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Extended Foster Care in Washington State: *Final Report*

Prior to 2006, youth in foster care were not eligible to remain in foster care when they turned 18 unless they were still enrolled in secondary education. In 2006, the Washington State Legislature created a small pilot program that enabled youth who turned age 18 to remain in foster care until age 21 while enrolled in a postsecondary education program.

Since that time, eligibility for extended foster care (EFC) services has expanded to include youth who are working, are in programs to reduce barriers to employment, or have certain types of medical conditions.

The 2017 Washington State Legislature directed the Washington State Institute for Public Policy (WSIPP) to study the outcomes for youth receiving EFC.[1] Specifically, WSIPP was assigned to complete the following:

- Review studies of EFC programs;
- Review the use of EFC programs in other states and compare it to the program in Washington;
- Compare outcomes for youth aging out of foster care who did and did not receive EFC; and
- Evaluate any savings to state and local government as a consequence of EFC.

Summary

The 2017 Washington State Legislature directed the Washington State Institute for Public Policy (WSIPP) to conduct a study of a policy allowing eligible foster youth to receive foster care services between the ages of 18 and 21.

In a survey of other states, we found that almost all states provide some foster care services after youth turn 18, although eligibility criteria vary.

We studied numerous outcomes for youth "aging out" of foster care as they transitioned to adulthood. Between 2006 and 2018, the percentage of youth receiving extended foster care (EFC) services increased from 5% to 80%.

Compared to non-participants, the average youth participating in EFC was more likely to be employed and have greater earnings. EFC also significantly reduced homelessness, receipt of public assistance, use of medical emergency departments, reduced diagnosis of substance abuse and treatment, and criminal convictions. We also found that EFC reduced involvement of offspring in the child welfare system.

Our benefit-cost analysis found that the EFC program produces $3.95 of lifetime benefits for each $1 invested. Of the total benefits, 40% represents savings and revenue that would accrue to state, local, and federal governments.

Suggested citation: Miller, M., Bales, D., & Hirsch, M. (2020). *Extended foster care in Washington State: Final Report.* (Document Number 20-05-3201). Olympia: Washington State Institute for Public Policy.

[1] Substitute House Bill 1867, Chapter 265, Law of 2017.

This report presents our findings in seven sections. In Section I, we provide background on EFC. In Section II, we update our review of the research on EFC. In Section III, we review the use and implementation of EFC programs in other states. Section IV describes the sample and our analysis. The findings of the analyses are presented in Section V. In Section VI we provide the results of our benefit-cost analysis. In Section VII, we summarize results and identify the limitations of the study.

I. Background

Historically, in Washington and elsewhere, youth in foster care on their 18th birthdays were no longer eligible to receive care unless they were completing high school or a vocational program. In Washington, between 2006 and 2019, we found that an average of 440 young people each year turned 18 while in foster care.

Studies that follow the same youth over time have shown that compared to the general population of young people, youth who aged out of foster care are more likely to be involved in the juvenile and adult criminal justice systems.[2] Former foster youth are more likely to abuse drugs and alcohol and to have mental health disorders.[3] Further, they are less likely to graduate from high school, less likely to be employed as young adults,[4][5] and more likely to be homeless.[6]

A class-action lawsuit filed on behalf of former foster youth (Braam v. State of Washington) resulted in a settlement agreement in 2004 that, among other things, recommended a proposed statutory change to "extend out-of-home care benefits to children through age 21."[7] The 2006 Washington State Legislature created the Foster Care to 21 (FC to 21) program, paid for entirely with state funds. The program allowed up to 50 youth per year in 2007 through 2011[8] to continue to remain in foster care until age 21 if they were enrolled in postsecondary education.

In 2008, the United States Congress passed the Fostering Connections to Success and Adoptions Act of 2008 ("Fostering Connections Act"). One feature of the Fostering Connections Act permitted states to use federal foster care (Title IV-E)[9] funds to provide extended foster care services—which could also include other forms of supervised independent living as well as foster care[10]—to youth engaged in a broader array of activities.

[2] Courtney, M., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26.*Chicago, IL: Chapin Hall at the University of Chicago and Henzel, P.D., Mayfield, J., Soriano, A., Marshall, D., & Felver, B.E.M. (2016). *Youth aging out of foster care: Risk and protective factors for criminal justice system involvement.* Olympia WA, DSHS Research and Data Analysis Division.

[3] Ibid.

[4] Pecora, P.J., Kessler, R.C, O'Brien, K., White, C.R., Williams, J., Hiripi, E., . . . Herrick, M.A. (2006) Educational and employment outcomes of adults formerly placed in foster care: Results from the Northwest Foster Care Alumni Study. *Children and Youth Services Review, 28,* 1459-1481.

[5] Courtney et al. (2011).

[6] Courtney, M.E., Piliavin, I., Grogan-Kaylor, A., & Nesmith, A. (2001). Foster youth transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare, 80*(6), 685-717; Courtney et al. (2011); Sharkova, I., Lucenko, B., & Fever, B.E.M. (2015). *Transition to adulthood: Foster youth at 19. An analysis of the 2013 national youth in transition database survey for Washington State*. Olympia, WA, DSHS Research and Data Analysis Division; and Henzel et al. (2016).

[7] Braam Final Settlement Agreement.

[8] No youth were enrolled in the program in 2009. D. Allison, Unit Supervisor/Adolescent and Education Unit, Department of Children, Youth & Families (personal communication, October 17, 2018).

[9] Under Title IV-E of the Social Security Act, the federal government provides a dollar-for-dollar match to states to pay for foster care for eligible families.

[10] Children's Bureau. (2010). *Guidance on Fostering Connections to Success and Increasing Adoptions Act of 2008.* Department of Health and Human Services, Administration for Children and Families. Author.

Under the Fostering Connections Act, youth could receive EFC services until their 21st birthday if they were enrolled in secondary education or if they met any of the following conditions:

- Enrolled in postsecondary education;
- Enrolled in a program to remove barriers to employment;
- Employed at least 80 hours per month; or
- Incapable of participation in postsecondary education or employment because of a medical condition.

Washington State implemented the Fostering Connections Act in stages. In 2012, new enrollment in state-funded Foster Care to 21 was closed.[11] After 2012, the program, funded through both state and federal dollars, became the extended foster care (EFC) program and all youth aging out of foster care could receive services if they engaged in postsecondary education.

In 2013, eligibility was expanded to include youth participating in programs designed to promote employment or remove barriers to employment.[12] In 2014, the program was expanded to include youth working 80 or more hours per month,[13] and in 2015, the legislature further expanded the program to include youth with a documented medical condition that precluded engagement in other qualifying activities.

In 2017, the legislature modified the law to permit youth to enroll, leave, and later re-enroll in the program once between the ages of 18 and 21.[14] The law was modified again in 2018 to permit re-enrollment an unlimited number of times before age 21.[15]

The history of extended foster care services in Washington is provided in Exhibit 1.

As of June 2019, 562 young adults were enrolled in extended foster care—17% were residing in foster care settings and the remainder were served in supervised independent living settings.

WSIPP Legislative Assignment

The Washington state institute for public policy shall conduct a study measuring the outcomes for youth who have received extended foster care services pursuant to RCW 74.13.031(11). The study should include measurements of any savings to state and local governments. The study should compare the outcomes for youth who have received extended foster care services pursuant to RCW 74.13.031(11) with youth who aged out of foster care when they reached eighteen years of age. To the extent possible, the study should also include a comparison of other state extended foster care programs and a review of studies that have been completed measuring the outcomes of those programs.

The Washington state institute for public policy shall issue a report containing its preliminary findings to the legislature by December 1, 2018, and a final report by December 1, 2019.

Substitute House Bill 1867, Sec. 3, Laws of 2017.

WSIPP's Board of Directors adjusted the deadline for this report to May, 2020.

[11] Engrossed Substitute House Bill 2592, Chapter 52, Laws of 2012.
[12] Engrossed Second Substitute Senate Bill 5405, Chapter 332, Laws of 2013. This bill took effect July 28, 2013 (except sections 8 and 10, which took effect December 1, 2013).
[13] Engrossed House Bill 2335, Chapter 122, Laws of 2014. This bill took effect March 1, 2015.
[14] SHB 1867.
[15] Substitute Senate Bill 6222, Chapter 34, Laws of 2018.

Exhibit 1

History of Foster Care After Age 18 in Washington

Year	Program change
- 2006	Legislature approves FC to 21 for youth in postsecondary education
- 2007	FC to 21 for 50 youth per year
- 2008	U.S. Congress passes the Fostering Connections Act
- 2009	FC to 21 enrollment paused
- 2010	FC to 21 resumed
- 2011	
- 2012	EFC for postsecondary education, no limit on enrollment
- 2013	EFC expanded for programs to promote employment
- 2014	EFC expanded to include employment at least 80 hours per month
- 2015	EFC expanded to include a documented medical condition
- 2016	
- 2017	Youth may re-enroll in EFC one time after leaving
- 2018	Youth may re-enroll in EFC unlimited number of times
- 2019	
- 2020	

II. Review of the Research on Extended Foster Care

To date, the majority of the research on the effects of extended foster care services comes from just four long-term studies that followed foster youth.

The Midwest Evaluation of the Adult Functioning of Former Foster Youth (the "Midwest Study"), conducted by Chapin Hall at the University of Chicago, compared young adult outcomes for youth aging out of foster care in three states. This study was conducted in a series of five interviews beginning when foster youth were 17 years old in 2002-03. In Illinois, youth turning 18 could—and often did—remain in foster care.

In the other two states, Iowa and Wisconsin, extended foster care was not an option at that time. The effects of extended foster care were examined by comparing outcomes for foster youth in Illinois with those of youth in the other two states. Authors found that extending foster care to age 21 appeared to delay homelessness, although by age 23 or 24 there was no longer an effect.[16] By that time, regardless of participation in EFC, nearly 30% of all former foster youth had been homeless since leaving foster care. By age 26, the researchers found that while controlling for other important predictors of education outcomes, time in care past age 17 was associated with increased educational attainment.[17] In a similar analysis, extended foster care was associated with a significantly lower rate of adult arrest.[18]

The Midwest Study did not account for other differences among the three states, such as social or educational policy, the characteristics of the state child welfare populations, and state socioeconomic context. Thus, the differences observed may be due to factors other than receipt of EFC.

A second, more recent study, also conducted by Chapin Hall, is underway in California. Like the Midwest Study, the California Youth Transitions to Adulthood Study is based on a series of biannual interviews beginning when foster youth were 17 in 2013. California had previously implemented extended foster care under provisions of the Fostering Connections Act in January 2012.

This study evaluated the effect of one additional year in foster care between ages 18 and 21 on a number of outcomes. At age 21, one year of EFC was associated with an increased likelihood of high school graduation and enrollment in college. Extended foster care was also associated with decreased criminal justice system involvement, homelessness, and receipt of need-based public aid.[19]

[16] Dwarsky, A., & Courtney, M.E. (2010). *Assessing the impact of extending care beyond age 18 on homelessness: Emerging findings from the Midwest study.* Chicago, IL: Chapin Hall at the University of Chicago.

[17] Courtney, M.E., & Hook, J.L. (2017). The potential educational benefits of extending foster care to young adults. *Children and Youth Services Review, 72,* 124-132.

[18] Lee, J.A.S., Courtney, M.E., & Tajima, E. (2014). Extended foster care support during the transition to adulthood: Effect on the risk of arrest. *Children and Youth Services Review, 42,* 34-42.

[19] Courtney, M.E., Okpych, N.J., & Park, S. (2018). *Report from CalYOUTH: Findings on the relationship between extended*

The third study evaluated the effect of EFC on a single outcome, homelessness, in a small sample of youth from across the United States. The authors used information from the National Survey of Child and Adolescent Well-Being, a long-term study of a sample of children and youth who had been the alleged victims of child abuse or neglect. The study identified those who had turned 18 while in foster care and identified whether the state where they resided had implemented extended foster care. In this relatively small sample (123 youth), the authors found no effect of EFC on homelessness later in life.[20]

The fourth study used data from a national survey of foster youth who aged out of care, The National Youth in Transition Database, which followed youth up to age 21. The study found that extended foster care was associated with a decreased likelihood of homelessness and of parenting a child by age 19.[21] However, the study found no effect of extended care on self-reported incarceration.

Three of the four studies show promise for positive, long-term outcomes. While most of the analyses used statistical controls for known characteristics, all four studies used samples rather than the full population; only one study followed youth past age 21. Thus, based on these four studies, it is premature to make conclusions about the effects of EFC on young adult outcomes after youth turn 21 years old.

foster care and youth's outcomes at age 21. Chicago, IL: Chapin Hall at the University of Chicago.

[20] Fowler, P.J., Marcal, K.E., Zhang, J., Day, O., & Landsverk, J. (2017). Homelessness and aging out of foster care: A national comparison of child welfare-involved adolescents. *Children and Youth Services Review, 77,* 27-33.

[21] Rashid, A. (n.d). *How old is too old? Extending foster care beyond age 18.* Unpublished manuscript.

III. Extended Foster Care in Other States

The legislation for this study directed WSIPP to compare extended foster care programs in other states. To do this we relied heavily on three sources:

- A publication by Children's Bureau at the Administration of Children, Youth and Families (ACYF) with information on states that were providing extended foster care, as of February 2017;[22]
- A description of extended foster care published by the Government Accountability Office, current through February 2018; and[23]
- The website of the Juvenile Law Center with data current at least through January 2019. [24]

We also consulted individual state statutes and rules and corresponded with individuals from agencies in other states to be certain that we had the most current information. A state-by-state summary of EFC programs is provided in Exhibit A1 in the Appendix.

We found that all states offer some level of independent living or transitional services for youth aging out of care. All but one of the states[25] provide some form of extended foster care services for youth past age 18.

Most states require that youth reside in supervised settings. Only Arizona allows a stipend to youth in place of foster care if approved by the Department of Child Safety. In those cases, youth may live in unlicensed settings.

Not all states allow youth to reenter the program if they exit. In the 49 states permitting some form of EFC, 12 do not allow youth to reenter the program if they leave.

While many states use only state funding for the programs, as of January 2019, 29 states, including Washington (plus the District of Columbia), were using federal foster care dollars (Title IV-E funding).

Exhibit 2 displays the eligibility criteria for EFC in all the states. We indicate states where all of the Title IV-E criteria are available to youth. The criteria require youth to meet one of the following:

- Enrollment in postsecondary education;
- Enrollment in a program to remove barriers to employment;
- Employment of at least 80 hours per month; or
- Incapable of participation in postsecondary education or employment because of a medical condition.

[22] U.S. Department of Health and Human Services, Administration for Children and Families, & Administration on Children's, Youth and Families Children's Bureau. (2017). *Extension of foster care beyond age 18*.

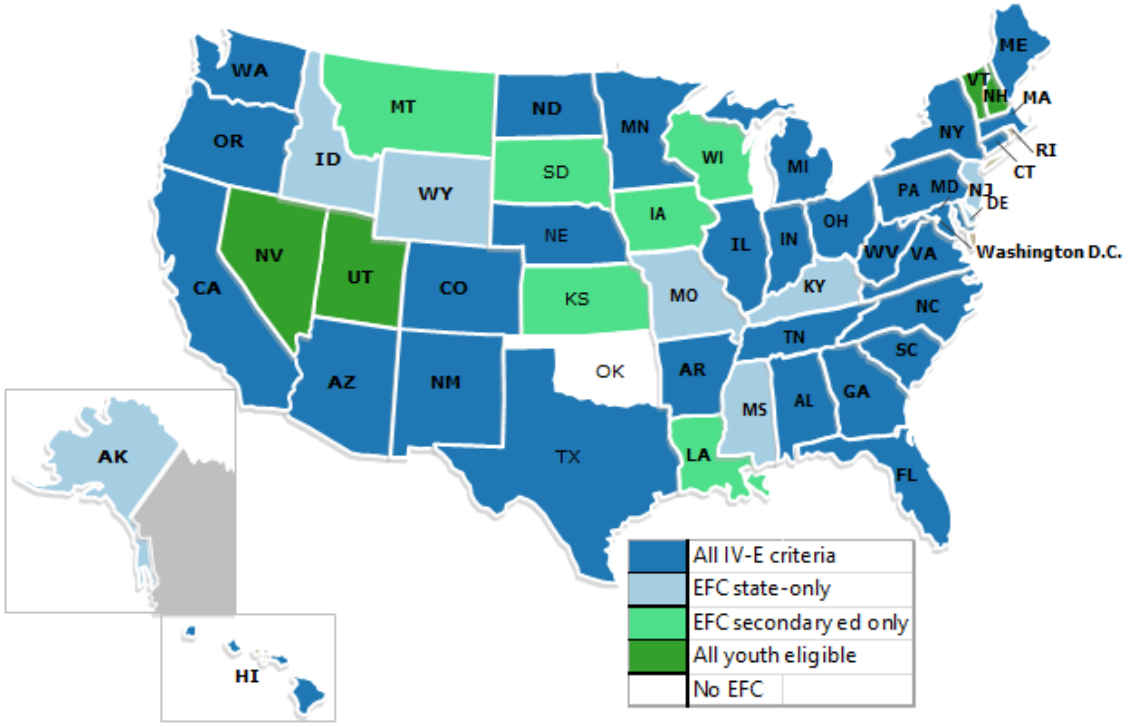
[23] U.S. Government Accountability Office. (2019). *Foster care: States with approval to extend care provide independent living options for youth up to age 21*. Publication Number GAO-19-411.

[24] The Juvenile Law Center website has a page for each state describing eligibility and funding sources.

[25] Oklahoma is the only state that does not have a program to provide foster care services to youth after age 18.

Exhibit 2

Criteria for Enrollment in EFC by State



Four states offer EFC services to all youth aging out of care, without regard to other criteria.[26]

Seven states allow EFC only to youth enrolled in secondary education.[27]

In the remaining six states, the criteria for participation in EFC vary, typically allowing EFC for a subset of the Title IV-E eligibility criteria.[28]

Details for all states are provided in Exhibit A1 in the Appendix.

[26] The following states allow all youth to remain in foster care until age 21: Nevada, New Hampshire, Utah, and Vermont.

[27] States permitting EFC only to complete high school or an equivalency are Kansas, Louisiana, Montana, South Dakota, and Wisconsin (only if the youth has a medical disability).

[28] The following states have unique criteria for eligibility: Alaska, Idaho, Kentucky, Mississippi, Missouri, and Wyoming.

IV. Sample and Analysis

The sample for this analysis consists of all youth who turned 18 while in an out-of-home placement under the auspices of Washington's child welfare system between 2006 and 2018. Youth may have been placed in a licensed foster home, in the home of a relative, or in a group-based facility. For this report, we refer to all placement types as "foster care." We identified 5,751 youth who aged out of foster care during this period.

The Research and Data Analysis (RDA) division of the Department of Social and Health Services (DSHS) maintains an integrated client database. RDA matched those in the sample to administrative records to indicate whether youth experienced any of the following outcomes:

- diagnosis of mental illness;
- use of public mental health services;
- diagnosis of substance abuse;
- use of public substance abuse treatment;
- use of medical emergency departments;
- employment (hours and wages per quarter);
- receipt of Supplemental Nutrition Assistance Program (SNAP, known as "Basic Food" in Washington);
- receipt of Temporary Assistance for Needy Families (TANF);
- homelessness;
- criminal conviction; and
- involvement of offspring of those in the sample with the child welfare system.

The Education Research and Data Center (ERDC) matched those in our sample to its P20 database to provide information on high school graduation and college enrollment.

Ideally, to evaluate the effect of extending foster care to age 21, we would be able to randomly assign youth aging out of foster care to receive extended foster care or not. A random assignment would give us confidence that any differences between groups are due to receiving EFC, because, in theory, the only difference between the groups is random and not related to participant characteristics.

When participation in a program is not random, evaluations can exhibit "selection bias," which occurs when individuals choose—or are chosen—to participate. In the case of EFC, there are several selection criteria. Youth must be willing to participate in the required activities (education or work) and must agree to reside in a supervised setting.

Because this evaluation is retrospective, we are unable to implement a random assignment design. Instead, we employ propensity score weighting, a statistical approach that allows us to account for characteristics associated with the likelihood of enrolling in EFC and measure the average effect of EFC participation for the population. Thus, our analysis provides an indication of the effect of EFC on outcomes for all youth aging out of care. The propensity score weighting allows us to compare outcomes for those who received EFC who, after propensity score weighting, are similar to

other youth aging out of care who did not participate in the program.[29]

Our analyses include race/ethnicity, using the approach suggested by the Washington State Racial Disproportionality Advisory Committee.[30] Using this definition of race/ethnicity, we found that compared to White youth, American Indian/Alaskan Native youth were less likely, and Latino youth were more likely, to participate in EFC.[31]

We also found that geography, as reflected in the Department of Children, Youth & Families (DCYF) regions, significantly affected EFC participation.[32] Compared to Region 4 (King County) participation was less in all regions except Region 1 (the Northeast portion of the state).

For most of our analyses, we follow youth as they enter young adulthood. We are interested not only in outcomes in the ages 18 to 21 when they might have been in EFC but also between the ages of 21 and 23, after EFC eligibility. Not all youth in our sample reached the cutoff ages of 21 or 23 when these data were extracted. For that reason, and because of varying data availability, samples will vary in size. For example, for outcomes between ages 18 and 21, we would want all youth to have reached 21 by the time our data were extracted. Thus, we exclude those who had not reached that cut-off age.

For some outcomes, we might expect different results before and after age 21 when EFC would no longer be an option. For example, EFC provides housing, thus homelessness is likely to vary when EFC is no longer available. Therefore, we present results for both age groups. For outcomes where EFC's impact is less direct and less likely to change as EFC becomes unavailable, we focus our analysis only on the 18 to 21 age group, our largest sample. Examples include an indication of mental illness and substance abuse.

Throughout this report, we refer to "significant differences" and designate them with a "p-value." This is a statistical term which means the likelihood that a difference could occur by chance, and hence, is not a real difference. For example, a p-value of 0.05 indicates we might observe a difference by chance 5% of the time even if there is actually no effect. Smaller p-values indicate less likelihood of a chance occurrence, and, therefore, are more likely to be a "real" difference. Findings with a p-value of 0.05 or smaller indicate an effect of EFC. Again, we are unable to explain the reasons *why* we observe certain differences in outcomes between groups, but we can identify when those observed differences are statistically significant.

[29] We conducted sensitivity analyses comparing our preferred propensity score weighting protocol to unweighted regressions and simple statistics. Sensitivity analyses are available in the Technical Appendix to this report.

[30] Miller, M. (2008). *Racial disproportionality in Washington State's child welfare system* (Doc. No. 08-06-3901). Olympia: Washington State Institute for Public Policy. The demographic data for children include up to five races and an indicator of Latino heritage. In this approach, racial and ethnic minorities were given priority. A child with any American-Indian background would be considered American-Indian. Non-American-Indian children with any race category of black were considered black. Non-black or American-Indian children with indication of Asian/Pacific Islander were so classified. Then, children with a Latino indication were classified as Latino; and White, non-Latino children were classified as White.

[31] See logit analysis in Exhibit A2 in the Technical Appendix.

[32] DCYF Regional Structure Map.

V. Findings

Youth Aging Out of Care

We examined the foster care history of all youth aging out of foster care between 2006 and 2019, identifying those individuals who had received either FC to 21 or Extended Foster Care (EFC).

Exhibit 3 displays the number of youth who aged out of care each year and who enrolled in either FC to 21 or extended foster care (EFC).

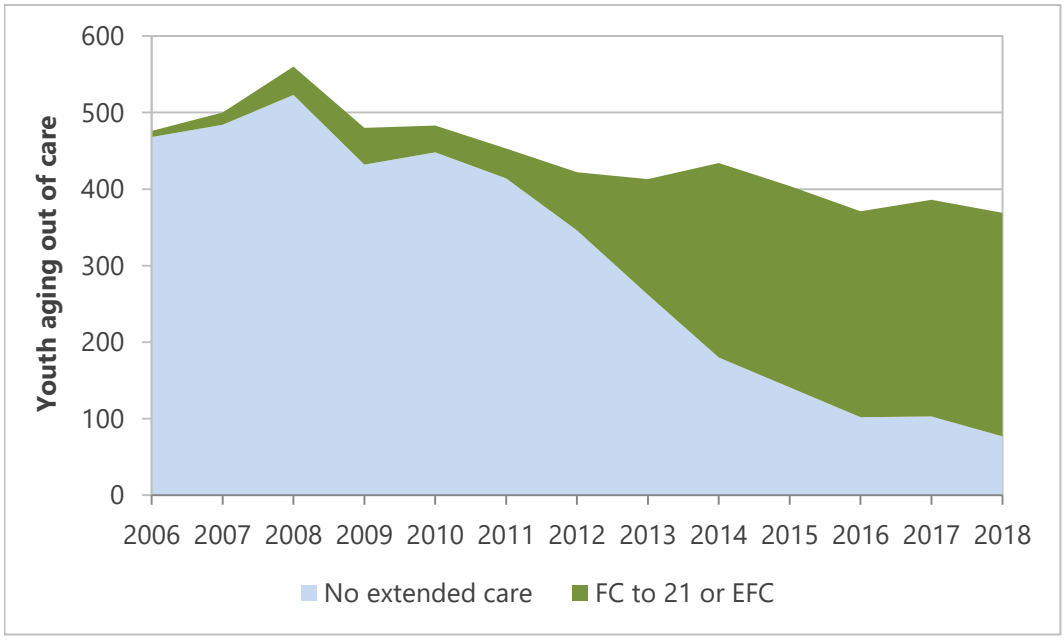
It has been suggested that the criteria allowed under the Fostering Connections Act may be severely restrictive. [33]

However, we observe that as the eligibility criteria were expanded in Washington, the percentage of youth enrolled was nearly 80% by 2018 when EFC was fully implemented.

Among those EFC participants who had turned age 21 by June 30, 2019, the average length of stay in EFC was 2.0 years (SD=1.0, mode 3 years).

Exhibit 3

Youth Aging Out of Care and Receiving any Extended Care



Note:
N=5,751.

[33] Mendes, P., & Rogers, J. (2020). Young people transitioning from out-of-home care: What are the lessons from extended care programmes in the USA and England for Australia? *British Journal of Social Work*.

Exhibit 4 shows the characteristics of those in our sample in extended foster care and the comparison group before and after weighting.[34] After weighting, the two groups were very similar on all observed characteristics.

Exhibit 4

Characteristics of Youth Aging Out of Foster Care, 2006 through 2018

Characteristic	Before matching		After matching	
	EFC	Comparison	EFC	Comparison
Reason for last placement [a]				
Neglect	47%	54%	50%	50%
Child problem behavior [b]	28%	39%	35%	36%
Sexual abuse	10%	9%	11%	10%
Physical abuse	15%	16%	16%	16%
Other	19%	11%	13%	13%
DCYF region				
Region 1	15%	12%	14%	13%
Region 2	9%	12%	11%	11%
Region 3	13%	14%	13%	14%
Region 4	25%	22%	22%	23%
Region 5	15%	19%	19%	18%
Region 6	23%	21%	21%	22%
Female	52%	50%	50%	51%
Race/ethnicity				
White	50%	55%	52%	53%
Black	18%	18%	19%	18%
American Indian/Alaskan Native	11%	13%	12%	12%
Asian	4%	3%	3%	3%
Latino	17%	11%	14%	13%
Any developmental disability	23%	15%	17%	16%
N	1,751	3,948	1,751	3,948

Notes:
N=5,751
[a] Youth may be placed for more than one reason so that percentages may add to greater than 100%.
[b] The category, "child problem behavior," was created from three possible reasons for placement: child behavior, child abuse drugs and child abuses alcohol.

[34] More detailed methods for this evaluation are described in the Technical Appendix.

Behavioral Health

Anxiety and depression are the most common mental illnesses.[35] Using Medicaid records from 2007 forward, we identified those with any indication[36] of these disorders. We also identified those diagnosed with any mental illness. We found that EFC had no effect on the likelihood a youth would be diagnosed with anxiety, depression, or any mental illness between ages 18 and 21.

Exhibit 5
Indication of Anxiety, Depression, and Any Mental Illness, Ages 18 to 21

Diagnosis	EFC	Comparison	p-value
Anxiety	40%	39%	0.505
Depression	39%	39%	0.477
Any mental illness	58%	57%	0.844

Notes:
Percentages have been regression-adjusted to account for individual characteristics of those in the sample.
The sample includes only those who had turned 21 by March 31, 2016.
N=4,170.

While we observe no effect of EFC on a diagnosis of any mental illness or of anxiety and depression, we find that EFC reduced both outpatient and inpatient mental health treatment (Exhibit 6). Given similar rates of diagnoses, the reason for this reduction is unclear.

[35] Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, K., Walters, E. (2005). Lifetime prevalence and age-of-onset distributions of *DSM-IV* disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62,* 593-603.
[36] An indication of a mental illness is determined by the presence of a diagnosis in the medical records or a prescription for a drug to treat the disorder.

Exhibit 6
Mental Health Treatment, Ages 18 to 21

Modality	EFC	Comparison	p-value
Outpatient	41%	43%	0.014
Inpatient	3%	5%	0.000

Notes:
Percentages have been regression-adjusted to account for individual characteristics of those in the sample.
Ages 18 to 21 include includes only those who had turned 21 by March 31, 2016.
N=4,170.

Those in the comparison group were significantly more likely to be diagnosed with a substance use disorder than those receiving EFC.

Exhibit 7
Diagnosed Substance Use Disorder, Ages 18 to 21

Diagnosis	EFC	Comparison	p-value
Alcohol or drug	19%	31%	0.000
Alcohol	10%	15%	0.000
Drug	14%	27%	0.000

Notes:
Percentages have been regression-adjusted to account for individual characteristics of those in the sample.
Ages 18 to 21 include includes only those who had turned 21 by March 31, 2016.
N=4,170.

Similarly, EFC significantly reduced the likelihood of receiving outpatient and inpatient substance abuse treatment.

Exhibit 8
Substance Abuse Treatment, Ages 18 to 21

Modality	EFC	Comparison	p-value
Outpatient	7%	12%	0.000
Inpatient	2%	5%	0.000

Notes:
Percentages have been regression-adjusted to account for individual characteristics of those in the sample.
The sample includes only those who had turned 21 by March 31, 2016.
N=4,170.

Emergency Department Visits

We used Medicaid records to identify months in which those in the sample visited a medical emergency department (ED).

For each age grouping, 18 to 21, and 21 to 23, we calculated the average number of visits per year. The average EFC participant visited an ED fewer times each year than similar youth in the comparison group.

Exhibit 9

Average Number of Emergency Department Visits per Year

Outcome	Average (Std Err)			
	EFC	Comparison	N	p-value
ED, ages 18 to 21	0.653 (0.025)	0.951 (0.026)	4,675	0.000
ED, ages 21 to 23	0.541 (0.029)	0.800 (0.030)	3,849	0.000

Note:
Averages have been regression-adjusted to account for individual characteristics of those in the sample.
ED=Emergency department.

Economic Related Outcomes

Using data from the Employment Security Department, we obtained the employment information for those in the sample to evaluate the effect of EFC on employment in two age groups, between 18 and 21, and from 21 up to age 23.

In both age groups, EFC participants were significantly more likely to be employed. On average, EFC participants earned more money than those in the comparison group.

Exhibit 10

Employment and Average Annual Earnings

Outcome	Percent or Average (Std Err)			
	EFC	Comparison	N	p-value
Any earnings, ages 18 to 21	73%	62%	4,675	0.000
Any earnings, ages 21 to 23	76%	62%	3,849	0.000
Wages, ages 18 to 21	$4,228 ($307)	$2,729 ($98)	4,675	0.000
Wages, ages 21 to 23	$8,604 ($640)	$4,431 ($154)	3,849	0.000

Notes:
Percentages and averages have been regression-adjusted to account for individual characteristics of those in the sample.
Earnings have been inflation-adjusted to 2019 dollars.

Public Assistance

EFC participants were less likely to receive public benefits in the form of the Supplemental Nutrition Assistance Program (SNAP) (see Exhibit 11) and Temporary Assistance to Needy Families (TANF) (see Exhibit 12). For both programs, between the ages of 18 and 21 and between 21 and 23, EFC participants were less likely to receive the benefits and received benefits for significantly fewer months per year.

Exhibit 11

Supplemental Nutrition Assistance Program (SNAP) Benefits

Outcome	Percent or Average (Std Err)			
	EFC	Comparison	N	p-value
Any SNAP				
Ages 18 to 21	47%	73%	4,675	0.000
Ages 21 to 23	59%	69%	3,849	0.000
Average months SNAP per year				
Ages 18 to 21	1.65 (0.11)	3.39 (0.05)	4,675	0.000
Ages 21 to 23	3.20 (0.23)	4.22 (0.07)	3,849	0.000

Note:
Percentages and averages have been regression-adjusted to account for individual characteristics of those in the sample.

Exhibit 12

Temporary Assistance to Needy Families (TANF)

Outcome	Percent or Average (Std Err)			
	EFC	Comparison	N	p-value
Any TANF				
Ages 18 to 21	12%	27%	4,675	0.000
Ages 21 to 23	7%	16%	3,849	0.000
Average months TANF per year				
Ages 18 to 21	0.28 (0.05)	0.93 (0.04)	4,675	0.000
Ages 21 to 23	0.30 (0.07)	0.81 (0.04)	3,849	0.000

Note:
Percentages and averages have been regression-adjusted to account for individual characteristics of those in the sample.

Homelessness

From the research, we know that former foster youth have a higher risk of homelessness than their non-foster peers.[37] To determine whether or to what extent EFC affects homelessness of youth after they age out of care, we matched the youth in the sample to the "homeless and housing instability" indicator from the public assistance database.[38] As we expected, we found that between the ages of 18 and 21, EFC participants were less likely to experience homelessness at least once. The reduction in the rate of homelessness persisted when youth were 21 to 23, although the difference between groups decreased.

Exhibit 13

Homelessness

Outcome	Percent or Average (Std Err)			
	EFC	Comparison	N	p-value
Any homelessness				
Ages 18 to 21	16%	45%	4,675	0.000
Ages 21 to 23	22%	38%	3,849	0.000
Average months homeless per year				
Ages 18 to 21	0.337 (0.047)	1.220 (0.039)	4,675	0.000
Ages 21 to 23	0.930 (0.139)	2.027 (0.059)	3,849	0.000

Note:
Percentages and averages have been regression-adjusted to account for individual characteristics of those in the sample.

[37] Courtney et al. (2001); Courtney et al. (2011); and Sharkova et al. (2015).

[38] The Automated Client Eligibility System (ACES) at the Department of Social and Health Services (DSHS) tracks eligibility for food, cash, and medical assistance benefits. The "homeless and housing instability" indicates the housing status of those seeking assistance. Any of the following would be an indicator: Battered Spouse Shelter, Emergency Housing Shelter, Homeless w/o Housing, Homeless with Housing, Homeless w/o Housing in Shelter Expenses, Inappropriate Living Condition, and Nominal Rent in Shelter Expenses.

Criminal Involvement

Placement in foster care puts a youth at greater risk of criminal behavior, both as a youth and later as an adult.[39] To evaluate the effect of EFC on criminal involvement as adults, we matched those in our sample to Washington State criminal conviction records.

Those receiving EFC were significantly less likely to be convicted of a crime both between the ages of 18 and 21 and between the ages of 21 and 23. Note that the rates are lower in the 21 to 23 age group than in the 18 to 21 age group. One likely explanation is that the 21 to 23 age group covers only two years compared to the three years captured in the 18 to 21 age group, so there was less time "at-risk" in which to commit a crime.

Exhibit 14

Criminal Conviction

Outcome	EFC	Comparison	N	p-value
Convictions, ages 18 to 21	14%	31%	4,675	0.000
Convictions, ages 21 to 23	13%	25%	3,849	0.000

Notes:
Percentages have been regression-adjusted to account for individual characteristics of those in the sample. In this analysis, we also controlled for whether youth had been convicted of a crime before turning age 18.

[39] Widom, C.S., & Maxfield, M.G. (2001). *An update on the "cycle of violence" research in brief*. Washington, D.C.: National Institute of Justice, NCJ.

Future Involvement in the Child Welfare System

Those who were in foster care as children are at a greater risk of subsequently maltreating their children.[40] We identified all the former foster youth in the sample who became parents before our data were extracted on June 30, 2019. These parents were matched to Washington State child welfare records to determine whether any of their offspring were reported victims of maltreatment (reports to Child Protective Services (CPS), referred to as "intakes") or placed in foster care.

We conducted an analysis to determine three possible outcomes by the time the youth had reached age 23:[41]

- parented a child;
- was the subject of an accepted CPS intake; or
- had a child removed to foster care.

The results of the analysis are shown in Exhibit 15. We found that participation in EFC decreased the likelihood of having a child between ages 18 and 23. We further find that EFC participants were less likely to be reported to CPS or to have a child removed from the home. Because EFC participants were less likely to be parents by age 23, in a secondary analysis we analyzed CPS intakes or child removal, limiting the sample to those who had children. Even in that limited sample, the significant reductions for the EFC group remained significant.

Exhibit 15

Parenting and Subsequent Child Welfare Involvement, Ages 18 to 23

Outcome	EFC	Comparison	p-value
Child	12%	23%	0.000
CPS intake	6%	16%	0.000
Child in foster care	1%	6%	0.000

Notes:
Percentages have been regression-adjusted to account for individual characteristics of those in the sample.
CPS=Child Protective Services.
N=3,982.

[40] Marshall, J.M., Huang, H., & Ryan J.P. (2011). Intergenerational families in child welfare: Assessing needs and estimating permanency. *Children and Youth Services Review, 33(6),* 1024-1030; Newcomb, M.D., & Locke, T.F. (2001). Intergenerational cycle of maltreatment: a popular concept obscure by methodological limitations. *Child Abuse and Neglect 25,* 1219-1240; and Belsky, J. (1993). Etiology of child maltreatment: a developmental-ecological analysis. *Psychological Bulletin, 114(3),* 413-434.

[41] Because involvement in the child welfare system as a parent is contingent on being a parent, this analysis, we used only those who had reached age 23. This increased the sample of those who were parents and thus, gave us increased statistical power. In addition to characteristics used in all other analyses, for these outcomes we controlled for whether a the individual had parented a child before age 18 and the percentage of births in Washington to mothers 18 to 23 years old in the year the person turned 18.

Educational Attainment

The Washington Education Research and Data Center (ERDC) matched those in our sample to its P20 data warehouse. Exhibit 16 provides statistics on high school graduation and postsecondary enrollment by age 21 for those aging out of care from 2008 through 2015.[42] Unlike the other information in this report, percentages are not adjusted for individual characteristics.

Exhibit 16

Educational Attainment, by Age 21

	EFC	Comparison
High school graduation	62%	32%
Postsecondary enrollment	55%	37%
N	891	2,701

Note:
Sample includes data from 2008 through 2015.

[42] We limited this analysis to those aging out before 2016 to allow sufficient time to observe enrollment by age 21.

VI. Benefits, Costs, and Potential Cost Savings Due to EFC

WSIPP has developed a benefit-cost model that estimates the lifetime monetary benefits and costs of many of the outcomes measured in the study. The results from our analyses provide estimates of how much change we have observed in key outcomes as a result of EFC. We combine these estimates with the monetary value of the outcomes to society.

For our standard benefit-cost approach, we categorize estimates of benefits and costs into four distinct perspectives:

1) the benefits and costs that accrue solely to program participants,
2) those received by taxpayers,
3) those received by others, and
4) those that are more indirect.

Government Cost Savings Estimates

In response to the specific legislative assignment for this study, we compute the specific cost savings—change in expenditures—that we predict would accrue to state or local governments as a result of providing EFC. Together, these numbers make up a portion of the taxpayer's perspective of our standard analysis.

We use information from the Department of Children, Youth & Families to develop a credible estimate of the cost of providing EFC in Washington.

In our data, people in extended foster care participate for 2.0 years on average, so the net per-youth cost to provide EFC is $19,113 (2019 dollars).

The cost of EFC in Washington is split between the state and the federal government assuming a 50/50 state/federal match.[43] The present value cost to the state is, therefore, $9,557 per participant.

In total, we expect $9,706 in cost savings to state and local taxpayers over time. These estimates are displayed in Exhibit 17 along with predicted changes in benefits to the federal government. The cost to the state to provide EFC is roughly equivalent to the predicted cost savings to state and local governments. From the perspective of the taxpayer, benefits can include government cost savings as well as expected increases in tax revenues due to the greater labor market earnings of program participants. We also expect $14,648 in additional revenue to state and local taxpayers. This calculation represents only part of the total economic picture—it does not include additional benefits to participants and society.

The participant perspective includes the value of increases in earnings as well as decreases in out-of-pocket health care costs. We created the third and fourth categories ("Others" and "Indirect," respectively) to report results that do not fit neatly in the first and second categories ("Participant" or "Taxpayer"). In the "Others" category, we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and payments by private (including employer-based)

[43] J. Payne, Department of Child, Youth & Families (personal communication, May 8, 2020).

insurers. In the "Indirect" category, we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

The sum of these four perspectives provides a "total Washington" view on whether a program produces benefits that exceed costs.

Our benefit-cost analysis for this program incorporates specific information about those in foster care eligible to receive the intervention. Section II of a separate Technical Appendix[44] to this report provides detail on those assumptions and the specific effects and expected sources of costs and benefits. Information on our standard benefit-cost methods can be found in WSIPP's Technical Documentation.[45]

Benefit-Cost Results

Using our standard benefit-cost approach, we estimate that EFC results in total lifetime benefits of $75,529 per participant due to changes in labor market earnings, crime, health-care utilization, and child welfare-related factors (Exhibit 18).

Thus, we estimate net benefits (benefits minus costs) of $56,415 per participant and a benefit-cost ratio of $3.95. Finally, our estimate of risk shows that EFC produces positive net benefits more than 99% of the time.

[44] Miller, M., Bales, D., & Hirsch, M. (2020). Extended foster care in Washington State—technical appendix. Olympia: Washington State Institute for Public Policy.

[45] For more information on the benefit-cost model, see WSIPP's documentation. Washington State Institute for Public Policy. (2019). *Benefit-cost technical documentation*. Olympia, WA: Author.

Exhibit 17

Government Costs and Cost Savings per Participant for Extended Foster Care, in 2019 Dollars

Costs and savings	State/local	Federal	Total government (taxpayer)
Extended foster care program cost			
Annual per-person costs	$4,861	$4,861	$9,721
Average length of program in years			2.0
Total extended foster care program cost (discounted)	**$9,557**	**$9,557**	**$19,113**
Government savings			
Increased savings to taxpayers due to reduced probability of crime	$4,003	$0	$4,003
Increased savings to taxpayers due to decrease in illicit drugs	$143	$619	$762
Decreased savings to taxpayers due to increase in depression	($30)	($171)	($201)
Increased savings to taxpayers due to increased food assistance—including overhead	$162	$2,308	$2,470
Increased savings to taxpayers due to increased assistance payments—including overhead	$1,512	$2,808	$4,319
Increased savings to taxpayers due to reduce probability of interaction with child welfare system	$1,172	$754	$1,926
Increased savings to taxpayers from downstream effects of avoiding child abuse & neglect	$2,744	$527	$3,271
Total government savings	**$9,706**	**$6,845**	**$16,551**
Increased tax revenue			
Increased tax revenue to taxpayers due to increased labor market earnings	$3,199	$5,720	$8,919
Increased tax revenue to taxpayers due to increased labor market earnings as a result of avoiding child abuse & neglect*	$1,743	$3,116	$4,858
(2) Total savings and tax revenue increases	**$14,648**	**$15,680**	**$30,328**
Taxpayer total per participant (3) Net (benefits – costs)	**$5,091**	**$6,124**	**$11,215**

Note:
*Program participant's child(ren).

Exhibit 18

Benefits and Costs per Participant for Extended Foster Care, in 2019 Dollars

Extended foster care program costs		
Annual per-person costs		$9,721
Average length of program in years		2.0
	(1) total extended foster care program cost	**($19,113)**
Total taxpayer (see Exhibit 17)		$30,328
Participant		
Increased income to participants		$20,950
Decreased costs to participants due to decrease in illicit drugs		$113
Increased costs to participants due to increase in depression		($57)
Decreased food assistance received by participants		($2,186)
Decreased public assistance received by participants		($1,576)
Increased income to program participant's children from avoiding child abuse & neglect		$11,412
Decreased victim cost to participant's children from avoiding child abuse & neglect		$3,948
Decreased costs to participant's child from downstream effects of avoiding child abuse & neglect		$172
Others		
Decreased crime victim costs due to reduced probability of crime		$10,437
Decreased costs to private or employer provided insurance programs due to decrease in illicit drugs		$776
Increased costs to private or employer provided insurance programs due to to increase in depression		($207)
Decreased costs from decreased alcohol related traffic incidents		$39
Decreased costs to others from downstream effects of avoiding child abuse & neglect		$2,365
Indirect		
Decreased costs due to decrease in mortality due to decreased illicit drugs		$208
Increased costs due to increase in mortality from depression		($21)
Avoided mortality due to avoiding child abuse		$110
Net deadweight cost of taxation		($1,281)
	(2) Total benefits	**$75,529**
Bottom line		
Net benefits (cost) per participant	(3) Net (benefits – costs)	**$56,415**
Benefit-to-cost ratio		**$3.95**
Probability of positive net benefits (risk analysis)		**99.9%**

VII. Summary and Limitations

We studied numerous outcomes for youth aging out of foster care as they transitioned to adulthood. To fulfill the legislative assignment, we completed the following:

- Reviewed studies of EFC programs from across the country;
- Reviewed the use of EFC programs in other states and compared it to the program in Washington;
- Compared outcomes for youth aging out of foster care who did and did not receive EFC in Washington; and
- Estimated the overall benefits and costs of providing EFC, as well as any savings to state and local government.

First, we reviewed the availability of extended foster care services in all the other states. Since the passage of the Fostering Connections Act, which permitted states to use federal foster care funds to provide foster care services for youth aging out of care until age 21, almost all states permit youth to remain in care, although the eligibility criteria vary somewhat. Like 28 other states (and the District of Columbia), Washington uses federal funds to support extended foster care services and now allows youth aging out of foster care to receive these services if they meet any of the criteria specified in the Fostering Connections Act.

We found that between 2006, when Washington established the limited Foster Care to 21 program, and 2018, the proportion of youth aging out of care who received additional foster care services has grown from 5% of youth to nearly 80%.

We studied outcomes for these youth as they entered young adulthood. We found that EFC increased employment and earnings. It also significantly reduced homelessness, receipt of public assistance, use of medical emergency departments, diagnosis of substance abuse and treatment, and criminal convictions among youth aging out of foster care. We saw no effect of EFC on the prevalence of mental illness, but EFC was associated with decreased use of public mental health services.

EFC participants were less likely than the comparison group to become involved in the child welfare system when they became parents. They were less frequently reported to CPS and less likely to have a child removed to foster care.

WSIPP's benefit-cost analysis estimated that the lifetime monetary benefits exceed the cost of the program, with a benefit-cost ratio of $3.95. Further, we found that the benefits to state and local taxpayers also outweighed the costs to those taxpayers of funding EFC.

We found that EFC was associated with greater rates of high school graduation and postsecondary enrollment.

The major limitation of this study is that youth were not randomly assigned to receive EFC and we might expect that some youth prefer not to participate.

For all of the outcomes we investigated, we limited the sample to those who had turned at least age 21 by the time our sample was drawn. Because having a medical condition was not an eligibility criterion until 2016, our analyses exclude EFC participants who qualified based on their membership in this category.

All of our findings come from Washington public services data systems. Youth not receiving public services, who were working as independent contractors or federal employees, who were in the military, or who had moved out of state would not be reflected in our analysis.

Overall, we found that extended foster care services improve outcomes for youth aging out of care. Our findings are consistent with those from the Midwest, California, and National Youth in Transition studies described in Section II and provide additional evidence that positive effects extend beyond the end of services (i.e., after age 21). Unlike most earlier studies, we were able to use administrative data rather than self-reported outcomes. Further, we evaluated outcomes not previously described including mental health, substance abuse diagnosis and treatment, and involvement of offspring in the child welfare system.

Due to the changing criteria for receiving EFC in Washington over time, we were not able to include categories of foster youth who became eligible very recently, i.e., those who have a medical condition that prevents participation in the other criteria. A more complete picture of the effect of EFC would be possible in an evaluation several years from now that would include the entire EFC population.

Acknowledgments

The authors are grateful to DCYF program managers, Sherrie Flores and Douglas Allison, for providing background information on the EFC program and its implementation.

This analysis would not have been possible without the assistance of Research and Data Analysis at DSHS. Its Integrated Client Database is a valuable resource that enabled us to evaluate a large number of outcomes.

Appendix

Extended Foster Care in Washington State: *Final Report*

I. State Survey

The legislature directed WSIPP to review extended foster care (EFC) programs in other states. To do this we relied heavily on three sources:

- A publication by Children's Bureau at the Administration of Children, Youth and Families (ACYF) with information on states that were providing extended foster care, as of February 2017;[46]
- A description of extended foster care published by the Government Accountability Office, current through February 2018; [47] and
- The website of the Juvenile Law Center with data current at least through January 2019. [48]

We also consulted individual state statutes and rules and corresponded with individuals from agencies in other states to be certain that we had the most current information. Exhibit A1 summarizes our findings.

[46] U.S. Department of Health and Human Services, Administration for Children and Families, & Administration on Children's, Youth and Families Children's Bureau. (2017). *Extension of foster care beyond age 18*.
[47] U.S. Government Accountability Office. (2019). *Foster Care: States with Approval to Extend Care Provide Independent Living Options for Youth up to Age 21*. Publication Number GAO-19-411.
[48] The Juvenile Law Center website has a page for each state describing eligibility and funding sources.

Exhibit A1

Extended Foster Care by State

State and relevant statutes	Maximum age	Eligibility criteria (Former foster youth must meet at least one criterion)					Program features	
		Education condition: Secondary	Education condition: Post-secondary	Program to promote employment	Employment condition: 80 hours	Other conditions: Medical	Title IV-E funded	Reentry allowed
Alabama Admin. Code r. 660-5-48-.05; 660-5-48-.06; 660-5-51-.01 Admin. Code r. 660-5-51-.03	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Alaska[a] Alaska Stat. § 47.10.080	21	State-specific criteria					No	Yes
Arizona Pol. & Proc. Man. Ch. 5, §§ 36; 38	21	Yes	Yes	Yes	Yes	Yes	No	Yes
Arkansas Admin. Code 016 15 CARR 011, Policy VIII-B	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
California Wel. & Inst. Code § 11403	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Colorado Rev. Stat. § 19-3-205	21	Yes	Yes	Yes	Yes	Yes	No	No
Connecticut Gen. Stat. § 17a-11	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Delaware[b] 10 DE Code § 929 (2019)	21	State-specific criteria					No	No
Florida Ann. Code Tit. 29, § 9015	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Georgia Ga. Code § 15-11-340(a)	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hawai'i Haw. Rev. Stat. § 346-395	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes

State and relevant statutes	Maximum age	Eligibility criteria (Former foster youth must meet at least one criterion)					Program features	
		Education condition: Secondary	Education condition: Post-secondary	Program to promote employment	Employment condition: 80 hours	Other conditions: Medical	Title IV-E funded	Reentry allowed
Idaho[c] Idaho Code § 39-1202(9);16.06.02.531	21	State-specific criteria					No	No
Illinois Policy manual cited by others no longer available	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Indiana Ann. Code § 31-28-5.8-5	20	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Iowa Iowa Code § 234.1(2)	19	Yes	No	No	No	Yes	No	Yes
Kansas Kan. Stat. § 38-2203	21	Yes	No	No	No	No	No	No
Kentucky[d] Ky. Rev. Stat. §§ 610.110(6), 620.140(1)(d)-(e)	21	State-specific criteria					No	Yes
Louisiana Ch. Code Art. 686; Admin. Code Tit. 67, V.3901; 3903	21	Yes	No	No	No	No	No	No
Maine Ann. Stat. Tit. 22, § 4037-A	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Maryland Md. Code Regs. 07.02.11.04(B)	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Massachusetts Ann. Laws, Ch. 119, § 23	22	Yes	Yes	Yes	Yes	Yes	Yes	Yes

State and relevant statutes	Maximum age	Eligibility criteria (Former foster youth must meet at least one criterion)					Program features	
		Education condition: Secondary	Education condition: Post-secondary	Program to promote employment	Employment condition: 80 hours	Other conditions: Medical	Title IV-E funded	Reentry allowed
Michigan Comp. Laws § 400.649	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Minnesota Ann. Stat. § 260C.451	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mississippi[e] Miss. Code § 43-15-13(1);§ 43-15-13(2)	21	State-specific criteria					No	No
Missouri[f] Mo. Rev. Stat. § 211.036	21	State-specific criteria					No	Yes
Montana Mo. Rev. Stat. § 211.036	21	Yes	No	No	No	No	No	No
Nebraska Ann. Stat. § 260C.451	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Nevada Nev. Rev. Stat. § 432B594(1), (2);§ 432B594(4)	21	All youth eligible					No	No
New Hampshire NH Rev. Stat. § 169-C:34(V-a)	21	All youth eligible					No	Yes
New Jersey N.J. Stat. § 30:4C-2.3	21	Yes	Yes	Yes	Yes (30 hrs/week)	Yes	No	Yes
New Mexico[g] SJC/SB23	21	Yes	Yes	Yes	Yes	Yes	Yes	No
New York N.Y. Fam. Ct. Act § 1055(e)	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
North Carolina N.C. Gen. Stat. §108A-48(c)	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes

State and relevant statutes	Maximum age	Eligibility criteria (Former foster youth must meet at least one criterion)					Program features	
		Education condition: Secondary	Education condition: Post-secondary	Program to promote employment	Employment condition: 80 hours	Other conditions: Medical	Title IV-E funded	Reentry allowed
North Dakota Cent. Code § 27-20-30.1	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ohio Ohio Rev. Code 5101.1411(A0(1)	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Oklahoma	18	Does not have a program to provide foster care services to youth after age 18					No	No
Oregon Admin. Rules § 413-030-0410	21	Yes	Yes	Yes	Yes	Yes	Yes	No
Pennsylvania Cons. Stat. Tit. 42, § 6302	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Rhode Island 14 R.I. Gen. Laws § 14-1-6(c)	21	Yes	Yes	Yes	Yes	Yes	No	Yes
South Carolina SC DSHS Policy and Procedures Manual 832.01.01(2)	21	Yes	Yes	No	No	Yes	Yes	Yes
South Dakota S.D. Codified Laws § 26-6-6.1	21	Yes	No	No	No	No	No	No
Tennessee Ann. Code § 37-2-417	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Texas Ann. Code § 37-2-417	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Utah Utah Code § 78A-6-117(2)(c)(iii)(A)	21	All youth eligible					No	Yes
Vermont Vt. Stat. tit. 33, § 4904	22	All youth eligible					No	Yes

State and relevant statutes	Maximum age	Eligibility criteria (Former foster youth must meet at least one criterion)					Program features	
		Education condition: Secondary	Education condition: Post-secondary	Program to promote employment	Employment condition: 80 hours	Other conditions: Medical	Title IV-E funded	Reentry allowed
Virginia Admin. Code Tit. 22, § 40-201-100(E)	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Washington[h] Rev. Code §§ 13.34.267; 74.13.031	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Washington, DC D.C. Code § 16-2303	21	Yes	Yes	Yes	Yes	Yes	Yes	Yes
West Virginia Foster Care Man. §§ 2.4.1; 5.31	21	Yes	Yes	Yes	Yes	No	Yes	Yes
Wisconsin[i] Ann. Stat. § 48.57	21	Yes	No	No	No	No	Yes	Yes
Wyoming Wyo. Stat. § 14-3-431(3)	21	Court discretion					No	No

Notes:

[a] Alaska: The court may commit a youth to the department's custody until age 19. The court may further grant one-year extensions until the youth's 21st birthday "if the continued state custody is in the best interests of the person and the person consents to it." Alaska Stat. § 47.10.080(c).

[b] Delaware: A youth or a youth's representative may petition the courts to allow the youth to remain in foster care after they turn 18. The extent of continued services is contingent on the funds appropriated for this purpose.

[c] Idaho: There must be (1) an assessment assuring the youth does not jeopardize the health, safety, and wellbeing of other children in the organization's care; (2) a plan prohibiting the youth in continued care from sharing sleeping quarters with a "child"—defined as an individual under age 18 who is not enrolled in an institution of higher education; (3) documentation verifying the youth was in the care of the organization before age 18; and (4) documentation verifying the youth needs continued care to complete "treatment, education, or other similar needs."

[d] Kentucky: Court may extend commitment up to age 21 upon motion of child and agreement of the Cabinet for Health and Family Services.

[e] Mississippi: Youth must be employed or in school; create a budget based on income: be an active participant in the Independent Living Program; and have a plan to cover "initial expenses."

[f] Missouri: Youth may petition the court which determines dependency based on circumstances of the youth, the availability of appropriate local services, and youth commitment to fully cooperate with the children's division in developing and implementing a case plan.

[g] New Mexico recently enacted extended foster care (EFC) using Title IV-E funding. The program will go into effect on July 1, 2020.

[h] Washington phased in Title IV-E EFC allowing: Post-secondary education 4/1/2012; barriers to employment 7/1/2013; 80 hrs. employment 4/1/2015; and medical condition 4/1/2016.

[i] Wisconsin allows youth completing high school who also have a documented disability.

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