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PREPARING FOSTER ADOLESCENTS FOR INDEPENDENT LIVING: A COMPARISON OF DISABLED AND NON-DISABLED YOUTH

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SUMMARY

This report compares disabled and non-disabled foster youth, ages 16-21, with respect to their preparation for independent living. Comparisons were made in the following areas: (a) permanency goals, (b) placement restrictiveness levels, (c) educational progress, (d) placement changes, (e) potential for economic independence. The main data source was the Illinois DCFS client-information system.

Based on analysis of 18,000 (+) cases, the main findings were: 1) placement restrictiveness scores for disabled youths were twice as high as the placement restrictiveness scores for non-disabled youth, 2) disabled wards experienced twice as many placement changes as did non-disabled youth, with 1 in 3 odds of moving into a more restrictive placement for each successive change in residence, and 3) with respect to educational progress, the 80% (+) who are working below grade level for age does not offer an optimistic picture regarding potential for economic se1f-sufficiency. It is recommended that a sub-sample of case records be reviewed to confirm the results of the administrative data analysis. Also desirable is a follow-up phase in which a sample of emancipated wards, identified as disabled, are contacted to determine progress toward independence.

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SECTION ONE - Problem Focus

This report analyzes the extent to which foster adolescents with disabilities are prepared for independence, economic self-sufficiency, and community living. Helping young people with disabilities who are in placement to make a successful transition to community living poses a challenge to the state agency responsible for their care. In Illinois, the Department of Children and Family Services has jurisdiction over children and youth who are neglected, abused, abandoned, or otherwise seriously maltreated.

Approximately 50,000 children in Illinois are in placement; nearly 1 in 5 or 20% are classified as disabled. Little is known about the distribution of disabilities among foster youths, or about the services and supports that might help prepare disabled wards to progress toward self-sufficiency.

SECTION TWO - Study Areas

A series of questions were posed for study, as follows:

2.1 What are the comparative race/ gender patterns of foster youths classified as disabled and non-disabled?

2.2 a) What are the permanency goals for wards with respect to race and gender?

b) What are the permanency goals for wards with a disability and how do these goals compare with those established for non-disabled wards?

2.3 a) What is the level of placement restrictiveness experienced by disabled foster youth as compared with placement restrictiveness levels experienced by non-disabled wards?

b) How are placement restrictiveness levels distributed with respect to race/ gender and disability status?

2.4 a) To what extent is educational progress a correlate of *placement restrictiveness*?
b) To what extent are Illinois foster youths, classified according to disability status, working at grade-level with respect to chronological age?
c) To what extent are placement types associated with educational progress?

2.5 To what extent is movement from one placement to another, associated with replacements that are classified as increasingly restrictive?

SECTION THREE - Working Hypotheses

The following hypotheses were tested:

3.1 Hypotheses # 1 - Race/Gender Disability Classification

That race/gender differences exist between youths classified as disabled and non-disabled. It was anticipated that Non-White youths in placement, especially males, are over-represented in the disability population.

3.2 Hypotheses # 2 - Permanency Goals

That permanency goals for disabled foster youths are characterized by fewer relative/kinship living arrangements, limited adoption possibilities, and major emphasis on the goal of independent living.

3.3 Hypotheses # 3 - Placement Restrictiveness and Disability Status

That disabled wards experience higher levels of placement restrictiveness than non-disabled wards. Hypotheses # 3 is based on the view that placements rated in restrictiveness tend to perpetuate dependency and serve to delay progress toward independence.

3.4 Hypotheses # 4 - Placement Restrictiveness and Race Gender

That placement restrictiveness is differentially distributed across race/gender categories. It is proposed that youths who are male and Non-White experience the highest levels of placement restrictiveness and as a consequence face greater obstacles in preparing for independent living.

3.5 Hypotheses # 5 - Educational Status and Disability

a. That educational status is inversely associated with placement restrictiveness, i.e., youths with lower educational progress experience higher levels of placement restrictiveness.

b. That type of placement is differentially associated with educational status, i.e., youths with apartment placements are more likely to demonstrate higher educational progress than are youths placed in congregate/residential facilities.

c. That disabled foster youths are more likely to be classified as below grade level for age than are non-disabled foster youths.

SECTION FOUR - Method

4.1 Data Collection

The main source of information was the Illinois Department of Children and Family Services (DCFS) Program/Client Information System. The DCFS database contains information on children and youth in state care. Data extraction and analysis utilized information available in the CYCIS database for fiscal year 1996. Information was extracted for DCFS wards classified with a disability or without a disability and age 13 or older. The project focused on youths age 16 and older. The main reason for concentrating on the 16-18 age group was that the federal independent living legislation under Title IV-E of the Social Security Act, Section 477, authorizes state child welfare programs to provide independent living services to all wards starting at age 16. The CYCIS system collects disability information on foster youths. The DCFS disability codes for state wards adhere to the definitional guidelines outlined in the Americans with Disabilities Act of 1990. In essence, a disability is described as a *physical or mental impairment that substantially limits one or more of an individual's major life functions.* The DCFS system classifies disability codes alphabetically - A through Z. The disability categories include: specific learning disabilities, speech and/or language impairment, visual impairment, autism, traumatic brain injury, developmentally delayed, mental retardation (mild, moderate, extreme, or profound), cerebral palsy, epilepsy, physically disabled, youth in need of mental health services, hard of hearing/hearing impaired/deaf, blind, plus a series of dual diagnoses, i.e. developmental disability and severe emotional impairment.

Caseworkers completed standardized forms for each child who was a state ward. In completing information on disability status and type of disability/instructions for caseworkers were:

Select and enter…the appropriate disability code: #1, #2, #3, or A through Z. Codes A through Z may be entered only when written documentation exists in the case record that a client has a disability as diagnosed by a duly licensed or credentialed professional.

Definitions for the disability codes are found in Appendix 9.1. This study focused only on selected codes: No Disability (1), Specific Learning Disability (A), Developmentally Delayed (F), Mild Mental Retardation (G), Moderate Mental Retardation (H), Severe Mental Retardation (I), Profound Mental Retardation (J), and Child in Need of Mental Health Services (P).

Placement information in the database included: 1) all placements in sequential order, 2) the number of days spent in each placement; 3) the age of first placement, and 4) the reason for each change in placement. Placement data was generated from the Placement/Payment Authorization Form. This form was completed by caseworkers each time a change of placement occurred. A list of the possible types of placements is included in Appendix 9.2.

Data on education was also reported by caseworkers and include: 1) grade level completed, and 2) school program type. The reported grade level completed ranges from pre-kindergarten to grade 16. There are 14 possible codes for school program type. This study focuses on seven codes: 1) **NON**, 2) **REG**, 3) **VOC**, 4) **EMH**, 5) **TMH**, 6) **LDY**, and 7) **EMD**. Codes **NON** (None), **REG** (Regular), and **VOC** (vocational) are used for youths who are not in any type of special education classes. Codes **EMH** (educational mental handicap) and **TMH** (training mental handicap) are for youths who are in special education classes for a mental disability. Foster youths in special education classes for a learning disability are coded **LDY** (learning disability); foster youths in special education classes for emotional disturbances are coded **EMD** (emotional disturbance).

4.2 Study Sample

Youths included in the main analyses met the following criteria:

1. Caucasian or African-American,
2. Non-disabled, learning disabled, mentally disabled, or emotionally disabled, &
3. Data available on highest level of education achieved.

Youths were classified into three age groups 1) 13-15, 2) 16-18, and 3) 19-21 years old. This report emphasizes the preparation of foster adolescents for independent living, therefore, our analysis places emphasis on those youths age 16 and older with a permanency goal of *Independent Living*. A high percentage of all foster youths in Illinois age 16+ have independent living as a permanency goal.

Classification of disability status was based on two variables: 1) the disability code and 2) school program type. Youths were classified as non-disabled if their disability code was 111 (no disability exists) and their school program was none (**NON**), regular (**REG**), or vocational (**VOC**). A mental disability classification was assigned to youths with a disability code of **F**, **G**, **H**, **I**, or **J** (varying severity of mental retardation) or a school program type of **EMH** (Educational Mental Handicap) or **TMH** (Trainable Mental Handicap). Foster youths were classified as learning disabled if their disability code was **A** (Specific Learning Disability) or their school program type was **LDY** (Learning Disability). Foster youths with a disability code of **P** (Child in Need of Mental Health Services) or a school program type of **EMD** (Emotional Disturbance) were classified as emotionally disabled. If a discrepancy between disability code and school program code existed, the more severe disability code was used, mental retardation being most severe and emotional disturbance least severe. For example, if a youth had a disability code of #1 and a school program code of **EMD**, then the youth was classified as emotionally disabled. Similarly, if the youth had a disability code of **H** (Moderate Mental Retardation) and a school program code of **LDY**, then the youth was classified as mentally disabled.

SECTION FIVE--Findings/Results

Findings and results are organized around the eight (8) questions posed for analysis. Each is considered in turn:

5.1 Race/Gender Patterns

Focus was on comparing race/gender patterns with respect to disability status. It was hypothesized that Non-White youths, particularly males, would be over represented in the disability sample. Table 1 summarizes the disability status of foster adolescents classified by race/ gender and type of disability.

Table 1 Disability Status of Foster Adolescents Classified By Race Gender & Type of Disability (Age 13-21)

Race / Gender	Sample Size	Total Disabled	% Disabled	Type of Disability		
				Mental	Learning	Emotional
White Male	2,790	1,215	44%	7%	20%	17%
Non-White Male	6,512	1,148	18%	4%	8%	5%
White Female	2,886	769	27%	6%	12%	9%
Non-White Female	6,796	647	10%	3%	4%	3%
Overall	**18,984**	**3,779**	**20%**	**21%**	**45%**	**34%**

Based on 18,984 cases, approximately 20% or 1 of 5, were classified as disabled. Contrary to our prediction, higher percentages of White youths were classified as having a disability. White males were 2½ times more likely than Non-White males to be identified as disabled. Nearly 44 % of the White male sample was so classified, compared with 18% of the Non-White male sample. A similar result was obtained for White

females, who were also twice as likely as Non-White females to be classified as disabled. Overall, a significant race/gender differential was noted with respect to overall disability status. Differences obtained were consistent within each of three disability areas: Learning, Mental, and Emotional. Reference to Table 1 indicates that for the Learning Disability category, White youths, male and female, were more likely to be identified as learning disabled than were Non-White youth. A similar trend was obtained for Emotional and Mental Disabilities. Based on analysis of administrative data, Non-White foster adolescents have significantly fewer learning, emotional, or mental deficits than do White foster youth.

5.2 Permanency Goal

The concept of permanency of living arrangement is central in all child welfare legislation. The most valued permanency plans emphasize reunification via return to own family, a relative/kinship arrangement, or permanency through adoption. Table 2 summarizes permanency goal for youths in placement, classified by age group and race.

Table 2 Permanency Goals Classified By Race and Age (N=15,680)

	13-15		Age Category 16-18		19-21	
Permanency Goal	**White**	**Non-White**	**White**	**Non-White**	**White**	**Non-White**
Return Home	37%	19%	20%	10%	4%	4%
Adoption	9%	15%	2%	4%	<1%	<1%
Home of Relative	11%	34%	5%	15%	1%	4%
Foster Home	40%	30%	15%	13%	3%	3%
Congregate Care	2%	1%	2%	2%	3%	2%
Independent Living	1%	<1%	56%	57%	88%	89%

No differences exist between males and females and their permanency goals. However, there are significant differences between race and permanency goals across age groups. For all age groups, a significantly higher percentage of Non-White youths have a goal of long-term relative care compared to White youths. A significantly higher percentage of White youths in both 13-15 and 16-18 age groups have a goal of return home compared to Non-White youths. Race differences diminish with the 19-21 year old youths. With respect to disability and permanency goal, Table 3 summarizes the findings, classified by age group and disability status.

Table 3 Permanency Goals Classified By Disability Status and Age (N=15,680)

	13-15		Age Category 16-18		19-21	
Permanency Goal	**Disabled**	**Non-Disabled**	**Disabled**	**Non-Disabled**	**Disabled**	**Non-Disabled**
Return Home	27%	22%	14%	13%	4%	4%
Adoption	7%	15%	2%	4%	<1%	<1%
Home of Relative	14%	33%	3%	14%	2%	3%
Foster Home	48%	29%	20%	11%	5%	2%
Congregate Care	1%	<1%	5%	1%	9%	1%
Independent Living	4%	1%	56%	57%	80%	90%

Less than 30% of disabled or non-disabled youths have a permanency goal of return home. For 16-18 year olds, less than 15% have the goal of return home. In the 19-21 age group, it virtually disappears. The permanency option of kinship care is significantly lower for disabled youths compared to non-disabled youths. For non-disabled 13-15 year old foster youths, over 30% have a goal of long term relative care,

compared to only 14% of disabled youths. By age 16, only 3% of disabled youth have a permanency goal of relative care, compared to 14% of the non-disabled population. Again, the permanency goal of relative care drops to 2% for the 19-21 year old disabled youths and 3% for non-disabled youths. It should be noted that adoption is not a strong permanency goal for disabled as well as non-disabled youths across age groups. For disabled 13-15 year old youths in placement, long term foster family home (48%) is the goal of choice, compared to 29% of non-disabled 13-15 year old youths.

The permanency option that becomes increasingly important as youths become older is independent living. In the age 13-15 group, the independent living goal is 4% or less. In the age 16-18 group, the permanency goal of independent living escalates to 55%+ for disability and non-disability groups and overshadows all other permanency goals. By age 19, independent living dominates all other categories of permanency and is the goal for 80%+ of foster youth, irrespective of disability status. Accordingly, to a significant extent hypothesis #2 was confirmed in that by age 16, permanency goals of return home were virtually non-existent as permanency goals. As shown in Table 2, adoption received only minor emphasis as a permanency goal. Once disabled youth reach the transitional age of 16, independent living takes over as the primary goal for 80%+ of the sample. This result confirms common-sense that eventually all foster youths, disabled and non-disabled, need to adapt to community life and to prepare for eventual independence from system resources.

5.3 Placement Restrictiveness

All out-of-home placements are *restrictive* to some degree. Some are more restrictive than others, as is the case with congregate/residential care versus living in a regular foster home. Placements rated as high in restrictiveness are believed to perpetrate dependency and delay progress toward independence. Table 4 & 5 compare disabled and non-disabled youth with respect to placement restrictiveness. Table 4 summarizes

information for foster wards ages 16-18. The results are consistent for race/gender comparisons and overall trends. **Placement restrictiveness scores for youths with a disability were on average over two times higher than higher than placement restrictiveness scores for non-disabled youth.**

Table 4 Mean Placement Restrictiveness Scores Classified by Disability Status and Race/Gender: Ages 16-18

	Disability Status				
Race / Gender	**Disabled**	**Non-Disabled**	**Mean Difference**	**T-Value**	**Statistical Significance**
White Male	51.8	40.5	+11.3	4.9	$p < 0.0001$
Non-White Male	36.6	23.9	+12.7	6.1	$p < 0.0001$
White Female	39.8	29.3	+10.5	3.9	$p < 0.0001$
Non-White Female	31.7	18.5	+13.2	4.8	$p < 0.0001$
Overall	40.0	28.1	+12.0	9.6	$p < 0.0001$
N=	**586**	**2,231**			

All race/gender comparisons for disabled and non-disabled youth were statistically significant beyond the .05 level of significance. State wards as a group have difficulty in overcoming barriers of living in more restrictive placements with the prospect of receiving limited emphasis on developing skills needed for daily living and self sufficiency.

Corroboration of systematic differences in placement restrictiveness levels between disabled and non-disabled youth is evident in the age 19-21 data shown in Table 5. Table 5 summarizes mean placement restrictiveness scores classified by race/gender for wards age 19-21.

Table 5 Mean Placement Restrictiveness Scores Classified by Disability Status and Race/Gender: Age 19-21

	Disability Status				
Race / Gender	**Disabled**	**Non-Disabled**	**Mean Difference**	**T-Value**	**Statistical Significance**
White Male	49.9	30.9	+19.0	7.3	$p < 0.0001$
Non-White Male	39.1	22.7	+16.4	6.7	$p < 0.0001$
White Female	41.7	22.2	+19.5	6.6	$p < 0.0001$
Non-White Female	33.3	16.6	+16.7	5.4	$p < 0.0001$
Overall	41.0	23.1	+17.9	12.8	$p < 0.0001$
N=	**461**	**1,984**			

With respect to questions pertaining to how restrictiveness was measured, a detailed description is provided. Scales have been developed to rank order placement types according to restrictiveness. These scales have rarely been utilized as a correlate, or predictor, of a child's well being. In this report, a scale was developed based on the rank orderings of placement types found in the literature. This scale was used in three different models designed specifically to measure a youth's entire placement history in terms of restrictiveness. These models were designed so that if one received a low score, more time was spent in less restrictive placement types. Whereas if one received a high score, more time was spent in placements rated as high in restrictiveness. Three methods were tested: Method #1 – **The Predominant Placement Type** was used as our main measure of restrictiveness. Method #2 – **The Proportion of Time Spent in Each Placement Type** was examined as measure of restrictiveness. Method #3 used the **Number of Day in Each Placement Type**. Each method used a scale that assigned a restrictiveness value to each type of living arrangement. Twelve types of living arrangements were identified. Table 6 shows the scale used for each of the three methods.

Table 6 Placement Restrictiveness Scale

Living Arrangement Type	Placement Ranking (least to most restrictive)	Exponential Index of Restrictiveness
Independent	1	1
Adoption Placement	2	4
Home of Relative	3	9
Foster Home - regular	4	16
Foster Home - specialized	5	25
Group Home	6	36
Emergency Youth Shelter	7	49
Institutional Placements	8	64
Hospital – medical	9	81
Hospital – mental/psychiatric	10	100
Youth Detention	11	121
Jail / Prison	12	144

The restrictiveness value for each placement type was calculated by squaring the rank assigned to each of 12 placement types. It was decided that an exponential scale, rather than an interval scale, was more likely to represent differences between types of placements. For example, a much greater difference exists between being placed detention and being placed in a foster home, rather than being placed in a regular foster home and being placed in a specialized foster home. By placing the restrictiveness values on an exponential scale, it is possible to accentuate differences in restrictiveness for each living arrangement.

Calculation of Method 1- Predominant Placement Type

Method One utilized the total number of days spent in each type of living arrangement and picked the placement type where the youth spent the most number of days. The corresponding restrictiveness value was assigned as the R-score (restrictiveness score). Table 7 illustrates how R-scores were derived using Method 1- Predominant Placement Type on case 55.

Table 7 Case 55: Computation of R-Score using Method 1 – Predominant Placement Type

Type of Living Arrangement	Number of Days Spent	Restrictiveness Value
Foster Home	207	16
Group Home	541	36
Institution	37	64
Apartment	110	1
Total	**895**	**-**
Placement Type with Highest Number of Days = Group Home		R-Score = 36

Case 55 spent the most days in group home settings. The R-score for Case 55 is the restrictiveness value for Group Home, which is 36. Using Method 1- Predominant Placement Type, R-scores ranged from 1 to 144 for all age groups. In addition, the mean restrictiveness score for 16-18 year olds was 27.9 (s. d. = 26.6). The mean restrictiveness score for youths in the 19-21 age-group was 25.2 (s. d. = 27.2).

Calculation of Method 2 - Proportion of Time Spent in Each Placement Type

In Method 2 - Proportion of Time Spent in Each Placement Type, the restrictiveness score accounts for all the placement types in the youth's placement history, using the percentage of time in each placement type as a weighting variable. Method 2 follows this formula:

Restrictiveness Score =

$$[(NDP_1/TDC) * RV_1] + [NDP_2/TDC) * RV_2] +...+ [NDP_1/TDC) * RV_1]$$

NDP_1 = Number of Days spent in Placement type 1

RV_1 = Restrictiveness Value of placement type 1

TDC = Total Days in Care

Using this method, an individual's R-Score is based on the percentage of time in each placement type. Table 8 illustrates how the R-Score was derived for Case 55 using Method 2.

Table 8 Case 55: Derivation of R-Score using Method 2: Proportion of Time Spent in each Placement Type

Type of Living Arrangement	Number of Days in Placement	Restrictiveness Value (RV_i)	$(NDP_i/TDC)*RV_i$	=
Foster Home	207	16	(207/895)*16	3.7
Group Home	541	36	(541/895)*36	21.8
Institution	37	64	(37/895)*64	2.6
Apartment	110	1	(110/895)*1	0.1
Total Days in Care (TDC)=895				**R-Score= 28.2**

Method 2 calculates the Proportion of Time Spent in Each Placement Type and multiplies each proportion to its corresponding restrictiveness value. The resulting R-score is the sum of the products. For the 16-18 age group, restrictiveness scores ranged from 3.21 to 144. The mean restrictiveness score for this age group was 27.8 (s.d.= 21.3). For the 19-21 age group, restrictiveness scores ranged from 1 to 136.8. The mean restrictiveness score for this age group using this method was 25.0 (s.d.= 20.8).

Calculation of Method 3-Number of Days in Each Placement Type

In Method 3, the restrictiveness score accounts for all the placement types in the youth's placement history using the number of days spent in each placement type as a weighting variable. Method 3 follows this formula:

Restrictiveness Score = $[NDP_1 * RV_1] + [NDP_2 * RV_2] +...+ [NDP_1 * RV_1]$

NDP_1 = Number of Days spent in Placement type 1

RV_1 = Restrictiveness Value of placement type 1

Table 9 utilizes Case 55 to illustrate how a restrictiveness score was derived using Method 3.

Table 9 Case 55: Derivation of R-Score using Method 3: Number of Days in Each Placement Type

Type of Living Arrangement	Number of Days in Placement (NDP)	Restrictiveness Value (RV)	NDP_1*RV_1	=
Foster Home	207	16	207*16	3,312
Group Home	541	36	541*36	19,476
Institution	37	64	37*64	2,368
Apartment	110	1	110*1	110
Total Days in Care = 895				**R-score = 25,266**

Method 3 uses the Number of Days spent in Each Placement Type and multiplies this value with its corresponding restrictiveness value. The resulting R-Score is the sum of these products. For the 16-18 age group, restrictiveness scores ranged from 450 to 301,833. The mean restrictiveness score for this age group was 47,970.9 (s.d. = 41,505.8). For the 19-21 age group, restrictiveness scores ranged from 147 to 383,861. The mean restrictiveness score for this age group was 53,211.9 (s.d. = 51,058.4).

Based on empirical analysis, Method 1 - Predominant Placement produced the most robust results. Estimation of placement restrictiveness via the predominant placement, accounted for approximately 70% of a youth's total time in care. Based on ease of application, the predominant placement method was utilized in gauging restrictiveness level.

5.4 Educational Progress, Disability Status, and Placement R

Educational attainment is pivotal in preparing for economic self-sufficiency and independence. Table 10 compares school grade level status for disabled and non-disabled youths.

Table 10 School Grade Level Classified by Placement Restrictiveness Level, Disability Status, and Age Category

		Age Category			
		16-18 Year Old		19-21 Year Old	
Predominant Placement Type	Mean Restrictiveness Score	Disabled	Non-Disabled	Disabled	Non-Disabled
Apartment	1.0	10.0	10.6	10.5	10.8
Relative Home	9.0	8.4	8.3	9.5	9.7
Family Foster Home	19.4	9.1	9.1	10.6	10.3
Congregate Care	65.6	9.3	8.9	10.2	9.8
ANOVA F-Value		**4.1**	**22.8**	**4.3**	**15.4**
Significance Level		**p<0.007**	**p<0.0001**	**p<0.005**	**p<0.0001**

Higher grade level attainment was associated with placement in *lower restrictive settings.* A systematic statistical effect was obtained for predominant placement as a factor associated with grade level attainment. Youth whose predominate placement was an apartment arrangement or foster boarding home attained the highest in grade level. As expected, youths in congregate/residential placement achieved at a lower educational level than did youths whose predominant placement was a transitional apartment. Surprisingly, youths in relative care did least well in terms of grade level status. The results were consistent irrespective of disability status or age category.

As a consequence of our comparative analysis of educational attainment, an unsettling finding surfaced. Table 11 shows the percentage of Illinois wards below grade level for chronological age. Irrespective of disability status, age, or race, a high percentage of foster youths were one, two, or more grade levels below the norm for their age.

Table 11 Percentage of Illinois Foster Wards Below Grade-Level Classified by Age, Disability Status, and Race (N=12,115)

	% Below Grade Level for Age			
	Disability Status		Race	
Age Group	**Disabled**	**Non-Disabled**	**White**	**Non-White**
13-15	65%	78%	62%	80%
16-18	84%	86%	77%	90%
19-21	73%	74%	61%	80%
Total # of youths below grade level	**2182**	**9933**	**3283**	**8832**

The grade level/age discrepancy effect was most prominent for non-White youths where 80-90% were classified as below grade-level for age. As pointed out in Table 10, youths in apartment type placements achieved somewhat higher grade levels than did youths in alternate placements.

Although apartment placements may provide youths with an approximate 15-20% advantage in terms of educational attainment, irrespective of placement type or disability status, a majority of foster wards ages 17-21 are classified as below grade 12 attainment. Table 12 illustrates this point.

Table 12 Distribution of Foster Youths below Grade 12 Classified by Predominant Placement and Disability Status

	% Below Grade 12			
Predominant Placement	**N=**	**Disabled**	**N=**	**Non-Disabled**
Apartment	17	65%	221	54%
Home of Relative	144	89%	1,781	84%
Family Foster Home	296	73%	1,018	72%
Congregate Care	495	81%	770	82%
Total N=	**952**		**3,790**	

Although many explanations can account for the high percentage of foster adolescents achieving below grade-level for their age, a variable of potential importance is that of changes in placement while in care.

5.5 Placement Change and Replacement Patterns

One of the characteristic differences between children/youth in out-of-home care and children living in own families is that of placement change. Few wards live in one placement only. A familiar pattern is for wards to experience multiple changes in their placement careers. Analysis of placement movement data for 5,273 foster wards ages 16-21 recorded a total of 36,303 placement changes. The mean number of placement changes was 6.9 changes per ward. Tables 13 and 14 summarize placement changes classified by disability status, race, and restrictiveness levels associated with the 36,303 changes. Table 13 summarizes data for wards ages 16-18.

Table 13 Placement Changes Classified by Restrictiveness Level, Disability Status, and Race: Foster Youth Ages 16-18

		Changes in Placement by Restrictiveness Levels			Total Number of Placement Changes	Mean Number of Placement Changes
Disability Status / Race	**N=**	**Less Restrictive**	**No Change**	**More Restrictive**		
Disabled White	327	38%	24%	38%	3,484	10.7
Disabled Non-White	260	35%	30%	35%	2,473	9.5
Non-Disabled White	563	41%	22%	37%	4,529	8.0
Non-Disabled Non-White	1,674	36%	30%	34%	8,719	5.2
Overall	**2,824**	**38%**	**27%**	**35%**	**19,205**	**7.0**

Analysis of administrative data indicated that 19,205 placement changes were recorded for the sample of 2,824 foster youths ages 16 to 18. On average, this translates into 7.0 placement changes per youth. Disabled youths, White and Non-White, experienced a significantly higher number of placement changes than did non-disabled youths. Youth classified as disabled recorded a placement change mean of 10.1 changes. For non-disability youths, the placement change mean was 5.9. The result was an approximate 40% differential between disabled and non-disabled youths. Yet, the number of years spent in care did not differ between disabled and non-disabled youths; both spent approximately 5 years in care. **In essence, disabled youths experienced twice as many placement changes as did non-disabled youths.** With respect to restrictiveness levels associated with each placement change, the odds were that youths would move into a more restrictive placement 35% of the time. Table 14 summarizes similar information for wards ages 19-21.

Table 14 Placement Changes Classified by Restrictiveness Level, Disability Status, and Race: Foster Youth Ages 19-21

		Restrictiveness Levels Total # Placement Changes			Total Number of Placement Changes	Mean Number of Placement Changes
Disability Status / Race	**N=**	**Less Restrictive**	**No Change**	**More Restrictive**		
Disabled White	257	44%	22%	34%	2,744	11.0
Disabled Non-White	205	37%	30%	33%	1,928	9.4
Non-Disabled White	562	41%	26%	33%	4,431	7.8
Non-Disabled Non-White	1,425	38%	31%	31%	7,995	5.6
Overall	**2,449**	**40%**	**28%**	**32%**	**17,098**	**7.0**

Table 14 results are similar to those reported in Table 13. For the age 19-21 sub-sample, a placement change mean of 7.0 was obtained. Disabled youths had a higher number of placement changes than did non-disabled youths. For disabled youth, the placement change mean was 10.1; for non-disabled youths, the average was 6.3 placement changes. The result was 39% fewer placement changes for non-disabled youths as compared with disabled youths. Again, both disabled and non-disabled youths spent the same number of years in care, approximately 6 years. Appendix 9.3 shows the distribution of placement movement to less restrictive, more restrictive, or no change, by age group, disability status, race, and movement sequence.

SECTION SIX-Interpretive Summary

The central question posed was: *How do foster youths classified as disabled fare in the placement system compared with non-disabled youth?* Five areas of comparison were used: 1) RACE/GENDER comparisons in disability classification, 2) effects of disability status on PERMANENCY GOALS, 3) extent to which disabled wards experienced placements classified high in RESTRICTIVENESS, 4) EDUCATIONAL ATTAINMENT of disabled and non-disabled wards, and 5) placement changes and REPLACEMENT PATTERNS for disabled and non-disabled wards.

Despite an extensive literature on children and youth with disabilities, little attention has been devoted to foster youths who are classified as disabled. Surveys of children in placement lack consistency in terminology. Some use the broad category of *Special Needs* which can mean *need* to be placed with a sibling, or *need* to be placed in a treatment foster home, or *need* for a minority child to be placed in an adoptive home. The drawback to the special needs classification is that the needs cited are not necessarily equivalent to a handicap or a disabling condition. Others use functional descriptors such as *physical*, *emotional*, or *mental handicap*, or diagnostic categories such as mental retardation, or visual impairment. Also used are broad indicators such as *psychological* handicap or *learning* problem, etc.

Recent surveys of handicapped children in foster care tend to use the following categories: a) mentally retarded, b) emotionally disturbed/mentally ill, c) learning disabled, d) physical and health handicaps, and e) hearing, vision, speech. Emotional disturbance/mental illness accounts for 38% of the five disability categories listed. Approximately 20% of all children in foster care are classified as handicapped. State-by-state estimates for foster children with handicaps range from a high of 40% (Arkansas, California, and Kansas) to a low of 2.9% (District of Columbia) (Hill et al., 1990).

Evaluations by service providers as to how well the placement system works for children with handicaps produced the following: 42% rated the system *average*, 16% said *poor*, and 10% responded *very well*. Of significance is that 30% did not answer (Richardson et al., 1989). Evidence based on a follow-up study of youth with disabilities in their first 5 years after high school, indicated that disabled youths were behind their non-disabled counterparts. Youths with disabilities were less likely to attend a post-secondary program (27% compared to 78% for youths in general population). A similar finding was reported for independent living. Thirty-seven percent (37%) of youths with a disability met the criteria for residential independence compared with 60% in the general population (Blackorby and Wagner, 1996).

Increasingly, youth-disability literature emphasizes the importance of developing transition teams with linkage to local community resources. The community resource model suggests that sole reliance on a family and friends network is insufficient. Seeking and utilizing assistance and support from knowledgeable community resource persons is recommended (Reiff & DeFur, 1992).

In terms of application to our Illinois sample, the three main disability categories are: Learning (45%), Emotional (34%), and Mental (21%). The extent to which these numbers represent valid estimates depends on the accuracy of the CYSIS administrative database. Nearly 20% of Illinois foster wards in the 16-21 age group are assessed with a disability condition. Of this number, 1 in 3 is diagnosed as emotionally disabled, nearly 1 in 2 has a learning disability, and 1 in 5 is classified as mentally disabled. Youths with an emotional, learning, or mental disability are not prime candidates for a successful transition to independence. The Illinois DCFS faces a difficult challenge in helping disabled wards to prepare for self-sufficiency.

Consider the profile of Louis, a not atypical example. Louis is a DCFS ward with a diagnosis of: learning disability, behavior disorder, and educationally mentally handicapped. He came into care at age 15. Relatives no longer wanted to care for Louis. In most of his school years, Louis was in special education classes. At the request of foster parents, he was given a psychiatric evaluation. The clinical report described Louis as hyperactive, under-socialized, and overly aggressive. Medication was prescribed for hyperactivity. While in care, Louis was involved in retail theft. As a consequence, he was moved to a specialized group home. By age 18, Louis' client service plan indicated a permanency goal of independence. A year or so prior to discharge, Louis was placed into a vocational rehabilitation program for youths with disabilities (conducted by DORS-the Department of Rehabilitation Services). Little is known about Louis after discharge from state care.

The need exists for information about disabled wards once they emancipate from state care. Based on our analysis of administrative data, the prognosis for successful transition to independence is cloudy. Faced with a disability along with multiple barriers such as working below-grade level for age, experiencing an average of 7 placement changes, and for each replacement, 1 youth in 3 is likely to experience a more restrictive setting than the previous arrangement, the cumulative record does not provide an optimistic picture regarding their potential for self-sufficiency. Program development for disabled foster youths depends on knowing more about transitional services provided in preparation for emancipation, and collecting follow-up information on the progress of former wards after they leave care. Analysis of service profiles and transitional plans, as well as follow-up contact after emancipation are likely to contribute helpful information for program improvement.

SECTION SEVEN --Recommended Next Steps

Phase 1- Analysis of administrative data is completed and the main findings are described in this report. It is recommended that a Phase 2 and a Phase 3 be considered.

7.1 Phase 2-Case Record Review

Phase 2 entails a review of closed cases for a sample of disabled wards with a permanency plan of independent living, who have been discharged from care. One reason for moving into a Phase 2-Case Record Review is to get a better understanding of the role of the school system in responding to foster wards classified as disabled, impaired, or handicapped. Currently, the educational system works within the legal framework established by P. L. 94-142, the Education of All Handicapped Children Act.

P. L. 94-142 legislation emphasizes: a) individualization of services, b) the placement of children in the *least restrictive environment*, c) establishing procedures for the identification of disability, and d) the development of an individualized educational plan (IEP). A potential problem is that of classifying youths as *learning disabled*. The accuracy of the *learning disabled* label has repeatedly been questioned, primarily because youth identified as learning disabled cannot be shown to differ from other low achievers who are classified by behavior problems, absenteeism, or who often move from school to school, as many do in the foster care population. The point is that school systems can play an instrumental role in preparing youths for independence. It is our hope that the case record review segment will provide useful information on the extent to which school programs are responsive to foster youths. The finding that 70-80% (& upwards) of foster wards are classified as below grade level for their age is of concern and requires additional analysis.

7.2 Phase 3-FoI1ow-up Study

Phase 3 constitutes a follow-up phase in which a sample of former wards, identified as disabled and with a goal of independent living, are targeted for follow-up contact approximately 1-2 years after discharge.

SECTION EIGHT -Selected References

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Appendix 9.1 Definitions of Disability Codes

CVCIS FORMS INSTRUCTIONS

REGISTRATION/CASE OPENING

April 17, 1995- PT 95.11

MA Married

NM Never Married

SE Separated-legally or by client declaration. If this code is used you still must verify the marriage if this is by client declaration.

WD Widowed

UK Unknown

b. Verification

Select and enter the appropriate Verification code for each client listed.

1. Verification Letter sent to appropriate county
2. Verification received from county records and in case file
3. CFS 402
4. Client Declaration
5. Unable to Verify
6. Divorce Decree

18. Disabilities

Disability Codes

A disability means, as defined in the Americans with Disabilities Act of 1990, either:

- a physical or mental impairment that substantially limits one or more of an individual's major life functions;

- a record of such an impairment; or
- being regarded as possessing such an impairment.

Select and enter for each child and parent or head of household, the appropriate disability code (either #1, #2, #3, or A through Z). A limited number of dual diagnosis codes have been included. Note: Codes A through Z may be entered only when written documentation exists in the case record that a client has a disability as diagnosed by a duly licensed or credentialed professional.

1. There are no indicators and no diagnosis by a Duly Licensed or Credentialed Professional (DLCP) that a disability exists.

2. Although there is no diagnosis by a DLCP, there are indicators that a disability exists. A referral will be made to a DLCP for a diagnostic evaluation. (This code must be revised *no later than* 60 *days after case opening* to reflect the results of the evaluation.)

3. The suspected disability of (A) a parent; or {8) a child in an intact family, cannot be confirmed or refuted by diagnostic procedures as the parent(s) is (are) refusing to consent to the necessary diagnostic evaluation. Refusal to cooperate is documented in the case note in the case record. Various casework methods/interventions will be used to try to persuade the parent(s) to consent to a diagnostic evaluation. Also, this code will be used in instances where the whereabouts of the child or a parent is unknown.

NOTE: *When a child who was previously being served as part of an intact family is placed in substitute care, the disability code for the child shall be updated, if necessary, within three working days of the worker's receipt of the result of the comprehensive assessment.*

A. Specific Learning Disability

The child or parent exhibits a disorder in one or more basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. Such term includes conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

B. Speech and/or Language Impairment

The child or parent exhibits deviations of speech and/or language processes which are outside the range of acceptable deviation within a given environment and which prevent full social or educational development.

C. Visual Impairment

The child's or parents' visual impairment, even with correction, adversely affects his/her social *and/or* educational performance. The term includes both partially sighted and the blind.

D. Autism

Autism is a developmental disability which affects interpersonal relationships, socialization skills, ability to learn, and may create some unusual behaviors or stereotypic behaviors and/or rituals It can prevent an individual from properly understanding what they see, hear, and sense. Autism is behaviorally defined.

E. Traumatic Brain Injury

An injury to the brain not of a degenerative or congenital nature, but an injury caused by an external physical force that may produce a diminished or altered state of consciousness which results in an impairment of cognitive abilities or physical functioning. It can also result in the disturbance of behavioral or emotional functioning. These impairments may be temporary or permanent and cause partial or total functional disabilities or psychosocial maladjustment.

F. Developmentally Delayed

This code may be used for handicapped children, ages 0 – 3, where no other exceptional characteristic has been identified and they exhibit significant delay in meeting developmental milestones. These children may be enrolled in Early Intervention programs.

G. Mild Mental Retardation

The child's or parents' intellectual development, mental capacity, academic achievement and/or adaptive behavior is impaired to a mild degree with IQ functioning in the 50-69 range.

H. Moderate Mental Retardation

The child's or parents' intellectual development, mental capacity, academic achievement and/or adaptive behavior is impaired to a moderate degree with IQ functioning in the 35-50 range.

I. Severe Mental Retardation

The child's or parents' intellectual development, mental capacity, academic achievement and/or adaptive behavior is impaired to a severe degree with IQ functioning in the 20-35 range.

J. Profound Mental Retardation

The child's or parents' intellectual functioning is impaired to profound degree with IQ functioning in the 0-20 range.

K. Cerebral Palsy

The parent or child exhibits manifestations of cerebral palsy to a severe degree with substantial functional limitations in three or more of the following areas of major life activity: self-care, language, mobility, self direction, capacity for independent living. They require services similar to those required by an individual with mental retardation. (If this condition does not meet this level of severity, consider using the "Physically Disabled" code).

L. Epilepsy

The parent or child exhibits manifestations of epilepsy (seizure disorder) to a severe degree with substantial functional limitations in three or more of the following areas of major life activity: self-care, language, mobility, self-direction, capacity for independent living. They require services similar to those required by an individual with mental retardation.

M. Physically Disabled

The child or parent exhibits an orthopedic impairment which interfered with his/her learning and/or requires adaptation of the physical plans. The term includes impairments caused by congenital anomaly, diseases, or other causes including epilepsy, spinal bifida, cerebral palsy, amputations, fractures, or burns which cause contracture. The term also includes individuals who exhibit other health impairments, either temporary or permanent, which interfere with learning.

N. Mental Retardation/Physically Disabled

The child or parent exhibits mental retardation *and* one or more physical disabilities.

O. Adult with a Mental Disorder

Parent exhibits a mental disorder which manifests a substantial functional impairment requiring treatment intervention and support likely to be of long duration. They may have a history of psychiatric hospitalizations or sustained treatment by a community mental health agency. Their primary diagnosis may meet the DSM-III-R criteria of a mental disorder.

P. Child in need of Mental Health Services

A child under the age of 21 years has a substantial impairment in role functioning as indicated by a DSM-III-R diagnosis (including V-Codes) and who demonstrates behavioral and/or emotional responses so different from generally accepted age appropriate, ethnic or cultural norms as to result in significant impairment in self-care, social relationships, educational progress and behavior, work adjustment and/or family (or equivalent) adjustment.

Q. Hard of Hearing / Hearing Impaired

The child's or parents' residual hearing is not sufficient to enable him/her to understand the spoken word and to develop language, thus causing extreme deprivation in learning and communication.

R. Deaf

The child's or parents' sense of hearing is non-functional for the ordinary purposes of life and prevents the processing of linguistic information through hearing with or without amplification and adversely affects educational performance.

S. Deaf / Blind

The child or parent has concomitant hearing and visual impairments, the combination or which causes severe communication and other developmental and educational problems that precludes him/her from proper accommodation in special education programs solely for the deaf or visually handicapped.

T. Substance Abuse

The child or parent exhibits frequent use of drugs or alcohol which interferes with their ability to function and whose level of dependency and dysfunction will more likely require treatment service intervention.

U. Developmental Disability / Mental Disorder (Adult)

The parent exhibits the combination of a developmental disability and a mental disorder.

V. Developmentally Disabled / Child in Need of Mental Health Services

The child exhibits the combination of a developmental disability and a severe emotional impairment.

W. Developmentally Disabled / Substance Abuse

The parent or child exhibits the combination of a developmental disability and substance abuse.

X. Medically Complex / Developmentally Disabled

Children who are chronically disabled or impaired by a congenital disorder, disease or trauma. They are technology dependent and/or require specially trained caretakers who can provide intense personal care to maximize the capabilities of the child and minimize the effect of the disability. The condition may or may not be correctable by medical intervention. (To use this code, the child must also be diagnosed developmentally disabled.)

Y. Medically Complex / Not Developmentally Disabled

Children who are chronically disabled or impaired by a congenital disorder, disease or trauma. They are technology dependent and/or require specially trained caretakers who can provide intense personal care to maximize the capabilities of the child and minimize the effect of the disability. The condition may or may not be correctable by medical intervention. (To use this code the child must not be diagnosed developmentally disabled, but may have a mental illness.)

Z. Blood Borne Diseases

Contagious diseases transmitted by exposure/contact with blood or blood products that are contaminated by the disease. HIV is the most prominent example of this disease. It is usually characterized by being a progressively degenerative disease until interrupted by death. This code should be used for all blood borne diseases even if there is also a developmental disability or mental illness.

- Examples of medically complex illnesses include Nutrition, Pulmonary, Neuromuscular, Kidney, Endocrinological, Cancer, Hematology, Infectious Diseases, Orthopedic and Cardiac problems. Notable conditions that are included are: Burns, Ventilator Dependent, Gastrostomy, Drug Addicted at Birth.

Appendix 9.2 Definitions of Placement Codes

CYCIS FORMS INSTRUCTIONS

PLACEMENT/PAYMENT AUTHORIZATION FORM

January 1, 1997 – P.T. 97.3

4. Prior Placement means that you wish to make a payment for a living arrangement in which the child was living at some time in the past which does not affect his current placement.

5. Change Amount means that you are changing the amount of the payment.

6. Correction means that there is incorrect information in the computer data bank which needs to be changed.

5. Placement Data

a. Type

Enter the type of current living arrangement by using one of the following codes.

ASD Armed Services Duty

CUS College/University Scholarship-DCFS Scholarship only

DET Detention Facility/jail

DM Delegated Relative Authority (Do not initiate this code after January 1, 1997)

FHA Foster Home Adoptive

FHB Foster Home Boarding-DCFS

FHI Foster Home Indian-Unlicensed, specified or approved by an Indian child's tribe.

FHP Foster Home Boarding-Private Agency

FHS Foster Home Specialized

GDN Guardian (Successor)

GRH Group Home

HAP Home Adoptive Parents -This code is used to report the final living arrangement after adoption is completed. When using this code, do not make an entry for name and address.

HHF Hospital/Health Facility

HMR Home of Relative

HMP Home of Parent-Used also for Adoption Assistance cases.

ICF Institution-DCFS

IDC Institution-Committed to the Department of Corrections

ILO Independent Living Only

IMH Institution-Department of Mental Health

IPA Institution-Private Child Care Facility

IRS Institution--Rehabilitation Services

NCF Nursing Care Facility

OTH Other

RNY Runaway

Appendix 9.2 ***(can't.)***

CYCIS FORMS INSTRUCTIONS

PLACEMENT/PAYMENT AUTHORIZATION FORM

January 1, 1997, P. T. 97.3

c. Date

Enter the 6-digit date (month, day, and year) on which the current living arrangement began.

d. Time

Enter the time in which the child entered placement. This is needed in order to historically track placements.

e. Out of State Placement

Complete this section only if the child is placed out of state.

Licensed in Other State

Check this box yes or no, if the placement is licensed or approved in that state.

Intend to Return Child to Illinois

Check this box yes or no, if the plan is to return the child to Illinois.

f. Provider ID

Enter the identification number for the provider. Please note that this is not the social security number. This is a unique, six digit number which has been assigned by the regional office.

g. Type of Service

Enter the 4-digit code for the type of service provided by this caretaker.

0100 Foster Care Services

0101 Department Boarding Homes

0102 Private Agency Boarding

0103 Intensive Foster Care

0104 Emergency Foster Care

0105 Deaf Foster Care

0106 Home of Relative

0107 Reduced Rate Boarding Home

0109 Specialized Foster Care

0114 Individual Specialized Foster Care

Form 906/906-1 (6)

Appendix 9.3

Summary Statistics of Placement Changes/Replacement Patterns

9.3a Disabled 16-18 Year Old, White youth (N = 327)

Change in Placement							
Placement Movement	**Less Restrictive (-)**		**No Change (0)**		**More Restrictive (+)**		**TOTAL**
	n	%	n	%	n	%	
M1	78	31.20	97	38.80	75	30.00	250
M2	67	26.48	82	32.41	104	41.11	253
M3	84	35.00	70	29.17	86	35.83	240
M4	87	38.67	58	25.78	80	35.56	225
M5	67	31.46	57	26.76	89	41.78	213
M6	75	38.07	45	22.84	77	39.09	197
M7	78	42.39	35	19.02	71	38.59	184
M8	74	43.27	39	22.81	58	33.92	171
M9	57	36.77	35	22.58	63	40.65	155
M10	60	41.96	33	23.08	50	34.97	143
M11	58	40.85	29	20.42	55	38.73	142
M12	57	45.97	25	20.16	42	33.87	124
M13	43	33.86	28	22.05	56	44.09	127
M14	49	43.75	19	16.96	44	39.29	112
M15	38	39.18	21	21.65	38	39.18	97
M16	32	34.41	16	17.20	45	48.39	93
M17	44	49.44	13	14.61	32	35.96	89
M18	28	37.84	17	22.97	29	39.19	74
M19	29	42.03	14	20.29	26	37.68	69
M20	31	43.66	11	15.49	29	40.85	71
M21	29	49.15	7	11.86	23	38.98	59
M22	13	30.23	8	18.60	22	51.16	43
M23	23	54.76	4	9.52	15	35.71	42
M24	14	42.42	6	18.18	13	39.39	33
M25	16	45.71	3	8.57	16	45.71	35
M26	16	44.44	7	19.44	13	36.11	36
M27	12	42.86	5	17.86	11	39.29	28
M28	9	37.50	5	20.83	10	41.67	24
M29	8	34.78	6	26.09	9	39.13	23
M30	14	34.15	22	53.66	5	12.20	41
M31	8	40.00	3	15.00	9	45.00	20
M32	10	50.00	4	20.00	6	30.00	20
M33	6	37.50	5	31.25	5	31.25	16
M34	7	50.00	0	0.00	7	50.00	14
M35	3	27.27	2	18.18	6	54.55	11
M36	7	70.00	2	20.00	1	10.00	10
OVERALL	**1331**	**38.20**	**833**	**23.91**	**1320**	**37.89**	**3484**

Summary Statistics of Placement Changes/Replacement Patterns

9.3b Non-Disabled 16-18 Year Old, White youth (N = 563)

Change in Placement							
Placement Movement	**Less Restrictive (-)**		**No Change (0)**		**More Restrictive (+)**		**TOTAL**
	n	**%**	**n**	**%**	**n**	**%**	
M1	140	35.09	126	31.58	133	33.33	399
M2	147	36.48	112	27.79	144	35.73	403
M3	118	31.13	113	29.82	148	39.05	379
M4	138	39.66	94	27.01	116	33.33	348
M5	115	36.62	73	23.25	126	40.13	314
M6	129	46.40	63	22.66	86	30.94	278
M7	101	39.45	51	19.92	104	40.63	256
M8	99	41.60	53	22.27	86	36.13	238
M9	86	40.95	45	21.43	79	37.62	210
M10	81	43.09	32	17.02	75	39.89	188
M11	78	45.35	28	16.28	66	38.37	172
M12	78	46.43	34	20.24	56	33.33	168
M13	60	41.96	22	15.38	61	42.66	143
M14	59	47.20	23	18.40	43	34.40	125
M15	43	39.45	20	18.35	46	42.20	109
M16	48	50.00	15	15.63	33	34.38	96
M17	47	48.96	13	13.54	36	37.50	96
M18	25	32.89	15	19.74	36	47.37	76
M19	38	53.52	7	9.86	26	36.62	71
M20	34	53.13	8	12.50	22	34.38	64
M21	31	54.39	8	14.04	18	31.58	57
M22	21	42.00	11	22.00	18	36.00	50
M23	20	54.05	5	13.51	12	32.43	37
M24	13	34.21	5	13.16	20	52.63	38
M25	20	57.14	7	20.00	8	22.86	35
M26	13	46.43	1	3.57	14	50.00	28
M27	11	42.31	3	11.54	12	46.15	26
M28	11	55.00	4	20.00	5	25.00	20
M29	5	27.78	0	0.00	13	72.22	18
M30	12	60.00	0	0.00	8	40.00	20
M31	7	50.00	1	7.14	6	42.86	14
M32	5	38.46	2	15.38	6	46.15	13
M33	7	50.00	1	7.14	6	42.86	14
M34	3	37.50	2	25.00	3	37.50	8
M35	5	45.45	2	18.18	4	36.36	11
M36	3	42.86	0	0.00	4	57.14	7
OVERALL	**1851**	**40.87**	**999**	**22.06**	**1679**	**37.07**	**4529**

Summary Statistics of Placement Changes/Replacement Patterns

9.3c Disabled 16-18 Year Old, Non-White youth (N = 563)

Change in Placement							
Placement Movement	**Less Restrictive (-)**		**No Change (0)**		**More Restrictive (+)**		**TOTAL**
	n	**%**	**n**	**%**	**n**	**%**	
M1	41	31.06	49	37.12	42	31.82	132
M2	37	21.89	64	37.87	68	40.24	169
M3	51	29.48	62	35.84	60	34.68	173
M4	49	31.01	57	36.08	52	32.91	158
M5	47	31.54	52	34.90	50	33.56	149
M6	35	22.44	51	32.69	70	44.87	156
M7	64	39.75	53	32.92	44	27.33	161
M8	45	36.00	32	25.60	48	38.40	125
M9	35	28.69	34	27.87	53	43.44	122
M10	41	39.81	25	24.27	37	35.92	103
M11	44	42.72	33	32.04	26	25.24	103
M12	29	30.53	28	29.47	38	40.00	95
M13	42	45.16	25	26.88	26	27.96	93
M14	21	29.17	20	27.78	31	43.06	72
M15	33	43.42	22	28.95	21	27.63	76
M16	30	43.48	14	20.29	25	36.23	69
M17	27	46.55	11	18.97	20	34.48	58
M18	18	36.00	11	22.00	21	42.00	50
M19	22	48.89	11	24.44	12	26.67	45
M20	10	25.64	11	28.21	18	46.15	39
M21	19	46.34	11	26.83	11	26.83	41
M22	9	27.27	12	36.36	12	36.36	33
M23	12	41.38	7	24.14	10	34.48	29
M24	13	46.43	7	25.00	8	28.57	28
M25	9	39.13	3	13.04	11	47.83	23
M26	6	27.27	3	13.64	13	59.09	22
M27	12	54.55	3	13.64	7	31.82	22
M28	13	59.09	3	13.64	6	27.27	22
M29	8	44.44	3	16.67	7	38.89	18
M30	5	38.46	2	15.38	6	46.15	13
M31	8	53.33	2	13.33	5	33.33	15
M32	4	28.57	4	28.57	6	42.86	14
M33	9	75.00	2	16.67	1	8.33	12
M34	3	23.08	4	30.77	6	46.15	13
M35	4	40.00	2	20.00	4	40.00	10
M36	4	40.00	2	20.00	4	40.00	10
OVERALL	**859**	**34.74**	**735**	**29.72**	**879**	**35.54**	**2473**

Summary Statistics of Placement Changes/Replacement Patterns

9.3d Non-Disabled 16-18 Year Old, Non-White youth (N = 1674)

Change in Placement							
Placement Movement	**Less Restrictive (-)**		**No Change (0)**		**More Restrictive (+)**		**TOTAL**
	n	**%**	**n**	**%**	**n**	**%**	
M1	251	36.64	245	35.77	189	27.59	685
M2	252	29.61	344	40.42	255	29.96	851
M3	249	31.13	286	35.75	265	33.13	800
M4	240	32.21	266	35.70	239	32.08	745
M5	213	31.51	221	32.69	242	35.80	676
M6	233	37.46	192	30.87	197	31.67	622
M7	206	37.94	168	30.94	169	31.12	543
M8	184	38.66	122	25.63	170	35.71	476
M9	157	39.15	103	25.69	141	35.16	401
M10	150	40.65	86	23.31	133	36.04	369
M11	123	40.07	77	25.08	107	34.85	307
M12	113	39.65	66	23.16	106	37.19	285
M13	108	45.19	51	21.34	80	33.47	239
M14	89	40.45	56	25.45	75	34.09	220
M15	85	44.04	39	20.21	69	35.75	193
M16	72	42.11	37	21.64	62	36.26	171
M17	59	40.97	32	22.22	53	36.81	144
M18	53	41.73	23	18.11	51	40.16	127
M19	44	40.74	27	25.00	37	34.26	108
M20	43	43.00	25	25.00	32	32.00	100
M21	26	29.89	24	27.59	37	42.53	87
M22	37	45.12	16	19.51	29	35.37	82
M23	30	43.48	12	17.39	27	39.13	69
M24	28	43.75	15	23.44	21	32.81	64
M25	21	43.75	10	20.83	17	35.42	48
M26	12	27.91	11	25.58	20	46.51	43
M27	21	53.85	8	20.51	10	25.64	39
M28	16	45.71	4	11.43	15	42.86	35
M29	12	40.00	3	10.00	15	50.00	30
M30	12	50.00	4	16.67	8	33.33	24
M31	7	24.14	6	20.69	16	55.17	29
M32	10	43.48	6	26.09	7	30.43	23
M33	13	56.52	8	34.78	2	8.70	23
M34	4	18.18	4	18.18	14	63.64	22
M35	10	52.63	7	36.84	2	10.53	19
M36	7	35.00	3	15.00	10	50.00	20
OVERALL	**3190**	**36.59**	**2607**	**29.90**	**2922**	**33.51**	**8719**

Summary Statistics of Placement Changes/Replacement Patterns

9.3e Disabled 19-21 Year Old, White youth (N = 257)

Change in Placement							
Placement Movement	**Less Restrictive (-)**		**No Change (0)**		**More Restrictive (+)**		**TOTAL**
	n	**%**	**n**	**%**	**n**	**%**	
M1	68	35.79	64	33.68	58	30.53	190
M2	57	29.69	64	33.33	71	36.98	192
M3	74	40.66	43	23.63	65	35.71	182
M4	61	32.62	56	29.95	70	37.43	187
M5	49	30.63	48	30.00	63	39.38	160
M6	62	40.26	33	21.43	59	38.31	154
M7	60	41.38	40	27.59	45	31.03	145
M8	54	39.13	35	25.36	49	35.51	138
M9	56	43.75	27	21.09	45	35.16	128
M10	45	42.45	19	17.92	42	39.62	106
M11	47	50.54	20	21.51	26	27.96	93
M12	36	39.13	21	22.83	35	38.04	92
M13	37	45.12	11	13.41	34	41.46	82
M14	39	54.17	12	16.67	21	29.17	72
M15	24	35.82	13	19.40	30	44.78	67
M16	223	85.11	17	6.49	22	8.40	262
M17	26	49.06	7	13.21	20	37.74	53
M18	25	47.17	14	26.42	14	26.42	53
M19	18	38.30	10	21.28	19	40.43	47
M20	15	40.54	10	27.03	12	32.43	37
M21	13	37.14	7	20.00	15	42.86	35
M22	14	45.16	7	22.58	10	32.26	31
M23	7	24.14	9	31.03	13	44.83	29
M24	11	55.00	3	15.00	6	30.00	20
M25	12	44.44	5	18.52	10	37.04	27
M26	10	55.56	4	22.22	4	22.22	18
M27	6	35.29	1	5.88	10	58.82	17
M28	11	68.75	1	6.25	4	25.00	16
M29	0	0.00	4	30.77	9	69.23	13
M30	7	46.67	7	46.67	1	6.67	15
M31	5	35.71	0	0.00	9	64.29	14
M32	7	46.67	1	6.67	7	46.67	15
M33	8	53.33	1	6.67	6	40.00	15
M34	4	28.57	1	7.14	9	64.29	14
M35	8	61.54	1	7.69	4	30.77	13
M36	4	33.33	2	16.67	6	50.00	12
OVERALL	**1203**	**43.84**	**618**	**22.52**	**923**	**33.64**	**2744**

Summary Statistics of Placement Changes/Replacement Patterns

9.3f Non-Disabled 19-21 Year Old, White youth (N = 562)

Change in Placement							
Placement Movement	**Less Restrictive (-)**		**No Change (0)**		**More Restrictive (+)**		**TOTAL**
	n	**%**	**n**	**%**	**n**	**%**	
M1	164	38.77	140	33.10	119	28.13	423
M2	175	40.89	115	26.87	138	32.24	428
M3	145	37.66	110	28.57	130	33.77	385
M4	144	39.02	100	27.10	125	33.88	369
M5	128	40.25	93	29.25	97	30.50	318
M6	124	42.32	79	26.96	90	30.72	293
M7	111	41.73	73	27.44	82	30.83	266
M8	112	47.46	53	22.46	71	30.08	236
M9	80	40.00	47	23.50	73	36.50	200
M10	82	44.57	46	25.00	56	30.43	184
M11	66	43.42	32	21.05	54	35.53	152
M12	52	37.41	37	26.62	50	35.97	139
M13	55	42.97	31	24.22	42	32.81	128
M14	44	40.37	28	25.69	37	33.94	109
M15	37	39.36	25	26.60	32	34.04	94
M16	40	43.01	22	23.66	31	33.33	93
M17	31	42.47	17	23.29	25	34.25	73
M18	31	44.93	16	23.19	22	31.88	69
M19	33	52.38	9	14.29	21	33.33	63
M20	22	42.31	9	17.31	21	40.38	52
M21	16	45.71	9	25.71	10	28.57	35
M22	18	42.86	8	19.05	16	38.10	42
M23	12	36.36	5	15.15	16	48.48	33
M24	14	45.16	5	16.13	12	38.71	31
M25	16	53.33	8	26.67	6	20.00	30
M26	8	27.59	8	27.59	13	44.83	29
M27	17	68.00	5	20.00	3	12.00	25
M28	6	27.27	6	27.27	10	45.45	22
M29	6	40.00	5	33.33	4	26.67	15
M30	3	15.79	10	52.63	6	31.58	19
M31	7	53.85	3	23.08	3	23.08	13
M32	9	45.00	7	35.00	4	20.00	20
M33	4	33.33	2	16.67	6	50.00	12
M34	5	45.45	2	18.18	4	36.36	11
M35	6	60.00	1	10.00	3	30.00	10
M36	4	40.00	0	0.00	6	60.00	10
OVERALL	**1827**	**41.23**	**1166**	**26.31**	**1438**	**32.45**	**4431**

Summary Statistics of Placement Changes/Replacement Patterns

9.3g Disabled 19-21 Year Old, Non-White Youth (N = 205)

Change in Placement							
Placement Movement	**Less Restrictive (-)**		**No Change (0)**		**More Restrictive (+)**		**TOTAL**
	n	**%**	**n**	**%**	**n**	**%**	
M1	49	40.16	47	38.52	26	21.31	122
M2	38	26.76	52	36.62	52	36.62	142
M3	42	29.58	50	35.21	50	35.21	142
M4	48	36.64	43	32.82	40	30.53	131
M5	44	35.20	37	29.60	44	35.20	125
M6	41	35.04	36	30.77	40	34.19	117
M7	43	38.74	31	27.93	37	33.33	111
M8	39	38.61	28	27.72	34	33.66	101
M9	41	41.41	24	24.24	34	34.34	99
M10	31	32.63	28	29.47	36	37.89	95
M11	36	43.90	22	26.83	24	29.27	82
M12	32	38.55	26	31.33	25	30.12	83
M13	23	36.51	20	31.75	20	31.75	83
M14	23	41.82	13	23.64	19	34.55	55
M15	23	46.94	10	20.41	16	32.65	49
M16	17	36.96	16	34.78	13	28.26	46
M17	18	39.13	9	19.57	19	41.30	46
M18	13	36.11	12	33.33	11	30.56	36
M19	16	47.06	5	14.71	13	38.24	34
M20	11	40.74	8	29.63	8	29.63	27
M21	7	30.43	7	30.43	9	39.13	23
M22	10	38.46	10	38.46	6	23.08	26
M23	8	34.78	4	17.39	11	47.83	23
M24	12	66.67	3	16.67	3	16.67	18
M25	7	35.00	5	25.00	8	40.00	20
M26	9	56.25	3	18.75	4	25.00	16
M27	7	53.85	2	15.38	4	30.77	13
M28	8	44.44	5	27.78	5	27.78	18
M29	6	50.00	3	25.00	3	25.00	12
M30	2	25.00	1	12.50	5	62.50	8
M31	4	44.44	1	11.11	4	44.44	9
M32	4	50.00	1	12.50	3	37.50	8
M33	3	33.33	4	44.44	2	22.22	9
M34	5	62.50	2	25.00	1	12.50	8
M35	2	25.00	3	37.50	3	37.50	8
M36	3	100.00	0	0.00	0	0.00	3
OVERALL	**725**	**37.60**	**571**	**29.62**	**632**	**32.78**	**1928**

Summary Statistics of Placement Changes/Replacement Patterns

9.3h Non-Disabled 19-21 Year Old, Non-White youth (N =1425)

Change in Placement							
Placement Movement	**Less Restrictive (-)**		**No Change (0)**		**More Restrictive (+)**		**TOTAL**
	n	**%**	**n**	**%**	**n**	**%**	
M1	211	33.92	238	38.26	173	27.81	622
M2	278	35.37	272	34.61	236	30.03	786
M3	256	35.02	251	34.34	224	30.64	731
M4	245	37.18	225	34.14	189	28.68	659
M5	211	36.51	200	34.60	167	28.89	578
M6	195	37.79	160	31.01	161	31.20	516
M7	191	39.87	131	27.35	157	32.78	479
M8	181	40.58	113	25.34	152	34.08	446
M9	152	40.86	114	30.65	106	28.49	372
M10	129	38.97	96	29.00	106	32.02	331
M11	121	43.21	73	26.07	86	30.71	280
M12	101	38.85	67	25.77	92	35.38	260
M13	97	43.11	64	28.44	64	28.44	225
M14	82	39.81	55	26.70	69	33.50	206
M15	65	33.85	66	34.38	61	31.77	192
M16	75	48.08	42	26.92	39	25.00	156
M17	61	42.66	34	23.78	48	33.57	143
M18	46	39.32	35	29.91	36	30.77	117
M19	50	45.87	26	23.85	33	30.28	109
M20	34	38.64	25	28.41	29	32.95	88
M21	40	43.48	21	22.83	31	33.70	92
M22	38	46.34	24	29.27	20	24.39	82
M23	28	42.42	13	19.70	25	37.88	66
M24	27	41.54	18	27.69	20	30.77	65
M25	25	45.45	11	20.00	19	34.55	55
M26	23	40.35	14	24.56	20	35.09	57
M27	19	46.34	7	17.07	15	36.59	41
M28	17	37.78	10	22.22	18	40.00	45
M29	10	32.26	11	35.48	10	32.26	31
M30	7	21.88	13	40.63	12	37.50	32
M31	17	54.84	11	35.48	3	9.68	31
M32	11	39.29	9	32.14	8	28.57	28
M33	6	27.27	7	31.82	9	40.91	22
M34	11	44.00	9	36.00	5	20.00	25
M35	3	30.00	4	40.00	3	30.00	10
M36	8	47.06	3	17.65	6	35.29	17
OVERALL	**3071**	**38.41**	**2472**	**30.92**	**2452**	**30.67**	**7995**