12114 HOUSE HESS

STEP 5 Choose Your Initial Contribution Method

NOTE

For Account Holder and Beneficiary changes, please complete this form and include a Change of Account Holder or Change of Beneficiary form.

Use Step 5 to select the funding type(s) for your initial investment. You may select more than one option. For rollovers, complete this step and the Rollovers Only form.

Investment Options

☐ Invest via Check or Money Order
Make payable to UA College Savings Plan.
Go to Step 6.

☐ Invest via Automatic Asset Builder/Payroll Deduction
Go to Step 6, 7 and 8.

☐ Invest via Alaska Permanent Fund Dividend
Check the UA College Savings Plan box on the PFD application to contribute one-half of your PFD to your new Account.
Go to Step 6.

☐ Invest via Electronic Transfer
Transfer assets from your financial institution to your Plan Account. Transfers occur on a scheduled basis for Automatic Asset Builder or only when you initiate them and are made through the Automated Clearing House (ACH) network.
Go to Steps 6, 7 and 8.

Rollovers

☐ Invest via Direct Rollover from Another College Savings Plan (529 Plan)

☐ Invest via Indirect Rollover from a Coverdell Education Savings Account, Qualified U.S. Savings Bonds, or from Another 529 Plan within the Last 60 Days
You must provide an account statement from your current plan or IRS Form 1099-INT. You must also provide the earnings applicable to the rollover. Otherwise, the entire contribution will be treated as earnings for tax purposes.

Earnings $ ______

Basis (Principal) $ ______

Amount of Rollover Distribution $ 0.00

1006W

STEP 6 Choose Your Portfolio(s)

NOTE

The minimum initial contribution is $250, unless you invest at least $50 through regular monthly payments (Automatic Asset Builder), the Alaska PFD program or Direct Rollover.

The Plan offers three different investment approaches. Select from Portfolio options A, B, or C, or select a combination. If you do not select a Portfolio, an Enrollment-Based Portfolio will be chosen for you, based on the Beneficiary's age and expected college entry date.

☐ If you are making an initial contribution and investing via regular monthly payments (Automatic Asset Builder), check box, complete Steps 6, 7 and 8.

☐ If you are making an initial contribution and investing via a direct rollover, check box, complete Step 6 and fill out the Rollovers Only form.

Assets are invested in a mix of stocks, bonds and money market funds allocated according to when the Beneficiary is expected to enter college. As the Beneficiary approaches college enrollment, the investment will move to an increasingly conservative allocation.

A Enrollment-Based Portfolios

☐ Portfolio for College $ ______

☐ Portfolio 2006 $ ______

☐ Portfolio 2009 $ ______

☐ Portfolio 2012 $ ______

☐ Portfolio 2015 $ ______

☐ Portfolio 2018 $ ______

☐ Portfolio 2021 $ ______

☐ Portfolio 2024 $ ______

The allocations of these Portfolios remain fixed within a specified range.

B Static Portfolios

☐ Equity
Primarily stock funds $ ______

☐ Fixed Income
Primarily bond funds $ ______

☐ Balanced
Approximately 60% stock funds and 40% fixed-income funds $ ______

☐ Money Market $ ______

The return on a contribution to the ACT Portfolio is guaranteed to keep pace with tuition increases at the University of Alaska under certain conditions.

C ACT Portfolio

☐ ACT Portfolio
Approximately 30% stock funds and 70% fixed-income funds $ ______

NOTE

Be sure to total the amounts in A, B, and C on this line.

TOTAL INVESTMENT $ 0.00
Add up amounts in A, B, and C

1007W

STEP 7 Invest Systematically through Automatic Asset Builder (optional)

NOTE

☐ To invest monthly through payroll deductions, check here. The UA College Savings Plan will mail you instructions.

The Automatic Asset Builder service makes contributing to your Plan even more convenient. With Automatic Asset Builder, you can invest in your Account systematically via monthly or semi-monthly payments from your bank account. Complete Step 7 as well as the electronic funds transfer information in Step 8 to activate Automatic Asset Builder.

Refer to this list of available portfolios to complete the information in this step.

Enrollment-Based Portfolios	Static Portfolios	ACT Portfolio
Portfolio for College	Equity	ACT Portfolio
Portfolio 2006	Fixed Income	
Portfolio 2009	Balanced	
Portfolio 2012	Money Market	
Portfolio 2015		
Portfolio 2018		
Portfolio 2021		
Portfolio 2024		

Print the name of any Portfolios you selected from Step 6.

This service allows you to automatically invest in your Plan Account (minimum $50). You must also complete the electronic funds transfer information in Step 8.

A Portfolio 1 – Monthly Investment

Portfolio Name (e.g., Portfolio for College)

Amount of Regular Investment ($50 minimum)

$ ________

Day(s) of Month You Would Like to Invest

____ and ____ of every month

B Portfolio 2 – Monthly Investment

Portfolio Name

Amount of Regular Investment ($50 minimum)

$ ________

Day(s) of Month You Would Like to Invest

____ and ____ of every month

C Portfolio 3 – Monthly Investment

Portfolio Name

Amount of Regular Investment ($50 minimum)

$ ________

Day(s) of Month You Would Like to Invest

____ and ____ of every month

STEP 8 Electronic Funds Transfer *(Optional Service)*

☐ Check this box to transfer assets from your bank to your Plan Account.

Complete Step 8 to allow for the transfer of funds from an account at your financial institution to your Plan Account. Transfers may occur on a scheduled basis as selected in Step 7 or only when indicated by you.

The check or deposit slip must be preprinted with your name and address. We cannot accept starter checks.

J. A. Customer
123 Main Street
Anywhere, USA 12345

Date: ______ 1563

PAY TO THE ORDER OF ______ $______

______ Dollars

FOR: ______ VOID

⑆000000000⑆ ⑈0000000000⑈

Tape Your Preprinted Voided Check or Deposit Slip Here.
We cannot establish these options without it.
(Please do not use staples.)

Indicate the account type. in ☐ Checking ☐ Savings

If the Account Holder or Custodian is not listed on the attached check, the bank account owner must sign below.

By selecting the electronic transfer service, I, the contributor, hereby authorize T. Rowe Price to initiate debit entries to the account at the financial institution indicated (on the attached voided check) and for the financial institution to debit such account through the ACH network, subject to the rules of the financial institution, ACH, and T. Rowe Price. T. Rowe Price may correct any transaction errors with a debit or credit to my financial institution account and/or Plan Account. This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify T. Rowe Price of its revocation by telephone or in writing and T. Rowe Price has had sufficient time to act on it.

Sign here ONLY if the Account Holder's name is not on this check.

X ______
Bank Account Owner's Signature

__ __ ____
Today's Date (MM/DD/YYYY)

Please read this information and sign this form on page 11 to activate your Account.

ACCOUNT AGREEMENT

By signing this Agreement, I understand and I hereby certify that:

- I am applying for an Account under the Plan and consent and agree to all the terms and conditions of the Plan Disclosure Document, the Education Trust of Alaska ("Trust"), Declaration of Trust ("Declaration"), and the UA College Savings Plan, which are all expressly incorporated by reference herein. Capitalized terms used in this Agreement have the meanings specified in the Declaration. I acknowledge and agree that this Agreement will govern all aspects of my participation in the Plan. I understand that I may obtain a copy of the Declaration or the Plan Disclosure Document by calling a Customer Service Representative. I further acknowledge that this Agreement shall be construed, governed, and interpreted in accordance with the laws of the state of Alaska
- The information in this Agreement is accurate, and I agree to hold harmless the Trust, T. Rowe Price, the Trustee, and the University for any losses arising out of any misrepresentations made by me or breach of acknowledgements contained in this Agreement as described in Section 6.15 of the Declaration.
- The Alaska College Savings Act requires that the name, address, and other information identifying a person as an Account Holder or Beneficiary in the Trust be confidential. The Declaration provides that this information must not be disclosed by the Trust or T. Rowe Price to other persons except as specified in the Declaration, such as in connection with servicing or maintaining your Account, as may be permitted or required by law or in accordance with your written consent. I hereby authorize the Trust and T. Rowe Price to disclose such information in accordance with the Privacy Policy of the Trust, as may be amended from time to time, including disclosure to regulatory agencies and authorized auditors and compliance personnel for regulatory, audit, or compliance purposes and to third parties for performance of administrative and marketing services relating to the Plan. The Trust and T. Rowe Price and its affiliates may in the future alert me to other savings or investment programs. I understand that I may contact a T. Rowe Price Customer Service Representative if I do not wish to receive such information.
- If I am executing this Agreement on behalf of a minor Account Holder, I certify that I am of legal age in my state of residence and am legally authorized to act on behalf of such minor.
- If I am funding this Account with proceeds from the sale of assets held in a custodial account established under an UGMA/UTMA, the Beneficiary and Account Holder identified in this Agreement is the same as the minor on the prior UGMA/UTMA account. I certify that if I am funding this Account from a prior 529 distribution for the same Beneficiary, that there have been no other rollovers for the same Beneficiary in the previous 12 months. I certify that any contributions that are rollovers from a Coverdell Education Savings Account, qualified U.S. Savings Bonds, or a prior 529 plan distribution will be disclosed as such and the applicable earnings and basis information provided.
- By completing this Account Agreement I waive any present or future right to request a 90-day refund of any contribution made through the Alaska Permanent Fund Dividend. (The Account Holder may request distributions of PFD contributions in accordance with the Plan distribution procedures.)
- I authorize T. Rowe Price, its agents and their affiliates, and the Trust to act on instructions believed to be genuine and from me for any service authorized in this Agreement, including telephone/computer services. T. Rowe Price and the Trust use procedures designed to verify the authenticity of the Account Holder or Custodian. If these procedures are followed, T. Rowe Price and the Trust will not be liable for any loss that may result from acting on unauthorized instructions. I understand that anyone who can properly identify my Account(s) can make telephone/computer transactions on my behalf.
- By selecting the electronic transfer service in Step 8, I hereby authorize T. Rowe Price to initiate debit entries to the account at the financial institution indicated (on the attached voided check) and for the financial institution to debit such account through the ACH network, subject to the rules of the financial institution, ACH, and T. Rowe Price. T. Rowe Price may correct any transaction errors with a debit or credit to my financial institution account and/or Plan Account. **This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify T. Rowe Price of its revocation by telephone or in writing and T. Rowe Price has had sufficient time to act on it.**

STEP 9 Activate Your Account *(Continued)*

By having the Plan accept delivery of this Account Agreement, e[illegible]uted by me and in good order, the Trust acknowledges acceptance of this Agreement, binding the Trust and me, in accordance with its terms.

If you have additional questions, please call us at (800) 478-0003.

PLEASE SIGN HERE

YOU MUST SIGN HERE to activate your Account. ▶

X

Signature of Account Holder, Custodian (if Account Holder is a minor) or Trustee (if applicable)

Today's Date (MM/DD/YYYY)

Printed Name of Signer

TIP ▶ Did you remember to include:

Mail this form to:

UA College S[illegible]vings Plan
P.O. Box 1[illegible]300
Baltimo[illegible], MD 21298-8670

- Social Security Number or Tax Identification Number of the Account Holder*
- Date of birth (or effective date of Trust) for the Account Holder*
- Name and Social Security Number of the Successor Account Holder (if applicable)
- Social Security Number and date of birth of the Beneficiary (student)
- Residential address for the Account Holder and Custodian (if necessary)*
- A check or money order for your initial investment (if applicable)
- A voided check or deposit slip for the electronic funds transfer service (if applicable)
- Copy of Trust or corporate documents (if applicable)

* *We will not be able to open your Account until we receive all of this required information.*

Registered, certified, and express mail items only:

UA College Savings Plan
Attn: T. Rowe Price Account Services
Mail Code: 17300
4515 Painters Mill Road
Owings Mills, MD 21117-4903

Official Use Only

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ASPIRE

ALASKA'S YOUTH SUCCEED WHEN PEOPLE INVEST RESOURCES IN EDUCATION

HB 135 FAQ

1. What does the bill do?

HB 135 establishes the ASPIRE program, an acronym for Alaska's youth Succeed when People Invest Resources in Education. This program will give children in custody of the state an opportunity to pursue education and training after high school.

2. Why is this bill necessary?

The bill is necessary to address confidentiality issues regarding the release of private information of foster children. It is also necessary to set guidelines for DHSS to establish a process to identify foster kids with the highest priority need.

3. How does it work?

The Office of Faith-Based and Community Initiatives is responsible for the promotion of the program through its various contacts in the faith based and non-profit community across the state. Once a donor is identified they can contact OFBCI to contribute money, which OFBCI can only use for establishing a UA Savings Account. DHSS (OCS) involvement is necessary for OFBCI to have the required information about each foster child.

4. Who can contribute?

Individuals, non-profit organizations, churches, businesses, etc can all contribute to a UA College Savings Plan. The UA Savings program is extremely flexible.

5. Who is an eligible beneficiary?

Children who have been placed in "out of home" care for a minimum of two years are eligible. DHSS is assigned the task of identifying the children with the highest priority and potential for success.

6. Don't some foster children already receive free tuition?

Some do, but eligibility is often too strict for many foster children to take advantage of the program. Through state tuition waivers, children must be in custody on their 16th birthday, and must attend an AK state university (UAA, UAF, UAS). With a UA savings account, any eligible child would be able to attend community college, university, and vocational education anywhere in the country.

7. Once a donor is identified, how does DHSS decide who gets to be a beneficiary?

DHSS is assigned the task of establishing a process to identify children with the highest priority. The two most important factors, according to DHSS, are age and the consideration of "aging out" of the system, and length of time in state care.

8. What happens if a foster child is not able to use the money?

If a beneficiary is unable to use the money for any reason, another beneficiary can be named. In other words, if a business or church opens an account for a child, and that child becomes ineligible, a 2nd child would be named as the beneficiary and be able to take advantage of the account.

9. Is there an age limit for the beneficiaries?

In section 1, paragraph C of HB 135, a provision is included to name a new beneficiary if the current beneficiary does not enroll in an eligible program before the age of 30.

List of Attachments

Attachment A

"Steelman Launches "BELIEVE" Program to Help Get Foster Kids to College: Bass Pro is First Sponsor," Office of Missouri State Treasurer, Sarah Steelman, December 22, 2005

Attachment B

Alaska Statute 47.10.090-47.10.093

Attachment A

"Steelman Launches "BELIEVE" Program to Help Get Foster Kids to College: Bass Pro is First Sponsor," Office of Missouri State Treasurer, Sarah Steelman, December 22, 2005

MISSOURI'S BELIEVE PROGRAM

Frequently Asked Questions about BELIEVE

1. What does BELIEVE stand for?

   BELIEVE stands for **Bringing Educational Leadership by Investing and Expecting Victory in Every Child.** We believe that every child in Missouri can succeed if given the right support. Missouri has over 11,000 foster children under its care. BELIEVE is a program to identify corporations or non-profit organizations interested in sponsoring a child who is in the custody of the State of Missouri for a MO$T (Missouri Savings Tuition Program) scholarship. MO$T is the State of Missouri's 529 plan which allows the sponsor to set up an account to save for college tuition tax free. The sponsor also receives a tax deduction for their annual investment in the MO$T plan of up to $8,000 per person.

2. Who can agree to sponsor a foster child?

   Any corporation, non-profit organization, person, or other entity can agree to sponsor a child and set up an account naming the child of their choice as beneficiary.

3. What is the benefit of a MO$T account?

   The investment in a 529 MO$T account allows the investment to grow tax-free and the beneficiary can use it for their college tuition and other college costs tax-free. In other words, at no time is tax due on the principal or the earnings as long as it is used for eligible college expenses. The organization or entity contributing to the account can receive a tax deduction each year of up to $8,000 per taxpayer.

4. How much is required to open an account?

   To open an account you only need $25.00. We are asking that for the BELIEVE program the initial contribution be based on the investment plan that is most suitable for the age of the child selected to help kick start

a college savings plan for a foster child. But the bottom line is that any amount is better than none at all.

5. What happens if the child does not go to college after making annual contributions?

   A new beneficiary can be named at that time or when the account is initially set up a contingent beneficiary can be named. If neither of these options is suitable to the account owner, then the money can be used by the account owner but taxes would be owed if the proceeds are not used for college expenses.

6. Why should any corporation or entity be interested in sponsoring a child for the BELIEVE program?

   Many foster kids never have a chance to reach their full potential because of circumstances that are out of their control. The state takes responsibility for these kids, but what happens to them after they turn 18? Many times we don't know and what is worse, many times no one cares. This program singles out a child that a group of people, organization, church, or corporation can encourage by providing the money to ensure that they have a chance to go to college. If the child knows this – knows that suddenly somebody BELIEVEs in him or her to actually succeed and reach their goals then great things begin to happen. This is an opportunity to help a child reach their dream by investing and believing in their future by setting up a 529 MO$T account to pay for their college expenses.

7. How do I sign up to sponsor a child in the BELIEVE program?

   Organizations wishing to participate in the BELIEVE program should contact Jane Dudeck, Chief of Staff, State Treasurer's Office at (573) 751-4943 or Jane.Dudeck@treasurer.mo.gov.

8. How much would an organization need to contribute if it wanted to cover 100% of the costs of tuition for a child?

   The answer to this depends on a number of variables, including the number of years that the organization contributes before the child goes to college, the actual college that the child goes to, the future rate of inflation for tuition costs and the return on the investments selected. Here are several examples of how much an organization would need to contribute to fund 100% of projected costs based on a tuition inflation rate of 5%, a

return on investment of 10% and four years' attendance at the University of Missouri-Columbia (where costs are currently estimated at $8,700 per year):

- For a 13-year old child, assuming an initial $5,000 contribution, a sponsor would need to contribute $500 per month to cover 100% of projected costs.

- For a 5-year old child, assuming an initial $5,000 contribution, a sponsor would need to contribute $160 per month, or just under $2,000 per year, to cover 100% of projected costs.

9. Can an organization "share" the sponsorship of a child or partner with another organization to sponsor a foster child?

   Yes, any amount that an organization contributes to the BELIEVE program will greatly help a foster child defray the costs of higher education and is greatly appreciated. The amount of tax deduction that a sponsor can take is not affected if more than one organization helps sponsor a child. In other words, two organizations donating $8,000 a year for the same child can each deduct up to $8,000.

10. Who invests the money that we contribute to BELIEVE, and how do I know that our money is safe?

    The MO$T program offers several different investment options for sponsors, which they select. These investment options—which include a 100% Equity Option, a Guaranteed Option and a Managed Allocation Option which rebalances assets based on the age of the child—are professionally managed by TIAA-CREF, one of the largest asset managers in the nation. Like all investments that are invested primarily in the stock market, there is no guarantee for either the 100% Equity Option or Managed Allocation Option that these investments will maintain 100% of principal or provide a guaranteed return. However, over the long term, investments in these options should perform in line with broad equity returns.

For assistance regarding these options, please contact Jane Dudeck, Chief of Staff, State Treasurer's Office at (573) 751-4943 or Jane.Dudeck@treasurer.mo.gov.

PRESS RELEASE

Office of Missouri State Treasurer Sarah Steelman

FOR IMMEDIATE RELEASE -- Decembe 22, 2005

Steelman Launches "BELIEVE" Program to Help Get Foster Kids to College: Bass Pro is First Sponsor

SPRINGFIELD Mo. -- Christmas came a few days early for some special Missourians. State Treasurer Sarah Steelman today kicked off a statewide initiative to give crucial help to Missouri's foster children. The project, called BELIEVE, is a partnership between the Treasurer's office and the citizens and organizations of the state to provide college savings accounts for these children – all at no cost to taxpayers.

Steelman, who oversees the state's tax-preferred 529 college savings plan, called MO$T, said the program was a gift for all Missourians.

"There are thousands of precious children in foster care in Missouri today," Steelman said. "They are all special, they all were wondrously created and were given to us for a unique and important purposes. Today we have a new way to help them, to give them a way to fulfill their destinies, and a reason to hope."

Bass Pro Shops appeared with Steelman at the launch, and were announced as BELIEVE's first partners, having selected two foster children to sponsor, and will now work with the Treasurer's office to set up MOST accounts for them.

"We believe in this program, and in the potential it holds for these foster children," Bass Pro spokesman and Outdoor Educator Larry Whiteley said. "That's why Bass Pro Shops is proud to be the first to join this program to help these at-risk foster children."

BELIEVE is an acronym for Bringing Educational Leadership By Investing and Expecting Victory in Every Child, and Steelman says that is just what her program does.

"There is magic inside each of these kids. As a mother, I know that the key to a child's success is belief in themselves.

"For most kids, it's their parent who instills this confidence, but many foster children don't have anyone who believes in them. When they turn 18, most of them have nowhere to go. This is a wonderful way for Missourians to truly make a difference in these children's lives," said Steelman.

Steelman said the response from Missouri businesses, churches, non-profit organizations, and individuals has already been overwhelming and that additional sponsors would be announced soon. She said the initiative really is as simple as a Missouri organization or individual working with her office to select one or more of Missouri's foster children to sponsor, and then opening a MOST account for them.

Several foster children were expected to appear at the press conference as well as representatives from Boys and Girls Town of Missouri and the Missouri Baptist Children's Home who are helping spread the word about the BELIEVE program. The Missouri Department of Social Services is working with the State Treasurer's office to coordinate selection of the children.

Since 1999, Missouri has sponsored MO$T, a tax-advantaged 529 college savings plan. Under this program, individuals and organizations can contribute up to $8,000 per year into an account for a designated child. The amount contributed up to $8,000 is not subject to state income tax. Federal law allows earnings on these accounts to be tax exempt as well, enhancing the program's ability to help students and families for college.

Contact: Mark Hughes, Director of Policy and Communications, (573) 751-7595
An electronic version of this release is available at http://168.166.15.215/pressroom/press.asp

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To print this article open the file menu and choose Print.

Back

Published December 23, 2005

Effort's aim: college for foster children

State initiative will encourage contributions from businesses, churches and other groups.

James Goodwin
News-Leader

A state initiative unveiled Thursday encourages people to create college tuition accounts for foster children — a gift that also grants donors a state tax break and allows the money to grow tax-free.

State Treasurer Sarah Steelman highlighted the plan at Bass Pro Shops, the first business to pledge money through the program.

It's based on Missouri's existing 529 college savings program — more commonly known as Missouri Saving for Tuition, or MOST.

MOST allows people to open and contribute to a college savings account for their child or any other.

Steelman, whose office oversees MOST, is encouraging businesses, churches and other groups to invest in such plans for the nearly 1,500 children in state care whose parents have lost custodial rights.

The program's acronym is BELIEVE, for Bringing Educational Leadership By Investing and Expecting Victory in Every child.

"To understand the program, that word — BELIEVE — is all you need to know," said Steelman, a former state senator from Rolla.

Only 2 percent of foster children nationwide go on to earn at least a bachelor's degree, according to statistics provided by Anne Tucker, the area resident director for Boys & Girls Town of Missouri.

That limits their ability to earn more money and might also account for a higher homeless rate among former foster children who "aged-out" when they turned 18.

"The reality is ... their opportunities are so limited to further their education," Tucker said after Thursday's news conference.

Bass Pro Shops has pledged $10,000 each to two foster children yet to be chosen.

"We believe in this program and in the potential it holds for these children," company spokesman Larry Whiteley said, flanked by four foster children on hand for the announcement.

One of them, identified only as Joseph P. to protect his identity, said he worries as other teens do about making it to college.

He's considering a degree in computer programming, library science or photography.

"It's just getting there that's going to be hard," the 16-year-old said.

Contributions to individual college savings plans may be deducted from state adjusted gross income, up to $8,000 for each taxpayer a year, though there is no annual cap on giving. The minimum donation is $25, and

all earnings on the account grow on a federal and state tax-exempt basis.

"If you know that there's somebody out there who believes in you ... you're going to stick with it, you're going to stay in school," Steelman said.

Contributors may choose any foster child to sponsor, she said. Brief biographies will be available from the Missouri Family Support Division to those who want to learn more about potential beneficiaries.

Money in the individual accounts may pay for tuition at qualifying colleges and universities — nearly all accredited two- and four-year institutions, public and private, and many vocational schools. The money also may cover books, equipment and certain room and board costs.

If the beneficiary doesn't pursue college or drops out, the contributor may withdraw the funds, subject to state income tax. Earnings would be subject to federal taxes and possibly a 10 percent penalty.

Money also may be left in the account in case the beneficiary returns to school.

For more information about college savings plans, visit www.missourimost.org.

Attachment B

Alaska Statute 47.10.090-47.10.093

ADMINISTRATIVE CODE.—For confidentiality of client records: family and youth services, see 7 AAC 54, art. 1.

EFFECT OF AMENDMENTS.—The first 1994 amendment, effective June 9, 1994, in subsection (a), substituted "Except as provided in AS 47.10.092, all" for "All" at the beginning of the third sentence" and made minor stylistic changes.
The second 1994 amendment, effective September 1, 1994, rewrote this section.
The 1996 amendment, effective September 10, 1996, repealed subsection (b); rewrote subsections (c) and (e); and deleted "delinquent child or a" preceding "child in need" in subsection (d).
The 1998 amendment, effective September 14, 1998, added the second sentence in subsection (e).
The 2005 amendment, effective July 1, 2005, substituted reference to "child" for reference to "minor" throughout subsections (c) and (d); in subsection (c) substituted "unless authorized by order of the court upon a finding of good cause" for "for any purpose except that the court may order their use for good cause shown" at the end of the subsection; and in subsection (d) added the language beginning "or unless" to the end of the first sentence and added the second sentence.

EDITOR'S NOTES.—Section 16(2), ch. 113, SLA 1994 provides that the amendment of this section by § 12, ch. 113, SLA 1994 "applies to offenses committed on or after September 1, 1994."
Section 61(b), ch. 64, SLA 2005, provides that the 2005 amendment of (d) of this section has "the effect of changing Rule 22, Alaska Child in Need of Aid Rules of Procedure, by allowing the disclosure of confidential information pertaining to a child, including a child's name or picture to be made public in certain circumstances."
Under § 62(b), ch. 64, SLA 2005, the 2005 amendments of (c) and (d) of this section apply "to all proceedings and hearings conducted on or after July 1, 2005."

NOTES TO DECISIONS

PURPOSE FOR ENACTING SUBSECTION (A).—Reading this section together with other sections of the laws relating to children's proceedings leads one to believe that subsection (a) was enacted principally for the purpose of protecting the child against the possible adverse effects an unauthorized revelation of his social record would have. *In re P.N., 533 P.2d 13 (Alaska 1975).*

THERE IS NO INDICATION THAT SUBSECTION (A) WAS INTENDED TO AUTHORIZE THE GRANTING OF TESTIMONIAL USE IMMUNITY TO PARENTS. In re P.N., 533 P.2d 13 (Alaska 1975).
The supreme court could not say with certainty that this section would be construed to forbid the use, in a subsequent criminal action against a parent, of testimony that the parent gave at a children's proceeding. *In re P.N., 533 P.2d 13 (Alaska 1975).*

CONFIDENTIALITY POLICY.—The policy of confidentiality in Child in Need of Aid proceedings is not absolute. The court has discretion to disclose records in CINA proceedings under subsection (a). *Clifton v. State, 758 P.2d 1279 (Alaska Ct. App. 1988).*

CITED IN C.R.B. v. C.C. and B.C., 959 P.2d 375 (Alaska 1998).

USER NOTE: For more generally applicable notes, see notes under the first section of this article, chapter or title.

ALASKA STATUTES
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*** CURRENT THRU ALL 2005 LEGISLATION ***
*** ANNOTATIONS CURRENT THRU OPINIONS DECIDED ***
*** AS OF SEPTEMBER 23, 2005 ***

TITLE 47. WELFARE, SOCIAL SERVICES AND INSTITUTIONS
CHAPTER 10. CHILDREN IN NEED OF AID
ARTICLE 1. CHILDREN'S PROCEEDINGS

GO TO CODE ARCHIVE DIRECTORY FOR THIS JURISDICTION

Alaska Stat. § 47.10.092 (2006)

Sec. 47.10.092. Disclosure to certain public officials and employees

(a) Notwithstanding AS 47.10.090 and 47.10.093, a parent or legal guardian of a child subject to a proceeding under AS 47.10.005 — 47.10.142 may disclose confidential or privileged information about the child or the child's family, including information that has been lawfully obtained from agency or court files, to the governor, the lieutenant governor, a legislator, the ombudsman appointed under AS 24.55, the attorney general, and the commissioner of health and social services, administration, or public safety, or an employee of these persons, for review or use in their official capacities. The Department of Health and Social Services and the Department of Administration shall disclose additional confidential or privileged information, excluding privileged attorney-client information, and make copies of documents available for inspection about the child or the child's family to these state officials or employees for review or use in their official capacities upon request of the official or employee and submission of satisfactory evidence that a parent or legal guardian of the child has requested the state official's assistance in the case as part of the official's duties. A person to whom disclosure is made under this section may not disclose confidential or privileged information about the child or the child's family to a person not authorized to receive it.

(b) The disclosure right under (a) of this section is in addition to, and not in derogation of, the rights of a parent or legal guardian of a minor.

(c) The obligations under (a) of this section remain in effect throughout the period that the child is in the custody of the department, including after the parent's parental rights have been terminated with respect to the child, unless the child's parent or legal guardian who made the disclosure under (a) of this section subsequently files a notice with the Department of Health and Social Services that the assistance of the state official or employee is no longer requested.

(d) The Department of Health and Social Services shall notify an official identified under (a) of this section of the opportunity for a parent to file a grievance under AS 47.10.098 when the official is denied access to all or part of a requested record.

(e) A person who violates a provision of this section is guilty of a misdemeanor, and upon conviction is punishable by a fine of not more than $500 or by imprisonment for not more than one year, or by both.

HISTORY: (§ 2 ch 98 SLA 1994; am § 50 ch 30 SLA 1996; am § 1 ch 64 SLA 1997; am § 35 ch 99 SLA 1998; am §§ 20, 21 ch 64 SLA 2005)

NOTES:

REVISOR'S NOTES.—Subsections (c) and (d) were enacted as (d) and (e) and relettered in 2005, at which time former subsection (c) was relettered as subsection (e).

CROSS REFERENCES.—For effect on Alaska Child in Need of Aid Rule 22 of enactment of this section, see § 3, ch. 98, SLA 1994. For effect of the 1998 amendment to subsection (a) on the Alaska Child in Need of Aid Rules, see § 78, ch. 99, SLA 1998 in the 1998 Temporary and Special Acts. For similar provisions related to delinquent minors, see AS 47.12.320.

EFFECT OF AMENDMENTS.—The 1996 amendment, effective May 16, 1996, inserted a section reference in the first sentence in subsection (a).

The 1997 amendment, effective September 2, 1997, added the second sentence in subsection (a).

The 1998 amendment, effective September 14, 1998, rewrote subsection (a).

The 2005 amendment, effective July 1, 2005, in subsection (a) made a stylistic change in the first sentence and, in the second sentence, substituted "Department of Health and Social Services and the Department of Administration" for "department" and inserted ", excluding privileged attorney-client information,"; and added subsections (d) and (e) [now (c) and (d)].

EDITOR'S NOTES.—In connection with the 1998 amendment to subsection (a), § 81, ch. 99, SLA 1998 provides as follows: "TRANSITIONAL PROVISION; DISCLOSURE OF AGENCY RECORDS. (a) The Department of Health and Social Services may disclose information and make copies of documents available to state officials or employees as authorized under AS 47.10.092(a), as amended by sec. 35 of this Act, based on an appropriate request that was received before, on, or after September 14, 1998.

"(b) The Department of Health and Social Services, a parent, or a legal guardian may disclose information as authorized under AS 47.10.092(a), as amended by sec. 35 of this Act, regardless of when the information came into the possession or knowledge of the department, parent, or legal guardian and regardless of when the conduct or situation described in the information occurred."

Under § 62(c), ch. 64, SLA 2005, the 2005 amendments to this section "apply to all information, records, and files created on or after July 1, 2005; however, if a file contains information and records that were created before July 1, 2005, that information and those records retain the confidentiality that they had under the law on June 30, 2005."

NOTES TO DECISIONS

APPLIED IN B.S. v. State, 882 P.2d 1266 (Alaska 1994).

USER NOTE: For more generally applicable notes, see notes under the first section of this article, chapter or title.

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*** CURRENT THRU ALL 2005 LEGISLATION ***
*** ANNOTATIONS CURRENT THRU OPINIONS DECIDED ***
*** AS OF SEPTEMBER 23, 2005 ***

TITLE 47. WELFARE, SOCIAL SERVICES AND INSTITUTIONS
CHAPTER 10. CHILDREN IN NEED OF AID
ARTICLE 1. CHILDREN'S PROCEEDINGS

GO TO CODE ARCHIVE DIRECTORY FOR THIS JURISDICTION

Alaska Stat. § 47.10.093 (2006)

Sec. 47.10.093. Disclosure of agency records

(a) Except as permitted in AS 47.10.092 and in (b) -- (g) and (i) -- (*l*) of this section, all information and social records pertaining to a child who is subject to this chapter or AS 47.17 prepared by or in the possession of a federal, state, or municipal agency or employee in the discharge of the agency's or employee's official duty are privileged and may not be disclosed directly or indirectly to anyone without a court order.

(b) A state or municipal agency or employee shall disclose appropriate confidential information regarding a case to

(1) a guardian ad litem appointed by the court;

(2) a person or an agency requested by the department or the child's legal custodian to provide consultation or services for a child who is subject to the jurisdiction of the court under AS 47.10.010 as necessary to enable the provision of the consultation or services;

(3) an out-of-home care provider as necessary to enable the out-of-home care provider to provide appropriate care to the child, to protect the safety of the child, and to protect the safety and property of family members and visitors of the out-of-home care provider;

(4) a school official as necessary to enable the school to provide appropriate counseling and support services to a child who is the subject of the case, to protect the safety of the child, and to protect the safety of school students and staff;

(5) a governmental agency as necessary to obtain that agency's assistance for the department in its investigation or to obtain physical custody of a child;

(6) a law enforcement agency of this state or another jurisdiction as necessary for the protection of any child or for actions by that agency to protect the public safety;

(7) a member of a multidisciplinary child protection team created under AS 47.14.300 as necessary for the performance of the member's duties;

(8) the state medical examiner under AS 12.65 as necessary for the performance of the duties of the state medical examiner;

(9) a person who has made a report of harm as required by AS 47.17.020 to inform the person that the investigation was completed and of action taken to protect the child who was the subject of the report;

(10) the child support services agency established in AS 25.27.010 as necessary to establish and collect child support for a child who is a child in need of aid under this chapter;

(11) a parent, guardian, or caregiver of a child or an entity responsible for ensuring the safety of children as necessary to protect the safety of a child; and

(12) a review panel established by the department for the purpose of reviewing the actions taken by the department in a specific case.

(c) A state or municipal law enforcement agency shall disclose information regarding a case that is needed by the person or agency charged with making a preliminary investigation for the information of the court under AS 47.10.020.

(d) *[Repealed, § 55 ch 59 SLA 1996.]*

(e) *[Repealed, § 55 ch 59 SLA 1996.]*

(f) The department may release to a person with a legitimate interest confidential information relating to children not subject to the jurisdiction of the court under AS 47.10.010.

(g) The department and affected law enforcement agencies shall work with school districts and private schools to develop procedures for the disclosure of confidential information to a school official under (b)(4) of this section. The procedures must provide a method for informing the principal or the principal's designee of the school that the student attends as soon as it is reasonably practicable.

(h) *[Repealed, § 55 ch 59 SLA 1996.]*

(i) The commissioner of health and social services or the commissioner's designee or the commissioner of administration or the commissioner's designee, as appropriate, may disclose to the public, upon request, confidential information, as set out in (j) of this section, when

(1) the parent or guardian of a child who is the subject of a report of harm under AS 47.17 has made a public disclosure concerning the department's involvement with the family;

(2) the alleged perpetrator named in a report of harm under AS 47.17 has been charged with a crime concerning the alleged abuse or neglect; or

(3) a report of harm under AS 47.17 has resulted in the fatality or near fatality of that child.

(j) The type of information that may be publicly disclosed under (i) of this section is information related to the determination, if any, made by the department regarding the validity of a report of harm under AS 47.17 and the department's activities arising from the department's investigation of the report. The commissioner or the commissioner's designee

(1) shall withhold disclosure of the child's name, picture, or other information that would readily lead to the identification of the child if the department determines that the disclosure would be contrary to the best interests of the child, the child's siblings, or other children in the child's household; or

(2) after consultation with a prosecuting attorney, shall withhold disclosure of information that would reasonably be expected to interfere with a criminal investigation or proceeding or a criminal defendant's right to a fair trial in a criminal proceeding.

(k) Except for a disclosure made under (i) of this section, a person to whom disclosure is made under this section may not disclose confidential information about the child or the child's family to a person not authorized to receive it.

(*l*) The Department of Health and Social Services and the Department of Administration shall adopt regulations to implement and interpret the duties of the respective department under this section, including regulations governing the release of confidential information and identifying a sufficient legitimate interest under (f) of this section.

(m) A person may not bring an action for damages against the state, the commissioner, or the commissioner's designee based on the disclosure or nondisclosure of information under (i) of this section except for civil damages resulting from gross negligence or reckless or intentional misconduct.

(n) A person who discloses confidential information in violation of this section is guilty of a class B misdemeanor.

Alaskan Foster Care Alumni Study

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Tribal-State Collaboration Group, University of Alaska Anchorage School of Social Work

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Alaska Foster Care Alumni Study

Conducted by
THE UNIVERSITY OF ALASKA ANCHORAGE
School of Social Work
Child Welfare Evaluation Program

EXECUTIVE SUMMARY

Study Overview

The Alaskan Foster Care Alumni Study examined the outcomes of young adults who had "aged out" of State custody after spending much of their adolescence in foster care. The study team, composed of representatives from the State of Alaska Office of Children's Services, Casey Family Programs, the Tribal-State Collaboration Group, and the University of Alaska Anchorage, sought to answer the following questions about a cohort of Alaskan foster care alumni: where are they living, how they were faring socially, economically, and emotionally, and how do they perceived their experiences in foster care? Alumni eligible for the study were 19 to 29 years of age, had spent at least one continuous year in out-of-home care in state protective custody, with that year being between 15 and 18 years of age, and had left care on or after their 16th birthday. Of the 140 alumni who met these criteria, nearly 53% were female and 50% were Alaska Native. Sixty-six interviews were conducted between May and December 2004, representing an adjusted response rate of nearly 60%.

Findings

Despite the hardships of abuse and neglect, removal from biological family, multiple moves and transitions, and minimal preparation for adult living, many Alaskan foster care alumni were thriving. Through persistence, emotional support and connections, and their own resourcefulness and that of others, they have grown into contributing members of the communities where they live. The outcomes below represent both the successes and difficulties experienced by the Alaskan foster care alumni studied. Most participants spent their time in foster care before Chafee funds were readily available for educational and other transitional services. In addition, regional independent living services have recently been expanded by the State Office of Children's Services to provide more foster youth with the resources to successfully transition into adulthood.

Whole Population Outcomes:

- Nearly three-quarters of the foster care alumni remain in Alaska. These alumni were predominately clustered in the Southcentral region of the state, followed by the Southwestern and Southeastern regions.
- Nearly one in five alumni had been involved in the criminal justice system at some point in their lives.

Outcomes from Interviewed Alumni:

Socio-Emotional:

- Positive relationships formed while youth were in care continued to be an important source of support later in life. Nearly 76% of alumni reported having had a positive close relationship with an adult while in foster care. Almost three-quarters of these alumni reported still being in contact with these adults.
- Fewer than 10% of alumni were placed with their siblings in their first foster home. Nearly three-quarters of these alumni were *never* placed with their siblings. Study participants reported that sibling relationships continued to be important to them into adulthood.
- Rates of early parenthood were high. Nearly 10% of interviewed females became pregnant before age 17. By age 19, 57% of females and 41% of males were parents.
- Alumni reported having a wide social network of family and friends. The average number of friends alumni reported having was nearly eight. Contact with friends was frequent—82% reported talking on the phone or visiting with friends a few times a month or more, including 38% with daily contact.
- In general, most alumni reported being happy with their current living situations. More than 8 in 10 alumni reported feeling "happy" or "very happy" in each area of a life satisfaction rating. A relatively substantial proportion, however, reported extremely poor mental health.

Physical and Behavioral Health:

- Use of mental health resources among alumni was high. Nearly 80% reported lifetime use of behavioral or mental health services, including 35% reporting overnight treatment stays and 68% seeing a professional (such as a psychologist, social worker, or minister) outside of an overnight stay. About 27% reported using any of these services in the past year, while nearly 17% of the total reported that they were *currently* seeing a professional.
- Alcohol use by alumni was slightly below the average for statewide alcohol use figures for people of similar age, while their rates of marijuana use were slightly higher than the statewide rate. Although nearly 50% of alumni reported drinking in the past month, 21% reported being drunk during the same time period. Use of illicit drugs other than marijuana was rare.
- Most alumni rated their overall physical health at the same level as the general population. A small number, however, reported very poor health.

Education, Employment, and Health Insurance:

- Few alumni received financial, employment, or educational assistance as they made their transition out of state care to living on their own. Compared with the Wisconsin or the Northwest alumni studies, Alaskan alumni received fewer services in most areas as they exited state care. However, the exception was in finding contact persons to help with future problems.
- Nearly 38% of alumni reported being homeless after leaving care. This is higher than the homeless rates of 12-25% from other foster care alumni studies.

- The high school completion rate for foster care alumni was slightly below the statewide average. Many Alaskan alumni took longer to achieve their high school diploma (often finishing between 19 and 25 years of age), but few went on to complete post-secondary education.
- Many alumni were struggling financially. Although some were doing quite well, average income was low, and the proportion lacking health insurance coverage doubled state and national rates.

Costs to Society:

- Nearly 30% of alumni were incarcerated for some period of time after leaving care. Nearly 21% of interviewed alumni reported being placed in juvenile corrections while in care, but only 64% of these were jailed again after leaving care.
- Alumni reported a high utilization of public assistance resources in their households. Over 77% of alumni (including 73% of those who live alone and 78% of those living with others) reported that someone with whom they lived received some form of public assistance in the last six months.

Recommendations

The following recommendations address the outcomes revealed in this study. They are based on policies, programs, and practices that have been shown to be effective in other research. Stakeholders (representing members of the research partnership) participated in refining and clarifying these recommendations, as well as adding their own list of actions which they believe will improve foster care in Alaska.

- **Increase early intervention:** In general, early intervention efforts are recommended to minimize most of the poor outcomes described in this report. Research has shown, for example, that family support programs are more successful the younger the children are.
- **Involve youth in planning:** Simply being more informed can help increase a youth's sense of predictability, while having a say can increase the sense of control.
- **Provide comprehensive assessment:** A comprehensive assessment--covering physical and emotional development, cognitive functioning and academics, life-skills, social relationships and functioning, etc.—can result in a detailed service and support plan, a road map for all concerned with helping the youth return to an optimal developmental path.
- **Maximize placement stability:** A comprehensive assessment can help match youth to foster parents. Better matching can improve relationships with foster families, which in turn results in improved outcomes during and after care.
- **Encourage positive adult relationships:** The development of a consistent adult relationship can have a variety of positive effects, including socio-emotional, educational, and employment outcomes.
- **Promote legal ties, such as adoption and guardianship, throughout adolescence and even into adulthood:** Subsidized guardianship may be an especially appropriate choice of permanency options for adolescents and/or

children in kinship care placements, particularly in Native communities that might disapprove of termination of parental rights.

- **Support relationships with foster parents after youth reach 18**: In order to promote maintenance of adult connections, the State should work to remove barriers to having young people remain in the home or in contact after emancipation.
- **Promote sibling contact, as appropriate**: Optimally, sibling groups would remain intact. There is a slowly growing body of research supporting the benefits of keeping sibling groups together when appropriate.
- **Provide sexuality education to all foster youth**: Foster youth appear to be relatively likely to engage in early sex, often resulting in pregnancy and/or sexually transmitted diseases.
- **Provide parenting support for youth who do become parents**: Once a young person does have a child, they need support and training to avoid the poor outcomes common to young parents.
- **Improve mental health treatment**: Proper assessment can help develop a treatment plan to be implemented by caseworkers, foster parents, teachers, and others, in the home and out. Proper training, for example in cognitive-behavioral interventions, will maximize the effectiveness of this plan.
- **Extend foster care services**: Intact families do not expect their children to live alone at 18. Given the array of difficulties faced by foster children, as well as the negative short-term outcomes found in this and other studies (e.g., 30% homeless within a year of leaving care), some form of extended service is warranted.
- **Use the Chafee Medicaid option to extend health coverage**: Given the health problems, poor finances, and lack of health insurance experienced by many alumni, they appear to be at risk of joining the tens of thousands of Americans who die each year due to a lack of health insurance.
- **Develop a detailed transition plan with each youth**: Youth often express anxiety over the prospect of leaving care and being on their own. Having a plan can help alleviate that anxiety.
- **Facilitate communication across roles and functions**: The benefits of assessment and thorough planning can come only if parties communicate. Thus, information must pass from professional to professional and also from caseworker to foster parent, caseworker to new caseworker (if necessary), school to school, child welfare agency to educational system, caseworker and foster parent to therapist, and so on.
- **Support caseworkers in their efforts to help youth transition to adulthood**: Training should include developmental issues and information on accessing the wide variety of resources, within OCS and without, that are available. Only if a worker is aware of a service and of how to pay for it can a youth or young adult take advantage of opportunities that are available to them. Worker-youth relationships can also be improved by matching trained and interested workers with adolescents.

Stakeholder Recommendations: Strategies to Improve Foster Care in Alaska
In addition to the recommendations above, various advocates of improved foster care emphasized the following strategies to improve foster care in the state:

- o Increase the number and cultural diversity of resource families.
- o Expand targeted recruitment of resource families to reach underrepresented cultural groups, with particular emphasis on reaching out to Alaska Native families.
- o Increase the number of resource families with the capacity and expertise to provide care to adolescents, with the goal of maintaining relationships into adulthood.
- o Expand efforts to more carefully match children's needs with the culture, style, and capabilities of foster families
- o Increase kinship care; provide support and training to families providing this care.
- o Expand the use of the Team Decision Making model currently used in the Anchorage OCS office (from Family to Family by the Annie E. Casey Foundation). This process involves families and community members actively in case planning and decision-making.
- o Reduce the reliance on emergency shelter care.
- o Reduce the use of residential care.
- o Provide more agency and respite support to resource families.
- o Build academic support for foster children through working with schools and other community resources.
- o Increase post-secondary education and vocational training for foster youth and alumni, including job training, job shadowing, and apprenticeships.
- o Increase the number of safe, affordable transitional housing options for foster care alumni.

Conclusions

The intent of this study was to provide insight into the experiences of foster care alumni with the hopes of improving the lives of current and future generations of youth who find themselves removed from their birth families and placed in state custody. This responsibility does not rest solely with the State of Alaska, but with communities, families, caregivers, tribal programs, caseworkers, residential youth facilities, schools, and even the youth themselves. This study's findings support those of several other studies supporting the need to promote key ingredients that, if provided to youth early, can greatly enhance their chances of success.

These are, among many others: positive, consistent adult relationships; youth participating in their own planning; early and on-going preparation for independent living; on-going connection to family members when appropriate; and allowing youth to receive the economic and emotional benefits of remaining in care until 21. Care, support, mentoring, training, and financial assistance will ultimately benefit foster youth, their communities, and all of us.

Introduction and Literature Review

As many as 45% of children living in foster care are teenagers who do not return home before reaching the age of majority (Mech, 1988). Concerns have been raised by professionals, advocates, and legislators about these youths' readiness for emancipation (English, Kouidou-Giles & Plocke, 1994; McDonald, Allen, Westerfelt, & Piliavin, 1996; Mech, 2003).

> The older wards are sometimes overlooked in the attention surrounding foster care. Often they have been in care for years, and aggressive efforts for reunification or adoption have been abandoned. The child welfare system waits for the child to "come of age" and come out of government care....Children "emancipated" from foster care leave when the calendar marks their 18th or 21st birthday regardless of their level of preparation (Blome, 1997, p. 42).

History of Independent Living Preparation

In the past, preparation for adulthood for these youth occurred informally, with foster parents providing most of the guidance in the foster home (North, Mallabar, & Desrochers, 1988). There were small, local programs providing training, subsidies, or other assistance (Ansell, 2001). In the 1980s, concern for the developmental needs of youth in care resulted in federal legislation to support independent living skill programs nationwide (Allen, Bonner, & Greenan, 1988; Mech, 1994, 2003; Moynihan, 1988; Pizzagati, 2001). Unfortunately, funding for the 1986 Federal Independent Living Initiative required periodic reauthorization, leading many states to believe the funding would not last long enough to establish and support a permanent program of any sort (Ansell, 2001). A General Accounting Office review of independent living programs in 1999 (as cited in Collins, 2001) found a number of weaknesses: many did not provide connections to employers, affordable vocational training, or apprenticeships; transitional housing was rare; and life skills training was overly focused on classroom-based activities rather than hands-on practice. Research continued to show the plight of former foster youth. Investing in young adults as they prepare for independence became more of a priority with the goal of helping them make the transition into adulthood successfully. Further legislative attention came in 1999 with the passage of the Chafee Foster Care Independence Act, which expanded funding for independent living services and the breadth of for what the funding could be used (Pizzagati, 2001).

Difficulties of Emancipating Youth (Risk Factors and Outcomes)

Why all this effort and concern? The problems of youth maturing out of care have been the focus of numerous studies (Barth, 1990; Collins, 2001; Courtney & Barth, 1996; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; McDonald, Allen, Westerfelt, & Piliavin, 1996; McMillen et al., 2005; Pecora et al., 2005a; Reilly, 2003; Stoner, 1999). Risk factors for teens in foster care are varied and indicate a significant need to help these youth prepare for adulthood (Courtney et al., 2001; Fanshel. Finch, & Grundy, 1989,

1989b; McMillen et al., 2005; Pecora et al., 2005a). The outcomes that have been related to child abuse and neglect are extensive, including:

- delinquency and criminal behavior (Briere, 1992; Chalk, Gibbons, & Scarupa, 2002; Widom, 1989)
- poor health behaviors in women, including risky sexual experiences (Rodgers et al., 2004)
- physical health problems, including neuropsychological handicaps and sexually transmitted diseases (Chalk et al., 2002)
- reduced cognitive functioning and educational difficulties (Chalk et al., 2002)
- cognitive distortions, including hypervigilance and hyperreactivity, learned helplessness, and a negative, dysfunctional worldview (Briere, 1992)
- emotional difficulties, including hopelessness (Chalk et al., 2002), depression, anxiety disorders (including post-traumatic stress disorder; Briere, 1992, Chalk et al., 2002), and eating disorders (Briere, 1992)
- substance abuse (Briere, 1992; Chalk et al., 2002)

Children who have experienced maltreatment require optimal healing environments characterized by continuity, consistency, predictability, love, attention, and appropriate discipline to overcome these effects and help return the children to a positive developmental path (American Academy of Pediatrics, 2000).

Unfortunately, such an optimal environment can be hard to find. "Many children in the child welfare system not only come from but are placed in high-risk home environments characterized by poverty, instability, and parents or caregivers with poor psychological well-being" (Kortenkamp & Ehrle, 2002, p. 1). While many youth do have positive experiences in foster care, with minimal disruption, many are placed in situations that are a poor match for their particular needs, leading to further disruption and replacement. Multiple placements, including returning to the birth family only to be removed later for another spell of foster care, are common (Pecora et al., 2005a). The effects of maltreatment or simply the trauma of being removed from one's family can result in behavioral problems and difficulties in developing trusting relationships (Briere, 1992; Chalk et al., 2002; Downs & Williams, 2003), which may be further compounded by re-placement and by high caseworker turnover (Mech, 2003). The foster parents may be ill-equipped to handle the child's particular issues, or may experience little help and support from the child welfare agency (Downs & Williams, 2003). Because of multiple placements and restrictions, foster youth often have their educational progress and coursework interrupted (Evans, Scott, & Schulz, 2004) and miss out on enriching experiences (such as youth development programs or other extracurricular activities), instead becoming isolated from the larger community and its resources (Mech, 2003). As

a youth grows up in foster care, he or she may stray further and further from an optimal developmental path.

A number of issues faced by foster youth while in care can further impede their progress. Children in out-of-home care are often separated from not only their birth parents but also their also-in-care siblings. Even when an initial placement (e.g., emergency foster care) finds all the siblings together, they are often subsequently separated (Leathers, 2005), adding yet another source of trauma and disruption. Herrick and Piccus (2005) describe a variety of intrapsychic (attachment, grief and loss, guilt and concern over a sibling left with an abusive caregiver, etc.) and interpersonal issues (comfort and protection, positive regard, etc.) related to siblings in care. Siblings can provide a stabilizing force in an otherwise chaotic existence (Downs & Williams, 2003; Herrick & Piccus, 2005; Leathers, 2005). Maintaining placement with at least one sibling was found to be related to improved mental health and socialization among girls in out-of-home care (Tarren-Sweeney & Hazell, 2005). Leathers (2005) found that children in sibling groups consistently placed together (not necessarily all of the sibling group, but the same number of siblings in all placements) exhibited better adaptation to foster care placements and thus improved stability of placement than children never placed with any of their siblings or children inconsistently placed with siblings, and were more likely to be adopted than children who were never placed with their siblings.

Birth parent contact is also an important factor in foster care. Youth in care or adults formerly in care often note that they would have liked more contact with birth family members (e.g., Johnson, Yoken, & Voss, 1995). Regular contact with birth parents is often viewed as essential to a child's chances of reunification, and some research has found this to be true (e.g., Leathers, 2005). Many newer models of practice, such as family group conferencing and Family to Family, advocate incorporating the birth parents as a new policy. Birth parent visitation must, however, be balanced against the developmental status and needs of the child (American Academy of Pediatrics, 2000).

Many youth find the healing and stability they need in foster care, but as a group foster children are at risk for negative short- and long-term outcomes (Downs & Williams, 2003; Wertheimer, 2002). They are more likely than their peers to have poor development and poor physical, mental, cognitive, and behavioral health (Altshuler & Gleeson, 1999; American Academy of Pediatrics, 2000; Evans et al., 2004; Harman, Childs, & Kelleher, 2000; Kortenkamp & Ehrle, 2002; Vandivere, Chalk, & Moore, 2003). Foster youth are relatively likely to experience:

- reactive depression (Anderson & Simonitch, 1981), anxiety disorders, ADHD, and bipolar disorder, and the use of psychotropic medications (Harman et al., 2000)
- school problems, including multiple school changes, underachievement, and drop-out (Ayasse, 1995; Blome, 1997; Evans et al., 2004; McMillen & Tucker, 1999)

- oppositional-defiant and conduct disorders (Harman et al., 2000) and truancy, running away, aggression or suicide attempts (English et al., 1994)

- stigmatized identity (Kools, 1997) and other identity issues (Downs & Caldwell, 2003)

- risky sexual activities at an earlier age (Wertheimer, 2002) and teen pregnancy (Downs & Caldwell, 2003; McDonald et al., 1996)

Despite these risks, it is still expected that most of these youth will no longer be part of the child welfare system after the age of 18, whether they are ready or not (Mech, 2003). In effect, we as a society ask our least prepared young adults—those behind their peers in education, training, and so many other ways—to go it on their own, with significantly less support, long before we expect that of young people who were not removed from their homes (Blome, 1997; Collins, 2001; Kools, 1997).

Given these risk factors, it should come as no surprise that foster care alumni have been shown to on the average have poor outcomes in terms of:

- Unemployment: In the Wisconsin Foster Youth Transitions to Adulthood study (Courtney et al., 2001), 81% of the young adults had held a job in the 12 to 18 months since leaving care, but only 61% were employed at the time of the interview. The Northwest Alumni Study (Pecora et al., 2005a) found a workforce unemployment rate of 20%, as compared to a national rate of about 5% for adults aged 20 to 34.

- Homelessness: Previous research has found that former foster youth are overrepresented in the homeless population (Mangine, Royse, Wiehe, & Nietzel, 1990), and that foster care alumni are more likely to experience homelessness than adults never in care (Downs & Caldwell, 2003). In the national independent living program study (Cook, Fleishman, & Grimes, 1991), 25%, or approximately 8500 young adults, had experienced at least one night without a place to live in the two-and-a-half to four months since leaving care. While nearly half (45%) of these young adults reported staying with friends, 55% reportedly relied on homeless shelters or spent the night on the street or in a car. Similarly, 12% of young adults in the Wisconsin study spent at least one night on the street or in a shelter (Courtney et al., 2001). Over one in five alumni (22%) in the Northwest study experienced homelessness (as defined by the respondents) for at least one night within a year of leaving care (Pecora et al., 2005a).

- Financial hardship: Pecora and colleagues (Pecora et al., 2005a) found that one-third of their sample had household incomes at or below the poverty level, and less than 10% owned their home. The average weekly wage for those working in the Wisconsin study was between $54 and $613 in 1998

(Courtney et al., 2001). Barth's (1990) study of young adults previously in care in the San Francisco area found that 47% received welfare.

- Poor health: Barth (1990) reported that approximately 44% of his sample had experienced a serious illness or accident since exiting care, and 24% had required hospitalization. The relative financial difficulties of groups of alumni would indicate that obtaining health care would be a problem. Pecora and colleagues (Pecora et al., 2005a) found that 33% of their sample had no health insurance at the time of the interview. In the Wisconsin study (Courtney et al., 2001), 44% of the young adults reported having difficulty acquiring needed health care all or most of the time.

- Drug and alcohol abuse: Substance abuse is associated with a history of maltreatment (Briere, 1992). Substance use has been found to be relatively common among adolescents in foster care (Courtney et al., 2001), and studies of adults formerly in foster care have shown that much of this use continues: 50% of the respondents in the national Westat study (Cook et al., 1991) reported using illegal drugs, similar to national rates, while 42% reported using alcohol, less than the national rate. In contrast, the Northwest Alumni Study found that foster care alumni were significantly more likely to have a lifetime history of alcohol or drug dependence than a demographically matched sample, and significantly more likely to be drug-dependent currently (past 12 months).

- Criminal behaviors: Previous alumni studies have generally found arrest rates of 25% to 40%, with 14% to 22% spending time in jail (McDonald et al., 1996). For example, Barth (1990) found that 31% of the alumni interviewed had been arrested, and 26% had spent time in jail or prison. These rates are generally equal to or greater than those of general population comparison groups (McDonald et al., 1996).

- Post-traumatic stress disorder (PTSD) and other mental health problems: Foster children generally experience a number of risk factors that may lead to poor mental health. Most prominent among these is abuse and neglect (Briere, 1992); adults who have suffered more types of child maltreatment have higher levels of anxiety and depression (Edwards, Holden, Felitti, & Anda, 2003). Previous foster care alumni studies have found high rates of depression and other emotional disorders and of mental health service usage (McDonald et al., 1996). More recently, the Northwest study (Pecora et al., 2005a) compared foster care alumni to a matched, nationally representative incidence sample using a diagnostic interview. A significantly larger proportion of alumni had lifetime histories of a psychological disorder: 54% of alumni versus 22% in the general population. Among specific disorders, the highest lifetime rates were for major depressive episode (41% of the alumni, versus 20% of the general population) and PTSD (30% versus 7%). While a large proportion of those with a history of major depression had not experienced an episode

within the past 12 months (the rate decreased to 20%), the past 12 month rate for PTSD (25%) illustrated that most of those who had suffered in the past from PTSD were still suffering.

- Low educational achi[illegible]ement: Education is an important goal of our society, not just to acquire knowledge itself but to a larger extent because education is a key to self-sufficiency (Mech, 2003). A number of authors have noted that many foster children have a variety of school difficulties, resulting in low achievement (Blome, 1997; Burley & Halpern, 2001; Courtney et al., 2001; Courtney et al., 2005; Downs & Caldwell, 2003; McDonald et al., 1996; Mech, 1994; Wertheimer, 2002). The US General Accounting Office (as cited in Mech, 2003) found that 30% to 46% of foster youth emancipating from care do so without a high school diploma. Although many youth in care aspire to pursue education beyond high school (Courtney et al., 2001), few are able to do so (Cook et al., 1991; Courtney et al., 200[illegible]; McDonald et al., 1996). While a number start out to pursue this goal—the Northwest study found that 43% of alumni had some post-secondary education or training—few complete a degree or certificate—[illegible]% of Northwest alumni had completed a vocational degree or certificate and 1.8% had completed college (Pecora et al., 2005a). In the national independent living study (Cook et al., 1991), a vast majority (74%) of young adults cited finances as the major deterrent to further education.

Preparing Foster Youth for Adulthood

Professionals have documented the need to begin teaching life skills to foster care youth in early adolescence to maximize the potential for successful independence (Mallon, 1992). This investment increases the chances for youth to pursue education, gain employment, and enter into productive lives (Mech, 2001, 2003). Unfortunately, programs may be too little, too late for youth who have experienced multiple traumas through abuse, neglect, and childhoods characterized by instability and multiple placements.

Independent living programs have been developed to mitigate the risk factors for emancipating foster care youth (Barth, 1986; Cook, 1988; Irvine, 1988; Mallon, 1998; Mauzerall, 1983; McMillen & Tucker, 1999; Mech, 1994; Scannapiecio, Schagrin, & Scannapieco, 1995; Stoner, 1999; Timberlake, Pasztor, Sheagren, Clarren, & Lammert, 1987). A full range of services are recommended for these programs, including: HIV prevention (Auslander, 1998); cultural identity development (Gavazzi & Alford, 1996); money management, credit, and consumer education (Cook, 1994; McMillen, Rideout, Fisher, & Tucker, 1997); survival and socialization skills (Mauzerall, 1983); and employment skills (North et al., 1988).

Beyond skills training, adolescents in foster care have a myriad of complex needs in their journeys to become successful as young adults (Lammert & Timberlake, 1986). A variety of people is needed to meet their needs. Foster parents are a primary resource for

preparing youth for independence (Mech, 2003; Ryan, McFadden, Rice, & Warren, 1988). For youth with more extensive needs, therapeutic foster parents can provide intensive preparation for healthy development and independence (Hawkins, Meadowcroft, Trout, & Luster, 1985). Mentors provide guidance in a number of realms, including corporate-business mentoring, parenting skills, cultural-empowerment, and life skills mentoring (Mech, 2003; Mech, Pryde, & Rycraft, 1995). Family-of-origin members are often key participants as youth become independent, maintaining relationships well into adulthood (Courtney & Barth, 1996). In addition, various programs and services, including transitional apartments, subsidies, and after-care services, can be effective in helping foster youth make the transition to self-sufficient adulthood (Mech, 2003).

The Current Project

When a child welfare authority takes a youth into care, responsibility for raising the youth resides with that organization. Like any good parent, that organization should desire to know how it is doing in terms of helping that youth become an independent and contributing adult. "Achieving adult self-sufficiency is an expected goal in Western society" (McDonald et al., 1996, p. 41). Child welfare organizations should desire to improve in those areas of development which appear to have been historically lacking.

In an effort to document the fates of foster care alumni, the Child Welfare Evaluation Program developed a study to identify those areas related to independent living and functional adulthood most in need of attention. The current project conducted a follow-up study of foster care alumni functioning and outcomes such as educational achievement, employment, homelessness, and current contributions to their community. This will help the State (particularly but not exclusively the Office of Children's Services) in understanding what factors helped these alumni to live successfully in the community, and what barriers to success they faced.

METHODOLOGY

Participants

Selection

The project team for the Alaska Foster Care Alumni Study, composed of representatives from the University of Alaska Anchorage School of Social Work, the State Office of Children's Services (OCS), Casey Family Programs (Casey), and the Tribal-State Collaboration Group, along with the University research team, developed eligibility criteria for the project. As the focus of the study was on independent living preparation, the group wanted to include young adults who had been in state custody for some length of time during adolescence, a key state in preparing for the youth's eventual independence. The criteria were:

- Respondents between 19 and 28
  - Born between 1/1/75 and 1/1/85

- At least one year (continuous) in out-of-home care in state protective custody
  - Includes residential care and other group care
  - Includes licensed and unlicensed relative care
  - Allowing breaks of up to 2 weeks for returns home (trial or otherwise), runaway episodes, etc.
- One year must be between 15 and 18 years of age
- Left care on or after 16th birthday
- Were not in Casey's Alaska Technical Assistance Program
- Could be receiving post-emancipation independent living services, such as scholarship funding.

The State Department of Health and Social Services, particularly the Office of Children's Services, was an integral partner to the alumni study project. OCS constructed a database query based on the eligibility criteria to obtain a list of adults formerly in out-of-home care. Due to the vagaries of OCS' relational database (since replaced by a new information system), the initial list was over-inclusive. Combining the data into a single SPSS dataset allowed for better calculation and determination of eligibility in concert with the State.

Location and Recruitment

Locating and recruiting foster care alumni is a difficult process. Previous foster care follow-up studies have often suffered from low response rates (McDonald et al., 1996; Williams et al., in press). Due to differences between respondents and non-respondents (see, for example, Dillman & Tarnai, 1988, and Groves & Couper, 1998), low response rates may limit the representativeness of the results, although this is not necessarily always the case (Krosnick, 1999). To maximize sample size and coverage substantial efforts need to be made to contact what is often a mobile and/or marginalized segment of the general population. Fortunately, past research has illustrated that, once found, a large proportion of foster care alumni are very willing to share their stories (Williams et al., in press).

All location and recruitment activities (as with all procedures) were conducted under the oversight of the University's Institutional Review Board. Location was a multiple-stage process. In the first stage, OCS queried the Alaska Permanent Fund Dividend (PFD) database for each potential participant. The PFD is a yearly check (based on oil production royalties) sent to each registered Alaskan resident (with provisions for students and members of the military). In order to receive the dividend, generally around $1000, each resident is required to update his or her address. While the PFD provides not only an incentive to remain in the state but also an unusual resource for locating potential participants, this initial query was less successful than was hoped.

Introductory letters and consent materials were sent to the addresses obtained from the PFD. Many of these turned out to no longer be valid. Between finding an old or otherwise invalid address or no address at all, the majority of the sample required further tracking. This was conducted through a concerted effort involving state and commercial databases, coordinated by a University employee doing follow-up telephone calls. Such an investment of time and resources, combining mail, database, and telephone methods, is necessary to find foster care alumni (Williams et al., in press). The results of the location and interviewing procedures are presented in Table 1. Location of respondents was aided by the awarding of an incentive ($20) for returning the consent form, even if the alumnus refused to participate. Those who completed the interview were given an additional incentive. At the beginning of production, this amount was $50. In order to help boost response, the latter amount was increased to $80 after several months of searching and interviewing. As is common in other studies (Williams et al., in press), this had the effect of increasing sample member responsiveness to the project location efforts.

Table 1. Final location dispositions and response rate

Disposition	Frequency	Percent
Interviewed	66	47.1%
Refused	5	3.6%
Unable to reach during interview period	41	29.3%
Institutionalized, ill, or otherwise incapable of participating	11	7.9%
Incarcerated throughout interviewing period	15	10.7%
Deceased	2	1.4%
Total	140	100.0%
Adjusted response rate (excluding the deceased and those the project was not permitted to interview due to human subjects restrictions: interviews ÷ [starting population − institutionalized − incarcerated − deceased])		58.9%

Instruments and Data Collection

Case File Data

OCS extracted case file data from its computer database (PROBER) to provide background information regarding the young adults to be interviewed. This included demographics, placement and custody data (including placement types and length), and limited information on reported child abuse and neglect. Created variables included:

- Age at first out-of-home placement
- Age at end of last out-of-home placement (age at exit)
- Number of and total time in out-of-home placements: All living situations while in custody except runaways and home placements.

- Placement change rate: For each of the three above types of living situations, the number of situations is divided by the time in those situations.

- Reunification failures: Number of closures between foster care spells (i.e. the number of spells minus one).

- Chronicity of maltreatment: The timing of maltreatment, among other dimensions such as type, has been found to be important in predicting outcomes (English, Graham, Litrownick, Everson, & Bangdiwala, in press). Important variables to consider include the timing of the first reported maltreatment and the number of reports.

- Number of types of maltreatment: Of physical abuse, sexual abuse, neglect, and emotional maltreatment (which includes "emotional injury" and abandonment).

Interview

In order to maximize comparability with other studies of foster care alumni and the general population, the questionnaire for this study was developed from previously used instruments and interviews. Most items had been used in Casey's National and Northwest Alumni Studies, which in turn utilized items from previous work, including numerous studies conducted by the Survey Research Center at the University of Michigan (UM SRC). When applicable, all items were used by permission. The constructs assessed in the interview are presented below:

- A validity-enhancing question designed to maximize honesty and effort in replying, found in previous UM SRC studies to improve validity (Ron Kessler, personal communication, 2 October 2000).

- Household composition: standard question series from the UM SRC.

- Educational achievement: adapted from the National Comorbidity Survey Replication (NCS-R; www.hcp.med.harvard.edu/ncs/), conducted by UM SRC.

- Employment: from NCS-R.

- Personal income: from NCS-R.

- Use of public assistance: from the Starting Early Starting Smart (SESS) Project Intake Module, with permission of the SESS Steering Committee and Data Coordinating Center. (See www.health.org/promos/SESS).

- Health insurance coverage: from SESS.

- General physical and mental health: the SF-12® Health Survey (SF-12, version 1; © 1994, 2002 by Medical Outcomes Trust and QualityMetric Incorporated)

- Mentor while in foster care: adapted from NCS-R, with follow-up questions developed by the project team.

- Siblings in care: question series created by the project team.

- Agency resource support for transition: from the Wisconsin Young Adult Study (Wave 2 Instrument), conducted by the University of Wisconsin Survey Center (see Courtney et al., 2001).

- Overall preparedness for independent living at emancipation: subjective self-rating, from the Wisconsin Young Adult Study.

- Homelessness: series adapted from NCS-R and the Wisconsin Young Adult Study.

- Pregnancies or impregnation: series adapted from NCS-R.

- Children involved with CPS: single question developed by the project team.

- Arrests and incarceration: series adapted from NCS-R.

- Use of drug/alcohol and mental health services: series from NCS-R.

- Past month alcohol and drug use: from the follow-up interview of the Quality Outcomes Leadership Alliance (QOLA) study (Mason et al., 2003).

- Positive and negative social support: from relatives not living with the respondent, friends, and former foster family members; adapted from NCS-R.

- Number of friends and any friends formerly in foster care: from the Wisconsin Young Adult Study.

- Contact with biological family since leaving care: from the Wisconsin Young Adult Study.

- Life satisfaction: satisfaction with life in general, living environment, school, and work; from the QOLA study.

- Ethnicity, including primary ethnicity: adapted from NCS-R, using Census categories with the exception that Hispanic or Latino was included as a category, not a separate dimension.

- Ethnic identity: the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992), which assesses ethnic identity search and sense of affirmation, belonging, and commitment in diverse populations.

- Reflections on foster care: two open-ended questions, used in the Casey Alumni Studies, regarding important people or experiences and what the respondent thinks could have been done better to help her/him.

Data Collection

CWEP contracted with a marketing research and polling firm to supervise and provide space and equipment for MSW student interviewers. These students were trained in general telephone interviewing as well as the specifics of the current interview and the Computer-Aided Telephone Interviewing system used by the interviewing contractor. Each completed a practice interview (which served as a pretest, resulting in minor changes to the instrument before proceeding). Some interviews were conducted by contractor supervisors, as well.

After receiving signed consent forms, CWEP sent the contractor lists of sample members with contact information. For a number of participants, the address and telephone number given in their consent form was no longer valid when the interviewer attempted first contact, resulting in more tracking effort. When a respondent was reached, they could complete the 20- to 25-minute interview then or schedule a time to do so.

RESULTS

Whole Population Variables

Population Demographics

Foster care alumni are a different population from other adults. There are a number of factors associated with entering foster care, including maltreatment, ethnicity (Downs & Caldwell, 2003), and poverty (Kortenkamp & Ehrle, 2002), that create substantial differences between foster care populations and other populations the same age. As seen in Table 2, 70 of the 140 foster care alumni eligible for the study were listed in their electronic case files as being Alaskan Native or American Indian. When compared to a general population (all ages) rate of 15.6% for Alaska, this reflects the overrepresentation of Native youth in the child welfare system. The alumni population also had twice the proportion of African Americans as Alaska in general. Nearly 53% of this population was female, compared to 48.4% of Alaskans under the age of 20 and 48.7% of all US citizens under 20, according to 2000 Census data.

Table 2. Case file-defined ethnicity and gender for the whole population (N=140).

	Alumni population	Current OCS youth[a]	Alaska (2000)
American Indian or Alaska Native	50.0%	61.0%	15.6%
African American	7.1%	7.8%	3.5%
Hispanic/Latino	2.9%	1.8%	4.1%[b]
Caucasian	37.9%	27.9%	67.6%
Other/unknown	2.1%	.2%	11.5%
Female	52.9%	49.3%	48.3%

[a] As of 1 September 2004 (Kristen Tromble, OCS, personal communication, 20 April 2005)
[b] In Census data, Hispanics may appear in other non-white categories.

Child Abuse [illegible] Neglect

This population had very diverse childhood experiences. Ninety-five percent of the population (excluding one case for whom records had not been imported from the state from which the youth had transferred) had from 1 to 20 (trimmed for analysis[1]) reports of child abuse and neglect filed with the State, with an average of nearly five (4.7). The distribution of number of reports of harm is presented in Table 3. Note that while these are reports of harm and not necessarily substantiated cases, there is literature to suggest that the distinction between substantiated and unsubstantiated reports is largely meaningless, particularly in terms of child outcomes (Hussey et al., 2002).

On the average, the first report of harm came before the youth's 10th birthday (at 9.8 years of age, ranging from a little over 4 months of age to over 18 years and 8 months). Over 86% had 1 to 9 (trimmed for analysis) reports of harm before entering care for the first time, with an average of 2.5. Less than 6 in 10 alumni (58.3%) had a report of harm filed after they first entered out-of-home care. This may have occurred while in a trial home placement, while the case was closed, or while in another non-foster care situation.

Table 3. Reports of harm recorded in case files, overall and before and after first entering care (N=140).

Number of reports	Total	Before first placement	After first placement[a]
0	5.0%	13.7%	41.7%
1 to 2	39.6%	59.7%	30.2%
3 to 4	17.3%	11.5%	12.2%
5 to 6	15.1%	6.5%	7.2%
7 or more	23.0%	8.6%	8.6%
Average (S.D.)	4.4 (4.32)	2.1 (2.31)	2.1 (2.93)

[a] Incidents after the first placement were not necessarily while the youth was in out-of-home placement. They may have occurred while the case was closed or during a trial home placement, etc.

Maltreatment as reported in OCS files can be divided into four subtypes: Neglect, physical abuse, sexual abuse (includes the OCS category of out-of-home sexual abuse), and emotional maltreatment (combines mental injury and abandonment). The experience of maltreatment by subtype is presented in Table 4. The child protective services (CPS) records allowed for only one primary and one secondary referral reason for each report,

[1] Trimming is a commonly-used procedure for reducing the influence of extreme values of a continuous variable. When an extreme value is on the high end, as with all trimmed variables in this study, it has a great effect on calculating the average. Trimming the extreme value(s) results in a slightly lower but more stable estimate of population means (averages). Extreme values were those more than 3 times the interquartile range—the difference between the 25th and 75th percentiles—above the 75th percentile. All variables with extreme values were trimmed before reporting means and standard deviations.

unlike other states that may record six or more reports of harm for each referral. In addition, Alaska does not appear to emphasize emotional maltreatment as other states do. For these two reasons, it is difficult to compare referral data between Alaska and other jurisdictions. For example, in 1999, of children with substantiated maltreatment reported to the Federal government (US Department of Health and Human Services, 2001), 48% were victims of psychological maltreatment in North Dakota, 50% in Connecticut, and 54% in Maine, compared to 8% in Alaska.

Table 4. Maltreatment types experienced, per CPS reports of harm (N=140).

	Total	Before first placement	After first placement[a]
Neglect	69.1%	60.4%	36.7%
Physical abuse	56.1%	41.7%	26.6%
Sexual abuse	52.5%	29.5%	33.8%
Emotional maltreatment	16.5%	10.1%	10.1%
Number of types (S.D.)	1.9 (1.01)	1.4 (0.90)	1.1 (1.15)

[a] Incidents after the first placement were not necessarily while the youth was in out-of-home placement. They may have occurred while the case was closed, during a trial home placement, etc.

Placement: Dates, Timing, Types, Length

The average alumnus in this population entered their first out-of-home placement at 10 years and 7½ months of age, and left care at 18 years and 5½ months of age. The alumni in this population left care between 1991 and 2004. The average length of time in out-of-home care (i.e. excluding home visits, returns home, and runaways) was nearly 7 years (6.9). For most of the sample (78.6%), this time in care came in one spell (or period of state custody); the other 30 out of 140 had at least one case closure followed by a return to care for a second (or even fourth or sixth) episode of being in OCS custody.

I often wondered if when I went to [a new home] if I would have to move. You have someone telling you that you will be here with these people and [you have to] get along even if you don't know them but you have to work with them. You don't have a choice- government makes it for you. My last set of foster parents are great and they want to adopt me, but you constantly had to wonder if this place would be it or were you going to move again.

Study participant

The alumni often experienced great turmoil within a spell of foster care. The average number of out-of-home placements (across all spells) was 13.2. This number ranged from 1 to 44 with 60% having more than 8 out-of-home placements (or 9 living situations, when runaways and home placements are included) reported in their case files. Put another way, the average alumnus experienced more than two (2.1) placements for every year in out-of-

home care. In addition, 35% of the population had one to five runaway episodes recorded in the case data, with an average total time on runaway status of over 2 months (65.5 days).

Out of the 140 alumni in the sample, 33 (23.6%) had one or more out-of-state placement. This included 14 (10.0%) who experienced a stay in out-of-state residential care. Such an outside placement did not always bring any more stability of placement: 8 of the 14 with any out-of-state residential care stays had more than one.

Child welfare services are more frequently turning to relative placement, particularly in Indian Child Welfare Act (ICWA) cases, as a way to provide a theoretically superior context for maintaining birth family relationships, providing permanency, and reducing costs (National Commission on Family Foster Care, 1991, as cited in American Academy of Pediatrics, 2000; Beeman, Kim, & Bullerdick, 2000). Over half of the current population (55.7%) had at least one placement episode with a relative, whether licensed or unlicensed. Altogether, these placements added up to an average of over 2 years (799.6 days) across an average of almost 3 (2.7) placement episodes, among those with any such placements. In contrast, almost all members of the population (94.3%) had at least one non-relative foster care placement (including emergency foster homes, pre- and foster-adoptive placements, and adoptive homes). Among those with any, the average number of non-relative foster placements was nearly 8 (7.7), comprising an average of 4 years and almost 10 months. Overall, the average proportion of time in out-of-home care spent in relative placements was 20.2%, while the average spent in non-relative foster care was 62.8%.

Whole Population Outcomes

Almost a Quarter Moved Out of State

A substantial proportion (22.9%) of potential respondents had moved from Alaska to the Lower 48 states. A few were in the military. It is not just those who were placed out of state that were living outside of Alaska during the interviewing period. In fact, of the 32 population members (out of 140) found to be living in the lower 49, 20 were never placed out of state while in care. Of those who moved, one-third moved to the Pacific Northwest states of California, Washington, and Oregon. Another one-sixth moved to other Western states: Nevada, Idaho, and Utah. Five moved to Midwest states of Illinois, Minnesota, Nebraska, and Ohio, and Kansas, while four moved to Texas. Three moved to the east coast states of Pennsylvania, South Carolina, and Virginia. Two moved to the southern states of Florida and Georgia, and one moved to Hawaii. The locations of the alumni are summarized in Figures 1 and 2.

Almost Two-thirds Stayed in Alaska

Eighty-eight potential respondents, or 62.8%, remained in Alaska. As seen in Figure 1, almost half of those who remained in Alaska resided in Anchorage, where half the state's population resides. Eleven (7.9%) resided on the Kenai Peninsula and 6.4% in the

Matanuska-Susitna Borough, large regions connected to Anchorage by the road system (unlike the bulk of the state).

A total of six resided in the Interior Census Areas of Fairbanks North Star Borough and the Yukon-Koyukuk, and twelve resided in southeast Alaska Census Districts of Juneau, Ketchikan Gateway Borough, Valdez-Cordova, Sitka, and Wrangell-Petersberg. Eight potential respondents resided in the Bethel or Wade-Hampton Census Districts, which are located in the Yup'ik areas of Southwest Alaska. Five resided in the Inupiat communities of northwest and northern Alaska: Nome, Northwest Arctic (Kotzebue), and North Slope (Barrow) Census Districts. Three had unknown locations in Alaska.

Many Were in Difficult Straits

Of those for whom a recent address could not be found, eight were found to be in prison in the Alaska or Federal system. In addition, seven other alumni for whom recent addresses were found were imprisoned for the duration of the interview period. For five others, including two who were deceased, no addresses could be found. Considerable effort went into finding alumni, including searches of state licensure (e.g., Department of Motor Vehicles) and payment (e.g., Medicaid, PFD) databases as well as location resources that rely upon credit report headers, legally available information generated by financial transactions such as signing up for a credit card or initiating cell phone service. Not finding even an old address for an individual by such methods may well be an indication that the person has "fallen through the cracks": Previous research has shown that the difficult to locate frequently have weak community ties (for example, less involvement in neighborhood, community, or religious groups) and low income and education levels (Groves & Couper, 1998; Keeter, 1995) and tend to lack a permanent home or be ill or otherwise incapacitated (Bailey, 1987).

Non-response Bias

It is important to determine the extent of non-response bias by examining whether there are any differences between those who were interviewed and those who were not. If no differences are found, one can be more confident (although not completely so) that the participants found are representative of those not found. Using PROBER data, the 66 who were interviewed were compared to the 74 who were not. Examining variables individually provided evidence that the two groups differed in gender, with females significantly more likely than males to be interviewed. When analyzing the potential predictors in combination, however, there was no consistent, significant model: No variable, including gender, consistently predicted non-response.[2]

[2] In a cross-validation stepwise regression procedure, gender was a significant predictor in one model ($p = .046$), with a random half of the population, but did not appear in the second model developed in the other half of the population. Note that the power of this analysis was limited by the sample size.

Respondent Interview Outcomes

Demographics of Interviewees

Age, gender, and ethnicity of the interviewed sample are presented in Figures 3 and 4. The average age of respondents was just over 23 years. Over 36% were 21 or younger, while almost 29% were 25 or older. Almost two-thirds of respondents were female (63.6%); almost half (47.0%) reported Alaska Native as their primary ethnicity. Another 41% were Caucasian, while 4.5% identified as African American. Only two (3%) identified their primary ethnicity as Hispanic or Latino or another ethnicity. Three respondents (4.5%) identified themselves as being bi- or multi-ethnic.

Figure 1. Alumni locations by region

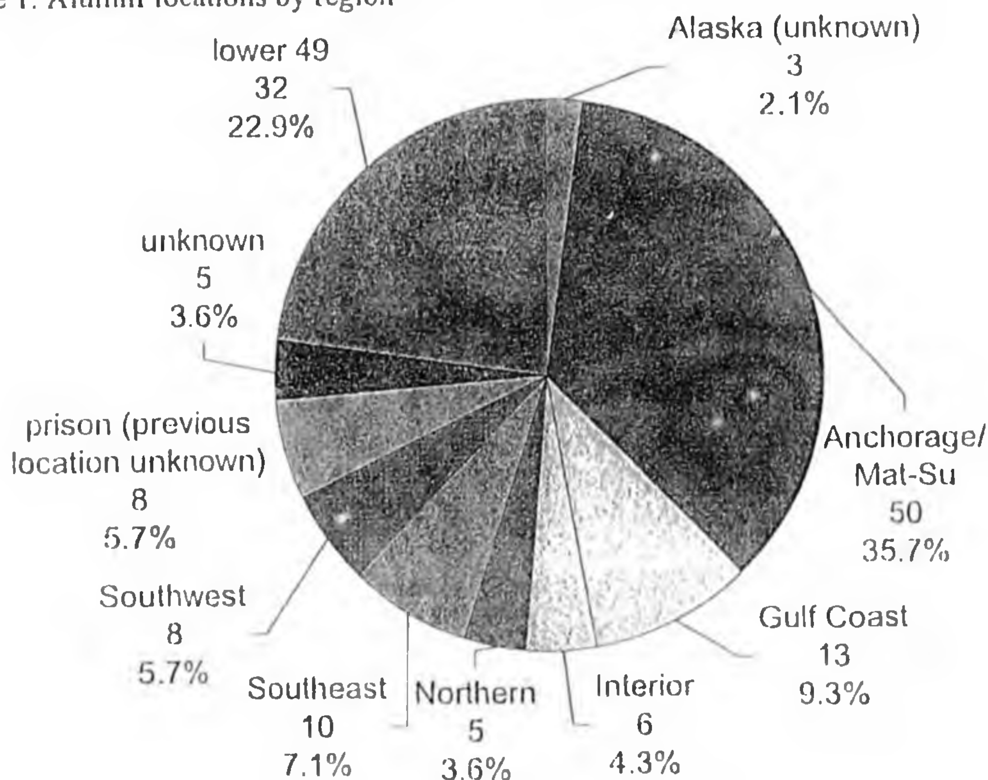


Figure 2. Geographic dispersion of the alumni within Alaska.

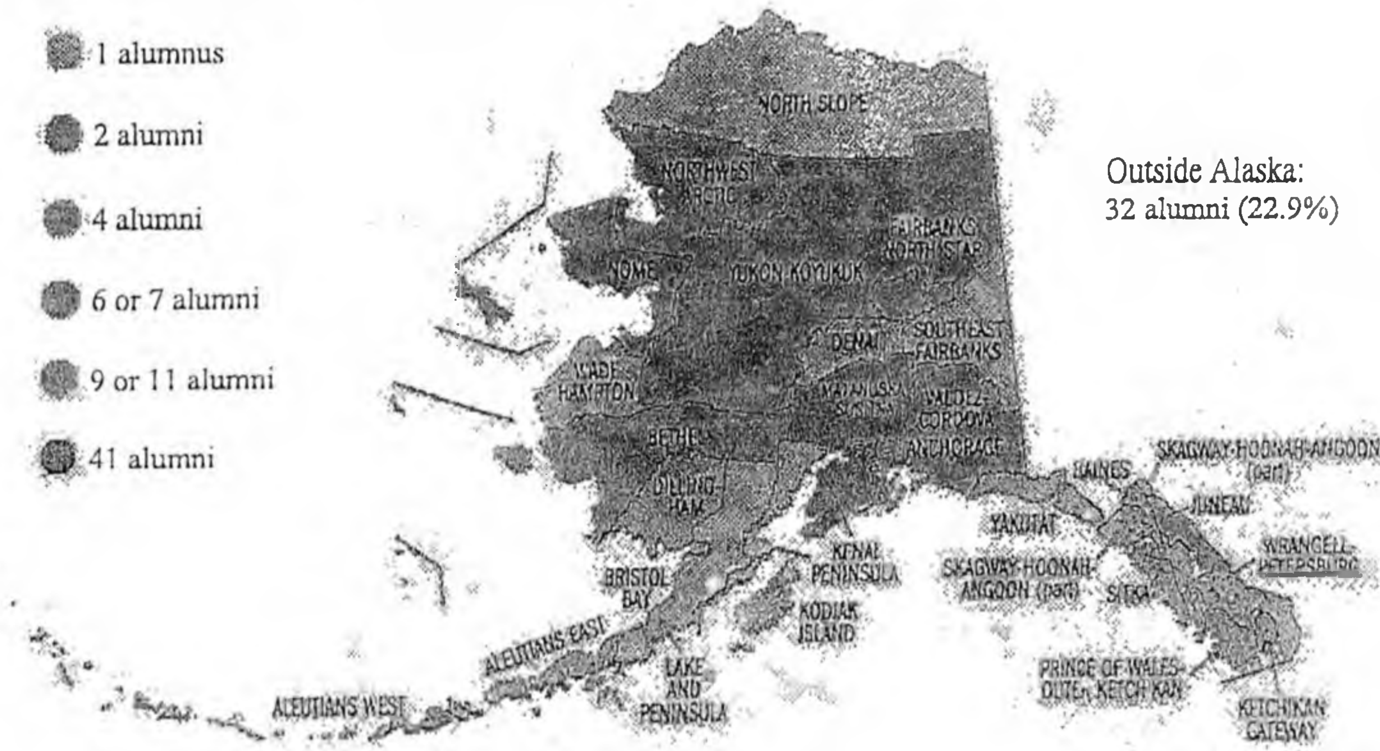


Figure 3. Age and gender of respondents (N = 66).

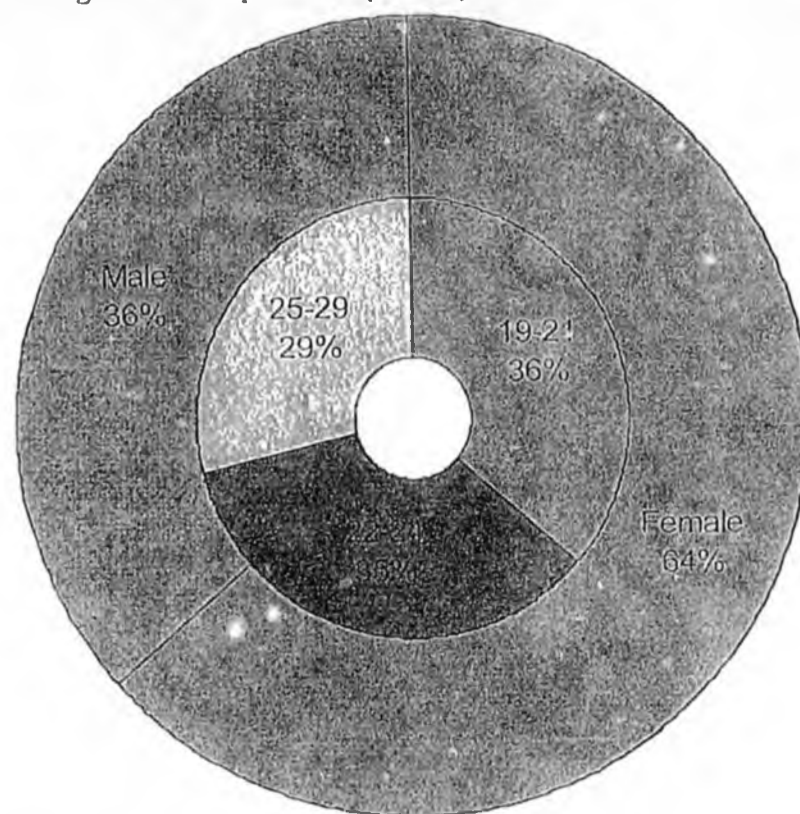
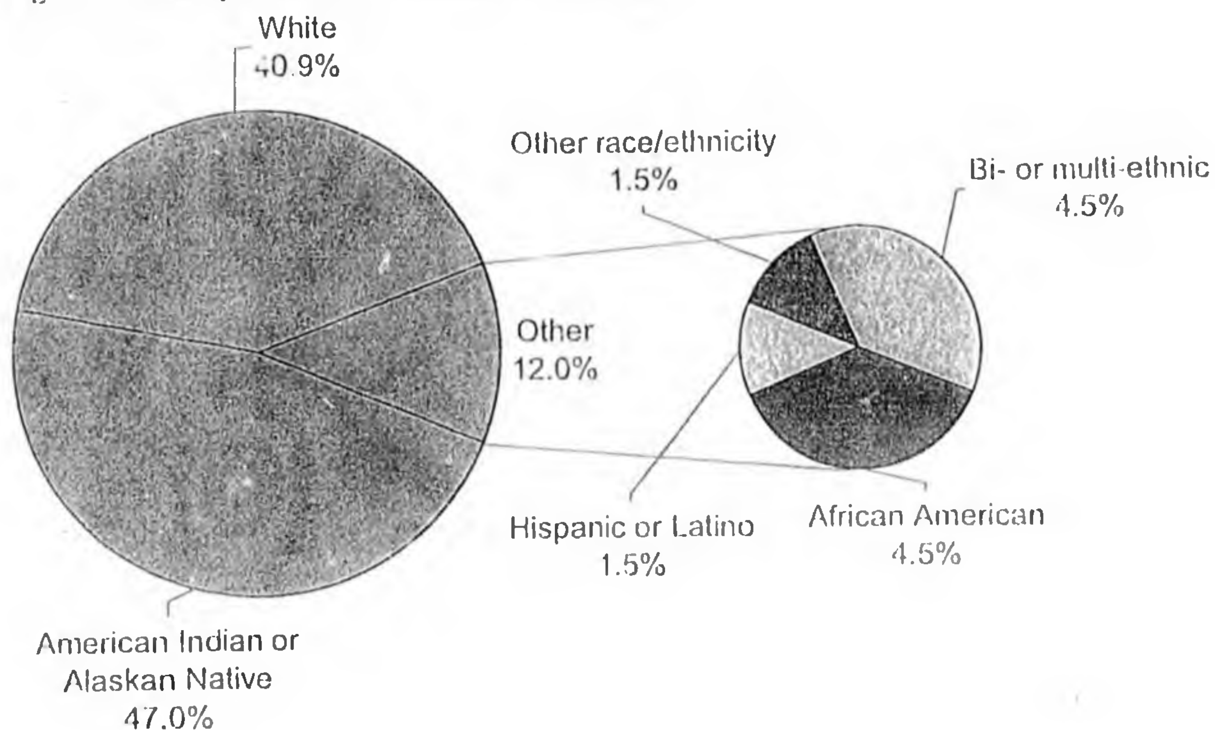


Figure 4. Self-reported primary ethnicity (N = 66).

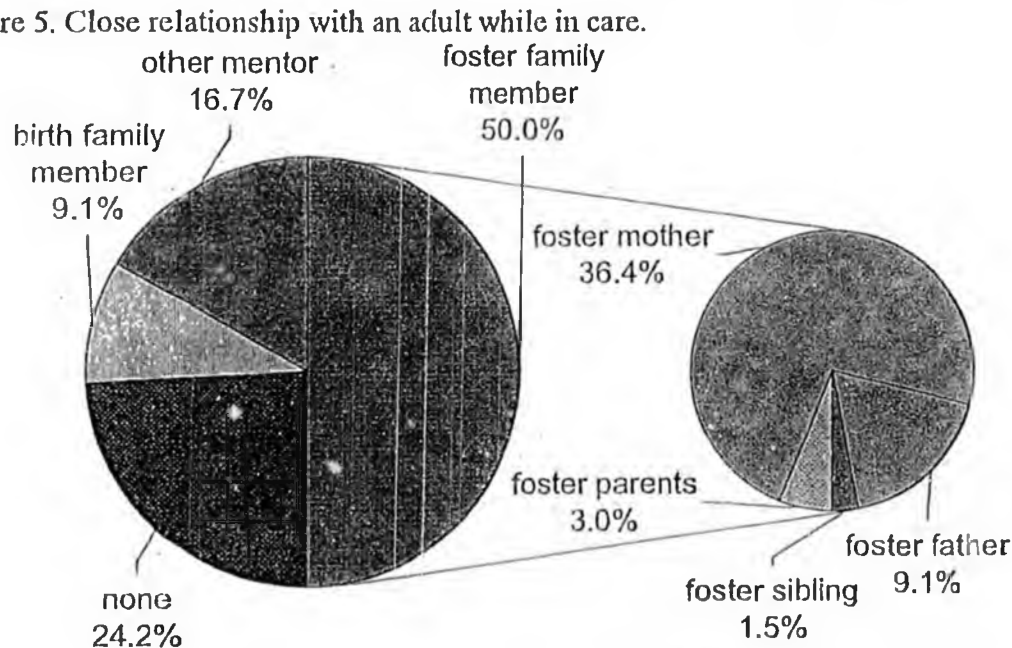


Socio-emotional Outcomes

Relationships with adults while in care

Respondent were asked in the interview about some of their experiences in care. Over three-quarters of the alumni (75.8%) reported having had a close relationship with an adult while in foster care. Almost three-quarters reported of these still being in contact with these adults (72.0%). As seen in Figure 5, foster parents were most f[illegible]ently mentioned as providing this needed bond, while several others mentioned birth family members, particularly extended family members (3% mentioned aunts and 3% grandparents). Seventeen percent reported having close relationships with other mentors, including teachers, group home house parents, and guardians ad litem.

Figure 5. Close relationship with an adult while in care.



In describing why these relationships were important, respondents mentioned a variety of reasons:

- The importance of setting and striving towards goals: *My foster parents taught me to set goals and accomplish them. Even if you don't see a reward there is one at some point of time.*
- Emotional growth and support: *She gave me hope. She was my teacher and she didn't have children of her own but she was willing to help me, so she became my foster mother.*

- Teaching life skills: *He treated me like a son; taught me how to cook, to clean, to be a man.*

- Supporting educational achievement: *They did a lot, like help me with school, homework, and encouraged me to finish. They loved me and were good role models.*

Siblings

Family is important, and if my sisters and I were not split up, our relationship would have been different.
Study participant

Research is beginning to document the benefits of keeping sibling groups together when appropriate (Herrick & Piccus, 2005; Leathers, 2005; Tarren-Sweeney & Hazell, 2005). Unfortunately, it appears that many of the alumni found it difficult to maintain sibling bonds while in care: Less than 9% (8.5%) of those with siblings were placed with all of their siblings in their first foster home (not an initial emergency placement), and nearly 63% (62.7%) were placed with none of their siblings. Nearly three-fourths (74.5%) of those who were not placed with all of their siblings in their first placement were never placed with at least one of their siblings later. This loss of cohabiting siblings is demonstrated in Figure 6. Fortunately, it appears that a number of those who were not placed with their siblings were able to maintain some contact with them, as only 29% of those who were not placed with one or more siblings reported never seeing the siblings again.

Parenthood

Three-quarters of female respondents had been pregnant, as shown in Table 5. Nearly half (48.4%) of those reporting ever being pregnant had given birth to more than one child. With the exception of one woman whose first pregnancy was at age 29, all others had their first pregnancy between the ages of 14 and 24. More than three-fourths (77.4%) of these pregnancies came before the age of 20, 13% before 18. Overall, nearly 1 in 10 interviewed females reported being pregnant by the age of 17, but nearly 6 in 10 (57.1%) by age 19. These rates *appear* to compare unfavorably with the statewide rates: The State of Alaska (Alaska Bureau of Vital Statistics, 2005) reported a pregnancy rate in 2003 of less than 3% for females between 15 and 17 years of age, and less than 6% of those between 15 and 19 (note that one woman in the current sample reported being pregnant at 14). While the statewide rates are for a single year, the prevalence rates for the current sample are over 3 (for under 18) and nearly 10 (for under 20) times the one year incidence rates. Thus, while not a perfect comparison, this contrast indicates a high rate of early pregnancy among foster care alumni.

They taught me how a normal household works. They had several biological children, and I learned how to raise children.
Study participant

Figure 6. Placeme⁻⁻t with siblings over time.

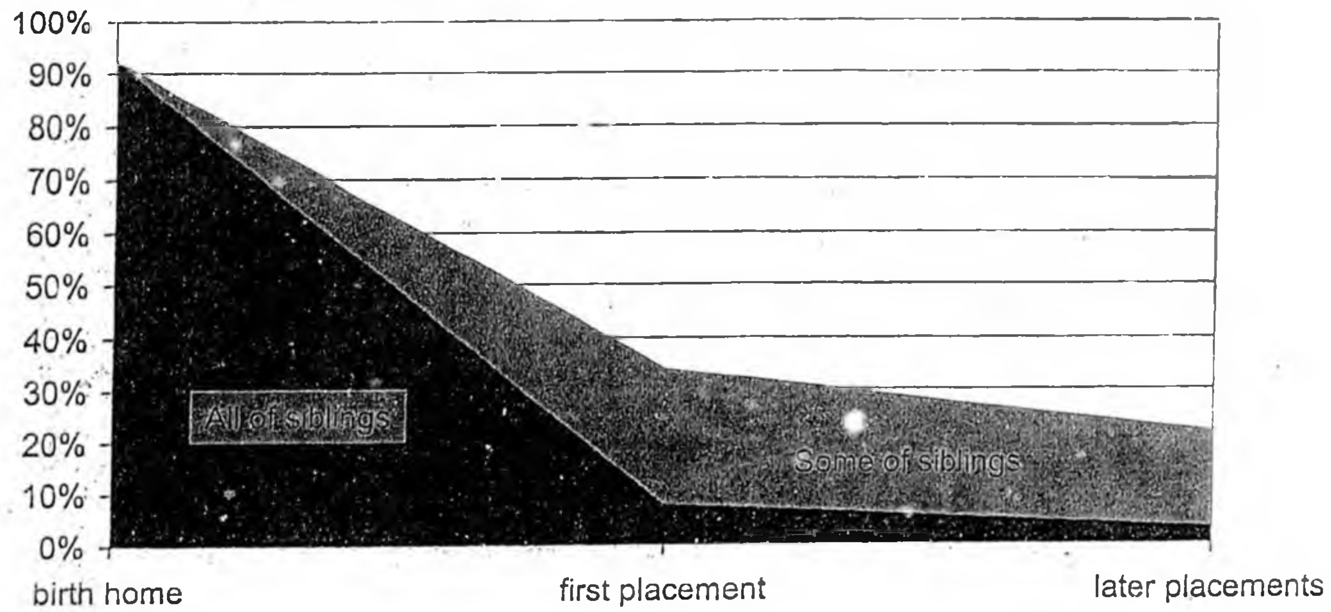


Table 5. Pregnancy and impregnation.

	Average (S.D.) or percent of sample		
	Females	Males	All
Ever pregnant or impregnated a partner:	73.8%	41.7%	62.1%*
Resulting in any births	61.9%	37.5%	53.0%
Age at first pregnancy/impregnation:	19.1 (2.72)	20.4 (1.65)	19.4 (2.55)
17 or under	9.5%	0	6.1%
19 or under	57.1%	12.5%	40.9%*
Number of births	1.5 (1.06)	.9 (.32)	1.4 (.97)
Ever had child removed from home by CPS (of those with live births)	7.7%	11.1%	8.6%

* Significant difference between females and males ($p < .05$)

Less than half (41.7%) of male respondents reported impregnating a partner. Most of these (7 of the 10) reported being over age 19 at the first instance. Overall, nearly 13% reported impregnating a partner before the age of 20 (12.5%), none before 18. None of the males had fathered more than one child.

Of all interviewed alumni, 53% had had at least one child. Nearly 9% of those who had a child had had a child removed from their home by child protective services. Fifteen percent had biological children who did not live in their homes. In each case, this was one biological child.

Social contact and support

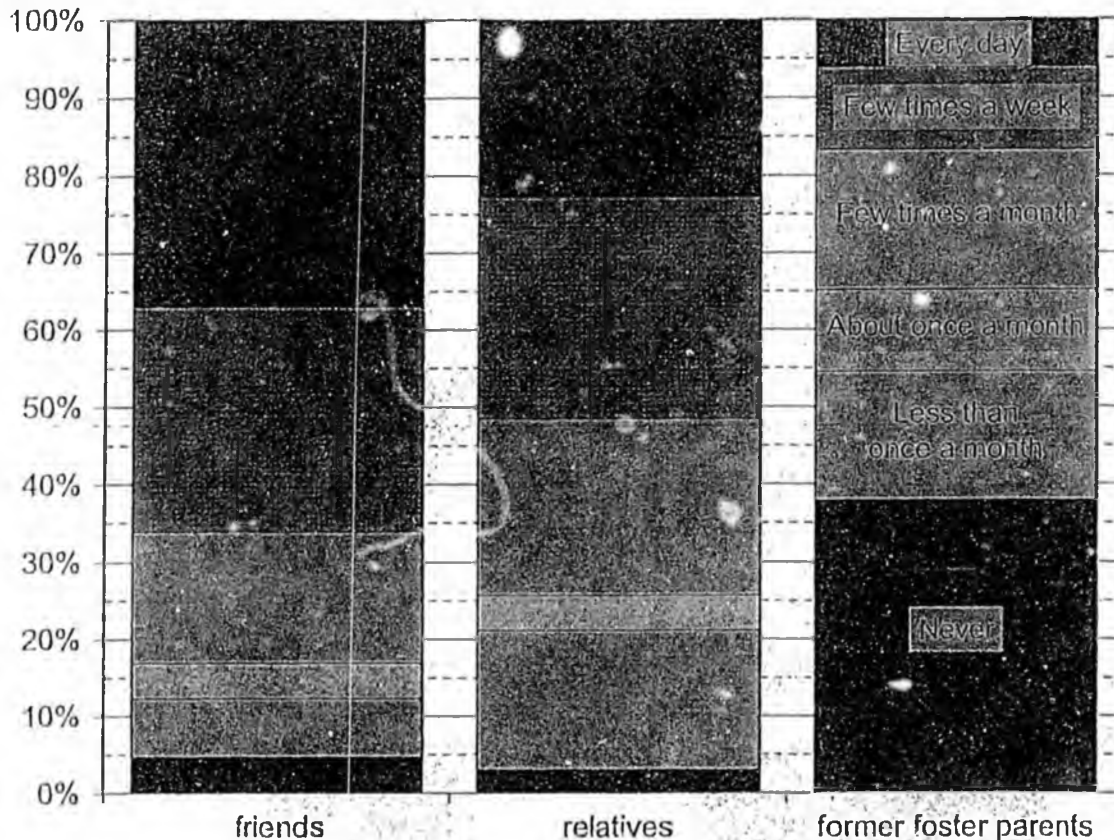
Most Alaska alumni reported a great amount of social contact. While nearly 23% of the respondents lived alone, about 1 in 5 alumni lived in a household of 5 or more people. The average number of friends they reported was nearly 8 (7.6, including an average of 2.4 friends who had themselves been in foster care), with nearly a third (31.3%) saying they had 9 or more friends. (Although trimmed for the analysis, one alumna reported having approximately 60 close friends, and another alumnus reported that half of his approximately 30 friends had been in foster care.) Contact with these friends was frequent: 82% reported talking on the phone or visiting with friends a few times a month or more, including over 36% who reported daily contact (see Figure 7).

Only 2 alumni (3%) stated that they did not have any contact with relatives not living with them. Interactions with relatives were less frequent than with friends: 74% reported multiple monthly contacts, with 23% stating they spoke with relatives every day. Among relatives, alumni reported the most contact with siblings (50.0% reporting contact at least a few times a month; see Figure 8). Birth mothers were the next most frequent contact among relatives (40.9% reporting a frequency of a few times a month or more). Many alumni had either much contact with their mothers (18.2% daily, plus 7.6% reporting several times a week) or none at all: Over 27% stated they had not been in contact with their biological mothers since leaving care. More than 4 in 10 (42.4%) reported having no

contact with their fathers since leaving care, while nearly 2 in 10 (19.7%) reported having no contact with their siblings.

Over 6 in 10 alumni (62.1%) of the alumni interviewed said that they had remained in contact with former foster parents since leaving care. A majority of these spoke with a former foster parent at least a few times a month (56.1% of those who remained in contact, or 34.8% of all interviewees).

Figure 7. Frequency of social contact with friends, relatives, and former foster parents.



Respondents were asked a series of questions to assess the positive and negative social support they experience from their social relations. Positive social support was defined as having social contacts who are understanding, reliable, and listeners with whom the respondent can "open up." By contrast, negative support referred to how often these contacts make demands, argue with the respondent, or let him or her down. Support was assessed in reference to friends, relatives, and former foster parents, and these ratings are presented in Figure 9.

Figure 8. Frequency of visiting with particular relatives.

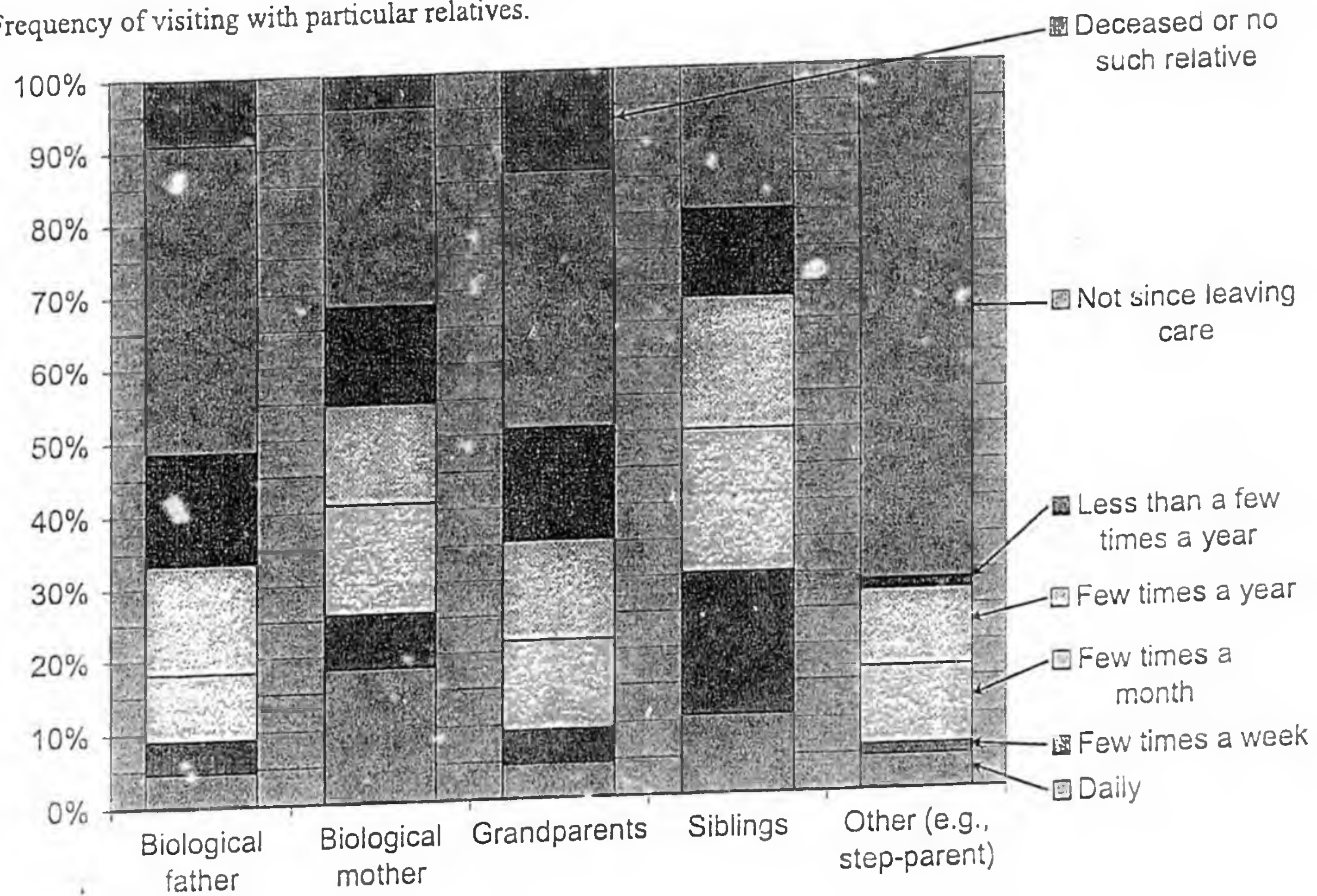
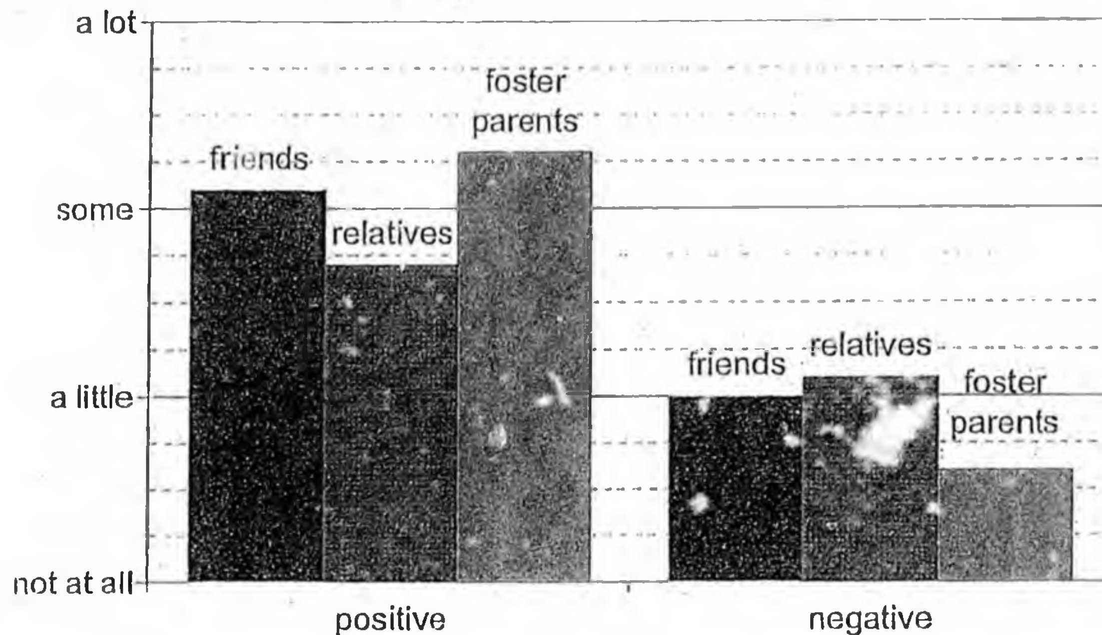


Figure 9. Ratings of positive and negative social support.



Those who were in contact with former foster parents apparently maintained these relationships due to the rewarding nature of those interactions: Among the three types of relationships rated (friends, relatives, and former foster parents), the average rating for foster parents was highest on the positive social support ratings and lowest on negative support-- that is, foster parents were given, on the average the best ratings. In a statistical analysis, however, only the difference between foster parents and relatives on negative support was significant (the same comparison for foster parents versus friends approached significance[3]). On the average, the alumni rated relatives not living with them as providing the least positive support and the most negative interactions.

> *She never gave up. She was just such a cheery little person you could talk to her about anything. I still go and visit her. She is just an awesome person. She is so much like what a mother should be in my eyes.*
>
> Study participant

General mental health

The alumni were asked to rate their life satisfaction in a number of different areas. Overall, most alumni reported being happy with their living environments, their school experiences (if in school), their work situation (if working), and their lives in general. As shown in Table 6, more than 8 in 10 alumni reported feeling "happy" or "very happy" in each area.

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[3] Using the Bonferroni method to control analysis-wide error rate resulted in setting $\alpha = .0083$. One-sample t-tests were conducted on difference scores: for foster parents versus relatives on negative support, $t(38) = -3.595$, $p = .001$; for foster parents versus friends on negative support, $t(38) = -2.607$, $p = .013$; for all other comparisons, $p \geq .032$.

Table 6. Life satisfaction ratings.

	Very unhappy	Unhappy	Happy	Very happy
Life in general	1.5%	12.3%	63.1%	23.1%
Living environment	1.5%	10.6%	63.6%	24.2%
School (among those currently in school)	0	18.2%	63.6%	18.2%
Work (among those currently working)	2.7%	13.5%	67.6%	16.2%

Accordingly, most alumni report average to good mental health. The SF-12 provides standardized scores of overall health which can be compared to general population norms. Each SF-12 scale is a T-score, which has a general population average of 50 and a standard deviation of 10, with higher scores indicating better health. Average scores among Alaska foster care alumni were very close to 50 for the mental health composite (49.2), as seen in Table 7. While 50% of the sample had scores of 53.8 and above, scores varied widely (from 17.6 to 65.1). Some alumni reported having very poor mental health, to an extent that disrupted day-to-day activities. This is illustrated by 7 alumni (10.8%) with scores below 30, which is two standard deviations below the mean, or, put another way, lower than almost 98% of the general population.

Table 7. General mental health as measured by the SF-12 Mental Component Summary.[a]

	Alumni	General population
Average (SD)	49.2 (11.95)	50.0 (10.00)
Median	53.8	
Highest 5% of scores (range)	60.9 to 65.1	
Lowest 5% of scores (range)	17.6 to 19.9	
Scores below 30	10.8%	~2.3%

[a] SF-12 scores are standardized as T-scores, which in the general population have an average of 50 (and a standard deviation of 10). Higher scores indicate better health, such that a person scoring 65 is reporting a level of health that is 1.5 standard deviations higher than average.

Ethnic identity

The Phinney Multi-Ethnic Identity Measure (MEIM) produces scores that are the average of ratings from 1 (strongly disagree) to 4 (strongly agree) of individual items measuring the participant's ethnic identity development and group affirmation, sense of belonging, and commitment. The scores are presented in Table 8 and Figure 10.

Table 8. Ethnic identity strength as measured by the Multi-Ethnic Identity Measure.

	Average (S.D.)
Total score:	2.7 (.48)
Identity	2.6 (.57)
Affirmation, Belonging & Commitment	2.8 (.51)

While there are no normative or benchmark scores with which to compare those in the current sample, groups that are of European-American ethnicity tend to have average scores at the midpoint of the scales, or 2.5, with members of minority groups scoring higher, on average (J. Phinney, personal communication, 1 March 2005). This is apparent in Figure 10, which shows that MEIM scores of sample members whose primary ethnicity was not Caucasian were higher than those of primarily Caucasian respondents, with significant differences for the Total score and the Identity subscale.[4] Scores for the Caucasian group appear to be close to the midpoint of 2.5, although in this sample the average score for Affirmation, Belonging, and Commitment was significantly different than this general population comparison.[5]

Physical and Behavioral Health

Disability

As discussed previously, 11 members of the original population of 140 could not be interviewed due to a mental or physical condition. In addition, three others who had public guardians *were* capable of being interviewed and completed interviews. The nature of their conditions, including when they began, are not known (disability information did not appear in OCS' former electronic case file system). Anecdotal reports from the locator indicate that the 11 missed interviews were cases in which the guardian indicated that the alumnus was too emotionally unstable or neuro-cognitively unable to participate in this interview.

Mental and behavioral health service usage

Given the discussion of the effects of abuse and neglect, a relatively high use of mental health and substance abuse intervention services would be expected among alumni of foster care. As illustrated in Figure 11, nearly 8 in 10 alumni (78.8%) reported lifetime use of any of these interventions, including 35% reporting overnight treatment stays and 68% reporting seeing a professional (such as a psychologist, social worker, or minister) outside of an overnight stay. The number of overnight stays ranged from 1 to 40, with an average of almost 8 different overnight treatment episodes (which may include before or during care). Of those who did not report ever seeing a professional, one-third related that they had at some point felt that they should have sought such help.

About 1 in 4 alumni reported using any of the services listed in Figure 11 in the past year. As with the lifetime rates, past year use of professionals was much higher than use of hotlines or self-help groups, at nearly 26%. More than half of those (16.7% of the total) reported that they were *currently* seeing a professional. The average number of visits or

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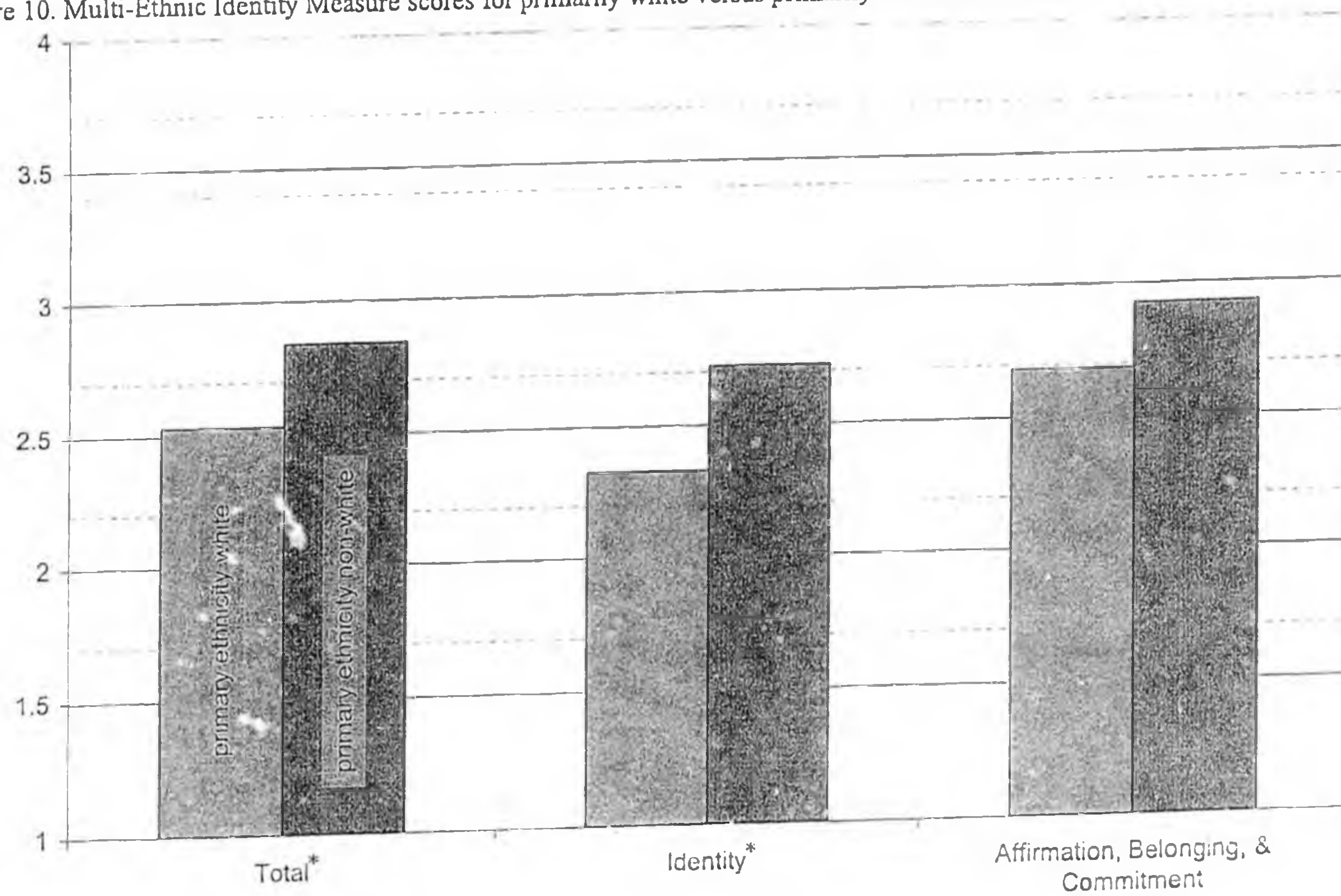
[4] The results of univariate follow-up ANOVAs to a significant MANOVA (Wilk's Lambda = .880, $F[3, 61] = 2.766$, $p = .049$) were as follows: MEIM Total score, $F(1, 63) = 7.068$, $p = .010$; MEIM Identity scale, $F(1, 63) = 8.314$, $p = .005$; and MEIM Affirmation, Belonging & Commitment scale, $F(1, 63) = 3.773$, $p = .057$.

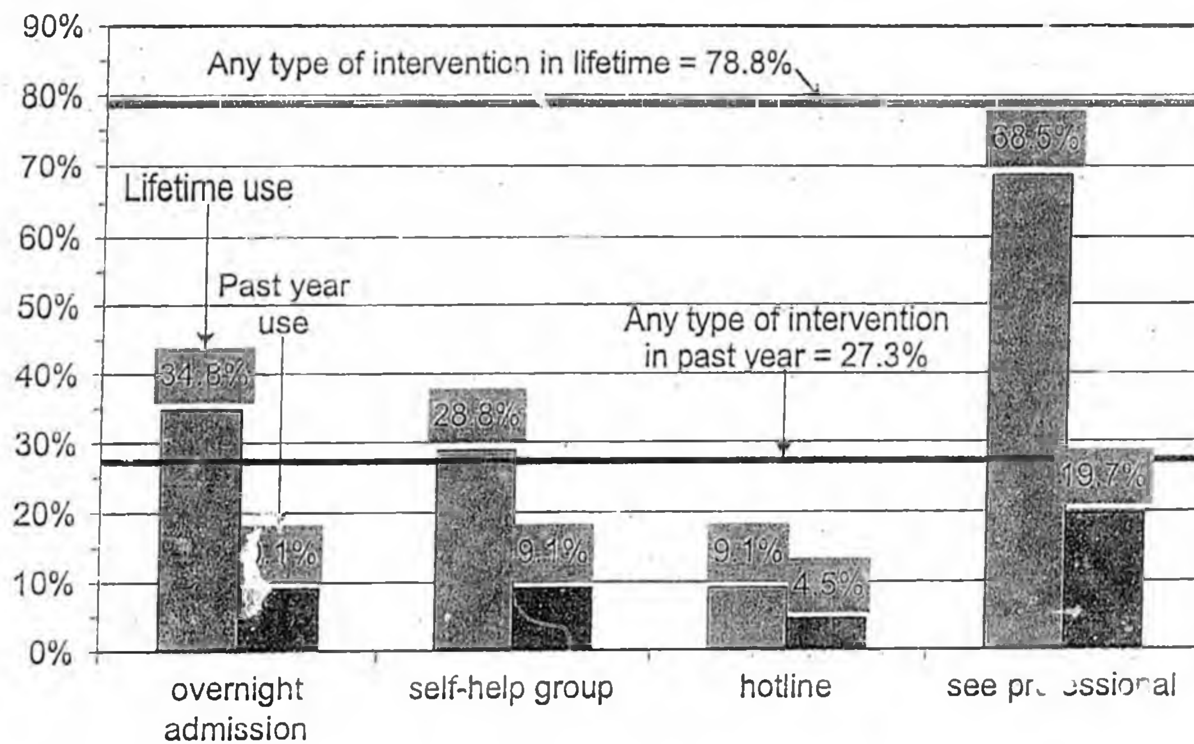
[5] Using the Bonferroni method to control analysis-wide error rate resulted in setting $\alpha = .0167$. One-sample t-tests were conducted to compare scores among primarily Caucasian alumni to the predicted score of 2.5: for the Affirmation, Belonging, and Commitment subscale, $t(26) = 2.749$, $p = .011$; for Identity, $t(25) = -1.796$, $p = .085$; and for the Total MEIM, $t(26) = .798$, $p = .432$.

Figure 10. Multi-Ethnic Identity Measure scores for primarily white versus primarily non-white alumni.



* Significant difference between the groups

Figure 11. Mental health or substance abuse service use, lifetime and past year, by type.



sessions in the past year was 20, ranging from 1 to 56. Six alumni (9.1%) reported overnight treatment stays in the past year. The use of professionals and of overnight treatment in the past year in this sample are higher than the rates in the Northwest Alumni Study sample (12.0% and 2.9%, respectively; Pecora et al., 2005b).

Substance use

Validity problems related to honesty of reporting frequently weaken surveys of drug and alcohol usage. In the current project, questions about substance use came late in the interview in the hope that some rapport would be built up between the respondent and the interviewer. Other efforts, including pledges of confidentiality and asking that the respondent be alone when answering questions, were used to maximize honesty of reporting. In addition, this part of the interview came after the respondent was asked about non-specific mental health and alcohol or drug treatment. Nonetheless, reported rates of substance use may, as in other samples, be different from the true prevalence.

While nearly half of the foster care alumni interviewed reported drinking in the past month, only 45% of those (or 21% of the total sample) reported being drunk, as shown in Table 9 below. A quarter of the sample reported recent marijuana or hashish use, while two people reported using other illicit substances. In contrast, a 2002 report from the Substance Abuse and Mental Health Services Administration (Wright, 2002) estimated a slightly higher rate of alcohol use (53%) in the past month among Alaskans aged 12 and above, but a substantially lower rate of marijuana use (nearly 10%). The SAMHSA report estimated a comparable rate of use of other illicit drugs (4%). Two alumni reported being referred for alcohol or drug counseling in the past month; neither admitted to drug use.

Table 9. Reported use of drugs and alcohol and referral for substance abuse counseling.

Drink in past month:	47.0%
Drunk in past month	21.2% of total
Used marijuana or hashish in past month	25.8%
Used any other illegal drug/substance in past month	3.0%
Referred for AOD counseling in past month	3.0%

Overall physical health

The SF-12 also provides a measure of overall physical health, assessing physical problems and their effect on day-to-day activities. As with the mental health composite, the sample's average SF-12 Physical Component Summary score (50.6) was similar to that of the general population (50.0) (see Table 10). Scores ranged from 23.3, indicating very poor health that interferes with daily living, to 64.6, indicating very good health. Three alumni (4.6%) had scores under 30—more than two standard deviations below the mean, indicating extremely poor health.

Table 10. Overall physical health, as measured by the SF-12 Physical Component Summary.[a]

	Alumni	General population
Average (SD)	50.6 (9.08)	50 (10.00)
Median	53.8	
Highest 5% of scores (range)	61.1 to 64.6	
Lowest 5% of scores (range)	23.3 to 29.3	
Scores below 30	4.6%	~2.3%

[a] SF-12 scores are standardized as T-scores, which in the general population have an average of 50 (and a standard deviation of 10). Higher scores indicate better health, such that a person scoring 65 is reporting a level of health that is 1.5 standard deviations higher than average.

Education, Employment, and Health Insurance

Reports of preparedness for adulthood when they left care

[They] helped me through school and get a license, a car, and got me ready for the real world. [They] didn't just kick me to the curb and say, "Here, support yourself."
Study participant

As shown in Table 11, the interview asked respondents to recall types of active assistance that their caseworker or agency may have provided. Most alumni reported not receiving such help. The most frequently recalled type of assistance was support in identifying someone to call for help with future problems. Less than a quarter of the sample (24.2%) reported receiving such assistance. Approximately one in eight reported receiving assistance in getting job training, getting a job interview, or arranging for health insurance (12.1% each). Just over 10% noted that an agency helped them get a job, and slightly fewer stated that an agency helped them find housing. A few reported that they received help getting public assistance (7.6%), getting health records (7.6%) or finding child care if needed (4.2%). One in five alumni reported some other kind of transition-related assistance. Many of the 'any other way' responses were related to college or training programs. A small number of alumni mentioned the state buying them plane tickets, either to get to college or to visit relatives. In all, the alumni reported receiving an average of 14.1% of these 8 to 10 (depending on applicability) types of assistance. Despite this low level of assistance, few alumni (16.7%) reported feeling "not at all prepared" for independent living when they left care.

Many of these same interview items were used and reported in the Wisconsin alumni study (Courtney et al., 2001) and the Northwest Alumni Study (Pecora et al., 2005b). As seen in Table 11, the Wisconsin alumni appear to have reported more frequent receipt than the current sample of most of the types of transition assistance. Approximately twice as many Wisconsin alumni as Alaska alumni reported receiving help in obtaining their health records, and about 50% more reported getting assistance in accessing job training. Alumni from Oregon and Washington appear to have reported comparable levels of

assistance, although more Northwest alumni reported help in getting job training and more than a third fewer Northwest alumni reported help in identifying contact persons.

Table 11. Transition assistance provided before leaving care, as reported by alumni.

Agency helped youth:	Alaska alumni	Wisconsin alumni[a]	Northwest alumni[b]
Get job training	12.1%	18%	17.1%
Get a job interview	12.1%	11%	9.2%
Get a job	10.6%	14%	10.7%
Get public assistance (food stamps, etc.)	7.6%	11%	6.7%
Get health records	7.6%	15%	9.5%
Arrange for health insurance	12.1%	11%	12.5%
Find housing	9.1%	12%	8.3%
Find child care if needed	4.2%	–	–
Finding contact persons to help with future problems	24.2%	–	15.3%
Any other way	19.7%	–	-

Note. A dash (–) indicates that the item was not reported.
[a] Courtney et al. (2001)
[b] Pecora et al. (2005b)

Homelessness since leaving care

Previous studies have found high rates among homelessness among foster care graduates (Cook et al., 1991; Courtney et al., 2001; Pecora et al., 2005a). As seen in Table 12, the current study similarly found high levels of homelessness among alumni of foster care in Alaska. Nearly 4 in 10 alumni reported being homeless since leaving care, including 3 in 10 who were homeless within a year of leaving care. The number of episodes of homelessness ranged from 1 to 10 (trimmed), although one participant reported being homeless 36 times and another 48 times. These same two participants reported being homeless for three or more years at one time. The (trimmed) range of longest reported homelessness episode was from 1 to 365 days.

Table 12. Homelessness since leaving care.

	Average (S.D.) or percent of sample
Ever homeless since leaving care:	37.9%
Number of homeless episodes	4.0 (3.18)
Longest episode, in days	95.0 (127.35)
Homeless within one year of leaving care	30.3% of total

Educational achievement

Nearly 79% had completed high school (63.6%) or a GED (15.2%) by the time of the interview. In contrast, foster care alumni in the Northwest Alumni Study (Pecora et al., 2005a) were found to have completed high school at a rate of 84.8%, comparable to the general population rate for 18- to 29-year-olds of 87.2% (in 2000; National Center for Education Statistics, 2001, Table 107). One-third of the Alaskan alumni (33.3%) went on to some sort of education or training beyond high school. Eleven (16.7%) had completed at least one year of college. Seven respondents (10.6%) had less than 3 years of post-high school with no degree. Three respondents (4.5%) had a BA or higher. Nearly 20% were in school at the time of the interview, including two in college, three in trade or technical school, and three in a GED program. High school and college completion rates for the interviewed alumni are presented in Table 13, while the highest degree or level of education obtained by the alumni is presented in Figure 12.

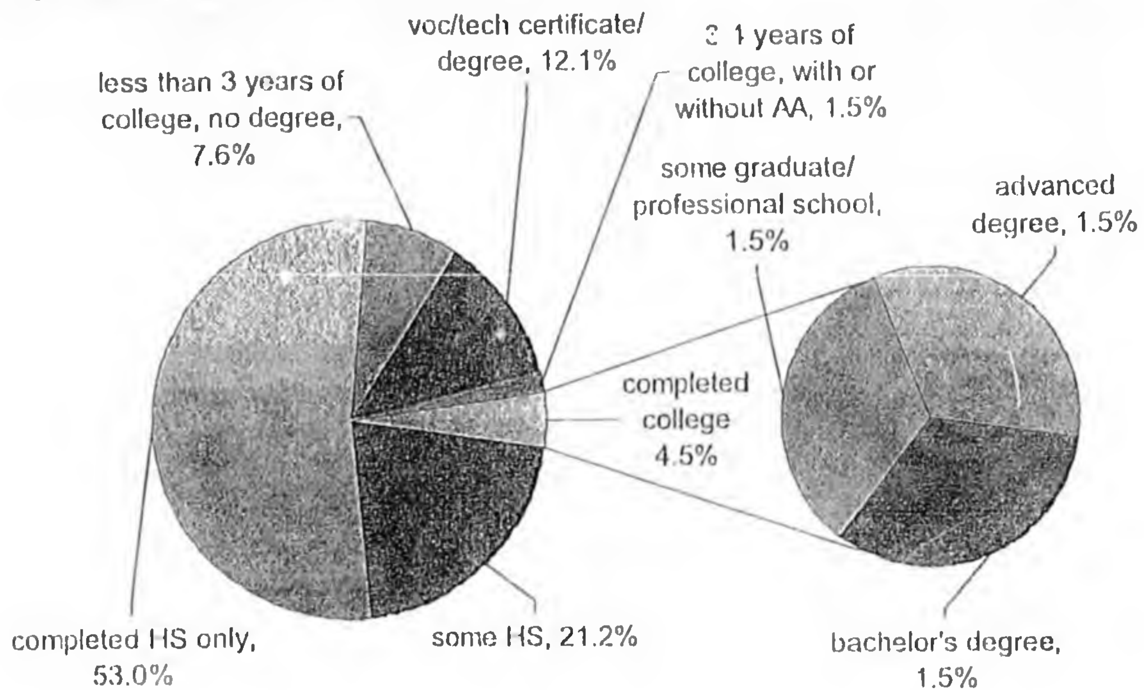
Table 13. High school and college completion.

Degree	Alaskan alumni	Northwest alumni[a]
C npleted high school:	78.8%	84.8%
With diploma	63.6%	56.3%
With GED	15.2%	28.5%
Completed college	4.5%	1.8%

[a] Pecora et al. (2005a)

Fourteen alumni who had completed high school (not a GED program), and two others who reported completing a GED program (for a total of 24.2% of the sample), reported having attended vocational or technical school for post-secondary training. Of these 16 who attended vocational-technical school, 6 (42.9% of those who attended, or 9.1% of the sample) reported achieving a degree from that program, and 2 were still in trade school. For three respondents (4.5% of the sample), this vocational-technical degree or certificate was their highest degree of education or training.

Figure 12. Highest level of education achieved.



As illustrated in Table 14, the high school completion rate was slightly below the statewide rate for adults 25 and over in 2003, but above the national rate. (Published rates of high school completion, such as those from the Census Bureau, are generally presented for the population aged 25 and older, not for the whole population or those 19 and above.) The proportion of those going on to complete a bachelor's degree or higher was substantially below the national and Alaska rates (US Census Bureau, 2003), but higher than the rate found in the Northwest Alumni Study (2.7%), despite the higher rate of postsecondary enrollment in that sample versus the Alaska alumni. Of the 19 alumni 25 and older, 17 had completed high school, 1 was currently in a GED program, 9 had gone on to further education or training beyond high school, 1 was currently in vocational or technical school, 1 had completed a bachelor's degree and some subsequent graduate or professional training, and 1 had completed an advanced degree.

Table 14. Educational completion for those 25 and older.

	Alaska alumni (n=19)	Alaska general population	US general population
Completed high school (including GED)	89.5%	91.2%	83.6%
BA or higher	10.5%	26.6%	26.5%

Employment, finances, and health insurance

Nearly 6 in 10 respondents (58.5%) were working at the time of the interview, while 17% were not in the workforce. The unemployment rate among this sample was 29.6%, compared to a reported unemployment rate in Alaska of 7.1% in May 2004 and 7.6% in December 2004 (5.6% and 5.4%, respectively, in the US) (Robinson, 2004, 2005). (Note that while the interview asked if respondents were "looking for work" this may not meet the definition applied by the State and the Federal government, requiring an active attempt to find work, as reported to the unemployment office, in the past 4 weeks.) Among those who worked, the range of hours was from 8 to 60, with an average of 35 hours per week. Two respondents were reportedly permanently disabled.

Given the high rate of unemployment and low rates of college completion in this sample, average income was low. The average of approximately $12,300 is a little more than half of the Census Bureau's 2003 estimate of per capita income for Alaska of $24,361. The median income was $9,500, equivalent to the Federal poverty level for a single person household in 2003 (DeNavas-Walt, Proctor, & Mills, 2004); only five alumni reported personal incomes above $40,000. Approximately 39% of the respondents had no health insurance.

Cost to Society

Criminality

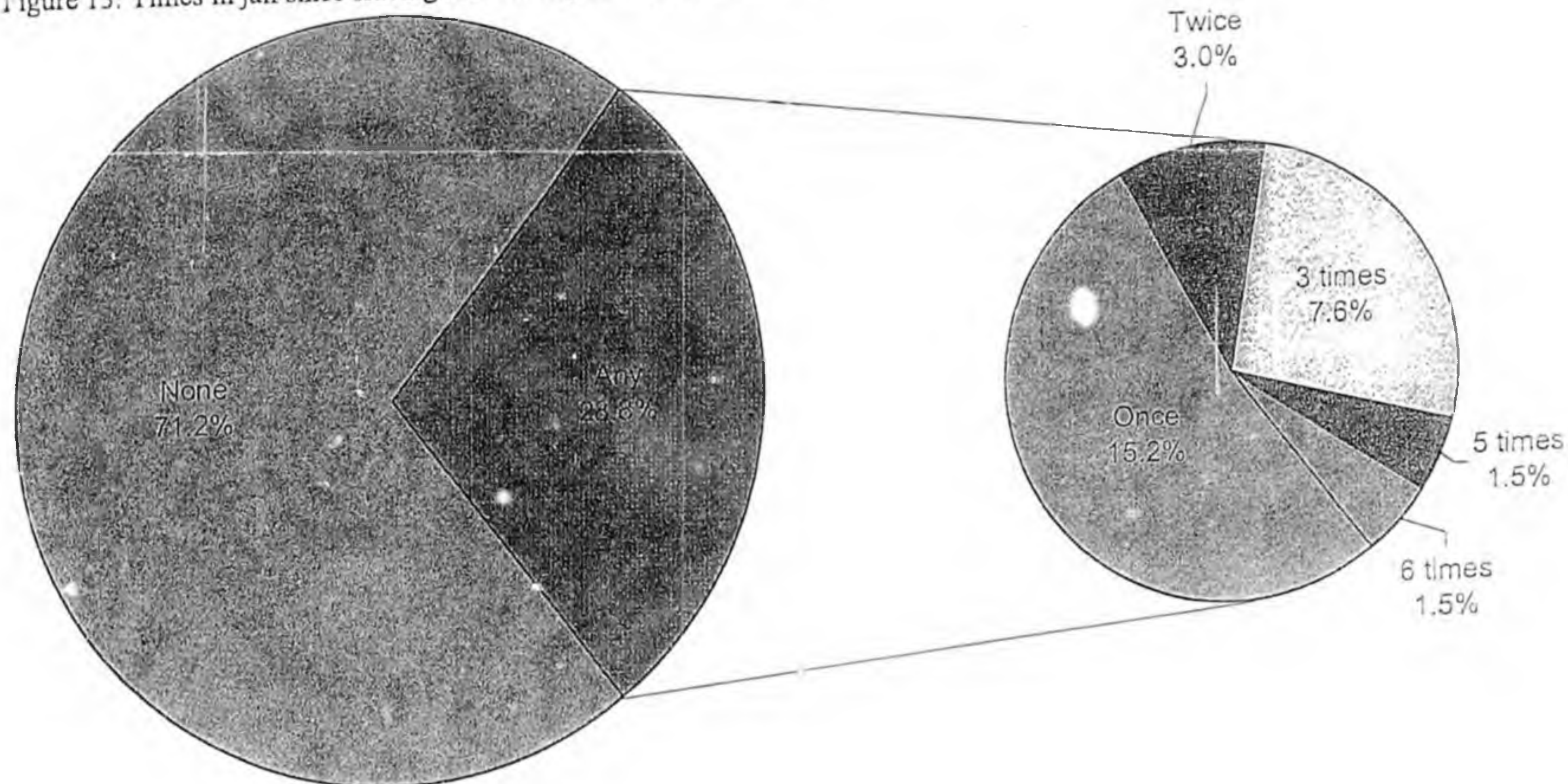
One in five alumni (14 alumni, or 21.2%) reported in the interview that they had experienced placement in a juvenile corrections facility before leaving care (and perhaps before entering care), starting at an average age of just over 15 years of age. The alumni reported an average total time in such placements of 27 days.

Several sources of information can be combined to examine alumni interactions with the criminal justice system after leaving care. State and federal records indicated that more than 1 in 5 alumni (21.4% of the entire population of 140) had some criminal record, including 15 alumni who were incarcerated throughout the interviewing period. Interview data revealed that more than half of the alumni had been arrested, which may have included while they were juveniles. Nineteen alumni (28.8% of those interviewed) reported being jailed after leaving care, including 9 of the 14 (64.3%) who reported spending time in juvenile detention. The average first age of imprisonment was 19.9, or less than 18 months after the average age of leaving care (18.5). The average number of incarcerations was 2.1, with an average longest stay of 53.5 days. More than half of those imprisoned after leaving care were jailed only once (see Figure 13). Combining interview data with government records indicated that 43% of the entire population of alumni had some interaction with the criminal justice system after leaving care.

Household public assistance use

Over 77% of alumni (including 73.3% of those who live alone and 78.4% of those living with others) reported that someone in their household received some form of public assistance in the last six months, including 32% receiving food stamps, 27% receiving Temporary Assistance to Needy Families aid, and 27% receiving help from the Women,

Figure 13. Times in jail since leaving care among interviewed alumni.



Infants, and Children program (see Table 15). Three alumni reported that someone in their household was receiving a foster care or adoption subsidy. Nearly 11% reported that someone in the household was receiving unemployment benefits. Five alumni (7.7%) reported that someone in their household was receiving financial aid to attend school.

Table 15. Household public assistance or aid program use, past 6 months.

Any program:	77.3%
Medicaid/Medicare	55.6%
Food stamps	31.8%
TANF	26.6%
WIC	27.3%
Supplemental Social Security	26.6%
Foster care or adoption subsidy	4.6%
Unemployment	10.6%
Public housing	9.4%
Energy program	7.6%
Child care subsidy	4.6%
Student financial aid	7.7%
Other aid	15.6%

DISCUSSION

Socio-emotional Outcomes

Supportive Adult Relationships

> *I think (my foster mom) has really helped with a lot of my successes. She's the only one that I can really pinpoint.*
> Study participant

"Optimal child development occurs when a spectrum of needs are consistently met over an extended period" (American Academy of Pediatrics, 2000, p. 1146). Many youth in long-term foster care experience a host of disruptions to their relationships: removal from their birth family, new foster parents, new foster siblings, a new school, a new caseworker, and new guardian ad litem. These multiple disruptions make it difficult to develop trusting relationships (Briere, 1992; Chalk et al., 2002; Downs & Williams, 2003; Mech, 2003). Nearly a quarter of the Alaska alumni reported no close relationship with an adult while they were in care.

The development of a consistent adult relationship, a constant through the storm of foster care, can have a variety of positive effects, including socio-emotional, educational, and employment outcomes. Positive adult relationships help youth develop into psychologically healthy adults (American Academy of Pediatrics, 2000). Viewing this

from the Assets Framework, trusting adult relationships and positive role models are protective factors that can promote the development of other assets: creative activities, high expectations and achievement motivation, interpersonal competence, self-esteem, etc. (Mannes, Roehlkepartain, & Benson, 2005; see the Search Institute website at www.search-institute.org/ for more information). An "available...and devoted" adult (Downs & Williams, 2003, p. 496) can be a foster parent, an elder or extended family member with whom the youth maintains contact, a dedicated caseworker, or some other mentor.

Mentors have been shown to be effective in helping produce positive outcomes in youth (see, for example, Grossman & Rhodes, 2002; Grossman & Tierney, 1998), particularly when mentors are trained and supported. Mech (2003) describes mentors as a form of social capital, a way to connect foster youth to resources—community resources, other helpful individuals, job and education resources, etc.—that can have positive returns for the individual and society, in the form of reductions in school dropouts, delinquency, and antisocial behavior; avoidance of adolescent pregnancy; prevention of family violence; and future taxable income. Mentors provide examples of functional adulthood and healthy relationships. They can reinforce the value of education and provide informal tutoring, supply job shadowing opportunities, and encourage youth to explore and learn. This was supported by a recent study of Alaskan youth ages 14-19 in state custody (Pope & Williams, 2005a) who reported that adult mentors, coaches, foster parents and other positive role models were essential to them as they acquired and practiced the skills they think are important to live as successful adults.

There has been increased discussion about connecting foster youth or alumni with adults (Collins, 2001), including adoption beyond what has been traditionally considered something of a deadline for adoption: the onset of adolescence. Alumni in the current project discussed the benefits of feeling like there was someone they could count on even after leaving their (last) foster home:

> *She was just such a cheery little person; you could talk to her about anything. I still go and visit her. She is just an awesome person. She is so much like what a mother should be, in my eyes.* (Study participant)

In addition to individuals taking on this role spontaneously, formal efforts, such as the California Permanency for Youth Project (www.cpyp.org), are appearing around the country to promote permanency for older youth and even adult foster care alumni. Such programs are not intended to take the place of independent living preparation. The focus is less on independence and more on connections—personal and legal—with adults (Louisell, 2004). Alaska's development of subsidized guardianship should provide another way to increase connections with adults. Guardianship may be an especially feasible choice for adolescents and/or those in kinship care situations (National Abandoned Infants Assistance Resource Center, 2003) by establishing connections without severing birth family ties.

No matter what form they take, encouraging the formation of positive, consistent adult relationships will have many preventive effects (Downs & Caldwell, 2003; Downs &

Williams, 2003; Mannes et al., 2005; Pecora at al., 2005a). Assets research has shown that maximizing the number of assets is related to increased thriving behaviors, decreased high-risk behaviors, and improved well-being (Mannes et al., 2005). Thus, concentrating on developing adult relationships among foster youth will in turn address many of the poor outcomes for which foster care alumni seem to be at risk: the Northwest Alumni Study report (Pecora et al., 2005a) recommendations discuss adult connections as being important for improving outcomes in mental health, education, and employment and finances. The current study, similar to others (Collins, 2001), documents that social contact and support appear to be strengths among foster care graduates (although no comparisons were made with the general population). Further analysis will illustrate the protective nature of this support for foster care alumni.

Sibling and Birth Family Contact

As demonstrated in Figure 6, too many of the alumni in this study lived through the experience of not only being separated from their parents, but also from their siblings. Although sibling contact appears to have been fairly well supported (71% of those not placed with siblings reported seeing them again at least once before leaving care), a number of responses to the open-ended question "*What could have been done to better help you while you were in care?*" indicated that for those who were unable to have contact with their siblings, this was a negative experience that left a major impression:

> *The people who cared for my brother and sister did not make an effort for us to see one another and we all lost communication.*
>
> *I would have liked to have been closer to my siblings; they should have made a greater effort to keep me close to family.*
>
> *I think I should have been kept with all my siblings. I was emotionally stressed about that; I loved my brothers and sisters.*
>
> *[It would ha been better to have] contact with my brothers more and family more and the social workers more.*

There is a slowly growing body of research supporting the benefits of keeping sibling groups together when appropriate (Herrick & Piccus, 2005; Leathers, 2005; Tarren-Sweeney & Hazell, 2005). Siblings can provide a protective factor for adjusting to foster care and preventing placement change. By helping youth maintain these relationships, workers can increase the probability of a young person having supportive relationships upon leaving care.

Birth family contact can also be important when such contact is appropriate (American Academy of Pediatrics, 2000). Consistent with previous research, Leathers (2005) found that the frequency of maternal visitation among foster youth predicted chances for reunification. Birth family members are important for youth that do not reunify, as well. Many young people move in with birth parents or other relatives soon after leaving care, sometimes by default (Courtney et al., 2001; Courtney et al., 2005; McDonald et al., 1996). Foster youth struggle with being disconnected from people and resources and they

move into and out of various placements (Mech, 2003), an existence not conducive to developing the social support necessary to thrive as an interdependent adult. A birth family member, even if the youth is unable to live with them, might be an important source of support now and in the future. Youth and alumni report closeness and a desire for contact with birth family members both before and after care (e.g., Courtney et al., 2005). Working to facilitate appropriate contact can only reduce the youth's anxiety and improve youth-caseworker relations.

Pregnancy and Parenting

Foster youth in general are relatively likely to engage in early risky sexual activity (Wertheimer, 2002), especially those who have suffered maltreatment (Rodgers et al., 2004), often resulting in pregnancy (Downs & Caldwell, 2003; McDonald et al., 1996) and/or sexually transmitted diseases (Chalk et al., 2002). In their review, McDonald and colleagues (1996) found relatively high levels of teen pregnancy among foster youth in some but not all studies. The national independent living study (Cook et al., 1991) found that 60% of females discharged from foster care had given birth, equivalent to the rate of young women below the poverty level but more than twice the rate of the general population. The current sample appears to be no different: Nearly 13% of males had impregnated a partner before the age of 20, and 57% of females were pregnant before 20, including almost 10% by age 17. In comparison, recent research indicates that 34% of all women become pregnant before the age of 20 (National Campaign to Prevent Teen Pregnancy, 2004a). Rates in the current sample appear to be higher than those of all young Alaskans. Thus, the current study confirms previous findings that youth in foster care are at risk for early risky sexual activity, pregnancy, and sexually transmitted diseases (STDs).

> Why does this matter? Because adolescent childbearing and STDs carry significant social costs. These costs are borne by the teenagers themselves, by society as a whole, and—perhaps most poignantly—by the children of teenage mothers, who start out life at a serious disadvantage. Beyond the social costs are the financial ones which are measured in the billions of dollars (Manlove et al., 2002, p. 1).

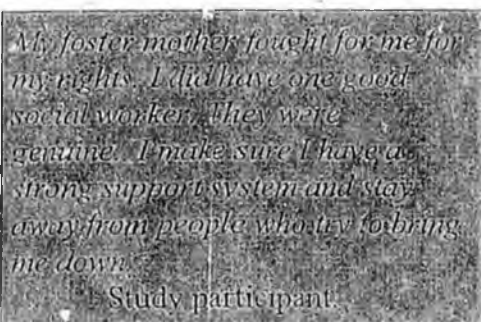
Teen mothers are less likely to complete high school and college, and more likely to be on welfare. Their sons are more likely to be jailed and their daughters more likely to themselves become teen mothers (National Campaign to Prevent Teen Pregnancy, 2004b). Efforts to prevent teen pregnancy would appear to be a worthwhile and cost effective investment, especially among foster care alumni. Evidence exists that foster care alumni have more parenting difficulties, even when controlling for the factor of early pregnancy (Quinton, Rutter, & Liddle, 1986, as cited in McDonald et al., 1996). The national independent living study (Cook et al., 1991, as cited in McDonald et al., 1996) found young motherhood to be associated with "becoming a cost to the community" (p. 125). McDonald et al. (1996) report high rates of alumni having their own children removed by child protective services, up to 19%. Three of the 32 parents in the current sample (8.6%) reported having a child in CPS.

Although Alaska appears to be effective in this area, ranking third among all states in the reduction of teen pregnancy rates between 1992 and 2000, with a reduction of 33% (National Campaign to Prevent Teen Pregnancy, 2004c), more can and should be done. A number of sexuality and HIV education programs have been shown to be effective in promoting delay of sexual activity, avoidance of pregnancy, and prevention of STDs, while abstinence-only programs have not proven effective in scientific evaluations (American Psychological Association, 2005; Manlove et al., 2002; see Manlove et al. for a review of programs, and the National Campaign to Prevent Teen Pregnancy website at www.teenpregnancy.org). Specifically, programs that incorporate sexuality education into youth development programs as well as service learning programs (combining volunteering with classroom activities) have been shown to reduce the probability of early sexual activity and pregnancy. Research also shows that starting earlier in childhood with such programs can increase the positive effects (Manlove et al., 2002).

Once a young person does have a child, they need support and training to avoid the poor outcomes described above. Parenting education and support programs are necessary for young parents, and youth in care in Alaska have recognized the need for such training (Pope and Williams, 2005a). Nurse home visiting programs have been shown to have positive effects in improving parenting skills as well as reducing the incidence of second pregnancies among adolescents and young adults (Manlove et al., 2002; Pope & Williams, 2005b). The report on family preservation and support produced by CWEP (Pope & Williams, 2005b) describes other interventions that may be useful for Alaskan foster youth who are parents.

<u>Social Contact and Support</u>

Previous research has shown that the trauma and upheaval of entering and remaining in foster care puts foster children at risk of poor social outcomes (Downs & Williams, 2003; Kools, 1997; Mech, 1994). Optimal care would allow for these youth to maintain and develop relationships and limit the effects of trauma and disruption on socialization skills (American Academy of Pediatrics, 2000). Socialization skills are important in and of themselves, allowing the individual to interact productively with the larger society. Social aptitude in turn allows for the development of a support network. Foster children who experience caring and consistent relationships in foster care may return to a healthy developmental path (American Academy of Pediatrics, 2000; Downs & Williams, 2003; Kools, 1997; Mech, 1994) and develop a network of friends, relatives, and mentors who can provide help—emotional, financial, networking opportunities, etc.—in times of need (Mech, 2003).



Most alumni in this sample appear to be maintaining a good degree of social contact. While it does not necessarily indicate that such contact is helpful and positive, having social connections is a positive outcome. More than half of the sample reported still being in contact with an older adult with whom they had a positive relationship while in care.

More than 6 in 10 remained in contact with former foster parents, most having at least monthly contact. When asked about friends, relatives, and foster parents, the latter were reported to provide the most positive social support, on average, and the least hassles and arguments, particularly compared to relatives. This is similar to Courtney and colleagues' (2001) finding that Wisconsin alumni reported receiving less social support from their birth families than from their friends, significant others, and former foster families. That study also found that foster families often remained "an important factor in the participants' lives after discharge" (p. 698). In summary, it appears that a large numb. of alumni are making long-lasting positive connections while in care that may benefit them into adulthood.

> *I basically had to do it on my own... I guess I never got a good social worker who cared. I had one guardian ad litem who definitely cared about my needs, but none of them really helped me through anything.*
> Study participant

A number of alumni, however, were not. Nearly a quarter reported not having a close adult relationship while in care, and 38% reported not being in contact with foster parents since leaving care. Three alumni reported having no contact with friends. And then there are those who were not found to be interviewed: Previous research has indicated that people not found for surveys, particularly when effort is made to find them (e.g., by trying to talk to relatives and neighbors), tend to have weak community ties (Groves & Couper, 1998; Keeter, 1995). Functioning well in modern society generally requires being interdependent, providing such benefits as connections to jobs and other resources.

Mental Health

Foster care alumni suffer from significantly higher rates of mental health disorders than their general population peers (Pecora et al., 2005a). Alumni in the current sample are likely no different than foster care graduates elsewhere. Nearly 14% report feeling unhappy with their lives. On the nationally standardized SF-12, a number reported low scores for overall mental health, including nearly 11% with scores lower than almost 98% of the general population. Mental health issues can interfere with educational achievement, finding and keeping a job, maintaining social contact, and a host of other activities.

Whether these mental health issues arise from the experience of maltreatment, family disruption, placement change, the stigmatization of being in foster care, or other factors—or all of these factors—it is clear that foster care has not always met the goal of being the primary therapeutic intervention for children who have suffered trauma (Downs & Williams, 2003). Analyses in the Northwest Alumni Study (Pecora et al., 2005a) showed that improving aspects of a foster youth's placement experience, their educational services and school stability, and their preparation for leaving care and maximizing the availability of therapeutic services and supports can have significant long-

> *[What helped was someone] talking with m... putting me in counseling, hugging me, I guess, and making me feel wanted.*
> Study participant

term effects in improving mental health. Placement experience, including stability of placement and prevention of reunification failures, was found to have the strongest effect in those analyses on mental health and other outcomes. Alumni in that study averaged 1.4 placements per year, and the optimal level of change in the foster care experience optimization analyses was .61 or fewer. Alaskan alumni had an average of 2.1 placements per year.

Physical and Behavioral Health

Drug and Alcohol Use

While the proportion of alumni in this study who reported drinking in the past month appears to be comparable to if not lower than that in the general population, nearly half of these drinkers reported being drunk in the past month. In addition, a relatively high number reported the use of marijuana. This drug use and excessive consumption of alcohol may represent a self-medicating effort to deal with the effects of trauma (Briere, 1992), and is similar to findings in other studies of foster care alumni (Pecora et al., 2005a). The destructive nature of substance abuse is well documented, and may be contributing to some of the other poor outcomes found in the current study. Improving the foster care experience, including placement stability and therapeutic services, will help minimize future substance abuse.

Mental and Behavioral Health Service Usage

Consistent with their reported substance use and mental health, Alaskan alumni reported high levels of the use of mental and behavioral health services. This is particularly true for expensive overnight treatment stays. More than one-third of Alaskan alumni reported having had an overnight treatment episode. While this may have been while they were in care, almost 1 in 10 reported such a stay in the past year. Nearly 7 in 10 (68%) reported seeing a professional (such as a psychologist, social worker, or minister) outside of an overnight stay. In comparison, 22% of the alumni in the Northwest Alumni Study reported a lifetime overnight treatment episode and 69% reported seeing a professional on an outpatient basis (Pecora et al., 2005b). Past year use of professionals was reported by nearly 26% of Alaskan alumni, and more than half of those (16.7% of the total) reported that they were *currently* seeing a professional. Perhaps due to this frequent use of professionals on an outpatient basis, only six alumni (9.1%) reported overnight treatment stays in the past year. The use of professionals and of overnight treatment in the past year in this sample are higher than the rates in the Northwest Alumni Study sample (12.0% and 2.9%, respectively; Pecora et al., 2005b). While this may indicate that Alaskan alumni are better able to access needed services, it likely suggests that the current prevalence of psychiatric disorders among Alaska alumni may be even greater than the rate found in the Northwest study (54%). Inpatient treatment episodes have direct costs to the individual or to the public, and with 39% of the sample not having health insurance and many others being on Medicaid, the latter is likely. Mental health and substance abuse issues also have indirect costs to society in terms of lost production and tax revenue.

Preparation for Adult Living

Many of the young adults in this study were faring well. They reported incomes above the per capita average for Alaska. They had active social lives and families. A number reported excellent health—mentally, physically, behaviorally—and satisfying jobs. A number of alumni, however, were not doing as well as we would like.

For years, many social workers have known that they were sending young people out into the world ill-prepared for what lay before them. Unfortunately, often all the workers could do was provide bus fare. The current study joins other efforts that have documented the difficulties many foster care alumni have in making the transition from ward of the state to self-sufficient adult. "If one intent of the out-of-home care system is to prepare foster youth to compete with their more traditionally domiciled peers in the complex society faced by young people in the United States today, that intent is far short of realization" (Courtney et al., 2001, p. 714). Independent living skills training and transition programs are a relatively recent phenomenon (Ansell, 2001). More than half of the alumni in this sample left care before the Chafee Act was signed into law. It is only the less than 20% who left after 2001 who *may* have had some benefit from Chafee before leaving. OCS has only recently (in 2004) established an expanded independent living program with four regional coordinators.

This timing may explain what appears to be a low level of transition assistance efforts provided by the foster care agency as reported by the alumni. In many areas, frequency of receipt appears to have been lower than that provided in previous studies (that used the same interview questions). For example, less than 8% of the current sample reported getting help in obtaining their health records, compared to 11% in the Wisconsin study (Courtney et al., 2001) and over 12% in the Northwest study (Pecora, 2005b). Similarly, only 12% reported help in obtaining job training, compared to 18% and 17% in the Wisconsin and Northwest studies, respectively.

Independent living skills training has been shown to improve long-term outcomes (Collins, 2001; Cook et al., 1991). The Northwest Alumni Study demonstrated the impact of providing both preparation and concrete resources to youth before they leave care (Pecora et al., 2005a). For example, ensuring that a youth has at emancipation three little things that are likely representative of improved overall preparation—a driver's license, at least $250, and dishes and utensils—had a great effect on future outcomes, particularly in the areas of education and employment and finances. The low levels of assistance reported by alumni may be related to some of the struggles they experienced in housing, education, employment, etc.

Early planning can help a youth develop a future orientation and address skill needs. Discussing post-high school education early helps youth begin to think about college as a possibility, while addressing work early can help youth explore career options. The low level of preparation reported by alumni in this sample is reflected in subsequent poor outcomes.

I was totally unaware that foster care even assisted us as we were turning 18. Some of the things that happened to me...didn't have to happen if I had been more prepared for being on my own. My foster mother did things to help me; the agency itself did absolutely nothing. What if my foster mother had not been helpful? Even with her help I was still unprepared for things that had a big affect on me.

Most of the alumni in this study were no longer in care when the State began implementing the Chafee independent living program. Recent efforts to address transition issues earlier in care, including use of the Ansell-Casey Life Skills Assessment (ACLSA), need to be continued and augmented. Workers should use the ACLSA as an assessment and conversation tool in and of itself, but also make the next steps through the lesson planning and training resources available at Caseylifeskills.org. Further information and resources for helping youth transition to adulthood are available from Casey Family Programs (including the *It's My Life* guides available at www.casey.org/Resources/Publications) and the training, products, and links available from the National Resource Center for Youth Services (www.nrcys.ou.edu). OCS should ensure that all of its workers are aware of available resources for helping youth prepare for adulthood. This would include coordination of services offered by other agencies, public and private. The State might gain insight into the effectiveness of those efforts by repeating this alumni study with a more recent cohort of foster care graduates.

Homelessness

It is apparent that many foster care graduates at some point find themselves without a place to stay for the night. Alumni in this and other studies frequently reported not being prepared for life on their own, and many struggled immediately upon leaving care, particularly those who are not able to live with a foster parent or birth family member. Four in 10 Alaskan alumni reported ever being homeless since leaving care. Three in 10 were homeless within a year of leaving care, while 22% of alumni in the Northwest study were (Pecora et al., 2005a). In the Wisconsin Foster Youth Transitions to Adulthood study (Courtney et al., 2001), 12% of the alumni had been homeless in the 12 to 18 months between leaving care and the follow-up interview, while the national Westat study (Cook et al., 1991) found that 25% of alumni had been homeless for at least one night in the four or fewer years since they left care. Courtney and colleagues (2005) found that recent foster care graduates were more likely than their same-aged peers still in state custody to suffer financial hardships: 19% reported not having enough money to pay rent at some point, 7% reported being evicted, 17% reported not having enough to pay a utility bill, and almost 12% reported periods of frequently not having enough food. Homelessness is but one sign of the financial struggles faced by many foster care alumni as they venture into adulthood.

The rates of homelessness immediately after leaving care illustrate the need to extend foster care services. The State now allows for extending state custody and foster care until age 19, allowing youth to continue developing supportive relationships, employment and life skills, and financial stability before heading out on their own. In addition, the results of this study underscore the need to bolster OCS' effort to work with the Alaska

Housing Finance Corporation to increase transitional housing opportunities for foster youth.

Educational Achievement

Previous research has shown that foster care alumni tend to have less education than their peers. Results regarding high school completion are mixed: For example, the Midwest alumni study (Courtney et al., 2005) found that 37% had not completed high school, either traditionally or via GED, compared to 9% of a sample of 19 years olds from the National Longitudinal Study of Adolescent Health (Add Health), and 34% of Festinger's (1983) had not completed high school versus 12% of New Yorkers of the same age. In contrast, the Northwest Alumni Study (Pecora et al, 2005a) found a high school completion rate of 85%, comparable to the 87% among similarly aged young adults nationally. Alaskan alumni had a slightly lower rate of high school completion (79%) than in the Northwest study, although alumni in the latter sample were somewhat older. National school completion rates are often cited for ages 25 and above. In this comparison, rates for the 19 Alaskan alumni in that age group were comparable to Alaska as a whole (90% and 91%, respectively), and both were higher than the national average of 84%.

Most alumni, however, appear to stop their educational or vocational training pursuits soon after completing high school. A third of the Alaska alumni, fewer than in the Northwest Alumni study (42.7%), went on to any further education or training beyond high school. Half of these completed a degree or certificate: Of the 22 who pursued additional training or education, 8 completed a vocational degree and 3 others (4.5% of the sample) completed college. Approximately 17% of young adults ages 18 through 29 in the US have completed a bachelor's degree or above (US Census Bureau, 2005, Table 1). Although college is not for everyone, many more jobs in today's economy demand vocational training or a college degree. Foster care alumni appear to be at a distinct disadvantage without more assistance in attending and completing technical school or college.

Learning problems are common among foster youth (Evans et al., 2004), and many conditions they experience are not conducive to educational achievement: anxiety over their birth family, placement disruption, stigmatization, etc. Changing placements often involves changing schools, resulting in a disruption of the child's lesson track (e.g., history class suddenly jumps from Ancient Rome to midway through the War of 1812) or tutoring progress. "Unfortunately, educational records, like other records (e.g., immunization), do not routinely follow children in foster care" (Evans et al., 2004, p. 576), thus placing a youth with particular educational (and psychosocial) needs in a situation in which no one understands those needs. Given the chaos that often surrounds them, youth in foster care need routines. Routine assessment results should be communicated to appropriate service providers and all concerned, including the school. Caseworkers should regularly monitor academic progress as well as the social development that happens in the school context. Judges should ensure that academic issues are addressed and problems confronted. The National Council of Juvenile and Family Court Judges (NCJFCJ), in conjunction with Casey Family Programs, has