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Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of Youth at Age 19: Los Angeles County Report

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Introduction

Recently there has been a fundamental shift toward greater federal responsibility for supporting foster youth during the transition to adulthood. The Fostering Connections to Success and Increasing Adoptions Act of 2008 ("Fostering Connections Act") amended Title IV-E to extend the age of Title IV-E eligibility from 18 to 21 years old. States may now claim federal reimbursement for the costs of foster care maintenance payments made on behalf of Title IV-E-eligible foster youth until they are 21 years old. While states have the *option* to extend care under the new provisions of the Fostering Connections Act, they are not required to do so.

The California Fostering Connections to Success Act and subsequent amendments to state law extended foster care for eligible youth to age 21. Although nearly half of all states have adopted legislation to take up the Fostering Connections option of extending care past age 18 and others are considering doing so, California is arguably the most important early adopter of the new policy. California has the largest state foster care population in the US, lending national significance to what happens in California's child welfare system. Moreover, many other states that decide to extend care will be required to implement, in some form, the kinds of changes in state laws and regulations now being implemented in California. Extending foster care to age 21 means that county child welfare agencies and allied institutions in California are entering a brave new world of "corporate parenting" of young adults (Courtney, 2009). Child welfare agencies, courts, other public institutions, and private sector service providers are now coming to grips with their collective responsibility for providing care and supervision to adults, rather than minors—something with which most of these institutions have limited experience. Policymakers, program developers and administrators, and advocates have much to learn from how California implements extended foster care and how the new policy regime influences adult outcomes for foster youth making the transition to adulthood.

The current *CalYOUTH Wave 2 Los Angeles County Report* presents findings from the *CalYOUTH Wave 2 Youth Survey,* focusing on just study participants in Los Angeles County. Of all of the counties in California, Los Angeles County has the greatest number of children in foster care. In January 2017, almost one-third of young people in foster care between the ages of 16 and 21 were under the supervision of child welfare services in Los Angeles County (Webster et al., 2017). Since child welfare services are administered at the county level in California, studying Los Angeles provides an important perspective on one of the largest foster care jurisdictions in the nation.

CalYOUTH (the California Youth Transitions to Adulthood Study) is an evaluation of the impact of the California Fostering Connections to Success Act on outcomes during foster youths' transition to adulthood. CalYOUTH includes collection and analysis of information from three sources: (1) transition-age youth, (2) child welfare workers, and (3) government program data. The study, directed by Dr. Mark Courtney at the University of Chicago and conducted in collaboration with the California Department of Social Services and County Welfare Directors Association of California (CWDA), is being carried out over a 5-year period from 2012–17.

The study addresses three research questions:

- Does extending foster care past age 18 influence youth's outcomes during the transition to adulthood (e.g., outcomes in education, employment, health, housing, parenting, and general well-being)?
- What factors influence the types of support youth receive during the transition to adulthood in the context of extended foster care?
- How do living arrangements and other services that result from extending foster care influence the relationship between extending care and youth outcomes?

To help answer these questions, CalYOUTH is following youth through age 21 using in-person interviews at ages 16–17, 19, and 21. In addition, CalYOUTH conducted online surveys of California child welfare workers in 2013 and 2015. The goal of these caseworker surveys is to obtain their perceptions of key characteristics of the transition-age youth they serve and of the service delivery context of extended foster care (e.g., availability of transitional living services, coordination of services with other service systems, county court personnel, and youth attitudes toward extended care). Government administrative data pertaining to several outcome areas (e.g., education, employment, receipt of government aid, health care, and criminal justice) are also being analyzed to help understand the impact of extended care on the health and well-being of young adults. Findings from the child welfare worker surveys and analysis of administrative data are summarized in separate reports.

The *CalYOUTH Wave 2 Youth Survey*, conducted when the young people participating in CalYOUTH were 19 years old, follows up on a survey of the same young people when they were approaching the age of majority in California's foster care system (see Courtney, Charles, Okpych, Napolitano, & Halsted, 2014). Results from the *CalYOUTH Wave 2 Youth Survey* were released in May 2016 (see Courtney, Okpych, Charles, Mikell, Stevenson, Park, Kindle, Harty, & Feng, 2016). The current *CalYOUTH Wave 2 Los Angeles County Report* is limited to just CalYOUTH Study participants who were under the supervision of Los Angeles County child welfare services at the time the study sample was drawn. This report provides feedback for all parties interested in improving youth's transitions from foster care to adulthood.

Study Overview

Methods

This section provides a description of the creation, administration, and analysis of the second round of interviews with young people participating in the California Youth Transitions to Adulthood Study. The responses provided by the 84 participants are intended to represent the experiences and views of 19-year-olds who were in the California foster care system under the supervision of Los Angeles County in their late adolescence. While most of the youth have remained in care since we first interviewed them at age 17, some of the youth left care and came back, and others were no longer in care.

Instrument Design

The study was designed to provide a rich description of the characteristics and circumstances of young adults who were in California foster care during their late adolescence. Many of the questions included in the second interview are the same as or similar to those asked during the baseline interview. In some cases, we adapted or expanded the questions so that they were developmentally appropriate for young adults. For example, the education and employment sections go into far greater detail about youths' involvement in postsecondary education and the labor force than they did in the baseline survey. Similarly, the youths' romantic relationships and pregnancy and parenting status are covered more extensively than in the baseline interview. The *CalYOUTH Wave 2 Youth Survey* was developed over several months and includes items from a variety of sources. In addition to drawing on questions from the *Baseline Youth Survey* (Courtney et al., 2014), we incorporated standardized instruments to formally assess areas of functioning such as mental health and alcohol and substance use disorders. Survey items were also taken from large-scale studies of adolescents and young adults, such as the National Longitudinal Survey of Youth, the National Longitudinal Study of Adolescent Health, and the National Youth in Transition Database (NYTD). NYTD is an ongoing national study of transition-age foster youth,

and items taken from the NYTD Outcomes survey are designated in the subsequent tables with an "N" superscript. Please see the *CalYOUTH Wave 2 Youth Survey* report for more details about NYTD (Courtney et al., 2016). In a few cases, items were modified to adapt to the population of youth in foster care (e.g., adding types of living arrangements that are not typically used by youth who are not in state care). Finally, study-specific items were created that capture information pertinent to the overall aims of the CalYOUTH Study. For example, a number of questions were developed to assess respondents' attitudes towards extended foster care, as well as their perception of the availability of various types of services. A list of the sources of the items included in the *CalYOUTH Wave 2 Youth Survey* instrument and brief descriptions of the sources is presented in Appendix A.

During the *CalYOUTH Wave 2 Youth Survey* development stage, we solicited feedback from multiple stakeholders, including California state and county child welfare administrators and supervisors, youth currently in foster care, and representatives of funding partners. The feedback from these various stakeholders helped to ensure that the survey items covered key domains and were relevant to the current policy context. The final version of the survey included over 20 content areas and was designed to take approximately 75 to 90 minutes to complete.

Certain sections of the study contained items that were sensitive in nature, including questions involving sexuality and pregnancy, crime and justice system involvement, maltreatment history and sexual abuse, suicide, and mental health and substance use. These sensitive questions were administered using Audio-Enhanced, Computer-Assisted Self-Interviewing (ACASI). ACASI is a state of the art, computer-assisted self-interviewing procedure for asking sensitive questions in a respectful and confidential manner. Youth were provided headphones and a laptop computer so they could listen and respond to questions privately without involvement of the interviewer.

Sample Selection

Youth were eligible to participate in the *Baseline Youth Survey* of CalYOUTH if they were between 16.75 and 17.75 years of age at the time of the sample draw and had been in the California foster care system under the supervision of county child welfare agencies for at least six months.[2] Administrative records

[2] Probation wards were not included in the CalYOUTH youth survey. Some probation wards are eligible for extended foster care in California. Nevertheless, they differ from youth whose care is supervised by child welfare agencies in the reasons for their placement in government care, what they are expected to do to remain eligible for extended care, and, in most counties, the public agencies that oversee their care. Because of this, their experience of extended care warrants distinct attention; they should not be treated as simply a subgroup of foster youth. Unfortunately, at the time CalYOUTH was being planned it became clear that it was not feasible for many county probation departments to provide the level of cooperation needed to mount an in-person survey of 16- and 17-year-old probation wards could be obtained from California county probation departments. However, CalYOUTH will be examining the transition to adulthood under extended foster care for probation wards. Government administrative data on outcomes such as college enrollment, employment and earnings, and crime will be used to study this transition.

from the California Department of Social Services (CDSS) were first used to create a sampling frame of youth who met the age and time-in-care criteria above (n = 2,583). A stratified random sampling design was used to select participants. Six strata were created based on the number of eligible youth in the county, ranging from Stratum 1 (1 to 6 eligible youth) to Stratum 5 (107 to 187 eligible youth). Stratum 6 consisted of Los Angeles County. A predetermined proportion of youth were then randomly selected from each stratum in order to ensure that smaller counties were adequately represented in the study. The initial sample included 880 young people who met the original study criteria. Of these 880 youth, 117 were found to be ineligible during the field period for various reasons (i.e., physically or mentally unable to participate, youth who were on runaway status for at least two months, incarcerated, returned home for at least two months, and/or relocated out of state). From the remaining 763 eligible adolescents, a total of 732 youth, or 95 percent of the eligible sample, completed baseline interviews in 2013. These youth resided in 51 of California's 58 counties, and most respondents were 17 years old at the time of the interview. These youth represent nearly 2,500 adolescents in California foster care. Of the 727 young people who completed the baseline interview, two respondents asked not to be contacted for follow-up interviews and one youth passed away in between the time of the Wave 1 and Wave 2 interviews. The remaining 724 young people were eligible to participate in the *CalYOUTH Wave 2 Youth Survey*.

Focusing just on Los Angeles County, 1,204 of the 2,583 youth in the sampling frame were supervised by the L.A. County Department of Children and Family Services. Of these 1,204 youth, a random sample of 135 youth were selected as potential study participants. A total of 24 youth were found to be ineligible during the field period, leaving 111 youth who were eligible for inclusion in the study. Of the 111 eligible youth, 106 youth completed the baseline interview at age 17 (95.5% response rate) and were eligible to participate in the *CalYOUTH Wave 2 Youth Survey*.

Survey Administration

Prior to data collection, study approval was obtained from the University of Chicago Institutional Review Board and the California Committee for the Protection of Human Subjects. The instrument was also approved by the Data Protection Committee of the CDSS. The University of Wisconsin Survey Center (UWSC) was contracted to conduct the in-person interviews. Youth selected into the study were mailed an advance letter containing a five-dollar bill to introduce the study. The letter explained that an interviewer would be in contact with the youth in two to four weeks. Efforts were first made to contact participants via phone to obtain initial consent to participate in the study and to arrange the in-person interview. If a youth did not answer the phone, messages were left for the youth or caretaker(s), and the youth had the option to return the phone call to a toll-free number or to send a text message. When participants could not be reached by phone, interviewers made an in-person visit to the home. If none of

these direct attempts were successful in reaching the participant (i.e., the participant did not answer the phone, was not at home, and did not return phone messages), then interviewers contacted the participant's child welfare worker (if they were still in care) or other individuals provided by the youth during the baseline interview and asked for assistance in contacting the respondent. Youth who were living out of state completed the interviews over the telephone.

We also prepared for instances of youth who were incarcerated in a county jail, state prison, federal prison, or some other correctional facility at the time of the Wave 2 field period. We made every effort to interview incarcerated participants. Written approval was obtained from deputy director of the California Department of Corrections and Rehabilitation (CDCR), granting CalYOUTH Study interviewers permission to enter correctional facilities and interview study participants. In accordance with requests made by the University of Chicago Institutional Review Board, separate consent forms were created that addressed different interview circumstances.[3] When correctional staff denied interviewers access to the study participants, a CDCR manager contacted the facility reaffirming that permission was granted to conduct the interview. Despite these efforts, we were only able to complete interviews with five of the nine incarcerated participants.[4]

Data were collected by UWSC interviewers on fully encrypted laptops and interviewers signed confidentiality agreements during training. Prior to beginning the interview, the interviewer reviewed a consent form with the youth that contained two types of permission in addition to the consent to participate in the in-person interview: permission to record the interview for research purposes and permission to contact the young adult in the future. Respondents were informed that they could refuse to answer any given item or withdraw from the study at any time. Participants were offered a $60 cash incentive paid by the interviewer at the end of the interview. For telephone interviews, UWSC sent a physical copy of the consent form to the respondent prior to the interview; however, a signed consent form returned to UWSC was not required. The interviewer also read an abbreviated consent script aloud to the respondent prior to the start of the interview.

Interviewing for Wave 2 of the CalYOUTH Study occurred from March 23, 2015, to December 2, 2015. UWSC employed 15 field interviewers across the state of California. Cases were fielded in two batches, according to the birthdate of the youth. The goal was to field as many cases as possible to maximize

[3] For example, inmates in state prisons were not allowed to receive incentives for participation in research under any conditions, while youth in other facilities may have been able to accept incentives. Some facilities required guards to be within earshot of the inmate while other facilities did not. Finally, some facilities would not permit interviewers to bring laptop computers onto the premises. Several different consent forms that reflected the different combinations of these circumstances were created and the consent form that matched the interview circumstances was administered.

[4] Four interviews were completed in person, and a fifth interview was completed over the phone.

efficiency and increase the time available to contact youth multiple times (if needed). Additionally, UWSC attempted to interview young people when they were 19 years old. Thus, youth whose 20th birthdays were approaching were given high-priority status. All youth except for 14 (2.3% of completed interviews) were interviewed before turning 20 years old. Midway through the field period, the response rate for youth who had exited foster care was lower than the response rate for youth who were still in care, so in the final months in the field UWSC concentrated all field efforts on out-of-care cases. Among participants in Los Angeles County, all but two respondents were interviewed before turning 20 years old (2.4% of the completed interviews).

Response Rate

Table 1a presents Wave 1 and Wave 2 response rates for all of the counties included in the CalYOUTH Study except for Los Angeles County. Among these counties, the original sample of eligible participants for the CalYOUTH Study included 652 adolescents between ages 16.75 and 17.75 at the time the sample was drawn. Over 95 percent of these young people participated in the Wave 1 interviews. A total of 527 youth completed the Wave 2 interviews in 2015, or just under 81 percent of the original sample that met the study's eligibility criteria and 85 percent of the adolescents who completed the Wave 1 interview.[5]

Table 1a. Wave 2 Response Rate, All Counties Except for Los Angeles County

	n	**% of Eligible Wave 1 Sample (*n* = 652)**	**% of Wave 1 Respondents (*n* = 621)**
Completed Wave 1 interview	621	95.2	100.0
Completed Wave 2 interview	527	80.8	84.9

Table 1b displays Wave 1 and Wave 2 response rates for Los Angeles County. Of the 111 youth eligible to participate in the study, over 95 percent were interviewed at baseline. A total of 84 youth completed Wave 2 interviews, which was about 76 percent of the eligible sample or 79 percent of the Wave 1 respondents.

Table 1b. Wave 2 Response Rate, Los Angeles County

	n	**% of Eligible Wave 1 Sample (*n* = 111)**	**% of Wave 1 Respondents (*n* = 106)**
Completed Wave 1 interview	106	95.5	100.0
Completed Wave 2 interview	84	75.7	79.2

[5] Note that the calculation of the proportion of Wave 1 respondents who completed a Wave 2 interview includes 3 young people who were effectively ineligible for the Wave 2 study. Two youth asked not to be interviewed at Wave 2 and 1 youth died before the Wave 2 interview.

Among youth in counties other than Los Angeles County, the response rates for young people who were in care at the time of the field period was significantly higher ($p < .01$) than the response rate for young people who were out of care (see Table 2a).

Table 2a. Wave 2 Response Rate by In-Care Status, All Counties Except for Los Angeles County [a]

	Out of Care		In Care	
	n	**%**	***n***	**%**
Eligible for Wave 2 interview	143	100.0	474	100.0
Completed Wave 2 interview	112	78.3	415	87.6

[a] One of the 618 youth eligible for the *Wave 2 Youth Survey* did not grant permission to access administrative data, which is needed to determine their in-care status.

For youth in L.A. County, the response rate was higher for in-care youth than out-of-care youth, but the difference was not statistically significant ($p > .05$; see Table 2b).

Table 2b. Wave 2 Response Rate by In-Care Status, Los Angeles County [a]

	Out of Care		In Care	
	n	**%**	***n***	**%**
Eligible for Wave 2 interview	29	100.0	76	100.0
Completed Wave 2 interview	22	75.9	62	81.6

[a] One of the 106 youth eligible for the *Wave 2 Youth Survey* did not grant permission to access administrative data, which is needed to determine their in-care status.

Table 3a compares several demographic characteristics of youth who participated in the Wave 2 interview with nonparticipants among youth in counties other than Los Angeles County. Overall, the two groups were similar in terms of gender, age at the baseline interview, race, ethnicity, and their placement type at the baseline interview. There were no statistically significant differences between the groups in terms of these characteristics. Similar conclusions were reached among youth in L.A. County, which appears in Table 3b.

Table 3a. Demographic Profiles of Wave 2 Participants vs. Nonparticipants, All Counties Except for Los Angeles County

	Total Wave 1 Sample		Interviewed at Wave 2		Not Interviewed at Wave 2	
	#	%	#	%	#	%
Gender						
Female	364	58.5	318	60.2	46	49.5
Male	257	41.5	209	39.8	48	50.5
Age at Wave 1						
16 years old	35	5.5	29	5.6	6	5.2
17 years old	576	93.0	490	92.9	86	94.0
18 years old	10	1.5	8	1.6	2	0.9
Hispanic						
Yes	261	43.0	223	43.7	38	39.2
No	325	55.9	298	55.4	54	58.2
Don't know/Refused	8	1.1	6	0.9	2	2.6
Race						
White	196	29.2	164	28.9	32	31.4
Black	91	17.2	77	16.8	14	19.0
Asian/Pacific Islander	16	2.3	14	2.2	2	2.6
American Indian/Alaskan Native	22	3.5	18	3.6	4	3.0
Mixed race	267	42.7	230	43.7	37	37.0
Don't know/Refused	29	5.2	24	4.9	5	6.9
Living situation at Wave 1						
Foster home without relatives	291	44.8	249	45.3	42	41.8
Foster home with an adult relative	107	18.8	92	19.0	15	17.6
Group care or residential treatment facility	137	23.4	108	21.8	29	32.4
Legal guardianship arrangement	34	5.4	31	5.8	3	3.0
Adoptive home	11	1.5	11	1.8	0	0.0
Independent living arrangement	26	3.7	24	4.0	2	2.2
Other	14	2.4	11	2.2	3	3.0
Don't know	1	0.1	1	0.2	0	0.0

Table 3b. Demographic Profiles of Wave 2 Participants vs. Nonparticipants, Los Angeles County

	Total Wave 1 Sample		Interviewed at Wave 2		Not Interviewed at Wave 2	
	#	%	#	%	#	%
Gender						
Female	65	61.3	50	59.5	15	68.2
Male	41	38.7	34	40.5	7	31.8
Age at Wave 1						
16 years old	8	7.6	5	6.0	3	13.6
17 years old	97	91.5	78	92.9	19	86.4
18 years old	1	0.9	1	1.2	0	0.0
Hispanic						
Yes	58	54.7	47	56.0	11	50.0
No	46	43.4	36	42.9	10	45.5
Don't know/Refused	2	1.9	1	1.2	1	4.6
Race						
White	14	13.2	11	13.1	3	13.6
Black	21	19.8	17	20.2	4	18.2
Asian/Pacific Islander	2	1.9	1	1.2	1	4.6
American Indian/Alaskan Native	4	3.8	4	4.8	0	0
Mixed race	61	57.6	47	56.0	14	63.6
Don't know/Refused	4	3.8	4	4.8	0	0.0
Living situation at Wave 1						
Foster home without relatives	46	43.4	34	40.5	12	54.6
Foster home with an adult relative	18	17.0	16	19.1	2	9.1
Group care or residential treatment facility	27	25.5	23	27.4	4	18.2
Legal guardianship arrangement	9	9.5	6	7.1	3	13.6
Adoptive home	3	2.8	2	2.4	1	4.6
Independent living arrangement	0	0.0	0	0.0	0	0.0
Other	3	2.8	3	3.6	0	0.0
Don't know/Refused	0	0.0	0	0.0	0	0.0

Survey Weights

As mentioned above, a stratified random sampling design was used to select participants for the baseline interview. Sample weights were created for the baseline survey that took into account features of the sampling design and rates of nonresponse (see Courtney et al., 2014 for more details about the baseline survey weights). The Wave 2 survey weights account for both of these features of the baseline survey as well as nonresponse during the Wave 2 survey. This weighting procedure allows the participants' responses to represent the population of young people in California who are 19 years old and who met the

study's eligibility criteria. Survey weights were not needed in this report to generate descriptive statistics for Los Angeles County, because L.A. County was its own sampling stratum. Thus, participants from Los Angeles County were selected into the study by a simple random sampling process. However, when results from Los Angeles County are compared to results from the other California counties (described below), sample weights were applied to account for differences in the sampling procedure between county strata.

Notes on Tables and Results

The tables in the *CalYOUTH Wave 2 Los Angeles County Report* match the table numbers in the original *CalYOUTH Wave 2 Youth Survey* (Courtney et al., 2016). Some tables have been omitted from the current report to protect the identities of the study participants when the number of respondents was small. The tables were not renumbered so that findings presented in this report can be easily compared to findings from the original *CalYOUTH Wave 2 Youth Survey* report. The following tables were omitted from this report: Tables 23, 29, 30, 37, 41, 49, 51, 52, 65, 85, 87, 90, 91, 94, 95, 96, 97, 99, 100, 101, and 103.

Some items had at least one respondent who provided a "don't know" or "refused" response. A few questions are missing data because a respondent was not asked the question during the interview (e.g., because of a survey administration error or issue with a survey skip pattern). However, most items are missing only a small proportion of data. For items where the proportion of missing data exceeded 10 percent—either due to "don't know" or "refused" responses or because the respondent was not asked the question—a footnote is included at the bottom of the table.

Many questions in the report were asked to a subset of respondents (e.g., youth currently enrolled in college, pregnant females, etc.). When a question was asked to subset of the sample, we indicate this by showing the number of youth for whom the question was intended in parentheses. As we described above, if some of the respondents answered "don't know" or "refused" or were not asked the question, the *n*'s in the table will not sum to the number in the parentheses in the table title.

Comparisons by Gender, In-Care Status, and County

In addition to providing overall estimates for respondents in Los Angeles County, we assessed whether significant differences were present by gender (male vs. female) and in-care status (in foster care at the time of the Wave 2 interview vs. not in care). We also assessed whether significant difference were present between respondents in Los Angeles County and respondents in the rest of the California counties participating in CalYOUTH. The Fischer's exact statistic and p-value threshold are provided throughout

the report to indicate statistically significant ($p < .05$) group differences.[6] For cases where the variable of interest was continuous, an ANOVA test was conducted to identify the presence of between-group mean differences. A similar procedure was used to identify the presence of between-group differences for binary category variables (using a chi-square test instead of an ANOVA test). For comparisons where the variable of interest had multiple categories, we first used a chi-square test to identify the presence of an overall association between the categories of the two variables, and then examined specific categories to identify significant differences. There were situations in which the data were sparse (e.g., analyses involving a small subgroup) and the statistical test results may be unreliable. Thus, when more than 20 percent of data cells had expected counts less than five, we do not report results (McHugh, 2013).

Throughout the report, we only present group differences that are statistically significant ($p < .05$). If no group differences are reported for a given item in the written text, then statistically significant group differences were not found.

Study Limitations

The study's sampling strategy and high response rate means that the descriptive statistics reported below are likely a good representation of foster youth in Los Angeles County, generally, who met the baseline study criteria (Courtney et al., 2014). Nevertheless, several study limitations should be kept in mind when interpreting the findings of the *CalYOUTH Wave 2 Youth Survey L.A. County Report*. First, although nearly 80 percent of young people who participated in the baseline interview also completed Wave 2 interviews, we do not know the extent to which their responses to survey items would differ from those of young people who did participate. As reported above in Table 3b, we did not find any statistically significant ($p < .05$) differences between Wave 2 participants and nonparticipants in L.A. County on a number of demographic characteristics. Second, in some cases, the sample size does not provide adequate statistical power to reliably identify small between-group differences in youth responses. This is especially pertinent to questions that are asked to a subset of respondents (e.g., youth attending vocational school) and to variables that have several categories. Third, the comparison of Los Angeles County versus the other participating counties does not capture important differences between counties in the "other county" group, however, limited statistical power limits our ability to make these comparisons. For example, employment opportunities, availability of affordable housing, and the extent to which youth are involved in foster care court proceedings may vary from one county to the next. Fourth, while young people in extended foster care are important players in the implementation of extended care, their

[6] The F-test is used to examine group differences on a continuous outcome. It tests whether the means of the groups are significantly different from one another. When more than two groups are being compared, a significant F-statistic indicates that at least two (but possibly more) groups differ in their means of the outcome. As explained in footnote 9, regression analyses were used to pinpoint which groups were significantly different from one another.

perspective is not the only one that should inform implementation efforts. The views of other observers—such as the caseworkers—might differ significantly from those reported here. The CalYOUTH surveys of caseworkers, reported separately, provide their perspectives on many of the topics reported here (Courtney et al., 2016). Lastly, implementation of extended foster care in California remains a work in progress; this report represents a snapshot of implementation efforts less than four years into a process that is still ongoing.

Results

Individual Characteristics and Family Background

As seen in Table 4, most of the youth were 19 years old at the time of their Wave 2 interview. About three-fifths of the youth were female and more than half identified as Hispanic. The largest proportion of respondents identified as being more than one race, followed by African American and White. Most youth spoke English at home, while about one in six young people spoke Spanish.

County differences were found for race and language spoken at home. Compared to other counties, L.A. County had a larger proportion of African American youth (37.3% vs. 18.4%) and a smaller proportion of White youth (13.3% vs. 33.8%, $F = 14.1$, $p < .001$). A greater proportion of respondents in L.A. County than respondents in other counties spoke Spanish (16.7% vs. 5.3%, $F = 14.1$, $p < .001$).

Table 4. Demographic Characteristics

	#	%
Gender		
Female	50	59.5
Male	34	40.5
Age		
19 years old	82	97.6
20 years old	2	2.4
Hispanic	46	54.8
Race [a]		
White	10	13.3
African American	28	37.3
Asian/Pacific Islander/ American Indian/Alaskan Native	4	5.3
Mixed race	33	44.0
Language spoken at home		
English	70	83.3
Spanish	14	16.7
Other	0	0

[a] Item missing 10.7% due to "don't know/refused" responses.

Table 5 presents information about the current foster care status of the youth. About 74 percent of respondents were in foster care at the time of their Wave 2 interview, which included youth who had never left care since their baseline interview and youth who had left care but came back. The remaining 26 percent were not in foster care when they were interviewed. Among youth who had left care, 53 percent exited care when they were 18 years old and 42 percent exited care when they were 19 years old. The rest exited care when they were 17 years old. The young people who were not in foster care at the time of the interview were asked about the circumstances surrounding their exit from care. The largest proportion of youth left care by their own request, followed by young people who exited to legal permanency (reunification, adoption, or guardianship) and youth who ran away. About 14 percent of youth described the circumstances in which they left care in a way other than the available response options, such as having other people they were going to live with (e.g., got married, moved in with their partner, moved in with family) or joining the military. Youth who decided to exit care by their own request or who left care without permission were asked to identify the most important reason that motivated their decision to leave. Not wanting to deal with some aspect of the foster care system (i.e., caretakers, social workers, or court system) was reported as the main reason for about 60 percent of the youth; another common response was the desire for more freedom or the intention to live with their biological parent(s) or partner. One of the youth described his or her reason in a different way.

Table 5. Current Foster Care Status

	#	%
In care at Wave 2 (remained in care since Wave 1)	53	63.1
In care at Wave 2 (left care after Wave 1, but decided to come back)	9	10.7
Not in care at Wave 2	22	26.2
Among respondents who were not in care at the Wave 2 interview (n = 22)		
Age at discharge[a]		
17 years old or younger	1	5.3
18 years old	10	52.6
19 years old	8	42.1
How youth left care		
Reunification with parent(s)	5	22.7
Adoption or discharge to a legal guardian	2	9.1
Runaway and discharged while away	4	18.2
Incarceration in jail or prison and discharged from there	1	4.6
No longer meeting the requirements to stay in care after age 18	0	0
By own request, no longer wanted to remain in care	7	31.8
Other	3	13.6
Most important reason in decision to leave care (n = 10)[b]		
Wanted to be on own and wanted more freedom	1	10.0
Did not want to deal with social workers anymore	1	10.0
Wanted to live with biological parent(s)	1	10.0
Wanted to join the military	0	0
Did not want to deal with the court system anymore	2	20.0
Wanted to live with girlfriend/boyfriend	1	10.0
Did not want to deal with foster parents/group home staff anymore	3	30.0
Other	1	10.0

[a] Item missing 13.6% due to "don't know" responses.
[b] Includes youth who decided to exit foster care on their own (i.e., "runaway and discharged while away" and "by own request, no longer wanted to remain in care"). One youth was not asked this question because they reported "other" to the previous question about how they left care, but their description could be recoded as "by own request, no longer wanted to remain in care."

Youth were asked about documents they had in their possession. As seen in Table 6, youth most frequently reported having a social security card and a birth certificate. A little over three-quarters of youth had another form of state identification, more than two-fifths had proof of citizenship or residency, and nearly a quarter had a driver's license.

Youth in care were more likely than youth out of care to have proof of citizenship or residency (50.0% vs. 22.7%, $\chi^2 = 4.9$, $p < .05$). Differences were found between L.A. County and other counties in terms of the official documents youth possessed. Youth from L.A. County were more likely than youth from other

counties to possess a social security card (94.1% vs. 85.0%, $F = 5.1$, $p < .05$) and to have proof of citizenship or residency (42.9% vs. 30.0%, $F = 5.5$, $p < .05$).

Table 6. Documents Currently in Youths' Possession

	#	%
Social security card	79	94.1
Birth certificate	72	85.7
Proof of citizenship/residency	36	42.9
Driver's license	20	23.8
Other state identification	64	76.2

Table 7 presents information about the youths' birth family. Most youth reported that their birth mother was still alive. Just under 17 percent of the young people reported not knowing if their birth father was still living, and among those who did know, a little over three-quarters reported that he was still living. About 90 percent of youth had one or more brothers/stepbrothers, and 85 percent had at least one sister/stepsister.

Table 7. Birth Family

	#	%
Birth mother still alive	72	85.7
Birth father still alive[a]	54	77.1
Number of brothers (including half-brothers and stepbrothers)		
0	8	9.6
1	13	15.7
2	21	25.3
3 or more	41	49.4
Number of sisters (including half-sisters and stepsisters)		
0	12	14.3
1	17	20.2
2	20	23.8
3 or more	35	41.7

[a] 14 youth reported that they did not know if their birth father was still alive.

Household and Living Arrangement

Table 8 presents the housing situations of youth since they were last interviewed for the study. Due to a programing error, 13 youth in Los Angeles County were not asked these questions during their interviews. Among respondents who were asked the questions, close to one-third had not changed housing situations since their baseline interview. Most youth who had changed housing situations only lived in one or two different places. Among those who lived in at least one other place since their first

interview, the average number of places they lived was 2.6 (*SD* = 2.8). Youth who had changed housing situations since their last interview were asked to report about all of the different types of places they have lived. Less than half of these youth had lived in their own place, less than half reported living in the home of a relative other than their birth parents or stepparents, and about a quarter reported living with a birth parent or stepparent. Youth lived in a variety of other types of housing situations, two of the most common being in a residence with foster parents or friends.

Housing situation differences were found by care status. Among youth who had lived in another place since their first interview, youth in care were less likely than youth not in care to have lived in the home of a birth parent or stepparent (12.1% vs. 47.1%, $\chi^2 = 7.5$, $p < .01$).[7]

[7] Recall that the proportion of in-care youth who reported having lived in the home of a birth parent/stepparent (12.2%) includes both young people who remained in care since Wave 1 and young people who left and reentered care. When analyzed separately, youth who left care and came back were significantly more likely than youth who stayed in care since Wave 1 to report having lived with birth parents/stepparents since the last interview (29.0% vs. 8.1%, $F = 15.0$, $p < .001$). It is worth noting that a youth's report that they had lived with a parent or stepparent at some point while in extended care does not necessarily imply that they were in violation of extended care provisions prohibiting youth from residing with a parent from whose care they had been removed due to parental abuse or neglect. It is possible that the parent or stepparent in question was never party to the youth's juvenile court dependency proceedings.

Table 8. Housing Situation Since Last Interview (n = 84)[a]

	Overall	
	#	%
Number of additional places lived		
Still living in same place	21	29.6
1 place	15	21.1
2 places	19	26.8
3 places	7	9.9
4 places	3	4.2
5 or more places	6	8.5
Among youth not still living in same place, type of place(s) lived (can select more than one) (n = 50 youth)		
Own place (house/apartment/trailer)	22	44.0
Own room in a motel, hotel, or single room occupancy	12	24.5
Home of a birth parent or stepparent	12	24.0
Home of another relative	22	44.0
Home of a former foster parent	10	20.0
Home of a foster parent	13	26.0
Home of a spouse/partner	7	14.0
Home of a friend	13	26.0

[a] Due to a programming error, a total of 13 youth were not asked these questions at the time of the interview.

A number of studies have found that former foster youth experience homelessness at higher rates than the general population (Curry & Abrams, 2015). However, the estimates of how many foster youth have experienced homelessness vary due to differences in the age at which respondents were interviewed and how the researchers defined homelessness. Courtney and colleagues (2005) found that, at age 19, 14 percent of foster care youth had experienced homelessness since discharge from the foster care system. Fowler, Toro, and Miles (2009) followed 265 foster youth for two years immediately after they exited foster care in order to measure their housing stability. Twenty percent of the youth reported chronic homelessness, which was defined as having an enduring pattern of unstable housing or actual homelessness for their first two years out of care. Reilly (2003) interviewed 100 youth aged 18 to 25 years old who had been out of care at least six months about their living arrangements since leaving care. Thirty-six percent of the participants reported that there were times when they did not have somewhere to live, which resulted in them having to live on the streets or in a homeless shelter. Berzin and colleagues (2011) used National Longitudinal Survey of Youth 1997 data to measure whether negative housing outcomes are attributable to foster care history or if they are due to other risk factors. They compared former foster youth to a matched sample of youth who shared similar risk factors and to an unmatched

sample of youth. They found that former foster youth were at higher risk than the two samples for experiencing homelessness, experiencing housing instability, and living in poor quality neighborhoods.

Table 9 presents youths' experiences with homelessness and couch surfing. Almost one-fifth of youth reported being homeless (i.e., slept in a homeless shelter or in a place where people were not meant to sleep because they had no place to stay) for one night or longer since their last interview. Among youth who had been homeless, the majority reported that their longest episode of homelessness was between two days and a month long. Almost a quarter of youth had couch surfed since their last interview. Among youth who had couch surfed, most reported that their longest episode was between two nights and a month long.

There were care status differences in experiences of couch surfing. In-care youth were much less likely than out-of-care youth to report that they had ever couch surfed since their last interview (16.1% vs. 40.9%, $\chi^2 = 5.7$, $p < .05$).

Table 9. Homelessness and Couch Surfing (*n* = 84)

	Overall	
	#	%
Ever been homeless (since last interview) [N]	16	19.1
Age first time homeless since last interview (*n* = 16)		
17	3	18.8
18	5	31.3
19	8	50.0
Number of times of homeless since last interview (*n* = 16)		
1 time	8	50.0
2 times	3	18.8
3 times	0	0
4 times	1	6.3
5 or more times	4	25.0
Longest episode of homelessness since last interview (*n* = 16)		
1 night	3	18.8
2 to 7 nights	8	50.0
8 to 30 nights	3	18.8
31 to 90 nights	2	12.5
More than 90 nights	0	0
Total days homeless since last interview (*n* = 16)		
1 day	3	18.8
2 to 7 days	6	37.5
8 to 30 days	4	25.0
31 to 90 days	3	18.8
Ever couch surfed (since last interview)	19	22.6
Number of times of couch surfed since last interview (*n* = 19)		
1 time	7	36.8
2 times	2	10.5
3 times	4	21.1
4 times	0	0
5 or more times	6	31.6
Longest episode of couch surfing (*n* = 19)	0	0
1 night	1	5.3
2 to 7 nights	7	36.8
8 to 30 nights	7	36.8
31 to 90 nights	3	15.8
More than 90 nights	1	5.3

Total days of couch surfing (*n* = 19)		
1 day	0	0
2 to 7 days	8	42.1
8 to 30 days	4	21.1
31 to 90 days	5	26.3
More than 90 days	2	10.5

[N] = NYTD survey question.

Table 10 reports the current living situations of youth who were still in care at the time of the interview. The three most common living situations were Supervised Independent Living Placements (SILPs)[8], homes of relatives, and foster homes with an unrelated parent.

Table 10. Current Living Situation for Respondents in Care (*n* = 62)

Living situation	**#**	**%**
Home of a relative	17	27.4
Home of nonrelated extended family member	6	9.7
Foster home with an unrelated foster parent	10	16.1
Group home or residential treatment center	0	0
Transitional Housing Placement Program (THP-PLUS Foster care)	3	4.8
Supervised Independent Living Placement (SILP)	25	40.3
Other	1	1.6

Table 11 presents the current living situation of youth who were out of care at the time of the interview. The three most common places out-of-care youth were living were in the home of relatives other than their birth parents, their own place, and a living arrangement other than the ones listed.

[8] A SILP is the least restrictive placement option for nonminor dependents. SILPs include a living setting that has been approved by the youth's county social worker, and includes placements such as private market housing (e.g., apartments, renting a room, single room occupancies) and college dorms (California Fostering Connections to Success, 2016).

Table 11. Current Living Situation for Respondents Out of Care (*n* = 22)

	#	%
Own place (apartment, house, trailer, etc.)	3	13.6
Own room in a motel, hotel or single room occupancy	1	4.6
In home of birth parent(s)	2	9.1
In home of another relative(s)	7	31.8
In home of former foster parent(s)	0	0
In home of foster parents(s)	0	0
In home of spouse/partner	2	9.1
In home of a friend or friends	1	4.6
Group home or residential treatment center	0	0
Dormitory	0	0
Hospital, treatment or rehab facility	0	0
Jail, prison, or other correctional facility	0	0
Homeless (have no regular place to stay)	1	4.6
Other	5	22.7

As displayed in Table 12, youth were asked about the individuals with whom they were currently residing. Over 90 percent of youth reported living with at least one other person. Among youth living with others, most lived with two or more people; the average number of other people who resided with the youth was 3.0 (*SD* = 1.7). Most of the other residents were over the age of 18 (Mean = 2.1, *SD* = 1.2). About half of the youth not living alone lived with someone under the age of 18 (Mean = 0.8, *SD* = 1.1), and about a third lived with children under the age of 10 (Mean = 0.7, *SD* = 0.8).

Table 12. Individuals Residing with the Youth[a]

	#	%
Living situation (n = 83)[ab]		
Living alone	6	7.2
Living with others	77	92.8
Among youth living with others (n = 77)		
Number of people living with respondents		
1 person	19	24.7
2 people	12	15.6
3 people	18	23.4
4 people	17	22.1
5 or more people	11	14.3
Number of people over 18 years old living with respondents (n = 77)		
None	0	0
1 person	29	37.7
2 people	21	27.3
3 people	17	22.1
4 people	8	10.4
5 or more people	2	2.6
Number of people under 18 years old living with respondents (n = 77)		
None	38	49.4
1 person	21	27.3
2 people	12	15.6
3 people	5	6.5
4 people	0	0
5 or more people	1	1.3
Children under 10 years old living with respondents (n = 77)	24	31.2

[a] Excludes youth who are homeless, who are currently placed in a hospital, treatment, or rehab facility, and who are currently in jail, prison, or another correctional facility.
[b] One respondent said they did not know the number of people who are living with them, and were not asked questions about the number of people over 18, under 18, and their relationship to these people.

Table 13 displays information about the relatives and significant others residing with youth. About 60 percent of youth reported living with a relative or significant other (*Mean* = 1.4, *SD* = 1.7). Among the people who were residing with the youth, the most common coresidents were siblings or stepsiblings, romantic partners and spouses of youth, grandparents, and uncles or aunts. Youth in L.A. County were less likely than youth in other counties to report living with their child (8.9% vs. 21.8%, $F = 3.9$, $p < .05$).

Table 13. Relatives and Significant Others Residing with the Youth

	Overall	
	#	%
Number of people living with youth and related by blood, marriage, or who are youth's significant other (n = 77)[a]		
None	31	40.8
1 person	16	21.1
2 people	11	14.5
3 people	10	13.2
4 people	4	5.3
5 or more people	4	5.3
Among youth living with one or more relatives/significant others, youth's relation to these individuals (n = 78 individuals the youth was living with)		
Husband/wife	0	0
Partner/boyfriend/girlfriend	14	31.1
Son/daughter	4	8.9
Sibling/stepsibling	19	42.2
Sibling's partner/spouse	0	0
Mother	5	11.1
Father	4	8.9
Parent's partner/spouse	0	0
Father-in-law/mother-in-law	1	2.2
Grandparent	9	20.0
Uncle/aunt	9	20.0
Cousin	6	13.3
Nephew/niece	2	4.4
Other relative	4	8.9
Nonrelative	1	2.2

[a] One respondent said they did not know the number of people who are living with them, and were not asked questions about the number of people over 18, under 18, and relationship to these people.

Experiences in Care

Table 14 displays information about youths' contact with their county child welfare worker. Just over two-thirds of the youth reported having at least 12 face-to-face visits with their case worker in the past year (one visit per month or more). Phone contacts were less frequent, with a little more than half of the youth speaking with the social worker on the phone fewer than 12 times in the past year. Since youth who were in care at the time of the Wave 2 interview includes some young people who left care and then came back (and thus may not have been in care for the entire past 12 months), the right column of Table 14 presents findings for just youth who never left care. After removing these youth from the analysis, the proportion of youth who had less than 12 visits dropped slightly while the proportion of youth who had 12 visits increased slightly.

Table 14. Experience with County Caseworkers

	All Youth In Care at the Wave 2 Interview (*n* = 62)[a]		**Youth In Care at Wave 2 Who Did Not Leave Care Since Wave 1 (*n* = 53)**	
	#	**%**	**#**	**%**
Number of face-to-face visits with child welfare worker in the last year				
0 visits	0	0	0	0
1 to 11 visits	18	29.0	14	26.4
12 visits (about once per month)	32	51.6	29	54.7
13 to 23 visits	6	9.7	4	7.6
24 or more visits	6	9.7	6	11.3
Number of phone calls with social worker in the last year				
0 calls	8	13.3	8	15.1
1 to 11 calls	24	40.0	19	35.9
12 calls (about once per month)	9	15.0	8	15.1
13 to 23 calls	8	13.3	6	11.3
24 or more calls	11	18.3	10	18.9

[a] Includes youth who were in care at the time of the interview (i.e., "still in care" and "left care, but decided to come back").

Table 15 displays the experiences with courts, attorneys, and judges of youth still in care at the time of the interview. One-fifth of the youth reported never having face-to-face visits or phone calls with their attorney in the past year, and another eight percent of youth had only one face-to-face visit or phone call with their attorney. The majority of youth had two or more contacts with their attorney in the past year.[9]

[9] Similar to Table 14, we also examined the frequency of youths' contact with their attorney in the past 12 months among youth who had not left care since Wave 1 (and had thus been in care for the entire past 12 months). The proportions for this analysis

In general, youth with an open court case reported being satisfied with information they received from their attorney about their case. Four-fifths of youth were ever asked to attend court proceedings about extended foster care and a little over three-fifths ever attended court proceedings about extended care. Among youth who ever attended an extended foster care proceeding, more than half indicated they felt they were included in courtroom discussion "a lot" and the majority of the youth felt that their attorney represented their wishes in court well. Only small proportions of youth expressed dissatisfaction with their courtroom inclusion and legal representation. County differences were found. Youth in L.A. County reported having an average of 1.6 more face-to-face visits with their attorney in the past year than youth in other counties (2.8 vs. 1.9, $F = 5.5$, $p < .05$).

were nearly the same as the proportions reported in Table 15. No significant differences were present for youth who remained in care versus youth who had left and reentered care in terms of the number of attorney contacts in the past year.

Table 15. Experience with Courts, Attorneys, and Judges (*n* = 62)[a]

	#	%
Number of face-to-face visits or phone calls with attorney in the last year		
0 visits or calls	12	19.4
1 visit or call	5	8.1
2 visits or calls	21	33.9
3 visits or calls	9	14.5
4 visits or calls	4	6.5
5 or more visits or calls	11	17.7
Satisfaction with information received from attorney		
Very satisfied	26	41.9
Somewhat satisfied	23	37.1
A little satisfied	7	11.3
Not at all satisfied	5	8.1
I do not have an open court case right now	1	1.6
Ever asked to attend court proceedings about extended foster care	50	80.7
Ever attended court proceedings about extended foster care	39	62.9
Among youth who ever attended an extended foster care court proceeding (*n* = 39)		
When attended court, judge addressed respondent directly	33	84.6
Felt included in courtroom discussions		
A lot	23	59.0
Some	9	23.1
A little	6	15.4
None	1	2.6
Attorney represented respondent's wishes		
Very well	23	59.0
Fairly well	11	28.2
Neither well nor poorly	2	5.1
Fairly poorly	0	0
Very poorly	3	7.7

[a] Includes youth who were in care at the time of the interview (i.e., "still in care" and "left care, but decided to come back" in the previous question).

In recent years, there has been growing concern about whether older adolescents in foster care are excluded from participation in developmentally appropriate activities due to their placement in care. This has contributed to the development of "reasonable and prudent parenting" standards for foster care providers to follow in order to ensure foster children's health and safety while allowing them to take

advantage of opportunities normally afforded to children.[10] Youth were asked to recall activities they missed after reaching the age of 16 because of their involvement in foster care, which are reported in Table 16. Due to an error with the survey administration, four youth were not asked these questions. Among those who responded, the most commonly reported missed activities were not being able to have a friend stay at the house, followed by not being able to stay over at a friend's house, and not being allowed to be left alone at home. Youth in L.A. County were more likely than youth in other counties to report ever being not allowed to have a friend stay at their house (62.5% vs. 47.8%, $F = 5.9$, $p < .05$).

Table 16. Missed Activities After Reaching Age 16 Due to Foster Care Involvement ($n = 80$)[a]

	#	%
Ever prevented from participating in sports, clubs, or other out-of-school activities because respondent was in care	15	18.8
Ever prevented from working because respondent was in care	10	12.5
Ever prevented from getting a driver's license/permit because respondent was in care	10	12.5
Ever prevented from accepting a ride from an adult because respondent was in care	14	17.5
Ever unable to stay over at a friend's house because respondent was in care	39	48.8
Ever unable to have a friend stay at house because respondent was in care	50	62.5
Ever not allowed to be left alone at house because respondent was in care	32	40.0

[a] Due to an error with the survey administration, four, youth were not asked these questions.

Despite difficulties associated with identifying as a foster youth and the uncertainty of life after care, a majority of these young adults remain optimistic about the future (Courtney, Terao, & Bost, 2004; Courtney et al., 2007; Samuels & Pryce, 2008). Research suggests that many foster youth hold a positive outlook on their future despite histories of trauma, and some researchers have found that this optimism is associated with lower levels of mental health problems and engagement in risky behavior (Cabrera, Auslander, & Polgar, 2009). In the Midwest Study, about 90 percent of respondents reported being "fairly" or "very" optimistic about their future when they were interviewed at both 17 and 21 years of age (Courtney et al., 2004; Courtney et al., 2007). These high rates of positive life outlook are consistent with findings from qualitative studies of older and former foster care youth. For example, Unrau, Seita, and Putney (2008) reported former foster youth recall the experience of transitioning into new placements as a chance to hope for something better. Participants in a qualitative study by Iglehart and Becarra (2002) maintained high hopes and dreams around their abilities to succeed in future education and employment.

[10] For more information about California's reasonable and prudent parent standards, see All County Information Notice NO. I-17-13 from the California Department of Social Services: http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2013/I-17_13.pdf

When asked about their optimism about their future hopes and goals (see Table 17), most youth reported being "very optimistic" and only five percent reported being "not too optimistic" or "not at all optimistic."

Table 17. Optimism about the Future

Extent to which respondent is optimistic when asked to think about personal hopes and goals for the future	#	%
Very optimistic	54	64.3
Fairly optimistic	26	31.0
Not too optimistic	2	2.4
Not at all optimistic	2	2.4

Perspectives on Foster Care in California

The Fostering Connections to Success and Increasing Adoptions Act authorizes the use of federal dollars to pay for foster care services in states that have extended the age limit past 18 years old. Given the recent implementation of this law, and the fact that prior to this legislation few states allowed youth to stay in care past 18, it is not surprising that little is known about the perspectives of foster youth regarding extended foster care or about the factors influencing whether youth stay in care past the age of majority. A study by McCoy, McMillen, and Spitznagel (2008) followed 404 youth in the Missouri foster care system from ages 17 to 19. At the time of the study, Missouri allowed young people to remain in care past age 18. The researchers found that 210 participants (52%) had exited care by age 19. While 46 percent of these young people reported that leaving care was their own idea, over half said that their decision was based on recommendations made by caseworkers, judges, or family, or for other reasons. About 90 percent of the young people who left care said they had wanted to leave the system, and they expressed different motivations for leaving. While some participants reported wanting to leave to gain more independence (28%), others left because they were unhappy with the system of care (39%) or lacked access to appropriate services meant to be available through designated service delivery agencies (22%). Interestingly, even after controlling for the individual factors they found to be associated with the likelihood that youth would remain in care after age 17, McCoy and colleagues (2008) found that the likelihood of early exit was much higher in some regions of Missouri than in others, suggesting that factors operating at the child welfare system level also influence whether youth take advantage of extended foster care. Using foster care administrative records, juvenile court records, and US Census data, Peters (2012) studied potential sources of variability in the likelihood that youth remained in care past age 17 in Illinois. The study followed a sample of 12,272 youth who had been in care for at least a year at age 17 due to a juvenile court dependency order. The youth were followed through age 21. Nearly three-quarters of the Illinois youth (74.1%) remained in care through their 19th birthday, and nearly half

(47.5%) remained in care to age 21. Peters (2012) concluded that, while individual-level characteristics accounted for a small amount of variability in youth's likelihood of remaining in care, regional administrative factors, particularly the functioning of county juvenile courts, played a much larger role.

As seen in Table 18, youth were asked about their experience preparing for the transition to adulthood, focusing on their involvement in the development of an independent living plan and the extent to which they were made aware of the eligibility requirements for remaining in care after their 18th birthday. About three-fourths of the youth felt that they were involved in the development of their transitional independent living plan (TILP).[11] Among these youth, a little more than a third felt that they led the development of their plan, and almost two-fifths felt that they were involved but did not lead the plan development. The remaining one-fourth of youth said that they were either not involved in the development of their TILP or were unaware of the plan.[12] The majority of young people reported that they were informed about what they needed to do to be eligible to stay in care after 18 by child welfare professionals. In addition to the development of the TILP, youth were also asked more generally about their satisfaction with team meetings they participated in to help them decide about staying in foster care past age 18, develop plans for independent living, or make decisions about their future. Most youth reported being "satisfied" or "very satisfied" with team meetings they participated in to help them decide about staying in foster care past 18, although just over 20 percent reported not being involved in team meetings. Youth in care were more likely than youth not in care to report being talked to about eligibility requirements for extended foster care by their case manager, social worker, probation officer, or independent living plan worker before they turned 18 (95.2% vs. 54.6%, $\chi^2 = 20.5$, $p < .001$).

[11] TILPs are plans developed by the social worker, youth, and county social worker to describe the youth's current level of functioning, identify emancipation goals, and identify services, activities, and individuals that will assist the youth in achieving self-sufficiency. TILPs are first developed when the youth is age 16, and under the Fostering Connections law a TILP is developed when a young person enters extended foster care at age 18 (and is revised every six months thereafter) (California Social Work Education Center, 2016).

[12] Some of the young people who were unaware of their independent living plan may have left care before an independent living plan was developed (e.g., youth who ran away).

Table 18. Experience Preparing for the Transition to Adulthood

	Overall		Out of care		In care	
	#	%	#	%	#	%
Role youth played in development of their transitional living plan (TILP)[N]						
I led the development of my independent living plan.	30	35.7	4	18.2	26	41.9
I was involved in the development of my independent living plan, but did NOT lead it.	32	38.1	6	27.3	26	41.9
I was NOT involved in the development of my independent living plan.	10	11.9	6	27.3	4	6.5
I am not aware of my independent living plan	12	14.3	6	27.3	6	9.7
Before turning 18, case manager, social worker, probation officer, or independent living plan worker talked to youth about eligibility requirements for extended foster care	71	84.5	12	54.6	59	95.2
Satisfaction with team meetings to help youth decide about staying in foster care past 18, develop IL plan, or make other decisions about future						
Very satisfied	20	23.8	1	4.6	19	30.7
Satisfied	41	48.8	9	40.9	32	51.6
Dissatisfied	5	6.0	1	4.6	4	6.5
Very dissatisfied	0	0	0	0	0	0
Was not involved in team meetings	18	21.4	11	50.0	7	11.3

[N] = NYTD survey question.

Table 19 presents information on the activities youth were involved in to meet extended foster care eligibility requirements, and thus only includes youth who were in care at the time of the interview. Most youth reported meeting the extended care requirement by being enrolled in school, followed by employment and partaking in activities to gain employment or removing barriers to employment. About three in four youth thought it was "easy" or "very easy" to meet the requirements to stay in extended foster care. In terms of whether extended care is helping youth with their independence, education, and employment goals, a majority of youth reported extended care has helped "a lot" with their independence and education goals, while less than seven percent of them reported that it was "not at all" helpful. For employment goals, 40 percent reported that extended care has helped "a lot," while less than 10 percent of youth reported that it was "not at all helpful." A little more than two-fifths of youth reported their case manager has provided "a lot" of support in working to meet their goals during their time in extended foster care.

Table 19. Experience of Extended Foster Care (*n* = 62)[a]

	Overall	
	#	%
Primary activity youth is doing to be eligible for extended foster care		
Attending school	38	61.3
Employed	11	17.7
Doing activities to gain employment or remove barriers to employment	9	14.5
Medical condition	0	0
No activities	4	6.5
How easy is it to meet requirements to stay in extended foster care		
Very easy	20	32.3
Easy	27	43.6
Neither easy nor hard	11	17.7
Hard	2	3.2
Very hard	2	3.2
How much staying in extended foster care is helping youth make progress towards goal of independence		
A lot	37	59.7
Some	19	30.7
A little	2	3.2
Not at all	4	6.5
How much staying in extended foster care is helping youth make progress towards educational goals		
A lot	38	61.3
Some	17	27.4
A little	3	4.8
Not at all	3	4.8
I don’t have educational goals	1	1.6
How much staying in extended foster care is helping youth make progress towards employment goals		
A lot	25	40.3
Some	25	40.3
A little	4	6.5
Not at all	5	8.1
I don’t have employment goals	3	4.8
How much do youth feel their case manager has supported them in working to meet goals during their time in extended foster care		
A lot	27	43.6
Some	19	30.7

A little	9	14.5
Not at all	7	11.3

[a] Includes youth who were in foster care at the time of the interview.

Table 20 displays the perceptions of services received while in extended foster of youth who were in care at the time of the interview. Youth were asked the following question: "Which service of the After 18 program or extended foster care do you think is providing you with the most support to reach your goals?" The most common services that youth mentioned were support from professionals like social workers, probation officers, and ILP staff; independent living services; support from caregivers or mentors; and housing/placement assistance. Responding to a similarly worded question about foster care services that had not provided them with enough support to reach their goals, almost two-fifths answered "none", followed by one-fifth of the youth who reported professionals like social workers, probation officers, and ILP staff. The majority of youth reported being "satisfied" or "very satisfied" with their current living situation, and less than one in ten were "dissatisfied" or "very dissatisfied."

Table 20. Views on Extended Foster Care Services (*n* = 62)[a]

	#	%
Extended foster care service that is providing youth with the most support to reach their goals		
Housing/placement	7	11.3
Independent living services	12	19.4
Educational services	2	3.2
Employment services	1	1.6
Case management/Social worker/Probation officer/ILP worker	19	30.7
Caregiver or mentor	7	11.3
Financial support	6	9.7
Other	2	3.2
None	6	9.7
Extended foster care service that did not provide youth with enough support to reach their goals		
Housing/placement	5	8.3
Independent living services	3	5.0
Educational services	3	5.0
Employment services	5	8.3
Case management/Social worker/Probation officer/ILP worker	13	21.7
Caregiver or mentor	3	5.0
Financial support	4	6.7
Other	1	1.7
None	23	38.3
Satisfaction with current living situation		
Very satisfied	16	25.8
Satisfied	35	56.5
Neither satisfied nor dissatisfied	5	8.1
Dissatisfied	4	6.5
Very dissatisfied	2	3.2

[a] Includes youth who were in foster care at the time of the interview.

Youth who were residing in a supervised independent living placement or transitional housing placement program were asked about their views of SILPs and transitional housing placements (THP-Plus and THP-Plus FC), which are reported in Table 21. A little more than half of the youth said the independent living services they received before moving into a SILP or transitional housing placement prepared them "well" or "very well" to live on their own, budget money, pay bills, buy food, and cook. Just over three-fifths of youth living in a SILP that was not a dorm reported that their monthly budget covered rent and other bills and expenses, while the remaining two-fifths stated that their budget does not always cover these expenses. Most of the youth reported paying less than $600 per month for rent, but a little over a quarter paid over $800 per month.

Table 21. Views on SILPs and THP-Plus/THP-Plus FC (*n* = 27)[a]

	#	%
Extent to which ILP services received before moving into a SILP or THP + FC prepared youth to live on own, budget money, pay bills, buy food, and cook		
Very well	11	40.7
Well	4	14.8
Okay	6	22.2
Poorly	3	11.1
Very poorly	3	11.1
If in a SILP that is not a dorm, how often monthly budget covers rent and other bills and expenses such as utilities, telephone, transportation, and food		
Every month	16	61.5
Most months	2	7.7
Some months	7	26.9
Never	1	3.9
Monthly amount paid for rent		
$150 to $299	5	20.0
$300 to $449	3	12.0
$450 to $599	8	32.0
$600 to $800	2	8.0
More than $800	7	28.0

[a] The questions in this table were asked just to youth residing in a supervised independent living placement (SILP) or transitional housing placement program (THP-Plus or THP-Plus Foster Care).

As seen in Table 22, among youth who were in care at the time of interview, about one in seven had ever exited and then reentered care after age 18. Among the reasons youth reported for returning to care were the need for financial help to pay rent or other living expense, wanting help with finding a place to live, wanting support from a case manager/previous caregiver/other adult, and wanting other services.

Table 22. Foster Care Exit and Reentry after Age 18 (*n* = 62)[a]

	#	%
After age 18, ever exited and then reentered extended foster care	9	14.5

[a] Includes youth who were in foster care at the time of the interview.

A few questions also captured the views of youth who were no longer in foster care at the time they were interviewed (*n* = 22). A little less than one-third reported that they were in foster care after age 18 at some time. Among those who had been in extended care (*n* = 7), the reasons for exiting care included wanting to live on their own, wanting to live with their biological parent(s), wanting to live in a housing situation that was not approved as a SILP, and because someone told them not to. When the youth who had ever been in extended care were asked if they knew what to do if they wanted to reenter foster care, about three-quarters said that they did.

Education

Compared to their peers in the general population, foster youth transitioning to adulthood have been found to exhibit notable educational deficits (Blome, 1997; California College Pathways, 2015; Courtney et al., 2005; Frerer, Sosenko, & Henke, 2013). Both individual factors—such as a history of abuse or neglect—and systematic factors—such as foster youth being concentrated in low-performing schools—can place them at greater risk for poor educational attainment (Frerer et al., 2013; Pecora, 2012; Smithgall, Gladden, Howard, Goerge, & Courtney, 2004). For example, in a recent study of 4,000 youth involved with the California foster care system who were enrolled in high school between 2002 and 2007, less than half of these youth had completed high school by 2010 (45%) compared to 79 percent of the general population of students (Frerer et al., 2013). Similar findings emerged in the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study), which followed 732 youth in foster care in Illinois, Iowa, and Wisconsin from the time they were in care at age 17 through age 26 (Courtney et al., 2005). Over one-third of the current and former foster youth had neither a high school diploma nor a GED at the age of 19, compared to about one-tenth of same-aged peers in the general population.

Since college enrollment is strongly associated with high school completion, it is unsurprising that foster youth continue to lag behind their peers in terms of postsecondary education (Frerer et al., 2013). Numerous studies have found that foster youth aspire to graduate from college at the same rates as other young people (Courtney, Terao, & Bost, 2004; McMillen, Auslander, Elze, White, & Thompson, 2003; Reilly, 2003). Despite their aspirations, foster youth enroll and persist in college at lower rates than their peers. According to a report completed by California College Pathways (2015), first-time students in foster care were less likely to enroll in college within a year of high school graduation compared to their nonfoster youth peers. Additionally, Courtney and colleagues (2005) found that former and current foster youth participating in the Midwest Study were significantly less likely than their same age peers to be

enrolled in college at age 19. For example, only 24 percent of the former or current foster youth participants in the study were enrolled in a 2-year or 4-year college compared to 57 percent of Add Health participants. Eighteen percent of the former and current foster youth participants that were enrolled in school were enrolled in a 4-year college. This compares to 62 percent of similarly aged peers from the Add Health Study. When examining foster youth who had a high school degree or GED, young people who remained in care at age 19 were more than three times as likely to be enrolled in a 2- or 4-year college than young people who had exited care (Courtney et al., 2005). Frerer and colleagues (2013) found that foster youth were less likely to enroll in community college than general population youth (43% vs. 59%).

Unfortunately, even after making it to college, many foster youth continue to face challenges. A study of Michigan State University students found that former foster youth are significantly more likely to drop out of college before the end of their first year than their first-generation peers that had not been in foster care (Day, Dworsky, Fogarty, & Damashek, 2011). Additionally, researchers have found that former foster youth had lower GPAs and were more likely to have dropped a course by the end of their first semester than freshmen at the same university who had never been in care (Unrau, Font, & Rawls, 2012).

Studies have also shown that educational attainment is an important predictor of employment outcomes for foster care youth, which underscores the importance of supporting educational attainment (Hook & Courtney, 2011). Foster youth with lower levels of educational attainment tend to have lower rates of employment and earnings than foster youth who have completed more education (Okpych & Courtney, 2014; Salazar, 2013). Some scholars have found that extended foster care may promote postsecondary educational attainment. Youth that remain in care into adulthood have higher educational attainment and improved employment outcomes compared to youth that exited care before or at age 18 (Hook & Courtney, 2011, Dworsky & Courtney, 2010a). Additionally, researchers have found that extending foster care seems to be a particularly cost-effective intervention. It has an estimated benefit-to-cost ratio of almost $2 in increased earnings for every $1 spent on foster care beyond age 18, due to higher rates of bachelor's degree completion (Peters, Dworsky, Courtney, & Pollack, 2009).

Table 24 presents findings on youths' educational status. We first present findings on youths' connectedness to school and/or work, since some youth may not be enrolled in school because they had to or chose to work. A little less than a third of young people were neither enrolled in school nor employed at the time of the interview, more than half of youth were either employed or enrolled (but not both), and the rest were both enrolled and employed. When examining just enrollment, more than half of the respondents were enrolled in school at the time of the interview. Among youth who were currently enrolled, over half were attending 2-year or 4-year colleges. The rest were working toward their

secondary credential, enrolled in vocational school, or completing another type of education. One-quarter of youth had not finished their high school credential at the time they were interviewed.

Table 24. Current Education Status

	#	%
Connectedness to school and/or work		
Neither enrolled nor employed	26	31.0
Enrolled in school only	35	41.7
Employed only	13	15.5
Both enrolled and employed	10	11.9
Currently enrolled in school[N]		
Full-time	27	32.1
Part-time	18	21.4
Not enrolled	39	46.4
Among youth not enrolled in school, enrolled in school since last interview (*n* = 39)		
Full-time	21	53.9
Part-time	8	20.5
Not enrolled	10	25.6
Current education status among youth currently enrolled (*n* = 45)[N]		
High school	9	20
GED Classes/continuation school/adult education	2	4.4
Vocational School	6	13.3
2-year or community college	23	51.1
4-year college	4	8.9
Other	1	2.2
Highest grade completed		
1st to 10th grade	5	6.0
11th grade	16	19.1
12th grade	40	47.6
First or second year of vocational school	7	8.3
First year of college	12	14.3
Second year of college	4	4.8

[N] = NYTD survey question.

A little over three-fifths of respondents had earned a high school diploma by the time they were interviewed (see Table 25). The rest of the youth had either not completed a secondary credential or had completed an equivalency certificate. About one in six youth had a vocational or job training certificate or license. Among the youth who were enrolled in school, over 65 percent were using a scholarship, loan, or some other type of financial aid to help pay for educational expenses.

The federally funded Chafee Educational and Training Voucher (ETV) Program awards up to $5,000 annually during the academic year to qualified students who have been in the foster care system, so they can pursue an academic college education or technical and skill training in college to be prepared to enter the workforce. Although ETVs could be an important source of aid for California foster youth to pursue postsecondary education, fewer than one in three CalYOUTH participants with a secondary credential had received an ETV. Just over a quarter of youth with a high school credential reported that they did not know about the ETV program and close to a third said that they applied for an ETV but never received one. When considering just youth who were currently enrolled in a 2-year college or 4-year college, or who had been enrolled in college since the Wave 1 interview, over two-fifths reported receiving an ETV grant (40.5%).

Among currently enrolled youth, there were differences between youth who left care and youth who were still in care in using financial aid to cover educational expenses. In particular, out-of-care youth were less likely than those in care to be currently using financial aid to cover educational expenses (28.6% vs. 73.7%, $\chi^2 = 5.4$, $p < .05$).

Table 25. Degree Completion and Scholarships

	Overall	
	#	%
Secondary diploma/certificate[N]		
High school diploma	53	63.1
High school equivalency certificate after passing GED, HiSET, or TASK	3	3.6
Certificate of proficiency	1	1.2
None	27	32.1
Vocational/job-training certificate or license[N]	13	15.5
Among youth with high school credential, college degree[N] (*n* = 57)		
Associates or 2-year college degree	0	0
Bachelor's or 4-year college degree	2	3.5
No college degree	55	96.5
Among youth currently enrolled in school, using scholarship, grant, stipend, student loan, voucher, or other educational financial aid to cover any educational expenses[N] (*n* = 45)	30	66.7
Among youth with high school credential, ever received education and training voucher (ETV) (*n* = 57)		
Received ETV	18	32.1
Applied for ETV but did not receive one	18	32.1
Know what ETV is, but never applied for one	5	8.9
Do not know what an ETV is	15	26.8

[N] = NYTD survey question.

As shown in Table 26, one in five youth reported that they had ever dropped out of high school. When asked for the major reason for leaving school, the most common responses were that they did not like school or lost interest or kept getting into trouble in school because of their behavior. Just under a quarter of young people gave a reason that was not included in the response options such as wanting to start working and wanting to complete a GED instead. Youth who were not in care at the time of the interview were almost four times as likely as youth who were in care to report having ever dropped out of high school (45.5% vs. 11.48%, $\chi^2 = 11.5$, $p < .001$).

Table 26. History of High School Dropout

	#	%
Ever dropped out of high school	17	20.5

Table 27 reports findings on young people who are currently enrolled in college or who had been enrolled in college since the baseline interview for the CalYOUTH Study. All youth were attending a bricks-and-mortar college rather than an online-only institution. The most commonly reported means of paying for college were receiving scholarships, fellowships, or grants; receiving an ETV; and using one's own money. A little over three-quarters of the youth reported earning Bs and Cs in their classes. Just over two-fifths said that they had been required to take one or more remedial courses before they could take college courses for credit.

Table 27. College Enrollment, Funding, Grades, and Course Taking (*n* = 38)[a]

	#	%
How youth is paying for college		
ETV grant	16	45.7
Other scholarships, fellowships, or grants	23	60.5
Student loans	2	5.3
Own earnings from employment or savings	11	29.0
Money from a relative, friend, or other individual	3	7.9
Money from another source	4	10.5
College grades		
Mostly As	6	15.8
Mostly Bs	18	47.4
Mostly Cs	11	29.0
Ds or lower	3	7.9
Number of required remedial courses		
None	21	58.3
1 course	4	11.1
2 courses	4	11.1
3 courses	3	8.3
4 or more courses	4	11.2

[a] Includes both youth who are currently attending college or attended college since the Wave 1 CalYOUTH Study interview. For the latter youth, they were asked to think of the most recent college they attended.

Youth who were currently in college or had been in college since their last interview were asked about their transition to college and engagement with college activities (Table 28). More than half of the youth said they were ever involved in a campus support program designed to help youth in foster care. Nearly

one-fourth of youth said that they were not sure if their college had such a program and just over one-fifth reported that their college had a program, but they were never involved. Youth were asked about whether they took part in a number of academic activities and services. The activities that the youth most commonly participated in were study groups, meetings with professors, academic advising, and information sessions about their major or concentration. A little over two-fifths of students received tutoring and nearly three in ten sought assistance from the writing center. Roughly one in ten reported participating in another type of activity or service, such as a summer bridge program or some other program offered at their college. Nearly a fifth of youth were involved with an organized sports team, organization, club, or group. In terms of reasons the transition to college was difficult, the most commonly reported challenges included time management and balancing school and work, followed by classes being harder than the youth were used to. Transportation issues and concerns about paying for college were difficulties encountered by smaller, but still noteworthy, proportions of students. Balancing school and parental responsibilities was a difficulty faced by all students who were parents.

There were gender differences in difficulties youth experienced during their transition to college, with more males than females (93.8% vs. 40.9%, $\chi^2 = 11.1$, $p < .001$) reporting that they had difficulty organizing their time.

Table 28. Transition to College and Campus Involvement (n = 38)[a]

	Overall	
	#	%
Involvement in campus support program for students in/previously in foster care		
Involved in a program most of college	9	23.7
Involved in a program some of college	11	29.0
Involved in program just a short while	1	2.6
College offers a program but was never involved	8	21.0
Not sure if a program is offered	9	23.7
Involvement in other college activities (can select more than one)		
Tutoring	16	42.1
Writing center	11	29.0
TRIO Educational Opportunity Program (EOP)	6	16.2
Academic advising	21	55.3
Information session about major/ department	20	52.6
Meeting with professors outside of class	21	55.3
Meeting with TAs outside of class	8	21.1
Peer mentoring program	6	15.8
Study groups/sessions with other students	23	60.5
Another type of support or service intended to help students academically	5	13.2
Involvement with college sports teams, organizations, clubs, groups	7	18.4
Difficulties in transition to college		
Classes harder than youth used to	16	42.1
Difficult organizing time to finish all responsibilities	24	63.2
Hard making friends	6	15.8
Did not know how youth was going to afford college	7	18.4
Youth did not know if he/she would have transportation to and from college	11	29.0
Had to balance school and work	20	52.6
Had to balance school and being a parent (n = 3)[b]	3	100.0

[a] Includes both youth who are currently attending college or attended college since the Wave 1 CalYOUTH Study interview. For the latter youth, they were asked to think of the most recent college they attended.

[b] Includes youth who had a child and were in college.

Ten youth in L.A. County were enrolled in a vocational/technical program at the time of the interview, or had been enrolled in a program since their baseline interview. These respondents were asked about the type of program they were attending. The most common type of training were in the areas of health and health care (e.g., nursing assistant) followed by training through the federal government, private employers, and two-year or community college vocational training programs. About one in five youth reported being enrolled in a program other than the options provided in the survey.

Half of these students were paying for their vocational-technical training through student loans or their own money. Only one youth said that they received an ETV grant to pay for their training, while two in five were using some other type of scholarship, fellowship, or grant. Another three in ten youth told us that they were paying for their training with money from another source we did not give an as an option. Most youth were attending programs that would take between six months and two years to complete if students attended on a full-time basis. Classes being harder than what the youth were used, time management, worries about being able to afford college, and having to balance school and work were the most common difficulties they faced when transitioning to their vocational/technical program. All youth who were parents said that balancing school and parenting responsibilities was a challenge.

CalYOUTH Study participants in L.A. County were asked to think back to whether they planned to attend college and the amount of help they received with college planning and applications. Their responses are presented in Table 31. Among the youth who were not currently enrolled in a 4-year college and who had not been enrolled in a 4-year college since their first interview, almost one-third said they never seriously considered applying, nearly one-quarter intended on applying but never did, and a smaller proportion of youth did apply at some time. About half of youth described their plans for going to a 4-year college in some other way. For example, some youth said that they are still finishing high school, were going to 2-year colleges or vocational schools first, or wanted to take some time off to pursue something else. Others talked about not having the grades or SAT scores they thought they needed to get into a 4-year college, while still others mentioned barriers that forestalled their plans of going to a 4-year college. These responses were similar to the reasons reported by youth who never applied to college ("never seriously considered applying" or "intended on applying, but never did"). The most common reason for not applying to a 4-year college were concerns about costs and grades. Additionally, over one-quarter of youth described their reason for not attending a 4-year college in their own words, which included not yet having a secondary credential, wanting to take time off from school, wanting to work, child care responsibilities, personal problems or life issues getting in the way, and not having an interest in going to 4-year college. Among young people who were accepted to a 4-year college but did not go (n = 7), the largest proportion said that they thought college would be too difficult or reported a response not

available in the response options such as believing college would cost too much, friends or family not wanting them to go, and wanting to go to a 2-year college first. Many of the youth who gave their own "other" responses said that they were in the process of finishing their high school credential and waiting to enroll. All CalYOUTH respondents were asked about the amount of help they received with the actual steps needed to enroll in a college, such as picking a school, completing applications, and applying for financial aid. Among those who wanted to go to college, a little more than half said they did not receive enough help from others ("no help," "only a little help," or "some help, but not enough").

Table 31. College Plans and Help with Applications

	#	%
Among youth not enrolled in 4-year college, plans to go to a 4-year college (*n* = 80)[a]		
Never seriously considered applying	25	31.3
Intended on applying, but never did	19	23.8
Applied but did not get in	5	6.3
Applied, was accepted, but did not enroll	7	8.8
Other	24	30.0
Among youth who did not apply to a 4-year college, main reason for not applying (*n* = 44)		
College would cost too much	6	14.3
Did not think high school grades were good enough	10	23.8
Did not take SAT/ACT	3	7.1
Did not think SAT/ACT scores were good enough	1	2.4
Searching for college and completing applications/financial aid seemed too complicated	1	2.4
Did not want to have to move to go to college	2	4.8
Wanted to go to a 2-year college first	8	19.1
Other	11	26.2
Amount of help with college planning (*n* = 84)		
No help	14	16.7
Only a little help	10	11.9
Some help, but not enough	22	26.2
Enough help	20	23.8
More than enough help	14	16.7
Not interested in going to college	4	4.8

[a] Includes youth who were either currently enrolled in a 4-year college or who were enrolled in a 4-year college since last interview.

Youth who were not currently enrolled in school were asked about the reasons they were not enrolled and their plans for enrolling in school in the future. As displayed in Table 32, becoming employed, losing

interest in school, graduating from school, and becoming a parent were the most commonly reported reasons. Youth who cited the main reason for not enrolling in school as "other" echoed responses in previous questions (e.g., taking time off, not interested in school, had health or personal problems, in the process of applying/enrolling). In addition, some youth reported that being unsure about what they wanted to do next in their life, frequently moving or being homeless, and involvement in the criminal justice system were factors that prevented them from returning to school. Most youth said they put "a lot" or "some" thought in returning to school, and almost three-fifths of the young people who were not enrolled were seriously looking into a specific school they may apply to or attend.

Table 32. Reasons for Nonenrollment and Plans to Return (*n* = 39)[a]

	Overall	
	#	%
Main reason no longer enrolled in school		
Graduated	3	7.9
Could no longer afford to attend	2	5.3
Academic difficulties	0	0
Lost interest in studies	4	10.5
Became employed	8	21.1
Became a parent/care for children	3	7.9
No transportation	1	2.6
Other reasons	17	44.7
How much thought given to returning to school		
A lot	29	74.4
Some	6	15.4
None	4	10.3
Steps taken to return to school		
Seriously looked into a specific school	23	59.0
Have not looked but plan on doing so soon	11	28.2
Not going to look into specific school or program anytime soon	4	10.3
Already chosen/accepted into a school (volunteered)	1	2.6

[a] Includes youth who were not currently enrolled in school.

As presented in Table 33, a little more than one-third of youth who were not enrolled in school and who considered returning to school said that they faced at least one barrier to doing so. Among the youth who reported that something was preventing them from continuing their education (*n* = 14), needing to work, concerns about not being able to afford college, and not having transportation to get to school were the barriers most commonly identified as being a "major reason" for not returning. Less frequently reported barriers included not having paperwork/not knowing how to enroll, needing to care for children, having a criminal record, and not thinking they would be accepted into college.

Table 33. Barriers to Returning to School (*n* = 39)

	Overall	
	#	%
Anything preventing from continuing education?	14	35.9

Information about youths' educational aspirations and expectations appears in Table 34. Overall, most youth aspired to complete a college degree, with about 80 percent wanting to complete a 4-year degree or higher. However, the amount of education youth expected they would complete was a bit lower. For example, about 73 percent of youth expected to earn a 4-year degree or higher.

Table 34. Educational Aspirations and Expectations

	Overall	
	#	%
If you could go as far as you wanted in school, how far would you go?		
Less than a high school credential	0	0
High school diploma, GED, or certificate of completion	4	4.8
Some college	3	3.6
Earn a 2-year degree	6	7.2
Earn a 4-year degree	26	31.3
Earn more than a 4-year degree	41	49.4
Other	3	3.6
How far do you think you will actually go in school?		
Less than a high school credential	0	0
High school diploma, GED, or certificate of completion	4	5.1
Some college	3	3.8
Earn a 2-year degree	10	12.7
Earn a 4-year degree	31	39.2
Earn more than a 4-year degree	27	34.2
Other	4	5.1

Employment, Income, and Assets

Employment

Previous research indicates that transition-age foster youth generally have unfavorable employment outcomes in terms of job market participation and earnings (Courtney et al., 2005; Dworsky, 2005; Goerge et al., 2002; Hook & Courtney, 2011; Macomber et al., 2008; Naccarato, Brophy, & Courtney, 2010; Pecora et al., 2005; Reilly, 2003; Stewart, Kum, Barth, & Duncan, 2014). Courtney and colleagues (2005) found that only 40 percent of 19-year-old participants in the Midwest Study were employed, compared to 58 percent of same-age peers in the Add Health Study. Among young people who reported income from employment in the prior year, 90 percent of Midwest Study participants earned less than $10,000 in the previous year, compared to 79 percent of youth in the Add Health Study (Courtney et al., 2005). The researchers also found that youth who had exited care were more likely than youth who were still in care (85% vs. 69%) to report earnings from employment in the previous year. Unfortunately, the issue of low earnings and high unemployment does not appear to improve as foster care alumni grow older, with multiple studies showing former foster youth to be less likely than their peers in the general

population to be employed (Courtney & Dworsky, 2006; Macomber et al., 2008; Pecora et al., 2005; Stewart et al., 2014).

Researchers have identified several factors that contribute to foster youth's employment success into early adulthood. Low educational attainment is a primary risk factor for low rates of employment and earnings (Hook & Courtney, 2011; Naccarato et al., 2010; Okpych & Courtney, 2014; Pecora et al., 2005). For example, Hook and Courtney (2011) found that nearly one-quarter of youth actively looking for work did not have a high school diploma or equivalency degree, while only one-tenth of youth working full-time did not have one of these credentials. Naccarato and colleagues (2010) found that race, a history of drug and alcohol use, and a history of mental illness were risk factors for poor employment outcomes for former foster youth. Additionally, the living arrangements of foster youth are associated with future employment, with youth residing in group care or a residential treatment facility being especially vulnerable to poor employment outcomes (Hook & Courtney, 2011). Perhaps unsurprisingly, criminal justice involvement has been identified as a risk factor, with higher incarceration and arrest rates among foster youth contributing to their low employment rates and earnings (Dworsky & Havlicek, 2010, Hook & Courtney, 2011). Motherhood appears to be an additional barrier to employment for former foster youth, with mothers being about 60 percent less likely to be employed than childless women. This is concerning since the majority of young women transitioning to adulthood from foster care are mothers by the age of 24 (Hook & Courtney, 2011). Lastly, Dworsky & Havlicek (2010) found that a lack of job training and placement programs aimed at foster youth contributes to their poor employment outcomes.

Information about current and recent employment of CalYOUTH participants is presented in Table 35. Although close to three-fourths of respondents reported ever having a job, just over one-quarter were employed at the time of the interview. Of the youth who were not employed at the time of the interview, just over two-fifths (41.7%) were enrolled in school either full-time or part-time. Just over a quarter of young people reported working for pay ten or more hours per week. Among youth who had been working ten or more hours per week for at least nine weeks, most youth reported having only one job. Most young people reported working more than 35 hours per week, followed by youth who were working 20 to 34 hours and 10 to 19 hours. The average number of hours youth worked per week was a little over 30 (the median number of hours worked per week is 37.5). Only one respondent identified as currently serving in the full-time active duty military. On average, youth earned an hourly wage of $10.60. The type of shift worked youth worked was close to being equally split between working a regular shift and working another type of shift. Of the 22 young people who were working at least 10 or more hours per week, a little over three-fourths reported being "extremely satisfied" or "satisfied" with their job.

Differences emerged between youth in L.A. County and youth from other counties. Specifically, youth in L.A. County were less likely than youth in other counties to be employed part-time (9.6% vs. 21.8%) than to be not employed (73.5% vs. 63.8%) ($F = 3.5$, $p < .05$). Among youth working 10 or more hours a week, youth in L.A. County were less likely than youth in other counties to have one current job (72.7% vs. 88.7%, $F = 3.9$, $p < .05$).

Table 35. Current and Recent Employment

	#	%
Ever had a job	60	72.3
Current employment ($n = 84$)[a]		
Not employed	61	73.5
Employed part time[N]	8	9.6
Employed full time[N]	14	16.9
Currently working 10+ hours/week	22	26.2
Among youth working 10+ hours per week ($n = 22$)		
Number of current jobs		
One job	16	72.7
Two or more jobs	6	27.3
Number of hours worked per week on average (Mean (SD))	37.5	32.4 (11.6)
Number of hours worked per week		
10 to 19 hours	2	9.1
20 to 34 hours	8	36.4
35 or more	12	54.6
Hourly wage[b] (Mean (SD))	$10	$10.6 ($2.7)
Type of work shift		
Regular day shift	10	45.5
Other type of shift	12	54.6
Satisfaction with job		
Extremely satisfied	3	13.6
Satisfied	14	63.6
Neither satisfied/dissatisfied	3	13.6
Dissatisfied	2	9.1
Extremely dissatisfied	0	0

[N] = NYTD survey question.
[a] Part-time includes youth working fewer than 35 hours per week, full-time includes youth working 35 or more hours per week
[b] Youth could provide their wage earnings on different pay scales (i.e., hourly, daily, weekly, biweekly, bimonthly, monthly, and annually), although most youth reported on an hourly pay scale ($n = 19$). The other wage scales were converted to an hourly rate of pay. Of the 22 youth who were asked about their earnings, one youth didn't know. This youth is not represented in the earnings calculation, which included 21 young people.

Table 36 presents job benefits of the youth that reported working 10 or more hours per week. The most commonly reported types of benefits were flexible work schedules, unpaid parental leave, health insurance, and paid vacation or sick days. Over two-fifths of respondents had these benefits available to them. Of the respondents with paid vacation days or sick days (n =10), most reported being able to receive between one and seven days per year for paid vacation days (66.7%) or sick days (80.0%). Among youth who reported that they could receive at least one paid vacation day per year, the average number of days they could receive was 6.3 (SD = 4.5). Among youth who reported that they could receive at least one paid sick day or personal day per year, the average number of days they could receive was 9.4 (SD = 11.7).[13]

Table 36. Job Benefits (n = 22)[a]

	#	%
Life insurance	8	40.0
Health insurance	12	54.6
Dental benefits	8	40.0
Paid parental leave	8	40.0
Unpaid parental leave	13	65.0
Retirement plan/pension	6	28.6
Flexible work schedule	16	72.7
Paid vacation or sick days	10	45.5

[a] Includes youth who are working 10 or more hours per week.

Among youth who were currently working fewer than 35 hours per week (n = 10), respondents were asked about their main reason for working part-time instead of full-time. The most common reason for working part-time was trouble finding full-time work followed by school/training, personal preference to work part time, and other responses not available in the response options. Two-thirds of the part-time workers reported wanting to work in a full-time job.

Youth who were not currently employed were asked about their efforts to find work, and their responses are displayed in Table 38. Of the young people that were not working at the time of the interview, more than 9 out of 10 reported they wanted a full-time or part-time job. Of those youth who were able to work, just over four-fifths had not worked for pay in the week preceding their interview. Among the youth who had not worked in the week before the interview, about two-thirds reported making efforts to find work in the last four weeks. The most common activities to find work included sending out resumes and filling out applications, contacting an employer directly (including having a job interview), contacting friends and relatives, and contacting an employment agency. When asked about how long they had been looking

[13] The mean and standard deviation was highly influenced by one youth who reported being eligible for 30 paid sick/personal days. Excluding this youth, the average number of paid sick days/personal days is 4.3 (SD = 2.2).

for work, the majority of youth reported looking for a job for weeks. Overall, of the respondents that reported actively looking for work in the last four weeks instead of months or years. Almost half of the respondents reported that they were looking for full-time work only, about one-quarter were looking for part-time work only, and the rest were looking for either full-time or part-time work. County differences were found in efforts to become employed. Among youth who made attempts to become employed in the past four weeks, youth in L.A. County were more likely than youth in other counties to report attending job training programs or courses (42.4% vs. 22.9%, $F = 5.0$, $p < .05$).

Table 38. Efforts to Become Employed ($n = 61$)[a]

	Overall	
	#	%
Currently want a job		
Yes, or maybe, it depends	56	91.8
No	3	4.9
Disabled or unable to work	2	3.2
Worked last week for pay/profit ($n = 61$)		
Yes	7	11.9
No	48	81.4
Disabled or unable to work	4	6.8
Among youth who did not work last week ($n = 48$)[b]		
Have youth been doing anything to find work in the last 4 weeks?		
Yes	33	68.8
No	13	27.1
Unable to work	2	4.2
Activities done in past 4 weeks to find work (can select more than one) ($n = 33$)		
Contacted an employer directly or had a job interview	21	63.6
Contacted an employment agency	15	45.5
Contacted friends and relatives	19	57.6
Contacted a school or university employment center	9	27.3
Sent out resumes or filled out applications	30	90.9
Placed or answered ads	3	9.4
Checked union or professional registers	1	3.0
Looked at ads	14	42.4
Attended job training programs or courses	14	42.4

Other	3	9.1
Length of time looking for work (*n* = 33)		
Weeks	21	63.6
Months	10	30.3
Years	2	6.1
Looking for work of 35 hours or more per week (*n* = 33)		
Yes	16	48.5
No	8	24.2
Doesn't matter	9	27.3

[a] Includes youth who were not currently employed.
[b] Excludes youth who said they were disabled or unable to work in previous question.

Table 39 presents work experiences of youth in the 12 months prior to the interview. Nearly three in five youth reported working at least 20 hours per week at a job that lasted three or more months. Of these youth, about a quarter worked for the entire 12 months, and most worked less than 35 hours per week. Only one youth was in the military in the past year. Of the entire L.A. County sample, around three in ten youth had completed a paid or unpaid apprenticeship, internship, or other on-the-job training in the past year.

Table 39. Work Experience in Past 12 Months (n = 76)[a]

	Overall	
	#	%
Work in last 12 months at job that lasted 3 or more months and worked at least 20 hours per week		
Yes	45	59.2
No	31	40.8
Worked for entire 12 months (n = 45)		
Yes	11	24.4
No	34	75.6
Worked mostly full time or part time (n = 45)		
Full time	20	44.4
Part time	25	55.6
Work was civilian or military (n = 38)[b]		
Civilian	37	97.4
Both civilian and military	1	2.6
Completed apprenticeship, internship, or other on-the-job training (paid or unpaid) during past year[N] (n = 84)	25	29.8

[N] = NYTD survey question.
[a] Excludes youth who reported being disabled or unable to work in the questions in the previous table (n = 8)
[b] Item is missing 15.6% of participants due to "don't know" and "refused" responses.

Household Income

Income information of CalYOUTH respondents and the partner/spouse with whom they live is displayed in Table 40. When asked about the income received during the 12 months preceding their interview, about three in ten youth reported having a form of income from their own employment. Nearly two-thirds of the youth who earned any income from employment reported a yearly household income of $5,000 or less. The average annual income was about $6,000 (the median was $3,000). Two-thirds of youth who lived with their spouse or partner reported that their spouse/partner received income from employment during the past year. Among spouses/partners who received any income, about two-fifths was earning $5,000 or less. The average annual income for spouses/partners was just under $10,000 (the median was $7,000).

Table 40. Income of Youth and Youths' Partner/Spouse

	Overall	
	#	%
Any income from employment during the past year	46	54.8
Amount of income from employment, if any (average) (n = 45)[a] (Mean (SD))		$6,018 ($10,429)
Amount of income from employment, if any (categories) (n = 45)[b]		
$1 to $5,000	32	71.1
$5,001 to $10,000	8	17.8
$10,001 to $25,000	3	6.7
More than $25,000	2	4.4
Any income from spouse's/partner's employment during the past year (n = 14)[c]	9	64.3
Amount of spouse's/partner's income from employment, if any (average) (n = 9) (Mean (SD))		$10,024 ($11,078)
Amount of spouse's/partner's income from employment, if any (categories) (n = 9)		
$1 to $5000	4	44.4
$5,001 to $10,000	1	11.1
$10,001 to $25,000	3	33.3
More than $25,000	1	11.1

[a] One youth reported "don't know" to the question about the specific dollar amount of their income from employment.
[b] Youth were first asked to provide the exact dollar amount of income, but if they replied "don't know" or "refused" they were asked a follow-up question with income categories. The income categories reported here reflect the income categories in the latter question. The responses of youth who reported a specific income amount were recoded to these categories.
[c] Includes youth who are living with their spouse or partner.

Youth who were living with their own children and/or their spouse's/partner's children (n = 11) were asked about the income they had received from child support and the Earned Income Tax Credit. Only one of the young people with children reported that child support payments had been agreed to or awarded during the past year and none reported that they or their spouse/partner were supposed to have received child support. Of the youth living with their own or spouse's/partner's child (or both), around 10 percent either did claim or planned to claim the Earned Income Tax Credit. The same proportion of youth were unaware of the EITC. Over half of these youth did not claim or were not planning on claiming EITC, while almost 20 percent were not eligible for EITC.

Some youth reported income from sources other than employment, child support, and the Earned Income Tax Credit, which are reported in Table 42. Of the youth living with someone above the age of 14 (not including their spouse/partner), the greatest proportion of youth reported that these other individuals had incomes of $5,000 or less. The average income was just over $27,000 (the median income was $9,500). A little over two-fifths of all youth reported that someone else helped them out by giving them money (not including loans) since their last interview. These youth were then asked whether they received money from a family member, friend, or social service agency. Youth most commonly received money from a family member, followed by social service agencies and friends. All youth were then asked if they received money from anyone else, and about 16 percent reported that they did. When asked to estimate the amount they received from all sources since their last interview, the most common total amount was $5,000 or less (three-fourths of the responses). The overall average amount received was about $3,000 (the median was $1,680).

Males and females differed in the money they received since their last interview. Females were more likely than males to report having someone help them out by giving them money (54.0% vs. 23.5%, χ^2 = 7.7, $p < .01$). Differences were also found by care status. Youth in care were more likely than youth out of care to report receiving money from a social service agency (68.0% vs. 20.0%, $\chi^2 = 6.6$, $p < .01$), but less likely than youth out of care to report having someone help them out by giving them money (4.0% vs. 50.0%, $\chi^2 = 10.6$, $p < .001$). Among youth who received income from anyone since the last interview, youth from L.A. County received less money from other people than youth from other counties ($3,039 vs. $8,989, $F = 7.1$, $p < .01$).

Table 42. Income from Other Sources

	#	%
Amount of income of other household members above age 14 (average) (n = 64)[a,b] (Mean (SD))	$22,209 ($34,582)	
Amount of income of other household members above age 14 (categories) (n = 64)[a,c]		
$5,000 or less	22	37.9
$5,001 to $10,000	10	17.2
$10,001 to $25,000	11	19.0
$25,001 to $50,000	10	17.2
$50,001 to $100,000	2	3.5
More than $100,000	3	5.2
Not including loans, received money from anyone since last interview (n = 84)	35	41.7
Received money from a family member since last interview (n = 35)	23	65.7
Received money from a friend since last interview (n = 35)	10	28.6
Received money from a social service agency since last interview (n = 35)	32	39.0
Received money from anyone else (n = 35)	13	15.5
Total amount of money received from all people above (average) (n = 53)[d,e] (Mean (SD))	$4,442 ($6,028)	
Total amount of money received from all people above (categories) (n = 53)[d,f]		
$1 to $5,000	40	75.5
$5,001 to $10,000	6	11.3
$10,001 to $50,000	7	13.2

[a] Includes youth who had someone living in their household above the age of 14, other than a spouse or partner.

[b] Forty-three youth reported "don't know" or "refused" to the question about the specific dollar amount of their income from other household members and were asked a follow-up question with income categories. When calculating the mean income, the midpoint was used for the following income categories: "$1 to $5,000" ($n$ = 13), "$5,001 to $10,000" ($n$ = 5), "10,001 to $25,000" ($n$ = 7), "25,001 to $50,000" ($n$ = 7), and "50,001 to $100,000 ($n$ = 2). Three youth reported "more than $100,000" and $150,000 was entered as the dollar amount for these youth. The 6 remaining youth replied "don't know" or "refused" to the question with income categories. Thus, the mean partner/spouse income is calculated based on data from 58 youth. Given the large proportion of incomes that were estimated using income category midpoints (62.3%) this average reported in the table should be interpreted with caution.

[c] Youth were first asked to provide the exact dollar amount, but if they replied "don't know" or "refused" they were asked a follow-up question with categories. The categories reported here reflect the categories in the latter question. The responses of youth who reported a specific amount were recoded to these categories.

[d] Includes youth who received money from family, friends, social service agencies, or anyone else.

[e] Eleven youth replied "don't know" or "refused" to the question about the specific dollar amount of money received from others and were asked a follow-up question with categories. When calculating the mean amount of money received, the midpoint was used for the following categories: "$1 to $5,000" ($n$ = 7), "$5,001 to $10,000" ($n$ = 2), "10,001 to $25,000" ($n$ = 2).

[f] Youth were first asked to provide the exact dollar amount, but if they replied "don't know" or "refused" they were asked a follow-up question with categories. The categories reported here reflect the categories in the latter question. The responses of youth who reported a specific amount were recoded to these categories.

Table 43 displays costs of housing and utilities for youth living in a Supervised Independent Living Program or some other arrangement (see footnote at the bottom of the table). Nearly three in four youth reported their current housing status as renting, while 27 percent chose some other type of status besides renting or owning. Common other responses were living in a dormitory, renting a room in someone else's home, or living with a friend or significant other for free. About 50 percent of youth reported paying $500 or less for rent per month, with another 35 percent of respondents paying between $501 and $1,000 in rent. Excluding those who reported paying $0 per month for rent, the average monthly rent was about $657 (the median rent was $500). Nearly all youth (96.0%) paid rent on a monthly basis. In terms of the cost of utilities, the largest proportion of youth reported that they did not having to pay anything toward utilities, and the next most common response was having utility bills between $51 and $100 per month.

Table 43. Costs of Housing and Utilities for Youth Living in a SILP or Other Living Arrangement (*n* = 26)[a]

	#	%
Housing status		
Owns	0	0
Rents	19	73.1
Other	7	26.9
Amount paying for rent per month (average) (Mean (SD))	$657 ($392.2)	
Amount paying for rent per month (categories)		
Youth reported paying $0	2	7.7
$500 or less	13	50.0
$501 to $1,000	9	34.6
More than $1,001	2	7.8
Amount paying for utilities per month		
$0	12	46.2
$1 to $50	2	7.7
$51 to $100	5	19.2
$101 to $150	0	0
$151 to $200	4	15.4
More than $200	3	11.5

[a] Some other arrangements include placements other than the home of a relative, home of a nonrelated extended family member, foster home with an unrelated foster parent, group home or residential treatment center, transitional housing placement, jail or prison, hospital, or college dorm.

Assets

Table 44 presents information on the checking, savings, and money market accounts of the young people. A little more than half of L.A. County youth reported having a checking, savings, or money market account. Of the youth with an account who also reported living with a spouse or partner (*n* = 6), five had

their own account, and one youth had a joint account with their spouse or partner. Of all of the respondents with an account, most reported having a balance between $1 and $1,000 at the time of the interview. Excluding youth who had $0 in their account, the average balance was about $1,200 (the median was $500). Youth not in care reported having a lower balance in all of their accounts than did youth in care (31.8% vs. 61.3%, $\chi^2 = 5.7$, $p < .01$).

Table 44. Checking Accounts, Savings Accounts, and Money Market Accounts

	#	%
Any checking account, savings account, money market account or funds	45	53.6
Amount of current balance in all accounts (average) (n = 43)[a,b] (Mean (SD))	$500	$1,178 ($1,728)
Amount of current balance in all accounts (n = 45)[c]		
$0	2	4.4
$1 to $1,000	32	71.1
$1,001 to $2,500	4	8.9
$2,501 to $5,000	6	13.3
More than $5,001	1	2.2

There were no significant gender differences for the questions in this table.

[a] Two youth responded "don't know" or "refused" to the question about the specific dollar amount of their current balance and were asked a follow-up question with categories. When calculating the average amount in all accounts, the midpoint was used for the following categories: "$1 to $1,000" ($n$ = 1) and "$2501 to $5000" ($n$ = 1).

[b] Excludes two youth who reported having $0 in their accounts.

[c] Youth were first asked to provide the exact dollar amount, but if they replied "don't know" or "refused" they were asked a follow-up question with categories. The categories reported here reflect the categories in the latter question. The responses of youth who reported a specific amount were recoded to these categories.

Responses to questions about vehicle ownership are presented in Table 45. About a quarter of youth reported owning any vehicle. Of youth with a vehicle and who were living with a spouse or partner (n = 6), half reported that they owned a vehicle on their own or shared ownership with their spouse or partner, while the other half reported that their spouse or partner owned the vehicle. Among all respondents that reported owning a vehicle, three-fifths did not owe any money on the vehicle. Among youth who still owed money, fewer than half owed less than $5,000 and more than half owed more than $5,000.

Table 45. Vehicle Ownership (*n* = 84)

	#	%
Owns any vehicles	22	26.2
Amount owed on vehicles (*n* = 22)		
$0	13	59.1
$1 to $5000	5	22.7
$5001-$10,000	4	18.2
$10,001-$25,000	3	13.6

Table 46 reports the debts owed by the young people. Twenty percent of all youth reported ever borrowing at least $200 from relatives or friends/nonrelatives. A greater proportion of youth borrowed from a family member than from a friend or nonrelative. More than two-fifths of the youth borrowed less than $500 from anyone. Of the respondents that had borrowed money from anyone, close to two-thirds did not currently owe any money. Among those who still owed money, all but one youth owed $500 or less. When youth who were living with a spouse or partner were asked about any other current debts that were owed (*n* = 11), about four in five owed more than $500 at the time of the interview.

Table 46. Debts (*n* = 84)

	#	%
Ever borrowed at least $200 from relatives or friends	17	20.2
Borrowed at least $200 from a relative (*n* = 17)	14	82.4
Borrowed at least $200 from a friend/non-relative (*n* = 17)	7	41.2
Amount borrowed from anyone (*n* = 16)[a]		
$1 to $300	3	18.8
$301 to $500	4	25.0
$501 to $1,000	7	43.8
$1,001 to $5,000	2	12.5
Still owe money on loans (*n* = 17)		
No	11	64.7
Yes	6	35.3

[a] Of the 16 youth who reported borrowing money from friends or relatives, one reported borrowing $0 when asked to specify the amount they borrowed.

Economic Hardship, Food Insecurity, and Public Program Participation

Previous research has shown that transition-age foster youth experience economic hardship at higher rates than the general population. These young people's relatively low average earnings from employment, noted above, clearly play a role in this (Courtney & Dworsky, 2006; Macomber et al., 2008; Stewart et al., 2014). For example, Dworsky (2005) assessed the self-sufficiency of 8,511 young adults who had been in the Wisconsin foster care system after their 16th birthday. The majority of youth were discharged before turning 18, with the median age at discharge being 17 years old. Although earnings increased as youth grew older, the mean and median annual earnings for former foster youth remained below the poverty threshold, even eight years after discharge from care.

In addition to having low incomes, research indicates that former foster youth face economic hardships in meeting their everyday needs and paying for living expenses. Courtney and colleagues (2005) found that current or former foster youth at age 19 were twice as likely as same-aged youth in Add Health to experience at least one of several economic hardships, such as not having enough money to pay rent or a utility bill. The most vulnerable individuals were youth who were no longer in care, who reported significantly more hardships than their 19-year-old counterparts who were still in care.

Table 47 displays economic hardships CalYOUTH participants encountered during the past 12 months. Some of the more common hardships youth reported were not having enough money to buy clothing, not having enough money to pay phone or utility bills, and not having enough money to pay their rent.

Table 47. Economic Hardship in the Past 12 Months (*n* = 84)[a]

	Overall	
	#	%
Not enough money to buy clothing	26	31.3
Not enough money to pay rent	13	15.9
Evicted because unable to pay rent/mortgage	1	1.2
Not enough money to pay utility bills	14	16.9
Phone services disconnected	25	30.1
Gas/electricity shut off	6	7.2
Experienced at least one of the economic hardships above	40	48.2

Food insecurity is a particularly important indicator of economic hardship. Courtney and colleagues (2005) used a food security composite score similar to the short form of the USDA's food security measure and found that one-quarter of 19-year-olds in the Midwest Study were affected by food insecurity. For example, 15 percent of youth reported experiencing a time in the past 12 months when they were hungry but did not eat because they could not afford food. These researchers also found that there were no statistically significant differences in the likelihood of experiencing food insecurity between youth in care and youth who had exited care.

Our assessment of food insecurity includes items taken from a measure created by the USDA (Bickel, Nord, Price, Hamilton, & Cook, 2000). All of the questions except for the first item in Table 48 asked about the youths' food situation in the past 12 months. In addition to individual measures of food insecurity, five items were used to create a composite score of the United States Department of Agriculture's food security measure. Youth who answered "yes" to two or more of the items were classified as *food insecure* (see note *b* below Table 48 for a list of the items).

As displayed in Table 48, close to nine in ten youth reported having enough food to eat. Almost three in ten youth said they had to borrow food or food money from relatives or friends, nearly one-seventh reported having to forego paying off a bill to purchase food, just under an eighth got emergency food from a pantry, and less than one-tenth ate at a soup kitchen. One in six youth reported skipping or cutting meals because they could not afford food, and among those who ever skipped or cut a meal, about 15 percent did so every month. Less than one-tenth of respondents reported not eating for a whole day, and for those who said they did not eat for a day, more than a quarter had to do so every month. Close to one in six youth said they ate less than they should, while the same proportion of youth said they were hungry but did not eat, and about one in ten lost weight because of not having enough food. Lastly, around one-third of the youth reported that it was "often true" or "sometimes true" that they worried about running

out of food, that they did not have enough money for food, and that they could not afford to eat balanced meals.

Overall, youth out of care were more likely than youth still in care to report instances of food insecurity. Youth not in care were more likely than youth still in care to report that they got food or borrowed money for food from friends or relatives (45.5% vs. 22.6%, $\chi^2 = 42.2$, $p < .05$), were hungry but did not eat because they could not afford food (31.8% vs. 9.7%, $\chi^2 = 6.1$, $p < .05$), and lost weight because of not enough food (23.8% vs. 4.9%, $\chi^2 = 6.5$, $p < .05$).

Table 48. Food Insecurity

	Overall	
	#	%
Food situation in the household in past month		
Enough of the kinds of foods wanted	49	59.0
Enough food, but not always the kinds of food wanted	26	31.3
Sometimes not enough food to eat	8	9.6
Often not enough to eat	0	0
Food Insecurity in Past 12 Months		
Got food or borrowed money for food from friends or relatives	24	28.6
Put off paying a bill to buy food	11	13.1
Received emergency food from a pantry	10	11.9
Ate meals at a soup kitchen/community meal program	4	4.8
Anyone in household skipped/cut size of meals because of not enough money for food	13	15.5
Frequency of skipping/cutting meals (n = 13)		
Almost every month	2	15.4
Some months, but not every month	6	46.2
Only 1 or 2 months	5	38.5
Did not eat for a whole day because of not enough money for food	7	8.3
Frequency of not eating a whole day (n = 7)		
Almost every month	2	28.6
Some months, but not every month	3	42.9
Only 1 or 2 months	2	28.6
Ate less than you should because of not enough money for food	13	15.5

Were hungry but didn't eat because could not afford food	13	15.5
Lost weight because of not enough food	8	9.6
Worried about running out of food		
Often true	4	4.8
Sometimes true	22	26.5
Never true	57	68.7
Did not have enough money to buy food after food didn't last		
Often true	3	3.6
Sometimes true	26	31.3
Never true	54	65.1
Could not afford to eat balanced meals		
Often true	5	6.0
Sometimes true	21	25.0
Never true	58	69.1
Food insecure[a]	21	25.0

[a] A youth was classified as *food insecure* if he or she answered "yes" to two of more of the following items: (1) Anyone in household skipped/cut size of meals because of not enough money for food, (2) Did not eat for a whole day because of not enough money for food, (3) Ate less than you should because of not enough money for food, (4) Did not have enough money to buy food after food didn't last (sometimes or often), and (5) Could not afford to eat balanced meals (sometimes or often).

Less than two percent of respondents reported ever receiving Unemployment Compensation and less than four percent of respondents said they had ever received Workers Compensation. Due to the small number of youth receiving these benefits, no further information is provided about the compensation received.

Public Assistance

Past research has shown that a nontrivial percentage of transition-age foster youth participate in various public assistance programs. Dworsky (2005) found that nearly 17 percent of the 8,511 former foster youth were recipients of AFDC or TANF cash assistance at some point during their first two years after discharge from foster care in Wisconsin. In addition, nearly a third of these youth received food stamps at some point during their first two years after they left care. The study found that not being white increased the likelihood of receiving both cash and food stamp benefits and was associated with a longer duration of receipt (Dworsky, 2005). Byrne and colleagues (2014) examined receipt of public assistance after discharge for a cohort of 7,492 former foster youth who exited care between 2002 and 2004 in Los Angeles County. These youth were all discharged from care after age 16, with over 70 percent of the young people exiting at age 18 or older. The study found that 28 percent of youth received CalWorks (California's TANF program) or General Relief (general assistance for indigent adults) during the follow-up period, which ranged from five to eight years depending on when the youth exited care. Similar to Dworsky (2005), Byrne and colleagues (2014) found nonwhite youth had a greater likelihood of receiving

public assistance than youth who were white. Courtney and colleagues (2005) reported that one-quarter of 19-year-old participants in the Midwest Study received one or more forms of need-based government benefits such as TANF, unemployment insurance, or food stamps. Needell and colleagues (2002) examined the characteristics of 12,306 who exited foster care due to reaching the age of maturation in California from 1992 and 1997. The study found that 24 to 27 percent of former foster youth were receiving AFDC or TANF related benefits at any point during the 7-year study. Unsurprisingly, Dworsky (2005), Courtney and colleagues (2005), Byrne and colleagues (2014) and Needell and colleagues (2002) each found a strong and consistent relationship between gender and public assistance receipt, with women being significantly more likely to receive benefits than men.

CalYOUTH participants were asked about receipt of Supplemental Nutrition Assistance Program (SNAP) benefits, which is commonly called Food Stamps, or CalFresh in California. As presented in Table 50, nearly two in five youth reported that they had ever received CalFresh benefits. Of those youth, nearly three-fifths were currently receiving benefits. Among the young people who ever received CalFresh benefits, almost 60 percent had received assistance for more than four weeks in the past year. Most recipients reported receiving between $101 and $200 per month in assistance. The average monthly amount youth reported receiving in CalFresh benefits was about $202 (the median was $190). Over nine in ten mothers reported ever receiving Supplemental Nutrition Program for Women, Infants and Children (WIC) and more than four-fifths reported that they were currently receiving WIC benefits. About two-in-five mothers reported that they received WIC for full year, while the remainder of mothers reported that they received it for less time. Of the mothers who reported the WIC amount they received to purchase food items per month, the average amount was about $165.

Table 50. Public Food Assistance

	#	% / Mean (SD)
Ever received Food Stamps/CalFresh	32	38.1
Currently receiving Food Stamps/CalFresh (*n* = 32)	19	59.4
Number of weeks received Food Stamps/CalFresh in the past 12 months (*n* = 32)		
0 weeks	4	13.8
1 to 4 weeks	8	27.6
5 to 12 weeks	7	24.1
13 to 24 weeks	1	3.5
25 or more weeks	9	31.0
Average amount received in Food Stamp/CalFresh per month (average) (*n* = 25)[a,b]	$190	$201.9 ($108.4)
Average amount received in Food Stamp/CalFresh per month (categories) (*n* = 24)[c]		
$1 to $100	4	16.7
$101 to $200	14	58.3
$201 to $500	3	12.5
More than $500	3	12.5
Among mothers, ever received Supplemental Nutrition Program for Women, Infants and Children (WIC) (*n* = 14)	13	92.9
Currently receiving WIC (*n* = 14)	11	84.6
Average amount received to purchase food items (per month) (*n* = 10)[d]		
$1 to $50	1	10.0
$51 to $100	4	40.0
$101 to $200	3	30.0
$201 to $500	1	10.0
More than $500	1	10.0

[a] Includes youth who reported receiving food stamps for 1 or more weeks during the past year.
[b] Two youth responded "don't know" or "refused" to the question about the specific dollar amount they received in food stamps and were asked a follow-up question with categories. When calculating the average amount of food stamp payments, the midpoint was used for the following categories: "$1 to $100" (*n* = 1), "$100 to $200" (*n* = 1).
[c] Youth were first asked to provide the exact dollar amount, but if they replied "don't know" or "refused" they were asked a follow-up question with categories. The categories reported here reflect the categories in the latter question. The responses of youth who reported a specific amount were recoded to these categories.
[d] A total of 13 females reported receiving WIC benefits in the past 12 months. Of these 13 females, 12 reported receiving WIC benefits for one or more weeks during the past year. One mother reported receiving $0 in benefits, and one mother reported "don't know" regarding the benefit amount. These findings include females who received some WIC benefits for one or more weeks over the past year.

Less than one-tenth of respondents reported ever living in public housing or had received rental assistance. Among those who ever received housing assistance (*n* = 6), one-half were currently receiving

this benefit. In the past 12 months, about two-thirds of the youth received housing assistance for five weeks or longer. Of those who reported receiving assistance for at least one week in the past 12 months, all youth received more than $500 per month toward housing.

Very few CalYOUTH participants reported ever receiving Temporary Assistance for Needy Families (TANF, or, as named in California, CalWORKs). Only about five percent of participants had ever received TANF/CalWORKs, and less than that were currently receiving the benefits. Fewer than one in ten youth reported ever receiving some other form of public assistance (e.g., SSI, general assistance, emergency assistance).

Physical and Mental Health

Physical Health

A recent policy statement from the American Academy of Pediatrics (2012) underscores the health care needs and service gaps for young adults aging out of foster care. While the majority of transition-age foster youth rate their health as good or excellent, a nontrivial proportion of youth report struggling with health limitations (Courtney et al., 2005; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Kools, Paul, Jones, Monasterio, & Norbeck, 2013; Reilly, 2003). Roughly one-quarter of 19-year-olds in the Midwest Study reported having health conditions that limited their ability to engage in vigorous activity, and 10 percent reported having conditions that limit their ability to engage in moderate activity (Courtney et al., 2005). Approximately one-third of Midwest Study participants visited the emergency room more than three times in the past five years and a similar proportion went to the hospital more than once in the past five years. Overall, pregnancy-related hospitalizations accounted for the largest portion of visits (39%), followed by hospitalizations due to illness (19%), injury or accident (16%), and drug use or emotional problems (13%). Compared to Midwest Study participants who remained in care at age 19, those who were no longer in care reported more instances of health problems such as stomachaches, muscle or joint aches, trouble sleeping, trouble relaxing, and moodiness. These differences in health status may reflect the stressful experience of transitioning out of care to independent living (Courtney et al., 2005).

As displayed in Table 53, when CalYOUTH participants were asked about their general health status, about one-fourth rated their health as “excellent” and more than half reported their health as being “good” or “very good.”

Table 53. Current Health Status (*n* = 84)

	CalYOUTH	
	#	%
General health rating		
Excellent	21	25.0
Very good	24	28.6
Good	24	28.6
Fair	14	16.7
Poor	1	1.2

The health and dental insurance coverage for study participants is reported in Table 54. Overall, about nine in ten young adults reported having health insurance, and roughly three-quarters of young adults had dental insurance coverage. Among those with health and dental coverage, over 90 percent reported their primary source of insurance as Medi-Cal (California's Medicaid program) or another state program.[14]

[14] In addition to the two questions summarized in Table 54, two questions were asked that mirrored items in the NYTD survey: "Currently are you on Medi-Cal?" and "Currently do you have health insurance, other than Medi-Cal?" A total of 90.8% of youth responded "yes" to the former question, and 13.2% responded "yes" to the latter question.

Table 54. Health Insurance Coverage and Dental Insurance Coverage

	Overall	
	#	%
Health insurance		
Youth has health insurance	74	89.2
Primary source of health insurance (*n* = 71)		
Plan purchased through employer or union	1	1.4
Plan youth/family member bought on their own	1	1.4
Medicaid/Medi-Cal/state program	67	94.4
Tricare (formerly Champus), VA, or military	1	1.4
Other	1	1.4
Dental insurance		
Youth has dental insurance	63	77.8
Primary source of dental insurance (*n* = 63)		
Plan purchased through employer or union	1	1.8
Plan youth/family member bought on their own	0	0
Medicaid/Medi-Cal/state program	51	92.7
Tricare (formerly Champus), VA, or military	1	1.8
Alaska Native/Indian Health Service/Tribal Health Services	0	0
Other	2	3.6

Data on the use of medical care and barriers to care are displayed in Table 55. About seven in ten youth in our sample reported having had a physical exam in the past year before their interview; while three in four reported having had a dental exam in the same time frame. Close to one-fifth of youth reported being unable to receive needed medical care within the past year, and among these respondents, the most common reasons for not being able to receive needed medical care were not having insurance, costs being too much, and not knowing where to go. Additionally, about a quarter of respondents said they were unable to access medical care for some other reason. Common reasons included not having coverage in their area, administrative barriers, or miscommunications between medical providers, caregivers, and the youth regarding access to care. Fewer youth reported encountering barriers to receiving needed dental care. Just over one-eighth of youth reported being unable to receive needed dental care within the past year. The most common barrier to receiving needed dental care was not having insurance. Finally, about one in five youth reported having an injury during the past year that was either “serious,” “very serious,” or “extremely serious.”

Table 55. Medical Care Use and Barriers to Use

	#	%
Last physical exam		
Never	0	0
Less than 1 year ago	57	67.9
1 to 2 years ago	22	26.2
2 or more years ago	5	6.0
Last dental exam		
Never	1	1.1
Less than 1 year ago	63	75.0
1 to 2 years ago	17	20.2
2 or more years ago	3	3.6
Unable to receive needed medical care in the past year	16	19.1
Reason(s) unable to receive medical care (*n* = 16)		
Didn't know where to go	1	6.3
Cost too much	3	18.8
No transportation	1	6.3
Hours were inconvenient	2	12.5
No insurance	5	31.3
Other reason	4	25.0
Unable to receive needed dental care in the past year (*n* = 84)	10	11.9
Reason(s) unable to receive dental care (*n* = 10)		
Didn't know where to go	1	10.0
Cost too much	1	10.0
No transportation	1	10.0
Hours were inconvenient	1	10.0
No insurance	4	40.0
Other	2	20.0
Worst injury in the past year		
Very minor	31	36.9
Minor	36	42.9
Serious	12	14.3
Very serious	2	2.4
Extremely serious	3	3.6

Table 56 presents findings on youths' reports of receipt of behavioral health counseling and psychotropic medication use during the past year. Overall, nearly one-quarter of the youth reported receiving psychological or emotional counseling, about 8 percent reported receiving treatment for an alcohol or

substance abuse problem, and 13 percent reported they were prescribed medication for their emotions. Close to half of youth who took medications for their emotions "agree" or "strongly agree" that their medication improved their mood, concentration, or behavior, and less than one-fifth reported that it helped them get along better with others. Side effects were a problem ("strongly agree" or "agree") for a little over one-sixth of the respondents taking medication, and roughly two-thirds had a neutral or positive view ("neither disagree nor agree," "agree," or "strongly agree") about whether good things about medication outweighed the bad. Additionally, most youth said the prescribing doctor listened to them when deciding to prescribe medicine, and somewhat less than half of respondents said they are taking the prescribed medications because of pressures from others.

Table 56. Behavioral Health Counseling and Psychotropic Medication Use

	#	%
Received psychological or emotional counseling in the past year	19	22.6
Received treatment for an alcohol or substance abuse problem in the past year	7	8.3
Received medication for emotional problems in the past year	11	13.1
Among youth who received medication for emotional problems in the past year (*n* = 11)		
Medicine improves mood, helps concentrate, or helps behave better		
Strongly agree	2	18.1
Agree	3	27.3
Neither agree or disagree	3	27.3
Disagree	1	9.1
Strongly disagree	2	18.2
Get along better with people when on medication		
Strongly agree	1	9.1
Agree	1	9.1
Neither agree or disagree	3	27.3
Disagree	4	36.4
Strongly disagree	2	18.2
Medicine gives bad side effects		
Strongly agree	1	9.1
Agree	1	9.1
Neither agree or disagree	4	36.4
Disagree	4	36.4
Strongly disagree	1	9.1
Good things about medication outweigh the bad things		
Strongly agree	2	18.2
Agree	3	27.3
Neither agree or disagree	2	18.2
Disagree	4	36.4
Strongly disagree	0	0
When deciding to give medication doctor listens to what I have to say		
Strongly agree	5	45.5
Agree	5	45.5
Neither agree or disagree	0	0
Disagree	1	9.1

Strongly disagree	0	0
Take medication only because of pressure from other people		
Strongly agree	1	9.1
Agree	4	36.4
Neither agree or disagree	0	0
Disagree	5	45.5
Strongly disagree	1	9.1

The health conditions and disabilities of young people in this study are presented in Table 57. Overall, about one-fifth of young people reported having a health condition or disability that limits their daily activities. Among these youth, nearly three in ten reported their health condition limits their activities "a lot," and the same proportion of youth with a health condition/disability reported their health condition developed within the past year. Regarding group differences, females were more likely than males to report having a health condition that limited daily activity (30.0% vs. 5.9%, $\chi^2 = 7.3$, $p < .01$).

Table 57. Health Conditions, Disabilities, and Injuries

	Overall	
	#	**%**
Has health condition or disability that limits daily activities	17	20.2
How much health condition or disability limits daily activities (*n = 17*)		
Limited a little	12	70.6
Limited a lot	5	29.2
When health conditions or disabilities developed (*n = 17*)		
Within the past year	5	29.4
More than a year ago	12	70.6

Tables 58 and 59 present height and weight information self-reported by CalYOUTH participants and statistics on body mass index (BMI). Using the height and weight information and standard BMI calculations, we computed the mean BMI for the CalYOUTH participants, as well as percentile rankings to indicate the relative position of the youth's BMI among young adults of the same age and sex. Body mass index is a useful measure for assessing the extent to which one's body weight deviates from what is considered desired or healthy for a person of that height and is used for screening of weight categories that may lead to health problems (Centers for Disease Control and Prevention, 2011). As displayed in Table 58, on average, youth are about 66 inches tall and weigh 162 pounds.

Table 58. Height and Weight

	Overall		Female		Male	
	#	Inches/Lbs. (SD)	#	Inches/Lbs. (SD)	#	Inches/Lbs. (SD)
Height	81	66.0 (3.8)	50	63.9 (2.5)	34	69.0 (3.3)
Weight	82	161.6 (38.0)	48	151.8 (26.3)	34	175.4 (47.1)

Table 59 displays information on the average BMIs for young people in the CalYOUTH Study, both overall and separated by gender. The overall BMI for CalYOUTH participants was 26.1. The majority of youth fell within the "healthy" weight classification, although 27 percent fell in the "overweight" or "obese" categories based on their BMI, gender, and age.

Table 59. Body Mass Index (BMI) and Obesity

	CalYOUTH					
	Overall (*n* = 82)		**Female (*n* = 48)**		**Male (*n* = 34)**	
Mean BMI (SD)	**26.1 (5.4)**		**26.2 (4.7)**		**25.8 (6.3)**	
	#	**%**	**#**	**%**	**#**	**%**
BMI Status						
Underweight (BMI < 19)	4	4.8	1	2.1	3	8.8
Healthy weight (19 ≤ BMI < 25)	40	47.6	24	50.0	16	47.1
Overweight (25 ≤ BMI < 30)	23	27.4	15	31.3	8	23.5
Obese (BMI ≥30)	15	18.3	8	16.7	7	20.6

As reported in Table 60, about 15 percent of young adults reported ever smoking regularly (i.e., at least one cigarette every day for 30 days). Additionally, approximately 20 percent of youth reported ever smoking during the past month. Youth from L.A. County were less likely than youth from other counties to report ever smoking cigarettes regularly (14.3% vs. 28.9%, $F = 7.8$, $p < .01$). As displayed in Table 60, there were also differences by care status, with out-of-care youth more likely than in-care youth to have ever smoked cigarettes regularly and to have smoked in the past month.

Table 60. Smoking

	Overall		Out of Care		In Care		
	#	%	#	%	#	%	*p*
Ever smoked cigarettes regularly (at least one cigarette per day for 30 days)	12	14.3	7	31.8	5	8.1	**
Ever smoked cigarettes in the past 30 days	17	20.2	8	36.4	9	14.5	*

***p* < .01; **p* < .05

Table 61 presents data on youths' most recent hospitalizations. About three in ten young people in our study reported being hospitalized at least one time since their baseline interview. Among those who were hospitalized at least once, the average number of hospitalizations was 1.8 (*SD* = 1.9).[15] The most commonly reported reasons for being recently hospitalized were related to illness, an injury or accident, or pregnancy. Additionally, less than one-tenth of these youth reported being hospitalized because they were experiencing emotional, psychological, or mental health problems.

Table 61. Hospitalizations

	Overall	
	#	%
Hospitalized since last interview	24	28.6
Among hospitalized youth, number of hospitalizations since last interview (mean, SD)	1.8 (1.9)	
Time of most recent hospitalization (*n = 24*)		
Within the past 3 months	4	16.7
4 to 6 months ago	4	16.7
7 to 9 months ago	5	20.8
10 to 12 months ago	5	20.8
More than 1 year ago	6	25.0
Main reason for most recent hospitalization (*n = 24*)		
Illness	9	37.5
Injury or accident	5	20.8
Alcohol or other drug problem	3	12.5
Emotional or mental health problem	2	8.3
Pregnancy related	5	20.8
Ever hospitalized for mental health since last interview	6	7.2

[15] When calculating the mean number of hospitalizations, responses were top-coded at 10 (two youth reported more than 10 hospitalizations).

CalYOUTH respondents were also asked about other health services they received in the past year (see Table 62). Around one in seven L.A. County youth reported receiving family planning counseling or services, and a little less than a third of respondents reported receiving testing or treatment for any sexually transmitted diseases or AIDS.

Table 62. Other Health Services Received by Youth

	Overall	
	#	%
Received in the past year		
Family planning counseling/services	12	14.3
STD/AIDS testing or treatment	26	31.0

Mental Health[16]

Early maltreatment and experiences during out-of-home care, such as placement instability, can influence the psychological development and mental health status of children and adolescents in foster care (Aarons et al., 2010; Newton, Litrownik, & Landsverk, 2000; Oswald, Heil, & Goldbeck, 2010; Rubin, O'Reilly, Luan, & Localio, 2007). Older and former foster youth experience a higher prevalence of some current and lifetime mental health problems than young people without foster care involvement [see Havlicek, Garcia, and Smith (2013) and Kang-Yi and Adams (2015) for reviews]. At age 19, one-third of young adults in the Midwest Study reported having mental health problems. The most frequently reported mental health problems were PTSD (13%), alcohol abuse (11%), substance abuse (11%), and major depression (8%) (Courtney et al., 2005). Moreover, males in this sample were more likely than females to experience alcohol abuse (13% of males vs. 8% of females) and substance abuse (15% of males vs. 8% of females), while females reported a higher prevalence of major depressive disorder (11% of females vs. 5% of males) and PTSD (18% of females vs. 5% of males). Individuals who had left care had a higher lifetime prevalence of alcohol and other substance dependence and abuse than young adults who remained in care (Courtney et al., 2005), and 53 percent of the 19-year-olds in the Midwest Study reported needing behavioral health services (Brown, Courtney, & McMillen, 2015).

Despite high rates of mental health and substance use problems, many youth do not receive needed services (Brown et al., 2015). Furthermore, research suggests that youth who leave care use mental health services at a lower rate than young people who are still in care at age 19 (Brown et al., 2015; McMillen & Raghavan, 2009). A recent qualitative study of foster care alumni identified factors that could reduce youths' utilization of mental health services once they leave the foster care system (Sakai et al., 2014).

[16] Due to a survey administration error, one youth was not asked mental health questions.

When asked about their experience with mental health services while in care, youth in this study reported a lack of involvement in decisions about their mental health care and a lack of preparation to help them manage their health care when they are on their own. Youth also identified practical difficulties such as appointment availability and transportation as impeding their ability to use services after they left care (Sakai et al., 2014).

We assessed the mental health status of youth using the Mini International Neuropsychiatric Interview for Adults (MINI) (Sheehan et al., 1998) and assessed suicidal ideation and attempts among youth with the Composite International Diagnostic Interview (CIDI) (World Health Organization, 1998). The MINI is a brief structured diagnostic tool used to assess DSM-IV and ICD-10 psychiatric disorders in adults. Additionally, symptoms of eating disorders were assessed by using a short version of the Eating Disorder Inventory (EDI-3) (Friborg, Clausen, & Rosenvinge, 2013; Garner, 2004) and psychotic thinking was assessed using the Psychoticism dimension of the Symptoms Checklist-90-Revised (SCL-90-R) (Derogatis, 1996; Derogatis & Unger, 2010).

As displayed in Table 63, about fifteen percent of youth reported thinking about suicide sometime during the time since their first CalYOUTH Study interview (approximately two years). Less than three percent reported attempting suicide during that period. Youth from L.A. County were less likely than youth from other counties to report attempting suicide since the last interview (2.5% vs. 9.3%, $F = 4.1$, $p < .05$).

Table 63. Past Suicidal Ideation and Suicide Attempts (*n* = 83)

	Overall	
	#	%
Thought about committing suicide since last interview	12	15.2

Table 64 presents diagnostic information for a range of psychiatric disorders. The most prevalent behavioral health disorders were major depression, a substance use disorder, and an alcohol use disorder. Although not displayed in the table, fewer than 5 percent of respondents screened positive for each of the following disorders: mania (i.e., manic episode, hypomania, hypomanic symptoms), panic disorder, social phobia, obsessive-compulsive disorder, posttraumatic stress disorder, generalized anxiety disorder, antisocial personality disorder, psychotic thinking, anorexia nervosa, and bulimia nervosa. Overall, about one in five youth had a positive screen for at least one of the current mental health disorders that we assessed, roughly one in eight screened positive for an alcohol or substance use disorder, and about one in four screened positive for either a mental health or substance use disorder.

Table 64. Mental Health Screen (n = 83) [a d e]

	Positive Diagnosis		Negative Diagnosis		Don't Know/ Refused*	
	#	%	#	%	#	%
Major depressive episode						
Current	5	6.0	78	94.0	7	9.0
Past	13	15.7	70	84.3	6	8.5
Recurrent	6	7.2	77	92.8	9	11.7
Alcohol dependence or abuse	7	8.4	76	91.6	5	6.6
Substance dependence or abuse	6	7.2	77	92.8	4	5.2
Any current mental health disorder (n = 83)[f]	16	19.3	64	77.1	11	17.2
Any current substance/alcohol use disorder (n = 83)[g]	10	12.1	73	86.9	5	6.8
Any current mental health or substance/alcohol use disorder (n = 83)	21	25.0	59	70.2	11	18.6

*The absence of affirmative responses to all items necessary for a positive diagnosis resulted in a negative diagnosis, even when this was the result of "don't know/refused" responses. The "Don't Know/Refused" columns indicate the number and percentage of youth who received a negative diagnosis due to one or more "don't know/refused" responses.

[a] Due to a programming error, 1 youth was not asked these questions at the time of the interview.

[d] Due to a survey administration error, only 9 of the 10 items from the psychoticism dimension of the SCL-90-R were used to assess the presence of psychotic thinking. Scores were only calculated for respondents who answered five or more items. Respondents who answered four or fewer items were coded as missing. Among youth who answered five or more items, the mean of the answered items was calculated and compared to norms from nonclinical population (separately for males and females, adolescent norms for youth below age 20 and adult norms for youth 20 years and older). Respondents whose average raw score corresponded to a t-score greater than 63 were coded as a positive case of psychotic thinking (see Derogatis & Unger, 2010). Given the limitations mentioned above, results for psychotic thinking should be interpreted with caution.

[e] A brief version of the EDI-3 was used to screen for anorexia nervosa and bulimia nervosa (Friborg et al., 2013). Two items were used to assess anorexia and two items were used to assess bulimia. For each eating disorder, raw scores were converted to criteria scores and then summed (Garner, 2004), and cut scores were used to determine positive cases (Friborg et al., 2013). However, we were concerned about one of the items used to assess bulimia ("I worry that my feelings will get out of control"). A high score on this item alone could lead to a positive screen. Thus, youth were marked as a positive case for anorexia if they met the cut score criteria *and* if they answered "sometimes," "often," "usually," or "always" to the second items used to assess anorexia ("I feel bloated after eating a normal meal"). Given the brevity of the instrument and the scoring concern just described, results for anorexia and bulimia should be interpreted with caution.

[f] Includes positive screen for MDE (current and recurrent), manic episode, hypomanic episode, panic disorder, social phobia, OCD, PTSD, GAD, APD, anorexia, or bulimia.

[g] Includes positive screen for substance abuse, substance dependence, alcohol abuse, or alcohol dependence.

Life Skills Preparedness and Receipt of Services

Independent living services are intended to help young people who had been or are currently in foster care transition to adulthood by equipping them with skills and resources in areas such as education, employment, financial literacy, and daily living (Courtney, Lee, & Perez, 2011; Courtney et al., 2001). However, not all youth who are eligible for these services receive them (Courtney et al., 2011; Okpych, 2015). While rates vary across studies because of differences in the samples and the classifications of independent living services, studies show that youth are most likely to receive services that target education; career preparation, job seeking, and employment; health education; and housing (Courtney et al., 2005; Courtney et al., 2001; Okpych, 2015).

Some studies have found differences in service receipt by sex, race/ethnicity, urbanicity, and age of exit from foster care (Courtney et al., 2005; Courtney et al., 2001; Okpych, 2015). Generally, females are more likely to receive services than males. For example, a recent national study of foster youth between the ages of 16 and 21 found that 54 percent of females received at least one type of service compared to 47 percent of males (Okpych, 2015). Higher proportions of females received services in 12 of the 13 service areas that were examined. The same study found that multiracial and Hispanic youth were more likely than average to receive services and African American youth were less likely than average to receive services. Research also suggests that service receipt varies by geographic region, with youth residing in large urban areas less likely to receive services than those in rural or nonmetropolitan areas (Courtney et al., 2001; Okpych, 2015). Results from the Midwest Study also suggest that service receipt varies by age and care status (Courtney et al., 2004; Courtney et al., 2005). At age 17, more than half of the respondents received services in five of the six service domains that were measured, but at age 19 more than half of the youth received services in just one domain (educational support). In all six service domains, youth who were still in care at age 19 were significantly more likely to receive services than those who had left care by age 19.

Table 66 presents CalYOUTH participants' perceptions of their preparedness to achieve their goals in a variety of areas, ranging from 1, "not prepared" to 4, "very prepared." More than half of youth felt "very prepared" in the areas of substance abuse, sexual health, family planning, parenting (among parents), and relationship skills. The largest proportions of young people reported feeling "not prepared" in the areas of housing and employment. Differences by care status were found for housing. Almost 90 percent of out-of-care youth felt "very prepared" or "prepared" to achieve their housing goals compared to just 58 percent of in-care youth ($\chi^2 = 7.9$, $p < .01$). County differences were found for education, with youth in L.A. County being more likely than youth in other counties to feel "prepared" (47.6% vs. 31.9%) and less likely to feel "somewhat prepared" (11.9% vs. 22.4%) ($F = 3.3$, $p < .05$).

Table 66. Perception of Preparedness to Achieve Goals (*n* = 84)

	Very Prepared		Prepared		Somewhat Prepared		Not Prepared	
	#	%	#	%	#	%	#	%
Education	33	39.3	40	47.6	10	11.9	1	1.2
Employment	30	35.7	37	44.1	14	16.7	3	3.6
Housing	25	29.8	31	36.9	21	25.0	7	8.3
Financial literacy	35	41.7	27	32.1	21	25.0	1	1.2
Independent living skills	36	42.9	37	44.1	10	11.9	1	1.2
Physical health	38	45.2	39	46.4	6	7.1	1	1.2
Mental/ Behavioral health	29	34.5	40	47.6	13	15.5	2	2.4
Substance abuse	55	65.5	25	29.7	4	4.8	0	0.0
Sexual health	62	73.8	21	25.0	1	1.2	0	0.0
Family planning	51	60.7	29	34.5	3	3.6	1	1.2
Parenting (*n* = 17)[a]	15	88.2	2	11.8	0	0.0	0	0.0
Relationship skills	50	59.5	27	32.1	6	7.1	1	1.2

[a] Includes respondents who are parents.

Table 67 presents youths' perceptions of the amount of life skills preparation, support services, and training they received. Responses ranged from 1 "none" to 4 "a lot" in the same thirteen areas reported above. Youth were most likely to report receiving "a lot" of preparation in the areas of sexual health, family planning, substance abuse, and relationship skills, with more than half of youth reporting receiving "a lot" of services in each of those areas. Youth were least likely to report receiving a lot of preparation in the area of financial literacy and housing, with less than a third of youth reporting receiving "a lot" of services in each of those areas. County differences were found. In terms of amount of services received to address substance abuse, fewer L.A. County youth than youth in other counties said "none" (2.4% vs. 11.4%) and more L.A. County youth than youth in other counties said "a little" (14.3% vs. 7.9%) (F = 3.3, $p < .05$). The proportions of youth who said "a lot" and "some" were comparable for youth in L.A. County and other counties.

Table 67. Receipt of Life Skills Preparation, Support Services, or Training

	A Lot		Some		A Little		None	
	#	%	#	%	#	%	#	%
Education	30	35.7	37	44.1	12	14.3	4	4.8
Employment	30	35.7	35	41.7	11	13.1	8	9.5
Housing	22	26.2	40	47.6	14	16.7	8	9.5
Financial literacy	22	26.2	41	48.8	16	19.1	5	6.0
Independent living skills	37	44.1	32	38.1	10	11.9	5	6.0
Physical health	39	46.4	28	33.3	11	13.1	6	7.1
Mental/behavioral health	30	35.7	33	39.3	13	15.5	8	9.5
Substance abuse	45	53.6	25	29.8	12	14.3	2	2.4
Sexual health	51	60.7	23	27.4	6	7.1	4	4.8
Family planning	46	55.4	26	31.3	6	7.2	5	6.0
Parenting (n = 17)[a]	8	47.1	4	23.5	2	11.8	3	17.7
Relationship skills	42	50.6	27	32.5	7	8.4	7	8.4

[a] Includes respondents who are parents.

Youth were asked about their level of satisfaction with the life skills training and services they received in the thirteen areas reported above. Responses ranged from 1, “very dissatisfied” to 4, “very satisfied.” The average level of satisfaction in each service area is reported in Table 68. Youth were the most satisfied with the services they received in the area of sexual health. Youth reported being the least satisfied with the preparation they received in the area of housing.

Table 68. Satisfaction with Life Skills Preparation, Support Services, or Training

	Mean (SD)
Education	3.1 (0.7)
Employment	3.1 (0.7)
Housing	3.0 (0.7)
Financial literacy	3.1 (0.7)
Independent living skills	3.2 (0.7)
Physical health	3.1 (0.7)
Mental/behavioral health	3.1 (0.7)
Substance abuse	3.4 (0.6)
Sexual health	3.5 (0.6)
Family planning	3.4 (0.6)
Parenting (n = 17)[a]	3.4 (0.8)
Relationship skills	3.3 (0.7)

[a] Includes respondents who are parents.

Community Connections and Social Support

Community Connections

Civic engagement is believed to allow youth to form social networks, build social capital, and connect to educational and occupational opportunities (Flanagan & Levine, 2010). However, dropping out of high school and being arrested have been linked to reduced civic engagement (Flanagan & Levine, 2010), which is particularly concerning since foster youth experience these outcomes at higher rates than their nonfoster peers. Little is known about the civic participation of transition-age foster youth. Courtney and colleagues (2007) found Midwest Study participants at age 21 to be less likely than their Add Health counterparts to report performing any unpaid volunteer or community service over the prior 12 months. Of the Midwest Study participants that did perform unpaid volunteer or community service, most participated in activities with church groups, community centers, or youth organizations (Courtney et al., 2007). Midwest Study participants' political participation was similar to that of their Add Health counterparts (Courtney et al., 2007).

Table 69 displays information about CalYOUTH participants' civic engagement. Few youth reported being involved in municipal meetings or activities with neighbors to address community issues.

Table 69. Civic Engagement

	#	%
How often attended a meeting for a local board, council, or organization that deals with any community problems during the past year		
Never	72	85.7
Once	6	7.1
2 to 3 times	3	3.6
About once a month	2	2.4
More than once a month	1	1.2
Worked with or gotten together informally with others in community/neighborhood to try to deal with community issues	8	9.5
Voted in the last national election	3	3.6

Limited research is available regarding the neighborhoods in which transition-age foster youth live, particularly youth in extended foster care. This is not surprising given that extended foster care policy has only recently created a variety of new living arrangements for nonminor dependents. However, neighborhoods provide an important developmental context for young adults. For example, research has shown that both fear and mistrust are higher among residents who characterize their neighborhoods as disordered (Ross & Jang, 2000). Additionally, research has found that people who describe their neighborhoods as having high levels of disorder report somewhat lower levels of formal participation in neighborhood organizations (Ross & Jang, 2000), which may have lasting effects on young people's civic engagement. In a qualitative study of nonminor dependents in California, Napolitano and Courtney (2014) found that youth lived in a variety of different types of neighborhoods. While some youth described their neighborhoods as safe and quiet, others described their neighborhoods as places where violence and crime occurred regularly (Napolitano & Courtney, 2014).

Youth were asked several questions about their interactions with people in their neighborhood. As seen in Table 70, just under two-fifths of youth "agree" or "strongly agree" that they live in a close-knit neighborhood and one-third affirmed that their neighbors are willing to help each other. However, about two-fifths agreed that their neighbors do not share the same values. Just over one-fifth of youth agreed that their neighbors could be trusted.

Table 70. Neighborhood Social Cohesion

	#	%
Lives in a close-knit neighborhood		
Strongly agree	10	12.7
Agree	21	26.6
Neither agree nor disagree	28	35.4
Disagree	15	19.0
Strongly disagree	5	6.3
People around are willing to help their neighbors		
Strongly agree	8	9.6
Agree	21	25.3
Neither agree nor disagree	30	36.1
Disagree	18	21.7
Strongly disagree	6	7.2
People in the neighborhood do not share the same values		
Strongly agree	9	11.3
Agree	24	30.0
Neither agree nor disagree	32	40.0
Disagree	14	17.5
Strongly disagree	1	1.3
People in the neighborhood can be trusted		
Strongly agree	4	4.8
Agree	13	15.6
Neither agree nor disagree	41	50.0
Disagree	14	17.1
Strongly disagree	10	12.2

Table 71 reports youths' perceptions of how likely their neighbors would intervene to address various kinds of antisocial behaviors in their neighborhood. Overall, over one-third of youth reported it is likely ("very likely" or "likely") that their neighbors would intervene if children were loitering around a street corner. Nearly three-quarters of youth said that it is likely that their neighbors would intervene if children were painting graffiti on a building, and almost three-quarters reported that their neighbors would break up a fight if someone was being hurt. Roughly half of the respondents reported it is likely that their neighbors would scold a child for showing disrespect to an adult. Youth perceptions about whether neighbors would intervene with children who were skipping school and loitering ($p < .05$) varied by gender. Females were more likely than males to think that it is "very unlikely" that their neighbors would intervene (40.8% vs. 15.2%) whereas males were more likely than females to think that it is "likely" for neighbors to intervene (36.4% vs. 12.2%).

Table 71. Neighborhood Social Control

	#	%
Likelihood that neighbors would intervene if a group of neighborhood children were skipping school and hanging out on a street corner		
Very likely	12	14.6
Likely	18	22.0
Unlikely	27	33.0
Very unlikely	25	30.5
Likelihood that neighbors would intervene if some children were spray painting graffiti on a local building		
Very likely	33	39.8
Likely	26	31.3
Unlikely	11	13.3
Very unlikely	13	15.7
Likelihood that people in neighborhood would scold child if a child was showing disrespect to an adult		
Very likely	13	15.9
Likely	29	35.4
Unlikely	26	31.7
Very unlikely	14	17.1
Likelihood that neighbors would break up a fight in front of house if someone was being beaten or threatened		
Very likely	31	37.4
Likely	29	34.9
Unlikely	16	19.3
Very unlikely	7	8.4

Youth were asked about how safe they felt in their neighborhood and how happy they were living in their neighborhood. As presented in Table 72, nearly nine in ten youth indicated that they felt safe in their neighborhood, and nearly three-fifths said that they were happy on the whole living in their neighborhood.

Table 72. Neighborhood Safety and Satisfaction

	Overall	
	#	%
Feel safe in neighborhood	73	88.0
On the whole, how happy living in neighborhood		
Very happy	28	33.3
Somewhat happy	20	23.8
Neutral	33	39.3
Somewhat unhappy	0	0.0
Not at all happy	3	3.6

A limited amount of research has been conducted on religiosity and its relationship to other outcomes for transition-age foster care youth. Courtney and colleagues (2007) found that Midwest Study participants at age 21 were less likely to have attended religious services during the past 12 months than their Add Health counterparts (57% vs. 70%). Despite lower religious service attendance rates, Midwest Study participants were more likely than Add Health participants to report that their religious faith was more important to them than anything else (Courtney et al., 2007).

The few studies that examine the relationship between religiosity and other outcomes for youth with foster care involvement show mixed findings. A study of 189 former foster youth found that youth who reported greater spiritual support demonstrated higher resilience in the areas of education participation, avoidance of early parenthood, employment history, avoidance of drug use, and avoidance of criminal activity (Daining & DePanfilis, 2007). Another study found that religious service attendance was inversely correlated with current cigarette use for teens in foster care (Scott, Munson, McMillen & Ollie, 2006). However, not all studies have found religiosity to be correlated with positive outcomes for current or former foster youth. For example, a study of 325 older youth in foster care found no correlation between religious beliefs and practices and teen pregnancy (Oshima, Narendorf, & McMillen, 2013). Even less research has investigated foster youth characteristics that are associated with increased religiosity. A notable exception is the study by Scott and colleagues (2006), which found that women, African Americans, and youth with a history of being sexually abused were more likely to engage in religious practices than other foster youth.

Table 73 presents data on youths' participation in religious services. Half of the youth attended a religious service at least once in the past year.

Table 73. Religiosity

	Overall	
	#	%
How often attended religious services during past year		
Once a week or more	12	14.3
Once a month or more, but less than once a week	10	11.9
Less than once a month	20	23.8
Never	42	50.0

Social Support

The importance of supportive relationships for foster youth transitioning to adulthood has been underscored by a number of studies (Collins, Spencer, &Ward, 2010; Curry & Abrams, 2015; Geenen & Powers, 2007; Jones, 2014; Perry, 2006). However, researchers have discovered that maintaining supportive relationships is difficult for some foster youth due to histories of instability and negative feelings about dependence on others (Geenen & Powers, 2007; Perry, 2006; Samuels & Pryce, 2008).

Researchers have investigated the social relationships of foster youth in terms of the types of support they receive as well as the structural characteristics of their relationships. With regard to the types of social support these youth receive, Courtney and colleagues (2005) asked 19-year-old Midwest Study participants a variety of questions about their receipt of four types of social support (emotional, tangible, material aid, and affectionate). Although levels of support were generally high, larger proportions of youth received affectionate support than emotional, informational, or tangible support. No differences were found between youth still in care and youth who had left care. The structural characteristics of foster youth's social networks have been studied by a variety of researchers. Their studies show that large proportions of youth maintain close relationships with one or members of their biological family despite the fact that they were removed from the care of their biological parents (Collins et al., 2010; Courtney et al., 2001, 2004, 2005; Courtney & Dworsky, 2006; Reilly, 2003; Samuels & Pryce, 2008). Foster youth tend to maintain close ties to their siblings (Reilly, 2003; Courtney et al., 2005), and they also remain close to their mothers and grandparents (Collins et al., 2010; Courtney et al., 2004; Courtney et al., 2005; Courtney et al., 2001). Perhaps unsurprisingly, smaller proportions of foster youth have close relationships with their biological parents compared to similar age adolescents not in care. For example, one study found that while 95 percent of the general population of youth reported feeling their biological parents care about them a lot, only 32 percent of youth in foster care felt similarly (Perry, 2006). However, foster youth often report receiving emotional support and assistance from other sources, such as their foster families (Reilly, 2003; Courtney et al., 2004; Courtney et al., 2001; Perry, 2006; Samuels & Pryce, 2008).

Data on CalYOUTH participants' social networks and supports were collected from a modified version of the Social Support Network Questionnaire (SSNQ) (Gee & Rhodes, 2007; Rhodes, Ebert, & Fischer, 1992). The SSNQ is a brief instrument designed to capture a wide range of characteristics of respondents' social support networks including size, perceived availability of support, satisfaction with received support, relationship strain, frequency of contact, and relationship type. In the original instrument, five types of social support are measured: emotional, tangible, guidance/advice, positive feedback, and social participation. A sixth type of social support is measured in individuals who are pregnant or parenting, prenatal/parenting support. For each type of support, respondents generate names of individuals they perceive as being available to provide that support. The respondents then rate their satisfaction with the support they received from each individual in the past month. Next, youths evaluate four types of strain and whether they are present in their relationships with each individual they nominated (disappointment, intrusiveness, criticism, and conflict). Finally, respondents provide additional information about each nominated support, such as the type of relationship the youth has to each nominee (e.g., parent, friend, professional), the age of the nominee, the frequency of contact with the nominee, and the geographic distance from the nominee.

The full-length SSNQ takes approximately 20 to 25 minutes to complete; the instrument was modified to reduce the administration time. Three of the five types of social support were included (emotional, tangible, and advice/guidance), respondents were limited to nominating up to three individuals for each type of support, and youth were not asked about their satisfaction with recent support they received. Thus, if a youth nominated three unique individuals for each type of support, a maximum of nine individuals could be nominated. However, to gauge the network size for each type of support and for their entire support network, respondents were asked how many people they could turn to for each specific type of support and the total number of people they could rely on for any type of support. Questions about the four types of strain were kept in the survey. While questions about the nature of the relationship and the frequency of contact with each nominated individual were retained, questions about the age of and geographic distance from the individual were omitted. Response categories were added to the question about the nature of the relationship with each nominee so that the options would include types of relationships that youth in foster care commonly encounter (e.g., foster mother, foster father, caseworker).

Before asking youth about specific people they could turn to for social support, we asked youth to estimate the size of their social support networks. Table 74 presents the youths' estimates of how many people they have for each of the three types of social support, as well as the total number of people they could turn to if they needed any kind of support. For all four of these measures, the possible range was 0 to 99. On average, youth said they had about two people they could turn to for tangible support (someone

who can lend or give something the youth needed) and for advice/guidance (someone to give advice or information), and around five people they could turn to for emotional support (someone to talk about something private). Youth reported having an average of 6 people in total that they could turn to for support. Youth from L.A. County reported having a smaller estimated tangible support size than youth from other counties (*Mean* = 2.2 vs. *Mean* = 3.3, $F = 25.0$, $p < .001$) and smaller estimated advice/guidance support size than youth from other counties (*Mean* = 2.4 vs. *Mean* = 3.7, $F = 22.0$, $p < .001$).

Table 74. Estimated Number of Available Supports, by Type of Support (*n* = 84)

	None		Median	Mean (SD)
	#	%	Overall	Overall
Emotional	4	4.8	3	4.9 (11.1)
Tangible	9	10.7	2	2.2 (1.3)
Advice/guidance	6	7.1	2	2.4 (1.8)
All supports	2	2.4	4	6.0 (10.8)

Table 75 displays the number of people that L.A. County youth nominated as someone they could turn to for support, as gathered by the SSNQ instrument. Over one-third of youth nominated two or more people for emotional support, less than two-thirds nominated two or more people for tangible support, and just over one-half nominated two or more people as source of advice/guidance. Few youth said they had no one to turn to for each type of support, although the proportion was higher for tangible support than the other two support types.

Table 75. Number of Individuals Nominated, by Type of Support (*n* = 84)

	Emotional		Tangible		Advice/Guidance	
	#	%	#	%	#	%
None	4	4.8	9	10.7	6	7.1
One individual	13	15.5	15	17.9	21	25.0
Two individuals	15	17.9	27	32.1	24	28.6
Three individuals	18	21.4	22	26.2	19	22.6

The total number of distinct individuals that the youth nominated appears in Table 76. Almost all youth (97.6%) nominated at least one individual whom they could turn to for social support. On average, youth nominated 2.9 distinct individuals. In order of fewest nominees to most nominees, White youth nominated 2.3 individuals followed by Hispanic youth (2.8), African American (2.9), mixed-race youth (3.5), and youth in the "other" race/ethnicity category (4.0). Youth from L.A. County nominated fewer individuals than did youth from other counties (*Mean* = 2.9 vs. *Mean* = 3.3, $F = 5.9$, $p < .05$).

Table 76. Total Number of Nominated Individuals (*n* = 242)

	None		Median	Mean (SD)
	#	%	Overall	Overall
Total number of nominated individuals	2	2.4	3	2.9 (1.4)

Since relationships with important people can also be sources of stress, youth were asked about strain they experienced with each social support nominee (see Table 77). Youth were asked about how often they experienced four types of strain and responded using a range from 1, "never" to 5, "always": disappointment (breaks promises, does not come through when needed), intrusiveness (butts into youth's business, bosses youth around, acts like they know what's best for youth), criticism (puts youth down, makes youth feel stupid), and conflict (has fights or strong disagreements with youth).

Table 78 presents the average for each type of relationship strain across all of the individuals who were nominated by the L.A. County youth (*n* = 242). Overall, strain was relatively uncommon in the youths' relationship with people they could turn to for support; "never" and "rarely" were the most common responses for all four types of strain. When looking at strain that occurred frequently ("often" or always"), intrusiveness was the most common type of strain, with youth reporting their support person frequently butting into their business in about one in five relationships. In contrast, strain from conflict occurs in about just one in twenty relationships, the other two types of strain (disappointment and criticism) occurred even less frequently. When looking at the averages for each type of relationship strain, intrusiveness had the highest overall average, followed by disappointment, conflict, and criticism. The average score for disappointment was slightly lower for L.A. County youth than for youth in other counties (*Mean* = 1.8 vs. *Mean* = 1.9, $F = 4.4$, $p < .05$).

On average, the proportion of males that reported "never" experiencing intrusiveness and conflict in their relationships with supports was less than the proportion of females reporting "never" experiencing these types of strain. More than half of males reported "never" experiencing intrusiveness (52.1%) compared to over one-third of females (37.7%), whereas females were more likely than males to say that they "often" experienced intrusion (15.1% vs. 4.2%) ($\chi^2 = 10.6$, $p < .05$). Similarly, males were more likely than females to "never" experience conflict with support figures (61.5% vs. 40.4%) but were less likely than females to "sometimes" experience conflict (26.0% vs. 35.6%) ($\chi^2 = 12.2$, $p < .05$).

Table 77. Frequency of Relationship Strain (*n* = 242)

	Disappointment		Intrusiveness		Criticism		Conflict	
	#	%	#	%	#	%	#	%
Never	100	41.3	105	43.4	195	80.6	118	48.8
Rarely	99	40.9	49	20.3	29	12.0	77	31.8
Sometimes	36	14.8	43	17.8	10	4.1	36	14.8
Often	7	2.9	26	10.7	6	2.5	10	4.1
Always	0	0.0	19	7.9	2	0.8	1	0.4

Table 78. Average Relationship Strain (*n* = 242)

	Median	Mean (SD)	Mean	
	Overall	Overall	Male	Female
Disappointment	2	1.8 (0.8)	1.7	1.9
Intrusiveness	2	2.2 (1.3)	1.9	2.4
Criticism	1	1.3 (0.7)	1.3	1.3
Conflict	2	1.8 (0.9)	1.6	1.9

Youth were asked to classify their relationship to each of the people they nominated as someone they could turn to for support. As shown in Table 79, friends and siblings, were the most common people named as a support. In total, about 46 percent of the nominees were relatives by blood or marriage (including stepparents), 26 percent were friends, 12 percent were people linked to the youth's foster care involvement (e.g., foster or adoptive parents, group home staff, caseworkers, or court personnel), eight percent were romantic partners or spouses, five percent were other professionals (e.g., school professional, therapist/counselor, or mentor), and three percent were other individuals who did not fit in one of these categories (e.g., "mother figure," "neighbor," or "play sister").

Table 79. Relationship to Nominated Supports (*n* = 244)

	Overall	
	#	%
Relationship to nominated individual		
Biological mother	20	8.3
Biological father	4	1.7
Stepparent	3	1.2
Foster parent	15	6.2
Guardian	2	0.8
Adoptive parent	0	0.0
Sibling	43	17.8
Aunt/uncle	18	7.4
Grandparent	13	5.4
Cousin	10	4.1
Romantic partner/spouse	19	7.9
In-laws of romantic partner/spouse	4	1.7
Friend	62	25.6
Caseworker	8	3.3
Group home staff	0	0.0
Court professional	3	1.2
School professional	1	0.4
Therapist/counselor	3	1.2
Mentor	7	2.9
Other professional	3	1.2
Other	4	1.7

Table 80 presents information about how often youth were in contact with individuals that they nominated for support, either by phone, e-mail, or in person. Overall, youth reported being in regular contact with their supports. About three-quarters of the nominees were in touch with the youth a few times a week or more.

Table 80. Frequency of Contact with Nominated Supports (*n* = 244)

	#	%
Almost every day	129	53.5
A few times every week	46	19.1
About once a week	34	14.1
More than once a month	13	5.4
Less than once a month	19	7.9

In addition to questions that ask youth about people whom they can turn to for support, the youth were also asked about the overall adequacy of support and the amount of strain they experienced in all of their relationships with people who were important to them. Table 81 shows that around half of the youth reported having "enough people" to count on for each support type. About half of youth indicated not having enough people ("too few people" or "no one to count on") for tangible support, about half reported not having enough people for emotional support, and about two-fifths percent reported not having enough people to turn to for advice and guidance.

Table 81. Sufficiency of Overall Amount of Support (*n* = 84)

	Emotional		Tangible		Advice/Guidance	
	#	%	#	%	#	%
Enough people	42	50.0	40	47.6	51	60.7
Too few people	37	44.1	38	45.2	30	35.7
No one to count on	5	6.0	6	7.1	3	3.6

The amount of strain youth experienced in their relationships with people who were important to them is displayed in Table 82. Youth were asked to indicate whether there were "too many people," "some people," "just a few people," or "no one" in their lives for each of the four types of relationship strain. Overall, disappointment (29.8%) and intrusiveness (22.9%) were the types of strain that had the largest proportions of youth who reported having "too many people" or "some people" in their lives. Just under 12 percent of youth reported having "too many people" or "some people" that were sources of criticism and around 15 percent for sources of conflict.

Table 82. Overall Relationships with Strain (*n* = 84)

	Disappointment[b]		Intrusiveness[a]	
	Overall		Overall	
	#	%	#	%
Too many	14	16.7	4	4.8
Some	11	13.1	15	18.1
Just a few	48	57.1	46	55.4
None	11	13.1	18	21.7
	Criticism[b]		Conflict[a]	
	Overall		Overall	
	#	%	#	%
Too many	3	3.6	2	2.4
Some	7	8.3	11	13.1
Just a few	40	47.6	47	56.0
None	34	40.5	24	28.6

Sexuality, STDs, and Pregnancy

Similar to the general population, most foster care youth identify their sexual orientation as 100 percent heterosexual (Courtney et al., 2005). However, the literature surrounding young adults who identify as sexual minority youth in foster care is limited. In the Midwest Study, researchers found that 7 percent of surveyed 19-year-olds identified themselves as "bisexual," "mostly homosexual," or "100 percent homosexual"; males (84%) were more likely than females (74%) to report their orientation as 100 percent heterosexual (Courtney et al., 2005). Females in the Midwest Study were more likely than males to report having sexual intercourse, and less likely to report using contraception or condoms. Young adults in foster care did not differ from those who had exited foster care in their reports of sexual intercourse or contraception use (Courtney et al., 2005).

Table 83 displays CalYOUTH participants' self-reported sexual orientation. Overall, nearly 80 percent of the youth identified as being "100 percent heterosexual or straight."

Table 83. Sexual Orientation (n = 84)[a]

	Overall	
	#	%
Sexual orientation		
100% heterosexual or straight	64	82.1
Mostly heterosexual or straight, but somewhat attracted to people of my own sex	4	5.1
Bisexual (attracted to men and women equally)	6	7.7
100% homosexual or gay	3	3.9
Mostly homosexual or gay but somewhat, but somewhat attracted to people of the opposite sex	1	1.3
Not sexually attracted to either males or females	0	0.0

Youth were asked several questions about their sexual activity, which are shown in Table 84. Over four-fifths of youth reported ever having sexual intercourse.[17] Among youth who ever had sex, about a quarter reported first having sexual intercourse when they were 13 years old or younger. Among youth who ever had sex, the average number of lifetime sexual partners was 4.5 (the median was 3) and the average number of sexual partners over the past 12 months was 1.7 (the median was 1). When looking at differences by care status, youth not in care were significantly more likely than youth still in care to report to have ever had sex (100% vs. 83.6%, $\chi^2 = 3.9$, $p < .05$). Youth from L.A. County reported having fewer sexual partners in their lifetime than youth from other counties *(Mean* = 4.5 vs. *Mean* = 6.8, $F = 7.2$, $p < .01$) as well as in the past year *(Mean* = 1.7 vs. *Mean* = 2.6, $F = 6.0$, $p < .05$).

[17] Youth were asked: "Have you ever had sexual intercourse?" Youth may have included consensual and nonconsensual intercourse.

Table 84. Sexual Activity

	CalYOUTH[a] (*n* = 84)	
	Overall	
	#	%/ Mean (SD)
Ever had sexual intercourse	72	87.8
Age at first sexual intercourse[a]		
10 to 12 years old	11	17.7
13 years old	5	8.1
14 years old	9	14.5
15 years old	12	19.4
16 years old	11	17.7
17 years old	7	11.3
18–20 years old	7	11.3
Number of partners, lifetime[a]		4.5 (5.4)
Number of partners in the past year		1.7 (1.8)

[a] Item is missing 13.9% for CalYOUTH participants due to "don't know" and "refused" responses.

Youth were also asked about sexually transmitted infections. Among the youth who reported having one or more sexual partners in the past year (*n* = 58), about five percent reported that at least one of their partners had an STI. Among youth who had ever had sex (*n* = 72), about 15 percent reported that they had ever had an STI.

Table 86 presents data on contraceptive use among youth who reported having intercourse with one or more sexual partners in the past year. Among youth who had sex at least once in the past year, youth had sex an average of about 40 times (the median was 69). When youth were asked about how frequently they used birth control in the past year, slightly over one-third reported not using birth control at all and roughly another one-third reported using birth control all of the time. More than half of youth reported using birth control during their most recent sexual intercourse. When the same question was asked about condom usage during the past year, two-fifths reported not using a condom at all and slightly over one-fourth said they used a condom all of the time. About one-half of youth reported using a condom the last time they had sexual intercourse.

Among young people that have been sexually active in the past year, gender differences were present in whether a condom was used at the time of most recent intercourse, with females less likely than males to

report using condoms at the time of their most recent sexual intercourse (38.5% vs. 66.7%, $\chi^2 = 3.9$, $p < .05$). Youth from L.A. County reported having vaginal intercourse in the past year fewer times than youth from other counties (*Mean* = 39.5 vs. *Mean* = 68.6, $F = 4.1$, $p < .05$).

Table 86. Contraceptive Use in Past Year (*n* = 58)[a]

	#	% / Mean (SD)
Number of times had vaginal intercourse in the past year[b]		39.5 (69.3)
Frequency of using birth control during sexual intercourse in the past year		
None	21	36.8
Some, half, or most of the time	15	26.3
All	21	36.8
Frequency of using a condom in the past year		
None	25	44.6
Some, half, or most of the time	15	26.8
All	16	28.6
Used birth control at the time of most recent sexual intercourse	34	58.6
Used a condom at the time of most recent sexual intercourse	27	47.4

[a] Questions in this table were asked to respondents who reported having one or more sexual partners in the past year.

[b] Table is missing 25.9% due to "don't know" or "refused" responses. Additionally, 8 youth reported having sex zero times, and they were also removed from this calculation. The original variable had a maximum answer of 999 times, but the responses were top-coded at 365 when calculating the mean.

Youth were asked about engagement in risky sexual activities. Of the youth who have had sexual intercourse, less than five percent reported ever being paid to have sex with someone.

Transition-age foster youth are more likely to have experienced early pregnancy than their same-aged peers in the general population (for review, see Svoboda, Shaw, Barth, & Bright, 2012). By age 19, females in the Midwest Study were about twice as likely as females in the Add Health Study to have ever gotten pregnant (51% vs. 27%[18]; Dworsky & Courtney, 2010b), and 14 percent of males in the Midwest Study had reported fathering a child by age 19 (Courtney et al., 2005). Similarly, in a study of youth in foster care in Missouri, Oshima and colleagues (2013) found that 55 percent of females had ever been pregnant and 23 percent of males had fathered a child by age 19. The Midwest Study reported that young adult females who exited care were significantly more likely to experience a pregnancy by age nineteen than those who remained in care (44% vs. 31%; Dworsky & Courtney, 2010b). Furthermore, females who had left care were more likely to report their pregnancy as a "definitely wanted" outcome than young women who became pregnant while still in care. Surprisingly, women in this study who became pregnant while out of care were more likely to receive prenatal and postnatal services than females who remained in care, and those who remained in care were more likely to end a pregnancy in an abortion compared to those who exited care (Courtney et al., 2005). Placement instability, lack of relationships with caring adults, lower levels of educational attainment, comfort with reproductive and sexual health service providers, and mental health and developmental needs of young adults in care may also play a role in unplanned pregnancies among youth in foster care (for review, see Svoboda et al., 2012).

Female CalYOUTH participants' pregnancy histories are displayed in Table 88. Almost two-thirds of females reported ever being pregnant and one-quarter ever gave birth. About one-third of females reported that they had been pregnant since they were last interviewed. Among the youth that were pregnant since the last interview (n = 16), nearly nine in ten had been pregnant only one time, over five in ten gave birth to a child, and none of these women were married to the father of their child. Of the female youth that had become pregnant since the last interview, two-fifths reported using birth control at the time of their most recent pregnancy. When asked about their desire to become pregnant at the time, about one-third of youth reported that they definitely did not want to have a baby, one-third said that they neither wanted nor did not want to have a baby, and the final one-third said that "probably" or "definitely" wanted to have a baby. Nearly two-thirds of the youth who became pregnant since the last interview wanted to marry their partner at the time. Approximately four-fifths of the youth saw a doctor or nurse within the first or second month of being pregnant. Nearly 60 percent of pregnancies ended in a live birth.

[18] The Add Health Study pregnancy rate (27.3%) is a weighted estimate that takes into account racial differences between the Add Health and Midwest Study samples (Dworsky & Courtney, 2010b, p.1352).

Table 88. Pregnancy History (Females) (*n* = 50)

	#	%
Ever been pregnant	29	58.0
Ever given birth to a child[N]	12	24.0
Ever been pregnant since last interview	16	32.7
Number of times been pregnant since last interview (*n* = 16)		
1	14	87.5
2	2	12.5
Given birth to any child/children since last interview (*n* = 16)	9	56.3
Married to child's other parent at time each child was born[N] (*n* = 9)	0	0.0
Most recent pregnancy (*n* = 16)		
Used birth control at time of pregnancy	6	40.0
Wanted to become pregnant at that time		
Definitely no	5	33.3
Probably no	0	0.0
Neither wanted nor didn't want	5	33.3
Probably yes	3	20.0
Definitely yes	2	13.3
Wanted to marry partner at that time		
Yes	9	60.0
No	3	20.0
Didn't care	3	20.0
Month of pregnancy first saw doctor or nurse		
Month 1	5	31.3
Month 2	8	50.0
Month 3	0	0.0
Months 4 to 6	1	6.3
Months 7 to 9	1	6.3
Didn't receive prenatal care	1	6.3

[a] Excludes females who were currently pregnant at the time of the interview (*n* = 4).

Table 89 displays males' histories of impregnating females. About one in five males reported ever getting a girl pregnant, and all of these youth reported that they had impregnated only one female. Roughly six percent of males had ever fathered a child that was born. About 15 percent of males had impregnated a female since their last interview, and six percent fathered a child since their last interview. Information on fathers' desires to have a baby and marry the mother are not reported due to small sample sizes.

Table 89. History of Impregnating Females (Males) (n = 34)[a]

	#	%
Ever gotten female pregnant	6	20.0

[a] One male was not asked these questions during the interview.

Children and Parenting

Transition-age foster youth are more likely than their non-foster care counterparts to parent a child (for review, see Svoboda et al., 2012). One-fourth of 19-year-olds in the Midwest Study reported having a child, which is nearly twice the rate of their same-aged peers in the Add Health Study (Courtney et al., 2005). When broken down by gender, females in the Midwest Study (32%) were more than twice as likely as males (14%) to have a child. Putnam-Hornstein and King (2014) reported similar rates of motherhood among youth in California foster care, with 28 percent of females having given birth by age 20. Both females and males in the Midwest Study were more likely than their female (12%) and male (7%) counterparts in Add Health to be parents. No significant differences in having children were found between those who remained in care and those who exited care for either gender (Courtney et al., 2005).

For CalYOUTH participants that had at least one child, youth were asked about their number of children and the dependency status of the children. About 20 percent of young people had one or more living children at the time of the interview. All of the parents had only one child, and less than 20 percent of parents had at least one child who is a dependent of the court. About one-third of the 17 children were under a year old. Female youth were more likely than male youth to have a living child (28.0% vs. 8.2%, $\chi^2 = 4.6$, $p < .05$). About one-third of the children were under a year old and slightly less than two-thirds of children are male.

Research exploring the level of involvement of young parents transitioning from care with their children is sparse. Of the 141 19-year-olds in the Midwest Study who reported having a child, about three-fourths reported living with their child; females (93%) were much more likely than males (18%) to be living with at least one of their children (Courtney et al., 2005). Although Midwest Study youth reported a higher rate of parenthood than Add Health participants, they were no more or less likely than their same-age peers to be living with their children at age 19 (Courtney et al., 2005). Additionally, no differences were found between youth who were still in care at age 19 and youth who had left care in terms of the living arrangements of their children. Among parents in the Midwest Study at age 21, males were more likely than females to have at least one child they were not living with (67% vs. 15%) (Courtney et al., 2007). While a similar proportion of male and female parents saw their nonresident child at least once a month (73% v. 69%), a greater proportion of female parents reported never visiting their nonresident children (31% for females vs. 13% for males). In an analysis that followed Midwest Study fathers into their mid-20s, the fathers who had

remained in care had more contact with their children than those who had exited care at age 18 (Hook & Courtney, 2013).

As displayed in Table 92, of the 17 children of L.A. County youth, just over three-quarters were living with the respondent, including about one-third of children who lived with both the respondent and the other parent. Additional information on living arrangements and parental contact are not reported due to small sample sizes.

Table 92. Living Arrangements and Parental Contact (*n* = 17 children)

	Overall	
	#	%
Child currently lives with respondent in same household (*n* = 17)	13	76.5
If not living with respondent, child ever lived with respondent in same household in the past (*n* = 4)[a]	2	50.0
Child's other parent currently lives with respondent (*n* = 17)	6	35.3
If not, child's other parent ever lived with respondent in the past (*n* = 11)[b]	3	27.3
Respondent has legal agreement regarding custody with other parent (*n* = 17)	3	17.7
Other parent has a court requirement to pay child support (*n* =13)[c]	0	0.0
If child lives with both parents (child *n* = 6)		
Child's time spent with their parents		
More time with respondent	3	50.0
Equal time with respondent and other parent	3	50.0
More time with other parent	0	0.0
If child does not live with other parent (*n* = 9)		
Frequency of visitation for other parent with child in the past year		
Never	2	22.2
Less than once a month	4	44.4
Few times per month	2	22.2
About once a week	1	11.1

[a] Includes children who are not currently living with the respondent.
[b] Includes children whose other parent does not currently live with the respondent.
[c] Includes children are currently living with the respondent.

Marriage and Romantic Relationships

Youth were asked a number of questions about their current relationship and marital status. As displayed in Table 93, half of youth reported being currently involved in a "dating or romantic relationship," and almost 90 percent of these respondents reported being involved with their partner on a steady basis. Among the young people in a dating or romantic relationship, about 40 percent were living with their partner, the majority were dating their partner exclusively, and over half had been in a relationship with their partner for one to two years. Of the respondents who had a child and who were either in a romantic relationship or were married, two-thirds of respondents reported that their current partner was the parent of their child. Among the parents who were not currently in a relationship with their child's other parent (n = 11), over half reported that they hardly or never interact with the child's other parent.

Some differences in romantic involvement were found by gender. Females were more likely than males to report being currently involved in a romantic relationship (63.3% vs. 32.4%, $\chi^2 = 7.8$, $p < .01$). Additionally, female respondents were more likely to report living with their partner than male respondents (48.4% vs. 10.0%, $\chi^2 = 4.7$, $p < .05$).

Table 93. Relationship Status and Involvement (*n* = 84)

	Overall	
	#	%
Currently involved in a romantic relationship	42	50.0
Description of relationship with current partner (*n* = 42)		
Romantically involved on a steady basis	37	88.1
Romantically involved on-again/off-again	4	9.5
Just friends	1	2.4
Hardly ever see or talk to each other	0	0.0
Among respondents currently involved in romantic relationship (*n* = 41)[a]		
Respondent lives with partner	16	39.0
Dating status		
Dating exclusively	34	82.9
Not dating exclusively	7	17.0
Total number of months romantically involved with partner (*n* = 40)[b]		
6 months or less	9	22.5
7 to 12 months	9	22.5
13 to 24 months	14	35.0
25 or more months	8	20.0
Among youth with child who are in romantic relationship/married, current spouse/romantic partner is the parent of your child/one of your children (*n* = 9)	6	66.7
Relationship status with child's other parent if youth is not currently in a romantic relationship with child's other parent (*n* = 11)		
Romantically involved on-again/off-again	0	0.0
Just friends	5	45.5
Hardly ever see or talk to each other	2	18.2
Do not see or talk to each other	4	36.4

[a] Excludes one youth who reported in the previous question that they are "just friends" with their romantic partner.
[b] Two youth were not asked this question during the interview.

Only one youth had ever been married, but approximately two-fifths of youth in a romantic relationship reported ever living with someone in a "marriage-like" relationship. Among young people who were married or involved in a romantic relationship (n = 41), over four-fifths of youth reported loving their partner "a lot" and about two-thirds said they were "very happy" in the relationship with their partner in general. Nearly 90 percent said they were "completely committed" or "very committed" to their partner.

Youth who were married or in a romantic relationship answered several questions about the quality of their relationship with their partner. Overall, respondents had positive views of their relationships in terms of communication, affection, encouragement, sex life, and willingness to compromise. Over 90 percent of youth either "agreed" or "strongly agreed" that their partner listened to them when they needed someone to talk to, expressed love and affection to them, or encouraged or helped them to do things that were important to them. Additionally, over 80 percent of youth reported that they were satisfied with their sex life and trusted that their partner would remain faithful to them. However, about 30 percent of respondents were on the fence or did not agree ("neither agree nor disagree," "disagree," or "strongly disagree") that their partner is "fair and willing to compromise." Young people who reported being involved in a romantic relationship were also asked questions about whether they felt their partner is critical of or manipulative towards them. Most youth in romantic relationships do not report experiencing criticism or manipulation in their romantic relationships. Over 95 percent of youth reported that they either "disagreed" or "strongly disagreed" that their partner tries to keep them from seeing or talking to their friends or family, tries to prevent them from going to work or school, or withholds money, asks them for money, or takes their money.

Past Maltreatment in Care

A review of studies of youth aging out of foster care found that youths' self-reported rates of neglect by an out-of-home care provider (i.e., foster parent, group care staff, etc.) ranged from 20 percent to 33 percent, rates of physical abuse ranged from 13 percent to 15 percent (Pecora et al., 2005), and rates of sexual victimization ranged from 2 percent to 8 percent (Havlicek & Courtney, 2016). A study based on self-reports at age 19 from Illinois participants in the Midwest Study found that one-third of the sample (33%) reported neglect by a substitute caregiver, over one-quarter (26%) reported physical abuse by a substitute caregiver, and fifteen percent reported sexual victimization during out-of-home care (Havlicek and Courtney, 2016).[19]

CalYOUTH participants were asked a series of questions about forms of maltreatment that they might have been subjected to while they were minors living in foster care. Table 98 shows youths' self-reported

[19] The questions used in the study to identify sexual victimization specified that the victimization took place while the youth was still in care but did not specify the relationship of the perpetrator to the youth.

experience of physical abuse and neglect by their caregivers while in care.[20] Fewer than 15 percent of youth reported experiencing any one type of maltreatment, but the most commonly reported types included a caregiver throwing or pushing the respondent, a caregiver hitting the respondent hard with a fist, kick, or slap, and a caregiver failing to provide regular meals.

Youth also reported experiences of past sexual abuse while in care as minors.[21] About one in ten young adults reported ever being raped, and almost 20 percent of young people reported ever being sexually molested.

[20] The series of questions was introduced with the following statement: "Now I would like to ask you some questions about the ways in which your caregivers may have mistreated you. When I say caregivers, I mean the adults who were responsible for taking care of you during your time in the foster care system before your 18th birthday, when you were still a minor. That includes adults like foster parents, relatives of yours who were your foster parents, group home and residential treatment center staff, and your social workers."

[21] The questions about sexual abuse were introduced with the following statement: "I'd like to ask you some questions about sexual abuse. Once again, I'd like to remind you that everything you say is confidential and that I am only referring to experiences that happened while you were in the foster care system PRIOR to your 18th birthday." The prevalence of rape was assessed with the following question: "While living in the foster care system before age 18, were you ever raped, that is someone had sexual intercourse with you when you did not want to, by threatening you or using some degree of force?" Prevalence of sexual molestation was assessed with the following question: "While living in the foster care system before age 18, were you ever sexually molested, that is someone touched or felt your genitals when you did not want them to?"

Table 98. Physical Abuse and Neglect while in Foster Care before Age 18 (*n* = 84)[a]

	#	%
Caregiver ignored serious illness or injury/failed to obtain medical treatment	7	8.8
Caregiver failed to help respondent wash and groom	4	5.0
Caregiver failed to provide regular meals	9	11.4
Required to do chores that were too difficult/dangerous	4	5.1
Abandoned by caretaker	8	10.0
Caregiver unable to care for respondent due to physical or emotional illness	8	10.0
Respondent missed school to care for family member or do chores	6	7.5
Caregiver failed to protect respondent from being physically harmed by someone else	9	11.3
Caregiver threw or pushed respondent	11	13.8
Caregiver locked respondent in room/closet for several hours or longer	4	5.0
Caregiver hit respondent hard with fist, kicked, or slapped respondents	9	11.3
Caregiver beat respondent up	9	11.3
Caregiver tried to choke, strangle, or smother respondent	7	8.8
Caregiver attacked respondent with weapon, such as knife or gun	5	6.3
Caregiver tied respondent up, held respondent down, or blindfolded respondent so they could not protect themselves	4	5.0

[a] One respondent was not asked past maltreatment questions due to a survey administration error.

Crime, Criminal Justice System Involvement, and Victimization

Past research suggests that child maltreatment predicts an increased risk of later criminal behavior (Currie & Tekin, 2012). Further, some research indicates that maltreated children who are removed from their homes are more likely than maltreated children who remain at home to be involved in the criminal justice system (Ryan & Testa, 2005). Several studies have shown that transition-age foster youth are more likely than their nonfoster peers to engage in delinquent behaviors and become involved with the criminal justice system (Courtney et al., 2005; Courtney et al., 2004; Cusick, Havlicek, & Courtney, 2012; Reilly, 2003; Vaughn, Shook, & McMillen, 2008; Widom & Maxfield, 2001). One study compared the arrest records of adults who were involved in foster care with those of adults without foster care experience. The two populations were matched on the basis of sex, race, age and family economic status. The study found that foster care alumni had higher rates of arrest than their matched counterparts (42% vs. 32%) (Widom &

Maxfield, 2001). Courtney and colleagues (2005) asked Midwest Study participants at age 19 about their criminal justice involvement since they were last interviewed at age 17. The researchers found that 28 percent reported being arrested, 12 percent reported being convicted of a crime, and nearly 20 percent reported spending a night in a correctional facility. Additionally, foster youth reported being the perpetrators of violent acts at higher rates than their same-aged peers in the Add Health Study (Courtney et al., 2005).

Research has also reported differences in criminal justice involvement and delinquent behavior based on certain demographic characteristics. Males in the Midwest Study were found to be more likely than females to engage in delinquent behavior and to have formal involvement in the criminal justice system (Courtney et. al., 2005). Young adults who were still in foster care reported lower rates than 19-year-olds who had exited care of arrest, conviction, and incarceration (Courtney et al., 2005). Race also appears to play some role in criminal justice involvement. In an analysis of Midwest Study participants' legal involvement through their early 20s, black men faced significantly higher odds of incarceration than white men (Lee, Courtney, & Hook, 2012). Education also seems to play a significant role for men in this analysis. The researchers found that educational participation and attainment were associated with lower odds of both legal system involvement and criminal behaviors for men in the Midwest Study.

In addition to being involved with the criminal justice system as perpetrators, foster youth also experienced high rates of victimization. Both male and female young adults in the Midwest Study reported higher rates than their Add Health counterparts of being victims of violent acts (Courtney et al., 2005). The young adults in the Midwest Study were more likely than their same-age peers to report having someone pull a gun on them, having someone pull a knife on them, or seeing someone shot or stabbed (Courtney et al., 2005). There were no differences between young adults still in care and young adults who have exited care; however, males were more likely than females to report being victims of violent acts (Courtney et al., 2005).

As displayed in Table 102, about one in six L.A. County youth had been arrested since their last interview, about one in ten had been convicted of a crime, and about one in ten had spent a night in jail.

Table 102. Criminal Justice System Involvement (*n* = 84)[a]

Type of Involvement	Overall	
	#	%
Ever been arrested since last interview	13	16.7
Ever been convicted of a crime since last interview	8	10.0
Spent at least one night in jail, prison, juvenile hall, or another correctional facility since last interview[N] (*n* = 84)	9	11.3

[N] = NYTD survey question.

[a] One respondent was not asked the questions in this table during the interview.

L.A. County youth were also asked about their exposure to and perpetration of violence in the past 12 months. Fewer than seven percent of youth reported experiencing each of the following: saw someone being shot or stabbed; someone pulled a gun on respondent; someone pulled a knife on respondent; someone beat up respondent, but did not steal anything from respondent; or someone beat up respondent, and stole something from respondent. Fewer than three percent of respondents said someone had shot or stabbed them, and almost no youth said they shot at or stabbed someone else in the past year.

Summary and Next Steps

The *CalYOUTH Wave 2 Los Angeles County Report* provides the most comprehensive view to date of young adults making the transition to adulthood from foster care in Los Angeles, the county with one of the largest foster care populations in the nation. What the youth told us about themselves, their relationships with others, and their relationships with the institutions charged with assisting them is valuable information for policymakers, program developers, advocates, and others interested in better meeting the needs of youth transitioning from foster care to adulthood. Policy and practice should be informed by a deeper understanding of the strengths and challenges these young people bring to the transition to adulthood as well as by what the youth say about the effectiveness of services intended to help them. Some broad initial takeaways from the findings are worthy of note.

First, the diversity of the CalYOUTH participants clearly indicates that a one-size-fits-all approach to extended foster care is not appropriate. Reflecting the rapidly changing US population, they are primarily people of color. If extended care is to effectively engage these young people, it must be sensitive to culture and community. More broadly, young adulthood has been characterized as a period of active exploration, when young people experiment with and assess the appeal of a variety of social roles including racial and ethnic identity, sexuality, relationships, jobs, and parenting (Arnett, 2000; IOM & NRC, 2015). This study's findings point to the diversity of the aspirations and interests of young adults in extended foster care. Moreover, CalYOUTH participants varied widely in every area of functioning we assessed. It is important to acknowledge that *on average* these young people are faring poorly compared to their age peers in terms of their educational experiences, employment history, physical and mental health, and involvement with the criminal justice system. This is strong evidence of the need to provide this population with ongoing support. But averages can be deceiving. Many of these youth are in college, are working at least part time, and have no serious health problems to challenge their progress, while

others suffer from multiple challenges to a successful transition to adulthood and may require intensive support for many years. Extended care should provide young adults with developmentally appropriate living arrangements and connect them to formal and informal supports that recognize this wide range of needs.

Second, the *CalYOUTH Wave 2 Los Angeles County Report* provides encouraging evidence of the resilience of young adults currently and formerly in foster care. In spite of often-troubled histories, including too-frequent experiences of maltreatment while in out-of-home care, they remain overwhelmingly optimistic about their future and have very high aspirations. The vast majority reports having supportive relationships with multiple adults and being generally satisfied with the support they receive. Many have romantic partners and report having generally healthy relationships with their partners. The vast majority of young parents live with their children and many of those who do not nevertheless maintain contact with their children.

Third, the vast majority of these young adults have chosen to take advantage of extended foster care, most are satisfied with the help they are receiving through extended care, and remaining in care is associated with a range of positive outcomes (see Courtney & Okpych, 2017). Just under three-quarters of the young people in Los Angeles County that we interviewed when they were 16-17 years old were in care when they were re-interviewed at age 19, despite the fact that they were free to leave any time after reaching the age of majority. Indeed, about one in seven of the youth in care at age 19 had left care since their first interview but later decided to return. The vast majority of youth saw extended care as supporting them in their life goals and most of them positively characterize the assistance they received from professionals such as their caseworkers and attorneys. Despite the small sample sizes, which limited our statistical power to detect differences by care status for Los Angeles County youth, remaining in care was associated with some positive outcomes. For example, young people still in care were more likely than those who had left care to be enrolled in school full-time. They were less likely than those who had left care to experience food insecurity, to have couch surfed, and to have been convicted of a crime since their last interview. These findings should be regarded with some caution since our analyses do not take into account preexisting differences between youth who remained in care and those who left—differences that might account for the contrasting outcomes experienced by these groups. Nevertheless, the findings provide emerging evidence of the potential benefits of extended care for transition-age foster youth in Los Angeles County.

The *CalYOUTH Wave 2 Los Angeles County Report* identifies potential opportunities to improve California's approach to extended foster care, and foster care more generally. While most youth in care were satisfied with the services they received and their interactions with professionals associated with the

system, a sizable minority expressed dissatisfaction. For example, some youth, particularly those who were no longer in care, reported not being involved in developing their independent living plan and some reported not being informed about the benefits of and requirements for remaining in extended care. Youth appear to be most concerned about their preparedness for independence with regard to finding housing, and this was also an area where youth reported receiving less help. The prevalence of maltreatment while they were minors in care reported by these young adults is troubling, as are their reports of being denied some developmentally appropriate experiences during adolescence as a result of being in care.

Lastly, the results discussed in the present report did not find many differences between youth in Los Angeles County and youth in other California counties. Youth in Los Angeles had more frequent contact with their attorney in the past year (among youth in care at the time of the interview). There was also some indication that L.A. County youth had fewer people to turn to for social support, particularly when they needed tangible support or advice and guidance. Overall, the results suggest that there are more similarities than differences between foster youth in Los Angeles County and foster youth in other parts of the state. Importantly, this study did not have the statistical power needed to compare Los Angeles County with other individual counties, and variation may have been found if we were able to make these specific comparisons.

This report is descriptive in nature; going forward we will be examining these young adults' responses, along with the responses of other CalYOUTH Study participants, in more depth. We will also link the responses of the youth who were still in care to the responses of their caseworkers to the *CalYOUTH Survey of Young Adults' Child Welfare Workers* (Courtney et al., 2016). Our analyses will focus on identifying risk and protective factors associated with youths' outcomes and more rigorously assessing the benefits of extended foster care. By sharing the perceptions of the professionals involved in implementing California's Fostering Connections Act, and the experiences of the young people the new law is intended to help, CalYOUTH promises to continue to provide timely information about California's ambitious implementation of extended foster care.

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Appendix A. Summary of Scales and Items Used in the Wave 2 Youth Survey

Table A-1. Abbreviation Descriptions

Abbreviation	Description
AH	National Longitudinal Study of Adolescent Health
CAL	California Youth Transitions to Adulthood Study*
CIDI	Composite International Diagnostic Interview
EDI	Eating Disorder Inventory
Festinger	Festinger, T. (author of scale from which items were adapted)
FF	Fragile Families and Child Wellbeing Study
LEQ	Lifetime Experiences Questionnaire
MINI	Mini International Neuropsychiatric Interview
MWS	Midwest Study of the Adult Functioning of Former Foster Youth
NLSY	National Longitudinal Survey of Youth 1997
NSA	National Survey of Adolescents
NYTD	The National Youth in Transition Database
PE	Psychotropic Experiences
SCL	Symptoms Checklist-90-Revised
SSNQ	Social Support Network Questionnaire
USDA	United States Department of Agriculture

***** Study domains denoted with CAL are items that were constructed by the CalYOUTH research team.

	SOURCE
Response Rates by In-Care Status as of June 2015	
A. INDIVIDUAL CHARACTERISTICS AND FAMILY BACKGROUND	
Demographic characteristics	MWS, CAL, NYTD
Current foster care status	MWS
Documents currently in youth's possession	CAL
Birth family	MWS
B. HOUSEHOLD AND CURRENT LIVING ARRANGEMENT	
Housing situation since last interview	CAL
Homelessness and couch surfing	MWS
Current living situation for youth in care	CAL, MWS
Current living situation for youth out of care	CAL, MWS
Individuals residing with the youth	CAL
Relatives and significant others residing with the youth	CAL
C. EXPERIENCES IN CARE	
Experience with caseworkers	CAL
Experiences with courts, attorneys, and judges	CAL
Missed activities due to foster care involvement	CAL
Optimism about the future	MWS
D. PERSPECTIVES ON FOSTER CARE IN CALIFORNIA	
Experience preparing for foster care after age 18	NYTD, CAL
Extended foster care activities	CAL
Views on extended foster care services	CAL
Views on SILPs and THP-Plus/THP-Plus FC	CAL
Foster care exit and reentry after age 18	CAL
Views of youth who are no longer in foster care	CAL
E. EDUCATION	
Current education status	NYTD, MWS, AH
Degree completion and scholarships	NYTD, CAL
History of high school dropout	CAL
College enrollment, funding, grades, and course taking	CAL
Transition to college and campus involvement	CAL
Enrollment in vocational-technical school	CAL
Vocational-technical school funding, program length, and transition	CAL
College plans and help with applications	CAL
Reasons for nonenrollment and plans to return	MWS
Barriers to returning to school and barriers to college	MWS
Educational aspirations and expectations	CAL
F. EMPLOYMENT, INCOME AND ASSETS	
Current and recent employment	AH, MWS
Job benefits	NLSY-97, MWS
Reasons for part-time work	NLSY-97, MWS
Efforts to become employed	NLSY-97, MWS
Work experience in past 12 months	NYTD, AH

Income of youth and youth's partner/spouse	NLSY-97,MWS
Income from child support and EITC	NLSY-97,MWS
Income from other sources	NLSY-97, MWS, CAL
Costs of housing and utilities for youth living in a SILP or other living placement	NLSY-97, CAL
Checking accounts, savings accounts, and money market accounts	NLSY-97, MWS, CAL
Vehicle ownership	NLSY-97, MWS, CAL
Debts	NLSY-97, MWS, CAL
G. ECONOMIC HARDSHIP, FOOD INSECURITY, AND PUBLIC PROGRAM PARTICIPATION	
Economic hardship in past 12 months	AH, MWS
Food insecurity	USDA
Unemployment compensation and workers' compensation	NLSY-97, MWS
Public food assistance	NYTD, NLSY-97, MWS
Public housing and rental assistance	NLSY-97, MWS
TANF and other public welfare assistance	NYTD, NLSY-97
H. PHYSICAL HEALTH AND MENTAL HEALTH	
Current health status	AH, MWS
Health insurance coverage and dental insurance coverage	AH, MWS
Medical care use and barriers to use	AH, MWS
Behavioral health counseling and psychotropic medication use	AH, MWS, PE
Health conditions, disabilities, and injuries	AH, MWS
Height and weight	AH
Body mass index (BMI) and obesity	AH
Smoking	AH
Hospitalizations	AH, MWS
Other health services	AH
Past suicidal ideation and attempts	CIDI
MINI mental health diagnoses	MINI, SCL, EDI
MINI mental health diagnoses by gender	MINI, SCL, EDI
I. LIFE SKILLS: YOUTH'S PREPAREDNESS AND RECEIPT OF SERVICES	
Perception of preparedness to achieve goals	CAL
Receipt of life skills preparation, support services, or training	CAL
Satisfaction with life skills preparation, support services, or training	CAL
J. COMMUNITY CONNECTIONS AND SOCIAL SUPPORT	
Religiosity	AH
Civic engagement	AH, CHIS
Neighborhood social cohesion	CHIS
Neighborhood social control	CHIS
Neighborhood safety and satisfaction	MWS
Estimated number of available supports	SSNQ
Number of individuals nominated, by type of support	SSNQ
Total number of nominated individuals	SSNQ

Frequency of relationship strain	SSNQ
Average relationship strain	SSNQ
Relationship to nominated supports	SSNQ
Frequency of contact with nominated supports	SSNQ
Sufficiency of overall amount of support	SSNQ
Overall relationships with strain	SSNQ
K. SEXUALITY, STDs, AND PREGNANCY	
Sexual orientation	CAL
Sexual activity	AH, MWS
Sexually transmitted infections	AH, MWS
Contraceptive use	AH, MWS
Risky sexual activity	AH, MWS
Pregnancy history (females)	NYTD, AH
History of impregnating females (males)	NYTD, AH
L. CHILDREN AND PARENTING	
Number of children and dependency status	AH, MWS
Age and gender of youth's children	AH, MWS
Living arrangements and parental contact	AH, MWS
M. MARRIAGE AND ROMANTIC RELATIONSHIPS	
Relationship status and involvement	AH, MWS, FF
Marriage and marriage-like relationships	AH
Love, happiness, and commitment in romantic relationships	AH
Relationship quality	FF
Relationship criticism and manipulation	FF
N. PAST MALTREATMENT	
Maltreatment while in foster care before age 18	LEQ
Sexual abuse while in foster care before age 18	NSA
O. CRIME AND CRIMINAL JUSTICE SYSTEM INVOLVEMENT	
Criminal behavior during past twelve months for overall samples (CalYOUTH compared to Add Health)	AH
Criminal behavior during past twelve months, by gender (CalYOUTH compared to Add Health)	AH
Criminal justice system involvement	AH, NYTD
Victimization and perpetration during past twelve months for overall samples (CalYOUTH compared to Add Health)	AH

AH: National Longitudinal Study of Adolescent Health (Add Health)

Harris, K. M., Halpern, C. T., Whitsel, E., Hussey, J. , Tabor, J., Entzel, P., & Udry, J. R. (2009). The National Longitudinal Study of Adolescent Health: Research Design. Retrieved from http://www.cpc.unc.edu/projects/addhealth/design.

Questions from several domains in the CalYOUTH study were taken directly from the National Longitudinal Study of Adolescent Health (Add Health). Add Health is a longitudinal study of a nationally representative sample of U.S. adolescents in 7th through 12th grade during the 1994–95 school years. Add Health examines how social contexts (families, friends, peers, schools, neighborhoods, and communities) and behaviors in adolescence influence health-related and achievement outcomes in young adulthood. Add Health study participants have been interviewed four times since the first survey with the most recent interview taking place in 2008.

CalYOUTH: California Youth Transitions to Adulthood Study

Survey items denoted with CAL in Appendix a represent study domains with questions constructed by the CalYOUTH research team. These survey questions primarily focus on youth's experiences with their attorneys and the courts, their receipt of independent living services, as well as their knowledge of extended foster care legislation in California. All the questions were reviewed for appropriateness and acceptability by various stakeholders in California before being included in the study.

CIDI: Composite International Diagnostic Interview

World Health Organization. (1990).Composite International Diagnostic Interview (CIDI). Geneva, Switzerland: World Health Organization Retrieved from http://www.hcp.med.harvard.edu/wmhcidi/

Two items in CalYOUTH pertaining to previous history of suicide were adopted from the CIDI. The CIDI is a comprehensive, fully structured interview designed to be used by trained lay interviewers for the assessment of mental disorders according to the definitions and criteria of ICD-10 and DSM-IV. It is intended for use in epidemiological and cross-cultural studies as well as for clinical and research purposes. The diagnostic section of the interview is based on the World Health Organization's Composite International Diagnostic Interview (WHO, CIDI, 1990).

Festinger

Festinger, T. (1983). *No one ever asked us: A postscript to foster care.* New York, NY: Columbia University Press.

CalYOUTH study questions on feelings towards foster care were adapted from this study. The Midwest Study of the Adult Functioning of Former Foster Youth (Midwest Study) also utilized these questions.

EDI: Eating Disorder Inventory (EDI-3)

Garner, D. M. (2004). *Eating Disorder Inventory-3 professional manual*. Lutz, FL: Psychological Assessment Resources.

Friborg, O., Clausen, L., & Rosenvinge, J. H. (2013). A five-item screening version of the Eating Disorder Inventory (EDI-3). *Comprehensive Psychiatry*, *54*(8), 1222–1228. Retrieved from http://www.sciencedirect.com/science/article/pii/S0010440X13001132

The Eating Disorder Inventory (EDI-3) is 91-item screening tool used to assess a variety of eating disorders. A brief version of the EDI-3 containing five items was used to assess bulimia nervosa (BN) and anorexia nervosa (AN) among CalYOUTH participants.

FF: Fragile Families and Child Wellbeing Study

Center for Research on Child Wellbeing. (2008). *Introduction to the Fragile Families public use data: Baseline, one-year, and three-year, and five-year core telephone data*. Princeton, NJ: Author. Retrieved from http://www.fragilefamilies.princeton.edu/documentation/core/4waves_ff_public.pdf

The Fragile Families and Child Wellbeing Study is a study of nearly 5,000 children born in large U.S. cities between 1998 and 2000. Several items pertaining to the quality of romantic partnerships were included in the CalYOUTH survey from the baseline and year 1 mother instrument.

LEQ: Lifetime Experiences Questionnaire

Rose, D. T., Abramson, L. Y., & Kaupie, C. A. (2000). *The Lifetime Experiences Questionnaire*: *A measure of history of emotional, physical, and sexual maltreatment.* Madison, WI: University of Wisconsin-Madison.

The *Lifetime Experiences Questionnaire* measures the history of several types of maltreatment. The CalYOUTH study utilized questions pertaining to physical abuse and neglect. These questions were also used in the first wave of the *Midwest Study of the Adult Functioning of Former Foster Youth*.

MINI: Mini International Neuropsychiatric Interview

Sheehan, D. V., Lecrubier, Y., Sheehan, K. H., Amorim, P., Janavs, J., Weiller, E., & Dunbar, G. C. (1998).The Mini-International Neuropsychiatric Interview (M.I.N.I): The development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10. *Journal of Clinical Psychiatry*, *59* (Suppl 20), 22–33. Retrieved from https://medical-outcomes.com/index/mini

The M.I.N.I. International Neuropsychiatric Interview is a short, structured diagnostic interview for DSM-IV and ICD-10 psychiatric disorders. 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.

MWS: Midwest Study of the Adult Functioning of Former Foster Youth

Courtney, M. E., Terrao, S., & Bost, N. (2004). *Midwest evaluation of the adult functioning of former foster youth: Conditions of youth preparing to leave state care*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago. Retrieved from http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth

Many questions in the CalYOUTH study come from the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study), a longitudinal study of youth aging out of care in Iowa, Illinois, and Wisconsin. The Midwest Study provides an assessment of how foster youth fared during the transition to adulthood after implementation of the Foster Care Independence Act of 1999.

NLSY: National Longitudinal Survey of Youth

Bureau of Labor Statistics, U.S. Department of Labor. National Longitudinal Survey of Youth 1997 cohort, 1997-2011 (rounds 1-15). Produced by the National Opinion Research Center, the University of Chicago and distributed by the Center for Human Resource Research, The Ohio State University. Columbus, OH: 2013. Retrieved from https://www.nlsinfo.org/content/cohorts/nlsy97

A number of items from the CalYOUTH study were taken from the National Longitudinal Survey of Youth 1997 (NLSY97), which included a nationally representative sample of youth between the ages of 12 and 16 in 1997. The longitudinal survey was used to collect information about young people's experiences on the labor market and other significant life events in adolescence and young adulthood.

NSA: National Survey of Adolescents

Kilpatrick, D., & Saunders, B. (1995). *National survey of adolescents in the United States*. ICPSR 2833. Ann Arbor, MI: Inter-University Consortium for Political and Social Research. Retrieved from http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/2833

CalYOUTH questions on sexual abuse were taken from the National Survey of Adolescents, which was funded by the United States Department of Justice. The questions were asked of a nationally representative sample of youth ages 12 to 17. The study investigated topics such as serious victimization experiences, mental health and substance use, and delinquent behavior in adolescents. CalYOUTH asked questions related to abuse that occurred *prior* to youth's entry into care.

NYTD: The Chafee National Youth in Transition Database

Chafee National Youth in Transition Database. 45 C.F.R. § 1356.80-86. (2008). Retrieved from http://www.acf.hhs.gov/programs/cb/resource/nytd-guidance

Dworsky, A., & Crayton, C. (2009). *National Youth in Transition Database: Instructional guidebook and architectural blueprint.* Washington, DC: American Public Human Service Association. Retrieved from http://www.chapinhall.org/research/report/aphsa-chapin-hall-national-youth-transition-database-initiative

Pursuant to the Foster Care Independence Act of 1999, the Administration on Children and Families were required to develop a data collection system that gathered information on (1) independent living services funded under the Chafee law and received by older adolescents in foster care who are expected to remain in care until age 18, and (2) outcome measures on cohorts of youth in foster care at age 17, 19, and 21. Data from the NYTD outcomes survey were first collected in fiscal year 2011. The NYTD survey contains 22 required questions, but NYTD Plus versions were also developed, which include additional questions that states may elect to administer (Dworsky & Crayton, 2009). The CalYOUTH survey included 19 of the 22 required questions, omitting items concerning government funded welfare assistance, housing assistance, and food assistance.

PE: Psychotropic Experiences

Hogan, T. P., Awad, A. G., & Eastwood, R. (1983). A self-report scale predictive of drug compliance in schizophrenics: Reliability and discriminative validity. *Psychological Medicine*, *13*(1), 177–183.

Townsend, L., Floersch, J., & Findling, R. L. (2009). The conceptual adequacy of the drug attitude inventory for measuring youth attitudes toward psychotropic medications: A mixed methods evaluation. *Journal of Mixed Methods Research, 4*, 32–55.

Moline, S., & Frankenberger, W. (2001). Use of stimulant medication for treatment of attention-deficit/hyperactivity disorder: A survey of middle and high school students' attitudes. *Psychology in the Schools, 38*(6), 569–584.

Williams, R., Hollis, H. M., & Benott, K. (1998). Attitudes toward psychiatric medications among incarcerated female adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, *37*(12), 1301–1307.

Five of the six items in the CalYOUTH survey that asked about experiences with psychoactive medications came from three surveys. Three items were taken from the Drug Attitude Inventory (DAI), a 30-item true-false inventory that has been used to predict psychotropic medication adherence in adults with depression and schizophrenia (Hoagan, Awad, & Eastwood, 1983). Townsend, Floersch, and Findling (2009) modified the response set of the DAI to a five-point Likert scale and adapted it to be used with adolescents. One question in the CalYOUTH was taken from a questionnaire designed by Moline and Frankenberger (2001), which includes 40 items that assess adolescent attitudes about taking stimulant

medication for Add/ADHD. The source of another CalYOUTH item was a questionnaire created by Williams, Hollis, and Benott (1998) for a study of attitudes about psychiatric medications among incarcerated female adolescents. Three items (one from each source) were slightly modified to ease comprehension or to change the format of the question (e.g., from a question to a statement). Finally, a sixth item about youths' opinions and preferences being taken into consideration by the individual prescribing the psychotropic medication was created for the CalYOUTH survey.

SCL: Symptoms Checklist-90 Revised (SCL-90-R)

Derogatis, L. R. (1996). *SCL-90-R: Symptom Checklist-90-R: Administration, scoring, and procedures manual*. New York, NY: Pearson.

Derogatis, L. R. and Unger, R. (2010). Symptom Checklist-90-Revised. *Corsini Encyclopedia of Psychology*. 1–2. Retrieved from http://onlinelibrary.wiley.com/doi/10.1002/9780470479216.corpsy0970/full

The Symptoms Checklist-90-Revised is an assessment instrument containing 90 items that evaluate nine primary symptoms dimensions and their intensity. This tool is used by mental health, medical, and educational professionals to assess patients and monitor treatment progress. Nine items assessing the psychoticism dimension were used in the CalYOUTH Study.

SSNQ: Social Support Network Questionnaire

Rhodes, J. E., Ebert, L., & Fischer, K. (1992). Natural mentors: An overlooked resource in the social networks of young, African American mothers. *American Journal of Community Psychology, 20*(4), 445–461.

Gee, C. B., & Rhodes, J. E. (2007). A social support and social strain measure for minority adolescent mothers: A confirmatory factor analytic study. *Child: Care, Health, and Development 34*(1), 87–97.

The SSNQ is a brief, 25-minute questionnaire designed to capture many characteristics of a respondent's social support network including density, perceived availability of support, satisfaction with support, and relationship strain. The SSNQ has been used widely with adolescents and young adults and with minority and pregnant/parenting youth in particular. Five types of social support are measured: emotional, tangible, cognitive guidance, positive feedback, and social participation. A sixth type pertains specifically to respondents who are pregnant and parenting. For each type of support, respondents nominate individuals whom are perceived to be available to provide support and then rate their satisfaction of the support they received within the past month. The SSNQ also measures four types of social strain (disappointment, intrusiveness, criticism, and conflict) that is present in relationships with each of the nominated individuals. Information is also gathered about the respondent's relationship to each nominated member

of their social network, including the individual's age, the frequency of contact, and the distance from one another.

The SSNQ was modified for the CALYOUTH study. Three measures of social support were excluded from the questionnaire (positive feedback, social participation, and pregnancy/ parenting support). Instead of allowing respondents to nominate an indefinite number of individuals for each type of support, youth provide a total estimate of available support and then nominate up to three specific individuals for each type of social support. For the items that ask respondents to identify their relationship with each nominated individual, the response options were adapted to reflect potential sources of support that pertain to older youth in California foster care. Finally, items pertaining to age of each nominated individual and respondents' distance from them were omitted.

USDA: United States Department of Agriculture Food Security Survey

Carlson, S. J., Andrews, M. S., & Bickel, G. W. (1999). Measuring food insecurity and hunger in the United States: Development of a national benchmark measure and prevalence estimates. *The Journal of Nutrition, 129*(2), 510S-516S. Retrieved from http://www.ers.usda.gov/datafiles/Food_Security_in_the_United_States/Food_Security_Survey_Modules/hh2012.pdf

The United States Department of Agriculture Food Security Survey Module is a comprehensive benchmark measure used to detect food insecurity and hunger in U.S. households. All of the items in the CalYOUTH Study pertaining to food insecurity were taken from this survey.

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