



CHAPIN HALL

CENTER FOR CHILDREN
AT THE UNIVERSITY OF CHICAGO



Midwest Evaluation of the Adult Functioning of Former Foster Youth from Wisconsin: *Outcomes at Age 19*

MARK E. COURTNEY
AMY DWORSKY

JANUARY 2006

Chapin Hall
Working Paper

©2005 Chapin Hall Center for Children at the University of Chicago

Chapin Hall Center for Children at the University of Chicago

1313 East 60th Street

Chicago, IL 60637

773-753-5900 (phone) 773-753-5940 (fax)

www.chapinhall.org

CS-116

TABLE OF CONTENTS

Introduction	4
Background and Overview of Study	6
Demographic Characteristics of Study Participants	10
Placement Type Prior to Discharge	12
Current Living Arrangements	13
Relationship with Family of Origin	13
Social Support	14
Independent Living Services	16
Education	18
Employment and Earnings	20
Economic Hardships	22
Receipt of Government Benefits	25
Health and Mental Health Status and Service Utilization	28
Sexual Behaviors	35
Pregnancy	38
Marriage and Cohabitation	39
Parenthood	39
Delinquency and Violent Behavior	40
Disconnected Youth	45
Summary and Next Steps	47
References	49

INTRODUCTION

The transition to young adulthood is never easy, and it is particularly difficult for the approximately 20,000 foster youth who “age out” of care each year (U.S. Department of Health and Human Services, 1999). Many of these young people are unable to turn to their parents or other family members for financial or emotional support. Nor can they count on the state for continuing support once they have been discharged from care. Consequently, the transition to young adulthood is a challenge that many of these youth face largely on their own.

For many years, the needs of these young people were for the most part ignored by federal child welfare policy. It was not until 1986, when Congress amended the Social Security Act to include the Title IV-E Independent Living Program, that federal funding to help states prepare young people in foster care for independent living became available.¹ Unfortunately, federal funding did not keep pace with the growing number of eligible foster youth, and only a fraction of those who were eligible for services actually received them (U.S. Department for Health and Human Services, 1999).²

More than a decade after the Title IV-E Independent Living Program was established, there was little evidence that the outcomes of former foster youth had significantly improved (U.S. Department for Health and Human Services, 1999). On the contrary, what little data there were

¹ States could use their independent living funds to provide educational services for youth working toward a high school diploma or GED, employment services for youth who needed vocational training or career planning, and housing services for youth who wanted help finding a place to live. However, a provision in the law prohibited states from using their Title IV-E funds for independent living subsidies or transitional housing (Allen, Bonner & Greenan, 1988; Barth, 1990).

² Under the original legislation, federally funded independent living services could only be provided to Title IV-E eligible youth between 16 and 18 years old. The eligible population was expanded in 1988 to include all 16- to 18-year-old foster youth regardless of their Title IV-E eligibility status and former foster youth who had been discharged from care within the past 6 months. Starting in 1990, states had the option of providing independent living services to former foster youth until they reach age 21.

seemed to indicate that former foster youth were still not adequately prepared to live independently. Congress responded by passing the Foster Care Independence Act of 1999. Title I of this legislation replaced the Title IV-E Independent Living Program with the John H. Chafee Foster Care Independence Program, which doubled the maximum amount of money that states could draw down each year to \$140 million.³ The law was later amended to authorize Congress to appropriate up to \$60 million for payments to states for postsecondary educational and training vouchers of up to \$5,000 for youth likely to experience difficulty during the transition to adulthood after the age of 18.

In addition to giving states a fiscal incentive to enhance their independent living programs, the Foster Care Independence Act requires states to provide the U.S. Department of Health and Human Services with data on a variety of outcome measures (e.g., educational attainment, employment, avoidance of dependency, homelessness, nonmarital childbirth, incarceration, and high-risk behaviors) and requires the U.S. Department of Health and Human Services to conduct evaluations of innovative or potentially significant state efforts to prepare foster youth for independent living.⁴

To better understand how foster youth are experiencing the transition to adulthood in the context of the Foster Care Independence Act, the Midwest Evaluation of the Adult Functioning

³ States are now required to use at least some portion of their funds to provide follow-up services to former foster youth who have already aged out, and states are allowed to use up to 30 percent of their funds to pay for the room and board of 18- to 20-year-old former foster youth. The Foster Care Independence Act also increased the amount of assets that foster youth can accumulate and still be Title IV-E eligible from \$1,000 to \$10,000, gave states the option of extending Medicaid coverage to 18- to 20-year-old former foster youth, and eliminated the prohibition against contracting with private, for-profit independent living services providers using federal funds.

⁴ Because there have been so few methodologically sound evaluations of independent living programs (U.S. Department of Health and Human Services, 1999; U.S. General Accounting Office, 1999), relatively little is known about their effects on the self-sufficiency of former foster youth. Several program evaluations, including prospective studies with random assignment, are currently in the field.

of Former Foster Youth is following foster youth as they “age out” of the child welfare system in Wisconsin, Iowa, and Illinois. This longitudinal study is a collaborative effort among the public child welfare agencies in those three states, Chapin Hall Center for Children at the University of Chicago, and the University of Wisconsin Survey Center. Its purpose is to provide states with the first comprehensive view of how former foster youth are faring as they transition to adulthood.

BACKGROUND AND OVERVIEW OF STUDY

Planning for this project began in early 2001 when the public child welfare agencies in Illinois, Iowa, and Wisconsin agreed to use some of their federal Chafee funds to study the outcomes of youth who age out of care. Chapin Hall Center for Children at the University of Chicago assumed primary responsibility for overseeing the project, constructing the survey instruments, analyzing the data, and preparing reports for the participating states. Each state provided Chapin Hall with a list of all of the youth who met the study’s eligibility criteria from which a sample could be selected, and the University of Wisconsin Survey Center was contracted to conduct in-person interviews with the selected youth.

Youth were eligible for inclusion in the study if they were in the care of the public child welfare agency, if the primary reason for their placement was abuse and/or neglect, if they were 17 years old, and if they had entered care prior to their sixteenth birthday. Youth were eligible to participate in the study if they were in the care of the public child welfare agency at age 17 and had entered care prior to their sixteenth birthday. They were ineligible to participate (1) if they had a developmental disability or severe mental illness, (2) if they were incarcerated or in

a psychiatric hospital, (3) if they had run away or were otherwise missing from their placement over the data collection period, or (4) if they were in an out-of-state placement. All of the eligible youth in Iowa and Wisconsin who fit the study criteria were included in the sample. In Illinois, which has a larger out-of-home care population, a sample of approximately 67 percent of the youth who met the criteria was selected randomly. Altogether, the three-state sample included 767 youth.

Base-line interviews were completed with a total of 732 youth (63 in Iowa, 474 in Illinois, and 195 in Wisconsin) between May 2002 and March 2003, for an overall response rate of 95 percent.⁵ The youth were 17 or 18 years old at the time they were interviewed. Among the reasons eligible youth were not interviewed were the care provider's refusal to participate, the youth's refusal to participate, or inability to make contact with the youth. This first interview focused on the experiences of the youth while in care and covered such domains as education, employment, physical and mental health, social support, relationships with family, delinquency and contact with the criminal justice system, victimization, substance abuse, sexual behavior, and receipt of independent living services. Those data were summarized in an earlier report entitled *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave Care*.

Follow-up interviews were completed between March and December 2004. Altogether, 82 percent, or 603 of the 732 youth (386 from Illinois, 54 from Iowa, and 163 from Wisconsin),

⁵ Although the wave 1 report was also based on a sample of 732 youth, 4 of those youth were subsequently dropped from the sample because they failed to meet all of the eligibility criteria. This loss was offset by the recovery of wave 1 data for 4 additional cases. The existence of these 4 youth was revealed during preliminary analysis of the wave 2 data.

from whom base-line data were collected were re-interviewed. Forty-seven percent ($N = 282$) of these young adults were still in care while 53 percent ($N = 321$) were not. This second interview covered many of the same domains as the first but focused on the period since the base-line data were collected. Study participants will be interviewed a third time between their twenty-first and twenty-second birthdays, by which time all of them will have been discharged.

This report focuses on the 163 Wisconsin youth who completed a second interview.⁶ These follow-up interviews were conducted a mean of 686 days and a median of 689 days, or about 22 to 23 months, after the first. Unlike Illinois courts, which allow foster youth to remain wards of the state until their twenty-first birthday, courts in Wisconsin (and Iowa) generally discharge youth from care on their eighteenth and almost never later than their nineteenth birthday. Thus, none of the young adults in the Wisconsin sample were still in care at the time of their follow-up interview.

The next section of this report presents results pertaining to the following domains:

- Demographic characteristics
- Most recent out-of-home care placement
- Current living arrangements
- Relationships with family of origin
- Social support
- Receipt of independent living services
- Education

⁶ The full wave 2 report, which includes data from all three states, can be found at www.chapinhall.org/article_abstract.aspx?ar=1355&L2=61&L3=130.

- Employment
- Economic hardships
- Receipt of government benefits
- Health and mental health status and service utilization
- Sexual behaviors
- Pregnancy
- Marriage and cohabitation
- Children and parenting
- Delinquency and criminal justice system involvement

Throughout the report, we compare the young adults in our Wisconsin sample with a nationally representative sample of 19-year-olds from the National Longitudinal Study of Adolescent Health (henceforth referred to as “Add Health”). Add Health is a federally funded study that was intended to examine how social contexts (families, friends, peers, schools, neighborhoods, and communities) influence the health-related behaviors of adolescents. In-home interviews were completed with a nationally representative sample of students in grades 7 through 12 in 1994 and then again, with these same adolescents, in 1996. Study participants were interviewed a third time, when they were 18 to 26 years old, in order to explore the relationship between adolescent health behaviors and young adult outcomes. The data cited in this report are based on the sample of 19-year-olds who participated in that third wave of data collection.⁷

We also make some comparisons between the ninety-three young adults who had been in the care of Milwaukee County (referred to below as the Milwaukee County sample), Wisconsin’s

⁷ Several groups were over-sampled (e.g., African American youth from highly educated families or a parent with a college degree), but only youth in the core sample were included in our analyses.

largest urban area, and the seventy young adults who had been in the care of other counties in the state (referred to below as the non-Milwaukee County sample).

DEMOGRAPHIC CHARACTERISTICS

Table 1 shows the demographic characteristics of the 163 young adults in our Wisconsin sample who were interviewed at wave 2 and compares the demographic characteristics of the ninety-three young adults who had been in the care of Milwaukee County with the demographic characteristics of the seventy young adults who had been in the care of other counties in the state.

Table 1. Demographic Characteristics of Wisconsin Sample at Wave 2

	Total <i>N</i> = 163		Milwaukee County <i>N</i> = 93		Other Counties <i>N</i> = 70	
	#	%	#	%	#	%
Age						
18	1	0.6	0	0	1	1.4
19	158	96.9	90	96.8	68	97.1
20	4	2.5	3	3.2	1	1.5
Gender						
Male	85	52.1	47	50.5	38	54.3
Female	78	47.9	46	49.5	32	45.7
Race						
White	67	41.1	18	19.4	49	70.0
African American	69	42.3	63	67.7	6	8.6
Asian or Pacific Islander	2	1.2	1	1.1	1	1.4
Native American	6	3.7	0	0	6	8.6
Multiracial	19	11.7	11	11.8	8	11.4
Hispanic Identity						
Yes	18	11.0	12	12.9	6	8.6
No	144	88.3	80	86.0	64	91.4
Don't know	1	0.6	1	1.1	0	0.0

More than half of the Wisconsin sample identified themselves as non-White and nearly all were 19 years old.⁸ The most notable difference between the young adults who had been in the care

⁸ Unless otherwise noted, any discrepancies between the sample sizes reported in the tables and the overall sample size are due to missing data on particular survey items.

of Milwaukee County and those who had been in the care of other counties in the state is that a majority of the Milwaukee County sample identified themselves as African American whereas a majority of the non-Milwaukee County sample identified themselves as White. In part, this difference reflects the fact that Milwaukee County accounts for 76 percent of Wisconsin's African American population (Wisconsin Legislative Reference Bureau, 2003). The Milwaukee County sample was also more evenly divided between males and females than the non-Milwaukee County sample.

The 163 young adults who completed a second interview represent 83 percent of the 196 study participants who comprised the Wisconsin base-line sample. Table 2, which compares these 163 young adults with the 36 study participants who were not re-interviewed, shows that a disproportionate number of the latter were male.

Table 2. Comparison of Wave 2 Study Participants and Non-Participants

	Total Wave 1 Sample <i>N</i> = 195		Interviewed at Wave 2 <i>N</i> = 163		Not Interviewed at Wave 2 <i>N</i> = 32	
	#	%	#	%	#	%
Gender						
Female	86	44.1	78	47.9	8	25.0
Male	109	55.9	85	52.1	24	75.0
Race						
African American	85	43.6	69	42.3	16	50.0
White	79	40.5	67	41.1	12	37.5
Multiracial	21	10.8	19	11.7	2	6.3
Other	10	5.1	8	4.9	2	6.3
Hispanic Origin						
Non-Hispanic	173	88.7	144	88.3	29	90.6
Hispanic	21	10.8	18	11.0	3	9.4
Don't know	1	0.5	1	0.6	0	0.0
Age at Wave 1						
17	170	87.2	144	88.3	26	81.3
18	25	12.8	19	11.7	6	18.7

Wave 1 Living Situation

Non-relative foster home	84	43.1	74	45.4	10	31.3
Relative foster home	57	29.2	49	30.1	8	25.0
Group home/residential treatment facility/child caring institution	20	10.3	14	8.6	6	18.7
Adoptive home	4	2.1	3	1.8	1	3.1
Independent living	9	4.6	7	4.3	2	6.3
Other	21	10.8	16	9.8	5	15.6

PLACEMENT TYPE PRIOR TO DISCHARGE

More than three-quarters of the young adults in our Wisconsin sample reported that their last placement prior to discharge was in a relative or non-relative foster home. Interestingly, although Wisconsin does not place its foster youth in supervised independent living arrangements, one member of our Wisconsin sample identified independent living as her placement prior to discharge.

Table 3. Placement Prior to Discharge

	#	%
Non-relative foster home	86	53.4
Relative foster home	39	24.2
Group home/residential treatment facility/child caring institution	17	10.6
Adoptive home	3	1.9
Independent living situation	1	0.6
Other	15	9.3
Total	161	100.0
Missing	2	

CURRENT LIVING ARRANGEMENTS

Twenty-nine percent of these young adults reported that they were currently living in their “own place,” 12 percent reported that they were currently living with foster parents to whom they were not related, and more than 33 percent reported that they were currently living with their biological parents or other relatives. However, those who had been in the care of

Milwaukee County were less likely to be living with their biological parents and more likely to be living with other relatives than were those who had been in the care of other counties in the state.

Table 4. Current Living Arrangements

	Total		Milwaukee County		Other Counties	
	#	%	#	%	#	%
Own place	47	28.83	22	23.66	25	35.71
Home of biological parent(s)	29	17.79	12	12.90	17	24.29
Home of other relative	30	18.40	24	25.81	6	8.57
Home of non-relative foster parent(s)	19	11.66	13	13.98	6	8.57
Someone else's home	14	8.59	9	9.68	5	7.14
Group quarters (e.g., dormitories, barracks)	14	8.59	8	8.60	6	8.57
Homeless	0	0.00	0	0.00	0	0.00
Other	10	6.13	5	5.38	5	7.14
Total	163	100.0	93	100.0	70	100.0

RELATIONSHIPS WITH FAMILY OF ORIGIN

That a significant number of these young adults had returned to live with their family of origin is consistent with what many told us about the closeness of their relationships with members of their family. Despite the fact that they had been removed from home because of abuse and/or neglect, most reported feeling close to one or more members of their family, particularly siblings, grandparents, and biological mothers. Relationships with biological fathers were much less likely to be perceived as close.

Table 5. Closeness to Family Members

	#	%
Biological mother (<i>N</i> = 145)		
Very close	61	42.1
Somewhat close	39	26.9
Not very close	19	13.1
Not at all close	36	24.8
Biological father (<i>N</i> = 137)		
Very close	24	17.5
Somewhat close	29	21.2
Not very close	18	13.1
Not at all close	66	48.2

Stepmother (<i>N</i> = 31)		
Very close	6	19.4
Somewhat close	12	38.7
Not very close	3	9.7
Not at all close	10	32.3
Stepfather (<i>N</i> = 35)		
Very close	8	22.9
Somewhat close	12	34.3
Not very close	5	14.3
Not at all close	10	28.6
Grandparents (<i>N</i> = 136)		
Very close	65	47.8
Somewhat close	31	22.8
Not very close	10	7.4
Not at all close	30	22.1
Siblings (<i>N</i> = 157)		
Very close	96	61.1
Somewhat close	39	24.8
Not very close	12	7.6
Not at all close	10	6.4

SOCIAL SUPPORT

Young adults can receive various kinds of social support. Support can be emotional, such as having someone to share feelings with, or informational, such as having someone to turn to for advice. It can be tangible, such as material aid or help with a daily task, or affectionate, such as being shown love. It can also come in the form of positive social interaction, such as having other people to do things with.

These four types of social support-emotional/informational, tangible, positive social interaction, and affectionate-were measured using the MOS Social Support Survey (Sherbourne & Stewart, 1991). This is a brief, multidimensional, self-administered social support survey that was developed for patients in the Medical Outcomes Study (MOS), a 2-year study of patients with chronic conditions. Respondents indicate the availability of different types of support on a 5-

point scale (i.e., 1 = *none of the time*; 2 = *a little of the time*; 3 = *some of the time*; 4 = *most of the time*; 5 = *all of the time*).

Overall, the mean score across all items for the young adults in our Wisconsin sample was 3.75. Table 6 shows the mean sub-scale scores for each of the four domains as well as mean scores on the individual items. The scores for affectionate support and positive social interaction support were higher than the scores for emotional/informational support or tangible support.

Table 6. Perceived Social Support

Items	Mean	SD
Emotional/Informational Support		
Someone to listen to you	3.75	1.22
Someone to confide in	3.78	1.24
Someone to share your worries with	3.43	1.43
Someone to understand your problems	3.56	1.27
Someone to give you good advice	3.41	1.27
Someone to give you information	3.85	1.05
Someone to give you advice you really want	3.85	1.15
Someone to turn to for suggestions	3.66	1.23
Emotional/Informational Scale Score	3.66	1.02
Tangible Support		
Someone to help you if you were confined to bed	3.53	1.33
Someone to take you to the doctor	3.96	1.20
Someone to prepare your meals if you were unable to do it yourself	3.82	1.24
Someone to help with daily chores if you were sick	3.41	1.37
Tangible Support Scale Score	3.68	1.01
Positive Social Interaction Support		
Someone to have a good time with	4.11	1.08
Someone to get together with for relaxation	3.69	1.26
Someone to do something enjoyable with	3.99	1.11
Positive Social Interaction Scale Score	3.93	1.01
Affectionate Support		
Someone who shows you love and affection	4.07	1.23
Someone to love you and make you feel wanted	3.88	1.19
Someone who hugs you	3.84	1.34
Affectionate Support Scale Score	3.93	1.15
Someone to help get your mind off things	3.73	1.20
Total MOS Score	3.75	0.91

INDEPENDENT LIVING SERVICES

The John H. Chafee Foster Care Independence Program provides federal funds to states to help prepare their current and former foster youth for the transition to independent living. Youth may receive services in six domains—education, vocational training or employment, budgeting and financial management, health education, housing, and youth development. These services can be provided by case managers, out-of-home care providers, or social service agencies.

Table 7 shows the percentage of young adults in our Wisconsin sample who reported that they had received at least one service in a particular domain *since their first interview* as well as the percentage who reported that they had received or were receiving an independent living subsidy. It also compares the services and subsidies received by the young adults who had been in the care of Milwaukee County with those received by the young adults who had been in the care of other counties in the state.

Table 7. Receipt of Independent Living Services and Subsidies

	Total N = 163		Milwaukee County N = 93		Other Counties N = 70	
	#	%	#	%	#	%
Educational services	82	50.3	52	55.9	30	42.9
Employment/vocational services	72	44.2	41	44.1	31	44.3
Budget and financial management services	50	30.7	27	29.0	23	32.9
Housing services	51	31.3	25	26.9	26	37.1
Health education services	58	35.6	34	36.6	24	34.3
Youth development services	32	19.6	22	23.7	10	14.3
Independent living subsidy (N = 160)						
Ever received	18	11.3	8	8.9	10	14.3
Currently receiving	7	4.4	4	4.4	3	4.3

Education was the only domain in which at least one-half of the young adults had received some type of service since their last interview, but young adults who had been in the care of Milwaukee County were more likely to have received educational services than their

counterparts who had been in the care of other counties. Although states can use some of their Chafee funds to provide independent living subsidies to current or former foster youth, only 11 percent of the young adults in our Wisconsin sample had ever received an independent living subsidy, and only 4 percent were currently receiving one.⁹

Table 8 lists the specific independent living services the young adults were asked about as well as the percentage who reported receipt of each. In most cases, fewer than one-quarter reported receiving any given service.

Table 8. Receipt of Specific Independent Living Services

	#	%
Educational Services		
Career counseling	39	23.9
Study skills training	30	18.4
School-to-work support	27	16.7
GED preparation	23	14.1
SAT preparation	18	11.1
College application assistance	43	26.4
Financial aid/loan application assistance	37	22.7
Attend college fair	20	12.3
Employment/Vocational Services		
Vocational counseling	17	10.5
Resume writing workshop	32	19.8
Assistance identifying employers	27	16.7
Help completing job applications	47	28.8
Help developing interviewing skills	50	30.7
Help with job referral/placement	25	15.3
Help with use of career resources library	26	16.0
Explanation of benefits coverage	18	11.1
Help securing work permits/Social Security card	30	18.4
Given an explanation of workplace values	30	18.4
Received an internship	9	5.6
Summer employment programs	15	9.2
Budget/Financial Management Services		
Money management courses	18	11.2
Assistance with tax returns	24	14.7
Training on use of a budget	30	18.4
Training on opening a checking and savings account	38	23.3
Training on balancing a checkbook	33	20.4
Developing consumer awareness	18	11.2
Accessing information on credit	20	12.5

⁹ States can now use up to 30 percent of their Chafee funds to pay for the room and board of 18- to 20-year-old former foster youth.

Housing Services		
Assistance with finding an apartment	30	18.5
Help with completing apartment application	18	11.0
Learning about security deposits and utilities	29	17.8
Handling landlord complaints	21	12.9
Training on health and safety standards	20	12.3
Tenants' rights and responsibilities training	27	16.6
Meal planning and preparation training	27	16.6
Cleaning classes	17	10.5
Courses on home maintenance and repairs	11	6.7
Health Education Services		
Training on personal care needs (basic hygiene)	23	14.2
Training on nutritional needs	29	17.9
Training on health/fitness	32	19.8
Training on preventive and routine health care	21	13.0
Accessing health/dental insurance information	23	14.2
Courses on first aid	31	19.0
Maintaining personal health records	25	15.3
Information on birth control and family planning	41	25.2
Education on substance abuse	34	21.0
Youth Development Services		
Youth conferences	12	7.4
Youth leadership activities	17	10.4
Mentoring services	18	11.0

EDUCATION

Many foster youth approach the transition to adulthood with significant educational deficits (Courtney, Terao, and Bost, 2004), and these deficits are evident in the educational attainment of our study participants at age 19. Although all but one of the young adults in our Wisconsin sample were at least 19 years old when the follow-up interviews were completed, more than one-third had neither a high school diploma nor a GED. This is nearly four times as high as the percentage of 19-year-olds who lacked a high school diploma or GED in the nationally representative Add Health sample. It is also worth noting that the young adults who had been in the care of Milwaukee County were less likely to have a high school diploma or GED than the young adults who had been in the care of other counties in the state, primarily because they were less likely to be high school graduates.

Table 9. Educational Outcomes

	Total		Milwaukee County		Other Counties		Add Health	
	#	%	#	%	#	%	#	%
High school diploma	96	59.6	51	56.0	54	64.3	434	86.6
GED	8	5.0	5	5.5	3	4.3	20	4.0
Neither	57	35.4	35	38.5	22	31.4	47	9.4
Total	161	100	91	100	70	100	501	100.0
Missing	2		2		0		1	

Thirty-seven percent of these young adults were currently enrolled in a school or training program, but only 12 percent were enrolled in a 2- or 4-year college compared with 56 percent of 19-year-olds in the Add Health sample.

Table 10. Current School Enrollment: Three-State Wisconsin Sample Compared with Add Health Sample

	Three-State Wisconsin Sample			Add Health Sample		
	#	% of Sample	% of Enrolled	#	% of Sample	% of Enrolled
Enrolled in educational program	60	36.8		295	59.0	
Type of Program						
High school or GED program*	21	12.9	35.0	6	1.2	2.0
2-year college	11	6.7	18.3	101	20.1	34.2
4-year college	9	5.5	15.0	182	36.3	61.7
Vocational training program**	16	9.8	26.7	-	-	-
Other	0	0.0	0.0	5	1.0	1.7
Missing	3	1.8	5.0	1	0.2	0.3

*Add Health figures do not include enrollment in GED programs.

**Add Health data do not distinguish between current and prior enrollment in vocational training programs.

The young adults who had been in the care of other counties in the state were more likely to be enrolled in school than those who had been in the care of Milwaukee County. However, among those who were enrolled, young adults in the Milwaukee County sample were more likely to be enrolled in a 2- or 4-year college while young adults in the non-Milwaukee County sample were much more likely to be enrolled in a vocational training program.

**Table 11. Current School Enrollment:
Milwaukee County Compared with Other Counties**

	Milwaukee County			Other Counties		
	#	% of Sample	% of Enrolled	#	% of Sample	% of Enrolled
Enrolled in educational program	38	40.9		22	31.4	
Type of Program						
High school or GED program	15	16.13	39.47	6	8.57	27.27
2-year college	10	10.75	26.32	1	1.43	4.55
4-year college	7	7.53	18.42	2	2.86	9.09
Vocational training program	5	5.38	13.16	11	15.71	50.00
Missing	1	1.08	2.63	2	2.86	9.09

EMPLOYMENT AND EARNINGS

Although the vast majority of the young adults in our Wisconsin sample reported that they had ever held a job, and more than three-quarters reported that they had worked for pay during the past year, only half were currently employed. This is lower than the 58 percent of Add Health 19-year-olds who were currently employed despite the fact that a much higher percentage of the latter were enrolled in school.

**Table 12. Employment:
Three-State Wisconsin Sample Compared with Add Health Sample**

	Three-State Wisconsin Sample		Add Health Sample	
	#	%	#	%
Ever held a job	153	93.9	482	96.0
Worked for pay during the past year	125	76.7	-	-
Currently employed	81	49.7	292	58.2

Table 13 shows the number of hours the young adults in our Wisconsin sample worked each week, the hourly wages they were paid, and the number of months they had held their job if they were currently employed. On average, these young adults tended to work more hours per week (mean = 34.8) than 19-year-olds in the Add Health sample (mean = 31.1) but earned less for every hour that they worked (mean = \$7.35) than their Add Health counterparts (mean =

\$7.64). In addition, a majority of the young adults who were employed had been working at their current job for no more than 6 months.

Table 13. Characteristics of Current Job

Hours Worked Per Week	#	%	Hourly Wages	#	%	Months Worked	#	%
< 20 hours	6	7.6	Less than \$5.15	5	6.9	< 3 months	35	44.3
20 to 39 hours	36	45.6	\$5.15 to \$5.99	5	6.9	3 to 6 months	13	16.5
40 hours	28	35.4	\$6.00 to \$6.99	17	23.6	6 to 12 months	7	8.9
> 40 hours	9	11.4	\$7.00 to \$7.99	19	26.4	12 to 24 months	14	17.7
Total	79		\$8.00 to \$8.99	13	18.1	> 24 months	10	12.6
Missing	2		\$9.00 to \$9.99	9	12.5	Total	79	
			\$10.00 or more	4	5.6	Missing	2	
			Total	72				
			Missing	9				
Mean	34.8		Mean	7.35		Mean	10.2	
Median	35.0		Median	7.47		Median	3.81	

Although most of the young adults in our Wisconsin sample reported some income from employment during the past year, their total earnings for the year were extremely low.

Seventy-one percent reported earnings of less than \$5,000, and 86 percent reported earnings of less than \$10,000.¹⁰ By comparison, 79 percent of the 19-year-olds in the Add Health sample who were employed during the calendar year prior to the year of their third interview, either 2000 or 2001, reported earnings of \$10,000 or less.¹¹

Table 14. Income from Employment During the Past Year

	#	%
Any income from employment during the past year	127	87.0
Amount of income from employment (among those employed)		
\$5,000 or less	89	70.6
\$5,001 to \$10,000	19	15.1
\$10,001 to \$25,000	14	11.1
\$25,001 to \$50,000	4	3.2
Missing	1	

¹⁰ These figures do not agree with the data shown in Table 12. Specifically, 125 respondents indicated that they had worked during the past year but, 127 reported at least some income from employment.

¹¹ This comparison is somewhat crude because the two studies used different earnings categories. The Add Health study uses the following categories: less than \$10,000; \$10,000 to \$14,999; \$15,000 to \$19,999; \$20,000 to \$29,999; \$30,000 to \$39,999; \$40,000 to \$49,999; \$50,000 to \$74,999; and \$75,000 or more.

Finally, Table 15 compares the labor market outcomes of the young adults who had been in the care of Milwaukee County with those of the young adults who had been in the care of other counties in the state. Although the latter were more likely be employed when they were interviewed at wave 2, the former worked more hours per week and were paid a higher mean wage per hour if they were employed.

Table 15. Employment and Earnings

	Milwaukee County		Other Counties	
	#	%	#	%
Ever held a job	84	90.3	69	98.6
Worked for pay during the past year	72	77.4	53	75.7
Currently employed	42	45.2	39	55.7
	Mean	Median	Mean	Median
Hours worked per week	37.1	40.0	32.3	33.5
Hourly wage	7.57	7.28	7.14	7.50
Months worked at job	10.1	4.1	10.2	3.6

ECONOMIC HARDSHIPS

Given their low rates of employment and the low wages of those who were employed, it should not be surprising that 56 percent of the young adults in our Wisconsin sample reported that they had experienced at least one of the first seven hardships listed in Table 16. In general, the young adults in our Wisconsin sample were more likely to experience economic hardships than 19-year-olds in the Add Health sample.¹²

¹² The Add Health question was more encompassing in that it asked whether the respondent had been without phone service for any reason.

**Table 16. Economic Hardships:
Three-State Wisconsin Sample Compared with Add Health Sample**

	Three-State Wisconsin Sample			Add Health Sample*	
	<i>N</i>	#	%	#	%
(1) Not enough money to buy clothing	158	71	44.9	-	-
(2) Not enough money to pay rent/mortgage	154	26	16.9	28	5.6
(3) Not enough money to pay utility bill	156	10	6.4	33	6.6
(4) Gas or electricity shut off	157	28	17.8	16	3.2
(5) Phone service disconnected*	158	26	16.5	70	13.9
(6) Evicted	157	8	5.1	4	.8
(7) Sometimes or often not enough food to eat	158	19	12.0	-	-
Mean number of hardships (1 – 7)	150	1.18		-	-
(8) Ever homeless post-discharge	159	17	10.7	-	-

*Add Health asked if without phone service for any reason.

Two other important indicators of economic hardship are homelessness and housing instability.

Although none of the 163 young adults in our Wisconsin sample reported that they were currently homeless, 11 percent reported that they had been homeless at least once since they were discharged.¹³ In addition, 19 percent reported that their living arrangements had changed more than twice during that period of time.

Housing problems seemed to be more prevalent among the young adults who had been in the care of a county other than Milwaukee than among the young adults who had been in Milwaukee County's care. Specifically, young adults in the non-Milwaukee County sample were twice as likely to report that they had not had enough money to pay their rent or mortgage and three times as likely to have been homeless as young adults in the Milwaukee County sample.

¹³ Those still in care were not asked about homelessness.

Table 17. Economic Hardships: Milwaukee County Compared with Other Counties

	Milwaukee County			Other Counties		
	<i>N</i>	#	%	<i>N</i>	#	%
(1) Not enough money to buy clothing	90	41	45.6	68	30	44.1
(2) Not enough money to pay rent/mortgage	90	10	11.5	67	16	23.9
(3) Not enough money to pay utility bill	90	13	4.5	68	51	9.0
(4) Gas or electricity shut off	90	6	14.4	67	2	22.4
(5) Phone service disconnected	90	14	15.6	68	12	17.6
(6) Evicted	90	4	6.7	67	6	3.0
(7) Sometimes or often not enough food to eat	90	10	11.1	68	9	13.2
Mean number of hardships (1 – 7)		1.07			1.33	
(8) Ever homeless post-discharge	92	5	5.4	67	12	17.9
(9) Categorized as food insecure	92	24	26.1	68	20	29.4

Indebtedness can also be a sign of economic hardship. Sixteen percent of the young adults in our Wisconsin sample reported that they had borrowed at least \$200 from family or friends since the first time they were interviewed, and 38 percent reported that they had some other form of debt, excluding student loans, auto loans, and mortgages.

Table 18. Indebtedness

	<i>N</i>	#	%
Borrowed at least \$200 from family or friends since last interview	151	24	15.9
Any other debt (excluding student loans, auto loans, and mortgage)	151	57	37.7
Total amount of debt from other sources			
\$1 - \$1,000		40	76.1
\$1,001 - \$2,500		5	9.9
\$2,501 - \$5,000		7	12.7
More than \$5,000		1	1.4
Missing		4	
Any savings/checking account?	148	74	43.5

Although money management is an important part of living independently, fewer than half of our respondents reported having a savings or checking account compared with nearly 82 percent of the 19-year-olds in the Add Health sample.

Finally, the wave 2 survey instrument included a set of twelve items from the USDA's measure of food security (Bickel, Nord, Price, Hamilton, and Cook, 2000). These items and the

percentage of study participants who responded affirmatively to each are shown in Table 19.

More than 20 percent of the young adults responded affirmatively to four.

Table 19. Food Insecurity

	<i>N</i>	#	%
(1) Got food or borrowed money for food from friends or family	159	46	28.9
(2) Put off paying bill to buy food	159	25	15.7
(3) Received emergency food	160	31	19.4
(4) Received a meal from a soup kitchen	160	7	4.4
(5) Cut size of meals because you could not afford more	160	23	14.4
(6) Did not eat for a whole day because there was not enough money for food	159	24	15.1
(7) Did not eat as much as you thought you should because you did not have enough money for food	159	30	18.9
(8) Hungry but didn't eat because could not afford food	159	25	15.7
(9) Lost weight because didn't have enough food	159	23	14.5
(10) Sometimes or often worried about running out of food because could not afford more	159	47	29.6
(11) Sometimes or often food didn't last and could not afford more	159	46	28.9
(12) Sometimes or often could not afford to eat balanced meals	159	47	29.6
Categorized as food insecure*	160	44	27.5

Mean score on 5-item food security measure = 1.07

*Responded affirmatively to at least two of these five items from the short form of the USDA's food insecurity measure: (5), (6), (7), (11), and (12).

We used five of these items to construct a food security composite score similar to the short form of the USDA's food security measure, and study participants who responded affirmatively to at least two of these five items were categorized as *food insecure*. Overall, 27.5 percent of the young adults in our Wisconsin sample, including 26 percent of the young adults who had been in the care of Milwaukee County and 29 percent of the young adults who had been in the care of other counties, were categorized this way.

RECEIPT OF GOVERNMENT BENEFITS

That many young adults in our Wisconsin sample were not able to support themselves is apparent from the percentage who received the various government benefits listed in Table 20.

Nearly half ($n = 79$) of these young adults had received one or more of the government benefits

since their first interview, and 27 percent ($n = 44$) were currently receiving one or more.¹⁴

Excluding unemployment insurance and workers' compensation, where eligibility is dependent upon prior labor market participation, had little effect on the results. Nearly half of the young adults in our Wisconsin sample ($n = 78$) had received one or more need-based government benefits since their first interview, and 27 percent ($n = 44$) were currently receiving one or more.

Table 20. Receipt of Government Benefits

	<i>N</i>	% Ever Received	% Currently Receiving	Add Health Sample % Currently Receiving
Unemployment insurance	157	2.5	0.0	-
Workers' compensation	159	0.0	0.0	-
Food stamps	159	35.2	16.9	2.8
Public housing/rental assistance	158	6.3	3.2	-
Low-income family assistance (TANF) ^a	34	41.2	23.5	22.4
Other welfare payments	158	13.3	5.7	-
WIC ^b	25	88.0	76.0	-

^aAs a percentage of young adults living with at least one child ($N = 34$).

^bAs a percentage of females living with at least one child ($N = 25$).

To put some of these figures in perspective, the young adults in our Wisconsin sample were six times as likely to be receiving food stamps as 19-year-olds in the Add Health sample. In contrast, there was almost no difference in current TANF receipt among those who were living with at least one child.

There were some differences in benefit receipt between the males and females in our Wisconsin sample. Altogether, 58 percent of the females ($n = 45$) and 40 percent of the males ($n = 34$) had received one or more of the government benefits listed in Table 21 since their first interview, and 40 percent of the females ($n = 31$) and 15 percent of the males ($n = 13$) were currently

¹⁴ The question about receipt of "other welfare payments" was introduced in the following way: "Now I'd like to ask you about other welfare programs, such as SSI, general assistance payments, emergency assistance payments, or Cuban/Haitian or Indian assistance payments."

receiving one or more. Again, excluding unemployment insurance and workers' compensation had very little effect on the results. Fifty-six percent of the females ($n = 44$) and 40 percent of the males ($n = 34$) had received one or more of the need-based government benefits since their first interview, and 40 percent of the females ($n = 31$) and 15 percent of the males ($n = 13$) were currently receiving one or more.

Table 21. Receipt of Government Benefits by Gender

	Number of Respondents	Females		Males	
		% Ever	% Current	% Ever	% Current
Unemployment insurance	157	5.1	0.0	0.0	0.0
Workers' compensation	159	0.0	0.0	0.0	0.0
Food stamps	159	46.2	28.2	24.7	6.1
Public housing/rental assistance	158	5.1	2.6	7.5	3.9
Low-income family assistance (TANF) ^a	34	47.8	34.4	25.0	0.0
Other welfare payments	158	15.4	4.1	11.3	6.2
WIC ^b	25	91.3	78.8	-	-

^aAs a percentage of young adults living with at least one child ($N = 34$).

^bAs a percentage of females living with at least one child ($N = 25$).

The largest gender differences in benefit receipt involved food stamps and TANF. Females were nearly twice as likely as their male counterparts to report ever having received food stamps, and over four times as likely to report being current food stamp recipients. In addition, among those living with at least one child, females were about twice as likely as males to report having ever received TANF, and only females reported current TANF receipt.

There were also differences in government benefit receipt between the young adults who had been in the care of Milwaukee County and those who had been in the care of other counties in the state. Most notably, young adults who had at least one child were twice as likely to ever have received TANF benefits and three times as likely to be current TANF recipients if they had been in Milwaukee County's care.

Table 22. Receipt of Government Benefits

	Milwaukee County <i>N</i> = 93		Other Counties <i>N</i> = 70	
	Ever Received	Currently Receiving	Ever Received	Currently Receiving
Unemployment insurance	3.4	0.0	1.5	0.0
Food stamps	38.0	20.7	31.3	11.8
Public housing/rental assistance	4.4	1.1	9.0	6.0
Low-income family assistance (TANF) ^a	52.6	36.8	25.0	12.5
Low-income family assistance (TANF) ^b	56.3	43.8	28.6	14.3
Other welfare payments	10.9	4.3	16.7	7.5
WIC ^b	87.5	68.8	100.0	100.0

^aAs a percentage of young adults living with at least one child (*N* = 27).

^bAs a percentage of females living with at least one child (*N* = 23).

HEALTH AND MENTAL HEALTH STATUS AND SERVICE UTILIZATION

The young adults in our Wisconsin sample were asked a series of questions designed to assess their current physical well-being. Because many of these questions were drawn from the National Longitudinal Study of Adolescent Health, we were able to compare the health status of the young adults in our sample with the health status of the nationally representative Add Health sample of 19-year-olds. Although the vast majority of the young adults in our Wisconsin sample described their health as good to excellent, nearly 25 percent indicated that health conditions limit their ability to engage in vigorous activity, and 7 percent indicated that health conditions limit their ability to engage in moderate activity. They were also more than twice as likely to describe their health as “fair” or “poor” as their Add Health counterparts.

Thirty percent reported visiting the emergency room at least three times during the past 5 years, and they were more than twice as likely to report at least six emergency room visits as 19-year-olds in the Add Health sample. Of the young adults in our Wisconsin sample who had been hospitalized during the past 5 years, almost two-thirds reported that their most recent

hospitalization occurred within the past 12 months. Overall, the largest percentage of these hospitalizations were pregnancy-related, followed by illness and injury or accident. Among males, the largest percentage was due to injury or accident. In this respect, the young adults in our Wisconsin sample did not differ much from their Add Health counterparts.

Table 23. Health Status: Three-State Wisconsin Sample Compared with Add Health Sample

Description of general health	Three-State Wisconsin Sample		Add Health Sample	
	#	%	#	%
Excellent	40	24.5	170	33.9
Very good	61	37.4	207	41.2
Good	40	24.5	100	19.9
Fair	21	12.9	21	4.2
Poor	1	0.6	4	0.8
Health limits any vigorous activities				
Not at all limited	124	76.1	387	77.4
Limited a little	29	17.8	93	18.6
Limited a lot	10	6.1	20	4.0
Health limits any moderate activities				
Not at all limited	152	93.3	476	95.0
Limited a little	9	5.5	23	4.6
Limited a lot	2	1.2	2	0.4
Seriousness of worst injury during the past year				
Very minor	78	47.9	-	-
Minor	63	38.7	-	-
Serious	9	5.5	-	-
Very serious	11	6.7	-	-
Extremely serious	2	1.2	-	-
Number of ER visits during the past 5 years				
0	58	36.0	200	41.0
1-2	54	33.5	180	36.9
3-5	29	18.0	82	16.8
6-8	5	3.1	12	2.5
9+	15	9.3	14	2.9
Number of hospitalizations during the past 5 years				
0	117	72.2	396	81.5
1	31	19.1	71	14.6
2-3	11	6.8	24	4.9
4-5	3	1.9	4	0.8
6+	0	0.0	1	0.2

Length of time since most recent hospitalization				
Within the past 3 months	15	32.6	11	11.0
4-6 months ago	6	13.0	15	15.0
7-9 months ago	5	10.9	11	11.0
10-12 months ago	3	6.5	9	9.0
More than 1 but less than 2 years ago	6	13.0	22	22.0
At least 2 years ago	11	23.9	32	32.0
Reason for most recent hospitalization				
Illness	10	22.2	27	27.0
Injury or accident	8	17.8	23	23.0
Drug use or emotional problem	3	6.7	4	4.0
Pregnancy-related	19	42.2	40	40.0
Elective surgery	2	4.4	5	5.0
Other	3	6.7	1	1.0

We also asked these young adults about how frequently they had experienced a variety of health problems during the past year. That so many of these symptoms were experienced at least once a week by a significant minority of these young adults is concerning and may be a reflection of the stress associated with the transition to independent living, especially in the absence of sufficient social supports.

Table 24. Frequency of Health Problems During the Past Year

	#	%
Headache		
Never	17	10.4
Just a few times	92	56.4
About once per week	33	20.2
Almost every day	19	11.7
Every day	2	1.2
Stomachache		
Never	28	17.2
Just a few times	104	63.8
About once per week	17	10.4
Almost every day	10	6.1
Every day	4	2.5
Sore throat or cough		
Never	38	23.3
Just a few times	110	67.5
About once per week	9	5.5
Almost every day	6	3.7
Every day	0	0.0

Very tired		
Never	63	38.7
Just a few times	53	32.5
About once per week	21	12.9
Almost every day	20	12.3
Every day	6	3.7
Skin problems		
Never	78	47.9
Just a few times	50	30.7
About once per week	16	9.8
Almost every day	12	7.4
Every day	7	4.3
Muscle or joint aches		
Never	54	33.1
Just a few times	71	43.6
About once per week	21	12.9
Almost every day	14	8.6
Every day	3	1.8
Trouble sleeping		
Never	71	43.6
Just a few times	43	26.4
About once per week	22	13.5
Almost every day	24	14.7
Every day	3	1.8
Trouble relaxing		
Never	81	49.7
Just a few times	44	27.0
About once per week	8	4.9
Almost every day	21	12.9
Every day	9	5.5
Moodiness		
Never	36	22.1
Just a few times	66	40.5
About once per week	27	16.6
Almost every day	21	12.9
Every day	13	8.0
Menstrual cramps (females only)		
Never	18	23.1
Just a few times	45	57.7
About once per week	1	1.3
Almost every day	10	12.8
Every day	4	5.1

Research on the utilization of mental health services as well as clinical assessments suggest that mental health problems are more prevalent among youth in foster care than among their same-age peers in the general population (Leslie, Landsverk, Ezzet-Lofstrom, Tschann, Slymen, &

Garland, 2000). The risk of developing mental health problems may be especially high for those making the transition from foster care to independent living, particularly if they do not have adequate social supports after their discharge.¹⁵

We assessed the mental health of the young adults in our sample using the Composite International Diagnostic Interview (CIDI, World Health Organization, 1998). The CIDI is a highly structured interview designed for use by non-clinicians that generates both lifetime and current (i.e., past 12 months) psychiatric diagnoses according to the criteria listed in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*. The items included in our second interview were taken from the lifetime version of the CIDI.

Thirty-two percent of the young adults in our Wisconsin sample were found to meet the criteria for at least one of the mental or behavioral health disorders listed in Table 25. The most prevalent were alcohol abuse and substance abuse, followed by post-traumatic stress disorder and major depression. There were statistically significant gender differences in lifetime prevalence rates of alcohol abuse, substance abuse, and alcohol dependence—all of which were more prevalent among males than among females.

¹⁵ Consistent with this hypothesis, we asked all of the young adults in our study who were no longer in care if they had experienced a psychiatric hospitalization since they were discharged. Five percent of the young adults in our Wisconsin sample indicated that they had. By comparison, only 3 percent of the 19-year-olds in the Add Health sample reported a psychiatric hospitalization during the past 5 years.

Table 25. Lifetime CIDI Diagnoses by Gender

	Total		Males		Females	
	#	%	#	%	#	%
Alcohol dependence	7	4.3	7	8.2	0	0
Alcohol abuse	19	11.7	14	16.5	5	6.4
Substance dependence	7	4.3	6	7.1	1	1.3
Substance abuse	18	11.0	16	18.8	2	2.6
Post-traumatic stress disorder (PTSD)	13	8.0	5	5.9	8	10.3
Major depression	12	7.5	6	7.1	6	7.9
Dysthymia	2	1.2	2	2.4	0	0.0
Social phobia	0	0.0	0	0.0	0	0.0
Generalized anxiety disorder	0	0.0	0	0.0	0	0.0

In addition to questions about their physical and mental health, we asked the young adults in our sample about their health and mental health care service utilization. Just over half of these young adults reported that they did not have health insurance, and nearly one-quarter reported that they did not get medical care on at least one occasion when they thought they needed it. By comparison, only 21 percent of 19-year-olds in the Add Health Sample reported that they were uninsured and 17 percent reported that they had not received medical care that they needed. Not surprisingly, given their lack of health insurance, the two most common barriers to getting medical care cited by the young adults in our Wisconsin sample were being uninsured ($n = 31$) and not being able to afford it ($n = 18$). Finally, although nearly two-thirds of the young adults in our Wisconsin sample reported that they had had a medical exam within the past year, only 37 percent reported that they had had a dental exam compared with 65 percent of their 19-year-old Add Health counterparts.

Table 26. Health and Mental Health Care Service Utilization

	<i>N</i>	#	%	% Add Health Sample
Has health insurance	155	74	47.7	79.2
Medical exam within the past year	162	106	65.4	66.9
Dental exam within the past year	159	59	37.1	65.3
Did not receive needed medical care	160	39	24.4	17.4
Did not receive needed dental care	161	32	19.9	-
Received psychological or emotional counseling	163	17	10.4	9.2
Received substance abuse treatment	163	11	6.7	3.0
Prescribed medication for emotional problems	162	18	11.1	-
Received family planning services ^a	163	8	4.9	
Female	78	5	6.4	
Male	85	3	3.5	

^aAdd Health study participants were asked about their use of birth control, and females were asked if their most recent gynecological exam had been for family planning purposes. However, there was no global question about the receipt of family planning services that was asked of everyone.

There were two noteworthy differences in health and mental health care service utilization between the young adults who had been in the care of Milwaukee County and those who had been in the care of other counties in the state. Specifically, young adults in the non-Milwaukee County sample were three times as likely to have received counseling for a psychological or emotional problem and more than twice as likely to have been prescribed psychotropic medication as young adults in the Milwaukee County sample.

Table 27. Health and Mental Health Care Service Utilization: Milwaukee County Compared with Other Counties

	Milwaukee County <i>N</i> = 93		Other Counties <i>N</i> = 70	
Has health insurance	44	47.3	30	42.9
Medical exam within the past year	64	68.8	42	60.0
Dental exam within the past year	32	34.4	27	38.6
Did not receive needed medical care	24	25.8	15	21.4
Did not receive needed dental care	16	17.2	16	22.9
Received psychological or emotional counseling	5	5.4	12	17.1
Received substance abuse treatment	5	5.4	6	8.6
Prescribed medication for emotional problems	6	6.5	12	17.1
Received family planning services	5	5.4	3	4.3

SEXUAL BEHAVIORS

The young adults in our Wisconsin sample were asked a series of questions about their sexual behaviors. Because these questions were drawn from the wave 3 Add Health survey instrument, we can compare their self-reported behaviors with the behaviors reported by a nationally representative sample of 19-year-olds.

The vast majority of both the males and females in our Wisconsin sample identified themselves as exclusively heterosexual. In this respect, both the males and females in our Wisconsin sample were very similar to their 19 year old Add Health counterparts.

**Table 28. Sexual Orientation by Gender:
Three-State Wisconsin Sample Compared with Add Health Sample**

	Males				Females			
	Three-State Wisconsin Sample		Add Health Sample		Three-State Wisconsin Sample		Add Health Sample	
	<i>N</i> = 85		<i>N</i> = 214		<i>N</i> = 78		<i>N</i> = 288	
	#	%	#	%	#	%	#	%
100% heterosexual	68	89.5	197	92.1	64	87.7	252	87.5
Mostly heterosexual, but somewhat attracted to people of the same sex	2	2.6	5	2.3	4	5.5	21	7.3
Bisexual	2	2.6	2	0.9	4	5.5	7	2.4
Mostly homosexual, but somewhat attracted to people of the opposite sex	1	1.3	0	0.0	1	1.4	3	1.0
100% homosexual	0	0.0	4	1.9	0	0	1	0.3
Not sexually attracted to males or females	3	3.9	3	1.4	0	0	1	0.3
Missing	9		3		5		3	

A majority of both the males and females in our sample reported that they have had sexual intercourse, but there were a couple of gender differences in sexual behaviors. Males were more likely than females to report that they had used a condom the last time they had sexual intercourse, and females reported having sexual intercourse more frequently than males during the past year. It is important to note that although a majority of the males and females who

were sexually active reported practicing safe sex both during the past year and the last time they had sexual intercourse, a significant minority of these young adults were engaging in unsafe sexual behaviors that put them at high risk of pregnancy, STDs, and HIV/AIDS.

Table 29A. Sexual Behaviors by Gender

	Males			Females		
	<i>N</i>	#	%	<i>N</i>	#	%
Ever had sexual intercourse	77	65	84.4	74	66	89.2
Self or partner used birth control during most recent sexual intercourse	55	42	76.4	59	39	66.1
Frequency of birth control use during past year	57			59		
None of the time		3	5.3		9	15.3
Some of the time		6	10.5		10	16.9
Half of the time		2	3.5		5	8.5
Most of the time		12	21.0		11	18.6
All of the time		34	59.6		24	40.7
Self or partner used a condom during most recent sexual intercourse	57	41	71.9	59	27	45.8
Frequency of condom use during past year	57			58		
None of the time		6	10.5		15	25.9
Some of the time		11	19.3		11	19.0
Half of the time		3	5.3		6	10.3
Most of the time		9	15.8		8	13.8
All of the time		28	49.1		18	30.9
Any sexual partner had an STD during the past year	54	7	13	52	10	19.2
Ever paid by someone to have sex	79	2	2.5	76	2	2.6
Ever had sex with someone who uses street drugs with a needle	80	3	3.8	75	1	1.3

Table 29B. Sexual Behaviors by Gender

	All		Males		Females	
	<i>N</i>	#	<i>N</i>	#	<i>N</i>	#
Median age at first intercourse	129	16	63	15	66	16
Median number of lifetime sexual partners	123	4	59	4	64	3.5
Median number of sexual partners past year	125	1	62	2	63	1
Median frequency of intercourse past year	89	15	49	10	40	17.5

The most notable difference between the males in our Wisconsin sample and the males in the Add Health sample is that a higher percentage of the former reported that they had used birth control and/or a condom the last time they had sexual intercourse. The most notable

differences between the females in our Wisconsin sample and the females in the Add Health sample are that higher percentages of the former reported that they had had sexual intercourse, that they had used a condom the last time they had sexual intercourse, and that one of their sexual partners had had an STD. Finally, both males and females in our Wisconsin sample reported having sexual intercourse less frequently than their same-sex counterparts in the Add Health sample.

**Table 30A. Sexual Behaviors by Gender:
Three-State Wisconsin Sample Compared with Add Health Sample**

	Males		Females	
	% Three-State Wisconsin Sample	% Add Health Sample	% Three-State Wisconsin Sample	% Add Health Sample
Ever engaged in sexual intercourse	84.4	79.5	89.2	77.9
Self or partner used birth control during most recent sexual intercourse	76.4	66.2	66.1	65.0
Frequency of birth control use during the past year				
None	5.3	14.3	15.3	13.4
Some	10.5	10.9	16.9	7.9
Half	3.5	3.4	8.5	8.9
Most	21.0	21.1	18.6	21.8
All	59.6	50.3	40.7	48.0
Self or partner used a condom during most recent sexual intercourse	71.9	63.5	45.8	36.9
Frequency of condom use during the past year				
None	10.5	14.8	25.9	28.6
Some	19.3	16.1	19.0	17.2
Half	5.3	7.4	10.3	9.4
Most	15.8	26.8	13.8	23.2
All	49.1	34.9	30.9	21.7
Any sexual partner had an STD during the past year	13.0	8.2	19.2	5.6
Ever paid by someone to have sex	2.5	2.3	2.6	1.7
Ever had sex with someone who uses street drugs with a needle	3.8	2.4	1.3	1.7

**Table 30B. Sexual Behaviors by Gender:
Three-State Wisconsin Sample Compared with Add Health Sample**

	Males				Females			
	Three-State		Add Health		Three-State		Add Health	
	<i>N</i>	Median	<i>N</i>	Median	<i>N</i>	Median	<i>N</i>	Median
Age at first intercourse	63	15	164	16	66	16	221	16
Number of lifetime sexual partners	59	4	164	3	64	3.5	221	3
Number of sexual partners past year	62	2	166	1	63	1	220	1
Frequency of intercourse past year	49	10	141	20	40	17	172	30

PREGNANCY

Forty percent of the females in our Wisconsin sample reported becoming pregnant since their last interview, and 31 percent of those who became pregnant did so more than once. In fact, by the time of their second interview, or approximately 19 years of age, 45 percent of the females in our Wisconsin sample reported that they had been pregnant at least once. By comparison 20 percent of 19-year-old females in the national Add Health sample reported that they had had at least one pregnancy. However, the young women in our Wisconsin sample who had been in the care of Milwaukee County were somewhat less likely to ever have been pregnant and somewhat less likely to have been pregnant since their last interview than the young women who had been in the care of other counties in the state.

Table 31. Pregnancy History

	<i>N</i>	Total		Milwaukee County		Other Counties			
		#	%	#	%	<i>N</i>	#	%	
Ever pregnant	78	35	44.9	46	19	41.3	32	16	50.0
Pregnant since the last interview	68	27	39.7	40	14	34.1	28	13	46.4
Number of pregnancies since first interview									
One		18	69.2		10	71.4		8	66.7
Two or more		8	30.8		4	21.4		4	33.3
Missing		1			0			1	
Received prenatal/postpartum care	26	21	80.8	13	10	76.9	13	11	84.6
Was using birth control in the month she became pregnant	27	8	29.6	14	4	28.6	13	4	30.8

Wanted to get pregnant by partner	27	12	44.4	14	5	35.7	13	7	53.9
Wanted to marry partner	24	11	45.8	13	5	37.5	11	6	46.2
Outcome of pregnancy									
Still pregnant		7	25.9		1	7.1		6	46.2
A live birth		14	51.9		8	57.1		6	46.2
Still birth or miscarriage		5	18.5		4	28.6		1	7.7
Abortion		1	3.7		1	7.1		0	0.0

MARRIAGE AND COHABITATION

Very few of the young adults in our Wisconsin sample were married, and only a small percentage were living with a partner in a marriage-like relationship. Although Wisconsin females were more likely to be married or cohabiting than Wisconsin males, they were less likely to be married or cohabiting than their Add Health counterparts.

Table 32. Percentage Married or Cohabiting by Gender: Three-State Wisconsin Sample Compared with Add Health Sample

	Three-State Wisconsin Sample			Add Health Sample		
	All	Female	Male	All	Female	Male
Married	1.2	2.6	0	5.0	7.3	1.9
Cohabiting	8.6	10.3	7.1	10.6	13.2	7.0
Either married or cohabiting	9.8	12.8	7.1	15.6	20.5	8.9

PARENTHOOD

Twenty-two percent of the young adults in our Wisconsin sample reported that they were the parent of at least one child, and females were nearly three times as likely than males to identify themselves as parents. Of course, it is possible that some of the males in the sample had fathered children of whom they were unaware. Of the 35 young adults who reported being parents, 77 percent were living with a child who was theirs. However, the female parents in our Wisconsin sample were more than twice as likely to report living with a child who was theirs as their male counterparts.

**Table 33. Parenthood by Gender:
Three-State Wisconsin Sample Compared with Add Health Sample**

	Percentage Who Have Children		Percentage Living with Their Children	
	Three-State Wisconsin Sample	Add Health Sample	Three-State Wisconsin Sample	Add Health Sample
All	21.6	9.8	77.1	77.6
Females	32.1	12.2	92.0	94.3
Males	11.9	6.5	40.0	35.7

To put these figures in perspective, the young adults in our Wisconsin sample were nearly twice as likely as their Add Health counterparts to report being parents. However, the parents in our Wisconsin sample were as likely to report living with a child who was theirs as parents in the Add Health sample.

Altogether, the thirty-five parents in our Wisconsin sample were the parents of forty-three children. Almost two-thirds of these children were currently living with the parent in our sample. By comparison, 80 percent of the children who had a parent in the Add Health sample were living with that parent.

Table 34. Living Arrangements of Children

Number of children	43	
	#	%
Children currently living with study participants	28	65.1
Children not living with study participants	13	34.9
Missing	2	

DELINQUENCY AND VIOLENT BEHAVIOR

We incorporated a series of items from the wave 3 Add Health survey instrument to measure delinquency and violence among the young adults in our sample and to compare their behaviors with the behaviors reported by the nationally representative sample of young adults who

participated in the Add Health study. We also asked a number of questions dealing with arrest, conviction, and incarceration to assess criminal justice system involvement.

The two most commonly reported delinquent behaviors were taking part in a gang fight and deliberately damaging someone else’s property. Not only were all of the behaviors more likely to have been reported by males than by females, but in addition, there were gender differences in the behaviors that these young adults were most likely to report. Males were most likely to report deliberately damaging someone else’s property and selling marijuana or other drugs, whereas females were most likely to report deliberately damaging someone else’s property and taking part in a gang fight.

Table 35. Delinquent Behaviors During the Past 12 Months by Gender

	Total		Male		Female	
	#	%	#	%	#	%
Deliberately damaged someone else’s property	33	21.9	19	25.7	14	18.2
Stole something worth more than \$50	9	5.8	7	9.1	2	2.6
Went into a house or building to steal something	3	1.9	3	3.9	0	0.0
Used or threatened to use a weapon to get something from someone	5	3.2	3	3.9	2	2.6
Sold marijuana or other drugs	22	14.3	17	22.1	5	6.5
Stole something worth less than \$50	15	9.9	9	12.2	6	7.8
Took part in a gang fight	35	22.7	25	32.5	10	13.0
Bought, sold, or held stolen property	18	11.7	11	14.3	7	9.1
Used someone else’s credit, bank, or automated teller card without their permission or knowledge	0	0.0	0	0.0	0	0.0
Deliberately wrote a bad check	15	9.8	9	11.7	6	7.9
Used a weapon in a fight	13	8.5	9	11.8	4	5.2
Carried a handgun at school or work	3	2.0	3	3.9	0	0.0
Belonged to a named gang	22	14.5	15	20.0	7	9.1
Owned a handgun	9	5.9	6	7.9	3	3.9
Injured self so badly in a fight that medical treatment was required	6	4.0	4	5.3	2	2.6
Hurt someone so badly in a fight that medical treatment was required	22	14.5	14	18.7	8	10.4

The two most notable differences between the males in our sample and males in the Add Health sample were in their likelihood of taking part in gang fights and in their likelihood of selling drugs. The males in our sample reported higher rates of both. Although most of these delinquent behaviors were more likely to be reported by the females in our sample than by their Add Health counterparts, the Add Health females were more likely to report belonging to a gang.

**Table 36. Delinquent Behaviors During the Past 12 Months:
Three-State Wisconsin Sample Compared with Add Health Sample**

	Males				Females			
	Three-State Wisconsin Sample N = 78		Add Health Sample N = 214		Three-State Wisconsin Sample N = 85		Add Health Sample N = 288	
	#	%	#	%	#	%	#	%
Deliberately damaged someone else's property	19	25.7	45	21.0	14	18.2	16	5.6
Stole something worth more than \$50	7	9.1	20	9.3	2	2.6	6	2.1
Went into a house or building to steal something	3	3.9	15	7.0	0	0.0	2	0.7
Used or threatened to use a weapon to get something from someone	3	3.9	9	4.2	2	2.6	3	1.0
Sold marijuana or other drugs	17	22.1	34	15.9	5	6.5	18	6.3
Stole something worth less than \$50	9	12.2	35	16.4	6	7.8	18	6.3
Took part in a gang fight	25	32.5	43	20.1	10	13.0	16	3.2
Bought, sold, or held stolen property	11	14.3	28	13.1	7	9.1	5	1.7
Used someone else's credit, bank, or automated teller card without their permission or knowledge	0	0.0	4	1.9	0	0.0	3	1.0
Deliberately wrote a bad check	9	11.7	9	4.2	6	7.9	8	2.8
Used a weapon in a fight	9	11.8	17	7.9	4	5.2	3	4.0
Carried a handgun at school or work	3	3.9	5	2.3	0	0.0	0	0
Belonged to a named gang	15	20.0	37	17.3	7	9.1	44	15.3
Owned a handgun	6	7.9	27	12.6	3	3.9	16	5.6
Injured self so badly in a fight that medical treatment was required	4	5.3	21	9.8	2	2.6	7	2.4
Hurt someone so badly in a fight that medical treatment was required	14	18.7	38	17.8	8	10.4	6	2.1

Twenty-three percent of the young adults in our Wisconsin sample, including 32 percent of the males and 13 percent of the females, reported that they had been the victim of at least one

violent act. Although males reported higher rates of victimization than females, they were also more likely to report that they had perpetrated a violent act against someone else.

Table 37. Victimization and Perpetration of Violent Acts During the Past 12 Months by Gender

	Total		Male		Female	
	#	%	#	%	#	%
Victimization						
(1) Saw someone being shot or stabbed	21	13.7	13	17.1	8	10.4
(2) Had a knife pulled on him or her	29	18.8	22	28.6	7	9.1
(3) Had a gun pulled on him or her	18	11.8	13	17.1	5	6.5
(4) Was shot by someone	3	1.9	3	3.9	0	0
(5) Was cut or stabbed by someone	9	5.8	9	11.7	0	0
(6) Was beaten up but nothing was stolen	9	5.9	8	10.4	1	1.3
(7) Was beaten up and belongings were stolen	4	2.6	4	5.2	0	0
Experienced any victimization (#2 - #7)	37	22.7	27	31.8	10	12.8
Perpetration						
Pulled a knife or gun on someone	10	6.5	7	9.1	3	3.9
Shot or stabbed someone	4	2.6	4	5.3	0	0

Both the males and females in our Wisconsin sample reported higher rates of victimization than their Add Health counterparts. They were also more likely to report that they had been the perpetrator of a violent act.

Table 38. Victimization and Perpetration of Violent Acts by Gender: Three-State Wisconsin Sample Compared with Add Health Sample

	Males				Females			
	Three-State Wisconsin Sample		Add Health Sample		Three-State Wisconsin Sample		Add Health Sample	
	#	%	#	%	#	%	#	%
Victimization								
(1) Saw someone being shot or stabbed	13	17.1	22	10.3	8	10.4	9	3.1
(2) Had a knife pulled on him or her	22	28.6	22	10.3	7	9.1	8	2.8
(3) Had a gun pulled on him or her	13	17.1	25	11.7	5	6.5	5	1.7
(4) Was shot by someone	3	3.9	3	1.4	0	0	0	0
(5) Was cut or stabbed by someone	9	11.7	7	3.3	0	0	2	0.7
(6) Was beaten up but nothing was stolen	8	10.4	13	6.1	1	1.3	7	2.4
(7) Was beaten up and belongings were stolen	4	5.2	4	1.9	0	0	1	0.3
Experienced any victimization (#2 - #7)	27	31.8	39	18.2	10	12.8	15	5.2
Perpetration								
Pulled a knife or gun on someone	7	9.1	7	3.3	3	3.9	1	0.3
Shot or stabbed someone	4	5.3	4	1.9	0	0	0	0

Overall, the young adults in our Wisconsin sample reported high levels of criminal justice system involvement. Not surprisingly, however, males reported higher levels of criminal justice involvement than their female counterparts.

Table 39. Arrest, Conviction, and Incarceration by Gender

	Total		Males		Females	
	#	%	#	%	#	%
Arrested since last interview	52	47.3	41	53.9	11	14.9
Convicted of a crime since last interview	20	13.3	16	21.3	4	5.3
Spent at least one night in a jail, prison, juvenile hall, or other correctional facility since last interview	32	21.6	27	36.5	5	6.8

Although there were also differences in criminal justice system involvement between the young adults who had been in the care of Milwaukee County and those who had been in the care of other counties in the state, these differences varied by gender. Non-Milwaukee County females were more likely to have been involved with the criminal justice system since their first interview than Milwaukee County females, whereas Milwaukee County males were more likely to have been involved with the criminal justice system since their first interview than non-Milwaukee County males.

Table 40. Arrest, Conviction, and Incarceration Since First Interview by Gender: Milwaukee County Compared with Other Counties

	Females				Males			
	Milwaukee County N = 46		Other Counties N = 32		Milwaukee County N = 47		Other Counties N = 38	
	#	%	#	%	#	%	#	%
Arrested	4	8.9	7	24.1	25	59.5	16	47.1
Convicted of a crime	1	2.2	3	10.0	11	26.8	5	14.7
Spent at least one night in a jail, prison, juvenile hall, or other correctional facility	2	4.4	3	10.3	18	42.9	9	28.1

Finally, although the Add Health study used a different set of questions to measure criminal justice involvement, a crude comparison suggests that the young adults in our Wisconsin sample, especially the males, were involved with the criminal justice system at much higher rates than their Add Health counterparts.

**Table 41. Percentage Arrested, Convicted, and Incarcerated:
Three-State Wisconsin Sample Compared with Add Health Sample**

	Three-State Wisconsin Sample			Add Health Sample	
	Males	Females		Male	Female
Arrested since last interview	53.9	14.9	Ever arrested	14.5	3.1
			Arrested since age 18	1.9	1.0
Convicted of a crime since last interview	21.3	5.3	Convicted or pled guilty in juvenile court	7.5	0.3
			Convicted or pled guilty in adult court	6.1	1.0
Spent at least one night in a jail, prison, juvenile hall, or other correctional facility since last interview	36.5	6.8	Sentenced to probation or juvenile detention by juvenile court	5.5	0.0
			Sentenced to probation, jail, or prison by adult court	3.8	0.3

DISCONNECTED YOUTH

Increasing attention has been paid in recent years to so-called “disconnected” youth. Although terms and definitions vary, the term is generally used to refer to youth who are out of school and out of work (Haveman & Wolfe, 1994; Levin-Epstein & Greenberg, 2003; Sheehy, Oldham, Zanghi, Ansell, Correia, & Copeland, 2001; Sum, Khatiwada, Pond, Trub’skyy, Fogg, & Palma, 2002; Wald & Martinez, 2003; Youth Transition Funders Group, 2004).¹⁶ Some definitions have included youth who are homeless, incarcerated, or otherwise institutionalized (Levin-Epstein & Greenberg, 2003; Wald & Martinez, 2003). One group that has been identified as being at particular risk of being disconnected is youth aging out of foster care (Levin-Epstein & Greenberg, 2003; Wald & Martinez, 2003; Youth Transition Funders Group, 2004).

We applied this concept of “disconnectedness” to the participants in our study and began with a very basic definition. Participants were categorized as disconnected if they were neither in school nor employed at the time of their second interview. We then broadened our definition to include (1) those who were homeless, (2) those who were incarcerated, and (3) those who were

¹⁶ For example, Haveman and Wolfe (1994) talk about “economically inactive” youth.

homeless or incarcerated. One possible objection to these definitions is that young people could be out of school and out of work because they are the parent and primary caregiver of a young child. To address this possibility, we modified our definition of *disconnected* to exclude study participants who were parenting.

Table 42 shows the percentage of young adults in our sample who would be categorized as disconnected according to each of these definitions. Using the basic definition (i.e., out of work and out of school), nearly one-third of the young adults in our Wisconsin sample would be categorized as disconnected. However, young adults who had been in the care of Milwaukee County were somewhat more likely to fall into the disconnected category than those who had been in the care of other counties in the state. Excluding young adults who were parenting from the disconnected category reduces the percentage categorized as disconnected to just under one-quarter and cuts the difference between the Milwaukee County and the non-Milwaukee County young adults in half.

**Table 42. Disconnectedness at Age 19:
Three-State Wisconsin Sample Compared with Add Health Sample**

	Three-State Wisconsin Sample						Add Health Sample*	
	Total		Milwaukee County		Other Counties		#	%
	#	%	#	%	#	%	#	%
Not in school and not employed	51	31.3	31	33.3	20	28.6	60	12.3
Not in school and not employed <i>or</i> homeless <i>or</i> incarcerated	63	38.7	37	39.8	26	37.1	-	-
Not in school, not employed, and not parenting	39	23.9	23	24.7	16	22.9	49	10.0
Not in school, not employed and not parenting <i>or</i> homeless <i>or</i> incarcerated	51	31.3	29	31.2	22	31.4	-	-

Add Health figures do not exclude those currently enrolled in a vocational training program.

To put these figures in perspective, we applied two of our definitions to the 19-year-olds in the Add Health sample. The young adults in our Wisconsin sample were more than twice as likely to be categorized as “disconnected” regardless of which definition was used.

SUMMARY AND NEXT STEPS

In summary, Wisconsin youth making the transition to adulthood from foster care are faring worse than their same-age peers, in many cases much worse, across a number of domains of functioning. They approach the age of majority with significant educational deficits and relatively few of these youth appear to be on a path that will provide them with the skills necessary to succeed in today’s economy.

Half of these young adults were not working, and most of those who were employed were not earning enough to make ends meet. This is reflected in the economic hardships many of them face and the need that many of them have for government assistance. A large number continue to struggle with health and mental health problems, and too many of them already have children of their own.

Despite these difficulties, the young adults in our Wisconsin sample also have notable strengths. Some are attending college and others have stable employment and living situations. Most have strong ties to family, as evidenced by the closeness they feel toward family members and the fact that many were living with members of their family after leaving care. Others continue to live with their former foster parents, one indication of the ongoing support many of

them receive from adults they met through the child welfare system. They also perceive generally high levels of social support.

Just how states like Wisconsin can build upon these strengths to help their former foster youth deal with the challenges they face is an important question. These findings provide some clues as to the kinds of services and other supports that young adults need after they age out of care. The data from wave three will provide additional information.

REFERENCES

- Allen, M., Bonner, K., and Greenan, L. (1988). Federal legislative support for independent living. *Child Welfare*, 67, 19-32.
- Barth, R. (1990). On their own: The experiences of youth after foster care. *Child and Adolescent Social Work*, 7, 419-440.
- Bickel, G., Nord, M., Price, C., Hamilton, W., and Cook, J. (2000). *Guide to measuring household food security*. Washington, DC: United States Department of Agriculture, Food and Nutrition Service, Office of Nutrition, Analysis and Evaluation.
- Courtney, M., Piliavin, I., Grogan-Kaylor, A., and Nesmith, A. (2001). Foster youth in transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare*, 80(6), 685-717.
- Courtney, M., Terao, S., and Bost, N. (2004). *Midwest evaluation of the adult functioning of former foster youth: Conditions of the youth preparing to leave state care*. Chapin Hall Center for Children at the University of Chicago.
- Haveman, R., and Wolfe, B. (1994). *Succeeding generations: On the effects of investing in children*. New York: Russell Sage Foundation.
- Levin-Epstein, J., and Greenberg, M. (2003). *Leave no youth behind: Opportunities for Congress to reach disconnected youth*. Washington, DC: Center for Law and Social Policy.
- Leslie, L., Landsverk, J., Ezzet-Loftstrom, R., Tschann, J. M., Slymen, D., and Garland, A. (2000). Children in foster care: Factors influencing outpatient mental health service use. *Child Abuse and Neglect*, 24 (4), 465-476.
- Sheehy, A., Oldham, E., Zanghi, M., Ansell, D., Correia, P., and Copeland, R. (2001). *Promising practices: Supporting transition of youth served by the foster care system*. National Foster Care Awareness Project.
- Sherbourne, C., and Stewart, A. (1991). The MOS Social Support Survey. *Social Science Medicine*, 32 (6), 705-714.
- Sum, A., Khatiwada, I., Pond, N., Trub'skyy, M., Fogg, N., and Palma, S. (2002). *Left behind in the labor market: Labor market problems of the nation's out-of-school young adult populations*. Center for Labor Market Studies at Northeastern University.
- U.S. Department of Health and Human Services (1999). *Title IV-E Independent Living Programs: A decade in review*. Washington, DC: U.S. Government Printing Office.

- U.S. General Accounting Office (1999). *Foster care: Effectiveness of independent living services unknown* (HEHS-00-13). Washington, DC: U.S. General Accounting Office.
- Wald, M., and Martinez, T. (2003). *Connected by 25: Improving the life chances of the country's most vulnerable 14 – 24 year olds*. Hewlett Foundation Working Paper.
- Wisconsin Legislative Reference Bureau. (2003). *State of Wisconsin Blue Book: 2003-2004*. Madison, WI.
- World Health Organization (1998). *The Composite International Diagnostic Interview (CIDI)*. Geneva, Switzerland.
- Youth Transition Funders Group (2004). *Connected by 25: A plan for investing in successful futures for foster youth*. Takoma Park, MD: Youth Transition Funders Group.



CHAPIN HALL
CENTER FOR CHILDREN
AT THE UNIVERSITY OF CHICAGO

Chapin Hall Center for Children
at the University of Chicago
1313 East 60th Street
Chicago, Illinois 60637

www.chapinhall.org
phone: 773/753-5900
fax: 773/753-5940