

Issue Brief



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When Should the State Cease Parenting? Evidence from the Midwest Study

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When children are removed from their homes due to parental abuse or neglect and placed in out-of-home care, the state public child welfare agency, under the supervision of the juvenile court, takes on the role of parent.¹ While a child is in out-of-home care the public agency is responsible for day-to-day care and supervision. This state responsibility continues until the child is returned home, placed with another family through adoption or guardianship, runs away from care and cannot be found, or moves to another care system through institutionalization (i.e., incarceration or psychiatric hospitalization). If youth in out-of-home care do not leave care by any of these routes, they eventually reach the age at which the public agency is allowed, under state law, to “emancipate” them to independent living, regardless of the wishes of the youth. This means that the state ceases to bear any legal parental responsibility for the youth’s care and supervision. Thus, although a public child welfare agency may voluntarily decide to provide independent living services to young adults who have been discharged from care, it is not obligated to do so and cannot be compelled to do so by the juvenile court. Put simply, when youth “age out” of the child welfare system in the U.S., the state ceases to be their parent.

For most young people, the transition to adulthood is a gradual process (Arnett 2000; Settersten, Furstenberg, & Rumbaut, 2005). Many continue to receive financial and emotional support from their parents or other family members well past age 18. Approximately 55 percent of young men and 46 percent of young women between 18 and 24 years old were living at home with one or both of their parents in 2003 (Fields, 2003). Recent estimates also suggest that parents provide their young adult children with material assistance totaling approximately \$38,000 between the ages of 18 and 34 (Schoeni & Ross, 2004).

This is in stark contrast to the situation confronting youth in foster care (Courtney & Hughes Huring 2005). In all but a few jurisdictions, states relinquish their parental responsibilities when youth reach age 18 (Bussiere, Pokempner & Troia, 2005), and the federal government will no longer reimburse them for the costs of providing foster care. Too old for the child welfare system, but often unprepared to live as independent young adults, the approximately

1. Federal law allows states to administer child welfare services directly or to supervise the county administration of such services, but in either case the state agency is ultimately responsible for the care and supervision of children in out-of-home care.

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24,000 foster youth who “age out” of care each year (U.S. Department of Health and Human Services, 2006) are expected to make it on their own long before the vast majority of their peers.

Federal child welfare policy has not ignored the challenges facing foster youth making the transition to adulthood. The federal government has recognized the need to help support these youth since the 1986 amendment to Title IV-E of the Social Security Act created the Independent Living Program, which provided states with funds specifically intended to prepare their foster youth for independent living. Federal support for foster youth making the transition to adulthood was enhanced in 1999 with the creation of the John Chafee Foster Care Independence Program (CFCIP), which doubled available funding to \$140 million per year, expanded the age range of youth deemed eligible for services, allowed states to use funds for a broader range of purposes (e.g., room and board), and gave states the option of extending Medicaid coverage for youth who age out of care until age 21. Vouchers for postsecondary education and training have also been added to the range of federally funded supports and services now potentially available to foster youth and former foster youth making the transition to adulthood. However, CFCIP is not an entitlement and states are not obligated to provide the CFCIP-funded services to individual youth.

In recent years, child welfare practitioners and policymakers have begun to question the wisdom of a federal policy that ends reimbursement to states for foster care at age 18. Reflecting continuing interest by policymakers in improving prospects for foster youth making the transition to adulthood, in May 2007, U.S. Senator Barbara Boxer (D-CA) introduced S. 1512, which would amend Title IV-E of the Social Security Act and extend federal reimbursement for foster care until age 21. Other federal legislation that would help states better meet the needs of transitioning foster youth is also in the works.

Unfortunately, little solid empirical evidence exists regarding the potential impacts of such a major policy change. This issue brief summarizes relevant findings from the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study). We find strong evidence that allowing foster youth to remain in care past age 18 promotes the pursuit of higher education, and more qualified evidence that extending care may increase earnings and delay pregnancy. We also find that youth who remain in care are more likely to receive the kinds of services that policymakers intended states to provide when they created CFCIP. Taken

together, these findings provide support for current efforts to extend Title IV-E reimbursement for foster care until age 21.

The Midwest Study

The Midwest Study is a collaborative effort among the public child welfare agencies in Illinois, Iowa, and Wisconsin, Chapin Hall Center for Children at the University of Chicago, the University of Wisconsin Survey Center (UWSC), and Partners for Our Children (POC) at the University of Washington, Seattle. Chapin Hall Center for Children has had primary responsibility for overseeing the project, constructing the survey instruments, analyzing the data, and preparing reports for the participating states. UWSC was contracted to conduct the in-person interviews. The Principal Investigator for the study, Mark E. Courtney, is currently Executive Director of POC and a Faculty Associate of Chapin Hall.

The Midwest Study is following the progress of foster youth in the three participating states who had entered care prior to their sixteenth birthday, who had been in out-of-home care for at least one year at the time of their baseline interview, and whose primary reason for placement was abuse and/or neglect.² Baseline interviews were conducted with 732 of the 758 foster youth identified as eligible for the study, including 63 from Iowa, 474 from Illinois, and 195 from Wisconsin, between May 2002 and March 2003. That translates into a response rate of almost 97 percent. All of the youth were 17 or 18 years old when they were interviewed.

Eighty-two percent (n = 603) of the 732 study participants were re-interviewed between March and December 2004. This wave 2 sample included 386 young adults from Illinois, 54 from Iowa, and 163 from Wisconsin, and nearly all of these young adults (n = 575) were 19 years old. A third wave of survey data was collected between March 2006 and January 2007. Eighty-one percent (n = 591) of the 732 study participants were re-interviewed over the course of those 11 months, including 364 from Illinois, 50 from Iowa, and 176 from Wisconsin. Nearly all these young adults were 21 years old at the time of that interview. Eighty-seven percent (n = 513) had been interviewed at age 19; the other 13 percent (n = 78) were last interviewed when the baseline data were collected.

2. For a more detailed description of the baseline study sample and methodology, see Courtney & Dworsky (2006).

The Midwest Study examines the experiences of these foster youth during the transition to adulthood across a variety of domains, including living arrangements, relationships with family of origin, social support, receipt of independent living services, education, employment, economic well-being, receipt of government benefits, physical and mental well-being, health and mental health service utilization, sexual behaviors, pregnancy, marriage and cohabitation, parenting, and criminal justice system involvement.

The three states involved in the Midwest Study have very different policies with respect to allowing foster youth to remain in care past age 18. Foster youth in Iowa and Wisconsin are generally discharged from care at age 18 and almost never after their nineteenth birthday, whereas foster youth in Illinois can remain in care until age 21. Contrary to some anecdotal reports that only a minority of foster youth would choose to remain in care past age 18 if given the opportunity, more than two-thirds of the Midwest Study's Illinois sample were still in care after their twentieth birthday, and more than half did not leave care until age 21.³ This was true despite the fact that as adults, these young people could have left care at any time once they had turned 18 years old. In fact, the Illinois youth were, on average, more than 2 years older when they exited the child welfare system than their peers in Wisconsin and Iowa (see Table 1).

Table 1
Age at Exit from Foster Care by State

Age at exit	Total N = 732		Wisconsin n = 195		Illinois n = 474		Iowa n = 63	
	#	%	#	%	#	%	#	%
17	91	12.4	58	29.7	19	4.0	14	22.2
18	248	33.9	137	70.3	69	14.6	42	66.7
19	65	8.9			58	12.2	7	11.1
20	73	10.0			73	15.4		
21	255	34.8			255	53.8		
Mean	19.2		17.8		20.0		17.9	
Median	19.0		18.0		21.0		18.0	

3. At the time this study was conducted, Iowa youth could remain in care past their nineteenth birthday if the child welfare agency and juvenile court determine that this would allow them to graduate from high school. In practice, very few Iowa youth remain in care past 18. Of the sixty-three Iowa youth in the Midwest Study, only seven were still in care at age 19.

Challenges in Estimating the Effects of Extending Care for Foster Youth in Transition

This difference in policy between Illinois on the one hand, and Iowa and Wisconsin on the other, provides an opportunity to examine the potential effects of amending Title IV-E to extend federal reimbursement for foster care past 18. However, establishing a definitive relationship between extended care and youth outcomes is difficult for at least two reasons. First, although youth aging out of foster care in Illinois tend to be older when they leave the child welfare system than their peers in the other two Midwest Study states, any observed differences in adult outcomes may be due, at least in part, to preexisting differences between foster youth in Iowa and Wisconsin and those in Illinois. We know, for example, that a much higher percentage of the foster youth in Illinois are African American and that, all else being equal, being African American is associated with poorer employment outcomes and higher rates of criminal justice system involvement during early adulthood (Bureau of Labor Statistics, 2007; Child Trends Data Bank, 2007; Rosich, 2007). Ideally, our examination of adult outcomes would take these between-state differences into account.

Second, any relationship we observe between remaining in care past age 18 and later outcomes could be due to differences between youth who remain in care and those who do not. In other words, remaining in care is not likely to be a completely random event, and any apparent advantage (or disadvantage) associated with doing so may reflect the fact that the youth who remained in care were also more likely to experience favorable (or unfavorable) outcomes. The findings reported below are based on analyses that attempt to account for both sources of potential bias in estimating the impact of extending care for foster youth making the transition to adulthood.

Higher Education

Previous research suggests foster youth approach the transition to adulthood with significant educational deficits (Blome, 1997; Courtney et al., 2001; McMillan & Tucker, 1999). Our data suggest that these deficits continue into the early adult years. Nearly one-quarter of the young adults in the Midwest Study had not obtained a high school diploma or a GED by age 21 (Courtney, Dworsky, Cusick, Havlicek, Perez, & Keller, 2007).⁴ In fact, these young adults were more than twice as likely not to have a high school diploma or GED as their peers. Conversely, only 30 percent of the young adults in the Midwest Study had completed any college compared with 53 percent of 21-year-olds nationally.⁵

Earlier analyses of data from the Midwest Study found strong associations between foster care status at 19 and educational attainment (Courtney & Dworsky, 2006). Specifically, the 19-year-olds who were still in care (all but two of whom were from Illinois) were more than twice as likely to be enrolled in a school or training program as those who had been discharged (67% versus 31%). They were also more than three times as likely to be enrolled in a two- or four-year college (37% versus 12%).

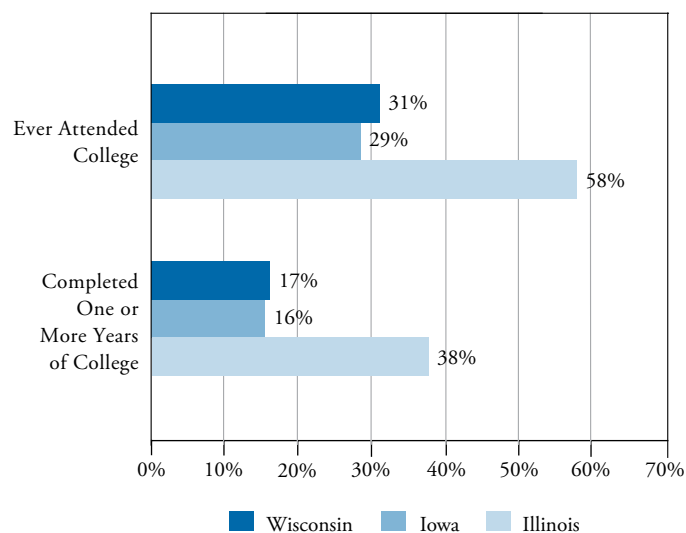
To test whether the apparent advantages of remaining in care continue through age 21, we compared college enrollment and educational attainment across the three states. Figure 1 shows the percentage of 21-year-olds from each state who had (1) ever been enrolled in college and (2) had completed at least one year of college. The young adults from Illinois were 1.9 times more likely to have ever attended college and 2.2 times more likely to have completed at least one year of college than their peers in Iowa and Wisconsin.

4. Unless otherwise noted, all of the descriptive findings about the Midwest Study participants at age 21 can be found in Courtney, Dworsky, Cusick, Havlicek, Perez, & Keller, 2007.

5. Unless otherwise noted, national figures are based on an analysis of data from the third wave of the Longitudinal Study of Adolescent Health (Add Health), a federally funded study that was designed to examine how social contexts (families, friends, peers, schools, neighborhoods, and communities) influence the health-related behaviors of adolescents (Harris et al., 2003). 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 in 2001 and 2002, when they were 18 to 26 years old. Our comparison group includes the 744 young adults in the Add Health core sample who were 21 years old.

Figure 1

College Enrollment and Educational Attainment by Age 21



We also conducted multivariate statistical analyses of both higher education outcomes, using models that controlled for the baseline characteristics of the young adults.⁶ These analyses also show strong between-state effects. After controlling for observed differences in baseline characteristics, the estimated odds of ever having attended college were approximately four times higher for the Illinois young adults than for the young adults from Iowa and Wisconsin. Similarly, the estimated odds of completing at least one year of college were approximately 3.5 times higher for the young adults from Illinois than for the young adults from the other two states. These findings cannot be attributed to state differences in the overall likelihood of college enrollment among young adults because college enrollment varies little across the three Midwest Study states (National Center for Public Policy and Higher Education, 2006).⁷ Moreover,

6. Our analyses controlled for gender, race/ethnicity, age at most recent entry into care, number of prior placements, ever ran away from care, ever placed in group care setting, ever placed in relative care, maltreatment history, any mental health diagnosis, any alcohol or other drug diagnosis, ever retained in school, very close to at least one adult family member, very close to current caregiver, any biological children, any prior work experience, aspirations to graduate from college, urbanicity of county with jurisdiction over foster care placement, score on Wide Range Achievement test of reading, and standardized delinquency score.

7. The percentage of young adults (ages 18–24) enrolled in college in 2006 was the same for all three Midwest Study states—35 percent (National Center for Public Policy and Higher Education, 2006).

the relationship between state and pursuit of higher education seems to reflect the fact that the young adults from Illinois were able to remain in care. For example, 37.5 percent of Illinois young adults who were still in care at age 19 were currently enrolled in college compared to just 8.5 percent of the Illinois young adults who had already left care.

Earnings

Prior research has found that former foster youth are less likely to be employed than young adults in the general population (Zimmerman, 1982; Jones & Moses, 1984; Cook et al., 1991; Goerge et al., 2002). In addition, their wages tend to be low even if they are employed, which means that former foster youth often live in poverty (Zimmerman, 1982; Festinger, 1983; Barth, 1990; Cook et al., 1991; Dworsky, 2005; Goerge et al., 2002). Consistent with these findings, data from the Midwest Study provide a sobering view of labor market outcomes among foster youth making the transition to adulthood. Just over half of the 21-year-olds in the Midwest Study were currently working, compared with nearly two-thirds of 21-year-olds nationally. Moreover, although more than three-quarters of the young adults in the Midwest Study reported having any income from employment during the year before their interview at age 21, their earnings were very low. Median earnings over the past year among those who had been employed were just \$5,450.

Estimating the potential effect of extending foster care on earnings is complicated for two reasons. First, employment rates for young adults vary fairly significantly across states (Bureau of Labor Statistics, 2004), which might bias our estimates.⁸ Second, to the extent that there is a tradeoff between pursuing higher education and being employed, we might expect a lower rate of labor force participation among

8. For example, the percentage of 20- to 24-year-olds in the civilian noninstitutionalized population who were employed in 2004 was 65.8 percent for Illinois, 75.2 percent for Iowa and 79.4 percent for Wisconsin (Bureau of Labor Statistics, 2004).

9. Our analyses controlled for gender, race/ethnicity, age at most recent entry into care, number of prior placements, ever ran away from care, current placement type, maltreatment history, any mental health diagnosis, any alcohol or other drug diagnosis, ever retained in school, any children, any prior work experience, aspirations to graduate from college, urbanicity of county with jurisdiction over foster care placement, placed under the jurisdiction of Cook County, score on Wide Range Achievement Test of reading, and standardized delinquency score.

the Illinois young adults. Consistent with this hypothesis, the young adults who were still in care at age 19, nearly all of whom were from Illinois, were less likely to be working than those who were no longer in care (Courtney & Dworsky, 2006).

Thus, rather than examining between-state differences in earnings, we estimated the effect of each additional year of remaining in care after the baseline interview on self-reported earnings during the 12 months prior to the interviews at age 21. First, we estimated a multiple regression model that predicted earnings in the year prior to the wave three interviews, controlling for the baseline characteristics of the young adults.⁹ We found that each additional year of care after the baseline interview was associated with a \$470 increase in annual earnings (see Table 2).

Although our statistical model controlled for characteristics of the young adults measured at baseline—including many of the factors that are likely to affect later earnings, e.g., work history, educational attainment, mental health problems, and criminal behavior—there may have been unmeasured differences among study participants who exited at different ages, for which we did not control. If these unmeasured differences are associated both with the likelihood of remaining in care and with earnings in the year prior to the age-21 interview, the results of our multiple regression analysis could potentially be biased.

To minimize this potential bias, we estimated an instrumental variable model that controlled both for observed and unobserved differences (Woodridge, 2001).¹⁰ Each additional year of care was associated with an estimated increase of \$924 in annual earnings (see Table 2). Once again, this suggests that, at least with respect to earnings, remaining in care may have a positive effect.

Table 2

Earnings for the Year Prior to the Interview at Age 21

Mean for total sample (<i>n</i> = 556)	\$6,894
Mean for total sample with earnings (<i>n</i> = 427)	\$8,977
Effect of remaining in care for an additional year on earnings without controlling for unobserved differences	\$470
Effect of remaining in care for an additional year on earnings controlling for unobserved differences	\$924

10. Because state was not correlated with earnings in the year prior to the age-21 interviews, but was strongly correlated with the age until which youth remained in care, we used state as an instrumental variable in our models.

Pregnancy

Despite declining overall pregnancy rates among adolescents, teenage pregnancy and childbearing remain significant problems (Alan Guttmacher Institute, 2006), particularly among youth in foster care. Although the exact rates of teenage pregnancy and childbearing among this population are not known, there is some evidence that female foster youth, including those who age out of care, are at higher risk than other teens and young adults of becoming pregnant and giving birth (Gotbaum, 2005; Pecora et al., 2003; Singer, 2006). Consistent with these findings, one-third of the young women in the Midwest Study reported that they had been pregnant prior to their baseline interview at age 17 or 18, and nearly half reported having been pregnant by their interview at age 19. By comparison, the National Campaign to End Teen Pregnancy estimates that approximately 31 percent of teenage girls in the general population become pregnant at least once before their twentieth birthday (Hoffman, 2006).

Because of the considerable costs associated with teenage parenthood, for both young women and their children, delaying pregnancy among female foster youth making the transition to adulthood is a worthwhile goal for child welfare policy and practice (Hoffman, 2006; Maynard, 1997; Maynard & Hoffman, forthcoming). Thus, we wanted to examine whether allowing young women to remain in care might reduce their risk of pregnancy. To do this, we estimated Cox-proportional hazard models predicting the timing of the first self-reported pregnancy between their baseline interviews at age 17–18 and the interviews at ages 19 and 21 (Cox, 1972). These statistical models allowed us to measure the relationship between being in state-supervised out-of-home care and becoming pregnant, controlling for prior pregnancy as well as other baseline characteristics of the young women in our study.¹¹

We found that being in care was associated with a 38 percent reduction in the risk of becoming pregnant between the baseline interview and the interview at age 19. After age

11. Our analyses controlled for gender, race/ethnicity, age at most recent entry into care, number of prior placements, ever ran away from care, ever placed in group care setting, ever placed in relative care, maltreatment history, any mental health diagnosis, any alcohol or other drug diagnosis, ever retained in school, very close to at least one adult family member, very close to current caregiver, and prior pregnancy.

12. Few, if any, of the other predictors in our models were statistically significant.

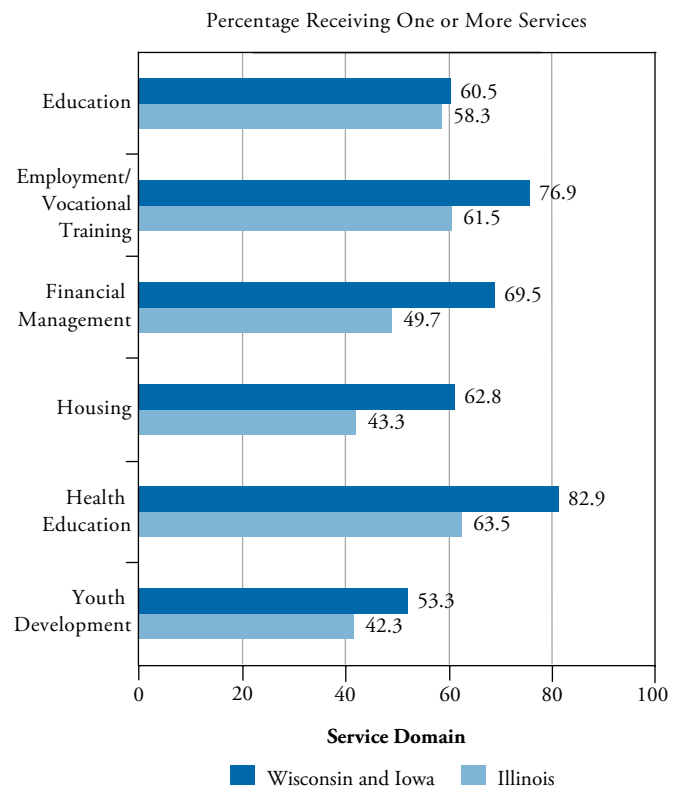
19, there was still a reduction in the risk of pregnancy, but it was not statistically significant. In other words, our analyses suggest that remaining in care delays pregnancy among female foster youth during late adolescence. However, this protective effect may diminish as they move into early adulthood. Not surprisingly, the risk of becoming pregnant over the course of the study was significantly higher among the young women who had been pregnant before their baseline interview. However, care status (i.e., still in care or discharged) was a significant predictor even after controlling for prior pregnancy.¹²

Receipt of Independent Living Services

CFCIP allocates funds that states can use to support the provision of independent living services to current as well as former foster youth through their twenty-first birthday. Young adults in the Midwest Study were asked about independent living services they might have received prior to their baseline interview (at wave 1) and since the last interview (at waves 2 and 3). The forty-eight distinct services about which the young adults were asked covered six domains, including education (8 services), vocational

Figure 2

Receipt of Independent Living Services Prior to Baseline



training or employment (12 services), budgeting and financial management (7 services), health education (9 services), housing (9 services), and youth development (3 services). We took advantage of the variation in policy across the three states in our study to examine whether allowing foster youth to remain in care past age 18 was associated with a higher rate of independent living services receipt.

Figures 2, 3, and 4 illustrate an interesting pattern of cross-state differences in the receipt of independent living services over time. Prior to baseline, Illinois youth were less likely than their peers in the other two states to have received services in every domain except education (see Figure 2). By age 19, these differences had disappeared. Young adults from Illinois were as likely as their peers to have received services, regardless of domain, since their baseline interview (see Figure 3). And at age 21, they were more likely to report receiving services since their last interview in four of the six domains (see Figure 4). Given that the Illinois young adults were less likely than their peers in the other two states to have received services *prior to their interview at 17 or 18*, these findings suggest a strong positive relationship between remaining in care past age 18 and independent living services receipt.

Figure 3
Receipt of Independent Living Services between Baseline Interview and Age 19

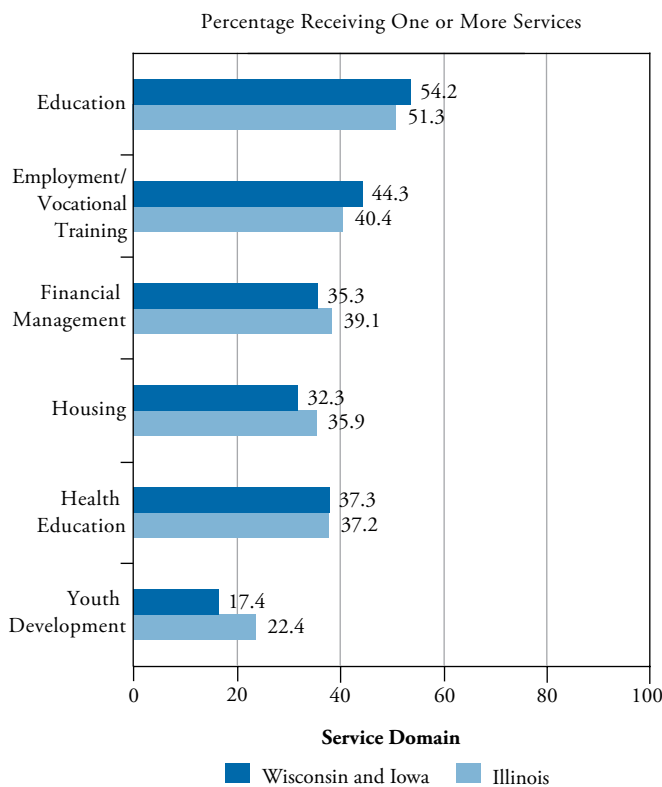
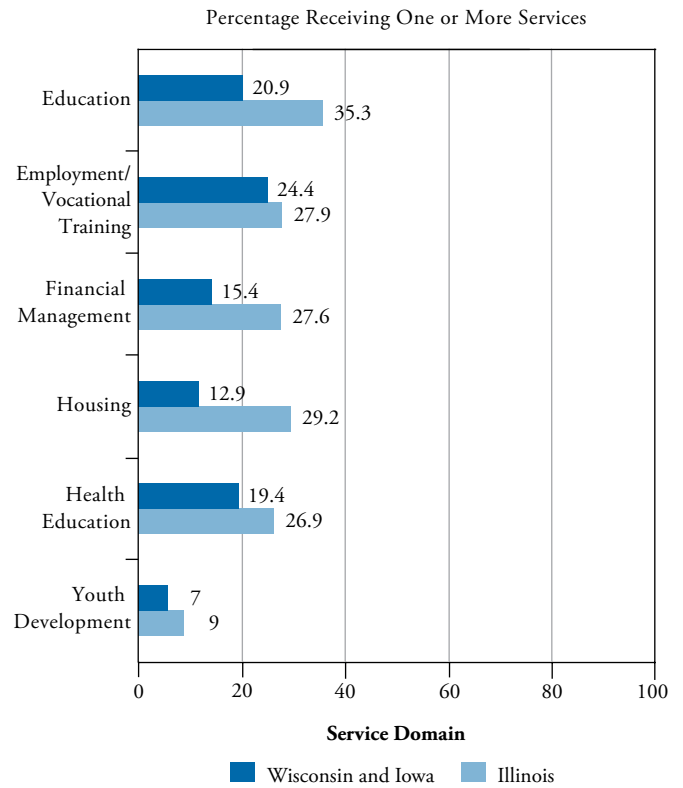


Figure 4
Receipt of Independent Living Services between Ages 19 and 21



Limitations

Although our analyses suggest that allowing youth to remain in foster care past age 18 may have beneficial effects, they should be considered in the context of the Midwest Study's limitations. First, the Midwest Study involves only three states. It is possible that foster youth making the transition to adulthood in Wisconsin, Iowa, and Illinois differ from those making that transition in other states and those differences are related to the outcomes we examined. This has implications for the generalizability of our results. Moreover, Iowa and Wisconsin are just two of many states where youth are typically discharged from foster care on or shortly after their eighteenth birthday, and there is at least some anecdotal evidence that the services and supports foster youth receive during the transition to adulthood vary widely across states. This between-state variation might contribute to differences in their outcomes. Similarly, Illinois provides but one example of how states might care for and supervise their foster youth until age 21. Outcomes might be different in states that use another approach.

Second, the strength of the evidence we present varies across outcomes. Our analysis of educational outcomes provides the strongest evidence of the potential benefit of extending care. It is difficult to make a convincing argument that the between-state differences we observed in educational outcomes are entirely a function of selection bias (i.e., that young adults who are likely to attend college are the ones who choose to stay), largely because remaining in care well past age 18 is simply not a rare event among foster youth in Illinois. Fewer than 1 percent of our Iowa and Wisconsin study participants were still in care when they were interviewed at age 19 compared with 72 percent of their Illinois counterparts.

Our analyses of earnings and delayed pregnancy also support the notion that foster youth would benefit from extending care until age 21, but that evidence is more qualified. In both cases we assume that our models controlled for other factors that are associated with both remaining in care and our outcomes.

Third, we are only able to observe our Midwest Study participants through age 21, but some benefits of extending care may not become apparent until later in adulthood. Conversely, benefits that we find at age 21 may wane over time. Only longer observation of the life trajectories of the young people in the Midwest Study will allow us to determine whether there are longer-term benefits.

Finally, our analyses focused on only three outcomes of potential concern. Although we are also examining the relationship between care status and other transition outcomes (e.g., crime, risk behaviors, parenting, mental health, economic hardships), those analyses are not yet far enough along for us to be comfortable introducing them into policy discourse.

Implications for Child Welfare Policy

Under current federal law, states are entitled to reimbursement for the care and supervision of foster youth through age 18. If states wish to continue their parental role beyond 18 years old, they must do so largely with state and local funds. Moreover, the 30 percent of CFCIP funds that can be used

for room and board after age 18 represents only a small fraction of what states would need to care for and supervise all of the young people who would likely choose to remain in care if given the opportunity (Courtney & Hughes-Heuring 2005). Although there is no way to know how many states would extend foster care until age 21 if Title IV-E were amended, it seems reasonable to assume that few will do so in the absence of a such a change in federal law.

Our findings provide support for the efforts of those who are seeking to amend Title IV-E of the Social Security Act to provide federal reimbursement to states for the care and supervision of foster youth until age 21. In Illinois, where remaining in care until age 21 is already an option, foster youth are more likely to pursue higher education. This policy also seems to be associated with higher earnings and delayed pregnancy. Moreover, despite the fact that Illinois foster youth were less likely to have received independent living services than their peers in Iowa and Wisconsin before age 18, they were more likely to have received them between ages 19 and 21. This is an age group that federal law specifically targets for of independent living services, and young people who receive services during those transition years may be more likely to acquire and put to use independent living skills.

Finally, legislation has already been introduced that would amend Title IV-E to reimburse states for the costs of extending foster care until age 21. Such legislation raises questions about how else Title IV-E might need to be amended if the unique needs of young adults in care are to be met. For example, should the juvenile court remain involved in supervising the care of young adults as it is currently required to do for wards who are under age 18, and if so, what role should it play? Do the types of care for which states are currently eligible for Title IV-E reimbursement (i.e., foster family care, kinship foster care, and group care) need to be expanded so that young adults can be placed in the most appropriate settings? Should states be held accountable for helping foster youth achieve particular outcomes as they make the transition to adulthood? The good news here is that the 1999 legislation that established the CFCIP called for states to track a range of foster youth outcomes through age 21. Once the federal government implements that aspect of the law, an important accountability mechanism will finally be in place.

References

- Alan Guttmacher Institute (2006). *U.S. teenage pregnancy statistics national and state trends and trends by race and ethnicity*. New York: Alan Guttmacher Institute.
- Blome, W. (1997). What happens to foster kids: Educational experiences of a random sample of foster care youth and a matched group of non-foster care youth. *Child and Adolescent Social Work*, 14, 41–53.
- Bureau of Labor Statistics. (2007). *Employment status by race, age, sex, and Hispanic or Latino ethnicity, 2006 annual averages*. Washington, DC: U.S. Department of Labor. Available: <http://www.bls.gov/cps/wlf-table3-2007.pdf>.
- Bureau of Labor Statistics. (2005). *Employment status of the civilian noninstitutional population by sex, race, Hispanic or Latino ethnicity, marital status, and detailed age, 2004 annual averages*. Washington, DC: U.S. Department of Labor. Available: <http://stats.bls.gov/lau/table14full04.pdf>.
- Bussiere, A., Pokempner, J., & Troia, J. (2005). Adolescents, the foster care system and the transition to adulthood: What legal aid lawyers need to know. *Clearinghouse Review Journal of Poverty Law and Policy*, 4, 159–169.
- Child Trends Data Bank. (2007). *Young adults in jail or prison*. Available: http://www.childtrendsdatabank.org/pdf/89_PDF.pdf.
- Courtney, M. E. & Dworsky, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the U.S.A. *Child and Family Social Work*, 11, 209–219.
- Courtney, M. E., Dworsky, A., Cusick, G., R., Havlicek, J., Perez, A., & Keller, T. (2007). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21*. Chicago: Chapin Hall Center for Children at the University of Chicago.
- Courtney, M. E., Dworsky, A., Ruth, G., Keller, T., Havlicek, J., & Bost, N. (2005). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 19*. Chicago: Chapin Hall Center for Children at the University of Chicago.
- Courtney, M. E. & Hughes Huring, D. (2005). The transition to adulthood for youth “aging out” of the foster care system. In D. W. Osgood, E. M. Foster, C. Flanagan, & G. Ruth (Eds.), *On your own without a net: The transition to adulthood for vulnerable populations*. Chicago: University of Chicago Press.
- Courtney, M. E., Terao, S., & Bost, N. (2004). *Midwest evaluation of the adult functioning of former foster youth: Conditions of the youth preparing to leave state care*. Chicago: Chapin Hall Center for Children at the University of Chicago.
- Cox, D. R. (1972). Regression models and life tables. *Journal of the Royal Statistical Society, Series B* 34, 187–202.
- Fields, J. (2003). *America's families and living arrangements: 2003*. Current Population Reports, P20-553. U.S. Census Bureau, Washington, DC.
- Goldscheider, F., & Goldscheider, C. (1999). *The changing transition to adulthood: Leaving and returning home*. Thousand Oaks, CA: Sage Publications.
- Gotbaum, B. (2005). *Children raising children: City fails to adequately assist pregnant and parenting youth in foster care*. New York: Public Advocate for the City of New York.
- Harris, K., Florey, F., Tabor, J., Bearman, P., Jones, J., & Udry, J. R. (2003). *The national longitudinal study of adolescent health: Research design*. Available: <http://www.cpc.unc.edu/projects/addhealth/design>.
- Hoffman, S. (2006). *By the numbers: The public costs of teen childbearing*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Maynard, R. (1997). *Kids having kids: Economic costs and social consequences of teen pregnancy*. Washington, DC: The Urban Institute Press.
- Maynard, R. & Hoffman, S. (forthcoming). *Kids having kids: Revised edition*. Washington, DC: The Urban Institute Press.
- McMillan, C. J., Tucker, J. (1999) *The status of older adolescents at exit from out-of-home care*. *Child Welfare* 78(3), 339–359.
- Montgomery, P., Donkoh, C., & Underhill, K. (2006). Independent living programs for young people leaving the care system: The state of the evidence. *Children and Youth Services Review*, 28, 1435–1448.
- National Center for Public Policy and Higher Education. (2006). *Measuring up: The national report card on higher education*. Available: <http://measuringup.highereducation.org/about/database.cfm>.

Pecora, P. J., Williams, J., Kessler, R. J., Downs, A. C., O'Brien, K., Hiripi, E., & Morello, S. (2003). *Assessing the effects of foster care: Early results from the Casey national alumni study*. Seattle: Casey Family Programs.

Rosich, K. (2007). *Race, ethnicity, and the criminal justice system*. Washington, DC: American Sociological Association. Available: <http://www.asanet.org/galleries/Research/ASARaceCrime.pdf>.

Schoeni, R. & Ross, K. (2004). Material assistance received from families during the transition to adulthood. In R. Settersten, Jr., F. Furstenberg, Jr., & R. Rumbaut (Eds.). *On the frontier of adulthood: Theory, research, and public policy*. Chicago: University of Chicago Press.

Settersten, R., Furstenberg, F. F., & Rumbaut, R. G. (Eds.) (2005). *On the frontier of adulthood: Theory, research, and public policy*. Chicago: University of Chicago Press.

Sheehy, A., Oldham, E., Zanghi, M., Ansell, D., Crreia, P., and Copeland, R. (2001). *Promising practices: Supporting transition of youth served by the foster care system*. National Foster Care Awareness Project.

Singer, A. (2004). *Assessing outcomes of youth transitioning from foster care*. Salt Lake City: Utah Department of Human Services.

Sum, A., Khatiwada, I., Pond, N., Trub'skyy, M., Fogg, N., & 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 (2006). *The AFCARS report: Preliminary estimates for FY 2005 as of September 2006*. Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Retrieved August 9, 2007, from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report13.htm.

Woolridge, J. (2001). *Econometric analysis of cross section and panel data*. Cambridge, MA: MIT Press.

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