

A REPORT TO  
THE ECKERD FAMILY  
FOUNDATION

# SPOTLIGHT ON FLORIDA'S YOUTH AT RISK



AN IN-DEPTH LOOK AT THEIR  
TRANSITION TO ADULTHOOD

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# SPOTLIGHT ON FLORIDA'S YOUTH AT RISK

AN IN-DEPTH LOOK AT THEIR  
TRANSITION TO ADULTHOOD

BY  
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**IN 2005, FLORIDA RANKED 42ND AMONG THE 50 STATES** in the percentage of eighth graders who failed to reach the basic proficiency level in reading, 35th in the percentage who failed to reach the basic proficiency level in mathematics, and, in 2004, 31st in the percentage of young adults who are attending or have completed college, and 35th in the median income of families with children.<sup>1</sup> These rankings suggest the importance of making substantial investments in youth today to help improve Florida's performance after the next generation of Floridians transitions to adulthood.

## MARCH 2007 EXECUTIVE SUMMARY

The purposes of this report are to:

1. Estimate the number of Florida vulnerable youth in categories for which Child Trends has identified state-specific data; and
2. Analyze the sociodemographic characteristics of each of these groups for purposes of outreach and the tailoring of programs.

In this report we estimate the number of Florida vulnerable youth in eight categories:

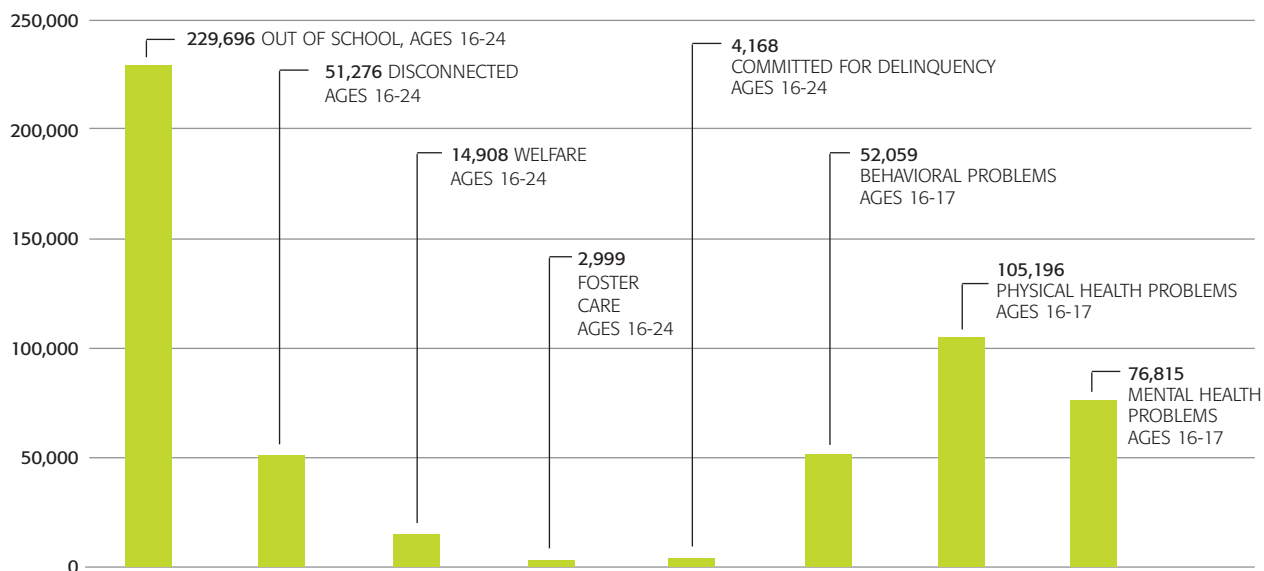
1. **Out-of-School Youth**—youth who are not currently attending school and have not graduated from high school (ages 16-24);
2. **Disconnected Youth**—youth who are out of school, have not graduated from high school, are not married, and have no recent work experience (ages 16-24) —in other words, Out-of-School Youth who, in addition, are not married and have no recent work experience;
3. **Young Welfare Recipients**—youth who receive Temporary Assistance for Needy Families (TANF) either because they live with a parent recipient or because they are a parent recipient (ages 16-24);
4. **Youth Living in Foster Care** as of September 30 of each year (ages 16-24);
5. **Youth Offenders Committed for Delinquency** to residential placement facilities (ages 16-24);
6. **Youth with Behavioral Problems** according to parental report (ages 16-17);
7. **Youth with Physical Health Problems** (ages 16-17); and
8. **Youth with Mental Health Problems** (ages 16-17).

As shown in Chart A, these groups of vulnerable youth are of vastly different sizes. Among the first five groups, the largest by far is Out-of-School Youth—around 230,000 in 2005, which is about the same as the combined high school enrollment in the Duval, Hillsborough, Orange, Palm Beach, Pasco, and Pinellas public school systems in 2004-2005.

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<sup>1</sup> Annie E. Casey Foundation. 2007. KIDS COUNT State Level Data Online. Available at: <http://www.aecf.org/kidscount/sld/>

**CHART A. NUMBER OF FLORIDA YOUTH IN EIGHT VULNERABLE CATEGORIES, SELECTED YEARS**



Source: Child Trends tabulations of the 2005 American Community Survey (ACS); the 2004 Adoptions and Foster Care Analysis and Reporting System (AFCARS); Epps, Nathan (2006) "Juvenile Justice Information System," Florida Department of Juvenile Justice; 2003-2005.

Among these Out-of-School Youth is an even more disadvantaged group, **Disconnected Youth**—those, who, in addition to being out of school and failing to graduate from high school, have had no work experience in the last 12 months and are not married—around 51,000 youth in 2005—a number larger than a sell-out crowd at a Marlins game in Dolphin Stadium.

Youth in these first two groups constitute a major potential target for education and employment-related services.

**Young Welfare Recipients** constitute a much smaller group—around 15,000 youth in 2005—still, a number larger than all the employees of the Universal Orlando Resort. About 89 percent of Young Welfare Recipients are female. For youth receiving welfare but who have completed high school, employment-related services may be appropriate; while for the youth who are both receiving welfare and who are out of school, group educational services may also be needed. In addition, for all of the TANF recipients who are parents, parenting training and services for their children may also be appropriate.

**Youth in Foster Care** ages 16-24 (2004) and **Youth Offenders Committed for Delinquency** to residential placement facilities ages 16-24 (2005-2006) are much smaller groups—around 3,000 and 4,200, respectively.<sup>2</sup> Black youth are heavily overrepresented in both groups, while Hispanic youth

<sup>2</sup> In this report, we focus, wherever data permit, on youth ages 16-24, including youth in foster care and youth committed for delinquency. Data are also available for children in a broader array of state-approved out-of-home care arrangements for children ages 13-17. In fiscal year 2005-2006, there were 6,945 children ages 13-17 in licensed substitute care, an additional 4,539 children ages 13-17 in approved relative care, and 1,993 children ages 13-17 in approved non-relative care, for a total of 11,555 children in authorized out-of-home care. In addition, if the age range for youth committed for delinquency is expanded to include Florida youth younger than age 16, the number of committed youth rises to 8,300.

are substantially underrepresented. The fact that their numbers are small is fortunate because both these groups are in need of intensive services if they are to make a successful transition to adulthood.

The number of youth in the last three groups of vulnerable youth has been estimated using the 2003 National Survey of Children's Health (NSCH)—a well-designed national survey conducted for the federal government. Because the survey was administered only to children and youth less than 18 years old, the youth included in our analysis are restricted to ages 16-17. Within these three groups, the largest is **Youth with Physical Health Problems**—youth whose parent reports that their child has been diagnosed by a physician as having a physical health problem—around 105,000 youth in 2003-2004 or nearly 24 percent of all Florida youth ages 16-17. Over two-thirds of youth with physical health problems are male. The fact that several of the conditions included are relatively serious suggests that there is a significant need for health services for Florida youth. About 20 percent of all Florida residents were not covered by health insurance in 2004.

There were about 75,000 **Youth with Mental Health Problems**—youth whose parent reports that their child has been diagnosed by a physician as having a mental health problem—about 17 percent of all Florida youth ages 16-17. Around 58 percent of youth with mental health problems are male. Because insurance coverage for treatment of mental health problems is typically much less generous than for physical health problems, even though this group is substantially smaller than the group with physical health problems, there may be a larger unmet need for services in this group.

**Youth with Behavior Problems** constitute the smallest of these three groups—around 50,000 youth in 2003-2004 or about 12 percent of all Florida youth ages 16-17. Over two-thirds of these youth were female.

This report provides:

- The size of these groups of vulnerable youth;
- Their sociodemographic characteristics;
- The seriousness of the risks faced by each group; and
- The degree of overlap among some of the groups.

Thus, we have provided a tool which should help both the state government and private funders make sound decisions in funding programs to improve the well-being of Florida's youth today and the productivity of Florida's adults in the years to come.

An overarching goal that could be considered by both government and private funders is to make effective investments in the human capital of these large numbers of vulnerable young people so that they make a successful transition to adulthood. Those who succeed in making this transition can make positive contributions to society by working, earning income, paying taxes, and supporting their children and other family members. In contrast, those who fail to make a successful transition may be a long-term drain on society's resources by being at risk of unemployment, receipt of welfare, becoming absent or less effective parents, or engaging in self-destructive or criminal behaviors.

Out-of-school youth, disconnected youth, and youth on welfare all constitute a target for effective education and employment-related services to encourage them to stay in or return to school, and, once out of school, to obtain a foothold in a viable career. (In 2005, among persons 25 years old and over with earnings, mean annual earnings of high school graduates or GED recipients were \$31,664, compared with \$23,612 for those with 9 to 12 years of education and \$20,308 for those with less than 9 years of education.) The predominantly female welfare group may also be appropriate targets for parenting training and services so their children get off to a good start.

The much smaller groups of youth in foster care and youth who have served time in residential treatment groups have been shown to be in need of much more intensive services—including access to health care and mental health services in addition to education and employment-related services.

For youth with serious physical health problems (e.g., asthma, bone, joint, or muscle problems, diabetes, and developmental delays or impairment), there is a need for various types of health services. Of particular concern are those youth not covered by either the State Children's Health Insurance Program (SCHIP) or Medicaid. About 20 percent of all Florida residents were not covered by health insurance in 2004.

For youth with mental health problems, services addressing these issues would be desirable. However, insurance coverage for these problems is typically much less generous than for physical health problems.

For youth with behavioral problems, family and other counseling services may be needed. Again, these services are often not covered by health insurance.

If Florida can provide an effective mix of services to these vulnerable young people, the number of young people who can be productive citizens by age 25 could be substantially increased. This suggests that important next steps include:

- Identifying those vulnerable youth who are underserved;
- Identifying the underlying factors which lead to the large numbers of young people who are facing a difficult transition to adulthood;
- Identifying effective strategies for preventing younger children from falling into the ranks of vulnerable youth; and
- Identifying effective strategies for helping today's vulnerable youth to make a successful transition to adulthood and become productive adults.

#### ACKNOWLEDGMENTS

*The authors would like to acknowledge the valuable suggestions and contributions of Brett Brown and Elizabeth Hair of Child Trends, who reviewed a draft of this report.*

# TABLE OF CONTENTS

INTRODUCTION ■ 1

ESTIMATING THE NUMBER OF FLORIDA VULNERABLE YOUTH ■ 2

OUT-OF-SCHOOL YOUTH ● 3

DISCONNECTED YOUTH ● 5

YOUNG WELFARE RECIPIENTS ● 6

OVERLAPS AMONG THE THREE GROUPS OF  
VULNERABLE YOUTH MEASURED BY THE  
AMERICAN COMMUNITY SURVEY ● 9

YOUTH IN FOSTER CARE ● 10

YOUTH OFFENDERS COMMITTED FOR DELINQUENCY  
TO RESIDENTIAL PLACEMENT FACILITIES ● 13

YOUTH WITH BEHAVIORAL PROBLEMS ● 14

YOUTH WITH PHYSICAL HEALTH PROBLEMS ● 17

YOUTH WITH MENTAL HEALTH PROBLEMS ● 18

OVERLAPS AMONG THE THREE GROUPS OF  
VULNERABLE YOUTH MEASURED BY THE  
NATIONAL SURVEY OF CHILD HEALTH ● 20

CONCLUSIONS ■ 22



## INTRODUCTION

**I**N 2005, FLORIDA RANKED 42ND AMONG THE 50 STATES in the percentage of eighth graders who failed to reach the basic proficiency level in reading, 35th in the percentage who failed to reach the basic proficiency level in mathematics, and, in 2004, 31st in the percentage of young adults who are attending or have completed college, and 35th in the median income of families with children.<sup>3</sup>

These rankings suggest the importance of making substantial investments in youth today to help improve Florida's performance after the next generation of Floridians transitions to adulthood.

The vision of the Eckerd Family Foundation is to promote “meaningful and lasting change to transform the lives of vulnerable youth and their families.” To do so, the Foundation supports ideas that can lead to fundamental transformations of vulnerable youth approaching and reaching adulthood.

To fulfill its mission of providing “leadership and support for innovative educational, preventative, therapeutic and rehabilitative services for children, youth and their families,” the Foundation needs reliable estimates of the number of Florida youth likely to benefit from such services. These estimates, if appropriately and widely disseminated, would also provide important guidance to the investment strategies of other foundations, policy makers, and advocacy groups.

In 2001, the Annie E. Casey Foundation commissioned Child Trends to calculate for the U.S. as a whole the number of vulnerable youth in several categories. This led to an initial report, *Quantitative Estimates of Vulnerable Youth in Transition to Adulthood*, which was presented to several foundations interested in transforming the lives of vulnerable youth and their families. This report has been updated several times, and its most recent incarnation, also commissioned by Casey, is entitled *Vulnerable Youth: Recent Trends*, which has been released as a KIDS COUNT working paper.

The purposes of this report are to:

1. Estimate the number of Florida vulnerable youth in categories for which Child Trends has identified state-specific data; and
2. Analyze the sociodemographic characteristics of each of these groups for purposes of outreach and the tailoring of programs.

Beyond estimating the number of vulnerable youth in each category, producing estimates of the *sociodemographic characteristics* of vulnerable youth is important because they provide information relevant to targeting programs to assist youth in the transition to adulthood. For example, if certain demographic or socioeconomic groups are heavily overrepresented, community-based or community-serving organizations for those groups should be disproportionately targeted to provide the necessary services.

Because data sources for the eight groups vary, the availability of data on sociodemographic characteristics varies from group to group.

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<sup>3</sup> Annie E. Casey Foundation. 2007. KIDS COUNT State Level Data Online. Available at: <http://www.aecf.org/kidscount/sld/>

## ESTIMATING THE NUMBER OF FLORIDA VULNERABLE YOUTH

**C**HILD TRENDS AND THE FOUNDATION have jointly identified five groups of vulnerable youth ages 16-24 for which Florida data are readily available. Data for these groups are considered highly reliable because they are based either on (1) surveys that ask for information that reasonable adults are likely to interpret the same way, or (2) administrative data collected by the state of Florida. These groups are as follows:

- (1) **Out-of-School Youth:** youth who are not currently attending school and have not graduated from high school;
- (2) **Disconnected Youth:** youth who are not currently attending school, have not graduated from high school, are not married, and have no recent work experience—in other words, out-of-school youth who, in addition, are not married and have no recent work experience;
- (3) **Young Welfare Recipients:** youth who receive Temporary Assistance for Needy Families (TANF) either because they live with a parent recipient or because they are a parent recipient;
- (4) **Youth Living in Foster Care** as of September 30 of each year; and
- (5) **Youth Offenders Committed for Delinquency** to residential placement facilities.

Data on the first three of these groups are drawn from the American Community Survey (ACS), while data on the fourth and fifth group are from administrative data sources.

Survey-based data are available for three additional groups of vulnerable youth ages 16-17:

- (6) **Youth with Behavioral Problems** according to parental report;<sup>4</sup>
- (7) **Youth with Physical Health Problems**, as diagnosed by a doctor or health professional (as reported by a parent);<sup>5</sup> and
- (8) **Youth with Mental Health Problems**, as diagnosed by a doctor or health professional.<sup>6</sup>

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<sup>4</sup> Presence of behavioral problems is assessed with a summary measure based on parental reports of each of the following behaviors: (1) the child argues too much, (2) the child bullies, or is cruel or mean to others, (3) the child is disobedient, and (4) whether the child is stubborn, sullen or irritable. The child was considered to have behavioral problems if the parent responded “usually” or “always” for at least two of the four behaviors.

<sup>5</sup> Physical health problems include asthma, hearing problems, uncorrectable vision problems, bone, joint, or muscle problems, diabetes, and developmental delay or physical impairment.

<sup>6</sup> Mental health problems include attention deficit or attention deficit hyperactivity disorder, depression or anxiety problems, behavioral or conduct problems, and autism.

The source of the data for the last three groups is the National Survey of Children's Health (NSCH), 2003—a well-designed national survey conducted for the federal government. The questions that are used to identify youth with behavioral and emotional problems are based on a parent's judgment, while the questions about physical and mental health are based on a parent's report of a diagnosis by a doctor or a health professional.

## Out-of-School Youth

**Summary:** In 2005, there were 229,696 out-of-school youth in Florida, *i.e.*, youth who were not currently attending school and who have not graduated from high school. To put this number in perspective, the combined high school enrollment in the Duval, Hillsborough, Orange, Palm Beach, Pasco, and Pinellas public school systems in 2004-2005 was 233,930 students.<sup>7</sup> Out-of-school youth accounted for about 11 percent of all Florida youth ages 16-24.

**Importance:** As reported in the Annie E. Casey Foundation's 2004 KIDS COUNT Databook, youth ages 17–24 who have not graduated from high school are three times more likely to be unemployed, underemployed, or working for very low wages than those who have graduated from college.<sup>8</sup> In 2005, among persons 25 years old and over with earnings, mean annual earnings of high school graduates or GED recipients were \$31,664, compared with \$23,612 for those with 9 to 12 years of education and \$20,308 for those with less than 9 years of education.<sup>9</sup> Moreover, over the course of a person's career, adults who have graduated from college earn \$500,000 more than high school dropouts.<sup>10</sup>

**Differences by Gender:** Nearly 59 percent of out-of-school youth are young men.

**Differences by Race and Hispanic Origin:** Hispanic youth were more likely than other youth to be out of school (see Chart 1). In 2005, Hispanic youth accounted for 36 percent of out-of-school youth but only 22 percent of all Florida youth. Non-Hispanic white youth accounted for 42 percent of out-of-school youth but 54 percent of all Florida youth.

**Differences by Ability to Speak English, Language at Home, Citizenship, and Nativity:**<sup>11</sup> Over one-fifth of out-of-school youth do not speak English well or not at all, 39 percent speak a language other than English at home, 26 percent lack U.S. citizenship, and 29 percent were born outside the U.S (see Table 1).

**Differences by Age:** Out-of-school youth are disproportionately older. Only 33 percent were ages 16-19, while 67 percent were ages 20-24.

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<sup>7</sup> Florida Department of Education. Florida School Indicators Report. Available at <http://data.fldoe.org/fsir/>.

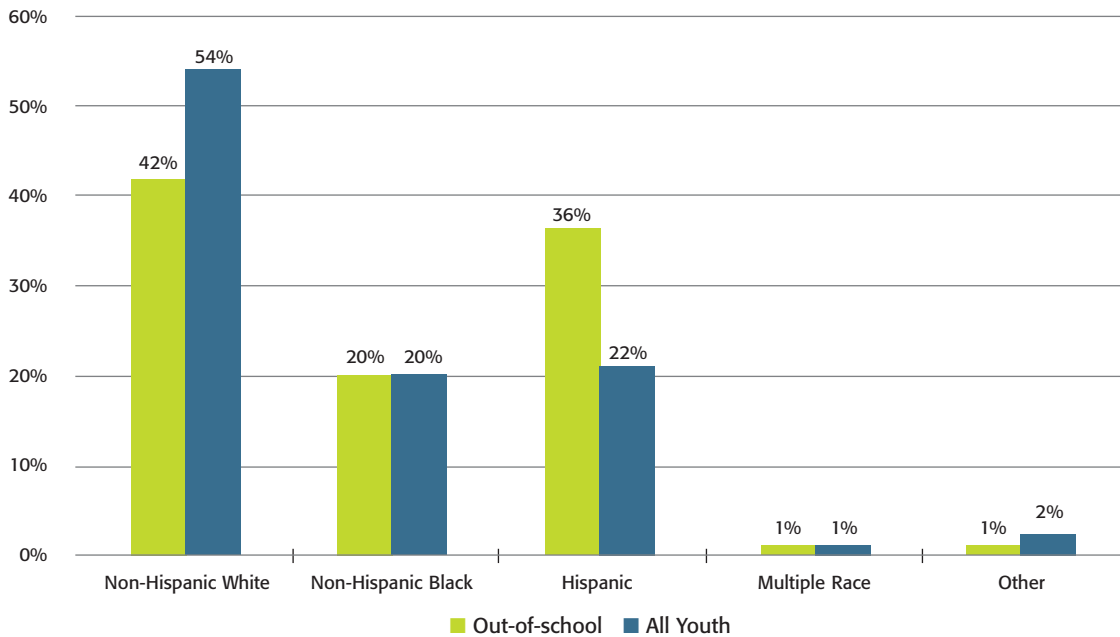
<sup>8</sup> Sum, et. al, 2003, Confronting the Youth Demographic Challenge: The Labor Prospects of Out-of-School Young Adults, The Sar Levitan Center, Johns Hopkins University, Baltimore, MD.

<sup>9</sup> U.S. Census Bureau, Current Population Survey, 2006 Annual Social and Economic Supplement. Table PINC-03.

<sup>10</sup> Wald, M. and T. Martinez, 2003, "Connected by 25: Improving the Life Chances of the Country's Most Vulnerable 14–24 Year Olds," Working Paper for the William and Flora Hewlett Foundation.

<sup>11</sup> The estimate of those born outside the U.S. includes individuals who were: born in a U.S. territory, born abroad to U.S. parents, became a U.S. citizen by naturalization, and are not a U.S. citizen.

**CHART 1. AMONG OUT-OF-SCHOOL YOUTH AND ALL FLORIDA YOUTH, AGES 16-24, PERCENTAGE BY RACE AND HISPANIC ORIGIN, 2005**



Note: Estimates for Non-Hispanic Whites and Non-Hispanic Blacks, and Other exclude those who are Multiple Race. Those of Hispanic origin may be of any race. Source: Child Trends tabulations of the 2005 American Community Survey (ACS)

**Differences by Poverty Status:** About 29 percent of out-of-school youth lived in families with incomes below the official poverty threshold (\$15,720 for a family with a single parent and two children in 2005), while another 34 percent lived in families with incomes between 100 percent and 200 percent of the poverty threshold.

**Special Health Needs:**<sup>12</sup> Twelve percent of out-of-school youth had at least one special health need.

**Data Sources:** Data for 2005 on out-of-school youth are based on Child Trends tabulations of the American Community Survey (ACS). This annual survey conducted by the U.S. Census Bureau provides demographic, social, and economic information for representative samples of the population of each of the 50 states plus the District of Columbia. In 2005, information was gathered on 16,921 Florida youth ages 16-24. Population estimates by race and Hispanic origin are based on Child Trends calculations using U.S. Census Bureau state population estimates for 2005. Downloaded from <http://www.census.gov/popest/states/>, February 11, 2007.

<sup>12</sup> The measure includes youth with any of the following special health care needs: difficulty dressing, vision or hearing difficulty, difficulty going out, physical difficulty, difficulty remembering, and difficulty working.

**TABLE 1. NUMBER AND PERCENTAGE OF OUT-OF-SCHOOL YOUTH, AGES 16-24, BY ABILITY TO SPEAK ENGLISH, LANGUAGE AT HOME, CITIZENSHIP, AND NATIVITY, 2005**

	NUMBER	PERCENT
<b>TOTAL OUT-OF-SCHOOL YOUTH</b>	<b>229,696</b>	<b>100%</b>
<b>ABILITY TO SPEAK ENGLISH</b>		
Does not speak at all, does not speak well	47,096	21%
Only speaks English, speaks very well, speaks well	182,600	79%
<b>LANGUAGE SPOKEN AT HOME</b>		
Another language	88,977	39%
Only English	140,719	61%
<b>CITIZENSHIP</b>		
Non-U.S. Citizen	60,120	26%
U.S. Citizen	169,576	74%
<b>NATIVITY</b>		
Born outside U.S.	67,488	29%
Born in the U.S.	162,208	71%

Source: Child Trends tabulations of the 2005 American Community Survey (ACS)

## Disconnected Youth

**Summary:** In 2005, there were 51,276 Florida youth ages 16-24 who were disconnected—i.e., out of school, not married, and with no work experience during the last 12 months. (To put this number in perspective, the capacity of Dolphin Stadium configured for baseball is 42,531 people.)<sup>13</sup> These youth accounted for about 2.5 percent of all Florida youth ages 16-24.

**Importance:** Youth ages 16-24 who are disconnected for three or more years (a more stringent definition than used in this report) are 13 times more likely to be in poverty at ages 25-27 than their never-disconnected peers. Moreover, they are substantially less likely at ages 25-27 to have a steady job or to be married.<sup>14</sup>

**Differences by Gender:** In contrast with out-of-school youth, females comprised slightly more than half of all disconnected youth.

**Differences by Race and Hispanic Origin:** Non-Hispanic black youth and Hispanic youth were more likely than non-Hispanic white youth to be disconnected (see Chart 2). In 2004, non-Hispanic black youth accounted for 32 percent of disconnected youth but only 20 percent of all Florida youth, while Hispanic youth accounted for 33 percent of disconnected youth but only 22 percent of all Florida youth. Non-Hispanic white youth accounted for only 32 percent of disconnected youth but 54 percent of all Florida youth.

**Differences by Ability to Speak English, Language at Home, Citizenship, and Nativity:** Fifteen percent of disconnected youth do not speak English well or not at all, 37 percent speak a language other than English at home, 21 percent lack U.S. citizenship, and 24 percent were born outside the U.S. (see Table 2).

<sup>13</sup> Munsey & Suppes. Ballparks. Available at: <http://www.ballparks.com/baseball/national/propla.htm>

<sup>14</sup> Brown and Emig (1999).

**Differences by Age:** Youth ages 16-19 comprise 48 percent of disconnected youth, while youth ages 20-24 make up the other 52 percent.

**Differences by Poverty Status:** About 45 percent of disconnected youth lived in families with incomes below the official poverty threshold (\$15,720 for a family with a single parent and two children in 2005), while another 27 percent lived in families with incomes between 100 percent and 200 percent of the poverty threshold.

**Special Health Needs:** About 23 percent of disconnected youth had at least one special health need—a rate substantially higher than for out-of-school youth.

**Data Sources:** Data for 2005 on disconnected youth are based on Child Trends tabulations of the American Community Survey (ACS). This annual survey conducted by the U.S. Census Bureau provides demographic, social, and economic information for representative samples of the population of each of the 50 states plus the District of Columbia. In 2005, information was gathered on 16,921 Florida youth ages 16-24. Population estimates by race and Hispanic origin are based on Child Trends calculations using U.S. Census Bureau state population estimates for 2005. Downloaded from <http://www.census.gov/popest/states/>, February 11, 2007.

## Young Welfare Recipients

**Summary:** There were 14,908 Florida youth ages 16-24 who reported receiving benefits from the Temporary Assistance for Needy Families program in 2005.<sup>15</sup> (To put this number in perspective, total high school enrollment in the Osceola public school system was 13,691 in 2004-2005.) These youth accounted for about 0.7 percent of all Florida youth ages 16-24.

**Importance:**<sup>16</sup> Many youth living in families with incomes below the official poverty threshold receive some or all of their income from the Temporary Assistance for Needy Families (TANF) program. In 2005, the maximum benefit for a family with a parent and two children was \$303 per month in Florida.<sup>17</sup> This benefit has remained unchanged since 1994, and, thus, after adjusting for inflation, real benefits dropped by 24 percent between 1994 and 2003.<sup>18</sup> Research shows that children in families receiving TANF benefits are at risk for problems with healthy development.<sup>19</sup>

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<sup>15</sup> Florida Department of Education. Florida School Indicators Report. Available at <http://data.fldoe.org/fsir/>.

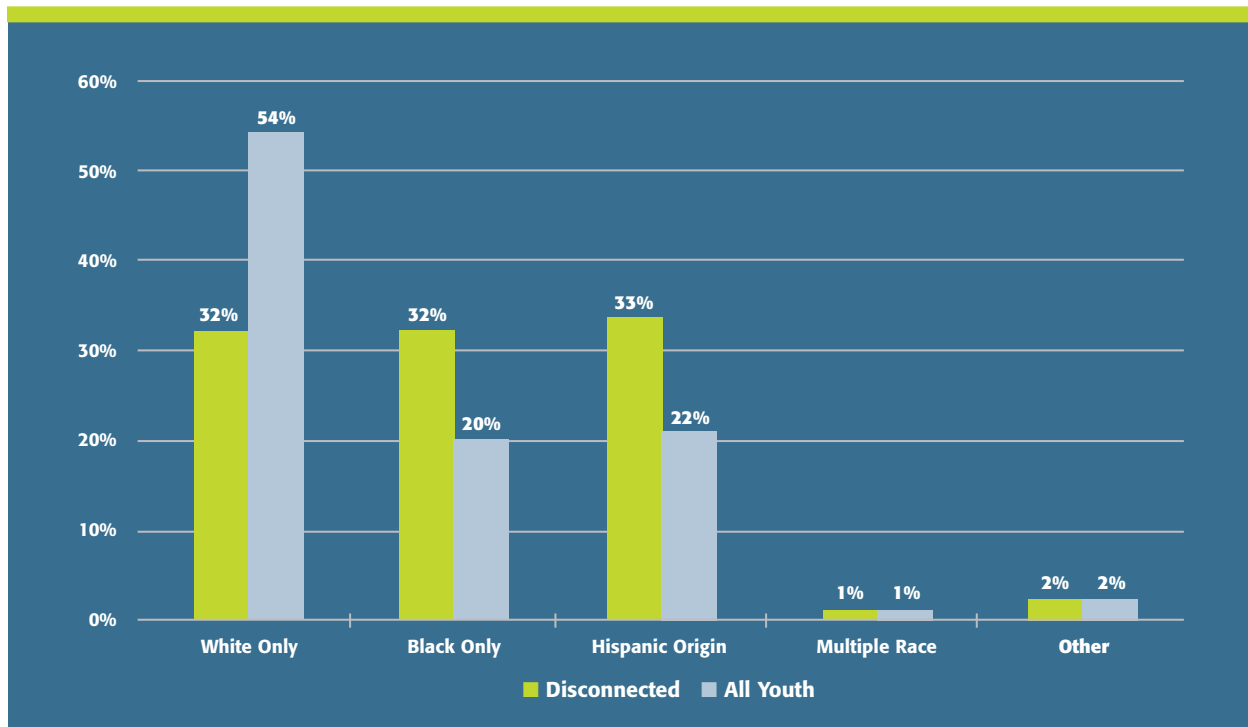
<sup>16</sup> This paragraph has been adapted in part from “Welfare Receipt (AFDC/TANF)” from the Child Trends DataBank. Available at: <http://www.childtrendsdatabank.org>.

<sup>17</sup> Congressional Research Service, “Maximum AFDC/TANF Benefit.” Available at <http://www.dss.cahwnet.gov/research/res/pdf/GENtrends/StatesAFDC-TANFJan03.xls>.

<sup>18</sup> Inflation adjustment based on the Consumer Price Index (All Urban Consumers). U.S. Bureau of Labor Statistics, “Consumer Price Indexes.” Available at: <http://www.bls.gov/cpi/>.

<sup>19</sup> Zaslow, M., Moore, K.A., Tout, K., Scarpa, J., Vandivere, S. 2002. “How are Children Faring Under Welfare Reform?” in Alan Weil and Kenneth Finegold (eds.), *Welfare Reform, the Next Act* (Washington, DC: The Urban Institute Press); 79-101.

**CHART 2. AMONG DISCONNECTED YOUTH AND ALL FLORIDA YOUTH, AGES 16-24, PERCENTAGE BY RACE AND HISPANIC ORIGIN, 2005**



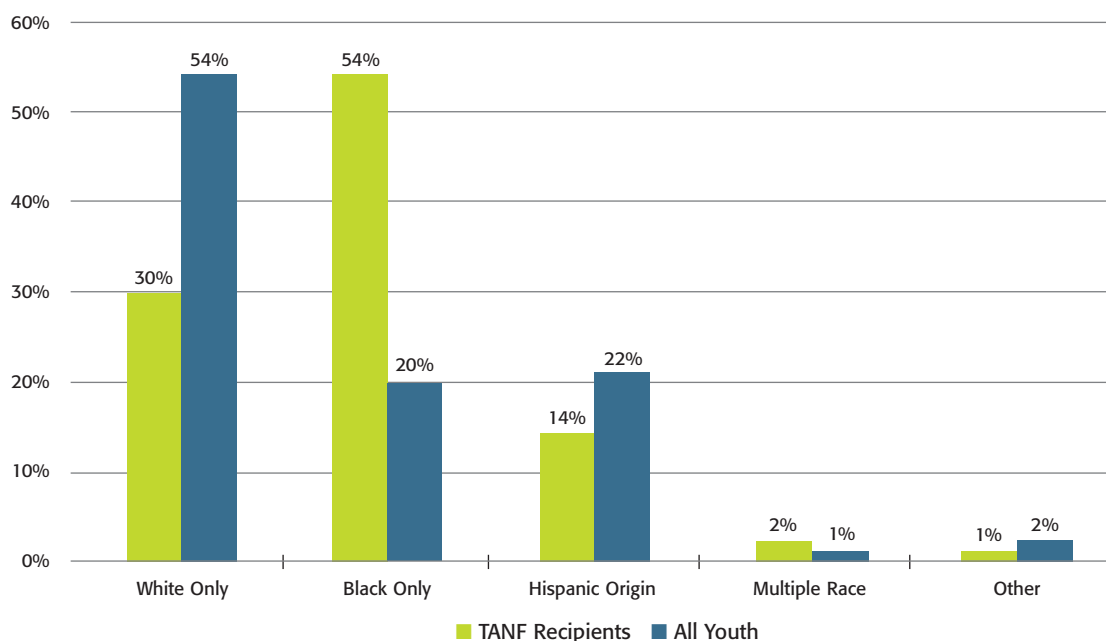
Note: Estimates for Non-Hispanic Whites and Non-Hispanic Blacks, and Other exclude those who are Multiple Race. Those of Hispanic origin may be of any race. Source: Child Trends tabulations of the 2005 American Community Survey (ACS)

**TABLE 2. NUMBER AND PERCENTAGE OF DISCONNECTED YOUTH, AGES 16-24, BY ABILITY TO SPEAK ENGLISH, LANGUAGE AT HOME, CITIZENSHIP, AND NATIVITY, 2005**

	NUMBER	PERCENT
<b>TOTAL DISCONNECTED YOUTH</b>	<b>51,276</b>	<b>100%</b>
<b>ABILITY TO SPEAK ENGLISH</b>		
Does not speak at all, does not speak well	7,671	15%
Only speaks English, speaks very well, speaks well	43,605	85%
<b>LANGUAGE SPOKEN AT HOME</b>		
Another language	19,137	37%
Only English	32,139	63%
<b>CITIZENSHIP</b>		
Non-U.S. Citizen	10,974	21%
U.S. Citizen	40,302	79%
<b>NATIVITY</b>		
Born outside U.S.	12,199	24%
Born in the U.S.	39,077	76%

Source: Child Trends tabulations of the 2005 American Community Survey (ACS)

**CHART 3. AMONG YOUTH RECEIVING TANF BENEFITS AND ALL FLORIDA YOUTH, AGES 16-24, PERCENTAGE BY RACE AND HISPANIC ORIGIN, 2005**



Note: Estimates for Non-Hispanic Whites and Non-Hispanic Blacks, and Other exclude those who are Multiple Race. Those of Hispanic origin may be of any race. Source: Child Trends tabulations of the 2005 American Community Survey (ACS)

**Differences by Gender:** Nearly 90 percent of youth receiving TANF benefits in 2005 were female.

**Differences by Race and Hispanic Origin:** Non-Hispanic black youth were overrepresented among TANF recipients in 2004—making up 54 percent of young Florida TANF recipients but only 20 percent of Florida youth. In contrast, non-Hispanic whites and Hispanics were underrepresented. Non-Hispanic whites accounted for 30 percent of TANF recipients but 54 percent of Florida youth, while Hispanic youth accounted for 14 percent of TANF recipients and 22 percent of Florida youth. (See Chart 3.)

**Differences by Ability to Speak English, Language at Home, and Citizenship:** Most youth receiving TANF benefits are able to speak English well or very well (97 percent), speak only English at home (83 percent), and are citizens of the U.S. (95 percent). (See Table 3.)

**Differences by Age:** TANF recipients were disproportionately older youth. Only 31 percent were ages 16-19, while 69 percent were ages 20-24.

**Differences by Poverty Status:** About half of youth receiving TANF benefits lived in families with incomes below the official poverty threshold (\$15,720 for a family with a single parent and two children in 2005), while another 31 percent living in families with incomes between 100 percent and 200 percent of the poverty threshold.

**Special Health Needs:** About 17 percent of youth receiving TANF benefits also had at least one special health need.



**TABLE 3. AMONG YOUTH RECEIVING TANF BENEFITS, AGES 16-24, NUMBER AND PERCENTAGE BY ABILITY TO SPEAK ENGLISH, LANGUAGE AT HOME, CITIZENSHIP, AND NATIVITY, 2005**

	NUMBER	PERCENT
<b>TOTAL YOUTH RECEIVING TANF BENEFITS</b>	<b>14,908</b>	<b>100%</b>
<b>ABILITY TO SPEAK ENGLISH</b>		
Does not speak at all, does not speak well	573	4%
Only speaks English, speaks very well, speaks well	14,335	96%
<b>LANGUAGE SPOKEN AT HOME</b>		
Another language	2,484	17%
Only English	12,424	83%
<b>CITIZENSHIP</b>		
Non-U.S. Citizen	780	5%
U.S. Citizen	14,128	95%
<b>NATIVITY</b>		
Born outside U.S.	1,346	9%
Born in the U.S.	13,562	91%

Source: Child Trends tabulations of the 2005 American Community Survey (ACS)

**Data Sources:** Data for 2005 on young welfare recipients are based on Child Trends tabulations of the American Community Survey (ACS). This annual survey conducted by the U.S. Census Bureau provides demographic, social, and economic information for representative samples of the population of each of the 50 states plus the District of Columbia. In 2005, information was gathered on 16,921 Florida youth ages 16-24. Population estimates by race and Hispanic origin are based on Child Trends calculations using U.S. Census Bureau state population estimates for 2003. Downloaded from <http://www.census.gov/popest/states/>, February 11, 2007.

## Overlaps Among the Three Groups of Vulnerable Youth Measured by the American Community Survey

The three groups measured using the American Community Survey—out-of-school youth, disconnected youth, and youth receiving TANF benefits overlap considerably. (Indeed, all disconnected youth also belong to the out-of-school group since all disconnected youth are by definition out of school.) Many of the youth in one group belong to one or more other groups. This has two important implications:

- One cannot legitimately estimate the total number of youth in at least one of these three groups by adding together the number of youth in each of the three groups. The actual total is substantially lower than the sum of its parts. The actual total number of youth in at least one of these three groups in 2005 was 238,253 youth.
- Many youth have multiple vulnerabilities, and programs designed to help these youth must be tailored to deal with multiple problems simultaneously.

**TABLE 4.**  
**OVERLAPS AMONG OUT-OF-SCHOOL YOUTH, DISCONNECTED YOUTH,**  
**AND YOUTH RECEIVING TANF BENEFITS, AGES 16-24**

AMONG YOUTH WHO ARE:	NUMBER WHO ARE ALSO:		
	OUT OF SCHOOL	DISCONNECTED	TANF RECIPIENTS
Out of school	229,696	51,276	6,351
Disconnected	51,276	51,276	1,976
TANF recipients	6,351	1,976	14,908
AMONG YOUTH WHO ARE:	PERCENT WHO ARE ALSO:		
	OUT OF SCHOOL	DISCONNECTED	TANF RECIPIENTS
Out of school	100.0%	22.3%	2.8%
Disconnected	100.0%	100.0%	3.9%
TANF recipients	42.6%	13.3%	100.0%

Source: Child Trends tabulations of the 2005 American Community Survey (ACS)

As shown in Table 4, among youth who are out of school, 22 percent are also disconnected and 3 percent are TANF recipients. Among youth who are disconnected, 100 percent are out of school (by definition), and 4 percent are TANF recipients. Among youth who are TANF recipients, 43 percent are out of school, and 13 percent are disconnected.

All told, 238,253 youth belong to at least one of the three groups (not shown), 55,651 belong to at least two of the three groups, and 1,976 belong to all three groups. This yields an additional important finding:

- Relatively few youth belong to all three groups. This means that the total cost of providing intensive services to those belonging to all three groups will be relatively small.

## Youth in Foster Care

**Summary:** According to data from the federal Adoption and Foster Care Analysis and Reporting System (AFCARS), the number of Florida youth in licensed foster care ages 16-24 fell steadily from 3,784 children in 2000 to 2,941 in 2003, before increasing slightly to 2,999 in 2004 (see Chart 4).<sup>20</sup> In 2004, youth in foster care accounted for about 0.2 percent of all Florida youth ages 16-24.

More current data on foster care are available from the Florida Department of Children and Families (DCF). However, these data are for different age categories and also include youth in placements other than licensed foster care. In addition, DCF has data on youth receiving services after exiting foster care.

<sup>20</sup> Made available by the National Data Archive on Child Abuse and Neglect (NDACAN), Cornell University, Ithaca, NY and used with permission. Data from AFCARS were originally compiled by the Children's Bureau. Funding for AFCARS and NDACAN was provided by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. Neither the collector of the original data, the funder, the Archive, Cornell University, or its agents or employees bear any responsibility for the analyses or interpretations presented here.

In fiscal year 2005-2006, there were 6,945 children ages 13-17 in licensed substitute care, an additional 4,539 children ages 13-17 in approved relative care, and 1,993 children ages 13-17 in approved non-relative care,<sup>21</sup> for a total of 11,555 children in authorized out-of-home care. This total has changed only slightly over the previous two years.<sup>22</sup>

In addition to children ages 13-17 in some type of approved care, there were 1,185 former foster youth ages 18-22 receiving aftercare and transition services in 2004.<sup>23</sup> More recent unpublished data from DCF indicate that there are currently 2,035 youth ages 18-22 receiving services.<sup>24</sup>

**Importance:**<sup>25</sup> Children enter foster care because either a child protective services worker or a court has determined that the child's safety would be compromised if the child remained at home. Risks include various forms of maltreatment including neglect, physical abuse, and sexual abuse.

Research has shown that foster children are more likely than children living with their families to have:

- high levels of behavioral and emotional problems
- higher rates of suspension or expulsion from school
- lower engagement in school
- less involvement in extracurricular activities
- higher rates of a limiting physical or mental health condition, and
- higher rates of poor health.<sup>26</sup>

Children who age out of foster care experience significant problems transitioning to adulthood. The only national study and a recent study of Midwestern youth aging out of foster care found they are less likely to have graduated from high school, less likely to be employed, more likely to have physical and mental health problems, and more likely to be involved in delinquent or violent behavior.<sup>27</sup>

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<sup>21</sup> Note that the AFCARS number for ages 16-24 (2,999) is 43 percent of the DCF number for ages 13-17 (6,945). Since virtually all foster children are less than age 18, the AFCARS number essentially includes only children ages 16-17—an age range of only 2 years. In contrast, the DCF data cover an age range of 5 years. Thus, one would expect that the AFCARS data would produce a number roughly 40 percent of the DCF data. This comparison suggests that the AFCARS and DCF systems are producing numbers that are consistent with one another.

<sup>22</sup> Home Safe Net data as of June 30, 2006.

<sup>23</sup> Office of Program Policy Analysis & Government Accountability (2004), "Independent Living Minimum Standards Recommended for Children in Foster Care," Report no. 04-78, p.2.

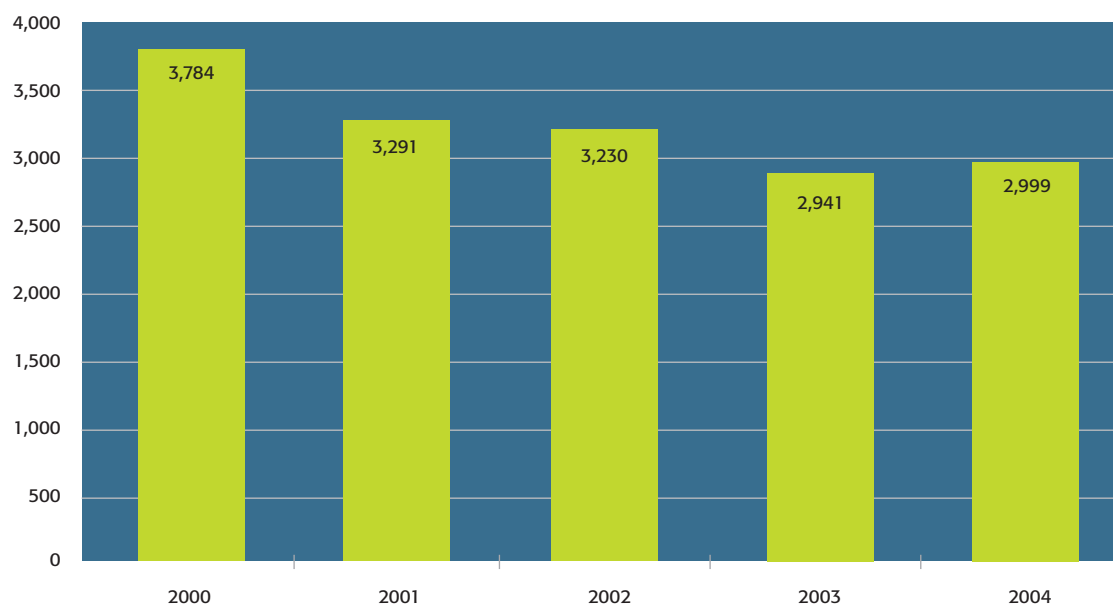
<sup>24</sup> Communication from Jane Soltis based on DCF application to the National Governors Association.

<sup>25</sup> This section has been adapted in part from "Foster Care" from the Child Trends DataBank. Available at: <http://www.childtrendsdatbank.org>.

<sup>26</sup> Kortenkamp, Katherine, and Jennifer Ehrle, "The Well-being of Children Involved with the Child Welfare System: A National Overview," New Federalism, Series B, No. B-43. Washington, D.C.: The Urban Institute, January 2002. [http://www.urban.org/UploadedPDF/310413\\_anf\\_b43.pdf](http://www.urban.org/UploadedPDF/310413_anf_b43.pdf)

<sup>27</sup> Cook R., "A National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth: Phase 2 Final Report." Rockville, MD: Westat, 1991; Courtney, M.E., Dworsky, A., Ruth, Gretchen, Keller, T. Havlicek, J. & Bost, N., "Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19. Chicago: Chapin Hall, 2005.

**CHART 4. NUMBER OF FLORIDA YOUTH IN FOSTER CARE, AGES 16-24, 2000-2004**



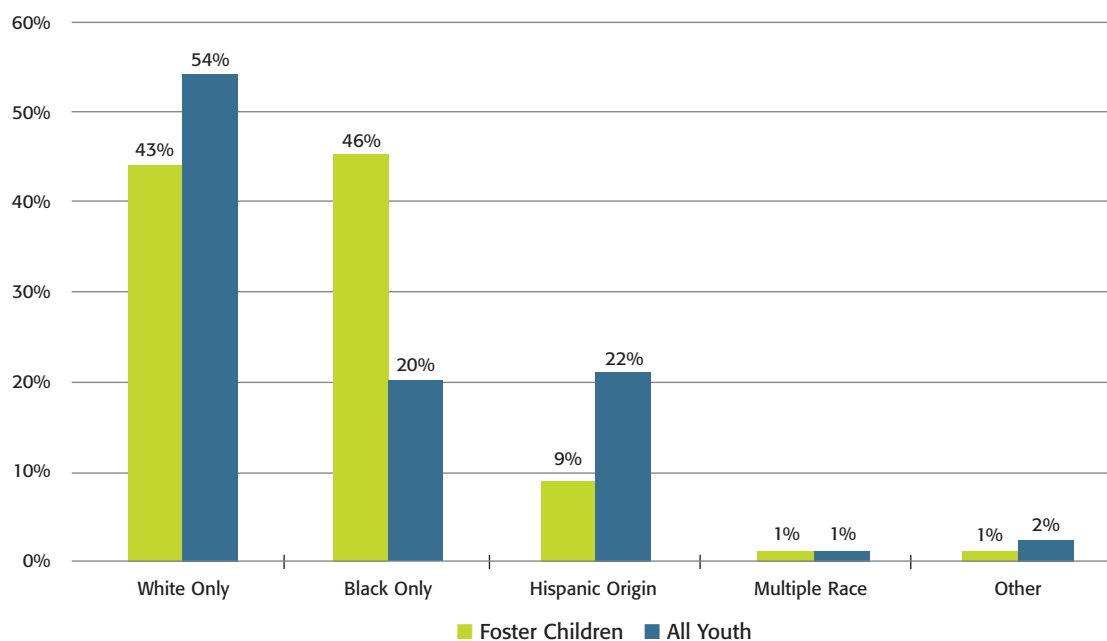
Source: Child Trends tabulations of records from the Adoption and Foster Care Analysis and Reporting System (AFCARS)

**Differences by Gender:** In 2004, females made up 54 percent of the Florida foster care population, while males accounted for only 46 percent.

**Differences by Race and Hispanic Origin:** Non-Hispanic black youth were heavily overrepresented in foster care in 2004—making up 46 percent of Florida foster children but only 20 percent of all Florida youth. In contrast, non-Hispanic whites and especially Hispanics were underrepresented in foster care. Non-Hispanic whites accounted for 43 percent of foster children but 54 percent of Florida youth, while Hispanic youth accounted for only 9 percent of foster children and 22 percent of Florida youth (see Chart 5).

**Data Sources:** Data for 2000-2004 on foster children are based on Child Trends tabulations of records from the Adoption and Foster Care Analysis and Reporting System (AFCARS), which provides an individual record for every foster child in care on September 30 of each year. The data used in these tables were made available by the National Data Archive on Child Abuse and Neglect (NDACAN), Cornell University, Ithaca, NY, and have been used with permission. Data from AFCARS were originally compiled by the Children's Bureau. Funding for AFCARS and NDACAN was provided by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, US. Department of Health and Human Services. Population estimates by race and Hispanic origin are based on Child Trends calculations using U.S. Census Bureau state population estimates for 2004. Downloaded from <http://www.census.gov/popest/states/>, May 30, 2006.

**CHART 5. AMONG YOUTH IN FOSTER CARE AND ALL FLORIDA YOUTH, AGES 16-24, PERCENTAGE BY RACE AND HISPANIC ORIGIN, 2004**



Note: Estimates for Non-Hispanic Whites and Non-Hispanic Blacks, and Other exclude those who are Multiple Race. Those of Hispanic origin may be of any race.  
Source: Child Trends tabulations of the 2004 Adoption and Foster Care Analysis and Reporting System (AFCARS)

## Youth Offenders Committed for Delinquency to Residential Placement Facilities

**Summary:** Between fiscal years 2000-01 and 2004-05, the number of Florida youth ages 16 and older committed for delinquency to residential placement facilities increased from around 3,932 to around 4,383—an increase of 11 percent (see Chart 6), prior to a decline to 4,168 in 2005-06. (The 16 and older age group accounts for about half of all Florida youth committed for delinquency; the other half are less than 16 years old.) In fiscal year 2005-06, youth committed for delinquency accounted for about 0.2 percent of all Florida youth ages 16-24. (If the age range is expanded to include Florida youth younger than age 16 committed for delinquency, the number of committed youth rises to 8,300.)

**Importance:** Youth offenders who have served time in residential placement facilities have recidivism rates of over 50 percent, and a study that followed youth parolees from the Minnesota juvenile justice system for five years found that over 90 percent were rearrested as adults, and approximately two-thirds had been sentenced to prison.<sup>28</sup> Discouragingly, an evaluation of the Intensive Aftercare Program, a program of intensive services during incarceration, transition, and aftercare for youth in residential placement found that the program had no effect on recidivism.<sup>29</sup>

<sup>28</sup> Richard G. Wiebush, Wagner, D., McNulty, B., Wang, Y., and Le, T. *Implementation and Outcome Evaluation of the Intensive Aftercare Program: Final Report*. National Council on Crime and Delinquency, 2005.

<sup>29</sup> *Ibid.*

**Differences by Gender:** In fiscal year 2005-06, 84 percent of all Florida youth committed to residential placement were male, while females account for only 16 percent.

**Differences by Race and Hispanic Origin:** Non-Hispanic black youth were heavily overrepresented among youth committed to residential placement—making up 48 percent of youth committed to placement but only 20 percent of all Florida youth (see Chart 7). In contrast non-Hispanic whites accounted for 40 percent of youth committed to placement but 54 percent of Florida youth, while Hispanic youth accounted for only 9 percent of youth in placement and 22 percent of Florida youth.

**Data Sources:** Data for fiscal years 2000-01 to 2005-06 on youth committed residential placement are adapted from tabulations from the Florida Department of Juvenile Justice “Juvenile Justice Information System( JJIS).” Source: Epps, Nathan (2006) "Juvenile Justice Information System," Florida Department of Juvenile Justice. Downloaded from: [http://www.djj.state.fl.us/Research/Delinquency\\_Profile/index.html](http://www.djj.state.fl.us/Research/Delinquency_Profile/index.html).

## Youth with Behavioral Problems

**Summary:** In 2003-2004, there were 52,059 Florida youth ages 16-17 with behavioral problems according to parental report. This accounts for 12 percent of all Florida youth ages 16-17.

**Importance:** Numerous studies following children and youth over time have found that youth with persistent conduct problems are more likely than other youth to become involved in criminal activities, to have weaker bonds with their families, to drop out of school, and have lower achievement in school.<sup>30</sup>

**Definition:** Youth were considered to have behavior problems if their parents reported that their children “usually” or “always” displayed at least two of the following behaviors:

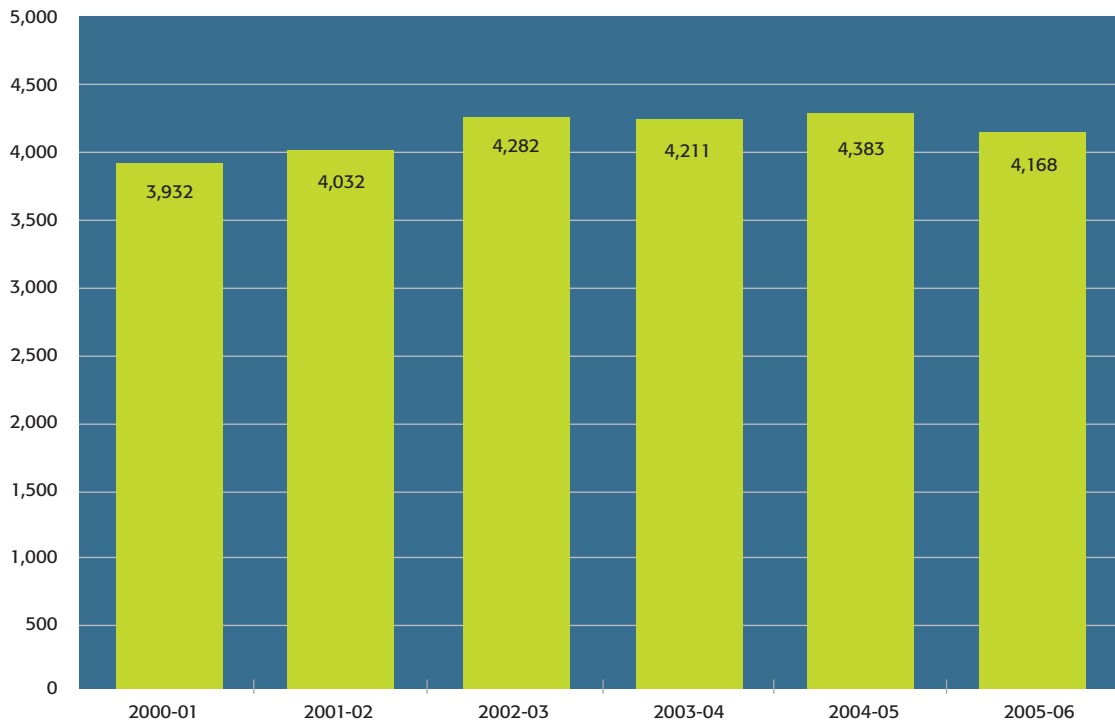
- Argues too much
- Is cruel or mean to others
- Is disobedient
- Is stubborn, sullen or irritable.

It should be noted that, while the source of the data for this group is a well-designed national survey conducted for the federal government, the questions that are used to identify youth with behavioral and emotional problems are based on a parent’s judgment and, thus, subject to a higher degree of subjectivity than data for out-of-school youth, disconnected youth, youth in welfare families, youth in foster care, and youth committed to the juvenile justice system. Nonetheless, they provide the best data available on youth with behavioral and emotional problems for a representative sample of all Florida youth.

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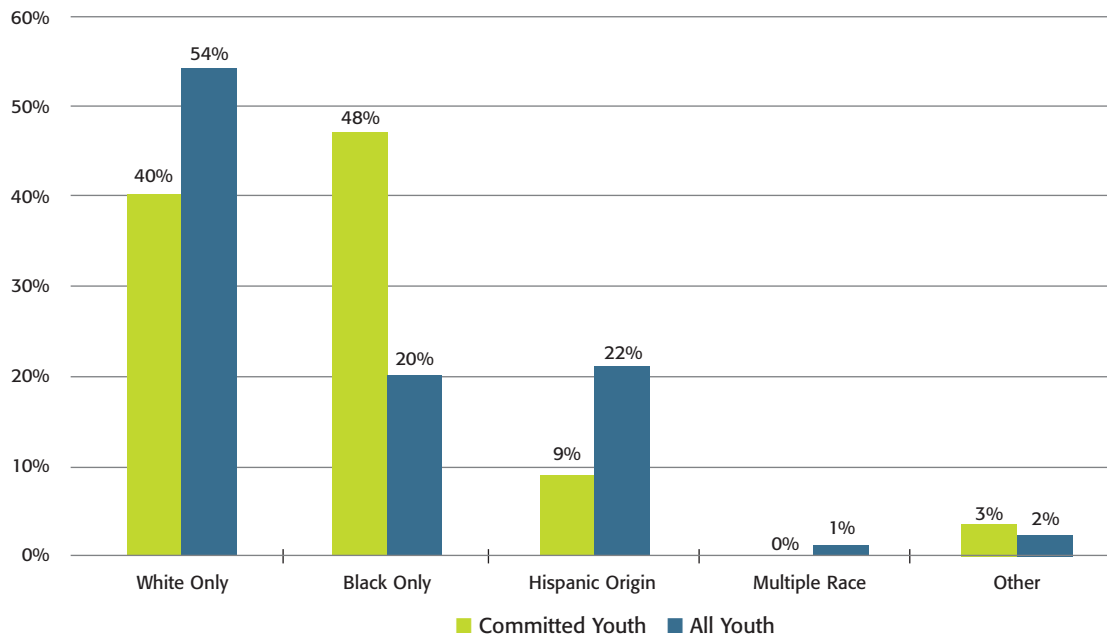
<sup>30</sup> Zaff, J.F. & Calkins, J. (2001). “Background for Community-Level Work on Mental Health and Externalizing Disorders in Adolescence: Reviewing the Literature on Contributing Factors.” Washington, DC: Child Trends.

**CHART 6. YOUTH OFFENDERS COMMITTED FOR DELINQUENCY TO RESIDENTIAL PLACEMENT FACILITIES, AGES 16-24, FY 2000-01 TO FY 2005-06**



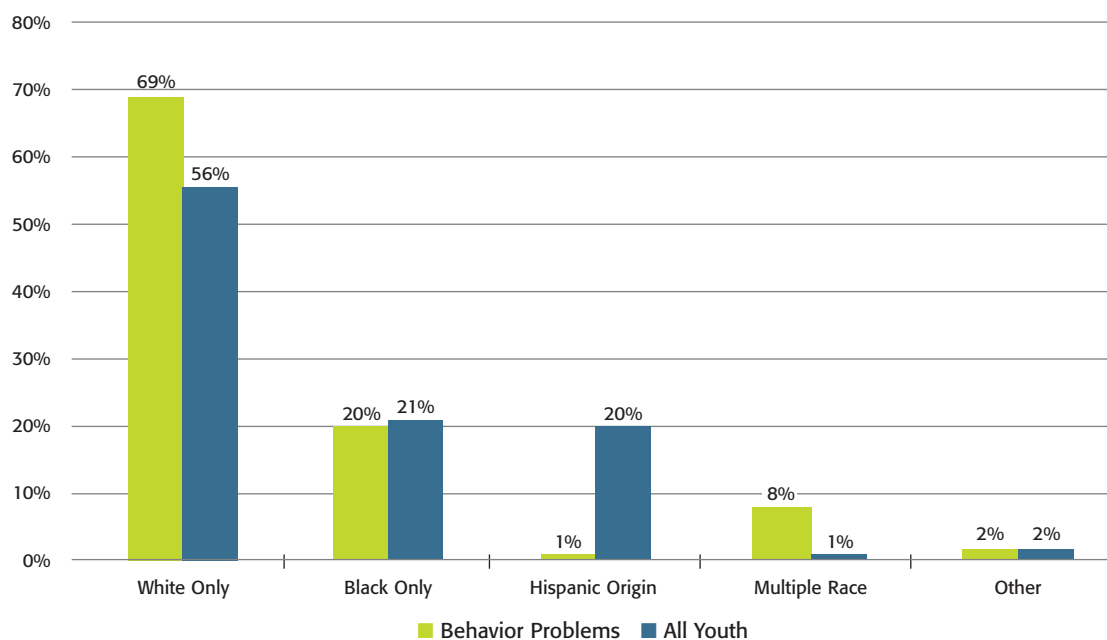
Source: Epps, Nathan (2006) "Juvenile Justice Information System," Florida Department of Juvenile Justice

**CHART 7. AMONG YOUTH COMMITTED TO PLACEMENT IN RESIDENTIAL FACILITIES AND ALL FLORIDA YOUTH, AGES 16-24, PERCENTAGE BY RACE AND HISPANIC ORIGIN, FY 2005-06**



Note: Estimates for Non-Hispanic Whites and Non-Hispanic Blacks, and Other exclude those who are Multiple Race. Those of Hispanic origin may be of any race.  
 Source: Epps, Nathan (2006) "Juvenile Justice Information System," Florida Department of Juvenile Justice

**CHART 8. AMONG YOUTH WITH PARENTALLY REPORTED BEHAVIOR PROBLEMS AND ALL FLORIDA YOUTH, AGES 16-17, PERCENTAGE BY RACE AND HISPANIC ORIGIN, 2003-2004**



Source: Child Trends tabulations of data from the National Center for Health Statistics, 2003 National Survey of Children's Health

**Differences by Gender:** In 2003-2004, 68 percent of Florida youth ages 16-17 with parentally reported behavior problems were female, while males accounted for only 32 percent.

**Differences by Race and Hispanic Origin:** In contrast with other groups of vulnerable youth, youth with parent-reported behavior problems ages 16-17 were disproportionately non-Hispanic white—accounting for 69 percent of youth with behavior problems but only 56 percent of all Florida youth ages 16-17 (Chart 8). In contrast, non-Hispanic black youth accounted for 20 percent of youth with behavior problems and 21 percent of all Florida youth ages 16-17, while Hispanic youth accounted for only 1 percent of youth with parentally reported behavior problems and 20 percent of all Florida youth ages 16-17. The exceptionally low rate for Hispanic youth suggests that either such behaviors are rare among Hispanic youth or that there may be a cultural aversion to reporting such problems.

**Language Spoken at Home:** Youth with behavioral or emotional problems came exclusively from families in which English was spoken at home. This suggests that the behaviors included in the definition are rare or non-existent among families in which a foreign language is spoken at home, that there was some difficulty in understanding the questions among parents in such families, or that there may be a cultural aversion to reporting such problems.

**Poverty:** Among youth with behavioral or emotional problems, 42 percent lived in families with incomes below the official poverty threshold (\$14,824 for a family with a single parent and two children in 2003), and an additional 8 percent lived in families with incomes between 100 percent and 200 percent of the poverty threshold.



**Data Source:** Data for youth with behavioral problems are based on Child Trends tabulations of data from the National Center for Health Statistics, the 2003 National Survey of Children's Health (NSCH), which provides a representative sample of Florida youth ages 0-17. Population estimates by race and Hispanic origin are based on Child Trends calculations using U.S. Census Bureau state population estimates for 2003. Downloaded from <http://www.census.gov/popest/states/>, May 30, 2006.

## Youth with Physical Health Problems

**Summary:** In 2003-2004, there were 105,196 youth ages 16-17 who were diagnosed by a physician or other health professional as having a physical health problem, according to parental report. This accounts for 24 percent of all Florida youth ages 16-17.

**Importance:** Children experiencing physical health problems have a greater likelihood of missing school and experiencing both poor health and lower socio-economic status as adults.<sup>31</sup>

**Definition:** Youth were considered to have a physical health problem if their parents reported that a doctor or health professional had ever told them that their child has any of the following conditions:

- Asthma
- Hearing or vision problems
- Bone, joint, or muscle problems
- Diabetes
- Any developmental delay or impairment.

While the source of the data for this group is a well-designed national survey conducted for the federal government, the questions that are used to identify youth with physical health problems are based on a parent's report of a diagnosis by a doctor or a health professional. They provide the best data available on youth with physical health problems for a representative sample of all Florida youth.

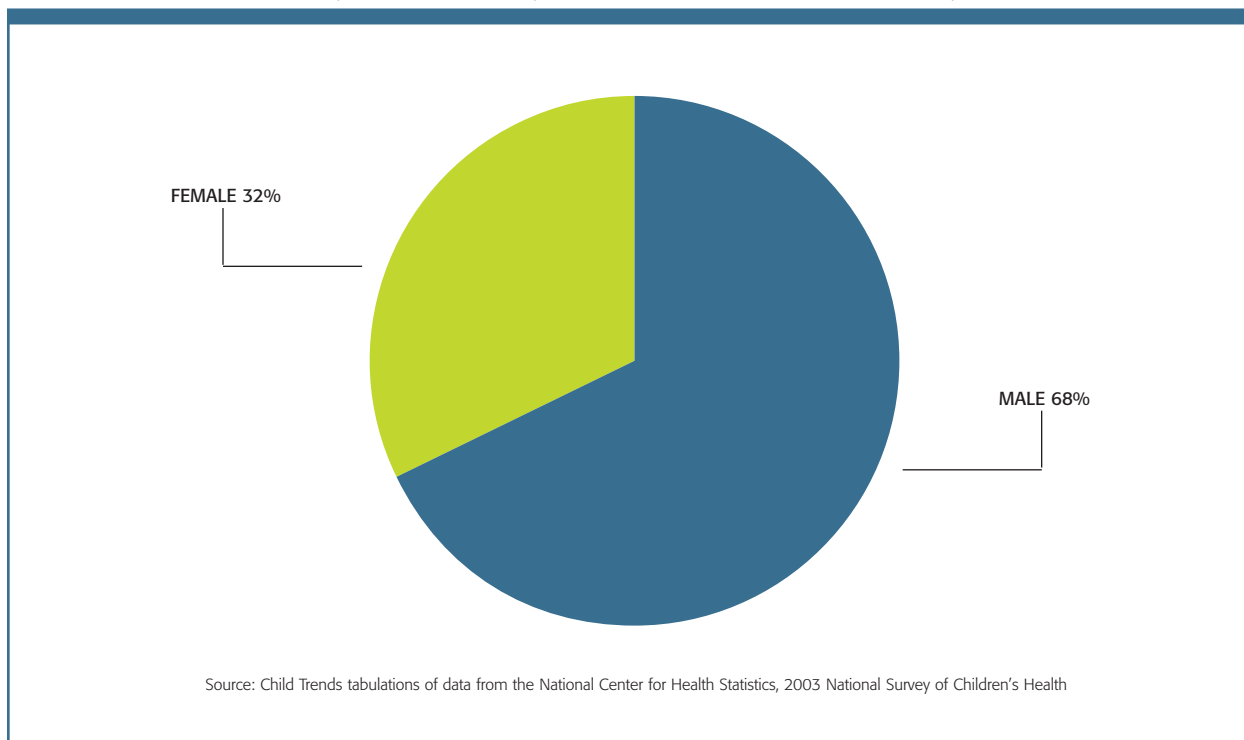
**Differences by Gender:** In 2003-2004, 68 percent of Florida youth with physical health problems were male, while females accounted for only 32 percent (see Chart 9).

**Differences by Race and Hispanic Origin:** The racial and ethnic composition of youth with physical health problems was very similar to the racial and ethnic composition of all Florida youth. Non-Hispanic white youth accounted for 58 percent of youth with physical health problems and 56 percent of all Florida youth ages 16-17. Non-Hispanic black youth accounted for 21 percent of youth with physical health problems and also 21 percent of all Florida youth ages 16-17. Hispanic youth accounted for 16 percent of youth with physical health problems but 20 percent of all Florida youth ages 16-17.

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<sup>31</sup> Grossman, M., & Kaestner. (1997). "Effects of Education on Health," in J.R. Behrman and N. Stacey, ed., *The Social Benefits of Education*. Ann Arbor, MI: University of Michigan Press; Currie, J., & Stabile, M., (2003). "Socioeconomic Status and Child Health: Why is the Relationship Stronger for Older Children?" *American Economic Review*. 93(5):1813-1823; Marmot, M., & Wadsworth, M. (1997) eds. "Fetal and Early Childhood Environment: Long-term Health Implications." London: Royal Society of Medicine Press Limited.

**CHART 9. YOUTH WITH PARENTALLY REPORTED, DIAGNOSED PHYSICAL HEALTH PROBLEMS, AGES 16-17, PERCENTAGE BY GENDER, 2003-2004**



**Language Spoken at Home:** Among youth with physical health problems, 7 percent came from families in which a language other than English was spoken at home.

**Poverty:** Among youth with physical health problems, 9 percent lived in families with incomes below the official poverty threshold (\$14,824 for a family with a single parent and two children in 2003), and an additional 31 percent lived in families with incomes between 100 percent and 200 percent of the poverty threshold.

**Data Source:** Data for youth with physical health problems are based on Child Trends tabulations of data from the National Center for Health Statistics, the 2003 National Survey of Children's Health (NSCH), which provides a representative sample of 2,000 Florida youth ages 0-17. Population estimates by race and Hispanic origin are based on Child Trends calculations using U.S. Census Bureau state population estimates for 2003. Downloaded from <http://www.census.gov/popest/states/>, May 30, 2006.

## Youth with Mental Health Problems

**Summary:** In 2003-2004, there were 76,815 youth age 16-17 who were diagnosed by a physician or other health professional as having a mental health problem, according to parental report. This accounts for 17 percent of all Florida youth ages 16-17.

**Importance:** Children with Attention Deficit Hyperactive Disorder (ADHD) have been shown to have an enhanced risk of antisocial activities and arrests by the time they become young adults.<sup>32</sup> Adolescents with high degrees of depressive symptoms, with anxiety, or with conduct disorder are more likely to miss days of school, more likely to smoke, more likely to binge drink, and more likely to think about suicide.<sup>33</sup>

**Definition:** Youth were considered to have a mental health problem if their parents reported that a doctor or health professional had ever told them that their child has any of the following conditions:

- Attention Deficit Disorder or Attention Deficit Hyperactive Disorder, that is, ADD or ADHD
- Depression or anxiety problems
- Behavioral or conduct problems, or
- Autism.

While the source of the data for this group is a well-designed national survey conducted for the federal government, the questions that are used to identify youth with mental health problems are based on a parent's report of a diagnosis by a doctor or a health professional. They provide the best data available on youth with mental health problems for a representative sample of all Florida youth.

**Differences by Gender:** In 2003-2004, 58 percent of Florida youth with mental health problems were male, while females accounted for only 42 percent (see Chart 10).

**Differences by Race and Hispanic Origin:** Non-Hispanic white youth were somewhat overrepresented, while Hispanic youth were underrepresented among youth with mental health problems. Non-Hispanic white youth accounted for 61 percent of youth with mental health problems and 56 percent of all Florida youth ages 16-17. Non-Hispanic black youth accounted for 22 percent of youth with mental health problems and 21 percent of all Florida youth ages 16-17. Hispanic youth accounted for only 11 percent of youth with mental health problems but 20 percent of all Florida youth ages 16-17.

**Language Spoken at Home:** Among youth with mental health problems, 5 percent lived in families in which a language other than English was spoken at home.

**Poverty:** Among youth with mental health problems, 22 percent lived in families with incomes below the official poverty threshold (\$14,824 for a family with a single parent and two children in 2003), and an additional 27 percent lived in families with incomes between 100 percent and 200 percent of the poverty threshold.

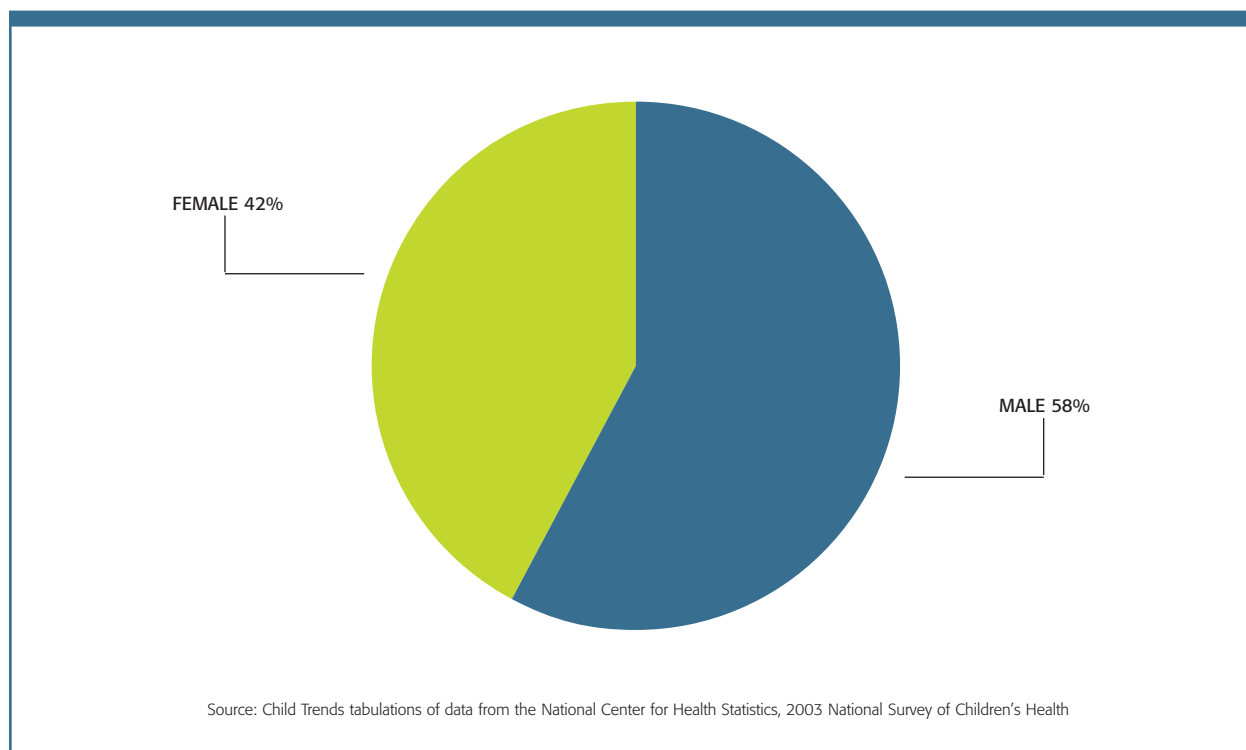
**Data Source:** Data for youth with physical health problems are based on Child Trends tabulations of data from the National Center for Health Statistics, the 2003 National Survey of Children's Health

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<sup>32</sup> Barkley RA, Fischer M, Smallish L, Fletcher K. (2004). "Young adult follow-up of hyperactive children: antisocial activities and drug use." *Journal of Child Psychology and Psychiatry*. 45(2):195-211.

<sup>33</sup> Glied, S. & Pine D.S. (2002). "Consequences and Correlates of Adolescent Depression." *Archive of Pediatric and Adolescent Medicine*. 156(10):1009-14.

**CHART 10. YOUTH AGES 16-17 WITH PARENTALLY REPORTED, DIAGNOSED MENTAL HEALTH PROBLEMS, AGES 16-17, PERCENTAGE BY GENDER, 2003-2004**



(NSCH), which provides a representative sample of 2,000 Florida youth ages 0-17. Population estimates by race and Hispanic origin are based on Child Trends calculations using U.S. Census Bureau state population estimates for 2003. Downloaded from <http://www.census.gov/popest/states/>, May 30, 2006.

### **Overlaps Among the Three Groups of Vulnerable Youth Measured by the National Survey of Child Health**

The three groups measured using the National Survey of Child Health (NSCH)—youth with behavioral problems, youth with physical health problems, and youth with mental health problems—overlap considerably. Many of the youth in one group belong to one or more other groups. This has two important implications:

- One cannot legitimately estimate the total number of youth with a health-related problem by adding together the number of youth in each of the three groups. The actual total is substantially lower than the sum of its parts. The actual total number of youth with at least one of these three health-related problems is 183,100 youth.
- Many youth have multiple vulnerabilities, and programs designed to help these youth must be tailored to deal with multiple problems simultaneously.

**TABLE 5.**  
**OVERLAPS AMONG YOUTH WITH BEHAVIORAL PROBLEMS, YOUTH WITH PHYSICAL HEALTH PROBLEMS, AND YOUTH WITH MENTAL HEALTH PROBLEMS**

AMONG YOUTH WITH:	NUMBER WHO ALSO HAVE:		
	BEHAVIORAL PROBLEMS	PHYSICAL HEALTH PROBLEMS	MENTAL HEALTH PROBLEMS
Behavioral problems	52,059	7,330	15,409
Physical health problems	7,330	105,196	27,141
Mental health problems	15,409	27,141	76,815
AMONG YOUTH WITH:	PERCENT WHO ALSO HAVE:		
	BEHAVIORAL PROBLEMS	PHYSICAL HEALTH PROBLEMS	MENTAL HEALTH PROBLEMS
Behavioral problems	100.0%	14.1%	29.6%
Physical health problems	7.0%	100.0%	25.8%
Mental health problems	20.1%	35.3%	100.0%

Source: Child Trends tabulations of the 2005 American Community Survey (ACS)

As shown in Table 5, among youth with behavioral problems, 14 percent have also been diagnosed with physical health problems, and 30 percent have been diagnosed with mental health problems. Similarly, among youth diagnosed with physical problems, 7 percent also have behavioral problems, and 26 percent have been diagnosed with mental health problems. Again, among youth diagnosed with mental health problems, 20 percent also have behavioral problems, and 35 percent have been diagnosed with physical health problems.

All told, 37,151 youth belong to at least two of the three groups, but only 5,315 belong to all three groups. This yields an additional important finding:

- Relatively few youth have two of the health-related problems, and only a small number have all three. This means that the total cost of providing intensive services to those with three or more of these health-related problems will be relatively small.

## CONCLUSIONS

**A**S STATED AT THE BEGINNING OF THIS REPORT, in 2005, Florida ranked 42nd among the 50 states in the percentage of eighth graders who failed to reach the basic proficiency level in reading, 35th in the percentage who failed to reach the basic proficiency level in mathematics, and, in 2004, 31st in the percentage of young adults who are attending or have completed college, and 35th in the median income of families with children.<sup>34</sup>

These rankings suggest the importance of making substantial investments in youth today to help improve Florida's performance after the next generation of Floridians transitions to adulthood.

In this report we have estimated the number of Florida vulnerable youth in eight categories:

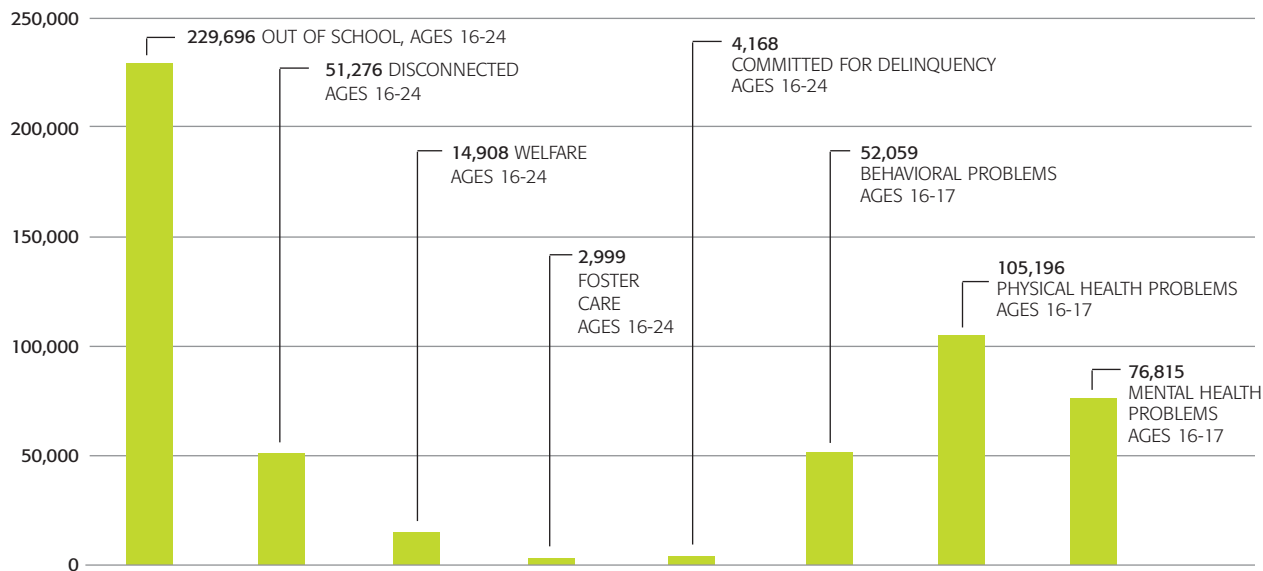
1. Out-of-school youth: youth who are not currently attending school and have not graduated from high school;
2. Disconnected youth: youth who are out of school, have not graduated from high school, are not married, and have no recent work experience;
3. Young welfare recipients: youth who receive Temporary Assistance for Needy Families (TANF) either because they live with a parent recipient or because they are a parent recipient;
4. Youth living in foster care as of September 30 of each year;
5. Youth offenders committed for delinquency to residential placement facilities;
6. Youth with behavioral problems according to parental report;
7. Youth diagnosed by a doctor or health professional (as reported by a parent) as having physical health problems; and
8. Youth diagnosed by a doctor or health professional (as reported by a parent) as having mental health problems.

An overarching goal that could be considered by both government and private funders is to make effective investments in the human capital of these large numbers of vulnerable young people so that they make a successful transition to adulthood. Those who succeed in making this transition can make positive contributions to society by working, earning income, paying taxes, and supporting their children and other family members. In contrast, those who fail to make a successful transition may

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<sup>34</sup> Annie E. Casey Foundation. 2007. KIDS COUNT State Level Data Online. Available at: <http://www.aecf.org/kidscount/sld/>

**CHART 11. NUMBER OF FLORIDA YOUTH IN EIGHT VULNERABLE CATEGORIES, SELECTED YEARS**



Source: Child Trends tabulations of the 2005 American Community Survey (ACS); the 2004 Adoptions and Foster Care Analysis and Reporting System (AFCARS); Epps, Nathan (2006) "Juvenile Justice Information System," Florida Department of Juvenile Justice; 2003-2005.

be a long-term drain on society’s resources by being at risk of unemployment, receipt of welfare, becoming absent or less effective parents, or engaging in self-destructive or criminal behaviors.

As shown in Chart 11, these groups of vulnerable youth are of vastly different size. Among the first five groups (which are measured for youth ages 16-24), the largest by far is out-of-school youth—around 230,000 in 2005—a number larger than the total number of students currently enrolled in the Hillsborough County school district. Young men who are neither enrolled in school nor working are at greater risk of delinquency or criminal behavior than other young men, while similarly situated young women are at greater risk of receiving public assistance.

Among these out-of-school youth is an even more disadvantaged group—those who, in addition to being currently out of school and not having graduated from high school, have had no work experience in the last 12 months, and are not married—around 51,000 youth in 2005. In addition to being subject to the same risks as out-of-school youth, disconnected youth are at high risk of being in poverty, not having a job, and not being married by the time they are in their mid-twenties.

Out-of-school youth are disproportionately Hispanic, while both blacks and Hispanics are overrepresented among disconnected youth. This information should be useful in targeting services.

Youth in these two groups constitute a major target for various types of services (e.g., education and employment-related services) that could be provided either by Florida and local governments and their contractors or by Florida foundations. Presumably, the 51,000 disconnected youth are in need of more intensive services than the other 179,000 out-of-school youth, who have held at least one job in the last 12 months or are married.

According to a synthesis of research on American teens,<sup>35</sup> the following are positively related to the likelihood of graduation from high school:

- Academic achievement;
- Involvement in extracurricular activities;
- Not using drugs during adolescence;
- Not having early sex or becoming a parent during middle or high school years;
- Social psychological well-being, self-esteem, perceived academic ability, school engagement (attendance), educational aspirations;
- Not having problem behavior or aggressive behavior;
- Not working long hours during school year (over 20 per week);
- Not repeating a grade or being over age for grade; and
- High quality early child care program attendance.

Thus, programs that are effective in affecting any of these factors positively might increase high school graduation rates. One approach that might be considered is the Quantum Opportunities Program (QOP), which is a program providing intensive services for disadvantaged teens in high school. The program includes life skills training, help with academics, tutoring, mentoring, community service, and financial incentives. An experimental evaluation of a pilot program showed that QOP increased teens' academic skills, the likelihood of graduating from high school and attending college, and being employed one year after participating in the program, while it decreased the likelihood of becoming a parent.<sup>36</sup> (However, a demonstration project intended to replicate the pilot program was not successful in improving outcomes—possibly due to the fact that the demonstration programs did not, in fact, replicate the pilot program.<sup>37</sup>)

Other programs that have been shown to be effective in increasing the likelihood that older youth will complete high school or obtain a general equivalency diploma (GED) include Job Corps, JOBSTART, and the Job Partnership Training Act (JTPA).<sup>38</sup> Three programs that been shown to have lasting effects on increasing employment include Youth Corps, the Nurse Home Visitation Program, and the Teenage Parent Demonstration.<sup>39</sup> However, only two programs, Youth Corps and Job Corps, have been shown to be effective in increasing earnings.<sup>40</sup>

Youth reporting receiving TANF benefits constitute a much smaller group—around 15,000 youth or 1 percent of all Florida youth ages 18-24—nearly 90 percent of whom are female. Around one-third of these youth have also failed to complete high school and are not currently in school. Relatively few (13 percent) of youth receiving TANF benefits are disconnected. For the youth receiving welfare but who have completed high school, employment-related services may be appropriate; while for the

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<sup>35</sup> Redd, Z., Cochran, S., Hair, E. & Moore, K. 2002. Academic achievement program and youth development: a synthesis. Available at: [http://www.childtrends.org/what\\_works/clarkwww/acadach/acadach\\_intro.asp](http://www.childtrends.org/what_works/clarkwww/acadach/acadach_intro.asp).

<sup>36</sup> Child Trends. 2002. Guide to Effective Programs for Children and Youth: Quantum Opportunities Program (QOP). Available at: <http://www.childtrends.org/Lifecourse/programs/QuantumOpportunitiesProgram.htm>.

<sup>37</sup> Harvard Family Research Project. Undated. A Profile of the Evaluation of the Quantum Opportunities Program. Available at: [www.gse.harvard.edu/hfrp/](http://www.gse.harvard.edu/hfrp/).

<sup>38</sup> Hair, E., Ling, T., and Cochran, S. (2003). *Youth Development Programs and Educationally Disadvantaged Older Youths: A Synthesis*. Washington, DC: Child Trends.

<sup>39</sup> *Ibid.*

<sup>40</sup> *Ibid.*



youth who are both receiving welfare and who fall into the out-of-school group (around 6,000 youth), educational services may also be needed. In addition, for all of the TANF recipients who are parents, parenting training and services for their children may also be appropriate.

Youth in foster care and youth offenders committed for delinquency to residential placement facilities are much smaller groups—around 3,000 and 4,200, respectively. Black youth are heavily overrepresented in both groups, while Hispanic youth are substantially underrepresented.

The fact that their numbers are small is fortunate because both these groups are in need of intensive services if they are to make a successful transition to adulthood. Compared with other youth, youth aging out of foster care are less likely to have graduated from high school, less likely to be employed, more likely to have physical and mental health problems, and more likely to be involved in delinquent or violent behavior. A study of effects of being in foster care on successfully transitioning to employment found that mental health problems are associated with difficulties in finding employment.<sup>41</sup> Unfortunately, youth who age out of foster care often become ineligible for or have difficulty accessing social support systems.<sup>42</sup>

A much richer mix of services may be appropriate for youth in foster care, including access to health care and mental health services, as well as education and employment-related services. Youth offenders who have served time in residential placement facilities have high recidivism rates and are highly likely to be rearrested as adults. Unfortunately even a program of intensive services during incarceration, during transition, and aftercare failed to reduce recidivism. In this case, organizations that are trying to help face a difficult problem—a group clearly in need of intensive services but with no clearly indicated set of services that have been demonstrated to be effective. The most effective use of money for this group may be to evaluate currently operating Florida programs for previous juvenile offenders to determine their effectiveness in preventing recidivism. Ideally, these programs should be evaluated using a random-assignment experimental design.

The number of youth in the last three groups of vulnerable youth has been estimated using the 2003 National Survey of Children's Health (NSCH). Because the survey was administered only to children and youth less than 18 years old, the youth included in our analysis are restricted to ages 16-17. As noted earlier, the questions that are used to identify youth with behavioral and emotional problems are based on a parent's judgment, while the questions about physical and mental health are based on a parent's report of a diagnosis by a doctor or a health professional. They provide the best data available on these groups for a representative sample of all Florida youth ages 16-17.

Within these three groups, the largest is youth whose parent reports that their child has been diagnosed by a physician as having a physical health problem—around 105,000 youth in 2003 or nearly 24 percent of all Florida youth ages 16-17. Over two-thirds of youth with physical health problems are male.

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<sup>41</sup> Lenz-Rashid, S. (2006). "Employment experiences of homeless young adults: Are they different for youth with a history of foster care." *Children and Youth Services Review*. 28, 238-245.

<sup>42</sup> Courtney, M., Piliavin, I., Grogan-Kaylor A., and Nesmith, A. (2001). "Foster youth transitions to adulthood: A longitudinal view of youth leaving care." *Child Welfare*, 58(6), 685-717.

Since several of the conditions included are relatively serious (asthma, bone, joint, or muscle problems, diabetes, and any developmental delay or impairment), this suggests that there are significant needs for various types of health services for Florida youth. Therefore, the Florida government or foundations may wish to explore further the degree to which this need is being met. Of particular concern may be youth who do not have coverage under private health insurance, the State Children's Health Insurance Program (SCHIP) or the state Medical Assistance (Medicaid) program. According to data from the Current Population Survey, about 20 percent of all Florida residents were not covered by health insurance in 2004.<sup>43</sup>

There were about 77,000 youth whose parent reports that their child has been diagnosed by a physician as having a mental health problem—about 17 percent of all Florida youth ages 16-17. Around 58 percent of youth with mental health problems are male.

As noted earlier, children with Attention Deficit Hyperactive Disorder (ADHD) have been shown to have an enhanced risk of antisocial activities and arrests by the time they become young adults. Adolescents with high degrees of depressive symptoms, with anxiety, or with conduct disorder are more likely to miss days of school, more likely to smoke, more likely to binge drink, and more likely to think about suicide. Moreover, insurance coverage for treatment of mental health problems is typically much less generous than for physical health problems. Thus, even though this group is substantially smaller than the group with physical health problems, there may be a large unmet need for services in this group.

Youth with behavior problems constitute the smallest of these three groups—around 52,000 youth in 2003-2004 or about 12 percent of all Florida youth ages 16-17. Over two-thirds of these youth were female.

As noted earlier, youth are considered to have behavior problems if, according to their parent, they usually or always displayed at least two of the following four behaviors: argues too much, is cruel or mean to others, is disobedient, or is stubborn, sullen or irritable. Youth with these behavior problems are at risk for a number of more serious problems such as dropping out of school, lower school achievement, and weak bonds with their family. Thus, they may be an appropriate target for foundations seeking to improve family functioning through family and other counseling services.

By providing estimates of the magnitude of these various groups, along with their sociodemographic characteristics, the seriousness of the risks associated with group membership, and the degree of overlap among groups, we have provided a tool which we hope proves valuable for foundations, helping them to make sound funding decisions.

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<sup>43</sup> U.S. Census Bureau. 2005. Current Population Survey, Annual Social and Economic Supplement, Table HI06. Available at <http://pubdb3.census.gov/macro/032005/health/toc.htm>.

If Florida can provide an effective mix of services to these vulnerable young people, the number of young people who can be productive citizens by age 25 might be substantially increased. This suggests that important next steps include:

- Identifying those vulnerable youth who are underserved
- Identifying the underlying factors which lead to the large numbers of young people who are facing a difficult transition to adulthood
- Identifying effective strategies for preventing younger children from falling into the ranks of vulnerable youth, and
- Identifying effective strategies for helping today's vulnerable youth make a successful transition to adulthood and become productive adults.

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