



Multi-Site Evaluation of Foster Youth Programs

**Evaluation of the Massachusetts Adolescent Outreach
Program for Youths in Intensive Foster Care:
Final Report**

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Maria Woolverton, Project Officer
Office of Planning, Research and Evaluation
Administration for Children and Families
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Authors:
Mark E. Courtney
Andrew Zinn
Heidi Johnson
Karin E. Malm

Contract Number:
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Contributing Authors:
Matthew Stagner
Michael Pergamit
Marla McDaniel

Project Coordinator:
Matthew Stagner

The Urban Institute
2100 M Street, NW
Washington, DC 20037

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

National Opinion Research Center
The University of Chicago
1155 East 60th Street
Chicago, IL 60637

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Disclaimer

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Evaluation of the Massachusetts Adolescent Outreach Program for Youths in Intensive Foster Care

Executive Summary

Background

Approximately 424,000 children lived in out-of-home care as of September 30, 2009, the most recent date for which national estimates are available (U.S. Department of Health and Human Services [DHHS] 2010). Of the estimated 276,000 children who left out-of-home care in the United States during fiscal year 2008, 86 percent went to live with family, were adopted, or were placed in the home of a legal guardian (DHHS 2010). Eleven percent (or about 29,000) remained in foster care until they were legally “emancipated” to “independent living,” usually due to reaching the age of majority or upon graduation from high school. Research findings suggest that the transition to adulthood for foster youth in the United States is difficult. Many former foster youth have poor early adult outcomes, including limited educational experiences, mental health problems, criminal behavior, unemployment, homelessness and housing instability.

These poor outcomes suggest the need for services to prepare foster youths for the transition to adulthood. The Foster Care Independence Act of 1999 amended Title IV-E to create the John Chafee Foster Care Independence Program (CFCIP), giving states more funding and greater flexibility in providing support to youths making the transition to independent living. It also required evaluation of such services. In response to this requirement, the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services, contracted with the Urban Institute and its partners – Chapin Hall at the University of Chicago and the National Opinion Research Center – to conduct the Multi-Site Evaluation of Foster Youth Programs.

The Evaluation

The goal of the Multi-Site Evaluation is to determine the effects of programs funded under CFCIP in achieving key outcomes for youths. These include increased educational attainment, higher employment rates and stability, greater interpersonal and relationship skills, reduced non-marital pregnancy births, and reduced delinquency and crime rates. Four programs are being evaluated under this contract. The subject of this report is one of these programs – the Massachusetts Adolescent Outreach Program for Youths in Intensive Foster Care (Outreach). The Outreach program is a voluntary service that assists teenage foster youths in preparing to live independently and to achieve permanency after exiting the Department of Children and Families (DCF) care. Youths are paired with an Outreach worker who works closely with them to achieve their goals.

The Outreach program seeks to achieve a range of outcomes consistent with the goals of the Chafee legislation, including receiving a high school diploma, continuing education, avoiding non-marital childbirth, avoiding high-risk behaviors, avoiding incarceration, gaining employment, attaining self-sufficiency, and avoiding homelessness. Program services are based on a youth development model and are individualized for each youth served. Outreach workers

may help youths with a variety of tasks including obtaining their driver's license, applying for college, and gaining employment. Some of these services are referrals to other organizations, while at other times the Outreach worker assists the youth directly, such as by helping the youth to complete an employment application. This direct assistance supports the program's broad goal of empowering youths to develop the skills of an independent adult. Other goals of the program include supporting youths' participation in higher education, achieving permanency through a connection to a caring adult, and identifying a support network for each youth. The Outreach program is relationship-based, emphasizing a trusting connection between the youth and his or her Outreach worker.

Outreach workers' caseloads are limited to 15 youths whom they see on a regular basis – usually once a week. Through its individualized services and hands-on approach, the Outreach program seeks to encourage a close relationship between Outreach workers and the youths they serve. This time spent together is seen as important for forming a trusting relationship with the youths and is intended to lead youths to come to see their Outreach worker as an advocate for them.

Sample Overview and Interview Process

This evaluation explores the impacts of the Outreach model for youths in intensive foster care placement in Massachusetts. In order to conduct the evaluation, the Outreach program was expanded to this group of youth in care who previously had no access to the program. One hundred and ninety-four youths born between August 1985 and December 1990 participated in the study. To be eligible for inclusion in the study, the youths had to be in intensive foster care (formerly known as therapeutic foster care), have a service plan goal of independent living or long term substitute care and be deemed appropriate for Outreach services by the youth's DCF caseworker.

Youths were followed for two years. They were interviewed in-person at entry into the study (baseline) and once each year after that. The interview questionnaire was designed to take approximately 90 minutes. Outcomes were assessed from the youths' second follow-up interview. For educational outcomes, additional data acquired from the StudentTracker Service of the National Student Clearinghouse were used to supplement the information found in the youth survey. The Clearinghouse is a nationwide repository of information on the enrollment status and educational achievements of postsecondary students.

In order to assess program impacts, a paired random assignment process was employed, in which youth were randomly assigned either to the Outreach program (treatment group) or to a control group that received intensive foster care services as usual. Pairing prior to random assignment was necessary to limit possible effects on workers' caseloads from a series of control group assignments.

Comparisons of the baseline characteristics of Outreach and control group youths at the time of random assignment showed few significant differences, except that Outreach group youths were more likely to have had prior placement in residential care and to have run away from home. Prior work experience as well as behavior problems and delinquent behaviors were each common among youths in the study. Of the 194 in-scope youths interviewed at baseline, 92.3

percent participated in the second follow-up interview. Most youths followed the assignment protocol, with virtually all youths in the Outreach group receiving Outreach services by the second-follow-up and very few youths in the control group having any contact with Outreach.

Impact Findings

The impact evaluation examined concrete measures of the transition to adulthood. Education and employment measures included completion of a high school diploma or G.E.D., college enrollment, and current employment status. Economic well-being was measured by reported earnings and current net worth, economic hardship, and receipt of formal and informal financial assistance.

Outreach group youths were more likely than control group youths to report having ever enrolled college, and college enrollment data showed program youths to be more likely than control group youths to persist in college across more than one academic year. It is worth noting that this impact on post-secondary education is the first impact identified through a random-assignment evaluation of an independent living program. Youths in the Outreach group were also significantly more likely to remain in foster care. We assessed this by asking youth the following question: “Do you have a social worker from the Department of Social Services?” These outcomes appear to be strongly interrelated. In other words, it is unclear how much of an impact Outreach services would have on college enrollment and persistence if Outreach did not also lead youths to remain in foster care.

Outreach youths also reported receiving more help than control group youths in some areas of educational assistance, employment assistance, money management, and financial support in obtaining housing. This impact of the program is consistent with the purposes of the John Chafee Foster Care Independence Program (CFCIP), but receipt of help per se is not a primary outcome of interest in the evaluation. Outreach group youths were also more likely than control group youths to have important documents (driver’s license and birth certificate), which may translate into other advantages down the road for youth who receive outreach services.

Outreach group youths did not report better outcomes than control group youths in employment, economic well-being, housing, delinquency, pregnancy, or self-reported preparedness for independence. Thus, the program did not have an impact across the full range of transition outcomes that the program is designed to influence.

The evaluation findings are therefore mixed regarding the effectiveness of Outreach in achieving its program goals. The transition to adulthood is multifaceted and requires success along multiple fronts including education, employment, stable housing, healthy behaviors, and supportive relationships.

Lessons for Independent Living Programs

While the Multi-Site Evaluation is among the first rigorous evaluations of independent living services, it sheds light on the effectiveness of only a handful of currently-available approaches to assisting foster youths in transition. The Multi-Site Evaluation was intended to evaluate *existing*

programs of potential national significance as they currently operate (i.e., it is a field experiment), not to develop and evaluate such programs *de novo*. The programs being evaluated were not designed by the evaluators or under the kind of evaluator control that would typically be the case in an experimental demonstration project. In interpreting the findings of the Multi-Site Evaluation, it is also important to keep in mind that the programs being evaluated do not necessarily represent either the most common or the ideal version of a particular service.

The evaluation of the Outreach program involved only youths who were being served in intensive foster care and who had a case plan goal of independent living or long term substitute care. Analysis of administrative data on the adolescent foster care population in Massachusetts revealed significant differences between youths who fit our sample selection criteria and foster youths in general. This calls for some caution in generalizing the study findings to other populations of foster youths. It is also important to note that the sample available for the evaluation of Outreach was not large enough to provide adequate statistical power to identify effects of the program that were small in magnitude, though this concern is tempered by the fact that few effects even approached statistical significance.

Outreach impacts should be considered in light of the ambitions of the program. Outreach aims to impact all of the outcomes mentioned in the Foster Care Independence Act. It does so through an intensive, individualized, relationship-based approach to coaching foster youths on a wide range of skills believed to be important to their transition to adulthood, by assisting them in navigating support systems, and by connecting them to formal and informal supports. Our findings suggest that Outreach does provide foster youths with help in acquiring independent living skills over and above the help provided to foster youths by their intensive foster care providers and other sources. However, that help did not translate into improvements in a number of important transition outcomes such as employment, economic well-being, or reduced risk behaviors within the evaluation time frame. The lack of Outreach effects on such outcomes, in spite of program effects on receipt of help in these areas, highlights the need for research on the connection between receiving help and achieving the concrete outcomes the help is intended to produce. Our finding that the impact of Outreach participation on college enrollment is strongly associated with the program's impact on the likelihood that youths remain in foster care after age 18 warrants further attention, particularly in light of the state option to extend care under the Fostering Connections to Success and Increasing Adoptions Act of 2008.

The evaluation of the Outreach program also adds to the body of research identifying the challenges facing foster youths making the transition to adulthood. Nearly two-fifths of the youths in the evaluation did not yet have a high school diploma or GED by the time they were 19. Fewer than half were employed at that time, and their earnings were on average well below the poverty line. Additionally, nearly two-fifths of the young women had been pregnant between age 17 and 19. In terms of educational attainment, employment, and pregnancy, the youth involved in the evaluation of Outreach services, regardless of whether they were in the Outreach or control group, fared worse than 19-year-olds generally (Courtney et al, 2005). Efforts should be redoubled to identify and rigorously evaluate various approaches to improving outcomes for foster youths making the transition to adulthood.

Chapter 1

Introduction

Introduction

Approximately 424,000 children lived in out-of-home care as of September 30, 2009, the most recent date for which national estimates are available (U.S. Department of Health and Human Services [DHHS] 2010). Of the estimated 276,000 children who left out-of-home care in the United States during fiscal year 2008, 86 percent went to live with family, were adopted, or were placed in the home of a legal guardian (DHHS 2010). Eleven percent (or about 29,000) remained in foster care until they were legally “emancipated” to “independent living,” usually due to reaching the age of majority or upon graduation from high school. In practice, few states allow youths to remain in foster care much past their 18th birthday (Bussey *et al.* 2000). About 5 percent (18,300) of all children and youths living in out-of-home care were between 18 and 21 years old.

Research findings suggest that the transition to adulthood for foster youths in the United States is difficult. On average, they have had poor educational experiences, leading them to bring to the transition very limited human capital upon which to build a career or economic assets. They also often suffer from mental health problems that can negatively affect other outcome domains, and these problems are less likely to be treated once youths leave care. In addition, foster youths frequently become involved in crime and with the justice and corrections systems after aging out of foster care. Further, their employment prospects are bleak, and few of them escape poverty during the transition. At the same time, many former foster youths experience homelessness and housing instability after leaving care. Compared with their peers, former foster youths have higher rates of out-of-wedlock parenting. In spite of court-ordered separation from their families, often for many years, most former foster youths rely on their families to some extent during the transition to adulthood, though this is not always without risk (Barth 1990; Bussey *et al.* 2000; Cook, Fleischman, and Grimes 1991; Courtney *et al.* 2001; Courtney *et al.* 2005; Dworsky and Courtney 2000; Fanshel, Finch, and Grundy 1990; Festinger 1983; Frost and Jurich 1983; Goerge *et al.* 2002; Harari 1980; Jones and Moses 1984; Mangine *et al.* 1990; Pecora *et al.* 2005; Pettiford 1981; Sosin, Coulson, and Grossman 1988; Sosin, Piliavin, and Westerfeldt 1990; Susser *et al.* 1991; Zimmerman 1982).

These poor outcomes suggest the need for services to better prepare foster youths for the transition to adulthood. Two decades ago, there were few such services. Numerous independent living services have been developed since then as federal funding for independent living services has increased. A review by Montgomery *et al.* in 2006 found that no rigorous evaluations of such services had been conducted at that time. Since then, two rigorous random-assignment evaluations of foster youth programs in Los Angeles County (conducted as part of this Multi-Site Evaluation) showed that the programs had no effect compared to existing services available upon the outcomes of interest (DHHS 2008). The programs differed in their approach and are not representative of all services for foster youths aging out of care. Further assessment of various independent living services is needed to inform efforts to improve their effectiveness.

This report presents findings from a rigorous evaluation of the Adolescent Outreach Program (Outreach) in Massachusetts, and its impact on youths in intensive foster care¹. It is one of the impact reports from the Multi-Site Evaluation of Foster Youth Programs conducted in response

¹ Formerly known in Massachusetts as therapeutic foster care

to mandates of the Foster Care Independence Act of 1999. Outreach pairs youths with Outreach workers who hold low caseloads and are knowledgeable about adolescent needs such as obtaining a driver's license, gaining employment, and incentives for post-secondary education. Workers meet with youths weekly to work towards the goals that are developed individually for each youth. We examine the program's implementation and its impact on the youths served, using a rigorous random-assignment method with a two-year follow-up period.

This evaluation is important for several reasons. First, the evaluation confirms that youths who age out of foster care are not doing well and need further attention from the systems that have served them before they turned 18 years old. Second, child welfare systems can and should rigorously test interventions using the best possible evaluation methods. It is possible to conduct rigorous evaluation in the child welfare system, and it is crucial to do so if the field is to develop services that address the great needs of its children and youths. Finally, it is especially important to do this work now. The field has developed a significant number of new services in the past few decades, but without rigorous evaluation it is impossible to know what is truly helping the children and families in the child welfare system.

In the remainder of this chapter, we provide an overview of the Foster Care Independence Act and the evaluation purpose, as well as the site selection process and research questions for the evaluation. We also review the research design and methodology for both the impact and process studies. In Chapter 2, we describe the Outreach program using information obtained as part of the process study component of the evaluation. Chapter 3 provides an overview of the evaluation's implementation, including a discussion of service take-up, sample development, and a description of the sample. Results of the evaluation's impact study are discussed in Chapter 4. A discussion of process study findings that shed light on the impact findings is also presented in Chapter 4. Finally, Chapter 5 provides a discussion of the findings of the evaluation and how it relates to the broader field of independent living programs.

Overview of Legislation and Evaluation Purpose

The Foster Care Independence Act (FCIA) of 1999 (Public Law 106-169) amended Title IV-E of the Social Security Act to create the John Chafee Foster Care Independence Program (CFCIP), giving states more funding and greater flexibility in providing support for youths making the transition to independent living. The FCIA allocates \$140 million per year in independent living services funding to states, allows states to use up to 30 percent of these funds for room and board, enables states to assist young adults between the ages of 18 and 21 who have left foster care, and permits states to extend Medicaid eligibility to former foster children up to age 21. State performance is a much higher priority under the FCIA than under earlier iterations of federal policy in this area. The U.S. Department of Health and Human Services is required to develop a set of outcome measures to assess state performance in managing independent living programs, and states are required to collect data on these outcomes. In addition, the FCIA requires that funding under the statute be set aside for evaluations of promising independent living programs:

The Secretary shall conduct evaluations of such State programs funded under this section as the Secretary deems to be innovative or of potential national significance. The evaluation of any such program shall include information on the effects of the program on education, employment, and personal development. To the maximum extent practicable, the evaluations shall be based on rigorous scientific standards including random assignment to treatment and control groups. The Secretary is encouraged to work directly with State and local governments to design methods for conducting the evaluations, directly or by grant, contract, or cooperative agreement (Title IV-E, Section 477 [42 U.S.C. 677], g, 1).

The language in the FCIA requiring rigorous evaluation of independent living programs reflects the acknowledgment by lawmakers that little is known about the effectiveness of independent living programs. In response to this language, the Administration for Children and Families within the Department of Health and Human Services contracted with the Urban Institute and its partners – Chapin Hall and the National Opinion Research Center at the University of Chicago – to conduct an evaluation of selected programs funded through the CFCIP, the Multi-Site Evaluation of Foster Youth Programs. The goal is to determine the effects of independent living programs funded under CFCIP in achieving key outcomes for participating youths, including increased educational attainment, higher employment rates and stability, better interpersonal and relationship skills, fewer non-marital pregnancies and births, and reduced rates of delinquency and crime.

Program Site Selection

In 2001, ACF contracted with the Urban Institute and its partners to conduct an evaluability assessment of independent living programs. The goal of this assessment was to identify programs that could be rigorously evaluated and to develop evaluation designs that would meet the requirements of the authorizing legislation. The evaluation team—in coordination with federal staff and members of a technical work group—established criteria for selecting sites for the evaluability assessment. ACF selected the final group of programs to be evaluated.

To be considered for the evaluation, programs were required to exhibit the following:

- Programs should take in sufficient numbers of youths to allow for the creation of a research sample of adequate size.
- Programs should have excess demand for services so that randomly assigning youths to a control group is possible while serving the same number of youths.
- Programs should be reasonably stable.
- Programs should be relatively intensive.
- Programs should have well-developed theories of intervention (“logic models”), linking intended outcomes with intervention activities.

- Programs should be consistently implemented.
- Sites should have available data with which to understand the flow of clients and to follow clients to assess key outcomes.
- Relevant decision makers should be willing to support participation in a rigorous evaluation.
- Program sites should be willing to make minor changes needed to accommodate the research and should be able to maintain them for the full research period.

The evaluation team conducted this assessment to identify programs suitable for evaluation between October 2001 and January 2003 and involved the following:

- Identifying independent living programs in the United States;
- Developing information on critical aspects of these programs;
- Categorizing the programs;
- Selecting programs for further study;
- Visiting the selected programs;
- Applying the criteria for evaluability to selected programs; and
- Recommending programs for evaluation.

Thirty-two states and the District of Columbia were contacted and 87 different independent living programs were examined. Site visits were conducted with the 23 programs that seemed most promising. Most of the programs did not meet the basic criteria for evaluability; that is, most did not have sufficient program intake to allow the creation of a research sample of adequate size or the excess demand that makes random assignment possible while serving the same number of youths.

Four independent living programs were selected for inclusion in the Multi-Site Evaluation, which used a random-assignment design. The selected programs encompass a set of critical independent living services and represent a range of program types. The programs include an employment services program in Kern County, California, modeled on Temporary Assistance for Needy Families work development assistance; an intensive case management and mentoring program in Massachusetts; a tutoring and mentoring program in Los Angeles County; and a classroom-based life skills training program, also serving youths in Los Angeles County. These four programs are not representative of all of the different types of independent living services available to youths in the United States; rather, they represent a range of different interventions that independent living programs use. As a result, the findings from the Multi-Site Evaluation

cannot be generalized to all independent living programs; instead, they provide insights into the effectiveness of four diverse approaches to service provision for youths transitioning to adulthood. In addition, the study team attempted to identify a housing program to evaluate and investigated several different housing programs located throughout the country. However, low numbers of participants in these programs would have made random assignment difficult and would not have provided sufficient samples for the analyses.

The Massachusetts Adolescent Outreach program provides a service (case management) commonly provided throughout the United States. Although Outreach may provide a typical set of services, there are unusual aspects of the program that provide useful information for other independent living programs. The individualized nature of the program means that it can be adapted to each youth's specific needs. In addition, the program is staffed by workers who are knowledgeable of the needs of adolescents and of available services, potentially providing a strong connection to relevant support systems. Aside from programmatic aspects, the program was selected because Outreach administrators were interested in expanding the program to serve youths in intensive foster care placements, who they felt were in need of and able to benefit from Outreach services. Outreach had previously only been available to youths in regular foster care placements. The overflow of youths who would be newly eligible for the program made it an oversubscribed service, having more referrals than program participants, and thus random assignment was possible amongst youths in intensive foster care.

Research Questions

In addressing the goals of the Chafee legislation, the Multi-Site Evaluation addressed the following research questions.

- Program impacts: What impact does access to the identified intervention have for youths compared with similar youths who have access to standard services or “services as usual” on key outcomes like self-sufficiency and well-being (e.g., educational skills, interpersonal skills, living skills, employment skills, psychosocial well-being)?
- Program mission: How does the program identify its logic model? Does service implementation follow the logic model and mission?
- Service implementation: How are services implemented? Who performs the service delivery? What is the training and experience of staff delivering services?
- Who is being served: What types of youths are being served? Is there an assessment protocol to determine the types and duration of services needed? Who is excluded? Do the intended populations receive services?
- Program challenges: What are barriers to implementation?
- Policy variables: How might external community or state-level variables contribute to outcomes achieved by program participants?

- Portability of program models: To what extent might these programs be adapted to other locales? How transportable are these services and program models to other programs in other regions?

Research Design and Methods

This evaluation used an experimental design, whereby some youths were randomly referred to the service being evaluated, while others were referred to standard services or “services as usual.” Youths assigned to the group referred to the service, or treatment group, are referred to as “Outreach group youths.” Youths that were not assigned to receive the service, but rather to receive services as usual, are referred to as “control group youths.” Chapter 3 contains a more detailed description of the random-assignment process and Outreach and control groups. The evaluation consists of two elements: an impact study and a process study. To determine the effects of independent living programs on the key outcomes required by the Chafee legislation, youths in both the Outreach and control groups were interviewed in person at three points over the course of the evaluation. For the process study, members of the evaluation team visited the sites to observe the programs and conduct interviews and focus groups with youths, staff, administrators, and service providers. A more in-depth description of the evaluation methodology appears in Appendix A.

Impact Study

The main source of data for identifying program impacts is interviews with foster youths. The evaluation team also acquired data from the StudentTracker service of the National Student Clearinghouse, a nationwide repository of information on educational enrollment, to supplement information on youths’ educational outcomes. For the Outreach evaluation, we drew samples of eligible youths and randomly assigned each youth to either the Outreach (treatment) or control group. Each respondent was asked to participate in an initial interview and two follow-up interviews, with expected first and second follow-up retention rates of 85 and 80 percent, respectively. Each follow-up interview was to take place approximately one year after the previous interview with that respondent.

Sample Overview. The Outreach analysis sample consists of 194 youths born August 1985 to December 1990. The youths were in intensive foster care placements under the guardianship of the Massachusetts Department of Children and Families (DCF). To be in scope for the study, the youths had to have a current placement in intensive foster care, have a service plan goal of independent living or long term substitute care, and be referred to Outreach by their DCF caseworker.

We completed baseline interviews with 97 youths in each of the treatment and control groups, or over 98 percent of the in-scope sample. Youths were very cooperative and interested in participating as evidenced by the very small number of refusals (3). Another six cases were determined to be out of scope after sampling. Greater detail on response and retention rates and out-of-scope conditions for the Outreach sample population is provided in Appendix A.

Youth Questionnaire. The youth questionnaire is the primary data collection tool used in the study. It provides the foundation for the impact study, but also offers critical information about youths' backgrounds and experiences. The evaluation team designed the youth questionnaire primarily by using questions from existing surveys. The sources were selected to provide questions that had been used frequently and would provide good possibilities to compare with other samples. Four surveys provided the bulk of the questions. The Midwest Evaluation of the Adult Functioning of Former Foster Youth (the "Midwest study") and the National Survey of Child and Adolescent Wellbeing (NSCAW) provided questions about child welfare and provided comparison samples of foster youths. In particular, the Midwest Study provided a good comparison sample of foster youths aging out of care. The National Longitudinal Survey of Youth, 1997 cohort (NLSY97), and the National Longitudinal Survey of Adolescent Health (AddHealth) provided many of the other questions and allowed comparisons with nationally representative samples of adolescents aging into their twenties. Special attention to the questionnaire design and selection of items was made so that the core questionnaire could be used with youths referred to independent living services at each selected site and so that the same questionnaire could be used in each round, with minor variations across rounds. Outreach and control group youths were interviewed shortly after referral and random assignment, and follow-up interviews occurred one year and two years later.

The questionnaire was designed to take approximately 90 minutes. All baseline interviews were conducted in-person,² and most of the interview was conducted with the interviewer asking the questions and recording the youths' responses on a laptop computer. Some sections of the questionnaire were administered with audio computer-assisted self-interviewing (ACASI) whereby the youth could either read the questions on the computer screen or listen to a recorded voice asking the questions. The computer faces the respondent and the interviewer does not see the youth's responses. Sensitive sections of the interview were conducted with ACASI.³ Where required, the questionnaire was adapted to specific program sites. For the Massachusetts site, this amounted to specific questions about the help received from Outreach and questions about voluntarily staying in foster care after age 18.

StudentTracker Postsecondary Education Data. We obtained records of postsecondary enrollment and graduation status for youth in the study from the StudentTracker service of the National Student Clearinghouse (NSC). The Clearinghouse is a repository of enrollment information from participating educational institutions across the country, and includes both two-year and four-year colleges. Participating schools provide the Clearinghouse with enrollment and graduation records of its students. We obtained this information on youths in the study who had enrolled in educational institutions between August 2002 and October 2009. Additional information on use of the StudentTracker data is provided in Appendix A.

Outcome Measures. Sections of the questionnaire served to identify the services received, short- and long-term outcomes, and moderating factors that influence the efficacy of the services

² Although all baseline interviews were conducted in-person, several follow-up interviews were conducted over the phone. For more information on interviewing, see Appendix A.

³ The sections administered through ACASI were Substance Abuse, Sexual Behavior, Victimization, and Delinquency and Externalizing Behaviors.

received. StudentTracker data on postsecondary enrollment between August 2002 and October 2009 captured longer-term education outcomes. Table 1.1 displays categories of data collection topics (sections of the questionnaire) by their purpose for analysis. These topics were primarily addressed in the surveys, though qualitative data collected during the process study (described below) also shed light on some of these areas of interest.

- *Population Characteristics.* The framework begins with the characteristics of the population of interest in each evaluation site, their demographics, and fixed factors such as prior experiences in care and prior victimization.
- *Intervention and Services.* The evaluation tested whether an intervention in the site altered outcomes of the treatment youths compared with youths receiving the usual services. We gathered information on both the focal independent living services (offered only to the treatment group) and the other services received by treatment and control group youths.
- *Moderating Factors.* A set of factors was expected to moderate the effects of the interventions. These factors operate at many levels (the youths themselves, the family constellation, and the community). These are separated from the characteristics of the youths because they may change over time.
- *Short-Term (Intermediate) Outcomes.* Early data collection after the intervention established the short-term outcomes of the treatment and control group youths. These outcomes may pick up progress on pathways to the final outcomes of interest (for example, education that will ultimately increase success in the labor market) or behaviors that affect ultimate outcomes (for example, sexual behaviors that affect fertility and health risks).
- *Longer-Term Outcomes.* The ultimate goals of the interventions are related to successful functioning in adulthood. Key areas mentioned for the evaluation in the Foster Care Independence Act include educational attainment, employment, and “personal development.” The latter includes physical health, fertility, economic hardship, mental health, incarceration, and victimization.

TABLE 1.1. CONCEPTUAL FRAMEWORK FOR DATA COLLECTION AND ANALYTIC PURPOSES OF QUESTIONNAIRE SECTIONS

Population Characteristics	Intervention and Services	Moderating Factors	Intermediate Outcomes	Longer-Term Outcomes
Demographics	Independent living services of interest	Relationships	Employment and income	Employment and Income
Prior experiences in care	Other services	Social support	Education	Education
Prior victimization		Reading ability	Health behaviors	Physical health
		Living arrangements	Substance abuse	Fertility and family formation
		Substance abuse	Sexual behavior	Economic hardship or homelessness
		Pro-social and other activities	Delinquency	Mental health
		Mental health	Mental health	Victimization
		Attitudes and expectations		
		Sense of preparedness		

Process Study

A key component of the evaluation was examining how the programs under evaluation were implemented, commonly referred to as a *process or implementation analysis*. The process study played a key role in documenting the nature of the programs, interpreting the findings of the impact analysis, and suggesting directions for refining the impact study’s design. Specifically, the process analysis describes and analyzes the programs under evaluation by addressing two broad areas: the current and changing context and the implementation of the services.

These two areas were addressed through collection of program data as well as site visits in each site. The program data document recruitment for and the receipt of services under the evaluation. The extent of the program data collected varies by program. However, it generally includes data on recruitment (e.g., successful and unsuccessful attempts), service participation (e.g., how much of the service the youths received, such as number of classes attended), and crossovers (i.e., control group youths who received the service under evaluation).

The site visits conducted for each program under evaluation provided an in-depth understanding of the programs and the broader independent living services available to youths in both the control and the experimental groups. During the visits, semi-structured interviews and focus groups were conducted with caseworkers, supervisors, and independent living workers in the public child welfare agency and with staff and administrators of the programs under evaluation. Focus groups were conducted with youths who had and had not received the services. In each

site, members of the process study team also observed staff working with the programs under evaluation.

The initial data collection for the Outreach program took place during a site visit to Massachusetts in October 2005, and was supplemented by subsequent visits in January 2006 and February 2007. Over the course of these visits, 31 interviews, focus groups, or observations were conducted with program staff, administrators in the child welfare system, youths, and additional service providers. Table 1.2 lays out the types and numbers of respondents by qualitative method. Interviews and focus group protocols focused on the following areas (although not all topics were appropriate for all respondents): program planning, operational aspects, service delivery, and program assessment.

	Type of Respondent	October 2005 Site Visit	January 2006 Site Visit	February 2007 Site Visit	Respondents by Type
Individual interviews	DCF area directors	3		2	5
	Outreach workers			2	1
	Intensive foster care agencies			5	5
	Service providers		3	1	4
Focus group respondents	DCF workers	15+ *		40	55
	Outreach supervisors	5		7	12
	Outreach workers	6+ *		10	16
	Intensive foster care agencies		4		4
	Youths		16		16
Observations	Outreach workers	3		1	4
Respondents by site visit		32	23	67	122

Note: DCF = Massachusetts Department of Children and Families.
** Two additional focus groups of DCF workers and supervisors and one additional focus group of Outreach workers were conducted during the October 2005 site visit, however accurate information on the number in attendance for these meetings is not available.*

As discussed earlier, program data were collected to document the recruitment for and receipt of services under the evaluation. For Outreach, data were collected on youths' receipt of services such as tuition waivers and independent living incentive payments, as well as their educational and employment status. These data were recorded at each youth's intake into the program and at approximately six-month intervals thereafter, before a final collection of information at their discharge from the program. As these data were collected for all youths assigned to the Outreach group, it was possible to identify whether some youths did not enroll in the program. These data are presented in Chapter 3. Chapter 2 provides a foundation for understanding the impact study by describing the context, structure, and activities of the Outreach program.

Chapter 2

Adolescent Outreach Program: Context, Description, and Operations

Introduction

This chapter provides background information on the Outreach program, which may aid in understanding the results of the impact study. It addresses the study research questions related to identifying the program's mission, service implementation, contextual variables contributing to outcomes, and program challenges. The chapter begins with an overview of the context within which the Outreach program operated, including state and local demographics, and local policies and practices for youths aging out of foster care. The discussion then presents a logic model for the Outreach program. The chapter also includes a detailed description of Outreach, including staffing, referral, recruitment, and services provided. Finally, the chapter concludes with a discussion of some of the challenges to service provision.

In examining the program's implementation, it is important to keep in mind that social service programs often change and adapt to changing contexts as necessary. As a result, some descriptions may no longer reflect current operations. The programs may have changed operations, reporting structures, or forms used since the research team collected data. However, the focus of this report is on the implementation and operation of the programs during the evaluation period to understand the experiences of youths in the evaluation. The research team acknowledges that programs adapt and grow and has noted these developments whenever possible.

Context for Evaluated Program

To understand Outreach and the extent to which it has the intended impact for foster youths, it is critical to understand the context within which the program operates. The Outreach program operates within the larger context of the state of Massachusetts, posing a number of challenges that might affect outcomes for youths in the study as well as program operations and implementation. As a statewide program, Outreach serves a diverse collection of communities that may vary in the availability of services and also faces demand for staff across a large geographic area. The following section describes demographic characteristics of Massachusetts, as well as the foster youth population in the state. It also discusses other contextual factors that may affect the outcomes of youths in this study.

Massachusetts State Demographics

The Outreach program serves youths in all regions of Massachusetts. Thus, it is implemented in varying local contexts, from the rural areas of the western half of the state to the more densely populated Boston metropolitan area in the eastern half of the state. When at full capacity, Outreach serves Massachusetts' small communities as well as cities such as Boston, Worcester, and Springfield. Of the state's 6.4 million residents, 22.5 percent were under the age of 18 in 2006 when the evaluation was being implemented.⁴ The state's residents were predominantly white, at 82.8 percent of the population, while almost 8 percent were Hispanic. The median household income in the state was \$60,000. Seven percent of all families and 12.4 percent of

⁴ All demographic data in this section are from the U.S. Census Bureau American Community Survey 2006 Summary Tables, generated by Heidi Johnson using American FactFinder (<http://factfinder.census.gov>).

children under 18 were living in households below the poverty level, and 2.5 percent of households were receiving public cash assistance. Close to 88 percent of Massachusetts residents had educational attainments of high school graduation or higher, and the civilian unemployment rate was 4.6 percent in December 2006.⁵

Department of Children and Families

The Massachusetts Department of Children and Families (DCF) (known as the Department of Social Services when the evaluation first began) is the state agency responsible for the foster care population. It operates through a division of the state into six regions, which vary in geographic area and roughly approximate the distribution of the population. The city of Boston and the immediately outlying areas constitute one region, while the western third of the state is another. The central area of the state is a region, and the eastern third of the state has three regions in addition to the Boston region.

Within each of these regions are multiple area offices. In 2006, there were 29 area offices across the state. The director of each area office oversees DCF operations across a group of towns. The domains of these area offices also vary by population, and in some cases, include large geographic areas. Case workers are organized into units, which are distributed by geographic area to maximize each worker's familiarity with the services in a specific area. Some area offices have adolescent units, which carry primarily teenagers on their caseloads and are knowledgeable of services for teens and their needs. In other cases, adolescents may be assigned to a worker in a general unit.

Foster Care Population in Massachusetts

The state of Massachusetts had 10,661 individuals in foster care on December 31, 2006,⁶ including children and adults up to age 23. Of these individuals, 7,815 were in foster care placements and 2,313 were placed in group homes or residential care. Sixty percent of the 10,661 individuals in care were white and 19 percent were African American, while 15 percent did not have a race specified. In terms of ethnicity, 25 percent were of Hispanic origin and five percent were unspecified. The primary language was English for 91 percent of all DCF active cases (including adults and children not in placement) and Spanish for six percent. There were slightly more males than females in the population of 10,661 individuals in care (52 percent and 48 percent, respectively).

Massachusetts is one of several states that allow youths to remain in foster care past the age of 18. The population of adults 18 and older in care in Massachusetts formed 13.7 percent of the total 10,661 individuals in care. Of all youths in care, 20.7 percent (2,210 individuals) had a service plan goal of independent living, compared to 30.7 percent (3,281 individuals) with a goal of reunification and 22.6 percent (2,414 individuals) with a goal of adoption. Breaking this down by age groups reveals that among the 4,880 youths aged 12 to 17, 21.9 percent had a goal of

⁵ U.S. Department of Labor, Bureau of Labor Statistics *Local Area Unemployment Statistics* (seasonally adjusted).

⁶ All information on foster youth in this section not drawn from analysis of administrative data is from the Commonwealth of Massachusetts, *Department of Social Services Quarterly Report (Fiscal Year 2007, 2nd Quarter; 10/1/2006 – 12/31/2006)*.

independent living, while this was the case plan for 78.1 percent (1,139 out of 1,458 adults) of the adults in care who were 18 and older.

Intensive Foster Care

The Multi-Site Evaluation involved youths in intensive foster care placements. Intensive foster care is for youths who are likely to have greater mental, emotional, and physical needs than other youths in foster care (i.e., youths in regular foster care⁷) that may lead to problems in school or externalizing behavior. Of the 10,661 children and adults in care in Massachusetts in 2006, 18.2 percent were in intensive foster care placements. Placement in a group home or residential care is a level of care above intensive foster care, for youths in need of greater supervision. Youths in these types of placements were not part of the Multi-Site Evaluation.

DCF contracts with intensive foster care agencies to place youths with greater needs in homes with specially-trained foster parents, where the number of youths is limited to a maximum of two (in contrast to regular foster homes, which may have up to six children including both biological and foster children). The intensive foster care agencies also provide intensive foster care workers that carry a caseload of 8 youths and are responsible for tracking the status of the placement for the youths and the family. Although these workers typically focus on the foster parents, there is variability in their role across different agencies and some provide services directly to the youths. Like youths in regular foster care placement, youths in intensive foster care placement also have a DCF worker assigned to them. Of particular relevance to the evaluation, beginning in 2006-2007 DCF contracts with intensive foster care agencies were changed to include a requirement that intensive foster care parents provide at least two-hours per week of life skills training to youth.

To assess specific differences between youths in intensive foster care and regular foster care in Massachusetts, analyses of administrative data from DCF were conducted. Of the more than 11,000 youths in foster care who were 16 and older between September 2004 and March 2007, 2,324 youths were in at least one intensive foster care placement between the ages of 16 and 18. Youths in intensive foster care were 57 percent female, 46 percent white, non-Hispanic, 27 percent Hispanic, and 20 percent African American.

Youths who had been in at least one intensive foster care placement between the ages of 16 and 18 had different child welfare profiles than other foster youths on average. As shown in table 2.1, youths in intensive foster care had been removed from home at a slightly younger age (11.1 years compared to 11.8 years), and had been in significantly more placements (12.3 compared to 6.2). Compared to other foster youths, a higher proportion of the youths had a permanency goal of independent living (54 percent compared to 28 percent), and fewer had a permanency goal of family reunification or stabilization (11 percent compared to 14 percent). A higher proportion had also lived in at least one group home placement (75 percent compared to 58 percent) or non-relative foster care placement (84 percent compared to 71 percent) during their time in foster care.

⁷ The Department of Children and Families will place youths in need of regular foster care in the homes of licensed foster care parents. Foster care parents are screened by DCF and are required to have successfully completed DCF training.

The Outreach analysis sample consisted of youths in intensive foster care who had a permanency goal of independent living or long term substitute care. We used DCF administrative records on 3,666 youths with a permanency goal of independent living to examine differences between youths who were and were not in intensive foster care. In combination with the comparisons of youths in intensive foster care and youths not in intensive foster care, these analyses also show the interaction between intensive foster care and a goal of independent living. Bivariate analyses shown in table 2.1 indicate that the youths have different demographic characteristics and child welfare profiles. A smaller proportion of youths in intensive foster care were white (46 percent compared to 56 percent) and a higher proportion were Hispanic (27 percent compared to 20 percent). Youths in intensive foster care tended to have had more placements on average (13.4 compared to 9.1), including more group home and non-relative placements,⁸ but fewer relative placements (27 percent compared to 33 percent). They also entered their first placement at younger ages on average (11.0 years compared to 12.2 years).

TABLE 2.1. YOUTHS IN INTENSIVE FOSTER CARE (IFC) IN MASSACHUSETTS 2004-2007

	Intensive Foster Care (age 16-18)			Independent Living Goal (age 16-18)		
	Yes (%/mean)	No [^] (%/mean)	sig	IFC (%/mean)	No IFC (%/mean)	sig
Demographics	n=2324	n=8980		n=1248	n=2418	
Female	0.57	0.53	***	0.58	0.54	*
White, non-Hispanic	0.46	0.54	***	0.46	0.56	***
African American	0.20	0.19		0.20	0.19	
Hispanic	0.27	0.21	***	0.27	0.20	***
Other	0.04	0.05		0.04	0.04	
TPR and Placements						
Termination Parental Rights (either parent)	0.07	0.03	***	0.07	0.05	**
Age at First Placement	11.1	11.8	***	11.0	12.1	***
Total # Placements	12.3	6.2	***	13.4	9.1	***
Placement Type						
Any Relative Placements	0.24	0.27	***	0.27	0.33	***
Any Non-Relative Placements*	0.84	0.71	***	0.89	0.83	***
Any Group Home	0.75	0.58	***	0.80	0.65	***
Permanency Goals	n=2293	n=8785		n=1247	n=2416	
Independent Living Goal (any time between ages 16-18)	0.54	0.28	***	--	--	

[^] Youths who were not in an IFC placement between ages 16-18 (includes youths who may have been in IFC prior to age 16)

*this excludes intensive foster care, which is a non-relative foster care placement

⁸ This excludes intensive foster care, which is a non-relative foster care placement.

Emancipation Preparation and Independent Living Services

Beyond the Outreach program, DCF provides several other resources for youths as they age out of care. Many DCF staff members are trained in the Preparing Adolescents for Young Adulthood (PAYA) curriculum, which addresses different skills and milestones of achievement central to successful functioning as an independent adult. The curriculum is implemented on an individual basis and can be tailored to a youth's needs. The intensive foster care parents under contract with DCF are also trained in the PAYA curriculum and mandated to implement it with the youths in their care at least two hours per week. An adolescent may go over the PAYA curriculum with their individual DCF worker or their intensive foster care worker, or may participate in a PAYA workshop with a small group of other youths that are held in some DCF offices. Both Outreach and control youths were likely to be exposed to the PAYA curriculum. This curriculum covers many of the issues youths were asked about in the follow up questionnaires, including several aspects of seeking employment, education, aspects of money management, housing, and health. Those who received all or part of the PAYA curriculum may be likely to say they had received help in these areas. Some intensive foster care agencies also provide funding for youths for driver's education classes and teach job interview and resume skills to youths.

In addition to the services provided by its own staff, DCF also contracts with community agencies to provide services to its clients in the Family Networks system of service delivery. The Family Networks system brings together a consortium of private service providers, including intensive foster care agencies, in each DCF area office region. The consortium consists of a lead agency in each area in addition to other providers to round out the array of available services. Beginning in 2006-2007 contractual changes stipulated that the Family Networks service providers were expected to provide a higher level of services than they had previously. The new contracts emphasized permanency planning as well as life skills training for intensive foster care agencies, among other services.

During the time the evaluation was ongoing, some other local programs within the Family Networks consortium provided independent living services to adolescents. Dial/Self is one such community program providing independent living services to adolescents in the region served by the Greenfield area office, part of the Western DCF region. The United Arc of Franklin and Hampshire Counties also operated in Greenfield and provided a service similar to Outreach. Their workers helped youths to build their job skills and supported their educational goals. Career Centers in several regions of the state also worked with adolescents, primarily to assist them with employment. A counseling service in Plymouth, in the Southeast DCF region, focused on issues of independent living with the youths that were referred to them from DCF; they worked with the youths on issues they were having at school and encouraged them to prepare to live on their own. Youths served by the Fall River office, also in the Southeast region, may also have been referred to a community mentoring program for 14 to 18 year-olds operated by the area's lead Family Networks agency. The availability and implementation of these services varied greatly across DCF regions.

In recent years, permanency planning and independent living preparation have experienced increasing attention within DCF. Former DCF Commissioner Harry Spence conducted a Breakthrough Series Collaborative on Adolescent Permanency from 2005 through the end of

2006, which many DCF workers credit for the renewed focus across the state on the challenges faced by adolescents aging out of care. The Breakthrough Series tested practices and implemented information-sharing on improving permanency for adolescents. As a result, DCF workers (who can have children and youths of varying ages on their caseload) became more informed about the unique needs of adolescents and about the resources designed to serve them.

Concurrent with the Breakthrough Series was a change in DCF policy on re-entrance to care for youths 18 and older. Since 1990, Massachusetts has allowed youths to remain in foster care up to age 23 if they were in school or vocational training full-time. In July 2005, a directive to staff explained that youths would also have the opportunity to sign back in to care after they had exited by signing a voluntary agreement with the state. The Area Director of the office serving the youths makes the determination, following an assessment of the youth's circumstances and needs, of whether or not the youth should return to care. Each youth's situation is assessed individually. Although the same requirements of being enrolled in school exist, DCF has become increasingly flexible (with local DCF area office directors having discretion) and may work with the youths to fulfill the requirements after allowing them to sign back in to care. They can remain in foster care until they are 23 and can access educational vouchers, state health insurance, and other services. Today, many youths sign a voluntary agreement with DCF to remain in foster care when they turn 18; however, at the beginning of the evaluation, this was less common. The number of youths over 18 in placement increased from ten percent of the total foster care population in 2004 at the beginning of the evaluation's intake period to 14 percent at the end of the evaluation's intake period in early 2007.^{9,10}

Program Description

The Outreach program is a voluntary service that assists teenage foster youths in preparing to live independently and to achieve permanency after exiting DCF care. Youths are paired with an Outreach worker who will work closely with them to achieve their goals. The program's services are based on a youth development model and are individualized for each youth served. Outreach workers may help youths with a variety of tasks including obtaining their driver's license, applying for college, and gaining employment. Some of these services are referrals to other organizations, while at other times, the Outreach worker assists the youth directly, such as by helping the youth to complete an employment application. This direct assistance supports the program's broad goal of empowering youths to develop the skills of an independent adult. Other goals of the program include supporting youths' participation in higher education, achieving permanency through a connection to a caring adult, and identifying a support network for each youth.

⁹ Commonwealth of Massachusetts. *Department of Social Services Quarterly Report, Fiscal Year 2005 2nd Quarter and Fiscal Year 2007, 3rd Quarter.*

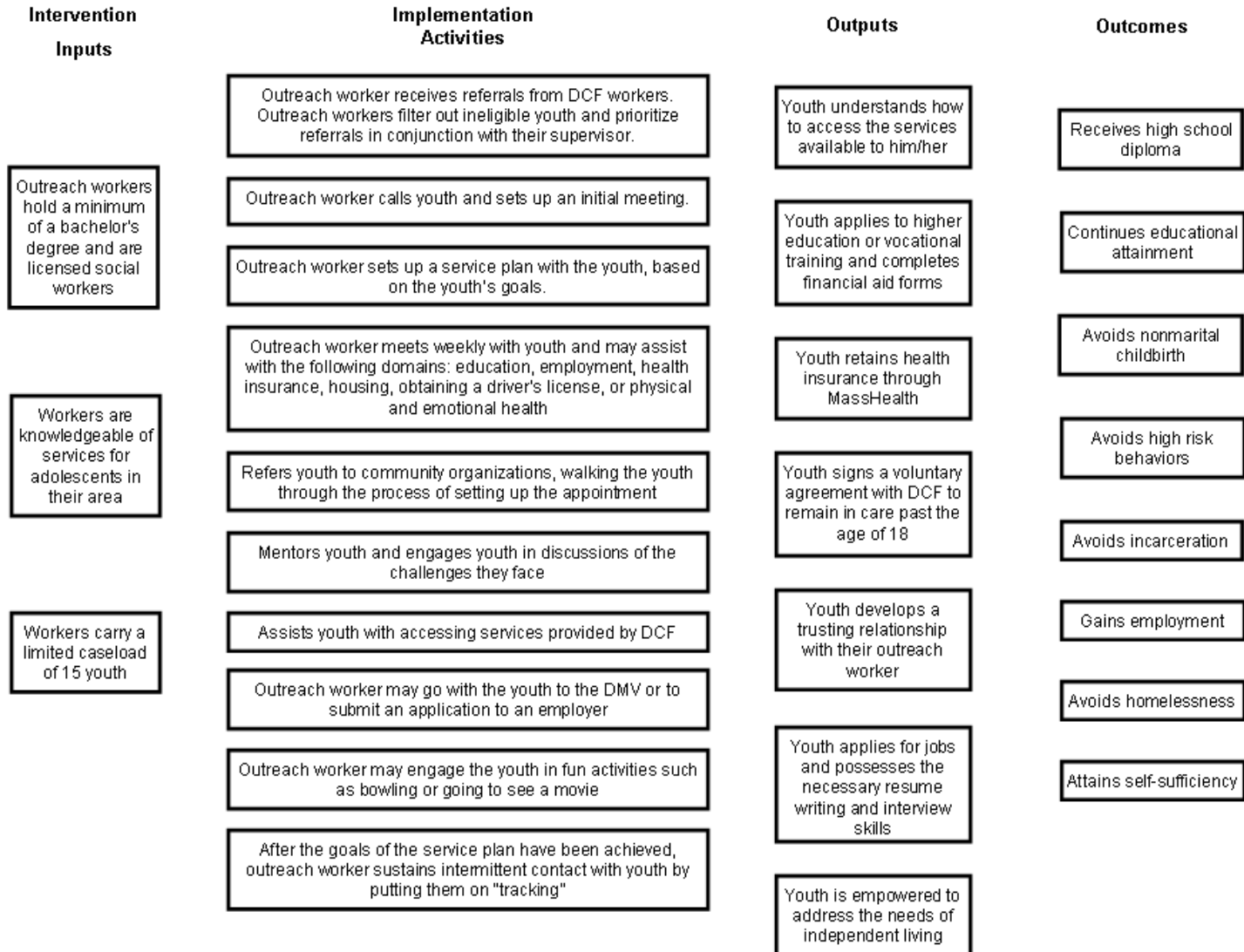
¹⁰ Although the youths in care after age 18 include youths in long-term residential care, the growth in youths in placement in this age group can most likely be attributed to an increase in the number of youth who choose to stay in care under a voluntary agreement.

Program Logic Model

The program logic model below displays how the intervention (Outreach) and its activities connect to the program's goal of preparing youths for independent living. Focused on the relationship between the youths and their worker, the influence of Outreach begins with each worker's skills and resources. Outreach workers draw upon these resources to implement the program's activities, which produce outputs such as the retention of MassHealth insurance for youths (Massachusetts' Medicaid program) or a strong relationship between youths and their Outreach workers. These outputs, in turn, are intended to lead to the outcomes that represent successful independent living for youths. These four categories that compose the logic model (inputs, activities, outputs, and outcomes) are described in further depth below.

- *Inputs.* The key inputs, or resources, to the Outreach program rest in the qualifications of its workers. Outreach workers are expected to hold a bachelor's degree and are also licensed social workers. In addition, they are knowledgeable of the services in the area to which they are assigned and understand the resources that are available to adolescents. Lastly, the program limits workers' caseload to 15 youths, enabling them to focus on youths' individual needs.
- *Activities.* The Outreach workers implement each of the activities that are part of Outreach services. They filter and prioritize referrals from DCF workers, then call the youth to initiate intake into the program. Their first activity is to create a service plan in conjunction with the youth, followed by activities related to the youth's needs. These activities might include referrals to community organizations, mentoring, accessing DCF services, and accompanying the youth as he or she works towards independent living by applying for a job or obtaining a driver's license. Workers typically meet weekly with each youth, although the frequency is flexible to suit each youth's needs. Once the youth has reached their goals for the program, workers move the youth to a "tracking" status and maintain monthly contact with the youth before discharging him or her from the program.
- *Outputs.* The activities that the worker engages in with the youth are expected to produce outputs that include the youth gaining knowledge about how to access services and using services that will prepare them for independent living. The logic model postulates that these outputs, in turn, are linked to the outcomes that are the goals of the Chafee legislation.
- *Outcomes.* Outreach outcomes are all linked to the outputs and are outcomes of interest cited in the Foster Care Independence Act. The outcomes encompass areas from education to self-sufficiency, including receiving a high school diploma, continuing education, avoiding non-marital childbirth, avoiding high-risk behaviors, avoiding incarceration, gaining employment, attaining self-sufficiency, and avoiding homelessness. Some of these outcomes are clearly short-term goals (e.g., receiving a high school diploma), and others are long-term (e.g., attaining self-sufficiency). The majority of the outcomes, however, are both long- and short-term in that they are important in the years immediately following emancipation as well as later in life.

FIGURE 2.1. OUTREACH PROGRAM LOGIC MODEL



Program Staffing

The Outreach program has a relationship-based model that emphasizes a trusting connection between youths and their Outreach workers. Youths are paired with a worker that they will meet with regularly, usually weekly, to guide them towards reaching their goals. Outreach and DCF staff generally agreed that having experience working with adolescents, as well as enjoying spending time with adolescents, are key to being a successful Outreach worker. Other important qualities include strong organizational skills, flexibility, being energetic, and being reliable.

Outreach workers' positions are funded with the state's federal Chafee funds. Outreach workers are based out of a DCF area office, but their service area may include regions served by other area offices due to reduced levels of staffing. Therefore, an Outreach worker may spend time at several different offices over the course of the week. This situation may increase a worker's traveling time between appointments with youths, but does not result in any change to their caseload, which is limited to 15 youths at one time.

Outreach workers report to Outreach supervisors, who have responsibility for all of the Outreach workers in a DCF region. The Outreach supervisor may be based in an office that does not have its own Outreach worker, to ensure that DCF staff has direct access to the specialized knowledge of Outreach staff. Outreach supervisors are a resource for DCF staff and may assist Outreach workers with their short-term cases. When the program is understaffed, supervisors may carry their own caseloads. Supervisors meet weekly with their workers to discuss the youths on the workers' caseloads and help them make decisions about service planning, closing cases and prioritizing referrals. The supervisors, in turn, work closely with the program's state director on daily operations. The director of the program is also responsible for hiring and training new workers and serves as a linkage to other DCF independent living initiatives.

Outreach workers train for their position by shadowing other Outreach workers to observe their interactions with youths. They attend a PAYA curriculum training and pre-service training that is required for all new DCF social workers. Outreach workers find that they continue to learn on the job. In terms of ongoing training, workers may also attend statewide trainings to acquire Continuing Education Units. Although attendance at these trainings is not required, it is encouraged. There are also half-day trainings on relevant topics during monthly unit meetings, which are coordinated by the Outreach supervisors. Staff meetings for all program staff may include training on a topic relevant to work with adolescents.

Referral and Entrance to Program

Youths may be referred to Outreach by their DCF worker once their permanency goal changes to independent living.¹¹ A goal of independent living may be assessed for youths who are unlikely to reunify with their families and are nearing the age of emancipation without an identified adoptive parent or guardian.

¹¹ Although youths with other service plan goals would also be eligible for Chafee services, the Outreach program focused on emancipating youths during the study period.

DCF workers refer youths in Departmental foster care to Outreach when they are 16 or older. The referral includes information such as the youth's name, Social Security Number, case ID number, current address, contact information of the youth's foster parents, service plan, foster care review report, and a description of the youth's needs and the reason for the referral. At times, it is the Outreach worker who initiates services to a youth, without a referral from a DCF worker. One of the results of the greater focus on adolescents in DCF is that Outreach workers in each area office now receive a monthly list of youths in their area approaching the age of 18, including details on their placement goal and length of time in care. They review this list and may contact a youth's DCF worker if the youth appears to be appropriate for and in need of Outreach services. However, this is less common than referrals received from DCF workers.

Under the usual referral process, youths are put on a waiting list for the Outreach worker's services once they are referred. The Outreach worker will then prioritize the referrals they receive with assistance from their supervisor. Youths with the greatest need and those nearing the age of 18 are given the highest priority. Pregnant or parenting youths, as well as homeless youths, are also considered to be particularly in need of Outreach services. Workers also consider stability when determining which youths to accept into the program. For instance, youths who frequently run away may be inappropriate for Outreach services, since they will be unlikely to uphold a weekly commitment with their worker. Each youth's situation is considered individually.

Referral Process into the Multi-Site Evaluation

Youths who were eligible for the Multi-Site Evaluation followed a different referral process. They had to be in intensive foster care (formerly known as therapeutic foster care), have a service plan goal of independent living or long term substitute care, and be deemed appropriate for Outreach services by their DCF caseworker. Outreach staff informed DCF workers about the evaluation and encouraged them to refer youth in intensive foster care to Outreach throughout the study period. When two youths in intensive foster care meeting these criteria were referred to Outreach by their DCF workers, the referrals would be sent to Multi-Site Evaluation staff. Evaluation staff would randomly assign one member in each pair to the Outreach group and the control group. In a few cases, siblings or foster youths in the same household were referred. In these cases, the youths were considered as a group and randomly assigned to the same status. They would either both receive Outreach or neither would receive it, based on whichever assignment they drew. One sibling would be randomly selected to be in the evaluation, and another youth referred to the program would be their counterpart in the assignment pair. Once complete, evaluation staff notified DCF of the assignments. The referral process and eligibility were the only components of Outreach services that differed for youth eligible for the evaluation. All other Outreach services were delivered in the same manner to all youth. More information about eligibility for the study is included in Appendix A.

When a youth is selected for Outreach services, the Outreach worker calls them and tries to make arrangements to meet in a location convenient to the youth such as their home, the worker's office, a coffee shop, or other public place. At this point, the worker describes the program to the youth and determines the youth's interest in the program. To engage the youth, the worker emphasizes that the program is voluntary and that their role is to assist the youth in achieving his

or her goals. They will also describe the financial incentives of the program, such as assistance in accessing funds to complete driver's education courses, to encourage the youth to participate. The DCF worker attends this meeting when possible.

Outreach workers ask youths about the goals they hope to accomplish with the help of the program. This discussion informs the development of the youth's service plan, which outlines the youth's goals. In cases where the youth has specific goals in mind, the worker will focus on these goals with the youth. For other youths who have less direct ideas about what they would like to accomplish, their service plan will involve more general preparations for independent living. The program aims to be strength-based and youth-directed, in that the youth makes the choice about what to focus on with his or her worker. Outreach workers aim to assist the youth in achieving his or her goals, in opposition to telling the youth what to do. The Outreach workers use a life skill assessment to help determine a youth's strengths and needs.

Service Provision

Outreach workers make appointments to see the youths in the Outreach program on a regular basis – usually once a week. This arrangement can be flexible: some youths may be unable to commit to weekly appointments, or may want to meet more frequently for certain needs. On occasions when a youth misses an appointment, the worker will follow up by calling his or her cell phone or will drop by his or her job, school, or house. Outreach workers also serve youths who are classified as “contacts.”¹² A youth who is a contact requires only short-term assistance, usually with a specific task such as accessing a tuition voucher, and is not considered part of the worker's caseload. Caseloads are limited to 15 youths per Outreach worker, which does not include “contacts.”

Outreach workers create quarterly reports for the youths they serve, which are used to assess each youth's progress toward their goals. Once a youth has achieved the goals set forth in his or her service plan, the Outreach worker will put the youth on “tracking.” These youths do not count towards the Outreach worker's caseload limit of 15 youths. Workers are expected to follow up intermittently with the youths that they are tracking for six months. After that time, the worker and their supervisor jointly decide whether or not to close the case. According to program data provided to evaluation staff, youths in the study were enrolled in Outreach for an average of 22 months, or close to two years. This includes an average of 16 months of services followed by six months of tracking.

Program Activities

The relationship-based model of the Outreach program focuses on the engagement of youths with their Outreach workers. Through individualized services provided by a worker in a mentorship role, the program aims to prepare youths for the multiple arenas for which they will be responsible after leaving the care of DCF. Program activities are therefore geared towards both providing youths with a sense of support from their worker and providing them with skills and concrete capital. Outreach focuses primarily on the following areas: educational achievement, development of life skills, development of permanent connections and support

¹² All youth in the Multi-Site Evaluation were open cases and not contacts at the time of referral.

systems, employment readiness, participation in post-secondary education, financial assistance, attaining employment, housing, physical and mental health, substance abuse treatment, relationship-building through mentoring, and, for youth who have not achieved legal permanency by age 18, assistance remaining in foster care after age 18.

Educational Assistance. Encouraging and enabling participation in higher education is an area of particular focus for the Outreach program. Workers will advise and assist youths through the full application process and will also work with youths to access financial aid. DCF provides extensive financial assistance for the pursuit of higher education, which Outreach workers draw upon for their youths. There are state tuition waivers that cover the cost of tuition at public post-secondary schools for youth adopted from DCF, placed in a guardianship through DCF until age 18, or youth who remain in foster care until age 18 and have not been reunified with family. The Foster Child Grant Program will provide up to \$6,000 per year to foster youth who remained in foster care until age 18 and enroll in a post-secondary college/program full-time. There is also an Education and Training Voucher Program that gives a grant of up to \$5,000 per year for expenses like room and board and books to all youths enrolled either part- or full-time in any eligible educational program. Outreach workers are well-versed in the eligibility requirements of these programs and assist their youths in applying for the programs for which they are eligible. They will also work directly with schools' financial aid departments when a youth has trouble navigating the system.

In addition to the individual assistance Outreach workers provide to youths on their caseload, they also share their expertise more broadly with other foster youths, DCF workers, and foster parents. For instance, all Outreach workers host educational open houses in the DCF office for foster parents, providers, birth families and any youths served by DCF may also attend. The open house provides instruction on how to prepare for college in terms of the application and financial aid process.

Signing a Voluntary Agreement. Outreach workers often encourage the youths they work with to sign a voluntary agreement to remain in foster care when they turn 18 if the youths have not achieved permanency. They discuss with the youths the benefits of staying in the state's care. These benefits include case management, MassHealth (Massachusetts' Medicaid system), housing, and support with continued permanency search. This is a service they may provide for other youths, not just those on their caseloads. Outreach workers are sometimes included in the discharge planning meetings that take place for all youths exiting care, at which time they will explain how to continue in foster care and how it can benefit the youth. Outreach workers believe that continuing in foster care gives youths much-needed time and support as they prepare for adulthood if they have not achieved permanency.

Financial Incentives. There are several types of DCF funds available to adolescent foster youths, and Outreach workers make a point of ensuring that youths access them. One such type of funding, called Independent Living Support, can be applied toward activities that may help youths to live independently. These activities could include the cost of driver's education courses or tutoring. To access the funds, youths write letters explaining how they will use the money and their Outreach worker submits the letter with their request for the funds. Independent Living Support is available to any youth between the ages of 14 and 21.

The Preparing Adolescents for Young Adulthood (PAYA) curriculum has incentive payments associated with successful completion of each of its several modules. Youths can receive a check for \$50 after completing a module, each of which addresses a different aspect of life skill development. Outreach workers, like many DCF workers and foster parents, are also trained in the PAYA curriculum and use it as a foundation for their work with youth. Another source of financial support is the discharge funds that DCF provides to youths when they exit from care. Discharge funds are a one-time payment of up to \$3,500 (as of 2005)¹³ intended to help youths with initial expenses such as a security deposit and the first month's rent on an apartment. Although discharge support is available to all youths who exit care to independent living, Outreach workers are particularly aware of it and are the most likely to ensure their youths take advantage of it.

Employment Services. Outreach workers support youths in looking for employment by helping them to fill out job applications. They also go with youths to submit the applications. They refer youths to the local One-Stop Career Centers that are set up by local Workforce Investment Boards across the state. Youths may become involved in YouthWorks, a Workforce Investment Act program that helps youths to gain employment, or Job Corps.

Housing Assistance. Outreach workers assist youths with finding housing through referrals to community providers, such as Dial/Self, that provides scattered-site apartments for youths. Another community organization provides furniture free of charge with a referral from DCF. When youths exit care, the Outreach worker makes sure they access the discharge support funds available to them and provide them with a resource guide that includes information about a wide variety of community services. Outreach workers try to connect the youths they work with who might be looking for roommates for apartments.

Physical and Mental Health. All youths in the care of DCF have access to the state's health insurance, MassHealth.¹⁴ Outreach workers ensure their youths are enrolled or otherwise adequately covered. Outreach workers also help youths to find the health services they require. For pregnant or parenting youths, Outreach workers will make referrals to teen parenting programs and help them to access services such as WIC to support the health of the youths and their children.

Outreach workers find that youths will confide in them about difficulties they may be facing. Having this level of information about the youths helps Outreach workers to assess whether counseling services may be necessary. They will work with the youths' DCF worker to find an appropriate therapist. There are many mental health resources for foster youths across the state.

Substance Abuse Treatment. Some foster youths face issues with substance abuse. Outreach workers seek to identify youths who may be having issues with substance abuse and will work with the youth's DCF worker to address it. Although they work to make referrals to treatment providers, workers noted that there are not always adequate resources available in their

¹³ The maximum payment has since been reduced to \$2000 and averages about \$750.

¹⁴ All youths who have exited the foster care system remain eligible for MassHealth coverage up to age 21.

communities to address this need. Workers discuss how things are going and provide emotional support to youths who have had problems with substance abuse in the past.

Mentoring and Connection to Adults. Through its individualized services and hands-on approach, the Outreach program seeks to encourage a close relationship between Outreach workers and the youths they serve. Time spent together is seen as important for forming a trusting relationship with the youths and is intended to lead youths to come to see their Outreach worker as an advocate for them. Outreach workers reinforce this by mediating between youths and their DCF worker if conflicts arise. Outreach workers try to be role models and mentors for youths, often discussing the issues that youths may be facing in their relationships or with pregnancy or substance abuse. One Outreach worker described their work as that of an “informal therapist,” because of the level on which youths will confide in them.

Outreach workers believe that their success in forming positive relationships with youths is due in part to the program’s focus on empowering youths to develop skills. Outreach workers aim to show youths how to do things, in contrast to simply telling them to do it. For instance, they will go with a youth to the DMV and are there while the youth gets his or her driver’s license. When setting up appointments with agencies to which they refer youths, Outreach workers will go through the steps of making the appointment with the youths to teach them that skill. They will also take the time to fill out employment applications with youths, instead of telling youths to apply to jobs. These are some of the ways in which Outreach workers encourage youths to build skills while achieving their goals.

Program Challenges

Understanding the challenges faced by the program is useful for the interpretation of the outcomes of the Outreach program. The primary challenges to Outreach implementation during the evaluation period include staff coverage and the extension of services to a new population of youths (i.e., youths in intensive foster care placements).

Staff turnover has resulted in some areas of the state going through periods of being without an Outreach worker. A hiring freeze of workers several years ago contributed to the problem. With low staff coverage, Outreach workers have been taking on cases from offices outside their designated area. By serving other offices, staff members have to travel longer distances, which can reduce the flexibility of their schedules to meet with youths, as well as the amount of time they can spend with youths. In addition, workers will not initially be as familiar with an additional area’s services and therefore may not be able to make referrals as effectively.

Serving a new population is also a challenge for the Outreach program. For the purposes of the Multi-Site Evaluation, eligibility was defined as youths in intensive foster care – a group previously not served by the program. The more significant needs of youths in intensive foster care placements were reflected in Outreach services to them; workers found that these youths would require more follow-up and might have more immediate needs they would need to address before advancing with independent living preparation.

The intensive, hands-on approach of the Outreach program is seen as a key part of establishing a trusting relationship between youths and their Outreach worker. Built on the foundation of this bond, the Outreach program seeks to provide youth-driven services in the domains of education, financial support, and health and well-being. By encouraging youths to set the agenda for their involvement in the program, coupled with the accomplishment of concrete tasks, Outreach aims to increase each youth's ability to live successfully as adults. Although the Outreach program is one of the more intensive forms of independent living preparation available to foster youths in Massachusetts, the context of services has been changing over time. Adolescent foster youths are a focus of DCF staff, and services that target similar needs as Outreach are increasingly becoming available. The Multi-Site Evaluation's process study, which explores this context of services and challenges to the implementation of the Outreach program, will complement and aid interpretation of the impact findings.

Chapter 3

Evaluation Implementation

Introduction

This chapter builds on the previous two chapters by describing how the evaluation of the Outreach program for youths in intensive foster care was implemented. To address the evaluation research question related to understanding what types of youths are being served by the program, it also provides data on the youths in the study. This chapter begins by describing the sample and interview process, including sample development. It also includes a discussion of program participation rates, referred to as service take-up. This discussion is followed by a comparison of the characteristics of assignment groups at baseline, including the baseline values for most evaluated outcomes.

Sample Overview and Interview Process

There were 194 youths born between August 1985 and December 1990 who participated in the study. Youths aged 16 and older could be referred to the study; just over half of the youths (54.1 percent) were 17 years old at referral and almost all youths ranged between ages 16 and 18 (96.4 percent), although a handful of youths up to age 20 were included. The youths were in out-of-home care placements under the guardianship of the Massachusetts Department of Children and Families (DCF). To be eligible for inclusion in the study, the youths had to be in intensive foster care (formerly known as therapeutic foster care), have a service plan goal of independent living or long term substitute care, and be deemed appropriate for Outreach services by the youth's DCF caseworker. Youths were randomly assigned in pairs where one youth was assigned to the Outreach group and the other youth assigned to the control group. In a few cases, siblings or foster youths in the same household were referred. In these cases, the youths were considered as a group and randomly assigned to the same status. They would either both receive Outreach or neither would receive it, based on whichever assignment they drew. One sibling would be randomly selected to be in the evaluation, and another youth referred to the program would be their counterpart in the assignment pair. More information about eligibility for the study is included in Appendix A.

The target number of completed baseline interviews for the study was 250. However, intake into the study was halted after 203 youths had been randomly assigned to either the treatment or control group, approximately 30 months after the study began (see Appendix A). While the study did not achieve its target number, completion rates were very high: 98.5 percent of eligible cases were interviewed at baseline. Of those youths interviewed at baseline, 93 percent were interviewed at the first follow-up (one year after the baseline interview) and 92 percent were interviewed at the second follow-up (two years after the baseline interview). Table 3.1 shows the development of the sample.

Although the intent was to interview youths for the second follow-up two years (730 days) after the baseline interview, the average time between the baseline and second follow-up interviews was somewhat longer, a mean of 811 days, with a minimum of 680 days and a maximum of 1,473 days. There were no significant differences between Outreach and control group cases in length of time between interviews ($p > .10$), indicating that the outcomes assessed at the second follow-up interview are therefore captured during essentially the same time period for both Outreach and control group youths.

TABLE 3.1. ADOLESCENT OUTREACH PROGRAM SAMPLE

	Outreach Group	Control Group	Total
Randomly assigned	100	103	203
Percent of total	49.3	50.7	
Out of scope	3	3	6
Percent of randomly assigned	3.0	2.9	3.0
In-scope	97	100	197
Percent of total	49.2	50.8	
Interviewed at baseline	97	97	194
Percent of randomly assigned	97.0	94.2	95.6
Percent of in-scope	100.0	97.0	98.5
Interviewed at first follow-up	88	93	181
Percent of randomly assigned	88.0	90.3	89.2
Percent of in-scope	90.7	93.0	91.9
Percent of interviewed at baseline	90.7	95.9	93.3
Interviewed at second follow-up	88	91	179
Percent of randomly assigned	88.0	88.3	88.2
Percent of in-scope	90.7	91.0	90.9
Percent of interviewed at baseline	90.7	93.8	92.3

Service Take-Up

Youths were randomly assigned to treatment and control groups, with the expectation that (a) youths assigned to the treatment group, referred to as “Outreach group,” would receive services consistent with the design of the program; and (b) youths in the control group would not receive any services from the program being evaluated, although they might have received similar services from other sources. Virtually all youths followed their assignment; all but one youth in the Outreach group participated in the service (e.g., met with an Outreach worker for intake into the program before the second follow-up interview). Although program data were not collected for youths in the control group, Outreach program staff monitored case assignments to ensure that control youths were not included. Data from the youth survey indicate that up to ten control youths may have spoken with an Outreach worker; however, few, if any, indicated having much contact and these youths were unlikely to have been served by the Outreach program.

Sample Characteristics at Baseline

The descriptive statistics for the characteristics of sampled youths at baseline are listed in table 3.2. These include demographic characteristics, substitute care history, measures of mental health and behavior, and several of indicators of self-sufficiency and preparedness that serve as measures of program impact in the analyses described in Chapter 4. A listing of the items included in summative scales is provided in Appendix B.

A majority (67.0 percent) of youths included in the sample are female. About three-quarters (72.7 percent) are white, and a quarter (24.7 percent) are black. Also, about a quarter (26.8 percent) are Hispanic. On average, youths were 16.9 years old at the time that the baseline interview was administered.

Substantial proportions of sampled youths reported having mental health or behavioral problems. For example, about a quarter (25.8 percent) scored in the clinical range on one or more subscales of the Achenbach Youth Self Report (YSR). Also, half (50.0 percent) reported engaging in one or more delinquent acts during the previous 12 months. The mental health and behavioral problems of youths appear to be reflected in youths' prior placement histories. About two-thirds (64.4 percent) reported being previously placed in residential care, and almost half (44.3 percent) reported ever having run away from a substitute care setting.

On average, youths had completed 9.9 grades of schooling by the time the baseline interview was conducted. Small minorities had graduated high school or obtained a GED (6.7 percent) or attended college (4.1 percent). Finally, relatively large proportions of youths reported that they had been told by a school or health professional that they had a learning disability (37.1 percent), or that they had been placed in special education program (48.5 percent).

The majority (70.1 percent) of youths reported having been ever employed. Average income from work in the previous year, and current net worth, were reported to be \$1,000 and \$880, respectively. About half (53.6 percent) of sampled youths reported having either a checking or savings account. Most reported having a Social Security card (89.2 percent) and birth certificate (84.0 percent), but only a few (11.9 percent) reported having a driver's license.

In response to a series of questions about the number of different people that youths can rely on for instrumental and social support, youths identified an average of 6.3 people per question. Finally, on a four-point scale measuring youths' sense of preparedness, average scores for overall and job-related preparedness were 3.44 and 3.71, respectively.

Sample Characteristics at Baseline by Assignment Group

There were no statistically significant differences across experimental assignment groups with respect to most of the characteristics of youths described in these data, including youths' demographics and measures of mental health and behavior. However, Outreach youths were more likely to have been previously placed in residential care (71.1 percent) and more likely to have run away from care (52.6 percent) than were control group youths (residential care: 57.7 percent, runaway: 36.1 percent).¹⁵

¹⁵ These differences in baseline characteristics were taken into account in the impact analyses.

TABLE 3.2. BASELINE CHARACTERISTICS AND OUTCOMES BY ASSIGNMENT GROUP

	Total (N=194)		Control Group (N=97)		Outreach Group (N=97)		Std. Diff.	Sig. ^a
	n	(%)	N	(%)	n	(%)		
Demographics								
Male	64	33.0	33	34.0	31	32.0	-0.04	0.760
Age, years (mean/s.d.)	16.88	0.76	16.85	0.73	16.92	0.80	0.10	0.511
Race^b								
Black	48	24.7	28	28.9	20	20.6	-0.18	0.183
Other	23	11.9	13	13.4	10	10.3	-0.09	0.505
Unknown	1	0.5	1	1.0	0	0.0	-0.10	0.316
White	141	72.7	68	70.1	73	75.3	0.11	0.420
Hispanic	52	26.8	31	32.0	21	21.6	-0.22	0.105
Mental health and behavior								
Achenbach Youth Self-Report								
Internalizing								
Borderline	51	26.3	27	27.8	24	24.7	-0.07	0.623
Clinical	27	13.9	15	15.5	12	12.4	-0.09	0.533
Externalizing								
Borderline	56	28.9	27	27.8	29	29.9	0.05	0.750
Clinical	31	16.0	16	16.5	15	15.5	-0.03	0.844
Total problem								
Borderline	59	30.4	26	26.8	33	34.0	0.16	0.272
Clinical	30	15.5	16	16.5	14	14.4	-0.06	0.691
Any subscale								
Borderline	89	45.9	43	44.3	46	47.4	0.06	0.663
Clinical	50	25.8	25	25.8	25	25.8	0.00	1.000
Delinquency in past 12 months								
One or more delinquent acts	97	50.0	49	50.5	48	49.5	-0.02	0.887
Delinquency scale (mean/s.d.)	1.10	1.63	1.11	1.57	1.09	1.63	-0.01	0.937
Has children or is currently pregnant (female youths)^c								
	10	7.7	4	6.1	6	9.4	0.10	0.516
Social support (mean/s.d.)	6.30	4.66	6.38	4.27	6.21	5.04	-0.04	0.805
Educational and learning status								
Grade completed (mean/s.d.)	9.87	(1.26)	9.76	(1.42)	9.98	(1.08)	0.15	0.234
High school diploma or G.E.D.	13	(6.7)	8	(8.2)	5	(5.2)	-0.11	0.389
Ever enrolled in college								
Self-report	8	(4.1)	4	(4.1)	4	(4.1)	0.00	1.000
NSC	8	(4.1)	4	(4.1)	4	(4.1)	0.00	1.000
Participated in special education program	94	48.5	46	47.4	48	49.5	0.04	0.774
Learning disability	72	37.1	39	40.2	33	34.0	-0.13	0.373
Employment, earnings, and net worth								
Ever employed	136	(70.1)	66	(68.0)	70	(72.2)	0.09	0.530
Earnings in thousands (mean/s.d.)	1.00	(1.92)	1.11	(2.37)	0.88	(1.34)	-0.10	0.404
Net worth in thousands (mean/s.d.)	0.88	(2.39)	0.75	(1.93)	1.01	(2.78)	0.14	0.445
Preparedness (mean/s.d.)								
Overall	3.44	(0.33)	3.45	(0.32)	3.44	(0.34)	-0.02	0.895
Job	3.71	(0.45)	3.71	(0.43)	3.71	(0.47)	0.00	1.000
Substitute care history								
Prior group home/residential care	125	64.4	56	57.7	69	71.1	0.27	0.049
Prior runaway	86	44.3	35	36.1	51	52.6	0.34	0.021
Re-entered	67	34.5	35	36.1	32	33.0	-0.06	0.651

TABLE 3.2. BASELINE CHARACTERISTICS AND OUTCOMES BY ASSIGNMENT GROUP

Characteristic	Total (N=194)		Control Group (N=97)		Outreach Group (N=97)		Std. Diff.	Sig. ^a
	n	(%)	N	(%)	n	(%)		
Current placement type								
Non-kin foster home	189	97.4	93	95.9	96	99.0	0.19	0.174
Home of kin	1	0.5	1	1.0	0	0.0	-0.14	0.316
Group home/residential placement	0	0.0	0	0.0	0	0.0	-	1.000
Other	4	2.1	3	3.1	1	1.0	-0.12	0.312
Financial accounts								
Checking	29	(14.9)	12	(12.4)	17	(17.5)	0.16	0.314
Savings	96	(49.5)	49	(50.5)	47	(48.5)	-0.04	0.774
Any	104	(53.6)	53	(54.6)	51	(52.6)	-0.04	0.773
Important documents								
Social Security card	173	(89.2)	87	(89.7)	86	(88.7)	-0.03	0.817
Copy of your birth certificate	156	(80.4)	75	(77.3)	81	(83.5)	0.15	0.278
Driver's license	23	(11.9)	10	(10.3)	13	(13.4)	0.10	0.505
Driver's license or state issued photo ID	42	(21.6)	22	(22.7)	20	(20.6)	-0.05	0.727

Notes: Statistical significance is measured between Outreach and control groups.

Std. Diff. - Standardized difference (Outreach group mean - control group mean) ÷ control group standard deviation

NSC - National Student Clearinghouse StudentTracker database.

a - Control vs. Outreach

b- Youths could respond that they were more than one race.

c-Female youths (N=130; control n = 66, program n = 64)

Chapter 4

Impact Study Findings

Introduction

The impact study was a critical component of the Multi-Site Evaluation of Foster Youth Programs. Youths in the study were administered a survey three times throughout the evaluation: a baseline interview followed by a first follow-up one year later and a second follow-up two years later. Sections of the questionnaire serve to identify the services the youths report receiving, short- and long-term outcomes, and moderating factors that could influence the efficacy of the services received. A more in-depth description of the youth questionnaire is included in Chapter 1.

This chapter addresses the evaluation research question related to program impacts on youth outcomes by presenting the results of the impact study for the Adolescent Outreach Program for youths in intensive foster care. The analyses presented here feature a subset of the entire sample, namely, those youths who had both a baseline interview and second follow-up interview (N=179 with 91 youths in the control group and 88 youths in the Outreach group). The first part of the chapter contains an in-depth discussion of our analytic approach, including the specific nature of the analyses conducted and type of outcomes evaluated. Next, we describe our findings concerning differences in the levels of independent living service received (from both program and other sources) by youths in the Outreach and control groups. Finally, we present our findings concerning the impact of the program on a number of different outcomes.

Analytic Strategy

Youths were randomly assigned to treatment and control groups, with the expectation that (a) youths assigned to the treatment group, referred to as “program group,” would receive services consistent with the design of the program and (b) youths in the control group would *not* receive any services from the program being evaluated, although they might receive similar services from other sources.

Consistent with the experimental evaluation design, our primary analytic strategy for assessing the impact of the Outreach program is an intent-to-treat (ITT) analysis of differences in observed outcomes between the program and control groups as they were originally assigned. Intent-to-treat analyses assume that the treatment provider intends to serve all of the evaluation subjects that are assigned to the program group. This strategy assumes that the program and control groups do not differ systematically across any characteristics that might be associated with outcomes of interest since the two groups were selected through a random process. Any outcomes that differ between the two groups in a statistically significant way are assumed to be a result of the intervention being evaluated.

Outcomes were assessed from the youths’ second follow-up interview. For educational outcomes, additional data acquired from the StudentTracker service of the National Student Clearinghouse were used to supplement the information found in the youth survey. The Clearinghouse is a nationwide repository of information on the enrollment status and educational achievements of postsecondary students. Participating educational institutions submit information to the StudentTracker service on the enrollment statuses of all their students and

listings of alumni to whom they have awarded degrees or certificates. StudentTracker data were collected for all youths involved in the Multi-Site Evaluation.

Bivariate and regression analyses were conducted. Bivariate analyses are based on simple comparisons of means or proportions across assignment groups. For interval-level variables, ordinary least squares (OLS) regressions were estimated, and for dichotomous variables, logistic regression models were estimated. The covariates included in the regression models, which are listed in table 4.1, were selected based on prior research on adolescent and young adult outcomes, as well as a consideration of the differences in baseline characteristics between Outreach and control group youths (table 3.2). Descriptive characteristics from the baseline survey are provided in Chapter 3.

TABLE 4.1. COVARIATE (VALUES)

Youth demographics
Gender (female or male)
Age
Race (African American, other, white)
Hispanic/Latino
Mental health/behavior
Achenbach Youth Self Report
Externalizing t score
Internalizing t score
Delinquent/antisocial behavior scale
Social support scale
Care history
Currently or previously placed in a group home or residential treatment facility
Previously ran away from a substitute care placement

Evaluated Outcomes

Given the intent of program to provide youths with a breadth of competencies and resources, we evaluated program impact on a number of different outcomes, including those concerning perceived preparedness for various tasks associated with independent living, education and employment, and economic well-being. Data concerning a number of other domains, including physical and mental health, substance abuse, level of social support, and deviant behavior, were also collected during the course of the evaluation. Although these were included as covariates in our analyses of outcomes, they were seen as being outside the immediate purview of program—that is, as distal, versus proximate, outcomes. The following outcomes were examined:

- **Education:** School enrollment status, completion of a high school diploma or general equivalency diploma (GED), and matriculation at a two- or four-year college; college enrollment data are based both on youth self reports and StudentTracker data.
- **Employment:** Employment status during the prior 12 months and at the date of the second follow-up interview.
- **Economic well-being:** Reported earnings and current net worth, economic hardship, and receipt of formal and informal financial assistance.

- *Reported earnings*: Total of earnings from formal and informal employment in the previous year. Specifically, youths were asked to list their employers over the past 12 months and then to estimate how much they had earned from each. To this subtotal were added estimates of the total amount earned from all “informal jobs.”
 - *Net worth*: Sum of estimated bank balances¹⁶ and selling prices of all vehicles, less outstanding credit card balances.¹⁷
 - *Economic hardship*: Individual items and summative scale comprising the following four questions: In the past 12 months, have you (a) panhandled or begged for money, (b) made money by recycling cans, bottles, or other items, (c) sold your blood or plasma, and (d) sold or pawned any personal possessions?¹⁸
 - *Formal financial assistance*: Youths were asked if, in the past 12 months, they had received any (a) Temporary Assistance for Needy Families (TANF) benefits, commonly known as welfare, (b) Women, Infants, and Children (WIC) benefits, (c) Food Stamp benefits, (d) Supplemental Security Income benefits, (e) general relief payments, or (f) other welfare payments.
 - *Informal financial assistance*: Youths were asked if, in the past 12 months, they had received any financial help from (a) Department of Children and Families (DCF) or your caseworker, mentor, or Independent Living Program, (b) a relative or friend, or (c) a community group, like a church, a community organization, or a family resource center.
- Living situation and homelessness: Living arrangements, residential stability and homelessness.
 - *Living Situation*: Youths reported the type of place they were living in such as with non-relative foster parents, in a group home, independently, or other types of living arrangements.
 - *Residential Stability*: Sum of self-reported number of changes in residence during the 12-month periods preceding the first and second follow-up interviews.
 - *Homelessness*: Youths reported being homeless or having lived in any of the following during the 12-month periods preceding the first and second follow-up interviews:
 - (a) Motel, hotel, or SRO (single room occupancy);
 - (b) Car, truck, or some other type of vehicle;
 - (c) Abandoned building, on the street or outside somewhere;
 - (d) Shelter for battered women; or
 - (e) Shelter for the homeless.
 - Preparedness and job preparedness: Youths were asked how prepared they felt in 18 areas of adult living (see Appendix B). The response categories were very prepared (4), somewhat prepared (3), not very well prepared (2), and not at all prepared (1).¹⁹ Efforts to identify underlying dimensions of preparedness based on these items led to the development of two scales: an overall scale of the average of all 18 items, and a job preparedness scale, the

¹⁶ Checking, savings, and “other types of accounts where you have money available to you.”

¹⁷ As of date of survey administration.

¹⁸ Chronbach’s alpha for the 3-item hardship scale at second follow-up was 0.72.

¹⁹ In the original survey, preparedness items were negatively coded (i.e., lower values corresponded to feelings of greater preparedness). The valence of these items has been reversed for the sake of clarity.

average of three employment-related items.²⁰ These scales are not independent since the job preparedness items are included in the overall scale.

- Delinquency: Youths were asked if they had engaged in the following behaviors between the baseline and second follow-up interviews. Comparisons were based on a summated scale and a dichotomous variable indicating any delinquent behavior.²¹
 - (a) Been loud, rowdy, or unruly in a public place so that people complained about it or you got in trouble?
 - (b) Been drunk in a public place?
 - (c) Avoided paying for things such as movies, bus or subway rides, food, or clothing?
 - (d) Been involved in a gang fight?
 - (e) Carried a handgun?
 - (f) Purposely damaged or destroyed property that did not belong to you?
 - (g) Purposely set fire to a house, building, car, or other property or tried to do so?
 - (h) Stolen something from a store or something that did not belong to you worth less than \$50?
 - (i) Stolen something from a store, person, or house, or something that did not belong to you worth \$50 or more, including stealing a car?
 - (j) Committed other property crimes such as fencing, receiving, possessing, or selling stolen property, or cheated someone by selling them something that was worthless or worth much less than what you said it was?
 - (k) Attacked someone with the idea of seriously hurting them or have a situation end up in a serious fight or assault of some kind?
 - (l) Sold or helped sell marijuana (pot, grass), hashish (hash), or other hard drugs such as heroin, cocaine, or LSD?
 - (m) Been paid cash for having sexual relations with someone?
 - (n) Did you receive anything in trade for having sexual relations, such as food or drugs?
 - (o) Had or tried to have sexual relations with someone against their will?
- Pregnancy: Female youths were asked if they had been pregnant at any point during between the baseline and second follow-up interviews.
- Documentation and accounts: Personal documentation (possession of Social Security card, birth certificate, driver's license or state ID card); and financial accounts (possession of checking or savings account).

²⁰ Means of items were used to deal with the small amount of missing data. Cases were dropped if more than 20 percent of the items were missing on any scale. Chronbach's alpha for overall and job-related preparedness were, respectively, 0.83 and 0.79 at baseline and 0.81 and 0.80 at the second follow-up interview.

²¹ Chronbach's alpha for the delinquency scale was 0.69 at baseline and 0.66 at the second follow-up interview.

Service Receipt Among Sample Youths²²

Since the Foster Care Independence Act provides funding for independent living services and the Adolescent Outreach Program is intended to enable young people to acquire the skills necessary for independent living, an important outcome of interest in our evaluation is the extent to which program participation was associated with receipt of independent living services. Strictly speaking, the questions did not ask youths about services per se, but rather asked whether youths had received a variety of specific kinds of help in areas integral to living independently. In this report we refer to these kinds of help as services because they are the kinds of help typically provided by independent living service providers and are the kinds of services that the Chafee program is designed to support. Youths could have received the help from an independent living services provider, such as the Outreach program, but they could also have received it at school, from a foster or group care provider, from an intensive foster care agency caseworker, or from a family member.

Many youths reported receiving various forms of help with the acquisition of independent living skills prior to the beginning of the evaluation (table 4.2). That is, they had received many of the kinds of help that a program like Outreach is supposed to provide before ever having enrolled in the program. For instance, the worker assigned to a youth's family for an intensive foster care placement may spend time providing the types of assistance listed in table 4.2. There are also many other services available to youths in their communities (see Chapter 2 for further discussion of the types of services available).

As expected, given the random assignment of youths to the two groups, there were very few statistically significant differences in the proportions of youths reporting prior receipt of independent living services *at baseline* across assignment groups (middle panel of table 4.2). One exception is that a greater proportion of Outreach youths (51.1 percent) report receiving one or more types of educational assistance than control group youths (35.2 percent).

By the time of the second follow-up interview, greater percentages of Outreach group youths report receiving assistance across several different service domains.²³ For example:

- Outreach youths are more likely to report receiving any type of educational assistance (Outreach: 81.8 percent; control: 65.9 percent), and report receiving a broader array of

²² Findings regarding differences in the characteristics of youths in the Outreach and control groups are presented in Chapter 3.

²³ As mentioned in prior chapters, during the evaluation period, DCF incorporated life skills training as a requirement of many intensive foster care agency contracts, including those serving youth in the control group. There was some concern that this would have diminished the difference in reported assistance between program and control group youth. In order to examine this issue, we divided each interview wave into two groups - early and late interviews - based on the time that the interview was conducted. We then compared the level of reported assistance between these two groups within each interview wave. If the level of assistance received by control group youth had increased as a result of the reported changes in intensive foster care agency contracts, then we would expect to have observed higher levels of reported assistance among youth in the late interview groups than were reported in the early interview groups. However, the findings of these analyses provided no evidence that this had occurred.

educational assistance types (Outreach: 37 percent of included assistance types; control: 29 percent of assistance types), than control group youth.

- A larger percentage of Outreach youths report receiving assistance with college applications than control group youths (63.6 percent compared to 39.6 percent).
- Outreach youths report receiving more help writing resumes (65.9 percent compared to 38.5 percent), and more help identifying potential employers (40.9 percent compared to 24.2 percent).
- Outreach youths report receiving more assistance with several tasks related to money management (see table 4.2).

TABLE 4.2. SERVICE RECEIPT BY ASSIGNMENT AT BASELINE AND SECOND FOLLOW-UP

Service	Baseline				p	Sig.	Second Follow-Up						
	Control Group (N=91)		Outreach Group (N=88)				Control Group (N=91)		Outreach Group (N=88)		p	Sig.	
	N	(%)	n	(%)			n	(%)	n	(%)			
In the last 12 months have you...													
Attended any classes or group sessions that were intended to help you get ready to for being on your own	11	(12.1)	12	(13.6)	0.732			12	(13.2)	14	(15.9)	0.605	
Education (Have you received the following...)													
General Educational Development test preparation	6	(6.6)	8	(9.1)	0.532			18	(19.8)	20	(22.7)	0.630	
ACT/SAT preparation	14	(15.4)	17	(19.3)	0.484			25	(27.5)	22	(25.0)	0.707	
Assistance with college applications	21	(23.1)	27	(30.7)	0.248			36	(39.6)	56	(63.6)	0.001	**
Any of the above types of assistance	32	(35.2)	45	(51.1)	0.031	*		60	(65.9)	72	(81.8)	0.016	*
Proportion of the above types of assistance	0.15	(0.202)	0.23	(0.213)	0.149			0.29	(0.3)	0.37	(0.239)	0.027	*
Employment (Have ever received the following...)													
Vocational/career counseling	12	(13.2)	14	(15.9)	0.649			18	(19.8)	21	(23.9)	0.508	
Help with resume writing	34	(37.4)	30	(34.1)	0.649			35	(38.5)	58	(65.9)	0.000	***
Assistance with identifying potential employers	14	(15.4)	18	(20.5)	0.374			22	(24.2)	36	(40.9)	0.017	*
Assistance with completing job applications	45	(49.5)	41	(46.6)	0.702			40	(44.0)	41	(46.6)	0.723	
Help with job interviewing skills	41	(45.1)	34	(38.6)	0.383			33	(36.3)	37	(42.0)	0.428	
Job referral/placement	26	(28.6)	24	(27.3)	0.848			27	(29.7)	29	(33.0)	0.636	
Help securing work permits/Social Security cards	37	(40.7)	40	(45.5)	0.511			40	(44.0)	41	(46.6)	0.723	
Any of the above types of assistance	71	(78.0)	67	(76.1)	0.764			66	(72.5)	74	(84.1)	0.061	
Proportion of the above types of assistance	0.34	(0.334)	0.29	(0.295)	0.971			0.34	(0.313)	0.43	(0.334)	0.066	
Money mgmt. (Have you received the following...)													
Help with money management	49	(53.8)	42	(47.7)	0.410			56	(61.5)	66	(75.0)	0.053	
Help on use of a budget	44	(48.4)	43	(48.9)	0.941			53	(58.2)	63	(71.6)	0.062	
Help on opening a checking and savings account	46	(50.5)	43	(48.9)	0.824			53	(58.2)	64	(72.7)	0.042	*
Help on balancing a checkbook	25	(27.5)	21	(23.9)	0.581			37	(40.7)	51	(58.0)	0.021	*
Any of the above types of assistance	59	(64.8)	58	(65.9)	0.880			67	(73.6)	72	(81.8)	0.188	
Proportion of the above types of assistance	0.46	(0.433)	0.39	(0.380)	0.639			0.55	(0.405)	0.69	(0.390)	0.015	*
Housing (Have you received the following...)													
Assistance with finding an apartment	2	(2.2)	2	(2.3)	0.867			18	(19.8)	26	(29.5)	0.129	
Help with completing an apartment application	0	(0.0)	2	(2.3)	0.112			11	(12.1)	16	(18.2)	0.255	
Help with making a down payment or security deposit on an apartment	0	(0.0)	2	(2.3)	0.112			9	(9.9)	19	(21.6)	0.031	*

TABLE 4.2. SERVICE RECEIPT BY ASSIGNMENT AT BASELINE AND SECOND FOLLOW-UP

Service	Baseline				p	Sig.	Second Follow-Up					
	Control Group (N=91)		Outreach Group (N=88)				Control Group (N=91)		Outreach Group (N=88)		p	Sig.
	N	(%)	n	(%)			n	(%)	n	(%)		
Any of the above types of assistance	2	(2.2)	2	(2.3)	0.973			21	(23.1)	32	(36.4)	0.052
	0.05	(0.167)	0.12	(0.389)	0.288			0.14	(0.286)	0.23	(0.351)	0.056
Training on meal planning and preparation	40	(44.0)	48	(54.5)	0.150			28	(30.8)	37	(42.0)	0.117
Training on personal hygiene	38	(41.8)	41	(46.6)	0.508			15	(16.5)	21	(23.9)	0.218
Training on nutritional needs	42	(46.2)	48	(54.5)	0.254			29	(31.9)	33	(37.5)	0.429
Information on how to obtain your personal health records	27	(29.7)	25	(28.4)	0.854			25	(27.5)	35	(39.8)	0.081
Any of the above types of assistance	61	(67.0)	57	(64.8)	0.750			42	(46.2)	52	(59.1)	0.083
Proportion of the above types of assistance	0.41	(0.471)	0.38	(0.405)	0.331			0.27	(0.349)	0.36	(0.384)	0.097
Is there any help, training, or assistance that you were not given that you wish your agency had given you to help you learn to live on your own?	15	(16.5)	17	(19.3)	0.592			36	(39.6)	34	(38.6)	0.899

* - $p < .05$

Note: Sample is restricted to youths who completed the second follow-up interview (N=179)

Impact Findings

We examined whether the Outreach program has a significant impact on outcomes among youths in intensive foster care by the second follow-up interview, and we found evidence that it does in some areas. Youths in the Outreach group are more likely to have remained in foster care and are more likely to have enrolled in college than control group youths. Outreach group youths are also significantly more likely to have a driver's license and birth certificate. Across most other outcome domains, however, there are no statistically significant differences found between Outreach and control group youths.^{24, 25} Findings for all evaluated outcomes are summarized below and listed in table 4.3.

- Continued Foster Care. To determine whether youths were still in the care of DCF at the time of the second follow-up interview, they were asked whether they had a DCF social worker, which we consider a proxy for having remained in foster care under DCF care and supervision. Over half of youths in the study (55.9 percent) reported that they had a DCF social worker. A significantly higher proportion of Outreach youths (64.8 percent) reported having a DCF social worker than control group youths (47.3 percent).
- Education. By the second follow-up, 62 percent of the sample had graduated high school or obtained their GED. Also, based on youth self reports and StudentTracker data, respectively, 46.4 and 53.6 percent of youths had matriculated in a two- or four-year college. Further, according to StudentTracker data, about two-fifths of the sample (39.7 percent), or 74.1 percent of those who had matriculated, were enrolled in college across more than one academic year, which is a common indicator of college persistence.

In general, Outreach youths appear to be more likely to have enrolled in college, and to have been enrolled across more than one academic year, than control group youths. Specifically, according to youth self reports, a higher percentage of Outreach youths (55.7 percent)

²⁴ At the first follow-up interview approximately 68 percent of the sample was still in substitute care. Given that many of the outcomes assessed here (e.g., economic hardship, high school graduation) were essentially undefined for these youths, impact analyses were limited to outcomes observed at the second follow-up interview.

²⁵ Our ability (i.e., power) to detect differences between program and control groups in the outcomes of interest is determined by several factors, including the number of subjects in each group and the expected size of the differences in the outcomes of interest. Further, depending on how differences in groups are to be measured (e.g., means, proportions) the general prevalence of an outcome, or its level of variability, can also affect whether or not differences are detected.

With respect to the comparison of the means of outcomes measured as continuous variables (e.g., preparedness), the actual number of subjects interviewed at the second follow-up affords us high power (i.e., above 0.91) to detect moderate and large effect sizes. Setting statistical power at 0.80, the smallest effect size we could expect to detect is 0.42.

With respect to the comparison of proportions of outcomes (e.g., youths graduating from high school) across groups, our ability to detect differences will depend on the prevalence of the outcome itself. Given statistical power of 0.80, we could expect to detect relative differences of about 17 percent for outcomes that are either relatively rare (0.10) or very common (0.90). For outcomes experienced by about half of the sample, however, an absolute difference in proportions of about 21 percent would be necessary.

enrolled in college than control group youths (37.4 percent). Also, based on regression models using self-report and StudentTracker data, respectively, Outreach youths are found to be more likely to have enrolled in college than control group youths. Finally, based on StudentTracker data, a higher percentage of Outreach youths (48.9 percent) enrolled in college for more than one academic year than control group youths (30.8 percent) (see additional analysis of college enrollment findings below).

- Employment. Most sampled youths (79.9 percent) had been employed sometime during the previous 12 months, and about half (46.4 percent) report being employed at the time of the second interview. No statistically significant differences with respect to employment status are found between Outreach and control group youths.²⁶
- Economic Well-Being. Youths were asked a series of questions about their earnings, net worth, experiences with economic hardship, and receipt of financial assistance. None of these domains showed any significant differences across assignment groups.
 - *Earnings and Net Worth*. The mean reported earnings for both the control and Outreach groups was very low, with the average for each group (control: \$2,850; program: \$3,050) well below the poverty level for single-person households (\$9,800 in 2006) (U.S. Department of Health and Human Services 2006). Average net worth, which included the value of any automobiles the youths owned, was also low. No differences based on assignment were found in youths' reported income or net worth, however.
 - *Economic Hardship and Financial Assistance*. Among youths over the age of 18 and not involved with the child welfare system ($N=98$), only a small percentage report having experienced one or more of several classes of hardship (6.1%) or receiving some type of formal or informal financial assistance (7.1%).²⁷ No significant differences were found across groups with respect to economic hardships or financial receipt.²⁸
- Living Situation and Homelessness. Youths reported their living situation at the second follow-up interview. Close to one-quarter of youths (22.3 percent) reported living in foster homes or in some type of residential care setting. Among youths who reported living in other settings (77.7 percent), about half (52.5 percent) reported living on their own. Some indeterminate number of these youths may be living in supervised apartments or other independent living arrangements. No statistically significant differences were found with respect to youths' reported living situation.

Two housing outcomes were evaluated here - residential instability, which was defined as the number of changes in residence, and homelessness, which was defined as having been

²⁶ A separate set of analyses was conducted to explore the hypothesis that Outreach youth who had not enrolled in college were more likely to be working than control group youth who were not enrolled in college. The results of these analyses did not support this hypothesis, however.

²⁷ Formal assistance included receipt of benefits or assistance from TANF, WIC, Food Stamps, general relief, or other welfare payments. Informal assistance included financial help from a youth's (a) caseworker, mentor, or Independent Living Program, (b) relative or friend, or (c) community group, such as a church, a community organization, or a family resource center.

²⁸ Differences between groups were also examined based on all youth in each group, regardless of their care status or age. No statistically significant differences were found.

homeless or having lived on the street, in a vehicle, in a shelter, or some other temporary residence.²⁹ No significant differences were found with respect to either outcome.

- Sense of Preparedness. At the second follow-up interview, the Outreach and control groups did not differ significantly on either the measures of overall preparedness or job preparedness.³⁰
- Delinquency. Slightly more than half of youths (control: 58.2 percent, Outreach: 52.3 percent) report having engaged in one or more delinquent behaviors. The average number of reported delinquent acts during the prior year was 2.06 and 2.14, respectively, for control and Outreach group youths. No significant differences between groups were found, however.
- Pregnancy. Almost half (47.6 percent) of control group female youths, and two-fifths (40.7 percent) of Outreach group female youths, reported having become pregnant at some point between the baseline interview and second follow-up.³¹ About a fifth (21.4 percent) of control group males, and quarter (27.6 percent) of Outreach group males, reported either having gotten someone pregnant, or being told that they had. None of these differences are statistically significant, however.
- Financial Accounts and Personal Documentation. We considered two outcomes that are included among the stated goals of many general independent living programs, including helping youths acquire personal documents (e.g., Social Security card, driver's license) and open (and properly manage) bank accounts.

A majority of youths (control: 70.3 percent; program: 76.1 percent) report having a banking (or other financial) accounts at the second follow-up. Also, most youths in the sample report having a Social Security card, birth certificate, and some form of state-issued ID card. Outreach youths are statistically significantly more likely to have a driver's license (60.2 percent) and birth certificate (93.2 percent) than control group youths (driver's license: 37.4 percent, birth certificate: 84.6 percent).

²⁹ (a) Motel, hotel, or SRO (Single Room Occupancy), (b) car, truck, or some other type of vehicle, (c) abandoned building, on the street or outside somewhere, (d) shelter for battered women; or (e) shelter for the homeless.

³⁰ Total scale scores were calculated by taking the mean of all included items. Thus, possible values for both the overall and job-related scales range from 1 to 4.

³¹ Pregnancies are often more common among female foster youth than youth nationally. Among foster youth participating in the evaluation of the Life Skills Training program, 24.4 percent of female youth in the treatment group became pregnant between the baseline and second follow-up interviews, and 23.1 percent of female youth in the control group became pregnant.

TABLE 4.3. RESULTS OF BIVARIATE AND REGRESSION ITT ANALYSES FOR EVALUATED OUTCOMES

Measure	Assignment Groups						Estimated Effects				
	Total (N=179)		Control Group (N=91)		Outreach Group (N=88)		ITT			Regressions (ITT)	
	N	(%)	n	(%)	n	(%)	Diff.	P- value	ES ^a	B	P- value
Child welfare status											
Remained in Foster Care	100	(55.9)	43	(47.3)	57	(64.8)	17.52	0.013	0.35	0.822	0.016
Educational status and attainment											
Currently enrolled in school	81	(45.3)	37	(40.7)	44	(50.0)	9.34	0.209	0.19	0.597	0.082
Grade completed (mean/s.d.)	11.73	(1.38)	11.52	(1.76)	11.91	(0.90)	0.40	0.104	0.23	0.317	0.204
High school diploma or G.E.D.	111	(62.0)	55	(60.4)	56	(63.6)	3.20	0.209	0.07	0.253	0.458
College enrollment											
Ever enrolled											
Self-report	83	(46.4)	34	(37.4)	49	(55.7)	18.32	0.014	0.38	0.786	0.019
StudentTracker data	96	(53.6)	43	(47.3)	53	(60.2)	12.97	0.082	0.26	0.658	0.045
Ever persisted	71	(39.7)	28	(30.8)	43	(48.9)	18.09	0.013	0.39	0.868	0.010
Employment, earnings, and net worth											
<i>Employment</i>											
Employed any time during prior 12 months	143	(79.9)	73	(80.2)	70	(79.5)	-0.67	0.910	-0.02	-0.025	0.951
Currently employed	83	(46.4)	44	(48.4)	39	(44.3)	-4.03	0.589	-0.08	-0.090	0.790
<i>Prior earnings and net worth, in thousands (mean/s.d.)</i>											
Earnings in prior 12 months	2.95	(5.37)	2.85	(5.17)	3.05	(5.61)	0.21	0.796	0.04	0.237	0.763
Net worth	2.47	(6.14)	2.64	(7.17)	2.30	(4.90)	-0.33	0.716	-0.05	-0.259	0.789
Economic hardship and financial assistance since baseline^b											
<i>Hardship</i>											
Begged, sold plasma, pawned, sold recyclables for money	5	(5.1)	1	(2.4)	4	(7.1)	4.76	0.289	0.31	—	—
Borrowed money for food, went to food pantry/soup kitchen for money; went hungry	4	(4.1)	1	(2.4)	3	(5.4)	2.98	0.461	0.19	—	—
Did not pay rent/evicted, did not pay utility/phone bill	2	(2.0)	0	(0.0)	2	(3.6)	3.57	0.216	n.d.	—	—
One or more hardships (from above)	6	(6.1)	1	(2.4)	5	(8.9)	6.55	0.181	0.42	—	—
3-Item Scale of hardship(mean/s.d.)	0.74	(1.06)	0.05	(0.31)	0.16	(0.56)	0.11	0.244	0.37	—	—

TABLE 4.3. RESULTS OF BIVARIATE AND REGRESSION ITT ANALYSES FOR EVALUATED OUTCOMES

Measure	Assignment Groups						Estimated Effects				
	Total (N=179)		Control Group (N=91)		Outreach Group (N=88)		ITT			Regressions (ITT)	
	N	(%)	n	(%)	n	(%)	Diff.	P- value	ES ^a	B	P- value
<i>Assistance</i>											
Received public (i.e., formal) assistance ^c	4	(4.1)	2	(4.8)	3	(5.4)	0.60	0.461	0.03	—	—
Received informal financial assistance ^d	6	(6.1)	2	(4.8)	4	(7.1)	2.38	0.627	0.11	—	—
Received any financial assistance	7	(7.1)	2	(4.8)	5	(8.9)	4.17	0.428	0.14	—	—
Living situation and homelessness											
Foster home (kin or non-kin)	35	(19.6)	20	(22.0)	15	(17.0)	-4.93	0.405	-0.12	-0.463	0.298
Group home or other type of residential care	5	(2.8)	2	(2.2)	3	(3.4)	1.21	0.623	0.08	0.681	0.494
(Non-foster) home of relative	24	(13.4)	12	(13.2)	12	(13.6)	0.45	0.930	0.01	0.055	0.908
Home of parent(s)	26	(14.5)	14	(15.4)	12	(13.6)	-1.75	0.740	-0.05	-0.334	0.481
Living on their own	73	(40.8)	33	(36.3)	40	(45.5)	9.19	0.211	0.19	0.495	0.159
Homeless	5	(2.8)	3	(3.3)	2	(2.3)	-1.02	0.678	-0.06	-0.042	0.971
Other / missing	11	(6.1)	7	(7.7)	4	(4.5)	-3.15	0.500	-0.14	-0.357	0.666
Number of residential moves since baseline (mean/s.d.)	0.64	(1.64)	0.68	(1.51)	0.60	(1.77)	-0.08	0.748	-0.05	-0.314	0.104
Homelessness since baseline	17	(9.5)	10	(11.0)	7	(8.0)	-3.03	0.853	-0.08	0.050	0.941
Preparedness (mean/s.d.)											
Overall preparedness	3.56	(0.31)	3.59	(0.32)	3.54	(0.29)	-0.05	0.290	-0.15	-0.023	0.592
Job-related preparedness	3.75	(0.48)	3.74	(0.46)	3.76	(0.50)	0.02	0.804	0.04	0.029	0.675
Delinquency since baseline											
1 or more delinquent acts	99	(55.3)	53	(58.2)	46	(52.3)	-5.97	0.650	-0.12	-0.411	0.290
Number of delinquent acts (mean/s.d.)	2.09	(2.93)	2.06	(2.88)	2.14	(3.01)	0.08	0.862	0.03	-0.019	0.966
Pregnancy since baseline											
Became pregnant (female youths) ^e	54	(44.3)	30	(47.6)	24	(40.7)	-6.94	0.440	-0.14	-0.392	0.343
Got someone pregnant (male youths) ^f	14	(24.6)	6	(21.4)	8	(27.6)	6.16	0.589	0.15	0.421	0.614
Financial accounts											
Checking	102	(57.0)	51	(56.0)	51	(58.0)	1.91	0.796	0.04	0.086	0.794
Savings	97	(54.2)	48	(52.7)	49	(55.7)	2.93	0.694	0.06	0.254	0.441
Any	131	(73.2)	64	(70.3)	67	(76.1)	5.81	0.381	0.13	0.435	0.244
Important documents											
Social Security card	173	(96.6)	87	(95.6)	86	(97.7)	2.12	0.430	0.10	0.972	0.381
Birth certificate	159	(88.8)	77	(84.6)	82	(93.2)	8.57	0.069	0.24	1.247	0.032

TABLE 4.3. RESULTS OF BIVARIATE AND REGRESSION ITT ANALYSES FOR EVALUATED OUTCOMES

Measure	Assignment Groups						Estimated Effects				
	Total (N=179)		Control Group (N=91)		Outreach Group (N=88)		ITT			Regressions (ITT)	
	N	(%)	n	(%)	n	(%)	Diff.	P- value	ES ^a	B	P- value
Driver's license	87	(48.6)	34	(37.4)	53	(60.2)	22.86	0.002	0.47	1.129	0.002
Driver's license state I.D. card	154	(86.0)	74	(81.3)	80	(90.9)	9.59	0.064	0.24	0.909	0.083

a - Effect sizes for interval-level variables were based on the difference in means divided by the standard deviation for the control group youths. Effect sizes for nominal variables were based on the difference in proportions divided by an estimate of the within-group standard deviation.

b - Asked only of those youths over 18 and not involved with the child welfare system (N=98; control group n = 42, program group n = 56).

c - Temporary Assistance to Needy Families, Women, Infants and Children program, food stamps, general relief payments, and other welfare payments (not including Supplemental Security Income).

d - Financial help from a youth's (a) caseworker, mentor, or Independent Living Program, (b) relative or friend, or (c) community group, like from a church, a community organization, or a family resource center.

e - Female youths (N=122; control group n = 63, Outreach group n = 59)

f - Male youths (N=57; control group n = 28, Outreach group n = 29)

Many Differences in Service Receipt but Fewer Differences in Outcomes

Many of the outcomes shown in table 4.3 relate to the service receipt shown in table 4.2. Table 4.4 displays the relative difference between Outreach and control group youths in areas of service receipt related to the outcomes examined. This table mirrors the logic model of the program, connecting the help received to the outcomes that help may affect. It shows that the experiment created a clear differential between Outreach and control youths in several key service areas. Outreach youths reported receiving significantly more education help, more help on two types of employment assistance, more help on money management, and more help with one aspect of housing. Education outcomes were better for Outreach youths, but as discussed in more detail below this appears to be strongly associated with the fact that youth in Outreach are more likely than control youths to remain in foster care. In the employment and money management areas, outcomes were no different between Outreach and control youths despite the increase in help. In the housing area, a concrete outcome difference is observed (more young people remain in foster care). Because care status may influence whether youths receive help with security deposits, it is difficult to connect staying in care as an outcome to help with security deposits. Staying in care is likely linked to a variety of services.

TABLE 4.4. SUMMARY OF DIFFERENCES IN SERVICE RECEIPT AND OUTCOMES BY SERVICE DOMAIN

Difference in Service Receipt or Assistance		Difference in Outcomes	
Service Domain and Type	Relative Difference [†]	Outcome	Effect Size [†]
Education			
Assistance with college applications	60.6% **	Received high school diploma or G.E.D.	6.5%
Any of the above types of assistance	24.1% *	Enrolled in college (self-report)	37.7% *
Proportion of all types of assistance	27.6% *		
Employment			
Help with resume writing	71.2% ***	Employed any time during prior 12 months	-1.7%
Assistance with identifying potential employers	69.0% *	Earnings during prior 12 months	4.0%
Any of the above types of assistance	16.0%		
Proportion of all types of assistance	26.5%		
Money mgmt.			
Help on opening a checking and savings account	24.9% *	Has checking, savings, or other financial accounts	12.6%
Help on balancing a checkbook	42.5% *		
Any of the above types of assistance	11.1%		
Proportion of all types of assistance	25.5%		
Housing			
Help with a down payment or security deposit	118.2% *	Remained in Foster Care	34.9% *
Any of the above types of assistance	57.6%	Currently living on their own	19.0%
Proportion of all types of assistance	64.3%	Homeless during prior 12 months	-7.5%

* - $p < 0.05$.

† - $(\text{Outreach mean} - \text{control mean})/\text{control mean}$.

Additional Analyses of College Enrollment

One notable outcome of the Outreach program was the higher rates of college enrollment among youth in the program than in the control group. Because the program also had an impact on the likelihood that youth remained in foster care after age 18, we conducted additional analyses to examine whether the impact on college attendance was a direct result of the Outreach program or whether this impact operated through the program's impact on youth remaining in care.

To explore the possibility that the higher rate of college enrollment among Outreach youths is a function of the program's impact on remaining in foster care, we estimated several additional sets of regression models. Table 4.4 presents the regression model results associated with each of the key explanatory measures. Comparing how well the models explain college enrollment tells us how much of the difference in college enrollment is associated with youths staying in care versus other features of the Outreach program.³²

The findings suggest that the higher rate of college enrollment among Outreach youth is strongly associated with the fact that Outreach youth are more likely to remain in foster care. After controlling for remaining in care, the relationship between Outreach participation and college enrollment are reduced in magnitude and become statistically non-significant. That is, it appears that other features of the Outreach program—beyond those associated with youth remaining in care—do not explain much of the higher rates of college enrollment. Furthermore, the share of the variation in college-related outcomes that is associated with remaining in foster care is much larger than that associated with Outreach participation.³³ Put simply, over 90 percent of the outreach program's effect on college enrollment and persistence is accounted for by its association with youth remaining in foster care.

The above finding should be interpreted with some caution since in Massachusetts a youth must be enrolled in school or vocational training to remain in foster care past age 18. This strong policy connection between being in school and remaining in foster care raises the possibility that efforts by Outreach workers to encourage and support youth in pursuing post-secondary education might lead youth to apply to and enroll in college, thereby becoming eligible to remain in foster care past 18. If this were true, then the impact of Outreach on youth remaining in foster care might actually be at least partly a function of its ability to influence young people to continue their education, and then remain in foster care. Alternatively, Outreach worker's efforts to encourage youth to remain in foster care may connect youth with resources that enable them to pursue higher education. Our data do not allow us to clearly distinguish between these competing explanations.

³² In brief, we first estimated a model for each college-related outcome that included only the baseline control variables (listed in table 4.1). Then, we estimated models that included, respectively, indicator variables for program assignment (this is the same as the model reported in table 4.3) and continuation in foster care at second follow-up. Finally, we estimated a model that included baseline variables and the two indicators. The differences between the pseudo- R^2 values of each model are used to assess how much of the variation in college-related outcomes are associated with Outreach net of Outreach's effect on youth remaining in foster care.

³³ As measured by differences in model R^2 .

TABLE 4.5. COLLEGE-RELATED OUTCOME REGRESSION MODELS

	Baseline	Baseline & Program Assignment		Baseline & DCF Involvement		Baseline, Program Assignment, & DCF Involvement	
		B	P	B	p	B	P
Enrolled (self-report)							
Outreach group	-	0.79	0.019	-	-	0.56	0.115
Remaining in Foster Care	-	-	-	1.60	0.000	1.52	0.000
Proportion of variance explained	0.043	0.066		0.133		0.144	
Change in variance explained	-	0.024		0.091		0.101	
Enrolled (NSC)							
Outreach group	-	0.66	0.045	-	-	0.44	0.200
Remaining in Foster Care	-	-	-	1.38	0.000	1.30	0.000
Proportion of variance explained	0.017	0.034		0.090		0.096	
Change in variance explained	-	0.017		0.073		0.080	
Persisted (NSC)							
Outreach group	-	0.87	0.010	-	-	0.61	0.097
Remaining in Foster Care	-	-	-	1.91	0.000	1.81	0.000
Proportion of variance explained	0.018	0.048		0.143		0.155	
Change in variance explained	-	0.029		0.124		0.136	

Chapter 5

Lessons for Independent Living Programs from the Evaluation of the Adolescent Outreach Program

In the 1980s, concern about the poor outcomes experienced by youths aging out of foster care led to federal funding for independent living services. The accountability and program evaluation provisions of the Foster Care Independence Act of 1999 called for new focus on the effectiveness of these services. Now the child welfare field is not simply asking whether foster youths receive services that are intended to help them make a successful transition to adulthood; policymakers and program managers want to know which services have an impact on foster youth transition outcomes. The Multi-Site Evaluation of Foster Youth Programs was undertaken to assess the impact of existing programs on outcomes identified in the Foster Care Independence Act of 1999. One of the programs selected for evaluation was the Adolescent Outreach Program (Outreach) operated by the Massachusetts Department of Children and Families. Interpretation of the findings of the evaluation of the Outreach program benefits from a consideration of the current state of research on independent living services, the evolution of such services over time, and the fact that the evaluation was a field experiment and not a demonstration project.

First, a noteworthy aspect of the historical context of the Multi-Site Evaluation is that this is the first time independent living services have been subjected to experimental evaluation; to date, evidence supporting the effectiveness of independent living services has been limited to anecdotal information and a small number of quasi-experimental studies (Montgomery, Donkoh, and Underhill 2006). Given that federal policy and funding have supported independent living services for over twenty years, it is noteworthy and commendable that the child welfare field has embarked on the kind of rigorous knowledge generation that will be necessary to develop a sound evidence base for interventions aimed at assisting foster youths in transition to adulthood. Nevertheless, it is important to keep in mind that the field is only at the beginning of rigorous program evaluation.

Second, while the empirical evidence supporting the effectiveness of independent living services has not developed much over the past two decades, child welfare practice with adolescents and young adults has evolved significantly (Child Welfare League of America 2005). Government and philanthropic funding has helped create a network of service providers that has shared practice wisdom and models, leading to a rapid proliferation of ideas and programs. While the Multi-Site Evaluation may be seen as the beginning of rigorous evaluation of independent living services, it sheds light on the effectiveness of only a handful of currently-available approaches to assisting foster youths in transition.

Third, the Multi-Site Evaluation was intended to evaluate existing programs of potential national significance as they currently operate (i.e., it is a field experiment), not to develop and evaluate such programs *de novo*. In other words, the programs being evaluated were not designed by the evaluators or under the kind of evaluator control that would typically be the case in an experimental demonstration project. Focusing on existing programs means that the evaluation is not able to manipulate elements of the intervention in order to address particular concerns of the field, meaning that specific questions that might be answered by a demonstration project tailored to answering such questions go unanswered. Thus, in interpreting the findings of the Multi-Site Evaluation, it is important to keep in mind that the programs being evaluated do not necessarily represent the most common or ideal version of a particular service.

Our evaluation findings are mixed regarding the effectiveness of Outreach in achieving its program goals. The transition to adulthood is multifaceted and requires success along multiple fronts including education, employment, stable housing, healthy behaviors, and supportive relationships. In terms of receipt of help directed towards supporting the transition to adulthood, Outreach youths reported receiving more help than control group youths in some areas of educational assistance, employment assistance, money management, and financial support in obtaining housing. This impact of the program is consistent with the purposes of the John Chafee Foster Care Independence Program (CFCIP), but receipt of help *per se* is not a primary outcome of interest in the evaluation. Outreach group youths were also more likely than control group youths to have important documents (driver's license and birth certificate), which may translate into other advantages down the road for youth who receive outreach services. Being served by Outreach was also associated with a greater likelihood of remaining in foster care in Massachusetts through ongoing contact with a DCF social worker. This finding is encouraging given evidence from the Midwest Study regarding the potential benefits of extended state care on transition outcomes. Midwest Study findings indicate that extending care past age 18 is associated with positive outcomes including greater college enrollment, delayed pregnancy, and increased earnings (Courtney, Dworsky, & Pollack, 2007).

Notably, the Outreach program appears to have an effect on educational attainment. Outreach group youths were more likely than control group youths to report having ever enrolled in college, and college enrollment data showed program youths to be more likely than control group youths to persist in college across more than one academic year. However, the impact of the program on post-secondary education is strongly associated with the program's impact on youth remaining in foster care, making it difficult to discern the mechanisms through which Outreach contributes to improved education outcomes. It is possible that most of the program's impact on education comes through its success in encouraging youth to remain in care. In this scenario, remaining in care is ultimately the factor that contributes to better education outcomes. Alternatively, the program may succeed in helping youth enroll in college, in the process making them eligible to remain in care. If this is true, then the fact that the program is associated with youth remaining in care is incidental to its impact on post-secondary education. In fact, both of these mechanisms may play a role in Outreach's impact on education; our data cannot distinguish between these alternative explanations. It is worth noting that this impact on post-secondary education is the first impact identified through a random-assignment evaluation of an independent living program. And the impact is substantial. According to Census Bureau estimates of the general US population, individuals who attend some college (without completing a degree) have 25 percent higher expected lifetime earnings than high school graduates who do not attend college. Lifetime earnings for those who complete some college are 50 percent higher than those who do not complete high school (Day and Newburger, 2002).

Despite positive effects, the program had no impact on other key outcomes of interest. Outreach group youths did not report better outcomes than control group youths in terms of employment, economic well-being, housing, delinquency, pregnancy, or sense of preparedness for independence. Thus, the program did not have an impact relative to other available services across the wide range of transition outcomes that the program is designed to influence.

In considering the Outreach program impacts, it is important to keep in mind that Outreach is only one of a number of programs around the country that use case management to assist foster youths in preparing for independence. To the extent that other programs differ in significant ways from Outreach, outcomes experienced by youths participating in those programs may differ from those experienced by the Outreach group youths. The evaluation of the Outreach program involved only youths who were deemed appropriate for intensive foster care and who had a case plan goal of independent living or long term substitute care. Analysis of administrative data on the adolescent foster care population in Massachusetts revealed significant differences between youths who fit our sample selection criteria and foster youths in general (see table 2.1). Moreover, by virtue of being placed in intensive foster care, youth in the control group may have received more help acquiring independent living skills than foster youth in general. So, while the findings may be applicable to foster youths whose characteristics and care experiences are similar to those in our study, less is known about the extent to which findings could be applied to all foster youth. It is also important to note that the sample available for the evaluation of Outreach was not large enough to provide adequate statistical power to identify effects of the program that were small in magnitude, though this concern is tempered by the fact that few effects even approached statistical significance.

With these important caveats in mind, what lessons can the evaluation of Outreach provide for policymakers and practitioners interested in enhancing outcomes for foster youths as they make the transition to adulthood? Outreach impacts should be considered in light of the ambitions of the program; Outreach aims to impact all of the outcomes mentioned in the Foster Care Independence Act. It does so through an intensive, individualized, relationship-based approach to coaching foster youths on a wide range of skills believed to be important to their transition to adulthood, by assisting them in navigating support systems, and by connecting them to formal and informal supports. Outreach program developers believe that acquisition of life skills and formal and informal supports will help youths to achieve a more successful transition to adulthood across all important transition domains. Our findings suggest that Outreach does provide foster youths with help in acquiring independent living skills over and above the help provided to foster youths by their foster care providers and other sources. However, that help does not translate into improvements in important transition outcomes such as employment, economic well-being, or reduced risk behaviors. The lack of Outreach effects on such outcomes, in spite of program effects on receipt of help, highlights the need for research on the connection between acquisition of life skills and concrete outcomes.

The impact of the Outreach program on increased college enrollment is strongly associated with its impact on youths' likelihood of remaining in foster care after age 18. This means that it is unclear whether Outreach services would lead to better college enrollment if Outreach did not also lead youths to remain in foster care. However, it is important to note that prior research has found an association between youths remaining in foster care or receiving services past age 18 and improved outcomes, including college enrollment (Courtney, Dworsky, and Pollack 2007; Kerman, Barth, and Wildfire 2004). More research is needed on the potential benefits of extending care past age 18, particularly in light of the state option to extend care under the Fostering Connections to Success and Increasing Adoptions Act of 2008.

The evaluation of the Outreach program also adds to the body of research identifying the challenges facing foster youths making the transition to adulthood. Nearly two-fifths of the youths in the evaluation did not yet have a high school diploma or GED by the time they were 19. Fewer than half were employed at that time and their earnings were on average well below the poverty line. Additionally, about two-fifths of the young women had been pregnant between ages 17 and 19. In terms of educational attainment, employment, and pregnancy, the youth involved in the evaluation of Outreach services, regardless of whether they were in the Outreach or control group, fared worse than 19 years olds generally (Courtney et al, 2005). Efforts should be redoubled to identify and rigorously evaluate various approaches to improving outcomes for foster youths making the transition to adulthood.

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Appendix A

Evaluation Methodology and Challenges

Introduction

The main source of data for identifying program impacts comes from interviews with foster youths. To create the evaluation sample, we obtained names of eligible youths and randomly assigned each youth to either Outreach or control. Our original target was to interview 250 youths at the baseline; however intake was halted in March 2007 with a total of 203 youths randomly assigned and 194 interviewed in the baseline.³⁴

Each respondent was asked to participate in an initial interview as well as two follow-up interviews, with expected first and second follow-up retention rates of 85 percent and 80 percent, respectively. Each follow-up interview was to take place approximately one year after the previous interview with that respondent. Cases were made eligible for interviewing for the next follow-up 11 months after their initial or first follow-up interview.

A small number of respondents completed the initial interview but did not complete the first follow-up interview. These respondents were promoted to the second follow-up despite not having completed their first follow-up interview. In order to keep these respondents on a schedule similar to their peers, they were promoted to the second follow-up if they had received the first follow-up interview within 23 months after their initial interview. Youths who completed baseline and second follow-up interviews but missed the first follow-up interview are referred to as “wave skippers.”

Below we provide detail about creating the sample, including the source of the sample, the random assignment process, the ways the evaluation affected DCF procedures, response and retention rates, and explanations of out-of-scope determination. This is followed by a description of the fielding of the survey. Finally, this discussion concludes with a review of the challenges faced fielding the survey as part of the evaluation of Outreach.

Outreach Sample

Sample Overview. The Outreach analysis sample consists of 194 youths who were in an intensive foster care placement, had a goal of independent living or long term substitute care, and were referred to Outreach by their caseworker. Youths were referred to NORC in pairs as they were identified by DCF caseworkers. One youth would be randomly assigned to treatment (Outreach) and the other to control. The assignment was returned to DCF and the Outreach youths were referred to the program for service. Occasionally, siblings were referred for random assignment. Siblings are likely more homogenous than randomly selected youths; thus, their inclusion would not provide full power. To avoid this diminution of power, only one sibling was allowed to be in the study. In cases where two siblings were referred at the same time, one sibling was randomly selected to be in the study and be assigned to either Outreach or control.

³⁴ Due to the theft of a laptop computer of the interview study team with identifying information about the study youths, DCF decided to halt intake into the study. The stolen laptop had been equipped with state-of-the-art encryption software. Study youths were notified of the laptop theft and provided free subscription to LifeLock, an identity theft protection service. To date, there have been no reports of attempts to use the identities of any study youths.

All siblings were treated the same in terms of being offered Outreach or not, but only one would be interviewed and included in the evaluation. Similarly, occasionally multiple youths were referred from the same placement. Their assignment was handled in the same fashion as siblings.

Table A.1 indicates that the majority (54 percent) of selected youths entered the sample when they were 17 years old, with another 30 percent age 16. Approximately 15 percent were 18 (or older).

Age	Frequency	Percent
15	1	<1
16	58	29.9
17	105	54.1
18	24	12.4
19	5	2.6
20	1	<1

We allowed DCF to follow its normal activities in referring youths to the program and did not exclude any youths (except siblings as described above). However, a youth’s status can change rapidly and frequently, especially placements, so that the original information would no longer be valid. As a result, we had to rely on the interviewers to ascertain if any out-of-scope conditions had been met. All situations identified by interviewers were confirmed with DCF before removing the sampled youths from the study. Outreach and control group youths were treated the same when determining sample eligibility, and there is no evidence of differential treatment. The out-of-scope conditions were:

- being re-united with parent;
- having a caregiver who is legal guardian;
- living outside Massachusetts or the immediate surrounding area;
- on runaway status for at least 3 consecutive months; or
- being mentally incapable of completing an interview.

Response and Out-of-Scope Rates

We originally anticipated a 90 percent response rate and planned to receive 278 referrals in order to complete 250 interviews. As noted above, intake was halted after 203 referrals. Data collection far exceeded our expected response rates. We completed 194 baseline interviews with nearly 98.5 percent of the in-scope sample. Youths were very cooperative and interested in participating as evidenced by the very small number of refusals (2). One gatekeeper, that is the caregiver who provided access to the youth, refused to allow their youth to be interviewed.³⁵

³⁵ The distinction between youth refusals and caregiver refusals is murky. When caregivers told interviewers that the youth refused to do the interview, the interviewer tried to get the youth to indicate this to her directly, because caregivers frequently did not speak accurately for the youths. In cases where the caregiver would not allow us to speak with the youths, we coded the case as a gatekeeper refusal.

Response rates do not differ much between Outreach and control groups with all in-scope Outreach youths interviewed and all but 3 in-scope control youths interviewed. Cases determined to be out of scope after sample-intake constitute 3 percent of the total sample. Two youths had been reunited with their parents and four youths had been on runaway status for at least 3 consecutive months.

TABLE A.2. ADOLESCENT OUTREACH PROGRAM SAMPLE			
	Outreach	Control	Total
Completed cases	97	97	194
Non-interviews			
Youth refusal	0	2	2
Gatekeeper refusal	0	1	1
Total in-scope	97	100	197
Response rate	100.0	97.0	98.5
Out-of-Scope (OOS)			
Runaway status	2	2	4
Reunited/legal guardian	1	1	2
Total out-of-scope	3	3	6
Total sample	100	103	203
Out-of-scope rate	3.0	2.9	3.0

Retention in Follow-up Interviews

Since most of the sample was 16 or 17 years old, we expected most youths to still be in care at the first follow-up interview. Also, since Massachusetts allows youths to stay in care until age 23, we expected to find a significant proportion still in care at the second follow-up. Despite this, we faced a number of challenges in following the sample, including changing placements, reunifications, and runaways, which will be described later in this appendix. In both follow-ups we exceeded our original target retention rates, interviewing over 93 percent of the baseline respondents at the first follow-up and over 92 percent at the second follow-up.

TABLE A.3. ADOLESCENT OUTREACH PROGRAM SAMPLE RETENTION			
	Outreach	Control	Total
Interviewed at baseline	97	97	194
Interviewed at first follow-up	88	93	181
Percent of Interviewed at baseline	90.7	95.9	93.3
Interviewed at second follow-up	88	91	179
Percent of Interviewed at baseline	90.7	93.8	92.3
Second follow-up non-interviews			
Youth refusal	3	3	6
Runaway status and other non-locatable	1	1	2
Out of area	3	0	3
Incarcerated	1	2	3
Other	1	0	1

Fielding the Youth Survey

Recruiting and Training Interviewers

Initially one interviewer worked the Massachusetts sample with the local field manager providing back-up when a sizable number of referrals came in. The field manager also served as the local liaison for the evaluation team, working with staff at DCF. The two were trained in September 2004 and the first cases were released. Very early in the study we realized that referrals would come very slowly and there was little need for back-up. We shifted management to the same person managing the California sites. Later, when more than one round was in the field at one time, we added a second interviewer. However, after the baseline period was complete, we again reduced our staff to one interviewer. Periodically, when a sizable number of cases accumulated, the California field manager would travel to Massachusetts to help complete cases, and to help locate youths.

Advance Letters

Each respondent received an advance letter before being approached to participate in the study. Similar letters were drafted and sent to each youth's foster care provider or parent as appropriate. This advance letter included the following information:

- introduction to the study and its purpose;
- description of the involvement of NORC, the Urban Institute, and Chapin Hall;
- explanation of how respondents were selected;
- emphasis on the importance of their participation;
- summary of the study's confidentiality procedures;
- description of the respondent payment; and
- contact information for arranging an interview or obtaining more information.

Approximately one month before each youth's first follow-up interview, 11 months after the baseline interview, a new advance letter reminded the youths of the upcoming follow-up interview and summarized important information about the study. Parental advance letters for the second follow-up, only sent to parents or guardians of respondents under age 18, were slightly different for foster parents and for biological parents with whom the youths had been reunited.

Advance letters for the second follow-up interview contained information similar to the first follow-up advance letters. To simplify the process, the foster parent and biological parent letters were consolidated into one version. As with the first follow-up, the second follow-up advance letters were mailed approximately one month before the second follow-up interviews.

Interviewing Priority

For Outreach youths, the goal was to interview them before Outreach services began, which would likely have an impact on baseline measures. Interviewers received new cases on a flow basis. Outreach group youths were given “interview-by” dates two weeks after the case was given to the interviewer. Control youths were given “interview-by” dates that were four weeks after the assignment date. Given the low flow of new cases, this distinction proved mostly irrelevant.

Field Period

Baseline interviewing took place from September 2004 through March 2007. First follow-up interviews were released to be worked 11 months after the case was completed in the baseline. Second follow-up interviews were released to be worked 11 months after the first follow-up interview was completed. For youths who missed the first follow-up, their second follow-up interview was attempted 23 months after their baseline interview. The final interview was completed in March 2009.

Respondent Payments

Youths were offered gift cards as incentives to participate in the survey. Youths were given a \$30 gift card for the baseline interview and a \$50 gift card for each of the follow-up interviews. Deviations from these amounts were not allowed, although some nonmonetary gifts such as \$5 Starbucks gift cards were provided when a youth was particularly inconvenienced. If a telephone interview was conducted with the youth on a cell phone, we reimbursed the youth for the cell phone charges.

Telephone Interviews

No telephone interviews were allowed for the baseline interview. After the initial interview, some respondents moved out of the immediate area including entering the military. In cases where a respondent no longer lived in Massachusetts or within reasonable driving distance (about two hours from the field interviewer’s home), telephone interviews were considered for the follow-up interviews. Telephone interviews were authorized by the field manager and project staff only after careful consideration of the respondent’s distance from existing field staff and other considerations, including whether or not the respondent might be returning to or visiting Massachusetts. Only a small number of interviews were conducted by phone (table A.4).

Follow-up Round	Outreach	Control	Total	% of All Interviews
First	5	3	8	4.4
Second	4	6	10	5.6

Incarcerated Respondents

Incarcerated youths present a difficult challenge to maintaining high response rates for follow-up interviews. Youths in prison are particularly difficult to make contact with and their communications are both tightly restricted and often monitored. We did not encounter any incarcerated youths until the second follow-up. At that point, a decision was made not to pursue gaining access to these youths. Fortunately, only three youths were not interviewed due to incarceration. Some incarcerated youths were interviewed after their release. It is possible, even likely, that some of the youths who were not located were in jail or prison.

StudentTracker Postsecondary Education Data

We obtained records of postsecondary enrollment and graduation status for youth in the study from the StudentTracker service of the National Student Clearinghouse (NSC). The Clearinghouse is a repository of enrollment information from participating educational institutions across the country, and includes both two-year and four-year colleges. Participating schools provide the Clearinghouse with enrollment and graduation records of its students. We obtained this information on youths in the study who had enrolled in educational institutions between August 2002 and October 2009.

We requested records for all youths who participated in the baseline interview using first and last names and also social security numbers in most cases (we did not have social security numbers for a small number of youth). The StudentTracker service provided the research team with enrollment and graduation information for all youth identified in the data. It is likely that most youth who did not appear in the StudentTracker data were not enrolled in post-secondary educational institutions in the selected years. However, potential data limitations may underestimate enrollment among youths in the study. First, although the StudentTracker data contain records from most two- and four-year colleges, it is possible that a youth in the study may have enrolled in a non-participating institution, from which we would not have records. Second, participating institutions supply their records to the StudentTracker service. If educational data are incomplete or delayed we may miss some students. Third, if for some reason a social security number or other piece of identifying information is mis-recorded in the data, we may not locate youth from the study. Fortunately, while the net effect would underestimate enrollment and graduation status in the sample, we would expect these conditions to affect youth in Outreach and the control group equally. We therefore have no reason to expect a differential impact for the Outreach versus control group youths that would affect our impact estimates.

Evaluation Challenges

The Massachusetts evaluation faced only minor challenges in fielding the youth survey.

Low Number of Referrals

DCF records did not provide enough information to make an adequate assessment of how long it would take to accumulate the 278 youths required for the study. In particular, Outreach had never before been available to youths in intensive foster care, so it was unclear how many youths

would qualify over time. Crude estimates suggested that 18-24 months might be a realistic time frame to accumulate the sample.

As it turned out, referrals came at a very slow pace with long periods without any referrals. Sample intake had already been in progress for nearly 30 months when it was halted in early 2007. The lengthy intake period meant the evaluation was exposed to some programmatic changes - contractual mandates for IFC providers to provide life skills training 2 hours per week (discussed in Chapter Two). It also meant that youths would enter the labor market at potentially different times in the business cycle; the youths who entered the sample in the later part of the intake period would have had lower opportunity to acquire skills and job tenure when the economy began to slow in 2008.

Imposing on Established Procedures at DCF

A second challenge was in making the random assignment work within the framework of established DCF procedures. Our goal was to interfere with their procedures as little as possible in order to evaluate the program as it routinely operates and to minimize the burden of participating in the evaluation. For the Outreach program, the only significant change was that they had to generate two referrals for every opening on a worker's caseload. They then held back starting services with treatment youths until an interview could be completed when they would typically contact the youth right away.

Adherence to the Random Assignment

Controlling the random assignment for Outreach was facilitated by good monitoring at DCF. In addition, DCF staff was interviewed by The Urban Institute to obtain service receipt information for each youth. Control youths were effectively kept from receiving Outreach services. However, over the course of the evaluation several control youths were found to be in precarious situations that could benefit from Outreach services. In general, these youths were helped in some way to keep them safe, but were not usually supplied with Outreach services specifically.

The Foster Care Population

Foster care is characterized by frequent and rapid placement changes. This presented several challenges to conducting the evaluation:

- In the baseline round, youths could quickly move out of scope, which we would not discover until an interviewer made contact with the youth.
- Invalid addresses made getting advance information about the study to the youths problematic.
- After gaining cooperation from a caregiver in one round, the process might have to be repeated with a new caregiver in subsequent rounds, including biological parents if the youth was reunited.

- Many youths had to be located at follow-up interviews. These youths were highly mobile while in care as well as after exiting care. At the time of a follow-up interview, they had left their placement and the caregiver likely did not know the youth's whereabouts. This was especially true when the youths left the child welfare system.
- Placement changes could be upsetting to foster youths. Also, new placements involve a settling-in period. If a change was recent, we sometimes found it difficult to engage a youth to conduct an interview as the youth might be working through various emotions. These situations could be exacerbated by mental and behavioral problems, which tend to be more prevalent in foster youths than adolescents as a whole.
- The holidays from Thanksgiving through New Year's Day can be an emotional time for foster youths who are away from their families. In order to avoid upsetting a youth around this time, interviewing was halted between mid-November and mid-January for youths still in care.

The Interviewing Process

Timing of Baseline Interview. One challenge was to get interviews completed before service began so that it could not influence baseline responses. For Outreach, the goal was to interview the youths before the Outreach worker made contact with the youth. With the low number of referrals, it was rarely difficult to complete an interview within a short time period after the case was assigned.

Gaining Consent to be Interviewed. Youths were generally quite cooperative; however, we usually had to gain access to the youths through their caregivers. During the baseline when all youths were in care, foster parents and relatives could not legally prevent us from connecting with the youths; however, many felt they had that right.

When youths were reunited with their biological families, we faced a new set of challenges. Many parents were antagonistic toward the child welfare system for having taken their child away. These feelings led to mistrust of anything related to the child welfare system, including our evaluation. Furthermore, parents either did not think the survey was relevant given that the youth was no longer in foster care or felt that the youths should not answer questions that caused them to relive their time away from home. Gaining the cooperation of biological parents was not often required but proved an additional challenge to the interviewers.

Appendix B

Impact Study Scale Items

TABLE C.1. SUMMATIVE SCALE ITEMS

Scale	Items
Delinquency	<p>Summative scale comprised of the following 15 items. In the past 12 months, have you:</p> <ol style="list-style-type: none">1) Been loud, rowdy, or unruly in a public place so that people complained about it or you got in trouble?2) Been drunk in a public place?3) Avoided paying for things such as movies, bus, or subway rides, food, or clothing?4) Been involved in a gang fight?5) Carried a hand gun?6) Purposely damaged or destroyed property that did not belong to you?7) Purposely set fire to a house, building, car, or other property or tried to do so?8) Stolen something from a store or something that did not belong to you worth less than 50 dollars?9) Stolen something from a store, person or house, or something that did not belong to you worth 50 dollars or more including stealing a car?10) Committed other property crimes such as fencing, receiving, possessing or selling stolen property, or cheated someone by selling them something that was worthless or worth much less than what you said it was?11) Attacked someone with the idea of seriously hurting them or have a situation end up in a serious fight or assault of some kind?12) Sold or helped sell marijuana (pot, grass), hashish (hash) or other hard drugs such as heroin, cocaine or LSD?13) Been paid cash for having sexual relations with someone?14) Received anything in trade for having sexual relations, such as food or drugs?15) Had or tried to have sexual relations with someone against their will?
Social and Instrumental Support	<p>Summative scale of the standardized responses to the following seven questions. How many different people:</p> <ol style="list-style-type: none">1) Can you count on to invite you to go out and do things?2) Can you talk to about money matters like budgeting or money problems?3) Give you useful advice about important things in life?4) Give you help when you need transportation?5) Can you go to when you need someone to listen to your problems when you're feeling low?6) Can you go to when you need help with small favors?7) Would lend you money in an emergency?

TABLE C.1. SUMMATIVE SCALE ITEMS

Scale	Items
Preparedness	<p>Overall preparedness was specified as a summative scale comprising the 18 items listed below. Youths were asked to judge how prepared they felt to accomplish each task. Possible response options included “very prepared” (4), “somewhat prepared” (3), “not very well prepared” (2), and “not at all prepared” (1). Job preparedness, which was specified as a summative scale, comprised items 2, 11, and 12.</p> <p>How prepared do you feel</p> <ol style="list-style-type: none">1) To live on your own?2) You are to get a job?3) You are to manage your money?4) You are to prepare a meal?5) To maintain your personal appearance?6) To obtain health information?7) To do housekeeping?8) To obtain housing?9) To get to places you have to go?10) In educational planning?11) To look for a job?12) To keep a job?13) To handle an emergency?14) To obtain community resources?15) In interpersonal skills?16) In dealing with legal problems?17) In problem solving?18) In parenting skills?