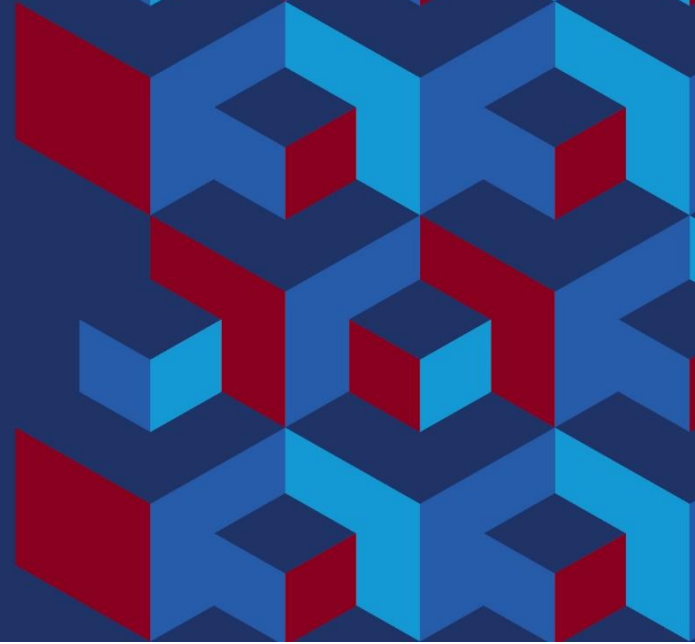


Memo from CaYOUTH



Youth Characteristics and Predominant Placement Type Between Ages 18 and 21

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Providing appropriate housing when youth are in care, while helping them achieve independence, has been a critical focus of foster care services. Since the passage of the Fostering Connections to Success and Increasing Adoptions Act in 2008, states have the option to extend care from age 18 to age 21. New placements were created in recognition of youths' developmental needs and desire for more autonomy. As foster care services are vital and need to be supported and preserved for those children and young people for whom they are best suited, it is critical that child welfare workers make placement decisions that take into account both a child's needs and the capacity of an available placement resource to address those needs. However, very little is known about the decision-making process, predictors of entry into different placements once children are in care, and the effect of placement matching decision making (Chor, McClelland, Weiner, Jordan, & Lyons, 2013).

Previous studies have largely focused on minors in care and how children placed in congregate care differ from youth placed in family-based settings. Research has found that children placed in congregate care are more likely to be male, black, and older (Courtney, 1998; U.S. Department of Health and Human Services [HHS], 2015). Also, children placed in congregate care demonstrated a greater number of risk factors compared to children in non-congregate care settings. These risk factors include mental health diagnoses, externalizing behaviors and conduct disorders, unstable placement histories, and longer stays in out-of-home care (Courtney, 1998; James, Landsverk, & Slymen,

2004; Lee, Bright, Svoboda, Fakunmoju, & Barth, 2011; Palmer, Ahn, Traube, Prindle, & Putnam-Hornstein, 2020). However, how the needs of youth influence the living arrangements of young adults in extended foster care after age 18 remains unclear.

California is one of the early adopters of extended foster care. The California Fostering Connections Act (AB12) was signed into law in 2010. Starting January 1, 2012, eligible foster youth had the right to remain in care until their 21st birthday. California created regulations stipulating that youth in extended foster care must reside in an approved Supervised Independent Living Placement (SILP), Transitional Housing Placement for Non-Minor Dependents (THP-NMD), group home (under limited circumstances),¹ or in the home of an approved relative, nonrelated legal guardian, foster family, or foster family agency. One significant change is that youth who resided in group care as minors have to transition to other placements after they reach age 18. In addition, SILP and THP-NMD were created in recognition of youth developmental needs and preferences. Needing the approval of the youth's caseworker, a SILP could be an apartment or house where the youth lives alone or with others, or a college dorm. SILPs are seen as appropriate for youth who are highly functioning and able to live independently, as they allow youth to receive financial support from the child welfare agency while in a setting that provides the opportunity for increased responsibility for self-care. After youth reach age 18, SILPs become a common living arrangement, with about one-third to one-half of nonminor dependents in California residing in these settings (Courtney et al., 2005; Courtney et al., 2016; McCoy, McMillen, & Spitznagel, 2008). For young people who may not be ready for the autonomy of SILPs, Transitional Housing Placements (THPs) are used. They are

shared or scattered-site apartments that provide foster youth with an array of psychoeducational and independent living skills, employment readiness, and other services to prepare them for adulthood. THP-NMDs are supervised and resource-intensive placements that are considerably more expensive than SILPs. In 2018, the average monthly rate for a THP-NMD was \$3,336 for the single and remote site models and \$2,654 for the host family model (John Burton Advocates for Youth, 2019). This rate is about 3 times the basic rate for SILPs. Compared to SILPs, THP is seen by the advocacy and service provider community as the main mechanism through which more intensive services can be provided to young adults in care.

Leveraging youth survey data and administrative data, this memo examines youth- and system-level factors associated with the predominant placement youth reside in between age 18 and 21, focusing specifically on SILP and THP-NMD. Examining the characteristics and needs of youth entering SILP and THP-NMD is vital, both because placements are the mechanism through which many services are provided to young people in extended foster care and because it is crucial to understand whether youth with distinct needs are placed in appropriate extended foster care settings.

Study Methods

The current memo draws on information from two data sources: the baseline survey of the California Youth Transitions to Adulthood Study (CaYOUTH) and administrative data from California's state child welfare data system. The administrative data allow us to view how youths' characteristics differ across placements using the overall population of youths in extended care. The CaYOUTH survey provides much richer information on the individual

¹ In California, young adults may live in group homes until age 19 in order to finish a high school degree or equivalent. Youth cannot remain in group care after their 19th birthday unless doing so is necessary for medical reasons.

characteristics of a subsample of the larger population. The CalYOUTH survey sample includes a representative sample of adolescents in California foster care who had been in care for at least 6 months, were between the ages of 16.75 and 17.75 in late 2012, and were physically and mentally able to participate in the interview (see Courtney, Charles, Okpych, Napolitano, & Halsted, 2014 for more details about the sampling procedures). Baseline interviews were conducted in 2013, when most respondents were 17 years old ($n = 727$). Among 712 youths who participated in the CalYOUTH survey and granted us access to their administrative records, 448 youths who spent at least 2 years in extended foster care after age 18² were included in the analytic sample. Participants in this study are referred to as the “youth survey sample” for the remainder of the memo.

The administrative data from the California Department of Social Services’ (CDSS) Child Welfare Services/Case Management System (CWS/CMS)

pertain to all youth who were in foster care on or after their 16th birthday for at least one week (8+ days) from 2006 to the most recent reporting period (March 2018, as of this writing) who were also in care as of their 18th birthday. It includes information on the types of placements youth resided in throughout their stay in care as young adults as well as youths’ demographic characteristics, history of maltreatment allegations, and indicators of disability, behavioral health, and physical health conditions.³ We use information on 5,553 child welfare-supervised youths who turned 18 between 2012 and 2014 and spent at least 2 years in extended foster care after age 18.^{4,5} Youth in this sample are referred to as the “administrative data sample” for the remainder of this memo.

The main purposes of the memo are to (1) investigate youths’ predominant placement type between ages 18 and 21, which is defined as the placement in which a youth spent most of the time during their time in care between 18 and 21, and (2)

² Youths’ length of time was calculated by adding the cumulative days youth were in care between their 18th and 21st birthdays. The analysis includes youth who left and then reentered extended foster care so long as their cumulative number of days in extended care exceeded 2 years. Among 645 youths who spent at least one day in care after 18, 537 (83%) stayed in care more than a year and 448 (69%) stayed more than 2 years in extended foster care. The reason we only include youth who stayed in care more than 2 years is that they accounted for the overwhelming majority of care days. For this memo, we ran sensitivity analyses to compare youth who stayed in care more than a year and youth who stayed more than 2 years. The results were substantively the same and no between-group statistically significant differences were found in the characteristics of the two groups.

³ The administrative data capture caseworker-identified vision/hearing disabilities, other physical disabilities, mental retardation, alcohol use disorder, drug use disorder, mental health problems, and other medical conditions that need special care.

⁴ We only used data for youth who turned 18 between 2012 and 2014, as their placement histories can be fully observed between age 18 and 21. Among 11,006 child welfare-supervised youths, 7,931 (72.1%) stayed at least a year (short-stayers) and 6,425 (58.4%) stayed at least 2 years (long-stayers) in extended foster care after age 18. In this memo, we ran sensitivity analyses to compare predictors of staying in SILPs vs. THP-NMDs between “short-stayers” and “long-stayers.” No statistically significant differences were found between these two groups.

⁵ Additionally, to make administrative sample comparable to the youth survey sample, a total of 872 youths who spent most of their time in small family homes, court-specified homes, tribe-specified homes, and adoptive placement/guardian homes between age 18 and 21 were excluded from the sample.

compare the characteristics of youth the who resided predominantly in SILPs to those who resided predominantly in THP-NMDs between ages 18 and 21. We first use both the administrative data sample and the youth survey sample to describe youths' predominant placement while in care between 18 and 21. Then, among youth whose predominant placement is SILP and THP-NMD between 18 and 21, we apply logistic regression analyses to examine factors that are associated with youths' stay in SILP vs. THP-NMD, first using the administrative data sample and then turning to the youth survey sample.

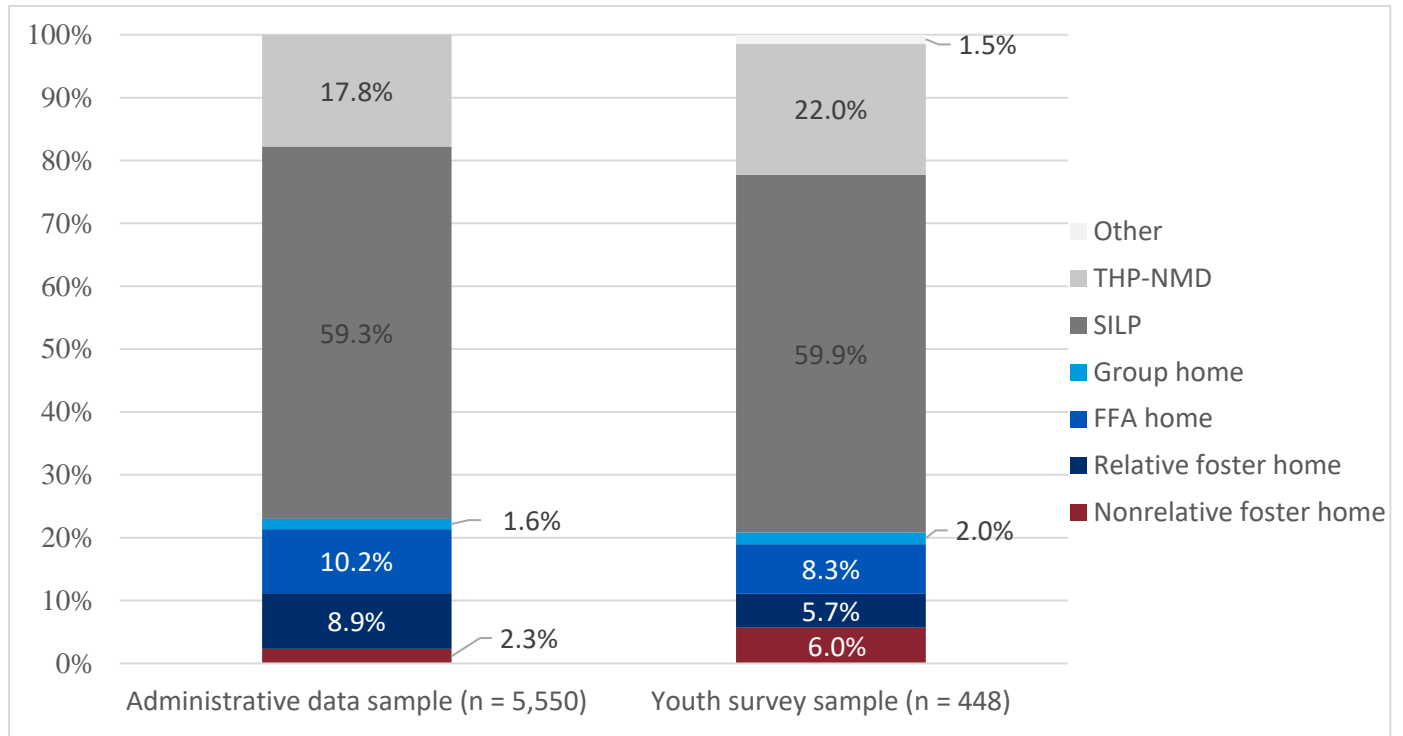
Youth characteristics included in our administrative data sample analysis were demographic characteristics, foster care history characteristics, maltreatment history, disabilities, behavioral health problems, and physical health conditions. As for the youth survey sample analysis, we explored demographic characteristics, foster care history characteristics, maltreatment history, education, employment, pregnancy and parenting, mental health, criminal justice involvement, and social support. The characteristic of California's foster care system that we focused on in both analyses was the size/urbanicity of the youth's county of placement, recognizing that county urbanicity and size could affect the county's capacity to provide housing services for transition-age foster youth. In the youth survey sample analysis, survey weights adjusted for the sampling strategy used to select participants for the CalYOUTH Study.

Findings

Overall, the majority of youth (77.1% in the administrative sample; 81.9% in the youth survey sample) stayed in SILPs and THP-NMDs between ages 18 and 21. Figure 1 displays youths' predominant placement type between 18 and 21 for both the administrative and the youth survey sample. Among 5,550 youths⁶ in our administrative data sample, almost 60% reported that they spent most of their time in SILPs, while nearly a fifth resided in THP-NMDs. As for 448 participants in the youth survey sample, 60% of them were living in SILPs and more than a fifth were in THP-NMDs predominantly while in extended foster care. Consistent with the policy requirement, in both samples, only a trivial amount of youth stayed in group homes between ages 18 and 21. In addition, about a tenth of the youth resided in therapeutic foster homes supervised by private Foster Family Agencies (FFA homes). Around 10% of youth spent most of their time in relative foster homes or nonrelative foster homes in both the administrative and youth survey sample.

⁶ Three youths were missing, as they spent equal time in two placements between age 18 and 21 (e.g., spent half of the time in SILPs and half of the time in THP-NMDs).

Figure 1. Predominant Placement Type Between Age 18 and 21 (administrative and youth survey sample)



^a "Other" includes guardian home, shelter/receiving home, adoptive placement, and court-specified home.

To investigate the factors associated with youth’s stay in SILPs or THP-NMDs, we first used the administrative data sample, relying on its much larger sample size of youth who resided in SILPs or THP-NMDs predominantly after age 18 while in extended foster care ($n = 4,277$). From this study, we are better able to detect associations between characteristics of youth and their predominant placement. Table 1 presents the findings from the logistic regression analysis, showing how characteristics of youth residing in THP-NMDs differ from youth living in SILPs between 18 and 21. Results are presented as odds ratios (ORs). The table only presents youth demographic characteristics and factors that were statistically significantly ($p < .05$) associated with the estimated odds of residing in THP-NMDs compared to SILPs. Variables that were also included in the model but

were not statistically significant are listed at the bottom of the table.

As shown in Table 1, youths’ gender is not associated with whether they stay in SILPs or THP-NMDs predominantly between the ages 18 and 21, while the estimated odds of living in THP-NMDs were about 88% greater for African American youth than for White youth. Compared to youth living in rural counties, the odds of staying in THP-NMDs rather than SILPs is 58% lower for youth in large urban counties and 80% lower for youth in Los Angeles County.

In terms of youth foster care histories, the expected odds of residing in THP-NMDs rather than SILPs is 25% lower for youth who have been placed in kinship care before age 18. Youth who had ever been placed in a congregate care setting before

age 18 (i.e., a group home or residential treatment center) are more likely than youth who had never been placed in one of these settings to stay in THP-NMDs rather than SILPs. Also, compared to youth living in SILPs, youths who spent most of their time in THP-NMDs after age 18 had experienced more placement changes before age 18. Additionally, the odds of living in THP-NMDs compared to SILPs is

53% lower for youth who left care and reentered after age 18 compared to youth who remained in care consistently after age 18. Furthermore, the expected odds of residing in THP-NMDs compared to SILPs is 26% higher for youth who had a vision or hearing disability and 44% higher for youth who had other medical conditions that require special care.

Table 1. Logistic Regression Analysis of Predictors of Residing in THP-NMD versus SILPs between 18 and 21: Administrative Data Sample (n = 4,277, ref: SILP) ^{a, b}

| Predictor | Odds Ratio |
|---|------------|
| Demographic Characteristics | |
| Male (reference: female) | 0.95 |
| Race/ethnicity (reference: White) | |
| African American | 1.88*** |
| Hispanic | 0.86 |
| Asian/Pacific Islanders | 0.84 |
| Native American | 0.84 |
| County urbanicity group (reference: Rural) | |
| Urban | 0.78 |
| Large urban | 0.42*** |
| Los Angeles County | 0.20*** |
| Foster Care Characteristics | |
| Ever been placed in kinship care before age 18 | 0.75*** |
| Ever been placed in congregate care before age 18 | 1.31** |
| Placement change rate before age 18 | 1.16*** |
| Left and reenter care after age 18 | 0.47*** |
| Disability and Health | |
| Vision or hearing disability | 1.26** |
| Other medical condition requiring special care | 1.44*** |

Notes: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

^a Additional variables included in this model (coefficients not shown) that did not significantly predict youths' predominant placement: history of emotional abuse; ever ran away from a placement before age 18; having diagnosed behavioral health problems; and alcohol or drug abuse.

^b Additional variables not included in this model that were explored in preliminary bivariate analyses and that were not found to significantly predict youths' predominant placement: history of being neglected; history of physical abuse; history of sexual abuse; history of other forms of maltreatment; age of first entry into foster care; having diagnosed physical disabilities; and having diagnosed mental retardation.

We also took advantage of the rich self-report data on the characteristics of youth from the youth survey sample to predict their stay in SILPs vs. THP-NMDs. Our analysis shows that few youth characteristics were associated with whether youth resided in SILPs or THP-NMDs between ages 18 and 21. Table 2 presents only statistically significant results from our logistic regression model. Factors we explored in our preliminary analyses and those included in the model that were not statistically

significant are listed at the bottom of the table. Consistent with the administrative data sample analysis, youths' gender is not found to predict their stay in SILPs vs. THP-NMDs while the odds of living in THP-NMDs instead of SILPs were about two times greater for African American youth than for white youth. We also find that youth living in large urban counties and Los Angeles County youth are less likely to reside in THP-NMDs, compared to youth in rural counties.

Table 2. Logistic Regression Analysis of Predictors of Residing in THP-NMDs versus SILPs between 18 and 21: Youth Survey Sample (n = 366, ref: SILP) ^{a, b}

| Predictor | Odds Ratio |
|--|------------|
| Demographic Characteristics | |
| Male (reference: female) | 0.97 |
| Race/ethnicity (reference: White) | |
| African American | 3.18* |
| Multiracial | 1.60 |
| Hispanic | 0.83 |
| Other | 0.86 |
| County urbanicity group (reference: Rural) | |
| Urban | 1.19 |
| Large urban | 0.60 |
| Los Angeles County | 0.10** |
| Foster Care Characteristics | |
| Ever been placed in congregated care before age 18 | 2.47** |
| Pregnancy and Parenting | |
| Has any living children by baseline interview | 3.66* |

Notes: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

^a Additional variables included in this model (coefficients not shown) that did not significantly predict youths' predominant placement: history of being neglected; ever ran away from a placement before age 18; placement change rate before age 18; age of first entry into foster care; and whether youth have enough emotional support.

^b Additional variables not included in this model that were explored in preliminary bivariate analyses and that were not found to significantly predict youths' predominant placement: whether youth were 100% heterosexual, history of physical abuse; history of sexual abuse; history of emotional abuse; history of other forms of maltreatment; ever in kinship care before age 18; left care after 18 but reentered; ever been placed in special education classroom before 18; ever worked for pay; ever been pregnant or impregnated someone prior to the baseline interview; positive screen for any current mental health, substance use, or behavior disorder (conduct disorder or oppositional defiant disorder); delinquent scale that measures youths' delinquent behaviors; ever been incarcerated prior to the baseline interview; whether youth have enough tangible support; and whether youth have enough advice/guidance support.

While most maltreatment history, psychosocial functioning, and social support variables did not significantly predict whether youth reside in SILPs or THP-NMDs, some aspects of youths' foster care experiences, as well as whether or not they were parents, were associated with their predominant placement past age 18. All else being equal, the estimated odds of living in THP-NMDs instead of SILPs for youth who reported having ever been placed in congregate care before age 18 are 1.5 times greater than for youth who have never been placed in congregate care settings. Additionally, the estimated odds of staying in THP-NMDs rather than SILPs are about 2.7 times greater for youth who were parents by the time of our baseline interview (on average, age 17) than for youth who did not have any children by that time.

Study Limitations

Several study limitations should be understood when considering the findings reported here. First, the measure of predominant placement type was calculated by the placement youth spent most of their time in while in extended foster care. This calculation does not capture dynamic placement changes, which are a critical part of youths' housing experience while in extended foster care. Second, the administrative data sample does not contain particularly rich information on youths' background characteristics, which might be predictive of youths' stay in SILPs vs. THP-NMDs. Third, due to the relatively small sample size, the youth survey data may lack the statistical power to identify relatively small associations between youths' characteristics and placement type. Fourth, we may not have measured all youth characteristics associated with whether youth ended up in SILPs or THP-NMDs. Lastly, as the characteristics of other states' foster youth populations, characteristics of the child welfare systems, implementation of extended foster care, and available housing options may differ, the

findings reported here may not be applicable for foster youth outside of California.

Conclusion

This memo provides important insight into where youth were staying after age 18 while in extended foster care and the factors associated with youths' stay in SILPs or THP-NMDs. Both our administrative data sample and youth survey sample indicate that the use of congregate care for youth declined after age 18, while SILP and THP-NMD became common placement types for young adults in care after they turned age 18. About three-fifths of youth stayed predominantly in SILPs and around a fifth were in THP-NMDs after age 18. As SILP and THP-NMD are still relatively new placement types for young adults in care and designed to serve young people with distinct needs, it is critical to explore whether youth are placed in living arrangements that best meet their needs.

According to both the administrative data sample and the youth survey sample analyses, African American youth are more likely to end up in THP-NMDs than white youth. Since this is the only study to date on how youth characteristics differ across extended foster care placements, there is little basis for speculation about this finding. At this point, it is not clear why African American youth in California are at increased odds of residing in THP-NMDs instead of SILPs.

It is worth noting that compared to youth in rural counties, youth living in large urban counties and Los Angeles are less likely to reside in THP-NMDs than SILPs. As housing prices in large urban counties and Los Angeles County are much higher than in rural counties, THP providers in high-cost urban areas may have limited capacity to accommodate all youth in need of intensive services.

Our analyses reveal that youths' placement history before 18 is an indicator of their predominant placement after age 18. Youth who were in congregate care at some point before age 18 are more likely to be living in THP-NMDs rather than SILPs. This is not surprising since children with serious behavioral and emotional problems are more likely to be in treatment-oriented placements (Chor et al., 2013; Courtney, 1998); youth whose needs surpass the capacity of traditional family foster care and who are able to live independently in SILPs, in the absence of other services, may require the kinds of services provided by transitional supportive housing programs. This finding provides empirical support for the assumption in California policy that THP-NMD resources should be targeted towards youth with relatively complex needs compared to young adults residing in other extended care placement settings, and targeted especially to those young people who need to transition out of group care after age 18. Findings from the administrative sample analysis also suggest that youth who had been placed in kinship care before age 18 are more likely to stay in SILPs instead of THP-NMDs after age 18. Since youth in kinship care are more likely to be able to rely on their family for support, and such families have been found to be an important source of tangible support (Dima & Pinkerton, 2016; Okpych, Feng, Park, Torres-García, & Courtney, 2018; Stein, 2012), it is possible that youth with a history of kinship care are more likely than other youth to rely on these connections to maintain a stable SILP placement.

Our administrative data sample analysis suggests that, compared to youth who stayed in SILPs, youth who resided in THP-NMDs tend to experience more frequent placement changes before age 18. Prior studies have identified frequent placement changes as an indicator of behavior problems as well as a risk factor for homelessness (James, 2004; Dworsky,

Napolitano, & Courtney, 2013). This finding also reaffirms the placement planning philosophy that THP-NMD is a service-intensive placement for more vulnerable youth in extended foster care. Similarly, having a vision or hearing impairment and having other medical conditions like chronic illnesses were associated with increased odds of residing in THP-NMDs instead of SILPs. This is further evidence that youths who may require more intensive services are more likely to be placed in THP-NMDs.

The finding that youth who left care after their 18th birthday and reentered are more likely to stay in SILPs than THP-NMDs is perhaps not surprising, since many may have left care due to their desire for more autonomy and independence. However, studies have found that youth who leave and then reenter care are at higher risk of experiencing adverse outcomes, such as homelessness, than those who remain (Courtney et al., 2016; Feng, Harty, Okpych, & Courtney, 2020). This finding should encourage professionals working with young adults in care to consider whether youth who left and reentered are fully prepared to live on their own in SILPs.

Findings from our youth survey sample analysis also suggest that young parents who make the transition to adulthood while in care are more likely than youth without children to reside in THP-NMDs rather than SILPs. The significance of this finding should be tempered by the knowledge that only 5.9% of youth had one or more living children before their baseline interview. Future research should examine whether youth who become parents while in care as young adults are also more likely to end up taking advantage of the services offered by transitional supportive housing programs.

This is the first study of the relationship between the characteristics of youth and the types of placements they find themselves in during their

time in foster care as young adults. While our findings provide some evidence that youth whose characteristics indicate a relatively greater need for supportive services are more likely to spend time in supportive housing programs than those youth with fewer needs for services, the two groups do not exhibit starkly different backgrounds. This suggests that some youth residing in SILPs may benefit from more support than is currently available to them. Child welfare workers should consider the assessment of a youth's capacity to live independently and strive to assist youth in acquiring placement settings that best meet their needs. To assist child welfare professionals in helping youth find placements that meet their needs, future research should focus on the utilization and effectiveness of different extended foster care placements and how these living arrangements are related to youth outcomes such as homelessness, earnings, postsecondary education attainment, and public assistance.

References

- Chor, K. H. B., McClelland, G. M., Weiner, D. A., Jordan, N., & Lyons, J. S. (2013). Patterns of out-of-home placement decision-making in child welfare. *Child Abuse & Neglect, 37*(10), 871–882.
- Courtney, M. E. (1998). Correlates of social worker decisions to seek treatment-oriented out-of-home care. *Children and Youth Services Review, 20*(4), 281–304.
- Courtney, M. E., Dworsky, A., Ruth, G., Keller, T., Havlicek, J., & Bost, N. (2005). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 19*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago. Retrieved from https://www.chapinhall.org/wp-content/uploads/Courtney_Midwest-Evaluation-Adult-Functioning_Report_2005.pdf
- Courtney, M. E., Charles, P., Okpych, N. J., Napolitano, L., & Halsted, K. (2014). *Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of foster youth at age 17*. Chicago, IL: Chapin Hall at the University of Chicago. Retrieved from https://www.chapinhall.org/wp-content/uploads/CY_YT_RE1214-1.pdf
- Courtney, M. E., Okpych, N. J., Charles, P., Mikell, D., Stevenson, B., Park, K., . . . Feng, H. (2016). *Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of youth at age 19*. Chicago, IL: Chapin Hall at the University of Chicago. Retrieved from https://www.chapinhall.org/wp-content/uploads/CY_YT_RE0516_4-1.pdf
- Dima, G., & Pinkerton, J. (2016). The role of informal leaving care peer support networks in Romania. In P. Mendes & P. Snow (Eds.), *Young People Transitioning from Out-of-Home Care* (pp. 409–426). London, United Kingdom: Palgrave Macmillan UK.
- Dworsky, A., Napolitano, L., & Courtney, M. (2013). Homelessness during the transition from foster care to adulthood. *American Journal of Public Health, 103*(S2), S318–S323.
- Feng, H., Harty, J. S., Okpych, N. J., & Courtney, M. E. (2020). *Memo from CalYOUTH: Predictors of homelessness at age 21*. Chicago, IL: Chapin Hall at the University of Chicago.
- Lee, B. R., Bright, C. L., Svoboda, D. V., Fakunmoju, S., & Barth, R. P. (2011). Outcomes of group care for youth: A review of comparative studies. *Research on Social Work Practice, 21*(2), 177–189.
- James, S. (2004). Why do foster care placements disrupt?: An investigation of reasons for placement change in foster care. *Social Service Review, 78*(4), 601–627.
- James, S., Landsverk, J., & Slymen, D. J. (2004). Placement movement in out-of-home care: Patterns and predictors. *Children and Youth Services Review, 26*(2), 185–206.

- John Burton Advocates for Youth. (2019). *THP-NMD & THP-Plus Annual Report 2018-19*. Retrieved from <https://www.jbaforyouth.org/wp-content/uploads/2019/10/V8-THP-NMD-THP-PLUS-Annual-Report-2019.pdf>
- McCoy, H., McMillen, J. C., & Spitznagel, E. L. (2008). Older youth leaving the foster care system: Who, what, when, where, and why? *Children and Youth Services Review, 30*(7), 735–745.
- Okpych, N. J., Feng, H., Park, K., Torres-García, A., & Courtney, M. (2018). Living situations and social support in the era of extended foster care: A view from the US. *Longitudinal and Life Course Studies, 9*(1), 6–29.
- Palmer, L., Ahn, E., Traube, D., Prindle, J., & Putnam-Hornstein, E. (2020). Correlates of entry into congregate care among a cohort of California foster youth. *Children and Youth Services Review, 110*, 104772.
- Stein, M. (2012). *Young people leaving care: Supporting pathways to adulthood*. London, United Kingdom: Jessica Kingsley.
- U.S. Department of Health and Human Services [HHS]. (2015). *A National look at the use of congregate care in child welfare*. Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/cbcongregatecare_brief.pdf

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