous physical abuse	37	55	<i>Ns</i>
Youth experienced previous sexual abuse	25	39	<i>Ns</i>
Youth previously ran away without caregiver knowing location	34	52	<i>Ns</i>
Youth has attempted suicide	16	29	<i>Ns</i>
Youth has been sexually abusive towards others	9	12	<i>Ns</i>
Youth has a history of substance abuse	13	27	<i>Ns</i>
History of mental illness in biological family	61	81	<i>Ns</i>
History of domestic violence/ spousal abuse in youth's family	61	74	<i>Ns</i>
History of substance abuse among biological family members	64	95	<i>Ns</i>
History of biological parent(s)' criminal conviction	47	53	<i>Ns</i>
History of biological parent(s) admittance to psychiatric hospital	21	38	<i>Ns</i>

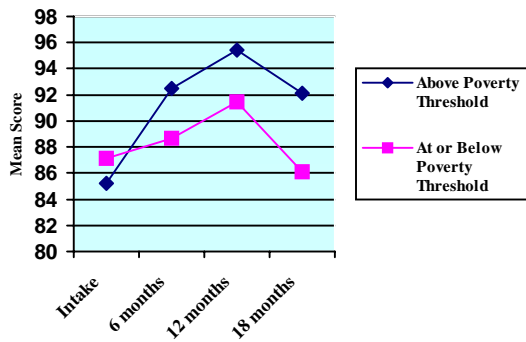
\**p* values  $\geq .05$  are considered statistically significant, which means there is a significant difference between the two numbers reported given the size of each sample.

Note, in all comparisons there was a greater number of families who were above the poverty line.

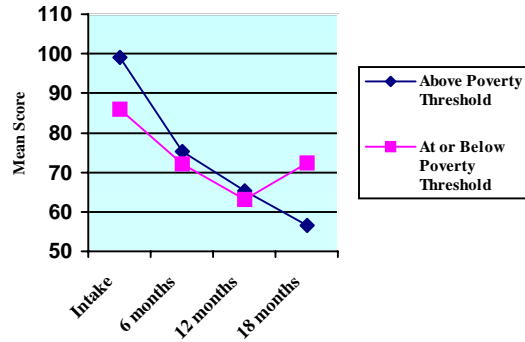
Comparisons were also made on outcome scores on various clinical measures over an 18-month period between youth whose families' were/were not experiencing poverty. The four outcomes scores included the **Behavioral and Emotional Rating Scale Strengths Quotient (BERS)**, a measure of the youth's strengths as rated by a caregiver; the **Child and Adolescent Functional Assessment Scale (CAFAS) Total Score**, a measure of youth's functioning over eight domains; the **Caregiver Strain Questionnaire (CGSQ) Global Strain Score**, a measure of caregiver's strain associated with youth's emotional/behavioral problems; and the **Child Behavior Checklist (CBCL) Total Score**, a measure of youth's symptoms and behavioral challenges.

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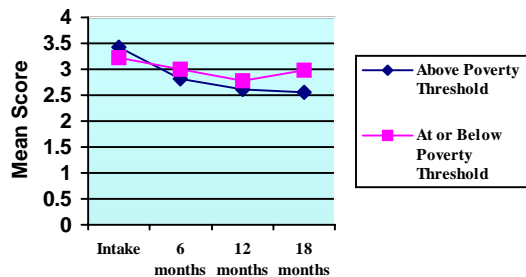
**BERS Strength Quotient**



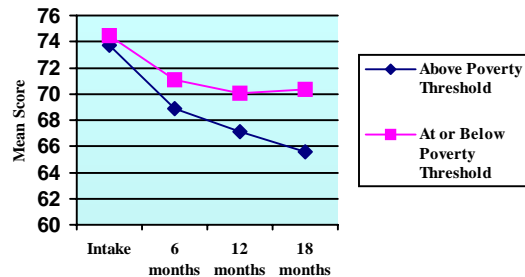
**CAFAS Total Score**



**CGS Global Strain Score**



**CBCL Total Score**



Except for the BERS, higher scores are equated with greater difficulty. The BERS Strength Quotient between intake and 6 months revealed a statistically significant difference ( $p = .034$ ), with families above the Poverty Threshold reporting larger gains in youth strengths. The CAFAS Total Score was close to statistically significant ( $p = .053$ ) between 12 and 18 months, with the families at or below the Poverty Threshold reporting increased CAFAS scores (decompensated functioning). The CGS Global Strain Score was statistically significant ( $p = .040$ ) between intake and 6 months with families above the Poverty Threshold reporting greater decreases in caregiver strain during that time period. The CBCL Total Scores did not show any statistically significant difference between the two groups.

**Summary**

As indicated above, there were few differences between youth who were experiencing the additional stress of poverty at intake and youth who were not at the time of intake. In terms of both youth experiences and family history, the two areas in which there was a statistically significant difference were previous psychiatric hospitalization for youth and asthma. Regarding previous hospitalization, youth from families who were not at or below the poverty line experienced more cases of psychiatric hospitalization than youth living in poverty. Youth living at or below the poverty threshold had more cases of asthma than youth living above the poverty threshold. In terms of outcome scores, there were three scores that revealed statistically significant differences at one interval each. In these cases, the families at or below the poverty threshold noted a smaller gain in strengths (intake to 6 months), an increase in difficulties in overall functioning (12 to 18 months) and a smaller decrease in caregiver strain (intake to 6 months).

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