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Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of Foster Youth at Age 17

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The findings reported herein were performed with the permission of the California Department of Social Services. The opinions and conclusions expressed herein are solely those of the authors and should not be considered as representing the policy of the collaborating agency or any agency of the California government.

Table of Contents

List of Tables

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. States now may claim federal reimbursement for the costs of foster care maintenance payments made on behalf of Title IV-E eligible foster youth until the youth are 21 years old. Crucially, states have the *option* to extend care under the new provisions of the Fostering Connections Act, but are not required to do so. Given the fiscal and programmatic demands associated with extending care to a new population, it is certain that many states will take a wait-and-see approach, electing to delay changing state law until lessons are learned from states that move more quickly to extend care.

Although a number of 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. The California Fostering Connections to Success Act and subsequent amendments to state law extended foster care to age 21 for eligible youth. California has the largest state foster care population in the US, making what happens in California's child welfare system of national significance. Also, California's child welfare services are county-administered; nearly half of all foster children in the US live in states that operate county-administered human services systems. Put simply, many other states that decide to extend care will be required to implement, in some form, the kinds of changes in state law and regulation 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 will need to come to grips with their collective responsibility for providing care and supervision to adults, in addition to minors, something with which most of these institutions have limited experience. For a variety of reasons (e.g., the structure of child

welfare service delivery; county-level budget pressures; county size; political clout of private providers; and the level of interest of the juvenile court bench), counties are likely to vary widely in their approach to extending care to 21. 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 *Baseline Youth Survey* of the California Youth Transitions to Adulthood Study (CalYOUTH). CalYOUTH is an evaluation of the impact of the California Fostering Connections to Success Act on outcomes during the transition to adulthood for foster youth. 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 youths' outcomes during the transition to adulthood (e.g., education, employment, health, housing, parenting, and general well-being)?
- What factors influence the types of support youth receive during the transition to adulthood in the context of extended foster care?
- How do living arrangements and other services that result from extending foster care influence the relationship between extending care and youth outcomes?

To help answer these questions, CalYOUTH is following youth through age 21 using in-person interviews at ages 16-17, 19, and 21. In addition, CalYOUTH conducted an on-line survey of 235 California child welfare workers in 2013 to obtain their perceptions of key characteristics 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, criminal justice) will also be analyzed to help understand the impact of extended care on the health and well-being of young adults. Findings from the child welfare worker survey and analysis of administrative data are summarized in separate reports.

Results from the baseline survey of youth, before the youth reach the age of majority and become eligible for extended care, are summarized in this report. The report provides food for thought for policymakers and program administrators considering extending care to young adults by summarizing youths' descriptions of their assets, aspirations, and needs as they approach the transition to adulthood.

Study Overview

Method

This section provides a description of the creation, administration, and analysis of the *Baseline Youth Survey* of the California Youth Transitions to Adulthood Study. The responses provided by the 727 respondents who completed the survey are intended to represent the experiences and views of older adolescents approaching the transition to adulthood in the California foster care system.

Instrument Design

The *Baseline Youth Survey* was designed to provide a rich description of the characteristics and circumstances of older adolescents in California foster care as they approach the age of majority and the decision to participate in extended care. The survey was developed over several months and includes items from a wide variety of sources. Several standardized instruments were incorporated into the survey to formally assess areas of functioning such as mental health, reading ability, and personality traits. Survey items were also taken from the National Longitudinal Study of Adolescent Health (Add Health), which facilitates the comparison of CalYOUTH responses with nationally representative responses of adolescents. When CalYOUTH survey items were drawn from existing instruments or surveys, brief descriptions of the sources are provided. In a few cases items were modified to adapt to the population of youth in foster care (e.g., adding living arrangement types that are not typically asked about for general populations). 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' knowledge of and attitudes towards extended foster care as well as their perception of the availability of various types of services.

Given the breadth of domains covered in the survey, an important part of the design process was incorporating recommendations from a broad range of stakeholders. This included soliciting feedback during the early stages of identifying survey domains to inviting reviews of the survey instrument.

Recommendations came from multiple stakeholders including state and county child welfare administrators and supervisors, youth currently in foster care, and representatives from 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 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 computer-assisted self-interviewing procedure that is the state of the art 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] The lower and upper age limits were chosen to maximize the likelihood that the study sample would include youth who reached the age of majority while in care as well as those who chose to leave care or were otherwise discharged from care near the age of majority. A sampling frame of adolescents who met these criteria was generated from the administrative records of the California Department of Social Services (CDSS). At the time of the sample draw these young people were living in non-relative family foster homes, kinship foster homes, treatment foster care, group care (group homes and residential treatment facilities), and shelters. During the sample draw, the 58 California counties were divided into six strata based on the number of eligible youth in each county. Seven counties had zero youth who met the study criteria, so participants were drawn from the 51 remaining counties.

[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 was unreasonable to assume that the cooperation needed to mount an in-person survey of 16-17 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 using government administrative data on outcomes such as college enrollment, employment and earnings, and crime.

Our sampling strategy balanced the aims of (a) drawing representative samples from each county and (b) maximizing the number of counties that could be included in multilevel analyses of county-level variation in services and outcomes (not included in this report). This latter goal benefits from having as many counties as possible have several youth complete the survey. Thus, we used a stratified sampling approach with differing probabilities of selection for each stratum. Each of the 51 counties was assigned to one of the six strata. Stratum 1 contained counties that each had 1 to 6 eligible youth. Seventeen counties fell in Stratum 1 and a random sample of 50% of the youth in this stratum was drawn (n = 36). Stratum 2 included 10 counties that each had 7 to 19 eligible youth, and 100% of the youth were selected into the sample from this stratum (n = 131).[2] Stratum 3 included 11 counties that each had 20 to 35 eligible youth while Stratum 4 contained 6 counties each with 36 to 99 eligible youth. Fifty percent of eligible youth were randomly selected from strata 3 and 4, yielding 150 youth in Stratum 3 and 214 youth in Stratum 4. Stratum 5 included the 6 counties other than Los Angeles that each had 100 or more eligible youth, and 25 percent of youth from this stratum were randomly selected into the study (n = 214). Finally, Los Angeles was the only county in Stratum 6, and 17 percent of eligible youth from there were randomly selected to participate in the study (n = 135).

Of the 2,583 youth in California who met the eligibility criteria, the stratified sampling method described above yielded a total of 880 youth who were selected to participate in the study. However, 117 of these youth turned out 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).[3] The distribution of ineligible youth is provided in Table 1. This left 763 eligible adolescents in the sample. After ineligible youth were excluded, the proportions of eligible youth remaining in the sample were similar across the six strata.

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[2] None of the counties in Stratum 1 had enough eligible youth such that they could be included in multilevel models. The counties in this stratum will be treated as a single unit in future multilevel analyses, and the stratum will represent rural counties with few older youth in care. For this reason, just 50% of eligible youth in this stratum were randomly selected to participate. In contrast, each of the counties in Stratum 2 had enough eligible youth to be included separately in multilevel analyses. Thus, we selected 100% of eligible youth in Stratum 2.

[3] Contact information for the entire sample of youth was released to the survey firm all at one time and efforts were immediately made to contact all of the youth for interviews. This led to a need to decide when a youth who had moved from being in care at the time of sample selection to out of care during the field period would be dropped from the sample. Some youth run away from care for short periods and return to care, while others return home on a trial visit in the hopes that they will be permanently reunified but nevertheless return to care shortly thereafter. While there was a desire not to drop youth who experienced short absences from care before their 18th birthday from the sample, youth who left care and were unlikely to return would not be eligible for extended care since they would not be in care on their 18th birthday. Therefore, youth who had run away from care and had remained on AWOL status for two months were dropped from the study because available data on caseload dynamics in California indicated that very few if any of these youth would return to care before their 18th birthday. Similarly, youth who had returned home and remained there for two months were dropped from the sample since it was very unlikely that they would return to care before their 18th birthday.

Table 1. Reasons Youth Deemed Ineligible During Field Period

Reason	***n***
Physically or mentally unable/incompetent	22
Runaway for at least two months	57
Incarcerated	13
Returned home	23
Out of state	2
TOTAL	117

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. Contact information for eligible youth was transmitted using a secure server with data encryption software. Youth selected into the study were mailed an advance letter containing a $5 bill to introduce the study and explain that an interviewer would be in contact in 2-4 weeks. Efforts were first made to contact participants via phone to obtain initial assent 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 does not answer the phone, was not at home, and did not return phone messages), then interviewers contacted the participant's child welfare worker or other appropriate personnel at the social service agency for assistance in contacting the respondent. Social service personnel were also contacted if a caretaker was unaware of the study and either refused to allow the youth to participate or denied that the youth lived at the address. The social service personnel assisted with affirming the legitimacy of the study to the caretaker so that the UWSC interviewer could eventually establish contact with the youth.

Baseline interviews of the CalYOUTH study were conducted between April 15, 2013 and October 11, 2013. UWSC employed 20 field interviewers across the state of California and fielded all 880 cases at once in an effort to maximize efficiency and increase the time available for multiple contacts on each case. Youth whose eighteenth birthday was soon approaching were given high priority, and all youth except for 10 were interviewed before turning 18 (1.4% of completed interviews).

Prior to beginning the interview, an assent form was reviewed with the youth that also contained three types of permission: (1) permission to access administrative data, (2) permission to record the interview for quality control and research purposes, and (3) permission to contact the youth in the future for follow-

up waves of the study. Respondents were informed that they could refuse to answer any given item or withdraw from the study at any time. Participants were offered a $50 cash incentive paid by the interviewer at the end of the interview. Data was collected by UWSC interviewers on fully encrypted laptops, and interviewers signed confidentiality agreements during training.

Response Rate

From the sample of 763 eligible adolescents, a total of 727 youth completed the survey. The overall response rate was 95.3 percent. Response rates were comparable across the six sampling strata, ranging from 93.5 percent to 96.8 percent.

Survey Weights

Sample weights were created to adjust for both the sampling strategy described above and nonresponse rates within strata. This weighting procedure allows the participants' responses to be representative of the population of California adolescents meeting the study eligibility criteria. In the tables throughout this report, we provide both the unweighted number of respondents in the CalYOUTH study and weighted proportions/means that are representative of the population of adolescents in California foster care approaching the age of majority.

Comparisons by Gender

In addition to providing the unweighted sample size and weighted proportions/means of the entire CalYOUTH sample, we also report selected outcomes separately for males and females. Gender differences were assessed using t-tests and chi-squared tests, and differences that were statistically significant at $p < .05$ are reported. In some cases differences are shown in tables whereas in others they are only reported in the text.

Comparisons to a National Sample

Approximately 50 items were taken directly from Wave 1 of the National Longitudinal Study of Adolescent Health (Add Health).[4] 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

[4] Add Health is directed by Kathleen Mullan Harris and was designed by J. Richard Udry, Peter S. Bearman, and Kathleen Mullan Harris at the University of North Carolina at Chapel Hill, and funded by grant P01-HD31921 from the Eunice Kennedy Shriver National Institute of Child Health and Human Development, with cooperative funding from 23 other federal agencies and foundations. Special acknowledgment is due Ronald R. Rindfuss and Barbara Entwisle for assistance in the original design. Information on how to obtain the Add Health data files is available on the Add Health website (http://www.cpc.unc.edu/addhealth). No direct support was received from grant P01-HD31921 for this analysis.

initial cohort of participants included adolescents in grades 7 to 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. Although slightly 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 1 Add Health participants who fell within the age criteria for the CalYOUTH study (16.75 to 17.75 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.

Roughly twenty questions were also taken directly 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 (Chafee National Youth in Transition Database, 2008). 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. 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. Although the field period for the CalYOUTH study does not coincide with NYTD baseline year and although the interview age range in CalYOUTH is wider than in NYTD (16.75 to 17.75 versus on or about a youth's 17th birthday), the data reported in CalYOUTH nevertheless provide a good picture of older adolescents in California state care on outcomes measured in NYTD. All items taken from the NYTD Outcomes survey are designated in the subsequent tables with an "N" superscript.

Study Limitations

The study's sampling strategy, high response rate, and weighting of survey responses means that the descriptive statistics reported below likely do a good job of reporting what we would have found had we

obtained responses from all eligible youth in care in California. Nevertheless, study limitations should be kept in mind when interpreting the findings of the *CalYOUTH Baseline Youth Survey*. First, about 5 percent of eligible youth did not respond to the survey. While that is not a large percentage of those eligible to participate, we do not know the extent to which their responses to survey items would differ from those of survey participants. Second, our findings pertain only to youth under the supervision of county child welfare agencies, not youth in the care of county probation agencies who may nevertheless later become eligible for extended foster care. Third, the findings reported here are subject to all of the limitations of self-report data, including faulty memory and social desirability bias, though the latter is minimized to some extent by our use of ACASI to answer the kinds of sensitive questions that are most subject to the influence of social desirability. Fourth, the perceptions of young people in extended foster care should be central to understanding the implementation of extended care, but their perspective is not the only one that should inform implementation efforts. The views of other observers might differ significantly from those reported here.

Results

Individual and Family Background Prior to Care

Demographic Characteristics and Family of Origin

As seen in Table 2, most of the youth who completed an interview were 17 years old at the time of the survey. Three-fifths of the sample was female and nearly half identified themselves as mixed race with another one-quarter who identified themselves as White. While the vast majority of youth were born in the United States, among those born outside of the country more than half were born in Mexico. Over one-third reported at least one birth parent born outside the United States. Most youth spoke English at home followed by Spanish and then a number of other languages. Youth most frequently reported having possession of a birth certificate, followed by a social security card (60%) and some other form of state identification (49%).

Results of analyses not shown indicated that youth differ by gender on certain demographic characteristics. Specifically, males were more likely than females to have a birth parent born outside the United States (n = 86, 35% and n = 132, 33%, respectively) and to have proof of citizenship or residency (n = 94, 35% and n = 84, 20%, respectively). While the majority of youth reported having some type of health insurance, females were more likely than males to report having Medi-Cal (n = 403, 94% and n = 258, 85%, respectively).

Table 2. Demographic Characteristics

	#	%
Gender		
Female	429	59.4
Male	298	40.6
Age		
16 years old	43	6.1
17 years old	673	92.6
18 years old	11	1.3
Hispanic	319	46.7
Race		
White	210	24.2
Black	112	18.0
Asian/Pacific Islander	18	2.2
American Indian/Alaskan Native	26	3.6
Mixed Race	328	47.3
Language Spoken at Home		
English	655	88.0
Spanish	66	11.2
Cantonese	1	0.0
Other	4	0.5
One or More Birth Parent Born Outside USA	218	34.0
At Least One Parent is US Citizen (*n* = 218)	136	61.0
Youth was Born in USA	689	94.8
Youth not Born in USA	37	4.9
Mexico	22	54.2
China	1	1.8
El Salvador	1	1.8
Korea	1	3.6
Other	12	33
Year Moved to USA		
1995–1998	7	11.5
1999–2002	12	33.5
2003–2006	13	30.9
2008–2011	4	14.9
Documents Currently in Youth's Possession		
Social Security Card	439	60.1
Birth Certificate	511	70.4
Proof of Citizenship/Residency	178	25.8
Driver's License	30	3.2
Other State Identification	366	49.0
Insurance		
Medi-Cal[N]	661	90.1
Other Insurance[N]	113	15.8

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

Table 3. Family of Origin

	#	%
Youths' Parents		
Birth mother is still alive	607	83.7
Birth father is still alive	533	71.5
Youth has had stepmother	209	26.9
Youth has had stepfather	294	40.0
Youths' Siblings/Siblings in Foster Care		
Youth has ever had step siblings (n = 675)[1]	331	46.7
Number of brothers (including half-brothers and step-brothers)		
0	70	9.2
1	135	17.6
2	143	19.9
3+	368	52.0
Number of sisters (including half-sisters and step-sisters)		
0	85	11.6
1	172	23.9
2	151	20.9
3+	311	42.4
Number of brothers in foster care (including half-brothers and step-brothers) (n = 646)		
0	218	33.6
1	212	31.5
2	108	16.8
3+	97	16.1
Number of sisters in foster care (including half-sisters and step-sisters) (n = 634)		
0	210	32.7
1	213	33.7
2	107	17.1
3+	96	15.3

Note: Unweighted frequencies and weighted percentages.
[1]There were data missing for 52 respondents who did not complete these questionnaire items.

Table 3 presents information about the youths' family of origin including parents and siblings. The majority of youth reported having a living birth mother and birth father. Fewer youth indicated that they had ever had a stepmother (27%) or stepfather (40%) and nearly half had ever had a stepsibling. One-tenth of the sample reported no sibling at all but the remainder of respondents had at least one sibling

including three or more brothers (52%) and/or three or more sisters (42%). Approximately two-thirds of youth reported having a sibling in out-of-home care.

Characteristics of Parents and Other Caregivers Prior to Placement

Table 4 presents youths' perceptions of the problems that youths' parents and other caregivers had before the young people were placed in foster care. Respondents were asked about the last home they had lived in before entering foster care and which kinds of problems their caregivers had. The most commonly reported problems included having a criminal record, inadequate parenting skills, drug abuse and alcohol abuse. Results of analyses not shown indicated that females were more likely than males to report having had a caregiver with mental illness (n = 134, 29% and n = 66, 20%, respectively) and more likely to report a caregiver with mental retardation (n = 6, 4% and n = 17, 1%, respectively). It is important to note that youth may not clearly remember the characteristics of their caregivers, particularly if they had been removed from home at an early age. Moreover, youth may not be in a good position to reliably assess the extent to which their parents or other caregivers suffer from these problems. Nevertheless, the youths' answers give a sense of their own perceptions of the difficulties their caregivers faced.

Table 4. Youths' Report of Common Caregiver Characteristics Prior to Placement

	#	%
Criminal record	376	49.7
Inadequate parenting skills	379	48.8
Drug abuse	380	48.3
Alcohol abuse	350	45.4
Physically abused spouse or partner	263	33.1
Physically abused by spouse or partner	269	33.0
Mental illness	200	25.6
Mental retardation	23	2.8

Note: Unweighted frequencies and weighted percentages.

History of Maltreatment

Youth were asked about the ways in which caretakers may have mistreated them *before* entering into the foster care system. As seen in Table 5, questions included assessment of both abuse and neglect experiences. Once again it is useful to keep in mind that in some cases these youth were being asked to report about experiences that happened to them many years earlier. The most common ways that youth report being mistreated by caretakers included being hit with a fist, kicked or slapped, and being thrown or pushed. Over one-quarter of youth also reported having been beaten by their caretaker, with more females than males having had this experience.

Experiences of neglect were among the next most common ways in which youth were mistreated. Over one-fourth of youth indicated that they had to miss school to care for family members or do chores, had to

go without basic necessities (e.g., shoes, food) because the adult caregiver's paycheck was spent on other items, or the caretaker was unable to care for them because of physical or emotional illness.

Also evident were gender differences, with females having experienced higher rates of abuse and neglect than males. Specifically, females were approximately twice as likely as males to have had a caretaker who failed to protect the youth from being physically harmed by someone else and to have been tied or held down so that they could not protect themselves. Females were also more likely than males to have been thrown or pushed and beaten up by a caretaker.

Table 5. Maltreatment before Entering Foster Care (*n* = 719)

	Total		Female		Male		
	#	%	#	%	#	%	*p*
Caretaker ignored serious illness or injury/failed to obtain medical treatment	113	13.8	80	16.5	33	9.7	
Caretaker failed to help youth wash and groom	102	12.6	66	12.8	36	12.6	
Caretaker did not provide regular meals	152	20.7	104	23.2	48	16.9	
Youth had to go without things they needed (e.g., shoes, clothes, food, school supplies), because paycheck was spent on adult interests	213	28.3	142	31.1	71	24.0	*
Youth required to do chores that were too difficult/dangerous	114	14.5	81	16.6	33	11.4	
Abandoned by caretaker	144	19.8	96	21.8	48	16.9	
Caretaker unable to care for youth due to physical or emotional illness	212	26.5	147	31.5	65	19.1	**
Youth missed school to care for family member or do chores	213	28.4	148	31.9	65	23.2	*
Caretaker failed to protect youth from being physically harmed by someone else	189	24.9	140	29.5	49	18.1	**
Caretaker threw or pushed youth	249	32.4	167	36.2	82	26.8	*
Caretaker locked youth in room/closet for several hours or longer	129	16.9	83	17.5	46	16.1	
Caretaker hit youth hard with fist, or kicked or slapped youth	264	36.1	172	39.5	92	30.9	
Caretaker beat youth up	188	26.4	128	30.2	60	20.8	*
Caretaker tried to choke, smother or strangle youth	128	18.6	84	19.8	44	16.8	
Caretaker attacked youth with weapon, such as knife or gun	69	9.3	42	9.5	27	9.0	
Caretaker tied youth up, held youth down or blindfolded youth so they could not protect themselves	95	13.3	69	16.5	26	8.5	**

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

CalYOUTH participants also answered questions about sexual abuse prior to entering care (see Table 6). Overall, one-fifth of youth reported having been raped and 30% had ever been sexually molested; that is, someone had touched or felt the youth's genitals when the youth did not want them to. Both rape and sexual molestation were much more likely among females than among males.

Table 6. Sexual Abuse before Entering Foster Care (*n* = 719)

	Total		Female		Male		
	#	%	#	%	#	%	*p*
Rape	153	20.7	131	30.4	22	6.3	***
Sexual molestation	219	29.7	196	44.8	23	7.2	***

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

Experiences During Care

Foster Care Placement Characteristics

In addition to inquiring about youths' experiences prior to care, we also asked study participants about their experiences during care, including the household they were living in at the time of the interview. As seen in Table 7, most youth lived in a foster home without relatives, followed by one-fourth of respondents who lived in a group setting, and less than one-fifth who lived in a kinship foster care setting.

Table 7. Youth's Current Living Situation

	#	%
Foster home without relatives	337	44.3
Group care or residential treatment facility	164	24.1
Foster home with an adult relative	125	18.2
Legal guardianship arrangement	43	6.3
Independent living arrangement	26	2.5
Other	17	2.5
Adoptive home	14	1.9

Note: Unweighted frequencies and weighted percentages.

Table 8. Number of Placements

	#	%
Number of Foster Homes		
0	19	2.2
1	127	18.1
2	113	15.4
3	105	15.6
4	85	11.4
5-9	157	20.9
10-30	113	15.1
More than 30	4	0.7
Number of Group Home/Residential Treatment Center/Child Caring Institutions		
0	301	42.5
1	175	22.4
2	97	14.1
3	53	7.1
4	31	4.3
5-9	48	7.3
10-30	16	1.5
More than 30	1	0.1

Note: Unweighted frequencies and weighted percentages.

As seen in Table 8, a very small percentage of youth reported no placement in a foster family home while in care. Close to one-fifth of respondents lived in one foster home with relatives or nonrelatives with almost an equal proportion having lived in 5 to 9 homes. The majority of CalYOUTH participants reported having lived in a group home, residential treatment center or child caring institution at some point while in care, with males more likely than females to live in three or more of these group settings (*n* = 80, 27.3% and *n* = 69, 15.7%, respectively).

As displayed in Table 9, one-third of respondents indicated that at some point they had relative foster caregivers and over one-fourth had wished for an adoption. Most youth were not presently in a placement where adoption was being planned, yet over one-fifth reported that they had at some point been placed in a home where adoption was planned but did not work out, and about one-tenth had been adopted at some point in the past.

Table 9. Adoption Plans

	#	%
Have you ever had foster parents who were relatives of yours? (*n* = 592)	192	33.1
Did you ever wish you were adopted?	220	28.2
Are you now in a foster placement where the plan of your social worker or your foster parents is that you will be adopted by the family that you are living with?	65	8.9
Have you ever, in the past, been in a foster placement where the plan of your social worker or foster parents was that you would be adopted by that family, but the adoption didn't work out?	160	21.1
Have you ever been adopted?	75	11.2

Note: Unweighted frequencies and weighted percentages.

Table 10 presents information about youths' experience with various professionals they encountered in the foster care system. The calculation of the average number of face-to-face visits and phone calls youth had with social workers and attorneys in the previous year included an adjustment for the time youth had been in care in the previous year. The total number of months a youth had been in care *in the previous year* ranged from 7.4 to 12 months. The total (and maximum) number of months a youth had been in care between youths' most recent foster care entry and the CalYOUTH interview ranged from 7.4 months to 218 months (approximately 18 years), with most youth having been in care more than 12 months since their last entry.

The average number of face-to-face visits and phone calls that youth had with their social worker in the previous year was 1.4 visits per month and 1 phone call per month. In contrast, the average number of face-to-face visits and/or phone contacts youth had with their attorney or with someone from their attorney's office was 0.3 visits/phone contacts per month (or between 3 and 4 times per year).

Youth in general reported being satisfied with information received from their attorney about their court case and most youth attended proceedings regarding their case. Youths' reports about their experience while attending court proceedings varied considerably: one-fourth indicated they had not felt included in courtroom discussions and half of the youth felt that their attorney represented their wishes in court very well. Additional analyses suggest that females had a higher average number of phone calls with their social worker (M = 1.1, SD = .06) than males (M =.83, SD = .07) and attended more court proceedings than males (n = 378, 91% and n = 246, 85%, respectively).

Table 10. Experience with Foster Care Professionals

	#	% / Mean (SD)
Average number face-to-face visits per month with social worker in the last year (adjusted for time in foster care)[1]	714	1.4 (1.0)
Average number of phone calls per month with social worker in the last year (adjusted for time in care)[1]	709	1.0 (1.2)
Average number of face-to-face visits/phone contacts per month with attorney during last year (adjusted for time in care)[2]	710	0.3 (0.4)
Satisfaction with information received from attorney		
Very satisfied	224	31.5
Somewhat satisfied	254	34.9
A little satisfied	97	13.5
Not at all satisfied	75	11.2
I do not have an open court case right now	69	8.2
Asked to attend court proceedings	649	89.9
Attended court proceedings	624	88.3
When attended court, judge addressed youth directly	463	71.7
Felt included in courtroom discussions (n = 603)[3]		
A lot	243	39.8
Some	200	33.4
A little	110	18.4
None	46	7.6
Attorney represented youth's wishes (n = 603)[3]		
Very well	311	51.5
Fairly well	171	30.2
Neither well nor poorly	58	8.6
Fairly poorly	23	3.4
Very poorly	34	5.4

Note: Unweighted frequencies and weighted percentages.
[1]The average number of visits and calls with social workers includes a top coded category of 51 representing respondents who selected "more than 50 visits."
[2]The average number of visits and calls with attorneys includes a top coded category of 31 representing respondents who selected "more than 30 visits."
[3]There were data missing for 21 respondents who did not complete this questionnaire item.

Experiences in Foster Care

The next series of questions focused on youths' experience during care, specifically, relations they had with family members, the extent to which their parents and other relatives got along with their foster family or group home staff, and their own feelings about the foster care system.

As seen in Table 11, youth reported feeling closest (very close or somewhat close) most frequently with caregivers in their current foster care placement and with their own brothers or sisters. They felt the least close (not at all close) to their biological parents and step-parents. Analysis of gender differences not shown found that males reported feeling closer than females to their biological mother (*n* = 89, 34% and *n* = 99, 26%, respectively), step-mother (*n* = 15, 19% and *n* = 9, 8%, respectively), and step-father (*n* = 22, 19% and *n* = 26, 15%, respectively).

Table 11. Closeness to Others

	Very close		Somewhat close		Not very close		Not at all close		Not applicable/ Person is deceased	
	#	%	#	%	#	%	#	%	#	%
Current foster parent(s), guardian(s), adoptive parent(s), adult relative(s) youth lives with (*n* = 504)	298	58.6	148	29.9	36	7.9	22	3.7	0	0.0
Adults in youth's group home (*n* = 163)	55	34.6	70	42.9	24	12.1	14	10.5	0	0.0
Biological mother (*n* = 630)	188	29.5	164	26.3	111	18.7	164	25.1	0	0.0
Biological father (*n* = 548)	83	15.3	80	14.5	100	17.0	280	52.3	0	0.0
Step-mother (*n* = 218)	24	12.1	42	19.9	29	14.2	97	43.9	26	9.8
Step-father (*n* = 299)	48	16.5	55	18.4	46	16.7	119	38.6	30	9.6
Grandparents (*n* = 727)	241	34.5	129	16.5	115	16.4	143	19.9	97	12.4
Brothers or sisters (including step-siblings) (*n* = 727)	359	49.5	192	25.0	94	14.4	64	8.8	18	2.3

Note: Unweighted frequencies and weighted percentages.

Youth reported on the supportive relationships that they had with various people (see Table 12). While most youth had at least one adult other than their caseworker to whom they could go to for support, females were more likely than males to report having this kind of relationship. Youth were divided on their experience with efforts to help them maintain or strengthen relationships with biological family members or others to whom they felt close. There was no evidence of differences by gender in this regard.

Table 12. Supportive Relationships with Others

	Overall		Female		Male		
	#	%	#	%	#	%	*p*
At least one adult in youth's life, other than caseworker, to whom youth can go for advice or emotional support[N]	683	92.4	413	95.4	270	88.1	**
Extent to which things have been done since youth entered foster care to help him/her maintain or strengthen relationships with biological family members to whom youth feels close[N]							
A lot was done	285	38.2	157	35.2	128	42.7	
Some but not enough was done	310	42.4	186	44.3	124	39.6	
Nothing was done	126	18.0	83	19.5	43	15.8	

**$p < .01$; *Note*: Unweighted frequencies and weighted percentages. [N] = NYTD survey question.

Table 13 presents information about visits that youth had with family members while in care in the previous year. The highest percentage of youth reported visits with their siblings, followed by their biological mother and another relative. Among all family members they visited in the past year, the median number of visits with their siblings was 15, followed by 12 visits with both their mother and step-father.

Table 13. Visits with Family Members

	#	%	Median # of Visits
Youth visited with family members not living with them during the past year in foster care			
Biological mother (n = 626)	384	60.8	12
Biological father (n = 631)	186	29.0	7
Step-mother (n = 218)	65	31.8	6
Step-father (n = 299)	88	28.2	12
Grandparents (n = 630)	304	47.0	10
Brothers or sisters (n = 709)	529	73.5	15
Other relative (n = 727)	356	50.1	7

Note: Unweighted frequencies and weighted percentages.

Youth were asked about their relatives' relationship with their current caregiver. As seen in Table 14, overall, youth reported that family members had communicated with their current caregiver, with mothers, grandparents, and aunts/uncles playing the most salient role in this regard. Youths' reports on the extent to which their mother and father got along with their current caregiver suggests that overall both parents had positive relations with their foster family or group home staff (nearly 70% got along very well or fairly well). Additional analyses suggest, however, that females were more likely than males

to report that their mother got along with their current caregiver very well (*n* = 59, 45% and *n* = 39, 30%, respectively).

Table 14. Relatives' Relationship with Foster Family/Group Home Staff

	#	%
Family members met or talked with current foster family, kinship foster family, or member of group home staff during last year		
Mother (*n* = 341)	246	71.9
Father (*n* = 344)	120	35.3
Grandparents (*n* = 396)	169	54.3
Grandparents deceased	11	1.7
Aunts/Uncles (*n* = 396)	194	50.9
Other family member	165	40.0
Mother gets along with foster family/group home staff (*n* = 246)		
Very Well	98	38.1
Fairly well	74	31.1
Neither well nor poorly	45	18.6
Fairly poorly	9	3.4
Very poorly	16	6.9
Father gets along with foster family/group home staff (*n* = 120)		
Very Well	50	38.2
Fairly well	36	31.5
Neither well nor poorly	22	16.7
Fairly poorly	2	2.9
Very poorly	7	7.3

Note: Unweighted frequencies and weighted percentages.

Table 15 displays youths' attitudes and feelings about their experience with the foster care system. More than half of youth agreed that they were lucky to have been placed in foster care and have had a satisfactory experience in the foster care system. More than three-fifths of youth agreed that social workers and counselors and staff from group homes or residential treatment centers have been helpful to them. Finally, over 70 percent agreed that foster parents have been of help to them.

Table 15. Attitudes and Feelings about Foster Care

	#	%
All in all I was lucky to be placed in the foster care system.		
Very strongly agree	139	18.0
Strongly agree	111	13.1
Agree	178	25.8
Neither agree nor disagree	175	25.4
Disagree	50	7.6
Strongly disagree	24	3.8
Very strongly disagree	49	6.2
Generally I am satisfied with my experience in the foster care system.		
Very strongly agree	90	12.1
Strongly agree	112	16.0
Agree	204	27.8
Neither agree nor disagree	150	20.4
Disagree	88	11.7
Strongly disagree	34	5.0
Very strongly disagree	48	6.7
Overall social workers have been a help to me while I was in the foster care system.		
Very strongly agree	121	16.2
Strongly agree	85	10.0
Agree	252	36.4
Neither agree nor disagree	132	17.8
Disagree	79	10.7
Strongly disagree	19	2.3
Very strongly disagree	39	6.6
All in all foster parents have been a help to me.		
Very strongly agree	172	22.8
Strongly agree	120	16.6
Agree	216	31.7
Neither agree nor disagree	95	14.5
Disagree	60	7.8
Strongly disagree	23	3.4
Very strongly disagree	20	3.0
All in all the counselors or staff of the group homes, child caring institutions or residential treatment centers have been a help to me.		
Very strongly agree	62	13.3
Strongly agree	69	14.3
Agree	150	37.4
Neither agree nor disagree	77	18.5
Disagree	40	9.7
Strongly disagree	14	3.4
Very strongly disagree	14	3.5

Note: Unweighted frequencies and weighted percentages.

Finally, youth were asked about their optimism for the future. As seen in Table 16, nearly three-fifths of youth were very optimistic about their personal hopes and goals for the future and less than 10% reported little or no optimism about the future.

Table 16. Optimism about Future

	#	%
Extent to which youth is optimistic when asked to think about personal hopes and goals for the future		
Very optimistic	436	59.5
Fairly optimistic	207	29.1
Not too optimistic	39	5.1
Not at all optimistic	27	3.2

Note: Unweighted frequencies and weighted percentages.

Socioeconomic Status

Education

Previous research shows that foster youth approaching the transition to adulthood suffer significant educational deficits when compared to their non-foster care peers (Blome, 1997; Courtney, Terao, & Bost, 2004; Frerer, Sosenko, & Henke, 2013). Involvement in the foster care system is a high risk factor for poor educational attainment due to individual factors (e.g., history of abuse and neglect), as well as systemic factors (e.g., a high concentration of foster youth in poor performing schools) (Frerer et al., 2013; Pecora, 2012; Smithgall, Gladden, Howard, Goerge, & Courtney, 2004). Youth in foster care are more than twice as likely as other youth to not have a high school diploma or GED (Courtney et al., 2011). A study of 11,300 youth who were in California foster care at some point in time during grades 9–11 between 2002 and 2007 found that less than half of foster youth completed high school (45%), compared to 53 percent of a comparison sample of disadvantaged youth, and 79 percent of the general population students (Frerer et al., 2013). In the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study), more than one-third of participants had neither a high school diploma nor a GED at age 19 compared to only 9.4 percent of young people in that age range in the general population (Courtney et al., 2005).

Because high school completion is strongly associated with college enrollment, these patterns continue through college age years (Frerer et al., 2013). Foster youth's aspirations to graduate from college are comparable to those of other young people (Courtney, Terao, & Bost, 2004; Kirk, Lewis, Brown, Nilsen, & Colvin, 2012; McMillen, Auslander, Elze, White, & Thompson, 2003; Reilly, 2003). However, studies show very few foster youth complete college, when compared to their age peers in the general population (Courtney et al., 2011; Frerer, 2013; Pecora et al., 2006). Studies suggest that one-quarter to one-third of

youth leaving care enter college, but less than one-tenth will attain a degree (Courtney et al., 2007; Courtney, Dworksy, Lee, & Raap, 2010; Pecora et al., 2003; Reilly, 2003; Wolanin, 2005). By comparison, according to the U.S. Census, approximately 33% of the U.S. population 25 to 34 years old held a bachelor's degree or higher in 2010 (U.S. Census Bureau, 2012).

It is important to understand foster youths' barriers to educational attainment, because there is a significant correlation between education levels and employment outcomes (Hook & Courtney, 2011). Youth with lower academic performance have a more difficult time finding employment and usually have lower wages (Okpych & Courtney, 2014). However, remaining in care into adulthood can mitigate this deficit. Youth who stay in foster care past their 18th birthday have higher educational attainment and in turn, better employment outcomes (Hook & Courtney, 2011).

As seen in Table 17, at the time of the baseline interview all of the males and all but four of the females in the CalYOUTH study were either currently enrolled in school or had been enrolled in the previous academic year, with most being enrolled in high school. Over three-quarters of youth had completed 10th or 11th grade while approximately 8 percent of students had less than a 10th grade education. Given that the majority of study participants were 17 years old, very few had yet earned a high school diploma or GED certificate. Females were more likely than males to have earned a high school diploma. While nearly half of the youth reported receiving mostly A's or B's in school, females were performing better than their male counterparts. Males were much more likely than females to report being placed in a special education classroom.

As discussed in the Methods section of the report, questions from several domains in the CalYOUTH Study were drawn from the National Longitudinal Study of Adolescent Health (Add Health). Although not reported in Table 17, analyses comparing the educational status of the two samples suggest that Add Health participants were both less likely than their CalYOUTH counterparts to skip a grade (3% vs. 12%) and to be left back one year (22% vs. 33%). The youth in Add Health were also less likely than CalYOUTH respondents to have ever been expelled (4.0% vs. 27.5%) and suspended (27.5% vs. 66.5%), and to have missed more days of school without an excuse. About one-third of CalYOUTH participants had missed at least a month of school at some point due to placement moves while in care.

Table 17. Educational Status

	Overall		Male		Female		
	#	%	#	%	#	%	*p*
School enrollment in past year							
Currently enrolled in school	653	89.8	269	90.2	384	89.5	
Not currently enrolled but was enrolled during past academic year (*n* = 74)	70	9.6	29	9.7	41	9.6	
Type of school (*n* = currently/past enrolled)							
High School	590	80.6	247	83.7	343	78.5	
GED Classes	3	0.2	1	0.2	2	0.2	
Vocational School	3	0.4	1	0.2	2	0.5	
2-year or community college	25	3.7	8	2.8	17	4.3	
4-year college	4	0.3	1	0.1	3	0.4	
Other	96	14.7	39	12.8	57	16.0	
Highest grade completed							
1st-6th grade	5	0.7	2	0.5	3	0.8	
7th-8th grade	9	1.5	3	1.7	6	1.4	
9th grade	45	6.1	18	5.9	27	6.3	
10th grade	220	31.4	94	34.1	126	29.5	
11th grade	352	47.6	144	46.4	208	48.5	
12th grade	83	10.7	31	9.4	52	11.6	
First year of college	2	0.2	0	0	2	0.3	
Diplomas/certificates earned							*
GED or other high school equivalent	9	1.2	5	2	4	0.6	
High school diploma	77	9.4	26	6.8	51	11.2	
Neither	641	89.5	267	91.3	374	88.2	
Vocational/job training certificate or license	122	15.2	55	16.7	67	14.2	
Grades earned in high school							***
Mostly A's	106	13.8	35	10.9	71	15.8	
Mostly B's	231	32.2	75	25.5	156	36.7	
Mostly C's	314	43.0	158	52.3	156	36.7	
D's or lower	73	10.6	28	10.4	45	10.7	
Ever placed in a special education classroom	257	33.6	130	40.4	127	28.9	**
Ever stopped attending HS/Jr. HS for at least 1 month due to foster care placement change	228	33.8	93	32.9	135	34.3	
Skipped a grade	89	12.3	44	14.4	45	10.8	
Repeated or been held back a grade	248	33.3	114	37.3	134	30.5	
Expelled	188	27.5	100	36.3	88	21.5	***
Received an out-of-school suspension	491	66.5	223	72.4	268	62.5	**
Skipped a full day without an excuse	267	37.7	110	40.7	157	35.7	

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

In addition to youths' actual educational achievement, we also inquired about their educational aspirations and the people who inspired them to continue with their educational goals beyond high school. As seen in Table 18, 80 percent of the youth reported wanting to earn a college degree or higher and nearly as many (73%) expected that they would earn a college degree or higher.

Table 18. Educational Aspirations

	#	%
If you could go as far in school as you wanted, how far would you go?		
8th grade or less	4	0.5
9th to 11th grade	3	0.4
Graduate from high school	75	9.8
Some college	42	5.7
Graduate from college	342	47.1
More than college	236	32.7
Other	16	2.5
How far do you actually think you will go in school?		
Between 9th and 11th grade	3	0.2
Graduate from high school	78	10.2
Some college	74	9.6
Graduate from college	375	51.5
More than college	152	21.7
Other	23	3.7

Note: Unweighted frequencies and weighted percentages.

Adults working in the foster care system (e.g., foster parents, social workers) were the individuals that youth were most likely to identify as having encouraged their continuing education, followed by staff in their school (e.g., teachers and counselors), and finally, members of their own family (see Table 19).

Table 19. Educational Encouragement

	A lot		Some		A little		None	
	#	%	#	%	#	%	#	%
Extent to which youth received encouragement to continue education past high school to college or vocational training from different individuals:								
School (teachers, guidance counselors, principals, other staff)	452	62.7	186	25.1	57	7.1	32	5.1
Family (parents, grandparents, aunts/uncles, brothers/sisters)	448	60.9	157	21.9	61	9.3	61	7.9
Foster care system (foster parents, group home staff, social workers, other professionals)	507	68.6	146	21.5	49	6.9	24	2.9

Note: Unweighted frequencies and weighted percentages.

Table 20 presents data on school absences and changes in schools due to relocation. Two-thirds of youth had ever received an out-of-school suspension and over one-quarter had been expelled. Youth absences from school with and without a legitimate excuse were mostly infrequent, with less than 15% of youth reporting weekly to daily absences in the past year.

Table 20. School Absences and Changes in Schools

	#	%
Ever received out-of-school suspension	491	66.5
Ever been expelled	188	27.5
Absent from school with an excuse during last year in school (e.g., sick or out of town)		
Never	140	19.7
Just a few times	485	65.1
About once per week	69	10.2
Almost every day	23	3.7
Every day	3	0.4
Number of times skipped school without an excuse during last year in school		
0 days	453	61.2
1-10 days	185	25.7
11-20 days	26	3.87
21-99 days	56	8.1
Number of times missed school for court hearings, visitations, or other reasons related to being in foster care		
0 days	303	37.2
1-10 days	391	58.1
11-20 days	22	3.1
21-99 days	7	0.9
Lifetime number of times changed schools because family moved or changed foster care placements		
0 times	89	11.0
1-5 times	349	48.5
6-10 times	177	24.0
11-20 times	84	12.6
21 or more times	21	2.9

Note: Unweighted frequencies and weighted percentages.

Employment

Research demonstrates that older youth in foster care and those who have recently aged out of care face poor employment outcomes in terms of rates of employment as well as earnings (Courtney et al., 2005; Dworsky, 2005; Goerge, Bilaver, Needel, Brookhad & Jackman, 2002; Hook & Courtney, 2011; Macomber et al., 2008; Naccarato, Brophy & Courtney, 2010; Pecora et al., 2006; Reilly, 2003). Although the majority of foster care youth have some employment experience during their lives (Courtney et al., 2005; Courtney, Terao & Bost, 2004; Dworsky, 2005; Dworsky & Havlicek, 2010), earnings are relatively low and often below the poverty line (Courtney et al., 2005; Dworsky, 2005; Dworsky & Havlicek, 2010; Goerge et al., 2002; Hook & Courtney, 2011; Macomber et al., 2008; Naccarato, Brophy & Courtney, 2010; Pecora et al., 2006 Reilly, 2003). In the Midwest Study, 90 percent of participants who reported earnings as a result of employment at age 19 earned less than $10,000 (Hook & Courtney, 2011). As former foster youth grow older, earnings remain an issue. Fifty-six percent of 23 and 24 year old participants in the Midwest Study would be classified as poor and 22 percent among those employed do not earn enough to lift them out of poverty (Hook & Courtney, 2011). Macomber and colleagues (2008) found that former foster youth who were employed at age 24 earned monthly wages on average between $450 and $690, compared to $1,535 for their general population peers. These findings are consistent with other studies that have found older and former foster youth have a difficult time earning wages to raise them above the poverty line (Dworsky, 2005; Goerge et al., 2002; Pecora et al., 2006; Reilly, 2003). In addition to lower earnings, older and former foster care youth are less likely to be employed than their peers in the general population (Courtney & Dworsky, 2006; Macomber et al., 2008; Pecora et al., 2006; Stewart, Kum, Barth, Duncan, 2014). For example, Courtney and Dworsky (2006) found that only 40% of the 19 year olds in the Midwest Study were currently employed, compared to 58.2 percent of same age peers in Add Health.

Researchers identify low educational attainment as one of the primary risk factors for low employment rates and earnings (Hook & Courtney, 2011; Naccarato, Brophy & Courtney, 2010; Okpych & Courtney, 2014; Pecora et al., 2006). Hook and Courtney (2011) found that about one-quarter of youth actively looking for work did not have a high school diploma or equivalency degree, and only one-tenth of youth working full-time did not have one of these credentials. However, the number of years youth stay in care past their 18th birthday is positively associated with employment and wages, largely explained by additional educational attainment. Given the barriers to educational attainment that foster youth face, perhaps it is not surprising they also encounter difficulties in securing employment that can support them.

Studies point to other barriers to employment success for foster youth. Dworsky & Havlicek (2010) found a lack of job training and placement programs aimed at foster youth contributes to these deficits. Naccarato and colleagues (2010) found that race, histories of drug and alcohol use, and histories of mental

illness were all contributing factors to poor employment outcomes for former foster youth. Furthermore, the living arrangements of foster youth are associated with their employment, as youth exiting from group care or a treatment facility are especially vulnerable (Hook & Courtney, 2011). Higher incarceration and arrest rates among foster youth also contribute to low employment rates and earnings (Dworsky & Havlicek, 2010; Hook & Courtney, 2011). Finally, motherhood is an additional barrier to employment and earning higher wages for female foster youth, which is of particular concern given that the majority of young women making the transition to adulthood from care are mothers by the age of 24 (Hook & Courtney, 2011).

As seen in Table 21, while only a small proportion of CalYOUTH participants reported full- or part-time employment at the time of the interview, more than twice as many youth reported working for pay in the previous four-week period. When compared to their Add Health counterparts, CalYOUTH participants were much less likely to have recently worked for pay, worked far fewer hours, and earned less money.

Contrasts in labor force participation between 1995, when the Wave 1 Add Health study was administered, and 2013 when CalYOUTH was administered, may explain some of the difference in employment outcomes. Employment statistics for youth aged 16-17 years (non-institutional population) indicate that 34.7 percent of the eligible labor force was employed in 1995 compared to 16.6 percent in 2013 (U.S. Department of Labor, 1995, 2013). Caution should be used in interpreting statistically significant differences in employment outcomes between the CalYOUTH and Add Health samples given the vast discrepancies in the labor market between the two periods.

Table 21. Employment

	CalYOUTH		Add Health		
	#	%	#	%	*p*
Currently employed full-time[N]	12	1.7			
Currently employed part-time[N]	102	13.0			
Completed apprenticeship, internship, or other on-the-job training (paid or unpaid) during past year[N]	170	23.3			
During last four weeks, worked - for pay -for anyone outside home	249	32.1	1157	71.4	***
Number of working hours during typical non-summer week					***
0 hours	470	65.7	567	31.8	
1-10 hours	169	22.0	275	16.8	
11-20 hours	46	6.2	414	26.6	
21-40 hours	31	4.9	363	22.8	
41 or more hours	3	0.3	22	1.3	
Money earned in typical non-summer week from all jobs combined (n = 249)					***
$50 or less	107	38.5	282	26.4	
$51-$150	84	35.7	629	59.6	
$151-$300	39	17.2	136	11.6	
$301 or more	13	5.7	13	1	
Number of working hours during typical summer week					***
0 hours	489	69.6	376	21.7	
1-10 hours	85	10.8	146	9.0	
11-20 hours	52	5.9	187	12.2	
21-40 hours	64	9.0	753	46.4	
41 or more hours	15	1.8	161	8.9	
Money earned in typical summer week (n = 216)					***
$50 or less	64	31.8	154	13.2	
$51-$150	67	30.3	559	47.3	
$151-$300	49	23.4	444	32.9	
$301 or more	32	12.9	73	5.4	

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

Supplemental sources of income aside from employment were minimal among the CalYOUTH participants. As seen in Table 22, less than one-tenth of the youth were currently receiving Social Security

payments, using a scholarship, grant or other form of financial aid to assist with educational expenses, or were receiving some other form of financial support.

Table 22. Supplemental Financial Support

	#	%
Social security payments (SSI, SSDI, dependents' payments)[N]	55	6.9
Scholarship, grant, stipend, student loan, voucher or other type of educational financial aid to cover educational expenses[N]	62	6.9
Periodic and/or significant financial resources or support from another source[N]	60	7.1

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

Health and Development

Health Status

Despite the fact that the majority of former foster youth describe their health as good to excellent (Courtney et al., 2005; Courtney et al., 2011), research suggests that this population suffers significant health and mental health deficits when compared to non-foster care youth (Courtney et al., 2005; Courtney, Piliavin, Grogan-Kaylor & Nesmith, 2001; McMillen et al., 2005; Pecora et al., 2003; Reilly, 2003; Rosenbach, 2001;). In the Midwest Study, 19 year old foster youth tended to describe their health less favorably than the national sample and were more likely to report that their conditions limited their ability to engage in moderate physical activity (Courtney et al., 2005). Foster youth participants also reported more emergency room visits and more hospitalizations during the past 5 years than Add Health peers (Courtney et al., 2005). Reilly (2003) similarly found that 30 percent of youth formerly in foster care in Clark County, Nevada, reported having a serious health problem since leaving care.

Older and former foster youth also have a higher prevalence of mental health issues than their non-foster peers (Courtney et al., 2005; Courtney et al., 2001; McMillen et al., 2005; Reilly, 2003). At age 19, young adults in the Midwest study were more than twice as likely as peers in the Add Health sample to have received psychological or emotional counseling and to have attended a substance abuse treatment program (Courtney et al., 2005). One-third of participants had at least one mental health diagnosis, with the most prevalent being PTSD, alcohol abuse, substance abuse and major depression (Courtney et al., 2005). McMillen and colleagues (2005) found that 32 percent of youth in their study of older adolescents in foster care in Missouri suffered from more than one lifetime psychiatric disorder, a much higher rate than is found in the general population of young people.

As shown in Table 23, the vast majority of youth in the CalYOUTH study reported their health as being generally good to excellent. Males reported being healthier than females. Young people in the Add Health

study reported being healthier than those participating in CalYOUTH. Nearly half the CalYOUTH participants reported missing school in the previous month due to a health or emotional problem. Differences by gender within the CalYOUTH study and between Add Health and CalYOUTH suggested males missed less school than females as did youth in Add Health compared to those in CalYOUTH. Finally, CalYOUTH participants were more likely than their Add Health counterparts to report that their worst injury in the last year was serious in some regard.

Table 23. Health Status

	CalYOUTH[a]							Add Health[b]		
	Overall		Female		Male			Overall		
	#	%	#	%	#	%	*p*	#	%	*p*
General health rating							***			***
Excellent	187	24.6	76	17.6	111	34.8		476	28.2	
Very Good	263	35.8	152	34.7	111	37.3		684	41.0	
Good	196	27.8	146	34.3	50	18.3		390	24.4	
Fair	67	9.9	47	11.3	20	8.0		99	6.2	
Poor	14	1.9	8	2.2	6	1.6		5	0.2	
Difficulty using hands, arms, legs, or feet because of physical condition that lasted for 12 months or more	43	4.7	21	3.4	22	6.4		17	3.0	
How often a health or emotional problem caused youth to miss a day of school in last month							*			***
Never	391	53.3	209	50.4	182	57.5		1089	64.9	
Just a few times	270	37.3	171	38.6	99	35.4		474	29.7	
About once a week	37	5.3	24	5.1	13	5.6		62	3.6	
Almost every day	19	2.6	18	4.3	1	0.1		12	1.0	
Every day	5	0.4	4	0.5	1	0.2		8	0.4	
Worst injury in last year										***
Very minor	260	37.4	165	39.4	95	34.6		740	47.2	
Minor	304	39.7	172	39.3	132	40.2		674	39.0	
Serious	110	15.1	61	13.2	49	17.8		159	8.4	
Very serious	29	4.0	15	3.2	14	5.1		37	2.4	
Extremely serious	23	3.7	16	4.9	7	1.8		41	2.8	

*$p < .05$, ***$p < .001$; *Note*: Unweighted frequencies and weighted percentages.
[a]Statistical significance indicates differences between CalYOUTH males and females.
[b]Statistical significance indicates differences between the overall Add Health and CalYOUTH samples.

Table 24. Health Care Utilization

	CalYOUTH[a]							Add Health[b]		
	Overall		Female		Male			Overall		
	#	%	#	%	#	%	*p*	#	%	*p*
Last physical exam										***
<1 year ago	627	86.7	367	85.9	260	88.0		1,111	65.1	
1-2 years ago	85	11.0	54	11.7	31	10.0		369	24.1	
>2 years ago	8	1.0	5	1.4	3	0.0		144	9.1	
Never	5	0.0	3	0.0	2	0.0		26	1.5	
Last dental exam										***
<1 year ago	650	89.9	383	89.5	267	90.6		1,078	66.0	
1-2 years ago	66	8.4	42	9.7	24	6.7		351	21.3	
>2 years ago	6	0.0	4	0.0	2	0.0		185	10.3	
Never	3	0.0	0	0.0	3	1.2		38	2.3	
In last year respondent thought he/she should get medical care, but did not	154	21.3	104	24.0	50	17.4		362	21.5	
Reasons youth did not see a health professional (*n* = 154)										
Didn't know who to see	10	5.6	6	5.5	4	5.9		34	10.5	
Had no transportation	17	10.7	11	11	6	10.1		27	6.3	
No one available to go along	6	4.4	4	5.3	2	2.6		11	3.2	
Parent/guardian would not go	29	18.5	25	24.1	4	7.2		24	8.5	
Difficult to make appointment	10	6.8	7	6.9	3	6.5		34	9.2	
Afraid of what doctor would say	16	9.5	10	6.5	6	15.5		58	15.7	
Thought problem would go away	30	18.1	21	17.7	9	18.9		230	64.0	
Didn't want parents to know	2	1.6	1	2.1	1	0.0		49	14.9	
Couldn't pay	9	5.5	5	3.4	4	8.7		62	22.2	
Other	25	19.4	14	17.1	11	24.0		32	5.8	
Ever referred self (or was referred) for alcohol or drug abuse assessment/counseling[N]	160	20.8	88	19.1	72	23.4		--	--	[c]
Attended drug or alcohol abuse treatment program in past year	124	18.8	61	15.6	63	23.4	*		2.3	
Received in the past year:										
Psychological or emotional counseling	406	54.0	265	60.3	141	44.8	***		13.5	***
Psychiatric hospitalization	71	10.2	44	10.2	27	10.2		--	--	[c]
Family planning counseling/services	192	25.9	129	29.5	63	20.6	*		7.5	***
STD/AIDS testing or treatment	156	23.2	117	29.6	39	13.9	***		7.3	***
Prenatal/post-partum health care	51	12.0	--	--	--	--			4.2	***

*$p < .05$, ***$p < .001$; *Note*: Unweighted frequencies and weighted percentages. [N] = NYTD survey item.
[a]Statistical significance indicates differences between CalYOUTH males and females.
[b]Statistical significance indicates differences between the overall Add Health and CalYOUTH samples.
[c]These items were unavailable in the Add Health Study.

As seen in Table 24, CalYOUTH respondents reported high rates of general access to health care services (i.e., having a recent physical and dental exam) and were far more likely to do so than their Add Health counterparts. Despite the difference in health care utilization, respondents in both studies reported very similar rates of going without medical care in the past year when in fact youth thought they should seek medical attention. The reasons that youth reported not seeing a health professional despite thinking that doing so was necessary varied considerably. The most commonly cited reason was "other" which included explanations such as staff at the group home forgot, did not think it was serious enough or told the youth there were not enough funds to pay for it; not trusting the available medical community; and the youth deciding that they would just rather not go. Other commonly reported reasons included youths' parents or guardians not wanting to go and youth thinking the problem would go away.

In the past year, females reported receiving health care services more than males did, specifically psychological or emotional counseling, family planning services, and STD/AIDS testing or treatment. Young people in the CalYOUTH study, in comparison to their Add Health counterparts, reported significantly higher rates of uptake in these same areas in addition to prenatal and post-partum health care services.

Table 25. Location of Services, if Received in the Last Year

	Private Doctor's Office		Community Health Clinic		School		Hospital		Other	
	#	%	#	%	#	%	#	%	#	%
Psychological/emotional counseling (*n* = 406)	70	18.0	88	18.7	38	8.4	15	3.8	195	51.1
Drug/alcohol abuse treatment (*n* = 124)	7	6.3	27	21.1	11	8.2	2	1.0	77	63.4
Medication (*n* = 220)	77	36.4	50	20.6	4	1.8	18	8.5	71	32.7
Family planning counseling/services (*n* = 192)	35	21.6	38	14.9	11	6.0	3	1.9	105	55.6
STD/AIDS testing or treatment (*n* = 156)	34	25.8	88	50.1	3	1.6	18	12.6	13	10.0
Prenatal/post-partum health care (*n* = 51)	24	44.9	17	36.8	0	0.0	8	15.1	2	3.2

Note: Unweighted frequencies and weighted percentages.

As seen in Table 25, among youth who reported receiving services in the past year for various health and behavioral health conditions, only a small proportion received those services in a school or hospital setting. Utilization of services in a private doctor's office or community health clinic was most common for medication, STD/AIDS testing or treatment, and prenatal/post-partum care. More than half of

respondents selected some “Other” location as the most common place to receive psychological and emotional counseling, drug and alcohol abuse treatment, and family planning services.

Table 26. Medication (*n* = 220)

	#	%
Received medication for emotional problems in past year	220	29.1
Medicine improves mood, helps concentrate, or helps behave better		
Strongly agree	44	18.3
Agree	71	32.7
Neither agree or disagree	45	21.0
Disagree	32	14.6
Strongly disagree	28	13.3
Get along better with people when on medication		
Strongly agree	32	14.1
Agree	50	22.6
Neither agree or disagree	64	28.8
Disagree	33	16.5
Strongly disagree	39	17.4
Medicine gives bad side effects		
Strongly agree	20	8.0
Agree	43	22.1
Neither agree or disagree	50	20.5
Disagree	74	35.3
Strongly disagree	33	14.1
Good things about medication outweigh the bad		
Strongly agree	20	8.1
Agree	72	32.3
Neither agree or disagree	58	27.8
Disagree	40	17.5
Strongly disagree	26	12.7
Doctor listens, when deciding to give medication		
Strongly agree	58	25.6
Agree	109	52.0
Neither agree or disagree	23	10.8
Disagree	18	7.3
Strongly disagree	10	3.7
Only take medication because of pressure from other people		
Strongly agree	14	6.7
Agree	25	10.6
Neither agree or disagree	36	17.0
Disagree	80	37.8
Strongly disagree	62	26.8

Note: Unweighted frequencies and weighted percentages.

Nearly one-third of CalYOUTH participants reported having received medication in the previous year to address emotional problems (see Table 26). In general, 40 to 50 percent of these youth reported positive experiences with their medication. For example, over half of youth concurred that medicine improves mood, helps with concentration or improves behavior and two-fifths agreed or strongly agreed that the "good things about medicine outweigh the bad." Over three-fourths of youth also agreed that their doctor listens to them when deciding to administer medication and about 17% reported that the circumstances under which they took medication included pressure from other people.

Tables 27a and 27b present height and weight information self-reported by youth in the study and body mass index (BMI) statistics. Males were more likely to be taller and to weigh more than females, an anticipated difference based on population standards in the 2000 Centers for Disease Control and Prevention Growth Charts (Kuczmarski et al., 2002). Using the height and weight information and standard BMI calculations, we computed the mean BMI for the CalYOUTH and Add Health samples, as well as percentile rankings to indicate the relative position of the youths' BMI among adolescents 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, 2011).

Table 27a. Height and Weight

	Overall		Female		Male		
	#	Feet & inches/lbs.	#	Feet & inches/lbs.	#	Feet & inches/lbs.	*p*
Height	727	5'5"	429	5'3"	298	5'8"	***
Weight	702	158.3 (1.7)	413	149.4 (1.9)	289	171.2 (3.2)	***

****p* < .001; *Note:* Unweighted frequencies and weighted feet & inches/pounds.

Table 27b shows that the CalYOUTH participants had a higher BMI (M = 25.5, SD = 5.9) than those in Add Health (M = 22.8, SD = 4.3) with gender differences evident between females ($M_{\text{CalYOUTH females}}$ = 25.9 and $M_{\text{Add Health females}}$ = 22.5) and males ($M_{\text{CalYOUTH males}}$ = 25.0 and $M_{\text{Add Health males}}$ = 23.3). Examination of youths' BMI Status for the assessment of weight categories (obese, overweight, healthy weight, and underweight), suggest over half of the CalYOUTH sample had a healthy weight although approximately two-fifths of the sample were in either the overweight or obese categories. This differs from the overall Add Health sample, in which three-fourths and one-fifth were in the healthy weight and overweight or obese categories respectively.

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). Thus, some of the differences between CalYOUTH and Add Health may partially reflect differences in the racial and ethnic composition of the samples. A second reason the CalYOUTH – Add Health weight status comparison should be interpreted with caution is due to the upward trend in prevalence of childhood and adolescent obesity through the 1990s, but which eventually leveled off in the mid- to late-2000s (Ogden, Carroll, Kit, & Flegal, 2012). For example, the 2013 Youth Risk Behaviors Survey (YRBS) (Kann et al., 2014), a biennial national study of high school students conducted by the Centers for Disease Control and Prevention, reports that 13.7 percent of youth are obese (95% confidence interval: 12.6% - 14.9%) and 16.6 percent are overweight (95% confidence interval: 15.5% - 17.8%). These rates would be even higher if the racial and ethnic compositions were adjusted to match the proportions in CalYOUTH (e.g., see Table 105 in Kann et al., 2014, p. 155, for racial and ethnic breakdowns of weight class). For these two reasons, differences in weight status between CalYOUTH participants and a comparable sample of youth from the general population are likely to be narrower than the estimates reported in Table 27b.

Table 27b. Body Mass Index (BMI) Statistics

	CalYOUTH						Add Health								
	Overall		Female		Male		Overall[a]		*p*	Female[b]		*p*	Male[c]		*p*
	#	Mean (SD) /%	#	Mean (SD) /%	#	Mean (SD) /%	#	Mean (SD) /%		#	Mean (SD) /%		#	Mean (SD) /%	
Mean BMI	702	25.5 (5.9)	413	25.9 (5.9)	289	25.0 (5.8)	1621	22.8 (4.3)	***	794	22.5 (4.3)	***	827	23.3 (4.3)	***
BMI Status									***						
Underweight (<5th percentile BMI)	17	2.3	8	1.6	9	3.4	58	3.6		23	4.0		35	3.3	
Healthy weight (5th-85th percentile BMI)	386	53.4	227	51.7	159	56.0	1207	74.4		607	70.5		600	77.0	
Overweight (>85th-95th percentile BMI)	159	22.1	96	24.1	63	19.1	218	12.2		111	13.7		107	11.1	
Obese (>95th percentile BMI)	140	19.2	82	19.6	58	18.6	138	7.7		53	10.8		85	5.6	

***$p < .001$; *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.

Mental Health

We assessed the mental health status of youth using the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID) (Sheehan et al., 1998; Sheehan et al., 2010) and assessed suicidal ideation and attempts among youth with the Composite International Diagnostic Interview (CIDI: World Health Organization, 1998). The MINI-KID is a brief structured diagnostic tool used to assess DSM-IV and ICD-10 psychiatric disorders in children and adolescents.

As seen in Table 28, two-fifths of the youth in the CalYOUTH study had ever felt so low that they thought a lot about committing suicide. Further, nearly one-quarter of them had ever attempted suicide in the past. The presence of gender differences suggests that twice as many females as males had ever thought about committing suicide and twice as many had also attempted suicide.

Table 28. Suicide (*n* = 719)

	Overall		Male		Female		
	#	%	#	%	#	%	*p*
Past suicidal ideation	311	40.9	81	25.9	230	51.0	***
Past suicide attempt	184	23.5	47	14.0	137	29.9	***

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

Tables 29 and 30 present diagnostic information for a range of psychiatric disorders with prevalence rates for positive and negative diagnoses for the sample overall (Table 29) and for positive diagnoses by gender (Table 30). The most prevalent mental and behavioral health disorders were major depression, psychotic disorders (current), past mania and hypomania, substance abuse and dependence, and alcohol dependence. Compared to males, females were more likely to have higher prevalence rates for major depression, dysthymia, past mania and hypomania, and PTSD.

Fifty-three percent of CalYOUTH participants were found to have a positive diagnosis for one or more current mental and behavioral health disorders including major depression, bipolar disorder, social phobia and anxiety, obsessive compulsive disorder, posttraumatic stress disorder, attention deficit hyperactivity disorder, conduct disorder, oppositional-defiant disorder, substance abuse or dependence, alcohol abuse or dependence, and psychotic disorder. Further, examination of differences by gender indicate that females were more likely than males to have a positive diagnosis for one of these disorders (*n* = 255, 57.5% and *n* = 149, 46.9%, respectively).

Table 29. MINI-Kid Diagnosis Results (*n* = 719)

	Positive Diagnosis		Negative Diagnosis		Other		Don't Know/Refuse*	
	#	%	#	%	#	%	#	%
Major Depressive Episode								
Current	152	20.5	567	80.5	--	--	50	8.8
Past	282	37.4	437	62.6	--	--	58	13.3
Recurrent	307	42.5	412	57.6	--	--	78	18.9
Dysthymia	57	7.6	662	92.5	--	--	29	4.4
Manic Episode								
Current	63	8.3	656	91.7	--	--	112	17.1
Past	109	14.3	610	85.7	--	--	153	25.1
Hypomanic Episode								
Current	29	4.1	690	95.9	--	--	114	16.5
Past	53	7.6	557	78.1	109	14.3 [a]	153	27.5
Hypomanic Symptoms								
Current	55	7.2	664	92.9	--	--	112	16.9
Past	115	15.0	460	65.4	144	20.0 [a]	153	33.3
Social Phobia								
Current	42	5.5	677	94.5	--	--	59	8.9
Generalized (subtype)	35	4.5	--	--	--	--	--	--
Non-generalized (subtype)	7	0.0	--	--	--	--	--	--
Obsessive Compulsive Disorder	40	5.5	679	94.5	--	--	74	10.9
Post-Traumatic Stress Disorder	56	7.5	663	92.6	--	--	51	7.7
Alcohol Dependence	75	8.9	644	91.1	--	--	32	5.0
Alcohol Abuse	28	3.5	616	87.7	75	8.9 [b]	27	4.4
Substance Dependence (non-alcohol)	81	10.5	638	89.5	--	--	49	7.7
Substance Abuse (non-alcohol)	83	10.8	636	89.2	--	--	41	6.4
Attention-Deficit/Hyperactivity Disorder	--	--	669	94.3	--	--		
Combined	21	2.1	--	--	--	--	29	4.8
Inattentive	18	2.3	--	--	--	--	29	4.8
Hyperactive/Impulsive	11	1.3	--	--	--	--	29	4.8
Conduct Disorder	34	4.9	685	95.1	--	--	36	5.3
Oppositional Defiant Disorder	53	7.4	666	92.6	--	--	35	5.3
Psychotic Disorder (Current)	55	7.8	664	92.3	--	--	51	7.7

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/Refuse responses. The Don't Know/Refuse columns indicate the number and percentage of youth who received a Negative Diagnosis due to one or more Don't Know/Refuse responses.
[a]Not explored.
[b]Not applicable: Respondents in this category met the criteria for alcohol dependence which preempts alcohol abuse.

Table 30. MINI-Kid Positive Diagnosis Results by Gender (*n* = 719)

	Overall Positive Diagnosis		Positive Diagnosis Among Males		Positive Diagnosis Among Females		
	#	%	#	%	#	%	*p*
Major Depressive Episode							
Current	152	20.5	40	13.5	112	25.2	**
Past	282	37.4	72	24.8	210	45.9	***
Recurrent	307	42.5	102	34.5	205	47.8	**
Dysthymia	57	7.6	14	4.9	43	9.4	*
Manic Episode							
Current	63	8.3	19	6.6	44	9.5	
Past	109	14.3	30	9.0	79	17.8	**
Hypomanic episode							
Current	29	4.1	6	2.5	23	5.2	
Past	53	7.6	15	5.8	38	8.9	**
Hypomanic symptoms							
Current	55	7.2	24	7.2	31	7.1	
Past	115	15.0	48	15.9	67	14.4	
Social Phobia							
Current	42	5.5	6	2.9	36	7.2	
Generalized (subtype)	35	4.5	5	2.2	30	6.1	
Non-generalized (subtype)	7	0.0	1	0.0	6	1.1	
Obsessive Compulsive Disorder	40	5.5	11	3.6	29	6.9	
Post-Traumatic Stress Disorder	56	7.5	9	2.7	47	10.6	***
Alcohol Dependence	75	8.9	25	8.9	50	8.9	
Alcohol Abuse	28	3.5	13	4.8	15	2.6	
Substance Dependence (non-alcohol)	81	10.5	30	10.8	51	10.3	
Substance Abuse (non-alcohol)	83	10.8	43	12.3	40	9.8	
Attention-Deficit/Hyperactivity Disorder							
Combined	21	2.1	9	2.5	12	1.8	
Inattentive	18	2.3	7	2.0	11	2.6	
Hyperactive/Impulsive	11	1.3	6	2.1	5	0.0	
Conduct Disorder	34	4.9	10	3.9	24	5.6	
Oppositional Defiant Disorder	53	7.4	20	7.3	33	7.4	
Psychotic Disorder							
Current	55	7.8	22	8.0	33	7.6	

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

Pregnancy and Sexuality

Youth in foster care or exiting from care are at significantly higher risk of becoming pregnant than their non-foster care peers (Courtney, Dworsky, Ruth, Keller, Havlicek, & Bost, 2005; Dworsky & Courtney, 2010; Oshima, Narendorf, & McMillen, 2013). The Midwest Study found that about a third of female

participants had been pregnant by ages 17–18, compared to 13.5 percent of the Add Health sample of adolescents nationwide. By age 19, the number of youth who had been pregnant at least once increased to about one half (Dworsky & Courtney, 2010). Oshima and colleagues (2013) similarly found that 55 percent of females in their study had been pregnant by age 19. They also cite the time period between 17 and 19 years old to be of particular risk for foster youth getting pregnant, finding a 300 percent increase in the pregnancy rate during this phase (Oshima et al., 2013).

Although older foster youth appear to be at a very high risk for getting pregnant, remaining in foster care might be a significant protective factor (Courtney et al., 2005; Dworsky & Courtney, 2010). The Midwest Study found that youth who remained in care were less likely to become pregnant between the ages of 17-18 and 19 than their peers who left care (Dworsky & Courtney, 2010). Additionally, researchers found that participants who left care were more likely to report that they "definitely" wanted to get pregnant. This finding is notable, considering the high risk of pregnancy for former foster youth during this particular time period.

Foster youth are also much more likely than their non-foster peers to have at least one child (Courtney et al., 2005; Putnam-Hornstein, Cedarbaum, King, & Needell, 2014). The Midwest Study found that a quarter of participants reported having at least one living child at age 19 and, again, that remaining in foster care after age 18 reduced the likelihood of youth having a child (Courtney et al., 2005). Putnam-Hornstein and colleagues (2014) found that among young women in foster care in Los Angeles County at age 17, more than 25 percent had given birth at least once before age 20. Reilly (2003) reported an even higher rate of children among former foster youth (38%).

As seen in Table 31, which presents information on pregnancy among female participants, just over one-fourth reported having ever been pregnant. Among females who had ever been pregnant, most had been pregnant once, but 30 percent had been pregnant two or more times. Over one-third gave birth to a child and the majority had first become pregnant between the ages of 14 and 17. Additional analyses indicated that two and a half times as many female participants in CalYOUTH compared to Add Health females got pregnant ever (n = 104, 26% and n = 94, 10%, respectively) and were more likely to have gotten pregnant more than once (n = 23, 22% and n = 17, 17%, respectively).

In reference to the youths' most recent pregnancy, three-quarters of the young women had not been using birth control at the time they became pregnant. Notably, despite the high proportion of respondents not using birth control at the time, two-thirds were either ambivalent about their desire to get pregnant or expressed a moderate to strong preference *not* to get pregnant. Of those who got pregnant but did not carry the baby to term, two-fifths had a still birth or miscarriage and another 12 percent had an abortion.

Table 31. Female Youths' Pregnancy History

	#	%
Ever been pregnant (*n* = 426)	104	26.0
Number of times been pregnant (*n* = 104)		
1	73	69.7
2	17	16.8
3	3	3.1
4+ times	3	2.1
Given birth to any children[N] (*n* = 104)	39	35.7
Was married to child's other parent at time each child was born[N] (*n* = 39)	4	8.4
Year most recently became pregnant (*n* = 104)		
2007-2010	8	7.6
2011	24	23.6
2012	38	38.2
2013	21	18.0
Year youth first became pregnant (with multiple pregnancies, *n* = 31)		
2007-2010	8	25.8
2011	7	27.8
2012	5	19.6
2013	3	5.0
Characteristics of most recent pregnancy (*n* = 104)		
Using birth control at time of pregnancy	28	24.3
Wanted to get pregnant at that time		
Definitely no	30	31.8
Probably no	14	11.7
Neither wanted nor didn't want	26	23.1
Probably yes	18	16.5
Definitely yes	7	8.7
Youth wanted to marry partner		
Yes	53	47.9
No	20	33.1
Didn't care	7	5.8
Month of pregnancy first saw doctor or nurse		
Month 1	31	29.0
Month 2	11	11.5
Month 3	11	8.5
Month 4	1	0.3
Month 6	2	2.5
Month 7	3	2.4
Month 8	3	2.1
Month 9	2	1.2
Didn't receive prenatal care	20	20.7
How pregnancy ended		
Live birth	34	35.8
Still birth/miscarriage	38	42.7
An abortion	10	11.8

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

Males were also asked about their history of impregnating women (Table 32). The vast majority reported never having gotten a woman pregnant and twenty-two young men reported having fathered children that were born. Three-quarters of males indicated they had not been using birth control when they got a woman pregnant and yet half reported ambivalence or a preference for not wanting to get the woman pregnant.

Table 32. Male Youths' History of Impregnating Females[5]

	#	%
Number of females youth has gotten pregnant (*n* = 294)		
None/zero	258	88.2
One	28	9.0
Two	2	0.5
Three	1	0.7
Four or more	2	0.5
Youth has fathered children that were born[N] (*n* = 36)	13	36.6
Youth was married to child's other parent at time each child was born[N] (*n* = 19)	2	7.0
Year most recently got a female pregnant (*n* = 36)		
2009	1	2.0
2010	3	5.9
2011	3	9.8
2012	10	27.7
2013	5	15.7
The following responses refer to the most recent pregnancy (*n* = 36)		
Using birth control at time partner became pregnant	8	23.9
Youth wanted partner to get pregnant at time of most recent pregnancy		
Definitely no	10	21.6
Probably no	3	12.1
Neither wanted nor didn't want	8	22.5
Probably yes	3	4.9
Definitely yes	3	7.8
Youth wanted to marry partner at time partner became pregnant (*n* = 36)		
Yes	9	20.6
No	12	34.7
Didn't care	3	12.1

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

[5] Three individuals responded DK/R to the first question about the number of females that he got pregnant. The responses of these three youth are included in the rest of the questions in this table.

Table 33 shows answers to the survey question asking about youths' sexual orientation. Overall, three-fourths reported themselves as 100 percent heterosexual with the remainder reporting other sexual orientations. Males were more likely than females to have reported themselves as being heterosexual with females reporting higher rates of other sexual orientations including bisexuality and homosexuality.

Table 33. Sexuality (*n* = 720)

	Overall		Female		Male		
	#	%	#	%	#	%	*p*
Sexual Orientation							***
100% heterosexual or straight	535	74.4	277	64.6	258	89.1	
Mostly heterosexual or straight, but somewhat attracted to people of my own sex	62	8.5	52	12.2	10	3.1	
Bisexual - attracted to men and women equally	63	8.0	58	12.8	5	0.8	
Mostly homosexual or gay, but somewhat attracted to people of the opposite sex	13	2.5	12	4.1	1	0.2	
100% homosexual or gay	20	2.8	13	3.5	7	1.9	
Not sexually attracted to either males or females	6	0.8	5	1.1	1	0.2	

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

Personality

We assessed personality traits using the Ten-Item Personality Inventory (TIPI), a brief measure of the Big-Five personality dimensions (Gosling, Rentfrow, & Swann Jr., 2003). Compared to other brief inventories of the Big-Five, the TIPI has been found to achieve slightly better validity than other measures (Furham, 2008). Five main personality constructs were measured with two items each: extraversion, agreeableness, conscientiousness, emotional stability, and openness to new experiences.

Table 34. Personality

	Overall		Male		Female		
	#	Mean (SD)	#	Mean (SD)	#	Mean (SD)	*p*
Extraversion: extraverted/enthusiastic; *not* reserved/quiet	698	4.4 (1.3)	287	4.3 (1.3)	411	4.5 (1.3)	
Agreeableness: *not* critical/quarrelsome; sympathetic/warm	669	4.7 (1.0)	273	4.6 (1.0)	396	4.8 (1.0)	*
Conscientiousness: dependable/self-disciplined; *not* disorganized/careless	719	5.4 (1.2)	294	5.3 (1.3)	425	5.5 (1.2)	*
Emotional Stability: *not* anxious/easily upset; calm/emotionally stable	725	4.7 (1.3)	298	5.0 (1.3)	427	4.5 (1.3)	***
Openness to New Experiences: open to new experiences/complex; *not* conventional/uncreative	717	5.3 (1.2)	294	5.3 (1.2)	423	5.4 (1.2)	

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

Scored using a Likert scale with 1=strongly disagree to 7=strongly agree, the overall sample of CalYOUTH participants fell generally in the middle of scale, just slightly above the center point of 4, neither agree nor disagree (see Table 34). Higher scores of mean values indicate "more" of the attribute. For example, a mean score of 5 on Extraversion would suggest that a person is more outgoing and enthusiastic than someone with a mean score of 4. Differences by gender indicate that females compared to males had higher average scores on dimensions of Agreeableness and Conscientiousness. Males, on the other hand, had higher average scores than females on Emotional Stability.

Reading Ability

The Wide Range Achievement Test: Fourth Edition (WRAT4) is an instrument used to gauge basic academic skills that are needed for thinking, learning, and communication (Wilkinson and Robertson, 2006). The original WRAT was developed over 70 years ago and has been used as a supplement to the Wechsler-Bellevue Scales of intelligence test to measure codes needed to learn reading, spelling, and arithmetic. We used the reading subsection of the WRAT4 to provide a brief assessment of the youths' reading ability. Respondents were provided with a show card with a single word printed on it that they were asked to read aloud and pronounce correctly. The words start at a basic level and become sequentially more challenging as the youth responds correctly. The test stops after 10 consecutive incorrect responses, and a score is calculated based on the number of correct pronunciations. The WRAT4 provides standard scores and grade-level estimates for individuals aged 5 to 94. We report both percentile scores and grade-level reading estimates.

Of the 727 youth who started the WRAT, 33 elected to discontinue the test at some point (4.5%), of which 15 were males and 18 were females. Standard scores are assessed on a similar metric to the Wechsler-Bellevue intelligence test, with an average score of 100 and standard deviation of 15 points. Among respondents who completed the reading test, the average standard score was 89.3 with no difference between genders. When the WRAT scores were converted to estimates of grade-level reading skills, roughly one-quarter of respondents exhibited reading skills below 6th grade (n = 175, 24.6%), another quarter read at a 6th to 8th grade level (n = 201, 26.7%), about two-fifths read at a 9th to 12th grade level (n = 307, 43.3%), and 1.4% (n = 11) read at a post-high school level. Statistically significant gender differences did exist for grade-level estimates. A larger proportion of females read at a 6th to 8th grade level (n = 132, 29.7% vs. n = 69, 22.2%), and a larger proportion of males read at a 9th to 12th grade level (n = 133, 46.4% vs. n = 174, 41.2%) and a post-high school level (n = 8, 2.8% vs. n = 3, 0.5%). A comparable proportion of males and females read below a 6th grade level (n = 73, 24.0% for males vs. n = 102, 25.0% for females).

Social Support and Community Connections

Social Networks and Support

Several studies underscore the importance of supportive relationships and social networks for foster youth aging out of care and entering adulthood (Collins, Spencer, & Ward, 2010; Geenen & Powers, 2007; Perry, 2006). Although researchers find that most foster youth identify an existing social network (Collins et al., 2010; Courtney & Dworsky, 2006; Courtney et al., 2005; Courtney et al., 2001; Courtney, Terao, & Bost, 2004; Reilly, 2003; Samuels, 2008), there is also evidence that these networks are characterized by multiple losses and instability (Geenen & Powers, 2007; Perry, 2006; Samuels, 2008). The Midwest Study found that former foster youth specifically identified receiving high levels of affectionate support from their social networks, like being shown love and engaging in positive social interactions (Courtney et al., 2005).

Despite the fact that foster youth have been removed from the care of their parents, a high number of youth leaving care report being close to one or more members of their biological families (Collins et al., 2010; Courtney et al., 2001, 2004, 2005; Courtney & Dworsky, 2006; Reilly, 2003; Samuels, 2008). Former foster youth appear to have the strongest connection to their siblings. Reilly (2003) found that participants reported more contact with their siblings than with other family members and the Midwest study found that about two-thirds of participants reported feeling very close to their siblings (Courtney et al., 2004). In addition to siblings, many youth maintain close ties with their grandparents and mothers (Collins et al., 2010; Courtney et al., 2001, 2004, 2005; Courtney & Dworsky, 2006; Reilly, 2003). Research also suggests that smaller proportions of older adolescents in foster care have close relationships

with their biological parents than adolescents not in foster care. For example, Perry (2006) found that only 31.8 percent of youth in foster care feel that their biological parents care a lot about them compared with 94.7 percent of general population youth. In addition to biological families, former foster youth often name their foster families as sources of emotional support and assistance (Reilly, 2003; Courtney et al., 2004; Courtney et al., 2001; Perry, 2006; Samuels, 2008).

Data on the youths' 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. The SSNQ has been used with adolescents and young adults and with minority and pregnant/parenting youth in particular. 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 administered to individuals who are pregnant or parenting, which measures Prenatal/Parenting support. For each type of support, respondents generate names of individuals they perceive as being available to provide support. The respondents then rate their satisfaction with the support they received from each individual in the past month. Next, youth estimate four types of strain that is 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, and the instrument was modified to reduce the administration time. Three of the five types of social support were included (Emotional, Tangible, and Advice/Guidance), and respondents were limited to nominating up to three individuals for each type of support. Thus, if a youth nominated three unduplicated 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 (0 to 99) and the total number of people they could rely on for any type of support (0 to 99). Questions about all 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).

Table 35 displays the estimated number of people youth could go to for each of the three types of support (range of 0 to 99 for each), as well as an estimate of the total number of people they could turn to for support (range of 0 to 99). On average, Emotional support (talk to about something private) was the type of support for which youth had the most people to turn to, followed by Advice/Guidance (needed advice or information) and Tangible support (needed them to give you something you needed or to help you with something you needed to do). Since the mean scores are influenced by youth who reported having a large number of available supports, we also provide median scores. Males reported having a greater number of people to turn to for Advice/Guidance than females, as well as having a greater number of supports overall. For each of the three types of support, less than 5 percent of youth said they had no one to turn to. Less than 1 percent of youth reported having no one to turn to for any support.

Table 35. Number of Available Supports, by Type (*n* = 727)

	None		Median	Mean (SD)	Mean		
	#	%		Overall	Male	Female	*p*
Emotional	21	3.1	4	5.4 (6.6)	5.9	5.0	
Tangible	30	4.5	3	3.9 (6.2)	4.4	3.6	
Advice/Guidance	30	4.3	3	4.6 (9.2)	5.9	3.7	*
All Supports	6	0.8	5	8.7 (12.5)	10.2	7.7	*

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

Table 36 shows the number of individuals that the youth nominated when asked who they could turn to for each type of social support. For Emotional support, about half of the respondents nominated three supports and slightly less than one-half nominated one or two individuals. For both Advice/Guidance and Tangible support, roughly one-third of respondents nominated three supports and less than two-thirds nominated either one or two individuals. Less than 5 percent of respondents said they had no one to turn to for each support type.

Table 36. Number of Individuals Nominated by Type of Support (n = 720)[a]

	Emotional		Tangible		Advice/Guidance	
	#	%	#	%	#	%
None	16	2.5	28	4.4	27	4.0
One individual	153	19.3	219	27.3	247	32.6
Two individuals	192	26.8	215	31.7	185	25.3
Three individuals	359	51.4	258	36.6	261	38.1

Note: Unweighted frequencies and weighted percentages.
[a] Seven individuals did not complete the name generation portion of the SSNQ due to a survey administration error.

When looking at all of the individuals nominated by respondents, every youth nominated at least one individual who they could turn to for support. An average of 3.7 individuals were nominated, and males had a slightly higher average than females (Table 37).

Table 37. Total Number of Nominated Individuals (N = 2,659)

	#	%	*p*
Median	4		
Mean (SD)	3.7 (1.4)		
Mean Difference by Gender			
Males	3.8		*
Females	3.6		

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

Table 38 displays the youth's satisfaction with the support they received in the past 30 days from the individuals they nominated. Youth rated the support as being bad, not too good, okay, good, and very good. Among the 1,614 individuals who were identified as being emotional supports, the youth indicated that no support was received in the past month from 13.2 percent of the nominees. Respondents rated three-quarters of recent instances they received emotional support as being either good or very good, and just 10 percent of the instances were okay, not too good, or bad. A total of 1,420 individuals were nominated as tangible supports. Youth reported not receiving tangible support in the past month from 12.4 percent of the nominees. Most of the instances youth recently received tangible support were seen as being either good or very good, and fewer than one in ten recent support encounters were rated as okay, not too good, or bad. The youth nominated a total of 1,397 individuals who could be turned to for advice and guidance. Respondents reported not receiving advice or guidance in the past month from 8.2 percent of the nominees. Similar to tangible support, about eight in ten recent instances the youth received guidance or advice were perceived to be good or very good, and less than one in ten instances was okay, not too good, or bad.

Emotional support is the only type of support where there were significant gender differences in satisfaction with recent support. The differences result in part from the fact that there was a greater proportion of nominated individuals for males who did not provide emotional support in the past month (19.0%) than for females (8.8%). However, even when these nominees are removed from the equation, a statistically significant gender difference still exists. Females have more polarized satisfaction ratings of the recent emotional support that they received, with 55.7 percent of recent support being deemed very good (vs. 47.2% for males) and 21.1 percent being deemed not too good (vs. 13.6% for males). Conversely, males rated a greater proportion of recent emotional support as good (38.9%, vs. 31.8% for females). The other two categories (bad and okay) had only slight differences in proportions between males and females.

Table 38. Satisfaction with Support Received

	Emotional[1] (*n* = 1,404)						Tangible[2] (*n* = 1,239)						Advice/Guidance[3] (*n* = 1,288)					
	Overall		Male		Female		Overall		Male		Female		Overall		Male		Female	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Very good	745	45.6	257	37.8	488	50.8	722	51.8	273	49.2	449	53.4	754	55.3	295	53.2	459	56.6
Good	471	29.9	184	31.2	287	29.0	415	28.4	172	29.3	243	27.8	437	30.4	166	30.2	271	30.6
Okay	152	8.4	54	8.5	98	8.3	94	6.9	37	6.9	57	7.0	90	5.8	31	5.2	59	6.1
Not too good	23	1.6	7	1.1	16	2.0	6	0.4	1	0.1	5	0.6	7	0.3	3	0.5	4	0.2
Bad	13	1.3	6	1.3	7	1.3	2	0.1	1	0.1	1	0.2	0	0.0	0	0.0	0	0.0

Note: Unweighted frequencies and weighted percentages.

[1] All 720 respondents were asked this question during the interview (*n* = 720). Of the 1,614 nominees, 210 did not recently provide support and 2 were missing satisfaction data because of one Refused and one Do Not Know response. Males and females differ significantly on satisfaction with emotional support ($p < .001$). No statistically significant differences by gender were found for Tangible and Advice/Guidance supports.

[2] One respondent was not asked this question during the interview (*n* = 719); this respondent had three nominees for tangible support. Of the 1,420 nominees, 181 did not recently provide support.

[3] Two respondents were not asked this question during the interview (*n* = 718); each respondent had two nominees for advice/guidance. Of the 1,397 nominees, 109 did not recently provide support.

Relationships through which youth receive support can also be sources of strain. Four types of strain were measured: Disappointment (break promises, not come through when you needed them), Intrusiveness (butt into your business, watch over the things you do, boss you around, act like they know what's best for you), Criticism (put you down or make you feel stupid), and Conflict (you have fights or strong disagreements with them). The youth were asked about how often they experienced each type of strain with each person they nominated, ranging from never to always. The most common type of strain was intrusiveness, which occurred sometimes, often, or always in about one in three of all relationships (35.8%). Conflict (24.3%) and Disappointment (22.4%) occurred sometimes, often, or always in roughly one in four and one in five relationships, respectively. Criticism was the least common form of strain, occurring sometimes, often, or always in about one in ten relationships (10.3%). There were statistically significant gender differences for Disappointment, Intrusiveness, and Conflict, but not for Criticism (Table 39).

Table 39. Frequency of Relationship Strain (*n* = 720)

	Disappointment[1]						**Intrusiveness[1]**					
	Overall		**Male**		**Female**		**Overall**		**Male**		**Female**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Never	1009	38.0	407	38.1	602	38.0	908	34.5	406	40.0	502	31.0
Rarely	1042	39.0	438	43.5	604	36.1	586	22.7	239	24.0	347	21.9
Sometimes	458	17.3	137	13.9	321	19.3	526	19.2	188	17.8	338	20.1
Often	109	4.3	30	3.5	79	4.9	314	11.6	106	10.1	208	12.6
Always	24	0.8	10	0.7	14	0.9	310	11.5	84	7.9	226	13.8
	Criticism						**Conflict[1]**					
	Overall		**Male**		**Female**		**Overall**		**Male**		**Female**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Never	2015	75.8	799	29.6	1216	46.2	1219	46.0	543	53.2	676	41.5
Rarely	370	13.5	137	5.2	233	8.3	784	29.2	287	27.4	497	30.3
Sometimes	187	7.3	65	2.5	122	4.8	431	15.9	138	13.3	293	17.5
Often	54	2.2	15	0.7	39	1.5	156	6.2	39	4.1	117	7.5
Always	16	0.8	6	0.2	10	0.5	54	2.2	16	1.7	38	2.6

Note: Unweighted frequencies and weighted percentages.
[1]Males and females differ significantly ($p < .001$). No statistically significant difference was found by gender for Criticism.

The youths' relationships to all of the nominated supports are listed in Table 40. Nearly half of all of the individuals who were nominated were friends, siblings, or foster parents (47.4%). The youth were asked how frequently they were in contact with each of their supports, either by phone or in person (see Table 41). The respondents generally maintained regular contact with their supports, with 85 percent of the nominees being in touch at least once per week.

Table 40. Relationship to Nominated Supports (*N* = 2,659)

	#	%
Biological Mother	145	6.0
Biological Father	67	2.6
Step Parent	37	1.4
Foster Parent	306	10.6
Adoptive Parent	15	0.5
Group Home Staff Person	102	3.7
Sibling	335	14.0
Aunt/Uncle	170	6.6
Grandparent	146	5.2
Cousin	89	3.8
Romantic Partner/Spouse	108	3.7
Friend	633	22.8
Caseworker	89	3.2
Teacher or School Counselor	64	2.6
Mentor	59	2.0
Therapist/Counselor	63	2.2
Other Professional	73	2.2
Other	149	6.7
Refused	9	0.3

Note: Unweighted frequencies and weighted percentages

Table 41. Frequency of Contact (*N* = 2,659)

	Overall		Male[1]		Female[1]	
	#	%	#	%	#	%
Almost every day	1320	49.7	445	42.5	875	54.1
A few times every week	585	22.5	242	23.5	343	21.9
About once a week	341	12.8	135	14.1	206	12.0
More than once a month	199	6.9	88	8.4	111	6.0
Less than once a month	206	7.9	112	11.1	94	6.0

Note: Unweighted frequencies and weighted percentages
[1]Males and females differ significantly ($p < .001$).

In addition to questions that ask youth about specific support individuals, the youth were also asked about the overall adequacy of support and amount of strain they experienced in all of their relationships with people who were important to them (see Table 42). In a similar vein to the earlier questions about support individuals, the questions about their relationships overall assessed three types of social support and four types of strain. While the majority of youth felt that they had enough people to turn to for each type of support, about 30 percent reported not having enough people to provide advice and guidance, about 35

percent indicated not having enough to provide emotional support, and about 40 percent reported not having enough to provide tangible support. The only significant gender difference was in the adequacy of emotional support, with a greater proportion of females (62.0%) than males (69.8%) reporting that they did not have enough support.

Table 42. Overall Amount of Support (*N* = 727)

	Emotional[1]						Tangible						Advice/Guidance					
	Overall		Male		Female		Overall		Male		Female		Overall		Male		Female	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Enough	497	65.1	219	69.8	278	62.0	443	59.5	195	64.2	248	56.3	542	71.8	225	72.5	317	71.3
Too little	206	31.4	67	25.4	139	35.5	266	37.8	94	32.6	172	41.2	172	26.3	64	24.1	108	27.8
None	23	3.3	11	4.4	12	2.6	18	2.8	9	3.2	9	2.5	13	1.9	9	3.4	4	0.9

Note: Unweighted frequencies and weighted percentages.
[1]Males and females differ significantly ($p < .05$). No statistically significant differences by gender were found for items asking about overall support for Tangible and Advice/Guidance supports.

Youth were asked to indicate whether there were too many people, some people, just a few people, or no one in their lives with whom they experienced each of the four types of relationship strain. Disappointment (42.1%) and Intrusiveness (31.7%) had the highest proportions of youth who indicated that there were too many or some relationships with these types of strain. About one in five youth reported having too many or some relationships that were sources of Criticism (21.6%) and Conflict (21.5%). Similar to the results of the SSNQ, there were statistically significant gender differences for Disappointment, Intrusiveness, and Conflict, but not Criticism (see Table 43).

Table 43. Overall Relationships with Strain (*N* = 727)

	Disappointment[1]						Intrusiveness[1]					
	Overall		Male		Female		Overall		Male		Female	
	#	%	#	%	#	%	#	%	#	%	#	%
Too many	126	16.8	37	12.7	89	19.6	102	12.2	34	9.8	68	13.9
Some	188	25.3	64	22.3	124	27.4	171	23.4	67	21.9	104	24.5
Just a few	332	46.8	150	51.4	182	43.7	363	51.4	147	51.2	216	51.5
None	81	11.1	47	13.6	34	9.3	91	13.0	50	17.2	41	10.1
	Criticism						Conflict[2]					
	Overall		Male		Female		Overall		Male		Female	
	#	%	#	%	#	%	#	%	#	%	#	%
Too many	57	8.1	15	6.1	42	9.4	40	5.1	11	3.0	29	6.5
Some	109	13.5	37	10.8	72	15.4	136	17.2	60	18.5	76	16.4
Just a few	343	48.6	144	49.6	199	47.9	447	63.5	167	58.1	280	67.2
None	218	29.9	102	33.5	116	27.4	103	14.0	59	20.0	44	10.0

Note: Unweighted frequencies and weighted percentages.
[1] Males and females differ significantly ($p < .05$).
[2] Males and females differ significantly ($p < .01$). No statistically significant differences were found by gender for Criticism.

Experiences with the Transition to Adulthood

CalYOUTH respondents reported their views about taking on adult roles and responsibilities as an adolescent. Table 44 presents information on these views. We first asked participants to share their perspectives on the "speed" or "rate" at which they grew up with respect to social maturity. Overall, two-thirds of the youth reported having to grow up faster than other people their age in general. Females perceived themselves in this way at higher rates than males.

Youth were also asked about the speed with which they grew up with regard to taking on adult responsibilities. Just over three-fifths of the CalYOUTH sample reported having grown up too fast in this respect. Again, females were more likely than males to report having to take on adult responsibilities faster than their peers.

Over 70 percent of youth reported "feeling older" (all or most of the time) compared to peers their age. Moreover, two-fifths of participants reported "thinking of themselves as an adult" all or most of the time while fewer than one out of five never or seldom thought of themselves as an adult.

Table 44. Experiences with the Transition to Adulthood

	Overall		Male		Female		
	#	%	#	%	#	%	*p*
People grow up at different rates. In terms of social maturity, would you say you grew up faster than, slower than, or at about the same rate as people your age?							**
Faster	492	66.8	173	58.4	319	72.6	
At about the same rate	170	24.0	87	28.7	83	20.7	
Slower	61	8.7	35	12.1	26	6.4	
In terms of taking on adult responsibilities, would you say you grew up faster than, slower than, or at about the same rate as people your age?							**
Faster	457	61.4	156	52.3	301	67.7	
At about the same rate	219	31.4	113	38.8	106	26.4	
Slower	48	6.8	27	8.4	21	5.6	
In general, how old do you feel compared to others your age?							
Older all of the time	100	13.7	32	10.9	68	15.7	
Older most of the time	405	57.9	154	50.8	251	57.7	
Neither older nor younger	174	24.4	88	30.5	86	20.2	
Younger most of the time	33	4.7	16	4.8	17	4.7	
Younger all of the time	11	1.7	6	2.4	5	1.3	
How often do you think of yourself as an adult?							
Never	58	7.1	26	7.8	32	6.6	
Seldom	82	11.5	39	13.0	43	10.4	
Sometimes	304	42.1	129	42.6	175	41.7	
Most of the time	179	24.2	75	27.1	104	22.3	
All of the time	103	15.0	29	9.6	74	18.8	

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

Religiosity

Connection to one's community through religion can be a valuable source of support for young people in foster care. We asked youth about the how often they attended religious services. Just over one-fourth of CalYOUTH participants attended service at least once a week, yet almost 60 percent attended infrequently or not at all. Analyses of differences by gender and between Add Health and CalYOUTH

indicate that females attended services more frequently than males, and CalYOUTH participants attended less frequently than their same age peers in the Add Health study.

Table 45. Religiosity

	CalYOUTH[a]						Add Health[b]		
	Overall		Male		Female			Overall		
	#	%	#	%	#	%	*p*	#	%	*p*
How often attended religious services during past year:							**			***
Once a week or more	188	26.3	68	21.2	120	29.8		550	31.9	
Once a month or more, but less than once a week	96	13.4	34	11.6	62	14.6		364	20.1	
Less than once a month	145	21.3	62	21.1	83	21.5		323	21.5	
Never	295	38.5	131	45.0	164	34.1		177	26.1	

Note: Unweighted frequencies and weighted percentages.
[a] CalYOUTH males and females differ significantly (**$p < .01$).
[b] The Add Health and CalYOUTH samples differ significantly overall (***$p < .001$).

Children, Parenting, and Romantic Relationships

Children, Family Living Arrangements, and Parent Involvement

As seen in Table 46, less than one-tenth of youth reported having children and all but two respondents with children had only one child. Female youth were more likely than their male counterparts to report having one child, and were significantly more likely to report having ever lived in the same household as their child. Just under one-quarter of CalYOUTH parents had a child who was a dependent of the court.

Table 46. Number of Children and Dependency

	Overall		Male		Female		
	#	%	#	%	#	%	*p*
Have living children	47	6.8	8	2.6	39	9.6	
Number of living children							*
1 child	45	93.4	8	85.2	37	95.2	
2 children	2	4.0	0	0.0	2	4.8	
Child is dependent of the court	10	23.6	2	26.1	8	23.1	

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

Table 47 shows that most children are one year old or younger and nearly three-quarters live with the respondent. However, female youth were much more likely to report that their child lives with them than males ($n = 33$, 80% and $n = 1$, 17%, respectively). One-fifth of participants with children reported that they had a legal agreement regarding custody with the other parent, with a higher proportion of males

having agreements (n = 2, 35% and n = 8, 18%, respectively). Less than 10 percent of youth reported that the child's other parent lives with them. Additional analyses not shown indicate that male participants never reported that their child spent more time with them than with the other parent (mother), indicating that children in the study spent more time with their mothers (n = 0, 0% and n = 29, 72%, respectively). However, male respondents were more likely than female respondents to report that their child spent equal time with both parents (n = 3, 44% and n = 8, 21%, respectively). Of the parents who responded that their child spent more time with them than the other parent, over half reported that the other parent never sees the child.

Thirteen youth with children indicated that their child did not live with them; most of these youth said that their child lived with the other parent or with foster parents. One-quarter of nonresident parents reported that they had not seen their child at all during the last year whereas about one-third reported seeing their child at least weekly.

Table 47. Living Arrangements and Parent Involvement (*n* = 47)

	First Child	
	#	%
Child's age		
Less than 1 year old	21	48.4
1 year old	20	40.8
2 years old	4	6.8
3 years old	1	1.4
5 years old	--	--
Child's gender		
Female	25	52.4
Male	22	47.6
Child currently lives with respondent	34	70.3
Respondent and child previously lived in same household (*n* = 13)	6	54.3
Child's other parent lives with respondent	3	8.4
Respondent has legal agreement regarding custody with other parent	10	20.6
Time spent with respondent and other parent		
More time with respondent	29	61.1
Equal time with respondent and other parent	11	24.7
More time with other parent	6	11.6
During past 12 months, number of times other parent saw child (among children ages 1-10 who spend more time with respondent [not equal time or more time with other parent]) (*n* = 18)		
Never	10	54.1
Once or a few times, but less than once a month	4	27.0
About once a month	0	0.0
About twice a month	1	3.8
About three times a month	1	3.8
About once a week	1	7.5
Daily	0	0.0
First person with whom child resides if not the respondent (*n* = 13)		
Other biological parent	4	32.0
Maternal grandparents	1	4.6
Other maternal relatives	2	19.1
Paternal grandparents	1	2.3
Other paternal relatives	0	0.0
Friends	0	0.0
Adoptive parents	0	0.0
Foster parents	4	32.8
Child lives in an institution	0	0.0

Table 47 (*continued*)

	#	%
Second person with whom child resides if not the respondent (n = 2)		
Other biological parent	1	0.5
Maternal grandparents	1	0.5
During past 12 months, how often youth has seen child (n = 13)		
Never	4	25.1
Once or a few times, but less than once a month	1	4.6
About once a month	1	9.2
About twice a month	1	9.2
About three times a month	2	19.2
About once a week	3	28.3
Daily	1	4.6

Note: Unweighted frequencies and weighted percentages.

Relationship Characteristics and Quality

Table 48 indicates that about two-fifths of study participants reported being in a dating relationship with a partner. Female respondents were more likely than males to report being in a relationship and to describe their relationship as "exclusive." About forty percent of youth in romantic relationships reported the length of the relationship to be between one and six months long, and only ten percent reported relationships that had lasted longer than 25 months. Very few youth (1.7%) reported that they live with their partner.

Among parents who were in a dating relationship, over half indicated that their romantic partner is the parent of their child. About a third of these youth reported that they are romantically involved with the parent of their child on a steady basis, while 45 percent indicated that they did not see or talk to the parent of their child.

Table 49 shows characteristics of relationship quality among youth in dating relationships. Youth reported receiving a high level of support from their partner, with over ninety percent agreeing or strongly agreeing with the statements used to assess Relationship Support. An exception was the measure of partners' willingness to compromise when they have a disagreement. In this category, only 77 percent of respondents strongly agreed or agreed with the statement.

Respondents indicated fairly low levels of Coercion and Control with only 1 percent strongly agreeing with any of the measures. Reports of partner control over respondent seeing or talking to friends and family were slightly higher than other measures of Coercion and Control. Male youth were more likely to

agree than female youth that they were satisfied with their sex life. Finally, almost 90 percent of youth agreed or strongly agreed that they trust their partner to be faithful to them.

Table 48. Relationship Status

	Overall		Male		Female		
	#	%	#	%	#	%	*p*
Youth is in a dating relationship with a partner	311	41.1	106	34.2	205	45.9	*
Among youth with a child and in a dating relationship:							
Romantic partner is the parent of the youth's child (*n* = 29)	15	56.9	4	63.2	11	55.1	
Description of relationship with child's other parent (*n* = 49)							
Romantically involved on a steady basis	15	33.3	4	51.9	11	29.3	
Romantically involved on-again/off-again	3	6.6	1	14.8	2	4.9	
Just friends	2	4.0	0	0.0	2	4.9	
Hardly ever see or talk to each other	4	8.2	0	0.0	4	10.0	
Do not see or talk to each other	23	45.2	4	25.8	19	49.4	
Among youth in a dating relationship:							
Lives with romantic partner	5	1.7	1	1.3	4	2.0	
Description of relationship with partner							*
Dating exclusively	222	72.2	64	63.8	158	76.6	
Dating frequently but not exclusively	46	14.7	20	16.8	26	13.6	
Dating once in awhile	29	9.4	16	14.5	13	6.5	
Only having sex	3	0.6	3	1.6	0	0.0	
Number of months romantically involved with partner							
Less than one month	18	6.8	6	5.9	12	7.3	
1-6 months	140	42.3	57	47.6	83	39.5	
7-12 months	61	19.6	18	20.7	43	19.0	
13-24 months	55	19.1	20	20.6	35	18.2	
25 months or more (maximum 60 months)	30	10.3	3	2.6	27	14.3	

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

Table 49. Relationship Quality (*n* = 310)

	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
Among youth in a dating relationship:	#	%	#	%	#	%	#	%	#	%
Relationship Support										
My partner listens to me when I need someone to talk to.	179	59.0	115	36.2	11	3.6	3	0.3	2	0.9
My partner expresses love and affection to me.	187	60.5	105	32.9	18	6.6	0	0.0	0	0.0
My partner is fair and willing to compromise when we have a disagreement.	114	37.4	126	39.1	49	15.6	16	5.7	4	2.1
My partner encourages or helps me to do things that are important to me.	181	63.3	110	31.0	17	5.2	1	0.5	1	0.1
My partner insults or criticizes me or my ideas.	3	0.5	11	4.5	38	13.6	110	36.1	148	45.3
Coercion and Control										
My partner tries to keep me from seeing or talking to my friends or family.	5	1.0	14	5.1	25	8.4	89	27.9	177	57.7
My partner tries to prevent me from going to work or school.	4	0.8	4	1.6	10	3.6	86	25.4	206	68.6
My partner withholds money, makes me ask for money, or takes my money.	4	0.8	5	1.8	7	2.3	69	20.6	225	74.4
I am satisfied with our sex life.	122	39.8	99	31.9	47	15.3	12	3.7	7	2.3
I trust my partner to be faithful to me.	171	55.4	106	32.8	25	9.5	5	1.4	3	0.9

Note: Unweighted frequencies and weighted percentages.

Table 50 presents measures of relationship love, happiness and commitment. Three-fourths of youth reported that they love their partner a lot, and male respondents were more likely than female participants to report loving their partner somewhat. About seventy percent of respondents reported they were very happy in their relationship while one-quarter indicated they were fairly happy. About half of participants in dating relationships reported being completely committed to their partner and females were significantly more likely than males to report complete commitment.

Table 50. Relationship Love, Happiness, and Commitment (*n* = 310)

	Overall		Male		Female		
Among youth in a dating relationship:	#	%	#	%	#	%	***p***
How much do you love your partner?							*
A lot	241	76.5	82	73.4	159	78.1	
Somewhat	42	13.9	21	22.1	21	9.5	
A little	14	4.7	3	3.3	11	5.4	
Not at all	9	3.2	1	1.3	8	4.2	
In general, how happy are you in your relationship with your partner?							
Very happy	222	70.9	75	70.8	147	71.0	
Fairly happy	81	26.6	31	27.9	50	25.8	
Not too happy	7	2.5	1	1.3	6	3.2	
How committed are you to your relationship with your partner?							
Completely committed	161	53.8	44	41.2	117	60.4	*
Very committed	118	37.0	48	45.5	70	32.6	
Somewhat committed	30	9.1	15	13.3	15	6.9	
Not at all committed	1	0.1	0	0.00	1	0.2	

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

Service Receipt and Knowledge of Extended Care

Receipt of Help Preparing for Adulthood

The following tables examine how prepared CalYOUTH participants felt to tackle many adult tasks, such as pursuing educational goals and managing future finances. Table 51 presents young people's perceptions of their preparation to manage various life tasks. Over three-quarters of CalYOUTH participants felt very prepared or prepared to achieve their education or job training goals. Nearly two-thirds of young people felt very prepared or prepared to get and keep a job and over three-quarters felt very prepared or prepared to manage their physical and mental health. Over 15 percent of youth, however, did not feel prepared to find and keep a place to live upon exiting foster care.

There were differences in perceived preparation by gender. Males and females reported differences regarding their financial literacy and their preparation to deal with substance abuse issues, sexual health, family planning and parenting. In particular, a much higher percentage of females than males reported feeling very prepared to manage parenting. Females were also more likely to report feeling very prepared to deal with substance abuse issues than males.

Table 51. Perception of Preparation to Achieve Goals

	Very prepared				Prepared				Somewhat prepared				Not prepared				
	Overall		Male	Female	Overall		Male	Female	Overall		Male	Female	Overall		Male	Female	
	#	%	%	%	#	%	%	%	#	%	%	%	#	%	%	%	***p***
Education	297	43.2	36.8	47.6	269	35.2	38.4	33.1	152	20.0	22.0	18.6	8	1.3	1.3	0.8	
Employment	208	26.8	27.6	26.3	275	38.6	39.7	37.8	206	28.7	25.6	30.8	36	5.6	5.6	5.1	
Housing	137	18.2	19.2	17.4	209	28.2	27.0	29.0	266	37.1	36.1	37.8	112	16.0	16.0	15.8	
Financial Literacy	169	22.2	25.3	20.2	264	35.3	38.6	33.1	232	33.4	25.7	38.6	61	8.8	8.8	8.2	*
Independent Living Skills	366	49.5	45.6	52.2	223	30.5	31.4	30.0	119	17.2	20.1	15.2	18	2.5	2.5	2.7	
Physical Health	291	38.1	36.7	39.0	284	40.5	38.9	41.5	127	17.6	20.3	15.8	23	3.3	3.3	3.7	
Mental/ Behavioral Health	288	38.9	42.6	36.3	292	40.5	36.6	43.3	121	16.9	16.1	17.5	22	2.9	2.9	3.0	
Substance Abuse	480	66.7	59.3	71.8	191	26.0	30.4	22.9	47	6.1	8.5	4.5	7	0.8	0.8	0.6	*
Sexual Health	533	72.6	64.9	77.9	162	23.2	28.8	19.3	21	2.7	4.1	1.8	7	0.8	0.8	0.9	***
Family Planning	452	62.7	55.4	67.6	193	25.9	30.4	22.7	50	6.5	7.0	6.2	27	0.4	0.4	3.4	**
Parenting	39	79.4	48.3	87.1	7	14.2	25.8	11.3	3	5.2	19.4	1.6	1	1.3	1.3	0.0	**
Relationship Skills	388	53.2	50.4	55.2	273	37.3	39.6	35.7	58	8.6	8.9	8.4	6	0.5	0.5	0.7	

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

Table 52. Receipt of Life Skills Preparation, Support Services or Training

	A lot		Some		A little		None	
	#	%	#	%	#	%	#	%
Education	258	33.0	338	48.4	89	13.1	41	5.2
Employment	212	26.3	329	46.5	122	18.2	61	8.6
Housing	146	20.1	288	38.2	174	23.9	116	17.2
Financial Literacy	178	23.7	334	44.7	146	21.2	68	10.0
Independent Living Skills	324	44.2	266	36.1	91	13.5	45	5.9
Physical Health	246	34.7	328	43.9	94	13.5	58	7.6
Mental/ Behavioral Health	273	35.2	298	44.0	80	10.4	73	9.8
Substance Abuse	422	56.4	183	26.8	61	8.3	57	7.9
Sexual Health	465	64.1	188	26.6	47	6.3	24	2.5
Family Planning	398	54.8	203	28.3	61	8.1	59	7.8
Parenting	31	60.6	10	22.4	2	2.6	6	13.1
Relationship Skills	359	49.4	237	32.9	78	10.0	51	7.3

Note: Unweighted frequencies and weighted percentages.

Table 52 examines young people's reported receipt of life skills preparation, support services or training. Over 40 percent of youth in the sample reported receiving little to no training in the area of housing, including knowing about their rights and responsibilities as a tenant, how to search for an apartment, and when to sign a lease. Close to one-third of participants similarly reported little to no training regarding financial literacy. Conversely, nearly two-thirds of youth reported receiving a lot of training on sexual health and family and parenting. Examination of differences by gender (not shown in Table 52) indicate that females were more likely than males to report receiving a lot of training on sexual health (n = 291, 69% and n = 174, 57%, respectively) and parenting (n = 28, 69% and n = 3, 29%, respectively). Over half of participants reported receiving a lot of information on family planning and substance abuse. Females were significantly more likely than males to report receipt of a lot of information regarding substance abuse (n = 258, 61% and n = 164, 50%, respectively).

Youth were also asked about who provided the most help to prepare them to reach their goals in a number of areas (see Table 53). Foster parents were most commonly identified as providing the most help in youths' preparation for the future across multiple life areas. Independent Living Program (ILP) personnel were identified as providing the most help with housing, while other adult relatives were perceived to have most often helped youth with family planning and relationship skills. Notably, almost twenty percent of youth indicated that they rely on themselves the most to prepare for parenting. Females were more likely than males to identify ILP staff as providing the most help regarding employment (n = 75, 16% and n = 35, 12%, respectively), but less likely than males to identify group home staff as providing

the most help in the area of mental/behavioral health (*n* = 23, 5% and *n* = 36, 12%, respectively). Males were more likely than females to report receiving the most help with family planning from group home staff (*n* = 22,7% and *n* = 15, 4%, respectively), adult relatives (*n* = 35, 13% and *n* = 45, 11%, respectively) , and school staff (*n* = 22, 8% and *n* = 24, 5%, respectively), but less likely than females to report receiving the most help with family planning from siblings (*n* = 12, 4% and *n* = 24, 7%, respectively), public health nurses (*n* = 1, <1% and *n* = 20, 4%, respectively), and medical staff (*n* = 9, 2% and *n* = 23, 5%, respectively).

It is worth noting that youths' responses to questions about the individuals from whom they obtained the most help in preparing for adulthood are sensitive to where the youths lived while in out-of-home care. For example, it is very unlikely that a youth would report receiving the most help from group home staff if the youth never lived in group care.

On average, CalYOUTH participants appear to be satisfied with life skills preparation and support services or training across different life domains. As seen in Table 54, the average satisfaction rating for most preparation types falls within the bottom two categories on a 4-point scale (1 = very satisfied, 2 = satisfied, 3 = dissatisfied, 4 = very dissatisfied), thus demonstrating fairly high levels of satisfaction with these particular types of services. The preparation and service areas receiving the lowest satisfaction scores were housing and financial literacy, but even these scores suggest some degree of satisfaction with services. Examination of differences by gender (not shown) indicate that females were more satisfied than males with sexual health preparation, support services or training (*n* = 429, M = 1.4, SD = .58; *n* = 298, M =.1.5, SD = .60, respectively).

Table 53. Person Who Provided Most Help to Achieve Goals

	Education		Employment		Housing		Financial Literacy		Independent Living Skills		Physical Health		Mental/ Behavioral Health		Substance Abuse		Sexual Health		Family Planning		Parenting		Relationship Skills	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
County child welfare agency	34	4.3	23	3.3	46	6.0	24	2.9	23	3.1	16	1.8	24	3.0	21	3.1	10	1.4	12	1.4	0	0.0	12	1.3
Other social service agencies	44	6.2	39	4.7	59	7.5	39	4.7	39	5.0	18	2.5	46	6.4	32	4.3	21	2.7	20	2.7	0	0.0	29	3.9
Biological parent(s)	42	5.5	24	3.3	36	5.6	34	4.7	59	8.3	54	8.0	29	3.9	64	8.5	40	5.8	64	9.1	4	5.8	57	7.7
Adoptive parent(s)	13	1.5	6	0.8	9	1.2	12	1.5	9	1.2	13	1.4	5	0.5	5	0.6	4	0.7	9	1.1	0	0.0	8	1.0
Foster parent(s)	197	26.4	147	18.8	111	14.8	162	21.8	171	23.4	221	30.1	137	17.7	105	13.9	99	13.9	117	16.2	11	23.7	128	17.3
Group home staff	56	8.0	61	8.8	43	6.0	42	6.0	55	7.8	62	7.7	59	7.6	59	7.5	36	0.1	37	5.2	3	6.7	46	6.2
Mentors	37	6.1	46	7.0	42	6.0	41	6.4	30	4.1	25	4.0	38	5.0	41	5.7	39	6.3	32	4.8	1	2.6	50	6.2
Adult relatives	59	8.7	58	8.0	64	9.3	62	9.2	67	10.4	72	10.4	50	8.3	62	9.3	48	6.8	80	11.5	4	5.1	73	11.3
Other youth in foster care	3	0.6	4	8.9	6	0.9	3	0.4	3	0.2	4	0.8	6	0.9	5	0.9	5	0.7	5	0.8	0	0.0	4	0.9
Sibling(s)	31	4.2	28	4.2	23	3.0	20	2.8	19	2.2	20	2.8	20	2.7	29	4.5	20	3.1	36	5.5	1	2.6	57	7.9
Court-appointed special advocate	15	1.5	9	0.9	11	1.3	8	0.8	5	0.7	3	0.3	9	1.1	6	0.8	3	0.3	4	0.4	0	0.0	13	1.4

Table 53 (*continued*)

	Education		Employment		Housing		Financial Literacy		Independent Living Skills		Physical Health		Mental/ Behavioral Health		Substance Abuse		Sexual Health		Family Planning		Parenting		Relationship Skills	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Independent Living Program (ILP) staff	55	6.8	110	14.6	131	17.8	136	18.3	125	17.3	49	7.1	35	5.9	41	5.4	59	9.2	55	8.4	1	2.6	26	3.4
Wraparound team members	12	2.1	14	2.4	7	1.6	7	1.1	6	1.0	5	0.9	10	1.6	9	1.9	0	0.0	3	0.4	1	4.1	9	1.7
School program (SAT prep, study skills training, college fair)	13	1.6	31	4.0	7	0.9	18	2.7	2	0.4	8	0.8	2	0.4	17	1.9	48	5.5	25	3.1	3	5.2	3	0.5
School staff (teachers, counselors, administrators)	39	5.9	35	5.0	10	1.0	27	3.6	6	0.6	8	1.1	15	2.1	46	6.1	78	9.7	46	6.4	1	1.3	13	1.7
Public Health Nurse	1	0.3	0	0.0	0	0.0	1	0.1	0	0.0	10	1.7	11	1.7	3	0.2	35	4.0	21	2.5	4	9.0	0	0.0
Medical staff (doctor or nurse)	0	0.0	0	0.0	0	0.0	0	0.0	1	0.0	27	3.9	20	2.7	7	1.0	76	10.0	32	4.0	0	0.0	1	0.2
Probation officer	0	0.0	0	0.0	0	0.0	0	0.0	1	0.3	3	0.2	2	0.3	12	1.6	2	0.1	4	0.3	0	0.0	0	0.0
Social Media (advertisements, Facebook, etc.)	3	0.4	1	0.1	0	0.0	2	0.2	0	0.0	2	0.2	2	0.2	3	0.5	1	0.0	5	0.7	0	0.0	1	0.1
Other adults	13	1.8	17	2.2	24	3.1	14	2.0	14	1.4	15	1.9	23	2.3	25	3.7	11	1.5	15	2.1	2	3.9	24	2.6
No one helped	5	0.8	31	4.7	53	7.6	29	5.0	22	3.2	36	4.2	34	4.2	31	4.4	23	3.2	26	3.2	3	3.9	23	3.2
Myself	48	6.6	32	4.2	35	4.9	37	4.9	62	8.3	47	7.4	56	7.4	72	9.3	51	7.1	62	8.1	8	18.6	81	11.5
Therapist	2	0.1	5	0.8	2	0.1	4	0.3	6	0.6	2	0.1	88	13.3	25	3.9	10	1.3	8	0.8	2	3.9	63	9.2

Note: Unweighted frequencies and weighted percentages

Table 54. Satisfaction with Life Skills Preparation, Support Services, or Training

	#	Mean (SD)
Education	726	1.9 (0.6)
Employment	722	1.9 (0.7)
Housing	723	2.1 (0.8)
Financial literacy	723	2.0 (0.7)
Independent living skills	725	1.8 (0.7)
Physical health	723	1.8 (0.7)
Mental/ behavioral health	720	1.8 (0.7)
Substance abuse	723	1.6 (0.7)
Sexual health	722	1.5 (0.6)
Family planning	721	1.5 (0.6)
Parenting	49	1.6 (0.8)
Relationship skills	723	1.6 (0.6)

Note: Unweighted frequencies and weighted means.

Foster Care and Extended Foster Care in California

The implementation of extended foster care involved many changes in the opportunities for youth in foster care in California nearing the age of majority. In the following tables, we examine how well young people in our sample understand the changes that have taken place. In interpreting this information, it is important to keep in mind that many CalYOUTH baseline survey participants were several months or more away from their 18th birthday, and, like many young people, may not yet have been paying close attention to their potential change in status at age 18. Table 55 shows that young people were aware of the main implication of the law, with over 95 percent of youth correctly stating that they were eligible to stay in care past 18 and over two-thirds of youth correctly stating that they must exit foster care at 21.

Over two-thirds of youth also reported that they desire to stay in care after the age of 18 (Table 56). Youth reported that they would generally desire to leave care so that they could have more independence. When asked why they would most want to stay in care past 18, youth most commonly report a desire to further their education and receive support for material goods and housing.

Table 55. Knowledge of Extended Foster Care

	#	%
Youth in California are eligible to stay in care after they turn 18		
Yes	705	97.3
No	16	2.1
Don't know	6	0.6
Age at which youth must exit foster or the age at which the system is no longer responsible		
18	74	9.4
19	11	1.5
20	6	0.9
21	487	67.6
22	30	4.4
23	19	3.0
24	36	4.9
25	23	3.0
Don't know	41	5.5

Note: Unweighted frequencies and weighted percentages.

Table 56. Desire to Stay in Care

	#	%
Would you want to stay in foster care after age 18?		
Yes	475	67.4
No	221	28.6
Which of the following reasons is closest to why you would most NOT want to stay in care after age 18?		
You want to be on your own and want more freedom	103	38.6
You do not want to deal with social workers anymore	36	15.0
You want to live with biological parents	23	9.3
You want to join the military	18	8.6
You do not want to deal with the court system anymore	17	8.1
You want to live with girlfriend or boyfriend	16	6.5
You do not want to deal with foster parents or group home staff anymore	15	5.0
Something else	22	8.3
Which of the following reasons is closest to why you would most WANT to stay in care after age 18?		
You want to continue receiving housing and other material support	190	37.1
You want help achieving educational goals	217	45.6
You are happy in current foster care placement	51	8.8
You do not have anywhere else to go	31	5.1
You want to continue having an attorney and court hearings	1	0.4
You want to continue meeting with your county social worker	1	0.1
You live with a relative/friend who needs the foster care payment	1	0.1
Something else	11	2.4

Note: Unweighted frequencies and weighted percentages.

Table 57. Understanding of Extended Foster Care

	True				False				Don't Know				
	Overall		Male	Female	Overall		Male	Female	Overall		Male	Female	
	#	%	%	%	#	%	%	%	#	%	%	%	*p*
Youth have to be in school full-time in order to qualify for extended foster care.	413	57.0	53.7	59.3	221	30.2	29.8	30.5	93	12.7	16.5	10.2	
Youth have to be working full-time to qualify for extended foster care.	226	29.3	33.7	26.2	369	52.7	46.0	57.4	132	18.0	20.3	16.4	*
Youth have to be working AND in school in order to qualify for extended foster care.	193	27.4	30.6	25.2	424	58.8	54.9	61.4	110	13.9	14.5	13.4	
Youth in extended foster care have to see their social worker(s) at least once a month.	585	79.9	80.2	79.6	57	8.0	7.9	8.1	85	12.1	11.9	12.3	
Youth in extended foster care have to check in with the court at least twice a year.	455	63.7	60.5	65.8	77	10.2	10.1	10.3	195	26.1	29.4	23.9	
Youth in care on their 18th birthday automatically stay in extended foster care unless they decide to leave.	501	70.0	63.5	74.4	136	17.9	22.0	15.2	90	12.1	14.5	10.4	*
Youth who exit care after 18 are allowed to re-enter the system up until the age of 21.	466	63.4	63.3	63.5	124	17.2	16.5	17.7	137	19.4	20.2	18.8	
Youth in extended foster care may get their foster care payment paid directly to them.	466	62.7	60.6	64.1	92	12.2	12.3	12.2	169	25.1	27.1	23.7	
Youth cannot receive extended foster care benefits if they move out of their home county or the state.	244	34.4	40.5	30.3	252	32.8	27.5	36.4	231	32.8	32.0	33.3	*
Roommates of youth in extended foster care need to submit to criminal background checks.	410	54.9	53.4	55.8	142	19.9	20.3	19.7	175	25.2	26.3	24.5	
Youth who are in a foster care placement and on probation at age 18 are not eligible for extended foster care.	91	12.8	17.0	9.9	328	44.4	43.7	45.0	308	42.8	39.3	45.2	*
Youth who are pregnant can be in extended foster care.	531	71.3	67.5	74.0	46	7.4	8.5	6.7	150	21.3	24.0	19.4	

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

Tables 57 and 58 delve into participants' understanding of regulations affecting extended care in further detail, illustrating that many youth approaching the age of majority in care in California are not yet fully aware of their opportunities and obligations under the new law. The majority of CalYOUTH participants

reported clarity on their basic responsibilities under the law, including going to court twice a year and seeing their social workers at least once a month. Youth were also aware of their re-entry rights that payments may go directly to them, and that extended foster care is an opt-out program. However, there were some areas where youth appeared to be less well informed. For example, youth were relatively evenly split on whether moving out of one's home county results in the loss of benefits. Additionally, almost 60 percent of youth reported that they must be in school full-time in order to qualify for extended foster care. While a majority of respondents were aware that youth in foster care and on probation are eligible for extended care, a slightly smaller number reported not knowing how probation status impacts extended foster care eligibility.

Table 58. Understanding of Living Arrangements Under Extended Foster Care

	Yes		No		Don't know	
Can youth in extended foster care live in/with…?	#	%	#	%	#	%
An independent living arrangement that has been approved by a social worker (SILP)?	599	82.2	18	2.3	110	15.5
Transitional housing, like THP-Plus Foster Care?	563	77.4	30	4.8	134	17.8
An approved home of a friend or relative?	605	84.7	60	7.3	62	8.0
A foster family home or foster family agency?	591	80.5	40	6.2	96	13.3
An approved home of a non-related legal guardian (for example, with foster parents)?	611	85.2	37	4.2	79	10.7
Group homes after the age of 19?	219	32.1	294	39.4	214	28.4
The person she/he was taken from when she/she entered care?	269	40.1	295	37.5	163	22.4

Note: Unweighted frequencies and weighted percentages.

As seen in Table 59, CalYOUTH participants generally reported accurate knowledge about approved living arrangements in extended foster care. However, there was some confusion regarding the availability of group homes after the age of 19 and whether a young person can return to live with the person he/she was originally removed from. An examination of gender differences (not shown) demonstrated that a higher percentage of females than males correctly reported knowing that they can live in an approved home of a friend or relative and an approved home of a non-related legal guardian (n = 372, 88% and n = 239, 82%, respectively).

Table 59. Experience Preparing for Foster Care after Age 18

	#	%
How would you describe the role that you have played in the development of your transitional living plan?[N]		
I led the development of my independent living plan.	171	23.3
I was involved in the development of my independent living plan, but did NOT lead it.	309	41.9
I was NOT involved in the development of my independent living plan.	43	5.2
I am not aware of my independent living plan.	181	26.1
How satisfied are you with team meetings you participated in to help you decide about staying in foster care past 18, develop an independent living plan, or make other decisions about your future?		
Very satisfied	146	19.2
Satisfied	338	46.3
Dissatisfied	39	5.3
Very dissatisfied	17	2.0
Was not involved in team meetings	184	26.8
How much information have you received about extended foster care in California?		
A lot	246	33.3
Some	325	44.6
A little	119	17.5
None	34	4.3
Who has provided you with the MOST information about extended foster care?		
The county child welfare agency	168	21.5
Other social service agencies	144	20.9
Biological parent(s)	4	0.8
Adoptive parent(s)	2	0.2
Foster parent(s)	58	8.0
Group home staff	39	5.2
Mentors (Big Brother/Big Sister, other volunteer or informal mentor)	15	1.6
Adult relatives	10	1.4
Other youth in foster care	15	2.7
Sibling(s)	6	0.5
Court-Appointed Special Advocate (CASA)	23	2.6
Independent Living Program (ILP) staff	149	20.0
Wraparound team members	8	1.5
School staff (teachers, guidance counselors, administrators)	2	0.4
Social Media (TV advertisements, Facebook, Twitter)	2	0.6
Other adults	46	7.0
No one provided help	13	1.8
Myself	11	1.9
Therapist	7	0.8

Table 59 (*continued*)

	#	%
How much conflicting information have you received from these sources about extended care?		
A lot	199	27.7
Some	284	40.6
A little	128	16.7
None	98	13.0
Do you have a person you feel confident will always give you correct information about extended foster care?		
Yes	613	84.4
No	104	14.5
Which person on this list is the one you were thinking of when you said that there is someone you feel confident will always give you correct information about extended foster care? (n = 613)		
The county child welfare agency	123	18.5
Other social service agencies	104	17.7
Biological parent(s)	4	0.9
Adoptive parent(s)	6	0.8
Foster parent(s)	68	11.4
Group home staff	39	6.0
Mentors (Big Brother/Big Sister, other volunteer or informal mentor)	24	4.3
Adult relatives	9	1.6
Other youth in foster care	3	0.7
Sibling(s)	10	1.6
Court-Appointed Special Advocate (CASA)	37	4.7
Independent Living Program (ILP) staff	107	16.0
Wraparound team members	13	3.4
School staff (teachers, guidance counselors, administrators)	2	0.5
Probation officer	1	0.1
Social Media (TV advertisements, Facebook, Twitter)	2	0.3
Other adults	54	10.2
Myself	1	0.4
Therapist	4	0.9

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

Delinquency and Justice System Involvement

Given the evidence linking child maltreatment to later criminal behavior, it should not be surprising that studies show youth aging out of foster care experience high levels of criminal justice involvement and are engaged in behaviors that put them at risk for being involved in the legal system at higher rates than their non-foster peers (Courtney et al., 2005; Courtney et al., 2004; Cusick, Havlicek, & Courtney, 2012; Reilly, 2003; Vaughn, Shook, & McMillen, 2008; Widom & Maxfield, 2001). In the Midwest Study,

Courtney and colleagues (2004) found that at ages 17 and 18 foster youths were more likely than a national sample of adolescents to have committed a range of offenses during the previous year. At the second interview wave when most participants were 19 years of age, 28 percent of youth had been arrested, 12 percent had been convicted of a crime, and about 25 percent had been incarcerated (Courtney et al., 2005). Similarly, Vaughn and colleagues (2008) reported that 20 percent of participants in a study of foster youth in Missouri had been arrested between time of discharge and age 19. Reilly (2003) found that 45 percent of the youth in his study who had exited care during the last three years had been in some sort of trouble with the law since the time that they left care.

Perhaps unsurprisingly, research shows that there are significant gender differences for criminal justice involvement. The Midwest Study found that males in the sample were more likely than their female counterparts to report experiencing arrests, convictions and incarcerations (Courtney et al., 2005). Similarly, in the study by Vaughn and associates (2008), the subsample of participants found to have low-risk for criminal justice involvement was comprised of a higher proportion of females than the medium and high-risk groups.

Table 60a compares self-reported delinquency in the previous 12 months of young people in the CalYOUTH sample to their peers in Add Health. There were significant differences between youth in the two samples regarding delinquent activity. Add Health participants generally reported lower levels of delinquent activity than their CalYOUTH counterparts.

There were similar patterns when we examined self-reported delinquency by gender (Table 60b). Among CalYOUTH participants, males generally reported more delinquent behavior than their female counterparts. Add Health males were less likely than males in CalYOUTH to report engagement in several delinquent behaviors. Similarly, CalYOUTH females were more likely than their female counterparts in Add Health to report several types of delinquent behavior.

As seen in Table 61, nearly two-fifths of CalYOUTH participants reported having been arrested at least once, while one in five have been convicted of a crime. Over one-quarter of CalYOUTH respondents have been confined in a criminal justice institution at some point (i.e., jail, prison, correctional facility, or juvenile or community detention facility) in connection with allegedly committing a crime.

Table 60a. Delinquency During Past Twelve Months for Overall Samples (CalYOUTH Compared to Add Health) (*n* = 719)

	CalYOUTH								Add Health								
	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		
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	*p*
Deliberately damaged property that did not belong to you	524	72.6	129	17.6	28	4.5	24	3.6	1388	84.1	206	12.3	34	2.1	16	1.0	***
Took something from store without paying for it	495	69.7	126	16.6	34	4.7	51	7.2	1271	76.8	232	14.2	65	3.8	74	4.7	***
Got into serious physical fight	405	55.8	220	29.5	46	7.6	39	5.9	1188	72.6	330	19.3	65	4.3	60	3.4	***
Hurt someone badly enough to need bandages or care from doctor or nurse	554	76.5	118	16.9	21	2.6	7	0.9	1369	83.4	204	11.9	42	2.4	28	1.8	***
Drove a car without owner's permission	644	88.7	44	6.5	10	1.8	10	1.2	1474	89.7	127	6.9	26	1.9	17	1.1	***
Stole something worth more than $50	619	85.9	63	8.3	16	2.9	11	1.1	1558	94.5	50	2.9	16	1.0	20	1.2	***
Went into a house or building to steal something	650	89.4	38	5.4	9	1.8	10	1.4	1574	96.0	43	1.8	15	1.0	13	0.7	***
Used or threatened to use a weapon to get something from someone	659	91.0	36	5.1	11	1.8	5	0.7	1579	96.0	51	2.7	8	0.3	8	0.6	***
Sold marijuana or other drugs	590	81.7	41	5.5	17	1.8	54	8.2	1491	90.9	76	4.8	24	1.1	55	2.8	***
Stole something worth less than $50	529	75.3	113	14.1	15	2.1	49	6.6	1343	82.4	190	10.1	36	2.1	76	5.0	***
Took part in a fight where a group of your friends was against another group	575	79.2	95	13.1	25	4.2	15	2.2	1366	83.9	219	12.0	31	1.8	30	1.8	***
Was loud, rowdy, or unruly in public place	399	58.3	189	24.9	54	7.1	62	7.7	892	53.1	486	31.0	148	8.5	120	7.0	***

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

Table 60b. Delinquency During Past Twelve Months for Samples by Gender (CalYOUTH Compared to Add Health) (*n* = 719)

	CalYOUTH									Add Health								
	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	*p*	Male	Female	Male	Female	Male	Female	Male	Female	
	%	%	%	%	%	%	%	%		%	%	%	%	%	%	%	%	
Deliberately damaged property that did not belong to you	66.3	76.8	22.4	14.4	3.6	5.1	4.8	2.8	*	74.8	90.4	18.3	8.3	4.2	0.7	2.3	0.20	a
Took something from store without paying for it	69.0	70.2	18.0	15.7	4.3	4.9	6.5	7.7		71.2	80.6	16.2	12.8	5.0	2.9	6.9	3.20	b
Got into serious physical fight	48.7	60.5	29.6	29.5	10.8	5.5	8.5	4.1	**	61.8	79.9	25.8	14.8	6.1	3.0	5.8	1.80	a
Hurt someone badly enough to need bandages or care from doctor or nurse	69.1	81.5	21.9	13.5	3.1	2.2	1.6	0.5	*	72.9	90.5	18.6	7.3	4.3	1.1	3.6	0.60	a
Drove a car without owner's permission	85.6	90.8	7.4	5.9	2.4	1.4	1.9	0.7		84.9	93.0	9.4	5.2	3.3	0.9	1.9	0.50	
Stole something worth more than $50	84.4	87.0	7.6	8.8	4.8	1.6	1.2	1.1		90.7	97.0	4.8	1.6	2.2	0.1	1.7	0.30	a
Went into a house or building to steal something	86.8	91.2	6.4	4.7	1.9	1.7	2.6	0.0		93.0	98.0	3.3	0.8	1.6	0.6	1.5	0.20	a
Used or threatened to use a weapon to get something from someone	91.1	91.0	4.8	5.3	0.9	2.4	1.7	0.0		94.0	97.3	4.3	1.6	0.5	<.01	0.8	0.50	b

Table 60b (*continued*)

	CalYOUTH									Add Health								
	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	*p*	Male	Female	Male	Female	Male	Female	Male	Female	
	%	%	%	%	%	%	%	%		%	%	%	%	%	%	%	%	
Sold marijuana or other drugs	76.0	85.6	7.1	4.4	1.7	1.9	12.1	5.6	*	34.6	56.2	2.5	2.3	0.9	0.3	2.2	0.6	[a]
Stole something worth less than $50	73.9	76.3	14.9	13.5	2.2	2.0	6.9	6.3		75.5	87.1	14.4	7.1	2.3	1.9	7.2	3.40	[b]
Took part in a fight where a group of your friends was against another group	74.7	82.2	14.5	12.1	5.9	3.1	3.3	1.5		7.6	89.1	16.8	8.8	3.6	0.6	3.0	1.00	[b]
Was loud, rowdy, or unruly in public place	63.0	55.1	18.9	29.0	5.2	8.3	10.3	5.9	**	49.1	55.8	30.1	31.6	9.7	7.7	10.6	4.50	[b]

*$p < .05$, **$p < .01$; *Note*: Unweighted frequencies and weighted percentages. CalYOUTH males and females differ significantly.
[a]Add Health males and females differ significantly from CalYOUTH males and females ($p < .001$). The exception is for Add Health males compared to CalYOUTH males for the item, "Hurt someone badly enough to need bandages or care from doctor or nurse," statistically significant at $p < .01$.
[b]Add Health and CalYOUTH females differ significantly ($p < .001$).

Table 61. Criminal Justice System Involvement (*n* = 719)

Type of Involvement	#	%
Ever been arrested	283	39.2
Ever been convicted of a crime	150	21.3
Ever been confined in jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime[N]	178	25.0

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

Table 62a shows that young people in CalYOUTH reported higher rates of exposure to and perpetration of violence than their nationally representative peers in Add Health. For example, CalYOUTH participants were almost twice as likely as their peers in Add Health to report getting into a physical fight and witnessing someone shoot or stab another person more than once in the previous year.

Table 62a. Victimization and Perpetration during Past Twelve Months for Overall Samples (CalYOUTH Compared to Add Health) (*n* = 719)

	CalYOUTH						Add Health						
	Never		Once		More than Once		Never		Once		More than Once		
	#	%	#	%	#	%	#	%	#	%	#	%	*p*
You saw someone shoot or stab another person	587	81.4	64	8.6	49	7.5	1418	86.2	155	9.8	71	3.4	***
Someone pulled a knife or gun on you	584	79.6	67	10.3	51	7.7	1402	87.1	194	10.0	49	2.5	***
Someone shot you	690	95.4	13	2.0	7	1.2	1628	98.2	14	1.3	3	0.1	***
Someone cut or stabbed you	672	93.2	28	3.8	13	1.9	1568	95.2	66	3.7	11	0.6	***
You got into a physical fight	409	55.4	156	22.4	147	21.0	1177	73.6	258	14.8	210	11.1	***
You were jumped	614	83.7	66	9.1	28	5.3	1453	89.2	150	8.6	42	1.7	***
You pulled a knife or gun on someone	664	91.1	27	4.4	15	2.4	1558	95.5	59	2.9	28	1.1	***
You shot or stabbed someone	694	95.8	6	1.2	7	1.0	1616	98.2	23	1.1	7	0.2	**

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

As seen in Table 62b, reports of victimization—exposure to and perpetration of violence—are also significantly different by gender. Within the CalYOUTH sample, males reported higher exposure to violence (e.g., someone pulled a knife or gun on you, you were jumped) than females, as well as higher rates of violence perpetration (e.g., you pulled a knife on someone, you shot or stabbed someone). Compared to female participants in CalYOUTH, Add Health females reported lower levels of exposure to and perpetration of violence. Add Health males also generally reported lower levels of exposure to and perpetration of violence than CalYOUTH males.

Table 62b. Victimization and Perpetration during Past Twelve Months by Gender (CalYOUTH Compared to Add Health) (*n* = 719)

	CalYOUTH							Add Health						
	Never		Once		More than Once			Never		Once		More than Once		
	Male %	Female %	Male %	Female %	Male %	Female %	*p*	Male %	Female %	Male %	Female %	Male %	Female %	
You saw someone shoot or stab another person.	77.9	83.7	10.9	7.0	8.9	6.5		82.3	88.8	10.7	9.3	6.3	1.5	b
Someone pulled a knife or gun on you.	72.8	84.2	14.3	7.6	10.4	5.9	**	77.9	93.3	16.4	5.6	5.2	0.6	a
Someone shot you.	94.3	96.1	2.6	1.5	1.4	1.0		97.6	98.5	1.6	1.0	0.3	0.0	a
Someone cut or stabbed you.	90.4	95.1	5.9	2.4	2.6	1.4		91.9	97.4	6.5	1.9	1.2	0.2	b
You got into a physical fight.	49.8	59.2	23.0	22.1	25.2	18.3	*	61.3	81.9	19.6	11.6	18.7	6.0	a
You were jumped.	78.7	87.1	10.7	8.0	8.5	3.2	*	81.9	94.2	13.8	5.0	3.8	0.4	a
You pulled a knife or gun on someone.	90.6	91.5	4.1	4.7	3.6	1.6	**	92.5	97.6	4.7	1.6	2.3	0.3	b
You shot or stabbed someone.	95.1	96.3	1.2	1.1	1.4	0.6		97.3	98.8	1.8	0.7	0.4	0.1	a

*$p < .05$, **$p < .01$; *Note*: Unweighted frequencies and weighted percentages. CalYOUTH males and females differ significantly.
[a]Add Health males and females differ significantly from CalYOUTH males and females ($p < .001$). The exception is for Add Health males and females compared to CalYOUTH males and females for the item, "You shot or stabbed someone," statistically significant at $p < .05$.
[b]Add Health females differ significantly from CalYOUTH females ($p < .001$).

As seen in Table 63, Add Health females are less likely than CalYOUTH females to carry weapons to school. Add Health participants (both males and females) are also less likely than CalYOUTH participants to report needing medical treatment after a physical fight. Finally, CalYOUTH males are more likely than CalYOUTH females to report needing medical treatment after a fight.

Table 63. Other Delinquency (*n* = 719)

	CalYOUTH							Add Health							
	Overall		Male		Female			Overall			Male		Female		
	#	%	#	%	#	%	*p*	#	%		#	%	#	%	
During the past 30 days, how many days did you carry a weapon—such as a gun, knife, or club—to school?															b
None	642	90.4	251	87.9	391	92.1		1534	93.7		744	89.3	790	96.7	
1 day	14	1.9	8	2.3	6	1.6		31	1.5		27	2.9	4	0.5	
2 or 3 days	16	2.3	8	3.0	8	1.9		29	1.9		21	2.8	8	1.3	
4 or 5 days	7	0.5	4	0.6	3	0.5		6	0.4		6	1.0	0	0.0	
6 or more days	22	2.4	12	3.2	10	1.9		44	2.0		30	3.5	14	1.0	
During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?							*			a					b,c
0 times	608	83.6	232	78.9	376	86.8		807	91.6		734	88.0	770	94.0	
1 time	40	5.7	20	7.5	20	4.5		96	5.2		61	7.3	35	3.8	
2-10 times	29	4.3	19	6.7	10	2.7		36	2.2		27	3.4	9	1.4	
11 or more times	5	0.1	2	0.4	3	1.3		6	0.3		6	0.7	0	0.0	

*$p < .05$; *Note*: Unweighted frequencies and weighted percentages. CalYOUTH males and females differ significantly.
[a]Add Health and CalYOUTH samples differ significantly overall ($p < .001$).
[b]Add Health females differ significantly from CalYOUTH females ($p < .001$).
[c]Add Health males differ significantly from CalYOUTH males ($p < .01$).

Summary and Next Steps

The CalYOUTH Baseline Youth Survey provides the most comprehensive view to date of young people approaching the transition to adulthood from foster care in California, the state with the largest foster care population in the nation. That over 95 percent of the young people asked to participate in CalYOUTH did so is evidence of their willingness to share their experiences in the interest of improving services for young people in state care. What the youth told us about themselves and the foster care system is valuable information for policymakers, program developers, advocates, and practitioners interested in better meeting the needs of transition-age youth in care. Policy and practice should be informed by a deeper understanding of the strengths and challenges these young people bring with them as they approach adulthood. While the practical implications of findings from the CalYOUTH Baseline Youth Survey will become clearer as future analyses dig beneath the descriptive information provided here, certain themes are already apparent.

First, the diversity of the CalYOUTH participants clearly indicates the inappropriateness of a one-size-fits-all approach to extended foster care. Reflecting the changing demography of the US population, they are primarily people of color, one-third has at least one parent born outside of the US, and one in twenty was born outside of the US. If extended care is to engage these young people, it must be sensitive to culture and community.

Moreover, demographic categorization only scratches the surface of the diverse needs of these youth. CalYOUTH participants varied widely in every area of functioning we assessed. To be sure, 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 risky behaviors, and many became parents at an early age. This is strong evidence of their need for ongoing support. But averages can be very misleading. For example, many of these young people are on track to graduate from high school and thrive in college, are working at least part time, and have no serious health problems to challenge their

progress. In contrast, others suffer from multiple challenges to a successful transition to adulthood and may require intensive support for many years. Extended care should provide living arrangements and connections to formal and informal supports that recognize this wide range of needs.

Second, the *CalYOUTH Baseline Youth Survey* provides encouraging evidence of the resilience of older adolescents in foster care. In spite of their histories of trauma before entering care and frequent instability while in care, they remain overwhelmingly optimistic about their future and have very high aspirations. The vast majority reports receiving advice and emotional and tangible support from multiple adults and being satisfied with the support they receive. Most are close to and in regular contact with members of their family of origin. Many have romantic partners and report generally healthy relationships with their partners.

Third, most (but not all) youth see the benefits of the care they have received to date from the government and wish to be able to continue to rely on government support as they make the transition to adulthood. Most *CalYOUTH Baseline Youth Survey* participants express positive views of the key players in the foster care system (foster parents, social workers, attorneys) and over two-thirds would stay in care after 18. Put simply, most of these young people are inclined to be engaged with the service system, if efforts are made to engage them, though it is important to keep in mind that a minority is less convinced of the benefits of connection to the system. This latter group may be more difficult to engage in transition planning and may benefit the most from extended care.

Lastly, work remains to be done when it comes to preparing youth in care for the transition to adulthood. While nearly all *CalYOUTH Baseline Youth Survey* participants knew that they could remain in care past their 18th birthday, many were less certain of important details of the law that affect their ability to take advantage of extended care. Moreover, youths' perceptions of their preparedness for independence and their description of the kinds of help they had received to date suggest that significant gaps exist. That they felt least prepared in areas focused on basic survival, such as housing, employment and financial literacy, and that they also reported receiving the least help in those areas, warrants particular attention.

This report is descriptive in nature; going forward we will be examining youths' responses in more depth. For example, are particular placement types associated with the availability of social support? Which youth characteristics and experiences are associated with youths' desire to stay in extended care? Are youth from urban counties more or less likely than those from rural counties to report a dearth of particular kinds of services? Answers to these and similar questions can help inform development of services and training of child welfare workers and other professionals who provide support to foster youth and nonminor dependents. We will also be comparing and contrasting youth reports from the *CalYOUTH Baseline Youth Survey* with workers' perceptions of the needs of youth and the availability of services at

the county level obtained via the CalYOUTH Child Welfare Worker Survey. This can potentially help identify areas of youths' needs that are not yet fully appreciated by child welfare workers and administrators. 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 provide timely information over the next several years about California's ambitious implementation of extended foster care.

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Appendix A. Summary of Scales and Items Used in the Baseline 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
Festinger	Festinger, T. (author of scale from which items were adapted)
FF	Fragile Families and Child Wellbeing Study
IYBI	In Youths' Best Interest
LEQ	Lifetime Experiences Questionnaire
MINI	Mini International Neuropsychiatric Interview for Children and Adolescents
MWS	Midwest Study of the Adult Functioning of Former Foster Youth
NSA	National Survey of Adolescents
NYTD	The Chafee National Youth in Transition Database
PE	Psychotropic Experiences
SSNQ	Social Support Network Questionnaire
TIPI	Ten Item Personality Inventory
WRAT4	Wide Range Achievement Test 4

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

Table A-2. Scales and Items used in the Baseline Youth Survey

TABLE	DOMAIN	SOURCE
Individual and Family Background Prior to Care		
2	Demographic Characteristics	MWS, CAL, NYTD
3	Family of Origin	MWS
4	Caregiver Characteristics	MWS
5	Maltreatment Prior to Care	LEQ
6	Sexual Abuse Prior to Care	NSA
Experiences During Foster Care		
7	Youth's Current Living Situation (Household Roster)	CAL, MWS
8-10	Experience in Care	CAL, MWS
11-14	Closeness to People, Supportive Relationships with Others, Visits with Family Members, Relatives' Relationship with Foster Family/Group Home Staff	MWS
15	Attitude and Feelings about Foster Care	Festinger
16	Optimism About Future	MWS
Socioeconomic Status		
17-20	Educational: Status, Aspirations, Encouragement, & Absences from School and Changes in School	MWS, AH, CAL
21-22	Employment & Supplemental Financial Support	AH, NYTD
Health and Development		
23-27	Health Status, Health Care Utilization, Location of Services, Medication, & Height/Weight	NYTD, AH, MWS, PE
28	Suicide	CIDI
29-30	Psychiatric Disorders	MINI
31-32	Pregnancy	NYTD, AH
33	Sexual Orientation	AH
34	Personality	TIPI
--	Reading Ability	WRAT4
Social Support and Community Connections		
35-43	Social Networks and Support	SSNQ
44	Experiences with the Transition to Adulthood	AH
45	Religiosity	AH
Children, Parenting, and Romantic Partnerships		
46-47	Number of Children and Dependency, Living Arrangements, Parent Involvement	MWS, AH
48-50	Relationship Characteristics & Quality	MWS, AH, FF, CAL
Services and Public System Involvement		
51-54	Receipt of Health & Mental/Behavioral Health Services	CAL
55-59	Foster Care and Extended Foster Care in California	IYBI, NYTD, CAL
Delinquency and Justice System Involvement		
60-63	Delinquency, Victimization and Justice System Involvement	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-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 represent study domains with questions constructed by the CalYOUTH research team. These survey questions primarily focus on youths' experiences with their attorneys and the courts, their receipt of independent living services, as well as their knowledge of extended foster care legislation in California. All the questions were reviewed for appropriateness and acceptability by various stakeholders in California before being included in the study.

CIDI: Composite International Diagnostic Interview

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

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

Festinger

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

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.

IYBI: In Youths' Best Interest: Implementing AB 12 and Supporting Youths' Transitions to Adulthood

The John Burton Foundation. (2011). *In youth's best interest: Implementing AB 12 and supporting youth's transitions to adulthood*. Retrieved from http://www.cafosteringconnections.org/pdfs/042711/JBF%20THP-Plus%20Participants%20Survey%20Results.pdf

Several items in CalYOUTH concerning youths' understanding and perception of foster care and extended foster care in California were adapted from a study conducted by The John Burton Foundation with 397 emancipated foster youth. The purpose of this study was to glean information helpful to extended foster care policy planning and implementation. The "In Youth's Best Interest" report provides an overview of results from this survey.

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 for Children and Adolescents

Sheehan, D. V., Sheehan, K. H., Shytle, R. D., Janavs, J., Bannon, Y., Rogers, J. E., Milo, K. M., Stock, S. L., & Wilkinson, B. (2010). Reliability and validity of the Mini International Neuropsychiatric Interview for children and adolescents (MINI-KID). *Journal of Clinical Psychiatry*, *71*(3), 313–326. https://medical-outcomes.com/index/mini

The M.I.N.I. International Neuropsychiatric Interview for Children and Adolescents (M.I.N.I. Kid 6.0) is a short, structured diagnostic interview for DSM-IV and ICD-10 psychiatric disorders in children and adolescents. 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. Kid 6.0 to assess psychiatric disorders including depression, bipolar disorder, social phobia, OCD, PTSD, alcohol and substance abuse/dependence, ADHD, conduct disorder, oppositional defiant disorder, and psychotic disorders.

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 Study of the Adult Functioning of Former Foster Youth, 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.

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 directly from the National Survey of Adolescents 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 tested "relationships among serious victimization experiences, the mental health effects of victimization, substance abuse/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 was 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.

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.

TIPI: Ten Item Personality Inventory

Gosling, S. D., Rentfrow, P. J., & Swann, W. B. (2003). A very brief measure of the Big-Five personality domains. *Journal of Research in Personality, 37*, 504–528.

This extremely brief measure of personality comes from a framework of the most widely used and extensively researched model of personality (Gosling et al., 2003). The Big-Five framework assesses personality traits in their broadest and most abstract form including the following dimensions:

- Extraverted, enthusiastic (sociable, assertive, talkative, active, NOT reserved or shy)
- Agreeable, kind (trusting, generous, sympathetic, cooperative, NOT aggressive or cold)
- Dependable, organized (hard working, responsible, self-disciplined, thorough, NOT careless, or impulsive)
- Emotionally stable, calm (relaxed, self-confident, NOT anxious, moody, easily upset, or easily stressed)
- Open to new experience, imaginative (curious, reflective, creative, deep, open-minded, NOT conventional).

Gosling et al. (2003) used several valid and reliable but longer personality measures (5-15 minutes in length; 44-100 items) and developed and tested two much shorter versions: one with 5 items (FIPI) and another with 10 (TIPI). They each take about 1 minute. The authors concluded that both instruments can stand alone as reasonable proxies of longer Big-Five instruments but the 10-item version is psychometrically superior. The CalYOUTH study used the 10-item version.

WRAT4: Wide Range Achievement Test 4

Wilkinson, G. S., & Robertson, G. J. (2006). *Wide Range Achievement Test (WRAT4) professional manual*. Lutz, FL: Psychological Assessment Resources.

The Wide Range Achievement Test: Fourth Edition (WRAT4) is an instrument used to gauge basic academic skills that are needed for thinking, learning, and communication (Wilkinson and Robertson, 2006). The original WRAT was developed over 70 years ago and has been used as a supplement to the Wechsler-Bellevue Scales of intelligence test to measure codes needed to learn reading, spelling, and arithmetic. The full instrument includes four subtests: word reading, sentence comprehension, spelling, and math computation. We used the word reading subtest of the WRAT4 to provide a brief assessment of the youths' reading ability of words printed on a show card. A total of 55 words are included in the subtest, and the words start at a basic level and become sequentially more challenging as the test progresses. The test stops after 10 consecutive incorrect responses, and a score is calculated based on the number of correct pronunciations. The WRAT4 provides standard scores and grade-level estimates for individuals aged 5 to 94.

About Chapin Hall

Established in 1985, Chapin Hall is an independent policy research center whose mission is to build knowledge that improves policies and programs for children and youth, families, and their communities.

Chapin Hall's areas of research include child maltreatment prevention, child welfare systems and foster care, youth justice, schools and their connections with social services and community organizations, early childhood initiatives, community change initiatives, workforce development, out-of-school time initiatives, economic supports for families, and child well-being indicators.

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