

**Findings from the
California Youth
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Conditions of Youth at
Age 19**

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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.

This report presents findings from the *CalYOUTH Wave 2 Youth Survey*. 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 youth's 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 has 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* are summarized in this report. The 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 611 participants are intended to represent the experiences and views of 19-year-olds who were in the California foster care system 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 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. 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* 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.¹ Administrative records 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

¹ 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 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*.

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.² 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.³

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 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.

Response Rate

As displayed in Table 1, the original sample of eligible participants for the CalYOUTH Study included 763 adolescents between ages 16.75 and 17.75 at the time the sample was drawn. Over 95 percent of

² 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.

³ Four interviews were completed in-person, and a fifth interview was completed over the phone.

these young people participated in the Wave 1 interviews. A total of 611 youth completed the Wave 2 interviews in 2015, or just over 80 percent of the original sample that met the study’s eligibility criteria and 84 percent of the adolescents who completed the Wave 1 interview.⁴ Of the 611 completed interviews, 588 were completed in person, 18 by telephone, and 5 with young people who were incarcerated (four in person and one by telephone).

Table 1. Wave 2 Response Rate

	<i>n</i>	% of Eligible Wave 1 Sample (<i>n</i> = 763)	% of Wave 1 Respondents (<i>n</i> = 727)
Completed Wave 1 interview	727	95.3	100.0
Completed Wave 2 interview	611	80.1	84.0

The response rates for young people who were in care at the time of the field period was higher than the response rate for young people who were out of care (see Table 2). Response rates varied between the six-county strata that were used for the creation of the original sample, ranging from 79.3 percent to 89.7 percent.⁵ However, none of these differences were statistically significant.

Table 2. Wave 2 Response Rate by In-Care Status^a

	Out of Care		In Care	
	<i>n</i>	%	<i>n</i>	%
Eligible for Wave 2 interview	172	100.0	550	100.0
Completed Wave 2 interview	134	77.9	477	86.7

^a Two of the 724 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. These 2 youth were excluded from the response rate calculations in Table 2. If both youth were in-care, the in-care response rate would drop to 86.4 percent. If both youth were out-of-care, the out-of-care response rate would drop to 77.0 percent. If one youth was in-care and one youth was out-of-care, the in-care response rate would be 86.6 percent and the out of care response rate would be 77.5 percent.

Table 3 compares several demographic characteristics of youth who participated in the Wave 2 interview with nonparticipants. 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.

⁴ 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 Waves 2 and 1 youth died before the Wave 2 interview. If these 3 youth are excluded, the proportion is 84.3 percent (611 / 724).

⁵ The following are the Wave 2 response rates for each stratum. Stratum 1 (counties that had 1 to 6 eligible youth in the baseline sample): 89.7 percent. Stratum 2 (counties with 7 to 19 eligible youth): 82.0 percent. Stratum 3 (counties with 20 to 35 eligible youth): 85.4 percent. Stratum 4 (counties with 36 to 99 eligible youth): 88.1 percent. Stratum 5 (counties with 100 or more eligible youth, except L.A.): 82.3 percent. Stratum six (just Los Angeles County): 79.2 percent.

Table 3. Demographic Profiles of Wave 2 Participants vs. Nonparticipants

	Total Wave 1 Sample		Interviewed at Wave 2		Not Interviewed at Wave 2	
	#	%	#	%	#	%
Gender						
Female	429	59.4	368	60.0	61	56.6
Male	298	40.6	243	40.0	55	43.5
Age at Wave 1						
16 years old	43	6.1	34	5.7	9	8.4
17 years old	673	92.6	568	92.9	105	91.1
18 years old	11	1.3	9	1.5	2	0.5
Hispanic						
Yes	319	46.7	270	47.4	49	43.3
No	398	52.0	334	51.7	64	53.4
Don't know	10	1.4	7	1.0	3	3.3
Race						
White	210	24.2	175	24.1	35	24.7
Black	112	18.0	94	17.9	18	18.7
Asian/Pacific Islander	18	2.2	15	1.9	3	3.3
American Indian/Alaskan Native	26	3.6	22	3.9	4	1.9
Mixed race	328	47.3	277	47.4	51	47.0
Don't know	32	4.4	27	4.5	5	4.3
Refused	1	0.3	1	0.4	0	0.0
Living situation at Wave 1						
Foster home without relatives	337	44.3	283	43.9	54	46.6
Foster home with an adult relative	125	18.2	108	19.0	17	14.4
Group care or residential treatment facility	164	24.1	131	23.5	33	27.0
Legal guardianship arrangement	43	6.3	37	6.2	6	7.0
Adoptive home	14	1.9	13	2.0	1	1.7
Independent living arrangement	26	2.5	24	2.8	2	1.3
Other	17	2.5	14	2.6	3	1.9
Don't know	1	<0.1	1	0.1	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.

Comparisons to a National Sample

Over 80 questions were taken directly from Wave 3 of the National Longitudinal Study of Adolescent Health (Add Health). Add Health is a longitudinal study of a nationally representative cohort of adolescents that collected data on multiple social contexts (e.g., family, neighborhood, school, peer groups, romantic partnerships) and health and health-related behaviors (Chen & Chantala, 2014). The initial cohort of participants included adolescents in grades 7 through 12 in the 1994–95 school year. Three subsequent waves of data collection took place, until the participants were in their mid-twenties and early thirties. Wave 3 Add Health interviews were conducted in 2001 and 2002. Although somewhat dated, Add Health offers one of the most comprehensive and nationally representative pictures of adolescent social contexts and health and health-related behavior that is presently available. Weights included in the Add Health dataset were applied to adjust for study design effects. Only Wave 3 Add Health participants who fell within the age range of CalYOUTH respondents (19.0 to 20.2 years old) were included as part of the comparison group. Additionally, weights were created that standardized the age (by month) and gender distributions of Add Health participants to the age and gender distributions of CalYOUTH participants. This procedure ensures that differences observed between CalYOUTH participants and Add Health participants are not due to differences in age and gender. *Results from the Add Health study are reported only when they are significantly different from CalYOUTH results ($p < .05$).* Similar to CalYOUTH findings, we report unweighted sample sizes and weighted proportions/means, as well as statistically significant gender differences ($p < .05$). Empty cells in tables where Add Health comparisons are made indicate CalYOUTH survey items in a particular domain for which Add Health data are unavailable.

Approximately twenty questions were also taken from the National Youth in Transition Database (NYTD). As part of the Foster Care Independence Act (FCIA) of 1999 and as clarified in a 2008 Final Rule, states receiving federal dollars to implement independent living services to adolescents likely to age out of foster care are required to create a system for tracking the receipt of the services funded under FCIA (Dworsky & Crayton, 2009). Additionally, in an effort to systematically assess outcomes across a number of domains, every three years states must collect data on a new cohort of 17-year-olds in foster care that will be interviewed again at ages 19 and 21. Baseline data from the first NYTD cohort was collected in fiscal year 2011 and follow-up interviews were completed in 2013. Due to low response rates and large amounts of missing data in some states, national estimates based on NYTD data are unreliable

and results from the first NYTD cohort are not reported here.⁶ Although comparisons cannot be made, the data reported in CalYOUTH nevertheless provide a good picture of young people in California who were in foster care as adolescents on outcomes measured in NYTD. All items taken from the NYTD Outcomes survey are designated in the subsequent tables with an “N” superscript.

Notes on Tables and Results

In all of the tables below, the means and proportions are weighted using the survey weights described above, in order to account for features of the study design and nonresponse rates. In addition to weighted means and proportions, we also provide the unweighted frequencies of each response option (unweighted *n*'s). Thus, the percentage of the unweighted frequencies will usually not equal the weighted proportions due to the difference in survey weighting.

The majority of 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. Note that the unweighted frequencies do not include missing data. Thus, if a given item is missing data, the sum of the unweighted frequencies for all of the response options will not add up to the total number of youth intended to receive the question. For example, if a question intended for 611 youth had four respondents reporting “don’t know” and one youth who was not asked the question, then the sum of unweighted frequencies for all of the response categories will total 606. When calculating the weighted proportions, these five respondents would not be counted; only valid nonmissing responses were included in the calculation. As such, the weighted proportions will sum to 100 percent (except for minor deviations due to rounding).

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 unweighted *n*'s will not total to the number in the parentheses.

⁶ For example, the response rate for the Wave 2 interviews with the first NYTD cohort was 24 percent in California (National Data Archive on Child Abuse and Neglect, 2014).

Comparisons by Gender, Race/Ethnicity, and In-Care Status

In addition to providing overall estimates, we also assessed whether significant differences were present by gender (male vs. female), race/ethnicity groups,⁷ and in-care status (in foster care at the time of the Wave 2 interview vs. not in care). The Fischer's exact statistic and p-value threshold are provided throughout the report to indicate statistically significant ($p < .05$) group differences.⁸ For cases where the variable of interest was continuous, an ANOVA test was first conducted to identify the presence of between-group mean differences. If the ANOVA test was statistically significant, groups were compared using regression analyses to identify the specific group differences.⁹ 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.¹⁰ There were situations in which the data were sparse (e.g., analyses involving a small subgroup, or analyses involving race/ethnicity groups with variables that had several categories) 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).

When there were few statistically significant group differences for the items in a given table, then the significant group differences are reported in the written text. However, when there were several group differences in a table, then extra columns were added to the table to display all of the results for those groups. Asterisks are used in the tables to indicate items for which there were statistically significant differences between groups. *Throughout the report, we only include group differences that are statistically significant ($p < .05$). If no group differences are reported for a given item, either in a table (with asterisks) or in the written text, then no statistically significant group differences were found for that item.*

⁷ A single variable was created that combined information on the youth's race and ethnicity, which includes the following categories: white, African American, multiracial, Hispanic, and other (Asian/Pacific Islander/Native American/Alaskan Native). If a youth indicated that they were Hispanic on the survey question about ethnicity, they were coded as Hispanic in the composite race/ethnicity variable.

⁸ 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.

⁹ Note that the second step—using regression analyses to identify specific between-group differences—is only necessary for race/ethnicity comparisons. For gender and in-care comparisons, there are only two groups, so the ANOVA test is sufficient.

¹⁰ The 95 percent confidence intervals of each response category were compared across groups to identify cases in which the intervals did not overlap. This is a more conservative approach than jointly testing group differences, but given the large number of comparisons being made, we thought it to be sensible.

Study Limitations

The study's sampling strategy, high response rate, and weighting of survey responses means that the descriptive statistics reported below are likely a good representation of what we would have found had we obtained responses from all youth in California meeting 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*. First, although close to 85 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. Wave 2 participants and nonparticipants were similar across a number of demographic characteristics, but young people who were no longer in foster care as of June 2015 were less likely to take part in the survey than those who were in care. 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 findings shown in this report are statewide averages, and there may be important differences between counties that are not captured here. 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 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. Three-fifths of the youth were female and nearly half identified as Hispanic. The largest proportion of respondents identified as being more than one race, followed by white and African American. Most youth spoke English at home, while about one-in-ten young people spoke Spanish or another language. There were differences by language spoken at home by foster care status ($F = 3.5, p < .05$). Youth who exited care were more likely than youth still in care to speak English at home (95.9% vs. 90.0%).

Table 4. Demographic Characteristics

	#	%
Gender		
Female	367	60.0
Male	244	40.0
Age		
19 years old	599	97.9
20 years old	12	2.1
Hispanic	272	47.4
Race		
White	193	27.8
African American	108	24.0
Asian/Pacific Islander	20	3.1
American Indian/Alaskan Native	23	4.1
Mixed race	240	41.1
Language spoken at home		
English	567	91.1
Spanish	41	8.6
Other	2	0.2

Note: Unweighted frequencies and weighted percentages.

Table 5 presents information about the current foster care status of the youth. About 77 percent of the young people 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 23 percent were not in care when they were interviewed. Among youth who had left care, half of them exited care when they were 18 years old, with the rest exiting care when they were either 17 or 19 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 10 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. Two youth reported that “after I turned 18 nobody contacted me” and “when I turned 18 they just let [me] go.” 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 half of the youth; another common response was the desire for more freedom or the intention to live with a partner. Some of the youth described their reason in a different way (i.e., “other” response), such not getting along with a relative (presumably, one who the youth was living with) or relocating to another state.

Table 5. Current Foster Care Status

	#	%
In care at Wave 2 (remained in care since Wave 1)	390	64.8
In care at Wave 2 (left care after Wave 1, but decided to come back)	87	12.5
Not in care at Wave 2	134	22.7
Among respondents who were not in care at the Wave 2 interview ($n = 134$)		
Age at discharge ^a		
17 years old or younger	35	22.3
18 years old	56	50.4
19 years old	28	27.3
How youth left care		
Reunification with parent(s)	26	21.2
Adoption or discharge to a legal guardian	20	12.6
Runaway and discharged while away	10	9.1
Incarceration in jail or prison and discharged from there	9	5.1
No longer meeting the requirements to stay in care after age 18	9	6.9
By own request, no longer wanted to remain in care	47	35.3
Other	13	9.8
Most important reason in decision to leave care ($n = 55$) ^b		
Wanted to be on own and wanted more freedom	13	21.6
Did not want to deal with social workers anymore	8	12.4
Wanted to live with biological parent(s)	2	6.2
Wanted to join the military	1	1.1
Did not want to deal with the court system anymore	6	12.2
Wanted to live with girlfriend/boyfriend	8	12.3
Did not want to deal with foster parents/group home staff anymore	12	24.8
Other	5	9.5

Note: Unweighted frequencies and weighted percentages.

^a Item missing 11.2 percent 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”). Two youth were 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 that they possessed. As seen in Table 6, youth most frequently reported having a social security card and a birth certificate. Only about one-third of youth had proof of citizenship or residency and a similar proportion had a driver’s license. Males were more likely than females to have proof of citizenship or residency (40.0% vs. 30.1%, $F = 4.6$, $p < .05$). Additionally, there were a couple of differences by race/ethnicity in terms of the official documents youth possessed. Hispanic youth (40.5%) were more likely than mixed race youth (21.8%) and white youth (24.1%) to possess proof of citizenship or residency ($F = 2.8$, $p < .05$). A greater proportion of white youth (53.4%)

than African American youth (16.2%) and Hispanic youth (25.8%) had a driver's license ($F = 9.9, p < .001$). Finally, youth who exited care were less likely than youth still in care to be in possession of a social security card (79.3% vs. 90.3%, $F = 11.3, p < .001$) and proof of citizenship or residency (36.8% vs. 24.7%, $F = 5.1, p < .05$).

Table 6. Documents Currently in Youths' Possession

	#	%
Social security card	518	87.8
Birth certificate	517	86.3
Proof of citizenship/residency	191	34.0
Driver's license	208	30.6
Other state identification	434	72.0

Note: Unweighted frequencies and weighted percentages.

Table 7 presents information about the youths' birth family. Most youth reported that their birth mother was still alive. Just under 15 percent of the young people reported not knowing if their birth father was still living, but among those who did know, nearly four-fifths reported that he was still living. About 90 percent of youth had one or more brothers/stepbrothers, and 90 percent had at least one sister/stepsister. Females were more likely than males to report that their birth father was still alive (82.9% vs. 73.1%, $F = 5.2, p < .05$). A greater proportion of white youth (40.1%) than mixed race youth (15.9%), African American youth (16.0%), and Hispanic youth (22.7%) reported having exactly one sister ($F = 2.4, p < .01$); these latter groups tended to have more than one sister relative to white youth.

Table 7. Birth Family

	#	%
Birth mother still alive	492	84.0
Birth father still alive ^a	421	79.1
Number of brothers (including half-brothers and stepbrothers)		
0	59	9.5
1	107	16.8
2	123	21.7
3 or more	313	52.0
Number of sisters (including half-sisters and stepsisters)		
0	64	10.9
1	147	23.4
2	150	24.5
3 or more	242	41.3

Note: Unweighted frequencies and weighted percentages.

^a 14.4% of respondents indicated “don’t know” or “refused” for this item.

Household and Living Arrangement

Table 8 presents the housing situations of youth since they were last interviewed for the study. Due to a programming error, 82 youth were not asked these questions during their interviews. About one-quarter of youth 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 2.8 ($SD = 2.4$). 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. More than half of these youth had lived in their own place. About a fifth of youth reported living with a birth parent or stepparent and over a third of youth reported having lived in the home of a relative other than their birth parents or stepparents. Youth lived in a variety of other types of housing situations, one of the most common being living with friends.

Housing situation differences were found between youth based on gender, race/ethnicity, and in-care status. Males were more likely than females to still be living in the same place they were living during their last interview (36.1% vs. 18.5%, $F = 15.0$, $p < .001$). Among youth who had moved since the baseline interview, females were more likely than males to have lived in the home of a spouse or partner (29.2% vs. 13.5%, $F = 2.3$, $p < .01$). Among those who moved since their baseline interview, youth in the other race/ethnicity category (4.4) lived in more places than (white youth (3.0), mixed race youth (3.0), and Hispanic youth (2.5) ($F = 2.8$, $p < .05$). In terms of in-care status, among youth who moved since their baseline interview, in-care youth were significantly more likely than out-of-care youth to have lived

in their own place, while out-of-care youth were more likely than in-care youth to have lived in the home of a birth parent/stepparent and with a spouse/partner.¹¹

Table 8. Housing Situation Since Last Interview (n = 529)^a

	Overall		Out of Care		In Care		<i>p</i>
	#	%	#	%	#	%	
Number of additional places lived							
Still living in same place	125	25.6	25	18.8	100	28.1	
1 place	114	22.9	25	21.9	89	23.3	
2 places	109	20.7	25	18.8	84	21.4	
3 places	64	10.6	20	15.3	44	8.9	
4 places	45	8.4	17	11.1	28	7.4	
5 or more places	70	11.8	22	14.2	48	10.9	
Among youth not still living in same place, type of place(s) lived (can select more than one) (n = 404)							
Own place (house/apartment/trailer)	233	54.6	49	41.2	184	60.0	**
Own room in a motel, hotel, or single room occupancy	80	21.1	27	26.6	53	18.9	
Home of a birth parent or stepparent	80	19.2	38	36.5	42	12.2	***
Home of another relative	138	36.4	45	44.5	93	33.1	
Home of a former foster parent	65	17.4	16	16.9	49	17.5	
Home of a foster parent	93	23.2	23	19.8	70	24.6	
Home of a spouse/partner	110	23.8	42	32.4	68	20.3	*
Home of a friend	139	32.4	40	36.5	99	30.8	

Note: Unweighted frequencies and weighted percentages.

^a Due to a programming error, a total of 82 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 homelessness was defined by the researchers. 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 followed reported

¹¹ 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 at some point while in extended care with a parent or stepparent 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.

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 and 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 who shared similar risk factors and to an unmatched sample. They found that former foster youth were at higher risk than the two samples of experiencing homelessness, experiencing housing instability, and living in poor quality neighborhoods.

Table 9 presents youths' experiences with homelessness and couch surfing. Almost a 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 have been homeless, the majority reported that their longest episode of homelessness was between a week and a month long. Over 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 a week and a month long.

There were differences between youth in care and youth out of care regarding experiencing homelessness. Youth who were no longer in care were much more likely than youth in care to have experienced homelessness since their last interview ($F = 22.8, p < .001$). Among those who had been homeless since then, in-care youth were more likely than out-of-care youth to have been homeless only one time ($F = 4.1, p < .01$).¹² Differences in the likelihood that youth had couch surfed since their last interview were also found by care status ($F = 21.4, p < .001$). In-care youth were much less likely than out-of-care youth to report that they ever couch surfed since their last interview (22.9% vs. 42.8%). In addition, differences were found in the number of times the youth couch surfed since their last interview, with out-of-care youth more likely than in-care youth to report couch surfing five or more times ($F = 3.2, p < .05$).¹³

¹² No statistically significant differences were found between in-care and out-of-care youth in the average number of times they were homeless since last interview. Recall that the proportion of in-care youth who reported being homeless since Wave 1 (13.6%) 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 have been homeless since the last interview (21.7% vs. 12.1%, $F = 5.1, p < .05$). Moreover, among youth who had ever been homeless since the last interview, a significantly greater proportion of youth who left care than youth who stayed in care were likely to be homeless for more than one week during their longest homeless episode (86.4% vs. 46.4%, $F = 9.7, p < .01$). There were no significant differences between these two groups in terms of the number of times or the total number of days they were homeless.

¹³ No statistically significant differences were found between in-care and out-of-care youth in the average number of times they couch surfed since last interview. Recall that the proportion of in-care youth who reported couch surfing since Wave 1 (22.9%) 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 have

Table 9. Homelessness and Couch Surfing (n = 529)

	Overall		Out of Care		In Care		<i>p</i>
	#	%		%		%	
Ever been homeless (since last interview) ^N	112	18.3	46	34.4	66	13.6	***
Age first time homeless since last interview (n = 112) ^a							
17	15	14.7	6	16.5	9	13.4	
18	50	43.3	24	47.5	26	40.2	
19	47	42.0	16	36.0	31	46.4	
Number of times of homeless since last interview (n = 112) ^a							**
1 time	59	54.5	19	36.1	40	68.4	
2 times	11	10.4	7	19.4	4	3.7	
3 times	8	5.8	2	2.8	6	8.0	
4 times	9	7.6	5	9.3	4	6.3	
5 or more times	21	21.7	12	32.4	9	13.7	
Longest episode of homelessness since last interview (n = 112) ^a							
1 night	19	16.1	9	16.6	10	15.8	
2 to 7 nights	34	34.9	17	44.9	17	27.5	
8 to 30 nights	25	24.2	7	17.4	18	29.2	
31 to 90 nights	22	15.8	8	11.8	14	18.7	
More than 90 nights	12	9.0	5	9.2	7	8.8	
Total days homeless since last interview (n = 112) ^b							
1 day	14	12.8	8	15.4	6	10.7	
2 to 7 days	27	24.8	11	33.6	16	24.0	
8 to 30 days	27	24.8	8	19.1	19	35.2	
31 to 90 days	26	23.9	12	19.6	14	18.5	
More than 90 days	15	13.8	6	12.3	9	11.6	
Ever couch surfed (since last interview)	171	27.4	54	42.8	117	22.9	***
Number of times of couch surfed since last interview (n = 171) ^c							*
1 time	52	31.1	9	22.2	43	38.3	
2 times	26	15.6	7	12.2	19	16.2	
3 times	29	17.4	7	16.6	22	20.1	
4 times	12	7.2	2	2.2	10	7.1	
5 or more times	48	28.7	27	46.8	21	18.3	
Longest episode of couch surfing (n = 171) ^c							
1 night	6	3.0	0	0.0	6	4.6	

couch surfed since the last interview (39.9% vs. 19.6%, $F = 12.9$, $p < .001$). There were no significant differences between these two groups in terms of the number of times, duration of longest episode, or total days youth couch surfed.

2 to 7 nights	62	36.8	21	34.4	41	38.2	
8 to 30 nights	57	35.8	20	42.5	37	32.3	
31 to 90 nights	28	16.5	7	14.8	21	17.3	
More than 90 nights	14	7.9	4	8.3	10	7.6	
Total days of couch surfing ($n = 171$) ^c							
1 day	1	0.2	0	0.0	1	0.3	
2 to 7 days	48	30.1	12	21.2	36	35.1	
8 to 30 days	55	30.7	15	27.9	40	32.2	
31 to 90 days	38	24.4	14	27.2	24	9.5	
More than 90 days	26	14.6	13	23.6	13	9.5	

Note: Unweighted frequencies and weighted percentages. ^N = NYTD survey question.

^a Due to a programming error, a total of 82 youth were not asked these questions at the time of the interview.

^b Includes 112 youth who reported ever experiencing homelessness since last interview.

^c Includes 171 youth who reported ever couch surfing since last interview.

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)¹⁴, homes of relatives, and transitional housing placement programs. There were differences between males and females in their current living situation ($F = 4.5, p < .001$). Males were more likely than females to report living in a group home or residential treatment center (3.8% vs. 0.2%), whereas females were more likely than males to be living in a SILP (39.7% vs. 18.5%).

Table 10. Current Living Situation for Respondents in Care ($n = 477$)

Living situation	#	%
Home of a relative	93	22.6
Home of nonrelated extended family member	41	8.7
Foster home with an unrelated foster parent	61	13.2
Group home or residential treatment center	8	1.6
Transitional Housing Placement Program (THP-PLUS Foster care)	114	19.2
Supervised Independent Living Placement (SILP)	142	31.4
Hospital, treatment, or rehab facility	2	0.6
Other	16	2.6

Note: Unweighted frequencies and weighted percentages.

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 the home of relatives other than their birth parents, their own place, and the home of their birth parents.

¹⁴ 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 ($n = 134$)

	#	%
Own place (apartment, house, trailer, etc.)	27	19.5
Own room in a motel, hotel or single room occupancy	3	2.6
In home of birth parent(s)	22	15.7
In home of another relative(s)	24	22.8
In home of former foster parent(s)	3	1.2
In home of foster parents(s)	0	0.0
In home of spouse/partner	19	12.5
In home of a friend or friends	7	4.5
Group home or residential treatment center	1	0.5
Dormitory	1	0.5
Hospital, treatment or rehab facility	1	0.3
Jail, prison, or other correctional facility	4	1.9
Homeless (have no regular place to stay)	6	4.3
Other	16	13.9

Note: Unweighted frequencies and weighted percentages.

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 3.4 ($SD = 2.4$). Most of the other residents were over the age of 18 (mean = 2.4, $SD = 2.0$). About half of the youth not living alone lived with someone under the age of 18 (mean = 1.0, $SD = 1.3$), and about a third lived with children under the age of 10 (mean = 1.3, $SD = 0.5$)

There were differences between males and females in terms of whether youth were living with children under age ten ($F = 12.1, p < .001$). Females were more likely than males to report living with children under the age of ten (39.7% vs. 23.1%). There were also differences by race/ethnicity in the average number of people the youth were living with. The average for youth in the “other” race/ethnicity group was less than youth in all of the other race/ethnicity groups in terms of the number of other people they were living with (1.8 vs. range of 3.2 to 3.8, $F = 11.0, p < .001$), the number of people over the age of 18 (1.7 vs. range of 2.2 to 2.6, $F = 3.8, p < .01$), and the number of people under the age of 18 (0.1 vs. range of 0.8 to 1.3, $F = 19.0, p < .001$). Finally, on average, youth who were still in care lived with more children under the age of 10 than did youth who exited care (1.4 vs. 1.2, $F = 7.4, p < .01$).

Table 12. Individuals Residing with the Youth^a

	#	%
Living situation (<i>n</i> = 603) ^a		
Living alone	58	9.0
Living with others	545	91.0
Among youth living with others (<i>n</i> = 545)		
Number of people living with respondents		
1 person	112	21.0
2 people	115	19.4
3 people	108	20.2
4 people	76	16.4
5 or more people	131	23.0
Number of people over 18 years old living with respondents (<i>n</i> = 542)		
None	9	1.3
1 person	176	32.1
2 people	157	29.6
3 people	98	18.7
4 people	59	11.2
5 or more people	43	7.2
Number of people under 18 years old living with respondents (<i>n</i> = 542)		
None	277	50.7
1 person	136	24.4
2 people	68	13.8
3 people	28	5.7
4 people	19	2.9
5 or more people	14	2.6
Children under 10 years old living with respondents (<i>n</i> = 542)	175	33.0

Note: Unweighted frequencies and weighted percentages.

^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 Three respondents 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 romantic partners and spouses of youth, siblings or stepsiblings, and uncles or aunts.

The average number of relatives and significant others youth were living with was greater for young people who left care than young people who were still in care (mean = 1.4 vs. mean = 1.2, $F = 7.4$, $p < .01$). Among youth who were living with at least one relative and/or significant other, out-of-care youth were more likely than those in care to be living with their biological mother, biological father, and parent's spouse/partner, and as well as their own spouse's/partner's parents.

Table 13. Relatives and Significant Others Residing with the Youth

	Overall		Out of Care		In Care		<i>p</i>
	#	%	#	%	#	%	
Number of people living with youth and related by blood, marriage, or who are youth's significant other ($n = 542$) ^a							*
None	222	40.3	29	25.7	193	44.3	
1 person	135	23.6	30	24.6	105	23.3	
2 people	90	16.1	25	18.8	65	15.3	
3 people	36	8.3	10	11.4	26	7.5	
4 people	25	5.2	8	7.0	17	4.7	
5 or more people	32	6.6	14	12.6	18	4.9	
Among youth living with one or more relatives/significant others, youth's relation to these individuals ($n = 318$)							
Husband/wife	7	2.2	2	1.7	5	3.1	
Partner/boyfriend/girlfriend	122	38.4	34	34.7	88	35.0	
Son/daughter	65	17.8	14	15.2	51	18.7	
Sibling/stepsibling	104	36.6	31	42.0	73	34.5	
Sibling's partner/spouse	6	1.9	1	1.9	5	2.3	
Mother	31	10.1	21	25.1	10	4.5	***
Father	18	5.9	11	13.3	7	3.1	**
Parent's partner/spouse	2	0.6	2	2.3	0	0	*
Father-in-law/mother-in-law	6	2.0	5	6.8	1	0.3	***
Grandparent	52	17.9	11	12.2	41	20.0	
Uncle/aunt	52	18.7	14	15.8	38	19.7	
Cousin	37	12.9	9	8.3	28	14.5	
Nephew/niece	15	5.6	4	5.4	11	5.6	
Other relative	24	8.2	9	11.6	15	6.9	
Nonrelative	8	2.1	2	1.9	6	2.2	

Note: Unweighted frequencies and weighted percentages.

^a Three respondents 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. About 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 about half of the youth speaking with the social worker on the phone less 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.¹⁵

Table 14. Experience with County Caseworkers

	All Youth In Care at the Wave 2 Interview (<i>n</i> = 477) ^a		Youth In Care at Wave 2 Who Did Not Leave Care Since Wave 1 (<i>n</i> = 390)	
	#	%	#	%
Number of face-to-face visits with child welfare worker in the last year				
0 visits	12	2.4	4	1.0
1 to 11 visits	146	29.3	103	26.3
12 visits (about once per month)	228	50.5	203	54.4
13 to 23 visits	42	8.4	36	8.0
24 or more visits	45	9.5	40	10.4
Number of phone calls with social worker in the last year				
0 calls	47	10.0	36	9.7
1 to 11 calls	190	40.	151	39.3
12 calls (about once per month)	67	15.7	59	17.1
13 to 23 calls	76	14.9	64	14.7
24 or more calls	90	19.2	74	19.3

Note: Unweighted frequencies, and weighted percentages and weighted means.

^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-third of the youth reported never having face-to-face visits or phone calls with their attorney in the past year, and another 15 percent of youths had only one face-to-face visit or phone call

¹⁵ Youth who had remained in care since the Wave 1 interview were significantly more likely than youth who had exited and reentered care to have met with their county social worker 12 or more times in the past year (72.8% vs. 45.2%, $F = 18.0$, $p < .001$).

with their attorney. The majority of youth had two or more contacts with their attorney in the past year.¹⁶ In general, youth with an open court case reported being satisfied with information received from their attorney about their case. About three-fourths of youth were ever asked to attend court proceedings about extended foster care and just under three-fifths ever attended court proceedings about extended care. Among youths 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. Males and females differed in the extent to which they felt included in a courtroom discussion ($F = 10.7, p < .01$). A greater proportion of females than males felt like they were included “a lot” or “some” of the time (92.1% vs. 75.6%).

¹⁶ 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 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* = 477)^a

	#	%
Number of face-to-face visits or phone calls with attorney in the last year		
0 visits or calls	180	32.9
1 visit or call	79	15.1
2 visits or calls	98	23.7
3 visits or calls	45	10.8
4 visits or calls	20	4.8
5 or more visits or calls	54	12.7
Satisfaction with information received from attorney		
Very satisfied	215	46.4
Somewhat satisfied	129	29.1
A little satisfied	46	9.1
Not at all satisfied	40	7.8
I do not have an open court case right now	43	7.7
Ever asked to attend court proceedings about extended foster care	353	75.6
Ever attended court proceedings about extended foster care	272	57.9
Among youth who ever attended an extended foster care court proceeding (<i>n</i> = 272)		
When attended court, judge addressed respondent directly	231	86.6
Felt included in courtroom discussions		
A lot	161	60.8
Some	68	24.2
A little	32	11.9
None	11	3.1
Attorney represented respondent's wishes		
Very well	167	61.6
Fairly well	71	25.3
Neither well nor poorly	15	5.7
Fairly poorly	11	3.2
Very poorly	8	4.2

Note: Unweighted frequencies, and weighted percentages and weighted means.

^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.¹⁷ 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, 40 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.

A couple of differences in missed activities emerged by race/ethnicity and in-care status. A greater proportion of white youth (27.6%) than African American youth (15.1%) and Hispanic youth (13.8%) reported ever being prevented from getting a driver’s license or permit ($F = 2.4, p < .05$). Youth who exited care were more likely than youth still in care to report being prevented from accepting a ride from an adult (29.9% vs. 19.5%, $F = 5.1, p < .05$).

Table 16. Missed Activities After Reaching Age 16 Due to Foster Care Involvement ($n = 571$)^a

	#	%
Ever prevented from participating in sports, clubs, or other out-of-school activities because respondent was in care	101	17.4
Ever prevented from working because respondent was in care	75	13.0
Ever prevented from getting a driver’s license/permit because respondent was in care	113	17.9
Ever prevented from accepting a ride from an adult because respondent was in care	134	22.0
Ever unable to stay over at a friend’s house because respondent was in care	264	45.8
Ever unable to have a friend stay at house because respondent was in care	282	52.5
Ever not allowed to be left alone at house because respondent was in care	258	44.1

Note: Unweighted frequencies and weighted percentages.

^a Due to an error with the survey administration, 40 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

¹⁷ 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

(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. When asked about their optimism about their future hopes and goals (see Table 17), most youth reported being “very optimistic” and only about six 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	357	60.5
Fairly optimistic	214	33.6
Not too optimistic	24	3.2
Not at all optimistic	16	2.6

Note: Unweighted frequencies and weighted percentages.

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 youths' 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).¹⁸ Among these youth, slightly less than half felt that they led the development of their plan, and slightly less than half 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.¹⁹ 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 nearly 20 percent reported not being involved in team meetings.

There were some differences by gender and care status in youths' reports on their involvement with planning for the transition to adulthood. Females were more likely than males to be "very satisfied" with the team meetings (33.6% vs. 20.5%), while males were more likely than females to report being "satisfied" (53.7% vs. 40.4%) ($F = 3.5, p < .01$). Youth in care were more likely than youth who left care

¹⁸ 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).

¹⁹ 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).

to report that they led the transitional living plan meeting, whereas youth who exited care were more likely than youth still in care to say that they were not involved in the transitional living plan meeting or were not aware of their plan ($F = 21.6, p < .001$). Youth who were still in care at the time of the interview were more likely than youth who left care to report being notified about the requirements of the extended foster care ($F = 41.6, p < .001$). In terms of how satisfied youth were with team meetings to help them decide about staying in care past 18, in-care youth were more likely than out-of-care youth to report being “very satisfied,” while out-of-care youth more often reported not being involved in the meetings than did in-care youth ($F = 20.1, p < .001$).

Table 18. Experience Preparing for the Transition to Adulthood

	Overall		In care		Not in care		p
	#	%	#	%	#	%	
Role youth played in development of their transitional living plan (TILP) ^N							***
I led the development of my independent living plan.	219	36.4	197	42.0	22	17.3	
I was involved in the development of my independent living plan, but did NOT lead it.	246	39.8	208	42.8	38	29.4	
I was NOT involved in the development of my independent living plan.	55	9.3	23	5.1	32	23.5	
I am not aware of my independent living plan	86	14.5	47	10.1	39	29.8	
Before turning 18, case manager, social worker, probation officer, or independent living plan worker talked to youth about eligibility requirements for extended foster care	546	88.4	447	93.8	99	70.2	***
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	176	28.4	160	28.4	13	7.2	
Satisfied	276	45.7	230	45.7	46	36.9	
Dissatisfied	43	6.5	25	6.5	18	12.0	
Very dissatisfied	12	1.8	7	1.8	5	2.9	
Was not involved in team meetings	103	17.6	52	17.6	51	41.0	

Note: Unweighted frequencies and weighted percentages. ^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 five percent of them reported that it was “not at all” helpful. For

employment goals, slightly less than half reported that extended care has helped “a lot,” while about one in ten youth reported that it was “not at all helpful.” Half of the youth reported their case manager has provided “a lot” of support in working to meet their goals during their time in extended foster care.

Males and females differed in their perception of how easy it was to meet the extended care eligibility requirements. A greater proportion of males than females reported that it was “easy” to meet the requirements, while a greater proportion of females said that meeting the requirements was “hard” ($F = 3.5, p < .01$). Females were more likely than males to report that extended foster care was “not at all” helpful to them in reaching their independence goal ($F = 3.0, p < .05$).

Table 19. Experience of Extended Foster Care (*n* = 477)^a

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Primary activity youth is doing to be eligible for extended foster care							
Attending school	259	57.3	89	52.2	170	60.5	
Employed	116	22.4	51	25.2	65	20.6	
Doing activities to gain employment or remove barriers to employment	73	14.6	36	16.8	37	13.1	
Medical condition	3	0.5	1	0.2	2	0.7	
No activities	24	5.3	11	5.6	13	5.0	
How easy is it to meet requirements to stay in extended foster care							**
Very easy	170	35.8	55	29.7	115	39.8	
Easy	181	38.7	84	47.8	97	32.8	
Neither easy nor hard	88	17.9	39	17.9	49	17.9	
Hard	23	4.7	3	1.4	20	6.8	
Very hard	14	2.9	7	3.2	7	2.7	
How much staying in extended foster care is helping youth make progress towards goal of independence							*
A lot	297	62.9	124	66.7	173	60.5	
Some	131	27.6	49	27.4	82	27.7	
A little	30	5.4	12	5.2	18	5.6	
Not at all	18	4.1	3	0.7	15	6.3	
How much staying in extended foster care is helping youth make progress towards educational goals							
A lot	271	58.0	98	56.0	173	59.3	
Some	135	28.1	61	30.5	74	26.6	
A little	37	7.1	11	5.8	26	7.9	
Not at all	11	2.9	3	1.5	8	3.8	
I don't have educational goals	21	3.9	14	6.2	7	2.5	
How much staying in extended foster care is helping youth make progress towards employment goals							
A lot	220	45.9	86	44.7	134	46.6	
Some	161	34.4	62	34.8	99	34.2	
A little	41	8.2	19	9.0	22	7.7	
Not at all	35	7.1	12	5.7	23	8.0	
I don't have employment goals	20	4.5	10	5.9	10	3.6	
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	232	49.5	91	52.0	141	47.9	
Some	152	30.3	60	28.7	92	31.3	

A little	58	11.9	34	11.9	341	12.0	
Not at all	35	8.3	21	7.4	21	8.9	

Note: Unweighted frequencies and weighted percentages.

^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 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; financial support; 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, relatively few youth identified any specific service, and over two-fifths answered “none.” 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 = 477)^a

	#	%
Extended foster care service that is providing youth with the most support to reach their goals		
Housing/placement	70	14.1
Independent living services	92	19.1
Educational services	21	5.2
Employment services	7	1.3
Case management/Social worker/Probation officer/ILP worker	141	30.1
Caregiver or mentor	31	6.8
Financial support	80	15.4
Other	12	2.5
None	22	5.6
Extended foster care service that did not provide youth with enough support to reach their goals		
Housing/placement	37	8.3
Independent living services	26	5.6
Educational services	20	4.1
Employment services	68	13.2
Case management/Social worker/Probation officer/ILP worker	65	14.2
Caregiver or mentor	23	5.1
Financial support	31	5.8
Other	5	1.1
None	197	42.6
Satisfaction with current living situation		
Very satisfied	173	35.2
Satisfied	211	46.7
Neither satisfied nor dissatisfied	56	10.0
Dissatisfied	21	4.8
Very dissatisfied	16	3.4

Note: Unweighted frequencies and weighted percentages.

^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. About 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. About two-thirds 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 third stated that their budget does not always cover these expenses. Most of the youth reported paying less than \$600 per month for rent, but one-sixth paid over \$800 per month.

Table 21. Views on SILPs and THP-Plus/THP-Plus FC (n = 218)^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	62	31.0
Well	62	25.0
Okay	60	28.9
Poorly	18	7.5
Very poorly	14	7.7
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	139	65.0
Most months	37	14.5
Some months	24	16.2
Never	10	4.3
Monthly amount paid for rent		
Less than \$150	27	11.7
\$150 to \$299	30	17.3
\$300 to \$449	33	14.8
\$450 to \$599	35	18.2
\$600 to \$800	49	21.0
More than \$800	31	16.9

Note: Unweighted frequencies and weighted percentages.

^aThe 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, nearly one-sixth had ever exited and then reentered care after age 18. Among the most common reasons youth reported for returning to care were the need for financial help to pay rent or other living expenses, wanting help with finding a place to live, and wanting support from professionals or caregivers. Over one in ten youth who reentered said they returned for some other reason, including having a baby or becoming incarcerated.

Table 22. Foster Care Exit and Reentry after Age 18 (n = 477)^a

	#	%
After age 18, ever exited and then reentered extended foster care	78	14.8
Reason for reentering foster care after age 18 (n = 78)		
Wanted help with finding a place to live	19	22.2
Wanted financial help to pay rent/other living expenses	23	34.1
Wanted help with school such as help applying/enrolling/tutoring/information about financial aid	8	7.6
Wanted help finding a job	3	2.3
Wanted support from a case manager/previous caregiver/other adult	9	13.3
Wanted help with parenting skills	1	0.9
Wanted help with other services	4	7.7
Other reason(s)	11	11.9

Note: Unweighted frequencies and weighted percentages.

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

Table 23 presents views of youth who were no longer in foster care at the time they were interviewed. About two-fifths reported that they were in foster care after age 18 at some time. Among those who had been in extended care, the most common reasons for exiting care included wanting to live on their own and wanting to live with their biological parent(s). Also, about a quarter said they decided to leave for other reasons, which included things like starting a new family, becoming incarcerated, and not meeting the eligibility requirements for extended care. 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.

Table 23. Views of Youth Who are No Longer in Foster Care (n = 133)

	#	%
Ever in the “After 18 program” or extended foster care	54	38.8
Most important reason in decision to leave foster care (n = 54)		
Did not think I needed additional support	2	1.9
Did not want to have a case manager	3	3.8
Wanted to live with biological parent(s)	7	19.2
Wanted to live on my own	17	30.9
Wanted to live in a housing situation that was not approved as a SILP	3	8.3
Got married	1	0.7
Went into the military	2	1.9
Someone told me not to	2	5.6
Other	16	27.8
Know what to do if I want to reenter foster care		
	42	76.9

Note: Unweighted frequencies and weighted percentages.

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. Over one-quarter 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 about one-seventh of the young people 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, about three-fifths 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. Just under one-quarter of youth had not finished their high school credential at the time they were interviewed.

Youth who were no longer in foster care were more than twice as likely as youth in care to be neither enrolled in school nor employed (50.4% vs. 21.4%, $F = 12.8$, $p < .001$). Conversely, youth who were still in care were twice as likely as youth who left care to be enrolled in school (60.6% vs. 29.8%, $F = 29.3$, $p < .001$). Moreover, among those who were enrolled, in-care youth were more likely than out-of-care youth to be attending school full-time (63.0% vs. 41.6%, $F = 5.0$, $p < .05$). Among those who were not currently enrolled, in-care youth were more likely than out-of-care youth to have been enrolled since the

last interview (87.9% vs. 66.5%, $F = 13.6$, $p < .001$). Among youth who were currently enrolled, those who had left care were more likely than those still in care to be enrolled in GED classes, a continuation school, or adult basic education classes (24.4% vs. 6.1%, $F = 3.0$, $p < .05$).

Significant differences were present between CalYOUTH participants and Add Health participants (a nationally representative sample of 19 year olds) in a number of areas. The two groups were not significantly different in their likelihood of being currently enrolled (59.1% for Add Health vs. 53.6% for CalYOUTH), but among those who were enrolled, Add Health participants were more likely than CalYOUTH participants to be enrolled as full-time students (85.8% vs. 60.3%, $F = 31.6$, $p < .001$). In terms of the type of enrollment among youth who were currently enrolled, CalYOUTH respondents were more likely than Add Health respondents to be in secondary education (28.6% vs. 2.3%) and 2-year/vocational colleges (58.4% vs. 38.1%), while Add Health respondents were more likely than CalYOUTH respondents to be in 4-year colleges (59.6% vs. 13.0%, $F = 50.1$, $p < .001$; see Table 25).²⁰ CalYOUTH participants were behind their peers in the Add Health study in terms of highest grade completed.²¹ More CalYOUTH participants than Add Health participants completed less than twelfth grade (24.3% vs. 10.6%) or just twelfth grade (51.8% vs. 36.0%). However, fewer CalYOUTH participants than Add Health participants completed one or more years of postsecondary education (23.9% vs. 53.4%, $F = 34.5$, $p < .001$). The differences between young people in CalYOUTH and their peers in Add Health in current enrollment, enrollment status (full-time vs. part-time), type of school enrolled in, and highest grade completed were basically the same for males and females.²²

²⁰ To make the response options comparable between the two studies, the CalYOUTH response categories “high school” and “GED classes/continuation school/adult education” were combined into a single category, and “vocational school” and “2-year college” were combined into a single category. Additionally, CalYOUTH participants who replied “other” were excluded from the between-study comparison, which is why proportions reported in the text do not exactly match the proportions in Table 24.

²¹ Add Health did not include a separate category for vocational/technical school. When comparing to Add Health, “vocational school” and “2-year or community college” were combined into a single category. Additionally, CalYOUTH participants who replied “other” were excluded from the between-study comparison.

²² The same trends described above were found when CalYOUTH males were compared to Add Health males, and when CalYOUTH females were compared to Add Health females. All differences were significant at $p < .001$.

Table 24. Current Education Status

	#	%
Connectedness to school and/or work		
Neither enrolled nor employed	170	27.9
Enrolled in school only	217	38.7
Employed only	121	18.5
Both enrolled and employed	98	15.0
Currently enrolled in school ^N		
Full-time	197	32.3
Part-time	120	21.3
Not enrolled	294	46.4
Among youth not enrolled in school, enrolled in school since last interview (<i>n</i> = 294)		
Full-time	177	59.2
Part-time	63	21.3
Not enrolled	54	19.5
Current education status among youth currently enrolled (<i>n</i> = 317) ^N		
High School	57	19.6
GED Classes/continuation school/adult education	28	8.4
Vocational School	32	10.9
2-year or community college	152	46.4
4-year college	42	12.7
Other	6	1.9
Highest grade completed		
1st to 9th grade	5	1.0
10th grade	10	2.0
11th grade	125	21.3
12th grade	324	51.8
First or second year of vocational school	34	6.1
First year of college	90	14.6
Second year of college	21	3.2

****p* < .001; Note: Unweighted frequencies and weighted percentages. ^N = NYTD survey question.

Two-thirds of respondents had earned a high school diploma by the time they were interviewed. The rest of the youth had either not completed a secondary credential or had completed an equivalency certificate. About one in seven youth had a vocational or job training certificate or license. Among the youth who were enrolled in school, over 60 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. More than a third of youth with a high school credential reported that they did not know about the ETV program and another quarter said that they applied for an ETV but never received one. When considering just youth who were currently enrolled in a postsecondary education institution (i.e., 4-year colleges, 2-year colleges, and vocational programs), or who had been enrolled in postsecondary education since the Wave 1 interview, over one-third reported receiving an ETV grant (37.3%).

About twice as many males as females had a vocational license or certificate (20.4% vs. 10.7%, $F = 8.1$, $p < .01$). There were also gender differences in youths' receipt and knowledge of the ETV grant ($F = 3.1$, $p < .05$). When comparing whether or not youth received an ETV grant among youth who completed a high school credential, a greater proportion of females than males received a grant.²³ Differences between race/ethnicity groups were present for youths' receipt and knowledge of ETV grants ($F = 1.8$, $p < .05$). Specifically, Hispanic youth (46.0%) were more likely than white youth (26.5%) and youth in the "other" race/ethnicity category (9.4%) to report not knowing what an ETV is.

There were differences between youth who left care and youth who were still in care in attainment of educational credentials. In particular, out-of-care youth were less likely than those in care to have completed a high school diploma (51.8% vs. 70.2%, $F = 6.3$, $p < .001$). Young people still in care were more likely than youth who had left care to have a vocational certificate or license (16.8% vs. 7.0%, $F = 6.4$, $p < .05$). Also, among those who were currently enrolled, youth who were in care were nearly twice as likely as those who had left care to be using a scholarship, grant, stipend, student loan, voucher, or other type of educational financial aid to cover educational expenses (65.6% vs. 33.3%).

CalYOUTH and Add Health participants were compared in terms of their high school credential status.²⁴ Young people in CalYOUTH were less likely than their peers in Add Health to have earned a high school diploma (66.0% vs. 87.6%) and more likely than young people in Add Health to be without a secondary

²³ When considering gender difference in ETV receipt among youth who were currently enrolled in college or who enrolled in college since the Wave 1 interview, females were also more likely than males to receive an ETV grant (66.3% vs. 25.2%, $F = 5.8$, $p < .05$). This may be due in part to the fact that parenthood is one of the criteria that gives youth priority for receiving an ETV, and a greater proportion of females than males are parents.

²⁴ The Add Health item only had one response option for an alternative secondary credential (GED or equivalency certificate). When comparing CalYOUTH to Add Health, "high school equivalency certificate after passing the GED, HiSET, or TASK" and "certificate of proficiency" were combined into a single alternative credential category.

credential (29.3% vs. 8.9%) ($F = 35.6, p < .001$), but the two groups did not differ in the proportions of young people with an alternative credential (4.8% vs. 3.5%).

Table 25. Degree Completion and Scholarships

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Secondary diploma/certificate ^N							
High school diploma	417	66.0	161	63.9	256	67.4	
High school equivalency certificate after passing GED, HiSET, or TASK	16	2.8	6	2.8	10	2.7	
Certificate of proficiency	13	2.0	6	2.9	7	1.4	
None	163	29.3	69	30.5	94	28.5	
Vocational/job-training certificate or license ^N	89	14.6	51	20.4	38	10.7	**
Among youth with high school credential, college degree ^N (<i>n</i> = 448)							
Associates or 2-year college degree	3	0.6	2	0.6	1	0.5	
Bachelor's or 4-year college degree	4	1.3	3	1.9	1	0.9	
No college degree	441	98.2	170	97.5	271	98.6	
Among youth currently enrolled in school, using scholarship, grant, stipend, student loan, voucher, or other educational financial aid to cover any educational expenses ^N (<i>n</i> = 317)	200	61.5	62	53.9	138	66.0	
Among youth with high school credential, ever received education and training voucher (ETV) (<i>n</i> = 448)							*
Received ETV	121	29.2	34	22.4	87	33.7	
Applied for ETV but did not receive one	96	23.5	34	23.6	62	23.4	
Know what ETV is, but never applied for one	50	10.4	30	15.9	20	6.9	
Do not know what an ETV is	180	36.9	76	38.2	104	36.0	

p* < .05, *p* < .01; Note: Unweighted frequencies and weighted percentages. ^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, became a parent, or kept getting in trouble with school. Just under a third of young people gave a reason that was not included in the response options; these reasons included running away, experiencing health or emotional problems, and getting in trouble with the law. Youth who were not in care at the time of the interview were over twice as likely as youth who were in care to report having ever dropped out of high school (34.2% v. 15.2%, *F* = 18.1, *p* < .001).

Table 26. History of High School Dropout

	#	%
Ever dropped out of high school	116	19.5
Main reason for dropping out of high school (<i>n</i> = 116)		
Coursework was too difficult	4	2.2
Coursework was too easy	3	2.9
Didn't like school or lost interest	28	22.5
Kept getting into trouble in school because of my behavior	11	11.8
Wanted to start working	6	7.2
Became a parent and had to take care of my child	19	14.5
Wanted to complete a GED instead	7	7.8
Some other reason	38	31.3

Note: Unweighted frequencies and weighted percentages.

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. Nearly 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. Over three-quarters of the youth reported earning Bs and Cs in their classes. About two-fifths said that they had been required to take one or more remedial courses before they could take college courses for credit.

There were difference by race/ethnicity in terms of the proportions of youth who used other scholarships, fellowships, or grants to pay for college. Mixed-race youth (88.4%) and white youth (84.9%) more likely than Hispanic youth (66.1%) and African American youth (61.5%) to use these types of funds ($F = 3.1, p < .05$). Young people who were out of care were more likely than youth who were still in care to report using money from relatives, friends, or other people to pay for college (25.1% vs. 5.7%, $F = 11.6, p < .001$), while in-care youth were more likely than out-of-care youth to use money from another source for college (12.5% vs. 1.7%, $F = 5.9, p < .05$).

Table 27. College Enrollment, Funding, Grades, and Course Taking (*n* = 268)^a

	#	%
Type of college		
Campus	260	98.4
Online	6	1.6
How youth is paying for college		
ETV grant	148	54.3
Other scholarships, fellowships, or grants	199	71.0
Student loans	31	9.2
Own earnings from employment or savings	92	31.9
Money from a relative, friend, or other individual	22	8.4
Money from another source	30	11.0
College grades		
Mostly As	36	14.4
Mostly Bs	109	44.1
Mostly Cs	89	33.9
Ds or lower	22	7.6
Number of required remedial courses		
None	151	60.0
1 course	33	12.3
2 courses	29	11.3
3 courses	14	6.2
4 courses	12	5.7
5 or more courses	10	4.5

Note: Unweighted frequencies and weighted percentages.

^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). Half of the youth said they were ever involved in a campus support program designed to help youth in foster care. About three in ten youth said that they were not sure if their college had such a program and 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. About one-third of students received tutoring and one-quarter 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. Just one in five 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 the majority of students who were parents.

There were gender differences in difficulties youth experienced during their transition to college, with more males than females reporting that they had difficulty organizing their time and more females than males reporting that they had difficulties with making friends and transportation. There were a few differences in college involvement by in-care status. In terms of involvement in campus support programs for foster youth, a greater proportion of young people who were still in care reported being “involved in a program most of college” than young people who were out of care (30.7% vs. 5.8%), whereas out-of-care youth were more likely than in-care youth to say that they were “not sure if a program is offered at their college” (52.8% vs. 24.9%) ($F = 4.1, p < .01$). Youth who were in care were more likely than youth who were out of care to report being involved in study groups with other students (58.5% vs. 36.3%, $F = 4.6, p < .05$).

Table 28. Transition to College and Campus Involvement ($n = 268$)^a

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Involvement in campus support program for students in/previously in foster care							
Involved in a program most of college	78	27.1	21	22.1	57	30.0	
Involved in a program some of college	36	16.4	16	19.1	20	14.8	
Involved in program just a short while	20	6.8	6	7.0	14	6.7	
College offers a program but was never involved	57	20.8	25	28.3	32	16.3	
Not sure if a program is offered	76	28.9	25	23.5	51	32.1	
Involvement in other college activities (can select more than one)							
Tutoring	87	35.2	23	26.2	64	40.5	
Writing center	72	27.6	22	22.7	50	30.5	
TRIO Educational Opportunity Program (EOP)	53	19.3	11	12.9	42	23.2	
Academic advising	136	51.6	39	45.9	97	54.9	
Information session about major/department	133	50.8	43	50.3	90	51.1	
Meeting with professors outside of class	147	54.8	47	50.4	100	57.4	
Meeting with TAs outside of class	65	24.5	24	23.5	41	25.1	
Peer mentoring program	43	15.9	13	17.1	30	15.2	
Study groups/sessions with other students	139	55.3	49	54.2	90	55.9	
Another type of support or service intended to help students academically	26	10.5	8	6.8	18	12.7	
Involvement with college sports teams, organizations, clubs, groups	51	19.4	17	17.7	34	20.4	
Difficulties in transition to college							
Classes harder than youth used to	121	44.3	35	35.8	86	49.3	
Difficult organizing time to finish all responsibilities	165	62.2	64	72.0	101	56.3	*
Hard making friends	56	19.1	10	11.0	46	24.0	*
Did not know how youth was going to afford college	71	23.4	21	22.8	50	23.7	
Youth did not know if he/she would have transportation to and from college	90	31.4	24	21.5	66	37.3	*
Had to balance school and work	137	52.6	50	57.2	87	49.8	
Had to balance school and being a parent ($n = 33$) ^b	23	72.9	1	33.8	22	75.4	

* $p < .05$; Note: Unweighted frequencies and weighted percentages.

^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.

Youth who were enrolled in a vocational/technical program at the time of the interview, or had been enrolled in a program since their baseline interview, were asked about the type of program they were attending (see Table 29). The two most common types of training were in the areas of health and health care (e.g., nursing assistant) and beauty (e.g., cosmetology, barber school). About one in five youth reported being enrolled in a program other than the options provided in the survey, such as training in computer software, automotive repair, and veterinarian assistance.

Table 29. Enrollment in Vocational-Technical School ($n = 46$)^{a,b}

	#	%
Type of program/training		
Business school/financial institute/secretarial school	2	5.5
Hospital/healthcare facility or school	13	32.6
Cosmetology/beauty/barber school	13	20.2
Police academy/firefighter training program	2	1.8
Job training through city/county/state/federal government	4	9.1
Trained by private employer	2	5.4
Two-year or community college that offers vocational training programs	3	6.1
Other	7	19.3

Note: Unweighted frequencies and weighted percentages.

^a Includes youth who were currently enrolled in a vocational-technical program, or enrolled in one since the last interview ($n = 47$). For the latter youth, they were asked to think of the most recent program they attended. One youth was not asked questions about their vocational-technical program due to a survey administration error.

^b Sample sizes were too small to test differences by gender, race/ethnicity, and in-care status.

As shown in Table 30, nearly half of the students were paying for their vocational-technical training through student loans, and close to two-fifths were using their own money. Only one in five youth said that they received an ETV grant to pay for their training, while about two in five were using some other type of scholarship, fellowship, or grant. Another one in five youth told us that they were paying for their training with money from another source we did not give an as an option, such as money from the Department of Children and Family Services, “the county,” or “a foster care program.” Most youth were attending programs that would take between six months and two years to complete if students attended on a full-time basis. Time management, worries about being able to afford college, and classes being harder than what the youth were used to were the most common difficulties they faced when transitioning to their vocational/technical program. Nearly all youth who were parents said that balancing school and parenting responsibilities was a challenge.

Table 30. Vocational-Technical School Funding, Program Length, and Transition ($n = 46$)^{a,b}

	#	%
How paying for program/training (can select more than one)		
ETV grant	10	18.4
Other scholarships, fellowships, or grants	17	39.4
Student loans	21	45.7
Own earnings from employment or savings	18	38.6
Money from a relative, friend, or other individual	5	7.4
Money from another source	7	19.6
Length of time to complete program if attended full-time		
Less than 6 months	9	18.2
6–11 months	21	41.8
1–2 years	14	33.2
2 years or more	2	6.8
Difficulties in transitioning to program		
Classes harder than youth used to	13	32.9
Difficult organizing time to finish all responsibilities	23	41.2
Hard making friends	11	17.5
Did not know how youth was going to afford college	20	34.7
Youth did not know if he/she would have transportation to and from college	12	20.7
Had to balance school and work	14	28.4
Had to balance school and being a parent ($n = 15$) ^c	13	95.8

Note: Unweighted frequencies and weighted percentages.

^a Includes youth who were currently enrolled in a vocational-technical program, or enrolled in one since the last interview ($n = 47$). For the latter youth, they were asked to think of the most recent program they attended. One youth was not asked questions about their vocational-technical program due to a survey administration error.

^b Sample sizes were too small to test differences by gender, race/ethnicity, and in-care status.

^c Includes youth who were parents and who were enrolled in a vocational-technical program.

CalYOUTH Study participants 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, about one-third said they never seriously considered applying, one-third intended on applying but never did, and a smaller proportion of youth did apply at some time. About one-fifth 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

college or vocational school first, or wanted to take some time off to pursue something else (e.g., music career). Others talked about not having the grades or SAT scores they thought they needed to get in, while still others mentioned barriers such as moving or having a baby, which 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 was wanting to go to a 2-year college first, followed by concerns about costs and grades. 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, the largest proportion said that they decided to go to a 2-year college first, while others worried about the cost. Most of the youth who gave their own “other” response 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, nearly half said they did not receive enough help from others (“no help,” “only a little help,” or “some help, but not enough”).

There were significant differences by in-care status in the amount of help youth reported receiving to plan for college ($F = 5.9, p < .001$). Youth who were not in care were more likely than youth in care to report that they received “no help” (22.7% vs. 10.5%) and that they were “not interested in going to college” (18.2% vs. 7.9%). Conversely, in-care youth were more likely than out-of-care youth to report that they received “enough help” (25.8% vs. 14.1%) and “more than enough help” (23.3% vs. 10.5%).

Table 31. College Plans and Help with Applications

	#	%
Among youth not enrolled in 4-year college, plans to go to a 4-year college (<i>n</i> = 564) ^a		
Never seriously considered applying	189	32.4
Intended on applying, but never did	187	32.4
Applied but did not get in	27	5.6
Applied, was accepted, but did not enroll	43	7.4
Other	114	22.2
Among youth who did not apply to a 4-year college, main reason for not applying (<i>n</i> = 376)		
College would cost too much	36	10.7
Did not think high school grades were good enough	53	16.4
Did not take SAT/ACT	27	7.0
Did not think SAT/ACT scores were good enough	2	0.8
Searching for college and completing applications/financial aid seemed too complicated	15	4.1
Did not want to have to move to go to college	7	2.2
Wanted to go to a 2-year college first	115	30.5
Other	102	28.4
Reasons for not attending 4-year college after being accepted (<i>n</i> = 43)		
College would cost too much	7	19.0
Thought college might be too difficult	2	11.3
Did not want to have to move to go to college	3	6.5
Friends or family did not want youth to go	1	5.6
Wanted to go to a 2-year college first	20	37.4
Other	8	20.2
Amount of help with college planning (<i>n</i> = 611)		
No help	72	13.3
Only a little help	88	13.7
Some help, but not enough	100	19.2
Enough help	151	23.2
More than enough help	126	20.4
Not interested in going to college	71	10.3

Note: Unweighted frequencies and weighted percentages.

^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, graduating from school, losing interest in 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 half of the young people who were not enrolled were seriously looking into a specific school they may apply to or attend. Females were more likely than males to say that becoming a parent or having to care for children was the main reason they were not enrolled in school ($F = 3.8, p < .001$). In terms of the amount of thought they gave to going back to school, females were more likely than males to say they gave “a lot” of thought while males were more likely than females to say they gave “some” thought ($F = 5.0, p < .01$).

Table 32. Reasons for Nonenrollment and Plans to Return ($n = 294$)^a

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Main reason no longer enrolled in school							***
Graduated	40	12.2	24	18.3	16	7.5	
Could no longer afford to attend	12	4.2	5	3.7	7	4.7	
Academic difficulties	14	4.4	6	5.0	8	4.0	
Lost interest in studies	32	12.1	17	15.0	15	9.9	
Became employed	56	18.6	30	23.2	26	14.9	
Became a parent/care for children	30	10.2	1	1.1	29	17.3	
No transportation	16	4.5	7	6.0	9	3.4	
Other reasons	91	33.7	39	27.8	52	38.4	
How much thought given to returning to school							**
A lot	179	64.0	69	52.6	110	72.9	
Some	89	27.7	47	36.4	42	20.9	
None	26	8.3	14	11.0	12	6.2	
Steps taken to return to school							
Seriously looked into a specific school	127	45.5	48	39.1	79	50.3	
Have not looked but plan on doing so soon	116	39.3	55	41.8	61	37.3	
Not going to look into specific school or program anytime soon	47	14.0	25	19.1	22	10.1	
Already chosen/accepted into a school (volunteered)	2	1.3	0	0.0	2	2.3	

** $p < .01$, *** $p < .001$; *Note:* Unweighted frequencies and weighted percentages.

^a Includes youth who were not currently enrolled in school.

As presented in Table 33, about one-third of youth who considered returning to school said that they faced at least one barrier to doing so. Needing to work, concerns about not being able to afford college, not having transportation to get to school, and childcare responsibilities were the barriers most commonly identified as being a “major reason” for not returning. Females were more likely than males to perceive parenthood and childcare responsibilities as a barrier to returning to school ($F = 3.6, p < .05$). Additionally, males and females also differed in their concern about not being accepted by colleges as a barrier to returning.²⁵ Finally, in-care youth and out-of-care youth differed in their concerns about affordability ($F = 3.3, p < .05$) and transportation ($F = 3.8, p < .05$) as being barriers to returning to school.²⁶

²⁵ While the overall distribution of responses to the statement “you don’t think any college would accept you” differed between genders at a statistically significant level, none of the differences between genders for individual response categories (e.g., “major reason,” “minor reason”) reached statistical significance. The differences that approach statistical significance were that a larger proportion of females (23%) than males (4%) perceived not being accepted as a “major reason” for not returning and a larger proportion of males (50%) than females (21%) perceived not being accepted as a “minor reason” for not returning to school.

²⁶ While the overall distribution of responses to the statements “you would not be able to afford college” and “you don’t have transportation” differed by care status at a statistically significant level, none of the differences by care status for individual response categories reached statistical significance. For affordability, the differences that approach statistical significance were that a larger proportion of out-of-care youth (50%) than in-care youth (24%) perceived not being able to afford college as a “major reason” for not returning to school and a larger proportion of in-care youth (31%) than out-of-care youth (11%) perceived affordability as a “minor reason” for not returning to school. For transportation, the differences that approach statistical significance were that a larger proportion of out-of-care youth (45%) than in-care youth (14%) perceived not having transportation as a “minor reason” for not returning to school and a larger proportion of in-care youth (56%) than out-of-care youth (28%) perceived lack of transportation as a “not a reason” for not returning to school.

Table 33. Barriers to Returning to School (*n* = 294)^a

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Anything preventing from continuing education?	85	30.3	28	24.6	57	34.7	
Among youth with something preventing them from continuing education (<i>n</i> = 85)							
Would not be able to afford college							
Major reason	27	33.3	7	32.2	20	33.9	
Minor reason	21	23.8	6	17.5	15	27.3	
Not a reason	37	42.9	15	50.3	22	38.8	
Need to work full-time							
Major reason	35	45.3	12	43.1	23	46.4	
Minor reason	25	29.4	8	34.2	17	26.7	
Not a reason	25	25.4	8	22.7	17	26.9	
Youth did not think he/she would be accepted to college							*
Major reason	15	16.3	2	4.2	13	23.0	
Minor reason	25	31.8	12	50.5	13	21.2	
Not a reason	44	52.0	14	45.3	30	55.8	
No school close by has classes that fit schedule							
Major reason	10	12.2	2	9.6	8	13.6	
Minor reason	25	35.6	8	34.8	17	36.0	
Not a reason	50	52.3	18	55.7	32	50.4	
Criminal record							
Major reason	3	5.0	1	4.5	2	5.3	
Minor reason	1	2.6	1	7.4	0	0.0	
Not a reason	81	92.4	26	88.1	55	94.7	
No transportation							
Major reason	25	28.5	6	24.1	19	30.9	
Minor reason	20	25.1	8	31.8	12	21.4	
Not a reason	40	46.4	14	44.1	26	47.7	
Need to care for children							*
Major reason	18	21.5	2	6.5	16	29.8	
Minor reason	4	2.9	1	2.2	3	3.4	
Not a reason	63	75.5	25	91.4	38	66.8	
Do not have paperwork or do not know how to enroll							
Major reason	10	10.3	4	10.9	6	10.0	
Minor reason	16	14.6	4	12.8	12	15.5	

Not a reason	59	75.1	20	76.3	39	74.5	
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* $p < .05$; Note: Unweighted frequencies and weighted percentages. ^a Includes youth who were not currently enrolled in school.

Information about youths' educational aspirations and expectations appears in Table 34. Overall, most youth aspired to complete a college degree, with over 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 67 percent of youth expected to earn a 4-year degree or higher. Females were more likely than males to report that they had "other" educational aspirations ($F = 2.6, p < .05$). In terms of educational expectations, males were more likely than females to say that they expected to earn a 4-year degree, while females were more likely than males to expect to earn more than a 4-year degree ($F = 3.2, p < .01$).

Table 34. Educational Aspirations and Expectations

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
If you could go as far as you wanted in school, how far would you go?							*
Less than a high school credential	0	0.0	0	0.0	0	0.0	
High school diploma, GED, or certificate of completion	22	3.7	13	4.0	9	3.5	
Some college	13	2.9	8	4.1	5	2.2	
Earn a two-year degree	67	9.8	19	7.4	48	11.3	
Earn a four-year degree	183	30.4	87	35.4	96	27.1	
Earn more than a four-year degree	293	49.9	107	48.5	186	50.9	
Other	19	3.3	3	0.7	16	5.0	
How far do you think you will actually go in school?							
Less than a high school credential	3	0.6	3	1.5	0	0.0	**
High school diploma, GED, or certificate of completion	22	3.8	13	4.7	9	3.2	
Some college	32	5.4	12	5.1	20	5.6	
Earn a two-year degree	122	17.8	47	17.3	75	18.2	
Earn a four-year degree	189	34.3	91	42.4	98	28.9	
Earn more than a four-year degree	182	33.0	59	27.0	123	37.1	
Other	26	5.2	6	2.2	20	7.1	

* $p < .05$, ** $p < .01$; Note: Unweighted frequencies and weighted percentages.

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 three-fourths of respondents reported ever having a job, about one-third was employed at the time of the interview. Of the youth who were not employed at the time of the interview, more than half (58.1%) were enrolled in school either full-time or part-time. Just over three-in-ten young people reported working for pay ten or more hours per week. Among youth who were who had been working ten or more hours per week for at least nine weeks, most youth reported having only one job. Most of the employed young people reported working 20 to 39 hours per week, although one-third worked 40 or more hours per week. The average number of hours youth worked per week was a little over 30 (the median number of hours worked per week is 30). A very small number of respondents identified as currently serving in the full-time active duty military. On average, youth earned an hourly wage of \$10.21. About one-in-ten youth reported earning less than the \$9.00/hour California minimum wage. Most young people reported working the regular day shift or having a rotating work shift. Of the 201 young people working at least 10 or more hours per week, about three-fourths reported being “extremely satisfied” or “satisfied” with their job.

In terms of gender differences among youth who worked at least one job, females were more likely than males to be working two or more jobs (22.8% vs. 5.8%, $F = 6.2, p < .05$). Several differences emerged between youth in the CalYOUTH Study and youth in the Add Health study. Add Health participants were more likely than CalYOUTH participants to have ever had a job (96.1% vs. 76.0%, $F = 76.3, p < .001$), and this was true for both males (99.1% vs. 76.1%, $F = 99.1, p < .001$) and females (94.1% vs. 75.9%, $F = 33.6, p < .001$). Similarly, Add Health participants were more likely than CalYOUTH participants to have ever worked 10 or more hours per week for at least nine weeks (92.6% vs. 61.7%, $F = 130.4, p < .001$), which was also true for both males (61.2% vs. 95.8%, $F = 83.6, p < .001$) and females (62.0% vs. 90.5%, $F = 61.0, p < .001$). In terms of current employment at a job in which the young person is working for 10 or more hours per week, Add Health participants were about twice as likely as CalYOUTH participants to be employed (59.6% vs. 31.2%, $F = 71.9, p < .001$). The split was comparable for males (Add Health = 60.0% vs. CalYOUTH=33.1%, $F = 26.5, p < .001$) and females (Add Health=59.3% vs. CalYOUTH=29.8%, $F = 45.6, p < .001$). Among those currently working 10 or more hours per week, CalYOUTH females were more likely than Add Health females to be working two or more jobs (22.8% vs. 9.8%, $F = 7.5, p < .01$), but there was no difference in the number of jobs for males. There were gender differences in the number of hours worked per week for males ($F = 2.9, p < .05$) and females ($F = 3.4, p < .05$). CalYOUTH males were more likely than Add Health males to be

working less than 20 hours per week (16.0% vs. 4.8%) and less likely to be working more than 40 hours per week (12.1% vs. 21.9%). Conversely, CalYOUTH females were more likely than Add Health females to be working more than 40 hours per week (10.5% vs. 2.6%).

Table 35. Current and Recent Employment

	#	%	<i>p</i>
Ever had a job	474	76.0	***
Current employment (<i>n</i> = 606) ^a			
Not employed	387	66.8	
Employed part time ^N	126	18.0	
Employed full time ^N	92	15.2	
Currently working 10+ hours/week	201	31.2	***
Currently serving in full-time active duty military (<i>n</i> = 606) ^a	3	1.3	
Among youth working 10+ hours per week (<i>n</i> = 201)			
Number of current jobs			*
One job	176	84.5	
Two or more jobs	25	15.5	
Number of hours worked per week on average (Mean (SD))		30.3 (12.0)	
Number of hours worked per week			
10 to 19 hours	34	15.6	
20 to 34 hours	90	43.6	
35 to 39 hours	13	6.9	
40 hours	38	22.8	
More than 40 hours	24	11.2	
Hourly wage ^b (Mean (SD))		\$10.21 (\$2.74)	
Type of work shift			
Regular day shift	72	38.1	
Regular evening shift	22	10.0	
Regular night shift	18	8.5	
Shift rotates	47	25.4	
Split shift	4	1.4	
Irregular schedule/hours	33	14.3	
Other	5	2.3	
Satisfaction with job			
Extremely satisfied	33	15.6	
Satisfied	112	57.9	
Neither satisfied/dissatisfied	29	14.5	
Dissatisfied	19	9.0	
Extremely dissatisfied	8	3.0	

p* < .05, *p* < .01, ****p* < .001; Note: Unweighted frequencies and weighted percentages.

^N = NYTD survey question.

^a Excludes youth who were incarcerated at the time of the interview (*n* = 5). 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 ($n = 182$). The other wage scales were converted to an hourly rate of pay. Of the 201 youth who were asked about their earnings, 3 refused, 1 youth didn't know, and 2 youth provided implausible wages. None of these youth are represented in the earnings calculation, which included 195 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, paid vacation or sick days, and health insurance. Over one-half of respondents had these benefits available to them. Of the respondents with paid vacation days or sick days, most could receive between one and seven days per year. 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 6.9 ($SD = 6.0$).²⁷ 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 7.6 ($SD = 7.6$).²⁸ Females were significantly more likely than males to have unpaid parental leave (76.4% vs. 51.6%, $F = 8.4$, $p < .01$).

²⁷ Variable was top-coded at 30 days. One youth reported that he/she could receive more than 30 paid vacation days.

²⁸ Variable was top-coded at 30 days. Two youth reported that they could receive more than 30 paid sick/personal days.

Table 36. Job Benefits (*n* = 201)^a

	#	%
Life insurance	41	27.8
Health insurance	91	50.2
Dental benefits	69	39.2
Paid parental leave ^b	72	43.0
Unpaid parental leave ^c	111	65.9
Retirement plan/pension ^d	43	26.9
Flexible work schedule	167	82.4
Paid vacation or sick days	95	50.3
Number of paid vacation days per year (<i>n</i> = 95) ^e		
0 days	8	8.1
1 to 7 days	45	67.8
8 or more days	16	24.1
Number of paid sick days per year (<i>n</i> = 95) ^f		
0 days	9	12.1
1 to 7 days	44	71.6
8 or more days	10	16.3

p* < .05, *p* < .01; Note: Unweighted frequencies and weighted percentages.

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

^b Item missing 13.9% due to “don’t know” and “refused” responses.

^c Item missing 12.4% due to “don’t know” and “refused” responses.

^d Item missing 11.4% due to “don’t know” and “refused” responses.

^e Item missing 27.4% due to “don’t know” and “refused” responses.

^f Item missing 33.7% due to “don’t know” and “refused” responses.

Youth were asked about their main reason for working part time instead of full time, which is reported in Table 37. Of those employed less than 35 hours per week, the most common reasons included school or training, trouble finding full-time work, and personal preference. About two-thirds of the part-time workers reported wanting to work in a full-time job. There were differences in respondents’ main reason for not working full-time between youth in care and youth who exited care ($F = 2.3, p < .05$). Youth in care were more likely than youth who left care to say that school got in the way of working full time (39.2% vs. 10.6%), and youth who left care were more likely than youth in care to report other family or personal obligations (7.6% vs. 1.5%) and their full-time work week being less than 35 hours (9.5% vs. 0.4%). Moreover, a significantly greater proportion of youth not in care than youth in care said that they wanted to work full time (86.2% vs. 62.9%, $F = 6.5, p < .05$).

Table 37. Reasons for Part-Time Work ($n = 127$)^a

	Overall		Out of Care		In Care		<i>p</i>
	#	%	#	%	#	%	
Main reason for working part time							
Slack work/business conditions	8	5.7	2	6.2	6	5.6	
Could only find part-time work	20	20.0	4	33.5	16	16.8	
Seasonal work	2	2.5	1	6.4	1	1.5	
Child care problems	6	4.8	0	0	6	5.9	
Other family/personal obligations	4	2.7	3	7.6	1	1.5	
Health/medical limitations	3	1.5	0	0	3	1.8	
School/training	44	33.7	4	10.6	40	39.2	
Full-time work week is less than 35 hours	3	2.1	2	9.5	1	0.4	
Only want to work part time, personal preference	23	16.3	5	10.9	18	17.6	
Other	14	10.7	3	15.3	11	9.7	
Want to work full time							*
Yes	85	67.3	18	86.2	67	62.9	
No	42	32.7	6	13.8	36	37.2	

Note: Unweighted frequencies and weighted percentages. There were no significant gender differences for the questions in this table.

^a Includes youth who are currently working fewer than 35 hours per week (18 youth who are working fewer than 10 hours per week, and 109 youth working between 10 and 34 hours per week).

Youth who were not currently employed were asked about their efforts to find work; their responses are displayed in Table 38. Of the young people that were not working at the time of the interview, 9 out of 10 reported they wanted a full-time or part-time job. Of those youth who were able to work, 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, looking at job advertisements, contacting friends and relatives, and contacting an employer directly (including having a job interview). When asked about how long they had been looking 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, about two-fifths 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.

Differences in efforts to become employed were present for gender and care status. Females were more than twice as likely as males to seek out help from a school or university employment center (32.6% vs. 14.7%, $F = 6.1$, $p < .05$), and males were much more likely than females to check union or professional registers in order to find employment (8.2% vs. 1.0%, $F = 8.9$, $p < .01$). Youth in care were more likely

than youth who left care to seek out help from a school or university employment center (29.4% vs. 9.1%, $F = 6.5, p < .05$) and to attend job training programs or courses (33.8% vs. 14.1%, $F = 4.0, p < .05$).

Table 38. Efforts to Become Employed (*n* = 387)^a

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Currently want a job							
Yes, or maybe, it depends	334	88.5	131	91.7	203	86.6	
No	30	6.5	8	4.0	22	8.0	
Disabled	6	1.5	3	1.1	3	1.7	
Unable to work	16	3.6	4	3.2	12	3.7	
Worked last week for pay/profit (<i>n</i> = 365)							
Yes	58	15.0	28	20.6	30	11.6	
No	292	80.2	107	74.7	185	83.6	
Disabled	1	<0.1	1	0.2	0	0	
Unable to work	14	4.7	4	4.5	10	4.9	
Among youth who did not work last week (<i>n</i> = 292) ^b							
Have youth been doing anything to find work in the last 4 weeks?							
Yes	186	65.1	76	71.3	110	61.8	
No	100	32.3	30	28.2	70	34.6	
Unable to work	6	2.6	1	0.6	5	3.6	
Activities done in past 4 weeks to find work (can select more than one) (<i>n</i> = 186)							
Contacted an employer directly or had a job interview	103	56.4	46	62.3	57	52.6	
Contacted an employment agency	70	38.2	29	42.7	41	35.4	
Contacted friends and relatives	109	56.6	44	60.1	65	54.5	
Contacted a school or university employment center	46	25.7	12	14.7	34	32.6	*
Sent out resumes or filled out applications	163	89.0	62	83.2	101	92.7	
Placed or answered ads	43	19.3	16	16.1	27	21.4	
Checked union or professional registers	10	3.8	8	8.2	2	1.0	**
Looked at ads	85	43.3	36	46.1	49	41.5	
Attended job training programs or courses	51	30.2	21	30.5	30	30.0	
Other	13	7.5	9	8.8	4	6.7	
Length of time looking for work (<i>n</i> = 186)							
Weeks	122	65.4	49	66.2	73	64.9	
Months	56	29.8	23	29.9	33	29.8	
Years	8	4.8	4	3.9	4	5.3	
Looking for work of 35 hours or more per week (<i>n</i> = 186)							
Yes	68	38.8	28	39.7	40	38.2	

No	46	23.6	17	21.6	29	24.9	
Doesn't matter	72	37.6	31	38.7	41	36.9	

* $p < .05$, ** $p < .01$; Note: Unweighted frequencies and weighted percentages.

^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. 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 third worked for the entire 12 months; most worked less than 35 hours per week. Few youth were in the military in the past year. Of the entire CalYOUTH sample, around three in ten youth had completed a paid or unpaid apprenticeship, internship, or other on-the-job training in the past year.

Among youth who were employed in the past 12 months, females were more likely than males to work part time, and males were more likely than females to complete an apprenticeship, internship, or on-the-job training. CalYOUTH and Add Health participants who had worked in the past year were compared in terms of whether they worked for the entire 12 months and if this work was part time or full time. Add Health participants were more likely than CalYOUTH participants to be working for the entire year (54.1% vs. 32.2%, $F = 28.6$, $p < .001$), and this was true for both males (54.8% vs. 32.1%, $F = 13.2$, $p < .001$) and females (53.7% vs. 32.2%, $F = 15.5$, $p < .001$). Moreover, Add Health participants were more likely than CalYOUTH participants to have worked full time (49.3% vs. 38.9%, $F = 6.1$, $p < .05$). Gender differences were only significant for females; Add Health females were more likely than CalYOUTH females to have worked full time (46.1% vs. 30.9%, $F = 7.6$, $p < .01$). Add Health and CalYOUTH participants were not different in the proportion of youth serving in the military.

Table 39. Work Experience in Past 12 Months (*n* = 568)^a

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Work in last 12 months at job that lasted 3 or more months and worked at least 20 hours per week							
Yes	342	59.1	145	61.2	197	57.6	
No	226	40.9	86	38.8	140	42.4	
Worked for entire 12 months (<i>n</i> = 342)							
Yes	116	32.2	50	32.1	66	32.2	
No	226	67.8	95	67.9	131	67.8	
Worked mostly full time or part time (<i>n</i> = 342)							**
Full time	128	38.9	67	49.8	61	30.9	
Part time	213	61.1	77	50.2	136	69.1	
Work was civilian or military (<i>n</i> = 342)							
Civilian	327	98.7	140	97.2	187	99.8	
Military	3	0.4	2	0.7	1	0.2	
Both civilian and military	2	0.9	2	2.1	0	0.0	
Completed apprenticeship, internship, or other on-the-job training (paid or unpaid) during past year ^N (<i>n</i> = 611)	169	28.7	84	35.0	85	24.6	*

p* < .05, *p* < .01; Note: Unweighted frequencies and weighted percentages. ^N = NYTD survey question.

^a Excludes youth who reported being disabled or unable to work in the questions in the previous table (*n* = 43)

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 five 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 one-third was earning \$3,000 or less. The average annual income for spouses/partners was just under \$11,000 (the median was \$7,000).

Females were significantly more likely than males to have earned income from a spouse/partner's employment during the past year ($F = 14.1, p < .001$). Compared to their Add Health counterparts, CalYOUTH participants were less likely to have received income from a job in the past year (91.6% vs.

57.4%, $F = 160.3$, $p < .001$), which was true for both males (94.6% vs. 59.0%, $F = 82.3$, $p < .001$) and females (89.7% vs. 56.4%, $F = 84.5$, $p < .001$).²⁹

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

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Any income from employment during the past year	364	57.4	150	59.0	214	56.4	
Amount of income from employment, if any (average) ($n = 364$) ^a (Mean (SD))		\$6,064 (\$7,820)		\$6,840 (\$7,710)		\$5,518 (\$7,870)	
Amount of income from employment, if any (categories) ($n = 364$) ^b							
\$1 to \$5,000	231	64.1	93	63.2	138	64.9	
\$5,001 to \$10,000	73	21.1	25	18.1	48	23.3	
\$10,001 to \$25,000	48	12.6	25	15.6	23	10.5	
More than \$25,000	7	2.2	5	3.2	2	1.4	
Any income from spouse's/partner's employment during the past year ($n = 129$) ^c	85	66.8	9	31.2	76	75.3	***
Amount of spouse's/partner's income from employment, if any (average) ($n = 85$) ^d (Mean (SD))		\$10,864 (\$11,906)		\$8,778 (\$10,195)		\$11,079 (\$12,660)	
Amount of spouse's/partner's income from employment, if any (categories) ($n = 85$) ^b							
\$1 to \$5000	31	42.3	4	47.9	27	41.8	
\$5,001 to \$10,000	19	19.8	1	8.8	18	20.9	
\$10,001 to \$25,000	25	27.3	3	34.0	22	26.7	
More than \$25,000	9	10.6	1	9.3	8	10.7	

* $p < .05$, *** $p < .001$; Note: Unweighted frequencies and weighted percentages.

^a Sixty-three youth reported "don't know" or "refused" to the question about the specific dollar amount of their income from employment 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" ($n = 38$), "\$5,001 to \$10,000" ($n = 18$), and "\$10,001 to \$25,000" ($n = 2$). The five remaining youth reported "don't know" or refused" to the question with income categories.

^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.

^d Twenty youth reported "don't know" or "refused" to the question about the specific dollar amount of their partner's/spouse's income from employment 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" ($n = 5$), "\$5,001 to \$10,000" ($n = 6$), "\$10,001 to \$25,000" ($n = 6$), and "\$25,001 to \$50,000" ($n = 2$). The one remaining youth reported "don't know" or "refused" to the question with income categories.

²⁹ Note that the national unemployment rate was approximately 5.8 percent at the time of the third wave of the Add Health study, whereas the California unemployment rate was 6.3 percent at the time that CalYOUTH Wave 2 Youth Survey data collection began.

Table 41 displays income that youth who were living with their own children and/or their spouse's/partner's children received from child support and the Earned Income Tax Credit. Very few of the young people with children reported that child support payments had been agreed to or awarded during the past year and even fewer reported that they or their spouse/partner were supposed to have received child support. Among youth for whom child support payments were agreed to or awarded or who were supposed to receive payments in the past year, about two-thirds received over \$100. Of the youth living with their own or spouse's/partner's child (or both), around one-quarter either did claim or planned to claim the Earned Income Tax Credit. About the same proportion of youth were unaware of the EITC.

Youth who had left care were more likely than youth still in care to report that they or their partner were supposed to receive child support payments in the last 12 months (9.1% vs. 0.9%, $F = 5.2, p < .05$).

Table 41. Income from Child Support and EITC ($n = 102$)^a

	#	%
Child support payments agreed to or awarded during last 12 months	7	7.1
Supposed to receive child support payments during last 12 months	3	2.9
Amount of child support payments received in last 12 months ($n = 10$) ^b		
\$0	4	35.5
\$100 or more	5	64.5
Claimed/planning to claim the EITC		
Yes, I did claim the EITC	17	16.2
Yes, planning to claim the EITC	7	10.1
No, not eligible for the EITC	16	17.1
No, not aware of the EITC	30	25.6
No, other reasons	28	31.1

Note: Unweighted frequencies and weighted percentages.

^a Includes youth living with their child and/or their partner's/spouse's child.

^b Includes youth for whom child support payments were agreed to/awarded, or who were supposed to receive payments. One youth reported "don't know".

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 under \$30,000 (the median income was \$10,000). Over four-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 14 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-fifths of the responses). The overall average amount received was about \$8,000 (the median was \$3,000).

Males and females differed in money they received since their last interview. Females were more likely than males to report having someone help them out by giving them money ($F = 7.3, p < .01$). In terms of differences by race/ethnicity groups, mixed-race youth (57.5%) and white youth (50.8%) were more likely than Hispanic youth (37.4%) to have someone help them out by giving them money ($F = 2.6, p < .05$). Young people who were still in care were more than twice as likely as youth who left care to have received money from a social service agency since their last interview (60.1% vs. 26.0%, $F = 37.8, p < .001$). Additionally, the average total amount of money received from friends, family, social service agencies, and others was greater for in-care youth than out-of-care youth (\$9,073 vs. \$3,790, $F = 14.2, p < .001$).

Table 42. Income from Other Sources

	#	%
Amount of income of other household members above age 14 (average) (<i>n</i> = 419) ^{a,b} (Mean (SD))	\$29,757 (\$48,888)	
Amount of income of other household members above age 14 (categories) (<i>n</i> = 419) ^{a,c}		
\$5,000 or less	111	32.9
\$5,001 to \$10,000	62	17.7
\$10,001 to \$25,000	62	17.6
\$25,001 to \$50,000	62	16.9
\$50,001 to \$100,000	39	9.6
More than \$100,000	12	5.3
Not including loans, received money from anyone since last interview (<i>n</i> = 611)	274	44.6
Received money from a family member since last interview (<i>n</i> = 274)	197	70.9
Received money from a friend since last interview (<i>n</i> = 274)	117	39.7
Received money from a social service agency since last interview (<i>n</i> = 274)	329	52.5
Received money from anyone else (<i>n</i> = 611)	87	13.9
Total amount of money received from all people above (average) (<i>n</i> = 453) ^{d,e} (Mean (SD))	\$8,165 (\$19,260)	
Total amount of money received from all people above (categories) (<i>n</i> = 453) ^{d,f}		
\$1 to \$5,000	258	61.2
\$5,001 to \$10,000	73	16.3
\$10,001 to \$25,000	90	18.8
\$25,001 to \$50,000	13	2.9
More than \$50,000	4	0.9

Note: Unweighted frequencies and weighted percentages

^a Includes youth who had someone living in their household above the age of 14, other than a spouse or partner. A total of 27 youth said that someone above age 14 lived in their household but had an income of \$0. These 27 youth are not included in the table.

^b Three hundred and one youth reported “don’t know” or “refused” to the question about the specific dollar amount of their income from employment 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* = 72), “\$5,001 to \$10,000” (*n* = 40), “10,001 to \$25,000” (*n* = 41), “25,001 to \$50,000” (*n* = 40), “50,001 to \$100,000” (*n* = 28), and “\$100,001 to \$250,000” (*n* = 9). Nine youth reported “more than \$250,000” and \$250,000 was entered as the dollar amount for these youth. The 63 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 356 youth. Given the large proportion of missing data (15.0%) and the large proportion of incomes that were estimated using income category midpoints (56.8%) 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. Given the large proportion of missing data due to “don’t know” and “refused” responses (*n* = 63, 15.0%), data reported in the table should be interpreted with caution.

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

^e Ninety-five 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” ($n = 49$), “\$5,001 to \$10,000” ($n = 13$), “10,001 to \$25,000” ($n = 11$), “25,001 to \$50,000” ($n = 4$), and “50,001 to \$100,000” ($n = 1$). Two youth reported “more than \$250,000” and \$250,000 was entered as the dollar amount for these youth. The 15 remaining youth reported “don’t know” or “refused” to the question with categories.

^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). Four in five youth reported their current housing status as renting, while 20 percent chose some other type of status besides renting or owning. The most 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 40 percent of youth reported paying \$500 or less for rent per month, with another 40 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 \$690 (the median rent was \$600). Most youth were on a monthly billing period for rent. 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 = 162)^a

	#	%
Housing status		
Owns	1	0.4
Rents	133	79.6
Other	27	20.0
Amount paying for rent per month (average) ^b (Mean (SD))	\$688 (\$384)	
Amount paying for rent per month (categories) ^c		
Youth reported paying \$0	12	7.6
\$500 or less	64	41.3
\$501 to \$1,000	71	41.6
\$1,001 to \$1,500	6	4.2
More than \$1,500	9	5.4
Rent billing period		
Every two weeks	1	0.4
Month	146	92.5
Every six months	1	0.2
Year	2	1.1
Lump sum; one-time payment	3	1.6
Other	8	4.2
Amount paying for utilities per month ^c		
\$0	60	41.4
\$1 to \$50	23	11.9
\$51 to \$100	37	21.8
\$101 to \$150	12	6.1
\$151 to \$200	15	10.4
More than \$200	14	8.4

Note: Unweighted frequencies and weighted percentages. There were no significant gender differences for the questions in this table.

^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.

^b Four youth reported “don’t know” or “refused” to the question about the specific dollar amount of how much they pay for rent and were asked a follow-up question with rent amount categories. When calculating the mean income, the midpoint was used for the following income category: “\$501 to \$1,000” (n = 4). Twelve youth reported paying \$0 for rent each month. These 12 youth were excluded from the calculation of average monthly rent. Three youth reported paying \$5,000 or more per month for rent. Excluding these three youth, the highest amount reported was \$1700. The rents of these three youth were recoded to \$2,000 for the calculation of average monthly rent.

^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.

Assets

Table 44 presents information on the checking, savings, and money market accounts of the young people. Three-fifths of 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, about 70 percent had their own account and nearly 20 percent had both their own account and 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 \$1,500 (the median was \$600). African American youth reported having a lower balance in all of their accounts than did Hispanic youth (\$894 vs. \$1,701, $F = 2.9$, $p < .05$). Young people who were not in care were significantly less likely than youth in care to have a checking, savings, or money market account (41.1% vs. 65.5%, $F = 19.4$, $p < .001$), and among those who had some money in their accounts, the balance for youth in care was about double the balance of youth who left care (\$1,647 vs. \$827, $F = 10.1$, $p < .01$).

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

	#	%
Any checking account, savings account, money market account or funds	373	60.0
Among youth with an account who is living with a spouse/partner, ownership status of bank accounts ($n = 71$)		
Have own account	48	69.4
Have accounts jointly with spouse/partner only	6	6.8
Have own accounts and accounts jointly with spouse/partner	12	18.6
All accounts belong to spouse/partner only	5	5.2
Amount of current balance in all accounts (average) ($n = 347$) ^{a,b} (Mean (SD))		\$1,526 (\$3,046)
Amount of current balance in all accounts ($n = 373$) ^c		
\$0	26	6.9
\$1 to \$1,000	222	62.6
\$1,001 to \$2,500	63	15.7
\$2,501 to \$5,000	35	10.2
\$5,001 to \$10,000	14	3.1
More than \$10,000	8	1.5

Note: Unweighted frequencies and weighted percentages. There were no significant gender differences for the questions in this table.

^a Twenty-one 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” ($n = 9$), “\$1001 to \$2500” ($n = 4$), “\$2501 to \$5000” ($n = 1$), “10,001 to \$25,000” ($n = 1$), and “25,001 to \$50,000” ($n = 1$). The five remaining youth reported “don’t know” or refused” to the question with categories.

^b Excludes 26 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. Around one-third of youth reported owning any vehicle. Of youth with a vehicle and who were living with a spouse or partner, over half reported that they owned a vehicle on their own or shared ownership with their spouse or partner. Among all respondents that reported owning a vehicle, two-thirds did not owe any money on the vehicle. Among youth who still owed money, about half owed less than \$5,000 and half owed more than \$5,000. There were race/ethnicity differences in vehicle ownership ($F = 2.9, p < .05$). White youth (43.5%) were more likely than Hispanic youth (28.1%) and African American youth (22.5%) to own a car.

Table 45. Vehicle Ownership ($n = 611$)

	#	%
Owns any vehicles	200	30.3
Amount owed on vehicles ($n = 200$) ^a		
\$0	142	67.4
\$1 to \$5000	30	16.4
\$5001-\$10,000	13	7.2
\$10,001-\$25,000	15	9.0
Among youth with a vehicle who is living with a spouse/partner, ownership status of vehicle(s) ($n = 73$)		
Own all vehicles	18	19.4
Own all vehicles jointly with spouse/partner	15	19.2
Own vehicles alone and jointly with spouse/partner	10	15.3
Spouse/partner owns vehicles alone	30	46.1

Note: Unweighted frequencies and weighted percentages. There were no significant gender differences for the questions in this table.

^a 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 46 reports the debts owed by the young people. Sixteen 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. Roughly half of the youth borrowed less than \$500 from anyone. Of the respondents that had borrowed money from anyone, over three-fifths did not currently owe any money and very few still owed more than \$500. When youth who were living with a spouse or partner were asked about any other current debts that were owed, about seven-in-ten owed more than \$500 at the time of the interview.

Table 46. Debts (*n* = 611)

	#	%
Ever borrowed at least \$200 from relatives or friends	85	15.9
Borrowed at least \$200 from a relative (<i>n</i> = 85)	61	74.2
Borrowed at least \$200 from a friend/non-relative (<i>n</i> = 85)	38	42.4
Amount borrowed from anyone (<i>n</i> = 82) ^a		
\$1 to \$300	17	20.9
\$301 to \$500	21	27.5
\$501 to \$1,000	31	37.4
\$1,001 to \$5,000	9	10.9
More than \$5,001	4	3.2
Amount still owed on loans (<i>n</i> = 85)		
\$0	54	63.6
\$1 to \$500	25	30.4
More than \$500	6	6.1
Any other current debts owed, either alone or with spouse/partner (<i>n</i> = 97)		
\$0 to \$500	31	29.5
\$501 to \$1,000	26	33.3
\$1,001 to \$5,000	30	29.2
More than \$5,000	10	8.0

Note: Unweighted frequencies and weighted percentages. There were no significant gender differences for the questions in this table.

^a Of the 85 youth who reported borrowing money from friends or relatives, three 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 cell phone or TV or utility bills, and not having enough money to pay their rent. Females were more likely than males to report not having enough money to pay utility bills (21.6% vs. 14.2%, $F = 4.3, p < .05$). Overall, just over half of the youth reported experiencing one or more of the economic hardships we asked them about. There were differences by race/ethnicity in the proportion of youth who reported not having enough money to buy clothing ($F = 2.5, p < .05$). When comparing specific subgroups, a greater proportion of white youth (46.3%) did not have enough money to buy clothing than did mixed race (28.3%) and Hispanic youth (30.6%). Youth who were not in care during the interview were significantly more likely than youth who were in care to report having experienced all of the economic hardships they were asked about, with the exception of not having enough money to buy clothing. Moreover, youth who left care were more likely than youth still in care to experience at least one hardship ($F = 4.0, p < .05$).³⁰

³⁰ Recall that the proportions of in-care youth facing each economic hardship includes both youth who remained in care since Wave 1 and youth who had left care and returned since Wave 1. When these two groups were compared in the proportion of youth who faced each economic hardship, youth who had left and returned to care were significantly more likely than youth who stayed in care to experience each hardship with the exception of not being able to pay utility bills (all $p < .05$). Overall, 62 percent of youth who left care and returned experienced at least one economic hardship. In contrast, less than half (47%) of youth who remained in care experienced at least one hardship ($F = 4.4, p < .05$).

Table 47. Economic Hardship in the Past 12 Months (*n* = 608)^a

	Overall		In Care		Not in Care		<i>p</i>
	#	%	#	%	#	%	
Not enough money to buy clothing	214	35.5	165	34.0	49	41.0	
Not enough money to pay rent	110	18.0	77	15.7	33	26.2	*
Evicted because unable to pay rent/mortgage	29	3.8	13	2.4	16	8.4	**
Not enough money to pay utility bills	120	18.7	89	16.7	31	25.9	*
Cell phone/TV services disconnected	207	33.8	143	29.7	64	48.2	***
Gas/electricity shut off	44	6.9	26	5.4	18	12.1	*
Experienced at least one of the economic hardships above	316	51.7	235	49.2	81	60.8	*

p* < .05, *p* < .01, ****p* < .001; Note: Unweighted frequencies and weighted percentages.

^aThree youth were not asked these questions.

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 one-third of youth said they had to borrow food or food money from relatives or friends, one-sixth reported having to forego paying off a bill to purchase food, nearly one-sixth 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, one in five did so every month. Less than one-tenth of the youth reported not eating for a whole day, and for those who said they did not eat for a day, one-quarter had to do so every month. Close to one in four youth said they ate less than they should, one in five were hungry but did not eat, and one in eight lost weight because of not having enough food. Lastly, 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.

There were a few differences between males and females in the extent to which they experienced different kinds of food insecurity. In all cases, males were less likely than females to experience insecurity. More females than males reported that someone in the household had skipped or cut the size of meals because of not having enough money for food (18.8% vs. 11.3%, $F = 4.8, p < .05$). More males than females reported “never” being worried about running out of food (72.9% vs. 60.0%, $F = 4.6, p < .05$) and more males than females reported “never” not having enough money to buy food after running out of food (73.0% vs. 60.3%, $F = 4.6, p < .05$).

There were also racial/ethnic differences in some food insecurity measures, with youth in the “other” race/ethnicity category tending to fare worse than other racial/ethnic groups and Hispanic youth tending to fare better. Youth in the “other” race/ethnicity category were more likely than youth in all of the other race/ethnicity groups to get food or borrow money for food from friends or relatives (63.3% vs. between 21.1% and 39.1%, $F = 6.3, p < .001$), put off paying bills to buy food (48.2% vs. between 12.9% and 21.2%, $F = 4.4, p < .01$), and receive emergency food from a pantry (41.4% vs. between 13.2% and 17.9%, $F = 2.7, p < .05$). Conversely, Hispanic youth (21.1%) were less likely than all other groups to get food or borrow money for food from friends or relatives, and were less likely than white youth (12.9% vs. 21.2%) to put off paying bills to buy food. Hispanic youth were also less likely than white youth to report eating less than they should have because they did not have enough money for food (15.6% vs. 32.8%, $F = 3.0, p < .05$), and less likely (13.4%) than white youth (28.7%) and youth in the “other” category (33.7%) to go hungry because they could not afford food ($F = 3.1, p < .05$).

Overall, youth out of care were more likely than youth still in care to report instances of food insecurity.³¹

³¹ Recall that the proportions of in-care youth facing each measure of food insecurity includes both youth who remained in care since Wave 1 and youth who had left care and returned since Wave 1. When these two groups were compared in the proportion of youth who faced each type of food insecurity, youth who had left and returned to care were significantly more likely than youth who stayed in care to experience several types of food insecurity (all $p < .05$), including: Put off paying a bill to buy food; Received emergency food from a food pantry; Ate meals at a soup kitchen; Went hungry because could not afford food; Often or sometimes worried about running out of food; and Often or sometimes did not have enough money to buy food after food ran out. In terms of the five-item food security measure, youth who left care and came back were more likely than youth who remained in care to meet the criteria for being *food insecure* in the past 12 months (37.4% vs. 25.0%, $F = 4.3, p < .01$).

Table 48. Food Insecurity^a

	Overall		In Care		Not in Care		<i>p</i>
	#	%	#	%	#	%	
Food situation in the household in past month							
Enough of the kinds of foods wanted	342	57.7	265	58.0	77	56.4	
Enough food, but not always the kinds of food wanted	173	28.8	142	30.1	31	23.9	
Sometimes not enough food to eat	65	10.2	50	8.7	15	15.7	
Often not enough to eat	27	3.4	20	3.2	7	4.0	
Food Insecurity in Past 12 Months							
Got food or borrowed money for food from friends or relatives	191	30.4	138	26.4	53	44.3	**
Put off paying a bill to buy food	114	17.0	81	14.7	33	25.2	*
Received emergency food from a pantry	103	15.4	72	13.8	31	20.8	
Ate meals at a soup kitchen/community meal program	46	7.0	31	6.2	15	9.5	
Anyone in household skipped/cut size of meals because of not enough money for food	95	15.8	68	13.8	27	22.8	*
Frequency of skipping/cutting meals (<i>n</i> = 95)							
Almost every month	22	21.7	14	17.2	8	31.1	
Some months, but not every month	39	41.5	27	41.0	12	42.7	
Only 1 or 2 months	34	36.8	27	41.8	7	26.2	
Did not eat for a whole day because of not enough money for food	71	10.8	51	9.3	20	16.0	*
Frequency of not eating a whole day (<i>n</i> = 71)							
Almost every month	17	24.1	11	18.1	6	35.9	
Some months, but not every month	23	37.4	14	36.8	9	38.5	
Only 1 or 2 months	31	38.6	26	45.1	5	25.6	
Ate less than you should because of not enough money for food	142	21.2	107	19.6	35	26.7	
Were hungry but didn't eat because could not afford food	122	19.4	89	17.1	33	27.6	*
Lost weight because of not enough food	88	13.0	62	11.0	26	20.1	*
Worried about running out of food							
Often true	60	8.1	43	6.8	17	12.3	
Sometimes true	164	26.8	128	25.6	36	31.1	
Never true	383	65.1	306	67.6	77	56.6	
Did not have enough money to buy food after food didn't last							*
Often true	55	7.7	40	6.2	15	12.7	

Sometimes true	163	27.0	122	25.3	41	32.8	
Never true	389	65.4	315	68.5	74	54.5	
Could not afford to eat balanced meals							
Often true	73	9.8	57	9.8	16	10.0	
Sometimes true	150	23.4	113	21.6	37	29.7	
Never true	385	66.7	307	68.6	78	60.3	
Food insecure ^b	193	29.3	145	27.0	48	37.1	*

* $p < .05$, ** $p < .01$; Note: Unweighted frequencies and weighted percentages.

^aThree youth were not asked these questions.

^bA 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).

Table 49 displays unemployment and workers’ compensation payments youth reported receiving. Less than 2 percent of the youth reported ever receiving unemployment compensation, and a fraction of those youth said that they were currently receiving compensation. Among those who ever received unemployment compensation, in the previous 12 months most had received it for more than four weeks. The largest proportion of youth said they received over \$200 per week in unemployment compensation. Similar to unemployment compensation, less than 2 percent of youth in the study reported ever receiving workers’ compensation. Of those who ever received it, about a third of youth were currently receiving workers’ compensation. In the past 12 months, most youth reported receiving it for one or more weeks and most received more than \$200 per week.

Table 49. Unemployment Compensation and Workers' Compensation

	#	%
Ever received unemployment compensation	12	1.7
Currently receiving State or Federal unemployment compensation (<i>n</i> = 12)	3	22.3
Number of weeks received unemployment compensation in past 12 months (<i>n</i> = 12)		
0 weeks	3	15.6
1 week to 4 weeks	5	31.3
More than 4 weeks	4	53.1
Average amount received from unemployment benefits (per week) (<i>n</i> = 9) ^a		
\$1 to \$100	3	28.4
\$101 to \$200	3	27.9
More than \$200	2	43.7
Ever received Workers' Compensation	8	1.7
Currently receiving Workers' Compensation (<i>n</i> = 11) ^b	2	31.6
Number of weeks received Workers' Compensation in the past 12 months (<i>n</i> = 8) ^c		
0 weeks	2	33.1
1 or more weeks	5	66.9
Average amount received from Workers' Compensation benefits (per week) (<i>n</i> = 5) ^d		
Less than \$200	1	12.3
More than \$200	4	87.7

Note: Unweighted frequencies and weighted percentages.

^a Item missing 11.1% due to four youth reporting receiving \$0.

^b Item missing 18.2% due to three youth reported "don't know" to ever receiving workers' compensation, and were asked the question about receipt of current compensation.

^c Item missing 12.5% since one youth was not asked this question at the interview.

^d Item missing 16.7% due to one youth not being asked this question at time of interview.

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) assistance, which is commonly called Food Stamps, or CalFresh in California. As presented in Table 50, one in three 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, more than two-thirds had received assistance for more than four weeks in the past year. More than half of the youth reported receiving between \$101 and \$200 per month in assistance. The average monthly amount youth reported receiving in CalFresh benefits was about \$190 (the median was \$189). Over nine in ten mothers reported ever receiving Supplemental Nutrition Program for Women, Infants and Children (WIC) and over four-fifths reported that they were currently receiving WIC benefits.

Females were more likely than males to have ever received CalFresh (37.6% vs. 26.8%, $F = 5.7, p < .05$). Youth in care were significantly less likely than youth who exited care to have ever received CalFresh benefits (29.6% vs. 45.7%, $F = 9.1, p < .01$).³² Among youth who participated in the CalFresh program in the past year, the average benefit amount was greater for females than males (\$197 vs. \$164, $F = 4.7, p < .05$) and for out-of-care youth than in-care youth (\$215 vs. \$174, $F = 5.1, p < .05$).³³

³² Recall that the proportions of in-care youth receiving public assistance includes both youth who remained in care since Wave 1 and youth who had left care and returned since Wave 1. Although the two groups were no different in their current receipt of CalFresh benefits, youth who left care and came back were about twice as likely as youth who remained in care to have ever received food stamps (49.1% vs. 25.9%, $F = 13.3, p < .001$).

³³ After controlling for whether the youth has a biological child who lives with them, the gender difference in average CalFresh benefits was no longer significant. However, the difference in average CalFresh benefit between out-of-care youth and in-care youth remained significant and became slightly larger after accounting for whether the youth has a child who lives with them (a

Table 50. Public Food Assistance

	#	% / Mean (SD)
Ever received Food Stamps/CalFresh	197	33.3
Currently receiving Food Stamps/CalFresh (<i>n</i> = 197)	119	59.1
Number of weeks received Food Stamps/CalFresh in the past 12 months (<i>n</i> = 197)		
0 weeks	14	8.6
1 to 4 weeks	37	22.1
5 to 12 weeks	49	25.2
13 to 24 weeks	21	8.8
25 or more weeks	69	35.3
Average amount received in Food Stamp/CalFresh per month (average) (<i>n</i> = 176) ^{a,b}		\$187 (\$109)
Average amount received in Food Stamp/CalFresh per month (categories) (<i>n</i> = 176) ^c		
\$1 to \$100	41	22.1
\$101 to \$200	99	58.7
\$201 to \$500	12	8.3
More than \$500	22	10.9
Among mothers, ever received Supplemental Nutrition Program for Women, Infants and Children (WIC) (<i>n</i> = 99)	91	93.3
Currently receiving WIC (<i>n</i> = 91)	75	82.3
Number of weeks received WIC in the past 12 months (<i>n</i> = 91)		
0 weeks	6	9.1
1 to 4 weeks	12	12.3
5 to 12 weeks	17	18.0
13 to 24 weeks	8	9.1
25 to 51 weeks	23	22.8
52 weeks	24	28.7
Average amount received to purchase food items (per month) (<i>n</i> = 82) ^d		
\$1 to \$50	12	14.2
\$51 to \$100	24	34.3
\$101 to \$200	21	29.4
\$201 to \$500	12	13.1
More than \$500	10	9.1

**p* < .05; *Note*: Unweighted frequencies and weighted percentages.

^a Includes youth who reported receiving food stamps for 1 or more weeks during the past year.

difference of \$41, *p* = .025 without controlling for resident child, and a difference of \$46, *p* = .012 after controlling for resident child).

^b Five 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” ($n = 2$), “\$100 to \$200” ($n = 3$).

^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 90 females reported receiving WIC benefits in the past 12 months (one youth answered “don’t know”). Of these 90 females, 84 reported receiving WIC benefits for one or more weeks during the past year. An additional two females reported receiving \$0 in benefits. These findings include females who received some WIC benefits for one or more weeks over the past year

As displayed in Table 51, less than one-tenth of respondents reported ever living in public housing or had received rental assistance. Among those who ever received housing assistance, about half were currently receiving this benefit. In the past 12 months, about half of the youth received housing assistance for four weeks or longer. Of those who reported receiving assistance for at least one week in the past 12 months, most youth received more than \$500 per month toward housing. Among those who ever received any public housing assistance, males were more likely than females to be currently living in public housing or receiving rental assistance (74.3% vs. 33.2%, $F = 4.8$ $p < .05$).

Table 51. Public Housing and Rental Assistance

	#	%
Ever lived in public housing/rental assistance	40	6.7
Currently receiving any public housing assistance ($n = 40$) ^N	21	51.2
Number of weeks received public housing/rental assistance in the past 12 months ($n = 40$)		
0 weeks	11	21.7
1 to 4 weeks	10	30.0
5 to 24 weeks	7	18.5
25 to 51 weeks	7	21.2
52 weeks	3	8.8
Average amount received for rental assistance (per month) ($n = 27$) ^{a, b}		
\$100 to \$500 per month	9	29.8
More than \$500 per month	12	70.2

Note: Unweighted frequencies and weighted percentages. ^N = NYTD survey question.

^a Includes youth who reported receiving rental assistance for 1 or more weeks during the past year.

^b Item missing 22.2 percent due to four youth reporting to be receiving public housing assistance but reported receiving \$0 per month and due to “don’t know” responses

As reported in Table 52, very few CalYOUTH participants reported ever receiving Temporary Assistance for Needy Families (TANF, or, as named in California, CalWORKs). Of the youth who ever participated in the CalWORKs program, under two-thirds were currently receiving these benefits. The majority of youth received CalWORKs benefits for less than six months of the past year, and most reported receiving between \$100 and \$500 in benefits. Fewer than one in ten youth reported receiving some other form of public assistance (e.g., SSI, general assistance, emergency assistance), and slightly over one-third of youth who ever received benefits were receiving payments at the time of the interview. Of the youth who ever received other assistance, most received it for less than half of the past year, and most reported receiving between \$500 and \$1,000 per month in payments. Youth who were in care at the time of the interview were significantly less likely than youth who had left care to receive one or more of these other forms of assistance (6.0% vs. 17.9%, $F = 14.5, p < .001$).³⁴

³⁴ Recall that the proportions of in-care youth receiving public assistance includes both youth who remained in care since Wave 1 and youth who had left care and returned since Wave 1. Youth who left care and came back were about four times as likely as youth who remained in care to have ever received CalWORKs benefits (8.6% vs. 2.1%, $F = 5.2, p < .05$). There were no significant differences in receipt of some form of other welfare program benefits.

Table 52. TANF and Other Public Welfare Assistance

	#	%
Ever received low-income family assistance (TANF/CalWORKs)	16	2.7
Currently receiving TANF/CalWORKs ^N (<i>n</i> = 16)	8	62.2
Number of weeks received TANF/CalWORKs in the past 12 months (<i>n</i> = 16)		
Zero weeks	2	16.6
1 to 24 weeks	9	52.1
25 to 52 weeks	4	31.3
Average amount received in TANF/welfare/other assistance (per month) (<i>n</i> = 13)		
\$100 to \$500 per month	6	52.3
More than \$500 per month	7	47.7
Ever received other welfare program benefits (e.g., SSI, general assistance payments, emergency assistance payments)	54	8.7
Currently receiving social security payments (SSI, SSDI, dependents' payments, general assistance payments, emergency assistance payments) (<i>n</i> = 54)	23	36.2
Number of weeks received other welfare benefits in the past 12 months (<i>n</i> = 54)		
0 weeks	4	5.3
1 to 4 weeks	10	23.1
5 to 24 weeks	18	41.3
25 to 51 weeks	5	8.2
52 weeks	13	22.1
Average amount received from other welfare payments (per month) (<i>n</i> = 46) ^a		
\$500 or less	10	26.1
\$501 to \$1,000	29	66.4
More than \$1,000	6	7.5

Note: Unweighted frequencies and weighted percentages. ^N = NYTD survey question.

^a Includes youth who reported receiving payments for one or more weeks in the past year. One youth reported receiving \$0 and was not included.

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 almost three-fifths reported their health as being “good” or “very good.” Youth in the Add Health study saw themselves as being in better health than did the CalYOUTH participants ($F = 15.6, p < .001$). For example, nearly three-quarters of Add Health participants rated their health as “excellent” or “very good” while only a little over half of CalYOUTH participants did so. Furthermore, similar trends were true when comparisons were made across studies for males ($F = 17.2, p < .001$) and for females ($F = 11.6, p < .001$).

Table 53. Current Health Status (*n* = 611)

	CalYOUTH		Add Health		<i>p</i>
	#	%	#	%	
General health rating					***
Excellent	142	24.0	253	31.6	
Very good	190	30.7	306	42.6	
Good	167	27.3	161	20.9	
Fair	94	16.1	33	4.3	
Poor	18	2.0	6	0.1	

****p* < .001; Note: Unweighted frequencies and weighted percentages.

The health and dental insurance coverage of young people in this study is reported in Table 54. Overall, about nine in ten young adults reported having health insurance, and four in five 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.³⁵

There were differences by gender and by in-care status in terms of insurance coverage. Females were significantly more likely than males to report having health insurance (95.0% vs. 89.0%, *F* = 5.3, *p* < .05) and dental insurance (85.7% vs. 75.3%, *F* = 7.2, *p* < .01). Additionally, young people who were still in-care at the time of their interview were more likely than those who had left care to report having health insurance and dental insurance. Moreover, youth in care were more likely than youth who left care to report that Medi-Cal was the primary source of health insurance.

Young people in CalYOUTH were more likely than those in Add Health to report having health insurance (92.6% vs. 79.9%, *p* < .001), which was true among males (89.0% vs. 77.3%, *F* = 7.8, *p* < .01) and among females (95.0% vs. 81.6%, *F* = 21.1, *p* < .001).³⁶

³⁵ In addition to the two questions summarized in Table 54, two additional 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.

³⁶ It is important to note that the Add Health data were collected before the implementation of the Affordable Care Act Medicaid program expansions and the provisions of the law allowing young adults to remain on their parents’ health insurance. Both of these provisions of the law increase the likelihood that 19-year-olds in California have health insurance.

Table 54. Health Insurance Coverage and Dental Insurance Coverage

	Overall		Out of Care		In Care		<i>p</i>
	#	%	#	%	#	%	
Health insurance							
Youth has health insurance	558	92.6	107	83.9	451	95.0	***
Primary source of health insurance (<i>n</i> = 558)							*
Plan purchased through employer or union	9	1.6	4	4.2	5	0.9	
Plan youth/family member bought on their own	10	1.6	4	4.2	6	0.9	
Medicaid/Medi-Cal/state program	508	93.5	92	86.7	416	95.2	
Tricare (formerly Champus), VA, or military	3	0.6	2	0.9	1	0.5	
Other	13	2.7	3	3.9	10	2.4	
Dental insurance							
Youth has dental insurance	474	81.5	79	69.1	395	84.9	***
Primary source of dental insurance (<i>n</i> = 474)							
Plan purchased through employer or union	9	2.0	3	5.6	6	1.2	
Plan youth/family member bought on their own	11	1.9	3	3.1	8	1.6	
Medicaid/Medi-Cal/state program	412	93.0	63	89.1	349	93.8	
Tricare (formerly Champus), VA, or military	4	0.9	2	1.3	2	0.8	
Alaska Native/Indian Health Service/Tribal Health Services	2	0.3	1	0.8	1	0.2	
Other	6	2.0	0	0.0	6	2.4	

Note: Unweighted frequencies and weighted percentages.

Data on the use of medical care and barriers to care are displayed in Table 55. About six in 10 youth in our sample reported having had a physical exam in the past year before their interview; a comparable proportion 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, not knowing where to go, and lack of transportation. Additionally, about a quarter of respondents said they were unable to access medical care for some other reason. These other reasons commonly included not having coverage in their area, administrative barriers, or miscommunications between medical providers, caregivers, and foster youth regarding access to care. Fewer youth reported encountering barriers to receiving needed dental care. About one in ten youth reported being unable to receive needed dental care within the past year. The three most common barriers to medical care were also the three most common barriers to receiving needed dental care: not having insurance, not knowing where to go, or not having transportation. Finally, about one in five youth reported having an injury during the past year that was either “serious,” “very serious,” or “extremely serious.”

In terms of gender differences, females were more likely than males to have had a physical exam within the past year (71.7% vs. 50.9%), whereas males were more likely than females to have had their last exam one to two years ago or more than two years ago (10.4% vs. 4.3%) ($F = 10.2, p < .001$). There were also gender differences in terms of the worst injury youth reported experiencing in the past year ($F = 2.5, p < .05$).³⁷ Differences in time since last physical exam were found by in-care status ($F = 8.5, p < .001$). In particular, youth who were still in-care were more likely than those who had exited care to report having a physical exam less than a year ago (67.8% vs. 48.5%), while youth who left care were more likely than youth still in care to have most recently had an exam more than two years ago (14.3% vs 4.6%).

³⁷ While the overall distribution of responses to the question about the injury severity differed between genders at a statistically significant level, none of the differences between genders for individual response categories (e.g., “very minor,” “very serious”) reached statistical significance. The differences that approached statistical significance were females’ (4%) greater likelihood than males (1%) of reporting an extremely serious injury and males’ (48%) greater likelihood than females (37%) of reporting a minor injury.

Table 55. Medical Care Use and Barriers to Use

	#	%
Last physical exam		
Never	2	0.1
Less than 1 year ago	381	63.4
1 to 2 years ago	180	29.7
2 or more years ago	46	6.8
Last dental exam		
Never	1	0.4
Less than 1 year ago	363	63.3
1 to 2 years ago	193	29.4
2 or more years ago	54	6.9
Unable to receive needed medical care in the past year	101	17.5
Reason(s) unable to receive medical care (<i>n</i> = 101)		
Didn't know where to go	14	12.8
Cost too much	8	9.5
No transportation	11	10.6
Hours were inconvenient	6	7.8
No insurance	38	35.4
Other reason	24	24.0
Unable to receive needed dental care in the past year (<i>n</i> = 609) ^a	75	12.9
Reason(s) unable to receive dental care (<i>n</i> = 75)		
Didn't know where to go	15	19.5
Cost too much	8	8.2
No transportation	11	13.7
Hours were inconvenient	6	7.3
No insurance	26	39.4
Other	8	11.9
Worst injury in the past year		
Very minor	229	38.5
Minor	252	41.0
Serious	93	14.6
Very serious	21	3.0
Extremely serious	16	2.9

Note: Unweighted frequencies and weighted percentages.

^a Two respondents indicated that they did not need dental care in past year.

Table 56 presents findings on youths' reports of receipt of behavioral health counseling and psychotropic medication use during the past year. Overall, over one-quarter of the youth reported receiving psychological or emotional counseling, about 6 percent reported receiving treatment for an alcohol or substance abuse problem, and 15 percent reported they were prescribed medication for their emotions. More than 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 half reported that it helped them get along better with others. Side effects were a problem ("strongly agree" or "agree") for a little over a third of youth, and roughly three-quarters 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 less than a third of youth said they are taking the prescribed medications because of pressure from others.

Differences in the proportion of youth receiving treatment for an alcohol or substance abuse problem in the past year were present between youth in care and those who left care ($F = 7.9, p < .01$). More than twice as many out-of-care youth than in-care youth received treatment (11.6% vs. 4.1%, $F = 7.9, p < .01$). While youth who left care were not significantly more likely than youth still in care to receive psychotropic medication, out-of-care youth were more likely than in-care youth to report experiencing negative side-effects from the drugs ("neither agree nor disagree", "agree", or "strongly agree") (82.7% vs. 49.6%, $F = 8.6, p < .01$).

Young people in the CalYOUTH Study were significantly more likely than those in Add Health to have received psychological or emotional counseling during the past year (26.8% vs. 8.7%, $F = 47.1, p < .001$). When examining gender differences, males and females in CalYOUTH were about three times as likely as their counterparts in Add Health to have received psychological services or emotional counseling (22.6% vs. 7.2% for males, 29.5% vs. 9.7% for females, both $p < .001$). There were no significant differences between the studies in terms of the proportion of youth who received treatment for a drug or substance abuse problem in the past year.

Table 56. Behavioral Health Counseling and Psychotropic Medication Use

	#	%
Received psychological or emotional counseling in the past year	181	26.8
Received treatment for an alcohol or substance abuse problem in the past year	36	5.8
Received medication for emotional problems in the past year	106	15.4
Among youth who received medication for emotional problems in the past year (<i>n</i> = 106)		
Medicine improves mood, helps concentrate, or helps behave better		
Strongly agree	15	16.7
Agree	41	34.6
Neither agree or disagree	26	26.0
Disagree	9	9.1
Strongly disagree	15	13.7
Get along better with people when on medication		
Strongly agree	17	15.3
Agree	20	17.2
Neither agree or disagree	30	27.5
Disagree	24	25.6
Strongly disagree	15	14.4
Medicine gives bad side effects		
Strongly agree	18	16.4
Agree	24	19.4
Neither agree or disagree	20	22.5
Disagree	31	30.1
Strongly disagree	13	11.6
Good things about medication outweigh the bad things		
Strongly agree	17	19.4
Agree	27	25.1
Neither agree or disagree	35	30.0
Disagree	17	18.8
Strongly disagree	9	6.8
When deciding to give medication doctor listens to what I have to say		
Strongly agree	35	38.1
Agree	51	45.6
Neither agree or disagree	2	2.2
Disagree	12	11.0

Strongly disagree	6	3.1
Take medication only because of pressure from other people		
Strongly agree	17	15.4
Agree	13	15.8
Neither agree or disagree	8	5.4
Disagree	38	39.0
Strongly disagree	29	24.5

Note: Unweighted frequencies and weighted percentages. There were no significant gender differences for questions in this table.

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, over one-third reported their health condition limits their activities “a lot,” and about one-fourth of youth with a health condition/disability reported their health condition developed within the past year.

Differences by gender emerged in the prevalence and onset of health conditions/disabilities that limit daily activities. Females were over twice as likely as males to report having a health condition or disability that limits their daily activities ($F = 16.2, p < .001$), and among those that had a condition or disability, females were more likely than males to report that this condition or disability developed within the past year ($F = 7.2, p < .01$).

Table 57. Health Conditions, Disabilities, and Injuries

	Overall		Female		Male		<i>p</i>
	#	%	#	%	#	%	
Has health condition or disability that limits daily activities	123	19.0	92	24.6	31	10.6	***
How much health condition or disability limits daily activities (<i>n</i> = 123)							
Limited a little	76	63.0	58	65.8	18	53.0	
Limited a lot	46	37.1	33	34.2	13	47.0	
When health conditions or disabilities developed (<i>n</i> = 123)							**
Within the past year	26	24.8	23	29.7	3	7.6	
More than a year ago	97	75.3	69	70.3	28	92.4	

** $p < .01$, *** $p < .001$; Note: Unweighted frequencies and weighted percentages.

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 and Add Health 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 59, on average, youth are about 66 inches tall and weigh 165 pounds. Males reported being significantly taller ($F = 407.1, p < .001$) and heavier ($F = 30.2, p < .001$) than did females. There were also differences in average height between race/ethnicity groups, as youth in the “other” category (63.8 inches) were significantly shorter than youth in the other four categories (range 65.9 to 67.6 inches) ($F = 3.8, p < .01$).

Table 58. Height and Weight

	Overall		Female		Male		<i>p</i>
	#	Inches/Lbs. (SD)	#	Inches/Lbs. (SD)	#	Inches/Lbs. (SD)	
Height	610	66.1 (4.3)	366	63.7 (2.9)	244	69.7 (3.4)	***
Weight	603	165.5 (47.6)	361	155.7 (42.1)	242	179.9 (50.0)	***

*** $p < .001$; Note: Unweighted frequencies and weighted percentages.

Table 59 displays information on the average BMIs for young people in the CalYOUTH Study and Add Health study, both overall and separated by gender. The overall BMI for CalYOUTH participants was 26.5. The majority of youth fell within the “healthy” weight classification, although 44 percent fell in the “overweight” or “obese” categories based on their BMI, gender, and age. There were no significant differences in BMI or weight classes among CalYOUTH participants by gender, race/ethnicity, or in-care status.

Overall, CalYOUTH participants had a higher BMI than Add Health participants ($F = 10.9, p < .01$). When breaking the analyses out by gender, CalYOUTH females had a higher BMI than did Add Health females ($F = 21.2, p < .001$), but the males in the two studies did not significantly differ in terms of BMI. When comparing the two studies in terms of weight classification, significant differences were present only for females ($F = 2.1, p < .05$). Females in the Add Health study were more likely than females in the CalYOUTH sample to fall in the “healthy” weight category, and CalYOUTH females were more likely than Add Health females to fall in the “obese” category. BMI and weight status comparisons with Add Health should be interpreted with caution for two reasons. First, the CalYOUTH sample contains higher proportions of black and Hispanic youth than Add Health, and these latter groups are generally at higher risk of being overweight or obese (Ogden, Carroll, Kit, & Flegal, 2014). Second, there was an upward trend in the U.S. in the prevalence of obesity in late adolescence through the 1990s and into the 2000s (Ogden et al., 2014). For these two reasons, differences in weight status between CalYOUTH participants and a comparable sample of youth from the general population today are likely to be less pronounced than estimates reported in Table 58.

Table 59. Body Mass Index (BMI) and Obesity

	CalYOUTH						Add Health								
	Overall (n = 602)		Female (n = 360)		Male (n = 242)		Overall (n = 688) ^a		<i>p</i>	Female (n = 405) ^b		<i>p</i>	Male (n = 283) ^c		<i>p</i>
Mean BMI (SD)	26.5 (6.6)		27.0 (6.8)		25.9 (6.3)		25.2 (5.0)		**	24.6 (4.7)		***	26.1 (5.3)		
	#	%	#	%	#	%	#	%		#	%		#	%	
BMI Status												*			
Underweight (BMI < 19)	25	3.7	12	2.2	13	5.9	23	2.9		12	2.7		11	3.0	
Healthy weight (19 ≤ BMI < 25)	317	51.6	176	48.5	141	56.3	415	57.8		257	62.5		158	43.0	
Overweight (25 ≤ BMI < 30)	124	22.3	78	24.2	46	19.5	166	23.0		83	20.4		83	20.1	
Obese (BMI ≥ 30)	136	22.4	94	25.1	42	18.4	112	16.4		53	14.5		59	13.8	

p* < .05, *p* < .01, ****p* < .001; *Note:* Unweighted frequencies and weighted percentages and means.

^a Differences between overall Add Health and CalYOUTH samples are statistically significant.

^b Differences between Add Health and CalYOUTH females are statistically significant.

^c Differences between Add Health and CalYOUTH males are statistically significant. There were no significant differences between the groups.

As reported in Table 60, about one-quarter of young adults reported ever smoking regularly (i.e., at least one cigarette every day for 30 days). Additionally, approximately one-quarter of youth reported ever smoking during the past month. Males were significantly more likely than females to report smoking a cigarette at all in the past 30 days ($F = 8.2, p < .01$). Differences emerged by race/ethnicity ($F = 5.1, p < .001$) in the proportion of youth who reported smoking. Ordering from greatest to least, the following proportions of youth in each race/ethnicity group reported ever smoking cigarettes regularly: white (41.5%), mixed-race (36.4%), “other” (28.1%), African American (19.8%), and Hispanic (17.6%). White youth and mixed race youth were more likely to have ever smoked than African American and Hispanic youth. About twice as many youth who were no longer in care reported ever smoking regularly than did those who were still in care (40.3% vs. 19.7%, $F = 19.5, p < .001$). Additionally, a greater proportion of white youth (39.4%) than Hispanic youth (26.6%) and African American youth (19.8%) smoked during the past month ($F = 2.8, p < .05$). When examining smoking by care status, youth no longer in care were more likely than youth still in care to have smoked in the past 30 days (35.8% vs. 24.2%, $F = 5.6, p < .05$). Finally, participants in Add Health were significantly more likely than CalYOUTH participants to report ever having smoked cigarettes regularly (43.1% vs. 24.3%, $F = 34.1, p < .001$). This difference was present for both males (41.4% vs. 27.9%, $F = 6.9, p < .01$) and for females (44.3% vs. 22.0%, $F = 29.5, p < .001$). Cigarette smoking comparisons between the CalYOUTH and Add Health participants should be interpreted with caution due to the decrease in cigarette smoking among late adolescents and young adults over the past 20 years (Center for Disease Control and Prevention, 2015).

Table 60. Smoking

	Overall		Female		Male		<i>p</i>
	#	%	#	%	#	%	
Ever smoked cigarettes regularly (at least one cigarette per day for 30 days)	175	24.3	98	22.0	77	28.0	
Ever smoked cigarettes in the past 30 days	183	26.8	93	22.1	90	33.8	**

** $p < .01$; Note: Unweighted frequencies and weighted percentages.

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 2.0 ($SD = 1.3$).³⁸ The most commonly reported reasons for being recently hospitalized were related to pregnancy, illness, or an injury or accident.

³⁸ When calculating the mean number of hospitalizations, responses were top-coded at 10 (two youth reported more than 10 hospitalizations).

Additionally, less than one-tenth of these youth reported being hospitalized because they were experiencing emotional, psychological, or mental health problems.

Females were more likely than males to not have been hospitalized at least once since their last interview ($F = 13.3, p < .001$). Among youth who were hospitalized, males were more likely than females to have been hospitalized because of an injury/accident, while a sizeable proportion of females reported being hospitalized because of pregnancy-related issues ($F = 5.3, p < .001$).

Differences were also present between the Add Health and CalYOUTH participants in the timing of and reason for their most recent hospitalization. In general, CalYOUTH Study participants were more likely than Add Health participants to have been recently hospitalized ($F = 7.4, p < .001$). For example, twice as many CalYOUTH participants as Add Health participants reported that their most recent hospitalization occurred within the last three months (26.1% vs. 13.0%). Differences in the timing of most recent hospitalization were present for males ($F = 16.2, p < .001$) and females ($F = 4.0, p < .01$) across the two studies. For example, CalYOUTH males were much more likely than Add Health males to have been hospitalized in the three months preceding the interview (32.4% vs. 2.9%) and much less likely for their most recent hospitalization to have occurred at least two years before the interview (3.8% vs. 53.3%). CalYOUTH females were more likely than Add Health females to have been hospitalized four to six months preceding the interview (20.8% vs. 8.5%) and ten to twelve months since the interview (18.6% vs. 6.9%), and much less likely to have experienced their most recent hospitalization at least two years before the interview (4.6% vs. 28.8%). In terms of the reason for most recent hospitalization, CalYOUTH participants were more likely than Add Health participants to report that they went to the hospital because of a drug/alcohol problem or emotional/mental health problem (23.8% vs. 2.4%) ($F = 15.4, p < .001$).³⁹ CalYOUTH males were more likely than Add Health males to have been recently hospitalized due to a substance or a psychological health problem (35.7% vs. 6.0%) and less likely to have been recently hospitalized because of an illness (25.8% vs. 48.6%) ($F = 5.9, p < .01$). CalYOUTH females were more likely than Add Health females to have been recently hospitalized due to a substance or a psychological health problem (19.4% vs. 1.0%) and less likely to have been recently hospitalized because of a pregnancy-related issue (39.0% vs. 55.5%) ($F = 17.7, p < .001$).

³⁹ The Add Health version of this question had a single response category for emotional or mental health problem and alcohol or other drug problem. These response categories were separate options in the CalYOUTH Study, but were combined into a single category when compared with Add Health.

Table 61. Hospitalizations

	Overall		Female		Male		<i>p</i>
	#	%	#	%	#	%	
Hospitalized since last interview	195	30.9	144		51		**
Among hospitalized youth, number of hospitalizations since last interview (mean, SD)	2.0 (1.7)		1.9 (1.2)		2.0 (1.2)		
Time of most recent hospitalization (<i>n</i> = 195)							
Within the past 3 months	53	26.1	38	23.6	15	32.4	
4 to 6 months ago	40	20.8	28	20.8	12	21.0	
7 to 9 months ago	24	13.9	17	13.8	7	14.0	
10 to 12 months ago	37	19.5	29	18.6	8	21.9	
More than 1 year but less than 2 years ago	30	15.4	24	18.6	6	7.0	
At least 2 years ago	10	4.4	7	4.6	3	3.8	
Main reason for most recent hospitalization (<i>n</i> = 195)							***
Illness	49	26.8	34	27.1	15	25.8	
Injury or accident	34	19.4	19	13.3	15	35.8	
Alcohol or other drug problem	12	7.3	8	5.9	4	11.1	
Emotional or mental health problem	35	16.5	20	13.5	15	24.6	
Pregnancy related	61	28.4	61	39.0	0	0	
Other	3	1.6	2	1.3	1	2.7	
Ever hospitalized for mental health since last interview	57	8.8	32	8.2	25	9.7	

p* < .01, *p* < .001; Note: Unweighted frequencies and weighted percentages.

CalYOUTH respondents were also asked about other health services they received in the past year (see Table 62). Less than one in seven young adults in our study reported receiving family planning counseling or services, and over one-quarter of respondents reported receiving testing or treatment for any sexually transmitted diseases or AIDS. A greater proportion of females than males reported receiving treatment or testing for STDs or AIDS ($F = 6.0, p < .05$). Additionally, differences between race/ethnicity groups emerged in the receipt of testing or treatment for STDs or AIDS ($F = 4.8, p < .01$). African American youth (43.5%) were more likely to receive testing or treatment than all other groups (ranging from 16.1% to 25.2%) except the “other” race/ethnicity group.

Table 62. Other Health Services Received by Youth

	Overall		Female		Male		<i>p</i>
	#	%	#	%	#	%	
Received in the past year							
Family planning counseling/services	90	13.5	56	14.3	34	12.2	
STD/AIDS testing or treatment	168	27.8	118	32.0	50	21.5	*

**p* < .05; Note: Unweighted frequencies and weighted percentages.

Mental Health⁴⁰

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). 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

⁴⁰ Due to a survey administration error, four youth were not asked mental health questions.

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 one in five youth reported thinking about suicide sometime during the time since their first CalYOUTH Study interview (approximately two years) and less than one in ten reported attempting suicide during that period. Females were more likely than males to both think about and attempt suicide; nearly one in ten females reported having attempted suicide.

Table 63. Past Suicidal Ideation and Suicide Attempts (n = 607)

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Thought about committing suicide since last interview	137	20.4	38	15.5	99	23.5	*
Attempted suicide since last interview	55	7.3	8	3.3	47	9.7	**

p* < .05, *p* < .01; Note: Unweighted frequencies and weighted percentages.

Tables 64 and 65 present diagnostic information for a range of psychiatric disorders with prevalence rates for positive and negative diagnoses for the sample overall (Table 64) and for positive diagnoses by gender (Table 65). The most prevalent mental and behavioral health disorders were major depression, a substance use disorder, and an alcohol use disorder. There was also a relatively high prevalence for screens that assessed the presence of psychotic thinking and anorexia nervosa. Overall, about one in five youth had a positive screen for at least one of the current health disorders that we assessed; roughly one in seven screened positive for an alcohol or substance use disorder; and about one in three screened positive for either a mental health or substance use disorder.

Compared to males, females were more likely to report symptoms consistent with depression, a manic episode (current), panic disorder (lifetime and current), obsessive-compulsive disorder, posttraumatic stress disorder, generalized anxiety disorder, psychotic thinking, and symptoms of anorexia and bulimia. Moreover, a greater proportion of females than males screened positive for at least one of the mental health disorders that were assessed ($F = 12.7, p < .001$). There were also a few differences in prevalence

rates by race/ethnicity and foster care status at the time of the interview. A greater proportion of youth in the “other” race/ethnicity category (16.5%) screened positive for hypomanic episode (past) than did Hispanic youth (2.2%) and African American youth (2.5%) ($F = 3.0, p < .05$). Youth who exited care were more likely than youth who were still in care to screen positive for a manic episode (past) (7.4% vs. 2.2%, $F = 7.6, p < .01$) and substance dependence (9.8% vs. 4.4%, $F = 4.2, p < .05$). Furthermore, out-of-care youth had a greater likelihood of screening positive for at least one of the four substance and alcohol use disorders that were assessed (20.1% vs. 12.4%, $F = 4.0, p < .05$).

Table 64. Mental Health Screen (*n* = 607)

	Positive Diagnosis		Negative Diagnosis		Other		Don't Know/Refused*	
	#	%	#	%	#	%	#	%
Major depressive episode								
Current	71	9.6	536	90.4	—	—	49	9.7
Past	133	19.2	474	80.8	—	—	47	10.5
Recurrent	72	9.9	535	90.1	—	—	56	11.7
Manic episode								
Current	9	1.1	598	98.9	—	—	69	11.7
Past	26	3.4	581	96.6	—	—	98	17.0
Hypomanic episode								
Current	8	1.2	590	97.8	9	1.1 ^a	68	11.6
Past	22	3.5	559	93.1	26	3.4 ^a	91	16.6
Hypomanic symptoms								
Current	8	1.2	582	96.5	17	2.3 ^a	68	11.8
Past	44	6.1	515	87.0	48	6.9 ^a	89	17.3
Panic disorder								
Lifetime	30	3.3	577	96.7	—	—	67	11.4
Limited symptom	21	2.6	586	97.4	—	—	57	10.2
Current	15	1.4	592	98.6	—	—	70	11.8
Social phobia (social anxiety disorder)								
Current	42	4.8	565	95.2	—	—	32	6.3
Generalized (subtype)	32	3.9	—	—	—	—		
Nongeneralized (subtype)	10	0.9	—	—	—	—		
Obsessive-compulsive disorder	24	3.4	583	96.6	—	—	51	8.7
Posttraumatic stress disorder	22	3.0	585	97.0	—	—	41	7.9
Generalized anxiety disorder	29	3.7	578	96.3	—	—	37	7.1
Alcohol dependence	26	3.9	581	96.1	—	—	38	6.8
Alcohol abuse	33	4.6	548	91.5	26	3.9 ^b	26	5.4
Substance dependence (nonalcohol)	37	5.6	570	94.4	—	—	39	6.5
Substance abuse (nonalcohol)	29	3.8	541	90.6	37	5.6 ^b	36	6.3
Antisocial personality disorder	44	5.8	563	94.2	—	—	45	7.9
Psychotic thinking (current) (<i>n</i> = 569) ^c	61	9.0	508	91.0	—	—	52	10.6
Eating disorder ^d								
Anorexia nervosa (<i>n</i> = 598)	48	6.5	550	93.5	—	—	31	5.8
Bulimia nervosa (<i>n</i> = 588)	13	2.3	575	97.7	—	—	6	0.9
Any current mental health disorder (<i>n</i> = 585) ^e	179	26.9	406	73.1	—	—	76	19.2
Any current substance/alcohol use disorder (<i>n</i> = 607) ^f	97	14.1	510	85.9	—	—	48	8.4
Any current mental health or substance/alcohol use disorder (<i>n</i> = 586)	219	33.5	367	66.5	—	—	75	20.8

Note: Unweighted frequencies and weighted percentages.

*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 Not explored due positive screen on a more severe disorder (e.g., manic episode is more severe than hypomanic episode).

^b Not applicable: Respondents in this category met the criteria for dependence, which preempts abuse.

^c 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.

^d 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.

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

^f Includes positive screen for substance abuse, substance dependence, alcohol abuse, or alcohol dependence.

Table 65. Mental Health Diagnoses by Gender (*n* = 607)

Positive Diagnosis	Overall		Males		Females		<i>p</i>
	#	%	#	%	#	%	
Major depressive episode							
Current	71	9.6	14	5.2	57	12.5	**
Past	133	19.2	28	9.7	105	25.5	***
Recurrent	72	9.9	15	4.7	57	13.4	***
Manic episode							
Current	9	1.1	1	0.1	8	1.7	**
Past	26	3.4	7	1.8	19	4.5	
Hypomanic episode							
Current	8	1.2	4	1.1	4	1.2	
Past	22	3.5	9	3.4	13	3.7	
Hypomanic symptoms							
Current	8	1.2	2	1.2	6	1.2	
Past	44	6.1	16	5.5	28	6.5	
Panic disorder							
Lifetime	30	3.3	4	0.8	26	4.9	***
Limited symptom	21	2.6	6	1.5	15	3.2	
Current	15	1.4	2	0.4	13	2.1	*
Social phobia (social anxiety disorder)							
Current	42	4.8	15	4.2	27	5.2	
Generalized (subtype)	32	3.9	11	3.3	21	4.3	
Nongeneralized (subtype)	10	0.9	4	1.0	6	0.9	
Obsessive-compulsive disorder	24	3.4	3	1.0	21	5.0	**
Posttraumatic stress disorder	22	3.0	1	0.3	21	4.9	***
Generalized anxiety disorder	29	3.7	4	1.7	25	5.1	*
Alcohol dependence	26	3.9	11	4.8	15	3.3	
Alcohol abuse	33	4.6	17	6.3	16	3.4	
Substance dependence (nonalcohol)	37	5.6	14	5.3	23	5.8	
Substance abuse	29	3.8	15	5.9	14	2.4	
Antisocial personality disorder	44	5.8	15	4.5	29	6.7	
Psychoticism	61	9.0	15	5.0	46	11.5	*
Eating disorder symptoms							
Anorexia nervosa	48	6.5	8	2.8	40	8.9	**
Bulimia nervosa	13	2.3	1	0.3	12	3.6	**
Any current mental health disorder (<i>n</i> = 585)	179	26.9	51	18.1	128	32.4	***
Any current substance/alcohol use disorder (<i>n</i> = 607) ^f	97	14.1	45	17.6	52	11.8	
Any current mental health or substance/alcohol use disorder (<i>n</i> = 586)	219	33.5	78	31.1	141	35.1	

p* < .05, *p* < .01, ****p* < .001; Note: Unweighted frequencies and weighted percentages.

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 independent living skills, 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, financial literacy, and employment.

There were differences by gender in terms of youths' perceptions of their preparedness in the area of independent living skills ($F = 4.0, p < .01$). Females were more likely than males to report feeling "very prepared" (58.3 % vs. 44.6%). There were overall differences between males and females in how

prepared they felt to manage their physical health, with males generally reporting feeling somewhat less prepared ($F = 4.8, p < .01$).⁴¹

Table 66. Perception of Preparedness to Achieve Goals ($n = 611$)

	Very Prepared		Prepared		Somewhat Prepared		Not Prepared	
	#	%	#	%	#	%	#	%
Education	251	41.6	211	36.8	128	19.2	21	2.5
Employment	249	40.3	229	38.7	116	18.4	16	2.6
Housing	195	31.3	216	34.8	157	26.9	43	7.1
Financial literacy	199	35.9	215	33.3	165	26.9	32	4.0
Independent living skills	330	52.8	202	34.7	67	11.1	11	1.3
Physical health	276	45.6	237	40.1	87	12.4	11	1.8
Mental/ Behavioral health	250	40.5	253	41.8	94	16.1	13	1.7
Substance abuse	404	66.7	165	27.3	31	4.8	11	1.3
Sexual health	444	74.1	146	23.4	16	1.8	5	0.7
Family planning	375	61.9	185	31.5	37	5.5	11	1.1
Parenting ($n = 121$) ^a	97	81.3	20	14.9	4	3.8	0	0.0
Relationship skills	337	57.2	205	32.9	55	8.7	12	1.2

Note: Unweighted frequencies and weighted percentages.

^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, parenting (among parents), and substance abuse, 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.

Differences in receipt of training and services were found between youth based on gender and foster care status. Female youth were more likely than male youth to report receiving "a lot" of family planning services (58.8% vs. 45.0%, $F = 3.3, p < .05$). Differences between youth in care and youth out of care regarding the amount of financial literacy preparation they received were apparent as well ($F = 3.4, p < .05$). Youth who left care were more likely than youth in care to report receiving no financial literacy services (13.7% vs. 5.0%). There were also differences between youth in care and youth out of care in

⁴¹ While the overall distribution of responses to the question about preparedness in the area of physical health differed between genders at a statistically significant level, none of the differences between genders for individual response categories (e.g., "very prepared" or "not prepared") reached statistical significance. Nevertheless, the differences that approach statistical significance suggest that males felt less prepared than females. For example, while 50 percent of females reported being "very prepared" that was true for only 39 percent of males.

terms of the amount of physical health preparation they received ($F = 3.7, p < .05$). Youth still in care were more likely than youth who exited care to report receiving “some” physical health preparation services (40.7% vs. 24.3%).

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

	A Lot		Some		A Little		None	
	#	%	#	%	#	%	#	%
Education	225	36.6	251	42.5	91	14.3	43	6.5
Employment	238	37.7	250	41.3	87	14.4	36	6.7
Housing	195	30.5	248	41.1	102	16.9	66	11.5
Financial literacy	190	30.3	254	43.3	125	19.4	41	7.0
Independent living skills	265	43.9	224	36.8	78	12.3	43	6.9
Physical health	232	40.1	236	37.0	95	14.5	48	8.5
Mental/behavioral health	233	37.2	238	39.8	89	15.0	51	8.0
Substance abuse	317	52.9	175	28.7	58	9.9	61	8.6
Sexual health	372	61.5	162	27.0	54	7.8	22	3.7
Family planning	320	53.3	176	30.0	77	11.5	36	5.2
Parenting ($n = 121$) ^a	63	53.0	29	22.6	11	9.1	18	15.3
Relationship skills	266	46.0	226	35.6	68	11.0	50	7.4

Note: Unweighted frequencies and weighted percentages.

^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 areas of education, housing and financial literacy.

Satisfaction with life skills services differed between youth based on gender, race/ethnicity, and in-care status. On average, males were slightly more satisfied than females with the employment preparation services they received (3.2 vs. 3.1, $F = 4.1, p < .05$). African American youth (3.4) reported higher satisfaction than white youth (3.2), Hispanic youth (3.2) and mixed-race youth (3.1) in the area of independent living preparation ($F = 3.7, p < .01$). On average, youth who were in care were slightly more satisfied than youth who left care with the education preparation services (3.1 vs. 3.0, $F = 4.1, p < .05$) and financial literacy services they received (3.1 vs. 2.9, $F = 6.8, p < .01$).

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

	Mean (SD)
Education	3.1 (0.7)
Employment	3.2 (0.7)
Housing	3.1 (0.7)
Financial literacy	3.1 (0.7)
Independent living skills	3.2 (0.7)
Physical health	3.2 (0.7)
Mental/behavioral health	3.2 (0.7)
Substance abuse	3.3 (0.7)
Sexual health	3.5 (0.6)
Family planning	3.4 (0.6)
Parenting ($n = 121$) ^a	3.5 (0.6)
Relationship skills	3.3 (0.7)

Note: Unweighted frequencies and weighted means.

^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 71 displays information about CalYOUTH participants' civic engagement. Few youth reported being involved in municipal meetings or activities with neighbors to address community issues. There were overall differences between youth in care and those who left care in regards to attending a municipal meeting ($F = 2.6, p < .05$). In particular, youth who were still in care were significantly more likely than youth who had left care to attend a municipal meeting "2 to 3 times" (4.8% vs. 0.7%).

Table 71. 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	516	85.5
Once	37	6.5
2 to 3 times	30	3.9
About once a month	16	2.5
More than once a month	12	1.6
Worked with or gotten together informally with others in community/neighborhood to try to deal with community issues	85	12.5
Voted in the last national election	29	4.2

Note: Unweighted frequencies and weighted percentages.

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 72, over two-fifths of youth agreed or strongly agreed that they live in a close-knit neighborhood and 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-quarter of youth agreed that their neighbors could be trusted.

Table 72. Neighborhood Social Cohesion

	#	%
Lives in a close-knit neighborhood		
Strongly agree	68	11.1
Agree	181	30.0
Neither agree nor disagree	188	32.1
Disagree	122	18.7
Strongly disagree	53	8.2
People around are willing to help their neighbors		
Strongly agree	60	9.7
Agree	212	32.9
Neither agree nor disagree	189	32.8
Disagree	107	17.8
Strongly disagree	38	6.8
People in the neighborhood do not share the same values		
Strongly agree	51	9.1
Agree	190	30.5
Neither agree nor disagree	266	44.1
Disagree	79	13.9
Strongly disagree	18	2.5
People in the neighborhood can be trusted		
Strongly agree	27	5.2
Agree	148	21.9
Neither agree nor disagree	247	43.2
Disagree	127	19.5
Strongly disagree	57	10.2

Note: Unweighted frequencies and weighted percentages.

Table 73 reports youths' perceptions of how likely their neighbors would intervene to address various kinds of antisocial behaviors in their neighborhood. Overall, almost two-fifths 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 about 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 ($F = 5.4, p < .01$) varied by gender. Females were more likely than males to think that it is "very unlikely" that their neighbors would intervene (29.4% vs. 15.9%).

Table 73. 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	90	14.4
Likely	148	24.6
Unlikely	226	37.0
Very unlikely	138	24.0
Likelihood that neighbors would intervene if some children were spray painting graffiti on a local building		
Very likely	299	37.6
Likely	193	32.5
Unlikely	121	18.2
Very unlikely	61	11.7
Likelihood that people in neighborhood would scold child if a child was showing disrespect to an adult		
Very likely	91	15.1
Likely	214	36.0
Unlikely	213	34.3
Very unlikely	85	14.6
Likelihood that neighbors would break up a fight in front of house if someone was being beaten or threatened		
Very likely	217	35.9
Likely	227	37.5
Unlikely	110	19.0
Very unlikely	47	7.6

Note: Unweighted frequencies and weighted percentages.

Youth were asked about how safe they felt in their neighborhood and how happy they were living in their neighborhood. As presented in Table 74, nearly nine in ten youth indicated that they felt safe in their neighborhood, and over three-fifths said that they were happy on the whole living in their neighborhood. Males were more likely than females to feel safe in their neighborhood ($F = 4.1, p < .05$). How happy youth were to be living in their neighborhood also varied by gender, with males being generally happier than females ($F = 2.5, p < .05$).⁴²

⁴² While the overall distribution of responses to the question about happiness with the neighborhood differed between genders at a statistically significant level, none of the differences between genders for individual response categories (e.g., “very happy” or “somewhat happy”) reached statistical significance. Nevertheless, the differences that approach statistical significance suggest that males were happier than females with their neighborhood. For example, males were more likely than females to report being “very happy” or “somewhat happy” with their neighborhood.

Table 74. Neighborhood Safety and Satisfaction

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Feel safe in neighborhood	527	87.8	223	91.7	304	85.3	*
On the whole, how happy living in neighborhood							*
Very happy	241	38.0	111	42.6	130	34.8	
Somewhat happy	143	24.2	62	28.0	81	21.7	
Neutral	184	32.2	60	25.2	124	36.9	
Somewhat unhappy	23	2.4	7	1.9	16	2.8	
Not at all happy	18	3.2	4	2.3	14	3.7	

**p* < .05; Note: Unweighted frequencies and weighted percentages.

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 75 presents data on youths' participation in religious services. About half of the youth attended a religious service at least once in the past year. Overall race/ethnicity differences emerged among CalYOUTH participants ($F = 1.9, p < .05$). A greater proportion of youth in the "other" race/ethnicity group (41.1%) and mixed-race youth (26.2%) than white youth (5.3%) reported attending services "once a week or more." CalYOUTH participants differed from youth in Add Health in terms of participation in

religious activities ($F = 26.6, p < .001$). In particular, CalYOUTH participants were more likely than youth in Add Health to “never” attend services (53.0% vs. 25.8%), and less likely than Add Health youth to attend services “less than once a month” (21.8% vs. 38.3%). Both of these differences were present when comparing males between the two studies ($F = 14.6, p < .001$) and when comparing females between the two studies ($F = 12.8, p < .001$). Lower rates of participation in religious activities between CalYOUTH participants and Add Health participants may be at least partly a reflection of the overall trend in the US of declining involvement with organized religion (Pew Research Center, 2015).

Table 75. Religiosity

	CalYOUTH		Add Health		<i>p</i>
	#	%	#	%	
How often attended religious services during past year					***
Once a week or more	78	13.2	160	19.0	
Once a month or more, but less than once a week	73	12.0	139	16.9	
Less than once a month	128	21.8	282	38.3	
Never	332	53.0	168	25.8	

Note: Unweighted frequencies and weighted percentages.

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 3 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 4.6 people they could turn to for emotional support (someone to talk about something private). Youth reported having an average of 6.5 people in total that they could turn to if they needed support.

Males reported having significantly more supports than did females across all three support types and for the total number of supports (all $p < .05$). Further, differences in the estimated number of supports were found by race/ethnicity for tangible support and advice/guidance. In terms of the number of people youth could turn to for tangible support, white youth (3.7) and mixed-race youth (3.6) had more people than did African American youth (2.4, $F = 3.1, p < .05$). White youth also had a greater average number of tangible supports than did Hispanic youth (2.8). For advice/guidance, mixed-race youth (4.9) reported having more people to turn to than did African American youth (2.8) and Hispanic youth (2.9, $F = 3.3, p < .05$). Finally, mixed-race youth (9.1) reported having more people in their overall support network than did all of the other race/ethnicity groups (ranging from 5.7 to 7.0, $F = 2.8, p < .05$). Compared to those who had left care, youth who were still in care reported having a greater number of individuals to turn to for both tangible support ($F = 10.7, p < .01$) and advice/guidance ($F = 12.0, p < .001$).

Table 74. Estimated Number of Available Supports, by Type of Support ($n = 611$)

	None		Median	Mean (SD)	Mean			Mean		
	#	%	Overall	Overall	Male	Female	p	In care	Not in care	p
Emotional	19	3.5	3.0	4.6 (7.5)	6.0	3.7	*	4.5	4.9	
Tangible	41	7.2	2.0	3.0 (3.9)	3.4	2.7	*	3.1	2.3	**
Advice/guidance	27	5.4	2.0	3.3 (4.5)	3.8	2.9	*	3.5	2.5	***
All supports	5	1.3	5.0	6.5 (8.6)	7.7	5.7	*	6.5	6.5	

* $p < .05$; Note: Unweighted frequencies, and weighted percentages and weighted means.

Table 75 displays the number of people that youth nominated as someone they could turn to for support, as gathered by the SSNQ instrument. Nearly two-thirds 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. There were differences by race/ethnicity in the number of nominated emotional supports ($F = 3.3, p < .05$). Mixed-race youth nominated more emotional supports (2.3) than did Hispanic youth (1.9) and African American youth (1.9); the average number of nominated emotional supports was greater for white youth (2.1) than Hispanic youth. Additionally, mixed-race youth (2.0) and white youth (1.9) nominated more individuals they could turn to for advice/guidance than did Hispanic youth (1.6, $F = 2.5, p < .05$).

Table 75. Number of Individuals Nominated, by Type of Support ($n = 611$)

	Emotional		Tangible		Advice/Guidance	
	#	%	#	%	#	%
None	19	3.5	42	7.4	28	5.8
One individual	184	32.1	212	35.2	244	40.7
Two individuals	171	28.8	185	30.5	171	27.5
Three individuals	237	35.6	172	26.9	168	26.0

Note: Unweighted frequencies and weighted percentages.

The total number of distinct individuals that the youth nominated appears in Table 76. Almost all youth (98.7%) nominated at least one individual whom they could turn to for social support. On average, youth nominated 3.2 distinct individuals. Race/ethnicity differences were found in the average number of nominated supports ($F = 3.8, p < .01$). In order of fewest nominees to most nominees, African American youth nominated 2.9 individuals, followed by Hispanic youth (3.1), white youth (3.4), mixed-race youth (3.5), and youth in the “other” race/ethnicity category (3.7). Mixed-race youth nominated significantly more supports than did African American youth and Hispanic youth. Additionally, white youth and youth in the “other” category nominated significantly more supports than did African American youth. In terms of in-care status, youth who were still in care at the time of the interview nominated more people they could turn to for support than did those who had left care ($F = 6.0, p < .05$).

Table 76. Total Number of Nominated Individuals ($n = 611$)

	None		Median	Mean (SD)	Mean (SD)		<i>p</i>
	#	%	Overall	Overall	In Care	Not in Care	
Total number of nominated individuals	6	1.3	3	3.2 (1.4)	3.2 (1.4)	2.8 (1.5)	*

Note: Unweighted frequencies, and weighted percentages and weighted means.

Since relationships with important people can also be sources of stress, youth were asked about how often they experienced strain 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 youth ($n = 1,999$). 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, the three other types of strain occurred frequently in only about one in twenty relationships. When looking at the averages for each type of relationship strain, intrusiveness had the highest overall average, followed by disappointment, conflict, and criticism.

There were differences by gender and race/ethnicity in the average amount of relationship strain reported in youths’ relationships with the people nominated as supports. On average, females reported higher amounts of strain than males in areas of disappointment ($F = 5.7, p < .05$), intrusiveness ($F = 8.3, p < .01$), and conflict ($F = 18.5, p < .001$). There were differences between race/ethnicity groups in the average amounts of disappointment and criticism in their relationships with nominated supports. Youth in the “other” category reported less disappointment (1.6) than did all other groups (ranging from 1.8 to 2.0, $F = 5.0, p < .001$). Additionally, white youth (1.8) had a lower average amount of disappointment than did Hispanic youth (1.9) and mixed-race youth (2.0). In terms of conflict, white youth (1.4) and African American youth (1.4) reported higher amounts of conflict than did mixed-race youth (1.2) ($F = 3.5, p < .01$).

Table 77. Frequency of Relationship Strain ($n = 1,999$)

	Disappointment		Intrusiveness		Criticism		Conflict	
	#	%	#	%	#	%	#	%
Never	751	38.6	715	38.3	1,525	77.4	929	47.3
Rarely	807	40.7	464	22.6	294	14.1	590	30.0
Sometimes	332	16.4	381	18.9	98	5.0	339	16.6
Often	76	3.4	235	11.2	48	2.3	106	5.1
Always	24	0.9	195	9.0	25	1.1	26	1.1

Note: Unweighted frequencies and weighted percentages.

Table 78. Average Relationship Strain (*n* = 1,999)

	Median	Mean (SD)	Mean		
	Overall	Overall	Male	Female	<i>p</i>
Disappointment	2.0	1.9 (0.9)	1.8	1.9	*
Intrusiveness	2.0	2.3 (1.3)	2.2	2.4	**
Criticism	1.0	1.4 (0.8)	1.3	1.4	
Conflict	2.0	1.8 (1.0)	1.7	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, siblings, and romantic partners were the most common people named as a support. In total, about 41 percent of the nominees were relatives by blood or marriage (including stepparents), 26 percent were friends, 14 percent were people linked to the youth’s foster care involvement (e.g., foster or adoptive parents, group home staff, caseworkers, or court personnel), 9 percent were romantic partners or spouses, seven 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”).

Overall, there were significant differences between males and females in their relationships to the individuals they nominated as supports ($F = 3.2, p < .001$). For example, significantly more females than males nominated a romantic partner or spouse, while more males than females nominated a guardian or siblings. There were also differences by in-care status. For example, youth who were still in care were more likely than those who had left care to nominate caseworkers, while youth who had left care were more likely than those still in care to nominate grandparents ($F = 4.5, p < .001$).⁴³

⁴³ The overall statistical test also indicated that there were differences in the supports’ relationship to the youth by race/ethnicity; however, these are not reported due to sparse data in many of the categories.

Table 79. Relationship to Nominated Supports (*n* = 1,999)

	Overall		Gender				Care Status					
			Male		Female		<i>p</i>	In Care		Not in Care		<i>p</i>
	#	%	#	%	#	%		#	%	#	%	
Relationship to nominated individual							***					***
Biological mother	109	5.9	37	5.3	72	6.4		76	5.1	33	9.0	
Biological father	41	1.8	17	1.9	24	1.8		29	1.6	12	2.6	
Stepparent	27	1.3	14	1.7	13	1.1		18	1.0	9	2.4	
Foster parent	140	6.8	53	7.9	87	6.1		124	7.4	16	4.2	
Guardian	7	0.4	5	0.9	2	0.1		5	0.2	2	1.2	
Adoptive parent	6	0.2	0	0.0	6	0.3		2	0.1	4	0.6	
Sibling	270	15.1	122	18.8	148	12.7		217	15.4	53	13.7	
Aunt/uncle	128	6.8	51	6.5	77	7.0		104	7.1	24	5.6	
Grandparent	99	5.0	42	5.8	57	4.5		69	4.1	30	8.5	
Cousin	46	2.8	19	2.4	27	3.0		35	2.8	11	2.7	
Romantic partner/spouse	191	9.3	42	5.2	149	11.8		144	8.7	47	11.4	
In-laws of romantic partner/spouse	59	2.6	10	1.0	49	3.6		37	2.2	22	4.1	
Friend	519	26.1	207	25.4	312	26.5		407	25.4	112	28.7	
Caseworker	107	5.0	39	4.9	68	5.0		104	6.0	3	0.9	
Group home staff	14	0.5	10	0.9	4	0.3		14	0.7	0	0.0	
Court professional	18	1.0	7	1.0	11	1.0		18	1.3	0	0.0	
School professional	19	1.0	10	1.4	9	0.8		17	1.2	2	0.3	
Therapist/counselor	23	1.1	11	1.3	12	1.0		21	1.3	2	0.7	
Mentor	70	3.3	27	3.6	43	3.1		66	4.0	4	0.8	
Other professional	23	1.1	9	1.4	14	0.9		22	1.3	1	0.2	
Other	69	3.1	24	2.9	45	3.3		55	3.2	14	2.8	

****p* < .001; Note: Unweighted frequencies and weighted percentages.

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. Gender differences were present for the frequency in which youth were in contact with their nominees ($F = 5.5, p < .001$). Females were more likely than males to be in touch “almost every day” (54.4% vs. 45.1%), whereas males were more likely than females to be in touch “less than once per month” (8.5% vs. 4.5%). Differences by race/ethnicity groups also emerged in terms of the frequency of contact with nominated supports ($F = 2.2, p < .01$). Mixed race youth (10.8%) were more likely than white youth (2.9%) to contact supports “less than once per month,” while white youth (26.0%) were more likely than mixed race youth (15.0%) to contact supports “a few times a week.”

Table 80. Frequency of Contact with Nominated Supports (*n* = 1,999)

	#	%
Almost every day	978	50.8
A few times every week	462	21.6
About once a week	256	13.5
More than once a month	176	8.1
Less than once a month	109	6.1

Note: Unweighted frequencies and weighted percentages.

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 more than half of youth reported having “enough people” to count on for each support type. About 47 percent indicated not having enough people (“too few people” or “no one to count on”) for tangible support, about 42 percent reported not having enough people for emotional support, and about 36 percent reported not having enough people to turn to for advice and guidance.

The only significant gender difference in the sufficiency of social support in relationships overall pertained to tangible support, with males appearing more likely than females to perceive that they had adequate support ($F = 3.0, p < .05$).⁴⁴ There were overall differences by race/ethnicity in the sufficiency of emotional support ($F = 3.1, p < .01$). Fewer African American youth (46.5%) than white youth (73.6%) reported having “enough people” to count on. At the same time, a greater proportion of African American (47.5%) and Hispanic youth (39.8%) than white youth (24.8%) reported having “too few” people to count on.

⁴⁴ While the overall distribution of responses to the question about adequacy of tangible support differed between genders at a statistically significant level, none of the differences between genders for individual response categories (e.g., “enough people” or “too few people”) reached statistical significance. Nevertheless, the differences that approach statistical significance suggest that males were more likely than females to perceive their support as adequate. For example, 60 percent of males reported having enough people to count on while that was true for only 49 percent of females.

Table 81. Sufficiency of Overall Amount of Support ($n = 611$)

	Emotional		Tangible		Advice/Guidance	
	#	%	#	%	#	%
Enough people	366	58.4	342	53.3	416	65.1
Too few people	220	36.7	246	42.0	178	31.7
No one to count on	25	4.9	23	4.7	17	3.8

Note: Unweighted frequencies and weighted percentages.

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 (34.0%) and intrusiveness (27.8%) 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 20 percent of youth reported having “too many people” or “some people” that were sources of criticism or sources of conflict.

There were differences by gender in all four types of relationship strain, including disappointment ($F = 3.9, p < .01$), intrusiveness ($F = 3.2, p < .05$), criticism ($F = 4.7, p < .01$), and conflict ($F = 3.1, p < .05$). In general, males were less likely than females to report relationship strain in their relationships with important people. For example, more males than females reported having “no one” in relationships with intrusiveness (25.9% vs. 14.9%), having “no one” in relationships with criticism (44.3% vs. 30.3%), and having “no one” in relationships with conflict (30.1% vs. 18.2%).

The likelihood of having relationships with disappointment also differed by both race/ethnicity ($F = 2.6, p < .01$) and care-status ($F = 2.7, p < .05$). Specifically, a greater proportion of African American youth (28.6%) than white youth (10.8%) and Hispanic youth (10.3%) reported that they had “too many people” who disappointed them. While there were overall significant differences by care-status ($F = 2.7, p < .05$), no specific subgroup differences were found between response categories.

Table 82. Overall Relationships with Strain (*n* = 611)

	Disappointment ^b						Intrusiveness ^a					
	Overall		Male		Female		Overall		Male		Female	
	#	%	#	%	#	%	#	%	#	%	#	%
Too many	93	15.3	24	10.1	69	18.7	64	9.1	19	7.1	45	10.4
Some	119	18.7	40	16.9	79	19.9	115	18.7	40	16.2	75	20.4
Just a few	308	50.7	129	52.3	179	49.6	323	52.9	128	50.8	195	54.3
None	91	15.4	51	20.7	40	11.9	107	19.3	56	25.9	51	14.9
	Criticism ^b						Conflict ^a					
	Overall		Male		Female		Overall		Male		Female	
	#	%	#	%	#	%	#	%	#	%	#	%
Too many	37	6.0	11	4.1	26	7.3	21	3.0	5	2.3	16	3.5
Some	78	12.1	22	7.7	56	15.1	93	14.8	32	12.7	61	16.3
Just a few	287	46.0	109	44.0	178	47.3	367	59.2	135	54.9	232	62.0
None	209	35.9	102	44.3	107	30.3	129	23.0	71	30.1	58	18.2

Note: Unweighted frequencies and weighted percentages.

^a Males and females differ significantly ($p < .05$).

^b Males and females differ significantly ($p < .01$).

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.” When asked about their comfortableness with their sexual orientation, the vast majority of youth reported being either “very uncomfortable” or “very comfortable.”

Gender differences were present in terms of sexual orientation ($F = 9.2, p < .001$). Males were more likely than females to report being “100 percent heterosexual or straight” while females were more likely than males to report being “mostly heterosexual or straight” or “bisexual.” Differences in sexual orientation were present between youth in the CalYOUTH Study and those in the Add Health study ($F =$

9.2, $p < .001$). Add Health respondents were more likely than CalYOUTH respondents to identify as “100 percent heterosexual or straight” (90.3% vs. 80.0%), while CalYOUTH respondents were more likely than Add Health respondents to report being “bisexual” (8.6% vs. 1.6%). When comparing youth from the two studies by gender, only females differed in their sexual orientations ($F = 10.1, p < .001$). CalYOUTH females were more likely than Add Health females to report being “bisexual” (13.4% vs. 1.9%) and less likely than Add Health females to report being “100 percent heterosexual or straight” (71.5% vs. 88.5%).

Table 83. Sexual Orientation ($n = 607$)^a

	Overall		Female		Male		<i>p</i>
	#	%	#	%	#	%	
Sexual orientation							***
100% heterosexual or straight	458	79.7	250	71.5	208	92.4	
Mostly heterosexual or straight, but somewhat attracted to people of my own sex	37	5.5	34	8.3	3	1.1	
Bisexual (attracted to men and women equally)	53	8.6	49	13.4	4	1.0	
100% homosexual or gay	20	3.9	13	4.2	7	3.4	
Mostly homosexual or gay but somewhat, but somewhat attracted to people of the opposite sex	9	1.5	6	1.7	3	1.2	
Not sexually attracted to either males or females	7	0.9	4	0.9	3	1.0	

*** $p < .001$; Note: Unweighted frequencies and weighted percentages.

^a Four youth were not asked the questions in this table during the interview.

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.⁴⁵ 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 6.1 (the median was 3) and the average number of sexual partners over the past 12 months was 2.3 (the median was 1).

When looking at differences by gender, females were more likely than males to have ever had sexual intercourse ($F = 7.9, p < .01$). Among youth who ever had sex, on average, males had more sexual partners in the past 12 months than did females ($F = 4.7, p < .05$).

⁴⁵ Youth were asked: “Have you ever had sexual intercourse?” Youth may have included consensual and nonconsensual intercourse.

Regarding differences by race/ethnicity, significant differences were found for youth in terms of the average number of lifetime sexual partners ($F = 4.0, p < .01$). Among youth who ever had sex, on average, white youth (8.0) and African American youth (7.5) had more sexual partners than did Hispanic youth (4.6) and youth in the “other” race/ethnicity category (3.4). Differences across race/ethnicity groups were also present for the number of sexual partners in the past 12 months ($F = 6.7, p < .001$). Among sexually active youth, on average, African American youth (3.1) and white youth (2.5) had more sexual partners in the past year than did youth in the “other” category (0.9). Mixed-race youth (2.2) did not significantly differ from the other groups in terms of number of sexual partners in the past year. Youth who were in care were less likely than youth who left care to ever have had sexual intercourse (84.0% vs. 93.6%, $F = 8.4, p < .01$).

As displayed in Table 84, CalYOUTH and Add Health respondents differed in a number of ways with regard to sexual activity.⁴⁶ CalYOUTH respondents were more likely than Add Health respondents to report ever having had sexual intercourse ($F = 8.4, p < .01$). CalYOUTH females were more likely than Add Health females to have ever had sex ($F = 12.3, p < .001$), but males did not differ between studies in this regard. CalYOUTH respondents were also more likely than Add Health respondents to report having sexual intercourse between the ages of 10 and 12 years old ($F = 24.5, p < .001$). This difference was statistically significant for both males ($F = 25.5, p < .001$) and females ($F = 11.1, p < .001$). Among youth who ever had sex, on average, CalYOUTH respondents had more sexual partners over their lifetime than did Add Health respondents ($F = 8.8, p < .01$), but this difference was only statistically significant for males, with CalYOUTH males having, on average, about three more lifetime sexual partners than Add Health males ($F = 13.0, p < .001$). Among youth who ever had sex, youth in the two studies also differed in the number of sexual partners they had in the past 12 months. CalYOUTH respondents had about 0.5 more partners than did Add Health respondents ($F = 4.7, p < .05$). Similar to the number of lifetime partners, CalYOUTH males had more sexual partners in the past year than did Add Health males ($F = 6.6, p < .05$), but there were no significant differences between studies for females.

⁴⁶ For all four questions in Table 84, Add Health asked respondents about engaging in “vaginal intercourse” whereas CalYOUTH participants were asked about engaging in “sexual intercourse.” Thus, findings should be interpreted with caution.

Table 84. Sexual Activity

	CalYOUTH ^a (n = 607)							Add Health (n = 749)						
	Overall		Female		Male		p	Overall ^b		Female ^c		Male ^d		p
	#	%/ Mean (SD)	#	%/ Mean (SD)	#	%/ Mean (SD)		#	%/ Mean (SD)	#	%/ Mean (SD)	#	%/ Mean (SD)	
Ever had sexual intercourse	504	86.2	320	89.9	184	80.5	**	583	78.5	325	78.3	258	78.7	***
Age at first sexual intercourse ^e														***
10 to 12 years old	70	17.7	45	16.5	25	19.9		14	1.5	7	1.8	7	0.9	
13 years old	31	7.3	21	7.7	10	6.5		34	4.2	15	2.3	19	7.2	
14 years old	77	17.0	51	17.0	26	17.0		75	13.7	45	13.1	30	15.5	
15 years old	63	15.0	44	17.0	19	11.4		107	19.2	67	23.7	40	12.2	
16 years old	70	16.9	35	12.3	35	25.3		122	21.8	70	23.6	52	19.1	
17 years old	45	10.8	30	12.3	15	8.2		107	18.8	52	17.2	55	21.2	
18–20 years old	66	15.2	45	17.2	21	11.6		120	20.9	68	18.3	52	24.8	
Number of partners, lifetime ^f	433	6.10 (8.2)	276	5.48 (7.5)	157	7.21 (9.2)		559	4.55 (5.1)	324	4.78 (5.3)	235	4.18 (4.8)	*
Number of partners in the past year	464	2.29 (4.6)	296	1.94 (4.3)	168	2.92 (5.1)	**	556	1.77 (1.9)	321	1.70 (1.8)	235	1.89 (1.9)	*

* $p < .05$; ** $p < .01$; *** $p < .001$ Note: Unweighted frequencies and weighted percentages.

^a Four youth were not asked the questions in this table during the CalYOUTH interview.

^b Differences between overall Add Health and CalYOUTH samples.

^c Differences between Add Health and CalYOUTH females.

^d Differences between Add Health and CalYOUTH males.

^e Item is missing 16.3% for CalYOUTH participants due to “don’t know” and “refused” responses

^f Item is missing 14.1% for CalYOUTH participants due to “don’t know” and “refused” responses

Table 85 displays youths’ reports of sexually transmitted infections. For the youth who reported having one or more sexual partners in the past year, fewer than one in ten reported that at least one of their partners had an STI. About one in seven youth who had sex reported that they had an STI. Females were more likely than males to report having an STI ($F = 12.3, p < .001$). The proportion of youth who had sex with someone who had an STI varied by race/ethnicity ($F = 2.8, p < .05$), with a greater proportion of African American youth (18.1%) than white youth (6.4%) and Hispanic youth (6.1%) saying that a sexual partner in the past year had an STI. There were also race/ethnicity differences in the proportion of youth who ever had an STI ($F = 11.3, p < .001$), with African American youth being more likely to have an STI (32.6%) than the other race/ethnicity groups (ranging from 4.8% to 14.9%). Additionally, white youth (14.9%) were more likely than Hispanic youth (6.6%) to report that they ever had an STI.

Table 85. Sexually Transmitted Infections

	Overall		Female		Male		<i>p</i>
	#	%	#	%	#	%	
Among youth who had one or more sexual partners in past year, any sexual partner had an STD in the past year (<i>n</i> = 417)	42	9.1	31	9.8	11	7.9	
Among youth who ever had sex, ever had an STD (<i>n</i> = 504)	70	14.1	62	19.3	8	5.2	***

****p* < .001; Note: Unweighted frequencies and weighted percentages.

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 60 times (the median was 10). When youth were asked about how frequently they used birth control in the past year, nearly one-third reported not using birth control at all and another third reported using birth control all of the time. Roughly one-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, over one-third reported not using a condom at all and slightly under one-fourth said they used a condom all of the time. About two-fifths 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 the number of times birth control was used in the past year ($F = 2.7, p < .05$). Gender differences were also present in terms of the number of times condoms were used in the past year ($F = 2.8, p < .05$), with females more likely than males to report using condoms none of the time. Furthermore, females were more likely than males to have not used a condom at the time of their most recent sexual intercourse ($F = 11.0, p < .01$). Differences in the average number of times youth had sexual intercourse in the past year were found across race/ethnicity groups ($F = 2.9, p < .05$). Among those that had been sexually active in the past year, mixed-race youth (140.3) and white youth (84.2) reported having sex on more occasions than Hispanic youth (43.2). Mixed-race youth also had sex more often than African American youth (51.2). Youth in care were more likely than youth out of care to report using birth control the last time they had sexual intercourse (56.7% vs. 41.2%, $F = 4.9, p < .05$).

Young people in the CalYOUTH Study were compared with their peers in Add Health in terms of their sexual activity and contraceptive use in the past year.⁴⁷ As shown in Table 86, when asked about the number of times they had sexual intercourse in the past year, the average for CalYOUTH Study

⁴⁷ For the last two questions in Table 86 (birth control and condom use during most recent intercourse), CalYOUTH asked about “sexual intercourse” while Add Health asked about “vaginal intercourse.” Thus, findings should be interpreted with caution.

participants was lower than the average for Add Health participants ($F = 19.5, p < .001$).⁴⁸ In terms of the frequency with which birth control was used during sexual intercourse in the past year, CalYOUTH respondents were more likely than Add Health respondents to report “none,” and were less likely than Add Health respondents to report “most” or “all” of the time ($F = 6.7, p < .001$).

⁴⁸ The number of times a youth had sex in the past year was top-coded at 365 times (or once per day). However, even when the number of times was top-coded to the lower value of 100, the average number of times youth had sexual intercourse in the past year was still significantly higher for Add Health than CalYOUTH participants (46.0 vs. 32.3, $F = 11.6, p < .001$).

Table 86. Contraceptive Use in Past Year (*n* = 417)^a

	CalYOUTH							Add Health						
	Overall		Female		Male		<i>p</i>	Overall		Female		Male		<i>p</i>
	#	% / Mean (SD)	#	% / Mean (SD)	#	% / Mean (SD)		#	% / Mean (SD)	#	% / Mean (SD)	#	% / Mean (SD)	
Number of times had vaginal intercourse in the past year ^b	258	59.31 (103.0)	166	54.10 (94.0)	92	68.92 (117.8)		445	109.89 (131.2)	246	125.05 (133.5)	199	89.30 (125.4)	***
Frequency of using birth control during sexual intercourse in the past year							*							***
None	119	32.7	75	32.3	44	33.5		69	14.8	40	16.4	29	12.2	
Some	71	14.8	44	11.9	27	20.7		54	10.8	25	10.5	29	11.2	
Half	29	7.9	19	8.9	10	6.0		32	5.6	22	7.5	10	2.6	
Most	51	11.5	28	9.3	23	15.9		106	22.9	55	22.2	51	24.0	
All	134	33.1	102	37.7	32	23.9		262	46.0	151	43.4	111	50.0	
Frequency of using a condom in the past year							*							
None	137	36.1	102	41.8	35	25.3		--	--	--	--	--	--	
Some	87	18.1	54	15.7	33	22.7		--	--	--	--	--	--	
Half	40	8.2	25	8.5	15	7.7		--	--	--	--	--	--	
Most	58	14.1	32	11.2	26	19.6		--	--	--	--	--	--	
All	87	23.6	54	22.9	33	24.8		--	--	--	--	--	--	
Used birth control at the time of most recent sexual intercourse	215	52.9	143	52.9	72	52.8		348	64.0	198	62.1	150	67.0	**
Used a condom at the time of most recent sexual intercourse	164	41.6	88	34.6	76	54.5	**	257	47.6	115	36.5	142	64.8	

p* < .05, *p* < .01, ****p* < .001; Note: Unweighted frequencies and weighted percentages.

^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 30.9% due to “don’t know” or “refused” responses. Additionally, 30 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, and their responses are reported in Table 87. Of the youth who have had sexual intercourse, nearly 6 percent reported ever being paid to have sex with someone. For the youth who were paid for sex, three-fifths reported being paid for sex in the past year. About one in twenty youth who had ever had sex did so with someone who took or shot street drugs using a needle. Among these youth, nearly three-fifths had sex with an intravenous drug user in the past year. Differences in the proportion of youth who ever had sex for money were present across race/ethnicity groups ($F = 2.9, p < .05$), with young people in the “other” race/ethnicity group (21.6%) and African American youth (9.8%) more likely than Hispanic youth (3.6%) to have ever been paid to have sex. Youth in the “other” category were also more likely than white youth (3.4%) to have ever had sex for money. Youth still in foster care at the time of the interview were less likely than youth who left care to report ever having sex with someone who takes or shoots street drugs (3.3% vs. 8.3%, $p < .05$).

There were also differences in risky sexual behavior among sexually active youth in CalYOUTH and in Add Health. Young people in the CalYOUTH Study were more likely than young people in the Add Health study to report ever having sex with someone for money (5.7% vs. 1.9%, $F = 7.3, p < .01$).

CalYOUTH females were more likely than Add Health females to have ever had sex with someone for money (6.8% vs. 2.3%, $F = 4.6, p < .05$). CalYOUTH males were more likely than Add Health males to have ever had sex with an intravenous drug user (5.3% vs. 1.1%, $F = 8.8, p < .01$).

Table 87. Risky Sexual Activity ($n = 504$)^a

	#	%
Ever had sex with someone who paid them to do so	31	5.7
Times had sex with someone who paid them to do so during the past year ($n = 31$) ^b		
Zero times	9	40.7
One or more times	16	59.3
Ever had sex with someone who takes or shoots street drugs using a needle	27	4.5
Times had sex with someone who takes or shoots street drugs using a needle in past year ($n = 27$)		
Zero times	10	42.5
One or more times	15	57.5

Note: Unweighted frequencies and weighted percentages.

^a Questions in this table were only asked to youth who reported ever having sex.

^b Table is missing 19.4% due to “don’t know” or “refused” responses.

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%⁴⁹; 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. About one-half 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, nearly four-fifths had been pregnant only one time, over three-fifths gave birth to a child, and few of these women were married to the father of their child. Just over one-quarter of the female youth that had become pregnant since the last interview 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, about one-quarter reported that they definitely wanted to have a baby, and over one-quarter said that they neither wanted nor did not want 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 three-quarters of the youth saw a doctor or nurse within the first or second month of being pregnant, while over one in ten youth said that they never received prenatal care. Most pregnancies ended in a live birth, but about one-third ended in a still birth, miscarriage, or abortion.

Youth who were in care at the time of the interview were less likely than youth who had left care to have ever been pregnant (46.1% vs. 61.0%, $F = 4.1, p < .05$).

⁴⁹ 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 = 364)

	#	%
Ever been pregnant	168	49.3
Ever given birth to a child ^N	93	25.7
Ever been pregnant since last interview	123	33.9
Number of times been pregnant since last interview (n = 123)		
1	97	79.4
2	19	16.2
3 or more	6	4.4
Given birth to any child/children since last interview (n = 123)	78	61.4
Married to child's other parent at time each child was born ^N (n = 78)	4	2.2
Most recent pregnancy (n = 123)		
Used birth control at time of pregnancy	32	28.0
Wanted to become pregnant at that time		
Definitely no	36	33.8
Probably no	6	3.7
Neither wanted nor didn't want	36	28.8
Probably yes	6	7.5
Definitely yes	33	26.1
Wanted to marry partner at that time		
Yes	75	63.1
No	33	26.7
Didn't care	9	10.2
Month of pregnancy first saw doctor or nurse ^a		
Month 1	51	43.3
Month 2	28	29.2
Month 3	6	3.5
Months 4 to 6	4	5.3
Months 7 to 9	4	6.0
Didn't receive prenatal care	14	12.8
How pregnancy ended (n = 102) ^b		
Live birth	65	66.3
Still birth/Miscarriage	18	17.7
Abortion	12	16.0

Note: Unweighted frequencies and weighted percentages. ^N = NYTD survey item.

^a Table is missing 13.0% due to "don't know" or "refused" responses

^b Excludes females who were currently pregnant at the time of the interview (n = 21).

Table 89 displays males' histories of impregnating females. About one in five males reported ever getting a girl pregnant. Among the youth who ever got a female pregnant, roughly four-fifths impregnated only one female. Over half of the males who ever impregnated someone fathered a child, and approximately two-thirds of them had gotten a female pregnant since they were last interviewed. A very small percentage of these men were married to the female they impregnated. When asked about the most recent time they got someone pregnant since their last interview, only 2 percent said they or their partner were using birth control at the time of the pregnancy. About one-third of these males did not want their partner

to become pregnant, one-third neither wanted nor did not want their partner to become pregnant, and about a third wanted their partner to become pregnant when the pregnancy occurred. Most of these youth did not want to marry their partner at the time they became pregnant.

Table 89. History of Impregnating Females (Males) ($n = 242$)^a

	#	%
Ever gotten female pregnant	51	20.9
Number of females respondent has ever gotten pregnant ($n = 51$)		
1	38	81.0
2 or more	11	19.0
Ever fathered a child that was born ^N ($n = 51$) ^b	21	49.0
Any partner became pregnant since last interview ($n = 51$)	31	68.3
Number of females respondent has gotten pregnant since last interview ($n = 31$)		
1	26	88.5
2	5	11.5
Fathered a child that was born since last interview ($n = 31$) ^c	16	55.2
Married to child's other parent at time each child was born ^N ($n = 16$)	1	3.7
Most recent time got female pregnant ($n = 31$)		
Used birth control at time partner became pregnant	1	2.3
Wanted partner to become pregnant at that time ^d		
Definitely no	8	16.2
Probably no	3	21.1
Neither wanted nor didn't want	8	33.4
Probably yes	4	14.0
Definitely yes	3	15.3
Wanted to marry partner at time partner became pregnant ^e		
Yes	8	25.5
No	13	54.2
Didn't care	3	20.3

Note: Unweighted frequencies and weighted percentages. ^N = NYTD survey item.

^a Two males were not asked these questions during the interview.

^b Table is missing 13.7% due to "don't know" or "refused" responses and missing respondent data.

^c A total of 30 males had ever gotten a female pregnant, or 11.3% (weighted).

^d Table is missing 16.1% due to "don't know" or "refused" responses.

^e Table is missing 22.6% due to "don't know" or "refused" responses.

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).

Table 90 reports the number of children, and the dependency status of the children, for CalYOUTH participants that have at least one child. About one-fifth of young people have one or more living children. Most parents have only one child, and 15 percent of parents have at least one child who is a dependent of the court. Female youth were more likely than male youth to have a living child ($F = 21.3, p < .001$). Of the parents, a greater proportion of youth who exited care than youth still in care have two children (16.1% vs. 4.8%, $F = 4.3, p < .05$).

Table 90. Number of Children and Dependency Status

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Has a living child	121	20.1	22	9.5	99	27.2	***
Number of living children (<i>n</i> = 121)							
1 child	109	92.5	22	100	87	90.8	
2 children	12	7.5	0	0.0	12	9.2	
Number of youth who have a least one child who is a dependent of the court (<i>n</i> = 121)	16	15.3	3	14.6	13	15.5	

*** $p < .001$; Note: Unweighted frequencies and weighted percentages.

Table 91 displays age and gender data for the 133 children of the young people in the CalYOUTH Study. About half of the children were under a year old and more than half of children are male.

Table 91. Age and Gender of Youth's Child (*n* = 133 children)

	#	%
Child's age		
Less than 1 year old	65	49.4
1 year old	28	17.4
2 years old	19	19.3
3 or more years old	21	13.9
Child's gender		
Female	61	43.4
Male	71	56.6

Note: Unweighted frequencies and weighted percentages.

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).

Table 92 presents information on the living arrangements and parental involvement of the children of CalYOUTH Study participants. About four-fifths of the children live with the CalYOUTH participant's parent, and in almost two-fifths of these households the child's other parent lives there as well. The CalYOUTH participant parent has a legal agreement regarding custody with the other parent for about one-fifth of the children. For children who live with both parents, we asked the respondent about how much time the child spends with the respondent and with the other parent. Most children spend equal time with both parents. For children who do not live with the respondent, we asked the respondent how often they see the child. About two-thirds of children are visited by the CalYOUTH parent a few times a month or more ("few times per month" or "about once a week"). For the children who are not currently residing with the respondent, we asked the respondent to name all of the people that the child is living with. The

child's other biological parent is the most commonly reported person the child is living with, followed by the other partner's parents or relatives. Among respondents' children who do not live with the other parent, respondents were asked how often the other parent visits with the child. For almost two-thirds of the children, the other parent visits the child infrequently ("never" or "less than once a month"). The children of female respondents were more than twice as likely as children of male respondents to be living with the respondent ($F = 18.4, p < .001$). Moreover, in cases where the respondent was not currently living with their child, the children of female respondents were more likely than children of male respondents to have ever lived with the respondent in the past ($F = 4.7, p < .05$).

Table 92. Living Arrangements and Parental Contact (*n* = 133 children)

	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Child currently lives with respondent in same household (<i>n</i> = 133)	107	80.6	10	42.7	97	88.6	***
If not living with respondent, child ever lived with respondent in same household in the past (<i>n</i> = 26) ^a	18	67.3	7	51.3	11	84.5	*
Child's other parent currently lives with respondent (<i>n</i> = 133)	54	38.1	10	42.7	44	37.1	
If not, child's other parent ever lived with respondent in the past (<i>n</i> = 78) ^b	33	38.6	6	48.8	27	36.6	
Respondent has legal agreement regarding custody with other parent (<i>n</i> = 133)	27	20.9	5	34.2	22	18.1	
Other parent has a court requirement to pay child support (<i>n</i> = 107) ^c	5	3.7	0	0.0	5	4.1	
If child lives with both parents (child <i>n</i> = 52)							
Child's time spent with their parents							**
More time with respondent	17	33.6	1	6.7	16	40.5	
Equal time with respondent and other parent	32	61.6	6	69.9	26	59.5	
More time with other parent	3	4.8	3	23.5	0	0.0	
If child does not live with respondent (child <i>n</i> = 26)							
Frequency of visitation for respondent with a child in the past year							*
Never	3	6.5	1	2.6	2	10.6	
Less than once a month	6	26.8	4	42.3	2	10.2	
Few times per month	14	50.0	4	22.7	10	79.1	
About once a week	3	16.7	3	32.4	0	0.0	
Current residence of child (can be living with more than one person) (<i>n</i> = 35 people residing with child) ^d							
Living with other biological parent	14	42.8	11	67.5	3	17.1	
Living with maternal grandparents	5	10.4	3	14.5	2	6.1	
Living with other maternal relatives	7	18.3	2	17.9	5	18.6	
Living with paternal grandparents	1	2.1	0	0.0	1	4.2	
Living with other paternal relatives	1	7.1	0	0.0	1	14.5	
Living with friends	0	0.0	0	0.0	0	0.0	
Living with adoptive parents	5	10.2	0	0.0	5	20.8	
Living with foster parents	2	9.2	0	0.0	2	18.7	
Living in an institution	0	0.0	0	0.0	0	0.0	

If child does not live with other parent (<i>n</i> = 65)							
Frequency of visitation for other parent with child in the past year							
Never	26	37.3	0	0.0	26	38.6	
Less than once a month	14	25.0	0	0.0	14	25.9	
Few times per month	10	17.8	0	0.0	10	18.4	
About once a week	15	19.9	1	100	14	17.1	

p* < .05, *p* < .01, ****p* < .001; Note: Unweighted frequencies and weighted percentages.

^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.

^d Includes all individuals with whom the child lives. The 26 children were living with a total of 35 individuals.

Marriage and Romantic Relationships

Youth were asked a number of questions about their current relationship and marital status. As displayed in Table 93, about 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, over 40 percent were living with their partner, the majority were dating their partner exclusively, and most 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, over 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, over 60 percent reported that they hardly or never interact with the child’s other parent.

Some differences in romantic involvement were found by gender and race/ethnicity. Females were more likely than males to report being currently involved in a romantic relationship ($F = 29.0, p < .001$).

Among those in romantic relationships, females were more likely than males to live with their partner ($F = 9.9, p < .01$). Males were also more likely than females to have only been involved with their partner for one to six months, while females were more likely than males to be involved with their partner for more than two years ($F = 2.6, p < .05$). There were also differences by race/ethnicity in the proportion of youth currently involved in a romantic relationship ($F = 3.7, p < .01$). Hispanic youth (58.1%) and white youth (57.4%) were more likely than mixed-race youth (37.6%) and African American youth (36.7%) to be in a romantic relationship ($F = 4.7, p < .01$).

Table 93. Relationship Status and Involvement ($n = 607$)^a

	Overall		Female		Male		<i>p</i>
	#	%	#	%	#	%	
Currently involved in a romantic relationship	315	51.0	227	61.3	88	35.7	***
Description of relationship with current partner ($n = 315$)							
Romantically involved on a steady basis	282	89.0	204	90.4	78	85.3	
Romantically involved on-again/off-again	24	8.2	16	7.0	8	11.4	
Just friends	6	1.9	4	1.4	2	3.3	
Hardly ever see or talk to each other	3	0.9	3	1.2	0	0.0	
Among respondents currently involved in romantic relationship ($n = 306$) ^b							
Respondent lives with partner	136	42.5	111	48.7	25	26.6	*
Dating status							
Dating exclusively	270	87.1	199	89.3	71	81.3	
Dating frequently, but not exclusively	24	9.7	13	7.5	11	15.5	
Dating once in a while	8	2.8	5	2.6	3	3.2	
Only having sex	2	0.4	2	0.6	0	0.0	
Total number of months romantically involved with partner ($n = 304$) ^c							
Less than one month	4	1.3	2	1.2	2	1.6	
1 to 6 months	63	21.6	32	17.0	31	33.3	
7 to 12 months	65	22.0	47	21.2	18	24.1	
13 to 24 months	92	32.0	72	33.6	20	28.0	
25 or more months	78	23.1	65	27.0	13	13.1	
Among youth with child who are in romantic relationship/married, current spouse/romantic partner is the parent of your child/one of your children ($n = 90$)							
Relationship status with child's other parent if youth is not currently in a romantic relationship with child's other parent ($n = 57$)							
Romantically involved on-again/off-again	2	4.3	1	2.5	1	15.3	
Just friends	20	32.6	16	33.8	4	25.1	
Hardly ever see or talk to each other	9	19.4	7	16.0	2	40.5	
Do not see or talk to each other	25	42.7	23	46.6	2	19.1	
Other parent is deceased	1	1.0	1	1.1	0	0.0	

* $p < .05$, *** $p < .001$; Note: Unweighted frequencies and weighted percentages.

^a Excludes four youth who are currently married.

^b Excludes nine youth who reported in the previous question that they are “just friends” with their romantic partner, or that they “hardly ever see or talk to each other.”

^c Two youth were not asked this question during the interview.

Table 94 displays youths' marital status and involvement in marriage-like relationships. Although less than 1 percent of youth reported ever being married, approximately half of youth in a romantic relationship reported ever living with someone in a "marriage-like" relationship. Among these youth, about two-thirds reported currently living with their partner. Females were more likely than males to report ever living with someone in a marriage-like relationship for at least one month (55.7% vs. 28.8%, $F = 13.7, p < .001$).

Table 94. Marriage and Marriage-Like Relationships

	#	%
Current marital status		
Married	4	0.7
Divorced	1	0.1
Separated	5	0.9
Never married	601	98.4
Among youth in a romantic relationship, ever lived with someone in a marriage-like relationship for one month or more ($n = 307$) ^a	156	48.2
Number of people lived with in a marriage-like relationship ($n = 156$)		
1 person	133	87.0
2 people	18	10.1
3 or more people	5	2.9
Still living together ($n = 156$)	95	64.4

*** $p < .001$; Note: Unweighted frequencies and weighted percentages.

^a A total of 315 youth said they were in a romantic relationship. Includes 1 youth who reported their current romantic relationship status as "don't know". Excludes 9 youth who reported in the previous question that they are "just friends" with their romantic partner, or that they "hardly ever see or talk to each other."

Among young people who were married or involved in a romantic relationship, most youth reported loving their partner “a lot,” being “very happy” in general with their partner, and being “completely committed” to their partner (see Table 95). Females were more likely than males to report being “completely committed” to their partner (64.1% vs. 50.5%), while males were more likely than females to be “somewhat committed” (9.3% vs. 2.1%, $F = 3.8, p < .05$).

Table 95. Love, Happiness, and Commitment in Romantic Relationship ($n = 310$)^a

	Overall		Female		Male		<i>p</i>
	#	%	#	%	#	%	
Among youth who are married or in a dating relationship							
How much love partner							
A lot	273	87.7	197	87.4	76	88.5	
Somewhat	26	8.8	17	8.6	9	9.1	
A little	7	2.9	5	3.1	2	2.4	
Not at all	3	0.7	3	0.9	0	0.0	
How happy in the relationship with partner in general							
Very happy	235	74.3	167	74.3	68	74.2	
Fairly happy	68	24.0	49	23.6	19	25.0	
Not too happy	7	1.7	6	2.1	1	0.8	
How committed to the relationship with partner							*
Completely committed	195	60.3	149	64.1	46	50.5	
Very committed	100	35.5	66	33.6	34	40.2	
Somewhat committed	14	4.2	6	2.1	8	9.3	
Not at all committed	1	0.1	1	0.2	0	0.0	

* $p < .05$; *Note:* Unweighted frequencies and weighted percentages.

^a A total of 315 youth said they were in a romantic relationship. Excludes 9 youth who reported in the previous question that they are “just friends” with their romantic partner, or that they “hardly ever see or talk to each other.” Includes 4 additional youth who were married.

Youth who were married or in a romantic relationship answered several questions about the quality of their relationship with their partner. As displayed in Table 96, respondents had overall positive views of their relationships in terms of communication, affection, encouragement, sex life, and willingness to compromise. 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.”

Table 96. Relationship Quality (n = 310)^a

	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
	#	%	#	%	#	%	#	%	#	%
Among youth who are married or in a dating relationship										
My partner listens to me when I need someone to talk to	191	62.6	91	29.9	20	5.6	5	1.0	3	0.9
My partner expresses love and affection to me	191	62.2	101	32.4	15	4.5	2	0.7	1	0.2
My partner is fair and willing to compromise when we have a disagreement	99	32.9	116	36.1	66	21.5	23	7.6	5	1.9
My partner encourages or helps me to do things that are important to me	197	63.0	96	31.4	12	4.1	2	0.7	3	0.9
I am satisfied with our sex life	163	53.1	109	38.3	23	5.8	4	0.9	7	2.0
I trust my partner to be faithful to me	185	56.8	89	30.9	24	8.4	7	2.0	5	1.8

Note: Unweighted frequencies and weighted percentages.

^a A total of 315 youth said they were in a romantic relationship. Excludes 9 youth who reported in the previous question that they are “just friends” with their romantic partner, or that they “hardly ever see or talk to each other.” Includes 4 additional youth who were married.

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. Table 97 shows that most youth in romantic relationships do not report experiencing criticism or manipulation in their romantic relationships. Significant differences were found when comparing in-care and out-of-care groups in terms of control over money ($F = 4.8, p < .01$). Young adults who were still in care were more likely than those who had left care to “strongly disagree” that their partner withholds, makes them ask, or takes money (71.3% vs. 60.9%), while youth who exited care were more likely than youth in care to “neither agree nor disagree” with the statement (8.5% vs. 0.4%).

Table 97. Relationship Criticism and Manipulation ($n = 310$)^a

	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
	#	%	#	%	#	%	#	%	#	%
Among youth who are married or in a dating relationship										
My partner insults or criticizes me or my ideas	9	2.9	14	4.2	31	10.8	120	36.8	136	45.2
My partner tries to keep me from seeing or talking with friends or family	3	1.2	14	3.5	17	4.4	105	34.6	171	56.4
My partner tries to prevent me from going to work or school	1	0.2	0	0.0	6	1.3	100	33.0	203	65.6
My partner withholds money, makes me ask for money, or takes my money	2	0.3	9	2.5	11	2.4	78	26.0	210	68.8

Note: Unweighted frequencies and weighted percentages.

^a A total of 315 youth said they were in a romantic relationship. Excludes 9 youth who reported in the previous question that they are “just friends” with their romantic partner, or that they “hardly ever see or talk to each other.” Includes 4 additional youth who were married.

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 more recent 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).⁵⁰

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 experience of physical abuse and neglect by their caregivers while in care.⁵¹ Fewer than 20 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 the respondent having to miss school to stay home and take care of a family member or do chores.

There were differences by race/ethnicity for one type of past maltreatment ($F = 3.4, p < .05$). A greater proportion of African American youth (8.4%) than white youth (1.0%) and Hispanic youth (2.5%) said that a caregiver had attacked them with a weapon. Additionally, youth in the "other" race/ethnicity category (12.1%) were more likely than white youth to report being attacked with a weapon.

⁵⁰ 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.

⁵¹ 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."

Table 98. Physical Abuse and Neglect while in Foster Care before Age 18 (*n* = 607)^a

	#	%
Caregiver ignored serious illness or injury/failed to obtain medical treatment	69	10.8
Caregiver failed to help respondent wash and groom	30	5.6
Caregiver failed to provide regular meals	70	11.9
Required to do chores that were too difficult/dangerous	45	6.5
Abandoned by caretaker	68	11.4
Caregiver unable to care for respondent due to physical or emotional illness	63	10.4
Respondent missed school to care for family member or do chores	85	13.8
Caregiver failed to protect respondent from being physically harmed by someone else	80	12.9
Caregiver threw or pushed respondent	95	16.2
Caregiver locked respondent in room/closet for several hours or longer	51	8.3
Caregiver hit respondent hard with fist, kicked, or slapped respondents	87	14.2
Caregiver beat respondent up	55	10.0
Caregiver tried to choke, strangle, or smother respondent	48	8.5
Caregiver attacked respondent with weapon, such as knife or gun	17	3.7
Caregiver tied respondent up, held respondent down, or blindfolded respondent so they could not protect themselves	22	4.0

Note: Unweighted frequencies and weighted percentages. No significant gender differences were found for the questions in this table.

^a Four respondents were not asked past maltreatment questions due to a survey administration error.

Table 99 displays youths' reports of past sexual abuse while in care as minors.⁵² About one in ten young adults reported ever being raped, and among these youth the most commonly reported perpetrators were a stranger, a nonrelative foster parent who was living with the youth at the time, or a nonrelative youth or adult who was living with the youth at the time. Approximately 15 percent of young people reported ever

⁵² 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?"

being sexually molested, and among these respondents the most common perpetrators were a non-relative foster parent who was living with the youth at the time, a non-relative youth or adult who not living with the youth at the time, or a relative or kinship foster parent or other related adult who was living with the respondent. Gender differences emerged in young people's likelihood of experiencing sexual abuse. Females were more likely than males to have ever been raped ($F = 14.9\%$, $p < .01$) and to have ever been sexually molested ($F = 11.9$, $p < .001$).

Table 99. Sexual Abuse while in Foster Care before Age 18 (*n* = 607)^a

	Overall		Female		Male		<i>p</i>
	#	%	#	%	#	%	
Ever raped	70	11.0	60	14.9	10	4.8	**
Relationship to perpetrator (<i>n</i> = 70) ^b							
Nonrelative foster parent living with at the time	9	17.8	8	16.1	1	26.6	
Relative/kinship foster parent or other adult relative living with at the time	6	10.3	5	10.9	1	7.7	
Another peer living in foster care	9	13.5	5	8.5	4	39.0	
Group home staff person	1	4.4	1	5.3	0	0.0	
An adult relative not living with at the time	5	4.5	5	5.4	0	0.0	
Boyfriend/girlfriend, romantic partner, someone dating	1	1.3	1	1.5	0	0.0	
An unrelated youth or adult whom respondents knew, but not living with at the time	10	16.3	9	14.9	1	26.6	
A stranger	10	20.0	10	24.0	0	0.0	
Other	7	11.3	7	13.5	0	0.0	
Ever sexually molested (<i>n</i> = 585)	84	14.5	73	19.5	11	6.6	***
Relationship to perpetrator (<i>n</i> = 84) ^c							
Nonrelative foster parent living with at the time	14	21.0	11	18.2	3	31.7	
Relative/kinship foster parent or other adult relative living with at the time	11	13.4	10	15.6	1	4.9	
Another peer living in foster care	8	8.3	6	8.0	2	9.6	
Group home staff person	1	2.1	0	0.0	1	10.2	
An adult relative not living with at the time	9	1.4	8	13.2	1	16.8	
Boyfriend/girlfriend, romantic partner, someone dating	1	0.5	1	0.6	0	0.0	
An unrelated youth or adult whom respondents knew, but not living with at the time	13	19.3	12	20.0	1	16.8	
A stranger	6	9.5	6	11.9	0	0.0	
Other	7	12.0	6	12.4	1	10.2	

p* < .01, *p* < .001; Note: Unweighted frequencies and weighted percentages.

^a Four respondents were not asked the questions in this table during the interview.

^b Item missing 17.0% due to “don’t know” and “refused” responses.

^c Item missing 20.5% due to “don’t know” and “refused” responses, or because respondents were not asked this question at the time of the interview.

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).

Table 100 presents the frequency of CalYOUTH participants' self-reported criminal behavior compared to that of their peers in Add Health. Youth were asked about how often they engaged in different behaviors in the previous 12 months. The majority of youth reported "never" engaging in the behaviors they were asked about. Participants most frequently reported deliberately damaging someone else's property, selling marijuana, stealing something worth less than \$50, and taking part in a fight against another group.

There were differences between youth who were in still care and those who left care in terms of using someone else's credit card without permission ($F = 2.8; p < .05$). Specifically, youth who were still in care were significantly more likely than those who had left care to use someone else's credit card without permission "1 or 2 times" (2.1% vs. 0.3%).

Significant differences between CalYOUTH participants and Add Health participants were present for some of the behaviors. In particular, CalYOUTH participants were more likely than their nationally representative peers to steal something worth more than \$50 ($F = 8.4, p < .001$); use or threaten to use a weapon to get something from someone ($F = 7.9, p < .001$); and buy, sell, or hold stolen property ($F = 20.0, p < .001$). In contrast, CalYOUTH participants were less likely than Add Health participants to ever belong to a named gang ($F = 6.3, p < .05$) and to own a handgun ($F = 7.2, p < .01$).

Table 100. Criminal behavior during Past Twelve Months (n = 607)^a

	CalYOUTH								Add Health								p
	Never		1 or 2 times		3 or 4 times		5 or more times		Never		1 or 2 times		3 or 4 times		5 or more times		
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
Deliberately damaged property that did not belong to respondent	492	84.5	78	12.4	13	1.8	7	1.3	659	87.5	70	9.6	16	2.4	6	0.6	
Stole something worth more than \$50	544	91.9	33	5.2	6	1.3	10	1.6	717	94.9	28	3.6	7	1.5	2	0.1	***
Entered a house or building to steal something	568	95.4	21	3.2	7	1.4	1	0.1	726	96.9	18	1.9	7	1.2	2	<0.1	
Used or threatened to use a weapon to get something from someone	568	95.5	21	4.2	1	0.1	3	0.3	310	96.7	9	0.9	4	0.2	1	<0.1	***
Sold marijuana or other drugs	513	89.2	28	4.0	15	2.5	28	4.3	668	89.4	30	3.6	19	2.9	33	4.1	
Stole something worth less than \$50	526	89.7	41	6.3	11	1.3	16	2.8	669	89.5	60	8.0	11	1.6	12	1.0	
Took part in a physical fight involving one group against another	524	89.7	51	7.0	9	1.2	8	2.1	665	87.3	63	9.7	15	2.2	11	.9	
Bought, sold, or held stolen property	556	94.3	15	2.1	10	1.9	9	1.8	702	93.6	37	4.4	10	1.9	3	<0.1	***
Used someone else's credit card, bankcard, or automatic teller card without their permission	586	98.1	9	1.7	1	0.1	1	0.1	742	98.7	6	0.5	3	0.7	2	<0.1	
Used a weapon in a fight	576	96.8	12	1.9	5	1.1	2	0.2	725	96.1	17	2.2	7	1.4	3	0.3	
Became injured in a fight and needed medical treatment	557	94.2	29	5.0	1	0.1	3	0.7	708	95.1	35	3.8	5	1.0	2	0.1	
Hurt someone badly enough in a physical fight that medical care was needed	551	93.6	27	4.7	6	0.9	6	0.8	686	91.8	47	6.7	12	1.3	4	0.2	
	#		%		#		%		#		%		#		%		p
Ever belonged to a named gang	47		8.8		117		14.4										*
Own a handgun	17		3.1		56		7.7										**

*p < .05, ** p < .01, *** p < .001; Note: Unweighted frequencies and weighted percentages.

^aFour respondents were not asked the questions in this table during the interview.

Table 101 compares the frequency of youths' criminal behavior by gender in the two samples. In contrast to findings at age 17, where CalYOUTH males were more likely than females to have engaged in some delinquent behaviors in the past 12 months (Courtney et al., 2014), there were no statistically significant differences by gender in engagement in recent criminal behavior.

When making comparisons between studies and separately by gender, Add Health females were significantly less likely than females in CalYOUTH to report engaging in the majority of behaviors. Similarly, Add Health males were less likely than their male counterparts in CalYOUTH to report the following activities: stealing something worth less than \$50 ($F = 3.4, p < .05$); buying, selling, or holding stolen property ($F = 3.0, p < .05$); and hurting someone in a physical fight that medical care was needed ($F = 3.3, p < .05$). Conversely, Add Health males were more likely than CalYOUTH males to report ever belonging to a known gang ($F = 4.5, p < .05$) and owning a handgun other than for work ($F = 9.0, p < .01$).

Table 101. Criminal Behavior during Past Twelve Months, By Gender (n = 607)[†]

	CalYOUTH								Add Health								<i>p</i>	
	Never		1 or 2 times		3 or 4 times		5 or more times		Never		1 or 2 times		3 or 4 times		5 or more times			
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%		
Deliberately damaged property that did not belong to respondent	83.6	85.0	14.9	10.9	1.2	2.3	0.4	1.8	77.9	93.8	15.6	5.6	5.7	0.2	0.8	0.4	f	
Stole something worth more than \$50	91.5	92.3	6.1	4.6	1.6	1.0	0.9	2.1	91.1	97.4	6.1	1.9	2.6	0.7	0.3	0	f	
Entered a house or building to steal something	94.3	96.1	3.7	2.8	2.0	0.9	0.0	0.2	92.6	99.7	4.6	<0.1	2.7	0.1	<0.1	<0.1	a, f	
Used or threatened to use a weapon to get something from someone	93.9	96.4	5.8	3.1	0.0	0.1	0.3	0.4	96.7	98.5	1.0	1.5	2.3	0	<0.1	0	f	
Sold marijuana or other drugs	88.8	89.4	3.7	4.2	2.2	2.7	5.4	3.7	83.6	93.3	5.0	2.6	5.1	1.5	6.3	2.7		
Stole something worth less than \$50	91.3	88.6	5.5	6.7	0.2	2.0	3.0	2.6	84.4	92.9	10.6	6.2	3.5	0.3	1.5	0.6	a, d	
Took part in a physical fight involving one group against another	85.3	92.5	9.6	5.4	1.8	0.8	3.3	1.3	79.4	92.4	13.6	7.1	5.5	0	1.5	0.5	d	
Bought, sold, or held stolen property	92.3	95.5	3.2	1.4	3.3	0.9	1.2	2.2	87.7	97.5	8.4	1.8	3.7	0.8	0.2	0	a, d	
Used someone else's credit card, bankcard, or automatic teller card without permission	98.5	97.8	1.5	1.8	0.0	0.2	0.0	0.2	97.9	99.2	0.1	0.8	1.9	0	<0.1	<0.1	e	
Used a weapon in a fight	97.0	96.7	2.4	1.5	0.3	1.6	0.3	0.2	93.1	98.1	3.2	1.5	2.8	0.5	0.8	0	d	
Became injured in a fight that medical treatment was needed	93.7	94.5	4.9	5.1	0.3	0.0	1.2	0.4	92.9	96.5	6.2	2.3	0.5	1.3	0.5	0		
Hurt someone badly enough in a physical fight that medical care was needed	91.9	94.6	4.9	4.6	1.5	0.6	1.8	0.2	83.7	97.2	12.7	2.7	3.0	0.1	0.5	<0.1	a, d	
	Male (%)				Female (%)					Male (%)				Female (%)				<i>p</i>
Ever belonged to a named gang	8.8				8.7					16.4				13.2				a
Own a handgun	3.7				2.7					13.1				4.1				b

* $p < .05$, ** $p < .01$, *** $p < .001$; *Note:* Unweighted frequencies and weighted percentages.

[†] Four respondents were not asked the questions in this table during the interview.

^a Significant difference in CalYOUTH males vs. Add Health males ($p < .05$)

^b Significant difference in CalYOUTH males vs. Add Health males ($p < .01$)

^c Significant difference in CalYOUTH males vs. Add Health males ($p < .001$)

^d Significant difference in CalYOUTH females vs. Add Health females ($p < .05$)

^e Significant difference in CalYOUTH females vs. Add Health females ($p < .01$)

^f Significant difference in CalYOUTH females vs. Add Health females ($p < .001$)

Table 102 shows youths' involvement in the criminal justice system. Since the last interview, about 15 percent of youth reported having ever been arrested, fewer than one in ten said they were convicted of a crime, and slightly more than one in ten were confined in a correctional facility for at least one night. The greatest proportion of youth reported that a property crime led to their arrest or conviction.

Males were more likely than females to have been arrested ($F = 9.8, p < .01$), convicted of a crime ($F = 6.8, p < .01$), or incarcerated ($F = 8.7, p < .01$) since their last interview. Youth who were still in care were less likely than those who had left care to report having ever been arrested (11.6% vs. 25.1%, $F = 11.0, p < .01$), arrested for drug-related crime (10.4% vs. 32.2%, $F = 4.0, p < .05$), convicted of a crime (4.9% vs. 20.2%, $F = 23.6; p < .001$), or incarcerated for a night (9.7% vs. 24.2%, $F = 13.3, p < .001$).⁵³

Young people in the CalYOUTH Study were compared with their peers in the Add Health study on whether they had ever been arrested (in their lifetime) and whether they had ever been convicted of a crime (in their lifetime). CalYOUTH participants were more likely than Add Health participants to have ever been arrested (44.7% vs. 7.8%, $F = 160.6, p < .001$), which was true for both males (49.4% vs. 13.5%, $F = 57.2, p < .001$) and females (41.6% vs. 4.1%, $F = 95.3, p < .001$). CalYOUTH participants were more likely than Add Health participants to have ever been convicted of a crime (27.1% vs. 3.8%, $F = 80.5, p < .001$), which was also true for both males (35.7% vs. 8.8%, $F = 32.9, p < .001$) and females (21.5% vs. 0.6%, $F = 56.8, p < .001$).

⁵³ Recall that the proportion of in-care youth with criminal justice involvement since Wave 1 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 have been arrested (20.7% vs. 9.8%, $F = 6.3, p < .05$) and convicted of a crime (13.3% vs. 3.2%, $F = 11.0, p < .001$). Differences in the likelihood of being incarcerated since Wave 1 were not statistically significant between these two groups.

Table 102. Criminal Justice System Involvement (*n* = 607)^a

Type of Involvement	Overall		Male		Female		<i>p</i>
	#	%	#	%	#	%	
Ever been arrested since last interview	86	14.5	50	21.1	36	10.3	**
Arrested for violent crime (<i>n</i> = 86)	16	23.6	9	24.4	7	22.6	
Arrested for property crime (<i>n</i> = 86)	24	27.9	11	23.6	13	33.3	
Arrested for drug-related crime (<i>n</i> = 86)	15	18.6	8	19.0	7	18.2	*
Ever been convicted of a crime since last interview	48	8.3	29	12.6	19	5.5	***
Convicted for violent crime (<i>n</i> = 48)	12	31.0	8	36.3	4	23.2	
Convicted for property crime (<i>n</i> = 48)	18	40.5	9	38.4	9	43.3	
Convicted for drug-related crime (<i>n</i> = 48)	11	23.1	7	22.6	4	24.0	
Any convictions a felony (<i>n</i> = 48)	21	44.7	13	47.4	8	40.6	
Spent at least one night in jail, prison, juvenile hall, or another correctional facility since last interview ^N (<i>n</i> = 607)	82	12.7	43	18.3	39	9.1	***

p* < .05, ** *p* < .01, * *p* < .001; Note: Unweighted frequencies and weighted percentages. ^N = NYTD survey question.

^a Four respondents were not asked the questions in this table during the interview.

Table 103 shows youths' exposure to and perpetration of violence in the past 12 months. Overall, witnessing or being exposed to various acts of violence was a rare occurrence for these youth. The youths' most commonly reported experiences were seeing someone get shot or stabbed and having a gun or knife pulled on them. A very small proportion of youth reported perpetration of violence.

Males were more likely than females to report having a gun pulled on them (11.1% vs. 5.5%, *F* = 5.1, *p* < .05) and being shot by someone (1.8% vs. 0.3%, *F* = 5.6, *p* < .05).

Youths' reports of victimization and perpetration of violence varied by race/ethnicity and care status. In particular, a greater proportion of youth in the "other" race/ethnicity group (11.3%) than Latino youth (0.5%) reported being stabbed by someone (*F* = 3.5; *p* < .05). Youth who were still in care were less likely than those who had left care to report that someone pulled a gun on them (6.1% vs. 13.1%, *F* = 5.5, *p* < .05), that someone beat them and stole something from them (2.1% vs. 6.3%, *F* = 4.0, *p* < .05), and that they shot or stabbed someone (0.1% vs. 3.7%, *F* = 7.8, *p* < .001).

Table 103. Victimization and Perpetration during Past Twelve Months (*n* = 607)^a

	#	%
Saw someone being shot or stabbed	38	6.1
Someone pulled a gun on respondent	46	7.7
Someone pulled a knife on respondent	43	6.7
Someone shot respondent	6	0.9
Someone stabbed respondent	10	1.7
Someone beat up respondent, but did not steal anything from respondent	24	3.3
Someone beat up respondent, and stole something from respondent	17	3.0
Respondent pulled a knife or gun on someone	14	2.0
Respondent shot or stabbed someone	5	0.9

Note: Unweighted frequencies and weighted percentages.

^a Four respondents were not asked the questions in this table during the interview.

Summary and Next Steps

The *CalYOUTH Wave 2 Youth Survey* provides the most comprehensive view to date of young adults making the transition to adulthood from foster care in California, the state with the largest foster care population 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. The practical implications of findings from the *CalYOUTH Wave 2 Youth Survey* will become clearer as future analyses dig beneath the descriptive information provided here, but 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 Youth Survey* 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. Over three-quarters of the young people 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 five 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. Importantly, remaining in care was associated with a wide range of positive outcomes. For example, young people still in care were more likely than those who had left care to be enrolled in school, reported having more social support, and had received more supportive services. They were less likely than those who had left care to experience economic hardships, food insecurity, homelessness, psychiatric hospitalization, and criminal justice system involvement. 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 California.

Lastly, the *CalYOUTH Wave 2 Youth Survey* 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 being able to manage their finances, and these were also areas 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.

This report is descriptive in nature; going forward we will be examining these young adults' responses 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/wmhcid/>

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.

About Chapin Hall

Chapin Hall is an independent policy research center at the University of Chicago focused on providing public and private decision-makers with rigorous data analysis and achievable solutions to support them in improving the lives of society's most vulnerable children. Chapin Hall partners with policymakers, practitioners, and philanthropists at the forefront of research and policy development by applying a unique blend of scientific research, real world experience, and policy expertise to construct actionable information, practical tools, and, ultimately, positive change for children, youth, and families.

Established in 1985, Chapin Hall's areas of research include child and adolescent development; child maltreatment prevention; child welfare systems; community change; economic supports for families; home visiting and early childhood initiatives; runaway and unaccompanied homeless youth; schools, school systems, and out-of-school time; and youth crime and justice.