



## Living arrangements and level of care among clients discharged from a scattered-site housing-based independent living program

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### ABSTRACT

There is little recent research in the field of adolescent independent living that looks at the specific living arrangements of youth, who at the point of discharge from the child welfare system, had experienced living independently and had access to a choice of housing options. Administrative data and reviews of client records were used in this study to look at the choice of housing option and the change in level of care of 367 young adults who emancipated from the Lighthouse Youth Services Independent Living Program in Cincinnati, Ohio, during the five-year period 2001–2006. Given a range of housing options at the time of discharge, over half (55%) chose an independent living arrangement, including 41% who lived in their own place, either alone (28%) or with a roommate (13%). Only 21% decided to live in someone else's home, including just 7% with one or both birth parents, 10% with some other relative, and 4% with a non-relative. The remaining 24% of youth were discharged from independent living to a more restrictive living arrangement (a.k.a., higher "level of care", including a residential treatment program, group home, foster care, or supervised independent living program) (11%) or whose whereabouts were unknown (13%). The outcomes of this study suggest that, when presented with a choice of housing options, most of this county's emancipating foster youth would prefer to live on their own, rather than to return to live with their families of origin. The study also suggests that many youth who participate in a scattered-site housing-based independent living program can succeed in leaving care with affordable housing in place and avoid immediate homelessness.

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### 1. Introduction

In spite of the ongoing efforts of child welfare systems to pursue family reunification, adoption or other family/relative connections, there has always been a significant number of youth aging out of foster care annually who are not connected to stable family supports (Freundlich & Avery, 2005). The number has been ranging from 20,000–25,000 since the original Federal Independent Living legislation was passed over 20 years ago (U.S. General Accounting Office, 1999). While the total number of youth in foster care has decreased over the past decade, the number of youth aging out or emancipating from care each year has increased (Mares, 2010), and equaled 29,471 during fiscal year 2009 (U.S. Department of Health and Human Services, 2010).

In 1986, Title IV-E of the Social Security Act was amended to establish a new federal initiative, named the federal Independent Living Initiative (ILI) (42 U.S.C. Sec. 677), to help foster youth ages 16 or older to live independently after reaching adulthood by enabling states to develop life skills, academic achievement, and vocational

training programs to avoid homelessness, dependence on public assistance, and institutionalization after emancipating from care. Those new funds were not, however, allowed to be used for room and board (Hardin, 1987; Mech, 1988). An evaluation of ILI-funded programs conducted by Westat (1991) involving 810 youth in eight states found that skills training in budgeting, credit, consumer skills, education, and employment lead to positive outcomes in those areas. Moreover, a study conducted by Harding and Luft (1993) found that youth who participated in their state's Preparation for Adult Living program demonstrated overall greater housing stability, moving significantly fewer times than non-participants. However, some questioned the effectiveness of life skills training alone, and began advocating for the development of housing-based independent living programs to provide youth with an opportunity to apply life skills learned in a classroom setting in a supervised independent living setting, such as an apartment of their own, prior to emancipating from care (Brickman, Dey, & Cuthbert, 1991; DeWoody, Ceja, & Sylvestrer, 1993; Kroner, 1988).

In 1999, Congress responded to independent living research findings and child welfare advocates by amending Title IV-E of the Social Security Act and redesigning the federal ILI by enacting the Foster Care Independence Act of 1999 (FCIA; H.R. 3443/P.L. 106–169) and the John H. Chafee Foster Care Independence Program (FCFIP).

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This Act and Program provide states with more funding and greater flexibility in carrying out programs designed to help children make the transition from foster care to self-sufficiency, including for the first time authorization for states to use up to 30% of their allotted federal independent living funds to provide housing assistance for current and emancipated foster youth (Allen & Bissell, 2004). In 2009 the federal government provided \$140 million in CFCIP grant funds to states. In 2007, all 52 states received CFCIP grants, which averaged \$3.9 million per state, and ranged from a minimum of \$500,000 awarded to less populated and smaller states (e.g., Alaska, Delaware and six other states) to \$12 million for New York and \$21 million for California (NRCYD, 2010).

More recently, the Fostering Connections to Success and Increasing Adoptions Act of 2008 (H.R. 6893/P.L. 110–351) was enacted to improve outcomes for children in foster care, in part by authorizing states to claim IV-E reimbursement for foster care maintenance payments made on behalf of children up to 21 years of age who are in a supervised independent setting (Geen, 2009).

## 2. Review of independent living housing studies literature

A review of the independent living housing studies literature was conducted by the second author. The universe of studies examined included those cited in five independent living literature review articles published since 2000 – following the enactment of the federal Independent Living Initiative in 1986 and the Foster Care Independence

Act in 1999 – including: Loman and Siegel (2000), Collins (2001), Montgomery, Donkoha, and Underhilla (2006), Naccarato and DeLorenzo (2008), and Barth, Greeson, Zlotnik, and Chintapalli (2009). These five literature review articles cited a total of 13 studies in which housing-related outcomes were reported. A summary of those studies are presented in Table 1.

In five of those 13 studies, outcomes from specific independent living programs (ILP) were reported. Those studies included data from two ILPs operated by non-profit agencies: The Green Chimneys ILP in New York City from 1987–1994 (Mallon, 1998), and Lighthouse Youth Services ILP in Cincinnati from 2001–2006 (Kroner & Mares, 2009). One state-wide administered ILP in North Carolina examined clients served during the period 1992–1996 (Lindsey & Ahmed, 1999) was studied. Two state-monitored, county-administered ILPs serving clients in Baltimore County, Maryland, during the period 1988–1993 (Scannapieco, Schagrín, & Scannapieco, 1995), and District 11 (Miami-Dade and Monroe Counties) in Florida during the period 1998–2002 (Georgiades, 2005) were also examined. In contrast to the three public agency-administered programs which compared housing and other outcomes between ILP clients and non-ILP comparison group youth, both non-profit agency-based studies examined ILP client outcomes alone (Table 1).

The remaining eight studies examined emancipated foster youth who may or may not have received independent living services, and were thus classified as “ILP unspecified youth” studies. Two of those studies have been the most influential within the field of independent

**Table 1**  
Summary of independent living arrangement rates by age reported in previous studies of emancipated foster youth.

Authors	Time period	Geographic area	Sample size	Female	White	Black	Independent living arrangement rates by mean age reported					Comments
							18	19	20	21	22	
<b>ILP youth</b>												
Georgiades (2005)	1998–2002	Miami	49	78%	10%	60%			82%			Includes “own/rent independent housing”
Kroner and Mares (2009)	2001–2006	Cincinnati	455	56%	30%	64%	33%					Includes living in own place, either alone or with friends
Lindsey and Ahmed (1999)	1992–1995	NC	44	63%	38%	60%	68%					Includes living alone, with partner, or with friends
Mallon (1998)	1988–1995	NYC	46	0%	4%	67%		68%	77%			Includes own apartment (15–21%), shared apartment (46–51%) and furnished room (5–7%)
Scannapieco et al. (1995)	1988–1993	Baltimore	44	53%	68%	NR	36%					Includes “living on own”
<b>Non-ILP youth</b>												
Georgiades (2005)	1998–2002	Miami	18	78%	10%	60%			55%			Includes “own/rent independent housing”
Lindsey and Ahmed (1999)	1992–1996	NC	32	48%	43%	57%	41%					Includes living alone, with partner, or with friends
Scannapieco et al. (1995)	1988–1993	Baltimore	46	53%	68%	NR	4%					Includes “living on own”
<b>ILP unspecified youth</b>												
Cook et al. (1991)	1987–1991	AZ, CA, IL, MO, PA, NY and TN	810	57%	61%	NR				49%		Includes self (13%), self and child (8%) and sign other and child (28%)
Courtney, Dworsky, Ruth, Keller, Havlicek, and Bost (2005)	2002–2004	IA, IL and WI	321 <sup>a</sup>	51%	45%	41%	29%					Includes “own place”
Courtney et al. (2007)	2002–2006	IA, IL and WI	590	53%	33%	56%				44%		Includes “own place”
Daining and DePanfilis (2007)	2002–2003	Baltimore	100	72%	47%	61%					37%	Includes “living on their own”; plus 17% living with partner
Fowler and Toro (2006)	2002–2003	Detroit	264	57%	24%	75%	16%				42%	Includes own apartment, house or dorm
Lorentzen et al. (2008)	2008	CA	458	68%	NR	NR			13%			Includes own apartment
McCoy et al. (2008)	2002–2003	MO	404	NR	NR	NR	24%	47%				Undefined “more independent”; 18 y/o = mean of 21% left care and 26% in-care groups
McMillen and Tucker (1999)	1992–1993	MO	252	66%	77%	22%	22%					Includes college dorm and military
Reilly (2003)	1997–2000	Southern NV	100	55%	46%	30%				40%		Includes living with partner (29%)
		Total N	3,712 <sup>b</sup>	57%	40%	54%	952	1,772	213	1,710	100	Total N for age group
		Mean	232				22%	30%	57%	47%	37%	Weighted mean % for age group

NR = Not reported.

<sup>a</sup> Total N = 603, less those still in care (N = 282), equals N = 321 emancipated youth.

<sup>b</sup> Excludes 19 year-old youth from Courtney et al. study to avoid double-counting.

living; namely, the national evaluation conducted by Westat conducted five years after the enactment of the federal Independent Living Initiative (Cook, Fleishman, & Grimes, 1991), and the ongoing Midwest Outcomes Study begun a decade later and four years after the enactment of the Foster Care Independence Act (Courtney & Dworsky, 2005; Courtney et al., 2007). These two studies are the most commonly cited independent living outcome studies conducted within the past three decades, and provide the most compelling documentation of the many challenges facing emancipated foster youth and need for independent living services in general, including housing assistance (Table 1).

The six remaining studies reporting housing outcomes among emancipated foster youth include four state-based studies and two city-based studies. Two studies were conducted in Missouri – the first in the early 1990's (McMillen & Tucker, 1999) and the second a decade later in the early 2000's (McCoy, McMillen, & Spitznagel, 2008). A third study involved a sample of emancipated youth in Southern Nevada conducted in the late 1990's (Reilly (2003). The fourth and largest statewide study is on-going and examines the Transitional Housing Program (THP-Plus), the largest housing-based supervised independent living program currently in operation in the United States (Lorentzen, Lemley, Kimberlin, & Byrnes, 2008). Finally, two city-specific studies were conducted in the early 2000's, including one in Baltimore, Maryland, and the other in Detroit, Michigan (Daining & DePanfilis, 2007; Fowler & Toro, 2006) (Table 1).

Aggregated independent living arrangement rates data summarized in Table 1 provide potentially useful benchmark data for the study reported in this paper and future studies of housing-based independent living programs. Among the 3,700 emancipated youth studied across the 13 studies published over the past three decades, independent living arrangement rate estimates are as follows: 22%, 30%, 57%, 47%, and 37% for 18, 19, 20, 21 and 22 year-old youth, respectively (Table 1). Note that these estimates may be biased due to 1) potential differences between independent living program specific populations versus non-specified or general population-based samples, 2) unknown variations in housing outcomes across time periods and geographic regions examined, 3) differences in definitions of "independent living" status used (i.e., Comments column of Table 1) across these 13 studies, and 4) possible publication bias due to including only published housing outcomes studies.

Regarding possible publication bias, there are several innovative housing-based interventions assisting emancipating foster youth currently in operation, including: First Place for Youth in San Francisco ([http://firstplaceforyouth.org/programs/first\\_place](http://firstplaceforyouth.org/programs/first_place)), Urban Peak in Denver (Leeuwven, 2004; [http://www.urbanpeak.org/up\\_housing.html](http://www.urbanpeak.org/up_housing.html)), HUD's Family Unification Program voucher initiative (<http://www.hud.gov/progdesc/famuni8.cfm>), and the Transitional Housing Placement Plus (THP-Plus) Program in California (<http://thpplus.org/about.html>). Hopefully these programs will contribute to the scholarly housing outcomes literature in the future.

### 3. Level of care and living arrangements among housing-based independent living programs

The term "level of care" is typically used in the fields of medicine (Phibbs, Bronstein, Buxton, & Phibbs, 1996), long-term care (Foley & Schneider, 1980), and mental health (Srebnik, Uehara, & Smukler, 1998). Within the field of child welfare, it is most often applied to youth requiring residential treatment for serious emotional or behavioral problems (Bates, English, & Kouidou-Giles, 1997). It has also been used to describe placement patterns for foster youth (Usher, Randolph, & Gogan, 1999). Level of care definitions vary both across and within fields. For example, within the field of mental health, Geller (1993) identified seven different level of care approaches for defining residential levels of care developed during the 1980s. One of those approaches was developed by the American Psychiatric

Association in 1982 and identified seven levels of care, ranging from most to least restrictive, including: nursing facility, group home, personal care home, foster home, natural family placement, satellite housing, and independent living.

While suggesting that level of restrictiveness is defined along two dimensions (i.e., a comparison of the similarity to the children's home environments and the amount of supervision and monitoring children receive) and noting that placing agencies are legally obligated to place youth into the least restrictive setting upon entering foster care and to continuously assess the appropriateness of the placement setting based on level of restrictiveness, Usher et al. (1999) failed to offer a similar residential level of care continuum. Instead, they identified eleven placement settings, including: adoptive home, children's residential center, detention facility, agency foster home, group home, hospital, unrelated person (unlicensed), other care provider, private foster home, relative, and Youth Services foster home.

Similarly, the federal government has yet to provide a level of care continuum for foster youth or independent living, instead identifying in its annual adoption and foster care statistical reporting system (a.k.a., AFCARS) a list of seven living arrangements for youth currently in care, which include: pre-adoptive home, foster family home (relative), foster family home (non-relative), group home, institution, supervised independent living, runaway, and trial home visit (U.S. Department of Health and Human Services, 2010).

Neither has the concept of level of care been applied to housing-based independent living programs. The study reported here is one of only five housing-based ILP studies published since 1998. Those four studies examined the living arrangements at or following discharge of 183 clients served in four different cities/geographic regions (Table 2). Each used a different definition of "independent housing". None reported housing arrangements at the time of entering independent living (Table 1, last column). Neither did any attempt to classify specific living arrangements into levels of care. Thus, this is to our knowledge the first study to examine level of care at both admission and discharge to an housing-based independent living program among a large sample (n = 367) of clients served in what may be the longest-standing, most well-developed, and most extensively described program in the country (Kroner, 1988, 1999, 2001; Kroner & Mares, 2009).

Thus, this study seeks to contribute to the scholarly literature on housing-focused interventions for older adolescent and young adult foster youth by 1) describing the specific living arrangements and levels of care among clients served over a five-year period established by one well-established housing-based independent living program, 2) describing changes in the level of care from admission to discharge, and 3) comparing client characteristics across levels of care at discharge. In doing so, the major question of "Where do emancipating foster youth live, following their custodial placement in a scattered-site, housing-based independent living program?" is addressed and the concept of "level of care" is applied to housing-based independent living programs.

### 4. Description of lighthouse youth services and the lighthouse independent living program

Lighthouse Youth Services is a private non-profit organization established in 1969 in Hamilton County, Ohio. The agency has seven divisions which served over 4000 children, youth, and families in 2008, employed a staff of over 370, and maintained an annual operating budget of \$18 million. The seven service divisions include: Homeless and Runaway Youth, Early Childhood Service, Juvenile Corrections, Foster Care and Independent Living, Home Based Service, Community Based Residential Treatment, and Education.

The Lighthouse Independent Living Program (ILP) began in 1981 in order to help youth leaving the child welfare and juvenile justice systems, who were unable to return home, to make the transition to

**Table 2**  
Comparison of living arrangement level of care at discharge or post-discharge among housing-based ILP clients.

	Kroner & Mares (2009)		Mallon (1998)		Scannapieco et al. (1995)		Lindsey & Ahmed (1999)		Georgiades (2005)	
	Lighthouse		Green Chimneys		Baltimore County		North Carolina		Florida District 11	
	(n = 367 <sup>a</sup> )		(n = 46)		(n = 44)		(n = 44)		(n = 49)	
	Age 19		Age 20		Age 19		Age 19		Age 20	
	%	n	%	n	%	n	%	n	%	n
Independent	55	202	67.5	31	36.4	16	68	30	82	40
-Independent living by self	28	101								
-School dormitory	1	3								
-Independent with friend	13	49								
-Subsidized/other supported housing	13	47								
-Military Enlistment	1	2	6.5	3						
-Own Apartment			15	7						
-Shared Apartment			46	21						
-Living on own					36.4	16				
-Living independently							68	30		
-Own/rent independent housing									82	40
With others	21	76	25.5	12	NR		NR		16	8
-Home of family friend	4	13								
-Home of relative	10	37								
-Biological father	1	3								
-Biological mother	6	22								
-Home of both biological parents	0	1								
-With Family Member			21	10						
-With Friends			4.5	2						
-Relatives/Foster Parents /Friends									16	8
Supervised/system	11	41	0	0	NR		NR		2	1
-Jail	3	12	0	0					2	1
-Juvenile detention center	1	4								
-Group setting emergency shelter (in. YCC)	1	2								
-Group home	3	11								
-Supervised ind/trans. living (inc. ILP,TLP)	3	12								
Unknown	13	48	NR		NR		NR		0	0
-Unknown	13	48								

NR ... not reported.

Note: living arrangement and level of care data at intake were only reported for Lighthouse ILP, and thus are not presented in this ILP comparison table.

<sup>a</sup> N = 367 for those clients with complete living arrangement data at discharge; N = 455 for clients with less detailed independent living rate data available at discharge.

self-sufficiency. Youth often come from the agency's foster or group homes or a correctional program Lighthouse operates in rural Ohio. The ILP has served over 2400 youth since then and has served as a model program for many new programs around the country.

Most youth referred to the program presented with a range of risk factors. The average Global Assessment of Functioning Scale (GAF) was 60.9 for all referred youth indicating moderate difficulty in social, occupational or school functioning (e.g., few friends, conflicts with peers or co-workers). Youth scored an average of 76.7 on a 130 point self-sufficiency skills scale created by the program. Nearly half (47%) had chronic mental health issues, 41% had a history of chronic history of truancy and school problems, 41% had a history of delinquency, 42% had little or no work experience and 27% had been violent toward people in the last several years (Kroner & Mares, 2009). Lighthouse decided years ago that it would accept high risk youth into the ILP, knowing that many had never shown much success in previous placements. The agency felt that high risk youth needed at least a chance to learn to live independently with hope that new challenges directly related to the youth's survival would serve as a source of motivation for learning. It is important to note that most foster youth in Ohio are discharged prior to their 19th birthdays.

To meet the needs of these clients the Independent Living Program (ILP) program provides the following services: basic, direct treatment, independent living life skills training, and referral. Basic services include shelter, food, clothing, transportation, and education. All youth are assisted with finding an appropriate living arrangement. The ILP rents apartments from private landlords in the county in neighborhoods that are affordable and close to the client's school, job, and social supports. The program also operates two shared-homes, one for males and one for females, which have 3–4 beds and a live-in

resident manager. The program pays the security deposit and furnishes the apartments with necessary supplies and a telephone. If the client does well and has a job at termination, s/he can keep the apartment and all of the furnishings and assume responsibility for the lease. The ILP also provides a weekly allowance of \$55 for basic support, \$10 of which is saved in an aftercare fund. This money is used for food, personal items, cleaning supplies etc. The agency also covers utility, phone, and rental payments until the last few months in the program, when bills are taken over by the client, if possible. The ILP assists clients with work clothing, minor school fees, and miscellaneous expenses. Most clients are expected to work a part-time job and purchase any items beyond the basic necessities.

Direct treatment includes case management and clinical treatment provided by ILP and Lighthouse staff. Each youth is assigned to a licensed social worker with a caseload of 8–14 clients. Other program staff members also assist with client problems as they arise. Clients are usually seen or contacted several times during each week including regular phone contact. Vulnerable or new clients are asked to call in daily. The program staff maintain a 24 h on-call system. Specific needs are addressed depending on the client's situation. For example, 18% of all clients received some type of group counseling, 12% had tutors, 11% were monitored for medication compliance, The ILP staff provide 24-hour crisis management, which can involve hospital runs, resolving client/tenant problems, apartment maintenance issues, confronting client friends/family who are causing problems at the apartment, and so forth. This activity is time consuming but is a critical part of the process of learning responsible behavior.

Independent living life skills training is provided, in collaboration with the local county child welfare system to provide 13, four hour

classes on self-sufficiency, hopefully completed prior to the youth's placement in an IL arrangement. Topics include an assessment of current level of functioning, money management, time-management/planning ahead, use of community resources, apartment management, nutrition/food preparation use of public transportation, social skills, employment skills/ finding and holding a job, problem solving and decision making, self-care, and building a support network. Sixty-seven percent (67%) of all youth received some form of formal skills training while in the program. A portion of referred youth have already completed the county's life skills training program and focus more on education and employment activities than life skills. Some youth (16%) received parenting classes, 54% were assisted with employment skills development, and 24% received diagnostic assessment services (Kroner & Mares, 2009).

Referral for relevant educational, vocational, therapeutic, medical, dental, and other needed resources and services provided by other service agencies is arranged by ILP staff as-needed. Everyone works toward the goal of the youth gaining maximum self-sufficiency given the time available and the developmental capabilities of the youth. Fifty-nine percent (59%) of all youth were connected with outside community resources such as mental health (20%), GED (19%), Child care (5%), and legal help (6%) (Kroner & Mares, 2009).

## 5. Methods

### 5.1. Sample

The subjects in this study include all clients who were both admitted into and discharged from the Lighthouse Independent Living Program during the 2001–2006 fiscal year period. Of the total 455 discharged ILP clients, discharge living arrangement data were available for 367 clients (81%). Missing data was attributed to the unfinished work of a small group of staff during the first year of the data period. Except for clients for whom discharge living arrangement data were available being more likely to have mental health problems than clients with missing data (64% vs. 48%,  $\chi^2 = 7.9$ ,  $p < .01$ ), no significant differences were found on demographic characteristics, clinical risk group, or length of stay measures examined (Table 3). Thus, subsequent analyses of data for the “data available” clients (N = 367) appear to be justified, given the similar demographic, clinical risk, and length of stay profiles of these two client groups.

### 5.2. Data collection

Experienced Lighthouse staff members compiled existing client-level administrative and clinical records from the agency's management information system and paper files, under the direction of the first author. De-identified data were then analyzed by the second author in accordance with procedures approved by the Institutional Review Board at the second author's academic institution.

### 5.3. Measures

#### 5.3.1. Client characteristics

Demographic characteristics included age at admission, gender, and race/ethnicity (defined dichotomously, based on minority status).

Clinical risk group classifications were made based upon an exploratory principal components factor analysis of 22 dichotomous clinical risk items conducted by the second author for this study. The 22 dichotomous clinical risk factors or barriers/challenges facing foster youth preparing for emancipation were developed by the first author, who served as director of the IL program for over 21 years. Two Lighthouse staff then checked all applicable risk factors for each subject, based upon a review of various records, including: (a) intake/admission records (i.e., the Referral Sheet, Social History, Form, and Intake Screening Form; (b) treatment records (i.e., Diagnostic Assessment Form, Incident Report, and progress notes; and, (c) discharge records (i.e., Termination Summary Form). A summary of the operational definitions used during this chart abstraction process has been reported previously (Kroner & Mares, 2009). The abstraction process required over 100 total person hours of effort, spread over a five-month period (January through May 2008), and divided between two abstractors. The first abstractor served as Administrative Assistant for the ILP for over 15 years; the second was a licensed clinical social worker (LSW) who had worked at Lighthouse for several years. Cases were split between these two abstractors, with one taking those clients admitted during the period 2001–2004, whose records were archived in paper form, and the taking clients admitted more recently (i.e., during the period 2005–2006), whose records were accessible in electronic form. The results of the exploratory factor analysis generated the four non-mutually exclusive clinical risk groups: 1) mental health problems, 2) delinquency problems, 3) cognitive impairments, and 4) teenage parents.

**Table 3**

Comparison of client characteristics among those with and without discharge living arrangement data (N = 455).

	With discharge living arrangement data		Without discharge living arrangement data		Independent samples t-test or Chi-sqr test		
	(N = 367)		(N = 88)		t or $\chi^2$	df	p
	%/Mean	N/SD	%/Mean	N/SD			
<b>Demographic characteristics</b>							
Age	17.88	0.66	17.85	0.6	0.4	453	ns
<b>Race</b>							
White	31%	114	25%	22	1.2	1	ns
Black	62%	229	73%	64	3.3	1	ns
Other	7%	24	2%	2	2.4	1	ns
Minority	69%	253	75%	66	1.2	1	ns
Gender (female)	55%	203	60%	53	0.7	1	ns
<b>Clinical risk groups (non-mutually exclusive)</b>							
Mental health problem	64%	235	48%	42	7.9	1	**
Delinquency problem	9%	33	6%	5	1	1	ns
Cognitive impairment	10%	37	8%	7	0.4	1	ns
Teen parent	18%	67	19%	17	0.1	1	ns
<b>Program characteristics</b>							
Length of stay (days)	286	198	318	238	−1.2	438	ns

\*\* $p < .01$ , ns  $p > .05$ .

Three additional characteristics included length of stay in the program (in days); and two outcome measures: completing high school (including GED), and working (either part or full-time) at the time of discharge from the program (both dichotomous measures).

### 5.3.2. Living arrangements and levels of care

Agency and program staff documented clients' living arrangements both at entry into the program (i.e., where clients were living at the time of referral to ILP) and at the time of discharge (i.e., immediately after leaving the program). A checklist of 22 specific living arrangements, (from which and to which a youth could be referred) was used to document admission and discharge living arrangements, including "unknown" for those clients whose living arrangement was unable to be determined by agency or program staff.

### 5.3.3. Living arrangements

A brief description of the 22 living arrangements follows:

1. Independent, living by self: this is when a youth lives in his/her own apartment, usually with the lease in his/her name. (Some of these youth continue to receive financial support and case-management through the Transitional Youth Program, a collaborative program involving several agencies, for youth with serious mental health issues).
2. Independent, living with friend: this is when a youth lives with a friend in the friend's current residence. (ex. when a female moves in with a boyfriend).
3. Subsidized/other supported housing: the youth (often a teen mom) lives in housing that is based on income such as Section 8 or other types of subsidized housing.
4. School dormitory: the youth lives in a university or college-operated residence hall.
5. Military/Job Corps: although it has occurred, very few youth leave to these entities.
6. Home of relative (excluding biological parent(s)): a youth lives with someone related to the youth.
7. Biological mother: the youth lives in biological mother's residence.
8. Biological father: the youth lives in biological father's residence.
9. Home of both biological parents: the youth lives with both bio-parents.
10. Home of family friend: a youth lives with adults who know the youth through his/her family agree to allow the youth to move in with them. (Some of these youth return to the ILP when things do not work out in these settings after discharge). This can also include "Host homes", non-licensed homes where the adult(s) who owns the home agrees to provide a room in their house for an agreed upon time. At times a youth chooses to stay at this site at discharge.
11. Jail: this means that a youth is incarcerated in a state correctional facility due to either a new crime or re-incarcerated due to parole rules violations. (Some youth who commit offenses while in the ILP return to the ILP after incarceration).
12. Juvenile detention center: the youth is in a juvenile detention center. Often these youth are sent to group or foster homes and at times can be re-referred later to an ILP.
13. Inpatient psychiatric hospital/secure residential facility: these youth presented mental health issues significant enough to require either emergency or long-term hospitalization. These Youth who enter these facilities while in the ILP can be re-referred/returned to the ILP again if it appears it is the most appropriate setting.
14. Drug/alcohol rehabilitation center: these youth are identified as having a drug or alcohol problem requiring treatment. Youth who leave an ILP setting for treatment can be re-referred to the ILP if it appears it is the most appropriate setting.
15. Residential treatment center (RTC): this is often an intensive, inpatient program for youth with serious behavioral issues who

were not able to maintain stability in an independent living setting. Some youth sent to RTCs return to the ILP after treatment.

16. Emergency youth shelter: this is a temporary shelter for youth, run by Lighthouse, where youth can stay for up to three weeks. At times, youth who are violating program rules are placed here temporarily and then given another chance in another ILP site with a strict behavioral contract in place.
17. Group home: this is most often a group home of 12–14 youth with 24 h coverage. Lighthouse operates one of these for females and one for males. Some youth are returned to the group home they came from if they fail to make an attempt at responsible behavior. Adult group settings can be used for some youth who leave the child welfare system but still need ongoing supervision due to a disability or mental health issue.
18. Therapeutic foster care: this is a licensed foster home with foster parents who have received extra training to address youth behavioral or mental health issues.
19. Foster care: this is a traditional foster home. At times, pregnant females are placed back in a foster home in order to have more supervision and monitoring during a pregnancy with complications. The mom can return to an ILP setting after the birth and the stabilization of the child.
20. Supervised ILP: this is another agency's ILP which is smaller than a group home but has 24-hour awake coverage.
21. Homeless: a youth leaves the program with no place to go. At times s/he can enter an adult homeless shelter. This is a 24 h shelter for homeless adults age 18 and over. Lighthouse has a strong working relationship with the local adult homeless shelter provider system through the Continuum of Care process.
21. Unknown: the youth leaves the program without notifying ILP or county staff. Many of these youth move in with friends and/or family of unknown stability and some return asking for help and housing within weeks.

### 5.4. Levels of care

In the absence of either preexisting literature defining levels of care among housing-based independent living programs or existing administrative data quantifying the level of restrictiveness of each living arrangement, the first author classified the 22 living arrangements into four levels of care, ranging from lowest (most independent, least restrictive, most stable) to highest (least independent, most restrictive, least stable). This classification was based on face validity and nearly 20 years of clinical and administrative experience locally in Cincinnati, Ohio, and in presenting at national independent living conferences and consulting with independent living programs across the country. The "independent" level of care was defined as including living arrangement numbers 1–5. The "living with others" level of care included living arrangement numbers 6–10. The "supervised/system" level of care included living arrangement numbers 11–21. Finally, the "unknown" level of care included living arrangement number 22.

### 5.5. Data analysis

Descriptive statistics were used to describe client living arrangements and levels of care. Independent samples t-tests and Chi-square procedures were used to compare client characteristics between those for whom discharge living arrangement data were available and those for whom such data were not available. Finally, analysis of variance (ANOVA) was used to compare client characteristics between clients who were discharged to various levels of care and those who had entered the program from a supervised/system level of care setting.

**Table 4**  
Admission and discharge living arrangements among clients with discharge information (N = 367).

Living arrangements by level of care	At admission		At discharge	
	%	N	%	N
Independent	1%	2	55%	202
–Independent living by self	1%	2	28%	101
–Independent with friend	–	0	13%	49
–Subsidized/other supported housing	–	0	13%	47
–School dormitory	–	0	1%	3
–Military enlistment/Job Corps	–	0	1%	2
With others	14%	50	21%	76
–Home of relative (excl. biological parent)	7%	25	10%	37
–Biological mother	2%	9	6%	22
–Biological father	1%	3	1%	3
–Home of both biological parents	–	0	0%	1
–Home of family friend	4%	13	4%	13
Supervised/system	86%	314	11%	41
–Jail	2%	8	3%	12
–Juvenile detention center	2%	8	1%	4
–Inpatient Psych Hosp./ Secure Resident Facility	1%	4	–	0
–Drug/alcohol rehab center	2%	8	–	0
–Residential treatment center	8%	29	–	0
–Emergency youth shelter	2%	7	1%	2
–Group home	18%	65	3%	11
–Therapeutic foster care	5%	20	–	0
–Foster care	43%	156	–	0
–Supervised ind/trans. living (incl. ILP,TLP)	2%	6	3%	12
–Homeless	1%	3	–	0
Unknown	0%	1	13%	48

## 6. Results

### 6.1. Living arrangements and changes in levels of care at admission and discharge

Most clients entered the program from either a supervised/system setting (n = 314; 85.6%) or from living with others (n = 50; 13.6%). Thus, fewer than 1% (n = 3) entered the program from independent or unknown levels of care settings. Over 70% of clients entered the program from foster care (43%), a group home (18%), or a residential treatment or drug/alcohol rehabilitation center (10%) (Table 4, admission column). While most clients were admitted from a supervised/system level of care setting, only one in ten clients (11.2%, n = 41) were discharged to the same level of care. Three-fourths of ILP clients were discharged to an independent level of care setting (55%, n = 202) or to a “living with others” level of care setting (21%, n = 75) (Table 5). The most common living arrangements post-discharge were living independently, either with self (28%, n = 101) or with a friend (13%, n = 49), living in subsidized/other supported housing (13%, n = 47), and living with a relative, either with a biological parent (7%, n = 26) or with another relative (10%, n = 37) (Table 4, discharge column).

Among the majority of ILP clients who were admitted from a supervised/system level of care (86%, n = 314), nearly three-fourths were discharged to a lower level of care; namely, 54% (n = 169) to an

independent setting and 19% (n = 61) to a living with others setting. Twelve percent (n = 37) were discharged to the same supervised/system level of care. The remaining 13% (n = 48) were discharged to an unknown level of care/living arrangement setting.

Nearly all of the clients (n = 364/367, 99%) entered the program from either a living with others (13.6%) or supervised/system (85.6%) level of care. Those entering from living with others (i.e., from the home of a relative or friend of the family) were more likely to be discharged to highest, independent level of care than those entering the program from living in a supervised or system level of care (i.e., from an institution, group home, foster home, or from homelessness) (60% vs. 54%, respectively,  $\chi^2 = 8.7$ ,  $p < .05$ ) (data not shown). Those who entered from living with others were also less likely to be discharged to a supervised/system level of care (8% vs. 12%) or to an unknown level of care (2% vs. 15%) than clients who entered the program from a supervised/system level of care.

### 6.2. Characteristics of clients discharged to various levels of care

A comparison of client characteristics across the four levels of care at discharge found significant differences primarily between those discharged to an independent level of care setting versus some other level of care. Clients discharged to an independent setting tended to be older, non-Caucasian, and female, than other clients. They were less likely to have mental health and delinquency problems, and were more likely to be teenage parents, than other clients. They also remained in the program for longer and were more likely to be working at the time of discharge than other clients (Table 6).

## 7. Discussion

### 7.1. Major findings

In this study, just over half (55%) of the 19 year-old clients, on average, had attained a living arrangement classified at the independent level of care. This rate is between the 36% rate reported by Scannapieco et al. (1995) in Baltimore, Maryland, and the 68% rate reported by Lindsey & Ahmed (1999) in North Carolina, for emancipated foster youth of the same average age. The 55% rate is somewhat lower than the 68% rate reported by Mallon (1998) for youth in New York City, and 82% reported by Georgiades (2005) in Miami, Florida, for emancipated youth that were an average of 20 years of age. As noted earlier, though, it is difficult to interpret or draw conclusions based upon this comparison of rates due to differences in ways of defining “independent” living, time period differences, and geographic/regional differences. Harder still is to compare the rates of living with others after leaving independent living across these five programs, since only two of the other four programs reported any such information, and both of those programs were from emancipated youth who averaged 20 years of age. Nevertheless, the 21% rate observed in this study was between the 16% reported by Georgiades (2005) and 26% reported by Mallon (1998). No meaningful comparisons can be drawn between this study and the

**Table 5**  
Changes in living arrangement level of care from admission to discharge (N = 367).

Level of care at admission		Level of care at discharge				
		Independent	With others	Supervised/system	Unknown	Total
Level of care at admission	Independent	2 (0.5%)	0 (0%)	0 (0%)	0 (0%)	2 (0.5%)
	With others	30 (8.2%)	15 (4.1%)	4 (1.1%)	1 (0.3%)	50 (13.6%)
	Supervised/system	169 (46.0%)	61 (16.6%)	37 (10.1%)	47 (12.8%)	314 (85.6%)
	Unknown	1 (0.3%)	0 (0%)	0 (0%)	0 (0%)	1 (0.3%)
	Total	202 (55.0%)	75 (20.7%)	41 (11.2%)	48 (13.1%)	367 (100.0%)

**Table 6**  
Comparison of client characteristics by level of care at discharge among those admitted from a supervised setting (N = 314).

	A	B	C	D	ANOVA			Tukey pairwise comparisons
	Independent	With others	Supervised/system	Unknown	df	f	p	
	(N = 169)	(N = 61)	(N = 37)	(N = 47)				
	%/Mean	%/Mean	%/Mean	%/Mean				
Demographic characteristics								
Age	18.1	17.9	17.7	17.6	3	6.6	***	A>C,D
Race								
White	0.28	0.33	0.35	0.53	3	3.5	*	A<D
Black	0.64	0.61	0.62	0.43	3	2.4	ns	
Other	0.08	0.07	0.03	0.04	3	0.6	ns	
Minority	0.72	0.67	0.65	0.47	3	3.5	*	A>D
Gender (female)	0.66	0.39	0.24	0.47	3	10.3	***	A>B,C
Clinical risk groups (non-mutually exclusive)								
Mental health problem	0.56	0.62	0.81	0.72	3	3.7	*	A<C
Delinquency problem	0.02	0.11	0.30	0.19	3	12.8	***	A,B<C; A<D
Cognitive impairment	0.09	0.13	0.14	0.06	3	0.7	ns	
Teen parent	0.22	0.07	0.03	0.09	3	5.8	**	A>B,C
Program characteristics								
Length of stay (days)	360	226	171	107	3	37.6	***	A>B–D; B>D
Client outcomes at discharge								
Completed high school	0.63	0.49	0.62	0.74	3	2.5	ns	
Working or completed voc training	0.48	0.20	0.08	0.11	3	16.3	***	A>B–D

ns  $p \geq .05$ .

\*  $p < .05$ .

\*\*  $p < .01$ .

\*\*\*  $p < .001$ .

other four housing-based ILP studies for either the supervised/system or unknown levels of care at discharge, nor for any of the four levels of care at the time of admission into the program. This underscores the first major finding of this study; namely, the paucity of comparative or benchmark data for levels of care and living arrangement outcomes among housing-based independent living programs.

Focusing on the examination in this study of housing outcomes data from the Lighthouse Independent Living Program, it should be noted that out of 367 discharges in this study, only seven percent (25 youth) went directly to the home of biological mothers or fathers. Historically, youth who make this choice at times return to the program at a later date, asking for housing assistance. This does not mean that they youth had no contact with family, but given a choice in maintaining their own living arrangement and moving back home immediately at discharge, the majority chose to live separately.

These findings also indicate that a housing-based IL program can also be successful in moving emancipating youth from more restrictive to less-restrictive and, in most cases, less expensive, living arrangements chosen by clients at the time of leaving the program. This study found that only 11% of youth were discharged to a higher level of care, which has implications for cost savings for county and state child and adult welfare systems.

Another significant observation is that no youth were discharged to homelessness by the local child welfare system during this 5 year period. Perhaps some of the 48 youth who fell in the “unknown” category were homeless at discharge. But this was due to personal choice or rejection of the numerous options available that could have prevented their homelessness.

The fact that only 16 of the 367 youth in this sample left the ILP to either an adult jail or juvenile detention facility challenges the assumption that youth allowed to live alone while still in the custody of the state will cause continuous major problems or come into harm. Similarly, with 64% of youth being discharged from the program with an identified mental health problem, it is noteworthy that none left the program to enter an inpatient psychiatric unit. Those who might have had the need for inpatient treatment were allowed to return to their previous living arrangement, often with more focused supports in place.

Also worth mentioning is the decrease in expense that comes with each decreased level of care. Only 11% of the youth in this study left the program or system via an increased level of care. Per diem rates in Hamilton County (Cincinnati) are currently approximately \$275 for residential treatment, \$170 for group homes, \$80–130 for therapeutic foster care homes, \$85 for shared homes, and \$65 for scattered-site apartments. If a youth proves able to live in a less-supervised setting, the savings to communities can be considerable. If less-supervised living arrangements such as scattered-site apartments, shared-homes, and host homes could become reimbursable through Title IV-E, as is the case for foster and group homes currently, the savings to child welfare agencies could be significant. Obviously, this type of housing model is much more possible in the mid-size cities where demand for housing is not as intense and rents are typically below \$550–\$600 a month.

Finally, the finding that clients with mental health problems were more likely to remain in this housing-based independent living program may be interpreted as an indicator of program effectiveness by retaining a hard-to-reach population. Another implication of this finding is that more intensive and expensive housing-based independent living services may not be wanted or needed among “healthier” emancipating foster youth without mental health problems who may do quite well given the natural supports of their environments. Those dropping-out of the program early, around 18 years of age on average, grow over the five or six years to follow to become what Courtney, Hook, and Lee (2010) have described as “accelerated adults” — the 36% of emancipated foster youth at ages 23 and 24 who are the most successful sub-group of emancipated foster youth. Two-thirds (63%) of accelerated adults are female, Most (84%) are stably housed in their own place. Nearly all (98%) have completed high school, including over half (54%) who have attended some college and one-in-ten (12%) who have completed an Associate’s Degree or higher. Three-fourths (75%) are currently employed. Slightly over half (52%) have children, among whom 89% have retained physical custody of their children. And only one-in-seven (14%) have been convicted of committing a crime since leaving foster care. While some (17%) of these accelerated adults report experiencing PTSD symptoms, these symptoms are not serious enough to seriously impair social, vocational or educational

functioning. Thus, more formal, intensive, and expensive housing-based independent living program services may be more helpful and needed among the other three sub-groups of emancipating foster youth identified by Courtney and colleagues; namely, “struggling parents” (25%), “troubled and troubling” young adults (18%) including those with more serious behavioral and emotional problems, and the more generalized sub-group of “emerging adults” (21%) (i.e., those emancipated youth most closely resembling the non-foster youth, general population of 18–29 year-olds in today’s society) (Arnett, 2006).

## 7.2. Limitations

First, the validity of client clinical risk factor measures and living arrangements and levels of care at intake and discharge is unknown. While three Master’s level and licensed social worker professionals with years (if not decades) of experience delivering independent living services to emancipating foster youth at Lighthouse Youth Services were responsible for the assessment of client risks, documentation of client living arrangements, and development of the levels of care presented herein, the validity of these measures remains unknown.

Next, the findings are subject to selection bias due to clients with mental health problems being more likely to remain in the program than clients without mental health problems who were more likely to drop-out of the program and to be missing data on living arrangements at discharge. However, this particular “limitation” may indicate that the findings reported here may be viewed as conservative estimates of program effects, in that had the “less severe” cases who may be more likely housed remained in the sample, then the percentage of “failed” cases might have been lower.

Third, outcomes data are censored, that is no information was available on these youth after discharge. Given that living arrangements and levels of care can, and often do, change a lot in a fairly short period of time after being terminated from state custody, the same may be true after youth were discharged from this housing-based independent living program. Thus, the stability of living arrangements and levels of care findings for the clients reported herein during the months and years following discharge from the Lighthouse Independent Living Program are unknown. However, the program’s ability to use aftercare funds to stabilize youth for years post-discharge increases the odds for housing stability.

Finally, the generalizability of these findings to other housing-based independent living programs and to emancipating foster youth in other communities is limited. For example, median housing costs among rental properties in 2009 ranged from \$552 in West Virginia to \$1293 in Hawaii, with the cost in Ohio being \$670, the 13th lowest housing costs state in the nation among renters (American Community Survey, 2009). Thus, independent housing rates among emancipating foster youth in Ohio may be higher than in other states where housing is less affordable. Another factor limiting the generalizability of these findings is the unique nature of the Lighthouse Independent Living Program. Clients in this program are connected to numerous other Lighthouse operated services such as aftercare, in-home therapy, a wide range of various types of housing, along with a high-level of collaboration and cooperation between the local child welfare system, juvenile justice system, community mental health system, and homeless services system, which all together help to stabilize youth in the ILP. Few independent living programs currently in operation are able to provide such a wide range of supportive services to emancipating foster youth.

## 7.3. Implications for policymakers, child welfare system administrators, and independent living program directors

### 7.3.1. Policy makers

The evolution of the federal Independent Living Initiative in 1986 to the Foster Care Independence Act in 1999 to the Fostering

Connections to Success and Increasing Adoptions Act in 2008 has increased both federal funding and flexibility to states to encourage the development of housing-based interventions for emancipating foster youth. This trend of increased funding and flexibility for housing over the past 25 years should be continued, given the preliminary promising housing outcomes reported here, which are generally congruent with those previously reported in the scholarly literature. However, more rigorous and routine process and outcomes data collection requirements should be imposed upon states as a condition of receiving these funds so that additional comparison or benchmark data may be generated and made available to state and local governments and philanthropic sector funders interested in investing in evidence-supported housing-focused interventions. The Foster Care Independence Act (FCIA) requirements for formal evaluations of Chafee-funded independent living programs and services and the National Youth in Transition Database (NYTD) data collection requirements of states receiving FCIA funds are useful examples of reasonable outcomes data reporting “strings” attached to federal funding — strings which should be strengthened and perhaps further tightened to promote the responsible use of limited federal resources. Given that the federal government is the primary funder of independent living services, and given the paucity of published housing-focused intervention outcomes data (Tables 1 and 2), policy makers are advised to make reasonable efforts to encourage the generation of potentially useful comparative benchmark data, and to target federal funding of evidence-supported housing-focused independent living interventions.

### 7.3.2. Child welfare system administrators and magistrates

The descriptive levels of care housing outcome data reported in this study offer several implications for administrators of state and local child welfare systems. First, the finding that over half (55%) of the 19-year old emancipating foster youth were discharged from the program to an independent level of care (i.e., living on their own) (Tables 3 and 4) provides a useful benchmark, especially for administrators in systems in which state custody typically is terminated around a foster youth’s 18th birthday. In such systems, administrators and magistrates are advised to consider promoting and supporting the development and use of short-term, housing-based independent living interventions such as the one described herein where foster youth typically are admitted into a scattered-site apartment of their own around their 18th birthday or graduation from high school and then provided with an average of 10 months of independent living case management and life skills training in their own apartment setting before being finally discharged or emancipating from the child welfare system (Kroner & Mares, 2009).

While most youth would likely benefit, those with mental health problems, delinquency problems, and those who are single parents may be especially helped well-served by such a “step-down” or transitional independent living housing-based intervention.

Using such an approach may make it easier for administrators and magistrates to balance the competing goals of protecting foster youth safety and well-being (i.e., minimizing risks) at earlier ages when they are more vulnerable and preparing older emancipating foster youth to live independently (i.e., promoting independent decision-making and monitored the inherent risks thereof). The 18th year of life or year following graduation from high school in “18-year old” custody states (e.g., Ohio) or the 21st year of life in “21-year old” custody states (e.g., California) may be ideal years for emancipating foster youth to gain from independent living housing-based interventions.

### 7.3.3. Directors and developers of housing-based independent living programs

The profiles of emancipating foster youth clients by level of care at discharge (Table 6) offer implications for directors and developers of housing-based independent living programs. First, admitting clients

at 18 years of age or older and providing a full year of support, on average, is recommended to assist clients attain independent living by the time of leaving the program. Next, female clients and teen parents respond more favorably to this type of intervention than male clients and clients with mental health problems and delinquency problems who may need a more intensive or specialized level of support. Third, employment assistance and vocational training appears to be an important element of support provided to make independent living possible when clients exit the program. Finally, with programs who accept high-risk youth with little previous history of responsibility, one-in-four clients may be expected to fail or “bomb-out” of scattered-site housing by the end of their stay in the program, despite the best efforts of program staff. While disappointing, the findings of this study suggest that program directors and developers may expect half of clients to succeed, and a fourth of clients to fail, with the remaining one in five (or so) to fall somewhere between success and failure by leaving the program to live with others, including family or friends, at the time of leaving the program.

#### 7.4. Conclusion

The Fostering Connections to Success and Increasing Adoptions Act of 2008 proposes to expand federal Title IV-E reimbursements to states providing out-of-home placements during the ages 18–21 years bridge period. Should states choose to approve this expansion, the need for new housing and placement options will increase significantly. Fostering Connections provides states an opportunity not just to provide older youth help for a longer period of time, but also to reconsider how they are serving older youth, both in terms of their preparation for adulthood and their achievement of permanency. Our data indicates that creating a transition “system of care” that opens up living arrangements based on a youth’s personal choice and level of maturity and gives discharged youth chances to return for additional housing support resembles the reality of youth from “normal” families who are often in transition well into their late 20s (Arnett, 2000) may yield positive outcomes for emancipating foster youth.

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