November 2026

Child Trends®

Evaluation of The Duke Endowment's Child and Family Well-Being Transition-aged Youth Portfolio

Rachel Rosenberg, Amy McKlindon, Karlee Naylon, Ria Shelton, and Ja'Chelle Ball



Table of Contents

Executive Summary 1

Introduction 3

Findings 4

Recommendations for Grantmaking Strategies 14

Evaluation Methodology and Limitations 16

Acknowledgments 18

Appendix A. Race and Ethnicity of Youth in Foster Care 19

Appendix B. Relevant Programs Rated by the Title IV-E Prevention Services Clearinghouse and California Evidence-Based Clearinghouse for Child Welfare 20

Appendix C. Grantee Table 25

References 27

Executive Summary

Young people transitioning from foster care to adulthood face significant challenges as they navigate housing, education, employment, health care, and independent living. Although federal policies have increased investment in services for this population, outcomes among youth with foster care experience continue to be worse than among their peers without foster care experience, including higher rates of homelessness, unemployment, and behavioral health needs. To help address these challenges, The Duke Endowment (TDE) invested more than $3.2 million from 2017 to 2025 across eight organizations serving transition-aged youth in North Carolina and South Carolina through evidence-based, evidence-informed, innovative, and advocacy-focused approaches.

Child Trends conducted a retrospective evaluation of TDE's transition-aged youth portfolio to assess outcomes, sustainability, evidence-building efforts, and future funding opportunities. The evaluation included a review of grantee documents, a literature review, and interviews with 24 experts, including grantees, service providers, public agency leaders, national experts, funders, and young people with lived experience in foster care. Below, we summarize the findings, with additional detail provided in the main report.

There is a lack of programs with demonstrated effectiveness that are designed to help prepare transition-aged youth for adulthood. The evaluation found that the evidence base for programs designed specifically for transition-aged youth remains limited. Through a review of two clearinghouses and recent literature, Child Trends identified 11 programs that served youth ages 14 and older, had been evaluated using a comparison group design, and were rated at least as promising by one or both clearinghouses. These programs include a range of interventions related to mental health, housing, education, and the transition to adulthood.

Research indicates that programs for transition-aged youth should be designed to be relationship-centered and focused on individualized support. While only a small number of interventions have rigorous evaluations showing causal effects, research consistently points to several factors associated with positive outcomes: supportive adult relationships, meaningful youth engagement, trauma-informed and developmentally appropriate services, coordinated supports across systems, and extended foster care. Across housing, education, employment, health, and independent living programs, relationship-centered and individualized approaches emerged as important program components associated with successful transitions to adulthood. These components likely need to be delivered across a continuum of supportive services that work in tandem to meet young people's needs.

When services are available to youth ages 14 to 23, they can access services when they are ready and complete them without being rushed. Based on the literature review and interviews, we found no single "best" age to begin or conclude services; however, research and direct service providers strongly support engaging youth early in adolescence (e.g., around age 14) and providing services into the mid-20s, beyond age 21 (e.g., age 23), when formal foster care ends. This allows young people to engage in services throughout that period or only for a short time when needed. Early engagement allows providers to build trusting relationships, support the development of life skills, and prepare youth for adulthood before they exit care. Longer service duration is associated with improved housing, education, and relationship outcomes, and youth consistently report that transition services often end too soon or feel rushed.

The most pressing needs among transition-aged youth in North Carolina and South Carolina are mental health, housing, and supportive relationships. These needs are interconnected and often underpin success in other domains, such as employment and education. While one program is unlikely to meet all of a transition-aged youth's needs, programs should consider providing services and/or developing partnerships

with other providers to make referrals to support transition-aged youth with their mental health and housing needs—and to build relationships—across a continuum of services.

Providers in North Carolina and South Carolina reported several barriers to developing and implementing programs to meet the needs of transition-aged youth. These barriers included significant capacity challenges, including workforce shortages, staff turnover, limited funding, and uneven service availability across communities. Many providers described a need for more flexible funding to support staffing, infrastructure, long-term program operations, and evaluation. At the same time, providers highlighted the innovative ways they provide services to transition-aged youth despite these challenges.

Despite challenges, TDE-funded grantees reported positive outcomes across multiple domains, including housing stability, educational attainment, employment, health, and community connectedness. All but one grantee was still operating the funded program, which offers an encouraging sign of grantees' commitment to—and the sustainability of—promising practices for transition-aged youth. A common theme across the portfolio was the importance of youth-centered, relationship-based approaches that emphasized individualized case management, strengths-based goal setting, trauma-informed practice, and sustained support from caring adults. Grantees also highlighted meaningful youth engagement and strong public-private partnerships as critical factors for program success and innovation.

Successful transitions to adulthood require coordinated, flexible, and long-term supports, rather than reliance on any single program model. Based on the findings, we recommend that TDE and other philanthropic funders do the following:

1. Expand supports to reach youth in early adolescence and continue services longer (e.g., ages 14–23).
2. Invest in building evidence for a continuum of services, including promising and innovative programs.
3. Consider whether the threshold of demonstrated effectiveness TDE uses for the "Implementation Support" portfolio is conducive to the types of programs serving transition-aged youth.
4. Invest in programs that provide individualized support tailored to young people's needs.
5. Prioritize funding for mental health, housing, and relationship-based supports.
6. Elevate youth voice in designing programs and evaluations and shaping funding priorities.
7. Provide flexible funding that strengthens organizational and workforce capacity.
8. Support advocacy efforts that improve cross-system coordination and expand access to extended foster care and other public resources.
9. Convene key service providers, state agency officials, and other philanthropic organizations to create coalitions and build momentum for policies and practices focused on transition-aged youth.

Introduction

The transition to adulthood is a time of identity exploration, testing boundaries, and increased independence.[1] It is also a time of increased instability and risk taking. Today, young adults are making the transition to adulthood amid increased costs of living, evolving employment opportunities shaped by technology and artificial intelligence, and high rates of mental health needs.[2,3,4] Research shows that young people who have support from adults and service providers during this transition often fare better than those who do not.[5]

Due to their involvement with the child welfare system and the experiences that contributed to that involvement, young people transitioning out of foster care and into adulthood ("transition-aged youth") often do not have the support they need during this time. Relative to their peers without foster care experience, young people with foster care experience face an increased risk of adverse outcomes, such as higher rates of homelessness, unemployment, and physical and mental health needs and lower levels of educational attainment.[6,7,8,9,10,11,12]

Given the unique needs of transition-aged youth in foster care, several federal policies since the 1990s have aimed to increase support for this population (see Box 1. Policies to support transition-aged youth in foster care, on page 13). While these policies have increased investment in services for transition-aged youth, young people continue to experience adverse outcomes at higher rates than their peers without foster care experience,[13] and many service providers we interviewed reported not having the capacity to meet the needs of transition-aged youth. Further, many of the services created by these policies, such as Chafee services[14] and Foster Youth to Independence Initiative (FYI) housing vouchers, remain underutilized,[15] which may indicate a need for better coordination across providers and public agencies (e.g., housing authorities and child welfare agencies).

To help address gaps between the needs of transition-aged youth and the availability of community services, The Duke Endowment's (TDE) Child and Family Well-Being (CFWB) program area, which has a focal population of children in foster care or those at imminent risk of entering foster care, issued grants between 2017 and 2025 to eight organizations with programs focused on supporting transition-aged youth as they prepare for adulthood in North Carolina and South Carolina. In alignment with TDE's funding strategies, all grantees either (1) implemented evidence-based or evidence-informed models, (2) developed and tested innovative approaches, or (3) advocated for improvements. The grants awarded to these eight organizations represent a subset of the larger CFWB portfolio, and TDE made additional grants to organizations tangentially serving transition-aged youth (e.g., through programs that serve children and youth of all ages) that are not included in this evaluation.

In 2026, TDE invited proposals to conduct a retrospective evaluation of its portfolio focused on transition-aged youth. In response to TDE's request, Child Trends was contracted to evaluate grants focused on transition-aged youth issued between 2017 and 2025. The evaluation team conducted a document review, literature review, expert interviews, and secondary data analysis to answer the following research questions:

- To what extent have grants in TDE's portfolio achieved their intended results? To what extent have those results been sustained over time?
- When is the most effective time to engage transition-aged youth (e.g., ages 18–19 vs. 20–21) and for how long?
- Accounting for program costs and scale, should TDE lean toward established evidence-based models (e.g., Youth Villages' LifeSet model, Jim Casey Youth Opportunities Initiative) or continue to capitalize on smaller, locally developed approaches?

- To what extent has TDE been successful in building evidence to establish emerging interventions as "evidence-based"? What more might be required to accomplish this goal?

Findings

The key findings below represent themes across the document review, literature review, interviews, and secondary data analysis. Secondary data analyses presented throughout this report come from three main child welfare datasets:

1. The Adoption and Foster Care Analysis and Reporting System (AFCARS): Includes data on all children and youth from birth to age 21 who spent at least one day in foster care during the federal fiscal year (FFY).
2. The National Youth in Transition Database (NYTD) Outcomes File: A cohort study of young people who are in care and age 17 during the baseline year. Those same youth are followed up with at ages 19 and 21. A new cohort starts every three years.
3. NYTD Services: Includes data on all transition-aged youth ages 14 and older who receive at least one federally funded Chafee service during the FFY.

Child Trends also requested and received aggregate data on transition-aged youth in foster care from North Carolina's Department of Health and Human Services and South Carolina's Department of Social Services, which are incorporated throughout this report where relevant.

Experiences of transition-aged youth

In federal fiscal year 2025 (FFY 2025), 40,583 transition-aged youth ages 13–17 entered foster care in the U.S.; 1,026 were in North Carolina, and 802 were in South Carolina. Neglect was the most frequently reported reason for entering foster care among transition-aged youth in North Carolina (72%), South Carolina (62%), and nationally (50%). Other common reasons included child behavior problems, physical abuse, parental substance use, abandonment, and inadequate housing (see Table 1 for more detail). Most transition-aged youth enter foster care for the first time as teenagers: 87 percent in North Carolina, 74 percent in South Carolina, and 74 percent nationally.[16]

Table 1. Entry reasons ages 13–17

	Neglect	Child behavior problem	Physical abuse	Parental substance use	Abandonment	Inadequate housing
NC	72%	18%	12%	20%	11%	12%
SC	62%	11%	23%	7%	14%	6%
National	50%	27%	13%	18%	11%	9%

At the end of FFY 2025, there were 118,358 young people ages 13–21 in foster care nationally, 3,876 in North Carolina, and 1,090 in South Carolina. Across North Carolina, South Carolina, and nationally, there were more female transition-aged youth than male transition-aged youth in foster care. Of the young people ages 13–21 in foster care at the end of the fiscal year, 54 percent in North Carolina, 53 percent in South Carolina, and 52 percent nationally were female. The race and ethnicity composition of transition-aged youth in foster care during the fiscal year varied across North Carolina, South Carolina, and nationally. Across both states, African American, non-Hispanic youth were disproportionately represented, and White, non-Hispanic youth were underrepresented in the foster care population among youth ages 13–17 and 18–

21. For a full breakdown of race and ethnicity by age range, see Appendix A. Race and Ethnicity of Youth in Foster Care.[17]

Once in foster care, transition-aged youth ages 13–21 were often placed in non-relative foster homes: 35 percent in North Carolina, 38 percent in South Carolina, and 33 percent nationally. The second most frequently reported placement was a group home or institution, representing 28 percent of placements in North Carolina, 39 percent in South Carolina, and 27 percent nationally. Across all young people ages 13–21, the average number of placements in foster care was 5.2 in North Carolina, 8.6 in South Carolina, and 4.9 nationally. Both the number of placements youth experience and whether they exit to permanency (i.e., reunification, adoption, or guardianship) or emancipation (i.e., exiting care without a legal permanent family) have been shown to be associated with length of stay. The median length of stay in foster care, across all episodes in care, for youth ages 13–21 is 832 days in North Carolina, 435 days in South Carolina, and 797 days nationally. Exit reasons for youth ages 13–21 differed by age. Among youth exiting foster care at or after age 18, the overwhelming majority emancipated from care: 90 percent in North Carolina, 98 percent in South Carolina, and 86 percent nationally. Among those ages 13–17, the majority exited to permanency: 91 percent in North Carolina, 97 percent in South Carolina, and 95 percent nationally.

Limited evidence for models serving transition-aged youth

The evidence base for programs designed specifically for transition-aged youth is limited, with few interventions demonstrating causal evidence.[18] This finding was echoed by interviewees in North Carolina and South Carolina, who reported not having access to evidence-based programs that meet the needs of young people in their communities. Barriers to evidence building can include programs that are not ready for evaluation, small numbers of youth served that can limit evaluation design options, resistance to randomized controlled trials, limited data, and the need to plan for program evaluation concurrently with implementation.[19]

Through a review of two clearinghouses, the Title IV-E Prevention Services Clearinghouse (IV-E Clearinghouse) and the California Evidence-Based Clearinghouse for Child Welfare (CEBC), and a review of recent literature, Child Trends identified 11 programs that served youth ages 14 and older, had been evaluated using a comparison group design, and were rated at least as promising by one or both clearinghouses. These programs include a range of interventions related to mental health, housing, education, and the transition to adulthood. See Appendix B. Relevant Programs Rated by the IV-E Prevention Services Clearinghouse and California Evidence-Based Clearinghouse for details.

Of the eight TDE grantees included in this analysis with programs focused on supporting transition-aged youth as they prepare for adulthood, three organizations implemented components of three program models in Appendix B: one grantee implemented the Transition to Independence Model (TIP), one grantee implemented components of LifeSet, and one grantee implemented components of My First Place. Grantees who tangentially served transition-aged youth implemented three additional program models: Listening and Led by Youth in Foster Care: Grief, Hope, and Transitions (L.Y.G.H.T.); Multidimensional Family Therapy; and Multisystemic Therapy (MST).

Notably, the two clearinghouses and TDE use different definitions for assessing the evidence for interventions, indicating a lack of common definitions across the field (see Table 2). This variation may contribute to the limited number of programs that meet clearinghouse and funder expectations.

Table 2. Evidence rating definitions for programs with demonstrated effectiveness per the IV-E Clearinghouse and CEBC[a]

Evidence Rating	IV-E Clearinghouse Definition[20]	CEBC Definition[21]
Well-supported	At least two randomized controlled trials (RCT) or quasi-experimental design (QED) studies in usual care or practice settings that meet Clearinghouse standards for moderate or high quality design demonstrate one or more favorable effects. At least one outcome is sustained for 12+ months post-treatment.	At least two RCTs in usual care or practice settings demonstrate the program is superior to a comparison program on relevant outcomes using valid and reliable measures. At least one RCT demonstrates sustained effects 12+ months post-treatment. The evaluation findings are reported in peer-reviewed publications.
Supported	At least one RCT or QED in a usual care or practice setting that meets Clearinghouse standards for moderate or high quality design demonstrates one or more favorable effects. At least one outcome is sustained for 6+ months post-treatment.	At least one RCT in a usual care or practice setting demonstrates the program is superior to a comparison program on relevant outcomes using valid and reliable measures. The RCT demonstrates sustained effects 6+ months post-treatment. The evaluation findings are reported in peer-reviewed publications.
Promising	At least one study that uses some form of control and meets Clearinghouse standards for moderate or high quality design demonstrates one or more favorable effects.	At least one study that uses some form of control and reliable and valid measures demonstrates the program is superior to a comparison program or comparable on outcomes for relevant programs rated as promising or above by CEBC. The evaluation findings are reported in peer-reviewed publications.

Of the 11 programs included in Appendix B, three were rated as well-supported by both clearinghouses: Functional Family Therapy (FFT),[b] Multidimensional Family Therapy, and MST. Five programs rated as promising or above by CEBC were not reviewed by the IV-E Clearinghouse, likely due primarily to their services falling outside the IV-E Clearinghouse's focus on mental health, substance use, and parenting interventions (Better Futures, LifeSet, My First Place, My Life, and L.Y.G.H.T.). Two programs that did not meet the criteria for the IV-E Clearinghouse were rated by CEBC as supported (Adolescent-Focused Family Behavior Therapy) or promising (TIP). One program (Solution-Focused Brief Therapy) was not able to be rated by the CEBC but was rated as promising by the IV-E Clearinghouse.

Beyond the limited evidence for programs serving transition-aged youth, interviewees shared concern that many programs that meet clearinghouse standards rely on caregiver involvement, which may not be available to youth with foster care experience. Four of the 11 programs included in Appendix B, all of which focus on mental health, were designed for use with adolescents and their caregivers. As one interviewee in South Carolina shared, "*And so like I also worry about those handful of kids, you know, what would the right service, what would the right resource be? …A lot of the [programs] in our state are very much, you need a*

[a] Both clearinghouses require that there is no evidence of risk of harm from the program and that the program have a manual, book, or other documentation detailing program model components. See the clearinghouse websites for more detailed information on their requirements.
[b] CEBC rates FFT as well-supported for disruptive behavior treatment and supported for behavioral management program and substance abuse treatment.

caregiver there. They're working with whoever the youth has an attachment with or they're family oriented, right? And, you know, if you've got a youth that's moving, you know, bouncing from foster home to foster home or is in a higher level of care, like a group care facility, … you just can't do that type of work. And then what happens when they age out, right? Are they set up for success? …. And, you know, it's just sad because then you think about what happens, you know, further down the line." Interviewees also shared that they often use specific components of programs with demonstrated effectiveness rather than implementing the full program for a variety of reasons, including limited resources and funding.

In addition to the relevant programs that have been rated as promising or above by the clearinghouses, Child Trends reviewed several other programs implemented by TDE grantees. These models included the Fostering Success Coach Model, TIP, and the Rehabilitation for Empowerment, Natural Supports, Education, and Work (RENEW) model. Although these programs have been evaluated, the existing evaluations do not meet the criteria for rating the programs as promising or above by the two clearinghouses we reviewed. We did not identify any impact evaluations of the Fostering Success Coach Model, and while the Institute of Education Sciences funded an RCT of the RENEW model in 2015 in schools, targeting students with emotional and behavioral challenges, we were unable to locate a final evaluation report.[22] We identified one QED of the TIP model, which had a small sample size and baseline differences in demographics between the two groups. While youth receiving TIP services were significantly more likely than the comparison group to be living in a home-type setting, employed, and either employed or pursuing education, these results should be interpreted with caution given the study limitations.[23]

Evidence is limited for programs specifically designed to serve transition-aged youth, and existing programs may not meet their needs.

Transition-aged youth need support across well-being domains

While the overall evidence for programs serving transition-aged youth is limited, research points to the importance of transition-aged youth having access to programs that promote supportive youth-adult relationships, engage youth as partners in decision making, address the harmful effects of trauma, provide developmentally appropriate supports up to and beyond age 21, and offer both individualized and holistic supports.[24] Notably, one program is unlikely to meet all of these factors across all well-being domains, and youth can benefit from a continuum of supports and programs designed to incorporate these components and meet their needs. National research and research across jurisdictions support extended foster care as an effective policy, with youth who remain in foster care after age 18 experiencing improved outcomes relative to their peers who exit care.[25] However, extended foster care utilization nationally remains low, with 44 percent of youth who were in care on their 18th birthday remaining in care on their 19th birthday. Extended foster care utilization in North Carolina is slightly higher, with 58 percent of youth who were in care on their 18th birthday remaining in care on their 19th birthday. Data were unavailable for South Carolina.[26,c,d] For transition-aged youth who achieve permanency, research suggests the importance of post-permanency supports tailored to exit type (i.e., reunification, adoption, guardianship) that address risk factors, such as behavioral health needs, to keep families intact and prevent re-entry into care.[27] The

[c] While we do not know for certain what is causing differences between North Carolina and South Carolina, research broadly indicates that different policy characteristics (e.g., ability to reenter care, opt-in vs. opt-out) may contribute to utilization. Additionally, how transition-aged youth receive information about extended foster care is associated with utilization. Best practices indicate that youth should be informed about extended foster care well before they turn 18 and more than once before age 18.
[d] Data are from AFCARS and represent youth who remained in care at age 18 and did not have an exit reason. This is a separate group of transition-aged youth from those who exited care at age 18.

sections below describe current research across key well-being domains and the needs and strengths of transition-aged youth in North Carolina and South Carolina.

Housing

Need. Transition-aged youth experience homelessness at higher rates than their peers in a national sample of all youth.[28] Among young people in the NYTD Outcomes file who were 21 in 2024, 33 percent reported experiencing homelessness at some point between ages 17 and 21. This trend was similar among youth in North Carolina, with 32 percent of 21-year-olds reporting homelessness[e] between ages 17 and 21, but homelessness was higher among youth in South Carolina, where 57 percent of 21-year-olds reported homelessness between ages 17 and 21.[29] As of 2026, the rising cost of housing in many communities[30] further compounds the risk of homelessness and couch surfing among transition-aged youth. Interviewees (n=8) reported that housing was a top need for transition-aged youth in North Carolina and South Carolina and emphasized that stable housing underpins success in education, employment, and mental health outcomes.

Research and related reflections from interviewees. Evidence on housing interventions for youth is limited, and only one program identified in Appendix B, Youth Villages' LifeSet, shows promising results for improving housing stability outcomes for transition-aged youth.[31] While supportive housing models were viewed positively, interviewees noted that restrictive program requirements (e.g., school or work requirements, restrictions for certain mental health issues) can limit participation among youth with the greatest needs. Research highlights the importance of supportive relationships,[32] supportive services,[33,34,35,36] and coordination between child welfare and housing systems for improving housing outcomes.[37] Representatives from the child welfare agencies in North Carolina and South Carolina described barriers to coordination with housing authorities at the county and state levels, citing differences in the information available across counties, lack of funding, and lack of buy-in from housing agency leadership.

Education

Need. Transition-aged youth face barriers to completing high school and enrolling in postsecondary education, including delays in school enrollment due to frequent moves, changes in schools, and inconsistent access to academic support.[38] Nationally, 78 percent of transition-aged youth reported having a high school diploma or higher by age 21, compared with 67 percent in North Carolina and 60 percent in South Carolina. However, only 23 percent of transition-aged youth nationally were enrolled in postsecondary education at age 21, which is lower for transition-aged youth in North Carolina (15%) and South Carolina (12%).[39] Postsecondary enrollment among transition-aged youth with foster care experience is lower than enrollment among all youth, indicating that there may be barriers associated with cost, access, or resources to navigate challenges that arise while in school.[40] Further, data provided by North Carolina indicate that 240 students received an Education and Training Voucher to help offset the cost of their postsecondary education; these data were unavailable for South Carolina and nationally at the time of the report.

Research and related reflections from interviewees. Few education-focused interventions for transition-aged youth have been rigorously evaluated.[41] Five of the programs in Appendix B include an explicit focus on education: Better Futures, LifeSet, My First Place, My Life, and TIP, and have demonstrated some positive effects (e.g., the My Life Program demonstrated positive effects on engagement in educational planning and preparation for postsecondary education;[42] My First Place demonstrated positive effects on postsecondary enrollment and semester completion;[43] and Better Futures demonstrated positive effects on postsecondary preparation and participation[44]). Beyond specific programs, educational success is consistently linked to

[e] Homelessness is defined as spending one or more nights sleeping on the street, in a car, or in a homeless shelter or temporary shelter. NYTD data are self-reported by young people, and differences in experiences and understandings of homelessness might contribute to differences in responses.

supportive relationships,[45,46,47,48,49] wraparound services,[50,51,52] financial assistance,[53,54] and dedicated staff who help youth navigate educational systems.[55] Interviewees highlighted the need to help young people set aspirational goals for their education and develop the skills they need to navigate postsecondary education. Youth emphasized the importance of supportive adults, extracurricular engagement, and school stability.[56]

Employment

Need. Employment can support financial stability and a young person's ability to maintain stable housing and meet basic needs. However, transition-aged youth who participated in the NYTD Outcomes study for Cohort 4 reported low levels of full- or part-time employment: 59 percent nationally, 67 percent in North Carolina, and 60 percent in South Carolina.[57] Compared with national samples of all youth, transition-aged youth have lower rates of employment.[58,59] These findings suggest that more support may be needed to connect transition-aged youth with career development services, employment opportunities, on-the-job skill development, and mentorship.

Research and related reflections from interviewees. Evidence suggests that individualized employment services, mentoring, career exposure, and concrete supports such as transportation and technology can improve workforce outcomes.[60,61,62,63] Three of the programs in Appendix B have demonstrated positive effects related to employment or earnings: LifeSet,[64] My First Place,[65] and TIP.[66] Evidence also supports programs developed for adolescents and young adults that are not specific to the foster care system (e.g., Job Corps, the National Guard Youth ChalleNGe, Year Up, and the Young Adult Internship Program) for improving employment and earnings outcomes.[67]

Health

Need. Health and mental health care are common needs among transition-aged youth; however, not all youth have access to insurance. Access to health insurance is imperative to seeking adequate mental and physical health care. Nationally, 90 percent of transition-aged youth reported having health insurance at age 21, compared with 93 percent of youth in North Carolina. However, only 79 percent of youth in South Carolina reported having health insurance at age 21.[68] Interviewees (n=10) frequently reported mental health as a top need among transition-aged youth. The ability to meet mental health needs with available community resources varied, with one interviewee sharing, "*It's like they're not getting what they need from mental health services. And so when they come to us and we're not necessarily, you know, that equipped with it or how to handle it, and then it's like they're not getting what they need on that. So it's not helping them in the real world. And then we're seeing the effects of that.*" Interviewees (n=2) also described increasing levels of mental health challenges since the COVID-19 pandemic and emphasized the need for services that extend beyond traditional weekly therapy to support healing, trauma recovery, and emotional regulation. This is consistent with research that describes the negative effects trauma can have on young people's ability to connect with and benefit from supports (e.g., housing, education, and employment).[69]

Research and related reflections from interviewees. Mental health interventions have demonstrated positive outcomes, and of the six programs in Appendix B that focus on mental health, three have been rated as well-supported by both clearinghouses. However, more research is needed to understand what works best for different subpopulations of youth with foster care experience.[70] Across health domains, trauma-informed care,[71] strong relationships,[72] peer support,[73] and culturally responsive services have been identified as critical.[74] Youth report ongoing barriers to accessing high-quality mental health care, including workforce shortages, limited provider diversity, lack of confidentiality, and inadequate support during transitions to adult systems.[75,76] Providers and youth we interviewed discussed the importance of nontraditional mental health services for youth. This need was also highlighted in the literature, with youth advocating for greater access to nontraditional therapeutic approaches (e.g., approaches that integrate art, movement, and music), peer support, and opportunities to participate in decisions affecting their care.[77,78]

Interviewees also discussed the need for more robust services for transition-aged youth with intellectual disabilities to help ensure they receive needed supports in adulthood. One interviewee explained: "*I'm thinking about like our youth that age out that have severe intellectual and developmental delays and you know, what they need looks a little bit different than what the other. I think that there's a gap….we've worked over the last couple of years to really shift practice, but it still happens where we've got a youth that would be considered a vulnerable adult. So they get involved with our Adult Protective Services [APS] division, which has no resources. APS in South Carolina is unique, not all [jurisdictions], but in some jurisdictions, it's above the age of 65. You know, our statute is you're a vulnerable adult if you meet these criteria and you're over the age of 18, full stop. And so, you know, I think sometimes folks think, oh, well, APS is just like child welfare and they've got all these resources and all this funding, but, they don't.*"

Independent living

Need. Independent living programs aim to build skills, resources, and connections that support the transition to adulthood, and states receive support through the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee). Chafee provides funding to states to provide independent living services to transition-aged youth ages 14–23. Independent living services include classroom- or community-based classes on life skills such as budgeting, healthy relationships, education, mentoring, and household maintenance. However, receipt of independent living services remains low. Data from the NYTD Services file, which contains data on all young people who receive at least one independent living service during the FFY, show that only 47 percent of youth ages 14–21 nationally received a service at any point during their eligibility window. This percentage is lower in North Carolina, with 6 percent of youth receiving a service, but much higher in South Carolina, with 91 percent of youth receiving a service at any point between ages 14 and 21.[79] However, differences between North Carolina and South Carolina may be due to differences in data quality and reporting to the NYTD Services file rather than actual differences in access to and receipt of services. For example, data provided directly by North Carolina indicate that from October 2025–April 2026, 4,251 young people ages 14–21 received at least one independent living service, substantially higher than the number reported in the NYTD Services file.

Research and related reflections from interviewees. Evidence on the effectiveness of independent living services is mixed,[80] and only four of the programs included in Appendix B have an explicit focus on independent living: LifeSet, My First Place, My Life, and TIP. Relationship-based approaches, mentoring, coaching, and opportunities for real-world skill development appear more promising than classroom-based instruction alone.[81] Youth often report feeling unprepared for adulthood despite participating in independent living programs.[82] Research and youth perspectives emphasize the importance of supportive relationships,[83] peer connections,[84] specialized staff,[85] and efforts to reduce barriers to participation in services. A youth interviewee also highlighted the need to design and provide independent living services that are responsive to individual needs, skills, and goals.

Relationships and connections

Need. Relationships and connections to supportive adults and peers are critical to a successful transition to adulthood. However, transition-aged youth may experience disruptions in their support networks. While many youth report having at least one supportive adult,[86] they may not have the network needed to provide support across well-being domains. In addition to transition-aged youths' need for relationships and connections, interviewees highlighted their resilience and commitment to personal growth as strengths that can help them connect with programs and supportive adults.

Research and related reflections from interviewees. Five of the programs in Appendix B have an explicit focus on relationships, with most of those programs (four) focusing on family by engaging youth and caregivers. Relationships and connections to supportive adults and peers were reported by interviewees as a need (n=6) and are interconnected with the other well-being domains. One young person we interviewed highlighted the importance of having mentors to help set aspirational goals rather than focusing only on practical life skills: "*… hope-based life skills, because I feel like a lot of times when we do like the holistic stuff, it's like a checklist, like, oh, can I schedule a doctor's appointment? And so like for youth like me, who kind of was maintaining myself well, when I got to college, I didn't know how to do a resume... I didn't know any of that stuff, so it kind of put me into survival mode.*"

Across all well-being domains, the strongest and most consistent findings point to the value of extended foster care, supportive adult relationships, coordinated services, and meaningful youth engagement in program and policy design.

There is not a single best age to start engaging youth

Research does not identify a "best" age to engage transition-aged youth in services. However, based on research on the adolescent brain, the transition to adulthood, and independent living services for transition-aged youth with foster care experience, a best practice of engaging youth early in adolescence and continuing engagement into their mid-20s is clear.

The period from ages 16 to 25 is a critical period of brain development. During this time, the prefrontal cortex, the region of the brain that supports impulse control and decision-making, is developing, with research indicating that the prefrontal cortex is not fully developed until the mid-to-late-20s.[87] This suggests that additional support beyond age 18 or 21 is critical for young adults with foster care experience. Interviewees spoke to the importance of providing support beyond age 21: "[speaking about the age range to provide services] *You know, I thought 18 was ridiculous 25 years ago. I think 21 is better, but what the adolescent brain science tells us, what our experience with young people tells us, is that they need support longer. And I think it's one thing, even if a young person achieves permanency, I don't think we can expect that they might not need other supports.*"

Informed by research on the adolescent brain and advocacy from experts with lived experience, Chafee provides funding and guidance to states to provide independent living services to young people ages 14 to 21, and up to age 23 in some cases. By engaging transition-aged young people in services over a longer period and ensuring they have access to services as

Box 1. Policies to support transition-aged youth in foster care:

- John H. Chafee Foster Care Program for Successful Transition to Adulthood (1999): Requires states to provide independent living services and Education and Training Vouchers to young people ages 14–23[f] Independent living services include life skills such as budgeting, cooking, maintaining healthy relationships, and tutoring.
- Fostering Connections to Success and Increasing Adoptions Act (2008): Created Title IV-E extended foster care, which allows young people between ages 18–21 to remain in foster care.
- Preventing Sex Trafficking and Strengthening Families Act (2014): Requires states to involve youth and supportive adults in case planning meetings and to provide youth with essential documents such as a birth certificate, Social Security card, and proof that they were in foster care.
- Medicaid: Youth who emancipate from foster care can receive Medicaid up to age 26.

[f] This is the current age range for Chafee, which has expanded since the legislation was passed in 1999.

needed, youth have the opportunity to build relationships with supportive adults, a key protective factor during the transition to adulthood.[88] Further, young people have reported that independent living services often "feel rushed," indicating that starting earlier and providing services for a longer period may be beneficial.[89]

The recommendation to start services early and continue providing services into the mid-to-late-20s was also highlighted by the experts we interviewed (n=14). Interviewees highlighted the importance of building relationships with young people before they turn 18, starting to build life skills early, and helping young people plan for their transition to adulthood. One interviewee who is a direct service provider highlighted the importance of connecting with young people before age 18: *"We like beg for the social workers at Department of Social Services (DSS) to refer youth before they turn 18, because the better the relationship is, the more likely you're able to build success."* Two grantees explained that when young people start services at younger ages, they often do better in those programs and do not need services as long as youth who begin services at older ages. As one grantee explained it, *"So, and if I could wave a magic wand, there would be a referral at 16 for youth. And I think we wouldn't have to go to 25 for those older ones. And I'll say a lot of our older youth, it really is drop in. It's, or they'll come back for a few months because they're behind and they need help like really getting caught up."*

Interviewees who are service providers also highlighted the importance of engaging youth in services beyond age 21, and a few (n=3) referenced providing services up to age 23 in alignment with Chafee. Importantly, engaging youth at various ages or developmental stages requires considering their developmental needs and making adaptations to meet youth where they are,[90,91] with additional considerations for transition-aged youth with disabilities.[92] Overall, determining readiness to begin or cease specific transitional supports should likely be done on a case-by-case basis. Several assessments exist for this purpose (e.g., Casey Life Skills[93] and a variety of other tools created or adapted by state agencies and individual programs), and youth should always be engaged in designing services, including identifying when they begin and end programs.

Successful adulthood is multifaceted, and the transition to adulthood takes time. All young people face developmental and societal factors that can contribute to a prolonged runway to living independently as adults, and youth with foster care experience navigate additional hurdles.

Provider capacity to meet needs is low

All interviewees familiar with North Carolina and South Carolina (n=23) reported that provider capacity falls short of what is needed to support transition-aged youth. Challenges centered on staffing, funding, and variation in resources across communities.

Staffing concerns were among the most frequently cited capacity issues. Interviewees (n=10) described high turnover, difficulties recruiting qualified staff, and caseloads that exceed manageable levels. These challenges can disrupt relationships with young people and reduce service quality.

Funding limitations were also a major concern. Interviewees (n=10) described a disconnect between funder expectations (e.g., use of program models with evidence of effectiveness, strict audit requirements) and the realities of serving transition-aged youth, who often require individualized, flexible, and long-term support. Many providers reported relying on braided funding streams and spending substantial time securing resources rather than delivering services. Interviewees emphasized the need for flexible funding that supports infrastructure, staffing, implementation of program models with evidence of effectiveness, and ongoing program operations—not solely new initiatives or systems-level work. Public child welfare agency leaders in North Carolina and South Carolina expressed concerns about the sustainability of programs

funded solely by public agencies and emphasized the importance of ensuring that providers have multiple funding streams and sustainability plans.

Resource variability in North Carolina and South Carolina emerged as another concern. Experts noted differences between the two states, with North Carolina perceived as having more established funding streams and service provider capacity. However, interviewees in both states identified opportunities to better leverage existing resources, including Medicaid and other public funding. One interviewee familiar with both states shared: "*looking at the state between South Carolina and North Carolina, North Carolina has a lot of resources for transitional age youth. And I believe it's because we had opened up funding avenues [e.g., Medicaid, public child welfare agency contracts]. And, so you open up the funding avenue and then people, fall in. In South Carolina, I just don't think they're as advanced when it comes to this particular type of population. They're doing some things. And I think they are eventually going to get there.*"

Provider capacity to meet the needs of transition-aged youth in North and South Carolina remains limited due to a lack of resources, funding, and available program models with evidence of effectiveness.

Grantees report positive outcomes and the need for sustainability in programming

From 2017–2025, TDE invested more than $3.2 million in eight organizations focused on preparing transition-aged youth for adulthood across North Carolina and South Carolina. This excludes grants to organizations tangentially serving this population (e.g., organizations serving children and youth of all ages or not focused on preparing transition-aged youth for adulthood). Collectively, these grantees sought to improve outcomes related to housing, independent living, education, employment, health and well-being, relationships, and community connectedness through the implementation of evidence-based or evidence-informed models ("Implementation Support"), the development and testing of innovative approaches, or advocacy for improved practices and policies (see Appendix C. Grantee Table for additional details).

Across the portfolio, a clear theme emerged from grantee reports and interviews: youth-centered, relationship-based approaches were viewed as foundational to supporting successful transitions to adulthood. Whether implementing established models (e.g., TIP) or developing locally tailored programs, grantees consistently emphasized individualized case management, strengths-based goal setting, trauma-informed services, and sustained relationships with supportive adults as key program components. These approaches were viewed as critical for helping youth navigate complex challenges related to housing, education, employment, and independent living, even though causal evidence on these program components remains limited.

Grantees reported measuring a wide range of outcomes across key domains, with many programs meeting or exceeding their self-established benchmarks for housing stability, educational attainment, employment, and health-related outcomes. Evaluation efforts focused not only on documenting participant outcomes but also on assessing program reach, refining meaningful measures, understanding implementation barriers and facilitators, ensuring fidelity, and exploring opportunities to scale successful approaches.

Two factors emerged from the grantee reports and interviews, as particularly important drivers of success: meaningful youth engagement and strong public-private partnerships. Nearly all grantees incorporated youth voice into some aspect of program design, service delivery, or decision making. Several organizations established youth advisory boards, while others used focus groups and participant feedback to shape programming, improve cultural responsiveness, and strengthen service relevance. Some organizations also engaged youth in evaluation design, data collection, and interpretation, reflecting a commitment to

authentic youth partnership. Public-private partnerships were equally critical. Collaborations with child welfare agencies, community-based organizations, landlords, employers, universities, and local businesses expanded program capacity and enabled grantees to provide services beyond their organizational expertise. Strong public-private partnerships facilitated referrals, housing access, employment opportunities, resource sharing, and program development, helping organizations address the multifaceted needs of transition-aged youth.

Despite these successes, grantees faced significant challenges in working with transition-aged youth. Housing shortages, workforce capacity limitations, implementation delays, and the lingering effects of COVID-19 affected program delivery. Grantees also highlighted the intensive level of support many youth need and the substantial staff time and competencies required to provide individualized services. Balancing structured program expectations with youth-driven goals often required flexibility and adaptation to meet young people where they were.

Grantees highlighted several lessons learned about serving transition-aged youth. They emphasized that transition-aged youth demonstrate considerable resilience but often need sustained guidance, mentoring, mental health supports, and long-term relationships with trusted adults to succeed in young adulthood. Grantees also underscored the importance of youth ownership of goal setting and case planning for successful outcomes.

Looking ahead, sustainability remains a central concern among grantees. All grantees identified the need for continued or expanded funding to maintain services, conduct evaluation activities, and scale successful programs. A few programs were able to leverage federal funding through Chafee, but most reported braiding funding streams, including federal, state, foundation, and donations. Beyond funding, sustainability strategies focused on strengthening partnerships, institutionalizing continuous quality improvement processes, investing in staff capacity, and using data and evaluation findings to inform program refinement and attract future support.

Overall, findings from the portfolio suggest that effective support for transition-aged youth requires coordinated, youth-driven, and relationship-centered approaches that address multiple domains of well-being simultaneously. These themes were also reflected in the literature review and interviews. The experiences of grantees suggest that sustained investment in supportive relationships, cross-sector partnerships, and continuous quality improvement may be as important as any individual program model in promoting positive outcomes for young people transitioning from foster care to adulthood.

Recommendations for Grantmaking Strategies

Based on the retrospective evaluation, we provide the following recommendations for TDE and other philanthropic funders focused on improving outcomes for transition-aged youth with foster care experience.

Expand the target age range. TDE, service providers, and other funders should consider expanding their target age range for services to better support transition-aged youth as they navigate young adulthood. This includes engaging youth in services starting in early adolescence (e.g., age 14) and supporting youth further into early adulthood (e.g., age 23 or beyond). Funders and providers should also ensure that transition-aged youth receive information about and connections to all available resources on an ongoing basis. While there is no consensus on one target age range, federal policy supports this population from ages 14 to 23 through different mechanisms, which may offer guideposts for consideration. The need to extend

supports beyond age 21 was echoed throughout interviews with young people, service providers, and philanthropic organizations.

Continue to build the evidence for a continuum of services focused on transition-aged youth by supporting innovative local programs and preparing them for evaluation. There is a lack of existing programs with causal evidence of effectiveness that were designed to support transition-aged youth as they prepare for adulthood. This may be due to the barriers programs face when trying to evaluate their services, such as small sample sizes and control group considerations. By continuing to invest in developing, testing, and adapting approaches, TDE and other funders can help fill these knowledge gaps. Additionally, no one program is likely to meet all the needs of transition-aged youth, pointing to the need for a continuum of supports and partnerships across organizations. TDE can lay a solid foundation for current and future evaluations by working with partners to identify, build, and implement programs in ways that facilitate evaluation (e.g., developing logic models, conducting formative evaluations, rolling out programs in a way that facilitates evaluation, and considering the size of the population served). Organizations in North Carolina and South Carolina report that they are implementing innovative practices that they feel meet the needs of their communities (e.g., transitional living programs, financial education programs, asset match programs), but few meet the evidence criteria established by clearinghouses or funders. Investing in scaling and evaluating these programs can help expand the evidence on approaches that may help ensure that transition-aged youth across the two states have access to the full range of services and supports they need.

Evaluate whether the current standards TDE uses to assess existing evidence for its "Implementation Support" portfolio can be feasibly applied to programs serving transition-aged youth. As discussed above, there are several barriers to evaluating programs for transition-aged youth. Further, TDE's current standard for evidence-based programs is higher than the standards used by both clearinghouses we reviewed. Programs often design their evaluations to meet federal clearinghouse requirements because inclusion in a federal clearinghouse can help secure funding. For example, since the creation of the IV-E Clearinghouse, many programs have designed evaluations to meet its requirements, which can allow states to receive federal reimbursement for approved programs. Therefore, requiring a threshold higher than federal clearinghouse standards may further limit the number of programs for transition-aged youth that meet TDE's threshold.

TDE should continue to invest in programs that provide individualized support tailored to youths' unique needs, circumstances, and goals. The literature also points to the importance of supporting youth holistically (e.g., through wraparound supports and ensuring that youth have their basic needs met), testing innovative approaches (e.g., alternative mental health services), and addressing barriers to service access (e.g., through transportation support in rural areas). Transition-aged youth emphasize having "normal" everyday experiences like their peers (e.g., participating in extracurricular activities, obtaining a job) as facilitators of their growth and development. Funders should consider the extent to which future prospective partners provide programming that is tailored and responsive to individual transition-aged youth while maintaining fidelity to core model components, as applicable.

Prioritize programs focused on mental health, housing, and relationships when making funding decisions. Mental health, housing, and relationships were the most frequently identified needs in the interviews. Further, connections with other young people, adults, and communities were associated with positive outcomes across well-being domains. These findings highlight the importance of building a continuum of services and partnerships across service providers, as one organization is unlikely to meet all the needs of every transition-aged youth. This is consistent with recommendations from transition-aged youth that services should prioritize interdependence over independence.[94] By prioritizing relationship-based programs in funding decisions, TDE can respond to the research and expressed needs of transition-aged youth.

Invest in meaningful youth engagement in designing funding priorities and assess organizations' youth engagement practices when evaluating potential grantees. By investing in youth engagement internally to inform organizational and funding strategies and encouraging grantees to meaningfully engage youth in

service design, delivery, and evaluation efforts, TDE can ensure that youth voice informs more aspects of TDE's work and that of its grantees. Youth engagement is associated with better outcomes; youth who are engaged in program development report high levels of self-efficacy,[95] increased buy-in for policy and practice decisions, and increased engagement in programming, which may contribute to better young adult outcomes.[96] Meaningful youth engagement should include working with youth to gather their input early and frequently throughout strategic planning, program design, and evaluation. Youth should receive compensation for their contributions and training for different activities, as needed.

Expand flexible funding opportunities to strengthen provider capacity. Ensuring that grant funds can be used to support staffing, infrastructure development, facility improvements, evaluation, and administrative capacity will help ensure that programs can continue to grow. Further, TDE should continue to work with potential grantees to address barriers to meeting grant requirements, such as strict financial audit requirements, which may preclude smaller, innovative organizations from applying. Flexible funding can also help provide the training and professional development needed for the workforce serving transition-aged youth. Continuing to invest in capacity building (e.g., training on adolescent brain development and the unique needs of older youth) in North Carolina and South Carolina could further strengthen providers' capacity to serve transition-aged youth.

Support advocacy efforts to promote cross-system coordination and ensure public agencies leverage the resources available through Chafee, FYI vouchers, and extended foster care. Promoting well-being across these domains requires coordination between public child welfare agencies and other youth-serving systems (e.g., housing authorities), yet research frequently points to barriers to cross-system coordination that can impede service delivery. For example, interviewees shared a lack of coordination between the child welfare system and housing authorities in many communities, directly impacting the availability of affordable housing for youth leaving foster care. Research demonstrates a positive relationship between participation in extended foster care and several youth outcomes.

Leverage TDE's influence to convene key service providers, state agency officials, and other philanthropic funders across North Carolina and South Carolina. Interviewees highlighted the role philanthropy can play beyond funding decisions, including convening key agency officials, service providers, young people, and other funders to work together to ensure that transition-aged youth have access to the programs they need and to share knowledge and resources.

Evaluation Methodology and Limitations

The retrospective evaluation used a multipronged approach to holistically evaluate the TDE transition-aged youth portfolio, including a document review of current and former grantees funded between 2017 and 2025, interviews, and a literature review.

For the current and former grantee document review, TDE provided Child Trends with documents related to CFWB's theory of change and documents prepared and submitted by grantees as part of their applications and annual deliverables to TDE. Grounded in CFWB's theory of change, Child Trends developed a coding schema that was vetted with TDE staff. Each document was coded using the qualitative analysis software program Dedoose and then reviewed by a second team member to build familiarity with the coding schema and promote consistency in coding. We conducted thematic analysis within codes to identify common themes (e.g., related to sustainability, facilitators, and barriers). When we needed additional clarity related to grantees' organization types and services, we supplemented the information provided in grantee documents with information from public websites.

This literature review relies heavily on prior work completed by Child Trends, in partnership with Youth Villages, to produce a comprehensive summary of the academic and gray literature on transition-aged youth

with foster care experience, published in 2026. The original report synthesized over 400 sources from researchers, advocates, and transition-aged youth published between 2014 and 2024 and was informed by eight meetings with young adults with lived experience in foster care. Closely mirroring the original search methodology, we identified meta-analyses and systematic or scoping reviews from key journals in child welfare and reviewed the websites of 14 national and local organizations to identify relevant publications from 2024 to 2026.[h] We also conducted targeted searches to fill identified gaps in the literature related to our research questions (e.g., the timing of engaging and supporting youth).

Child Trends conducted 24 interviews with experts in the transition-aged youth field, including TDE staff (n=3), current and former grantees (n=7), direct service providers in North Carolina and South Carolina who were not current or former grantees (n=5), philanthropic funders and national transition-aged youth experts (n=5), agency leaders in North Carolina and South Carolina (n=3), and young people with experience in foster care (n=1). Interviews were conducted in June and July 2026 and lasted approximately 45 minutes, except for a one-hour focus group with TDE staff. All interviews were conducted virtually, recorded, transcribed using Microsoft Teams, coded using Dedoose, and thematically analyzed by project staff.

While the themes identified in this study can provide insight into how transition-aged youth in North Carolina and South Carolina are faring, our assessment of the availability of programs with demonstrated effectiveness and of provider capacity to meet transition-aged youths' needs is not without limitations. One limitation is that this study utilized a retrospective design and was limited to existing documentation submitted by grantees. While we were able to ask clarifying questions through interviews with most grantees, one grantee was not available for an interview.

Further, we did not conduct a systematic literature review; therefore, this review is not exhaustive. In particular, by focusing on meta-analyses and systematic or scoping reviews, we may have missed more recent evaluations or studies that have not yet been included in these types of publications. While we prioritized resources most closely aligned with the research questions, we may have missed other sources with relevant information. We also relied heavily on the assessments and ratings of the two clearinghouses.

The interviews were conducted on a condensed timeline, and we were only able to interview one young person. We supplemented that interview with information from the literature and other resources that include youth voice and input nationally, and from North Carolina and South Carolina. However, these perspectives are not representative of all transition-aged youth in North Carolina and South Carolina. Finally, the analyses presented throughout this report rely on secondary data from AFCARS, NYTD Outcomes, and NYTD Services, which limits our ability to interpret the data without additional context. Secondary data analysis is often most powerful when combined with input from the communities represented in the data.

[h] The organizations reviewed include the Annie E. Casey Foundation, Chapin Hall, Child Trends, Children's Data Network, Journey to Success, National Collaborative for Transition-Aged Youth, National Foster Care Youth and Alumni Policy Council, SaySo, SC YEA!, TAY Hub, Think of Us, UNC School of Social Work, Urban Institute, and USC School of Social Work.

Acknowledgments

This research was funded by The Duke Endowment, and we thank them for their support; however, the findings and conclusions presented in this report are those of the authors alone and do not necessarily reflect the opinions of The Duke Endowment staff. We thank the child welfare agencies in North Carolina and South Carolina for their support in providing aggregate data on transition-aged youth in their states.

Several Child Trends colleagues reviewed and provided input on this report, including Karin Malm, Mike Bradley, Catherine Nichols, Olga Morales, and Brent Franklin. We thank them for their review and helpful insights.

Suggested Citation

Rosenberg, R., McKlindon, A., Naylon, K., Shelton, R., and Ball, J. (2026). Evaluation of The Duke Endowment's Child and Family Well-Being transition-aged youth portfolio. Child Trends.
DOI: 10.56417/1324a6650s

Appendix A. Race and Ethnicity of Youth in Foster Care

Table 1. Race/ethnicity of youth in foster care at the end of FFY 2025, compared to youth in the general population

	13–17						18–21					
	North Carolina		South Carolina		Nationally		North Carolina		South Carolina		Nationally	
Race/ ethnicity	Percent in care	Percent of general population	Percent in care	Percent of general population	Percent in care	Percent of general population	Percent in care	Percent of general population	Percent in care	Percent of general population	Percent in care	Percent of general population
American Indian or Alaska Native	2%	1%	*	<1%	2%	1%	1%	1%	*	<1%	1%	1%
Asian	<1%	4%	*	2%	1%	6%	*	4%	*	2%	1%	6%
African American	35%	22%	40%	27%	26%	14%	36%	22%	*	26%	28%	13%
Hispanic or Latino	10%	19%	8%	12%	22%	27%	12%	19%	*	13%	29%	27%
Multiple races	7%	6%	6%	6%	8%	6%	5%	5%	*	5%	7%	5%
Pacific Islander	*	<1%	*	<1%	<1%	<1%	*	<1%	*	<1%	<1%	<1%
White	46%	48%	45%	52%	41%	47%	45%	49%	*	54%	33%	48%
Total Number of Youth in Care	2,989		1,084		87,447		887		*		30,911	

*Value suppressed

Appendix B. Relevant Programs Rated by the Title IV-E Prevention Services Clearinghouse and California Evidence-Based Clearinghouse for Child Welfare

Program	Description	Target Population/ Age	Well-Being Domain(s)	Outcomes Demonstrated*	Rating on Title IV-E Prevention Services Clearinghouse**	Rating on California Evidence-Based Clearinghouse for Child Welfare**	Workforce Considerations	Model or Model Components Used by TDE Grantees
Programs designed to support transition-aged youth with foster care experience prepare for adulthood								
Better Futures[1,2]	Individual peer coaching model adapted from the My Life Program to support youth in preparing for and exploring postsecondary education, including college and vocational programs	16–19 year olds	• Education • Health • Employment	Positive effects on postsecondary preparation and participation, mental health empowerment, hope, and self-determination.	N/A	Supported: • Educational Interventions • Mentoring Programs • Youth Transitioning into Adulthood	Coaches are current postsecondary students, preferably with lived experience in foster care. Implementation requires a license agreement, training for staff, ongoing supervision, and regular use of the fidelity checklist. Two years of implementation support are needed to operate with fidelity.	No
LifeSet[3,4,5,6,7]	Intensive in-home services to support youth aging out of foster care to ensure a more successful transition into adulthood	17–22 year olds exiting foster care, juvenile justice, and/or mental health systems	• Housing • Education • Employment • Independent Living • Health • Relationships	Positive effects on housing stability, economic hardship, employment and earnings, health and safety, detention,[8] and having actionable needs related to independent living skills or education (the latter two outcomes measured using the CANS).[9]	N/A	Promising: • Housing and Supportive Housing Interventions • Youth Transitioning into Adulthood	Master's degree preferred for staff, who are provided on-site training and ongoing booster trainings. Staff maintain low caseloads and require high level of supervision/clinical consultation. Implementing programs must monitor specific data elements and monitor implementation. In the Illinois study, staff reported heavy workloads, high turnover, higher caseloads when understaffed, and lack of "buy-in" with the program among some implementing staff.	Yes
My First Place[10,11,12]	Housing program that provides education and career	18–25 year olds	• Housing • Education • Employment	Positive effects on employment, earnings, postsecondary	N/A	Promising: • Youth Transitioning into	Bachelor's degree required for staff, with master's degrees preferred for Youth Advocates and	Yes

*As summarized by the Title IV-E Prevention Services Clearinghouse (i.e., favorable effects demonstrated) and/or the California Evidence-Based Clearinghouse for Child Welfare (i.e., outcomes summarized by research study), unless otherwise cited.
**As of September 2026.
***Model used by a current or former TDE grantee that tangentially served transition-aged youth and was therefore not included in this report.

Program	Description	Target Population/ Age	Well-Being Domain(s)	Outcomes Demonstrated*	Rating on Title IV-E Prevention Services Clearinghouse**	Rating on California Evidence-Based Clearinghouse for Child Welfare**	Workforce Considerations	Model or Model Components Used by TDE Grantees
	programming and intensive case management with individualized plans for youth.		• Independent Living • Health	enrollment, and semester completion. No significant effect on obtaining a postsecondary credential.[13]		Adulthood Programs	Program Managers. Implementation of the program is supported through training, the program manual, fidelity measures, and other resources.	
My Life Program (formerly Take Charge)[14,15]	Individual coaching and group mentoring program to support youth to identify and pursue their educational and transition goals	15–19 year olds	• Education • Independent living	Positive effects on self-determination, identifying educational goals, engagement in educational planning, and postsecondary preparation.	N/A	Well-supported: • Mentoring Programs Promising: • Youth Transitioning into Adulthood Programs	Prerequisites include staff with prior experience, a bachelor's degree in a related field, and/or lived experience in foster care. Training provided. Remote technical assistance provided for the first two years; implementation manual and fidelity measures required.	No
Programs designed to serve a broader age range and/or broader population								
Adolescent-Focused Family Behavior Therapy (Adolescent FBT, also known as Family Behavior Therapy-Adolescent)[16,17,18]	Therapeutic treatment that engages adolescents and families, with a focus on adolescent substance use and related needs	11–17 year olds	• Health • Relationships	Reduced alcohol and drug misuse across multiple studies. One small RCT identified positive effects on depression, school and work attendance, and family relationships.	Does not currently meet criteria	Supported: • Substance Abuse Treatment	Requires providers and supervisors be licensed mental health professionals, ideally with related experience. Providers may be supervised by a licensed mental health professional if permitted under state law. Training in the program model includes three multi-day workshops and ongoing weekly phone consultation and training for 8–12 months. The program has a training manual and fidelity measures.	No
Functional Family Therapy (FFT)[19,20,21,22]	Intensive, short-term therapeutic intervention that engages at-risk youth and their families to address behavioral or emotional needs	11–18 year olds	• Health • Relationships	Positive effects on behavioral and emotional functioning, substance use, delinquent behavior, and family functioning.	Well-supported	Well-supported: • Disruptive Behavior Treatment Supported:	Therapists typically have a master's degree, and onsite supervisors must hold at least a master's degree and complete additional training. Implementation requires FFT training, ongoing consultation and supervision, organizational	No

*As summarized by the Title IV-E Prevention Services Clearinghouse (i.e., favorable effects demonstrated) and/or the California Evidence-Based Clearinghouse for Child Welfare (i.e., outcomes summarized by research study), unless otherwise cited.
**As of September 2026.
***Model used by a current or former TDE grantee that tangentially served transition-aged youth and was therefore not included in this report.

Program	Description	Target Population/ Age	Well-Being Domain(s)	Outcomes Demonstrated*	Rating on Title IV-E Prevention Services Clearinghouse**	Rating on California Evidence-Based Clearinghouse for Child Welfare**	Workforce Considerations	Model or Model Components Used by TDE Grantees
						• Behavioral Management Program • Substance Abuse Treatment	readiness planning, fidelity monitoring, and use of implementation manuals and support to maintain fidelity.	
Listening and Led by Youth in Foster Care: Grief, Hope, and Transitions (L.Y.G.H.T.)[23,24]	A trauma-informed peer support program designed to support youth with foster care experience to navigate grief	12–23 year olds	• Health	Positive effects on hopefulness, social support, and sense of self-worth.	N/A	Promising: • Mental Health Prevention and/or Early Intervention Programs	While there are no educational requirements for facilitators, they must complete the required 3-day L.Y.G.H.T. facilitator training. Implementation includes use of the program manual, ongoing mandatory virtual support meetings between group sessions, and facilitator self-report fidelity checklists after each session to support model fidelity.	Yes***
Multidimensional Family Therapy[25,26,27]	Therapeutic treatment that engages adolescents and caregivers in individual and family sessions	11–18 year olds	• Health • Relationships	Positive effects on behavioral and emotional functioning, social functioning, substance use, delinquent behavior, educational achievement and attainment, positive parenting practices, and family functioning.	Well-supported	Well-supported: • Behavioral Management Programs for Adolescents in Child Welfare • Disruptive Behavior Treatment • Substance Abuse Treatment	Therapists must have a master's degree in a counseling or related field and participate in 5 months of MDFT-specific training. Implementation requires organizational readiness planning, therapist certification training, ongoing coaching and supervision, fidelity monitoring through the MDFT Clinical Portal, and use of implementation manuals to support high-fidelity delivery.	Yes***
Multisystemic Therapy (MST)[28,29,30]	Intensive therapeutic intervention that engages youth with their families and in their communities to address behavioral needs	12–17 year olds	• Health • Relationships	Positive effects on out-of-home placement, behavioral and emotional functioning, substance use, delinquent behavior, positive parenting practices,	Well-supported	Well-supported: • Behavioral Management Programs for Adolescents in Child Welfare	At least two-thirds of therapists on each team and all supervisors must have a master's degree in counseling or social work. Implementation requires a licensing agreement, a 5-day training, ongoing consultation and booster trainings, organizational	Yes***

*As summarized by the Title IV-E Prevention Services Clearinghouse (i.e., favorable effects demonstrated) and/or the California Evidence-Based Clearinghouse for Child Welfare (i.e., outcomes summarized by research study), unless otherwise cited.
**As of September 2026.
***Model used by a current or former TDE grantee that tangentially served transition-aged youth and was therefore not included in this report.

Program	Description	Target Population/ Age	Well-Being Domain(s)	Outcomes Demonstrated*	Rating on Title IV-E Prevention Services Clearinghouse**	Rating on California Evidence-Based Clearinghouse for Child Welfare**	Workforce Considerations	Model or Model Components Used by TDE Grantees
				parent/caregiver mental or emotional health, and family functioning.		• Disruptive Behavior Treatment • Substance Abuse Treatment	support, and regular fidelity monitoring through therapist and supervisor adherence measures.	
Solution-Focused Brief Therapy[31,32,33]	Therapeutic model used with adolescents and adults to address a range of mental health and substance use needs	Adolescents	• Health	Positive effects on behavioral and emotional functioning, parent/caregiver mental or emotional health, and parent/caregiver physical health.	Promising	Not Rated	Providers must have at least a bachelor's degree, with a master's degree preferred. Implementation requires SFBT training (recommended minimum of two full days), ongoing clinical supervision, and use of the treatment manual to support fidelity.	No
Transition to Independence Model (TIP)[34,35,36]	Intensive case management to support young people through their transition to adulthood	14–29 year olds	• Independent Living • Education • Employment • Housing	Positive effects on employment, connection to work or school, and living in a home-type setting.	Does not currently meet criteria	Promising: • Mentoring Programs • Youth Transitioning into Adulthood	Transition Facilitators usually have bachelor's- or master's-level training and related work experience, and Peer Support Specialists have relevant lived experience. Transition Program Supervisors are required to have a master's degree and four years of related experience. Implementation requires organizational readiness planning, competency-based training, supervisory coaching, technical assistance, fidelity monitoring, and approximately two years of implementation support (typically including three site visits per year and ongoing consultation).	Yes

*As summarized by the Title IV-E Prevention Services Clearinghouse (i.e., favorable effects demonstrated) and/or the California Evidence-Based Clearinghouse for Child Welfare (i.e., outcomes summarized by research study), unless otherwise cited.
**As of September 2026.
***Model used by a current or former TDE grantee that tangentially served transition-aged youth and was therefore not included in this report.

Appendix B References

[1] CEBC. (2025a). *Be#er Futures.* https://www.cebc4cw.org/program/better-futures/
[2] Results for America. (n.d.). *Be#er Futures*. https://catalog.results4america.org/programs/better-futures
[3] CEBC. (2025b). *LifeSet*. https://www.cebc4cw.org/program/lifeset/
[4] Courtney, M. E., Valentine, E. J., & Skemer, M. (2019). Experimental evaluation of transitional living services for system-involved youth: Implications for policy and practice. *Children and Youth Services Review, 96*, 396–408. https://doi.org/10.1016/j.childyouth.2018.11.031
[5] Youth Villages. (2026). *LifeSet*. https://youthvillages.org/services/lifeset
[6] MDRC. (2026). *Youth Villages TransiAonal Living Program EvaluaAon*. https://www.mdrc.org/work/projects/youth-villages-transitional-living-program-evaluation
[7] Gitlow, E., Shapiro, S., Jacobsen, H., Chor, B., & Dworsky, A. (2023). *Findings from Phase II of the EvaluaAon of LifeSet in Illinois*. Chapin Hall. https://www.chapinhall.org/research/lifeset-phaseii-finalreport/
[8] Gitlow, E., Shapiro, S., Jacobsen, H., Chor, B., & Dworsky, A. (2023). *Findings from Phase II of the EvaluaAon of LifeSet in Illinois*. Chapin Hall. https://www.chapinhall.org/research/lifeset-phaseii-finalreport/
[9] Gitlow, E., Shapiro, S., Jacobsen, H., Chor, B., & Dworsky, A. (2023). *Findings from Phase II of the EvaluaAon of LifeSet in Illinois*. Chapin Hall. https://www.chapinhall.org/research/lifeset-phaseii-finalreport/
[10] CEBC. (2026a). *My First Place (MFP)*. https://www.cebc4cw.org/program/my-first-place/
[11] Dworsky, A., Griffin, A. M., & Van Drunen, M. (2025). *Effects of My First Place on Labor Market and Postsecondary EducaAonal Outcomes*. Chapin Hall. https://www.chapinhall.org/research/my-first-place/
[12] First Place for Youth. (2026). *My First Place™: Our award winning program for transiAon-age youth*. https://firstplaceforyouth.org/what-we-do/program-impact/my-first-place/
[13] Dworsky, A., Griffin, A. M., & Van Drunen, M. (2025). *Effects of My First Place on Labor Market and Postsecondary EducaAonal Outcomes*. Chapin Hall. https://www.chapinhall.org/research/my-first-place/
[14] CEBC. (2025c). *My Life*. https://www.cebc4cw.org/program/my-life/
[15] Research and Training Center for Pathways to Positive Futures. (2026). *"My Life" for TransiAon-Aged Youth (ML-TAY).* https://www.pathwaysrtc.pdx.edu/model-my-life-tay
[16] University of Nevada, Las Vegas. (n.d.). *Family Behavior Therapy.* https://familybehaviorther.wixsite.com/familytherapy
[17] Title IV-E Prevention Services Clearinghouse. (2020a). *Family Behavior Therapy–Adolescent*. https://preventionservices.acf.hhs.gov/programs/802/show
[18] CEBC. (2025d). *Adolescent-Focused Family Behavior Therapy (Adolescent FBT)*. https://www.cebc4cw.org/program/adolescent-focused-family-behavior-therapy/
[19] FFT LLC. (n.d.). *FuncAonal Family Therapy.* https://www.fftllc.com/
[20] CEBC. (2026b). *FuncAonal Family Therapy (FFT)*. https://www.cebc4cw.org/program/functional-family-therapy/
[21] Blueprints for Healthy Youth Development. (n.d.). *FuncAonal Family Therapy (FFT)*. https://www.blueprintsprograms.org/programs/28999999/functional-family-therapy-fft/
[22] Title IV-E Prevention Services Clearinghouse. (2022). *FuncAonal Family Therapy*. https://preventionservices.acf.hhs.gov/programs/813/show
[23] CEBC. (2025e). *Listening and Led by Youth in Foster Care: Grief, Hope, and TransiAons (L.Y.G.H.T.)*. https://www.cebc4cw.org/program/listening-and-led-by-youth-in-foster-care-grief-hope-and-transitions/
[24] Dougy Center. (2026). *L.Y.G.H.T.™*. https://www.dougy.org/professionals-trainings/lyght
[25] CEBC. (2026c). *MulAdimensional Family Therapy (MDFT).* https://www.cebc4cw.org/program/multidimensional-family-therapy
[26] MDFT. (n.d.). *MulADimensional Family Therapy*. https://www.mdft.org/
[27] Title IV-E Prevention Services Clearinghouse. (2020b). *MulAdimensional Family Therapy.* https://preventionservices.acf.hhs.gov/programs/987/show
[28] CEBC. (2024). *MulAsystemic Therapy (MST).* https://www.cebc4cw.org/program/multisystemic-therapy/
[29] Title IV-E Prevention Services Clearinghouse. (2026a). *MulAsystemic Therapy*. https://preventionservices.acf.hhs.gov/programs/1019/show
[30] Blueprints for Healthy Youth Development. (n.d.). *MulAsystemic Therapy® (MST®).* https://www.blueprintsprograms.org/programs/32999999/multisystemic-therapy-mst/
[31] Title IV-E Prevention Services Clearinghouse. (2026b). *SoluAon-Focused Brief Therapy*. https://preventionservices.acf.hhs.gov/programs/977/show
[32] CEBC. (2021). *SoluAon-Focused Brief Therapy (SFBT).* https://www.cebc4cw.org/program/solution-focused-brief-therapy-sfbt/
[33] SFBTA. (n.d.). *SoluAon Focused Brief Therapy AssociaAon*. https://www.sfbta.org/
[34] Title IV-E Prevention Services Clearinghouse. (2026c). *TransiAon to Independence Process Model®*. https://preventionservices.acf.hhs.gov/programs/1011/show
[35] Bohs, R., Lawrence, T., & Clark, H. B. R. (2021). Evaluation outcomes of youth and young adults being serviced under the Transition to Independence (TIP) Model. *Journal of Evidence-Based Social Work, 18*(6), *716–737.* https://www.tandfonline.com/doi/full/10.1080/26408066.2021.1948482
[36] CEBC. (2025f). *TransiAon to Independence Process (TIP) Model.* https://www.cebc4cw.org/program/transition-to-independence-tip-model-2/

Appendix C. Grantee Table

Grantee	Organization Type	TDE Priority and Grant Purpose	Grant Amount	Period of Performance	Well-Being Domains	Use of Evidence-Based or Evidence-Informed Approaches
North Carolina						
Black Mountain Home for Children, Youth, and Families	Nonprofit organization providing family foster care, residential care, independent living services*, and an apprenticeship program	Develop & Test To support an apprenticeship program for youth aging out of foster care	$250,000	Jan 2018–Dec 2019	• Employment and economic well-being • Education	N/A
Children's Home of Cleveland County	Nonprofit organization providing residential care, independent living services*, adoption services, and outpatient mental health care	Implementation Support To support their independent living and housing program	$238,925	Aug 2018–Oct 2021	• Employment and economic well-being • Education • Health and well-being • Housing • Independent living • Relationships • Transportation	*Evidence-Informed* Informed by: • Youth Villages LifeSet • Jim Casey Youth Opportunities Initiative • Fostering Success Coach Model
Elon Homes of North Carolina	Nonprofit organization providing family foster care, residential care, and independent living services*	Implementation Support To support their independent living and housing program on the Johnson C. Smith University campus	$150,000 $115,000 $100,000	Aug 2017–Jul 2018 Aug 2018–Jul 2019 Aug 2019–Jul 2020	• Employment and economic well-being • Community resources • Education • Health and well-being • Housing • Independent living • Legal system involvement • Relationships • Transportation (first grant only)	*Evidence-Informed* Informed by: • Ansell-Casey Life Skills Assessment domains • Transition to Independence Process (TIP) Model
Special Treasures	Nonprofit organization providing independent living services*, workforce development and employment programming, and mentorship	Develop & Test To evaluate their employment program	$197,000	Jun 2025–Jun 2027	• Employment and economic well-being • Community resources • Education • Health and well-being • Housing	N/A

*Independent living services includes case management and other supportive services to prepare youth for the transition to adulthood.

Grantee	Organization Type	TDE Priority and Grant Purpose	Grant Amount	Period of Performance	Well-Being Domains	Use of Evidence-Based or Evidence-Informed Approaches
The Hope Center at Pullen	Nonprofit organization providing teen programming, supporting the transition to adulthood, and supporting young parents	Develop & Test To further define and evaluate their Transition Program, which provides case management and connection to housing	$450,000	Jan 2025–Dec 2027	• Employment and economic well-being • Education • Health and well-being • Housing • Independent living	N/A
The Relatives	Nonprofit organization providing independent living*, housing, and emergency shelter services	Implementation support To support their independent living and housing program	$130,000 $195,000 $205,000	Sep 2017–Aug 2019 Oct 2019–Sep 2022 Nov 2022–Oct 2025	• Education • Employment and economic well-being • Housing • Independent living • Relationships	*Evidence-Informed* Informed by: • The RENEW Model • Therapeutic Crisis Intervention Model • Neurosequential Model of Therapeutics • First Place for Youth
South Carolina						
Trent Hill Center for Children and Families	Nonprofit organization providing residential care, independent living services*, and housing	Develop & Test To evaluate their independent living program	$160,000	Nov 2025–Dec 2027	• Education • Employment and economic well-being • Housing • Independent living • Legal system involvement	N/A
University of South Carolina Educational Foundation	University, partnering with a public agency	Advocate To evaluate the implementation of the Youth Engagement Advocates (YEA!) model	$1,071,000	Nov 2025–Dec 2029	• Health and well-being • Relationships • Youth voice and leadership	*Evidence Informed* Informed by: • Youth Thrive Framework

*Independent living services includes case management and other supportive services to prepare youth for the transition to adulthood.

References

[1] Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, *55*(5), 469–480. https://doi.org/10.1037/0003-066X.55.5.469

[2] Brynjolfsson, E., Chandar, B., & Chen, R. (2025). *Canaries in the coal mine? Six facts about the recent employment effects of artificial intelligence.* Stanford Digital Economy Lab. https://digitaleconomy.stanford.edu/app/uploads/2025/11/CanariesintheCoalMine_Nov25.pdf

[3] Pasquini, G., Stocking, G., Kikuchi, E., Pula, I., & Yam, E. (2026). *Roughly a third of young adults have negative views of their mental health.* Pew Research Center. https://www.pewresearch.org/science/2026/04/07/roughly-a-third-of-young-adults-have-negative-views-of-their-mental-health/

[4] Urban Institute. (2026). *The American affordability tracker.* https://www.urban.org/data-tools/american-affordability-tracker

[5]Wood, D., Crapnell, T., Lau, L., Bennet, A., Lotstein, D., Ferris, M., Kuo, A., & Halfon, N. (2018). Emerging adulthood as a critical stage in the life course. In N. Halfon, C. B. Forrest, R. M. Lerner, &E. M. Faustman (Eds.), *Handbook of life course health development.* Springer. https:// doi.org/10.1007/978-3-319-47143-3_7

[6] Dion, R. (2015, May 14). *Housing for youth aging out of foster care (In focus brief).* Mathematica. https://mathematica.org/publications/housing-for-youth-aging-out-of-foster-care-in-focus-brief

[7] Dworsky, A., Gitlow, E., Horwitz, B., & Samuels, G. M. (2019). *Missed opportunities: Pathways from foster care to youth homelessness in America.* Chapin Hall at the University of Chicago. https://www.chapinhall.org/research/interrupting-the-pathway-from-foster-care-to-homelessness/

[8] Annie E. Casey Foundation. (2023). *Fostering youth transitions 2023: State and national data to drive foster care advocacy*. https://www.aecf.org/resources/fostering-youth-transitions-2023

[9] Courtney, M. E., Okpych, N. J., Harty, J., Feng, H., Park, S. (Ethan), Powers, J., Nadon, M., Ditto, D. J., & Park, K. (2020). *Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of youth at age 23*. Chapin Hall. https://www.chapinhall.org/wp-content/uploads/CY_YT_RE1020.pdf

[10] Ahrens, K. R., Garrison, M. M., & Courtney, M. E. (2014). Health outcomes in young adults from foster care and economically diverse backgrounds. *Pediatrics, 134*(6), 1067–1074. https://pmc.ncbi.nlm.nih.gov/articles/PMC4243069/pdf/peds.2014-1150.pdf

[11] Turney, K., & Wildeman, C. (2016). Mental and physical health of children in foster care. *Pediatrics, 138*(5), e20161118. https://doi.org/10.1542/peds.2016-1118

[12] Dubois-Comtois, K., Bussières, E., Cyr, C., St-Onge, J., Baudry, C., Milot, T., & Labbè, A. (2021). Are children and adolescents in foster care at greater risk of mental health problems than their counterparts? A meta-analysis. *Children and Youth Services Review, 127*, 106100. https://doi.org/10.1016/j.childyouth.2021.106100

[13] Courtney, M. E., Okpych, N. J., & Park, S. (Ethan). (2021). *Report from CalYOUTH: Findings on the relationships between extended foster care and youths' outcomes at age 23*. Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/Impacts-of-EFC-on-Outcomes-at-age-23.pdf

[14] Annie E. Casey Foundation. (2023). *Fostering Youth Transitions 2023: State and national data to drive foster care advocacy*. https://www.aecf.org/resources/fostering-youth-transitions-2023

[15] National Center for Housing & Child Welfare. (2026). *FYI: We can end homelessness for aging-out foster youth now.* https://www.nchcw.org/accessing-housing

[16] Williams, S., Rosenberg, R., Martinez, M., & Sepulveda, K. (2026). *State-level data for understanding child welfare in the United States. Child Trends*. https://www.childtrends.org/publications/state-level-data-for-understanding-child-welfare-in-the-united-states

[17] Williams, S., Rosenberg, R., Martinez, M., & Sepulveda, K. (2026). *State-level data for understanding child welfare in the United States*. Child Trends. https://www.childtrends.org/publications/state-level-data-for-understanding-child-welfare-in-the-united-states

[18] DeCoursey, J., Mihalec-Adkins, B. P., McKlindon, A., Ibarra, A., & Naylon, K. (2026). A Summary of Research about Policy, Practice, and Systems Change Related to Supporting Transition-Age Youth. Child Trends. https://www.doi.org/10.56417/4476o7630s

[19] Pergamit, M., Courtney, M., & Lery, B. (2025). *From evidence to impact: Strengthening evaluation in child welfare services.* Urban Institute. https://www.urban.org/research/publication/evidence-impact-strengthening-evaluation-child-welfare-services

[20] Wilson, S. J., Brown, S. R., Kerns, S. E. U., Dastrup, S. D., Hedberg, E., Schachtner, R., Jackson, C., Norvell, J., Campbell, W., & Wall, A. (2024). *Title IV-E Prevention Services Clearinghouse handbook of standards and procedures, version 2.0* (OPRE Report No. 2024-127). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://preventionservices.acf.hhs.gov/sites/default/files/attachments/psc_handbook_v2_508c.pdf

[21] CEBC. (2026). *Scientific rating scale*. https://www.cebc4cw.org/ratings/scientific-rating-scale/
[22] Institute of Education Sciences. (2015). *Efficacy of RENEW for high school students with emotional and behavioral challenges*. https://ies.ed.gov/use-work/awards/efficacy-renew-high-school-students-emotional-and-behavioral-challenges
[23] Bohs, R., Lawrence, T., & Clark, H. B. R. (2021). Evaluation of outcomes of youth and young adults being served under the Transition to Independence Process (TIP) Model by a six agency collaborative. Journal of Evidence-Based Social Work, 18(6), 716–737. https://doi.org/10.1080/26408066.2021.1948482
[24] Doucet, M. M., Greeson, J. K. P., & Eldeeb, N. (2022). Independent living programs and services for youth "aging out" of care in Canada and the US: A systematic review. *Children and Youth Services Review, 142*, 106630. https://doi.org/10.1016/j.childyouth.2022.106630
[25] Rosenberg, R., & Abbott, S. (2019). *Supporting older youth beyond age 18: Examining data and trends in extended foster care*. Child Trends. https://www.childtrends.org/publications/supporting-older-youth-beyond-age-18-examining-data-and-trends-in-extended-foster-care
[26] Annie E. Casey Foundation. (2025). *The evidence for extended foster care: And a new standard of care for older youth*. https://www.aecf.org/resources/the-evidence-for-extended-foster-care-and-a-new-standard-of-care-for-older-youth
[27] Gomez, A., Eastman, A. L., Courtney, M. E., Park, K., Powers, J., Magruder, J., & Tolchinsky, J. (2026). Impermanent permanency: Analyzing foster care reentry among adolescents exiting to reunification, guardianship, or adoption. *Journal of the Society of Social Work Research*. https://doi.org/10.1086/741642
[28] Courtney, M. E., Okpych, N. J., Harty, J., Feng, H., Park, S. (Ethan), Powers, J., Nadon, M., Ditto, D. J., & Park, K. (2020). *Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of youth at age 23*. Chapin Hall. https://www.chapinhall.org/wp-content/uploads/CY_YT_RE1020.pdf
[29] Child Trends analysis of the National Youth in Transition Database Outcomes file.
[30] Urban Institute (2026). *The American Affordability Tracker*. https://www.urban.org/data-tools/american-affordability-tracker
[31] Morton, M. H., Kugley, S., Epstein, R., & Farrell, A. (2020). Interventions for youth homelessness: A systematic review of effectiveness studies. *Children and Youth Services Review, 116*, 105096. https://doi.org/10.1016/j.childyouth.2020.105096
[32] Feng, H., Harty, J. S., Okpych, N. J., & Courtney, M. E. (2020). *Memo from CalYOUTH: Predictors of homelessness at age 21*. Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/PDF/CY_PH_IB0520.pdf
[33] Collins, C. C., Bai, R., Crampton, D., Fischer, R., D'Andrea, R., Dean, K., Lalich, N., Chan, T., & Cherney, E. (2019). Implementing housing first with families and young adults: Challenges and progress toward self-sufficiency. *Children and Youth Services Review, 96*, 34–46. https://doi.org/10.1016/j.childyouth.2018.11.025
[34] de Pass, T., Dada, O., Lund, J., John, J., & Kidd, S. A. (2023). A scoping review of housing stabilization interventions for youth experiencing homelessness. *Children and Youth Services Review, 155*, 107193. https://doi.org/10.1016/j.childyouth.2023.107193
[35] Solari, C. D., Pergamit, M., Treskon, M., O'Brien, M., Rogin, A., Gerken, M., Loveless, A., Reed, M., & Dworsky, A. (2022). *Family Unification Program-Family Self-Sufficiency (FUP-FSS) Demonstration evaluation*. Urban Institute. https://www.urban.org/research/publication/family-unification-program-family-self-sufficiency-fup-fss-demonstration
[36] The National Foster Care Youth and Alumni Policy Council. (2015, October). *Preventing homelessness among young adults from foster care*. https://www.nationalpolicycouncil.org/sites/default/files/docs/landingpage/Homelessness%20Priorities.pdf
[37] Pergamit, M., Prendergast, S., Coffey, A., Gedo, S., Morgan, L., & Ali, Z. (2022, July 26). *An examination of the Family Unification Program for Youth*. Urban Institute. https://www.urban.org/research/publication/examination-family-unification-program-youth
[38] Okpych, N. J., Whitman, K., Lee, J., Neria-Piña, L., Jackson, L. A., & Day, M. (2025). Secondary and postsecondary education outcomes of students with experience in foster care: Systematic review of the literature from 2000–2023. *AERA Open, 11*. https://doi.org/10.1177/23328584251331454
[39] Child Trends analysis of National Youth in Transition Database Outcome data.
[40] Okpych, N. J., Whitman, K., Lee, J., Neria-Piña, L., Jackson, L. A., & Day, M. (2025). Secondary and postsecondary education outcomes of students with experience in foster care: Systematic review of the literature from 2000–2023. *AERA Open, 11*. https://doi.org/10.1177/23328584251331454
[41] DeCoursey, J., Mihalec-Adkins, B. P., McKlindon, A., Ibarra, A., & Naylon, K. (2026). A Summary of Research about Policy, Practice, and Systems Change Related to Supporting Transition-Age Youth. Child Trends. https://www.doi.org/10.56417/4476o7630s
[42] Geenen, S., Powers, L. E., Powers, J., Cunningham, M., McMahon, L., Nelson, M., Dalton, L. D., Swank, P., Fullerton, A., & Consortium to Increase the Success of Youth in Foster Care. (2013). Experimental study of a self-determination intervention for youth in foster care. *Career Development and Transition for Exceptional Individuals, 36*(2), 84–95. https://doi.org/10.1177/2165143412455431

[43] Dworsky, A., Griffin, A. M., & Van Drunen, M. (2025). *Effects of My First Place on labor market and postsecondary educational outcomes.* Chapin Hall. https://www.chapinhall.org/wp-content/uploads/Chapin-Hall_My-First-Place_Report_Nov-2025.pdf
[44] Geenen, S., Powers, L. E., Phillips, L. A., Nelson, M., McKenna, J., Winges-Yanez, N., Blanchette, L., Croskey, A., Dalton, L. D., Salazar, A., & Swank, P. (2015). Better Futures: A randomized field-test of a model for supporting young people in foster care with mental health challenges to participate in higher education. *Journal of Behavioral Health Services & Research, 42*(2), 150–171. https://doi.org/10.1007/s11414-014-9451-6
[45] American Bar Association. (2014). *Blueprint for change: Education success for children in foster care.* https://static1.squarespace.com/static/63dcf65b8d0c56709027332e/t/6411d7ed490cd56f7fb5bef9/1678890996571/Blueprint_short_041114.pdf
[46] Gypen, L., Vanderfaeillie, J., De Maeyer, S., Belenger, L., & Van Holen, F. (2017). Outcomes of children who grew up in foster care: Systematic review. *Children and Youth Services Review, 76*, 74–83. https://doi.org/10.1016/j.childyouth.2017.02.035
[47] Geiger, J. M., & Beltran, S. J. (2017). Readiness, access, preparation, and support for foster care alumni in higher education: A review of the literature. *Journal of Public Child Welfare, 11*(4–5), 487–515. https://doi.org/10.1080/15548732.2017.1354795
[48] Rutman, D., & Hubberstey, C. (2018). Fostering educational success of children and youth in care: Perspectives of youth with experience living in care. *Children and Youth Services Review, 94*, 257–264. https://doi.org/10.1016/j.childyouth.2018.10.022
[49] Hiles, D., Moss, D., Wright, J., & Dallos, R. (2013). Young people's experience of social support during the process of leaving care: A review of the literature. *Children and Youth Services Review, 35*(12), 2059–2071. https://doi.org/10.1016/j.childyouth.2013.10.008
[50] American Bar Association. (2014). *Blueprint for change: Education success for children in foster care.* https://static1.squarespace.com/static/63dcf65b8d0c56709027332e/t/6411d7ed490cd56f7fb5bef9/1678890996571/Blueprint_short_041114.pdf
[51] Geiger, J. M., & Beltran, S. J. (2017). Readiness, access, preparation, and support for foster care alumni in higher education: A review of the literature. *Journal of Public Child Welfare, 11*(4–5), 487–515. https://doi.org/10.1080/15548732.2017.1354795
[52] Tobolowsky, B. F., Scannapieco, M., Aguiniga, D. M., & Madden, E. E. (2019). Former foster youth experiences with higher education: Opportunities and challenges. *Children and Youth Services Review, 104*, 104362. https://doi.org/10.1016/j.childyouth.2019.05.039
[53] Geiger, J. M., & Beltran, S. J. (2017). Readiness, access, preparation, and support for foster care alumni in higher education: A review of the literature. *Journal of Public Child Welfare, 11*(4–5), 487–515. https://doi.org/10.1080/15548732.2017.1354795
[54] Tobolowsky, B. F., Scannapieco, M., Aguiniga, D. M., & Madden, E. E. (2019). Former foster youth experiences with higher education: Opportunities and challenges. *Children and Youth Services Review, 104*, 104362. https://doi.org/10.1016/j.childyouth.2019.05.039
[55] American Bar Association. (2014). *Blueprint for change: Education success for children in foster care.* https://static1.squarespace.com/static/63dcf65b8d0c56709027332e/t/6411d7ed490cd56f7fb5bef9/1678890996571/Blueprint_short_041114.pdf
[56] Rutman, D., & Hubberstey, C. (2018). Fostering educational success of children and youth in care: Perspectives of youth with experience living in care. *Children and Youth Services Review, 94*, 257–264. https://doi.org/10.1016/j.childyouth.2018.10.022
[57] Child Trends analysis of the National Youth in Transition Database Outcomes file.
[58] Courtney, M. E., Dworsky, A., Brown, A., Cary, C., Vorhies, V., & Love, K. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26.* Chapin Hall. https://www.chapinhall.org/wp-content/uploads/Midwest-Eval-Outcomes-at-Age-26.pdf
[59] Courtney, M. E., Okpych, N. J., Harty, J., Feng, H., Park, S. (Ethan), Powers, J., Nadon, M., Ditto, D. J., & Park, K. (2020). *Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of youth at age 23*. Chapin Hall. https://www.chapinhall.org/wp-content/uploads/CY_YT_RE1020.pdf
[60] Dworsky, A., Smithgall, C., & Courtney, M. E. (2014, December). *Supporting youth transitioning out of foster care.* https://www.urban.org/sites/default/files/publication/43266/2000127-Supporting-Youth-Transitioning-out-of-Foster-Care.pdf
[61] Bloom, D., & Miller, C. (2018, November). *Helping young people move up: Findings from three new studies of youth employment programs*. MDRC. https://mdrc.org/sites/default/files/Youth_Employment2018_1.pdf
[62] Lansing, J., Daly, H. S., & Pergamit, M. (2021). *How employment programs can support young people transitioning out of foster care*. Urban Institute. https://www.urban.org/research/publication/how-employment-programs-can-support-young-people-transitioning-out-foster-care

[63] Lansing, J., Daly, H. S., & Pergamit, M. (2021). *How employment programs can support young people transitioning out of foster care*. Urban Institute. https://www.urban.org/research/publication/how-employment-programs-can-support-young-people-transitioning-out-foster-care
[64] Valentine, E. J., Skemer, M., & Courtney, M. E. (2015). *Becoming adults: One-year impact findings from the Youth Villages transitional living evaluation*. Executive summary. MDRC: https://www.mdrc.org/sites/default/files/Becoming_Adults_ES.pdf
[65] Dworsky, A., Griffin, A. M., & Van Drunen, M. (2025). *Effects of My First Place on labor market and postsecondary educational outcomes.* Chapin Hall. https://www.chapinhall.org/wp-content/uploads/Chapin-Hall_My-First-Place_Report_Nov-2025.pdf
[66] Bohs, R., Lawrence, T., & Clark, H. B. R. (2021). Evaluation outcomes of youth and young adults being served under the Transition to Independence (TIP) Model. *Journal of Evidence-Based Social Work, 18*(6), *716–737*. https://doi.org/10.1080/26408066.2021.1948482
[67] U.S. Department of Health and Human Services. (n.d.). *Pathways to work*. https://pathwaystowork.acf.gov/
[68] Child Trends analysis of the National Youth in Transition Database Outcomes file.
[69] DeCoursey, J., Mihalec-Adkins, B. P., McKlindon, A., Ibarra, A., & Naylon, K. (2026). A Summary of Research about Policy, Practice, and Systems Change Related to Supporting Transition-Age Youth. Child Trends. https://www.doi.org/10.56417/4476o7630s
[70] Evans, R., Trubey, R., MacDonald, S., Noyes, J., Robling, M., Willis, S., Boffey, M., Wooders, C., Vinnicombe, S., & Melendez-Torres, G. J. (2025). What mental health and well-being interventions work for which children and young people in care? Systematic review of potential outcome inequities. *Child and Adolescent Social Work Journal*, *42*, 339–360. https://doi.org/10.1007/s10560-023-00956-7
[71] DeCoursey, J., Mihalec-Adkins, B. P., McKlindon, A., Ibarra, A., & Naylon, K. (2026). A Summary of Research about Policy, Practice, and Systems Change Related to Supporting Transition-Age Youth. Child Trends. https://www.doi.org/10.56417/4476o7630s
[72] DeCoursey, J., Mihalec-Adkins, B. P., McKlindon, A., Ibarra, A., & Naylon, K. (2026). A Summary of Research about Policy, Practice, and Systems Change Related to Supporting Transition-Age Youth. Child Trends. https://www.doi.org/10.56417/4476o7630s
[73] Casey Family Programs. (2023). *What are some considerations for employing and supporting youth peer mentors in child welfare?* https://www.casey.org/media/23.07-QFF-SComm-youth-peer-support.pdf
[74] Center for the Study of Social Policy. (2025). *Using culture to promote youth mental health and well-being: Lessons from community partners.* https://cssp.org/wp-content/uploads/2025/05/CSSP-Using-Culture-to-Promote-Youth-Mental-Health-and-Wellbeing.pdf
[75] Berry, L., Guerrero, A., Bisuano, D., & Kelley, J. (2025). *Young people with lived experience in foster care recommend improvements to mental health supports.* Child Trends. https://doi.org/10.56417/8560g9463l
[76] The National Foster Care Youth & Alumni Policy Council. (2025). *Strategies for implementation from beyond therapy: Redefining mental health support in foster care*. https://drive.google.com/file/d/11VSehajAOpnWotpq55ovcs6O6icIsslw/view
[77] Berry, L., Guerrero, A., Bisuano, D., & Kelley, J. (2025). *Young people with lived experience in foster care recommend improvements to mental health supports.* Child Trends. https://doi.org/10.56417/8560g9463l
[78] The National Foster Care Youth & Alumni Policy Council. (2025). *Strategies for implementation from beyond therapy: Redefining mental health support in foster care*. https://drive.google.com/file/d/11VSehajAOpnWotpq55ovcs6O6icIsslw/view
[79] Annie E. Casey Foundation. (2023). *Fostering youth transitions 2023: State and national data to drive foster care advocacy*. https://www.aecf.org/resources/fostering-youth-transitions-2023
[80] Liu, C., Vazquez, C., Jones, K., & Fong, R. (2019). The impact of independent living programs on foster youths' educational outcomes: A scoping review. *Children and Youth Services Review, 98*, 213–220. https://doi.org/10.1016/j.childyouth.2019.01.006
[81] Cruz, D., García-Alba, L., & del Valle, J. F. (2025). Helping care leavers develop life skills: A scoping review. *Children and Youth Services Review, 173*, 108298. https://doi.org/10.1016/j.childyouth.2025.108298
[82] Center for the Study of Social Policy. (2023, July). *CARES: Understanding how transition-age youth experience their communities.* https://cssp.org/wp-content/uploads/2023/08/CARES-Understanding-How-Transition-Age-Youth-Experience-their-Communities-1.pdf
[83] Valentine, E. J., Skemer, M., & Courtney, M. E. (2015). *Becoming adults: One-year impact findings from the Youth Villages transitional living evaluation*. MDRC. https://eric.ed.gov/?id=ED558489
[84] Siantz, E., Venter, K., Lansing, A. E., Sanghvi, N., & Gilmer, T. P. (2023). "We're not a separate entity, we're staff now": The involvement of transition-age youth peer supporters in trauma-informed community partnerships. *Children and Youth Services Review, 144*, 106701. https://doi.org/10.1016/j.childyouth.2022.106701

[85] Cancel, S., Fathallah, S., Nitze, M., Sullivan, S., & Wright-Moore, E. (2022). *Aged out: How we're failing youth transitioning out of foster care*. Think of Us. https://assets-global.website-files.com/60a6942819ce8053cefd0947/62bf491fa9a621536ea81bd9_Aged%20Out%20Report%202022%206-30.pdf
[86] U.S. Department of Health and Human Services, Administration for Children and Families, Administration for Children, Youth, and Families, Children's Bureau. (2026). *The National Youth in Transition Database dashboard*. https://tableau-public.acf.gov/views/NYTD_Dashboard/MainPage?%3Aembed=y&%3AisGuestRedirectFromVizportal=y
[87] Abrams, Z. (2022). *What neuroscience tells us about the teenage brain*. American Psychological Association. https://www.apa.org/monitor/2022/07/feature-neuroscience-teen-brain
[88] DeCoursey, J., Mihalec-Adkins, B. P., McKlindon, A., Ibarra, A., & Naylon, K. (2026). A Summary of Research about Policy, Practice, and Systems Change Related to Supporting Transition-Age Youth. Child Trends. https://www.doi.org/10.56417/4476o7630s
[89] Armstead, K. M. (2026). Enhancing assessment tools for foster youth: A phenomenological approach to preparing for independent living. *Journal of Nonprofit Innovation, 6*(1), 9. https://scholarsarchive.byu.edu/cgi/viewcontent.cgi?article=1188&context=joni
[90] Greeson, J. K., Garcia, A. R., Kim, M., Thompson, A. E., & Courtney, M. E. (2015). Development and maintenance of social support among aged out foster youth who received independent living services: Results from the multi-site evaluation of foster youth programs. *Children and Youth Services Review*, *53*, 1–9. https://doi.org/10.1016/j.childyouth.2015.03.016
[91] Tuyishime, P., Chor, B., & Small, L. (2024). *Advancing opportunities for youth aging out of foster care with supervised independent living programs (SILPs)*. Chapin Hall. https://cyc-net.org/pdf/Chapin-Hall_Advancing-Opps-for-Youth-Aging-Out-Policy-Brief_Sept2024.pdf
[92] Havlicek, J., & Bilaver, L. (2021). Service coordination for transition-age foster youth with disabilities: A survey of state independent living coordinators. *Children and Youth Services Review*, *125*, 105998. https://doi.org/10.1016/j.childyouth.2021.105998
[93] Casey Family Programs. (2022). *Casey Life Skills toolkit*. https://www.casey.org/casey-life-skills/
[94] DeCoursey, J., Mihalec-Adkins, B. P., McKlindon, A., Ibarra, A., & Naylon, K. (2026). A Summary of Research about Policy, Practice, and Systems Change Related to Supporting Transition-Age Youth. Child Trends. https://www.doi.org/10.56417/4476o7630s
[95] Bloomer, R., Harris, L., Brown, A., & Crosby, S. (2022). Exploring the promotion of youth voice in community-based youth development programmes. *Child & Family Social Work, 28*(2), 291-301. https://doi.org/10.1111/cfs.12961
[96] Youth.gov. (2026). Involving youth in positive youth development. https://youth.gov/youth-topics/positive-youth-development/involving-youth