

Podcast with Dr. Mark Courtney on Extended Foster Care and the CalYOUTH Study

Kelly Meehleib: Welcome to the Judicial Council's Center for Families, Children & the Courts podcast series on juvenile law. Have you ever wondered about the outcomes of youth in the foster care system? We will be talking with Dr. Mark Courtney, lead researcher for the CalYOUTH study.

The CalYOUTH Study was mandated as part of the extended foster care legislation in California. The overall study addresses three primary research questions.

- Does extending foster care past the age 18 influence youths' outcomes during the transition to adulthood?
- What factors influence the types of support youth receive during the transition to adulthood in the context of extended foster care?
- How do living arrangements and other services that result from extended foster care influence the relationship between extending care and youth outcomes?

To answer these questions, the researchers conduct in-person interviews of the foster youth ages 17 through 21, conduct an online survey of child welfare workers, and conduct open-ended interviews with young adults and staff and caregivers.

Dr. Courtney is a professor of in the School of Social Service Administration and an affiliated scholar of Chapin Hall at the University of Chicago. His fields of special interests are child welfare policy and services and the influence of juvenile courts on the operation of the child welfare system. Welcome Dr. Courtney.

What are the main issues affecting youth in foster care that are addressed in this study?

Dr. Mark Courtney: In simplest terms, we're trying to understand how the implementation of extended care in California is or is not benefiting young people in California who approach the age of majority while in care and, so, that's a, a big set of questions there, really. So, who are these young people? What are their needs? How well are their needs being met? And does extended care appear to benefit them, and if so in what ways?

Kelly Meehleib: Can you talk more about who makes up the CalYOUTH Study?

Dr. Mark Courtney: Mhm. So, what we started with, there's really two populations. One of which I think gets the most attention, and that's the young people were talking to over a period of time. And so back in 2013, we worked with the state and the counties to identify the entire population of young people in the state of California who are between 16 3/4 and 17 3/4 years of age. Right? So, they, and they all had to be in care for six months. These are young people who have been in care for, for a while and they're approaching that point where they're going to decide, and the system in some ways, is going to decide if they are going to stay and care or not.

And out of the, there are around 2,300, I believe, 2,400 young people statewide who had met those criteria, you know, roughly 17 in care for, for 6 months. And we took a random sample, really, of that group. And over-sampled in some of the small population counties so we could say something about between-county variation.

Kelly Meehleib: Mhm.

Dr. Mark Courtney: And we interviewed around 2,700 young people, which is 95% of the young people who we set out to identify, that random sample. At 17, and then we followed up with them again at 19. And we were able to interview 611 of those young people, about 84%. So, we feel like we have pretty good handle on young people aging out of care. Or, a lot of them aren't aging out, they're staying in care until 21. But at a point where historically they would have left care. Right?

Kelly Meehleib: Right.

Dr. Mark Courtney: And at a point, they certainly could choose. Before, 18 if you leave care, they would go find you. You're a runaway, you know, they would try to bring you back. They don't have to do that when you're 18. So, so that's who we're following.

The other thing we're doing because of our partnership with the state is we actually have foster care records, the administrative histories of, you know, maltreatment histories and foster care histories of anyone who spent a day or more in care after their 16th birthday from 2006 up through this last year. And so, that's a much bigger group. That's well over 100,000 young people.

And, were able to follow them by linking their foster care histories to things like whether they went to college or not, whether they're employed or not, whether they're receiving CalFresh or CalWORKs, the food assistance and, and, welfare programs in the state of California, whether they're receiving supplemental SSI, basic disability payments. And we're hoping to link to other things like births and deaths and, and arrests.

So that's-, it's sort of two parts to CalYOUTH. One is in that in depth, rich information we get directly from talking to young people; we had a lot of success in that. I can share with you, actually, that we already know at age 21, we just finished, just got out of the field, we interviewed over 84% of the young people who we started with at 17, so we felt pretty good that we were able to describe the experiences and needs and outcomes for young people all the way through age 21.

And then, with the administrative data we can look at a finite set of outcomes. We won't know if they're homeless or not. Can't use administrative. You need to use administrative data to see if somebody is in a shelter. But lots of young people are in a shelter, homeless, or, you know, they don't have social support, they are victimized. So, a lot of outcomes that you only really get by

talking to somebody and asking them, “How things been going for you?” So that's, that's CalYOUTH.

Kelly Meehleib: Great, thanks. How have you found in the area of housing?

Dr. Mark Courtney: Well, by, before I talk about, you know, what we found in terms of housing, I though, it won't be surprised to this audience, I suspect, that the housing market in California is crazy expensive for anyone, really, who isn't really wealthy. And, young people generally transitioning out of their homes or towards independence have to find housing and, you know, not just for youth aging out of foster care, but for young people all over the country. In expensive housing markets, housing is quite often unstable. Rates of homelessness in California, generally, for young people are high relative to other places in the country where housing is less expensive.

So, with that in mind, what we're finding is, first of all, when the young people are in care they're all housed, you know?

Kelly Meehleib: Mhm.

Dr. Mark Courtney: Now, you know, there is some instability sometimes in a housing. I think particularly young people who have behavioral, emotional problems owing to the background that brought them into care, and sometimes the care system doesn't really, you know, meet those needs, they end up unstable. They run away from care. I mean, there's a fair amount of “homelessness of young people,” actually, while they're minors in the care system. But the system reengages them and finds them a place to live, and the interesting thing about extending care is that's obligating the counties and State of California try to do the same thing. So, I would say the good news around homelessness is around, for example, at this point in our study we've been following people, we've been following them from 17 to 21 and some cases after that using government records. But we, we have already completed interviews when they were still in care at 17 and 19. And so, to give you a sense between 17 and 19, over 1/3 of young people who have left care reported to us that they been homeless at some point since the first time we talked to them at 17 while they were all in care. The number's less than half that for young people who are in care. But it still, I think, is around 14% of the young people who are in care that somewhere, that might be a little off there, but around that percentage, they would also say they've been homeless at some point. But how could that be, right, if they're in extended care?

Well, I think there's a couple ways that to happen. First of all, California allows young people to choose to leave care and come back. And we found that among the young people who are still in care at 19 in our study is about three-quarters of the overall population, there are 14% who had left care and come back. That group was particularly likely to tell us they'd been homeless at some point. So, the way we interpret that is, you know, some young people feel like, you know, *I'm ready to be on my own*. I certainly felt that way when I was 18. But I lived in a dormitory, Supervised Independent Living setting, you know. My young adult daughters, they you know

thought that, but they have our support. These young people basically didn't, you know, probably had a hard time economically. We know that. Not just in terms of homelessness but in terms of food insecurity and things like that. And then, they came back into care. So, some of the homelessness you see of young people who are in care happened when they left care and then they come back.

But then, you also have some young people, again, they, they go out and live in a setting in the community, in a SILP, Supervised Independent Living Placement - that's basically a place that young people find or maybe somebody, you know, an adult is helping them, finds it. You know, they could be evicted from those settings. A landlord might just decide, *I'm done renting, I want to sell my condo*, which is happening a lot, particularly in urban areas in California. Or they can, they could get themselves, basically, they could just get themselves in trouble, and losing their housing.

The difference between the situation for them and other young people generally or of the young people who have left care is that the county child welfare agency's obligated to try to find them another place to live, and so that's basically what we find. Much less homelessness among young people who remain in care, but there are some. And it's probably, it may be to some extent an indication of whether the range of living arrangements that counties are providing really work for all the young people, as you know, in care particularly those who have a number of challenges, really, in terms of just stabilizing their lives, working, going to school, etc.

Kelly Meehleib: And, what have you found in the area of education?

Dr. Mark Courtney: So, we found that, first of all, at baseline, at age 17, we found what I and others who have studied this population of older teens in care have found for a long time, many young people in foster care, as they approach the age of majority really are behind in school. Right? They're behind in school mostly, I would say, because they entered care behind in school. Most people who age out of care actually enter care not as little kids. They enter care middle of childhood or adolescence, and as your audience probably knows, the main reason young people, children enter care in this country is neglect. You know? They just haven't had their basic needs met. And one of the things is, you know, is that their parents haven't read to them, haven't been able to keep them in school regularly, so children come into care behind.

A lot of research out there suggests that that trajectory sort of evens out when they come into care. That they sort of progress at that point much like their peers but they're behind and they don't catch up, right? So, so we know about 1/3 of the people 17 are least a year behind in school and over 1/3 in special education, right? So then, when you follow them out to 19, big surprise, you know, they're less likely than their peers to graduate from high school or have a GED.

Off the top of my head, I think it's around 2/3 at 19 have a high school degree or-or-or a GED and many of the rest are actually trying to get their GED or high school degree. About half of the young people actually have entered college, overwhelmingly two-year colleges, relatively few

are in four-year colleges. So, that's kind of the good news. A lot of them in California are entering community colleges. California has the record really, I think, surpassing any other state in the country for a long time now of, of trying to build up support systems at colleges and universities, particularly two-year colleges. So that's the good news. They're entering college, whether they're going to persist in college or graduate, I think, is, is the big question that we hope to follow up on in CalYOUTH.

Kelly Meehleib: And, what about in the area of employment?

Dr. Mark Courtney: Right, so, you know, on the top of my head, I can't, I-I-I, you know, I think around 1/3 of them are employed. They're much, they're less, less likely to be employed than their age peers. But again, many of them are going to college, right? So, you know, so they're certainly not mutually exclusive. There's, you know, significant portion of young people are both in school and working when we talk to them.

But that being said, I think the good thing about California, the good thing about the federal policy framework now, is if you provide extended foster care, so you, what does that mean? It means a lot of things, but at a, at a basic level it means "three hots and a cot," as we say. Basically, you're obligated to make an effort to provide housing and meet the basic needs in terms of food and health care. And young people are entitled that, right, so if they have that, many of them, I think, would choose to focus on their studies particularly given that they're behind, right? So, I don't necessarily think it's a bad thing if you see the percentage of young people we see going to college that are not working because they've got their basic needs met. They can also be eligible for education training vouchers under the Chaffee program. They're also categorically eligible for Pell Grants for, you know, need-based assistance. So, I think a lot of them find themselves, if they get into college, if they get a GED or high school diploma and they enter college, they view themselves as full-time students which is, after all, is what most middle-class families want for their kids; they don't necessarily expect them to be working, so a lot of them are working, but many of them are going to school and not working.

Kelly Meehleib: So, what are the other main takeaways from this study thus far?

Dr. Mark Courtney: Well, there's, I think, a couple main take-a-ways.

One, which I think is, is, I know this is sunk in for some folks in California who are working in extended care or in the child welfare system, but it's worth saying to folks who maybe don't work in the child welfare system but also to folks in other states who are contemplating this. Providing foster care, you know, extended foster care, right, for adults, is just, in many ways, a fundamentally different enterprise than doing it for minors, right?

And, so some of the findings that I think jump out at me at this point, having worked in the child welfare system in California back in the 80s with transition-age youth and then studying the population all over the country since then, is, I think, it's really surprising to everybody whether

it's folks in the courts, in child welfare agencies, foster parents who say, "Okay, now young person, you're going to continue to support them, they can stay in my home," *everybody* is surprised by how different it is to care for young adults and, say, you're going to maintain that sort of parenting relationship, you're going to do what other parents do because they're young adults.

They exercise agency, they make choices, in fact they *need* to make choices, right, and many times those choices are risky, right, I mean that's the nature of being an adult, is, you know, you, you're weighing risks and benefits and you make choices, and you have to live with the consequences. That's not how the child welfare system operates, right? I mean, we're trying to change that for teenagers cause we infantilize teenagers in the child welfare system. We take away agency from them. Now, you really can't do that with adults, so let me give a couple examples of the implications of that.

One, the care settings, the living arrangements that minors are in, all of them, have a resident adult 24/7 for minors, whether it's a foster parent, a kinship foster parent, a group home agency staff person. If you look at our data, you'll see, and this is true in California, it's dead on exactly the same thing I found in, when I studied Illinois years ago because they have had extended care for a while. By 19, half of the young people in extended care are in living situations where there is no adult providing 24-hour supervision, right? They're in a SILP, they're in a transitional housing program. Maybe, you know, a SILP could be a dormitory, you know, maybe they have supervision there, but that person is not somebody a case worker can say, "Oh, you know, call up the dorm resident assistant if your caseworker and see what happens, you're not the parent, "I don't know you," you know, and they, by the way if a parent calls up a resident assistant, that's an iffy proposition, right? So, you, you know, that relationship, you've got living arrangements that look totally different, right?

The case management model that the federal government, the basic federal policy gives counties enormous leeway, and states enormous leeway. But it basically says we want you to have an agent in the state, a caseworker, put their eyes on a child in out of home care once a month, or we're not going to pay you. That's the bottom line, the federal policy around case management. Well, that makes sense! You know? If, in fact, you have another adult supervising him 24/7 and the caseworker is basically relaying the child and that foster parent, whatever. That's missing for half of these young people, right? And, these young people are dealing with a whole different set of questions that *they* must answer for themselves that they really didn't have to answer on their own when they were minors, right?

So, all the systems that they interact with where their education is higher education, right, health care system, even if they're still on Medicaid, is an adult health care system, adult mental health system, housing - they're signing leases and things like this. And the caseworkers have no track record experience doing that kind of, supporting that kind of thing. And if they're given one visit a month to do that, common sense would suggest that's not going to be enough in many cases, right? So California, I think, is struggling with what every other state has adopted an extended care policy is, which is how do we allow young people to make these choices and yet provide the

support, let's not use the term "supervision," let's use the term "engagement," of responsible adults who are there to answer questions in a real-time basis, who are there to pose questions, you know, "You want to do this, let me point out some things to you that might happen if you do this." And are there to pick up the pieces, right? And, and I think there is a mismatch between your traditional child welfare system in the way it's set up for minors and what needs to happen for adults and we are in a learning process in California, everywhere else in the country.

I think the other thing I would say, the other big take-a-way, is that so far, we find evidence that remaining in care is a good thing. That it is, first of all, the young people want to do it. So, if you care about the choice of these young people who are our children, we presumed to take them away. We society, took them away from their parents, so we're going to be a better parent. Parents should care about whether their young adults, children think, *You've been done right by me, this is a good thing, I thank you.* Right? The young people basically say, "Thank you." I mean I won't get into all the details but in many ways, they stay in care and their attitude toward the system actually is generally positive. "I feel like the people are looking out for me." Not all of them, some are disgruntled, but most of them are highly greatly appreciative of the help. Right?

And we find that extended care is associated with a number of benefits. They are more likely to go to school, less likely to become homeless, less likely to be, to suffer economic hardships, right, more likely to have assets, a bank account, right? An extra year of care is associated with about \$800 in your bank account than if you didn't have an extra year in care. Conversely, an extra year of care is associated with about \$900 less in, in SNAP benefits, right, because the folks who exit care are suffering economic hardships and then they need to go and get assistance, right? The, the odds of being convicted of a crime between 17 and 19 are about a half as high if you spend an extra year care, right?

So, you know, we've done a bunch of analyses, we don't see benefits in every realm we look at, but we a lot of benefits in really important areas, and we don't see any harm. We really haven't found any examples of where remaining in care results in bad things happening to you.

So, I think the two main take-a-ways are, this is a brave new world, totally different way of doing business with these young people. And so far, so good.

Kelly Meehleib: Has anything surprised you about your findings?

Dr. Mark Courtney: Well, one thing that's a bit surprising to me is, you know, is the extent of variation within California between counties in how, what percentage of young people remain in care as young adults and how long they're remaining. There's huge variation.

So, for example if you look at, on the top of my head, I'm going to be off a bit here, but if you arrange the counties in order of them by what percentage of young people who are in care at 17 are still in care at say 19 ½, right, so they've taken, these are the percentage of people who have

really taken advantage of this new policy. The difference between the county at the 25th percentile and the 75th percentile, right, is a, is like a year.

I mean, there's a huge difference...

Kelly Meehleib: Wow.

Dr. Mark Courtney: ...in the average number of months young people remain in extended care between counties in California that we really can't explain with the information we have about young people; so, we believe that difference is not explained by differences in the characteristics of young people between counties. There are differences. And counties differ. The labor markets differ. The housing, you know, costs differ. But, it's pretty extreme, right? So, I think it raises the question for me, and you could raise this question nationally, but within a state like California where, I think, there's some commitment to equity of opportunity for these young people, why does it matter where you live as much as it appears to matter, right, in terms of what kind of resources are going to be provided to you to try to help you make it during young adulthood. And, and I don't have an easy answer to that question. We're trying to understand more through CalYOUTH, but the extent of that was pretty surprising to me.

I guess the other thing I would say is a bit surprising to me is, we did a better job of asking about the social support networks of these young people than I have in my prior studies and we find that while there's maybe one in ten who would say have really nobody to rely on, that most of them would say, in the areas that we've asked about. So, do you have enough people you can rely on for emotional support? Do you have enough people you can rely on for advice and guidance? Do you have enough people you can rely on for what we call, sort of, concrete or tangible support? Like loan you a little bit of money, give you cash to crash, other things like that. Most of them would say, "I have enough people that I can rely on in those areas."

But there's a good third or more who in each of those areas says, "Well I don't have enough people. I could use more." And again, as I mentioned, about one out of ten really are, you know, if you think about it, if you ask a 19-year-old, well, "Do you have anybody you can rely on for emotional support, tangible support, guidance?" And, one out of ten of them say I have nobody; I mean, that's a distinct group that we really need to think about differently right, right? Wow.

Kelly Meehleib: Yeah.

Dr. Mark Courtney: I don't need to know much more than that to know that I really, we need to do something differently for youth. But, I think the encouraging thing is, is how many of them would say, "I have enough." And we sort of look at who that is.

Another thing that's encouraging is the extent to which young people would say they have positive relationships with family. And have emotional support with family doesn't differ depending whether they are in care or out of care. Right? So, there's a lot of fear that, oh, if we'd

stay in care we're sort of estranging these people from their families and getting in the way of family relationships. We don't really see any evidence of that. I think that these young people are, are negotiating extended care policy in a way that allows them to maintain contact with their family when they want to do that. That's generally a positive thing. But, the other thing we're seeing is that those who remain in care are more likely to have, well, what I would sort of call "professional supports," where there's a case manager, a court appointed special advocate, an attorney, or somebody in a program that they're connected with, say, college support program. Because they will remain in care, they have their needs met, they go to community college, now there's a guardian scholars program. And those people bring different assets, so what we see is young people who remain in care are more likely to have those connections and that translates into greater levels of, for example, advice and guidance, right?

So, think about, we want to go to college. A lot of those people come because of racism and economic inequality, where these kids come from, a lot of them and their families love them and want to help them but nobody in their family ever went to college.

Kelly Meehleib: Right.

Dr. Mark Courtney: Right?

Kelly Meehleib: Mhm.

Dr. Mark Courtney: So, remaining in care, it appears is connecting these young people to the kinds of social capital, right, that can help them acquire human capital. Employments, networks, education. So, I'm, I'm pleasantly surprised by, sort of, unpacking what is it, extended care mean and what, what might be the mechanisms by which it helps young people.

Kelly Meehleib: Are there any changes that policymakers should consider about this program based on your research?

Dr. Mark Courtney: Well, one I mentioned is really thinking through a couple things. One, thinking through whether the basic structure of case management serves delivery and the supervision of foster care that we've had for minors. Regardless of whether they think it works for minors or not, I think, you know, hopefully I've made the case, that you really need to rethink whether it makes sense for adults, right? And-

Kelly Meehleib: Right.

Dr. Mark Courtney: And in California has some examples. You have counties now that have moved in the direction of specialized units that are focused on transition age youth or youth in extended foster care. And I think, you know, the field generally needs to learn from places in the country, and California has several now, where they said, "You know what, we really ought to

have the social workers who are working with the-, with these young people, ought to just be working with young people, right? So that they understand the resources needed.

You want people who like young adults, by the way. Young adults can be rough to deal with. Anybody's who's had any of your own or older adolescents, for that matter, you know. When I worked in the child welfare field, I knew people said, you know, "How do you work with teenagers? I hate teenagers." You know. And I said well "How do you work with these little 7-12-year-olds that bite you and stuff? Well, I can't stand that," right? You want people who really have a, you know, positive youth development, embrace that part of the work, *and* then familiarize themselves with resource. And so, I think policy makers *and managers*. Big "P" Policy, little "p." I think, right now, I'm not sure we need a change in policy at the state level. Maybe you do. But I think, learning from jurisdictions that are embracing the idea that they, this is a different group, they have different needs at the, at the policy-, at the practice level.

I think the other things worth looking at is whether the service array, for lack of a better word, in California is robust enough to deal with young people who have really, pretty complex challenges to making it, you know, during the transition to adulthood. Young people with significant behavioral health problems, young people who had kids when they were 16. Right? I mean, it's, you know, in my earlier study, that was really sad, to look at kids who had kids when they were kids. And, you know, at 23, a huge percentage of them, particularly young women were, had never finished high school, or were relying on public assistance, were isolated, depressed, etc., suffering from economic hardships, homelessness, etc. and you could see it. I mean, you could see they had these children and, and the system, even in Illinois with extended care, had really not recognized, you know, this is a path that is going to be very difficult for these young people, particularly these young women. We *have* to do something differently for them and not just think that, you know, they are going to do fine and they are going to access services that are going to help them. Same thing with young people who have serious mental health problems, behavioral health problems.

Right now, what California has is, it's, it's doing Continuum of Care Reform. It's trying to do some things in mental health that might make a difference. I think clearly the relationship between the child welfare agency and the mental health agency at the county level. But there's huge potential there.

But in terms of living arrangements, you basically have regular foster parents who get a visit once a month. A kinship foster parent gets a visit once a month. A SILP, which in the absence of redoing our case management model again, has a case worker once a month. You know, on the face of it, it's hard to believe that any of those settings are going to work for a, a lot of these young people that have more challenging problems.

Kelly Meehleib: Right.

Dr. Mark Courtney: And then you have Transitional Housing Plus Program, and that's a great transitional housing, but, you know, we're putting a lot of eggs in that basket, I think, without thinking through whether that really ought to be the only basket we have.

And then you have counties that are basically not paying for that, right. So, you have jurisdictions that are, tied one hand behind their back with respect to these, you know, living arrangement options they have for young people who really need a lot more help. So, I think that focusing on the young people who, our data suggests this and I think common sense would suggest, there's some subgroups of young people who the current set of living arrangements and service array, you know, it, it's probably not going to work unless we pay a whole lot of attention to making it work.

Kelly Meehleib: Well, thank you so much, Dr. Courtney, for spending time with us to talk about the CalYOUTH study today.

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