



RESEARCH REPORT

# Planning a Next-Generation Evaluation Agenda for the John H. Chafee Foster Care Independence Program

## **An Update of the Knowledge Base and Typology of Independent Living Programs in the United States**

*December 2017*

*OPRE Report #2017-96*

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# Overview

Many youth aging out of foster care have a difficult time acquiring the skills and competencies they need to transition from adolescence to adulthood. Over the past three decades, policymakers have increased supports for these youth, but gaps remain in what the child welfare field knows about the types of interventions that can improve outcomes for young adults. This report supports the Administration for Children and Families' (ACF) plans for "next-generation" evaluation activities under the John H. Chafee Foster Care Independence Program, as mandated by the 1999 legislation, by reviewing research and introducing a conceptual framework for understanding critical developmental assets youth need to transition to adulthood. The report then uses the conceptual framework to inform a typology of independent living programs.

## Primary Research Questions

The report addresses three research questions:

1. What key federal legislation helps support youth in foster care transitioning to adulthood?
2. What is the current research on the characteristics, needs, and outcomes of young adults aging out of foster care?
3. What conceptual framework can researchers apply to understand the transition to adulthood and to a typology of independent living programs?

## Purpose

This report intends to provide government and philanthropy, state and local program developers, and the research community with information about child welfare legislation, current research on youth aging out of foster care, and a typology of independent living programs. Key stakeholders can use this information when thinking about, designing, and planning programs that (1) focus on the developmental assets youth need for successful outcomes and (2) are well positioned to be evaluated for their effectiveness.

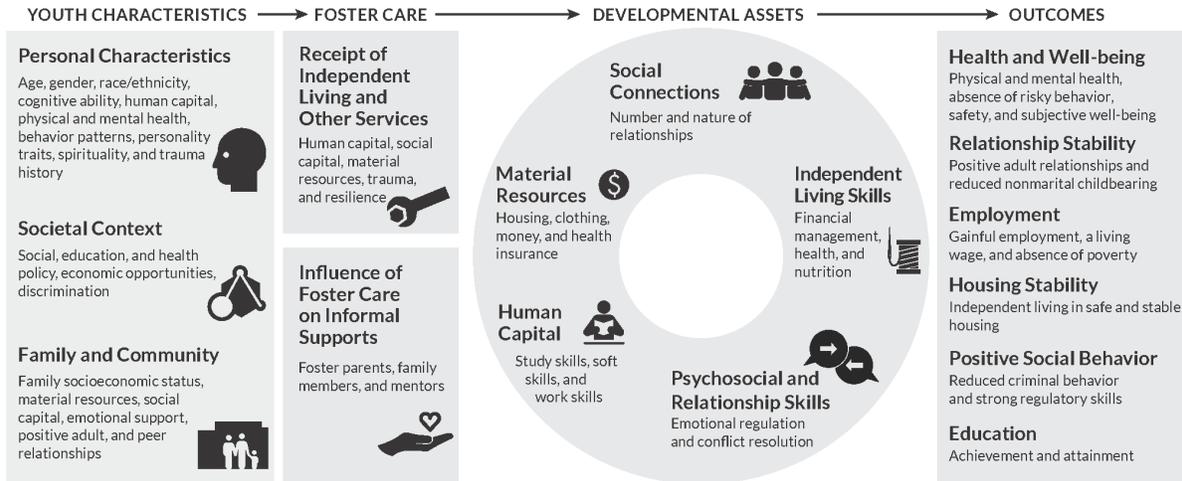
## Key Findings and Highlights

We developed a conceptual framework that identifies key components of the transition from foster care to adulthood and a typology that classifies independent living services into 10 service categories.

FIGURE O.1

## Conceptual Framework of the Transition to Adulthood for Youth in Foster Care

### Youth in Foster Care Transitioning into Adulthood



Although youth development programs, including those endorsing risk-and-resilience perspectives, have shown some success in reducing risks such as poor social development and aggression, their effectiveness improving key self-sufficiency outcomes (e.g., educational attainment, employment, housing stability, and avoidance of economic hardship) has not been established.

The typology classifies independent living programs into 10 service categories:

1. education
2. employment
3. mentoring
4. housing
5. behavioral health
6. permanency enhancement
7. pregnancy prevention
8. parenting support
9. asset development
10. multicomponent services

A preliminary assessment of potential targets for the next round of evaluations of Chafee-funded programs shows that these programs fall into three basic categories:

- Programs fully ready for an evaluation of their impacts.
- Programs not ready for evaluation presently that could be ready if given support developing logic models, assessing targeting and referral processes, and considering how to increase their reliance on evidence-based practices.
- Evidence-based programs serving other vulnerable populations that could also serve or are just beginning to serve youth in foster care.

## Methods

This report summarizes federal legislation and the research literature on youth transitioning from foster care to adulthood. The authors also develop a conceptual framework of the transition to adulthood and a typology of independent living programs based on the empirical research.

## Recommendations

The conceptual framework and the typology of independent living programs are intended to encourage key stakeholders, including government and philanthropy, state and local program developers, and the research community, to reflect on current and emerging programs and consider the following questions:

- What specific outcomes are the programs helping youth achieve?
- What developmental assets would the programs help youths acquire so that they are better prepared to achieve these outcomes?
- What current evidence, if any, suggests the program models are associated with positive outcomes?
- Which subgroups of youth are the programs targeting? Are the program models suitably designed for those populations?

# Contents

<b>Acknowledgments</b>	<b>viii</b>
<b>Executive Summary</b>	<b>ix</b>
<b>Introduction</b>	<b>1</b>
The Multi-Site Evaluation of Independent Living Programs	1
Preparing for a “Next-Generation” Evaluation of Independent Living Programs	3
<b>Setting the Context: The Federal Policy Landscape, Then and Now</b>	<b>5</b>
The Independent Living Initiative: Recognizing the Need to Support Young People in Foster Care Transitioning to Adulthood	5
The Chafee Foster Care Independence Program: A Step Forward	6
Fostering Connections: A New Standard	7
Revised Transition Planning Requirements	8
Extending Eligibility for Chafee Transition Services and Title IV-E Payments to Age 21	9
Preventing Sex Trafficking and Strengthening Families: Attention to Prevention and Youth Outcomes	9
<b>Youth Aging Out of Foster Care: Characteristics, Needs, and Outcomes</b>	<b>11</b>
Current Understanding of the Transition to Adulthood for Youth Aging Out of Foster Care	14
Educational Attainment	15
Employment and Economic Security	16
Homelessness and Housing Stability	18
Pregnancy and Early Parenthood	19
Physical and Mental Health	20
Healthy Relationships with Adults	21
Social Behavior and Risk Taking	22
Heterogeneity of Experiences and Outcomes for Youth in Foster Care: Evidence of Resilience	24
<b>Conceptual Framework of the Transition to Adulthood for Youth in Foster Care</b>	<b>30</b>
Individual Characteristics and Experiences	30
How the Child Welfare System Influences Youth Transitions	31
Developmental Assets that Support the Successful Transition to Adulthood	33
Desired Outcomes or Pillars of a Successful Transition	33
The Positive Youth Development Perspective and Youth in Foster Care	34
Youth Development Frameworks and Interventions	34
Evidence of Program Effectiveness and Gaps in the Research	36
<b>Developing a Typology of Independent Living Programs</b>	<b>37</b>

Education Services	39
High School Completion Programs	40
College Access Programs	41
College Success Programs	42
Employment Services	43
Mentoring	45
Asset Development and Financial Literacy	48
Housing	50
Prevention of Sexual Risk Behavior and Adolescent Pregnancy	52
Parenting Support	53
Behavioral Health Services	55
Mental and Behavioral Health	56
Alcohol and Substance Abuse	58
Permanency Achievement and Enhancement	59
Multicomponent Services	60
<b>Enduring Gaps in the Research Evidence Needed to Inform Development of Independent Living Programs</b>	<b>62</b>
<b>Conclusion</b>	<b>64</b>
<b>References</b>	<b>65</b>
<b>About the Authors</b>	<b>78</b>
<b>Statement of Independence</b>	<b>80</b>

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Photo by Julie Jacobson/AP.

# Executive Summary

The Administration for Children and Families is making plans for “next-generation” evaluation activities under the John H. Chafee Foster Care Independence Program, as mandated by the 1999 legislation. It has contracted the Urban Institute and its partner, Chapin Hall at the University of Chicago, to (1) build on lessons learned from the first evaluation, the Multi-Site Evaluation of Independent Living Programs; (2) survey the current field of independent living programs to identify new developments and service models; (3) develop a conceptual framework of intervention approaches; and (4) establish a typology of program models.

This report begins with a review of key federal child welfare legislation and a synthesis of current research on youth transitioning from foster care to adulthood. The report introduces a conceptual framework for understanding this transition, including the primary developmental assets needed for successful outcomes and how the foster care system (e.g., independent living programs and services, foster parents, family members, or other supports) can facilitate that preparation. The report then summarizes research on intervention models that promote positive youth development for vulnerable populations within and outside the child welfare system. The purpose is to identify promising practices applicable to youth in foster care and assess how they can inform the development of future independent living services. Drawing on what is known about youth development in general and the risk and protective factors associated with transition outcomes for youth in foster care, the final section presents a typology of independent living programs and highlights enduring gaps in empirical knowledge needed to inform the development of independent living services.

Current child welfare policy recognizes that youth in foster care typically need help transitioning to adulthood. Over the past three decades, policymakers have increased the resources devoted to this effort through key federal legislation that includes

- the Independent Living Initiative (Pub. L. No. 99-272 [1985]);
- the Foster Care Independence Act of 1999, also known as the “Chafee Act” (Pub. L. No. 106-169);
- the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Pub. L. No. 110-351); and
- the Preventing Sex Trafficking and Strengthening Families Act of 2014 (Pub. L. No. 113-183).

Research highlights the generally poor outcomes for youth in foster care transitioning to adulthood while acknowledging that distinct subgroups of youth may fare better or worse than others. The diverse experiences and needs of youth in foster care suggest that we should consider how well services target these needs when developing and evaluating programs. This report introduces a conceptual framework of the transition to adulthood to help inform development and evaluation. The model takes into account maltreatment trauma and subsequent experiences in care that are unique to youth in foster care. It also highlights that youth in foster care, like other young people, approach the transition to adulthood with their own individual characteristics and experiences.

Conceptual and empirical scholarship on positive youth development models may help enhance the design and implementation of independent living services. These programs are generally community-based and focus on youth ages 10 to 16, although some include older youth (Roth et al. 1998). They aim to foster healthy transitions through adolescence and adulthood and often target youth at risk of experiencing poor outcomes. Features of youth development programs associated with positive outcomes include an emphasis on supportive relationships between adolescents and a caring adult, longer-term service throughout adolescence, and incorporation of youth development frameworks (Roth and Brooks-Gunn 2003).

Despite the potential of these programs, gaps remain in the knowledge needed to inform these interventions. Although youth development programs, including those endorsing risk-and-resilience perspectives, have shown some success in reducing risks such as poor social development and aggression, their effectiveness improving key self-sufficiency outcomes (e.g., educational attainment, employment, housing stability, and avoidance of economic hardship) has not been established. To date, there is insufficient evidence that improved social skills lead to more employment, especially among vulnerable youth. Further, it is unclear whether interventions that focus on soft skills show the same effects for youth in foster care as they do for other populations. Future evaluation efforts must address these questions.

The following typology is used to classify independent living programs and help determine which programs to include in a next-generation evaluation. Existing services can be organized conceptually into 10 service categories:

1. education
2. employment
3. mentoring
4. housing

5. behavioral health
6. permanency enhancement
7. pregnancy prevention
8. parenting support
9. asset development
10. multicomponent services

A preliminary assessment of potential targets for the next round of evaluations of Chafee-funded programs shows that these programs fall into three basic categories:

- Programs fully ready for an evaluation of their impacts.
- Programs not ready for evaluation presently that could be ready if given support developing logic models, assessing targeting and referral processes, and considering how to increase their reliance on evidence-based practices.
- Programs serving other vulnerable populations that could also serve or are just beginning to serve youth in foster care. There are potentially many such programs, but readying them for rigorous evaluation will involve assessing how they target populations and addressing a range of potential implementation issues.

We encourage policymakers, researchers, and developers and managers of independent living programs to learn from the Multi-Site Evaluation by reflecting on current and emerging programs. The typology of independent living services provided in this report is intended to help foster such reflection by encouraging these stakeholders, to ask the following questions:

- What specific outcomes are the programs helping youth achieve?
- What developmental assets would the program help youths acquire so that they are better prepared to achieve these outcomes?
- What current evidence, if any, suggests the program model is associated with positive outcomes?
- Which subgroups of youth are the programs targeting? Are the program models suitably designed for those populations?

Obtaining better answers to these questions is a crucial step in improving services funded through the Chafee Foster Care Independence Program.



# Introduction

The transition from adolescence to adulthood is a critical period in a young person's life, encompassing important school-to-work transitions, formation of adult relationships, acquisition of independent housing, and development of the skills and capacity to constructively participate in society (Shanahan 2000). This is also a period of considerable brain development, suggesting that youth are still growing and maturing into adults, and their development can still be shaped by supportive interventions and adult guidance (Jim Casey Youth Opportunities Initiative 2011; Murray et al. 2015). The transition period is challenging for all youth but particularly difficult for youth with few economic and social resources (Duncan, Brooks-Gunn, and Klebanov 1994; Grubb 2002; Stein and Munro 2008a, b). Youth aging out of foster care and entering adulthood make up one subpopulation of vulnerable youth with a significant need for support in the face of multiple barriers (Courtney and Zinn 2009; Courtney et al. 2001; Koball et al. 2011). The impact of child maltreatment on developmental outcomes indicates that the long-term implications of parental abuse and neglect and its related factors (e.g., removal from one's family; multiple school, support group, and community changes; the impact of institutional care; the stigma associated with foster care; poverty; and lack of contact with birth parents and family) may worsen the developmental challenges facing youth in foster care (Cicchetti and Rogosch 1997; Cicchetti et al. 1993).

Current child welfare policy recognizes that youth in foster care need help transitioning to adulthood. Over the past three decades, policymakers have increased the resources devoted to this effort, and federal support for independent living services has more than doubled since the late 1980s. Recently, states have been given the option of extending foster care to age 21. Federal policy, in addition to encouraging states to enhance services for youth even after they have left care, calls for a critical examination of the effectiveness of independent living services. Specifically, the Foster Care Independence Act of 1999 (FCIA) requires that funding be set aside for rigorous evaluation of promising independent living programs.

## The Multi-Site Evaluation of Independent Living Programs

The first such evaluation required under the FCIA began in 2003 and was completed in 2011. The Multi-Site Evaluation of Independent Living Programs (Multi-Site Evaluation) was a "first-generation" examination of independent living programs. It provided the first critical look at select independent

living programs and offered valuable lessons for the field, including that rigorous and experimental designs could be used to evaluate independent living programs. Sixteen years after the FCIA, we know more about youth who age out of foster care and the types of independent living services available to them (Courtney et al. 2001; Courtney, Hook, and Lee 2010; McMillen et al. 2005; Pecora et al. 2005; Samuels 2008). Still, beyond the Multi-Site Evaluation, very little evidence exists regarding the effectiveness of interventions targeting this population. The single systematic review to date (Montgomery, Donkoh, and Underhill 2006) was published before the Multi-Site Evaluation was completed and identified no experimental evaluations of independent living programs. The authors cited evidence that some programs may have protective effects, but they concluded that the weak methodologies used in prior evaluations limited the conclusions that can be drawn from their findings.

In contrast, the Multi-Site Evaluation, which employed experimental designs, found no significant impact on targeted outcomes in three of the four programs evaluated.<sup>1</sup> The fourth program, Adolescent Outreach in Massachusetts, which provided individualized case management services adapted to youths' needs around employment, education, health, or other services, demonstrated some promise. The program had impacts on several outcomes, most notably college enrollment and persistence and the likelihood of youth remaining involved with the foster care system beyond age 18.

The evaluation also provided important lessons for research and practice (Courtney et al. 2014; Edelstein and Lowenstein 2014b) and demonstrated the need and the potential for rigorous evaluation to improve the child welfare field's understanding of effective services for youth transitioning to adulthood (box 1). A significant finding was that although rigorous evaluation is possible, many child welfare programs are not set up to learn whether their services truly improve young peoples' outcomes (Courtney et al. 2014; Edelstein and Lowenstein 2014a, 2014b; Multi-Site Evaluation summary, unpublished report).

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<sup>1</sup> The findings of the Multi-Site Evaluation presented here can be found within the final reports of the four evaluations at "Multi-Site Evaluation of Foster Youth Programs (Chafee Independent Living Evaluation Project), 2001-2010," US Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, <https://www.acf.hhs.gov/opre/research/project/multi-site-evaluation-of-foster-youth-programs-chafee-independent-living>.

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## BOX 1

### Lessons Learned from the Multi-Site Evaluation

- Rigorous evaluation of child welfare services is feasible.
- Youth who have transitioned from foster care to adulthood can be located and interviewed even over several years.
- Changes to state and local policy over the course of a study may affect the intervention under evaluation (or the services that comparison youth receive) and should be carefully assessed.
- Few programs are set up for rigorous evaluation, which limits what the field can learn:
  - » Programs often lack a well-articulated logic model or design of the program components and intended outputs and outcomes.
  - » Programs may not have investigated what alternative services already exist.
  - » Programs often lack a clearly defined target population or lack clarity on whether they are targeting and reaching the intended population.
  - » Program services may vary in intensity and “dosage” (i.e., level of exposure or frequency), which can affect how well an evaluation assesses what participants received and the effectiveness of the dosage.
  - » Programs often lack adequate data on program outputs and outcomes.
  - » Lack of buy-in or proper training among frontline staff can jeopardize the validity of the evaluation (e.g., frontline staff may be critical to keeping the treatment and control group services separate).

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## Preparing for a “Next-Generation” Evaluation of Independent Living Programs

The Administration for Children and Families (ACF) is making plans for “next-generation” evaluation activities under the John H. Chafee Foster Care Independence Program, as mandated by the 1999 legislation. It has contracted the Urban Institute and its partner, Chapin Hall at the University of Chicago, to (1) build on lessons learned from the Multi-Site Evaluation of Independent Living Programs; (2) survey the current field of independent living programs to identify new developments and service models; (3) develop a conceptual framework of intervention approaches; and (4) establish a typology of program models. As a first step toward those objectives, this report reviews child welfare policy and research on youth transitioning from foster care to adulthood and updates how the field’s knowledge has evolved since the initial evaluability assessment that informed planning for the Multi-Site

Evaluation.<sup>2</sup> The policy environment has shifted substantially since the last evaluation, and the years since the FCIA's implementation have produced new insight into the needs of transition-age youth.

This report focuses on what has changed in the federal landscape and in major legislation concerning youth transitioning from foster care to adulthood since the FCIA was implemented in 1999 and the Preventing Sex Trafficking and Strengthening Families Act was passed. It also highlights key policy changes that have enabled current federal efforts to examine services and supports for this vulnerable population. The following sections establish the historical context of federal policy and draw on existing research to describe the basic characteristics of youth aging out of foster care and how the population has changed since 1999. A review of this research highlights the generally poor outcomes these young people experience during the transition to adulthood and the heterogeneity of those experiences. The diversity of experiences argues for better population targeting in program development and evaluation. The report then provides a conceptual framework describing the transition to adulthood for youth in foster care and also reviews conceptual and empirical scholarship on positive youth development to assess how that work can inform the development of independent living services. Based on what is known about youth development in general and the risk and protective factors associated with transition outcomes for youth in foster care, the final section presents a typology of independent living programs and highlights enduring gaps in empirical knowledge needed to inform the development of independent living services.

Three themes emerge from this update and are discussed later in the review. First, youth in foster care are not a homogeneous group and neither are the supports and services that may be required to best support their transition. Second, greater attention given to youths' psychological and emotional health and well-being—including risks they have faced, their sources of resilience, and the impact of trauma they experience before, during, and after placement in foster care—will likely improve the effectiveness of independent living programs focused on increasing their human and social capital. Third, gaps in our understanding of youth aging out of foster care—and the transition to adulthood for vulnerable youth more generally—present challenges for future evaluation efforts.

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<sup>2</sup> The following characteristics were used to choose sites for the Multi-Site Evaluation: number of youth served, excess demand for services, level of stability in program structure and staffing, level of service intensity, clarity of theories of intervention linking intended outcomes with intervention activities, consistency of implementation, availability of data to understand the flow of clients, willingness of program leadership and other key stakeholders to support participation in a rigorous evaluation, and willingness to make minor changes needed to accommodate research.

# Setting the Context: The Federal Policy Landscape, Then and Now

The federal policy landscape has changed since the FCIA was enacted in 1999. Most notably, several policies now provide enhanced supports to youth in foster care transitioning to adulthood where they once received none. These changes follow a trend that began in the 1980s with the Consolidated Omnibus Budget Reconciliation Act of 1985, which falls under the Social Security Act of 1935. This report focuses on major federal legislation concerning youth in foster care from 1999 through 2014.

## The Independent Living Initiative: Recognizing the Need to Support Young People in Foster Care Transitioning to Adulthood

Before the 1980s, young people in foster care received little formal preparation, if any, for the transition to adulthood. This changed following the release of research on the long-term outcomes of foster care alumni that raised concern over their extensive vulnerabilities and lower educational and professional attainment (Collins 2004). In response to that research and the ensuing public concern, Congress passed the Consolidated Omnibus Budget Reconciliation Act of 1985 (Pub. L. No. 99-272), which included the Independent Living Initiative. The law provided \$45 million in federal funds to states under Title IV of the Social Security Act of 1935 to help adolescents develop skills needed for independent living. However, Congressional appropriations for the programs were made annually and therefore did not guarantee long-term commitment to the effort (Collins 2004). Funding for the Independent Living Initiative was increased to \$70 million and reauthorized indefinitely in 1993 (Pub. L. No. 103-66), which allowed states to engage in longer-term planning of their programs. The Independent Living Initiative gave states great flexibility in the kinds of services they could provide to young people in foster care. Basic services outlined in the law included outreach programs to attract eligible youth, life skills training, education and employment assistance, counseling, case management, and help developing a written transitional independent living plan. Program funds could not, however, be used for room and board. The Independent Living Initiative prompted ACF to require that case plans for young people in foster care ages 16 and older include a written description of the programs and services that will help

prepare them for the transition from foster care to independent living.<sup>3</sup> However, the federal government required very little reporting from states beyond the creation of state independent living program plans and had “no established method to review the states’ progress in helping youths in the transition from foster care” (GAO 1999, 3). The General Accounting Office, now known as the Government Accountability Office, found that roughly 42,680 youths in 40 states (only about 60 percent of all eligible youth) received some type of independent living service in 1998 (GAO 1999).

## The Chafee Foster Care Independence Program: A Step Forward

In the late 1990s, several factors led Congress to consider further policy changes to provide additional support to young people transitioning out of foster care (Collins 2004). These factors included the testimonies of young people advocating for greater services, which complemented the perception that many young people in foster care were not receiving needed independent living services, emerging research showing that foster care alumni continued to experience poor adult outcomes (Barth 1990; Cook, Fleischman, and Grimes 1991; Courtney et al. 2001), and the existence of little evidence supporting the effectiveness of available programs. The Foster Care Independence Act of 1999 (FCIA), also known as the Chafee Act (Pub. L. No. 106-169), amended Title IV-E to create the John H. Chafee Foster Care Independence Program. This change granted states more funding and greater flexibility in providing independent living services, doubling federal funding to \$140 million a year, allowing states to use up to 30 percent of those funds for room and board, enabling states to assist young adults ages 18 to 21 who have left foster care, and permitting states to extend Medicaid eligibility to former foster children up to age 21.<sup>4</sup>

The FCIA gave youth greater agency over their futures by encouraging them to participate in the transitional planning process. In 2001, Title IV-E was amended again to create the Chafee Educational and Training Voucher Program, which allows Congress to appropriate \$60 million annually for education and training vouchers of up to \$5,000 per year for youth up to age 23. States have considerable discretion in deciding how far to extend eligibility and how to use FCIA funding, which

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<sup>3</sup> Written case plans about transitioning to independent living are now required at age 14, effective September 29, 2015, under the Preventing Sex Trafficking and Strengthening Families Act of 2014.

<sup>4</sup> The Patient Protection and Affordable Care Act of 2010 (the Affordable Care Act) further extended Medicaid coverage to the age of 26 beginning in 2014 for youth who were in foster care on their 18th birthday.

contributes to the wide variation among and within states in the services available to youth in foster care (Dworsky and Havlicek 2009).

State performance is a high priority under the FCIA. The Department of Health and Human Services was tasked with developing a set of outcome measures to assess state performance on managing independent living programs, and states are now required to collect data on these outcomes through the National Youth in Transition Database. States must also report the services they provide to youth every six months. In addition, the FCIA required that funding be set aside for evaluations of promising independent living programs:

The Secretary shall conduct evaluations of such State programs funded under this section as the Secretary deems to be innovative or of potential national significance. The evaluation of any such program shall include information on the effects of the program on education, employment, and personal development. To the maximum extent practicable, the evaluations shall be based on rigorous scientific standards including random assignment to treatment and control groups. The Secretary is encouraged to work directly with State and local governments to design methods for conducting the evaluations, directly or by grant, contract, or cooperative agreement. [42 U.S.C. § 677 (g) (1) (2006)]

The language in the FCIA requiring performance measurement and rigorous evaluation of independent living programs reflects an acknowledgment that too little is known about the adult functioning of youth who age out of foster care and the effectiveness of independent living programs.

## Fostering Connections: A New Standard

The next federal change to address the complex needs of this population was the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Pub. L. No. 110-351; referred to here as the Fostering Connections Act). Again, the testimony and advocacy efforts of youth informed the creation of this new standard. The act made changes in eight areas of child welfare policy:

1. Expanded support for older youth in foster care and created additional requirements.
2. Encouraged and supported permanent placement with relatives.
3. Provided support for sibling and other family connections.
4. Required health oversight and coordination for children in foster care.
5. Promoted educational stability for children in foster care.
6. Expanded adoption assistance, incentives, and services.
7. Broadened federal training assistance to more of the child welfare workforce.

8. Directed access to federal resources, including the Chafee Foster Care Independence Program and the Educational and Training Voucher Program, for Indian Tribes.

All the provisions of the Fostering Connections Act could influence youth transitions to adulthood, but those focusing on older youth are most likely to have significant implications for the next generation of evaluation research conducted under the Chafee Act. Growing recognition of the extended transition to adulthood for youth in general (Settersten, Furstenberg, and Rumbaut 2005), and mounting evidence of continued poor outcomes for youth in foster care in particular (Courtney and Dworsky 2006; Courtney et al. 2007), contributed to the passage of the provisions for older youth in the Fostering Connections Act (Courtney 2009). Those provisions demonstrate a fundamental change in US policy toward providing support for young people in foster care during their transition to adulthood and a philosophical shift toward acknowledging the state responsibility to parent this population into early adulthood. Over two years, the Fostering Connections Act implemented three central legislative changes:

1. Revised transition planning requirements (implemented October 7, 2008).
2. Emphasized the importance of eligibility for transition services through age 21 for youth who exit foster care to adoption or subsidized guardianship at age 16 or older (implemented October 1, 2009).
3. At each state's discretion, extended eligibility for Title IV-E payments to age 21 (implemented October 1, 2010).

## Revised Transition Planning Requirements

Transitioning out of care is a complex and daunting process that arguably requires a great deal of planning. To facilitate smooth and safe transitions, the Fostering Connections Act requires that a transition plan be developed at least 90 days before a youth exits care. This plan must be developed under the direction of the youth and must address each of the following issues:

- educational stability
- housing
- health insurance and health care proxy
- local opportunities for mentors and continuing support services
- workforce supports and employment services

## Extending Eligibility for Chafee Transition Services and Title IV-E Payments to Age 21

As of December 2017, 24 states and the District of Columbia had opted into providing some type of federal foster care under the Fostering Connections Act after age 18<sup>5</sup> (and after age 16 for youth who exit care to adoption or subsidized guardianship).<sup>6</sup> With federal approval, these states can apply to be reimbursed for Title IV-E adoption and subsidized guardianship payments for eligible youth through age 21. In addition, states can now extend eligibility for Title IV-E payments to youth who remain in foster care past age 18 if they meet one of the following criteria: are enrolled in school, gainfully employed, engaged in other activities designed to remove barriers to employment, or are incapable of participating in education or employment opportunities because of a documented medical condition.

Because states can choose to extend care beyond age 18 and up to age 21, they vary widely in who is eligible for Chafee Act services.

## Preventing Sex Trafficking and Strengthening Families: Attention to Prevention and Youth Outcomes

The most recent major federal legislation with implications for older youth in foster care transitioning to adulthood is the Preventing Sex Trafficking and Strengthening Families Act, passed in 2014.<sup>7</sup> The law calls attention to the risks of children and youth, especially those who run away or have a history of sexual or physical abuse or neglect, becoming sex trafficking victims (Children’s Defense Fund 2015).<sup>8</sup> The act aims to enforce procedures for states to better track the number of youth at risk of falling victim to or who have fallen victim to sex trafficking. A second provision recognizes and attempts to address the policy and practice barriers that can prevent youth in foster care, including older youth likely to

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<sup>5</sup> The states are Alabama; Arkansas; California; Connecticut; Washington, DC; Hawaii; Illinois; Indiana; Maine; Maryland; Massachusetts; Michigan; Minnesota, Nebraska; New York; North Carolina; North Dakota; Oregon; Pennsylvania; Tennessee; Texas; Virginia; Washington; West Virginia; and Wisconsin. Some states not listed operate programs very similar to the federal program using state dollars.

<sup>6</sup> This is called the federal guardianship option.

<sup>7</sup> See “Preventing Sex Trafficking and Strengthening Families Act (H.R. 4980),” Children’s Defense Fund, October 2014, <http://www.childrensdefense.org/library/data/fact-sheet-on-hr-4980.pdf>.

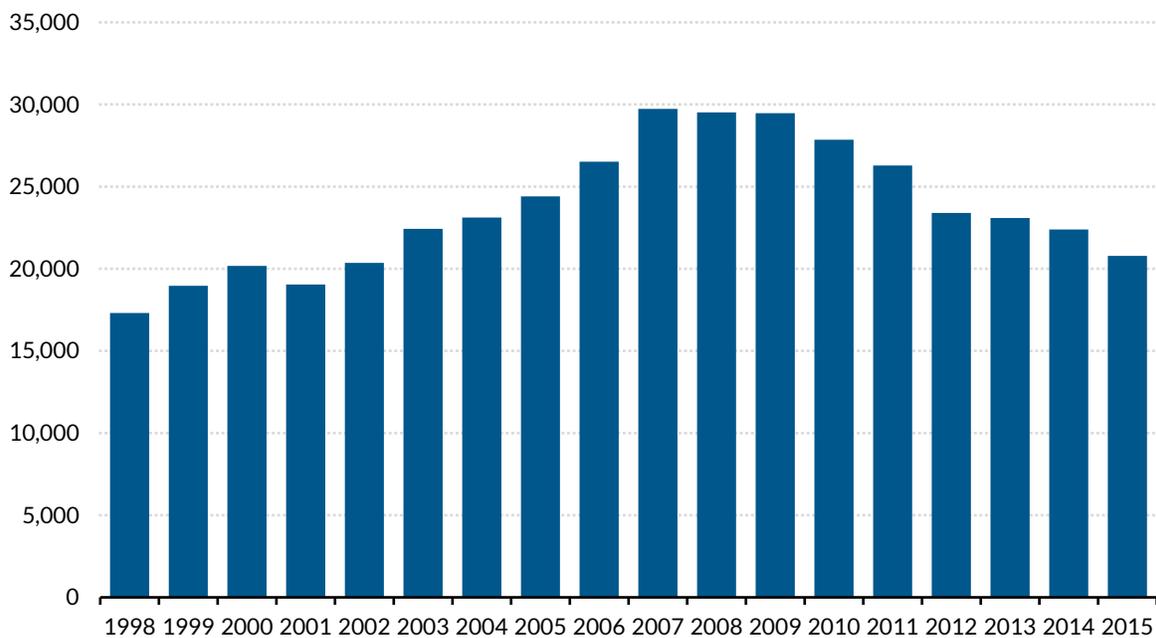
<sup>8</sup> See “Implementing the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) to Benefit Children and Youth: A Collaborative Effort of the Children’s Defense Fund, Child Welfare League of America, First Focus, Generations United, Foster Family-based Treatment Association, and Voice for Adoption,” January 14, 2015, <http://www.childrensdefense.org/library/data/implementing-the-preventing.pdf>.

remain in care until at least age 18, from participating in developmentally and age-appropriate activities such as sports and other extracurricular opportunities that encourage “normalcy” for youth in foster care. The provision includes funding to state independent living programs to support youth involvement in such activities (Children’s Defense Fund 2015).

# Youth Aging Out of Foster Care: Characteristics, Needs, and Outcomes

In 1999, when the FCIA was implemented, 56,593 children ages 16 and older exited the foster care system. Of these youth, 18,964 left because they were emancipated from foster care (McCoy-Roth, DeVooght, and Fletcher 2011). Nearly all youth aged out of foster care at age 18. Between 1999 and 2007, the number of youth aging out of care increased steadily each year. Although this was followed by declines from 2008 to 2013, a year in which 23,090 youth left care because of emancipation, the number of youth transitioning from care and thus eligible for Chafee Foster Care Independence Program services since the program began has still increased by roughly 40 percent (figure 1).

**FIGURE 1**  
**Youth Aging Out of Foster Care, 1998–2015**



**Source:** Authors' analysis of 1998–2015 data from Adoption and Foster Care Analysis and Reporting System, US Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.

Beyond overall population growth, some demographic changes have occurred since the FCIA was implemented. Although the proportion of African American youth has remained relatively constant (35 percent of youth aging out in both 1999 and 2009), the proportion of non-Hispanic white youth has declined from 45 percent in 1999 to 40 percent in 2009 (1999 numbers from Wertheimer 2002; 2009 numbers from the authors' calculations of Adoption and Foster Care Analysis and Reporting System data). In 2009, 17 percent of youth aging out of foster care—nearly one in five—were Hispanic.

The experiences of older youth in foster care differ significantly from those of young children, and this has been the case for some time. In 1999, youth ages 16 and older accounted for fewer entries to care than younger children, but youth who entered care as adolescents accounted for the vast majority of those aging out. Further, older youth transitioning out of the foster care system were substantially less likely than younger children to live in a foster family. Specifically, just 47 percent of adolescents in foster care ages 14 and older lived in foster or preadoptive homes, compared with more than 90 percent of children under age 14. Eighteen percent of youth ages 14 and older lived in group homes, 22 percent lived in institutions, 3 percent were in supervised independent living settings, and 5 percent had run away (Wertheimer 2002). According to estimates from the Multistate Foster Care Data Archive, which contains longitudinal child welfare administrative records from 20 states, the largest group of youth aging out of foster care between 2000 and 2005 entered care between ages 13 and 17 (Wulczyn, Chen, and Hislop 2007).

This upward trend is related to the finding that the majority of youth aging out of foster care entered as youth and experienced shorter periods of their childhood in an out-of-home foster placement. From 2000 to 2005, nearly half (49 percent) of youth who entered care between ages 13 and 17 were placed in group homes or congregate care. Thirty-seven percent were placed in foster homes and 13 percent were placed with other relatives (Wulczyn, Chen, and Hislop 2007).

The placements youth are in before exiting care and their reasons for entering care have implications for the services they may receive as they age out. For example, youth living in congregate care may have more exposure to the formal independent living services group care providers are often expected to provide. In contrast, youth living in family home settings may have more connections with adults who can help prepare them for the transition to adulthood and who will continue providing support following that transition. A youth's reasons for entering care may also be indicative of his or her needs. Placement for behavioral reasons may suggest a need for enhanced services targeting mental and behavioral health and the development of social skills in addition to more traditional independent living skills training and services focusing on employment, education, and training.

Just as in 1999, youth in care in 2009 had permanency goals that differed from younger cohorts. Youth ages 13 and older were less likely than younger children to seek adoption or reunification with a parent and more likely to seek emancipation or long-term foster care. The proportion of youth seeking adoption drops steadily as youth age: at the end of 2009, one-third of children ages 12 and under were seeking adoption, compared with just 6 percent of 17- to 18-year-olds and 2 percent of 19- to 21-year-olds. These figures indicate that little has changed with respect to permanency (McCoy-Roth, DeVooght, and Fletcher 2011).<sup>9</sup>

It is important to understand what the future may look like for youth who age out of care. Will the next few years see an increase or decrease in the number of youth aging out? Or will the numbers remain steady? Projections suggest a decline over the next five years, though at a slower pace than the declines anticipated in the number of younger children and youth in foster care.<sup>10</sup> Still, there will be more youth aging out than there were in 1999 when the Chafee Foster Care Independence Program was created (Wulczyn, Chen, and Hislop 2007). Keep in mind that these projections do not take into account the potential impact of changing policy in the coming years. It remains unclear how the Fostering Connections Act will affect the number of young people who choose to remain in care past age 18, but findings from Illinois (Courtney et al. 2007) suggests that the new policy will encourage at least some additional youth to remain in care. In addition, because states can now provide independent living services to youth who were adopted or placed in guardianship arrangements at age 16 and older, more youth will likely be eligible for and seeking services.

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<sup>9</sup> Section 112 of the Preventing Sex Trafficking and Strengthening Families Act “limits to children age 16 and older the option of being placed in a planned permanent living arrangement other than a return to home, referral for termination of parental rights, or placement for adoption.” It also requires that before youth may be placed in another planned permanent living arrangement, there must be “documentation of intensive, ongoing, unsuccessful efforts for family placement” as well as “redetermination of the appropriateness of the child’s permanent placement or, if more appropriate, another planned permanent living arrangement” and “demonstration of state agency support for the child’s engaging in age or developmentally-appropriate activities and social events” (<https://www.congress.gov/bill/113th-congress/house-bill/4980>).

<sup>10</sup> Projections are based on data from the Multistate Foster Care Data Archive. The archive contains child welfare administrative data from 20 states based on a pooled cohort of youth in foster care between 2000 and 2005. The information is not nationally representative, but it is the most comprehensive data available on foster care caseloads and caseload dynamics.

# Current Understanding of the Transition to Adulthood for Youth Aging Out of Foster Care

This section summarizes the research on young people in foster care transitioning to adulthood, highlighting findings particularly relevant to designing independent living services. We primarily focus on research that sheds light on outcomes for adolescents who were in care after passage of the FCIA, but reference is made to more dated research when there is little or no more recent research available. Methodological challenges—including dated information on outcomes, reliance on brief follow-up periods, low response rates, small or nonrepresentative samples, samples that mix youth transitioning to adulthood from care with youth who left care during childhood or early adolescence, and failure to include data pre- and post-foster care exit—limit the conclusions of much of the extant research (Courtney and Hughes Heuring 2005; Courtney et al. 2001). Of particular concern, given the focus on providing information about outcomes in the wake of the FCIA, is that relatively little relevant research has been conducted over the past 13 years, except for small qualitative investigations that do not provide reliable estimates of outcomes.

Three studies require special attention because they provide large-sample estimates of adult outcomes for young people in foster care since the FCIA:

1. The Midwest Evaluation of the Adult Functioning of Former Foster Youth (“Midwest Study”) remains one of the few rigorous, large-scale analyses of youth who have exited the foster care system (Courtney, Dworsky, et al. 2011). Since 1999, the study has employed a longitudinal methodology following a sample of young people from Illinois, Iowa, and Wisconsin as they transition out of foster care into adulthood. Baseline survey data were collected from 732 study participants when they were 17 or 18 years old. Study participants were reinterviewed at ages 19 ( $n = 603$ ), 21 ( $n = 591$ ), 23 or 24 ( $n = 602$ ), and 26 ( $n = 596$ ).
2. Between December 2001 and May 2003, J. Curtis McMillen and colleagues (2005) followed 406 Missouri youth from 17 years old, when they were all in foster care, until around their 19th birthday, when most had left care. The researchers interviewed the youth approximately every three months, retaining about 80 percent of the original sample at the completion of the study.
3. The evaluation of the Life Skills Training program (LST), part of the Multi-Site Evaluation of Foster Youth Programs, followed a representative group of youth in foster care in Los Angeles County, California, and consisted of interviews at ages 17 ( $n = 467$ ) and 19 ( $n = 410$ ) (Courtney et al. 2008; Pergamit and Johnson 2009).

These studies also discuss findings in comparison with nationally representative samples of young people in the general population. Because of their strong methodology, breadth of included domains, and their relatively timely findings, these studies are emphasized in the summary below. Although this research summary demonstrates that youth in and aging out of the foster care system continue to face challenges, it is not possible to conclude from the available evidence whether outcomes have changed significantly in recent years with the addition of resources, federal policies, and new program approaches (Atkinson 2008; Courtney and Hughes Huring 2005; Fernandes 2008). We describe research on education, employment, housing, parenthood, health, relationships, and social behavior. Research suggests outcomes in these areas are the foundations to longer-term success in adulthood, and they align with the long-term outcomes depicted in the conceptual framework presented in figure 4 on page 30. The outcomes also correspond with indicators tracked by the National Youth in Transition Database, including financial self-sufficiency, experience with homelessness, educational attainment, positive connections with adults, high-risk behavior, and access to health insurance.

## **Educational Attainment**

Today, postsecondary educational attainment is generally considered a marker of a successful transition to adulthood. Economic stability and employment opportunity are closely correlated with educational attainment (Berger and Fisher 2013; Ma, Pender, and Welch 2016). Unfortunately, youth entering foster care are more likely to be old for their grade level (i.e., to have been held back one or more years) and to perform worse on standardized assessments than other students their age (Smithgall et al. 2004; Smithgall, Jarpe-Ratner, and Walker 2010). The academic challenges youth experience before entering foster care appear to continue once in foster care, as these youth exhibit higher dropout rates in high school than the general population. Recent Midwest Study data show that foster care alumni are three times more likely to *not* have a high school diploma or general equivalency degree (GED) at age 26 (Courtney, Dworsky, et al. 2011). Pergamit and Johnson (2009) found that only 60 percent of the LST evaluation sample had a high school diploma or GED, compared with 89 percent of the general population of the same age. If youth in foster care continue to struggle with high school completion, they will continue to have low levels of postsecondary enrollment and completion. Many studies found that young people in foster care attend college, complete college requirements, and graduate college at low rates (Blome 1997; Buehler et al. 2000; Courtney et al. 2001; Needell et al. 2002; Pecora et al. 2003; Pergamit and Johnson 2009). Courtney and Dworsky (2006) found young people in foster care and foster care alumni are much less likely than their peers to be enrolled in postsecondary education of any kind by age 19. The Midwest Study found that young adults in the

general population are almost six times more likely to have a postsecondary degree (46 percent versus 8 percent) and nine times more likely to have a degree from a four-year school (36 percent versus 4 percent) by age 26 (Courtney, Dworsky, et al. 2011). Gender differences were also identified, with 35 percent of women completing at least one year of college, compared with only 28 percent of young men. Only 24 percent of young people in the LST evaluation were in college at age 19, compared with 41 percent of the general population, and they were much less likely to be enrolled in four-year colleges (6 percent) than in two-year colleges (19 percent) (Pergamit and Johnson 2009). Earlier studies identified similar patterns. Pecora and colleagues (2006) found that nearly two in five foster care alumni participating in the Northwest Foster Care Alumni Study received some education beyond high school, yet only 20 percent of this group completed a degree or certificate. One in 6 completed a vocational or technical degree, and only 1 in 50 completed a bachelor's degree or higher. Alumni ages 25 to 33 had a bachelor's degree completion rate of less than 3 percent, much lower than the 24 percent rate among the general population within the same age range.

Despite their generally poor level of postsecondary educational attainment, young people in foster care exhibit high educational aspirations (Courtney et al. 2001). For example, 71 percent of youth in the Midwest Study reported at age 17 or 18 that they aspired to obtain at least a bachelor's degree, and 60 percent expected to do so (Courtney, Terao, and Bost 2004). Recent Midwest Study findings regarding predictors of educational attainment at age 26 indicate that educational aspirations around the age of majority are a strong predictor of later educational attainment for young people in foster care, even after controlling for a wide range of other risk and protective factors. This suggests that high educational aspirations may be a marker of resiliency among this population. (Courtney, Hook, and Okpych 2012). Academic achievement may be one particularly valuable measure of resilience and successful developmental adjustment for youth in foster care (Hines, Merdinger, and Wyatt 2005; Merdinger et al. 2004).

## **Employment and Economic Security**

Another marker of the transition to adulthood is economic self-sufficiency, though it is important to note that young people generally continue to receive some support from their families into their late twenties and early thirties (Schoeni and Ross 2005). Research has long shown that foster care alumni earn significantly lower wages and income than their peers in the general population, frequently leaving them in poverty (Barth 1990; Cook, Fleishman, and Grimes 1991; Dworsky and Courtney 2000; Festinger 1983; Goerge et al. 2002; Pecora et al. 2005; Zimmerman 1982). By age 26, only 70 percent of

foster care alumni in the Midwest Study had any income from employment within the last year, compared with 94 percent of their peers in the general population. Employed foster care alumni earned significantly less than their peers, with a mean annual difference between the groups of more than \$18,000 (Courtney, Dworsky, et al. 2011). Pergamit and Johnson (2009) found that only 70 percent of the youth in foster care in Los Angeles County had worked at some point in the year before they were interviewed at age 19, compared with 91 percent of their peers in the general population. Young people in foster care had worked an average of 4.7 months, compared with 8 months for their same-age peers. Macomber and colleagues (2008) examined labor market outcomes through age 24 for young people who aged out of foster care in three states, comparing their outcomes to those of youth from low-income families and a nationally representative sample from the National Longitudinal Survey of Youth. The foster care alumni had low rates of employment and low incomes well into their mid-twenties. Further, mean monthly incomes for employed foster care alumni at age 24 ranged from \$450 in North Carolina to \$690 in California. Only 11 percent of the alumni earned a livable wage, compared with 17 percent of the youth from low-income families in the same states (Macomber et al. 2008).

Findings from a recent analysis of Midwest Study data examining predictors of employment and wages among young people in foster care between ages 19 and 24 transitioning to adulthood suggest human and social capital strongly influence employment outcomes as young adults (Hook and Courtney 2011). Educational attainment is positively associated with employment for both men and women, whereas having a child increases the likelihood of employment for young men but depresses the likelihood for young women. Criminal activity (defined as being engaged in property crimes) reduced employment. A history of parental neglect was associated with increased unemployment; Hook and Courtney speculate this may be because neglected youth have less family social capital to connect them to the labor market. They found that young people who have been neglected are less likely to have someone they can ask for favors and less likely to have close relationships with their birth mother or caregivers in the foster care system. Experiences in foster care were also predictors of employment outcomes. Youth who lived in family foster care were more likely to be employed than those in group care, kinship foster care, or independent living settings, and placement instability was associated with worse outcomes. Lastly, remaining in foster care after age 18 was associated with better employment outcomes, which is logical given the positive association between time in care and educational attainment.

Low wages and high levels of unemployment and financial trouble are directly related to the experience of poverty and related hardships. Recent studies using unemployment insurance claims data show that mean incomes of foster care alumni are well below the federal poverty level for two to five years after exiting out-of-home care (Dworsky 2005; Goerge et al. 2002; Macomber et al. 2008). The

Midwest Study has consistently shown that young people in foster care transitioning to adulthood are at higher risk of economic hardships than their same-age peers. Youth in the Midwest Study were twice as likely to report not having enough money to pay their rent or mortgage (12 percent), twice as likely to report being unable to pay a utility bill (12 percent), and one-and-a-half times more likely to report having their phone service disconnected (21 percent) (Courtney and Dworsky 2006). These responses are very similar to those of 19-year-olds in the LST evaluation in Los Angeles County (Pergamit and Johnson 2009).

Many foster care alumni receive one or more forms of public assistance, an outcome that reflects the difficulty they face achieving financial stability and independence. When the Midwest Study conducted its third wave of interviews, when participants were 21 years old and had all exited care, 64 percent of young women and 22 percent of young men were receiving benefits from one or more need-based government programs.<sup>11</sup> Among women living with at least one child, this figure was 86 percent.

## Homelessness and Housing Stability

Another indicator of a successful transition to adulthood is securing stable housing independent of one's family. Unfortunately, studies show that foster youth alumni experience troubling levels of housing instability and homelessness during the transition to adulthood. Estimates indicate that about 1 percent of the general population is homeless for at least one night in a given year (Burt 2001), but the rate is much higher among foster care alumni. Studies have found that between 12 and 22 percent of youth formerly in foster care are homeless for at least one night after emancipation, with estimates differing by the length of follow-up after youth leave care (Courtney et al. 2001; Dworsky and Courtney 2009; Kushel et al. 2007; Pecora et al. 2003). The experience of homelessness is significantly associated with a lack of health insurance and unmet health care needs (Kushel et al. 2007). Nineteen percent of youth in the LST evaluation sample reported experiencing at least one night of homelessness by age 19 after leaving care (Pergamit and Johnson 2009). Dworsky and Courtney (2009) examined predictors of a first homeless spell among the 321 Midwest Study participants who left care between the baseline interview at age 17 or 18 and the first follow-up interview at age 19. One in seven had been homeless at least once, and two-thirds of the homeless spells occurred within six months of the youth exiting care. Although most homeless spells were brief, homelessness was often not a one-time event; more than half of those who had been homeless experienced more than one spell of homelessness. Indicators of prior

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<sup>11</sup> These programs include Supplemental Nutrition Assistance Program (formerly the Food Stamps Program), Supplemental Security Income, Temporary Assistance for Needy Families, public housing or rental assistance, and Special Supplemental Nutrition Program for Women, Infants, and Children benefits. Unemployment insurance is not included.

trauma (physical abuse before entering care) and behavioral problems (placement in group care, having run away from care, and self-reported delinquent behavior) all increased the risk of homelessness. Reported closeness to family members decreased the risk of homelessness, suggesting an area where such ties provide a protective effect.

In addition to homelessness, many foster care alumni also experience high levels of housing instability. Seventeen percent of the LST evaluation sample had moved three or more times in the past year (Pergamit and Johnson 2009). One-third of the Midwest Study participants interviewed at age 21 (by which time all had left care) indicated that they had moved at least three times since exiting care (Courtney et al. 2007). People with unstable housing may be among the “hidden homeless,” moving between family members and peer support networks by couch surfing to secure temporary housing. For example, a study of youth leaving foster care in Detroit identified four distinct housing trajectories (Fowler, Toro, and Miles 2009). Most participants (57 percent) secured stable housing after exiting foster care, but those in the remaining three categories endured housing problems. Twenty percent of those in the remaining three categories were chronically homeless during the follow-up period. Housing instability was related to emotional and behavioral problems, physical and sexual victimization, criminal conviction, and dropping out of high school (Fowler, Toro, and Miles 2009).

## **Pregnancy and Early Parenthood**

Becoming a parent is a profound life transition that often comes before many young people exit foster care. Studies of youth transitioning from foster care to adulthood have shown rates of teen pregnancy and parenthood to be higher than the national average (Courtney and Dworsky 2006; Courtney, Terao, and Bost 2004; Pecora et al. 2003). Nearly half the women in the Midwest Study had been pregnant by age 19, compared with one-fifth of the general population (Courtney and Dworsky 2006). Twenty-three percent of youth in the Midwest Study and 21 percent of the youth in the LST evaluation were parents by age 19, compared with 10 percent of the general population (Courtney et al. 2005; Pergamit and Johnson 2009). By age 21, 56 percent of women and 30 percent of men in the Midwest Study were parents; for both genders, this was over twice the rate observed in the general population (Courtney et al. 2007). Courtney and Dworsky (2010b) examined factors associated with the timing of pregnancies after age 17 or 18 for women in the Midwest Study and found that remaining in care was associated with a reduced risk of becoming pregnant.

## Physical and Mental Health

A successful transition to adulthood is also reflected by good health, with poor health often accompanied by other challenges during the transition. On average, young people transitioning from state care to adulthood are in worse health than other young people (Stein and Munro 2008a, b). Poor health may be the result of both conditions that preceded entry to foster care and physical or psychological trauma experienced while in care. Although youth in care have more health problems, they also have greater access to health care services, including mental health services. Historically, these resources largely disappear after leaving care while the medical conditions and related care needs remain (Kushel et al. 2007; McMillen and Raghavan 2009). It is not yet known how provisions for young adults in the Affordable Care Act may have affected these challenges.

Studies over the past two decades show that adolescents in foster care suffer from more mental health problems than the general population (Burns et al. 2004; Keller, Salazar, and Courtney 2010; McMillen et al. 2005; Pecora et al. 2009), and that these conditions often persist beyond the period of care (Pecora et al. 2009). At age 21, 14 percent of women and 4 percent of men in the Midwest Study met the criteria for depression, dysthymia, generalized anxiety, or post-traumatic stress disorder (Courtney et al. 2007). The Northwest Alumni Study found that one in four foster care alumni copes with symptoms of post-traumatic stress disorder at some point after leaving foster care. This rate is double that of veterans returning from combat and over six times the rate among the general population (Pecora et al. 2005). Traumatic experiences are common among youth transitioning to adulthood from foster care. Among 26-year-olds in the Midwest Study, more than 60 percent reported having been exposed to at least one of nine types of trauma in their life. Approximately 60 percent of this group—about one-third of the study participants—reported experiencing at least one negative cognitive, emotional, or physical symptom during the past 12 months associated with the memory of the event.

Evidence is more mixed regarding the physical health of young people transitioning to adulthood from foster care, likely reflecting the general good health of young adults (Courtney and Hughes Heuring 2005). Although early results from the Midwest Study showed study participants reporting health outcomes consistent with their same-age peers (Courtney and Dworsky 2006; Courtney, Terao, and Bost 2004), and young people in the LST evaluation sample reported general health at age 19 that did not differ from national norms (Pergamit and Johnson 2009), more recent findings suggest that health problems may emerge later. Among 26-year-olds participating in the Midwest Study, 18 percent reported their health as “fair” or “poor,” compared with 9 percent of their same-age peers. They were also nearly twice as likely to report a health condition or disability that limited their daily activities (15 percent compared with 8 percent) (Courtney, Dworsky, et al. 2011).

## Healthy Relationships with Adults

Access to responsible adults who can provide assistance across several life domains is a resource that benefits young people during the transition to adulthood (Settersten, Furstenberg, and Rumbaut 2005). However, young people in foster care cannot always count on such support because of their generally troubled family histories and the failure of the child welfare system to help them make lasting connections with adults before exiting care. Studies have repeatedly demonstrated that many young people in foster care experience placement instability while in out-of-home care (Courtney, Terao, and Bost 2004; James 2004; Rubin et al. 2007; Webster, Barth, and Needell 2000; Wulczyn, Kogan, and Harden 2003; Zinn et al. 2006). For example, over two-fifths of youth in the Midwest Study had experienced four or more foster home placements, and over one-third had experienced two or more placements in group care, before their baseline interviews at age 17 or 18 (Courtney, Terao, and Bost 2004).

Placement instability for adolescents appears to be both a consequence of and a contributor to behavioral problems (Newton, Litrownik, and Landsverk 2000; Rubin et al. 2007). As such, placement instability may indicate that a young person could have difficulty maintaining positive relationships that can contribute to their social capital during the transition to adulthood. As noted above, adolescents in foster care are more likely than younger children to live in group care settings. Group care settings are typically reserved for youth with behavior problems, are associated with placement instability, and do not facilitate lasting connections to responsible adults. Youth in congregate care placements are more likely to age out of care or run away from placement (Barth 2002; Budde et al. 2004; Courtney and Zinn 2009). Of course, many young people in foster care who transition to adulthood experience relative stability while in care and spend most or all of their time in one or two placements with kin or nonkin foster parents (Courtney, Terao, and Bost 2004; Keller, Cusick, and Courtney 2007). These young people may be more likely to establish adult connections that can assist them during their transition.

Research has shown that many young people in foster care have strong connections to adult mentors. Munson and McMillen (2009), in a study of 18-year-olds in Missouri, found that 62 percent reported having a nonkin natural mentor, and 70 percent of that group reported having known their mentor for over one year. Evidence from the Midwest Study suggests that most youth transitioning to adulthood from care have at least one nonparent adult they feel they can rely on for assistance. Sixty-eight percent of study participants interviewed at age 26 said they had maintained a positive relationship with a caring nonparent adult since age 14. Of those who reported having a mentor, approximately half said they spoke with their mentor via telephone or e-mail at least once a week, and roughly 40 percent reported weekly in-person contact. Nearly three-quarters of the young adults felt

very or quite close to their mentor. Despite these generally encouraging findings, note that the studies also suggest that a third or more of young people transitioning to adulthood have no such connections.

## CONTACT AND RELATIONSHIPS WITH FAMILY OF ORIGIN

Research spanning the past three decades has consistently found that foster care alumni maintain contact with their family of origin and often return to their communities of origin (Barth 1990; Cook, Fleishman, and Grimes 1991; Courtney et al. 2001, 2007; Courtney et al. 2005; Festinger 1983; Frost and Jurich 1983; Harari 1980; Jones and Moses 1984; Zimmerman 1982).<sup>12</sup> Forty-two percent of participants in the LST evaluation were living with a relative when interviewed at age 19, and an additional 42 percent had at least weekly contact with a relative (Pergamit and Johnson 2009). Similarly, 22 percent of Midwest Study participants interviewed at age 26 had lived in the home of a parent at some point since leaving care, and 29 percent had lived with another relative (Courtney, Dworsky, et al. 2011). Most foster care alumni consistently reported close relations with their family of origin over the nine years of the Midwest Study: 74 percent of the 26-year-olds reported feeling very close to at least one biological family member, and another 20 percent reported feeling somewhat close. Although the vast majority of young people who age out of care maintain and leverage biological family ties, the nature of these relationships may not always be supportive given the challenges that originally resulted in foster care placement. Courtney and colleagues (2001) found that 24 percent of young adults interviewed cited challenges with their family “most” or “all” of the time. Using qualitative interviews with a subset of Midwest Study participants, Samuels (2008) reported that although youth often express a close family connection, they also report ongoing difficulties managing family relationships, including parental dependence on the youth for emotional and material support. This dependency likely places additional financial and psychological strain on some youth transitioning from care.

## Social Behavior and Risk Taking

Positive social behavior is important for a successful transition to adulthood. Such behavior can directly influence the health and safety of young people, and involvement in the criminal justice system resulting from antisocial behavior can limit their options later in life. Youth in foster care are more likely than other youth to engage in problem behaviors, including illegal substance use, crime, and intimate partner violence, during the transition to adulthood. In a study of 406 17-year-olds in foster care in Missouri,

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<sup>12</sup> See also S. Frost and A. P. Jurich, “Follow-up study of children residing in The Villages,” unpublished report, Topeka, 1983.

Vaughn and colleagues (2007) found that 45 percent reported using alcohol or illicit drugs within the previous six months; 49 percent had tried drugs at some time in their life, and 35 percent met the criteria for a substance use disorder. The authors concluded that youth in foster care report levels of alcohol and illicit substance use similar to the general population but exhibit high rates of substance use disorder. Foster care alumni may continue to use illicit substances well into their twenties. At age 26, 25 percent of Midwest Study participants reported using at least one illicit substance, most commonly marijuana, in the past year (Courtney, Dworsky, et al. 2011). In their study, Pecora and colleagues (2005) found that youth who had been in care reported drug dependence at a much higher rate than the general population but alcohol dependence at a rate similar to their same-age peers. This is perhaps unsurprising given the association between adult substance abuse and the adverse childhood experiences (such as physical abuse, caregiver's substance dependency, and violence) common to many children who enter foster care (Dube et al. 2003).

Research has consistently shown that youth in foster care and foster care alumni experience rates of criminal justice involvement that exceed national averages. Specifically, studies report that they are arrested, spend time in jail, and are convicted of crimes at higher than average rates (Courtney and Dworsky 2006; Courtney, Terao, and Bost 2004; Courtney et al. 2001; Reilly 2003). The most recent data from the Midwest Study shows that 33 percent of men and 18 percent of women self-disclosed at age 26 that they had, in the past year, engaged in at least 1 of 17 illegal behaviors tracked by the study (Courtney, Dworsky, et al. 2011). More than 50 percent of women and 80 percent of men in the study had been arrested at least once between ages 17 and 26. Further, the cumulative percentage of young men and women with criminal justice system involvement was considerably higher among Midwest Study participants than among a comparison peer group in the general population. Women in the Midwest Study were more likely than men in the comparison group to have been arrested, convicted, or incarcerated by age 26 (Courtney, Dworsky, et al. 2011). Results from the Midwest Study, in a more focused analysis, suggest that actual criminal behavior does not vary significantly between foster care alumni and the general population after age 19, but alumni remain significantly more likely than their same-age peers to be arrested, convicted, and incarcerated (Cusick, Havlicek, and Courtney 2012).

A recent study using data from the Midwest Study examines the relationship between social bonds and risk of arrest during the transition out of foster care. Using official arrest data (distinguished between arrests for drug, nonviolent, and violent crimes), the study found that 46 percent of foster care alumni had been arrested, with even distribution across drug, nonviolent, and violent crimes. Another study examining predictors of self-reported criminal behavior and justice system involvement used Midwest Study data to find that parental neglect, unstable placement history, placement in group care,

and substance abuse were risk factors for crime (Lee, Courtney, and Hook 2012). In contrast, educational attainment and having a resident child were protective factors, with the strength of these associations varying by gender. Remaining in care was associated with reduced arrests among women.

Although published research on the topic is scarce, young people in foster care and foster care alumni transitioning to adulthood appear to engage in and are victims of intimate partner violence at rates higher than those observed in the general population. In their study of young people in foster care in Missouri (interviewed at age 17), Jonson-Reid and colleagues (2007) found that 18 percent reported involvement in some type of dating violence (about 17 percent were a victim and 8 percent committed violence). The rate of violent victimization was higher than rates observed in national samples. At age 26, 19 percent of Midwest Study participants who were in romantic relationships reported being the victim of intimate partner violence, and 20 percent said they had committed such violence, again exceeding rates observed in a nationally representative, same-age sample (Courtney, Dworsky, et al. 2011).

## Heterogeneity of Experiences and Outcomes for Youth in Foster Care: Evidence of Resilience

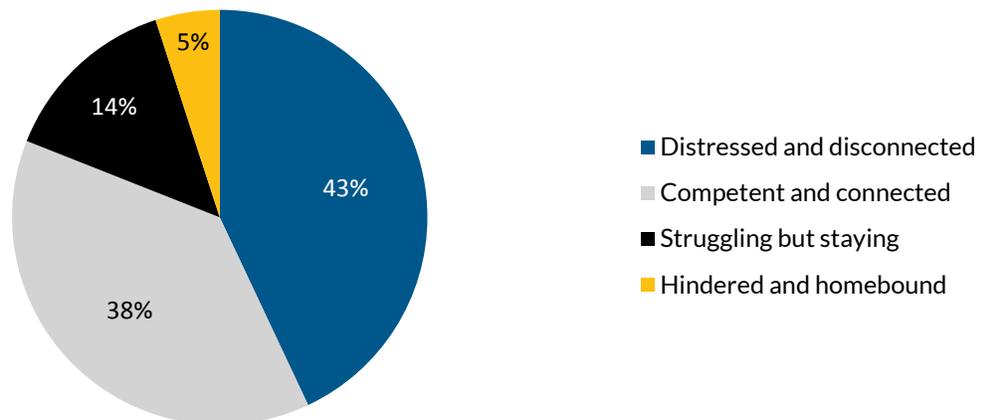
Despite clear evidence that youth in foster care have worse adult outcomes *on average* than their peers in the general population, the research summarized above also shows that youth transitioning to adulthood have different characteristics resulting in varied outcomes. Recent studies have begun to identify distinct subgroups of young people transitioning to adulthood, all with markedly dissimilar characteristics and transition trajectories (Courtney, Hook, and Lee 2010; Keller, Cusick, and Courtney 2007; Keller, Salazar, and Courtney 2010; Macomber et al. 2008). The characteristics and experiences of these subgroups help demonstrate the resilience of many youth who spend part or all of their childhood in state care. The diversity of these subgroups also has implications for the development of programs intended to improve their adult outcomes and for the evaluation of such programs.

Using Midwest Study data from the baseline interviews conducted at age 17 or 18, Keller, Cusick, and Courtney (2007) used latent class analysis to identify profiles of young people poised to transition from care to adulthood. These profiles were based on placement histories (including stability and placement type), employment histories, educational attainment, parenting, and problem behavior. The analysis identified four distinct profiles:

- **Distressed and disconnected:** This group, 43 percent of the sample, consisted of youth who had run away from care at some point and was characterized by relatively unstable placement histories, placement in group care, and problem behavior.
- **Competent and connected:** This group, 38 percent of the sample, had been functioning at a relatively high level and obtained success in employment and education, relatively stable placement histories, and placement in family or kinship foster care.
- **Struggling but staying:** This group, 14 percent of the sample, exhibited levels of problem behavior similar to the distressed and disconnected group and was the group most likely to be behind in school. This group appeared most attached to the care system, and no group members had ever run away from care despite having lived exclusively in family foster care or group care (as opposed to kinship foster care).
- **Hindered but homebound:** This group, 5 percent of the sample, lived almost exclusively in stable kinship foster care arrangements and had low levels of problem behavior. However, over 60 percent of the group was behind in school and only 3 percent had ever worked (compared with 83 percent of the overall sample).

FIGURE 2

Midwest Study Subgroups at Ages 17 and 18, as Classified by Keller and Colleagues



**Source:** Midwest Study data from Thomas E. Keller, Gretchen Ruth Cusick, and Mark E. Courtney, "Approaching the Transition to Adulthood: Distinctive Profiles of Adolescents Aging Out of the Child Welfare System," *Social Service Review* 81, no. 3 (2007): 453–84.

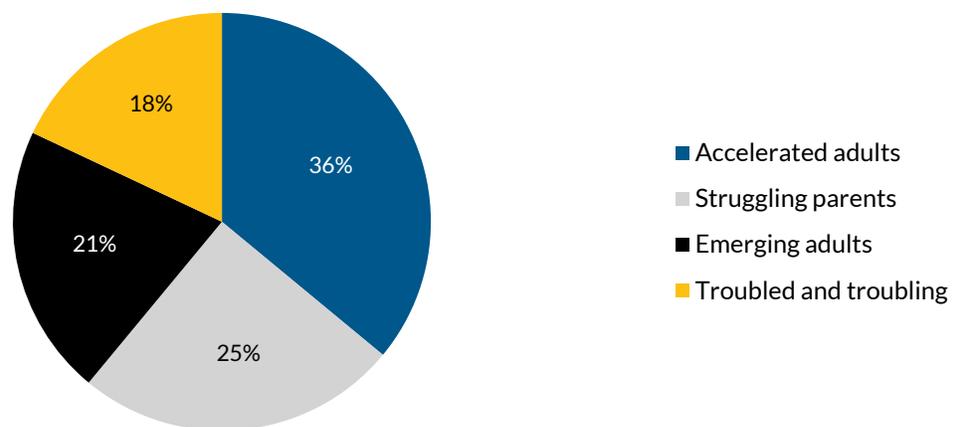
These profiles speak to the profound distinctions in the subgroups of young people transitioning from care to adulthood—distinctions that call for unique services and supports. For example, competent and connected youth appear poised to move quickly into postsecondary education, likely benefiting from financial support to access higher education, but likely not needing significant remediation of educational deficits or much in the way of mental or behavioral health services. In contrast, services intended to improve educational or employment outcomes for distressed and disconnected youth will likely be unsuccessful unless combined with fairly intensive interventions targeting their significant behavioral and emotional problems. Keep in mind that these profiles are not static. Many competent and connected youth encountered serious challenges as they transitioned to adulthood, and the well-being and prospects of many distressed and disconnected youth markedly improved as they transitioned. These labels also do not capture all the strengths the youth exhibited. For example, most youth in all subgroups had high educational aspirations and were optimistic about their future.

Other research has identified subgroups of youth transitioning to adulthood based on their different experiences during the transition. Courtney, Hook, and Lee (2010) collected data from participants in the Midwest Study at ages 23 and 24 and used latent class analysis to identify subgroups based on several key markers: educational attainment, employment, living arrangements, parenting, and criminal justice system involvement. They identified four distinct subgroups:

- **Accelerated adults:** This group, 36 percent of the sample, made important transitions associated with adulthood (e.g., autonomous living, current employment) relatively early in life while avoiding serious hardship. They were the group most likely to live on their own fairly stably. Nearly all group members had a high school diploma or GED, and half had attended some college. This was also the group most likely to be currently employed. Nearly half of all group members had resident children, and the group overall had a low rate of criminal conviction.
- **Struggling parents:** The experiences of this group, mostly female and consisting of 25 percent of the sample, were dominated by parenting under very difficult circumstances. Nearly all group members had resident children. Although this group made up just 25 percent of the youth sample, its members were parents to 55 percent of all resident children in the study. They were equally likely to have their own place or to live with relatives and friends. They were the group least likely to have a high school diploma, and only 3 percent had attended college. Only one-quarter of the group was employed, but group members had a lower than average rate of criminal conviction. This was the group most likely to experience economic hardship, and nearly three-quarters of the group relied on some form of government assistance.

- Emerging adults:** This group, 21 percent of the sample, appeared to be using this period of life to experiment in relationships, career choices, and so on, while avoiding serious hardship, and therefore most resembles the group of young people described by the psychologist Jeffrey Arnett (2004) as “emerging adults.” All group members were living with friends, relatives, or in other settings that were not their own. The vast majority had finished high school, and nearly half had attended college. Over three-fifths were currently employed, and this was the group least likely to have children or to have been convicted of a crime.
- Troubled and troubling:** This group, mostly young men and consisting of 18 percent of the sample, had experienced a wide range of psychosocial problems and faced troubling educational and employment outcomes. Nearly three-quarters of group members were incarcerated, otherwise institutionalized, homeless, or had experienced high residential mobility. Two-fifths had not finished high school or earned a GED, and only one-tenth had attended college. Unsurprisingly, this was the group least likely to be employed. Nearly half of all group members had at least one nonresident child, and none were living with the children they fathered. Although this group accounted for less than one-fifth of the youth sample, it contained two-fifths of all parents of nonresident children. Further, over four-fifths had been convicted of a crime since age 18.

**FIGURE 3**  
**Midwest Study Subgroups at Ages 23 and 24, as Classified by Courtney and Colleagues**



**Source:** Midwest Study data from Mark E. Courtney, Jennifer L. Hook, and JoAnn S. Lee, “Distinct Subgroups of Former Foster Youth during the Transition to Adulthood: Implications for Policy and Practice” (Chicago: Chapin Hall at the University of Chicago, 2010).

Once again, the dimensions on which these groups differ speak to the importance of avoiding a one-size-fits-all approach to policy and practice. For example, although accelerated adults and emerging adults might benefit from the financial assistance provided by the Chafee Educational and Training Voucher Program, it is unlikely that many troubled and troubling young adults could take advantage of a voucher without significant attention being given to their behavioral problems. Similarly, struggling parents would have a hard time using a voucher without additional support for their need to balance the demands of school and parenting.

Another recent study focused on employment outcomes for foster care alumni from ages 18 to 24 using unemployment insurance wage records from California, Minnesota, and North Carolina (Macomber et al. 2008). This study identified four distinct employment trajectories for young people after leaving care:

- One group showed steady connection to employment.
- A second group did not initially work but became connected at later ages.
- A third group worked initially but did not sustain employment.
- A fourth group was never connected to employment.

Once again, the dissimilar experiences of distinct subgroups call for well-targeted approaches to intervention.

The research identifying distinct subgroups of the population transitioning to adulthood provides strong evidence of the resilience of many young people in foster care. Participants in these studies had been removed from their homes because of abuse or neglect and had spent, on average, several years in state care, yet many avoided serious hardship into their early twenties. Moreover, examination of the correspondence between the profiles identified by Keller and colleagues (2007) at ages 17 and 18 and those identified by Courtney, Hook, and Lee (2010) at ages 23 and 24 in the Midwest Study provides additional evidence of the resilience of foster youth.

Table 1 shows how members of each group identified at baseline during the Midwest Study were later categorized into the groups identified at ages 23 and 24. For example, of the group described as competent and connected at baseline, 46 percent were later categorized as accelerated adults, 25 percent as emerging adults, 23 percent as struggling parents, and 7 percent as troubled and troubling. Seventy-one percent of these young people were in the two groups (accelerated adults and emerging adults) that avoided serious problems, suggesting that youth who are relatively high functioning around

the age of majority are likely to continue to do well going forward. Still, although the group described as distressed and disconnected at baseline was over three times more likely than the competent and connected group to end up in the troubled and troubling group at ages 23 and 24, nearly half (47 percent) end up as accelerated or emerging adults. This suggests that many young people in foster care who exhibit deficits in human and social capital and suffer from significant emotional and behavioral problems early in the transition to adulthood may still do reasonably well later.

That this population can be categorized into subgroups exhibiting widely varying assets and needs has important implications for evaluating independent living programs. In particular, evaluation designs must ensure that programs are *targeted to the populations they serve*. For example, interventions focused primarily on supporting young people transitioning to college by helping them negotiate admissions and financial aid processes are most likely to be successful with the group described by Keller and colleagues (2007) as competent and connected because that group is generally ready to move directly into college. In contrast, improving postsecondary educational attainment for distressed and disconnected youth will likely require additional remedial education services combined with behavioral interventions. Evaluations of independent living services should also ensure that the *outcomes being assessed appreciate the subgroups being served*. For example, an evaluation of a program intended to help distressed and disconnected youth obtain employment may want to carefully assess how the program affects their ability to manage interpersonal conflict because their inability to do so might prevent them from maintaining employment.

TABLE 1

**Relationship between Young Adult Profiles at Ages 17 and 18 and Outcomes at Ages 23 and 24**

Profile at ages 17 and 18	Outcome Subgroup (%)			
	Accelerated adults	Emerging adults	Struggling parents	Troubled and troubling
Distressed and disconnected	30	17	27	25
Competent and connected	46	25	23	7
Struggling but staying	36	23	19	22
Hindered and homebound	18	18	43	21

**Source:** Authors' analysis of Midwest Study data from Thomas E. Keller, Gretchen Ruth Cusick, and Mark E. Courtney, "Approaching the Transition to Adulthood: Distinctive Profiles of Adolescents Aging Out of the Child Welfare System," *Social Service Review* 81, no. 3 (2007): 453–84; and Mark E. Courtney, Jennifer L. Hook, and JoAnn S. Lee, "Distinct Subgroups of Former Foster Youth during the Transition to Adulthood: Implications for Policy and Practice" (Chicago: Chapin Hall at the University of Chicago, 2010).

# Conceptual Framework of the Transition to Adulthood for Youth in Foster Care

This section presents a conceptual framework that can help us better understand the transition to adulthood for youth in foster care. These conceptual areas include

- the characteristics and experiences that help or hinder a successful transition;
- the primary mechanisms through which the child welfare system directly influences assistance to young people transitioning to adulthood;
- the developmental assets that support successful transitions; and
- the outcomes, supported by the Chafee Act, that reflect a successful transition.

This conceptual framework (figure 4) helps illustrate how transitions for youth in foster care are in many ways similar to but ultimately distinct from the transition for youth generally. It is informed by ecological systems theory (Bronfenbrenner 1979) and the more recent focus on the transition to adulthood as a distinct developmental period (Arnett 2004). It also attends to the particular challenges facing transitioning youth and policies focused on vulnerable youth during this period (Osgood et al. 2005).

## Individual Characteristics and Experiences

Figure 4 shows that youth in foster care, like all young people, approach the transition to adulthood with a range of characteristics and experiences that help or hinder a successful transition. The characteristic that most commonly distinguishes young people in foster care from their peers is trauma experienced through maltreatment by their caregivers. Of course, their experiences in care can either compound their trauma or help ameliorate it, depending on the quality of parenting and appropriateness of services they receive while in care (Courtney and Hughes Heuring 2005). Youth in foster care develop in the proximal contexts of their families and neighborhoods (Settersten, Furstenberg, and Rumbaut 2005; Shanahan 2000). Lastly, all young people transition to adulthood in the context of societal attitudes and policies that can help or hinder them. Although the societal context influences the

experiences of all youth, aspects of this context can disproportionately influence the transition for young people in foster care. Because youth in foster care come predominantly from low-income families and communities and are disproportionately people of color, attitudes and policies directed toward such families and communities are likely to have particular salience for youth in care.

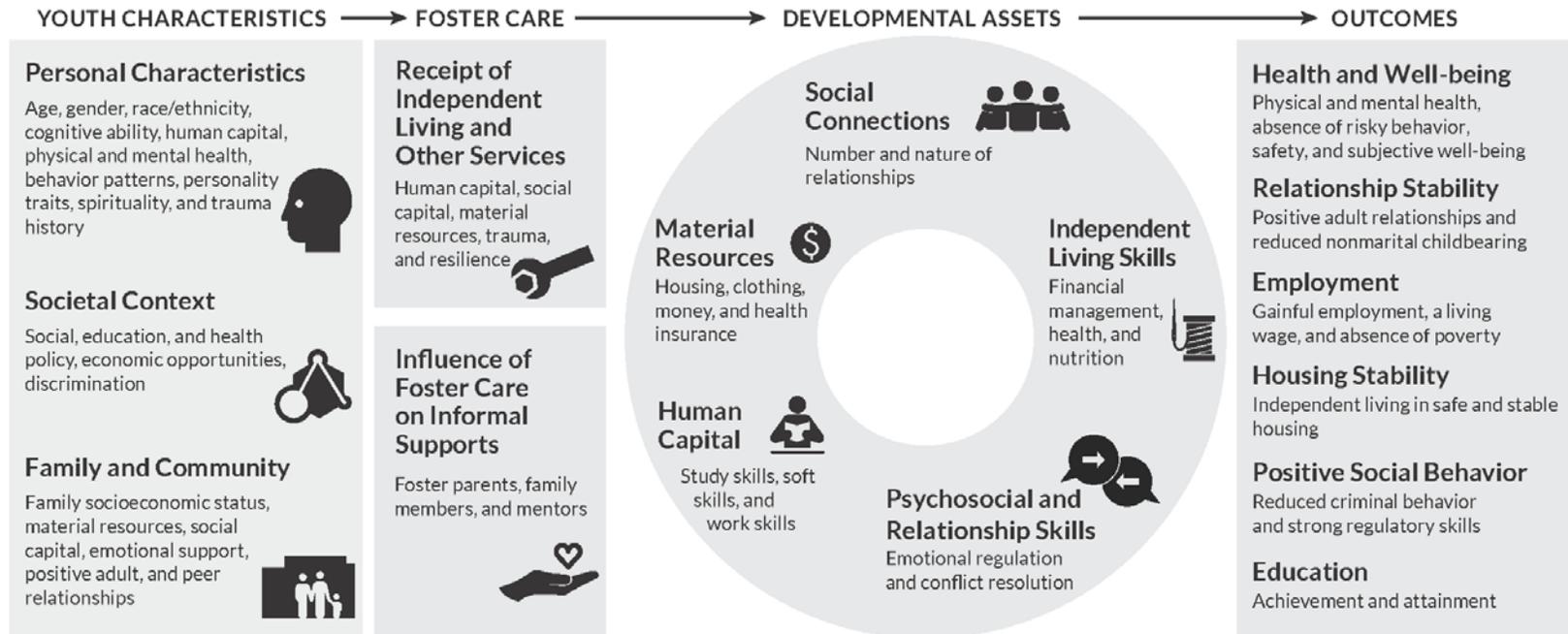
## How the Child Welfare System Influences Youth Transitions

Figure 4 also shows how the child welfare system directly influences young people in foster care during their transition to adulthood. The most obvious mechanism is the receipt of services provided specifically for transitioning youth, most notably services funded through the Chafee Foster Care Independence Program. Those services are focused on helping youth acquire human and social capital, providing concrete resources that meet basic human needs, and responding to traumatic histories to help develop resiliency. The nature of these various services is discussed below. The child welfare system also influences the support youth receive through its effect on the informal supports they rely on. By removing youth from their homes, foster care placement can interfere with the family support that a young person might otherwise receive during the transition to adulthood. There is growing evidence, however, that most youth aging out of care maintain strong connections with their families of origin (Courtney et al. 2007). Foster care can also help create connections to caring adults, including foster parents and adult mentors (Ahrens et al. 2008). Support from caring adults can take many forms, including material assistance, emotional support, and help with solving day-to-day problems. The LST evaluation provided strong evidence that foster parents and other foster care providers can help young people acquire independent living skills (Courtney et al. 2008).

FIGURE 4

Conceptual Framework of the Transition to Adulthood for Youth in Foster Care

Youth in Foster Care Transitioning into Adulthood



## Developmental Assets that Support the Successful Transition to Adulthood

Young people benefit from a range of developmental assets that support their transition to adulthood. The framework in figure 4 presents these assets in a wheel structure, illustrating that they may be conceptually distinct but nevertheless reinforce each other over time. For example, a young person with a high level of social capital can use it to obtain human capital through employment, which can then help them acquire material resources. A review of the available literature suggests that the core developmental assets during the transition to independence include

- independent living skills, such as the ability to manage personal finances, health, and nutrition;
- social connections;
- human capital, such as education and employment skills;<sup>13</sup>
- psychosocial and relationship skills, including the ability to regulate emotions and participate in conflict resolution in different life settings; and
- material resources, such as housing, clothing, money, health insurance, and a range of other personal tangible resources.

## Desired Outcomes or Pillars of a Successful Transition

Acquiring these developmental assets influences outcomes across a range of key life domains, including education, employment, health and well-being, relationship stability, positive social behaviors, and housing stability.

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<sup>13</sup> Here, life skills are distinguished from human capital, even though the former would generally be considered part of the latter, because of the historical development of services to support young people in foster care in their transitions to adulthood in the United States. Child welfare policy has tended to distinguish the development of life skills from education and employment, and this has contributed to the development of interventions that focus on life skills, education, or employment, but seldom all three at once. Thus, for the purposes of creating a typology of programs, it is useful to distinguish between life skills training and other aspects of human capital accumulation.

# The Positive Youth Development Perspective and Youth in Foster Care

Before describing a typology of independent living programs, we first turn to the conceptual frameworks that seek to explain youth development. Important areas of youth development and potential intervention strategies have, to some extent, been neglected over the years by developers of independent living services. Some evidence-based interventions have proven effective at addressing a range of challenges faced by other at-risk populations, but few have been implemented for youth in foster care (Bandy and Moore 2011; Chamberlain 2003; Chamberlain et al. 2008; Kazdin and Wassell 2000; Rhodes et al. 2006; Spoth, Guyll, and Day 2002; Tolan et al. 2008). Many challenges faced by these populations are similar to those of young people in foster care transitioning to adulthood, including the following:

- difficulties with attachment, emotional regulation, peer relationships, and school adjustment (Cyr et al. 2010)
- risky, delinquent, or violent behaviors (Dube et al. 2003; Hussey, Chang, and Kotch 2006; Brown et al. 2007; Maas, Herrenkohl, and Sousa 2008)
- deficits in coping, self-regulation, and social and interpersonal skills that can compromise their ability to develop and maintain healthy relationships (Rutter 1987; Sameroff and Mackenzie 2003)

Despite the evidence base on addressing these challenges through a youth development perspective, independent living services for young people transitioning out of foster care have rarely incorporated these kinds of interventions.

## Youth Development Frameworks and Interventions

How effectively do programs and interventions address the needs of youth aging out of foster care? Theoretical perspectives on the developmental needs of at-risk youth transitioning to adulthood provide a useful lens for framing our understanding. Leading perspectives from psychology, sociology, and economics focus on risk and resilience and development of human, social, and cultural capital (Koball et al. 2011). Some recent studies emphasize social and emotional development, focusing on protective factors, such as the capacity to form and maintain supportive relationships, and ways to

promote resilience (Ahrens et al. 2008; Daining and DePanfilis 2007; Osterling and Hines 2006). But by most accounts, Chafee Foster Care Independence Program models to date have focused fairly narrowly on building human and social capital. That includes fostering life skills (e.g., budgeting, filling out a job application), increasing knowledge (e.g., completing high school or acquiring postsecondary education), and increasing access to resources (e.g., health care and insurance or social connections that lead to employment). Given the evidence regarding the extensive trauma histories of many youth in foster care, it is possible that unmet social-emotional needs may hinder their ability to benefit from interventions designed primarily around human capital development. Even interventions that target social capital through building relationships, such as mentoring interventions, may have limited effectiveness or could even be harmful if they do not carefully attend to the needs of young people whose trauma histories have resulted in dysfunctional relationship styles (Spencer 2006).

Developmental scholars in the mid to late 1990s began focusing on ways to use their increasing understanding of healthy youth development to design concrete activities and programs that would promote positive youth outcomes (Lerner, Dowling, and Anderson 2003). In doing so, several authors established criteria for successful development (Pittman et al. 2003; Roth and Brooks-Gunn 2003; Ryff and Singer 1996; Lerner, Dowling, and Anderson 2003). One example is the five c's: character, confidence, connection, competence (academic, vocational, and social), and caring/compassion (Lerner, Dowling, and Anderson 2003). Other defining criteria for successful development include productivity, the ability to navigate resources and systems (Connell, Gambone, and Smith 2000), autonomy, and "environmental mastery" (Ryff and Singer 1996). Applying these and related concepts to actual programs and services has been the goal of so-called "youth development programs" (Roth et al. 1998; Roth and Brooks-Gunn 2003). The programs, although highly varied, tend to incorporate elements of human, social, and cultural capital development while emphasizing and fostering youths' strengths and resilience.

These programs and models are generally community-based and focus on youth ages 10 to 16, although some serve older youth (Roth et al. 1998). They aim to foster healthy transitions to adulthood and often target at-risk youth. Three key features define these programs: (1) a mission to promote positive youth development, (2) a youth-centered atmosphere that encourages and celebrates participants, and (3) program activities that cultivate their talents, interests, and strengths (Roth and Brooks-Gunn 2003). Because these programs tend to serve adolescent and preadolescent youth, they have a different focus than independent living programs, which often stress concrete life skills such as job search and training skills necessary for young people closer to independence and adulthood.

## Evidence of Program Effectiveness and Gaps in the Research

Growing evidence suggests that some youth development programs can increase emotional and cognitive competence (Roth and Brooks-Gunn 2003), enhance positive social skills (Bandy and Moore 2011; Williams 2011), and reduce adolescent aggression, juvenile delinquency, and drug use (Spoth et al. 2008; Tolan et al. 2008). These studies have included vulnerable youth but have not focused specifically on youth in foster care. Authors have noted several features of youth development programs associated with better youth outcomes, including an emphasis on supportive relationships between adolescents and caring adults and longer-term service youths access throughout their adolescence. Programs that incorporated more features of youth development frameworks were more successful (Roth and Brooks-Gunn 2003). Bandy and Moore (2011) reviewed experimental evaluations of interventions targeting aspects of social and emotional well-being, including empathy and the ability to resolve conflict, get along with people, and manage emotions and behavior. The authors noted that successful programs often share some of the following characteristics:

- based in community or school
- involve peers in program activities
- employ multiple instructional approaches and integrate instructional technologies
- teach problem-solving skills
- target multiple skills (e.g., self-regulation, problem-solving, and conflict resolution)

Although youth development programs, including those endorsing risk-and-resilience perspectives, have shown some success reducing risks such as poor social development and aggression, their effectiveness improving key self-sufficiency outcomes (e.g., educational attainment, employment, housing stability, and avoidance of economic hardship) has not been established. To date, there is insufficient evidence that improved social skills lead to more employment, especially among vulnerable youth. Further, it is unclear whether interventions that focus on soft skills show the same effects for youth in foster care as they do for other populations.

# Developing a Typology of Independent Living Programs

The conceptual model in Section III shows that the child welfare system influences the transition to adulthood primarily through formal independent living services and its effect on informal supports (i.e., the connections youth have with responsible adults during the transition to adulthood). This section focuses on describing a typology of independent living programs to inform choices about which programs to include in a next-generation evaluation agenda for the Chafee Foster Care Independence Program and to encourage critical thinking regarding intervention development. While the effect that foster care placement has on youths' informal supports is undoubtedly important to their adult outcomes, and a wide variety of child welfare policies and practices can affect how foster care influences those supports, our discussion here addresses these informal supports only when they are an explicit focus of independent living programs. In fact, many independent living programs are specifically designed to increase youths' connections to responsible adults.

A review of the literature describing independent living programs and prior attempts to categorize such programs suggests that the array of services can be organized conceptually into 10 categories:

- education services
- employment services
- mentoring
- housing
- behavioral health services
- permanency enhancement
- pregnancy prevention
- parenting support
- asset development
- multicomponent services

In this section of the report we describe each program category in more detail. We include key elements of program models or interventions in each category, their target population(s), the outcomes they intend to influence, the mechanisms through which they are believed to influence youth outcomes, and the evidence supporting their effectiveness in improving youth outcomes. Although it is not a separate category in the typology, many programs help youth develop relational competencies in the

context of other services. These programs aim to improve a young person's psychosocial and relationship skills through employment, mentoring, or services presented in the list above.

A thorough description of existing conceptual frameworks for independent living programs is limited by the state of the field. The Multi-Site Evaluation, including the evaluability assessment that identified the programs selected for evaluation, identified some significant challenges to systematically developing knowledge about effective interventions for youth in foster care transitioning to adulthood. Two challenges particularly complicate the development of conceptual models that bear much resemblance to what exists in the field. First, independent living programs generally lack well-developed conceptual models to inform service development or detailed logic models for specific interventions. Second, program management often poorly understands the characteristics of the populations programs are intended to serve, resulting in inattention to targeting (i.e., population over-inclusion and under-inclusion). This means that in some cases the description of conceptual models is more speculative than it is based on actual service organization and delivery in the field today. The assessment of which programs to include in the program typology was guided by the following criteria:

- degree to which program models rely on or could rely on services that are allowable under the Chafee Program;
- relevance of program models to the outcomes that are the focus of the Chafee Program;
- degree to which program models seem appropriate to the characteristics of youth in care;
- extent to which program models address gaps in existing service provision;
- quality of the evidence supporting program models, particularly models that have not been used with youth in foster care but have been subjected to rigorous evaluation;<sup>14</sup> and
- current availability of program models.

Preliminary assessment of the nature of potential targets for the next round of evaluations of Chafee-funded programs led to the conclusion that it is useful to think of programs as falling into three

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<sup>14</sup> The dearth of rigorous evaluation research on interventions targeting young people in foster care and those transitioning to adulthood reflects scant evidence in support of interventions for these populations. Thus, the description below of conceptual models and the evidence base supporting interventions based on such models makes little reference to evidence derived from research on current and former youth in care. In addition, the review of evidence supporting the effectiveness of interventions that have been used with other populations is largely restricted to findings of experimental evaluations and meta-analyses of experimental evaluations.

categories, grouped by their readiness for evaluation and what is necessary to bring them to where they would be appropriate for rigorous evaluation of program impacts.

- First, there are programs serving older youth in foster care that appear to meet all the program typology criteria. While there are very few of these programs, they range from those focused broadly on populations and outcomes to those focusing narrowly on a particular population or outcome. These programs are best described as being ready for experimental evaluation.
- Second, there are programs serving older youth in foster care that meet some program typology criteria but clearly do not meet all of them. There are many such programs, but few have well-developed logic models, and their population targeting is often unclear. Moving these programs to the point of readiness for rigorous evaluation will likely include development of logic models, assessment of targeting and referral processes, and consideration of how to increase the program's reliance on practices and elements of interventions that are evidence-based. Program developers and managers of independent living programs are encouraged to consider where their program fits within the categories described below and how well they can articulate a program-specific conceptual model.
- Third, there are evidence-based programs serving other populations that could serve young people in foster care or are just now being implemented with this population. There are potentially many such programs. However, next steps in bringing any of them to the point of readiness for rigorous evaluation include assessment of population targeting and addressing a range of potential implementation issues.

With this categorization of potential targets for evaluation in mind, the discussion now turns to a description of the categories within the program typology. Many programs attempt to provide services across multiple categories, and we conclude our program typology with a discussion of programs that are explicitly broadly focused. Nevertheless, our discussion of distinct program categories reflects the fact that many programs do focus in a particular area and should be conceptualized that way.

## Education Services

Youth aging out of foster care often face significant educational challenges. They may be several years behind grade level and often do not have high school diplomas or GEDs when they are discharged from state care. Their educational deficits may be compounded by learning disabilities and/or behavioral or

emotional problems that interfere with learning. Of course, many youth in foster care are on track educationally and ready to move into postsecondary education. Thus, the outcomes that a given educational service is designed to achieve must be sensitive to the assets and challenges of the youth it intends to serve.

Consistent with the conceptual diagram presented in figure 4, education services primarily focus on human capital development by helping youth with improving literacy, selecting a career field or sectors of interest, connecting them with educational or vocational programs, helping them access needed educational resources, or providing an educational or vocational program. Some programs, while primarily focused on education, will nevertheless incorporate services intended to help youth acquire social capital and relationship and life skills, and to respond to the consequences of their trauma histories. For example, some college support programs try to connect youth to adults who have committed to assisting foster youth in college, and some programs help build supportive communities of foster youth on college campuses. Some education-focused programs also provide material resources, particularly college-based programs, which often provide scholarships. The primary long-term outcomes that education services intend to influence are educational attainment and employment (through the impact of education).

Although quantitative research is scant on educational programs that target youth aging out of care, a wider but still developing body of knowledge exists for educational services designed to support underrepresented and at-risk students. These services can be grouped into three broad categories: high school completion programs that focus on helping youth obtain a high school diploma or GED; college access programs that promote high school completion, college readiness, and college enrollment; and college completion programs that promote persistence to degree attainment.

## High School Completion Programs

In their review of evaluation research on high school completion programs, Tyler and Lofstrom (2009) group these interventions into two categories:

1. interventions focused primarily on high school completion that target specific students or groups of students, and
2. interventions that have broader goals than high school completion and target a broader population than "at-risk" students, but that nevertheless attempt to lower dropout rates.

The first group of interventions appears better targeted to youth in foster care and might therefore be a source of potential interventions. Programs in both categories generally aim to increase completion rates by increasing school attendance, increasing student engagement in learning, building self-esteem, and helping students cope with challenges that lead to dropping out. Relatively few high school completion programs have been subjected to rigorous evaluation, and most that have been evaluated made little or no difference in preventing dropout (Tyler and Lofstrom 2009). The Institute of Education Sciences' What Works Clearinghouse lists only three targeted interventions in its practice guide on high school completion, and none is considered to have strong evidence supporting its effectiveness (Dynarski et al. 2008). After reviewing the evidence supporting the effectiveness of a handful of interventions, Tyler and Lofstrom (2009) concluded that successful programs have some or most of the following five elements in common:

1. close mentoring and monitoring of students
2. case management of individual students
3. family outreach
4. curricular reforms focusing on a career-oriented or experiential approach, an emphasis on gaining proficiency in English and math, or both
5. attention to a student's out-of-school problems

These elements could help inform the development of high school completion programs for youth in foster care, though some may not be easily implemented with this population (e.g., family outreach), and other elements require school-level interventions that are unlikely to be undertaken on behalf of young people in care.

## **College Access Programs**

Although college access programs such as Upward Bound and Talent Search have traditionally concentrated resources on small groups of targeted students, a second model offers services and supports to all students attending targeted schools (Domina 2009; Perna 2002). Programs vary in many dimensions such as duration (e.g., summer enrichment versus year-round), method of delivery (e.g., integrated into the school day or offered before or after school hours), and available services. Although academic enrichment and counseling are standard services, some programs have additional components such as parental engagement, scholarship opportunities, and mentoring.

More rigorous studies are needed to thoroughly assess the impact that college access programs on educational outcomes (Gullatt and Jan 2003; Tierney et al. 2009). Harvill and colleagues (2012) are completing the first systematic review and meta-analysis of college access programs. Following an extensive literature review, excluding studies lacking in relevance and methodological quality (i.e., including only randomized controlled trials, quasi-experiments, and regression discontinuity designs), the authors identified 14 studies since 1990 that rigorously evaluated targeted, schoolwide programs. The authors found that participation increased high school graduation rates 8 percent and college enrollment (two- and four-year colleges) 12 percent. Initial findings from this meta-analytic study suggest that college access programs may promote high school completion and college entrance; however, the authors caution that these results should be interpreted provisionally until the full analysis has been completed.

## College Success Programs

Similar shortcomings in methodological rigor exist for programs designed to support college persistence. College retention programs typically provide academic, personal, and career counseling to help students acclimate to higher education, navigate institutional bureaucracies, and provide or link students to resources that promote academic achievement (e.g., tutoring, time management training, and social networks). Some programs also coordinate mentorship programs with upper-class students or college faculty, or offer summer enrichment, internship, or employment opportunities. DuBois and colleagues (2011) systematically reviewed analyzed studies that evaluated the impact of college retention programs targeting students who were at high risk of dropping out (i.e., economically disadvantaged or academically underprepared). After a thorough review and vetting of the literature, the authors identified 18 studies that measured academic achievement and 11 studies that measured persistence. The studies varied widely in methodological soundness (e.g., use of an appropriate comparison group) and in the quality of the programs that were evaluated (e.g., intensiveness and comprehensiveness). In methodologically rigorous studies that evaluated “best practice” interventions, the authors observed small, short-term improvements in both grades and retention. Conversely, studies that were less intensive, methodologically less sound, or both, did not yield statistically significant improvements.

While the existing evidence limits conclusions about the impact of dropout prevention, college access, and college completion programs, initial meta-analytic results suggest that some programs may have small but important improvements on educational outcomes. As a greater number of methodologically rigorous studies are conducted, it may become possible to extract specific program

elements, or combinations of elements, that are critical ingredients for improving educational outcomes. Perhaps most important, it cannot be determined whether the meta-analytic findings for programs serving at-risk and underrepresented students will be similar to outcomes for programs targeting youth aging out of foster care. The population of youth transitioning out of foster care perhaps faces more barriers to educational achievement than many of the populations included in prior evaluations. In addition, many programs that have shown positive results involve schoolwide interventions that may not be easily implemented only for youth in care, and other components (e.g., those focused on family involvement) may be difficult to implement with this population.

## Employment Services

A youth's success in obtaining and maintaining self- or family-supporting employment during the transition to adulthood may be significantly influenced by the quality of employment training and experience gained while in care and during the transition to adulthood (Osgood, Foster, and Courtney 2010). Some young people approach the exit from care with paid work experience—in some cases extensive experience—whereas others have none, suggesting that interventions intended to improve employment outcomes should be sensitive to where youth are on the employment ladder. Research on the predictors of employment outcomes for young people in foster care indicates that youths' behavior problems, special needs, and attachments to supportive adults influence their connection to employment, indicating that many youth will benefit from interventions that attend to these issues (Hook and Courtney 2011; Pecora et al. 2006).

Conceptually, employment services for young people in care or exiting care primarily focus on human capital development by providing youth with opportunities for career exploration, helping them develop educational and career plans, providing them with career-related work experience, and building partnerships with local educational institutions, industries, and employment programs. In addition, programs may include components focused on building social capital, such as connecting youth with career role models, or helping youth develop soft skills: to improve their capacity to resolve conflict, get along with people, and generally manage their emotions in the necessary ways for success in the workplace. Programs may be most successful when they target youth based on their unique needs, such as level of work experience, type of care arrangement, and educational attainment (Edelstein and Lowenstein 2014b).

So far, there is little evidence of the effectiveness of employment programs for youth in foster care. In the one rigorous evaluation of one local program (Courtney, Zinn, et al. 2011), researchers found no positive effects on employment, which may have stemmed from the program's limited outreach and engagement with potential participants and its relatively superficial services. Some studies have looked at correlations between services received and young people's employment and incomes, finding mixed results. For example, the Foster Youth Demonstration Project found that longer-term services resulted in a higher likelihood of securing a job, while the Employment Programs and Life Opportunities for Youth demonstration saw no significant impact from services (Edelstein and Lowenstein 2014b).

There is relatively more evidence on employment programs serving the broader vulnerable youth population. These programs often prioritize employment outcomes but embed these career services along with other supports, such as for education or housing. Federal, regional, and local programs have been evaluated, with some positive outcomes noted.

- **Federal Youth Employment Programs:** The National Guard Youth ChalleNge program, the Summer Youth Employment Program, YouthBuild, and Youth Corps are all national youth employment initiatives, many of which have been rigorously evaluated. For example, **Job Corps** seeks to prepare young people for stable, long-term employment by offering comprehensive array of career development services to at-risk young women and men, ages 16 to 24, Job Corps is a campus-based program that employs a career development training approach that integrates the teaching of academic, vocational, employability skills and social competencies through a combination of classroom and experiential learning experiences. The Job Corps experimental evaluation included 11,787 youth and found a positive increase in average weekly income two years after random assignment (Schochet, Burghardt, and Glazerman 2000). The program provided greater employment gains for very young students, women with children, and older participants who did not have a high school diploma or GED at enrollment. Program participants secured higher-paying jobs with slightly more benefits. **National Guard Youth ChalleNge**, a residential program that offers job and life skills training, as well as job and education counseling, showed long-term positive effects: in a randomized controlled trial, the treatment group was 7 percentage points more likely to be employed and earned 20 percent more than the control group (Edelstein and Lowenstein 2014b).
- **Local or Regional Youth Employment Programs:** **Year Up** provides a range of services over one year to prepare low-income young adults, ages 18 to 24, for employment in the information technology and investment operations fields. The program includes technical skills training; classes in business writing and communications; instruction in professional skills professional

behavior; the opportunity to earn college credits for the program coursework through partnership with colleges; a six-month internship; a stipend during the classroom and internship phases of the program; ongoing support from program staff; and assistance with job search and/or college enrollment upon program completion. A small random assignment evaluation using a wait list control group found that Year Up participants had higher incomes during the second year after random assignment (largely because of higher hourly wages) and that program participants were no less likely than control group members to attend college (Roder and Elliott 2011). Other local and regional youth employment programs, such as AfterSchool Matters and Youth Violence Prevention Employment Initiative, have shown positive effects, but not on employment outcomes—for example, a reduction in adverse social behaviors (Edelstein and Lowenstein 2014b).

The examples highlighted above illustrate how programs that have shown some effectiveness in improving employment outcomes for vulnerable youth generally employ multiple intervention strategies and target multiple outcomes of interest. They operate on a scale that makes it unlikely they will be developed solely for use with youth in foster care (though youth in care generally fit the target population of these programs and have participated in them—for example, making up 8 percent of the National Guard Youth ChalleNGe population and 3 percent of Youth Corps). While these programs serve populations that resemble young people in foster care in many ways, young people transitioning out of foster care may experience even greater challenges that make the transition to adulthood even more difficult. Thus, at this point the findings from the evaluations of these programs cannot be generalized to young people transitioning out of foster care.

## Mentoring

Although mentoring relationships are thought to foster positive youth development through several different mechanisms, limited rigorous empirical evidence exists about mentoring's effectiveness for youth transitioning from foster care to adulthood. Mentors can be a source of social and instrumental support, help facilitate the acquisition of area-specific knowledge and skills, and provide youth with models of appropriate decisionmaking and positive social norms. Based on empirical evidence in support of mentoring, as well as ongoing concerns about the quality and stability of existing adult relationships for young people in foster care, many programs have sought to include mentoring as an important component of their program models (Catalano et al. 1998; DuBois et al. 2002; Grossman and Johnson 1998; Grossman and Rhodes 2002; Thompson and Kelly-Vance 2001). For youth transitioning

from foster care, some research suggests that “natural” mentors, whom the youth know already and have bonded with, may be more effective than mentors assigned through formal programs. These natural mentor relationships may be longer term and less likely to disrupt, but such relationships, since they are naturally occurring, are difficult to evaluate rigorously (Greeson 2013).

One purpose of mentoring programs is to provide young people with a template for positive, supportive relationships with adults. Beyond the immediate benefits of developing a relationship with the mentor, mentoring relationships can help youth develop necessary relationship and decisionmaking skills for maintaining positive and supportive adult relationships while minimizing risk-taking and antisocial behavior. Conceptually, effective mentoring relationships include awareness of the intrapersonal attributes that affect a youth’s capacity to form supportive adult relationships (e.g., social skills, mental and behavioral health) as well as his or her social capital. Mentoring relationships are also used to deliver other types of assistance. Examples include the using mentors in tutoring programs, college support programs, and programs for pregnant and parenting youth to increase parenting skills.

Few evaluations of mentoring programs have focused on programs serving youth in foster care. One exception is the nine-month **Fostering Healthy Futures** program, which pairs youth ages 9–11 in foster care with a mentor who is a social work graduate student. Rigorous evaluation demonstrates better mental health at six months (Taussig and Culhane 2010) and fewer future placements (Taussig et al. 2012), but the program has not been evaluated for longer-term effects for the youth as they transition to adulthood. Notably, this program does not serve older youth as they transition to adulthood.

A relatively broad research literature suggests that mentoring programs can affect outcomes for at-risk youth in general (Bogat and Rhodes 2004; DuBois et al. 2002; Grossman and Rhodes 2002). Reviews of individual studies and syntheses of the mentoring literature demonstrate that mentoring programs vary on a multitude of dimensions (e.g., duration, intensity, integration with other services, target populations, approaches), making it difficult to examine the broad effectiveness of such programs (Karcher et al. 2006; Rhodes 2008; Sipe 2002). One important distinction between mentoring program approaches is whether they are school-based or community-based interventions. These programs can also be distinguished by the nature of the mentor-peer relationship, with growing interest in peer mentoring programs in recent years, particularly among programs developed for youth in foster care. For example, in 2007 the Child Welfare League of America launched its Fostering Healthy Connections through Peer Mentoring initiative in partnership with several child welfare agencies (Ingram, Lewis, and Rainey 2011). The programs in the initiative varied in their approach: some employed young adults with whom the youth had an established relationship as peer mentors, and others used youth who were still transitioning from foster care to adulthood as peer mentors.

Only one school-based mentoring program, **Across Ages**, has achieved the status of “model program” on the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP). Across Ages aims to demonstrate the effectiveness of a comprehensive, intergenerational mentoring approach to drug prevention for high-risk middle-school students. The core of the project is the involvement of older adults (over the age of 55) as mentors, who help the students develop the awareness, self-confidence, and skills they need to resist drugs and overcome overwhelming obstacles. In addition to mentoring, the project engages students in community service activities that benefit frail elders, provides a classroom-based life skills curriculum, and offers workshops to parents. The project targets sixth-grade students attending three public middle schools in Philadelphia’s most stressed neighborhoods. An evaluation of the program supports the initial hypothesis that the multifaceted intervention approach would result in more positive changes in student knowledge, attitudes, and behavior concerning substance abuse and related life skills. Further, results demonstrate that youth with mentors who were more engaged in their lives had better outcomes (Aseltine, Dupre, and Lamlein 2000; LoSciuto et al. 1996).

The SAMHSA registry also lists the Big Brothers Big Sisters of America community-based mentoring program as an “effective program” because it has demonstrated a range of short-term positive outcomes (Grossman and Tierney 1998; Herrera et al. 2007). For example, one study demonstrated that participants were less likely to use drugs and alcohol; were less likely to hit someone; had improved attendance, school performance, and attitudes toward completing school work; and demonstrated improved peer and family relationships (Tierney and Grossman 1995).

Evaluations of other youth-focused programs that involve mentoring, including Career Academies, Career Beginnings, Job Corps, and Upward Bound, have also demonstrated a positive impact for at least one indicator of youth well-being. The interventions were found especially effective for school and employment outcomes; they also were associated with decreased delinquency. New demonstration grant programs from the Department of Labor’s Employment and Training Administration (Young Parents Demonstration Program) and the Administration for Children and Families are seeking to understand if any number of promising mentoring approaches may be more rigorously tested and developed into evidenced-based approaches for a range of at-risk youth populations.

# Asset Development and Financial Literacy

Saving money is particularly important for young people approaching emancipation from care. For many youth in foster care, limited availability of positive social and instrumental support makes it more likely that they will need to fend for themselves during periods of unemployment or other financial stress. Youth from a foster care background often have less exposure to financial stability and healthy financial behaviors that could help mitigate these periods. Further, youth must learn how to manage and save money in order to fully benefit from services in other arenas such as education and employment (Edelstein and Lowenstein 2014a).

For many young people in foster care, accumulating meaningful savings before emancipation is difficult. Youths' incomes can be limited or nonexistent, and they may not readily appreciate the opportunity costs inherent in spending their earnings immediately, rather than saving them until they emancipate. To help youths accumulate savings and develop the motivation and skills to save and manage their money, states and counties have begun to develop asset development programs for young people in foster care.

The youth characteristics that are important in targeting asset development programs include employment history, access to income, educational attainment, financial literacy, maturity, and decisionmaking skills. Asset development programs intend to achieve two goals: help youth develop financial literacy, money-management skills, and a strong saving ethic; and help youth save for emancipation. In the context of the conceptual framework presented in figure 4, asset development programs attempt to influence youths' outcomes by increasing the amount of material resources available to them upon emancipation and by helping them develop the independent living and psychosocial skills needed to save and manage their money. This is expected to directly influence youths' incomes and savings and indirectly influence their mental health, risk behaviors, and general well-being.

Asset development programs are commonly focused upon the administration of individual development accounts (IDAs). Introduced in the early 1990s as an alternative strategy to combat poverty, IDAs are matched-savings accounts for qualifying participants that aim to teach financial education and promote economic security through the accumulation of savings and assets (Boshara 2005; Sherraden 1991). Participants make deposits into an IDA savings account, and a partnering financial institution matches the deposit at a specified dollar-to-dollar ratio (Sherraden 2008). Caps on matching are typically set at a monthly or annual limit ranging from a few hundred to several hundred dollars per year, although some programs have established higher limits. Participants are typically required to complete a financial education course before withdrawing funds for an asset purchase.

Permissible purchases and investments usually include educational costs, small business development investments, homeownership payments, and automobile purchases; youth IDA programs are often more lenient and can include such expenses as security deposits and first month's rent, computers, activity participation fees, and sports equipment and musical instruments (Giuffrida 2001). Although the bulk of funding for IDAs comes from the federal government, additional funding is contributed by private foundations, corporations, nonprofit agencies, and individual donors. It is estimated that more than 1,000 IDA programs are in operation with more than 50,000 participants (Grinstein-Weiss et al. 2008).

In the United States, the largest source of support for IDAs is the Assets for Independence (AFI) program,<sup>15</sup> which supports community-based nonprofit organizations and government agencies implementing assets-based approaches to help low-income families escape poverty. Every dollar participants deposit into an AFI IDA account is matched by federal and nonfederal funds at a rate ranging from 1:1 to 8:1, depending on the program. Project families use their IDA savings to acquire a first home; capitalize a small business; or enroll in postsecondary education or training. Assets for Independence projects also provide basic financial management training and supportive services. People who are eligible for Temporary Assistance for Needy Families, whose household assets do not exceed \$10,000 (excluding a residence and one car), and who are either eligible for the earned income tax credit or have total household income of less than two times the federal poverty level are eligible for the AFI program. Some young people in foster care transitioning to adulthood would be eligible for AFI support, and some states have begun to develop programs to include transition-age youth.

The limited but growing body of evaluation studies assessing the impact of IDA programs on savings and net worth indicates that modest savings can occur through these programs. Richards and Thyer (2011) examined peer-review evaluation studies that assessed the impact of IDA programs on asset development in the United States. Fifteen studies were reviewed: 1 randomized controlled trial, 1 quasi-experimental study, and 13 one-group pretest-posttest studies. These authors concluded that evidence supporting the effectiveness of IDA programs is limited. The research merely demonstrates that low-income clients can save relatively small amounts of money in IDA accounts; however, total savings accumulated is low. The peer-reviewed empirical literature does not provide evidence that IDA accounts promote more substantial assets and investments such as homeownership or completion of home repairs, business development, or postsecondary education completion. However, Richards and

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<sup>15</sup> For more information on Assets for Independence, see "AFI Fact Sheet," US Department of Health and Human Services, Administration for Children and Families, Office of Community Services, last updated March 29, 2017, <https://www.acf.hhs.gov/ocs/resource/afi-fact-sheet>.

Thyer note that the dearth of rigorous peer-reviewed studies precludes drawing definitive conclusions about the effect of IDAs on asset development, and thus more rigorous studies are needed.

Moreover, nearly all evaluations of asset development programs in the United States have focused on programs for low-income adults as opposed to youth, and they have focused almost exclusively on the potential economic benefits of IDAs. The modest increases in savings observed in IDA evaluations may be more important to young people than to adults, particularly if the items youth value most and that can help them during the transition to adulthood are not very costly. Data collected from 3,052 youth in 10 sites participating in the Jim Casey Youth Opportunities Initiative IDA program, part of the program's Youth Opportunity Passport, show that young people contributed about \$1,000 to their matched savings account and that they used the funds for developmentally appropriate purchases including vehicles, education and training, and housing. Interventions targeting asset development by youth may also generate noneconomic benefits (Jim Casey Youth Opportunities Initiative 2009). For example, experimental evaluations of IDA programs in Africa targeting orphaned youths living with extended family members have found that the programs not only increase savings, but also improve participants' academic aspirations and performance, increase their motivation to avoid sexual risk behaviors, and reduce depression (Ssewamala and Ismayilova 2009; Ssewamala et al. 2012).

## Housing

As described above, substantial minorities of foster care alumni experience unstable housing or homelessness after emancipating from care (Courtney et al. 2001; Dworsky and Courtney 2009; Dworsky, Napolitano, and Courtney 2013; Kushel et al. 2007; Pecora et al. 2003). These experiences are likely a manifestation of several factors. Proximally, young people may lack the material resources required to obtain safe housing, reflecting challenges that youth face in maintaining viable employment. Distally, mental health and housing are interrelated: the destabilizing impact of mental health problems may increase the likelihood and impact of housing disruptions, and housing instability contributes to greater mental health problems among youth (Dworsky and Courtney 2010a; Fowler, Toro, and Miles 2009). Thus, youth characteristics that are central to effective targeting of housing services include level of maturity and autonomy, as well as challenges that can lead to housing instability such as mental health problems and substance abuse. Given the prevalence of housing instability and homelessness among youth transitioning out of foster care, helping them obtain stable housing is critical. In addition, providing housing to youth transitioning from care can, in principle, allow programs to engage youth in a wide range of other services that can be difficult to provide when youth do not have stable housing.

Housing interventions for youth in foster care generally fall into two categories. The first group helps youth find and apply for community housing. This assistance is often provided within the context of more generalized independent living programs that target different domains. The second group endeavors to provide, or subsidize, housing for (former) youth in care. Many of these programs include ongoing case management and other services designed to help youth become more independent. Also, some programs are limited to specific populations of youth (e.g., pregnant or parenting girls) in order to better serve their particular needs. Housing services primarily attempt to influence youths' outcomes by enhancing housing stability following exit from care. In a sense, housing services intend to affect a range of long-term outcomes beyond housing stability: this stability will allow a young person to develop human and social capital, acquire concrete independent living skills, and accumulate material resources, all of which can increase their capacity to live autonomously.

All youth transitioning to adulthood are in a phase of life characterized by frequent changes in housing situations (Arnett 2000). However, youth aging out of foster care often experience greater challenges and have higher rates of homelessness, so they stand to benefit substantially from successful housing programs. Unfortunately, the evidence base for successful housing programs is practically nonexistent because no rigorous evaluations have been conducted.<sup>16</sup> The dearth of research around housing programs for youth and foster care and youth more generally makes it difficult to draw firm conclusions about best practices (Dion et al. 2014). Available studies generally involve very small samples, seldom include a comparison group, and generally fail to connect program components to youth outcomes (Dworsky et al. 2012). Fortunately, some housing programs targeting youth in foster care have started readying themselves for rigorous evaluation. For example, First Place for Youth, which operates transitional housing programs in several California counties, recently underwent a formative evaluation to assess its readiness and prepare it for a more rigorous impact evaluation (First Place for Youth 2013).

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<sup>16</sup> The extended care provisions of the Fostering Connections Act arguably complicate the provision of housing services to youth between 18 and 21 and the evaluation of the effectiveness of such services. In states that extend care past age 18 there are likely to be a variety of housing options available to youth who remain in care, including kinship foster homes, foster home care with nonrelatives, group care settings, and supervised independent living settings. Housing-based interventions will operate in concert with or in addition to these options. In contrast, in states that do not extend care past age 18, housing service providers may often be the only source of housing for youth who are not able to obtain stable housing on their own.

## Prevention of Sexual Risk Behavior and Adolescent Pregnancy

As described earlier, youth in foster care are more likely to engage in sexual risk behavior (Gramkowski et al. 2009; James et al. 2009; Wilson et al. 2014), get pregnant, and become parents than other young people (Courtney and Dworsky 2006; Courtney, Terao, and Bost 2004; Courtney et al. 2007; Pecora et al. 2003; Pergamit and Johnson 2009). Sexual risk behavior exposes youth to such additional risks as sexually transmitted diseases and infections (Boyer et al. 2000; Grunbaum et al. 2004) and sexual dating violence (Kann et al. 2014). Early parenting is a concern not only because of the stress parenting can place on young people transitioning to adulthood, but also because the challenges facing many young people in foster care can compromise their ability to effectively parent their children. One outcome, as the Midwest Study indicates, is that children born to youth who had been in the foster care system are much more likely to live with someone other than their parent(s) than children born to youth who had not been in the foster care system (Courtney, Dworsky, et al. 2011).

Prevention of sexual risk behavior and pregnancy among adolescents are federal priorities. Since 2010, the US Department of Health and Human Services has provided funding to replicate evidence-based teen pregnancy prevention program models through the Personal Responsibility Education Program and the Title V Abstinence Education Grant Program, administered by the Family and Youth Services Bureau within ACF (Family and Youth Services Bureau 2015); and Teen Pregnancy Prevention, administered by the Office of Adolescent Health within the Office of the Assistant Secretary for Health. Some models have been developed or tested specifically for youth in foster care (see Covington et al. 2016). States, community-based organizations, tribes, and tribal organizations that receive PREP funds use age-appropriate, medically accurate information and activities to educate youth on both abstinence and contraception to prevent pregnancy and sexually transmitted infections, and to provide instruction on at least three topics (out of six defined by the legislation) that prepare youth for adulthood.<sup>17</sup> Many pregnancy prevention programs work with agencies to provide evidence-based pregnancy prevention curricula and positive youth development.

Effective interventions have focused on a range of approaches to reducing teen pregnancy, sexually transmitted infections, and other associated risk behaviors, such as encouraging teens to wait to have sex, providing information on contraception, teaching refusal skills, or discussing the health

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<sup>17</sup> The six adult preparation subjects identified in the PREP legislation are healthy relationships, adolescent development, financial literacy, parent-child communication, education and career success, and healthy life skills.

consequences of sexual activity.<sup>18</sup> Adolescent pregnancy prevention programs take different forms in various settings including schools, foster care sites, community-based organizations, and juvenile justice centers. Although the number of rigorous evaluations devoted to pregnancy prevention programs for youth in foster care is limited, evaluations conducted on a wide range of programs targeting vulnerable youth more broadly provide a foundation on which to draw conclusions about ways to effectively prevent adolescent pregnancy. Child Trends' LINKS database contains 115 evaluations of programs that affected reproductive health outcomes among youth. Upon reviewing and comparing the diverse array of programs in the database, researchers found the following:

- at-risk youth are reachable with many successful reproductive health interventions specifically targeting minority youth from low-income areas;
- programs may be successful for one gender, but not the other;
- similarly, a program can be successful at one site or in one evaluation, but not in another;
- providing adolescent mothers with guidance and support while their children are young decreases subsequent pregnancies and births;
- comprehensive sex education can have positive impacts on reproductive health outcomes among youth;
- abstinence-based interventions have affected knowledge and attitudes but have not affected any behavioral outcomes, either positively or negatively; and
- even relatively low dosages of some kinds of interventions have shown positive results; several sex education programs involving fewer than 15 hours of contact time have been found to positively affect reproductive health outcomes, including initiation of sexual intercourse, frequency of intercourse, and use of condoms (Ball and Moore 2008).

## Parenting Support

Studies suggest that a significant proportion of foster care alumni will become parents within a few years of exiting care. For example, more than half of women and nearly one-third of men in the Midwest Study parented at least one child by age 21, rates that more than doubled their nonfoster peers at the

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<sup>18</sup> See "Welcome to the Teen Pregnancy Prevention Evidence Review," US Department of Health and Human Services, accessed July 24, 2017, <https://tppevidencereview.aspe.hhs.gov/>.

same age (Courtney et al. 2007). For several reasons, including their own histories of trauma and experience with inconsistent or inadequate parenting or childhood maltreatment, these young people formerly in foster care may face significant challenges as new parents. Many parenting former foster youth are successful: nearly half the accelerated adults from the Midwest Study are parents with resident children. However, access to support services is critical. Other youth characteristics that are central to effective targeting of parenting support services include maturity, cognitive ability, and social skills. Most parenting support programs for youth transitioning out of care typically provide instrumental support and parenting skills training that promote health and well-being for both the young parents and their children.

Parenting support programs for youth in foster care are often delivered through specialized placements serving only pregnant and parenting teens. These programs intend to both insulate and support youth during and immediately following pregnancy. In addition to providing girls with a safe place to live, these programs provide parenting education, access to prenatal care, and other types of assistance, including life skills and job training. Thus, parenting support services attempt to influence life outcomes for youth in care in two ways. First, by providing housing and other supports to youth during pregnancy, these programs attempt to ensure better prenatal outcomes for youths' children. Second, by helping improve youths' parenting knowledge and skills, these programs seek to enhance long-term family well-being.

Few programs target youth in foster care or foster care alumni who are pregnant or parenting. Unsurprisingly, scant research exists evaluating the effectiveness of parenting support interventions for aging-out youth. However, parent training with broader populations (e.g., young parents, families involved with the child welfare system) has a more extensive evidence base. Beginning in the late 1960s, parenting training interventions emerged alongside approaches focused on the behavior of the child (Kaminski et al. 2008). Current programs vary widely in content, but many focus on cultivating behavior management strategies, developing communication skills, and educating parents about child development. Services are commonly delivered as individual or family sessions, multifamily group sessions, or home-based observations and interventions, and they often take place in the home, community, or a clinical setting.

Despite this diversity in content, format, and setting, the overriding objectives of these programs are to foster effective parenting in order to reduce involvement with child welfare agencies; improve children's cognitive, emotional, and physical development; and decrease problem behaviors and household stress (Kaminski et al. 2008). Several meta-analyses have examined the effect of parent training programs, with some looking at types of programs, delivery settings, theoretical approaches,

and treatment components (Cedar and Levant 1990; Lundahl, Nimer, and Parsons 2006; Lundahl, Risser, and Lovejoy 2006; Maughan et al. 2005; Reyno and McGrath 2006; Serketich and Dumas 1996; Thomas and Zimmer-Gembeck 2007). It is generally accepted that parenting skills training can be effective. Kaminski and colleagues (2008) conducted a systematic review and meta-analysis of 77 studies and found that, consistent with previous findings, parenting training had a statistically significant positive effect on promoting positive parenting behaviors and reducing children's externalizing behaviors. In particular, parent training programs that created positive parent-child interactions and that required parents to practice new skills with their own children, reported stronger treatment effect sizes than programs that did not include these components. The use of modeling, homework assignments, and role-playing did not predict more positive outcomes. Programs that incorporated emotional communication as part of the parent training produced positive improvements in the skills and behaviors of parents, and programs that included training in consistently responding to children's behaviors and using time-outs yielded positive improvements in children's externalizing behaviors. Thus, evaluation literature supports the impact parenting training programs have on promoting emotional and behavioral health and developmental competence (Sandler et al. 2011).

## Behavioral Health Services

The research summarized above makes clear that many youth transitioning from foster care to adulthood suffer from mental health problems (Burns et al. 2004; Courtney et al. 2007; Keller, Salazar, and Courtney 2010; McMillen et al. 2005; Pecora et al. 2009), with recent studies clarifying the effects of early trauma on these later problems (Salazar et al. 2013). In addition, research suggests that adolescents in foster care may use alcohol and illicit substances at similar rates to their peers (Vaughn et al. 2007), but substance use disorders are more common among youth in foster care than among those without foster care involvement (Keller, Salazar, and Courtney 2010; Pilowsky and Wu 2006; White et al. 2007). A study by Vaughn and colleagues (2007) of 406 17-year-olds in Missouri foster care found that about half had ever tried an illegal substance, and one-third met the criteria of a substance use disorder sometime in their lives. The researchers found that being diagnosed with post-traumatic stress disorder or conduct disorder increased the likelihood of having a substance use disorder. Thus, substance abuse problems among some young people in foster care may be connected to or influenced by past trauma and antisocial behaviors and therefore may require interventions that treat both substance use and the accompanying behavioral health issues.

By “behavioral health services,” this report is referring to programs and services that may address health concerns varying from physical to mental to emotional, behavioral, or social. The youth characteristics that are central to effective targeting of behavioral health services include maturity, level of social and emotional functioning, and existing array of family and other social supports. The specific goals of these programs also vary, but in general they all intend to help adolescents improve their emotional, behavioral, and social functioning. By doing so, these programs also hope to reduce antisocial or risky behavior, increase relationship stability, and increase youth's subjective sense of well-being. In the long term, behavioral health services attempt to influence young adult outcomes primarily by helping youth to develop assets in psychosocial and relationship skills.

As discussed earlier, the Foster Care Independence Act of 1999 and the Fostering Connections to Success and Increasing Adoptions Act of 2008 provide states with the option to extend Medicaid coverage to age 21 for older foster youth. And beginning in 2014, the Affordable Care Act, which supersedes the Medicaid provisions in the Chafee Act, extends Medicaid coverage to age 26 for youth who are in foster care on their 18th birthdays. Currently, child welfare agencies play an important role in educating and linking transitioning youth to the behavioral health services to which they are entitled, and the expansions of Medicaid make that role increasingly important. Additionally, some public child welfare agencies directly provide psycho-therapeutic services to youth in transition and contract for such services. Behavioral health services for youth in foster care are delivered through a variety of modalities and settings, ranging from in-patient residential care to multisystemic community-based models (Racusin et al. 2005). Use of evidence-based interventions targeting mental and behavioral health problems facing this population is both needed and timely.

## **Mental and Behavioral Health**

A range of intervention approaches have been suggested to meet the complex mental and behavioral health needs of the child welfare population. To date, most evaluated interventions have focused on younger children and not specifically the child welfare population; much of the research that has established evidence-based practices has focused on behavioral health approaches that address a range of externalizing behavior problems (e.g., verbal and/or physical intimidation or physical aggression, defiant or argumentative behavior, hyperactivity, impulsivity, and delinquent behaviors, such as vandalism and theft). While young people in foster care are not the primary target of these interventions, youth involved in the juvenile justice system and other at-risk youth facing similar challenges have been targeted.

A review by Child Trends (Terzian, Hamilton, and Ling 2011) considered 123 programs evaluated in random assignment studies that targeted externalizing behavioral health challenges (e.g., aggression; inattentive, impulsive, or hyperactive behavior; delinquency and crime; and arrests) and found that about half (69) had at least one statistically significant positive impact. Successful interventions included one or more of the following elements: (1) teaching at-risk children and youth how to identify and manage their emotions; (2) conducting family therapy; (3) developing or adapting programs to be sensitive to the culture of the target population; (4) teaching parents skills related to effective communication, discipline, monitoring, supervision, and limit-setting; (5) teaching interpersonal and social problem-solving skills to nondelinquent youth; and (6) delivering at least 30 program intervention sessions.

In addition to externalizing behavioral problems, internalizing mental health conditions are more prevalent among youth in foster care than among the general population (Courtney et al. 2007; Pecora et al. 2005), and a significant minority of transition-age youth need services to address symptoms of mood disturbances such as depression, dysthymia, and anxiety. A second review by Child Trends (Terzian, Hamilton, and Ericson 2011) included 37 programs intended to treat internalizing problems (e.g., depressive or anxious mood, suicidal thoughts and behaviors, negative self-perceptions, low self-esteem, and social isolation). About 65 percent of the reviewed programs (24) were found to statistically significantly affect at least one aspect of internalizing problems. Among the psychotherapeutic approaches reviewed, all the family therapy studies (4 of 4), most of the group counseling or therapy intervention studies (6 of 8), and most of the individual counseling or therapy intervention studies (9 of 12) improved one or more internalizing problem outcomes. For skills-training interventions that addressed negative thoughts and feelings, interventions that promoted the development of cognitive-behavioral skills (e.g., identifying triggers, monitoring feelings, challenging negative thought patterns) and the development of behavioral coping skills (e.g., relaxation skills, healthy stress management behaviors) positively affected at least one outcome. Finally, for skill-building interventions that promoted healthy interpersonal relationships, most treatment-focused school-based approaches (6 of 8) and some interventions that focused on social- or life-skill development (10 of 17) produced at least one positive effect.

Youth in foster care may also require services that specifically address experiences of trauma that continue to affect their functioning as adolescents and young adults. Evaluation research has begun to identify interventions that effectively improve the functioning of children and adolescents exposed to trauma (Wethington et al. 2008). Black and colleagues (2012) extensively reviewed interventions developed to treat trauma and trauma-related symptoms in adolescents ages 12–18. The five most prevalent treatments were multimodal trauma therapy (Amaya-Jackson et al. 2003), trauma-focused

cognitive behavioral therapy (Cohen, Mannarino, and Deblinger 2010), Stanford cue-centered therapy (Carrion and Hull 2010), Seeking Safety (Najavits, Gallop, and Weiss 2006), and Trauma Affect Regulation: A Guide for Education and Therapy (Ford et al. 2005). The common elements found in these prominent trauma-focused models include psycho-education; learning about and building coping skills to manage intense emotions evoked by trauma, such as trigger identification and relaxation strategies; and planning for the future (Black et al. 2012). Silverman and colleagues (2008) reviewed 21 rigorous studies—published between 1993 and 2007—of various trauma interventions for children and adolescents for treatment effectiveness. Meta-analytic findings suggested that compared with a control condition, trauma-focused interventions yielded positive but modest effect sizes on improving post-traumatic stress (.43), depression (.24), and externalizing behavior problems (.22), and a small effect on anxiety (.09). At that time, trauma-focused cognitive behavioral therapy was the only treatment that had met the criteria of being classified as a well-established treatment, although school-based group cognitive behavioral treatment was categorized as probably effective and several other treatments were deemed possibly effective.

## **Alcohol and Substance Abuse**

Alcohol and substance abuse treatment is another important service area in which programs have been developed to address the special needs of youth in foster care. A Child Trends report (Bandy and Moore 2008) reviewed experimental evaluations of 24 programs and interventions that used strategies to prevent or stop substance use in adolescents. Programs that had one or more of the following characteristics tended to promote the prevention or cessation of one or more outcomes: engaging youth through multiple contexts and media (e.g., school, family, community, social activities, media campaigns); including general approaches that address all forms of drug use at once; teaching adolescents about the health consequences of substance use; tailoring programs to substance use risks specific to particular populations (e.g., age, gender, ethnicity); including a peer teaching component combined with adult facilitation; and emphasizing drug resistance and reinforcement of anti-drug attitudes. Prevention and cessation programs were found to have either a short-term or long-term positive outcome on substance abuse.

There have been several syntheses of empirical studies on the effectiveness of treatments targeting adolescent substance abuse. Dutra and colleagues (2008) found in their meta-analytic review of 34 studies that psychosocial interventions moderately reduced adolescent substance use disorders (effect size = 0.45). Psychosocial interventions treating cannabis (0.81) and cocaine (0.62) had relatively larger

effect sizes than interventions that targeted opiate (0.39) and poly-substance (0.24) use. A second meta-analysis conducted by Waldron and Turner (2008) reviewed 17 rigorous studies since 1998 that included 46 distinct treatment conditions. Based on the quality and quantity of accumulated empirical support, functional family therapy, multidimensional family therapy, and group cognitive behavioral therapy were classified as well-established treatments. Three other family-based models—brief family therapy, brief strategic family therapy, and multisystemic therapy—were classified as probably efficacious.

Brief interventions that address adolescent substance abuse, such as motivational interviewing (Jensen et al. 2011) and motivational enhancement therapy (Ball et al. 2007), have also been empirically tested, but the evidence of effectiveness is less robust and generally indicates a small effect size (Jensen et al. 2011). Because of the growing body of literature suggesting a strong link between traumatic experience, emotional regulation challenges, and substance abuse, practitioners have developed intervention models that take an integrative approach to addressing both the effects of trauma and the presence of a substance use disorders (Dass-Brailsford and Myrick 2010). Models such as Trauma Affect Regulation: A Guide for Education and Therapy (Ford and Russo 2006) and Seeking Safety (Brown et al. 2007; Najavits, Gallop, and Weiss 2006) may be particularly relevant to older adolescents in foster care that struggle with both enduring effects of trauma and substance abuse, but more rigorous empirical evaluation of such models is needed.

## Permanency Achievement and Enhancement

Although achieving permanency is a primary goal of public child welfare agencies, until recently it was often assumed that the only viable option for older youth in foster care was to remain in care until age 18. As a result, independent living services had focused almost exclusively on helping youth move directly from care to independence. However, as a result of our better understanding of the salience of family in the lives of foster care alumni and the importance of sustained relationships and social capital for youth transitioning to adulthood (Avery 2010; Buss et al. 2008; Propp, Ortega, and NewHeart 2003), efforts have increased to develop creative ways to make permanency a viable option for adolescents and young adults in foster care. These interventions focus primarily on identifying, developing, and supporting relationships with immediate and extended family and/or other adults to whom youth feel a connection. Most efforts seek to establish permanency through kin and nonkin adoption, subsidized guardianship, and connections with siblings (Howard and Berzin 2011). The youth characteristics that are central to effective targeting of permanency enhancement programs include existing connections to family, social functioning, and emotional functioning. Consistent with the

conceptual framework presented in figure 4, permanency enhancement programs aim to influence some long-term youth outcomes by developing youths' relationship skills and social capital.

Although there are no available data from randomized trials examining the effectiveness of these efforts, the Permanency Innovations Initiative evaluation, a multisite federal demonstration project designed to improve permanency outcomes among children in foster care with the most serious barriers to permanency, is ongoing.<sup>19</sup> There also exist encouraging outcome data from various approaches to improving permanency for older youth in care (Avery 2010; Child Welfare Information Gateway 2013; Evans 2008; Howard and Berzin 2011). Child Trends conducted a random-assignment evaluation of Family Finding, an intensive search tool using Internet technology to help locate family members, and found mixed results including modestly better contact with family members a year after the study began for youth randomly assigned to the intervention (Malm et al. 2014).

## Multicomponent Services

Many of the programs and services directed at adolescents in foster care take a multipronged approach, reflecting that young people in care can experience challenges across several domains. A potential strength of multicomponent programs is that they offer a “one-stop shop” approach that can reduce service duplication and avoid instances where needs are not identified and addressed (a situation maybe more likely to occur in service arrangements where multiple providers address discrete service needs). Such a comprehensive treatment approach may be especially advantageous for youth aging of foster care. Conceptual models for these programs vary depending on the characteristics of the youth targeted, the intended outcomes, and the mechanisms used to try to alter these outcomes.

To date, few, if any, multicomponent programs targeting youth in foster care have been rigorously evaluated. Nevertheless, several promising programs are currently being evaluated. For example, a large-scale randomized controlled trial is under way to assess the impact of the Transitional Living Program (Muller-Ravett and Jacobs 2012). The Transitional Living Program (operated by Youth Villages) operates in six states and serves youth between 17 and 22 years old transitioning out of foster care. A host of services including housing support and tenant training, links to health services, educational and vocational programs, and life skills training are provided over the 6 to 12 months that

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<sup>19</sup> See “Permanency Innovations Initiative (PII) Evaluation, 2010–2015,” US Department of Health and Human Services, Administration for Children and Families, <http://www.acf.hhs.gov/programs/opre/research/project/permanency-innovations-initiative-pii-evaluation>.

youth are typically enrolled in the program. In addition, the Transitional Living Program seeks to engage and establish enduring networks of support among individuals in a youth's community, family, peer group, school, and work settings.

Many interventions for the broader population of vulnerable youth are essentially multicomponent programs. One example is the National Guard ChalleNGe Program, developed to improve the employment and life prospects of young people ages 16 to 18 who have dropped out of high school and have not found employment. It operates in 29 states and one territory and has served more than 70,000 youth. Participants engage in a five-month residential program followed by a year of nonresidential support. All ChalleNGe programs include eight core components: education, life coping skills, leadership/followership skills, community service, citizenship, physical fitness, health and hygiene, and job skills. A random-assignment evaluation of ChalleNGe showed that participants were more likely than control group members to obtain a GED certificate or high school diploma, earn college credit, and be working (Millenky et al. 2011). Working participants' incomes were also higher, on average, than the incomes of members in the control group.

However, multicomponent interventions that operate on a scale such as the ChalleNGe program are unlikely to be implemented only for young people in foster care. Building evidence that such interventions can improve the prospects for this population will likely require evaluations that randomly assign young people in foster care to such programs in jurisdictions where the program is already serving other vulnerable youth and compare ChalleNGe program participant outcomes with those of young people in foster care who continue receiving existing services.

# Enduring Gaps in the Research Evidence Needed to Inform Development of Independent Living Programs

The past 10 years have increased knowledge of how youth in foster care fare during the transition to adulthood, and evaluations of youth development programs have identified some potentially promising approaches to improving the prospects of these young people. However, significant gaps remain in the knowledge needed to inform development of interventions to improve outcomes for these young people.

First, significant gaps remain in our knowledge of which risk and protective factors are particularly important contributors to key outcomes for young people in foster care. Identifying such risk and protective factors requires rich longitudinal data on the transition to adulthood for young people aging out of care, and such studies remain rare. Only a few studies have specifically studied the population aging out of care since the passage of the FCIA and have reported findings regarding risk and protective factors: The Midwest Study, which followed young people in foster care in three states from ages 17 to 26; McMillen's study of young people in care in Missouri, which followed foster youth from ages 17 to 19; the study by the Urban Institute and its partners that used unemployment insurance wage claims to study employment trajectories in California, Minnesota, and North Carolina (Macomber et al. 2008); and a study of homelessness and housing stability among young people leaving foster care in Detroit (Fowler, Toro, and Miles 2009).

These studies have identified the following risk factors associated with relatively poor outcomes for young people transitioning from foster care to adulthood: the severity and extent of maltreatment before entering care, placement instability while in care, placement in group care, a history of running away from care, youths' mental and behavioral health problems, and delinquency. Protective factors, found to be associated with more positive outcomes later in life, included being on track in school, having paid work experience, being connected to a nonkin adult mentor, and remaining in care past age 18. Some factors, such as having a child and having close connections with adult family members, predict favorable outcomes for some but unfavorable outcomes for others. These findings regarding risk and protective factors provide some direction for efforts to improve services generally, such as improving mental and behavioral health services, educational support services, and work opportunities

for youth while they are in care, as well as supporting foster youths' relationships with adults they already know. Yet the studies do not provide clear guidance regarding *how* to improve these services. In particular, the findings shed little light on what interventions are likely to make a difference from ages 18 to 21, since nearly all the risk and protective factors the studies identified are present before youth reach the age of adulthood. This leaves open the question of which risk and protective factors are malleable after age 18. Put simply, the extant research has yet to shed light on the aspects of resilience that distinguish young people in care who overcome significant odds to achieve a reasonably successful transition to adulthood from those who continue to struggle during the transition.

Second, existing research on the effectiveness of interventions with other child and youth populations arguably may have limited relevance to youth in foster care. While some empirical evidence exists to support the effectiveness of interventions that promote positive development (e.g., social skills, positive behavior, and emotional well-being) among vulnerable youth generally, the effectiveness of these interventions with older youth in foster care is unknown. Plus, very few studies of interventions targeting youth generally have shown impacts on other concrete outcomes referenced in the Chafee legislation (e.g., employment, education, and housing).

Lastly, many interventions that have shown an impact with vulnerable child and youth populations are likely to face significant implementation challenges when applied to older youth in foster care. For example, while the review conducted by Bandy and Moore (2011) of experimental evaluations of interventions targeting aspects of social and emotional well-being found that school-based programs were effective, instability in educational settings for young people in foster care could limit their participation in such programs (Smithgall et al. 2004). Similarly, while involving peers in interventions may be associated with positive outcomes for youth more generally, involving young people in foster care with peers who are not in care can be difficult for various reasons. This is not to say that the programs that have been shown effective with other youth populations cannot be effective with young people in care, only the developers of these programs have yet to encounter potentially important implementation issues.

# Conclusion

As the research review suggests, many youth moving from foster care to adulthood continue to face many challenges. Unfortunately, evaluation research to date has provided little guidance to policymakers, program administrators, and practitioners about specific evidence-based interventions that could improve the prospects of these young people. Moreover, the evaluability assessment conducted as part of the Multi-Site Evaluation of Foster Youth Programs provided evidence that many developers and operators of independent living services did not have well-developed conceptual models informing their programs, and they often had a poor understanding of key characteristics of the populations they served. The next generation of rigorous evaluations of programs funded through the John H. Chafee Foster Care Independence Program must take this context into account. Establishing the readiness of programs for rigorous evaluation will, in many if not all cases, require the provision of technical assistance to their developers.

Policymakers, researchers, and developers and managers of independent living programs are encouraged to learn from the Multi-Site Evaluation by reflecting on current and emerging programs. The typology of independent living services provided in this report intends to help foster such reflection by encouraging key stakeholders including government and philanthropy, state and local program developers, and the research community to ask the following kinds of questions:

- What developmental assets would the program help youth in foster care acquire so they are better prepared to achieve the targeted outcomes?
- What current evidence, if any, exists that suggests the program model is associated with positive outcomes?
- Which subgroups of youth is the program intended to serve (program targeting), and is the program model suitably designed for those populations?

Obtaining better answers to these questions will be a crucial step in improving services funded through the Chafee Foster Care Independence Program.

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