CHAPIN HALL POLICY BRIEF

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INTRODUCTION

> **Young people aging out of foster care face significant challenges—but with the right support, Independent Living Programs and Supervised Independent Living Placements can bridge the gap to independence and success**

In response to growing evidence that young people aging out of foster care face significant challenges during their transition to adulthood and fare more poorly than their peers across a wide range of life domains, the Fostering Connections to Success and Increasing Adoptions Act of 2008 gave states the option to extend eligibility for federally funded foster care to age 21. This change in policy meant that states would, for the first time, receive federal funding to support young people in foster care until their 21st birthday. Extended foster care has emerged as a key mechanism for providing young people in foster care with opportunities to prepare for their transition to adulthood by developing critical life skills, pursuing academic and career goals, and building social networks.

Central to extended foster care are Independent Living Programs (ILPs) and Supervised Independent Living Placements (SILPs). ILPs provide services and resources that prepare young people for the transition to independent living. SILPs are living arrangements that provide a bridge between being in a foster care placement and living fully independently. This policy brief examines the critical and complementary roles that ILPs and SILPs can play in supporting young people in extended foster care. We begin by briefly summarizing what we know about the transition to adulthood for young people aging out of foster care, describing a conceptual framework for that transition, and identifying key federal legislation enacted over the past four decades. Next, we discuss extended foster care and the role that ILPs and SILPs can play in preparing young people in extended foster care for their transition to adulthood. Finally, we offer policy and practice recommendations.
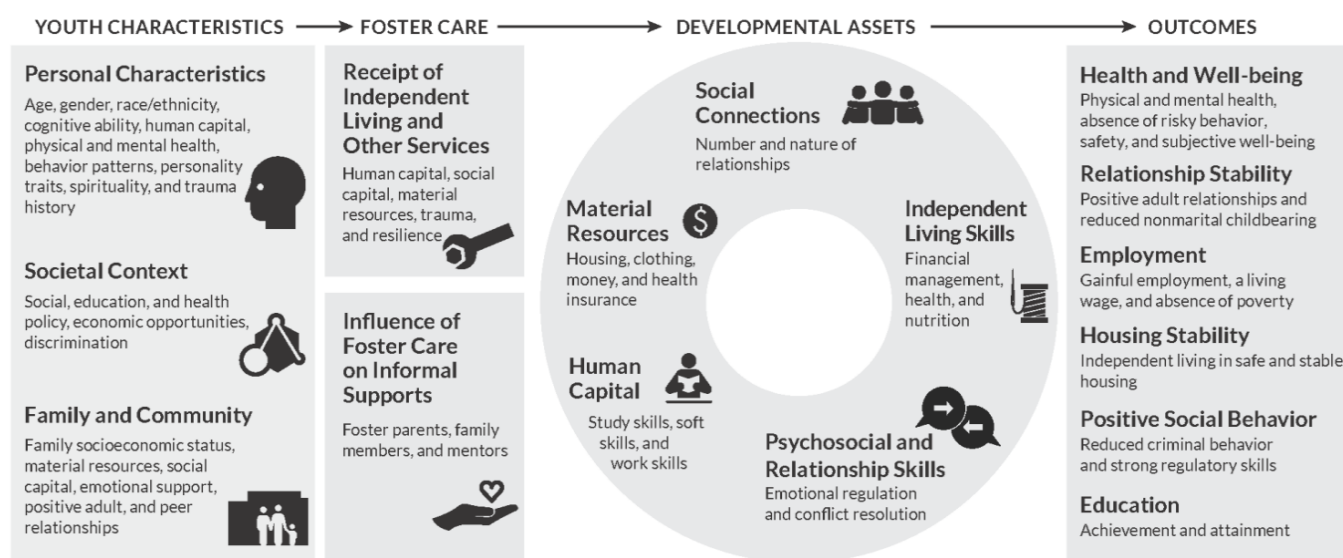
TRANSITION TO ADULTHOOD

Approximately 20,000 young people age out of foster care each year.[1] Many of these young people are ill-prepared for independent living and face formidable challenges during their transition to adulthood. On average, young people who age out of foster care fare worse than their peers across a wide range of life domains. They are less likely to enroll in or graduate from college, less likely to be employed or earn a living wage, more likely to experience homelessness or housing instability, more likely to become involved with the criminal/legal system, and more likely to be financially insecure.[2-3] Young people who age out of foster care also experience mental and behavioral health problems at higher rates than their peers.[4-9] Despite these challenges, young people who age out of foster care often demonstrate remarkable resilience and many achieve positive outcomes.[10]

CONCEPTUAL FRAMEWORK

McDaniel and colleagues (2014) developed a conceptual framework for the transition to adulthood experienced by young people aging out of foster care.[11] According to that framework, young people's personal characteristics interact with their foster care experiences to shape their asset development. Asset development is also shaped by family, community, and social factors, as well as access to both formal supports—such as ILPs—and informal supports—such as foster parents, relative caregivers, or mentors. Young people's outcomes in key life domains are then influenced by the developmental assets with which they approach their transition to adulthood. This framework suggests that child welfare systems can promote positive outcomes by providing young people with the resources and opportunities to promote their developmental assets. Additionally, because each young person approaches their transition to adulthood with unique personal characteristics, foster care experiences, and developmental assets, young people need tailored supports rather than a one-size-fits-all approach.

Relevant Federal Policies

Figure 1. Conceptual Framework for the Transition to Adulthood for Youth in Foster Care

For the past four decades, federal legislation has been instrumental in providing states with funding to prepare young people in foster care for and support them during their transition to adulthood. Table 1 summarizes several major pieces of federal legislation that have expanded access to services and supports for young people aging out of foster care. This expansion reflects an ongoing commitment to ensuring that these young people have the resources they need to make a successful transition.

Table 1. Relevant Federal Policies Supporting Young People Aging out of Foster Care

Consolidated Omnibus Budget Reconciliation Act of 1985 (P.L. 99-272)	Added section 477 to Title IV-E of the Social Security Act, which created the Independent Living Initiative and authorized funds for independent living services for youth ages 16 and older in Title IV-E foster care.
Technical and Miscellaneous Revenue Act of 1988 (P.L. 100-647)	Expanded eligibility for federally funded independent living services to all youth in foster care ages 16 and older and for up to 6 months post discharge.
Omnibus Budget Reconciliation Act of 1990 (P.L. 101-508)	Gave states the option to provide federally funded independent living services to youth who are or were in foster care on or after their 16th birthday until age 21.
Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66)	Permanently reauthorized funding for the Independent Living Program.
Foster Care Independence Act of 1999 (P.L. 106-169)	Replaced the Independent Living Program with the Chafee Foster Care Independence Program; doubled the maximum amount of federal funding available to states for independent living services; required states to use some portion of their funds to provide services to youth ages 18–20 who have aged out; allowed states to use up to 30% of their funds to pay for the room and board of those youth; gave states the option to provide those youth with Medicaid coverage; and created the National Youth in Transition Database (NYTD) to track the provision of independent living services and measure youth outcomes.
Promoting Safe and Stable Families Amendments Act of 2001 (P.L. 107-133)	Created the Education and Training Voucher (ETV) program, which authorizes funding to provide Chafee-eligible youth who are or were in foster care at age 16 or older and enrolled in a postsecondary education or training program with up to $5,000 per year to cover the cost of attendance until age 21 or until age 23 if they were enrolled at age 21.
Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351)	Gave states the option to extend federally funded foster care to age 21 for youth who are enrolled in school, working at least 80 hours per month, participating in an activity designed to promote or remove barriers to employment, or incapable of meeting any of these requirements due to a medical condition. Also amended the definition of a child care institution to include a supervised setting in which youth age 18 or older are living independently.
Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L. 113-183)	Required states to ensure that youth who are likely to remain in foster care until age 18 have regular opportunities to engage in developmentally appropriate activities and to provide youth discharged from foster care at age 18 or older with an official copy of their birth certificate, a Social Security card, health insurance information, a copy of their medical records, and a driver's license or state identification card.
Family First Prevention Services Act of 2018 (P.L. 115-123)	Renamed the Chafee program the Chafee Foster Care Program for Successful Transition to Adulthood, specified that youth who were in foster care at age 14 or older are eligible, extended ETV eligibility to age 26 but limited participation to 5 years total, and allowed states with extended foster care programs to provide Chafee-funded services program to youth up age 23.

EXTENDED FOSTER CARE

Extended foster care provides a vital bridge to adulthood, offering young people the support, stability, and opportunities they need to build independent and successful futures.

The Fostering Connections to Success and Increasing Adoptions Act amended Title IV-E of the Social Security Act by giving states the option to extend eligibility for federally funded foster care from age 18 to age 21.[12] Several factors contributed to this major shift in policy. These included an evolving understanding of normative youth development, growing knowledge about the challenges faced by young people who age out of foster care, changing attitudes about the state's responsibilities to these young people as their "corporate" parent, and empirical evidence that extending foster care leads to better youth outcomes.[13]

As of March 2022, 47 states plus the District of Columbia allowed young people who were in foster care on their 18th birthday to remain in foster care, at least under some circumstances, until age 21.[14] Extended foster care can be federally funded, state funded, or both. However, to be eligible for federally funded extended foster care, young people must be completing high school or the equivalent, enrolled in postsecondary education or a training program, working at least 80 hours per month, participating in an activity that promotes or removes barriers to employment, or incapable of meeting any of these requirements due to a documented medical condition. Young people may be required to meet similar conditions to be eligible for state-funded extended foster care, depending on the state. In some states, young people in extended foster care must sign a voluntary placement agreement; in other states, foster care is extended via court order.

The extension of foster care beyond age 18 means that child welfare agencies are increasingly responsible for the care and supervision of young adults whose developmental needs are qualitatively different from those of children. If these young adults are to benefit from extended foster care, child welfare agencies need to shift their focus from prioritizing child safety to promoting normative development and increasing independence. This means allowing young adults to make their own decisions and learn from their mistakes. Child welfare agencies also need to provide young adults in extended foster care with developmentally appropriate services and living arrangements to enhance their independent living skills, promote educational or vocational goal attainment, and move them towards self-sufficiency.

Research indicates that being in extended foster care is associated with an increased likelihood of receiving independent living services.[15,16] Being in extended foster care is also associated with an increased likelihood of positive outcomes related to education and employment as well as a decreased likelihood of negative outcomes related to homelessness and criminal legal system involvement.[2,17-24]

Case management services are provided to all young people in extended foster care. Those services should include at least one in-person meeting with their caseworker each month. Caseworkers are expected to connect each young person in extended foster care with community-based supports. They are also expected to develop a personalized transition plan with each young person in extended foster care during the 90 days before the young person ages out.

Traditionally, caseworkers have had children of all ages on their caseload. However, in some jurisdictions, child welfare agencies are implementing a specialized case management model. Specialized caseworkers have a caseload that only includes young people in extended foster care.[25] These specialized caseworkers may receive additional training on the developmental needs of this age group and on services and resources to whom these young people can be referred. Research is needed on whether and under what circumstances specialized case management leads to better outcomes for young people in extended foster care. Moreover, even if the approach is efficacious, it may not be a good fit for every jurisdiction, especially jurisdictions with few young people in extended foster care.

INDEPENDENT LIVING PROGRAMS

Independent living programs (ILPs) provide a range of services that are designed to prepare young people in extended foster care for independent living. The primary source of federal funding for these programs is the Chafee Foster Care Successful Transition to Adulthood Program (formerly the Chafee Foster Care Independence Program). Based on a literature review, McDaniel et al. (2014) developed a typology for categorizing ILPs based on the type of services they provide (see Figure 2).[11,26] Although this typology was not specific to ILPs for young people in extended foster care, it is largely aligned with the kinds of services typically available to that population and the categories of independent living services captured by the National Youth in Transition Database (NYTD).[27] ILPs can focus on one domain or take a more wholistic, "one-stop shop" approach, recognizing that young people often have multiple types of service needs.[28]

Figure 2. Typology of Independent Living Programs

Education
High school completion, college access, and college success services

Employment
Job readiness/vocation skills training and job placement services

Housing
Navigation services to find, subsidize, and maintain housing

Mental & Behavioral Health
Trauma-informed counseling and treatment services

Mentoring
Services to connect young people with supportive adults

Permanency Enhancement
Services to develop and support relationships with relatives/fictive kin

Prevention of Sexual Risk Behavior
Services to prevent pregnancies and sexually trasmitted infections

Parenting Support
Services to enhance parenting skills and break the intergenerational cycle of child welfare system involvement

Financial Literacy/ Asset Building
Services to promote financial stability and economic well-being

Unfortunately, 20 years after the Chafee Program was created, relatively few ILPs for young people transition out of foster care have been rigorously evaluated, and only a handful of those programs have been found to have a positive impact on the outcomes of young people in key life domains. One systematic review found little to no evidence that ILPs are having a demonstrable effect on the outcomes of young people transitioning out of foster care.[29] This review did not focus specifically on ILPs for young people in extended foster care and included studies regardless of their methodological rigor. A more recent systematic review and meta-analysis of studies that evaluated transition support programs (including ILPs) using methodologically rigorous designs also concluded that programs designed to improve the outcomes of young people transitioning out of foster care are generally not producing the intended effects.[30] These reviews clearly indicate that evidence regarding the effectiveness of ILPs is limited, especially for young people in extended foster care. They also raise questions about our current approach to preparing young people for their transition to adulthood.

SUPERVISED INDEPENDENT LIVING PLACEMENTS

The Fostering Connections to Success and Increasing Adoptions Act of 2008 amended the definition of a child care institution to include a supervised setting in which young people age 18 or older are living independently (that is, with no onsite caregivers). These Supervised Independent Living Placements (SILPs) give young people an opportunity to experience living on their own while still receiving supervision and support from their caseworker as well as independent living services. Rather than being prescriptive, the Administration for Children and Families (ACF) gave state child welfare agencies discretion to determinate what is considered to be a SILP.[31] However, ACF encouraged state child welfare agencies to be "innovative" in their determination of what living arrangements can best meet young people's needs for supervision and support as they move toward independence.

Young people in extended foster care may be able to choose from several different types of SILPs depending on the state (or in some cases, the county) in which they live. These options may include scattered-site apartments, host homes, or college dormitories.[32,33] Young people may live alone or with a roommate in a child welfare agency-owned or managed building, or in a "private market" apartment.

To help young people find apartments in the private market, child welfare agencies may cultivate relationships with landlords or property managers who are willing to rent to young people in extended foster care; they may also cosign leases. State child welfare agencies may (but are not required to) pay all or part of the monthly foster care maintenance payment that would otherwise be paid to a foster parent or child care institution directly to young people whose living arrangement is a SILP. Young people are expected to use their monthly stipend to pay for their housing and other living expenses.

Young people may be encouraged to share housing with roommates to reduce their housing costs. In some jurisdictions, living alone may not be a viable option because even a studio apartment would cost more than the monthly stipend young people receive. Sharing housing while in extended foster care can also prepare young people for what they will likely need to do after they age out. Some jurisdictions impose restrictions that limit with whom young people in extended foster care can live. This can be done directly (by prohibiting young people from living with a biological parent or a romantic partner) or indirectly (by requiring roommates to pass a criminal background check). Other jurisdictions impose no restrictions so that young people can learn to make decisions about with whom they live.

Importantly, a SILP is not appropriate for all young people in extended foster care. Some young people need more supervision and support than a SILP can provide. To ensure that young people in SILPs can reasonably be expected to live successfully on their own, states may establish eligibility criteria related to educational attainment, employment, income, or a demonstrated readiness for independent living.

To date, we know little about whether SILPs are preparing young people in extended foster care for a successful transition to adulthood. Nor do we know whether different SILP options lead to different outcomes for young people in extended foster care and whether different subpopulations of young people in extended foster care benefit from different SILP options.

POLICY AND PRACTICE RECOMMENDATIONS

ILPs and SILPs can play a critical role in ensuring that young people in extended foster care make a successful transition to adulthood. Below are several policy and practice recommendations related to their implementation.

Figure 3. Key Policy and Practice Recommendations for Supporting Youth in Extended Foster Care
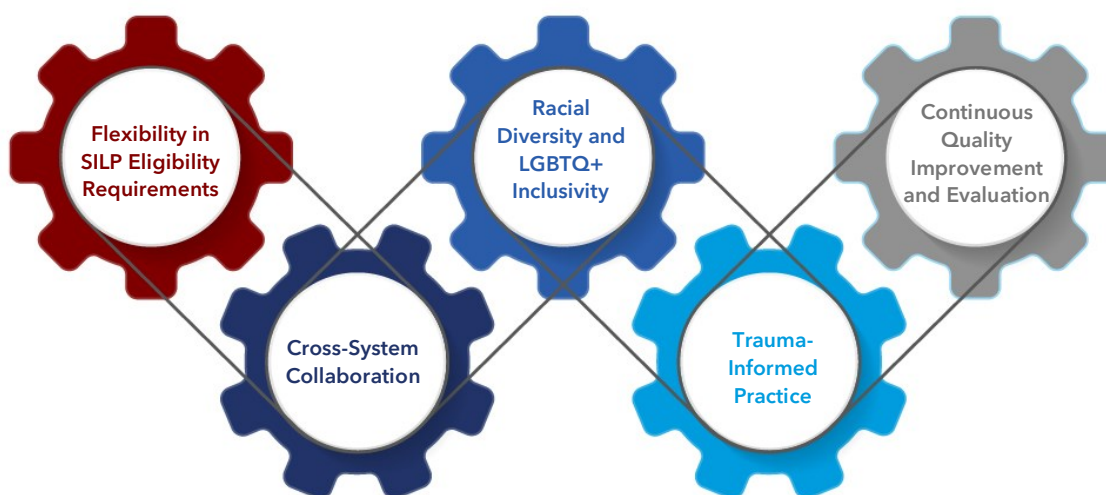
Flexibility in SILP Eligibility Requirements

States might consider relaxing some of the their SILP eligibility requirements, such as those related to education or employment, so that more young people in extended foster care have the opportunity to experience living on their own before they age out. However, not every young person in extended foster care is ready to live independently, so some eligibility requirements are needed. One option is to use a SILP Readiness Assessment to evaluate whether a young people have the life skills and financial resources needed to live on their own with some support from their caseworker.[34]

Cross-System Collaboration

Cross-system collaboration is essential to ensuring that young people in extended foster care have access to the full range of services they need. Rather than trying to provide services outside of their areas of expertise, child welfare agencies can create partnerships with other public agencies that may be better positioned to address specific needs. Young people in extended foster care are typically eligible for the services these agencies provide and some of those services may be geared toward young adults who are likely to experience challenges during the transition to adulthood.

Racial Diversity and LGBTQ+ Inclusivity

A disproportionately high percentage of young people in foster care are Black.[35] Young people who identify as LGBTQ+ are also over-represented among young people in foster care.[36,37] Consequently, a concerted effort should be made to ensure that the professionals who work with young people in extended foster care reflect the diversity of the young people they serve. At a minimum, professionals should receive cultural competency training on the unique challenges young people who identify as Black or LGBTQ+ may face during the transition to adulthood and best practices for supporting these young people during that transition.

Trauma-Informed Practice

Young people in foster care have often experienced multiple traumas and childhood adversities by the time their transition to adulthood begins.[38,39] Exposure to trauma or adverse childhood experiences (ACES) can have deleterious effects on young people's development and interfere with their successful transition to adulthood.[40] Professionals who work with young people in extended foster care need an understanding of trauma, responses to trauma, and trauma's developmental impacts.[41] Trauma-informed practice also includes connecting young people with trauma-specific interventions (if needed) and helping them build relationships with caring adults who will support them during their transition to adulthood.

Continuous Quality Improvement and Evaluation

Continuous quality improvement (CQI) and evaluation are both critical to ensuring that ILPs and SILPs are effectively preparing young people in extended foster care for successful transition to adulthood. A CQI process can help child welfare agencies identify problems with program design or service delivery and implement changes to address those problems.[42] Evaluations can shed light on both whether ILPs and SILPs are being implemented as designed and whether they are leading to better outcomes for young people in extended foster care. Given the limited evidence base for both ILPs and SILPs, more research is needed on their implementation and impacts.

CONCLUSION

This policy brief underscores the distinct yet interconnected roles of ILPs and SILPs in supporting young people in extended foster care. ILPs provide a wide range of services to build life skills, improve educational and employment outcomes, promote well-being, and encourage connections with supportive adults. SILPs allow young people to experience living on their own while still benefiting from the support of their caseworker and other service providers. Together, ILPs and SILPs can help prepare young people in extended foster care for a successful transition to adulthood. Continued investment in ILPs and SILPs is part of the government's responsibility as "corporate" parent.[13]

Although SILPs and ILPs can play a critical role in supporting young people in extended foster care, they are not without limitations. Not all young people in extended foster are ready to live independently and need more supervision and support than a SILP can provide. Because ILPs vary widely across (and even within) jurisdictions, whether young people in extended foster care have access to the services they need may depend on where they live. Moreover, because the evidence base for ILPs is still very limited, the services young people in extended foster care are receiving may not be effective. Further research, including rigorous evaluation, is needed to determine which ILPs work best, with whom, and in which SILP settings.

CONTACT INFORMATION

Chapin Hall is an independent policy research center that provides public and private decision-makers with rigorous research and achievable solutions to support them in improving the lives of children, families, and communities. We partner with policymakers, practitioners, and philanthropists to construct actionable information, practical tools, and, ultimately, positive change for families. Chapin Hall's areas of research include child welfare systems, community capacity to support children and families, and youth homelessness. For more information about Chapin Hall, visit www.chapinhall.org or @Chapin_Hall.

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SUGGESTED CITATION

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ENDNOTES

[1] U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2023). *The AFCARS report. Preliminary FY 2022 Estimates as of May 9, 2023 - No. 30*. DHHS.

[2] Courtney, M., Dworsky, A., Ruth, G., Havlicek, J., Perez, A., & Keller, T. (2007). *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at age 21*. Chapin Hall Center for Children.

[3] Havlicek, J., & Dworsky, A. (2021). Aging out of foster care in the United States and beyond. In *Oxford Bibliographies in Social Work*. Ed. Edward J. Mullen. Oxford University Press.

[4] Havlicek, J., Garcia, A., & Smith, D. (20133). Mental health and substance use disorders among foster youth transitioning to adulthood: Past research and future directions. *Children and Youth Service Review, 35*(1), 194–203. https://doi.org/10.1016/j.childyouth.2012.10.003

[5] Brown, A., Courtney, M. E., & McMillen, J. C. (2015). Behavioral health needs and service use among those who've aged-out of foster care. *Children and Youth Services Review, 58,* 163–169. https://doi.org/10.1016/j.childyouth.2015.09.020

[6] Munson, M. R., Katz, C. C., Okpych, N. J., & Courtney, M. E. (2020). Mental health management among older youth in foster care: Service utilization and preparedness. *Journal of Adolescent Health, 67*(2), 225–231. https://doi.org/10.1016/j.jadohealth.2020.02.017

[7] Park, K., Okpych, N. J., & Courtney, M. E. (2019). Psychotropic medication use and perceptions of medication effects among transition-age foster youth. *Child & Adolescent Social Work Journal, 36*(6), 583–597. https://doi.org/10.1007/s10560-019-00605-y

[8] Okpych, N. J., & Courtney, M. E. (2018). Characteristics of foster care history as risk factors for psychiatric disorders among youth in care. *American Journal of Orthopsychiatry, 88*(3), 269–281. https://doi.org/10.1037/ort0000259

[9] McMillen, J. C., & Raghavan, R. (2009). Pediatric to adult mental health service use of young people leaving the foster care system. *Journal of Adolescent Health, 44*(1), 7–13. https://doi.org/10.1016/j.jadohealth.2008.04.015

[10] Nuñez, M., Beal, S., & Jacquez, F. (2022). Resilience factors in youth transitioning out of foster care: A systematic review. *Psychological Trauma, 14*, S72–S81. https://psycnet.apa.org/doi/10.1037/tra0001096

[11] McDaniel, M., Courtney, M. E., Pergamit, R. M., & Lowenstein, C. (2014). *Preparing for a 'next generation' evaluation of independent living programs for youth in foster care: Project overview*. OPRE Report #2014-71. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

[12] Previously, young people could remain in federally funded foster care until age 19 if they were a full-time high school student and expected to graduate before their 19th birthday.

[13] Courtney, M. (2009). The difficult transition to adulthood for foster youth in the U.S.: Implications for the state as corporate parent. *Social Policy Report, 23*, 3–19.

[14] Child Welfare Information Gateway. (2022). *Extension of foster care beyond age 18*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau

[15] Courtney, M., Lee, J., & Pérez, A. (2011). Receipt of help acquiring life skills and predictors of help receipt among current and former foster youth. *Children and Youth Services Review*, *33*(12), 2442–2451. https://doi.org/10.1016/j.childyouth.2011.08.026

[16] Rosenberg, R., & Abbot, S. (2019). *Supporting older youth beyond age 18: Examining data and trends in extended foster care*. Child Trends.

[17] Courtney, M. E., & Okpych, N. J. (2017). *Memo from CalYOUTH: Early findings on the relationship between extended foster care and youths' outcomes at age 19*. Chapin Hall at the University of Chicago.

[18] Courtney, M. E., Okpych, N. J., & Park, S. (2018). *Report from CalYOUTH: Findings on the relationships between extended foster care and youths' outcomes at age 21*. Chapin Hall at the University of Chicago.

[19] Courtney, M., Okpych, N., & Park S. (2021). *Report from CalYOUTH: Findings on the relationships between extended foster care and youths' outcomes at age 23*. Chapin Hall at the University of Chicago.

[20] Courtney M. E., & Hook J. L. (2017). The potential educational benefits of extending foster care to young adults: Findings from a natural experiment. *Children and Youth Services Review*, 72, 124–132. https://doi.org/10.1016/j.childyouth.2016.09.030

[21] Dworsky, A., Courtney, M., & Napolitano, L. (2013). Homelessness during the transition from foster care to adulthood. *American Journal of Public Health, 103*(S2), S318–S323. https://doi.org/10.2105/AJPH.2013.301455

[22] Geiger, J. M., & Okpych, N. J. (2022). Connected after care: Youth characteristics, policy, and programs associated with postsecondary education and employment for youth with foster care histories. *Child Maltreatment*, *27*(4), 658–670. https://doi.org/10.1177/10775595211034763

[23] Hook, J., & Courtney, M., (2011). Employment outcomes of former foster youth as young adults: The importance of human, personal, and social capital. *Children and Youth Services Review, 33*(10), 1855–1865. https://doi.org/10.1016/j.childyouth.2011.05.004

[24] Okpych N. J., & Courtney M. E. (2020). The relationship between extended foster care and college outcomes for foster care alumni. *Journal of Public Child Welfare*, *14*, 1–23. https://doi.org/10.1080/15548732.2019.1608888

[25] McDaniel, M., Dasgupta, D., & Park, Y. (2019). *Specialized case management for young adults in extended federal foster care. OPRE Report #2019-105*. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

[26] Because many ILPs help young people develop psychosocial skills in the context of whatever services they provide, the typology did not include a separate category for relationship skills training.

[27] The Foster Care Independence Act requires the Administration for Children and Families (ACF) to develop a data collection system to track the independent living services states provide to youth and develop outcome measures that may be used to assess states' performance in operating their independent living programs. The regulation establishes the National Youth in Transition Database (NYTD) and requires states to collect information on each youth who receives independent living services paid for or provided by the state agency that administers the Chafee Program and collect demographic and outcome information on certain youth currently or formerly in foster care at ages 17, 19, and 21.

[28] The typology included "multicomponent services" for ILPs that focused on more than one domain.

[29] Doucet, M., Greeson, J., & Eldeeb, N. (2022). Independent living programs and services for youth "aging out" of care in Canada and the U.S.: A systematic review. *Children and Youth Services Review, 142*, 106630. https://doi.org/10.1016/j.childyouth.2022.106630

[30] Taylor, D., Albers, B., Mann, G., Lewis, J., Taylor, R., Mendes, P., Macdonald, G., & Shlonsky, A. (2024). Systematic review and meta-analysis of policies and interventions that improve health, psychosocial, and economic outcomes for young people leaving the out-of-home care system. *Trauma Violence Abuse, 2*5(5), 3534–3554. https://doi.org/10.1177/15248380241253041

[31] See Guidance on Fostering Connections to Success and Increasing Adoptions Act of 2008 (ACYF-CB-PI-10-11)

[32] Dworsky, A., & Dasgupta, D. (2018). *Housing for young adults in extended federally funded foster care: Best practices for states*. OPRE Report #2018-24. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/opre/report/housing-young-adults-extended-federally-funded-foster-care

[33] Host homes are the homes of community members (that is, hosts), who provide housing to young people in extended foster care.

[34] See SILP Readiness Assessment for an example from California.

[35] Dettlaff, A., & Boyd, R. (2020). Racial disproportionality and disparities in the child welfare system: Why do they exist, and what can be done to address them? *The ANNALS of the American Academy of Political and Social Science*, *692*(1), 253–274. https://doi.org/10.1177/0002716220980329

[36] Fish, J., Baams, L., Wojciak, A., & Russell, S. (2019). Are sexual minority youth overrepresented in foster care, child welfare, and out-of-home placement?: Findings from nationally representative data. Child *Abuse and Neglect, 89,* 203–211. https://doi.org/10.1016/j.chiabu.2019.01.005

[37] Wilson, B., & Kastanis, A. (2015). Sexual and gender minority disproportionality and disparities in child welfare: A population-based study. *Children and Youth Services Review, 58*, 11–17. https://doi.org/10.1016/j.childyouth.2015.08.016

[38] Rebbe, R., Nurius, P., Ahrens, K., & Courtney, M. (2017). Adverse childhood experiences among youth aging out of foster care: A latent class analysis. *Children and Youth Services Review, 74,* 108–116. https://doi.org/10.1016/j.childyouth.2017.02.004

[39] Salazar, A., Keller, T., Gowen, L., & Courtney, M. (2013). Trauma exposure and PTSD among older adolescents in foster care. *Social Psychiatry and Psychiatric Epidemiology,* 48, 545–551. https://doi.org/10.1007/s00127-012-0563-0

[40] Park, E., Lee, J., & Han, J. (2021). The association between adverse childhood experiences and young adult outcomes: A scoping study. *Children and Youth Services Review, 123*, 105916. https://doi.org/10.1016/j.childyouth.2020.105916

[41] Jim Casey Youth Opportunities Initiative. (2012). Trauma-informed practice with young people in foster care. Issue brief #5. JCYOI.

[42] Continuous Quality Improvement (CQI) is a process for enhancing program performance by regularly collecting and analyzing data, identifying changes that could be made to improve performance, and testing those changes.