

Casey Family Programs

Improving Outcomes
for Older Youth in Foster Care



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Introduction

In 2005, the U.S. Department of Health and Human Services reported that 24,407 foster youth exited care through “emancipation.”¹ In other words, youth who had been removed from their families and communities—primarily due to allegations of maltreatment or child behavior problems—left care by virtue of their age, not because they had achieved a specific permanency outcome such as reunification, adoption, or guardianship. When the state fails to connect a youth to a permanent legal family, youth struggle to create their own family or support network to meet legal, emotional, psychological, and cultural needs. Many youth who age out of foster care will return to live with their birth families. If the circumstances of their families of origin have not changed, however, it is unlikely that the family will be prepared to provide the supports youth need to successfully transition to adulthood.

In today’s society, many young people do not become self-sufficient adults until well after their 18th birthdays. They often depend on their families for emotional and tangible support until they have sufficient education and/or training to obtain good jobs, support themselves, and establish their own homes and families. Preparing to become an adult is incremental; the process begins in childhood and continues into the teen years and beyond. Young people generally learn key life skills, such as learning to manage money and making independent decisions, in the context of family. As young people move into adulthood, many families continue to provide emotional, social, and material support. The continuing, interdependent relationships that make up family identity are generally considered to last a lifetime.

Youth in foster care often lack this critical foundation of family support and the relationships they need to build emotional security and future work-

place and family success. Without strong, stable connections with parents, extended family members, siblings, or other significant adults, youth leaving foster care are often left on their own to face key developmental tasks. As they approach the age of majority, they must make the transition to adulthood without family relationships to support them, with fewer financial resources, and without the family safety net most other young people possess. Study after study shows that, as a group, these young people fare poorly as they attempt to negotiate the world of adulthood.

A great deal of attention has been paid at the federal and state policy levels to the challenges encountered by youth who “age out” out of care. While there are stories about how child welfare services have helped youth succeed, the limited data on the outcomes of many youth who age out consistently paint a grim picture. Youth who age out are less likely than their peers in the general population to achieve academic milestones, including high school graduation and postsecondary education, that signal the foundations of self-sufficiency. These youth are less likely to be employed and, even when they are employed, are more likely to be in jobs that do not pay a living wage. They are more likely to experience violence, homelessness, mental illness, and other poor health outcomes. They are more likely to be incarcerated, to abuse substances, and to experience early parenthood out-of-wedlock.²

Historically, federal policies to address the needs of older youth in care have focused on providing services and supports to help youth transition from foster care to independent living. Two questions emerge:

1. Are these policies the right policies?
2. Are they meeting the needs of youth in foster care?

In order to address these questions, this white paper begins by suggesting a redefinition of this population and a discussion of the desired outcomes for them. It then provides a snapshot of the outcomes for youth who do, in fact, age out of foster care, followed by a brief description of current federal and state policies designed to meet their needs. The paper concludes with recommendations for federal policies to improve the outcomes of older youth who are in care or transitioning out of care. These recommendations are based on research about the developmental and transition needs of these youth and the limited research on the efficacy of existing programs targeted at this population.

How Should This Population of Older Youth in Foster Care Be Defined?

In order to assess the needs of a population, and to develop policies that appropriately address these needs in a way that helps the population achieve desired outcomes, clear definitions are essential. This paper begins with our working definition of older youth in foster care and discusses services and supports needed to help them navigate transitions brought on by changes in age/development, as well as changes in life circumstances. “Preparation for adulthood” is a phrase that clarifies and normalizes the distinct dimension of child welfare practice aimed at strengthening the present and future well-being of youth in foster care. Terms like “transition,” “emancipation,” and “independent living” have historically been part of the common language used to describe a youth’s passage from state custody to self-support after aging out of care. Such terms perpetuate a limited view of child welfare practice related to youth in care by focusing on the event of transitioning or emancipating, rather than the process of being prepared for it. The phrase “preparation for adulthood” offers an alternative to the common language of the past and more readily guides us to consider the opportunities, skills, and resources necessary to be successful in the adult world.

All of us experience transitions throughout various ages/developmental stages, whether from infancy to being a toddler, from being a toddler to being of school age, from being of school age to adolescence, from adolescence to young adulthood, and from young adulthood to middle and older adulthood.³ In addition, transitions occur due to major changes in life circumstances, including marriage/divorce, death of a family or friend, moving to another location, a new job, or attending college.

In contrast to age or developmental transitions that are experienced similarly for most individuals, transitions due to changes in life circumstances can occur at any age or developmental stage and vary in the adjustments needed by the individual. In addition, unlike developmental transitions, transitions due to changes in life circumstances are deliberately chosen or created by the person themselves, or by other individuals in their lives. For children in foster care, these changes might include the removal from their family, placement with family members or strangers, movement from congregate care to family-based care, changes in school, or the start of a new job.

Most children and young adults receive the services and supports needed to help them make both developmental and circumstantial transitions within the context of families, often from parents or other caregivers. For children in foster care, the services and supports needed to make transitions must be provided by the state until the youth is permanently reunited or placed with a family of their own. Most young people who age out of care are eligible for a range of independent living services and supports, including those provided with federal resources, but these cannot compensate for the lifelong absence of family support. Appropriately providing supports to help youth prepare for and successfully enter adulthood is critical to achieving the goals set forth for all children in foster care: safety, permanency, and well-being. The foundation for all policies to meet the needs of older youth must be based on the outcomes that any parent would want for their own

child: having a permanent family and being prepared to enter adulthood with confidence and purpose. But embodied in these two broad outcomes are a number of more specific outcomes that need to be achieved, including helping youth address educational and career benchmarks, physical health and mental health needs, and other developmental milestones.

What Are the Current Outcomes for Youth Who Age Out of Foster Care?

Many older youth in care struggle academically.⁴

A 2006 report by the EPE Research Center indicates that the nationwide high school completion rate for all students is 70 percent. More students are lost in 9th grade than in any other grade (9th: 35%; 10th: 28%; 11th: 20%; 12th: 17%). Studies have found differing rates of high school completion (through a degree or GED) by youth in out-of-home care, though the measures have been defined somewhat differently. In a Washington state study, 59 percent of youth in foster care enrolled in 11th grade completed high school by the end of 12th grade. The young adults in the Northwest Alumni Study and the Casey National Alumni Study completed high school (via diploma or GED) at rates of 85 percent and 86 percent, respectively, by age 25, which is comparable to the general population rate. Both studies found, however, much higher GED completion rates compared to the general population (5 percent): over one in four (29 percent) in the Northwest Study, and nearly one in five (19 percent) in the Casey National Study. In a Midwest study, approximately 58 percent of youth in foster care had a high school degree at age 19, compared to 87 percent of their same-age peers in a comparable national sample.

A national study in 1994 of young adults who had been discharged from foster care found that 54 percent had completed high school. In the Chapin Hall study of Chicago public school youth, fifteen-year-old students in out-of-home care were about

half as likely as other students to have graduated 5 years later, with significantly higher percentages of students in care having dropped out (55 percent) or become incarcerated (10 percent). A 1997 study on long-term outcomes for children in foster care on a national level found that youth in foster care are more than twice as likely (37 percent vs. 16 percent) to have dropped out of high school than youth in the general population. Five years later, 77 percent of the former foster youth who had dropped out of high school had completed a high school diploma or GED, compared with 93 percent of the youth in the general population who had dropped out.

Youth who age out of foster care struggle to hold jobs and support themselves financially.

They are more likely than youth in the general population to rely on public assistance.⁵ Up to four years after leaving state care, only 49 percent of youth nationwide had secured a job.⁶ Youth who aged out reported that they had a difficult time finding jobs for a variety of reasons, including lack of transportation, lack of opportunities, inadequate education, and lack of experience.⁷ On average, youth who aged out in California, South Carolina, and Illinois earned less than \$6,000 a year in 1997. This same study found that 24 percent of the youth had absolutely no earnings for their first two years on their own.⁸ A 2005 report of older youth in the Midwest states of Illinois, Iowa, and Wisconsin found that former foster youth were twice as likely as youth in the general population to report not having enough money to pay their rent or pay utility bills. In addition, youth who aged out of foster care reported sometimes or often not having enough food to eat.⁹

Finding and keeping a stable home is one of the biggest challenges that youth face after aging out of foster care. One out of every four youth who age out of care report experiencing homelessness for at least one night.¹⁰ Over one-third (36

percent) of youth who aged out in Nevada reported having no place to live at times. Half of these youth lived in homeless shelters while half were forced to live on the streets.¹¹ Nationally, 32 percent of youth changed living situations five or more times in 2.5 to 4 years after aging out of care.¹²

Youth who age out of foster care are at high risk for mental and physical health problems.

Casey Family Programs' Northwest Alumni Study found that one in four foster youth were still coping with symptoms of Post-Traumatic Stress Disorder (PTSD) after leaving foster care. This is double the PTSD rates of veterans returning from recent wars, and over six times the rate among the general U.S population.¹³

In studies that spanned four states, nearly one out of every three young adults (30 percent) who aged out of foster care struggled with mental health problems such as major depression, substance abuse, social phobia, and anxiety.¹⁴ In a small study of 22 foster care alumni, almost one-fourth (23 percent) of Texas young adults who had aged out had a history of suicide attempts.¹⁵ At the same time, many youth who age out of foster care lose their health care when they age out. Nationally, one in three young adults reported not being able to get needed health care once they left the system.¹⁶ The majority of youth in studies across the states had no health insurance whatsoever. For example, of all the studies focusing on young adults who had aged out of care, the highest percentage of insured foster care alumni was 47.1 percent.¹⁷ The only exception was a study of older foster care alumni, many of whom had emancipated from care from public agencies. Even though about 67 percent of the alumni had health insurance, this proportion was below the national average (75 percent for adults age 18 to 24).¹⁸

Youth who age out of foster care are apt to become parents at a young age. Young women in foster care are 2.5 times more likely than those not in foster care to have been pregnant by age 19. In

addition, by age 19, 46 percent of teen girls in foster care who have been pregnant have had a subsequent pregnancy, compared to 29 percent of their peers outside the system.¹⁹ Without the resources to care for themselves and without the support of family or community, these young mothers are more likely than the general population to rely on public assistance and experience homelessness in addition to the panoply of negative outcomes that affect many youth who age out of foster care.²⁰ Research suggests that these young mothers are more likely than other homeless parents to lose their children to the state, creating a tragic cycle of involvement in the foster care system.²¹

Youth who remain in foster care until age 18 are more likely to enter the criminal justice system.

The 1991 national study of foster care alumni found that one out of four young adults had been in trouble with the law since their discharge from care. Half of these problems were related to drugs and alcohol.²² A more recent study found that this trend remains constant.²³ Some of these young adults move quickly from the foster care system to the criminal justice system. The 2005 Midwest Study reported that 30 percent of the male youth had experienced incarceration by age 19.²⁴

What Predicts Improved Success in Transitions from Foster Care?

As the outcomes documented above indicate, many alumni of foster care experience challenges in adulthood in a number of areas, including education, employment, parenting, mental and physical health, and criminal justice system involvement. However, research indicates that improving specific aspects of foster care can lead to better transitions and improvement of adult outcomes.²⁵ For example, statistical simulations indicate that reducing placement changes and runaway incidents as part of a child's placement experience can significantly improve mental health and education outcomes; similarly, youth who have concrete resources when they leave care

(i.e., \$250 in cash, dishes and utensils, and a driver's license), which likely indicates that they experienced more comprehensive independent living preparation, have better employment and finance outcomes.²⁶ Youth who have an early positive engagement with employment appear to do better as adults.²⁷ Finally, preliminary evidence from the Midwest study indicates that youth who stay in foster care beyond age 18 fare better across many areas.²⁸

CURRENT FEDERAL POLICIES FOR YOUTH TRANSITIONING FROM CARE

In 1999, Congress enacted the John H. Chafee Foster Care Independence Program (FCIA), replacing the Independent Living Program of 1986. FCIA doubled the amount of funding available for independent living services, from \$70 million to \$140 million per year, and made all children, regardless of age and family income, eligible for the program. FCIA also authorized the use of program dollars to provide housing supports for youth who had aged out of foster care. However, it limited the amount available for such purposes to 30 percent of overall funding. The law also gave states the option to extend Medicaid to youth who had aged out of foster care to age 21. Seventeen states have used the Chafee option to extend coverage, and officials in another five states reported that they were considering doing so in the near future.²⁹ The federal program offers supportive services to youth, including limited housing assistance, job training, education, and other independent living services. In 2002, Congress passed legislation (P.L. 107-133) to authorize an education and training voucher program (worth up to \$5,000 annually per youth) for current and former foster care youth. This program provides support for postsecondary education to youth who have aged out of foster care and those who exited foster care to adoption at age 16 and older.³⁰

Policy Recommendations

In recent years, state and tribal child welfare systems have begun to recognize the urgent need to meet young people's family permanency needs. Permanency is defined as adoption, legal guardianship, reunification with birth family, or placement with a fit and willing relative. State and tribal systems have also worked to improve independent living services and expand supportive housing options for youth aging out of foster care. Too often, however, these initiatives are not integrated. In fact, in some cases, permanency and preparation for adulthood services are mutually exclusive or competitive. Federal policy can help support these individual initiatives and encourage states to integrate these efforts to achieve permanency and instill interdependent living skills.

Changes in three policy areas would help older youth in foster care more successfully prepare for adulthood:

1. Permanency incentives and the elimination of barriers to permanency—federal policies that support programs to help older youth achieve permanency and remove barriers to permanency that currently exist.
2. Ongoing and integrated services and supports that are youth- and family-centered and driven by their needs in the targeted areas of housing, health/mental health, education, and employment that includes coordination with other youth-serving agencies (e.g., Workforce Investment Act [WIA] and U.S. Department of Housing and Urban Development [HUD]).
3. Research and communication about effective programs.

Policy Recommendation #1: Create permanency incentives targeted at older youth and remove policy barriers. Addressing the permanency needs of older youth in foster care by connecting them to a family or caring adult who is committed

to the youth for a lifetime is a critical component of their successful preparation for adulthood. Ensuring that youth exit foster care through a permanent connection to a caring adult(s) requires overcoming significant policy and service delivery challenges.

In achieving any of the permanency outcomes, the objective is the optimal balance of physical, emotional/relational, legal, and cultural dimensions of permanency within every child's and youth's array of relationships.

- Physical permanency relates to a safe and stable living environment.
- Emotional/relational permanency relates to the primary attachments, family, and other significant relationships that offer trust and reciprocity.
- Legal permanency relates to the rights and benefits of a secure legal and social family status.
- Cultural permanency relates to a continuous connection to family, tradition, race, ethnicity, culture, language, and religion.

Source: Frey, L.L., Greenblat, S.B., & Brown, J. (2005). *A Call to Action: An Integrated Approach to Youth Permanency and Preparation for Adulthood*. New Haven, CT: Casey Family Services.

Eliminate policy barriers and support incentives to permanency for older youth.

- **Support promising approaches to place children with families, reduce the reliance on congregate care, and connect older youth with a permanent family.** Older children in foster care are more likely to be placed in congregate care. Research makes clear that children and youth grow and thrive in the context of families, not institutions.³¹ In addition, children placed in congregate care are more likely to reenter care.³² States and local communities have begun to take action to reduce the overreliance on congregate care. Many communities have employed strategies such as family group decision making (FGDM), family finding tools to identify relatives, and use of fictive

kin who can provide care for children and youth in a family setting and provide a permanent family outside the foster care system, enhanced community-based mental health services, as well as efforts to improve the recruitment and retention of foster care families. In order for more youth to benefit from these promising approaches, federal policy should support the creation and expansion of these innovative approaches.

- **Create a federal subsidized guardianship program.** Reunification, or as an alternative, promptly finding a fit and willing relative to provide a permanent home for older youth outside the formal foster care system can be the first step in helping older youth find permanency. Many relative caregivers are willing to care for these youth but need additional support and resources to do so. These supports are particularly important for older youth who transition out of congregate care and may have a higher level of need. Thirty-nine states and the District of Columbia have created subsidized guardianship programs to help relatives care for children outside of formal foster care. In the absence of federal policy on this issue, the depth and scope of these supports vary from state to state. Federal child welfare funds should support a range of permanency options, including reunification, adoption, and guardianship. Title IV-E foster care funding rules limit financial support to children to the period while they are in foster care or, to a more limited extent, if they exit to adoption. These limits often place financial barriers in the way of relatives who wish to assume legal guardianship of youth placed with them in foster care. The absence of federal guardianship support is a critical impediment for children placed with relatives, for whom adoption and reunification has been ruled out, and whose relative caregivers are prepared to provide a permanent, safe home for the children in their care but cannot do so without ongoing financial support. Policy should be amended to support a federal state partnership for subsidized guardianships.

- **Create incentives for the permanent placement of older youth in foster care in a range of permanency options.** In an effort to move the backlog of children waiting for a permanent home, policymakers created the Adoption Incentive Program as part of the Adoption Safe Families Act (ASFA) of 1997. The program proved highly effective in increasing the number of children who exited foster care to adoptive homes. However, research demonstrated that older children, particularly those age 9 and older, were less likely to be adopted. When the program was reauthorized in 2003, as part of the Adoption Promotion Act (P.L. 108-145), it was expanded to provide additional incentives for adoptions of children age 9 and older.

The Adoption Incentive Program must be reauthorized in 2008. Federal policy should build on the success of the adoption incentive program, by expanding the program so that states receive incentive payments for permanent placement of youth in foster care in other forms of permanency, including legal guardianships. Over one-fourth (26 percent) of the 114,000 children waiting for adoption are between age 13 and 17.³³ Nearly 95,000 (30 percent) of the 311,000 children who entered foster care in 2005 were between age 13 and 18. Research suggests, however, that youth who enter foster care as teenagers are highly unlikely to be adopted.³⁴

Provide an array of post-permanency services and supports to families, whether a child exits foster care through reunification, adoption, or guardianship, in order to ensure that a child remains safely in their permanent home.

Research shows that teenagers who exit foster care are most likely to reenter. The group of youth age 13 to 17 have highest reentry rate at 28 percent.³⁵ In order to assist older youth who leave foster care to permanently remain out of care, it is critical that families continue to receive necessary services and supports, including access to physical health and

mental health care. In addition, older youth who exit foster care through any permanency alternative should continue to receive the services and supports necessary to help them make the transition to adulthood, including independent living skills training and education supports.

Continuing these services and supports can not only help prevent reentry into foster care but can remove any disincentives to exit foster care as well. Policies designed to help older youth make the transition to adulthood must factor in the unintended consequence that losing eligibility for such services upon exit from foster care may serve as a disincentive to permanency. No youth should have to choose between permanency and needed services and supports. Recent federal policy designed to assist older youth have begun to move in this direction. The Education and Training Voucher Program (ETV Program) provides financial assistance to help defray the costs of postsecondary education both to youth who age out of foster care and youth who leave care at or after age 16 to adoption. The ETV program should be fully funded and modified so that youth who exit through any permanency option can access the benefits of the program.

Although many youth who exit foster care through permanency or aging out have access to Medicaid, services, especially mental health services, often are inadequate, inappropriate, inaccessible, or nonexistent. Changes are required in federal/state Medicaid programs to assure that behavioral health components are readily available, are appropriate to the needs of this population, and are of high quality.

- **Clarify permanency goals for older youth in foster care.** In 2005, the year for which the most current statistics are available, nearly 180,000 (35 percent) of children in foster care were between age 13 and 17. Of all children in foster care, 37,628 (7 percent) had a case goal of “long term foster

care” and 31, 938 (6%) had a case goal of “emancipation.”³⁶ The federal law and accompanying regulations about the use of long-term foster care and other permanent living arrangements commonly used for older youth are limited and confusing. The Adoption and Safe Families Act (ASFA) made clear that reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative were the only appropriate permanency plans for children and youth in care.

The law and regulations provided a limited exception to this rule. Federal policy allows for “another planned permanency living arrangement” (APPLA) only after the state rules out the enumerated permanency options. The state also must document a compelling reason for the alternate plan.³⁷ APPLA replaced the permanency plan of “long-term foster care” in federal law. This change stemmed from an understanding that long-term foster care was not a valid permanency option and that many states were choosing this option by default for older or harder-to-place youth, rather than as part of a thoughtful process.³⁸ The Department of Health and Human Services Administration for Children and Families (ACF) explicitly stated in the final rules for ASFA that long-term foster care placement “is not a permanent living situation for a child.” However, ACF also suggests in the final rules that any living arrangement other than the four enumerated goals falls within APPLA, including long-term foster care and emancipation.

Further complicating matters is the limited guidance provided in regulations about the use of APPLA. The federal regulations only provide examples of when APPLA can be employed. Definition is needed to clarify that any placement other than reunification, adoption, guardianship, or permanent placement with a relative is not a permanency placement and should be limited in use, if it is used at all, for youth in foster care. In addition, policy should make clear that, in addition to documenting the compelling reason for the alternative placement, the state must demonstrate how it will ensure that each youth receives a permanent connection to a caring adult.

Recommendation #2: Improve services to help young people prepare for adulthood. Older youth in foster care need early preparation to develop aspirations, learn and practice life skills, have “normal” formative experiences, and otherwise become ready for adult life in a number of areas, such as housing, accessing health and mental health services, education, and employment. The ability for a young person to achieve success in any of these domains is often linked to the ability to access services in another domain. For instance, young people may receive targeted employment counseling and training, but, once out of foster care without adequate housing, access to appropriate health care, and transportation, they will struggle to obtain and hold down a job. An integrated approach to transition services is essential for improving outcomes for youth in care. Two recent reports have identified barriers that exist in the field. The Government Accountability Office (GAO) examined the impact the Chafee Program had on states’ ability to provide independent living services and supports for youth in care who were expected to age out at 18 or older.

The GAO found that fewer than half of all eligible youth in foster care are being served by the Chafee program, with some states serving a greater proportion of eligible youth than others. It reported that gaps in mental health, employment, and mentoring services, particularly in rural areas, may have contributed to the low numbers of eligible youth being served. The lack of transportation and housing options, and limited efforts to engage foster youth and foster parents, were cited as additional barriers.⁴¹ Similarly, Caliber Associates, in their review of 10 years of State Independent Living Reports (ILP), found that the three most commonly reported barriers to successful ILP implementation were resource availability, federal eligibility requirements, and transportation. Most agencies are unable to provide the full range of transition services necessary. In order to better serve older youth in foster care, we make the following specific policy recommendations:

- **Provide funding for the Chafee Independent Living Program and the Education and Training Vouchers Program at levels necessary to reach all eligible youth.** The Chafee Independent Living Program is designed to serve all youth who have aged out of foster care between age 18 and 21. In addition, it is intended to provide life skills training and services to youth in foster care who are likely to age out of foster care. The current authorization level of \$140 million per year is not sufficient to meet these needs. Each year, more than 20,000 youth age out of foster care. If states were serving only those youth who aged out of care, each youth would receive \$2.33 of Chafee dollars. Current law also limits the amount of Chafee funds a state can use to provide housing supports for youth who have aged out of foster care. With resources that are already stretched thin, it is little wonder that so many youth formerly in care experience homelessness and housing instability. We recommend that funding authority be modified to ensure that every youth who does not exit to permanency by age 18 continue to receive the necessary housing assistance needed to help them transition to adulthood successfully. These supports should be structured in a way that ensures that housing supports are age- and developmentally appropriate and are part of a continuum of services and supports a young adult needs to become financially independent by age 21.
- **Promote collaboration across various youth serving agencies.** Federal policy should support increased employment experiences for youth in foster care and for those who have transitioned out of care. These policies should support strategies that combine traditional employment and training programs with support services such as counseling, mentoring and peer support, childcare, and transportation assistance. Specifically, there should be greater communication and integration between systems, including child welfare, education, and workforce development. Preparation for

adulthood does not end when youth leave care. Data from the Midwest study indicate that youth who remain in care after age 18 have improved outcomes.⁴² In addition, new data from the Foster Youth Employment Demonstration Project indicate that youth require extensive services after they leave care prior to becoming viable employment candidates. Further, youth in these programs fare better the longer they remain in the program⁴³ and have early employment experience.⁴⁴

MODEL PROGRAM

Shared Youth Vision Initiative, a collaborative led by the US Departments of Labor, Education, Justice, and Health and Human Services that asks state systems to prioritize services to the neediest youth. The Initiative began in 2004 as a response to the White House Report on Disadvantaged Youth, and in 2007, DOL funded 16 pilot projects that brought systems closer together. Of the 16 states funded in 2007–2008 for a one-year pilot, 12 list youth in foster care as a priority population.⁴⁵

- **Ensure that all youth who age out of foster care have access to medical insurance to age 21 at a minimum.**

Policy Recommendation #3: Support the collection of data about outcomes of older youth in foster care, and more rigorously evaluate the services and supports that are being provided to help older youth transition through various changes in life circumstances. More up-to-date research is needed about how youth who have aged out of foster care fare as adults. While a number of state studies have been conducted, most national research is more than ten years old and represents the outcomes of youth who were in care before the passage of two major changes in federal policy designed to better address the needs of older youth in care: the Foster Care Independence Act of 1999 and the

Education and Training Voucher Program, created in 2001 with the passage of the Promoting Safe and Stable Families Act. The National Youth in Transition Database will collect some data, but the follow-up for that study ends at age 21, and we know that many key young adult accomplishments occur after that age. More research is needed to explore the relationship between the experiences of former foster youth after they transition from care and the experience that brought them into foster care in the first instance as well as their experiences while in care. Although the next wave of the Midwest study and the state alumni studies in Texas and Michigan (conducted by Casey Family Programs) will examine outcomes for 23-year-old alumni in Illinois, Iowa, Wisconsin, Michigan, and Texas, it is necessary to gather data for more states.

Even more urgently needed are rigorous evaluations of transition programs and life skills preparation approaches, as we know little about what is effective, and scarce funds need to be spent in the most cost-effective ways. State and county agencies need to know which strategies they should invest in or require of their Independent Living contract agencies.

Recommendation #4: In addition to the three specific recommendations on changes to federal policy to help youth in foster care find permanent homes and prepare for their transition to adulthood, tribes should have the option to administer IV-E foster care and adoption assistance programs directly. Tribal child welfare systems are disadvantaged by the way that federal child welfare funding is provided for child welfare services. Tribes are not eligible to directly receive federal Title IV-E foster care and adoption funds. As a result, their ability to provide the necessary care and services for vulnerable children and their families is severely limited. Currently, access to Title IV-E

funds must be negotiated with the state in which the tribe is located. This pass-through approach is often cumbersome, costly to tribes, and inconsistently applied across states. American Indian and Alaska Native children in the care of tribal social services agencies should have the option to receive direct federal child welfare support through direct access to Title IV-E funding. In order for children and youth in tribes to benefit from the policy recommendations included in this white paper, they must have access to the underlying IV-E program. As a result, we recommend that tribes be given the authority to directly administer federal foster care and adoption programs funded through IV-E.

Some of these recommendations have fiscal implications at both the state and federal level. Casey Family Programs believes, however, that these investments are cost-effective and will produce savings in both human and economic terms. When older youth have a permanent connection to a supportive and loving family and receive the supports and services they need to successfully transition to adulthood, they are more likely to avoid the negative consequences that affect youth under the current policy structure, including poor educational outcomes, poverty, greater reliance on public assistance, involvement in the criminal justice system, health and mental health disorders, and early and unplanned pregnancy. The costs associated with maintaining the status quo is too high—and is borne by both the young people in foster care and society as a whole.

Endnotes

- ¹ U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2006). *The AFCARS report No. 13: Preliminary FY 2005 estimates as of September 2006*. (AFCARS). Retrieved April 30, 2008, from www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report13.htm
- ² Cook, R. (1992). *A national evaluation of Title IV-E Foster Care Independent Living Programs for Youth, phase 2, final report*. Rockville, MD: Westat, Inc. See also Courtney, M.E., Terao, S. & Bost, N. (2004). *Midwest evaluation of the adult functioning of former foster youth: Conditions of youth preparing to leave state care*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago; Dworsky, A. and Courtney, M.E. (2000). *Self sufficiency of former foster youth in Wisconsin: Analysis of unemployment insurance wage data and public assistance data*. Madison, WI, found at <http://aspe.os.dhhs.gov/hsp/fosteryouthW100/index.htm>); and Courtney, M.E., Dworsky, A., Cusick, G.R., Keller, T., Havlicek, J., Perez, A., Terao, S. & Bost, N. (2007). *Midwest evaluation of adult functioning of former foster youth: Outcomes at age 21*. Chicago, IL: University of Chicago, Chapin Hall Center for Children.
- ³ See the American Academy of Pediatrics' description of developmental stages online at www.aap.org/healthtopics/stages.cfm, and psychoanalyst Erik Erikson's well-known developmental stages.
- ⁴ The following is an excerpt from: National Working Group on Foster Care and Education. (2007). Fact sheet: Educational outcomes for children and youth in foster and out-of-home care. Retrieved April 30, 2008, from www.abanet.org/child/education/National%5fEdFactSheet%5f2008.pdf
- ⁵ Cook, 1992. See also Courtney, Terao, & Bost, 2004; Dworsky & Courtney, 2000; and Courtney, et al., 2007.
- ⁶ Cook, 1992.
- ⁷ Cook, 1992.
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Casey Family Programs' mission is to provide and improve—and ultimately to prevent the need for—foster care. Established by UPS founder Jim Casey in 1966, the foundation provides direct services and promotes advances in child welfare practice and policy.

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