

ASSESSMENT OF OUTCOMES OF INDEPENDENT LIVING FINAL REPORT

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THE CENTER FOR FAMILIES AND
FAMILY WELFARE RESEARCH AND TRAINING GROUP AT
THE UNIVERSITY OF MARYLAND SCHOOL OF SOCIAL WORK**

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Executive Summary

Purpose and Background

New legislation represented by the 1999 Foster Care Independence Act expands resources to Independent Living Programs serving youth in transition from out-of-home care to adulthood. As program administrators decide how best to use these newly available resources, it is important to understand how young adults are doing after leaving out-of-home care.

The purpose of this project was to provide information on the outcomes of young adults who left out-of-home care in Baltimore City. Choice of outcomes was guided by the federal legislation in collaboration with Baltimore City Department of Social Service staff. The outcomes of interest included educational achievement, employment status, homelessness, parenthood, life skills, health risk behavior and criminal activity.

Methodology

A single cross-sectional study was conducted to assess the outcomes of a cohort of 186 young adults who left the out-of-home care of the Baltimore City Department of Social Services between October 1, 1999 and September 30, 2000. Administrative data related to employment and public assistance was collected for the 186 young adults. A computer-assisted self-administered interview was also used to collect outcome data related to self-sufficiency including: educational attainment, employment, housing, parenthood, life skills, health care access, health risk behavior, drug abuse, and criminal activity. Of the 171 young adults eligible for the interview, 46 (26.9%) were unable to be located for an interview, 15 (8.8%) were non-responsive, 7 (4.1%) refused to participate, and 103 (60.2%) participated in the interview.

Summary of Findings

- **Education:** Results of the study indicated that two-thirds of the young adults had at least a high school education or equivalent and over a quarter had some college education.
- **Employment:** Most of the young adults have worked since leaving care, and more than half have been employed for at least an average of ten months.
- **Income Levels:** Administrative data indicated that the average income was below the poverty guidelines for 2001.
- **Homelessness:** Over a quarter had experienced homelessness. Findings also suggested that homelessness was related to higher levels of stress and lower levels of perceived social support.

- **Early Parenthood:** More than half of the young adults reported having fathered or given birth to a child. Three percent of those who reported parenthood were married at the time of their first child's birth.
- **Health Care Access:** Almost two-thirds of the young adults interviewed reported that they have health insurance to cover physical and/or mental health care.
- **Criminal Activity:** Over a third of the young adults reported having an incident of arrest or conviction before the age of 18. Another third reported ever being incarcerated or detained in a jail, prison, or juvenile detention facility.

Conclusions

Descriptive findings of this study are similar to those from other studies of independent living outcomes. The cross-sectional design of this project prevented examination of causal relationships between outcomes and explanatory domains. The strengths of the study included the collaboration between the researchers and program staff and the use of administrative data on the total population of youth who left care in combination with a personal interview. The low response rate for the interview component of the study limits the generalizability of study findings. Nevertheless, findings suggest that young adults may benefit from support in the following areas as they transition from out-of-home care to adulthood: housing, education, and employment. In addition, the findings provide additional support for the assertion that social support systems, both familial and peer, may play critical roles during this

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Section I. Introduction

A. Background

At any given time, more than a half a million children live in foster care, most as a result of the abuse or neglect they experienced (U.S. Department of Health and Human Services, 2003). According to the Adoption and Foster Care Analysis and Reporting System (AFCARS), 89,632 (17%) of youth in substitute care were aged 16 or older in 2001 (U.S. Department of Health and Human Services, 2003). Of the 263,000 children and youth exiting foster care in fiscal year 2001, 22% (58,258) were 16 or older. In this same period, emancipation was the exit outcome for 32,309 (12.3%) of these youths. These youth represent an important subgroup of the out-of-home care population because they are in particular jeopardy of experiencing negative outcomes (Collins, 2001) due to the challenges they face to secure resources and opportunities needed to lead stable and productive lives.

The transition from adolescence to adulthood is a stressful period of development for youth in general, but can be particularly challenging for youth who have experienced out-of-home care. In addition to the physical, emotional, and social changes associated with this turbulent period, youth in transition from foster care often are confronted with the overwhelming realization that they are primarily responsible for the own well-being, a prospect for whom many are ill-equipped. Compared to their non-foster care peers, youth in regular foster care placements are more likely to perceive that they will have to support themselves with full-time employment, and anticipate no financial support from the families with whom they lived during care (Iglehart, 1995). For foster care youth, the expectation of self-sufficiency can be especially daunting without appropriate supports and preparation to find employment, housing, continued education, and health services.

Studies of youth exiting care indicate many are ill prepared for self-support in terms of education and employment (George, Bilaver, Lee, Needell, Brookhart, & Jackman, 2002; Iglehart, 1995; McMillen & Tucker, 1999). In a comparison of the readiness for independent living between youth in foster care, kinship care, and non-foster care, Iglehart (1995) found that foster care youth were more likely to report performing below grade level in school and to express concern about their future.

Of the few outcome studies that have been conducted, findings indicate that as adults, youth who transition from out-of-home care are at risk of negative outcomes including: underemployment (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Cook, 1991), low educational attainment (Barth, 1990; Festinger, 1983; Cook, 1991; Courtney et al., 2001), homelessness, (Courtney et al., 2001), early parenthood (Cook, 1991), criminal activity, (Courtney et al., 2001) and mental health problems such as depression (Barth, 1990) and psychological distress (Courtney et al., 2001). Using an overall assessment of serious challenges faced by young adults 12-18 months after care, Courtney et al. (2001) found that 37% of their sample had experienced at least one of the

following negative outcomes: homelessness, physical victimization, sexual assault, rape, or incarceration.

Recent changes to federal law governing independent living services address such concerns, increasing federal support of programs that facilitate youths' transition from foster care to independent living. In 1999, The Foster Care Independence Act (H.R. 3443) was passed which doubles federal funding for the Independent Living Program to a total of 140 million dollars a year. Under the new legislation, States are required to match 20% of the federal monies designated for the Independent Living Program. Established under Title 1 of the new legislation, the John H. Chafee Foster Care Independence Program designates support to adolescents during the particularly vulnerable transition from adolescence to adulthood, between the ages of 18 to 21. Youth are now eligible to receive both preparatory services before leaving care such as help with daily living skills, budgeting, employment and education, and financial help with such necessities as housing and health care after leaving care.

In addition to the added resources now available under the Chafee Foster Care Independence Program, states are required to report the "the number and characteristics of young people receiving services; and the type and quantity of services being provided" (National Foster Care Awareness Project, 2000). In addition, outcome measures have been identified to assess states' performance in the delivery of independent living services including "educational attainment, employment, avoidance of dependency, homelessness, non-marital childbirth, incarceration, and high-risk behaviors" (National Foster Care Awareness Project, 2000. p. 21).

B. Project Overview

In preparation for the implementation of the John H. Chafee Foster Care Independence Act, the Baltimore City Department of Social Services (BCDSS) requested assistance in developing baseline data related to outcomes of educational achievement, avoidance of dependency, homelessness, parenthood, health risk behavior, and criminal activity. Of particular interest was whether children leaving foster care for independent living successfully achieved self-sufficiency. This project developed baseline data and a methodology that can be used by the BCDSS to assess outcomes of youths leaving foster care in the future.

Through collaboration between the University of Maryland Center for Families and the Family Welfare Research and Training Group, The University of Maryland School of Social Work (SSW) assessed outcomes of children leaving foster care. In order to make this evaluation most useful to BCDSS administration and program staff, the implementation of this project was guided by a work group comprised of SSW staff and representatives within BCDSS who met monthly to discuss the progress of the project. Work group discussions resulted in the following decisions and accomplishments:

1) Identification of the target population for study

- The study cohort includes all young adults who left the care of BCDSS between 10/01/99 and 9/30/00 (federal fiscal year 2000) and who were between the ages of 18 and 21 at the time of their case closure. A master list of individuals who left care was obtained from the Family Welfare Research and Training Group. A sub-sample of young adults was invited to participate in a computerized self-report interview.

2) Selection of outcome measures

- The implementation work group identified the following outcomes of interest: educational achievement, employment status, non-marital childbirth, homelessness, life skills, high-risk behavior and criminal activity. Explanatory domains of interest included level of global stress, sources of social support, spirituality and neighborhood conditions.

3) Development of a computer-assisted interview

- SSW staff developed, tested, and piloted a computer-assisted self-interview. The advisory group reviewed the interview and provided feedback which was incorporated into the interview including changes to question order and wording and the addition of practice questions.

4) Development of tracking strategies

- Extensive efforts were employed to locate and contact study participants for whom no current contact information was available. Following phone calls and home visits to last known addresses, searches were performed of the following services: telephone directory assistance and web-based phone and address search engines (i.e. Searchbug, Yahoo People Search). In addition, at the advice of the advisory group, SSW staff contacted former workers of both participants and their siblings, and reviewed approximately 60 closed case records to attain contact information. Through their access to the Maryland Motor Vehicle Administration records and current TCA/MA recipients, Baltimore City DSS staff provided additional contact information. In the instances where family members indicated that a study participant was currently incarcerated, efforts were made to verify this information by contacting the Maryland inmate locator service.

C. Special Challenges:

The interview recruitment process was delayed from original projections because of difficulties by BCDSS in developing lists of eligible participants. In addition, the process of tracking study participants took longer than expected. To facilitate the successful completion of the project, a no-cost extension of the

Outcomes of Independent Living project was approved by BCDSS to allow SSW an additional six months to collect data on the status of young adults who left out-of-home care.

Section II. Evaluation

A. Process Evaluation

Several strategies were used to track and evaluate the process of project implementation.

- a. Notes were taken during meetings to record decisions and were distributed to both the advisory group and implementation group members.
- b. A management information system was developed to track the recruitment process including efforts to contact study participants and interview completion.
- c. Accomplishments were recorded on a work plan and summarized in quarterly and annual reports.

B. Outcomes Evaluation

1. Research Design

A single cross-sectional research design was used to collect outcome data from a sample of young adults who left out-of-home care. The study setting was a large urban child welfare agency in Baltimore, Maryland.

2. Sample

The sample universe includes 189 youth aged 18 years or older who left foster care or kinship care between October 1, 1999 and September 30, 2000, and who did not reenter the child welfare system. Three study participants, who were deceased at the time of recruitment, were excluded from the study. Administrative data for 186 young adults was collected. Due to infeasibility of interviewing institutionalized individuals, fifteen young adults determined to be hospitalized (N=1) or incarcerated (N=14) were excluded from the interview sample. Of the 171 young adults eligible for the computer-assisted interview, 103 (60.2%) were interviewed, 7 (4.1%) refused, 15 (8.8%) were non-responsive, and 46 (26.9%) were unable to be located. Of the 125 young adults able to be located, 82.4% were interviewed.

Of the 186 study participants, 94 (50.5%) were formerly placed in a foster care home, 63 (33.9%) were in purchase of care, and 29 (15.6%) were in restricted relative placement (kinship care). The small size of those in the restrictive relative placement group precludes analyses to test whether there are differences in the achievement of

successful outcomes between children served by different service programs prior to discharge.

Table 1 presents demographic data for three samples: the 186 young adults for whom administrative data was collected, the 171 individuals eligible for the computer-assisted interview, and the 103 respondents to the interview.

Demographics for Total Sample (N=186)

For the total sample of 186 young adults, the following demographic data is available: gender, ethnicity, and placement type prior to exit. The total sample is evenly divided between males (49.5%) and females (50.5%). The majority of young adults were African American (89.8%). Fifty percent of the total sample was placed in a foster care home prior to exit. See Table 1 for more information about the demographics of the total sample.

Demographics for Interview Sample (N=171)

For the sample of young adults who were eligible for the interview (N=171), the following demographic data is available: gender, ethnicity, and placement type prior to exit. Due to the ineligibility of young adults who are incarcerated or institutionalized, all of whom were male, the gender breakdown is 54.4% females and 45.6% males. The majority of participants were African American (88.9%) and 48.5% were placed in a foster care home prior to exit. (Refer to Table 1).

Demographics of Interview Participants (N=103)

Of the 103 eligible study participants, the majority were female (65.0%), African American (91.3%), and never married (87.4%). The ratio of males to females is significantly different from the larger sample of N=186 with more females represented ($\chi^2=19.443, p<.0005$). The ages of study participants ranged from 19.84 to 24.50 years (M=21.94, SD=1.29). Almost half (49.5%) were placed in a foster care home prior to exit (Refer to Table 1).

Table 1. Demographic characteristics by sample

Characteristic	Administrative Data Sample		Total Eligible for Interview Sample		Interviewed Sample	
	(N=186)		(N=171)		(N=103)	
	N	%	N	%	N	%
Gender						
Male	92	49.5	78	45.6	36	35.0
Female	94	50.5	93	54.4	67	65.0

Race						
African American	167	89.8	152	88.9	94	91.3
Caucasian	14	7.5	14	8.2	5	4.8
Hispanic American	1	.5	1	.6	0	0.0
Mixed	4	2.2	4	2.3	4	3.9
Marital Status						
Never Married	Data not available		Data not available		90	87.4
Married	Data not available		Data not available		11	10.7
Separated					2	1.9
Placement Type Prior To Exit						
Kinship Care	27	14.5	24	14.0	17	16.5
Foster Care Home	93	50.0	83	48.5	51	49.5
Purchase of Care	66	35.5	64	37.4	35	34.0

3. Procedure

a. Data Collection Methods

Two sources of data were used to collect information about the young adults: 1) administrative data related to avoidance of dependency 2) and a self-administered computer assisted interview designed to collect demographic data, as well as data related to both explanatory and outcome domains not available from the administrative data (See Appendix B for a table of data elements organized by data source).

1. Administrative Data

Analysis of employment and public assistance participation was based on data available from the Client Automated Resource and Eligibility System (CARES) and the Maryland Automated Benefits System (N=186). Administrative data was collected regarding Temporary Assistance for Needy Families (TANF) participation including the young adults' receipt of Temporary Cash Assistance (TCA), Food Stamps, Medical Assistance, Transitional Emergency, Medical and Housing Assistance (TEMHA) and Emergency Assistance since leaving care. In addition, employment data was obtained from the Maryland Automated Benefits System including: quarterly earnings, and the industry of the employer for which the young adult worked.

2. Computer-assisted Interview

The selection of outcome and explanatory domains for the computer-assisted interview was conducted by the advisory work group and guided by the Chafee legislation. Data was collected on the following key outcomes: educational achievement, employment status, parenthood, homelessness, life skills, health risk behaviors, and criminal activity. Explanatory domains investigated include perceived levels of social support, spirituality, perception of neighborhood, and global life stress.

- **Recruitment Procedures for Computer-assisted Interview**

Eligible participants were mailed a letter describing the project and inviting them to participate in the computer-assisted interview. Study participants were offered a choice to interview at one of three locations: their home, the Center for Families' research office located in downtown Baltimore, or the BCDSS Biddle Street location. Within a few days of mailing the letters, SSW staff followed up with a phone call to schedule the interview at which time further explanation of the project's purpose, as well as answers to any questions the potential study participant had, were provided. For further information regarding recruitment procedures and interview implementation, refer to the Interview Coordinator's Manual (Appendix C).

b. Measures

1. Administrative Data

Avoidance of Dependency was measured with aggregate data about employment, income, income assistance and public benefits. Quarterly data was available for each young adult between the time they left care and December 2001. Quarters are defined as the following: 1st quarter January – March; 2nd quarter April – June; 3rd quarter July – September; 4th quarter October – December. In some instances, data was also collected specifically for the 4th quarter of 2001 and for the month of December 2001.

Length of Independent Living. For the administrative data analyses, length of independent living was defined as the number of months between foster care case closure and December 2001. The number of days between date of case closure and December 31, 2001 was computed. Then, the number of months was calculated by dividing the number of days by 30.42¹. Depending on when young adults left the Baltimore City Department of Social Services (BCDSS) foster care system, the length of independent living ranged between 15 and 27 months. The average length of independent living was 20 months (M= 20.51, SD= 3.21).

- **Outcome Domains**

Employment. For each quarter between the foster care closure date and December 2001, the young adult's employment status was coded "0" for "unemployed-income=\$0" or "1" for "employed—income >\$.01".

¹ 30.42 days = 365 days/ 12 month, indicating that there is an average of 30.42 days per month

Type of employment was categorized by the Standard Industry Classification Level 1 codes (most general level):

- 0=Agriculture, Forestry, and Fishing
- 1=Mining and Construction
- 2=Manufacturing-Nondurable (ex. carpets and rugs)
- 3=Manufacturing-Durable (ex. medical supplies)
- 4=Transportation, Communication, Utilities, Sanitation
- 5=Wholesale and Retail Trade
- 6=Finance, Insurance, and Real Estate
- 7=Services-Personal (ex. auto repair, employment agency)
- 8=Services-Organizational (ex. Health services, nursing)
- 9=Public Administration, and Non-Classifiable Establishments (ex. Non-profit organization or association).

Income. For each quarter that the young adult was employed, the amount of their quarterly earnings was collected as a continuous variable. Average earnings per quarter were recoded to the following ranges:

- \$.01 – 500.00
- \$500.01 – 1000.00
- \$1000.01 – 2000.00
- \$2000.01 – 3000.00
- \$3000.01 – 4000.00
- \$4000.01 – 5000.00
- \$5000.01 – 6000.00
- \$6000.01 – 7000.00
- \$7000.01 – 8000.00
- \$8000.01 – 9000.00
- \$9000.01 – 10000.00

Temporary Cash Assistance (TCA). For each months since leaving care, the young adults' receipt of TCA benefits was coded "0" for "no TCA" and "1" for "TCA", and "99" for "data not available for that time period".

Food Stamps (FS). For each month since leaving care, the young adults' receipt of Food Stamps was coded "0" for "no FS" and "1" for "FS", and "99" for "data not available for that time period".

Medical Assistance (MA). For each month since leaving care, the young adults' receipt of Medical Assistance was coded "0" for "no MA" and "1" for "MA", and "99" for "data not available for that time period".

Transitional Emergency, Medical, and Housing Assistance (TEMHA). For each month since leaving care, the young adults' receipt of TEMHA benefits was coded "0"

for “no TEMHA” and “1” for “TEMHA”, and “99” for “data not available for that time period”.

Emergency Assistance (EA). For each month since leaving care, the young adults’ receipt of Emergency Assistance benefits was coded “0” for “no EA” and “1” for “EA”, and “99” for “data not available for that time period”.

2. Computer-assisted Interview

The computer-assisted interview included a combination of individual questions and standardized scales to assess the following outcomes of interest: employment status, educational achievement, homelessness, non-marital childbirth status, life skills attainment, high-risk behavior, and criminal activity.

- **Outcome Domains**

Employment Status. Information gathered regarding the young adults’ employment status included: whether they are currently working, how many full-time and/or part-time jobs they hold, the number of hours per week they work, how many jobs they have held for at least 3 consecutive months, monthly income, and sources of income in the past 12 months.

Educational Achievement. Study participants were asked to report their highest grade completed, highest level of certification received (i.e. high school diploma, vocational certification, college degree), and whether they were currently enrolled in an educational program. Individuals with less than a 12th grade education were asked whether they have obtained a GED or vocational certification.

Homelessness. Information related to the young adults’ current living arrangement was collected. Individuals who indicated current homelessness or living in a homeless shelter were asked how long they have been homeless or living in a shelter. All interviewees were asked if they have experienced homelessness or living in a homeless shelter since leaving care, and if so, for how long.

Parenthood. Information was collected on whether or not the young adults had fathered, or given birth to a child. Young adults who indicated they were married were asked whether or not they were married at the time of the child’s birth.

Life skills. The Ansell-Casey Life Skills Assessment (ACLSA) (Ansell-Casey Family Program, 2001) was used to evaluate the respondents’ life skills attainment in six domains: daily living tasks, housing and community resources, money management, self-care, social development, and work and study habits. Respondents used a 3-point Likert scale to rate their response (1=Not like me, 2=Somewhat like me, 3= Very much like me). Raw scores, mastery scores, and performance scores were calculated for both the

total assessment and for each domain. Due to the relative newness of ACLSA IV, information about its psychometric properties was not available.

Access to Health Care. Questions about access to health care were designed for the study. Respondents were asked to identify the health care services they use most often when they are sick, and when they seek preventive care. Questions were asked about whether their access to health care has changed since leaving care, and if so, whether this change was related to health insurance. The young adults were also asked if they have health insurance.

Health Risk Behavior. Prevalence estimates (the percent of young adults participating in health risk behavior) were measured by the National College Health Risk Behaviors Survey (NCHRBS) (U.S. DHHS, Center for Disease Control and Prevention, 1995). Respondents were asked to report the frequency with which they have participated in injury-related behaviors (i.e. not worn seatbelts or helmets, driven while intoxicated, carried weapons, participated in physical fights, attempted suicide), used tobacco or alcohol, and practiced unsafe sexual intercourse.

Substance Abuse. Questions from the NIMH Diagnostic Interview Schedule – Version III – Revised (DIS-III-R) (Robins, Helzer, Cottler, & Goldring, 1989) were used to assess the caregivers' history of drug use and their current drug use. Questions related to type of drugs used, drug use frequency, and level of dependency.

Criminal Activity. The extent of the young adults' participation in criminal activity was assessed by two questions. The first regarded whether the individual has ever had any incident of arrest or conviction before the age of 18. The second question asks whether the individual has ever been incarcerated or detained in a jail, prison, or juvenile detention facility.

Requested Services. The young adults were asked if they have requested services from BCDSS since leaving care related to: employment support, educational support, budget and money management, health, housing, legal issues, cultural and recreational activities, counseling and support, Temporary Cash Assistance (TCA), and daycare.

Outcome Domains Composite Score. A composite score was created to obtain a global picture of how young adults are doing since leaving out-of-home care. The composite includes seven domains: work status, high school education, advanced education (enrollment or completion of college or vocational training), early parenthood, homelessness, drug use, and criminal activity. The participant received a "1" for all "yes" answers and a "0" for all "no" answers. The last four domains were reverse coded so that higher scores on the composite indicate more positive outcomes. Composite scores range from 0 to 7.

- **Explanatory Domains**

Social Support. The Social Support Behaviors Scale (SS-B) (Vaux, Riedel, & Stewart, 1987) was used to measure the respondent's perceived availability of social support from family and friends. The SS-B is comprised of 45 items reflecting five functions of social support including emotional, socializing, practical assistance, financial assistance, and advice/guidance. Respondents were first asked the questions as they relate to their family and then were asked the same questions again with respect to their friends.

Respondents rated the likelihood that the family member or friend would provide support based on prior experience using a 5-point Likert scale (1= no one would do this to 5 = most family members/friends would certainly do this). A total SS-B score was computed for both family and friends by summing across all 45 items for each. Five subscales scores were also computed by summing the relevant items for each subscale. Higher scores indicate higher perceived social support. The authors report the SS-B family and friend support scales have adequate internal consistency reliability (.90 and .89 for an African American sample, respectively, and .86 and .83 for a white sample, respectively) (Vaux, Riedel, & Stewart, 1987).

An additional question was designed for the study to assess whom the respondent considers as family members. This question was asked prior to the SS-B and respondents were directed to consider these individuals in answering the items related to family.

Spirituality. The Revised Spiritual Experience Index (SEI-R) (Genia, 1997), a measure of spiritual maturity is comprised of 23 items reflecting two subscales, Spiritual Support and Spiritual Openness. Thirteen items are summed to create the spiritual support subscale, a measure of the extent to which the individual derives "sustenance and support" from their faith; ten items reflect the Spiritual Openness subscale which measures the individual's "receptive attitude toward new spiritual possibilities" (Genia, 1997). The respondents rated the extent to which they agree with each item using a 6-point Likert scale (1= strongly disagree to 6 = strongly agree). A total SEI-R score was computed by summing across all 23 items after reverse scoring four negatively stated items. Higher scores for the SEI-R indicate higher spiritual maturity, spiritual support and spiritual openness. The author of the SEI-R reports high internal consistency reliability for the total scale (.89). Internal reliability is high for the spiritual support subscale (.95), and moderate for the spiritual openness subscale (.79) (Genia, 1997).

Perception of Neighborhood. The Perceived Neighborhood Scale (PNS) (Martinez, Black, & Starr, 2002) was used to measure the respondent's perception of their neighborhood. The PNS includes 34 items comprised of four subscales: social embeddedness, sense of community, satisfaction with neighborhood and perceived crime and signs of disorder. According to Martinez, Black, and Starr (2002), social embeddedness represents "formal or informal linkages that residents develop and frequency of social interaction among neighbors". Sense of community is a dimension reflecting "feelings of membership and belongingness, trust and mutual influence, and shared socio-emotional ties with others in the neighborhood". Satisfaction of neighborhood is "a cognitive-affective dimension" that assesses the respondents'

perception of the “physical environment as meeting their needs and goals and their use of available local resources”. The perceived crime subscale assesses the extent to which the respondent views “threat and occurrences of crime and perceptions of social disorder in the residential environment” (Martinez, Black, & Starr, 2002).

The respondents rated the extent to which they agree with each item using a 5-point Likert scale. After reverse coding, higher scores for the social embeddedness, sense of community, and satisfaction with neighborhood subscales indicate positive perception for these dimensions, and lower scores for the perceived crime and signs of disorder subscale indicate a positive perception for this dimension. The authors of the PNS report high internal consistency reliability for the subscale ranging from .80 to .91 (Martinez, Black, & Starr, 2002).

Since the PNS was originally designed to be used with parents of young children, the interview flow was modified to allow respondents with no children to skip out of questions specifically addressing parenthood. In addition, the wording of one item was changed from “It’s safe for my child to play outside” to “It’s safe for children to play outside” to allow all individuals with or without children to answer.

Stress. The Perceived Stress Scale—selected items (PSS-10) was used to measure respondents’ perceived global life stress (Cohen, Kamarck, & Mermelstein, 1983). The PSS includes 10 items for which the respondent rates the level of stress experienced in the last month using a 5-point Likert scale (0 = never to 5 = very often). A total PSS score is computed by summing across all 10 items after reverse scoring four positively stated items. A high PSS score indicated higher perceived stress. Authors report that the internal consistency reliability of the PSS-10 is adequate (alpha coefficient = .78) (Cohen & Williamson, 1988).

c. Data Analysis Plan

Descriptive analyses including chi square tests of independence and independent *t* tests were used to examine the outcomes and explanatory data collected.

4. Results

▪ Outcome Domains of Administrative Data (N=186)

Employment Status

Employment data was available for 170 (91.4%) of 186 individuals in the sample. No employment data was available for 16 individuals. Of the 170 for whom employment data was available, 150 (88.2%) were employed for varying lengths of time between case closure and the 2001 4th quarter, while 20 individuals (11.8%) never worked since leaving care. The number of quarters these individuals were employed ranged from 1 and 9 quarters with an average of 4 quarters (M= 4.30, SD= 2.26). Fifty-nine individuals (39.3%) worked less than 50% of the time since leaving care. Ninety-one individuals

(60.7%) had been employed at least half of the time since they left foster care. Of these 91, one-third (32.9%) individuals worked throughout the entire period of time since leaving care.

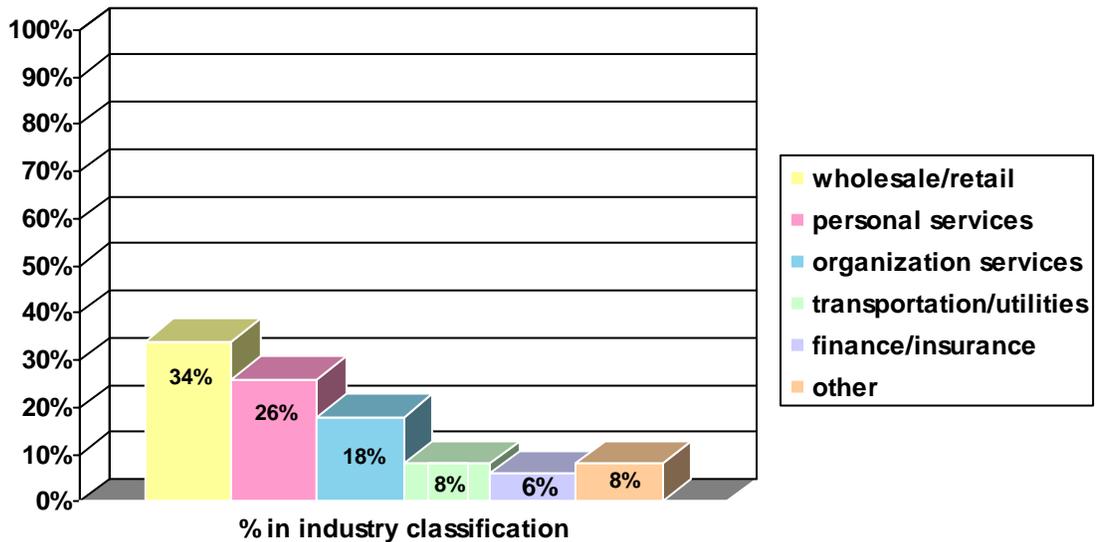
Table 2 describes the number of jobs held during the 2001 4th quarter. Eighty individuals (53.3%) had a minimum of one job. Seventy people (46.7%) were unemployed during this same period.

Table 2. Number and percent of young adults by number of jobs in 2001 4th quarter

Number of jobs	N (%)
0	70 (46.7%)
1	57 (38.0%)
2	21 (14.0%)
3	2 (1.3%)
Total	150 (100.0%)

The 80 young adults who were employed during 2001 4th quarter worked in a variety of industrial sectors. Figure 1 describes the percent of young adults working in various occupational sectors.

Figure 1. Industry classification of employed young adults



Earnings

Administrative data on earnings was available for 150 of the 186 young adults. Between case closure and the 2001 4th quarter, average earnings per quarter (3-month period) ranged from \$20.56 to \$9,157.12 (M= \$1,704.67, SD= 1645.36). Table 3 presents the number and percent of young adults that fall in ranges of average earnings per quarter. Of the 150 people who were employed between their case closure and 2001

4th quarter, 106 individuals (70.6%) earned \$2,000 or less on average per quarter, which was approximately \$667 per month. Earnings for 2001 4th quarter (N= 80) ranged from \$22.00 to \$13,445.00 (M= 2663.21, SD= 2497.23).

Five cases have income values with standard scores greater than three indicating that they are outlying values. Analysis of income data after excluding these five values shows that the average earnings per quarter ranged from \$20.56 and \$7652.41 (M=1526.12, SD=1333.32). After this adjustment, the estimated average earning per month was \$508.71.

Table 3. Number and percent of young adults by average earnings

Average earnings per quarter	N (%)
\$.01 – 500.00	35 (23.3%)
\$500.01 – 1000.00	27 (18.0%)
\$1000.01 – 2000.00	44 (29.3%)
\$2000.01 – 3000.00	21 (14.0%)
\$3000.01 – 4000.00	10 (6.7%)
\$4000.01 – 5000.00	4 (2.7%)
\$5000.01 – 6000.00	5 (3.3%)
\$6000.01 - 7000.00	1 (0.7%)
\$7000.01 – 8000.00	2 (1.3%)
\$8000.01 – 9000.00	0 (0.0%)
\$9000.01 – 10000.00	1 (0.7%)
Total	150 (100.0%)

Temporary Cash Assistance (TCA) (N=186)

Of the 186 young adults, 146 (78.5%) did not receive TCA between case closure and December 2001. Forty young adults (21.5%) received TCA between case closure and December 2001. The number of months these individuals received TCA ranges between 1 and 25 months with an average of 12 months (M= 12.28, SD= 6.67) (See Table 4).

Table 4. Number of young adults by months receiving TCA since leaving care

Number of months TCA received	N (%)
1 –7 months	11 (27.5%)
8 – 11 months	9 (22.5%)
12 – 17 months	11 (27.5%)
18 – 25 months	9 (22.5%)
Total	40 (100.0%)

Of these 40, 26 people (65.0%) received TCA for at least half of the time since leaving foster care (See Table 5).

Table 5. Receipt of TCA by months of independent living

	Number of month living independently		Total
	15-20 months	21-27 months	
No TCA	82	64	146
Yes TCA	< 50% of the time	9	5
	≥ 50%	12	14
Total	103	83	186

$\chi^2=1.381, p=.501$

During December of 2001, 162 young adults (87.1%) did not receive TCA, while 24 (12.9%) did.

Food Stamps (FS) (N=186)

Between case closure and December 2001, 114 individuals (61.3%) did not receive food stamps. Seventy-two young adults (38.7%) received food stamps between case closure and December 2001. The number of months that these individuals received food stamps ranged from 1 to 26 months with an average of 11 months (M= 11.55, SD= 6.52).

Table 6. Number of months receiving food stamps since leaving care

Number of months Food Stamps received	N (%)
1 – 5 months	19 (26.4%)
6 – 12 months	19 (26.4%)
13 – 18 months	23 (31.9%)
19 – 26 months	11 (15.3%)
Total	72 (100.0%)

Of these 72, 39 people (54.2%) had received food stamps at least half of the time after they exited the foster care (See Table 7).

Table 7. Receipt of food stamps by months of independent living

	Number of month living independently		Total
	15-20 months	21-27 months	
No FS	67	47	114
Yes FS	< 50% of the time	17	17
	≥ 50%	19	20
Total	103	83	186

$\chi^2=1.431, p=.489$

In December 2001, 145 people (78.0%) did not receive FS in December 2001, while 41 people (22.0%) did.

Medical Assistance (MA) (N=186)

Between case closure and December 2001, 168 people (90.3%) received MA. Eighteen young adults (9.7%) did not receive MA between case closure and December 2001. The number of months these individuals received MA ranged from 1 to 26 months with an average of 11 months (M= 11.34, SD= 6.74) (See Table 8).

Table 8. Number of months receiving MA since leaving care

Number of months MA received	N (cumulative %)
1 – 5 months	41(24.4%)
6 – 12 months	58 (34.5%)
13 – 18 months	40 (23.8%)
18 – 26 months	29 (17.3%)
Total	168 (100.0%)

Of these 168 individuals, 98 (68.3%) had received MA at least half of the time since they left foster care (See Table 9). Twenty-seven (16.1%) of these 168 individuals received MA throughout the entire period of time since leaving care.

Table 9. Receipt of MA by months of independent living

	Number of month living independently		Total
	15-20 months	21-27 months	
No MA	12	6	18
Yes MA	< 50% of the time	38	32
	≥ 50%	53	45
Total	103	83	186

$\chi^2 = 1.029, p = .598$

Data on the receipt of MA in December 2001 was available for 185 individuals. Of these, 125 people (67.2%) did not receive MA in December 2001, while 60 people (32.3%) did.

Transitional Emergency, Medical and Housing Assistance (TEMHA)²

Between case closure and December 2001, 182 people (97.8%) did not receive TEMHA. 4 people (2.2%) received TEMHA between case closure and December 2001.

² Transitional Emergency, Medical and Housing Assistance program (TEMHA) assists adults disabled for three months or more with the cost housing and personal needs. It is what is left of the old General Assistance to Adults program.

The number of months these individuals received assistance ranged from 4 to 13 months (See Table 10).

Table 10. Number of months receiving TEMHA since leaving care

Number of months TEMHA received	N
4 months	1
5 months	1
6 months	1
13 months	1
Total	4

Of these 4, 1 person received the TEMHA more than half of the time since exiting out-of-home care (See Table 11).

Table 11. Receipt of TEMHA by months of independent living

	Number of month living independently		Total
	15-20 months	21-27 months	
No TEMHA	102	80	182
Yes TEMHA	< 50% of the time	1	2
	≥ 50%	0	1
Total	103	83	186

χ² not valid do to 66.7% of cells with expected count less than 5.

In December 2001, 185 individuals (99.5%) did not receive TEMHA in December 2001, while 1 person (0.5%) did.

Emergency Assistance (EA) (N=186)

Between case closure and December 2001, 174 individuals (93.5%) did not receive EA. Twelve young adults (6.5%) received EA between case closure and December 2001. The number of months these individuals received assistance was 1 month. Of these 12, none had received the EA more than half of the time since they exited foster care (See Table 12). No one received Emergency Assistance in December of 2001.

Table 12. Receipt of EA by months of independent living

	Number of month living independently		Total
	15-20 months	21-27 months	
No EA	97	77	174
Yes EA	< 50% of the time	6	12
	≥ 50%	0	0
Total	103	83	186

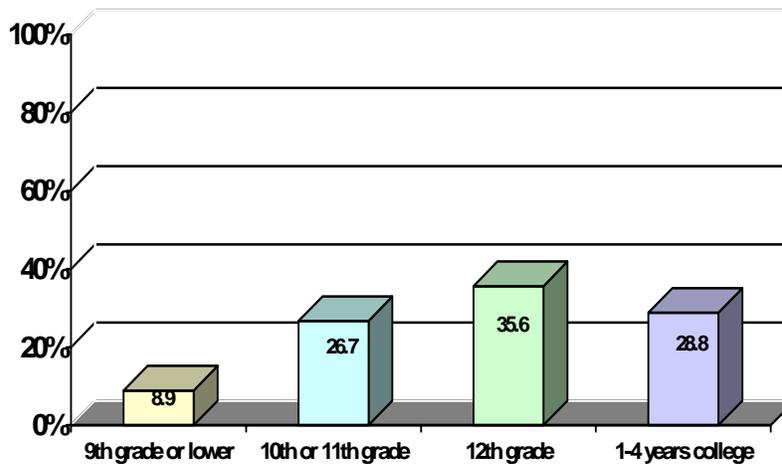
$\chi^2=.0150, p=.698$

▪ **Outcome Domains of Interview Data (N=103)**

Educational Attainment

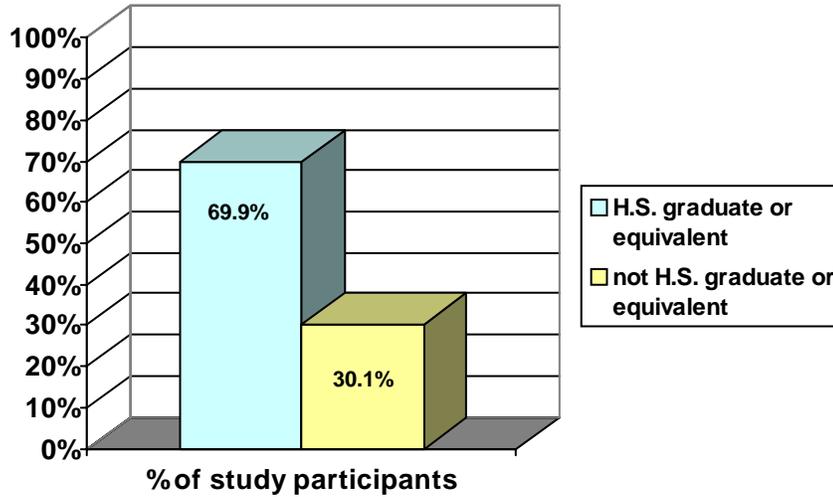
Figure 2 presents the highest level of school that the young adults report completing. Information was missing for two of the interview participants.

Figure 2. Percent with highest grade of school completed (N=101)



The majority of young adults are high school graduates or equivalent (See Figure 3).

Figure 3. Percent of young adults who are high school graduates (N=103)



Thirty-three study participants (32.0%) report current enrollment in an educational program. Figure 4 describes the type of educational programs in which the young adults report being enrolled.

Figure 4. Status of current enrollment in educational program

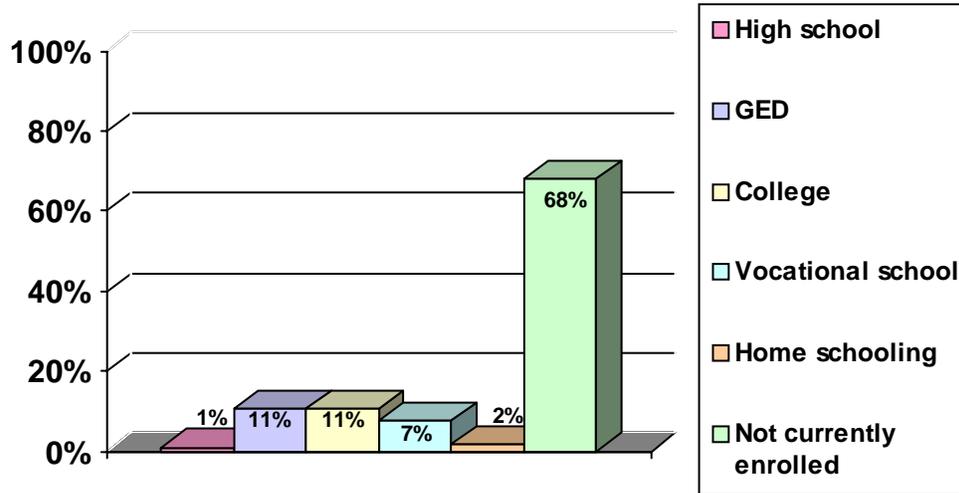


Table 13 presents a comparison of current enrollment in educational programs between high school graduates and those who have not graduated from high school.

Table 13. Educational level by enrollment in educational program

H.S. graduate or equivalent	Currently enrolled in educational program			
		Yes	No	Total
	Yes	20 (19.4%)	52 (50.5%)	72 (69.9%)
No	13 (12.6%)	18 (17.5%)	31 (30.1%)	
Total	33 (32.0%)	70 (68.0%)	103 (100%)	

$$\chi^2=1.995, p=.158$$

Of the seventy-two high school graduates, eleven (15.3%) reported current enrollment in college. Of the 31 young adults who do not have a high school diploma or equivalent, over one-third (35.5%) reported current enrollment in a GED program.

Of the 103 young adults, 29 (28.2%) of the young adults were either enrolled in or had completed advanced education including college, vocational training or home schooling.

Employment

Fifty-five young adults (53.4%) reported currently working for pay, while 48 (46.6%) were not employed at the time of the interview. Of the 55 employed participants, 39 (70.9%) reported having a full-time job, 11 (20.0%) reported having a part-time job, and 5 (9.1%) reported having both full-time and part-time work. The length of employment ranged from 0 to 48 months with an average of 11.29 months (SD=11.17). The number of hours worked per week ranged from 3 to 94 with an average of 40.40 hours (SD=15.36). Two cases had outlying values (standard scores ± 3). The mean number of hours after excluding both outlying values was 38.45 (11.77).

In order to estimate the level of job stability, the young adults were asked how many jobs (full-time or part-time) they have held for at least three consecutive months (See Table 14). More than 92% of the total population has held at least one job for a minimum of 3 consecutive months.

Table 14. Number and percent of respondents reporting employment for minimum of 3 consecutive months

# of Jobs	# of participants	% of sample
0	8	7.8
1	30	29.1
2	23	22.3
3	28	27.2
4	6	5.8
5	7	6.8
10	1	1.0
Total	103	100.0

Table 15 describes the work status of those currently enrolled in an educational program.

Table 15. Work status by enrollment in educational program

Currently working	Currently enrolled in educational program		
	No	Yes	Total
No	34 (33.0%)	14 (13.6%)	48 (46.6%)
Yes	36 (35.0%)	19 (18.4%)	55 (53.4%)
Total	70 (68.0%)	33 (32.0%)	103 (100%)

$\chi^2=.341, p=.560$

Income Level

The reported monthly earnings (N=99³) ranged from \$30.00 to \$4000.00 with a mean monthly income level of \$809.45 (SD=\$733.01). The median monthly income of \$600 is reported, which is uninfluenced by outlying values. After excluding two cases with outlying values⁴, reported monthly income (N=97) ranged from \$30.00 to \$2900.00 with a mean monthly income level of \$750.71 (SD=\$611.12).

Table 16 presents the results of an independent t test performed to compare income level (excluding outlying values) of high school graduates or equivalent (N=50) versus those who have not graduated from high school (N=17). Of those not currently enrolled in an educational program, high school graduates reported significantly higher earnings than those who have not graduated from high school.

Table 16. Independent t test comparing income of H.S. graduates and Non-H.S. graduates not currently enrolled in an educational program (n=67)

Group		N	Mean (SD)	t-value	2-tailed significance	Mean Difference
H.S. graduate	Yes	50	827.96 (688.00)	-2.993	.004	393.55
	No	17	434.41 (364.63)			

Similarly, in comparing the income level of young adults who reported current enrollment in an educational program, earnings of high school graduates were significantly higher than those of non-graduates (See Table 17).

Table 17. Independent t test comparing income based on educational level and current enrollment in an educational program (n=30⁵)

Group		N	Mean (SD)	t-value	2-tailed significance	Mean Difference
H.S. graduates	Yes	19	947.21(602.31)	-2.443	.021	398.21
	No	11	549.00(286.61)			

³ Income data missing for 4 cases

⁴ Outliers defined as values with standard scores ± 3

The young adults were also asked to report the sources of income they received in the last 12 months. Table 18 below describes the percent of young adults reporting each type of income source.

Table 18. Percent of young adults reporting source of income received in past 12 months

	%
Money from job	74.8
Child support	6.8
TANF	13.6
Food stamps	35.0
WIC	24.3
Medical Assistance	34.0
Social Security	2.9
SSI	4.9
Unemployment benefits	5.8
Emergency grants	3.9
MEAP	6.8
Government training (ex. Job Corps)	1.9
Money from friends or family	20.4
Other (for example—food pantry, church, daycare voucher)	6.8

Housing Situation

Table 19 describes the current living arrangements of the young adults at the time of the interview.

Table 19. Number and percent of young adults by current living arrangement

	#	%
On my own	37	35.9
Shared housing with friend or roommate	10	9.7
With spouse, partner, or boyfriend/girlfriend	17	16.5
With biological parent	13	12.6
With adoptive parent	1	1.0
With foster parent	1	1.0
With a friend's family or relative (not in foster care)	12	11.7
With relatives who are also foster parents	4	3.9
In a group home or residential facility	1	1.0
Homeless	2	1.9
Other (for example—dormitory; family members)	5	4.9
	103	100.0

For the 101 individuals reporting a place to live, 69.3% did not report living in public housing or Section 8 housing, while 31 (30.7%) did report living in public housing or Section 8 housing. The young adults were asked to report the number of moves they

have experienced since leaving care. The number of moves range from 0 to 10 with an average of 2.52 (2.15).

Homelessness

Twenty-eight of the 103 study participants (27.2%) reported experiencing homelessness since leaving care. More than half (57.1%) of the young adults reporting homelessness, indicated that they were homeless for more than 1 month. Thirteen study participants (12.6%) reported that they have lived in a homeless shelter since leaving care, of which 12 were included in the 28 reporting homelessness above. More than half (53.8%) of the 13 young adults, indicated that they lived in a homeless shelter for 3 nights or fewer. Only two (15.4%) had lived in a homeless shelter for more than 1 month.

Parenthood

Fifty-nine (57.3%) of the study participants reported having fathered or given birth to a child. Of the female study participants, over two-thirds (70.1%) have given birth to at least one child. One third (33.3%) of the male study participants have fathered a child. Two of the 59 study participants (3.4%) who reported parenthood were married at the time of their first child's birth. Three additional participants (5.1%) reported being married at the time of one of their subsequent child's birth.

The 59 young adults have given birth to or fathered 91 children. The number of children per participant ranged from one to six with an average of 1.54 children (SD=.88). Males and females did not differ in the number of children they have given birth to or fathered ($t=1.301, p=.198$). The age at which the young adults had their first child ranged from 14.59 to 24.28 years with an average of 18.63 years (SD=2.09 years).

Table 20 presents the age ranges of young adults at the time of their first child's birth.

Table 20. Number and percent of young adults by age ranges at time of first child's birth

Age range	Frequency	Percent	Cumulative Percent
14 or younger	2	3.4	3.4
15-17	20	33.9	37.3
18-19	20	33.9	71.2
20-24	17	28.8	100.0
Total	59	100.0	

The age at which males and females had their first child differed (See Table 21). The average maternal age at first birth was 18.24 (SD=1.99) while the average paternal age at first birth was higher at 20.17 (SD =1.81).

Table 21. Independent t test comparing parent age and gender (n=59)

Group	N	Mean (SD)	t-value	2-tailed significance	Mean Difference
Females	47	18.24 (1.99)	-3.049	.003	-1.932
Males	12	20.17 (1.81)			

Life Skills—ACLSA IV

Raw Scores

The raw score for each domain and total scale of the Ansell Casey Life Skills Assessment for young adults (Version IV) is presented in Table 22. The total possible raw score for the ACLSA IV is 378. For the interview sample (N=100), the total raw scores range from 208 to 378 with an average of 311.50 (SD=41.49). For each domain raw score, the mean scores have been adjusted for varying numbers of items in the subscales by dividing the subscale total score by the number of items (mean scores range from 1-3).

Table 22. Mean raw scores for ACLSA IV domains and total score

Domain raw scores	Mean	Standard Deviation
Daily living tasks	2.33	.324
Housing and community resources	2.47	.397
Money management	2.34	.462
Self-care	2.69	.360
Social development	2.48	.397
Work and study habits	2.55	.423
Total raw score	2.47	.329

Mastery Score

The mastery score represents the percentage of questions for each section and for the total that are answered at the highest possible level. Table 23 presents the average mastery score for each domain and for the total mastery score.

Table 23. Average mastery scores for ACLSA IV

Domain	%
Daily living tasks	53.50
Housing and community resources	62.00
Money management	53.96
Self-care	76.11
Social development	57.55
Work and study habits	65.70

Total mastery score

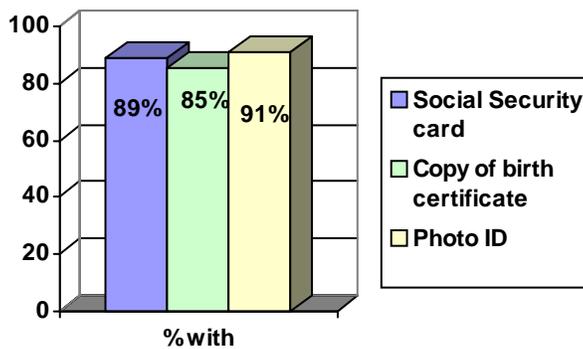
61.17

Performance Score

The ACLSA IV has twelve performance items that assess the young adults' practical knowledge. The performance score is the percentage of performance items answered correctly by the young adult. For N=100, the performance scores ranged from 25% to 100%, with the average performance score equal to 85.75%.

The young adults were asked to report whether or not they have three forms of personal documentation: social security card, copy of birth certificate, and photo id. Figure 5 presents the percentage of young adults reporting that they do have these types of documentation.

Figure 5. Self-reported personal documentation



Health Care Access

Ninety young adults (87.4%) indicated that there is at least one place to which they usually go when they are sick or need advice about their health (See Table 24). The majority reported seeking health care services from a clinic or health center, or a doctor's office or HMO. Table 25 describes the kind of health care facility to which the young adults reported going usually for routine preventive care, such as a physical examination or a check-up.

Table 24. Type of health care facility gone to most often when sick⁵ (N=90)

Type of health care facility	#	%
Clinic or health center	40	44.4
Doctor's office or HMO	27	30.0
Hospital emergency room	12	13.3
Hospital outpatient department	7	7.8
Other	2	2.2
Do not go to one place most often	2	2.2
Total	90	99.9

⁵ For young adults who reported that they go to only 1 place, the place they go is reported

Table 25. Type of health care facility gone to usually for preventive care (N=103)

Type of health care facility	#	%
Clinic or health center	47	45.6
Doctor's office or HMO	33	32.0
Hospital emergency room	4	3.9
Hospital outpatient department	6	5.8
Do not go to one place most often	2	1.9
Do not get preventive care	11	10.7
Total	103	99.9

Sixty-five young adults (63.1%) reported having health insurance to cover physical and/or mental health care. Sixty-three young adults (61.2%) reported that since leaving care they have changed the place to which they usually go for health care. Of these 63 individuals, 40 indicated that the reason for the change was related to health insurance. Thirteen of these 40 young adults, approximately one-third (32.5%), reported not having health insurance.

Health Risk Behavior

Tables 26, 27, and 28 describe the young adults' participation in health risk behavior as measured by the CDC's 1995 College Health Risk Behavior Survey. The survey provides prevalence estimates—the percent of young adults engaging in health risk behavior. Table 26 describes behaviors that may result in injuries to self or others (intentional or unintentional).

Table 26. Percent of young adults who reported injury-related behaviors

	N	%
Rarely or never used seat belts when riding in a car	103	14 (13.6)
Rarely or never used seat belts when driving a car ^{1,2}	64	5 (7.8)
Ever rode a motorcycle in past 12 months ²	102	12 (11.8)
Never wore a helmet when riding a motorcycle in past 12 months ³	12	1 (8.3)
Ever rode a bicycle in past 12 months ²	102	49 (48.0)
Never or rarely wore a helmet when riding bicycle in past 12 months ⁴	49	44 (89.8)
Went boating or swimming in past 12 months	103	45 (43.7)
Drank alcohol when boating or swimming in the past 12 months ⁵	45	9 (20.0)
Rode in a vehicle after drinking alcohol ⁶	103	31 (30.1)
Drove a vehicle after drinking alcohol ⁶	103	13 (12.6)
Carried a weapon (such as a gun, knife, or club) ^{6,7}	103	16 (15.5)
Carried a gun ^{6,7}	103	3 (2.9)
Participated in physical fight ⁸	103	28 (27.2)
Participated in physical fight with a total stranger ⁸	28	13 (46.4)
Participated in physical fight with a friend or someone they know ⁸	28	11 (39.3)
Participated in physical fight with a boyfriend, girlfriend or date ⁸	28	5 (17.9)
Participated in physical fight with spouse or domestic partner ⁸	28	6 (21.4)
Participated in physical fight with parent, sibling, or family member ⁸	28	5 (17.9)
Participated in physical fight with other person (ex. co-worker) ⁸	28	3 (10.7)
Injured in physical fight and had to be treated by a doctor or a nurse ⁸	28	8 (28.6)
Seriously considered attempting suicide ⁸	103	14 (13.6)
Made a plan about how they would attempt suicide ⁹	14	8 (57.1)
Actually attempted suicide ¹⁰	8	4 (50.0)
Attempted suicide resulting in injury, poisoning, or overdose that had to be treated by a doctor or nurse ¹¹	4	2 (50.0)
¹ Thirty-eight young adults reported that they do not drive a car ² One young adult did not respond to item ³ Asked of young adults who indicated riding a motorcycle in the past 12 months ⁴ Asked of young adults who indicated riding a bicycle in the past 12 months ⁵ Asked of young adults who indicated boating or swimming in the past 12 months ⁶ During the 30 days preceding the survey ⁷ Not including carrying a weapon for job-related reasons. ⁸ During the 12 months preceding the survey. ⁹ Asked only of young adults who considered attempting suicide ¹⁰ Asked only of young adults who indicated that they made a plan about how they would attempt suicide ¹¹ Asked only of young adults who indicated they actually attempted suicide		

Table 27 describes the young adults' self-reported use of tobacco and alcohol.

Table 27. Percent of young adults who reported tobacco and alcohol use

	N	%
Ever tried cigarette smoking	103	68 (66.0)
Ever smoked a whole cigarette ¹	68	58 (85.3)
Smoked in the past 30 days ²	58	45 (77.6)
Smoked one or more cigarettes ³	45	40 (88.9)
Smoked regularly ³	45	37 (82.2)
Ever tried to quit smoking ⁴	37	29 (78.4)
Used smokeless tobacco ³	103	7 (6.8)
Ever drank alcohol	103	79 (76.7)
Drank at least one drink ³	79	50 (63.3)
Drank 5 or more drinks of alcohol in a row, within a couple of hours ⁵	50	25 (50.0)
¹ Asked only of young adults who indicated ever trying cigarette smoking		
² Asked only of young adults who indicated ever smoking whole cigarette		
³ During the 30 days preceding the survey.		
⁴ Asked only of young adults who indicated regular cigarette smoking		
⁵ Asked only of young adults who indicated having at least 1 drink in past 30 days		

Table 28 describes the young adults' self-reported sexual behavior.

Table 28. Percent of young adults who reported sexual health risk behavior

Sexual behaviors	N	%
Ever had sexual intercourse	103	96 (93.2)
Six or more sex partners during lifetime ^{1,2}	95	47 (49.5)
Six or more sex partners in past 3 months ¹	96	6 (6.3)
Had sexual intercourse in past 30 days ³	89	80 (89.9)
Never or rarely used condom during past 30 days ⁴	80	40 (50.0)
Condom use during last sexual intercourse ¹	96	37 (38.5)
Drank alcohol or used drugs before they had sexual intercourse the last time ¹	96	13 (13.5)
No method used by them or partner to prevent pregnancy the last time they had sexual intercourse ¹	96	43 (44.8)
Ever were pregnant or got someone pregnant ¹	96	74 (77.1)
Ever were physically forced to have sexual intercourse against their will ¹	96	23 (24.0)
Ever had blood tested for AIDS virus/HIV infection ¹	96	84 (87.5)
¹ Asked only of young adults who indicated they ever had sexual intercourse		
² One young adult did not respond to item		
³ Asked only of young adults who indicated they had sexual intercourse in past 3 months		
⁴ Asked only of young adults who indicated they had sexual intercourse in past 30 days		

As reported in Table 28, 23 young adults indicated experiencing forced sexual intercourse at some point in their lives. Table 29 presents the young adults' ages at the first time and the last time that they experienced forced sexual intercourse.

Table 29. Age of young adults at first and last time they experienced forced sexual intercourse

Health risk behavior	N	Age				
		≤ 4 yrs	5-12 yrs	13-14 yrs	15-16 yrs	≥17 yrs
First time forced to have sexual intercourse against will	23	3 (13.0)	10 (43.5)	4 (17.4)	5 (21.7)	1 (4.3)
Last time forced to have sexual intercourse against will	23	1 (4.3)	10 (43.5)	0 (0.0)	5 (21.7)	7 (30.4)

The young adults were asked to report the age they first participated in each of the health risk behaviors. Table 30 presents the ages of initiation.

Table 30. Age of initiation by type of health risk behavior

Health risk behavior	N	Age				
		≤ 12 yrs	13-14 yrs	15-16 yrs	17-18 yrs	≥19 yrs
First smoked a whole cigarette ¹	58	19 (32.7)	12 (20.7)	11 (19.0)	12 (20.7)	4 (6.9)
First smoked regularly ²	37	10 (27.0)	4 (10.8)	4 (10.8)	13 (35.1)	6 (16.2)
First drank alcohol ³	79	15 (19.0)	9 (11.4)	19 (24.0)	20 (25.3)	16(20.3)
First had sexual intercourse	96	16 (16.7)	21 (21.9)	41 (42.7)	14 (14.6)	4 (4.2)

Drug Abuse

Of the 103 young adults interviewed, 53 (51.5%) reported ever using at least one drug (not including alcohol). The age at initiation of drug use ranged from 10 to 23 years (M = 15.33 years, SD= 2.73 years) (N=51⁶). Of the 53 young adults reporting lifetime drug use, forty (75.5%) reported that they had used drugs more than five times. Table 31 describes the number of respondents reporting drug use more than five times in their life by the type of drug used. All forty young adults who reported ever using at least one drug more than five times reported using marijuana. Table 32 describes the level of drug use self reported by the young adults interviewed.

Table 31. Young adults' self-report of type of drug used more than five times

Type of Drug	#	(N=40)	%
Marijuana	40		100.0
Stimulants	1		2.5
Sedatives	2		5.0
Cocaine	2		5.0
Crack	0		0.0
Heroin	2		5.0
Opiates	0		0.0
Methadone	0		0.0
PCP	1		2.5
Psychedelics	1		2.5
Inhalants	0		0.0

⁶ Age at first drug use data missing for 2 respondents

Table 32. Self-report level of drug use/abuse by respondents reporting use of drugs more than five times

Level of Drug Use	N	# (%) Responding Yes
Reported using drugs almost everyday for 2 weeks or more	40	31 (77.5%)
Reported ever spending great deal of time using drugs, getting drugs, or getting over their effects	34	12 (35.3%)
Reported ever using much larger amounts of a drug than they intended to, or for more days in a row than intended	34	9 (26.5%)
Reported ever feeling dependent on any drugs or being unable to keep from using them	34	7 (20.6%)
Reported ever trying to cut down on any drugs but couldn't	34	11 (32.4%)
Reported ever getting tolerant to any drugs	34	8 (23.5%)
Reported that stopping or cutting down on drugs made them sick or gave them withdrawal symptoms	34	4 (11.8%)
Reported having any health problems (ex. overdose, persistent cough, seizure) as a result of taking any drugs	34	5 (14.7%)
Reported that drug use caused them considerable problems with their family, friends, on the job, at school, or with the police	34	10 (29.4%)
Reported that they have had emotional or psychological problems from using drugs	34	7 (20.6%)
Reported that they have given up or greatly reduced important activities in order to use a drug	34	5 (14.7%)
Reported that they have been under effects of a drug in a situation where it increased their chances of getting hurt	34	5 (14.7%)
Reported that they have talked to a doctor about problems that they were having with drugs	34	7 (20.6%)
Reported that they have talked with other professionals about problems they were having with drugs	34	1 (3.7%)
Reported that they have spent time in a detoxification unit or hospital to get treatment for drug problems	34	3 (8.8%)
Reported that they have participated in an outpatient drug treatment program to get help with drug problems	34	6 (17.6%)

Criminal Activity

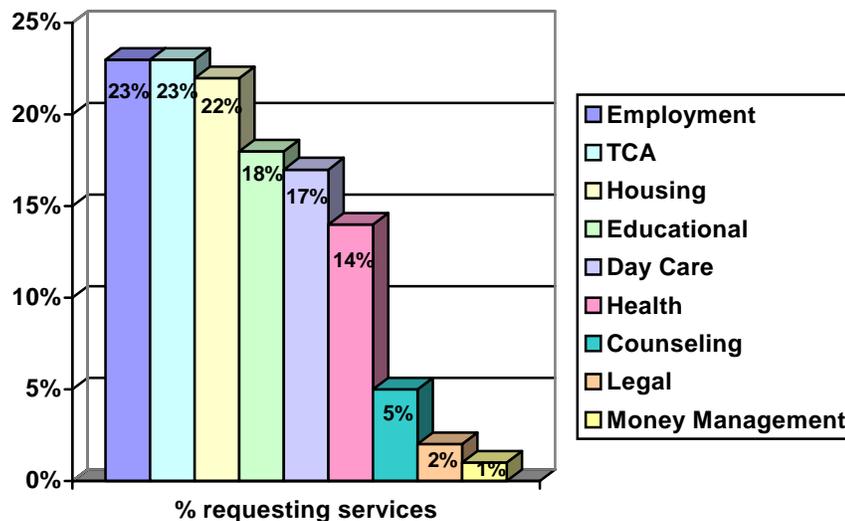
Thirty-seven (35.9%) of the 103 persons interviewed reported having an incident of arrest or conviction before the age of 18. Sixty-four percent of the 103 persons interviewed reported never having any incident of arrest or conviction before the age of 18. Thirty-four individuals (33%) reported ever being incarcerated or detained in a jail, prison, or juvenile detention facility.

Of the female study participants, 21 (31.3%) reported having an incident of arrest or conviction before the age of 18, and 14 (20.9%) have been incarcerated or detained in a jail, prison, or juvenile detention facility. Of the male study participants, 16 (44.4%) report having an incident of arrest or conviction before the age of 18, and 20 (55.6%) have experienced incarceration or detainment in a jail, prison, or juvenile detention facility.

Request for Services

Sixty-three (61.2%) of the young adults reported that they had requested services from Baltimore City Department of Social Services since leaving out-of-home care. Figure 6 describes the percent of study participants requesting the following types of services: employment support, temporary cash assistance (TCA), housing, educational support, day care, health, counseling and support, legal, and money management.

Figure 6. Percent of study participants requesting services



Outcomes Composite Score

A composite score was used to assess overall, how the young adults are doing since leaving out-of-home care. The composite score included the following seven outcome domains: work status, high school education, advanced education (enrollment or completion of college or vocational training), early parenthood, homelessness, drug use,

and criminal activity. The young adults received a “1” for each positive outcome (current employment, completion of high school, participation in advanced education, avoidance of homelessness, avoidance of early parenthood, avoidance of drug use, and avoidance of criminal activity). Higher composite scores indicated more positive outcomes. The composite scores ranged from 0 to 7 with an average of 3.82 (SD=1.73). Table 33 presents the frequency and percent of young adults with each composite score.

Table 33. Frequency and percent of young adults with each composite score

Composite score	Frequency	Percent
0	4	3.9
1	3	2.9
2	17	16.5
3	22	21.4
4	20	19.4
5	17	16.5
6	14	13.6
7	6	5.8

▪ **Explanatory Domains of Interview Data**

During the administration of interviews, the interview facilitator reported concern about three study participants’ comprehension of scale items of the explanatory domains. In order to increase overall accuracy of responses, these three cases are excluded from the analyses of the explanatory domains.

Stress

The global stress total scores for 100 interviewed young adults, as measured by the 10-item Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983) ranged from 0 to 38 with an average score of 18.71 (SD=7.53). Higher scores for the PSS indicate higher levels of stress. Cohen and Williamson (1988) provide normative data for the PSS-10 from a national probability sample. The mean PSS-10 score for the age group 18-29 was 14.2 (SD=6.2), for those with an annual household income of \$5000 to \$10,000 the mean was 15.0 (SD=6.7), and for African Americans the mean was 14.7 (SD=7.2). This suggests that the average stress score of 18.71 for the Baltimore City sample is higher than the scores from normative data.

Social Support

The total raw scale score for the Social Support Behaviors scale ranged from 45 to 225. For the SSB-Family scale, the average total raw score for N=100 was 147.51 (SD=53.17). For the SSB-Friend scale, the average total raw score was 160.48 (SD=53.43). Table 34 presents the average scores for each of the social support subscales. The mean scores have been adjusted for varying numbers of items in the

subscales by dividing the subscale total score by the number of items (mean scores range from 1-5). Higher scores for the SSB indicate higher social support.

Table 34. Mean scores for Social Support Behaviors total score and subscales

	Mean	Standard Deviation
Support from family:		
Total family support scale	3.28	1.18
Emotional support	3.38	1.22
Socializing	3.37	1.23
Practical assistance	3.10	1.25
Financial assistance	3.07	1.24
Advice/guidance	3.39	1.20
Support from friends:		
Total friend support scale	3.57	1.19
Emotional support	3.73	1.24
Socializing	3.72	1.26
Practical assistance	3.41	1.19
Financial assistance	3.32	1.22
Advice/guidance	3.61	1.23

Family Members

Study participants were asked to identify who they consider as “family”. Table 35 presents the results (N=103).

Table 35. Self-report of who young adults consider as family members (N=103)

	#	%
Biological mother or father	72	69.9
Biological brother or sister	68	66.0
Grandmother or grandfather	47	45.6
Aunt or uncle	36	35.0
Cousin	39	37.9
Foster mother or foster father	24	23.3
Spouse/partner	28	27.2
Child(ren)	43	41.7
Religious leader	4	3.9
Other (ex. best friend, co-worker, niece, foster sibling)	11	10.7

Perceived Neighborhood

Table 36 presents the average scores for each of the Perceived Neighborhood Scale subscales. After reverse coding, higher scores for the social embeddedness, sense of community, and satisfaction with neighborhood subscales indicate positive perception for these dimensions, and lower scores for the perceived crime and signs of disorder subscale indicate a positive perception for this dimension. The mean scores have been

adjusted for varying numbers of items in the subscales by dividing the subscale total score by the number of items (means scores range from 1-5).

Table 36. Mean scores for Perceived Neighborhood Scale

	Mean	Standard Deviation
Social embeddedness	2.40	1.00
Sense of community	2.61	1.04
Satisfaction with neighborhood	3.11	0.84
Perceived crime	2.72	0.95

Spirituality

The average total scale score for the Revised Spirituality Experience Index (R-SEI) (Genia, 1997) was 91.07 (SD=17.98). Table 37 presents the average scores for the total scale and subscales of the R-SEI. The scores have been adjusted for varying numbers of items in the subscales by dividing the subscale total score by the number of items (mean scores range from 1-6). Higher scores for the SEI-R indicate higher spiritual maturity, spiritual support and spiritual openness.

Table 37. Mean scores for Revised Spirituality Experience Index (R-SEI)

Support from family:	Mean	Standard Deviation
Total scale	3.96	0.78
Spiritual support subscale	4.23	1.25
Spiritual openness subscale	3.61	0.66

Relationship between Explanatory Domains and Outcome Domains

Independent t tests were used to explore if young adults in various circumstances differ in the level of social support or stress they perceived in their lives (N=100). Table 38 presents the results of the t tests comparing those who reported homelessness since leaving care (N=28) with those who did not report homelessness (N=72). Young adults who reported homelessness had lower scores on both the family support scale (M=115.29, SD=51.41), and friend support scale (M=131.43, SD=53.54) than did individuals who did not report homelessness (family support scale M=160.04, SD=48.66; friend support scale M=171.78, SD=49.27). Young adults who reported homelessness since leaving care (N=28) reported higher levels of perceived global stress (M=23.39, SD=7.11) compared to those who did not report homelessness (N=72) (M=17.00, SD=6.93) (See Table 38 for significance level).

Table 38. Independent t test comparing social support and stress between those reporting homelessness and those not

	t test for Equality of Means		
	t	Significance (2-tailed)	Mean Difference
SSB family support scale	4.065	p<.0005	44.756

SSB friend support scale	3.589	p=.001	40.349
Perceived Stress Scale	-4.113	p<.0005	-6.393

Levels of social support and perceived stress did not differ among young adults based on their work or advanced education status, parenthood status or whether or not they have ever been incarcerated.

5. Conclusions

Discussion of Results

For each outcome, efforts were made to present comparable general population statistics—national and local (Baltimore City and/or Maryland), as well as results from similar research studies. For consistency and relevancy, information was gathered on samples or population estimates with similar demographic characteristics of the study participants and in comparable time periods of the study.

Educational Attainment

Approximately 70% of the young adults reported that they are high school graduates or equivalent. This is higher than the 68% of people age 25 or older in Baltimore City who are high school graduates (U.S. Census Bureau, 2000). Thirty-one young adults (30.7%) in this study had some college experience, and 16.8% had either graduated from college or were currently enrolled in college. In Baltimore City, 19.1% of persons age 25 or older have a bachelor's degree or higher (U.S. Census Bureau, 2000).⁷ Over two thirds (68.3%) of young adults were not currently enrolled in an educational program. Of the young adults who had their high school diploma or equivalent and who were currently enrolled in an educational program, most were enrolled in college. Of those who did not have their high school diploma or equivalent, but were currently enrolled in an educational program, most were enrolled in a GED program.

It is also interesting to compare and contrast the study findings with results of similar follow-up studies on outcomes of independent living. Festinger (1983) found that 65% of here sample had a high school degree and 25.7% had some college. In the study by Barth (1990), 55% had graduated from high school and 33% had some college. Similarly, Cook (1991) found that 54% of young adults had completed high school two to four years after exit from care, and 55% of the sample in the study by Courtney et al. (2001) had a high school diploma and 9% had entered college.

Results from the Baltimore City study demonstrate a positive relationship between education level and income level. Regardless of whether or not the young person was currently enrolled in an educational program, those with a high school

⁷ This comparison is limited by the fact that the study participants are younger than the Census population estimate, and we do not know yet how many of the study participants will obtain a college degree.

diploma or equivalent reported higher income than those who had not graduated from high school.

Implications for practice. Efforts should be made to encourage high school completion. For young people interested in pursuing higher education, information and resources could be provided that focus on college preparation such as:

1. how to fund a college education (how to obtain grants, financial aid, scholarships)
2. how to find the right college/university that matches students' interests
3. how to navigate the application process

Employment

Results from the administrative data indicate that most (88%) of the young adults have worked since leaving care, and more than half have been employed for at least an average of ten months. Data is also available at two specific points in time: 1) during the 2001 4th quarter (N=150) and 2) at the time of the computer-assisted interview (N=103). At both time points, approximately 53% of the young adults had a minimum of one job, and the remaining 47% were unemployed. Data on employment status during the 2001 4th quarter was available for 49 of the 55 young adults who reported employment at the time of their interview. Thirty-five (71.4%) of these 49 individuals were employed at both time points indicating moderate job stability over time. The average length of employment for these 35 people was 12 months (SD=10.25).

According to the Maryland Department of Labor, Licensing and Regulation (2001), the unemployment rate in 2001 was 4.1% in Maryland and 7.9% in Baltimore City.

Employment rates described in studies of young adults who have left out of care, range from 49% (Cook, 1991) to 60% (Courtney, Piliavin, Grogran-Kaylor & Nesmith, 2001) to 75% (Festinger, 1983; Barth, 1990).

Implications for Practice. Since the majority of participants reported having some employment experience, it is expected that some of them received preparation for that employment while they were still receiving DSS services. Efforts should continue to prepare youth in care to receive adequate training and technical assistance to develop employment skills that will support a living wage.

Income

For the total sample (N=186), administrative data indicated that the average quarterly earnings was \$1526.12, which translates to an estimated average annual amount of \$6104. This is below the poverty guideline for 2001 of \$8,590 for a single person household (U.S. DHHS, Office of the Assistant Secretary for Planning & Evaluation, 2001). For the 37 respondents to the computer-assisted interview who reported currently

living on their own, the mean monthly income was \$768.43 (SD=\$552.94), which translates to an annual income of \$9221.

The findings indicate that many young adults are willing and able to obtain employment but are working at earning levels that may make it more difficult to achieve and maintain self-sufficiency.

Implications for Practice. Independent Living services that focus on both employment readiness and career development would facilitate young people in locating employment that fulfills their interests and meets their needs. Case managers can work with young people to identify their career goals, and outline activities that will enhance the achievement of these goals. Further opportunities can be provided to explore their interests and the occupations that match these interests. For example, partnerships with local institutions such as hospitals, schools, and social service agencies as well as community businesses can be developed to allow young people to participate in internships or job shadowing whereby the young person is able to spend time with professionals in occupations that they would like to learn more about.

Homelessness

Over a quarter of the study sample experienced homelessness since leaving care. Researchers of homelessness indicate the difficulty of assessing how many people are actually homeless in the general population. Most available estimates are based on information collected by service providers and reflect those receiving services and not the number of homeless persons.

The Office of Transitional Services of the Maryland Department of Human Resources studied the number of people served by emergency shelters, transitional housing, and motel placements in fiscal year 2001, and reported their findings in the Annual Report on Homelessness Services in Maryland. It is important to reiterate that the report does not provide the number of homeless persons in Baltimore City. This is an estimate of the number of persons reported sheltered by the three types of homeless services mentioned above. According to the report, 24,155 people were sheltered in Baltimore, Maryland during fiscal year 2001, representing 53.3% of the homeless served in Maryland. The Baltimore City jurisdiction also reported 6,806 “turn-away occasions” or number of people who were denied shelter because of lack of space or funds during fiscal year 2001. The average length of stay in a homeless service placement was 39 nights.

In the literature on outcomes of independent living, similar rates of homelessness to the current study were observed. Barth (1990) reported that 29% of his study sample experienced homelessness. Cook (1991) found 25% had spent at least one night without a home. In contrast, Courtney, Piliavin, Grogran-Kaylor and Nesmith (2001) reported that 12% of their sample was homeless since leaving out-of-home care.

One of the most critical challenges to self-sufficiency faced by young adults in transition from out-of-home care is securing safe and affordable housing. Anecdotally, one of the most common requests for help at the time of the interview was assistance in finding housing. In looking at the relationship between explanatory domains and outcomes, there are correlations between social support and stress levels and the experience of homelessness since leaving care. Although no causal relationship can be inferred, young adults who have experienced homelessness report less social support from either family and friends and higher global life stress than those who have not been homeless.

Implications for Practice. Independent living service programs should consider improving access to adequate housing by using transitional housing programs. This would allow young adults to gradually increase self-sufficiency over time by receiving partial financial support to establish a residence while pursuing employment and/or education.

Parenthood

Over a third (37.3%) of the study participants were under 18 when they had their first child. Of the female parents, the percentage was higher at 44.7%. Comparable general population data is available for maternal age. In Baltimore City, there were 9101 births in 2001. Of these, the maternal age was under 18 for 848 (9.3%), between 18-19 for 1170 (12.9%), between 20-24 for 2678 (29.4%), and 25 or older for 4401 (48.4%) (Maryland Department of Health and Mental Hygiene, 2002).

The majority of young adults who are parents have never married (80.9% of the females and 91.7% of the males). According to the Maryland Vital Statistics 2001 Preliminary Report (Maryland Department of Health and Mental Hygiene, 2002), the percentage of births to unmarried women in Baltimore City during 2001 was 69.8% for all races, 38.3% for Caucasians, and 82.2% for African Americans.

Implications for Practice. Independent living programs should incorporate family planning and reproductive health education for adolescents in out-of-home care in order to provide them with knowledge to make choices regarding parenthood and to learn how to avoid unplanned pregnancies.

Health Risk Behavior

The CDC reported the results of the 1995 National College Health Risk Behavior Survey for a nationally representative sample of college and university students (CDC, 1997). After weighting, the majority of the sample was female (55.5%), Caucasian (72.8%), never married (69.4%), and between ages 18-24 (63.6%) (CDC, 1997). Almost half (49.7%) of the sample worked 1-39 hours per week. According to the CDC (1997) “the sample closely reflects the demographic distribution of college students in the United States” (p.4). While this nationally representative sample does not match very well to participants in this study, no studies using the CDC measure could be located with

similar participants. Baltimore city youth are more likely presented with more negative opportunities for participation in high risk behavior than typical undergraduate college students.

In comparison to health risk behaviors of the undergraduate college students who participated in the CDC's 1995 National College Health Risk Behavior Survey, the young adults in the current study reported higher rates of participation in fights (27.2% versus 13.2% for CDC sample), higher rates of carrying a weapon (15.5% versus 8.5% for CDC sample), higher rates of cigarette use (43.7% versus 28.8% for CDC sample), higher rates of episodic heavy drinking (50.0% versus 41.5% for CDC sample), higher rates of ever having sexual intercourse (93.2% versus 79.5% for CDC sample), and higher rates of having 6 or more sex partners (49.0% versus 25.7% for CDC sample). The young adults reported lower rates of driving after drinking alcohol (12.6% versus 27.8% for CDC sample). The two samples have comparable rates for rarely or never using a seat belt when riding in a car (13.6% versus 11.1% for CDC sample), seriously considering suicide (13.6% versus 11.4% for CDC sample) and condom use during last sexual intercourse (35.9% versus 37.7%).

Implications for Practice. To achieve successful self-sufficiency, youth have to learn skills for avoiding life choices that will increase high risk behaviors. BCDSS may want to examine their life skills and other independent living services to assess the degree to which students are exposed to opportunities to develop skills for avoiding high risk behaviors.

Drug Abuse

About half of the interview participants reported ever using illicit drugs. The most commonly used drug was marijuana, a finding that is consistent with national statistics of illicit drug use reported by the Substance Abuse Mental Health Services Administration (SAMHSA, 2002). The average age of first drug use was 15.3 for those reporting ever using an illicit drug (N=53), and 14.7 for those reporting using drugs almost everyday for 2 weeks or more (N=39⁸). Since 100% of these 39 individuals reported using marijuana, it is interesting to compare their age of first use to the national average age at first use of marijuana, which is 16.2 (NHSDA, 2001). Since self-reports of illicit drug use are believed to under-represent actual use, it is likely that more youth may also have experimented with other drugs. Furthermore, it is also likely that youth who were unable to be located for an interview may have also been involved in more pervasive use of illicit drugs.

Implications for Practice. The incidence of substance abuse in many families represented in child welfare agencies is high. Therefore it is assumed that many youth in this sample may have been placed in out-of-home care because one or both parents had addiction problems that interfered with their capacity to adequately care for their children. This in combination with other Baltimore City demographics heightens the risk

⁸ Age at first drug use is missing for 1 of 40 respondents reporting drug use almost everyday for 2 weeks or more

of substance abuse problems among these young adults. The BCDSS Independent Living should evaluate whether or not they provide services that would serve to deter youth from experimenting with illicit drugs.

Criminal Activity

About a third of the interview participants reported having any incident of arrest or conviction before the age of 18. Another one third reported ever being incarcerated or detained in a jail, prison, or juvenile detention facility.

In the Festinger (1983) study, 33% of males and 5% of females experienced arrest after leaving care. Barth (1990) reported that over a third (36%) of the study participants in his sample were arrested while in care, and 24% participated in criminal activity after care. In the study by Courtney, Piliavin, Grogran-Kaylor, and Nesmith (2001), 27% of males and 10% of females had been incarcerated.

Implications for Practice. Preparing youth to achieve successful outcomes, including deterrents from criminal activity are best achieved with adequate education, training, and employment programs. The results of this study suggest similar findings to other studies of similar populations. However, the high incidence of criminal activity is concerning and an outcome that should be examined over time for youth while they are in care and when they are discharged from care.

Implications of Study Findings

The present study contributes to the growing knowledge regarding the outcomes of young adults in transition from out-of-home care to independent living. The results provide further evidence about the strengths and resources that young people have as well as the many challenges that they face to become self-sufficient. Information about how young adults are doing after leaving care can inform both services designed to prepare young adults for independent living as well as aftercare services.

The transition from out-of-home care to adulthood should be viewed as a process that is unique to each individual and his or her circumstances, resources and strengths (Maluccio, Krieger, & Pine, 1990). Different stages of the process require different approaches to preparation for self-sufficiency. For example, young adolescents may focus primarily on educational goals and identifying personal interests related to career goals, while older adolescent may work to develop skills for independent living such as money management and obtaining stable housing.

The implications of the present study parallel themes identified throughout the literature on independent living regarding the needs of young adults and the suggested independent living services required to meet those needs.

- 1. Development of service plans based on life skills assessment and customer goals and input** (Nollan, 2000)

An integral part of the process of independent living preparation is life skills assessment. By understanding the young person's knowledge and attitudes, specific service plans can be designed to address each adolescents' strengths and needs. The Ansell Casey Life Skills Assessment-IV (Young Adult version) used in this study is also available for several other age groups (ACLSA-I for ages 8-10; ACLSA-II for ages 11-14; ACLSA-III for ages 15-18).

Advantages of the ACLSA include the fact that it is a standardized measure that assesses the young adults' knowledge and is well-documented with user manuals, scoring instructions, on-line availability and easily accessible customer support.

2. Participation in life skills training

Several important areas for focus by agencies serving young people as they prepare to live on their own include (Maluccio et al., 1990; Nixon & Jones, 2000; Nollan, 2000):

- Job readiness
- Educational support and tutoring
- Time management skills
- Money management skills
- Career pathway exploration
- Access to community resources
- Parenting education and skills development
- Education about sexual health and family planning

The literature also suggests innovative ways to provide services and resources to young people in transition including (Nixon & Jones, 2000):

- Resource/drop-in centers
- Internet resources and access
- Telephone assistance and information hotlines
- Independent living refresher workshops

3. Development and enhancement of formal and informal social support systems (Collins, 2001; Maluccio, Krieger, & Pine, 1990; Nixon & Jones, 2000; Nollan, 2000)

As young adults transition from out-of-home care to self-sufficiency, they need to identify persons in their families (biological, adoptive, foster), among their peers, and in their communities on whom they can rely for assistance when they need it. The availability of such a "safety net" means that in times of stress or unexpected challenges they have someone to whom they can turn for both tangible help (financial and practical or concrete assistance such as transportation, help with a move, child care) and intangible support (emotional support, guidance or advice). In addition to the informal supports,

more formal support relationships can be developed such as mentorship. Various types of mentors are available that can offer either general support or more specific to an area of development such as education or employment. The key is for the young adult to have reliable persons in their lives to depend on if they need help.

Nixon & Jones (2000) found that young adults felt strongly the need to continue connections with other former foster youths. As an additional resource for young people, aftercare services can encourage young adults in transition to develop support groups and networks with each other. Other opportunities may be provided for foster care alumni to communicate with adolescents still in care, sharing their experiences and offering suggestions for how to improve the transition from care to adulthood. The young adult would benefit from helping others and the adolescents would benefit from the knowledge and experiences of those who have gone before them.

Study Limitations

The use of a cross sectional design prohibits causal inferences to be made regarding the study findings. Two factors limit the generalizability of the study's findings. First, the fact that the study population comes from one large urban city may limit how well findings can be generalized nationally. Second, for the interview sample, a response rate of 60% means that differences between those who responded to the survey and those who did not respond may bias the results. For instance, nonrespondents could have considerably higher or lower levels of education, employment, health risk behavior, or criminal activity.

In prior studies of outcomes of independent living, higher response rates have been achieved by researchers who follow young adults from the time of exit from out-of-home care. This allows for an opportunity to build rapport with the study participants and also to obtain contact information for future follow-up. For example, Courtney, Piliavin, Grogan-Kaylor, and Nesmith (2001) report a response rate of 80% at the time of their follow-up of young adults 12 to 18 months after leaving care.

Study Strengths

The use of both administrative data and self-report data increases the accuracy of findings. In addition, use of a self-administered computer-assisted interview allows for the provision of greater confidentiality and privacy to the participants, which decreases the likelihood of response bias, as the young adults may be more comfortable sharing their experiences. The use of standardized measures of life skills, social support, and stress, with known reliability and validity also allows for greater generalizability. Finally, the collaborative nature of this study between the UMB School of Social Work and the Baltimore City Department of Social Services assured that the study considered both practice and research issues as it was implemented.

Recommendations for Future Research

The study of outcomes of independent living will be advanced by longitudinal studies that follow young adults from the time they leave care into their adulthood. Most outcome studies have been conducted 1-5 years after the youth leave care. Little is known about how young adults fare in the long-term. The direction already being taken by BCDSS to collect data at exit and over time can be used to compare to this baseline study. If the agency is able to track changes in outcomes over time, they can make adjustments in their service programs as appropriate. This approach to improving the quality of services should yield positive results for youth while they are in care and when they transition to adulthood.

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Appendix B

Table 1. Outcome, Data Element or Measure, Source of Data for all children who left care in the 1999-2000 federal fiscal year (N=186)

OUTCOME	Data element(s) or measure	Data Source
Avoidance of Dependency	TANF Participation: <ol style="list-style-type: none"> 1. Temporary Cash Assistance (TCA) 2. Food Stamps 3. Medical Assistance 4. Transitional Emergency, Medical and Housing Assistance (TEMHA) 5. Emergency Assistance 	Search for all cases since date of closure with BCDSS foster care - CARES
Avoidance of Dependency	Employment data -Working in a Maryland job covered by unemployment insurance -Quarterly earnings in Maryland at time of the search. -The industry of the employer for which the youth worked	-search for all cases in Maryland Automated Benefits System

Table 2. Outcome, Data Element or Measure, Data Source of Data for a sample of 103 youth who left care in the 1999-2000 federal fiscal year

OUTCOME	Data element(s) or measure	Data Source
Educational Achievement	-Highest grade attended (including vocational schools or college) - High school graduation	-Computer assisted interview with sample
Avoidance of Dependency	-Monthly income at time of interview	-Computer assisted interview with sample
Avoidance of Dependency	-Employment related questions	-Computer assisted interview with sample
Life Skills	-ACLSA Career planning & employment subscale -ACLSA Money management subscale -ACLSA Work and study skills subscale -ACLSA Daily living skills subscale -ACLSA social development subscale ACLSA Housing and Community Resources	-Computer assisted interview with sample

OUTCOME	Data element(s) or measure	Data Source
	subscale	
Homelessness	-Self report of current housing status -Length of time in current housing -Self report of “ever been homeless”	-Computer assisted interview with sample
Non-marital childbirth	-Self report of any live births	-Computer assisted interview with sample
Incarceration	-Self report of any history of incarceration	-Computer assisted interview with sample -Coding of incarceration for youth attempted to be recruited for interviews who are unavailable due to incarceration
High-risk behavior	-Use of drugs and alcohol -National College Health Risk Behavior Survey (Center for Disease Prevention, 1995)	-Computer assisted interview with sample

Table 3. Explanatory Domains, Data Element or Measure, Data Source

Explanatory Domains	Data element(s) or measure	Data Source
Demographic characteristics	-age -gender -race	Self-report by computer assisted interview
Social support	-Social Support Behaviors (SSB) (Vaux, Riedel, & Stewart, 1987)	Self-report by computer assisted interview
Neighborhood characteristics	-Perceived Neighborhood Scale (Martinez, Black, & Starr, 2000)	Self-report by computer assisted interview
Spirituality	-Revised Spiritual Experience Index (Genia, 1997)	Self-report by computer assisted interview

Appendix C begins on next page.

Interview Coordinators Manual

Outcomes of Independent Living Baltimore City Department of Social Services

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- Kimberly Haynes, MSW

List of Appendices

- A. Assurance of Confidentiality
 - B. Attempts to Contact Form
 - C. Directions to BCDSS & Center for Families Research Office
 - D. Participant Invitation Letter
 - E. Sample Appointment Reminder and Thank You Letters for Participant
 - F. Informed Consent Form
 - G. Research Tracking Form
 - H. Instructions for OIL Research Tracking Database
 - I. Group Interviewing
 - J. Resource Booklet
 - K. TANF (Temporary Assistance to Needy Families)—Chart of Amounts Paid by Family Size
 - L. List of Drugs
 - M. Recruitment and Scheduling Protocol
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Introduction

Outcomes of Independent Living Project Baltimore City Social Services

Background

- 1) Each year an estimated 20,000 adolescents between the ages of 18 and 21 are emancipated from, or “age-out” of the child welfare system (U.S. Department of Health and Human Services, 1999). Over the past several decades, concerns have arisen regarding the well-being of the youth after leaving care resulting in the enactment of the 1999 Foster Care Independence Act (H.F. 3443). This new legislation not only increased federal support of programs to facilitate youths’ transition from foster care to independent living but also required states to report the outcomes (e.g., educational attainment, employment) of their independent living services.
- 2) This is a project to learn how young adults who were formerly placed in out-of-home care are doing once living on their own. Our goal in this study is to learn important information about where young people who were formerly in out-of-home care, live, work, go to school, and how they feel about their experiences with independent living services. What we discover should be useful to the Baltimore City Department of Social Services and other Social Service Departments in how they prepare foster youth to move into adulthood.

Purpose of This Manual

This manual provides documentation for the University of Maryland Center for Families’ research protocols for the Outcomes of Independent Living (OIL) project. Interview coordinators must be completely familiar with the information presented in this manual.

OIL Assessment Interview: We ask adults between the ages of 19 – 24 questions regarding their self-sufficiency and functioning after leaving foster care in Baltimore City.

The Manual’s Organization

The manual consists of the Introduction and two chapters.

Chapter 1 provides information on the role of the interview coordinator that applies to all research protocols. This section also provides information on the ethics of interviewing for research purposes.

Chapter 2 describes procedures and documentation for facilitating the OIL Assessment Interview. Its purpose is:

To review criteria for interviewing participants;

To provide information about scheduling, preparing for, and facilitating computer assisted interviews;

To summarize basic research interviewing techniques; and

To operationally define selected questions from each interview.

All interview coordinators must be totally familiar with the specifications within this manual and the automated interview. They must also take part in training which includes: (1) participating in training that includes time for practice; (2) practicing in dyads through role play sessions; (3) successfully accomplishing a role play as an interview coordinator with a staff member in the role of participant; and (4) successfully completing an interview with a participants, with a staff member available for consultation.

Chapter 1

ROLE OF THE INTERVIEW COORDINATOR AND ETHICS FOR INTERVIEWING

ROLE OF THE INTERVIEW COORDINATOR

As an interview coordinator, you play an essential role in the evaluation of Outcomes for Independent Living (OIL) project. You are the vehicle to enable participants to tell us about themselves. Only if all interview coordinators working on the study have learned to follow the same procedures do we begin to give a true picture of the thoughts, actions, and feelings of all participants who left the foster care system in Baltimore City in 1999-2000.

Completing the interview can feel like an overwhelming task for participants **UNLESS** you help them understand the importance of this information and make it an interesting process. For participants, you are often the first person from the University of Maryland, The Center for Families that they meet. You are key to helping participants feel comfortable and a valued participant in this project.

You also have an important role in helping participants understand how to read and/or listen to each question and how to answer each question accurately. The information gathered during the interview must be accurate and complete. Interview data will form the basis of published reports and documentation about the participants' present conditions. Any problems with that data may seriously affect the validity of the study. The interview coordinator is a valuable and necessary person on the research team because self-report data is the principal source of data.

The interview is designed to be self-administered. This allows for increased privacy for participants in answering the highly sensitive questions asked. You will assist participants with learning how to complete the interview. Explain that the interview includes a variety of question formats and you will help them learn how to use the computer to answer each type of question. Start by reading each screen aloud and help the participant respond to the questions in the interview. To save time, you should suggest that you type the information that you already have, such as the participant's address. If after the introduction to the interview, the participant communicates that they are uncomfortable operating the computer on their own, then the interview facilitator can offer to read the questions and either the facilitator or respondent can enter the answers.

ETHICS OF INTERVIEWING FOR RESEARCH PURPOSES

As social workers, we are bound to specific values, ethics, and obligations of our profession. We must, therefore, follow specific ethical principles whether we are in the role of helper or researcher. The mission of social work is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective. How are these core values related to our professional roles as researchers?

VALUE I: SERVICE

Ethical Principle: The social worker's primary goal is to help people in need and to address social problems.

By learning more about the experiences of young adults who left care, we should be able to help the Baltimore City Department of Social Services devise independent living programs and related services that may be more effective in preparing youth for the transition from adolescence to adulthood and achieving self-sufficiency.

VALUE II: SOCIAL JUSTICE

Ethical Principle: Social workers challenge social injustice.

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts focus primarily on issues of poverty, discrimination, and other forms of social injustice. We can be more effective pursuing social justice on behalf of our participants when we base this advocacy on accurate portrayals of their life circumstances. Enabling study participants to confidentially provide information about their life circumstances will help us be more effective in developing programs associated with the foster care system.

VALUE III: DIGNITY AND WORTH OF THE PERSON

Ethical Principle: Social workers respect the inherent dignity and worth of the person.

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and of cultural and ethnic diversity. One way that we do this is through promoting self-determination and providing participants all the information they need to make an informed decision about participating with this research study and The Center for Families. We must help them understand how their participation in this research project is associated with improving the quality of independent living services of the Baltimore City Department of Social Services.

The decision about whether to participate, however, is up to the participant. It is essential that you inform participants that they can withdraw from the research project at any time. We must give them the information they need to make an

informed decision and must not use any degree of coercion or influence in the process. On the other hand, it is absolutely appropriate for them to hear about the potential benefits of their participating in this project. Such benefits may include: the participants may have an opportunity to share with others about their experiences in out-of-home care and help others learn about what services are most useful to young people as they develop skills to live on their own.

Confidentiality

Collection of valid information on any topic requires establishing and constantly maintaining confidentiality. To establish rapport, you must ensure that participants have a clear understanding of how the information will be used and, more importantly, that it will not be misused. In most instances, participants will not question the legitimacy of your mission. When they do, you may need to make considerable efforts to establish that we will use the information only as a part of a scientific and statistical picture, and not in any way that would be harmful to anyone. You can reinforce this concept by describing the care that we take with all completed questionnaires. No unauthorized person is ever permitted to see the interview. We maintain strict security at all points of handling. We will not use names and/or addresses; except for the necessary purpose of making sure that the recorded information is for the participant to whom it refers. The responses obtained are summarized and shown only in the form of statistical summaries, so that published details cannot be traced back to any particular individual.

Interview coordinators who work with The Center for Families are expected to maintain professional standards, collecting data with scientific objectivity, and treating with utmost confidence in all information offered or observed during an interview. Successful and meaningful evaluation research is dependent upon the establishment of trust between the interview coordinator and the participant and continuance of this sense of responsibility to the public throughout all evaluation activities.

The questionnaire pursues questions that one would not think of asking a close friend; questions that might be thought of as "too personal". You will find that the average person is willing to answer these questions, sometimes offering information that would not be given to a close friend or relative. Your protection of all information about participants gained during the interview is, therefore, essential. This includes information that concerns the interview itself or extraneous observations of the participant's home, family, and activities.

The main reason research organizations can point to many successes in collecting information is **CONFIDENTIALITY**. Our interview coordinators can, and do, promise people who are interviewed that their answers to the questions will be kept **COMPLETELY CONFIDENTIAL**. However, if the interview coordinator uncovers evidence of recent child maltreatment, we are obligated, by law to report the alleged maltreatment to Child Protective Services. We make participants aware of this in the Informed Consent Form. If you have any concern about whether information that you obtain suggests that a child may have been abused or neglected, you should see a research coordinator or the principle investigator immediately after the interview.

We promise our participants that we will never reveal what they have told us. We combine his or her answers with everyone else's in the survey. The results are in percentages and totals in such a way that no individual person's answers can be identified. Information collected or seen during an interview can be shared only with the research team whose members are under the same ethical and moral obligations as the interviewer.

IT IS YOUR DUTY TO KEEP THE PROMISE OF CONFIDENTIALITY. NEVER DIVULGE NAMES OR TELL FACTS ABOUT OR REVEAL THE OPINIONS OF ANYONE TO ANY OTHER PERSON WHO DOES NOT HAVE A PROFESSIONAL ROLE ON THIS PROJECT.

All participants must sign an Informed Consent Form before conducting the interview. All participants receive a copy of the Informed Consent form for their own personal record (Appendix F). This manual provides procedures for completing the Informed Consent Form.

Laws pertaining to the privacy of individuals

As you may know, there have been recent Federal Laws, i.e., Privacy Act of 1974, dealing with the rights to privacy of sampled persons. By adhering to these procedures, the interview coordinator will help ensure that the data is collected in compliance with the law.

Assurance of confidentiality pledge

All staff members working on this project must sign an Assurance of Confidentiality Pledge (Appendix A). This pledge states that the person understands that they are prohibited by law from disclosing any information that has been obtained while working on the project and pledges to abide by his/her assurance of confidentiality.

VALUE IV: IMPORTANCE OF HUMAN RELATIONSHIPS

Ethical Principle: Social workers recognize the central importance of human relationships.

As social workers, we understand that relationships between people are an important vehicle for change. The relationship between interviewer and study participant is critical for gathering valid and reliable information. It is important to build rapport with the study participants, communicating with them in a respectful, nonjudgmental and confidential manner. Accurate and consistent information gathered by the Center for Families has the potential to inform Independent Living policy and program change that will enhance young people's ability to live independently.

VALUE V: INTEGRITY

Ethical Principal: Social workers behave in a trustworthy manner.

Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards, and practice in a manner consistent with them. Whether in a role of researcher, helper, advocate, or other social work role, we must always act honestly and responsibly and promote ethical practices on behalf of the University of Maryland Center for Families. In order to carry out this principal, you must feel totally comfortable with your role in meeting with participants for the first time and helping them understand the research process.

VALUE VI: COMPETENCE

Ethical Principal: Social workers practice within their area of competence and develop and enhance their professional expertise.

As social workers, we are continually striving to increase our professional knowledge and skills and to apply them in practice. Part of this process involves making sure we are comfortable to fulfill new roles, such as that of interview coordinator in an evaluation study. Another part of that is that we aspire to contribute to the knowledge base of the profession. Serving as a member of the research team will promote the development of knowledge about which services are most effective in helping young adults to achieve independent living.

Chapter 2

OUTCOMES OF INDEPENDENT LIVING (OIL) ASSESSMENT INTERVIEW

This chapter describes procedures and documentation for facilitating the OIL Assessment Interview. Its purposes are:

- To review criteria for accepting participants;
- To provide information about scheduling, preparing for, and facilitating computer assisted assessment interviews;
- To summarize basic research interviewing techniques; and
- To operationally define selected questions from each interview.

In addition, the automated questionnaire contains interview instructions and definitions.

SCREENING AND ACCEPTING REFERRALS

Part of your role may include talking to participants and tracking potential participants. We want to reach participants who meet the following eligibility criteria:

Eligibility Criteria

- The participant must have left Baltimore City Department of Social Services (BCDSS) foster care between **October 1, 1999 and September 30, 2000**; and
- The participant must have been between the ages of 18 and 21 when he/she exited the BCDSS foster care system; and
- The participant is no longer in foster care or kinship care placement; and
- The participant is **NOT** incarcerated or an emancipated minor; and
- The participant is willing to participate in the study.

The interview is strictly voluntary. If the participant expresses an interest in completing the interview, we will schedule an appropriate appointment time for the participant.

When scheduling the interview you should make sure all basic identification information is correct and up to date. Record the information on the participant tracking forms; all information/attempts to contact should be tracked.

Each young adult meeting the above listed criteria are potential study participants and have been assigned a "Study ID number. An Access database file for the sample was created to enter all identifying information regarding the participants. In addition, record attempts to contact potential participants and the Study ID on their Attempt to Contact form (see Appendix B).

Study participants requesting resources or services should be referred to BCDSS Adult Services (if over age 21) 410-361-5000 or to the Independent Living Unit (if < 21 years old) 410-361-4378. In addition, a list of available contact agencies and community resources is located in each laptop case for referral purposes. The

Family Connection's Resource Database is another source of referral information (see Appendix J)

If you recruit the participant, proceed with scheduling the individual for an interview. You may use any information obtained through BCDSS or other search choices to locate the individual.

SCHEDULING THE INTERVIEW

As soon as possible, after the initial contact has been made, you should attempt to contact the participant following recruitment and scheduling protocol (refer to Appendix M). If the individual does not have a telephone, you should send out additional information to their last known address regarding your interest in contacting the participant. Record all attempts to contact the potential participants on their Attempt to Contact forms (see Appendix B) and enter any updated information in the OIL Access database located on the I:\ drive.

If you are unable to reach the participant after several attempts, the Interview Coordinator or Research Assistants will visit the prospective participants last known address in order to gain contact with the participant. The Interview Coordinator or Research Assistant will attempt to schedule the interview with the participant while at his/her home.

When you reach the prospective participant, have a conversation that includes the following:

- Introduce yourself stating that you are from the University of Maryland Center for Families. Provide the participant with the information about the Outcomes of Independent Living project. Invite him/her to participate in an interview in collaboration with the BCDSS. Answer any questions that s/he may have about the research procedures or about the project.
- If the participant meets the basic criteria listed earlier and agrees to participate in the project, proceed to scheduling an appointment for the computer-assisted self interview (CASI).
- We are willing to conduct the assessment interview in the participant's home, offer this as a possibility as well as exploring other potential locations (e.g., BCDSS, The Center for Families Research Office, School of Social Work Lab). If necessary, explain that we are conducting an evaluation so that we can learn about which services are most helpful to prepare young people for living on their own. Reiterate the strict confidentiality of the study and the privacy afforded to them by the CASI. All participants begin the interview by confidentially answering questions about themselves.
- NOTE: If the participant prefers the School of Social Work (SSW), inquire if the participant would be interested in a group interview. This interview would take place in the SSW computer lab on the 3rd floor. Although assistance will be provided if necessary, participants must be comfortable with reading, following directions and basic keyboarding. If the individual is willing and interested in a group interview, refer to the front of the Interview Schedule book for available dates and times. You may schedule up to 20 participants for each group interview session. Enter the participant's name and OIL study ID in the Interview Schedule Book. Please refer to Appendix I for a complete discussion of the Group Interview Protocol.
- For all other interviews, ask what time of day is best for the participant for an interview that could take up to 1-½ hours.

- Once you know the preferred time of day, look at the scheduling calendar to find the earliest day that an interview coordinator will be available to complete the interview. Make sure that you carefully look at the Interview Schedules in order to schedule appointments accordingly. We must have an interviewer and laptop computer available for the interview. There are potentially 3 separate interview schedules per day; one schedule for each of the 2 available laptop computers and a third backup computer in the Research Office. If you only see one scheduling page for a day in the scheduling book, then there is no other interview coordinators scheduled for that day. You are scheduling with an interview coordinator who is available for a minimum of 3 hours starting at the beginning of the interview. We allow this overlap of time to adjust for participants that may arrive late and for participants that need to take a break during the interview. Thus, to schedule for each date, you record the following:

EXAMPLE:				
TIME Location	Respondent	PHONE#	INTERVIEWER	Laptop
9:00 AM Dell	Alice Smith Home	410-888-8888	Kim Haynes	Blue
	OIL023			

Because we use the same schedule book to schedule many other project interviews, write the applicable "OIL participant ID" under the participant's name in the schedule book so that any research staff who looks at the schedule book will know what type of interview that will be completed.

While the participants are on the telephone, ask for a telephone number where we can reach them in case we need to contact them. Also, give them the telephone number of the Research Office (410-706-3672) so they may call if they will be unable to make the appointment. Explain that it is not a problem to reschedule but we prefer to receive a telephone call in advance so that we can use the original appointment time for someone else if needed. If you schedule the appointment time a week in advance, tell the participant that someone will call the day before the appointment as a reminder.

Provide the participants with directions to the University of Maryland, The Center for Families Research Office. Ask them to bring their social security number and birth dates of their biological children, if any, when they come for the appointment. Ask if they will have childcare or if they will need to bring their children with them. If they will need to bring their children with them, make note of this in the margin of the scheduling book so that the interview coordinator will be prepared with some activities to keep the children occupied during their stay. We will NOT provide childcare; therefore, the participants will be responsible for their children during the interviews.

If you schedule the interview for the BCDSS office (3007 East Biddle St.), provide directions to the office (see Appendix C). Call the office of Mr. James Butler (410-361-4378) and ask that an interview room be reserved for that participant on the scheduled date and time of the appointment.

Ask the participant if s/he has any questions regarding the interview. Answer any questions s/he has before the scheduled appointment time.

Record information about the interview date and time in the scheduling book, on the Attempt to Contact Form, and in the Access Database. Place the Attempt to Contact Form with the appointment time and date on it into the Interview Schedule Book. Insert the schedule information on the wall calendar in the Research Office, with the time, the participant's first name only, A = Assessment Interview and where the interview will take place (e.g. Home, SSW School of Social Work, Research Office, DSS). If the appointment is one week away or more, send a reminder letter to the participant using the reminder letter in (Appendix E – Sample Appointment Reminder Letters). Write, “We look forward to seeing you” on the letter. If appropriate, enclose instructions on how to reach the School of Social Work, The Center for Families Research Office or DSS (see Appendix C).

At times, participants will initially express interest in the project but, eventually, change their mind before completing the Assessment Interview. If the participant tells you that s/he is not interested in participating in the project, tell them that s/he can call us if they change their mind.

INTERVIEW PREPARATION

Unlike some other studies, the person facilitating the actual interview is not solely responsible for screening and scheduling potential participants. Although you may be involved in the screening process (see above), that process occurs separately from the interview. Once we locate potential participants, we contact the participants. If they agree to participate in the project, we schedule an interview.

Part of your responsibilities each day you work is to look at the scheduling book for the next day and make telephone calls to remind potential participants of their appointments the next day. When you are able to confirm an appointment, put your initials next to the appointment time to let others know that you were able to confirm it.

At the conclusion of each day, type a schedule for the next day that includes: the interviewees' names, appointment times, person interviewing, and phone number where the interview coordinator can be located at the time of the scheduled interview. In addition, gather the materials needed for the interview – two copies of the Informed Consent Form, the referral/contact information, receipt and \$20 cash. Write the study ID, and interview protocol number on the consent forms.

If there are interviews scheduled at the University of Maryland School of Social Work, the first person working in the morning should provide the typed interview schedule to the Security Guard.

When you have an interview scheduled, you should plan to be on site at least fifteen minutes beforehand. Locate the interview logbook and obtain the appropriate computer and the interview materials necessary for the completion of the interview.

Locate the interview room that you will use for the potential participant. If you know that s/he will bring children, you should find toys or other activity materials to keep them occupied during the interview.

INTERVIEWING PROCEDURES

If the participant does **NOT** show up for the interview on the date and time scheduled, immediately attempt to contact him/her to reschedule the interview and the same day if time permits or as soon as possible. Try to find out why s/he did not show and help them solve whatever interfered with their attendance in completing the interview that day. If you are unable to reschedule them, put the “Attempt to Contact” form into the Interview Schedule Book and make a note, with a note, that the participant needs to be contacted as soon as possible.

Introductions to Interview and Initial Informed Consent Form

Bring the participant into the office and assist s/he in getting comfortable. The participant must sign the initial Informed Consent Form **BEFORE** you conduct the interview. Follow the following introductory procedures:

Exchange names and verify that the person you are meeting is actually the person you are scheduled to interview. Occasionally, the participants come in at the wrong time or, possibly, we will schedule more than one person at the same time for a different person to interview. We need to make sure that we accurately record information so that we do not “mix-up” interview responses between participants.

After introductions, explain that you want to review a few things that were probably also discussed with them on the telephone. Explain that The Center for Families is conducting a project to learn from the participant and other young adults about those services that are most helpful in preparing youth in foster care to achieve self-sufficiency when leaving foster care. Confirm that s/he meets the basic criteria that (1) s/he left BCDSS foster care between October 1, 1999 and September 30, 2000; (2) s/he was between the ages of 18 and 21 when they left foster care; and (3) that s/he is willing to participate in this project.

Explain that we conduct interview on a computer. It takes up to 1-½ hours. You will sit with the participant for the introductory information and after that s/he can ask that you stay during the interview OR if s/he wishes to complete the questionnaire alone. We would like to encourage the participants to complete the interviews on their own as much as possible due to the sensitivity of certain questions throughout the interview. There are two ways to present the interview - one that includes listening to the interviewer read questions AND following along on the screen and one that just involves reading the questions from the screen. Find out which ways they prefer to do the interview.

Present the initial Informed Consent Form (See Appendix F). Ask the participants if they want to read it themselves or have you read it to them. If they want to read it, emphasize that everything that they tell you is completely confidential. Answer any questions that s/he has about the form or the interview process. Once s/he signs and dates both forms, you should sign and date both forms and give one copy of the form to the participant. It is very important that the correct address including zip code as well as any telephone number is on the consent form. Since we may need to contact them even after the interview, this information is pertinent.

Guidelines for Conducting An Interview⁹

Your introduction to the participant is the first opportunity for you to demonstrate friendly intentions and describe the questionnaire in such a way that s/he will want to cooperate with you. Explain that there are 13 chapters all together in this interview. However, each person is only asked questions that pertain to them, thus they will skip some questions if they do not apply. Explain that even so, most interviews take about 1 to 1-½ hours to complete. They should feel free to tell you if they need a break. Suggest that the participant gets as comfortable with the surroundings as possible.

Explain again that instead of the typical pencil-and-paper survey, we conduct this interview on a laptop computer. Ask them whether they have ever used a laptop computer and show them how the mouse works and point out important keys on the keyboard - ENTER, backspace, space bar, and arrow keys.

If the respondents choose to operate the computer themselves, explain that you will enter the information in the first section of the interview. It is preferable for the Research Coordinator to enter this information to ensure accuracy. When you reach the third section of the interview (Perceived Stress), they may begin to operate the computer themselves. Periodically, check and make sure that they understand the questions.

If the participant prefers that you provide assistance during the interview by reading the questions, or if s/he interrupts the process by coming to you with a question, please follow these procedures:

ASK ALL QUESTIONS EXACTLY AS WORDED. That means do not change even one word that is printed in the question. Many times, the smallest change can affect the meaning of the question. Although you may feel that the question could be worded much more simply, **do not** improvise on the method of asking the question. Emphasize only those words that are in capital letters and pause only at commas or after each answer category when they are included in the question itself. Read everything in a natural, even tone.

Sometimes participants will ask you to define words in a question or explain some part of the question. Unless a definition or explanation is provided in your question-by-question specifications (or on the screen), do not provide one. Simply let the respondent know that she should answer using her own definition. Say, "Whatever it means to you--just answer that way."

ALWAYS REMAIN NEUTRAL. You must maintain a neutral attitude with the participant. The interview coordinator must be careful that nothing in words or manner implies criticism, surprise, approval or disapproval of either the questions asked or the respondent's answers.

It is important that you feel at ease with the questions. If you do not feel comfortable, you may transmit this feeling to the respondent. The interviewer should practice asking all the questions in the interview in a "matter of fact" manner. When you ask questions in this way, both you and the participant will most likely not feel sensitive

about any questions asked. It is important to remember that the questions in this interview are there for a specific reason. If you feel strongly about any topic in this study to the point that you are unable to hide your feelings in front of the participant, you should not be serving as an interview coordinator for this project.

MAINTAIN THE FLOW OF THE INTERVIEW. Through your manner and behavior, you can create a friendly but professional atmosphere in which the participants feel they can express themselves.

Occasionally, a participant may find a particular question "too personal" or may not want to answer a question for some other reason. If this happens, take time to reassure the participants that they may speak freely without embarrassment or loss of privacy. Restating the confidential nature of the questionnaire may be all that is needed. Assure the participant that many people hesitate at first because it is not common to discuss these matters, but that the information is important to the project.

If a participant refuses to answer a question after you have reassured them of confidentiality, do not coerce him/her; go on to the next question. You do not want to irritate the person and provoke a refusal to complete the interview. If a respondent refuses to answer a question, simply enter the appropriate **REFUSAL** response code for the particular question.

Occasionally, a particular question may cause the participant to reminisce or relate a lengthy story illustrating the point just made. You will do both you and the participant a favor if you keep the interview in a business like tone. If you have a rambling interviewee or one who launches into irrelevant conversation, do not hesitate to interrupt and bring the participant back to the point of the question. You can maintain the flow of the interview by repeating the question or suggesting that you would be happy to continue talking after the interview is complete. You, of course, want to be careful not to antagonize him/her.

Because of the sensitive nature of some of the interview items, some participants may get upset when discussing those items. While you need to maintain the flow of the interview, you do not want to ignore their feelings. Offer to take a break and explain that we can attempt to contact the Research Coordinator to talk to at the conclusion of the interview if they wish.

DO NOT READ INSTRUCTIONS TO THE RESPONDENT. The first part of the interview contains many instructions for the interviewee. These instructions guide the participant on how to use the computer to answer particular types of questions. On the computer, there are some instructions that are prefaced with "INTERVIEWER:" or "NOTE:" and usually appear in capitalized inverse text. Even when they do not appear in inverse text, the interviewer can easily distinguish instructions from text that s/he should read to the participant. Be sure you are comfortable with reading these instructions to yourself before you start interviewing.

HAVE THE PARTICIPANT COMPLETE THE INTERVIEW AS INDEPENDENTLY AS POSSIBLE after the initial examples of how to answer different styles of questions throughout the interview and the general informational questions have been answered. The interviewer must assess the participant's comfort

and ability to complete the interview independently (by evaluating the participant's literacy and computer comfort), with the interviewer being available if necessary. As the interviewer, you need to help and encourage the participant to complete the interview with as little assistance as possible without coercion, or alienating the participant into not completing the interview. If you need to assist the participant with completing the interview follow all instructions in this section.

INTRODUCING CHAPTERS OR TOPICS. Each major chapter of the questionnaire begins with a brief opening statement or preamble. These preambles are printed just like questions and you should always read them aloud. By letting the participant know something about the next few questions, these preambles make the questionnaire more conversational. They will run more smoothly and naturally if you practice them a few times before you begin interviewing.

PROBING. You will sometimes need to probe the participant in order to get a meaningful answer. Probing is the technique used by the interviewer to stimulate discussion and obtain more information. We probe when a participant's answer is not meaningful or is incomplete, i.e. when it does not adequately answer the questions. Probing, therefore, has two major functions. First, probing motivates participants to enlarge, clarify, or explain the reasons for their answers. Second, probing focuses the participant's answer so that irrelevant and unnecessary information can be eliminated. However, you must probe without introducing bias or antagonizing the respondent.

Sometimes the best probe for a pre-coded question is repeating the original question. You could also use the non-directive probe, "Well, which answer comes closest?" and repeat all of the answer categories. For example:

Interviewer: "About how often do you see your friends? Would you say never, once a year or less, several times a year, once a month, 2 or 3 times a month, once a week, or more than once a week?"

Interviewee: "Every once in a while."

Interviewer: "Well, would you say you see your friends never, once a year or less, several times a year, once a month, 2 or 3 times a month, once a week, or more than once a week?"

Interviewee: "Several times a year."

Sometimes an interviewee will feel that none of the pre-coded responses fit; or that under certain conditions s/he would choose one answer and under other conditions she would choose another. In this situation, you should try to get the participant to generalize by repeating the question and saying, "Just generally speaking, is it this or that?" or "Most of the time, " or "In most cases," etc.

Probing methods should be neutral: It is very important to use neutral probes. You should not imply to the participant that you expect a specific answer or that you are dissatisfied with an answer. Remember that the intent of probing is to motivate the interviewee to respond more fully or to focus the answer, without introducing bias.

The potential for bias is great in the use of probes. Under the pressure of interviewing, the interviewer may unintentionally imply that some answers are more acceptable than others or may hint that a participant might want to consider this or include that in giving responses. You must be careful **not** to do this.

Kinds of Probes: The following are neutral probes that may stimulate a fuller, clearer response:

AN EXPRESSION OF INTEREST AND UNDERSTANDING: By saying such things as "uh-huh" or "I see", the interviewer indicates that they are listening and is expecting more.

AN EXPECTANT PAUSE: The simplest way to convey to a participant that you know s/he has begun to answer the question, but has more to say, is to be silent. The pause--often accompanied by an expectant look or nod--allows the respondent time to gather their thoughts.

REPEAT THE QUESTION: When the participant does not seem to understand the question, misinterprets the question, seems unable to decide, or strays from the subject, it is often useful to repeat the question. After hearing the question a second time, many interviewees will realize what kind of answer is needed.

REPEATING THE RESPONDENT'S REPLY: Simply repeating the respondent's answer is often an excellent probe. Hearing the response s/he just gave may stimulate a respondent to further thought.

A NEUTRAL QUESTION OR COMMENT: Interviewers often use neutral questions or comments to obtain fuller and clearer responses.

RECORDING ANSWERS. Because the interview is computerized, you do not need to worry about the participant incorrectly circling the responses or writing answers illegibly. However, you still need to help the participant understand the importance of recording answers accurately. Accurate answers are not only essential to the final product, but also to determining the course of the entire interview. Because the answers to many questions determine the other questions asked, it is essential to record all answers accurately. If you or a participant makes mistakes in recording any answers, the interview program may omit relevant questions or ask the participant irrelevant questions. Therefore, participants must be taught how to record answers or choose response categories correctly.

Here are some general instructions for participants about answering questions:

- A. To go back and change the answer to a previous question, the participant can click the mouse on the word **previous** and go back question-by-question until they find the question they are looking for. S/he can then enter the correct response and proceed.
- B. Most questions permit proceeding to the next question by pressing the ENTER button or clicking on Next button on the bottom of the screen.

- C. If a participant enters the incorrect response in a field that involves entering a number or text, s/he can change his or her answer by using the backspace key and retyping the correct response.
- D. For questions that involve lists, e.g., variable RINC (Respondent's Income) – the arrow keys can be used to go down the list using the space bar to enter a check mark in the box before all correct items. If they incorrectly press the space bar, they can press the space bar a second time to erase the check. Alternatively, if they are more comfortable with a mouse, they can click on all appropriate boxes to enter the check marks. They can click a second time to erase the check.
- E. For questions that involve scales (usually at the bottom of the page), s/he can use the arrow key to move right or left to the correct response, then press ENTER. Alternatively, s/he can move the mouse to the correct answer and click.

EDITING ANSWERS. If, during the interview, the participant needs to go back and change answers of questions much earlier in the questionnaire – instruct the participant to ask you for assistance. **ONLY YOU** should use the following tips. **DO NOT** provide the tips to the participants.

- A. To view a list of variables, press F8. Once you locate the variable that needs editing, highlight it and click or press ENTER. After you modify the value, you should proceed through each question – one by one, if the corrected value has altered the path of the interview. If you are not certain whether the path has been altered, then you should help the participant go through each question checking previously entered answers in the lower right hand corner of the screen. If you are certain, however, that the corrected value has NOT altered the path of the interview, you may press F9 to fast forward chapter by chapter to the last question completed by the participant. Once the interview is back to “normal”, you can choose to allow the participant to proceed as before (with or without your assistance).
- B. At times, a participant may become ill or suddenly decide that s/he does NOT have time to complete the interview after it has begun. You can help the participant click the X at the top of the interview or press CONTROL END. This will permit him or her to come back in later and proceed with the interview where s/he left off. In order to edit an interview however, you **MUST KNOW THE COMPUTER NUMBER** assigned to this interview. This is the number you should have recorded at the beginning of the interview at variable **R1**. When the participant comes in to complete the interview, the interview coordinator should enter YES to edit a previously started interview and enter the number recorded on the consent form.

Ending the Interview

The interview is automatically set to pause and then save when the participant reaches the last screen of the interview.

Give the participant the \$20 gift for compensation, have the participant sign the cash receipt and thank him or her again for participating.

RECORDING INTERVIEW INFORMATION AND FILING

Back up the information following the back-up procedures. If you are unsure of how to back up, **WAIT** until you have received instruction. Record information on the date of interview, computer used, Protocol ID, and Case Number in the participant's case folder and the Interview Log Book located near the external zip drive. Also, record information about date of interview, protocol ID, case number in the OIL

Research Tracking Database. A separate set of instructions (Appendix H) explains how to use this database.

Record the \$20 gift information in the petty cash tracking form in the file cabinet and in the Interview Expenses Excel file.

File the participant's folder with all the participants' pertinent information. Staple the Research Tracking form into the manila folder. File in the appropriate file cabinet.

ITEM SPECIFICATIONS

GENERAL SPECIFICATIONS

Questionnaire Sections

There are 13 chapters or sections in this questionnaire. Most chapters begin with a statement that briefly introduces the subject of the chapter. You should be totally familiar with how the questionnaire flows and how to enter and edit responses in each chapter.

- 1) Introduction (including Practice Questions)
- 2) Demographic Information
- 3) Perceived Stress
- 4) Social Support
- 5) Neighborhood
- 6) Spirituality
- 7) Life Skills
- 8) Health Care Use
- 9) Health Risk Behaviors
- 10) Drug Use
- 11) Sexual Behavior
- 12) Incarceration
- 13) Services Received from the BCDSS

Types of Questions

- 1) Lead-in phrases: A series of repetitive questions appears in a format with a lead phrase followed by a list of completion phrases. In some cases, the interview is set to repeat the lead phrases periodically to be sure that the interviewee understands the question

Example: How likely is it that you're a family member....

Would visit with me, or invite me over 1 2 3 4 5

Would comfort me if I was upset 1 2 3 4 5

2. Questions with help lists. A few questions have built-in HELP lists. For example, the variable **WORK5** asks the participant how long s/he has worked at their current job and asks to have the response coded in months. A participant that has worked for the job for multiple years may need help in calculating the number of months. For this question, s/he can click on the HELP button at the bottom of the screen for that question and a MONTH chart is included to help with selecting the correct number of months.

Recording Answers

1. "Don't Know" and "Refused": - the question-by-question specifications that follow, provide information for how to record refused, don't know, or not applicable responses.

All of the Yes/ No questions can be **REFUSED** by the participant, by entering a 7. **REMEMBER:** This option is unknown to the participant; if they refuse to answer a question the interviewer will enter this option for the participant. If a participant does not know an answer the interviewer can enter an 8.

Open-ended questions will allow a **REFUSAL** by entering seven (7) until the field is filled. For example, if the participant refuses to answer the question on income (Income2), the interviewer will enter 5 sevens (77777). If a participant does not know a information for a certain question, such as their phone number the interviewer will enter all eights for **UNKNOWN** (e.g. 888-888-8888).

2. Coding age: The computer is automatically set to permit values for birth dates that "make sense". For our purposes, we have assumed that a participant will be at least 19 years of age and, if s/he has a biological child, the child will be younger than 12 years old. Therefore, if you inadvertently enter the **WRONG** year for the participant's or the child's date of birth, the computer will **NOT** advance. If, at any time, the computer does not advance, it probably means that something was entered incorrectly. If you examine the question carefully, you should be able to solve the problem.
3. Coding age when respondent gives two ages: When asking for age of respondent the very first time something happened, code the younger of the two ages. For example, "I was 13 or 14", code 13. When asking for age of respondent the very last time something happened, code the older of the two ages. For example, "I was 18 or 19", code 19
4. When a respondent says s/he doesn't know how old s/he was when a particular event happened, encourage him/her to try to recall the age with a probe such as, "Could you give me your best guess?" If s/he cannot give an exact age, but says, for example, he was in his 20's, code the first digit as "2" and the second digit as "5"; the midpoint of the 20's.

Question by Question Specification

Throughout the automated questionnaire, we have provided clarifications and definitions as appropriate. We provide explanations that are too lengthy to describe completely on the screen in this next section. We organize these specifications by chapters.

CHAPTER 1: QUESTIONNAIRE INTRODUCTION

This chapter introduces the questionnaire, provides some practice questions to help the respondent become comfortable with answering questions using different keys, and assign computer number to this participant's data.

VARIABLE (S)	COMMENTS
Resume1	<p>This question asks if you want to resume an interview that was interrupted before it was finished. Most of the time, you answer NO, if it is the first time a participant has started an interview.</p> <p>If the participant has come in to finish a previously started interview, you must use the same computer AND know the protocol number the computer assigned to the first set of answers. In this case, enter yes and type the number and press ENTER. You should re-enter the interview with the last question they answered.</p>
INTRO1	Read this screen aloud. Ask the participant if s/he has any questions before you begin.
PRACTIC1-5	This set of screens will help the respondent become familiar with answering different styles of questions and using different keys (e.g., ENTER, NEXT, <space bar>, arrow keys) and typing in an open box (e.g., social security, DOB).
R1	This screen emphasizes the CONFIDENTIAL nature of the questionnaire. IN ADDITION, – YOU MUST RECORD THE NUMBER THAT APPEARS AT THE UPPER RIGHT HAND CORNER OF THE SCREEN (this is your protocol number) ON THE UPPER RIGHT HAND CORNER OF THE CONSENT FORM.

CHAPTER 2: DEMOGRAPHICS

This chapter collects demographic information about the participants (e.g., age, marital status, race), household composition, employment, income contribution, biological children, and housing situation.

VARIABLE (S)	COMMENTS
RSSN	<p>Enter the participant’s social security number here. If you make a mistake, use the BACKSPACE key to enter the number correctly.</p> <p>If the participant asks why we want the social security number, explain that we would like to use it as a “BACKUP” number. It will enable us to link information from this interview to the data provided by the BCDSS.</p> <p>If the participant does not know his number, we should have this identifying information, if we also don’t have that information enter 888-88-8888 for UNKNOWN.</p> <p>If they REFUSE to give us their number, enter 777-77-7777.</p>
RDOB	<p>Enter the participant’s date of birth. If s/he <u>does not know</u> his/her date of birth refer to the case contact form. The participants DOB would need to be between the years of 1977 to 1985.</p> <p>If the computer does not move to the next question, the participant may have entered a date that would either make them less than 19 years or over 24. If the participant may have made a mistake, use the backspace key to type over his/her old answer. If the participant is not between 19 and 24 years old, please contact the project coordinator immediately.</p>
RSEX, RADDRESS, RAPT, RCITY, RSTATE, RZIP, RHomNum	<p>These variables record the participant’s gender, address and telephone number.</p> <p>STATE – Enter the two letter abbreviation for the state MD, PA, DE</p> <p>ZIP – Mandatory field, please enter <u>77777 for refused</u>, or <u>88888 if unknown</u></p> <p>Phone – Mandatory field; please enter <u>777-777-7777 if refused</u> or <u>888-888-8888 if unknown</u> or if the respondent has no number.</p> <p>In order to save time, explain that you will enter these pieces of</p>

VARIABLE (S)	COMMENTS
	information from the Consent Form.
LEFTCARE	<p>The study participant must have left BCDSS foster care between <u>October 1, 1999 and September 30, 2000</u>.</p> <p>If the participant does not know when s/he left foster care, please refer to the closing date on the participants contact form. Inform the participant of the month and year we have as when s/he left the care.</p>
Ethnic	This allows the participant select the ethnicity with which s/he identifies.
MarStat	This asks the participant what his or her current marital status is.
Educ	<p>AT THIS POINT YOU WILL TURN THE COMPUTER OVER TO THE PARTICIPANT(S), depending upon their comfort level with using the computer you will either continue to assist them or allow them to complete the interview on their own. Encouraging and assisting the participants in completing the interview on their own is preferable.</p> <p>This is the first branching variable. This means that the questions that follow depend on how the respondents answer this question. You might explain this to the participants in order to emphasize the importance of answering each question correctly. You might also tell them that if a series of questions does not make sense, they might have answered a branching variable incorrectly. If this occurs, they should see you so you can help get them “back on the right track”.</p> <p>Enter the highest grade of REGULAR school that the participant completed. For example, if s/he dropped out of school in 10th grade, you would enter 9 for 9th grade.</p>
GED	<p>This question gathers information on whether the participant has obtained his/her GED, after leaving school.</p> <p>If 0 next question will be VOCAT</p> <p>If 1 next questions will be CERT</p>
VOCAT	This question gathers information on whether the participant has received any vocational training. This question should only be answered if the participant has less than a 12-grade education and no GED.

VARIABLE (S)	COMMENTS
Enroll	This question gathers further information on the participant's enrollment in other educational, vocational, and technical education.
CERT	This question gathers information on the participant's continued education and certifications.
WorkIntr Work1 Work2, Work3	<p>This is another branching variable. Depending on the answer to this question of whether the participant is currently working, the participant will be asked to specify the number of paid full-time and/or part-time jobs s/he currently holds.</p> <p>Please note that the definition of a <u>full-time job is 35 hours or more per week</u> and a <u>part-time job is 34 hours or less per week</u>.</p> <p style="text-align: center;">If Work1 = Yes and Work2 = 0 and Work3 = 0 then the respondent will receive a error message indicating that they answers are inconsistent and asking them to re- answer the questions beginning with Work1</p>
Work4	You can help the participant calculate the total number of hours a week s/he works for pay.
Work5	<p>If the participant appears to be or indicates having difficulties with converting years to months, you can help by pressing the Help Button at the bottom of the screen.</p> <p>If it is less than 2 weeks, enter 0.</p>
NumJobs	You may need to help the participant to think carefully when counting the number of jobs s/he has had since leaving care.
Income1	<p>This list identifies ALL the different sources of income the participant <u>may have received over the last 12 MONTHS</u>. So, if s/he has received AFDC or TANF early in the year and now works part time, check both items. This would NOT mean that s/he was collecting income assistance inappropriately.</p>
Income2	<p>You may need to help the participant calculate this amount. We are trying to estimate how much "<u>take home</u>" money, the participant received in the last month. Food Stamps are counted as income, as are energy assistance, scholarship money, etc.</p> <p>If the participant Refuses to provide this income information,</p>

VARIABLE (S)	COMMENTS
	enter 77777. If s/he does not know (and you cannot help them estimate), enter 88888.
Rchild, Rfather/Rmother, ChldDOB, Marbrth	This set of questions asks the respondent whether s/he has fathered/ given birth to a child and if so, the respondent will be asked to provide the date of birth for each child one s/he has fathered or given birth to. If Marstat ≠ 0, then the respondent is asked to indicate whether s/he was married at the time of the child's birth.
HouseInt- Rhouse10	<p>This is another branching variable. Depending on the response of the participant, the participant will be asked to answer certain questions.</p> <p>For example, if one chooses a response between 1-9, s/he will be asked the length of time in current residence, the number of moves, and the status of public/section 8 housing. If one selects either 10 or 11 (living at a homeless shelter or being homeless), s/he will be asked either the length of stay at the shelter or how long s/he has been homeless.</p> <p>When answering Rhouse2, the participant may need help with converting years to months. Conversion table is available if the Help button is pressed.</p>

CHAPTER 3: Perceived Stress

This chapter consists of the Perceived Stress Scale (PSS) (Cohen, Kamarck, & Mermelstein, 1983).

VARIABLE (S)	COMMENTS
PSSINTR	This screen introduces the next set of questions.
PSS1- PSS10	<p>For all questions in this series, the participant should select a choice on a five point scale ranging from 0 = Never to 4 = Very Often.</p> <p>Sometimes the participant feels that none of the responses “seem right” for them. Ask him/her to select the response that best fits them or is “most like” them.</p>

CHAPTER 4 Participant's Social Support

This chapter consists of the Social Support Behaviors Scale (Vaux, 1988). This chapter assesses the respondent's perception of available social support from (1) family member(s) and (2) friends. Five modes of social support are measured: financial support, emotional support, practical support, advice/guidance, socializing support

VARIABLE (S)	COMMENTS
FAMMEMS	<p>Allows the participant to select the individuals s/he considered as family in his/her life.</p> <p>If the participant selects response option 11("I do not have any family members"), no other response option can be selected. The participant will see an error message on the screen and is directed to "Please hit any key" to answer again.</p>
SSBINTRO	<p>Introduction to the social support scale.</p>
SSBFAM1 - 45	<p>These questions will focus on those individuals the participant has identified as family members that have been in his/her lives.</p> <p>For all questions in this series, the participant should select a choice on a 5-point scale ranging between 1 = No one would do this to 5 = most family members would certainly do this.</p> <p>Sometimes participants feel that none of the responses "seem right" for them. Ask them to select the response that best fits them or is "most like" them.</p>
SSBFRINT	<p>This screen asks the participants to think about the social support they receive from their friends.</p>
SSBFR1 - 45	<p>These questions focus on those individuals the participants identified as friends in their lives.</p> <p>For all questions in this series, the participant should select a choice on a 5-point scale ranging between 1 = No one would do this to 5 = most friends would certainly do this.</p> <p>Sometimes the participant feels that none of the responses "seem right" for him/her. Ask him/her to select the response that best fits them or is "most like" him/her.</p>

CHAPTER 5: Perceived Neighbor Hood Scale

This chapter consists of questions from the Perceived Neighborhood Scale (Martinez, Black, & Starr, 2002).

VARIABLE (S)	COMMENTS
PNSDIR	This screen introduces the neighborhood questions. We ask about how well each statement fits how participants feel about their neighborhood.
PNS1 through PNS 9	All of these questions are 5-point lists which can range from either very likely to very unlikely or very often to very seldom.
PNS10 – PNS35	This is a 5-point list that ranges from strongly agree to strongly disagree. If the participant refuses to answer these questions please enter 7. Neighborhood is defined as 4 blocks in any direction. If the respondent is new to the neighborhood s/he can answer unsure to the questions.
NHOOD1 – NHOOD2	These questions ask the respondent to think about those relative and friends living in the neighborhood. These questions are on a 3-point scale.

CHAPTER 6: Spirituality Experience Index

This chapter consists of questions from the Spiritual Experience Index (Genia, 1991).

VARIABLE (S)	COMMENTS
SEIINTRO	This screen introduces the spiritual experience questions.
SPIRIT 1 – 23	All of these questions are 6-point scales that range either from Strongly Disagree to Strongly Agree. The participant may ask what is meant by spirituality, the interviewer should ask the participant “What do you think

VARIABLE (S)	COMMENTS
	spirituality means?” and that s/he should try to continue to answer the questions using that definition of spirituality.

CHAPTER 7: Daily Living Skills

This chapter consists of questions from the ACLSA Level IV Young Adult Form and assess knowledge of living tasks, housing and community resources, money management, and self-care.

VARIABLE (S)	COMMENTS
DAILYINT DAILY 1- 20	This screen introduces the questions regarding the daily living tasks that a participant may perform regularly. All of these questions are on a 3-point scale that range from either 1) Not like me, 2) Somewhat like me, or 3) Very much like me.
ResInt Resour1- 22	This screen introduces questions about knowledge of housing and community resources. All of these questions are on a 3-point scale that range from either 1) Not like me, 2) Somewhat like me, or 3) Very much like me.
MoneyInt MONEY1 – 23	This screen introduces questions regarding knowledge of money management skills. All of these questions are on a 3-point scale that range from either 1) Not like me, 2) Somewhat like me, or 3) Very much like me.
CAREINT CARE1 – 18	This screen introduces questions regarding knowledge of personal care activities. All of these questions are on a 3-point scale that range from either 1) Not like me, 2) Somewhat like me, or 3) Very much like me.
ScDevInt SocDev1 – 26	This screen introduces questions regarding how the participant generally gets along with other individuals All of these questions are on a 3-point scale that range from either 1) Not like me, 2) Somewhat like me, or 3) Very much

	like me.
WrkEdInt WorkEd1-23	This screen introduces questions regarding knowledge of career development and training tasks and skills. All of these questions are on a 3-point scale that range from either 1) Not like me, 2) Somewhat like me, or 3) Very much like me.
PrfrmInt Prfrm1-12 SSCard BRTHCERT PhotoID	This screen introduces questions asking the participant to think carefully and consider the best way to handle certain situations. Yes or No question, the participant can refuse by entering 7 Yes or No question, the participant can refuse by entering 7 Yes or No question, the participant can refuse by entering 7 Yes or No question, the participant can refuse by entering 7

CHAPTER 8: Health Care Use

This chapter consists of questions regarding the participant's access to health care services.

VARIABLE (S)	COMMENTS
HcareDIR Hthcare1- 7	This screen introduces questions about their access to the health care services. IF the respondent answers No = 0 to Hthcare 1 s/he will be skipped to Hthcare4. IF the respondent answers yes=1 to Hthcare1 s/he will proceed to Hthcare 2. IF the respondent answers No = 0 to Hthcare 5 s/he will be skipped to Hthcare 7.

CHAPTER 9: Health High Risk Behavior

This chapter consists of questions from the CDC's 2001 Youth Risk Behavior Survey and 1995 National College Health Risk Behavior Survey. It has been developed so s/he can tell us what s/he does that may affect his/her health.

VARIABLE (S)	COMMENTS
RiskDIR	This screen introduces questions asking the participant to think

VARIABLE (S)	COMMENTS
RISK1 – 12 RISK13	<p>about behaviors that may affect his/her health.</p> <p>All of these questions are 5-point lists that address the frequency of these risk behaviors.</p> <p>RISK13 is an 8-point list that addresses the frequency of the risk behavior.</p>
SuiIntro RISK16-19	<p>These questions ask about the participant’s thoughts or feelings about suicide as well as any attempted suicide.</p> <p>IF respondent answers no = 0 to RISK16 the participant will skip to RISK20.</p> <p>If the participant <u>refuses to answer enter 7</u></p>
RISK 20 - 27	<p>These questions ask about the participant’s past and present use of tobacco products.</p> <p>IF respondent answers NO=0 to RISK20 the participant will be skipped to RISK27.</p> <p>If the participant <u>refuses to answer enter 7</u></p>
AlcIntro RISK 28-30	<p>These questions ask about the participant’s past and present use of alcohol.</p> <p>IF the respondent answers NO= 0 to RISK28 the participant will be skipped to DISINTRO.</p> <p>If the participant <u>refuses to answer enter 7</u></p>

CHAPTER 10: Drug Use

This chapter inquires about drug use and tries to tap the degree to which drug abuse could interfere with parenting responsibilities. We selected questions from the DIS-III-R, drug module (Robins, L., Helzer, J., Cottler, L., & Goldring, E., 1989).

VARIABLE (S)	COMMENTS
DISINTRO	These questions ask about the participant's past and present use of drugs and other substances.
WI	<p>Respondents select Yes or No about whether they have ever used any drugs on a list. If they say No, they skip to SexIntro.</p> <p>IF the respondent wants to refuse these questions the interviewer can enter <u>7 for a refusal response</u>.</p> <p style="padding-left: 40px;">See the following explanation, if respondent asks what we mean by the difference between cocaine and crack.</p> <p><u>Cocaine</u> is most commonly administered by being "snorted" through the nasal passages. Cocaine can also be injected directly into the bloodstream. A more recent mode of cocaine use, "freebasing", consists of smoking cocaine in a small pipe. Because pure cocaine -- a white crystalline powder -- is diluted at each level of distribution by a variety of other ingredients, freebasing entails using highly flammable chemicals to extract the base of the cocaine.</p> <p><u>Crack</u> is a cheap form of smoke-able cocaine. Crack is cocaine that has been processed from powder into "rock" form. Crack looks like yellowish or dirty white pellets or rocks. The use of crack in its ready-to-smoke state spares users from the delay and bother of extracting the freebase from the cocaine. Crack is smoked in pipes or water pipes and it gets its name from the crackling noises it makes as it is being smoked. The effects of crack are ten times more potent than powdered cocaine. Crack seems to create an unbreakable need for continuing its use because it gives the user an intense and rapid feeling of euphoria. Following this intense euphoria is a very unpleasant crash, which brings about an intense craving for more crack.</p>
W3	The interview asks the participant to enter an age when s/he first used any drug on the previous list. Refer to general instructions earlier about entering ages if the respondent is unclear about his/her age at that time.

VARIABLE (S)	COMMENTS
	IF the respondent <u>Refuses to answer</u> enter <u>77</u> . IF the respondent <u>Doesn't know</u> enter <u>88</u> .
W4	The interview asks the participant whether s/he has ever used any drugs or combinations of drugs or substances 5 or more times. If s/he says no to this variable, s/he skips to W8. If s/he says yes, s/he goes to W5.
W5	The interview asks the respondent to put a check mark next to each drug s/he has tried more than 5 times. S/he may use either the arrow keys and space bar or the mouse to make her checks. If s/he makes a check in error, s/he just has to press space bar again or click again to erase the check mark.
W7	The interview asks the respondent if s/he ever used drugs every day for two weeks or more. If s/he says NO, s/he skips to W8. If s/he says yes, she goes to W7A.
W7A	The interview asks the respondent when was the last time s/he used any drugs every day for two weeks by selecting from a list of 6 time periods.
W8	The interview asks the respondent whether s/he has ever stayed high all day. If s/he answers to both W4 and W8 are no, she skips out of the rest of the chapter. OR, if s/he answers to both W7 and W8 are no, s/he also skips out of the rest of the chapter. If s/her answer to W8 is yes, s/he answers W8A.
W8A	The interview asks the respondent when was the last time she stayed high all day by selecting from a list of 6 time periods.
W9 through W21	<p>These are all yes or no questions that inquire about the degree to which drug use has affected the participant's life. In a couple of instances, when s/he answers Yes, there are follow-up questions.</p> <p>IF the respondent answers Yes = 1 to W12 the participant skips to W12A.</p> <p>IF the respondent answers Yes =1 to W21 the participant skips to W21B.</p>

CHAPTER 11: Sexual High Risk Behavior

This chapter consists of questions regarding the participant's sexual behavior

VARIABLE (S)	COMMENTS
SEXIntro	This screen introduces questions asking the participant to think about his or her sexual behaviors.
RISK46-59	<p>IF the participant Refuses to answer the following questions the interviewer can enter 7.</p> <p>IF the participant answers 0 times to RISK50 the participant will skip to RISK52.</p>

CHAPTER 12: Incarceration

This chapter consists of questions regarding the history of law enforcement involvement.

VARIABLE (S)	COMMENTS
IncarInt	This screen introduces questions asking the participant to think about his/her history of arrest, conviction and incarceration.
Incar1- 2	

CHAPTER 13: Services

This chapter consists of a question asking about services that the participant received since leaving care with Baltimore City Department of Social Services.

VARIABLE (S)	COMMENTS
Services	This screen displays a list of possible services received since leaving care with Baltimore City Department of Social Services and allows the participant to check as many services they received.
FINAL SCREEN	The final screen thanks the respondent, pauses, saves and closes the interview. If for some reason the respondent now wants to change a previous question, you cannot go back into their interview. Make note of the change, and we will make the change by editing the questionnaire in the research office if necessary.

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Manual Appendix A

Assurance of Confidentiality Pledge

As a representative of the Center for Families, University of Maryland School of Social Work, I understand that the law and professional social work ethics prohibit me from disclosing any information that is obtained while working on the Outcomes of Independent Living Project. I further pledge to assure confidentiality of all information obtained about study participants and never to divulge names or information revealed to me or to any person who is not professionally associated with this project.

Name

Date

Manual Appendix C

Directions to Interview Sites

Directions to Baltimore City Department of Social Services

3007 East Biddle Street
Baltimore MD 21213

James Butler 410-361-4378

Coming from 83 South
Take MD2 or St. Paul Street left on the fork
Turn Left onto East Mt Royal
Turn a Slight Right onto Guilford Ave.
Turn Left onto Biddle Street
Proceed about 2 miles
On you left side you will come up to the BCDSS building enter the parking lot
Turn immediately left once in the gates
The double doors on your right will be those you will enter

Take 40 East
Take the ramp towards MLK
Stay straight onto West Mulberry Street
Turn left onto MLK
Turn a slight Right onto West Read
Turn a slight Left onto West Chase
Turn a slight Left onto North MLK
Turn right onto Biddle Street
Proceed about 2.3 miles
On you left side you will come up to the BCDSS building enter the parking lot
Turn immediately left once in the gates
The double doors on your right will be those you will enter

Parking will be in the back of the building

Once inside ask for James Butler – 361-4378

Directions to University of Maryland School of Social Work

525 West Redwood
Baltimore MD 21201

Coming from 83 South

At the end of the highway turn right onto Fayette Street

Proceed about 10 blocks to Green Street Turn Left

Two blocks down on your left will be the University of Maryland Hospital

Immediately turn left on to Redwood Street

The school of social work will be on your right

Coming from 95 North proceed to 395 MLK

Turn right onto Baltimore Street

Turn right onto Green Street

Next Block turn Left onto Redwood

Parking will not be reimbursed

DO NOT PARK in the UNDERGROUND PARKING – HOSPITAL PARKING ONLY

Street Parking - Grand Garage - Lexington Market Garage are recommended

Manual Appendix D

March 1, 2002

Name
Address
City, State Zip

Dear "Name":

We are writing to invite you to participate in an exciting new project called Outcomes of Independent Living. This project is based on a partnership between the Baltimore City Department of Social Services and the University of Maryland School of Social Work. Your participation in this project involves a computerized interview, which asks you about how you are managing on your own since leaving foster care. We anticipate the interview will take no longer than 1½ hours to complete.

By participating in this project, you have an opportunity to share your experiences. What we learn from you will help Baltimore City Department of Social Services design and implement programs and services to prepare young people for life on their own.

You may choose to be interviewed at any one of the following convenient locations:
:

1. Baltimore City Department of Social Services at 3007 East Biddle Street
2. The University of Maryland School of Social work at 525 West Redwood Street
3. Your home

To thank you for your participation, you will receive a cash gift of \$20.

In the next week, we will be calling you to see if you are interested in participating. If you would prefer, please feel free to call us at 410-706-3672 to schedule your interview. We look forward to hearing from you.

Sincerely,

Kimberly Haynes
University of Maryland School of Social Work
Interview Coordinator
410-706-3672

Manual Appendix E

April 22, 2002

<<Name>>
<<Address>>
<<City>>, <<State>> <<Zip>>

Dear <<Name>>:

Thank you for your recent participation in the Outcomes of Independent Living Project. We appreciate your willingness to share your views and hope that you found the experience an interesting one. Best wishes in the future.

Sincerely,

Kimberly Haynes
Interview Coordinator

April 21, 2002

- Name-
- Address -
- Address -

Dear NAME:

Thank you for agreeing to participate in the Outcomes of Independent Living Project. As a reminder, we have scheduled an interview [at our research office 55 North Paca Street] [at your home] [at the School of Social Work 525 West Redwood] [at the Department of Social Services 3007 East Biddle Street] on <<DATE>>, <<TIME>>.

The interview will take approximately 1½ hours and you will be given a \$20 cash gift for participating. For your convenience, we have enclosed directions to the location of the interview.

Please feel free to call our office at **(410) 706-3672** if you have any questions.

We are looking forward to seeing you on <<DATE OF INTERVIEW>>.

Sincerely,

Kimberly Haynes
Interview Coordinator

Enclosure

Manual Appendix F

Research Informed Consent Form

Manual Appendix G

Outcomes of Independent Living Initial Tracking Form

Client ID: _____ **SS #:** _____

Name and DOB : _____

Current Address: _____

Current Phone: _____

Task	Date Completed
Protocol Number: _____	
Back Up Protocol (within research office)	
Record Gift \$20 in Excel File for OIL	
Enter Information in OIL - MIS	
Complete Research Related Information in File	
Thank You Letter to Participant	

Note: See Interview Protocol Manual for description of procedures to follow.

Manual Appendix H

Research OIL Tracking Database Procedures for Data Entry (4/15/02)

Introduction

A research-tracking database in Microsoft Access has been developed in order to keep records of the interview dates, protocol numbers, and up to date participant addresses. This document explains how to enter data in this database.

Accessing the Database

The database is located on all the Research Office Computers as a desktop icon for OIL Database. Enter the database by double clicking the " OIL Database" file on the computer's desktop. The form that appears will be the Participant Information Form. This Participant Information Form is used to record critical information for each participant.

Finding A Record

When trying to locate a Study ID, place the cursor in the Study ID box field and click on the Find Feature (the icon at the top of the screen which looks like binoculars). A dialogue box will then appear. Enter the Study ID number you are looking for and click on the Find Next button in the dialogue box. This will locate that participant. Close the Find box by clicking on the small x in the right-hand corner and the record will be available for you to enter any additional information.

Once you have updated the appropriate information in that participant's form, close the form by clicking the x in the top right hand corner. This will save the updated participant's information for later reference.

Enter Post-Interview Information

You should enter this information after you have backed up the interview. Open the "OIL Database" form by double clicking the icon on the desktop.

Then find the appropriate participant's information using the Find feature. The form that appears should contain your participant's Study ID number. Use the Find feature as above to locate the appropriate participant. Enter the interview date and the interview protocol number (which are mandatory fields). Using information obtained during the interview, update other information such as address and phone number, social security number, and DOB in necessary. Close the form as above when done. If you need to view the interview data, follow the procedures in the "Instructions for Accessing Interview Data."

Manual Appendix I

Group Interview Protocols

INTERVIEW RECRUITMENT

This is a continuation from Chapter 2 and applies to those participants who have agreed to and have been scheduled for one of the group interviews. To reiterate, any potential participant who is interested in completing the interview at the School of Social Work should be offered the opportunity to participate in a group interview. It is very important to explain to the participant that there will be other study participants at the interview but that they will have a private area to complete the computer-assisted interview. To increase the likelihood of successful completion, potential group interview participants should be screened for basic reading comprehension and keyboarding skills as well as their willingness to follow directions while in a group.

INTERVIEW SCHEDULING

- Once an individual has agreed to participate in a group interview, refer to the Interview Schedule Book for the dates and times set aside. You may schedule up to twenty (20) participants for each session.
- Because we use the same schedule book to schedule many other project interviews, write the appropriate “OIL participant ID” under the participant’s name in the schedule book so that any research staff who looks at the schedule book will know what type of interview is to be completed.
- Verify with the participants their contact information in the event we need to contact them. Also, give them the telephone number of the Research Office (410-706-3672) so they may call if they will be unable to make the appointment. Explain that it is not a problem to reschedule, but we prefer to receive a telephone call in advance so that we can use the original appointment time for someone else if needed. If you schedule the appointment time a week in advance, tell the participant that someone will call the day before the appointment as a reminder and they will receive a confirmation letter.
- Provide the participant with directions to the University of Maryland School of Social Work. Ask him/her to bring to the interview his/her social security number and birth date of her/his child(ren) if applicable. Ask if they will have childcare or if they need to bring their children with them. If they will need to bring their children with them, make note of this in the margin of the scheduling book so that the interview coordinator will be prepared with some activities to keep the children occupied during their stay. We will NOT provide childcare; therefore the participants will be responsible for their children during the interviews.
- Record information about the interview date and time in the scheduling book, on the Attempt to Contact Form, and in the MIS. Place the Attempt to Contact Form with the appointment time and date on it into the Interview Schedule Book. Insert the schedule information on the wall calendar in the Research Office, with the time, the participant’s last name only, OIL = Outcomes of Independent Living Interview and where the interview will take place (SSW for School of Social Work). If the appointment is one week away or more, send a reminder letter to the participant using the reminder letter in (Appendix E – Sample Appointment Reminder Letter). Write,

“We look forward to seeing you” on the letter. If appropriate, enclose instructions on how to reach the School of Social Work (see Appendix C).

- At times, participants will initially express interest in the project but may change their mind before completing the Interview. If the participant tells you that s/he is not interested in participating in the project, tell them that s/he can call us if they change his/her mind.

INTERVIEW PREPARATION

In addition to sending confirmation letters to all group interview participants, you are also responsible for contacting the participants prior to the scheduled interview to remind them of the appointment. When you are able to confirm an appointment, put your initials next to the appointment time to let others know that you were able to confirm it.

In addition, gather the materials needed for the interview for each participant– two copies of the Informed Consent Form, the referral/contact information and receipts–each participant should have his or her own manila folder. Write the study ID, and interview protocol number on the consent forms. Prepare the sign in sheet and assign participants to computers. Sign out sufficient petty cash (\$20 per participant) from the appropriate file.

Using the Computer Lab for Group Interviewing

1. Reserve the room with David Pitts and Stan Minkin. You can use group-wise and do a busy search for room 3E36 to see when it is available.
 - a. Confirm that the Research Coordinator will have an access to the lab room and obtain the key prior to the date of the group interviewing.
 - b. Provide a list of scheduled participants to the Security Guard at the SSW front desk.
 - c. Place signs up at the front desk and on the doors and hallways.
 - d. Arrange for Family Connections/Center for Families staff to assist in directing participants up to the computer lab.
2. Contact Gwen Young at 6-7870 to reserve another room for childcare if necessary. You may want to consider using the 3rd floor lounge as the reception area.
3. As participants enter the lounge, introduce yourself, confirm the participants' identification and present the initial Informed Consent Form (See Appendix F). Ask the participants if they want to read it themselves or have you read it to them. If they want to read it, emphasize that everything that they tell you is completely confidential. Answer any questions that s/he has about the form or the interview process. Once s/he signs and dates both forms, you should sign and date both forms and give one copy of the form to the participant. It is very important that the correct address including zip code and telephone number(s) are on the consent form. Since we may need to contact them even after the interview, this information is pertinent.

4. Show participants where the rest rooms and water fountains are.
5. Before escorting them to the computer lab, confirm with participants that they are willing to complete the interview.
6. You should plan to be on site at least fifteen minutes beforehand.
7. As each participant finishes, thank him/her for his/her participation and have him/her sign the gift cash receipt.
8. After the interviews are done, they need to be backed up into another folder in our network drive for Family Connections so that others are unable to have access to the confidential client information. This information needs to be backed up and deleted off the general server (F drive) so others are unable to see this information.
9. Indicate that the interview was completed on the contact form and in Access Database (enter interview date in field) and file the participant's folder in the filing cabinet.

Group Interviewing Schedule Log

On: May 3rd 2002

Location: School of Social Work

525 West Redwood

At: 10:00 am

Computer	Time	Study ID	Name	Address	Phone
Computer 1					
Computer 2					
Computer 3					
Computer 4					
Computer 5					
Computer 6					
Computer 7					
Computer 8					
Computer 9					
Computer 10					
Computer 11					
Computer 12					
Computer 13					

Computer 14					
Computer 15					
Computer 16					
Computer 17					
Computer 18					
Computer 19					
Computer 20					

Computer Group Interviewing Diagram

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Manual Appendix J

Resource Guide Booklet

Manual Appendix K

Temporary Cash Assistance –TCA (TANF)-As of 10/01/01)

# of Persons in the AU	Allowable Amount	50% of Poverty Level
1	210	\$358
2	372	484
3	472	610
4	570	735
5	660	861
6	726	987
7	817	1,113
8	899	1,239
9	970	1,365
10	1,045	1,490
11	1,123	1,616
12	1,198	1,742
13	1,273	1,868
14	1,346	1,994
15	1,424	2,120
16	1,515	2,245
Each Over 16	Add \$78	Add \$126

Manual Appendix L

List of Drugs

DRUG CARD LABELS	DRUG STREET NAMES
1. Marijuana: hashish, bhang, ganja	pot, grass, weed, refer, dope, Mary sinsemilla, Acapulco Gold, thai sticks
2. Stimulants: amphetamines, khat, betel nut	speed, uppers, upps, black beauties, pep pills, co-pilots, bumblebees, hearts, benzedrine, dexedrine, footballs, crank, crystal meth, crystal, methedrine
3. Sedatives: barbiturates, sleeping pills, seconal, valium, librium, tranquilizers, quaaludes, xanax.	downers, barbs, blue devils, yellow jacket, yellows, nembutal, seconal, amytal, tuinals, ludes, sopors
4. Cocaine: coca leaves 4a. Crack	coke, snow, flake, white, nose candy, Big C, snowbirds, lady freebase rocks, rock
5. Heroin	smack, horse, brown sugar, junk, mud, Big H., black tar
6. Opiates: codeine, demerol, morphine, percodan, darvon, opium, dilaudid 6b. methadone	
7. Psychedelics: LSD, mescaline, peyote, psilocybin, DMT	acid, green or red dragon, white lightning, blue heaven, sugar cubes, microdot, mesc, buttons, cactus, magic mushrooms, mushrooms
8. Inhalants: glue, toluene, gasoline	
9. Other: nitrous oxide, amyl nitrite	laughing gas, whippets, poppers, snappers
10. Other: write in _____	

Manual Appendix M

Outcome of Independent Living Project: Recruitment and Scheduling Protocol

I. Procedures for Recruiting and Scheduling Participants

1. Mail invitation letter (see below)
 - If they do not call within a week—we will contact them by phone
 - If a letter comes back with incorrect address → begin process of locating current information
2. Once participant agrees to interview offer to conduct interview at one of following locations:
 - a. BCDSS, 3007 East Biddle Street, Baltimore, MD
 - b. Participant's home
 - c. University of Maryland, School of Social Work
3. Mail confirmation letter or reminder letter of scheduled appointment time (see below).
4. Make phone call day before or day of interview
5. After interview is complete, send thank you letter

Materials Needed for Completion of Interview

1. Laptop computer with mouse and mouse pad
2. \$20 Payment and Receipt
3. Two copies of the informed consent forms
4. Research file with participant identification information
5. Complete client tracking form

Script: Cold calls to phone numbers (random matching names)

Hello, My Name is _____ I am calling from University Maryland. I am trying to get in touch with _____ NAME _____ in order to invite them to participate in a survey. Is this _____ or do you know this individual?

(NO) → Thank you for you time and have a good afternoon.

(YES) → To verify that we have the right person can you tell me if their DOB is _____.

Do you have a current phone number and address to contact _____ directly?

(YES) → Thank you.

(NO) → Would you be willing to pass along our phone number to them so that we can invite them to participate in an exciting new project?

Script: To individual who we know had or has contact with the participant

Hello, My Name is _____ I am calling from University Maryland. I am trying to get in touch with _____ in order to invite him/her to participate in a survey in collaboration with Department of Social Services. DSS gave me your name and number as someone who may know how to contact _____'s.

Do you have _____ phone number and/or address?

(YES) → Would you be willing to give us that contact information so that we may invite them to participant in this exciting new project?

(NO) → Would you be willing to pass along our phone number to them so that they could contact us to learn more about this exciting new project.