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FINAL REPORT

TASK FORCE ON YOUTH AGING OUT OF FOSTER CARE

FEBRUARY 1, 2017

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Report from the Task Force on Youth Aging Out of Foster Care

I.   Introduction and Background:

Shantel had no trouble fitting all of her earthly possessions into two trash bags. The problem was finding a place to unpack those bags – a safe place that she could call home. Shantel was 18 years old, and she had officially "aged out" of the foster care system.

"Young people like me who age out of the system usually don't have the luxury of having a family to help," Shantel said. "The decisions we face every day – how we pay our bills, put food in our mouths and keep a roof over our heads – are difficult, and we have to answer them without the guidance or support of a family."

From: **"Louisiana Baptist Children's Home PathFinders expands to meet needs of youth 'aging out' of Louisiana foster care."** by Marc Eichelberger, Louisiana Baptist Children's Home. APRIL 20, 2015

The **Task Force on Youth Aging out of Foster Care** (referred to herein as Task Force) was created in the 2015 Louisiana legislative session to study the public resources and financing options for programs to assist youth aging out of foster care in Louisiana. This legislation was precipitated by the **Department of Children and Family Services (DCFS) ending** a program known as **the Young Adult Program in July 2013,** which allowed for ongoing financial and case management support for youth achieving the age of majority in the foster care system.

DCFS, legislators and advocates are aware of the need to provide youth who will exit foster care at age eighteen with opportunities to be meaningfully involved in **a comprehensive transition planning process** focused on the development of independent living skills in areas such as:

- Establishing safe, stable, and affordable housing;
- Accessing health insurance and healthcare services;
- Completing an educational/vocational training program;
- Pursuing employment opportunities; and,
- Creating healthy, permanent, connections.

Many caring people from state government agencies as well as non-governmental organizations collaborated to enact this legislation and serve on this Task Force. The goal was to bring together a group of individuals with an experienced view of the needs of this population of youth to provide the legislature research-based recommendations on how Louisiana can more fully and adequately serve youth aging out of foster care. Louisiana wants to ensure these youth achieve enhanced life outcomes.

The Task Force has drawn from the experience and successes of communities outside of the State who all face the same issues with older youth. **Twenty-three states, one federal tribe, and the District of Columbia have extended foster care to age 21** in recognition of the transition realities of youth and young adults from "normal' families.(1) Since Louisiana has not done this, it is imperative Louisiana does whatever is needed to help youth who age out of foster care

A recent editorial in the Times-Picayune written by Orleans Parish Juvenile Court Judge Ernestine S. Gray and Joy Bruce**,** Executive Director of Court Appointed Special Advocates (CASA) in New Orleans states…

"For the past several years, one of the fastest-growing groups of children entering foster care has been those ages 14-17. The state's goal for the majority of them is to find an "Alternative Permanent Living Arrangement." It means that reunification with a child's parents, placement with a relative, adoption or legal guardianship all have been ruled out and the child is expected to stay in foster care until he or she becomes an adult. As a result, the child's 18th birthday often marks the end of any support.

National statistics show that, without support, these children are almost 50 percent less likely to obtain their high school diploma by 19, and only 3 percent have earned college degrees by 25 (compared to 28 percent of everybody else). Within a year of exiting care, one in five is homeless. Within two years, one in four is incarcerated. And the rate of post-traumatic stress disorder is 21.5 percent -- five times higher than average, higher even than that of American war veterans. About half are unemployed. Those are national statistics. The numbers in New Orleans are worse.

From: **Foster children need caring and support as they leave the system."**
Editorial published on June 03, 2016 by *Orleans Parish Juvenile Court Judge Ernestine S. Gray and Joy M. Bruce, executive director of CASA New Orleans and co-chair for the CYPB Task Force on Foster Youth Aging Out of Care.*

The primary focus of the child welfare system over the past 12 years has been on **helping foster youth achieve permanency**. As stated in the Children's' Bureau article: Enhancing Permanency for Youth in Out-of-Home Care, "Permanency for youth in foster care should include a permanent legal connection to a family, such as reuniting with birth parents, adoption, kinship care, or legal guardianship. However, when these options are less likely, workers can help youth pursue physical or relational permanency." (2)

A National Center for Youth Development article captured the issue clearly: "In reality, permanency is not a placement. It is a state of mind. It is about positive relationships. It is knowing that there is someone out there with whom you are so strongly connected

that they will always be there for you, at any time of the day or night. It is knowing that you have a family who will celebrate birthdays, weddings, and graduations with you. It is knowing where you will go and what will be expected of you on important holidays. It means being connected, legally or not, through relationships that last a lifetime." [3]

Physical permanency is having a place to live; **relational permanency** is having a long term relationship or connection with a caring adult. Achieving both of these goals is often elusive. A **comprehensive transition system prepares youth concurrently for both**.

It is well known **outcomes for youth who exit care without a permanent family are poor.** The Midwest Evaluation on Adult Functioning of Former Foster Youth compared individuals who had aged out of foster care with individuals of the same age in the general population. At age 26, individuals who transitioned out of foster care experienced more unemployment, lower incomes, more economic hardships (e.g., being unable to pay rent or utilities), poorer health, and higher arrest rates than youth of the same age in the general population. [4]

Efforts to find permanent connections and hopefully, permanent homes should always be the primary goal of foster care workers. However, Louisiana has learned, as have other states, in spite of years of intensive efforts to create permanent connections with caring adults, there continues to be **a significant number of youth** who either **cannot make these connections** or the connections they do establish **do not include a place to live**.

Nationally, the number of youth aging out of foster care to life on their own is similar to what it was in 1986 when the first federal independent living initiative was passed by Congress. [5] The research on homeless youth shows up to 37% of foster youth experience homelessness after aging out. [6] This is not always due to a lack of effort but rather reflects the complexity of the issue.

A best case scenario…

Jason, age 16, has been in foster care since age 12 and knows he will have to leave his foster home soon after his 18th birthday. Jason is close to his maternal grandmother who lives in a one-bedroom apartment. He visits her often and feels emotionally supported by her. But he will not be able to move in with her when he ages out of foster care. His mother died when he was 12 and he never met his father. He does not want to be adopted as he feels his grandmother is his real family. Jason has started a ten week self-sufficiency program and knows he will enter an independent living program (ILP) when he finishes his junior year in high school. The ILP will help him find an apartment in the community; cover his rent, utility and phone bills; and, give him $50 a week for food. He is nervous and excited at the same time. His caseworker has been talking about this transition to help him get mentally and emotionally ready. When he finally ages out he will have completed a life skills training program, have a high school

diploma, hopefully keep his current job at the department store and will get to keep all of the furniture and supplies the program has given him. He will also have a year's experience living on his own and will have learned from the hundreds of hopefully little mistakes he makes as he figures out how to take care of all of his responsibilities. His caseworker has already talked to his landlord about Jason taking over the lease on the apartment on his 18th birthday. The landlord said Jason is more ready for this than many of his much older tenants.

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A more common reality…

Robby has been in foster care since age 12 after his mother left town with a boyfriend and left him at a friend's house. He is now 16 and has no idea of what he will do when he turns 18 and has no place to go. His foster parents won't let him cook on his own or use their washer or dryer. He gets rides everywhere and is awakened every day by his foster mother. He has relatives in town but none are able to take him in and support him until he is ready to go out on his own. He gets really down about it at times and has considered dropping out of school and focusing on getting a full-time job. But he finds the online employment applications to be too confusing. Nobody seems to want to talk to him about his future. His caseworker stops by once a month and talks about how he needs to do a better job of following his foster parent's rules, most of which his friends would never have to follow. He walks past the local homeless shelter on his way home from school and wonders if he will end up like the men he sees standing in front of the building.

The reasons why **permanency efforts do not always succeed** vary in each community but include:

- Lack of foster families who are able or willing to take on older foster youth for an unpredictable amount of time.
- Failure to address trauma/mental health issues of youth who at the point of discharge can't function in a normal home.
- Inadequate Permanency Planning efforts on the part of the system.
    - Lack of services and paid staff assigned to assure permanency efforts take place
    - Youth resistance/characteristics/desires. Youth do not want to be adopted.
    - Staff must focus on other job duties and ignore permanency efforts.
    - System changes/dysfunction make it incapable of doing the work needed to make connections for youth
    - Cultural differences and misperceptions. Caring families are not seen by the system as stable enough to support a youth.

In addition, there are many reasons why youth leave foster care without being ready to take over adult responsibilities:

- **Incomplete Brain Development**: Youth are not able to make responsible adult decisions.

- **Insufficient Financial Support**: Youth do not have adequate time and available support for transition services which does not reflect current cultural and economic realities. Youth in foster care are not provided enough time to prepare for adult life. If they do graduate from high school, they are often discharged soon after without any chance to find a job or save money for housing.

- **Inadequate Cultural Readiness**: Experts are discussing a new phase of life as "**Emerging Adulthood**", recognizing many American "youth" are still living at home until their mid-20s and often receive ongoing financial support until their 30s. (7)

- **Unutilized Self-Sufficiency Opportunities**: Many youth do not have the information or experience opportunities needed to become independent. Many youth are not allowed in the kitchen where they live; are not allowed to use the washer and dryer; have people waking them up; and, have people transporting them to school. Many youth are kept from making daily decisions and completing basic daily activities they need to master prior to leaving foster care.

- **Inaccurate Assumptions**: Youth think their foster parents will let them stay after age 18. Foster parents think child welfare caseworkers are taking care of getting the youth's vital documents. Youth think there is an "adult system" to provide housing, food, transportation and case management. Caseworkers think foster caretakers are teaching youth to care for themselves.

- **Inconsistent Judicial Oversight**: In some cases, the lack of adequate oversight by juvenile courts does not ensure all parties involved fulfill responsibilities for a successful transition process for youth.

- **Deficient Resources**: A youth's connections to family, relatives and/or other adults does not necessarily lead to a place for the youth to live. These adults often do not want the burden of supporting a youth financially and sometimes want the youth to become a support for them. Affordable housing options other states have created do not exist in Louisiana.

- **Unmet Special Needs**: Youth with developmental disabilities, who will probably never be able to live independently without consistent adult support, have their cases closed without any connection to adult developmental disability (DD) services. Youth with serious mental health issues may go from a foster home to an adult homeless shelter where no one knows their history or issues. Parenting

teens may be expected to fend for themselves and their child without child care, income, housing or parenting skills.

Though the city of New Orleans has touted its progress combating homelessness in general, the number of young homeless people in New Orleans is increasing, according to Covenant House Executive Director Jim Kelly.

In the last four years, the shelter's average daily census has more than tripled, from 45 to 139 kids a night. Recently, the center has been averaging more than 150 youth a night. Of those, Kelly said roughly 30 percent have either aged out of foster care or left home because of negligence or abuse. He said many leave because they feel they don't have a choice.

"It's really tough," Kelly said, adding that about 70 to 80 percent of the kids have been physically or sexually abused. "They're running away from abuse. They're aging out of foster care, and they're coming out of (Orleans Parish Prison)."

According to Kelly, the uptick in emergency services reflects a bigger problem in New Orleans when it comes to homelessness among the young. Four years ago, about 400 youth ages 16 to 22 went through Covenant House's doors. The number has risen every year since, and this year the center expects to provide services for 750 to 800 young people.

In August, UNITY of Greater New Orleans said the city had reduced homelessness by 85 percent from a post-Hurricane Katrina high in 2007, when 11,619 people in Orleans and Jefferson parishes lived on the streets, in abandoned buildings or in shelters. That number now is 1,703, compared to 2,051 before Katrina. Overall, New Orleans' per capita rate of homelessness remains higher than that of most large cities. In 2014, 46.9 out of every 10,000 people in the city were homeless.

Kelly said it's important to designate adults under the age of 22 as "youth" and group them alongside children and teenagers when talking about homelessness. That's because, although most laws recognize adulthood as age 18, emerging science about brain development suggests that maturity isn't fully reached until about age 25. According to Kelly, that means the trauma most of the youth at Covenant House have experienced — abuse, drug addiction, post-traumatic stress — has lasting effects and explains why they cycle in and out of the justice system and are chronically homeless.

From: "Young and homeless in New Orleans: As foster kids 'age out' of the system, many of them end up on the streets. by Della Hasselle and Alex Woodward @alexwoodward

From Louisiana's previous experiences and from a review of child welfare literature, the Task Force has identified the key components of a comprehensive transition system.

The first six components are recognized by the federal National Youth in Transition Database (NYTD) evaluation [9] as **key variables/outcomes linked to youth success**:

1. *1.* Financial Self-Sufficiency
2. *2.* Educational Attainment
3. *3.* Connections with Competent and Caring Adults throughout the Entire Transition Process
4. *4.* Reductions in Experiences with Homelessness
5. *5.* Prevention of High-Risk Behaviors
6. *6.* Access to Health Care and Insurance

The next five components are **system services recognized by the child welfare field** as being necessary to achieve the previous six components:

1. *1.* Independent Living Skills Assessment and Training
2. *2.* A Safe and Affordable Place to Live
3. *3.* Case Management from Experienced and Uniquely Trained Staff
4. *4.* Resources to Address Special Needs
5. *5.* Aftercare Services

The Task Force advocates Louisiana redevelop, add, or enhance all of these services. In this report, each of these components will be addressed in more detail.

II.   Core Outcomes and Needs of Youth Aging Out of Foster Care

This section elaborates on each of the 6 key core outcomes/variables youth in transition need to succeed.

1. Financial Self-Sufficiency

The financial self-sufficiency of individuals and families is essential to achieving the values of American society. For complex reasons, this financial security is beyond the means of many in our community (particularly the youth who age out of foster care).

As is the case with their peers, older youth need financial support during the transition process. This includes help with rent, utilities, phones, food, furniture, clothing, transportation and other basic needs families of typical young adults provide, often into the late 20s.[10] Many states have now built this support into their state or county budgets. [11]

In order to attain employment and financial self-sufficiency, youth need access to a number of documents. Employers require proof of identity and citizenship. This means youth need access to original or certified copies of social security cards, birth

certificates, or other forms of identification. For non-citizen, immigrant youth, this includes documentation clarifying they are eligible for employment in the U.S.

Many employers also require employees submit banking information for compensation via direct deposit. Youth need to be able to open a checking and/or savings account to collect their earnings and build financial resources. Since youth have little or no credit, banks require an adult cosigner who passes a credit clearance in order for youth to open a savings or checking account. Additionally, youth need to understand the significant liability of adults when cosigning for utility set-up and rental agreements. Youth must understand their responsibility for timely payment of bills to protect these cosigners, as well as developing their own credit history. Youth who are still in high school will need support to allow them to maintain employment or have other financial support while finishing school. They will need connections to feasible employment opportunities, reliable transportation, and a stable living situation. Youth will also need help in preparing for employment and maintaining employment once obtained.

Even youth who are employed may need to use social safety net programs, including Supplemental Nutritional Assistance Program (SNAP), Women Infants and Children (WIC), and the Child Care Assistance Program (CCAP). Low wage jobs may not provide youth sufficient income to buy food in addition to other expenses. Youth who are parents will need child care to seek employment, attend job training, and/or go to work. Youth may also be eligible for Social Security Income (SSI) if they have a documented disability or if their parents are deceased and the youth qualifies for survivor benefits. Efforts should be made to ensure eligible youth receive SSI and complete applications for ongoing services in adulthood before they reach the age of majority. Due to the complexities of the application process, many youth will not be able to do this without persistent, competent assistance by someone familiar with the youth's life situation.

Lack of reliable transportation has frequently been identified as a barrier to financial self-sufficiency. It is recognized rural areas and/or cities lacking in a transportation infrastructure mean youth have no resources to get themselves from Point A to Point B. In order to acquire a driver's license, youth have to take driver's education classes, which are often extremely costly. The high costs, associated with licensure for driving, car rental, lease, or ownership and auto insurance attainment sometimes make these opportunities extremely challenging for these youth.   However, in order to work and/or attend school and get access to services, youth need reliable transportation. For youth still in foster care, this may mean transportation provided by child welfare staff, a foster caretaker, or group home staff member. Prudent case planning should encourage discussions about transportation needs and options while youth are still in foster care.

Children and youth in foster care are highly vulnerable to identity theft due to the many individuals who have access to their personal information throughout their minority. Unfortunately, according to child welfare field reports, it is often a family member or relative who uses a youth's identity to obtain utilities for a new residence after not paying previous bills or to meet some other need. Federal law requires child welfare agencies run annual credit checks on youth in foster care from age 14 onward, but risk is still present after youth age out of care. (12) Caseworkers should ensure youth in foster care know how to protect their identity and credit so identity theft does not impact the youth later in life. Youth should also be taught how to repair their credit when their identity has been stolen.

In order to achieve financial self –sufficiency, youth need **financial literacy training** which includes information on:
- payday loans, budgeting, and financial planning;
- understanding how credit works;
- using financing options such as loans and payment plans;
- need for cosigners (with a good credit history);
- the meaning of "interest" and how it is applied/accrued;
- developing credit references; and,
- managing work and an educational/vocational program.

Antoine really wanted to find a job. He knew he was going to have to leave his foster home after he turned 18. He was even thinking of dropping out of high school in order to star having an income. He went to a Saturday employment open house at the local grocery mega store and talked to a person about openings. The store rep. told him that he looked like someone who could help them and told him to go home and fill out the on-line application. Antoine didn't want to tell this person that he didn't have a computer at home. He calls his ILP worker the next day and asked for help. The ILP worker sat down with him and started the application process. The application contained what seemed like a personality test and Antoine stared at many of the questions and didn't know how to answer them. The ILP worker coached him through the application, which took over an hour.

At the advice of his ILP worker, Antoine called the store and asked if they had received his application, which they did. They told him to come to the store tomorrow with his State ID and social security card-they didn't want copies. Antoine had no idea where his original Social Security card was and his ILP worker found out that no one in the system had the original. They would have to apply for a new one, which could take a while. The store HR person told him to come in any way to complete the interview and complete a drug screen. He would need to have his parent sign a form to give the company

2. Educational/Vocational Attainment

If a stable living arrangement is a key to immediate transitional success, education and/or vocational attainment is critical to the long-term success of foster youth.

While youth are in high school and even into a post-secondary educational or vocational program, an **IEP or 504 accommodations** may help them continue to make progress. Navigating this portion of the education system requires a caring, competent adult to help advocate for the youth and their specific educational/vocational needs. It is important to engage the youth in this process, so the youth may learn how to self-advocate.

Many youth in foster care turn 18 before finishing high school. They may have come into foster care already behind in school, might have fallen behind as a result of multiple placement changes, or may just have a later birthday than other seniors. If a child is not expected to graduate before their 18th birthday, alternate plans to leaving foster care should be a priority. DCFS does offer stipends to support youth aging out of foster care in completing their high school diploma or HiSet certificate, when a youth is performing successfully at the age of 18 and completion/graduation is anticipated within one year. However, it is necessary to be concerned about those youth who cannot complete their secondary education within the one year timeframe. Many youth exiting the foster care system at age 18 are behind by two or more years in school.

One option is to find stable housing which allows them to finish a traditional high school program with their classmates. This is often the best plan if a youth is aging out with a year or less before graduation, if they are doing well in their current high school, and/or if other educational opportunities are not available in the area. If other options are available, such as an accelerated high school or a HiSet program, these should be evaluated individually for each child. A high school diploma should be the first priority for our youth, and a HiSet should be considered only if other options have first been exhausted or appear unrealistic.

As a youth is finishing high school and as they transition into post-secondary learning opportunities, **tutoring is often needed** but hard to find and access. Most high quality tutoring programs charge fees youth cannot afford. Again, r**eliable transportation is a**

significant barrier, both for attending classes, participating in tutoring, and engaging in extracurricular or enrichment activities.

- Before a youth turns 18, a clear post-secondary plan should be developed. This plan should include job training, whether as a long-term trade or a short-term job as youth continue to pursue other educational/vocational development. Many former foster youth are successfully hired only to lose their jobs due to lack of understanding of workplace norms. A good job training program, combined with a caring and competent adult to help navigate the workforce, is critical.

Many post-secondary opportunities will require a level of self-sufficiency youth aging out of foster care have not achieved. Whether a youth is interested in trade certification or a college degree, many of the barriers to educational achievement are the same.

Some barriers are:
- access to personal documents
  - educational, medical (immunization), and government (birth certificate, social security card, ID)
- complexity of the educational/vocational admissions process
  - number of people with whom they have to communicate
    - a single point of contact could eliminate confusion
  - how to register for and schedule classes
- maturity to manage work, school and daily living responsibilities
- cost of application and enrollment/access to available funds
  - assistance in filling out the FAFSA (Free Application for Federal Student Aid);
  - assistance applying for **Chafee Educational Training Vouchers (ETV)** [12] funds; and,
  - assistance identifying other scholarship opportunities unique to them and their intended field of study.

Youth living on campus may experience timeframes when they are technically homeless, and have nowhere to live such as during holiday and semester breaks. Providing on-campus alternatives for them is critical to their success.

Job training programs are a critical tool to connect youth to "living wage" jobs in which they can be successful. Youth in foster care may **need "on-the-job" skills** training as well as general workforce preparedness training. Skills like resume drafting, filling out job applications, communicating with managers, dealing with problem customers and

choosing appropriate work attire should be taught to youth in foster care ages 13-17 in order to prepare them for their life after foster care.

3. Connections with Competent and Caring Adults

Lisa turned 18 last summer. For most, that milestone brings excitement. For her, it brought added stress. Lisa has lived with the Smiths as a foster child for the past three years. Typically, when foster children turn 18, they are left with tough decisions, aging out of the foster care system and venturing out into the world alone.

Lisa was fortunate because the Smiths decided to keep a room available for her while she works toward her GED and finding employment. The Smiths have two other foster children but will no longer receive financial assistance for housing and taking care of Lisa. Pushing Lisa out the door was not an option for the Smiths. For three decades they have provided a foster home for dozens of children whom they love as much as their own.

"It's a sad indictment that many of these vulnerable youth, often still suffering the trauma of childhood experiences that brought them into care in the first place, will leave the care system emotionally and financially ill-prepared for what lies ahead," Smith said. "Why would we expect this fragile group, typically less ready than the average teenager, to be able to cope with independent adult life at 18?"

She said the gaps in the policy concerning teens aging out of the foster care program are deep and persistent. "The long-term outcome for many foster youth does not paint a pretty picture. Some spiral into homelessness, drug and alcohol addiction, criminality, and are ultimately left chained to a lifetime of welfare dependency," Smith said.

The Smiths' license with the state is to provide care for two foster children.

"It is our mission to care for these children. We, personally, can't say, 'You are 18, goodbye' without making sure they have some stability in their lives. That's what we hope to provide for Lisa. We told her we would help see her through to get her GED so she can go on to secondary education and find some kind of trade," Smith said.

From: "Teens who age out of foster care on the decline" by Scott Rogers. The News Star, May 2, 2015.

If the world were full of people like the Smiths, the aging out problem would not be such a stubborn issue. Many foster parents are not able or willing to keep supporting an older youth until the youth is fully ready to leave home without some type of state support.

"Most of the time, a child just needs someone to talk to." "If I didn't have my [permanent adult connections], I kind of wouldn't be who I am, because they made me into the better person that I am today."– Sarah, foster care alum

Connection is the most critical protective factor when **building resiliency** into our youth. Having a caring, competent adult can be the difference between success and failure as a youth transitions out of foster care and into adulthood.

When developing supports for youth, it is important to create a team of caring AND competent people. Kids need adults who show up for them, who demonstrate they care about a child's best interest, and who have the tools and training to help navigate complex systems in meaningful ways. One way to do this is by providing **mentors**, adults to work with them individually, providing support and guidance through the transition process. It is also important the child's team include a consistent caseworker past the age of 18. The change or elimination of their caseworker when a youth is most vulnerable makes it hard to continue with the case activities developed before their 18th birthday to achieve life goals.

Some kids don't have a family that they can go back to, so their best interest is finding a stable and consistent environment where they can thrive. … It's really important to me that we raise children who become good citizens. And a good citizen, to me, is someone who is happy, who is able to work, who sees an abundance in life and is truly thriving." – Caitlin Waugh, CASA Advocate for three aged-out young women

Former foster youth are emphatic about the **"importance of having that one person"** to rely on, "someone who will support you no matter what." They talk about not knowing who to trust and having a committed person to turn to helps relieve their stress. For youth who have no family – sometimes more than once in their lives – caring and competent adults are particularly rare and critical. Youth know learning skills, such as managing a budget, is not enough; they need adults who will help them put those skills into practice.

Permanency can be enhanced and supported by mentors, volunteers, Court Appointed Special Advocates, Guardians ad litem, life-coaches and other adults who are part of team "wrapped-around" a youth during the transition process.

Additionally, child welfare systems need to be more open and diligent about reviewing family members of youth and other early life connections. Relatives or family friends who were previously unable to serve as a resource to the youth may now be able to serve as a connection. Also, parents who were unable to retain custody of the youth previously may have experienced a change in life circumstances, or even without change, be capable of serving as a connection for the youth.

There is a growing need for families to consider adopting older children. Older children, including sibling groups and special needs youth, often get left behind. According to the Children's Action Network "several foster care alumni studies show that without a

There are three primary federal **permanency goals** for youth:

- Reunification is the process of reuniting the child with the birth family and is widely recognized as the initial and preferred goal for every child entering foster care. When reunification cannot happen, due to reasons of safety or other considerations, other permanency goals will be considered.

- Adoption is the preferred permanency goal when reunification cannot be achieved and once parental rights have been terminated. There are three different types of adoptions: Relative Adoption, Foster Family Adoption,

and Recruited Family Adoption. Adoption provides a child with an alternative permanent family with all the rights and responsibilities of a birth parent.

- Guardianship is defined as the duty and authority to make important decisions in matters having a permanent effect on the life and development of the child and the responsibility for the child's general welfare until he reaches the age of majority, subject to any residual rights possessed by the child's parents.

Guardianship and adoption both offer the child a sense of security and family attachment and allow the adoptive parent or guardian to make decisions on the child's behalf. If a child's goal is either adoption or guardianship, finalization of these two goals leads to the removal of the child from foster care supervision. (14)

The story below highlights the success the State has had in finding adoptive families for youth in foster care. For reasons, numerous and complex, all three of **these permanency goals are hard to achieve** for a significant number of older youth.

Louisiana is making progress in achieving all three of these goals. This will continue to establish the greatest permanency possible and prevent youth aging out of foster care.

There are also many **strategies** being used nationally **to develop permanent connections**:
- Permanency roundtables – convening of all involved stakeholders to brainstorm ideas for rethinking permanency efforts;
- Educating the system about the need for permanent connections for youth;
- Renewed family reunification/family preservation efforts/family conferences/family team meetings; anything to reconnect and/or keep a youth with his/her family;
- Relative placement/kinship care/guardianship;
- Case-mining; this is a review of a youth's case record where, often with the help of the youth, potentially supportive people are identified who can mentor a youth or in a best case scenario, take them into their household;
- Intensive family finding; this strategy involves utilizing experts who are trained at finding people around the country, including parents, siblings, relatives or other key people who might be able to help a youth in transition in some way;
- Concurrent planning – for older youth, this is planning for independent living (an alternative permanent planned living arrangement, as opposed to a family setting) while continuing to try to find supportive adults who might be able to provide a home for the youth;
- Adoption subsidies for adoptive families of older youth;
- Wraparound services - this is a strategy where extra services are added to support a youth in the community. This could be a job coach, personal life skills trainer, tutor, paid mentor, in-home family therapist, etc.;

- Independent Living skills training targeted to healthy relationship development;
- Foster parent adoption

Freddy was is an ILP apartment and doing just okay. But he was lonely and wanted to be around people he knew. His caseworker found out about an older brother who was living in a city in the northern part of the state. With Freddy's permission, the caseworker contacted the brother. After a long conversation, the brother agreed to have Freddy catch a bus to his town and spend Thanksgiving with him and his girlfriend. Freddy and his brother hit it off immediately and talked a lot about how they got separated when their parents got divorced and mother passed away. Freddy's brother was in pretty good shape now and had a great job and a future. He started paying for Freddy's bus tickets to visit him. After six months went by, he called Freddy's caseworker and told him that he wanted Freddy to move in with him and already had a job lined up for Freddy.

♦ ♦ ♦ ♦

Cheryl entered the Independent Living Program at age 17 after living in a group home for two years. She previously ran away from two foster homes in which she did not feel comfortable. Cheryl was street smart and independent and knew how to take care of herself. She was 17 going on 35. The last thing she wanted to do was to adjust to another set of adult strangers. Cheryl connected quickly to the ILP staff who respected her intelligence and motivation. She was placed in an apartment owned by a private landlord close to her high school. The program helped her out financially but also expected a lot from her for her age. Cheryl was always close to her CASA and felt a lot of support from one of her teachers who knew her situation. She had an older sister who lived in a two bedroom apartment with her two children who she regularly visited. Cheryl had any number of committed people in her life, all of whom would have her back but she never lived with any of them. At 18 ½, Cheryl took over the lease on her apartment. She did ask her adult supports for short term loans from time to time but for the most part she was self-sufficient.

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4. Reduction in Experiences with Homelessness

"Tens of thousands of people in the U.S. have been left to fend for themselves after aging out of foster care", according to Kevin Ryan, president of the national Covenant House, and journalist Tina Kelley, co-authors of the book Almost Home.

Ryan and Kelley found that 37 percent of former foster children experienced homelessness by age 24. About 60 percent of the young men who become too old to

stay in foster care are convicted of a crime by their mid-20s, and 75 percent of young women who age out are on public assistance.

On Jan. 26, the annual "Homeless Point-in-Time Count" for Orleans and Jefferson parishes surveyed the streets and homeless programs. UNITY found that 280 homeless people, or about 16 percent of the total homeless population, were youth ages 18 to 25. Of those, 131 youth were living without any shelter at all.

The number seems to remain stagnant from 2014, when UNITY counted 290 homeless young adults in Orleans and Jefferson. But UNITY found that since last year, the number of homeless youth in the New Orleans area had spiked — up 21 percent from 2013. More than half — 57 percent — lived in some sort of shelter like Covenant House.

"I think there's no question that adult homelessness is down," said Covenant House's Kelly. "But homeless kids, they're much harder to find. They're not the kind of homeless you're going to see under the bridge. They're gonna be in an abandoned building, or they're going to sleep with someone to find shelter. They figure it out."

From: "Young and homeless in New Orleans: As foster kids 'age out' of the system, many of them end up on the streets." by Della Hasselle and Alex Woodward

One of the most pressing needs for youth aging out of foster care, identified by youth and service providers is **stable housing**. As mentioned above, it is important to note even the most competent and caring adult supports are not always in a position to offer a place for the youth to live or to support them financially for any length of time. Without stable housing, youth are unable to prioritize educational attainment, health care, and financial self-sufficiency and sometimes lose connections to the caring adults in their lives. Youth who age out of foster care are at a heightened risk of homelessness, which can quickly lead to participation in survival economies (e.g., survival sex, human trafficking), interactions with the criminal justice system, mental health struggles and increased difficulty in reaching long-term stability.

The field of Independent Living was officially created in 1986 with the passage of the **Federal Independent Living Initiative**. Support for this legislation was created by a national realization that a significant percentage of young adults showing up in homeless shelters had previously been in foster care. [5] Reunifying a youth with a dysfunctional family might help reduce the numbers of youth in the child welfare system but it does not mean the family and youth have made the changes necessary for long term success. There are also many cases of youth who were adopted at a young age being put out by their adoptive parents due to challenging behaviors or the family's inability to support them financially anymore.

A recent report from the Department of Housing and Urban Development, "Youth Aging Out of Foster Care," spotlighted **the connection between homelessness and aging**

out of foster care. According to the report, more than 70,000 youth in foster care are between the ages 16 and 20, and every year approximately 28,000 of those youth "age out" of the system with very few resources to help them transition into economically independent adulthood. **Between 11 and 37 percent of youth aging out of foster care experience homelessness after they transition to adulthood**. The report also states an additional 25 to 50 percent are unstably housed after transition. (15)

This is a long-standing problem. State and county efforts to deal with this issue vary in scope with some states making minimal efforts and others creating a well-funded, sophisticated state-wide approach. (11)

5. Prevention of High-Risk Behaviors

Caroline grew up in a foster home where she was placed at age 12 due to being sexually abused by her stepfather. She dealt with this issue in therapy but it still caused her emotional distress. When she turned 16 she started smoking marijuana as it calmed her more than anything else and besides, most of the other kids in her school were doing it. She was a good student and held a part time job at a grocery store for over 12 months. She was placed in an independent living program at age 18 and really did well living on her own. She was accepted in LSU and had received some scholarship money. A month later, her caseworker found a small bag of marijuana in her apartment during a visit. She was terminated from the program and went straight to an adult homeless shelter.

The 2014 NYTD report looks at **three variables** impacting outcomes for aging out youth - **substance abuse referrals, incarcerations and having children**. (16) Life skills training and discussions with adults can help many youth avoid or become aware of the impact of these three major transition challenges. But peer pressures, community realities, stress from a painful family situation and basic economic needs often lead to some high risk behaviors which put youth in danger and challenge child welfare system capacity to support the youth.

In addition, recent studies are showing the adolescent brain continues to develop through the mid-20s with areas of the brain associated with planning and anticipating consequences being one of the last areas to fully develop. (17)

Adolescent Brain Development

Adolescence is a challenging aspect of human development.   We have often thought that it was primarily driven by significant changes in hormones and that as the physical body has matured the brain has also matured at the same rate. This transition period has been the focus of research and clarification to help explain the challenges during this period of time particularly in terms of the brain's development. In this section of the report, we will attempt to briefly describe

what is happening and clarify why it was unwise to terminate the supportive services for youth who have reached the legal age of majority but are not yet fully able to make sound decisions without some level of interface with the system or a significant caring adult.

*Scientific studies have now been able to demonstrate that the adolescent brain development **does not reach its full capacity until their mid-20s**. (18)   It is at this point that the adolescent brain resembles that of an adult. (19)   A recent statement from the American Academy of Child and Adolescent Psychiatry (20) clarified that "the brains continues to mature and develop throughout childhood and adolescence and well into adulthood." (20)*

The scientific explanation of the process provides that there is a specific region of the brain called the amygdala that is responsible for immediate reactions including fear and aggressive behavior. That region of the brain develops early. However, the frontal cortex, the area of the brain that controls reasoning and helps us to think before we act, develops later. Scans of the maturing brain suggest that parts of the cortex mature at different rates. (19) Basically, the brain is still changing and maturing well into adulthood. It is the prefrontal cortex helps us better understand one another, forms judgments and controls impulses and emotions.   In essence, the brain's development that supports control and planning ahead are the last to mature. It is during this transition period that it is the most beneficial for the transitioning youth to have support and connection with meaningful and caring adults.

Coupling the developing brain with the enormous hormonal changes taking place during adolescence is also important to note. Reproductive hormones shape not only sex-related growth and behavior, but also social behavior. The hormones system is also involved in the brain's response to stress and related stress hormones. These stress hormones can have complex effects on the brain, and subsequently on behaviors.

Scientists have emphasized that the fact that the teen brain is in transition does not mean it is not up to par. It is different from both a child's and an adult's in ways that may equip youth to make the transition from dependence to independence. (19)   The adolescent's brain works differently than adults when they make decision or problem solve. Their actions are guided more by emotional and reactive amygdala and less by the thoughtful, logical frontal cortex (that does not fully develop until the mid-20s).

According to the American Academy of Child and Adolescent Psychiatry, adolescents are more likely to:
- *Act on impulse*
- *Misread or misinterpret social cues and emotions*
- *Get into accidents of all kinds (18)*
- *Get involved in fights*
- *Engage in dangerous or risky behavior*

Conversely, they are less likely to:
- *Think before they act*
- *Pause to consider the consequences of their actions*
- *Change their dangerous and inappropriate behaviors.*

An awareness of these differences between the adult and adolescent brain are critical in terms of helping us understand, anticipate and manage behaviors.

For an independent/transitional living services program to work, with the inclusion of housing services, all involved have to understand **youth will present challenging behaviors as part of normal development**, which will involve experimentation, trial and error behaviors, and other mistakes typically demonstrated by other young adults. The State of Florida has developed "normalcy" policies to guide expectations for foster youth in transition from which Louisiana can learn. (21)

A "harm reduction" rather than a "zero tolerance" approach is considered. (22) This approach, while usually referring to drug abuse, can help care providers focus on lowering the negative effects of certain behaviors rather than looking for reasons to discharge a youth. Everything occurring with youth/young adults from typical local families will take place in an ILP. Often the behavior of older foster youth, not typical of other youth, is a reaction to previous trauma or a direct symptom of a mental health diagnosis. Frequently, these **youth have learned dysfunctional responses to stress and conflict** and need education, training, and support to learn new ways to respond to life's challenges.

Connecting youth to existing community programs can help them with mental health issues, trauma, drug and alcohol treatment, birth control, parenting, suicide prevention, etc. Allowing natural consequences can also help a youth understand the impact of their behavior.

Foster parents and staff working with youth in transition need to **anticipate youth naturally will do what their peers are doing** including: alcohol and drug use, having sex, going to parties, driving, spending money impulsively, losing purses/wallets, locking themselves out, running out of food, forgetting to budget for laundry, etc. Although it is desirable to decrease or eliminate these behaviors, many youth and young adults will only learn things through life experience.

At the same time, youth who are served by independent living programs need to recognize their behaviors will be scrutinized and challenged as part of receiving the benefits of a program. As the system develops housing options, the need for discussions about high-risk behaviors will increase. Youth will have more time alone and less supervision, and youth will need to understand the responsibility which goes with such freedom (as do all youth moving into a college dorm and away from family).

Involving youth in developing policies and consequences can create more investment in program compliance.

For programs which include housing, creating supervision and monitoring strategies the program staff can increase or decrease contact with a youth as his/her behavior improves can make the system more flexible.

These strategies can include:
- Daily visits by staff
- Regularly scheduled visits/phone contact
- Random visits
- Youth meeting staff at an office
- Visits by volunteers/mentors/students
- Buddy systems
- Weekly group meetings
- Clients call in daily
- Contacts with neighbors/landlords

A new field of research is focused on the **long term impact of childhood trauma** on a person over time. The **ACEs (Adverse Childhood Experiences)** studies show **traumatic events** such as: physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, domestic violence, substance misuse within a household, household mental illness, parental separation or divorce, death of a key person or incarcerated household member, **can lead to long term negative impacts on physical as well as mental health**. [23] While studies show adverse childhood experiences are common in the general population (close to 70%), it is known children come to the foster care system with at least one adverse child experience and are likely to have a high overall ACE score. [24]

The chart below shows the sequence of events which unaddressed childhood abuse and other early traumatic experiences may generate. Without intervention, adverse childhood events (ACES) can result in long-term disease, disability, chronic social problems and early death. Ninety percent of public mental health clients have been exposed to multiple physical or sexual abuse traumatic events.   Importantly, intergenerational transmission which perpetuates ACES will continue without implementation of interventions to interrupt the cycle. [25]

Adverse Childhood Experiences	**Impacts of Trauma and Health Risks Easing Pain of Trauma**	**Long-Term Consequences of Unaddressed Trauma**

Abuse of Child

- Emotional abuse 11% *
- Physical abuse 28% *
- Contact sexual abuse 22%

Trauma in Child's Household Environment

- Alcohol or drug user by household member 27%
- Chronically depressed, emotionally disturbed or suicidal household member 17%
- Mother treated violently 13%
- Imprisoned household member 6%
- Not raised by both biological parents 23% (Loss of parent by separation or divorce, natural death, suicide, abandonment)

Neglect of Child

- Physical neglect 19%
- Emotional neglect 15%

*Above types of ACEs are the "heavy end" of abuse e.g. Emotional: recurrent threats, humiliation, chronic criticism Physical: beating vs spanking Neglect: Lack of basic needs for attachment, survival/growth

One ACE category
= score of 1.

List is limited to ACE study types.
Other trauma may include: combat, poverty, street violence, historical, racism, stigma, natural events, persecution etc.

Neurobiologic Effects of Trauma

- Disrupted neuro-development
- Difficulty controlling anger/rage
- Hallucinations
- Depression *(and numerous other mental health problems – see below)*
- Panic reactions
- Anxiety
- Multiple (6+) somatic problems
- Sleep problems
- Impaired memory
- Flashbacks
- Dissociation

Health Risks

- Smoking
- Severe obesity
- Physical inactivity
- Suicide attempts
- Alcoholism
- Drug abuse
- 50+ sex partners
- Repetition of original trauma
- Self-injury
- Eating disorders
- Perpetrate interpersonal violence, aggression, bullying, etc.

Disease and Disability

- Ischemic heart disease
- Autoimmune disease
- Lung Cancer
- Chronic Obstructive
- Pulmonary Disease
- Asthma
- Liver disease
- Skeletal fractures
- Poor self-rated health
- Sexually transmitted Disease HIV/AIDS

Social Problems

- Homelessness
- Prostitution
- Delinquency, violence and criminal behavior
- Inability to sustain employment
- Re-victimization: by rape; DV, bullying, etc.
- Compromised ability to parent
- Teen and unwanted pregnancy
- Negative self and other perceptions and loss of meaning
- Intergenerational transmission of abuse
- Long-term use of multi human service systems,

At Annual Cost of:
$103,754,017,492.00

Multiple studies reveal the origin of many mental health disorders may be found in childhood trauma, including Borderline Personality Disorder (BPD), Anti-Social Personality Disorder, Post-Traumatic Stress Disorder (PTSD), Schizophrenia, Bipolar Disorder, Dissociative Identity Disorder (DID), Anxiety Disorders, Eating Disorders including severe obesity, Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), and others. (23).

The chart above shows how a history of negative experiences can impact the thinking, emotional, and relationship capacity of a person. This diminished capacity can lead to a range of negative behaviors including substance abuse and other high risk or dangerous activities. These behaviors can lead to social problems, relationship problems, employment difficulties as well as a higher rate of certain diseases, including early death.

According to the Center for Disease Control and Prevention, childhood trauma is associated with:

- Changes in brain development
- Impaired cognitive (learning ability) and socio-emotional (social and emotional) skills
- Lower language development
- Blindness or cerebral palsy from head trauma
- Higher risk for heart, lung and liver diseases, obesity, cancer, high blood pressure, and high cholesterol
- Anxiety
- Smoking, alcoholism and drug abuse

A role of the child welfare system is to identify the scope and breadth of trauma in a child's life and to counteract these experiences with **protective factors** being provided by all of those involved with the child or youth.

Protective factors are care components provided by foster parents, adoptive parents, social workers, CASAs, volunteers, mentors, teachers, the community, and any person involved with a child or youth, to **counteract the negative impact of childhood trauma**. (27)

A short list of common protective factors would include such things as:

- encouraging positive physical development and healthy choices;
- connections to all aspects of a community and its members;
- support for academic achievement/intellectual development;

- teaching/role-modeling strategies for emotional self-regulation;
- teaching effective coping skills and problem-solving skills;
- creating connections with a good school, positive peers, caring adults;
- encouraging participation in athletics, drama, art, teams, clubs;
- connecting with employment, religion, cultural opportunities;
- providing structure, limits, rules, monitoring, and predictability;
- supportive relationships with family members;
- creating clear expectations for behavior and values;
- the presence of mentors and support for development of skills and interests; and,
- assuring physical and psychological safety.

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means "bouncing back" from difficult experiences. (28) The protective factors surrounding a youth in transition via their permanent connections and community supports can greatly influence the response a youth has to life's challenges which come with adulthood. Helping a youth get in touch with their capacity for resilience and internal coping skills is a key part of any transition facilitator's job description.

Laura Porter, a well-known researcher in the field of Adverse Childhood Events and resilience, and her organization "ACE Interface" have identified four resilience factors which make a difference in recovery from childhood trauma:

1. Feeling social/emotional support and hope

2. Having two or more people who help (two or more people who give concrete help when needed)

3. Community reciprocity in watching out for children, intervening when they are in trouble, doing favors for one another.

4. Social Bridging – people reach outside their social circle to get help for their family and friends.

Porter's studies in Washington State show that people with high ACE scores who have these positive social-emotional connections and help are significantly less likely to be struggling with difficult symptoms from chronic disease, have better overall mental health, are more likely to be able to work and are less likely to be hungry. Community reciprocity and social bridging led to better rates of obesity, mental illness symptoms, physical activity, happiness, having primary care physicians, housing instability, hunger or worrying about money for rent. (29)

It is the job of a state child welfare system to assure these **protective, resilience-building factors** are in place for foster youth and especially when transitioning to adulthood. The challenge for the entire child welfare field is to create and maintain a wide range of protective resources as well as the community of people to assure youth in transition maintain the connections needed to succeed.

6. Access to Health Care and Health Insurance

Louisiana's foster youth need consistent, accessible and affordable health and mental health services which continue until age 26. Many youth have not had the best healthcare as children and subsequently lack the knowledge gained from a competent and consistent family health practitioner. Currently, Louisiana does have Medicaid supported health care for youth who age out of foster care up to age 26 and this must be maintained. But maintaining health insurance can be complicated. Young adults move a lot in general and each change of address can create challenges in maintaining communication between the youth and the health insurance provider.

As mentioned above, a **competent, consistent caseworker** who knows a youth's history is ideal in assuring the youth's accessibility to health services is continuous. Youth will need access to past health records generated while in foster care for ongoing health maintenance. Also, youth need to leave foster care with up-to-date dental care and vision screening.

Youth who age out of foster care often face significant medical and mental healthcare needs. Compared to peers in the general population, they are more likely to have a health condition or disability which limits daily activity and to have poorer overall health. (30) Many of these medical and mental health challenges are often consequences of the circumstances which originally led to removal from their home and sometimes exacerbated by their time in foster care. (31) Many of these conditions include developmental delays, mental retardation, emotional adjustment problems, chronic medical problems, birth defects, substance abuse, and pregnancy. In the foster care population, studies show more than 60% of youth will have mental health problems during their lifetime; 30% to 40% of these adolescents are currently coping with mental health issues, including post-traumatic stress disorder, and more than one-third of older adolescents in this target population have a chronic illness or disability. (31)

Consequently, such high rates of physical and emotional health needs mean youth aging out of foster care require comprehensive health coverage which recognizes and addresses their unique needs. However, studies show prior to the expansion of Medicaid coverage under the Chafee Foster Care Independence Act of 1999, this

population of youth had little or no access to health care coverage and rarely received the necessary services.(30) Medicaid was expanded in 2014 by the Patient Protection and Affordable Care Act of 2010 (ACA) to make all youth who were in foster care on their 18th birthday eligible for Medicaid coverage until age 26, regardless of income. (31)

The chart below shows a demographic breakdown of former foster care youth enrolled in Medicaid in state fiscal year 2016 in Louisiana. The category "Medical/Other" includes treatment for behavioral health needs. The data also demonstrates youth formerly in foster care may not maintain coverage, as indicated by the sharp decline in youth still enrolled in Medicaid 11 to 12 months after turning 18.

Former Foster Care Youth Enrolled in Medicaid During SFY2016						
Age	Number enrolled in Medicaid 11/12 months prior to age 18	Number still enrolled in Medicaid 11/12 months after 18th birthday	Pharmacy	Dental	Medical/Other	Total
18	584	160	$92,248.84	$15,541.37	$1,321,826.51	$1,429,616.72
19	484	110	$23,097.35	$6,304.58	$729,393.67	$758,795.60
20	578	80	$13,336.04	$9,875.77	$594,963.03	$618,174.84
21	601	73	$18,286.12		$664,382.84	$682,668.96
22	591	43	$30,717.10		$284,614.21	$315,331.31
23	588	31	$15,066.81		$281,704.04	$296,770.85
24	578	24	$9,731.25		$231,451.94	$241,183.19
25	578	4	$2,991.79		$55,769.16	$58,760.95
Total	**4,582**	**525**	**$205,475.30**	**$31,721.72**	**$4,164,105.40**	**$4,401,302.42**
White	1,730	211	$73,581.52	$16,346.06	$1,606,420.68	$1,696,348.26
Black	2,516	270	$120,615.87	$10,052.49	$2,020,040.44	$2,150,708.80
Other	121	24	$5,534.31	$2,797.67	$393,768.23	$402,100.21
Unknown	215	20	$5,743.60	$2,525.50	$143,876.05	$152,145.15
Total	**4,582**	**525**	**$205,475.30**	**$31,721.72**	**$4,164,105.40**	**$4,401,302.42**
Female	2,272	315	$159,300.32	$21,730.23	$2,602,061.92	$2,783,092.47
Male	2,310	210	$46,174.98	$9,991.49	$1,562,043.48	$1,618,209.95
Total	**4,582**	**525**	**$205,475.30**	**$31,721.72**	**$4,164,105.40**	**$4,401,302.42**

Notes:

1. Age calculated at beginning of fiscal year

2. Pharmacy, Dental, Medical/Other charges include all paid/adjusted claims during the fiscal year

3. Source: Molina LA Medicaid Data Warehouse. The analysis was calculated by the ULM Analytics Team.

Vulnerable youth, in particular young people involved in or transitioning out of the foster care system, are known to be disproportionately affected by teen pregnancy and sexually high risk behavior. Although no national data are available regarding this population of youth, several regional studies and a few outcome studies unequivocally

report pregnancy, child bearing, and sexually transmitted infection (STI) rates among this group are high. (33) One study is the Midwest Evaluation of Adult Functioning Former Foster Youth, conducted by the Chapin Hall Center for Children at the University of Chicago. (33) According to this longitudinal study of more than 700 young people in Iowa, Wisconsin, and Illinois, 33% of females in foster care had been pregnant by 17 or 18, compared with just 14% of their peers in the general population. (34) By age 19, 46% of those who had ever been pregnant had experienced more than one pregnancy, compared with 34% in the general population. (34)

Louisiana foster care youth are even more vulnerable due to high rates of poverty, racial and socioeconomic inequity, and a largely rural geography with limited access to health and social service programs. The rate of teenage pregnancy in Louisiana was 35.8 births per 1,000 in 2014.(35) Additionally, although sexual risk behavior data is not available for Louisiana, incredibly high sexually transmitted infection (STI) rates among 15 to 19 year olds in the state indicate risky sexual behavior is prevalent. In 2013, the chlamydia and gonorrhea rates were 3261.1 and 897.2 per 100,000 adolescents 15 to 19 years old, respectively. (36) Although there is no data in Louisiana to indicate the exact number of former foster care youth who have had a teenage pregnancy or engaged in sexually high risk behavior, it is safe to assume the numbers are significant based on national trends.

For young people transitioning out of foster care, daily healthcare needs may not be met without the guidance and support of a trained specialized case worker or community health worker. Community health workers (CHWs) typically have a deep understanding of the community served. A trusting relationship with the community enables CHWs to serve as a liaison between health and social services and the community in order to facilitate members' access to needed services. Community health workers (CHWs) build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.(37) There is evidence to suggest the use of CHWs can positively impact the health of vulnerable populations, such as youth aging out of foster care.(37) Although they do not provide direct clinical services, CHWs can help youth navigate the many systems involved in accessing quality healthcare.

Access to mental health services is just as important. Due to lack of information, stigma and self-esteem issues, some youth are hesitant to ask for help with mental health problems and can benefit from the support of a caring adult who knows them and their life situation. Many youth and young adults will only get involved with mental health services if someone helps them initiate and connect with competent mental health

providers. Transportation to and from health and mental health services needs to be available, especially for youth in rural areas.

A comprehensive life skills training program should cover health issues such as:
- How to access medical history
- Basic health knowledge
- Information on Dental/Vision/Specialists who accept Medicaid
- How to communicate with doctors
- All immunizations completed and needed (copy of immunization record)
- How to make appointments
- How to keep healthcare coverage active
- Experience cooking healthy meals, reading food labels for nutritional content, budgeting for healthy food options, etc.
- Basic hygiene
- Spiritual and mental health

III.   Core Needs of a Comprehensive Transition System

The following service components identified in the national standards for Independent and Transitional Living Programs and other sources are needed to support youth in transition.

1. Independent Living Skills Assessment and Training

Louise, age 16, lives with her foster parents and two of their children. She loves being with this family but knows that she will have to move out in a couple of years. She hears about a life skills training program from a friend in another foster home and asked her parents if she can go to the classes. Louise finds out that they are held on Saturdays from 10-2pm and include lunch. Youth who attend receive a $10 cash bonus and if they complete all 10 classes they receive another $50 bonus. Louise's parents drive her to the first class but after that she takes the bus on her own. She receives a life skills workbook to work on her own and often asks her foster parents to look at what she is learning. This motivates the foster parents to start giving her more responsibility and a little more freedom. She soon is doing her own laundry, helping out with cooking and shopping and learning about how her foster family budgets their money. They show her their monthly utility bill, phone bill and food bills. At first she is overwhelmed by the thought of ever taking over all of these new responsibilities. But little by little she starts to wrap her brain around the idea.

All youth in foster care need life skills training, regardless of where they will live after discharge. For youth who are getting closer to aging out of foster care, this training is crucial. Federal law mandates all child welfare agencies provide life skills assessments and skill development for youth in foster care once they reach age 14. Louisiana currently uses the Casey Life Skills Assessment. It is expected the assessment results are used by the life skills trainers to build a curriculum around areas challenging the individual youth.

A comprehensive life skills training program should include, but not be limited to:
- Educational and vocational opportunities
- Budgeting and money management
- Health and wellness
- Time management,
- Problem solving, decision making and planning
- Sexuality and sexual responsibility
- Legal issues rights and responsibilities
- Employment readiness and job maintenance skills
- Housing and home management
- Personal appearance and hygiene
- General consumer skills
- Mental health and self-awareness
- Transportation
- Social and communication skills
- Emergency and safety issues
- Recreational activities
- Food preparation
- Community resources
- Spirituality and religion
- Parenting
- Permanent connections and healthy relationships
- Technology and social media

Training should also include **practical information related to community resources and survival needs** such as:
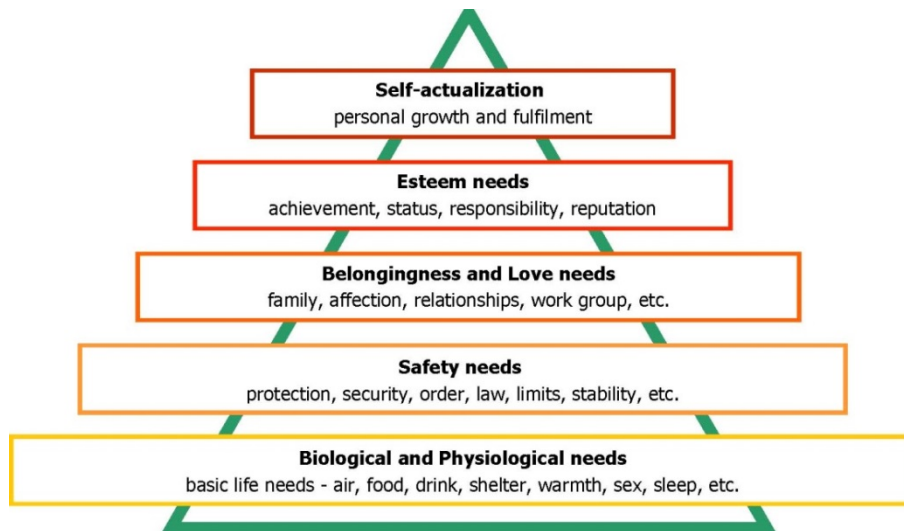- How to obtain food stamps, WIC, child care assistance , Medicaid
- Where to get Social Security cards, state ID's, birth certificates and other information for employers
- How to obtain citizenship papers or refugee assistance, if needed
- How to access SSA/SSI benefits
- Obtaining a driver's license
- Opening and using bank accounts – checking and savings
- How to do a credit check and identity theft protection

- How to file taxes
- How to make decisions about different types of insurance coverage

2. Safe and Affordable Place to Live

Jack grew up in state custody from age 4 when his parents were killed in a car crash. Most of his relatives lived in Michigan but he rarely saw them and considered them strangers. He was happy living in the state where he was and had a lot of friends. When he was close to 18, he started taking life skills classes to get ready for his next step in life. Shortly after his 18th birthday, Jack moved into a studio apartment subsidized with a housing voucher set aside by the state for youth aging out of foster care. He still went to his foster family's house for dinner and holidays and considered them his family. Jack contributed a third of his income from his job for rent and received other types of financial support from the state such as help getting furniture, help with his security deposit and help getting food stamps. He learned about budgeting from his life skills classes and now was the time to put the knowledge to use. He bought a used bike and was able to ride it to and from work every day. His ILP helped him with extra expenses like a new bike tire, monthly cell phone payments, etc. However, he knew he would have to take over those bills eventually.

A concept at the core of human services is Abraham Maslow's Hierarchy of Needs. It should be the goal of any family, community or system to assure basic survival needs are met along with safety needs followed by belongingness and love needs. For foster children and youth, this goal is often met through the efforts of dedicated foster parents, motivated case workers and willing relatives or adoptive parents. A young adult can then move on to achieving the higher needs of personal responsibility and achievement, and self-actualization. (38)

Self-actualization
personal growth and fulfilment

Esteem needs
achievement, status, responsibility, reputation

Belongingness and Love needs
family, affection, relationships, work group, etc.

Safety needs
protection, security, order, law, limits, stability, etc.

Biological and Physiological needs
basic life needs - air, food, drink, shelter, warmth, sex, sleep, etc.

Maslow's Hierarchy of Needs

For a number of older foster youth, the fall from the middle of the pyramid to the bottom can happen quickly. Leaving a stable foster home, which for years provided the first three rungs on the needs ladder, to a situation without stable housing and income, can be traumatic. This situation of feeling abandoned can be just as traumatic as when the youth was removed from his/her biological family.

The 2014 HUD publication entitled "Housing for Youth Aging out of Foster Care" lays out the case for the role of housing in the transition process. [39] Youth without stable living arrangements will have difficulty holding jobs, continuing with education programs or even maintaining stable connections to caring adults. The publication lists dozens of organizations who have built housing into the array of services for older youth. Programs have developed a continuum of living arrangements such as:

- **individual scattered-site apartments**, where a youth/agency rents an apartment from a private landlord

- **cluster-site apartments** where a group of youth live together-often with an adult in a nearby unit,

- **host homes**, where a youth/agency rents a room from an adult or family for an agreed upon period of time

- **roommate apartments**, where two youth share an apartment

- **shared homes or supervised apartments**, where youth live together with an adult onsite

- **boarding homes**, where a youth agency rents a room in an established community boarding home

Established programs often move a youth along a continuum of living arrangements to fit the youth's level of maturity. Youth may be able to take over the lease for the apartment if they have a steady source of income and have proven to be good tenants. Each of the housing options mentioned above have advantages and disadvantages. (40)

Nationally, housing programs are funded by county or state dollars budgeted for youth aging out of foster care from HUD McKinney Vento Funds, Family Unification Program vouchers, foundation grants, private donations and other sources. The Task Force has identified experts with experience in this area who would be able to help Louisiana create housing services.

Even with housing services youth need wraparound services to be successful in sustaining their independence. Per Nicole Sweazy, Louisiana Housing Authority Executive Director, "wraparound supportive services are essential to enable youth that have aged out of foster care system to learn to live independently and to maintain that independent living in the community. When provided two years of rental assistance only, youth exited the program with the same housing instability that they entered. Providing only rental assistance to youth does not provide the skills needed to live independently in the community. Essential wrap around supportive services include harm reduction, motivational interviewing, and tenancy supports."

Many homeless youth who have aged out of foster care are unable to access services directed toward homeless people due to the nature of youth homelessness, which often presents itself in ways not included in federal standards set by the Department of Housing and Urban Development (HUD). Youth experiencing homelessness are likely to "couch surf" or share housing with friends and family members, frequently as a transient situation where they move from home to home over a short period of time. In order to access housing services provided by HUD, youth must be living on the street or in a shelter not meant for human habitation (abandoned building, car, etc.), or they must be living in a homeless shelter. This does not help a foster youth who is ready to leave a foster home at 18 and is not currently homeless but could be in a short time.

The Family Unification Program (FUP) is the only federal program which explicitly provides housing assistance to youth aging out of foster care. Little is known about the extent to which communities are utilizing FUP nationally to house youth, and the challenges and benefits of doing so. More often or not, communities opt to use these vouchers for homeless families and not for youth, in spite of the federal recognition of youth housing needs. (41)

Family Unification Program (FUP) [41]

The Family Unification Program (FUP) is a program under which Housing Choice Vouchers (HCVs) are provided to two different populations:

1. Families for whom the lack of adequate housing is a primary factor in:
   a. the imminent placement of the family's child or children in out-of-home care, or
   b. the delay in the discharge of the child or children to the family from out-of-home care. There is no time limitation on FUP family vouchers.

2. For a period not to exceed 36 months, otherwise eligible youths who have attained at least 18 years and not more than 24 years of age and who have left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in section 475(5) (H) of the Social Security Act and is homeless or is at risk of becoming homeless at age 16 or older.

Public Housing Agencies administer the FUP in partnership with **Public Child Welfare Agencies (PCWAs)** who are responsible for referring FUP families and youths to the PHA for determination of eligibility for rental assistance. Once the PCWA makes the referral the PHA places the FUP applicant on its waiting list, determines whether the family or youth meets HCV program eligibility requirements, and conducts all other processes relating to voucher issuance and administration.

In addition to rental assistance, **supportive services must be provided by the PCWA** to FUP youths for the entire 18 months in which the youth participates in the program; examples of the skills targeted by these services include money management skills, job preparation, educational counseling, and proper nutrition and meal preparation.

Many youth who age out of care will return to the home of their parents or other biological family members upon aging out. Rarely does this work as a long-term solution for youth, and those youth who return home will need a safety net.

The 2015 Adoption and Foster Care Analysis and Reporting System (AFCARS) national report shows 22,392 youth were "emancipated" nationally in 2014, i.e., left the child welfare system without a family. [42] The reasons for this are numerous and complex:

- There are youth who are ready to go out on their own at age 18 and have the ability to take over a lease or support an apartment. Many of these youth do not want to stay in a foster home or group home, and if given enough training and support can become self-sufficient.

- Some youth do not want to/cannot live with others due to personal issues, mental health problems, or personality style.

- There are youth who do not want to be adopted between ages 16-18, but might still feel connected to a dysfunctional family who cannot support them emotionally or financially.

- Some youth were adopted at a younger age but were "given back" to the system when their behaviors became challenging.

- Youth with criminal backgrounds/sex-offenses are difficult to place in any family setting.

- Some youth want to return to their biological families despite concerns and will choose to return home after foster care, often to dangerous or abusive situations.

- Pregnant/parenting youth are difficult to match with adoptive families and are not always welcome back to their biological families.

- There are youth who do not want to leave a stable foster home, to which they are positively connected, but must due to the foster family's situation and wishes.

In Louisiana there are no housing programs for **all** youth who age out of foster care. Youth with serious disabilities may be eligible for permanent supportive housing (PSH) if the youth has a New Opportunities Waiver (NOW). A NOW may be awarded at any point in time after a child becomes eligible after age 3, and follows a child into adulthood. Not all youth with severe disabilities have a NOW and even all of those who do have a NOW will be able to access the PSH. For other youth who do not have diagnosed conditions, but still face behavioral, emotional and developmental issues due to the trauma experienced in childhood, the challenge is greater.

Another type of service waiver is the Children's Choice Waiver which extends from the point of award up to age 19. If a youth has a Children's Choice Waiver, the youth may receive a limited amount of personal care supports (approximately 2.5 hours a day); however, this is often not enough to provide for the youth's daily needs. These daily needs may include: assistance with meal preparation, personal hygiene, housekeeping, medication management, etc. At age 19, youth who are receiving a Children's Choice Waiver are eligible to begin receiving the NOW as long as the youth continues to need the services. Those youth who only have a Children's Choice Waiver are unable to obtain a NOW until their 19th birthday. These youth face a critical one year gap when reaching adulthood at age 18 and no longer has DCFS as a legal custodian. During this one year timeframe the level of services available to support the transition to independence is greatly diminished.

Neither NOW nor Children's Choice provides funding for any housing. NOW just provides extensive support services to assist individuals with the activities of daily living. These support services are critical to ensure the stability of youth with disabilities in an independent living environment. For all youth aging out of care, the challenge is huge, but particularly so for youth facing the additional challenge of managing a disabling condition.

Many areas of the state have a serious lack of affordable housing for all at-risk populations. The historic floods of 2016 have exacerbated this difficulty for many at-risk populations. Even if a youth finds a place which fits their budget, their unstable cash flow may contribute to housing instability without a landlord willing to work with them. Although most youth would qualify for housing voucher programs, the waiting lists for vouchers are insurmountably long.

Lacking stable housing, youth often turn to "couch surfing", or moving from house to house among friends and family for as long as they can. While unsustainable long term, this can often work for short periods of time. However, it can create other problems. Moving frequently leaves youth without a permanent mailing address required for jobs, bills, and educational institutions. While technically homeless, these youth are not "homeless enough" to meet most federal standards and qualify for services.

California and Texas developed housing programs at the state level and created budget line items for housing up to age 21 or higher in certain cases. These states also have ongoing training and technical assistance for agencies willing to take on this challenge. (43)

In some states local housing authorities have agreed to set aside a certain number of Section 8 housing vouchers for youth aging out of foster care. Arizona applies for the Family Unification Program (FUP) vouchers for youth at the state level and then connects those youth to traditional Section 8 vouchers when the FUP vouchers expire. There are federal efforts to extend the FUP vouchers to two years at the request of numerous providers.

The child welfare system in Hamilton County, Ohio establishes per diem contracts with providers based on the type of living arrangement involved and gives the agencies flexibility in creating housing options and moving youth around these options to find the best fit. (44)

The federal Transitional Living (TLP) grants funded by the Runaway and Homeless Youth Act (RHY) have been a helpful resource for many homeless youth. However,

these programs were intended to be used by "non-systems" youth, i.e., youth who were not in foster care. In communities without stable independent living programs which include housing, these programs are often the only resource available. (45)

"The purpose of the Transitional Living Program funded by the Family and Youth Service's Bureau is to provide a safety net and strong emotional support system for young people to transition into self-sufficiency. The TLP provides long-term residential services to homeless youth ages 16 to 22. Services are provided for up to 540 days, or in exceptional circumstances, up to 635 days. Young people who have not yet turned 18 after 635 days may stay in a program until their 18th birthday." (45) Unfortunately, there are a limited number of grants available (200 nationwide) and states may only have one or two in their larger cities. (45)

Establishing and maintaining a housing program for youth aging out includes a number of activities in order to function successfully. These include:

- Assuring state licensing codes allow for less supervised living arrangements
- Assuring housing providers are accredited child welfare providers
- Creating ongoing life skills training programs to prepare youth for housing opportunities
- Establishing policies and procedures to guide program activities
- Hiring and training staff who understand the needs of transition age youth
- Developing supervision and monitoring strategies for assuring youth are acting responsibly
- Locating landlords willing to rent to older youth and young adults.
- Developing a continuum of housing options for youth in transition

One of the most commonly used housing models is **the scattered-site apartment model** where a program helps a youth find an apartment in the community where the youth lives among everyday working people. Finding landlords willing to rent to youth and young adults can be a challenge. Landlords must have trust in the youth and the adults supporting the youth. Housing programs need to assure landlords they have staff available 24 hours a day to deal with problems and respond to landlord concerns. Programs have to be ready to move a youth out if problems persist. Backup plans have to be in place. There are now hundreds of programs nationally that use privately owned apartments to house youth in transition. Funding for this model can come from state or county funds for youth housing, local public housing agency vouchers, private foundation funds, and youth contributions. (44)

Another model used in rural areas or communities with few rental properties is the **host home model**. (46) In this situation, an agency finds an adult who has an available room for a youth to stay for an agreed upon period of time. The host agrees to complete background checks, home inspections and a basic orientation. They also agree to act as a positive youth role model, report any problems, and allow program staff to visit regularly. This model can be used for youth with high-risk factors or youth who are too immature to live alone.

Each community program has to decide how it will address common concerns of all housing providers such as:
- Who signs the lease?
- How can you tell if a youth is ready for IL housing?
- What about liability? Damages?
- What is the best housing option?
- How often do you need to see a youth?
- How do you find landlords willing to rent to youth?
- Do youth have to contribute anything?
- Can we place foster youth in TLP/HUD programs?
- Shouldn't we focus more on keeping youth with adults?
- What about visitors/roommates?
- What about after hour crises?
- What about youth with children, including fathers?

Fortunately there are many programs nationally to share their experience and wisdom on all of these issues.

Here are some examples of how a housing continuum can work:

Trevor, age 18, is a chronic runaway who simply can't live with other peers. He ran from two group homes and three foster homes but always kept his job at a surfing supplies store in his town. His school attendance was sporadic but he showed a lot of potential. He was referred to an ILP, which placed him in an apartment rented from a private landlord. He did well on his for several months but soon complaints came from the landlord about parties, heavy metal music at 2am and lots of traffic. After several warnings, the ILP staff came to his apartment, helped him bag up his possessions and took him to a house run by the ILP with three beds for males and a live-in resident manager. Trevor was not happy but agreed he lost control of his apartment. He stays at the shared-home for three months and earns his way back to another scattered-site apartment.

Cathy, age 17, lives in a foster home with four other foster siblings in a small town 30 miles from the city. She is doing well in all areas of her life but her caseworker knows she cannot move back with her family and needs to learn to live on her own. A referral is made to an ILP in the city which quickly establishes there are no apartments for rent

in Cathy's town. After numerous calls are made, the ILP finds a couple in their 30s with an extra room in their house who know Cathy from their church. The children's services agency runs a background check on the couple, checks out their house and approves of the placement. Cathy completes her senior year while living in this host home and after graduation from high school and discharge from foster care, she works out an agreement to stay living with the host family, paying them $150 toward room and board, until the end of the summer when she will move into a college dorm.

Bobby, age 17 ½, lives in a group home and is doing well. He is referred to an ILP and placed in his own apartment. He does well for a while but once school starts, numerous friends find out that he lives in his own place and it becomes "party central". In spite of many conversations with ILP staff, the place is out of control. Bobby is removed from the apartment and placed in the agency's shelter for two weeks. After his stay at the shelter, he is allowed to return to the apartment, with a written behavioral contract. The second time around, things go more smoothly as he makes sure his friends don't return.

Susan, age 18, is referred to an ILP after doing well in a foster home for over three years. She is placed in a supervised apartment with three units for youth and one for a resident manager. Susan does well in the program and after four months is moved into an apartment rented from a private landlord. After another three months, her foster sister moves in with her, after clearing this with the landlord. When Susan leaves the system, she and her new roommate will be able to split the rent and utility bills and will take over the lease.

Throughout the transition process, youth will continue to be involved with parents, family members, relatives, boyfriends and girlfriends, and others and may move in with these people for varying periods of time. Allowing youth to test out other living arrangements while in the program is part of a "normalcy" approach and can support permanency outcomes.

3. Specially Trained Case Managers

The CWLA Standards of Excellence for Transition, Independent Living and Self-Sufficiency Services defines case management services (sometimes called "care management") as "services intended to help youth and families achieve or maintain optimum social, psychological and physical functioning by planning, securing, coordinating and monitoring services from different organizations and personnel on behalf of those served." The case or care manager, as the position is often described, "is the primary individual responsible for securing, monitoring and managing services in partnership with an individual client and/or family." (47)

Essential to guiding a youth through the transition process is the existence of trained transition case managers who oversee all aspects of a youth's transition. This

professional has to have a balance of clinical and practical skills in order to be successful. This person will assure all key services are provided.

Case management includes, but is not limited to:
Intake and Orientation
Finding housing/furnishings
Developing client's support system
Providing financial support
Communicating with State Child Welfare systems and juvenile courts
Assuring special needs are addressed
Making referrals for needed services
Connecting youth with life skills training
Weekly face-to-face contact/apartment checks
Educational/vocational support
Treatment team coordination
Treatment/counseling
On-call/crisis services
Discharge planning
Aftercare services
Outreach
Advocacy

An independent or transitional living case manager (CM) basically oversees the entire transition process for a youth and is charged with making sure the youth is being prepared, has access to all needed services and leaves care timely, empowered for success. Optimally, the CM will work with a youth for several years to build trust and rapport and to identify the youth/young adult's capabilities and limitations.

Caseload sizes for case managers depend somewhat on the scope of their jobs, the geographical area being served, and the complexity of the CM's caseload. If a person is working in a non-profit, housing-based ILP, caseloads of 10-12 are reasonable, as this person acts in a parental role. (47)

4. Resources to Address Special Needs

Youth in the foster care system often have significant personal issues in addition to family problems. These issues need to be addressed in concurrence with other strategies being used to guide the transition process.

- **Youth with chronic mental health issues** will need connections to people and services to provide support, therapy and if needed, medication management seamlessly into the adult years.

- **Youth with developmental disabilities** will need support from people who understand their capabilities and limitations. These youth will also need to be guided into the adult developmental disabilities service system and linked to eligible benefits.

- **Teen moms/pregnant females or fathers** will need training on parenting and child development and help accessing WIC, child support, food stamps and housing if needed.

- **Youth with criminal records** will need increased monitoring and accountability, connections between transitional supports and parole/probation officers and extra help finding housing and jobs.

- **Youth from different cultural backgrounds** will need case-managers who can speak their language, understand their cultural differences and connect them with cultural supports beyond foster care.

- **LGBTQ youth** will need connections with mentors and community supports.

- **Substance dependent youth** will need access to treatment programs, support groups, relapse prevention services and case managers skilled in this area.

- **Youth with chronic medical problems** will need assistance to connect with medical specialists and access any eligible benefits.

- **Youth with a history of trauma** will need ongoing support from staff trained in trauma informed care.

5. Aftercare Services

The literature indicates many American "youth" are still living at home into their middle to late 20s. As mentioned before, research shows brain development is not complete until the mid-20s. In other words, even our most well-prepared youth will leave us as **"works in progress**."

These young adults will need the same types of supports their peers will need including occasional emergency financial assistance, connections to adult resources and, crisis counseling. Informing youth of aftercare resources and contacts is important. Budgeting funds to help with emergencies, unanticipated expenses, professional fees, uniforms or equipment which can help in obtaining a good job can make a difference in a young adult's success.

Jennifer left foster care five years ago after ten years in a foster home and two in an independent living program. She was a successful case in all respects. She called her old ILP and asked to speak to one of the staff who knew her. Jennifer explained that she was doing well overall but had a problem that she needed help with. She had a great job at a factory 2 miles outside of town and her brakes went out in her car. There was no bus system that went to the factory and she couldn't get anybody to transport her child to daycare before work. The ILP was fortunate to have a small pot of money to help former clients with emergencies. Her ILP friend told her to find the nearest mechanic and call back. The ILP then contacted the mechanic and arranged to have

her car towed to the shop where it was fixed within a day. Jennifer had her car back and only missed one day of work. If she had lost that job she would have been homeless within a month.

In some cases youth who have left the system will return in a crisis situation. They might need help in finding temporary shelter, a safe place to escape domestic violence, or food until the next payday. Police protection from traffickers, pimps or gangs might be needed. More common is a call from a youth who lost a job and is close to being homeless. Having resources to help these young adults is essential.

Betsy left the state ILP a year ago to live with her mother in Oakland. Deep down she really wanted to try to reconnect with her mother, at least give it one more try. She left her program apartment, quit her steady job and sold all of her furniture. Three months later she called the ILP and tearfully told them that she was in a bad situation. Her mother was an addict and was prostituting to make money. She was staying on a fellow worker's couch temporarily as she felt unsafe being in her mother's apartment. The ILP bought her a one way greyhound ticket back to her home state with aftercare funds through a program created with the state's Chafee budget, reinstated her in a program apartment and helped her get back on her feet. The funds could support her only for 90 days, but it was all she needed to restart her life.

IV. Current Louisiana Practices

For youth aging out of foster care, who will be graduating high school or obtaining a HiSet certificate within the coming year and are performing satisfactorily, DCFS does offer monthly independent living stipends. These stipends are for the youth to use to meet their daily care needs if they continue to try to complete their secondary education.

In the 2016, Louisiana Regular Legislative Session ACT 306 was passed. The legislation requires public, post-secondary institutions to:
- designate a homeless and foster youth student liaison within the financial aid office;
- allow these youth to apply for financial aid as an independent adult;
- establish residency status as living in Louisiana; and,
- encourage provision of housing options between academic semesters.

DCFS utilizes regional contract providers to deliver Chafee Foster Care Independence Program (CFCIP) services, which include, but are not limited to:
1. providing federally mandated independent living skills training for all youth ages 14 through 17 and for any youth 18 to 26 seeking additional knowledge development;

2. providing case management services as requested by youth ages 18 up to 26;
3. providing up to two instances of rent and utility deposits to set up a living situation for youth aging out of foster care up to age 26;
4. tracking of youth after foster care exit to maintain a supportive relationship and offer assistance as needed or requested
5. surveying of 19 and 21 year old youth for the National Youth in Transition Database;
6. collaborating with foster parents, staff and youth in youth assessment, case planning, youth transition plan development and delivery of services;
7. developing, supporting and managing regional Louisiana Youth Leadership Advisory Councils and representation from each regional council on a state level council; and,
8. engaging and developing foster care youth alumni as program staff members to inform the regional service delivery.

DCFS utilizes an interagency relationship with the Board of Regents to disseminate Education and Training Voucher funds to youth who have aged out of foster care for post-secondary educational and vocational training. Youth are allowed up to $5000 per academic year in an accredited program as long as the youth are performing satisfactorily in the training program. This voucher program is available to all youth who age out of foster care at age 18 up to the age of 21. If at age 21 the youth is doing well in the training program and receiving an Education Training Voucher, the youth may continue receiving the voucher up to age 23 as long as the youth remains continuously enrolled.

Louisiana Department of Health does provide ongoing Medicaid coverage to youth aging out of foster care. Youth are allowed to retain Medicaid benefits as long as they reside in Louisiana up to age 26.

While a youth is in foster care, DCFS will provide the youth driver's education through any remaining school programs in the state, or through private providers. The Louisiana Department of Motor Vehicles provides free, state identification to youth aging out of foster care, which can be a driver's license if the youth meets requirements.

DCFS begins the youth transition planning process with youth in foster care at age 14. This process continues throughout the youth's stay in foster care. As part of this process anyone involved in the care of the youth is encouraged to take part in supporting youth achievement of life goals. The areas addressed in a youth transition plan are:
1. Strengths, Concerns and Immediate Needs of the Youth
2. Education
3. Independent Living Skills/Transition Preparedness
4. Employment
5. Financial Stability
6. Housing/Living Plans
7. Permanent, Supportive, Community Connections

8. Health (Mind and Body)
9. Critical Documents
10. Resources for Success
11. Health Care Power of Attorney (Health Care Proxy)
12. National Youth in Transition Database
13. Youth Rights.

As part of addressing "Financial Stability" credit clearances are completed by DCFS annually for youth in foster care beginning at age 14. Any information found regarding a youth in a credit clearance is addressed and resolved by DCFS for the youth. This allows youth to begin adulthood with a clear credit history.

V. Extended Foster Care Considerations

The Fostering Connections to Success and Increasing Adoptions Act of 2008 amended Title IV-E by extending the age of eligibility from 18 to 21. To qualify states for federal reimbursement, Title IV-E eligible foster youth age 18 and older must be either completing high school or an equivalent program; enrolled in postsecondary or vocational school; participating in a program or activity designed to promote or remove barriers to employment; employed for at least 80 hours per month; or incapable of doing any of these activities due to a medical condition.

Eligible youth can be residing in a foster home or group care setting or living independently in a supervised setting, but the protections afforded to foster children under age 18 (such as judicial or administrative case review every 6 months) still apply. State child welfare agencies are also required to develop a transition plan at the direction of the young person during the 90 days immediately before they exit care. [48]

Most states are still trying to figure out how to make this work in terms of juvenile court oversight, expectations for participants, provider reimbursement, placement options, policies and procedures, and performance outcomes. [1]

The Midwest Study by Chapin Hall found youth who aged out of Illinois foster care at 21 did significantly better on several markers when compared with youth aging out of Iowa and Wisconsin's systems at age 18. [4]

The first formal cost benefit analysis was done for the State of California by the Chapin Hall team in 2009 [49] and lead to the following conclusions:

"We estimate the average per youth cost of extending foster care to age 21, net cost offsets associated with public assistance utilization when youth cannot remain in care, to be approximately $37,948. Available state-level data on public assistance utilization suggest that the net cost of extending care in California may be a few hundred dollars less than our estimate. We would expect the federal government to pay $13,282, the

state of California $9,866, and the placing county $14,800 per person to extend foster care in California to age 21."

"Our estimates of the benefits of extending care until age 21 on bachelor's degree completion range from approximately $27,000 to $196,000. The wide range reflects different assumptions about 1) college graduation by former foster youth generally and 2) the persistence over time of the educational advantages associated with remaining in care. Our best estimate is that the increase in bachelor's degree completion predicted to result from extending care to age 21 would increase per person work-life earnings by approximately $92,000. This represents about $2.4 for every dollar spent."

"Even if we assume no continuation of the favorable educational trajectory observed at age 21 associated with the Illinois policy of extending care, we estimate that the per person work-life earnings of foster youth making the transition to adulthood would increase by an average of $84,000 as a result of allowing foster youth to remain in care until they are 21 years old. This conservative estimate is based only on the expected effect of extending care on the likelihood of completing at least some college and represents a return of over two dollars for every dollar spent."

A study by Cutler Consulting used a very different methodology to estimate the economic impacts of providing extra support to foster youth who age out of the foster care system. Using the same data as the Illinois study, the researchers calculated the rates of high school graduation, parenthood, and criminal activities for foster youth, then compared these with rates in the general population. The economic analysis in the Cutler study hypothesizes that intervening in the lives of foster youth could potentially "make up" for the differences in outcomes between foster and non-foster youth. The study assumes that if outcomes for foster youth were similar to the general population, the lifetime benefits of extending foster care could amount to an average of $237,400 for each of the 24,000 youth aging out of foster care each year. These benefits would reflect increased lifetime earnings as a result of increased high school graduation, decreased costs of unplanned parenthood, and decreased criminal justice costs as a result of lower rates of crime. This effect remains hypothetical, however, since there has been no research to suggest that extended foster care improves outcomes so dramatically. (50)

In the State of Washington, studies found compared to similar foster youth, FC to 21 enrollees:
- attended college for a longer period in the first two years after high school graduation;
- received food stamps for fewer total months;
- were less likely to be arrested for a misdemeanor or felony crime; but,
- employment and child birth outcomes were not significantly different between groups. (51)

From the Columbus Dispatch, referring to an argument made for the bill by Ohio Fostering Connections: "With less unemployment and need for government assistance,

Fostering Connections says that over 10 years, the state will see a financial benefit for expanding support to age 21, which occurs if certain education and work requirements are met. More than half of states have expanded services to age 21."[1]

The Youth Villages Transitional Living Program in Tennessee conducted an evaluation of an independent living program using random selection and a control group. It shows the Transitional Living program improved outcomes in three of the six domains it was designed to change. The program boosted earnings, increased housing stability and economic well-being, and improved some outcomes related to health and safety. However, it did not improve outcomes in the areas of education, social support, or criminal involvement. [52]

The Lighthouse Independent Living program in Cincinnati, which has been operating since 1981, looked at the level of care at discharge over a five year period and found the majority of the discharged youth chose to keep their apartments or move in with friends as opposed to returning home to birth families. A third of the discharged youth were stable enough to convince a private landlord to let them take over the lease on the apartments acquired by the program. [53]

The research is limited and results are mixed, as this is still an evolving field of work in most states. Also, events such as the Great Recession cause poor outcomes for all youth in terms of employment and self-sufficiency, regardless of foster care status. States and agencies are still recovering from the significant setbacks the recession caused to budgets and existing services.

The extension of foster care to 21 would:

- Give youth **more time to mature** and learn from their mistakes;
- Give young adults and caretakers **more support** during the transition process;
- **Prevent foster youth from becoming homeless** immediately after discharge;
- Allow youth who left the system thinking they could manage on their own, **a contingency plan** when they encounter challenges;
- Keep young adults **connected to caretakers** who know them;
- Give youth a better **chance of completing high school or HiSet diploma/certificate;**
- Give some youth **a chance to begin a college or trade program;**
- Give youth a chance to **gain employment experience** and/or improve their employment situation to earn more income
- Give caretakers **more opportunity to find an adequate living arrangement** for young adults in transition
- Give all **more time to establish permanent connections**.
- Give caretakers **more time to connect young adults with other systems** such as the adult mental health system or developmental disabilities system.

States with foster care extended to 21 make it clear to youth they have to meet certain expectations to continue to receive support.

Lessons from a Veteran

I ran an independent living program for 21 years in Cincinnati and worked with over 3000 youth aging out of foster care during that period of time. Like Louisiana, Ohio's foster care system ended shortly after age 18 so we knew that we needed to get started early and create strategies that really helped our youth understand what they needed to do to become self-sufficient. Here are some of the key lessons I learned during those two decades:

-Youth learn best when they are given the opportunity to confront real life problems and learn how to solve them. We placed youth as young as age 16 in individual apartments in a neighborhood where they felt comfortable and helped them out with rent, utilities, phone and food for an average of 12 months. If a problem came up, our staff gave them ideas on how they could solve the problem.

-Many (most!) youth are not learning basic life skills like budgeting, dealing with landlords, time management, cooking, cleaning, using community resources, solving common apartment problems, etc. at school or home. We all just assume that somebody has taught youth the basics. We learned that we had to be the ones to do this and set up a systemwide life skills training program for all youth in foster care. Every year hundreds of youth would complete a ten week life skills program on Saturdays so that they knew the challenges of adult living.

-Independent living is not finishing school. It takes most American youth well into their late 20s to become completely self-sufficient. I stayed in my position because of the dozens of youth who returned to visit us in their mid-20s and told us how it took them a while to put everything we taught them together in their brain. We created a map for them to use but it took them a while to understand it.

-Many youth who succeeded in our program learned painfully that they would be better off not living with their families of origin. They would have regular contact with family members but chose to live on their own rather then get caught up in the ongoing dysfunction of their families, who were not trying to change their behaviors. Most of the youth we worked with, when given the choice of returning home or keeping their own apartments, chose to keep their own places.

-Having a fund set aside to help youth who had aged out for emergencies kept many from becoming homeless down the line.

-Getting the entire system involved in the self-sufficiency process is necessary for the self-sufficiency process to work. Foster parents, group home staff, CASAs, caseworkers all have to work together to help youth become self-sufficient, not just the Independent Living staff.

-Allowing youth to "fail safely" is part of the process. Our youth made many of the same mistakes we all made growing up but we looked at these mistakes as learning opportunities to learn, not a reason to discharge them from the program.

-Some of the youth coming to us will never be totally self-sufficient and will need help connecting with services to help them as adults.

Mark Kroner, LISW, has been involved in the Independent Living field since before it officially started in 1986, as a program director, national trainer and advocate and writer of numerous books and articles related to self-sufficiency and youth housing.

VI. Task Force Recommendations

1. One-Stop Transition Center for Foster Youth and Alumni

A strategy used by communities throughout the country is the creation of a transition center including a group of specially trained staff and a range of services to assist youth in transition and alumni returning for help. The Houston Alumni and Youth (HAY) Center in Houston, Texas helps over 1000 youth a year with connections to community resources, housing options, information, counseling, life skills training, employment connections, aftercare room and board, and transition case management. [54] The center has recently added volunteer transition coaches, subsidized employment training, mental health specialists, holiday activities, a prom event, and college tours.

Everyone in the community knows the center's location and youth can drop in at any time to seek assistance. Houston has over 600 youth who age out of foster care each year and needed to improve their transition services to keep those youth from homelessness. Youth who have left the system can return for assistance until they reach age 21.

The Achieving Independence Center (AIC) in Philadelphia is one of the most established one-stop centers in the country. The Center exists to provide a safe communal space where youth in dependent care can be connected, educated, and empowered as they strive toward attaining and maintaining independence. The Center provides support and real life tools for youth who want to make an investment in their future. Youth work with AIC coaches to create a customized service plan to help them achieve their goals related to: completing high school/GED, enrolling in

college/vocational school, computer literacy, employment/career planning, housing, permanency and personal development. (55)

The creation of a similar resource in key communities of the state could help centralize the services and simplify communication and case-coordination between caretakers, youth and system professionals. Centers can be the source of many of the protective factors and connections youth need to maintain resilience and overcome life challenges.

2. Automatic Medicaid Enrollment and Redetermination to Age 26

A recent study of ten Chafee programs which allow former foster youth to retain Medicaid coverage until age 21 found states with more automatic enrollment and redetermination processes were able to retain the largest number of youth on Medicaid in the year they aged out. (32) In states which require a higher level of involvement in the enrollment and redetermination process, youth were less likely to be enrolled in the month before their 19th birthday. (32)

Louisiana should evaluate its enrollment and redetermination processes for this population to ensure foster youth remain enrolled in Medicaid until the age of 26.

3. Financial Security

Louisiana should create the capacity for banks to open savings accounts for youth in foster care with different legal conditions from the general population, i.e., no adult co-signer. This will allow youth and connections to begin building savings for the youth while still in foster care. This will offer some protection to the youth from experiencing homelessness and provide financial resources for self-support when aging out of foster care.

4. Specialized DCFS Staff

Louisiana should identify experienced case workers with a demonstrated skill in working with older youth within the DCFS, and provide specialized training to further develop their skill level. As state and department resources allow these case workers should be designated as specialized youth consultants. These staff should remain knowledgeable regarding resources and activities necessary to support a successful transition of youth from foster care. They should also be an integral part of local collaborations to enhance the locally available resources and build stronger community partnerships for serving youth aging out of foster care. As part of their development as youth specialists, these case workers should also be trained and expected to have the expert knowledge on

working with youth around related issues such as development of permanent connections, illegal or unhealthy substance use, runaway behaviors, delinquent behavior, sex trafficking, labor trafficking, gender identity, sexual expression, bullying, etc.

Ideally the specialized youth consultants would be reserved only for youth ages 14 up to the age where a youth is no longer in foster care. These youth consultants would specialize in the assessment and planning necessary to facilitate the youth's successful transition into adulthood. They would serve concurrently and consult with the regular foster care case worker who would be expected to continue those case activities related to court reporting, ensuring the basic care needs of the youth are met, supporting the youth's caretaker, and fulfilling case responsibilities to the other family members (siblings, parents, etc.). The focus of the youth consultant would be the transitional needs and available resources for the youth. These youth consultants would not necessarily carry caseloads like regular foster care case workers, but serve in a higher level consulting role to caseworkers and the supervisors of those caseworkers. The youth consultants could work with multiple foster care caseworkers and supervisors simultaneously. It is recommended a minimum of two youth consultants be approved for each of the nine DCFS regions to initiate this work. This additional eighteen staff would also require three Child Welfare Managers to supervise the staff and collaborate to ensure consistency in practice statewide.

The mid-level Child Welfare Consultant with DCFS costs the agency an average of $64,470 per year, and the mid-level Child Welfare Manager 1 with DCFS costs the agency an average of $68,983 per year. To fund the recommended number of staff, eighteen consultants would cost approximately $1,160,460 and three managers would cost approximately $206,949 which would total approximately $1,367,409 for SFY 2017/2018.

5. Extended Foster Care

Louisiana should extend foster care up to a youth's 21st birthday for youth who achieve the age of majority in foster care. All youth turning age 18 in foster care should continue automatically in foster care with complete foster care services until the youth requests from the court emancipation from foster care. To build state capacity to provide such services it could be developed in staggered manner with all youth turning 18 the first year, and then progressing to all youth turning 18 and 19 the following year, ending with all youth turning 18, 19 and 20 the next year. No youth would be "grandfathered in" during the initial three years of the program as it is being developed. However, after the program is initiated, any youth achieving those ages each year that emancipated from

foster care could request re-entry and revocation of foster care emancipation at any point up to the youth's 21st birthday if life challenges necessitated. Then the program would be fully developed. The average annual cost for providing care to a child in foster care is approximately $25,783. The following is a chart of the numbers of children aging out of foster care in the preceding five state fiscal years:

State Fiscal Year (July 1 – June 30)	Youth Turning 18 in FC
SFY 2012	239
SFY 2013	201
SFY 2014	163
SFY 2015	181
SFY 2016	147

The five-year average is approximately 186 youth achieving age 18 per year. Serving an average of 186 youth at $25,783 for SFY 2017/2018 would equal approximately $4,795,638 which would include the cost of daily care and placement of the youth.

For the purposes of providing extended foster care, a youth would not be considered a minor for the duration of the youth's stay in foster care after achieving the age of majority. The DCFS would only continue to be considered a custodian of the youth for the purpose of delivering foster care services to the youth until the youth voluntarily seeks emancipation from foster care during a routine review hearing. The DCFS may also request the court emancipate any youth: failing to comply with educational or vocational tenets of the developed program; youth taking unauthorized leave of the program; youth involved in criminal activity; or, youth who are able to move to the custody of other governmental agencies to assume long-term adult care of the youth such as LDH.

6. Fund Post-Secondary Education for Foster Youth

The 2006 Louisiana Revised Statute 17:1687 provides for tuition and fee exemptions in Louisiana public postsecondary education institutions for persons in foster care, who were in foster care in Louisiana for any nine months of the 24 months immediately prior to the youth's eighteenth birthday. However, the legislation was unfunded, and to date, no youth has been able to benefit from this legislation. Additionally, a responsible party would need to be named in the statute for implementation of the legislation and management of the allotted funds.

The following numbers of students who aged out of foster care were issued Education Training Vouchers in the most recent state fiscal years:

State Fiscal Year (July 1 – June 30)	Youth Turning 18 in FC
SFY 2013	98
SFY 2014	84
SFY 2015	82
SFY 2016	99

The average number of students receiving ETV's over the past four state fiscal years is 91, ranging in age from 18 to 23. Thus, this same 91 students would be the minimal number of students eligible for tuition exemption. The average annual in-state college tuition in Louisiana was $9,665 for the 2015-2016 academic year.[56] For 91 students at $9,665 each, the total cost of funding tuition for this group of students in SFY 2017/2018 would minimally be approximately $879,515.

VII. Conclusion

Example of expressed needs from a former foster child:

"I wish I could have stayed in foster care. Some important life lessons come at the end of high school. It would have been nice to have had that guidance." – Martin, age 19, formerly in foster care (Florida Department of Children and Families)
"I am 18, but I'm worried about how to file taxes, how to find transportation to work, where I'll get money for food—I don't even know how to turn on the utilities in my apartment. I feel like I need a little more help, maybe even just for a few months."
"I was ready to get out of foster care at 18. I knew I could make it on my own and am now doing well in college. But I got laid off from my job and I need help so I can get back on my feet again."

Louisiana has a responsibility to continue supporting vulnerable youth who age out of the foster care system. A consistent number of youth whose traumatic experiences, personal issues, and life situation has lead them to the end of foster care without a connection to a family or a place to live continues to exist. If Louisiana decides not to extend foster care to 21, then the service components mentioned above need to be in place for these youth to prevent homelessness and other negative life outcomes. The Task Force is committed to developing the system supports needed to meet the needs of these youth. The DCFS will continue efforts toward family reunification, relative placements and adoption. However, experience shows these solutions are not always possible or sustainable, and it takes a community effort inclusive of government and non-government organizations to achieve a more stable future for these youth.

APPENDICES

Appendix One: Louisiana Data

1. <u>General Statistics</u>

In the last three years in Louisiana, 63% of kids who exited care at 16 or 17 (797/1263) had been in care for two years of less. The vast majority (73%, or 919/1263) had been in care six years or less. Of these kids, less than half (43%) aged out into independence. The rest were returned to family, adopted (3%), ran away, died, or were transferred to corrections or another agency.

2. <u>Louisiana Housing Corporation (LHC) 2016 Point In Time Survey Results</u>
- Surveyed 1,505 people experiencing homelessness statewide
- 85 (6%) of those surveyed reported being in Foster Care at some point in their life
  - 39 (46%) of the 85 reported exiting Foster Care to live in a family member's room
  - 10 (12%) of the 85 reported exiting Foster Care to live in a place not meant for human habitation
  - 7 (8%) of the 85 reported exiting Foster Care to live in an emergency shelter, including a hotel or motel
  - 30 (35%) of the 85 reported exiting Foster Care between the ages of 13 to 17
  - 22 (26%) of the 85 reported exiting Foster Care at the age of 18
  - 20 (24%) of the 85 reported exiting Foster Care between the ages of 6 to 12
  - 9 (11%) of the 85 reported exiting Foster Care between the ages of 0 to 5
- Initial survey of the annual census of people experiencing homelessness
- Survey now being utilized by homeless service providers at initial intake
- Survey will again be completed in 2017 Point In Time Survey by LHC

Appendix Two: Federal Mandates

While there are no specific federal mandates requiring the states to provide services to youth aging out of foster care, Louisiana must comply with federal regulations and guidelines in order to receive available federal funding in certain programs. Those regulations which impact older youth and youth transitioning out of foster care include:

1. Foster Care Independence Act of 1999 (P.L. 106-169, 1999)
        In 1999, the Foster Care Independence Act amended Title IV-E of the Social Security Act to create the Chafee Foster Care Independence Program (the Chafee Program) which doubled the funding potentially available to the states for independent living services and gave the states greater discretion over the use of the funds.
   - Revised the program of grants to States and expanded opportunities for independent living programs providing education, training, employment services, and financial support for foster youth
   - Authorized funds to be used to pay for room and board for former foster youth age 18-21
   - Emphasized permanence by requiring that efforts to find a permanent placement continue concurrently with independent living activities
The Chafee Program has been amended and enhanced subsequent legislation

2. Justice for Victims of Trafficking Act (P.L. 114-22, 2015)
        This Act provides grants to the states for child abuse investigation and prosecution of human trafficking in order to achieve justice for victims.
   - States have the option for define "child" as a person who has not reached the age of 24
   - States may extend the statute of limitations for civil actions against perpetrators of human trafficking offenses until 10 years after the victim reaches the age of 18

3.) Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183, 2014)
        This statute amends the Social Security Act with provisions to prevent and address sex trafficking of children in foster care, develop a reasonable and prudent parent standard to allow a child in foster care to participate in age appropriate activities and to improve adoption incentives.
   - States are required to locate and respond to children who have run away from foster care
   - States are required to develop a reasonable and prudent parent standard for the child's participation in age or developmentally appropriate extracurricular, enrichment, cultural and social activities **and** to apply this standard to and foster home or congregate care institution receiving federal IV-E funds (The

amendment to the Chafee Foster Care Independence Program requires that children who are likely to remain in foster care until age 18 have regular, ongoing opportunities to engage in age or developmentally appropriate activities)

- State may no longer designate alternative permanent living arrangements (long term foster care) for children prior to the age of 16, and only when certain requirements are met
- States are required to give children 14 and older authority to participate in the development of their own case plans and transitional plans, in consultation with up to two members of the case planning team
- States are required to provide children leaving foster care with a copy of their birth certificate, Social Security card, health insurance information, medical records and a driver's license or equivalent State issued identification card
- The Family Connection Grant Program was extended; universities were made eligible for matching grants; and, kinship navigators were established to promote partnerships between public and private agencies to increase knowledge of the needs of foster parents for children in foster care who are themselves parents

4. Child and Family Services Improvement and Innovation Act (P.L. 112-34, 2011)
This legislation amends certain parts of the Social Security Act to extend the Child and Family Services Program through FY16

- Among several major provisions regarding child welfare, this Act requires that each child age 16 and older in foster care receive a free copy of any consumer credit report each year until discharged from foster care and be offered assistance in interpreting the credit report and resolving any issues

5. Patient Protection and Affordable Care Act (P.L. 111-148, 2010)
This Act amends the Public Health Service Act to provide health-care insurance coverage for all Americans and to improve health-care services for underserved communities.

- States are required to extend Medicaid coverage to former foster care children younger than age 26
- States are required to include information about the importance of having a health-care power of attorney in transition case planning

6. Fostering Connections to Success and Increasing Adoptions Act (P.L 110-351, 2008)
This Act amends Part B and Part E of Title IV of the Social Security Act to connect and support relative care givers, improve outcomes for children in foster care, improve incentive for adoption and provide for Tribal foster care and adoption access to federal funds.

- States are required under the Chafee Foster Care Independence Program to allow services to youth who leave foster care for kinship guardianship or adoption after age 16
- States are required under the Education and Training Voucher Program to permit vouchers for youth who leave foster care for kinship guardianship or adoption after age 16
- States are required to extend Medicaid eligibility to children receiving kinship guardianship payments
- States are **permitted** to extend Title IV assistance to otherwise eligible youth remaining in foster care after reaching age 18 and to youth who at age 16 or older exited foster care to either a kinship guardianship or adoption, provided they have not yet reached the age 19-21 as the state elects, and are in school, employed, engaged in another activity designed to remove barriers to employment, or are incapable of doing so due to a documented medical condition (** Extends eligibility for Title IV-E payments until age 21, guaranteeing federal funding to match the state's contribution.)
- States are required to develop a personalized transition plan as directed by the youth, 90 days prior to a youth's emancipation

Appendix Three: Current Louisiana Chafee Foster Care Independence Program Services

Overview

The Contractors for this service provide Independent Living Skills preparation and Transitional Services to youth 14-26 years of age. It is expected that there will be 3 age categories for these services and the service provision will be distinct within each category. Services provided by the Contractor shall assist youth in the transition to self-sufficiency; provide education and training necessary to obtain employment, housing, and to maintain permanent connections; preparation for and entry into postsecondary training and educational institutions; and, personal and emotional growth and support.

The Contractor will provide services within age ranges according to the following:

- Services to young adults 18-26 years old for financial planning and resource application; housing options identification, application and setup; counseling or other behavioral health resource identification and support in accessing; employment preparation, job training resource identification and application, employment opportunity identification, job application; educational/developmental resource identification and application; and, other supportive services including case management;

- Transitional Services to youth 15-17 years of age transitioning from state custody to independent living status, with a minimum of thirty-two (32) hours of service delivery per youth annually, to develop the capacity of the youth to successfully live independently and working with the child's case manager and caretaker to help the child build healthy, adult connections and mentoring relationships to support the youth's transition to adulthood and independence;

- Preparation for Transition Services to youth 14 years of age with a minimum of ten (10) hours of experiential learning activities per youth annually focused on developing an understanding of the expectations of developing personal life goals and action steps to reach those identified life goals, preparing to becoming responsible for their own care, communication skills, development of healthy relationships, and improving educational performance;

Services to all age groups to include planning for specific and individualized in-home activities and homework assignments for youth to practice the skills they are learning in the program at the youth's place of residence and provide for feedback to the youth, the youth's case worker (Department of Children and Family Services, Office of Juvenile Justice or Federally Recognized Tribes) and the youth's caretaker from skills trainers. In-home activities and homework assignments must be applicable to different placement settings and provided to youth in every placement setting of a youth involved in the program. Services should include regular discussions with the youth's caretaker and case manager regarding the youth's progress and steps which can be taken by the caretaker and case manager to support the youth's skill development.

The contractor shall also continue contact with youth in foster care after service delivery and those that have aged out of foster care at a minimum of quarterly to maintain a

supportive relationship and continue to provide services when needed and to potentially survey the youth for National Youth in Transition Database (NYTD). A minimum number of surveys must be completed by the provider to remain in compliance with contract regulations. The State's 2015 NYTD data is included in Appendix Ten.

The contractor shall maintain a youth advisory board which meets on at least a monthly basis and completes activities and projects. The contractor will hold an annual regional youth conference designed to include youth, case workers, and placement providers. The contractor must also maintain contact with placement providers, case workers, and Tribes on a regular basis for consultation on individual youth served and to offer training regarding the program.

<u>Services to be Provided</u>

The Contractor shall provide the following services:

- Casey Life Skills Assessment will be used as a pre and post assessment; this shall apply to all youth and young adults; results must be sent to case workers as soon as the assessment is complete; pre-assessment must be completed with youth within 30 days of program entry and prior to any adjustments to the youth's service plan; post-assessment must be completed with youth when goals within the youth's service plan are achieved and at the completion of the final instructional session with the youth in relation to any service plan.

- Support to youth, DCFS, OJJ, and tribal case managers and foster caretakers in understanding the Casey Assessment results and suggestions on how to use the assessment in service planning with the youth, to include suggestions of case goals and action steps where applicable.

- Attending case planning meetings for each youth served ages 14 – 17, in-person or by phone and if unable to attend clear documentation must be provided to the DCFS contract monitor, the case manager for the youth and documented in the records of the contractor for the youth regarding reasons for not attending. Providing written feedback regarding the case plan to include specific goals and action steps is critical to collaborating in development of successful case plans for youth.

- In the region of responsibility, provide orientation and/or in-service to caretakers, DCFS and OJJ case managers, and federal tribes, a minimum of once a year, to give up to date information on services available, application/referral procedures, and current regional provider information for the contracted Independent Living Skills Program. The orientation/in-service with DCFS must occur at each DCFS office in the contracted region annually. The contractor must also have contact with the DCFS CW Managers, OJJ staff, and federal tribes in the region of service quarterly by phone to update them on services, referral status, and any unresolved issues that may arise
  - ❖ The purpose of this service is to provide support and educate staff, federal tribes, and placement providers/caretakers in addition to increasing the population served. The percentage of eligible youth within the region

being served by the provider should increase annually over the three (3) contract years;

- The curriculum shall be made available with due notice given to accommodate requests by all DCFS, OJJ, and tribal caretakers and caseworkers;

- Experiential or "hands on" skill-based training or provider facilitated activities within the youth's natural living environment to assess and augment the life skills the young person is acquiring through practice in real life situations, and support in maintaining essential life skills knowledge development;

- Planning with youth and caretakers for specific and individualized in-home activities and homework assignments for youth along with their caretakers to practice the skills the youth are learning in the provider's classroom setting and provide for feedback to the youth and their caretaker from the skills trainers. In-home activities and homework assignments must be applicable to different placement settings and provided to youth in every placement setting involved in the program.

- Support to former foster youth of DCFS, OJJ, and members of federally recognized tribes contacting the Contractor for assistance, with immediate, emergent support and assistance provided to youth who identify as being homeless or involved in human trafficking;

- Advocacy to assist youth with coordination and linkage to community services; knowledge and understanding of available programs and community resources is a requirement;

- Provision of services within the youth's geographical area with a requirement that all services be delivered no more than 45 miles from the address or location of the youth;

- For youth receiving Transitional Services or Preparation for Transitional Services and who are 14-17 years old, provision of in-home planning services a minimum of quarterly to include the youth and the youth's placement provider/caretaker;

- Outreach and in-home support and services to youth who are unable to attend classes due to behavioral issues, illness or challenging condition of the youth as defined by the caseworker, youth or youth's caretaker;

- Services shall be arranged and delivered in a manner that does not conflict with youths' family contacts as well as academic and extra-curricular activities. Services shall include meeting times that are in the afternoon, on weekends and during extended school holidays (Thanksgiving, Christmas, Easter, and summer) to accommodate the schedules of youth and their caretakers. Services might also include meeting times offered in the evening when most convenient to the youth and their caretakers;

- Case Management services to 18-26 year old young adults to include: a minimum of one (1) successful phone contact per month (in-person is preferable but phone is allowed), provision of rental utility deposits for initial set up for those 18 year old young adults that are just aging out of care or youth up to age 26 that

are experiencing a housing disruption and need assistance establishing a new housing situation a minimum of two (2) times, assistance with access to transportation, assistance in completion of necessary application and/or enrollment forms, assessment of needs, and a defined work plan to include life goals, action steps, and responsible parties to address needs and realistic desires of the youth;

▪ Contractor shall participate in DCFS case planning with the youth regarding independent living, educational/vocational goals, and necessary actions to achieve the plan, including participation in development of the Youth Transition Plan;

▪ Contractor shall develop with each youth individualized service plans to guide interventions to meet specific physical, emotional, social, health, developmental, educational, vocational, and other identified needs within thirty (30) days of admission of a youth to the program if the contractor has not collaborated in the development of the youth's case plan with DCFS. The plan must be completed on the DCFS Youth Transition Plan Document contained within the youth's case plan. If the contractor has collaborated in the development of the youth's case plan with DCFS, a copy of that plan must be present in the provider's record on the youth.

   ❖ Plan shall have specific measurable life goals for the youth and time frames for achieving the goals.

   ❖ Plan shall clearly indicate services to be delivered by the Contractor's staff and consultants, by DCFS or OJJ or tribal caseworkers, the youth, the youth's caretakers, and by community service providers when appropriate.

   ❖ The plan must be reviewed each month and documentation of review must be included.

▪ Contractor shall maintain an individual case record which includes assessments, service plans, progress updates and detailed documentation of services delivered including dates, types of services, and details regarding activities participated in. This record shall be readily available to department representatives, including the workers who are directly involved with the particular youth. Documentation shall describe the nature and delivery of services provided to the youth.

   ❖ All information contained in the youth's record shall be considered privileged and confidential.

   ❖ Access to the youth's record shall be limited to department or custodial personnel (DCFS or OJJ or the tribe) and the youth unless prior written authorization is obtained from the department.

   ❖ A summary of all assessments, services, progress of the youth and ongoing plans for meeting the needs of the youth shall be submitted to the youth's worker every 6 months in preparation for case planning meetings for the youth with recommendations for ongoing skill development with the youth.

- The following are the types of supportive and educational services that the Contractor shall provide through the program and address in the youth's plan (list is not all inclusive):
  - ❖ Housing (maintenance of a dwelling and guidance regarding the selection/application for housing, including information on utility setup);
  - ❖ Home management (education and assistance with shopping, food preparation, cooking, cleaning, and laundry);
  - ❖ Educational and vocational training support (application, securing financial aid, acquiring appropriate supports such as tutoring, transportation to attend, planning for study time and homework completion, obtaining supplies, etc.);
  - ❖ Employment (assessment, search/seeking, resume' preparation, professional behavior and attire, job interview skills, work ethic, rights and responsibilities);
  - ❖ Personal/Social relationship skills;
  - ❖ Health care education (daily personal hygiene, psychosocial and medical planning for identified health issues, making appointments with health care providers, the need for and preparation of a Healthcare Power of Attorney and Advanced Medical Directive, and the routine need for preventative care);
  - ❖ Money management (handling of personal finances and budgeting, including purchasing of groceries, cleaning supplies and personal items, checking and savings account set up and management);
  - ❖ Community resources and services (purpose and application processes)
  - ❖ Protection against identity theft and steps for monitoring credit history and resolving problems (credit recovery)
  - ❖ Transportation planning to achieve goals
  - ❖ Recreational activity planning and support in developing hobbies for leisure time;
  - ❖ Communication skills development and training (oral, written, texting, email, social networks, etc.) to include an understanding of how communication can impact self and others in multiple realms of life both positively and negatively
  - ❖ Sexual development, responsibility and family planning alternatives, to include sensitivity and support in understanding, accepting and coping with any gender or sexual identity issues;
  - ❖ Self-advocacy, self-esteem, and self-discipline training;
  - ❖ Problem-solving/critical thinking skills training

- ❖ Crisis strategies to handle emergency situations (disaster preparedness such as hurricane preparedness, sudden onset of physical health symptoms, loss of job, death in family, etc.)

- ▪ Youth Board

  - ❖ Contractor shall organize a regional youth board of program participants to discuss challenges and strengths of the IL program, provide a peer support network, and discuss challenges and strengths of the foster care program.

  - ❖ Contractor shall support the youth board in arranging at least monthly regional meetings to include meeting time and social opportunities.

  - ❖ Contractor shall incorporate feedback from the regional board in programmatic changes when feasible concerning the IL program.

  - ❖ Contractor shall support regional youth participation in the state youth board (Louisiana Youth Leadership Advisory Council, LYLAC) to include participation of youth in quarterly, in-person state board meetings which are held on weekdays and weekends.

  - ❖ Contractor shall assist the regional youth board in identifying yearly goals of the board to include service projects, socialization activities, review and feedback of DCFS policy, and projects to change and strengthen the IL program and foster care program.

  - ❖ Contractor shall assist the regional youth board in finalizing their annual goals and activities and developing a work plan regarding progress that is updated quarterly and made readily available to DCFS staff monitoring the contract.

  - ❖ Contractor shall provide necessary supports to youth to carry out identified goals and activities.

- ▪ Youth Outreach

  - ❖ Contractor shall assist department in completion of National Youth in Transition Database (NYTD) surveys for all required follow up youth;

  - ❖ Contractor shall successfully complete a minimum of 60% of NYTD Follow-Up surveys required for each reporting period that the surveys are mandated;

  - ❖ Contractor shall continue contact with all NYTD Follow-Up youth and any assigned NYTD Baseline youth until the survey at 21 years of age or the Department deems no longer necessary. Contact must be made, at a minimum, by the bi-monthly contact plan given by the Department;

  - ❖ In situations where NYTD follow up youth cannot be found, contractor shall exhaust every effort to locate the youth and provide documentation of such;

❖ Contractor shall provide payments to those youth that have aged out of foster care when the youth participates in NYTD survey completion. Payment shall be made by a generic gift card which can be used at any business, if the youth is available to sign for the gift card or by a check made out to the youth, and at a value of $25 per youth;

❖ Contractor shall organize a minimum of one annual regionally based Youth Conference as detailed by the Department. Youth conferences are held in a central location.

❖ Contractor shall participate in development and provision of other annual, collaborative, statewide and/or regional conferences, meetings and/or activities for youth socialization and independent living skill development as agreed upon between the contractor and the state contract monitor.

The following is an example of the minimum expected functional delivery of Transitional Services that contractors are required to provide as part of their service delivery plan:

Both on and off site experiential learning opportunities for youth to learn and practice independent living skills;

Any classroom instruction to include group work, experiential learning, some youth led instruction and planning, group work that involves both youth and their caretakers;

Providing and facilitating opportunities for youth mentoring and teaching to others in the program in the areas where a youth has scored high with sufficient preparation and planning with the youth to develop their skill level prior to the use of the youth in this manner. For example, if a youth scores high in the area of social skills they might be guided in assisting in mentoring another youth or leading a group regarding social skills while allowing this to count toward their own thirty-two (32) hours of annual IL skill instruction;

Quarterly in-home planning sessions with the youth and placement provider/caretaker to practice skill development in the home, review in-home opportunities, and plan for on-going in-home skill development;

Appendix Four: Louisiana Education Training Voucher (ETV) Program Services

The Chafee ETV Program is designed to provide financial assistance to students who are: in DCFS, federal tribal, or OJJ Foster Care, who exited DCFS, federal tribal or OJJ Foster Care upon achieving the age of majority, who entered a guardianship arrangement or adoption from DCFS federal tribal foster care after achieving age 16 or who were in OJJ custody at age 16 and expected to remain in OJJ custody through the age of majority who are either dually enrolled in a secondary and eligible post-secondary educational/vocational program; or, who have obtained a GED or high school diploma and are pursuing an eligible post-secondary educational/vocational program. The goal of the program is to serve youth ages 16 to 21 or up to age 23 if participating continuously from age 21.

Financial assistance may only be provided to qualifying youth initially enrolling in the program after satisfactory progress in any previous educational/vocational program and/or performing satisfactorily in the post-secondary educational/vocational program within which they are currently enrolled as defined by the program. Qualified students may only be provided a maximum of $5000 per SFY. Students may initially apply and begin receiving financial assistance at any point they become eligible up to day of the youth's 21st birthday. Any youth unable to maintain eligibility due to poor academic performance may reapply when the youth is able to improve their academic standing as long as the youth remains eligible based on age.

Youth may have exited Foster Care in Louisiana but must be attending a post-secondary program in Louisiana or another state; or, youth may have exited Foster Care in another state but be residing in Louisiana and attending a post-secondary program in Louisiana. Youth may only receive an ETV from one state at a time.

The project objectives are:
1. To provide multi-media materials to create public awareness of program availability and eligibility criteria;
2. To identify youth eligible for ETV services through collaboration with financial aid officers in eligible post-secondary educational/vocational programs;
3. To help eligible youth apply for funding timely to support financial capacity for success in the youth's post-secondary educational/vocational program;
4. To support youth planning for additional financial resources to support achievement of post-secondary educational/vocational goals.

Appendix Five: Chafee Grant Utilization Report

Please find below the attached document, "Final Federal Financial Report" from Louisiana Chafee Grant ending September 30, 2015. In the report it is indicated $527,870 was unobligated. That means those funds were not expended and were returned to the federal government. At the point in time the funds were not utilized the DCFS was organized in a manner which made open communication regarding utilization of available funding sources challenging. Since the administrative changes initiated after January 2016, the department is providing much greater, coordinated oversight of this funding source. Contract utilization of contracted funds will also be monitored much more closely.

OMB Approval Number: 0348-0061
Expiration Date: 02/28/2015

FEDERAL FINANCIAL REPORT (FFR)

1. Federal Agency and Org. Element to Which Report is Submitted Administration for Children and Families	2. Federal Grant or Other Identifying Number Assigned By Fed. Agency (To report multiple grants, use FFR Attachment) 1401LA1420		
3. Recipient Organization (Name and complete address including Zip code)			
4. Grantee Name Louisiana	Grantee Name2 Secretary		
Grantee Street Address1 Department of Social Services	Grantee Street Address2 Office of Management & Finance		
Grantee Street Address3 P.O. Box 3318			

Grantee City Baton Rouge	Grantee State LA	Grantee Zip 5 70821	Grantee Zip +4	
4a. DUNS Number 809927429	4b. EIN 1726000800A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type C QUARTERLY C SEMI-ANNUAL ⊙ ANNUAL	Final Report C NO ⊙ YES
7. Basis of Accounting ⊙ CASH C ACCRUAL	8. Project/Grant Period From (Month, Day, Year) 10/01/2013	To: (Month, Day, Year) 09/30/2015	9. Reporting Period End Date (Month, Day, Year) 09/30/2015	

Transaction Information

10. TRANSACTIONS	Cumulative
Federal Cash (To report multiple grants, also use FFR attachment):	
a. Cash Receipts	$0
b. Cash Disbursements	$0
c. Cash on hand (line a minus b)	$0
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	$1,358,131
e. Federal share of expenditures	$830,261
f. Federal share of unliquidated obligations	$0
g. Total Federal share (sum of line e plus line f)	$830,261
h. Unobligated balance of Federal funds (line d minus g)	$527,870
Recipient Share:	
i. Total recipient share required	$207,565
j. Recipient share of expenditures	$207,565
k. Remaining recipient share to be provided (line i minus j)	$0
Program Income:	
l. Total Federal program income earned	$0
m. Program income expended in accordance with the deduction alternative	$0
n. Program income expended in accordance with the addition alternative	$0
o. Unexpended program income (line l minus line m or line n)	$0

Indirect Expense

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
No. 1		0.00%			$0	$0	$0
g. Totals:					$0	$0	$0

12. Remarks
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Tammy L. Martin	c. Telephone (Area code, number and extension) (225) 342-4384
Certification Title Accountant Manager II	d. Email address TMartin@dss.state.la.us

Appendix Six: Extended Foster Care Services by Other States

	OTHER STATE'S PROGRAMS						
State	Extended Foster Care	Board Payment/ Housing Provided	Secondary Education Support	Post-Secondary Education Support	Medical Services	Other Services	Details
Mississippi	No	**Yes**, if the youth chooses to remain in foster care	**Yes**	**Yes**, through the Educational Training Voucher program	**Yes**, to age 26, if the youth aged out of foster care in Mississippi	Jackson State University offers in-state tuition to former foster youth from any state.	• Youth age out of foster care at age 18; however, the court can extend care to age 19, 20, or 21 depending on the youth's individual needs. Custody arrangement is revisited annually. • All funding for youth over the age of 18 is paid by the state.
Alabama	Yes	Yes	Yes	Yes	**Yes**, to age 26, if the youth aged out of foster care in Alabama		• Youth remain in foster care until age 21. Alabama law identifies youth up to age 21 as minors and all services continue. • Youth can actively seek emancipation between the ages of 18 and 20.
Georgia	No				**Yes**, up to age 26, regardless of state youth aged out of foster care		

Arkansas	Yes	Yes	Yes	Yes	**Yes**, up to age 26, if the youth aged out of foster care in Arkansas		• Youth may choose to remain in foster care until age 21 if they meet any of the following conditions:
							  • Youth is completing secondary education or an equivalent program;
							  • Youth is enrolled in a post-secondary educational or vocational program;
							  • Youth is participating in a program designed to promote or remove barriers to employment;
							  • Youth is employed for at least 80 hours per month; or,
							  • Youth is incapable of doing any of the

							above due to a medical condition, and is receiving treatment. • Board payments for eligible youth are made through Title IV-E funds. Board payments for youth who are not IV-E eligible are paid using State General Revenue funds. • Youth between the ages of 18 and 21 are provided with after care financial support limited to $500 per month for a total of $2000.

Texas	**Yes**	**Yes**, based on availability	**Yes**	**Yes**	**Yes**, if the youth aged out of foster care in Texas	• Case Management provided to youth until age 21 through a contracted agency, if the youth chooses to access services.
						• Transition Centers are available in Texas to provide services to older youth, up to age 25. Transition Centers can provide the following: bus tokens, employment and education assistance, housing assistance, computer labs, email/internet access; counseling, ETV/financial aid application
							• Youth can choose to remain in Extended Foster Care from the age of 18 until the last day of the month of their 22nd birthday if they meet one of the following criteria:
							  • Regularly attend high school or an equivalency program leading to a diploma or certificate;
							  • Attend a post-secondary educational or vocational program, enrolled in a minimum of 6 credit hours per semester;
							  • Employed at least 80 hours per month
							  • On vacation or breaks between school semesters (limited to 1 to 3 ½ months); or
							  • Cannot do any of the above due to a documented medical condition.
							• Youth ages 18 to 21 are eligible for placement, dependent on availability and individual circumstances.
							• Youth ages 18-20 are eligible for Supervised Independent Living if they meet at least one of the criteria for Extended Foster Care and have shown they are mature and responsible.
							• When a youth leaves foster care at age 18 or older, Texas state law provides for a period of Trial Independence for six months (or 12 months with a court order). During this time, youth live independently and may receive the Transitional Living Allowance and Aftercare Room and Board,

| | | | | | | assistance; financial benefits, and case management.
• Many former foster youth may attend publicly funded Texas vocational schools, colleges, or universities without having to pay tuition or fees, if prior to their 25th birthday. | Education and Training Vouchers, Aftercare Case Management, and Former Foster Care Children's Medicaid. The youth's court case remains open during Trial Independence. |
| **Louisiana** | **No** | **No** | **Yes**, based on eligibility criteria | **Yes**, through the Educational Training Voucher program | **Yes**, to age 26, regardless of the state the youth aged out of foster care | Ongoing case management and supportive services to age 26 through contract providers. | |

Each state utilizes a combination of private and public (state and federal) funds.

Appendix Seven: Previous Louisiana Young Adult Program

State data indicates there were 153 youth in Young Adult Program when the closure of the program was announced by DCFS on 6/21/13

- In accordance with the Fostering Connections to Success and Increasing Adoptions Act of 2008, DCFS developed and implemented use of a Youth Transition Plan which staff used to help all youth ages 15 and up in Foster Care and the Young Adult Program plan for their future.
    - Since the end of the Young Adult Program this service is no longer provided to youth ages 18 and older who have aged out of foster care.
- The Department provided independent living services through contract providers in each region of the state. The providers utilized the Ansell Casey *Life Skills* Assessment which is an evidence-based tool to determine areas of need in the youth's independent living skills development and to guide planning for the educational opportunities provided to the youth.
    - This service remains available regardless of the Young Adult Program. This is the department's Chafee Foster Care Independence Program provided through contract providers statewide.
    - The Ansell Casey Assessment is now known as the Casey Life Skills Assessment and is still utilized by providers.
- Youth were able to voluntarily enter the Department's state funded Young Adult Program at age 18 if the youth wanted to complete high school, obtain a GED, or pursue post-secondary education or vocational training. The Department provided ongoing case management and financial support for the youth's living situation as long as they were making satisfactory progress in their educational or vocational program.
    - Many youth would voluntarily enter the program initially when they turned 18 but not remain in the program more than a year
    - Many youth struggled with voluntarily continuing their education or seeking vocational training
    - Many youth struggled with voluntarily allowing ongoing DCFS involvement in their lives
    - Youth who are eligible for the Youth Stipends offered by DCFS for those youth completing their High School Diploma or GED (HiSet) within a year following the youth's 18th birthday are not taking advantage of the opportunity. ***We need to reference that section of the report that discusses this in more detail or give a reference to the reader here.
    - Many youth are not educationally advanced far enough on their 18th birthday to be eligible for the Youth Stipend
    - The YAP provided youth a time of being able to continue their education and be able to graduate if they wanted that achievement
- Supervised apartments were one of the placement settings for which the Department provided ongoing financial support as a placement resource for youth approaching 18 or for those who have recently turned 18 in foster care and need ongoing independent living skills development or close supervision to successfully transition out of foster care.

- o Since the closure of the YAP program many of these programs have closed because DCFS can only pay for the care of 16 and 17 year old youth in these placements.
- Residential placement for youth with behavioral health issues or medical care needs could be continued for some youth after their 18th birthday
  - o These services cannot be provided by DCFS any longer since the end of the YAP program.
  - o Many of these youth are neither motivated nor capable of continuing in an educational or vocational program or even seeking employment
- The Department provided for ongoing placement with a child's foster parent if both the child and foster parent are in agreement to support the child's ability to complete their educational or vocational pursuits.
  - o Youth connections to these caretakers are often lost once the child turns 18 as many caretakers cannot afford to continue caring for the child without the board payment since the YAP program ended
  - o Youth have difficulty expressing their individuality/adulthood and also following the rules of the foster caretakers once the youth reach age 18, and without the support of the YAP program with an assigned DCFS caseworker, the youth end up getting thrown out of the foster home or leaving on their own without any other resource for a living situation
- Once the youth completed independent living skills classes, the CFCIP providers remained a source of support until at least age 21. (this does not comply with earlier narrative) They assisted in areas such as: apartment set up costs, utilities, etc.
  - o The CFCIP providers still have this responsibility up to age 26 for the youth, but it is harder for them to maintain contact with youth and offer ongoing support due to the lack of a worker managing the case of the youth through the YAP program.
- The Department supported the Louisiana Youth Leadership Advisory Council which was composed of foster youth from different areas of the state. This participation gave the youth the opportunity to develop leadership skills and provided the Department feedback on how to improve the system for future youth.
  - o The councils still exist, but have low participation
  - o Closure of the YAP program makes it difficult to maintain contact with the youth and encourage participation in the regionally based and state level councils
- DCFS administers the federal National Youth in Transition Database (NYTD) surveys to all youth served ages 14 and up. The purpose of the survey is to collect information on the appropriateness of transitional services in Louisiana, and obtain feedback regarding areas needing improvement.
  - o Closure of the YAP program makes it difficult to retain connections to the youth aging out of DCFS custody to complete surveys

Appendix Eight: Community Support

The success for the youth aging out of foster care is also a function of community support. Many organizations throughout the state have expressed their willingness to be of assistance. Attached below are letters from several organizations.

This is a listing of the organizations who submitted letters of support:

John Wyble, Executive Director	Brave Heart of Louisiana, Children in Need, Inc.
Ronald McClain, Executive Director	Institute of Mental Hygiene
Charmaine Caccioppi, Exec. VP & COO	United Way of Southeast Louisiana
Robert Gorman, Chair	Bread or Stones Campaign, Cath. Ch./Houma-Thib.
Kim Rugon, VP of Workforce Dev.	Goodwill Industries of Southeastern Louisiana
Sarah Berthelot, President & CEO	Louisiana Association of United Ways
John Wyble, Chair-Board of Directors	James Storehouse Louisiana
Randy Nichols, Executive Director	Capital Area Alliance for the Homeless
Claudia Berry, Executive Director	HP Serve
Rick Wheat, President and CEO	Louisiana Methodist Children's Home
James Bueche, Deputy Secretary	Office of Juvenile Justice
Julie Bass, Chief Program Officer	Goodwill Industries of North Louisiana, Inc.
Kathleen Stewart Richey, President & CEO	LouisianaChildren.org
Karen Evans, Executive Director	New Orleans Children & Youth Planning Board
Jarvis Spearman, President	Louisiana Youth Leadership Advisory Council
Marketa Garner Walters, Secretary	Department of Children and Family Services
Dr. James Gilmore, Executive Director	Louisiana Children's Cabinet
Laura Jensen, Executive Director	LA Assoc. of Children & Family Member Agencies
Jennifer Johnson Karle, CEO	Cane River Children's Services
Dr. Bryan Sibley, President	American Academy of Pediatrics, LA Chapter
Dr. Joseph Railo, Commissioner	Board of Regents
Edselle Keith Cunningham, Int. Exec. Dir.	Louisiana Housing Corporation
The Honorable, Anastasia Wiley, Pres.	Louisiana Council of Juv. and Family Court Judges

Appendix Nine: Glossary of Terms

Adjudicatory Hearing: A court proceeding held to determine whether the allegations of a petition are supported by legally admissible evidence and whether the court has jurisdiction of the child.

Adoption and Safe Families Act of 1997: Federal legislation that represents a bipartisan effort to effect change in the out-of-home care system. It attempts to refocus attention on child safety, to reduce overly long stays in out-of-home care by moving children promptly into permanent families, and to facilitate the adoption of waiting children.

Advocacy: The act of supporting, recommending, and/or speaking on behalf of a child/youth, in order to promote the individual's positive development. It involves championing the rights of individuals or communities through direct intervention or through empowerment.

Aftercare: Within the context of transition services, aftercare would be those services and supports provided to young people who have been discharged from foster care but are still in need of services during the transition period. Aftercare services may be provided informally, through contact with the young person's social worker or previous placement staff, or formally, through an aftercare program. Aftercare is a critical part of the transition service continuum for those young people who are no longer legally connected to the service system. For the purpose of this report, the concept of aftercare and services traditionally provided within this time frame comprise Transition Services.

Aged-Out: The termination of legal foster care status due to the attainment of adult status at age 18 or above as a result of administrative or statutory regulations at the state level. When publicly funded child welfare services end because a young person has reached the statutory age limit, that young person is said to have "aged out" of the system.

AFCARS: (Adoption and Foster Care Analysis and Reporting System) – The method by which Child Welfare programs submit data bi-annually to the federal Children's Bureau regarding the population of children and families served through Adoption and Foster Care programs. The Children's Bureau collects case-level information from state and tribal Title IV-E agencies on all children in foster care and those who have been adopted with Title IV-E agency involvement.

Assessment: The process used with a family or individual to determine the family or individual's strengths, needs, and support network. In the context of transition services, an assessment should be utilized to determine the youth's level of accomplishment of independent living tasks and skills. Specialized assessment tools may be utilized to

measure educational progress, vocational skills and/or interests, special physical/mental health needs, or level of community and/or social supports.

Boarding Home: A transitional setting for youth or young adults providing individual rooms for youth or young adults, which may have shared facilities and minimal supervisory expectations. A boarding home can be set in a single family home or townhome in the community, or may be developed as an SRO (single room occupancy) housing setting in a remodeled apartment building or motel.

Campus-Based Group Homes or Apartments: Many large residential treatment programs are located on campus settings, often in rural communities adjacent to a city or town from which youth are placed at the facility. Over the years, many of these programs have recognized the need for transition services for the youth they serve who may exit care from the residential setting. Utilizing existing buildings, or building transition homes or apartments on campus, residential programs may develop an on-site transition services program for youth getting ready to age out of care or to return to the community as young adults.

Caregivers or Caretakers: Individuals who are responsible for supervision of youth and providing for youth's basic needs while in out-of-home care.

Care Manager: An alternative term for Case Manager, the Care Manager is the primary individual responsible for securing, monitoring, and managing services in partnership with an individual client and/or family. The Care Manager may or may not provide direct services themselves, such as independent living skills training, counseling, etc. When a young person is in an out-of-home care placement, they may have a public child welfare social worker assigned to them, as well as a Care Manager in the placement setting. The balance of responsibility in this situation depends on the agreement or contract between the placement provider and the public agency. Either of these Care Managers may be responsible for providing transition services and support to youth on their caseload, or such services may be provided by a third party, such as an independent contractor or a specialized IL department within the public child welfare department.

Caseload: All individuals (usually counted as children, youth, or families) for whom a social worker or care manager is responsible, as expressed in a ratio of clients to staff members.

Case management: A service that helps people arrange for *appropriate services* and supports. A *case manager* coordinates mental health, housing, social work, educational, health, vocational, transportation, advocacy, *respite care*, and recreational services, as needed. The *case manager* makes sure that the changing needs of the child and family are met.

Case Plan: An agreement, usually written, developed between the individual, or family, the primary care manager, and other service providers. It outlines the tasks necessary by all individuals to achieve the goals and objectives identified by the individual or family in order to best promote their well-being. In the case of a youth or young adult in transition, the case plan may include a transition service or independent living plan, or there may be a separate additional plan related specifically to transition.

Chafee Program: The Foster Care Independence Act of 1999, which increases federal support to states for independent living programs. Under this new legislation, named in honor of the late Senator John H. Chafee, the federal allotment for Title IV-E independent living programs has doubled from $70 million per year to $140 million (although currently only appropriated at $105 million).

Child Care Assistance Program (CCAP): The program through which federal Child Care Defense Funds (CCDF) are utilized by states to provide child care programs to support the work and educational pursuits of parents. In Louisiana the funds are managed by the Louisiana Department of Education (LDoE), and through partnership with DCFS, the CCDF state plan includes both protective services child care and foster care stabilization services child care with Child Welfare clients identified as special populations for utilization of the CCAP. To support all families in accessing high quality child care, the Child Care Assistance Program (CCAP) provides financial assistance to low-income families while they are working and attending school twenty or more hours per week.

Child Protective Services (CPS): A process beginning with the assessment of reports of child abuse and neglect. If it is determined the child is at risk of or has been abused or neglected, then CPS includes the provision of services and supports to the child and his/her family by the public child protection agency and the community.

Child Well-Being: The healthy physical, emotional, intellectual, and spiritual development of a child.

Children's Choice Waiver: Children's Choice Waiver offers supplemental support to children through age 18 (up to age 19) who currently live at home with their families or with a foster family. (57)

Coach: One who gives instruction, advice, training, or preparation for future events or situations.

Cost of Failure: Cost of not being involved (systems).

Collaboration: A process of individuals and organizations in a community working together toward a common purpose. All parties have a contribution to and a stake in the outcome.

Community: A group of individuals or families that share certain values, services, institutions, interests, and/or geographic proximity.

Community-Based Group Home: Detached homes housing 12 or fewer children in a community-based setting that offer the potential for the full use of community resources including employment, health care, educational, and recreational opportunities. They can be staffed on a rotating shift basis, by a live-in houseparent, or use a teaching family or some variations of these staffing patterns.

Community-Based Organization: Non-profit organization established as a support to the community and its members, and supported by government contracts, private endowments, grants, and community donations. Community-Based Organizations (CBO's) have historically been developed by individuals or groups within the community in response to a perceived community need.

Concurrent Planning: Permanency planning strategy for assuring an expedient permanent placement for a child. Planning for reunification occurs simultaneously with the development of alternative permanency plans, including adoption, to be used in the event that it is not possible for the child to return to his or her family of origin. In the context of transition, concurrent planning can be utilized as a strategy for ensuring that all youth receive services and support to prepare them for the transition to adulthood while at the same time ensuring that efforts continue to secure family permanency.

Confidentiality: The protection of information obtained from an individual or family receiving services from release to organizations or individuals not entitled to it by law or policy.

Continuum Housing Options: See Continuum Living Arrangements Options below.

Continuum Living Arrangements Options: In the context of transition, optimal outcomes can best be achieved through the provision of a continuum of transitional living arrangement options. Living arrangements that include a range of more and less-supervised and supported settings enable a youth or young adult to build on real life experience, make mistakes in a safe environment, and to move both backward and forward on the continuum until they are able to live on their own. A transition living arrangements continuum includes a variety of settings such as: scattered site apartments, host homes, mentor roommate apartments, boarding homes, respite/emergency shelters, shared homes, supervised apartments, dorms, group homes, etc. Youth may move from one type of living arrangement to another.

Continuum of Service: Like the continuum of living arrangements, a broad continuum of service optimizes the movement of young people toward independence/interdependence while making an adequate level of services and supports available to them during the transition period. The transition continuum of service includes assessment, service planning, service delivery, evaluation, and aftercare, all provided within the context of a youth development approach.

Court-Appointed Special Advocate (CASA): A trained person (usually a volunteer) appointed by the juvenile or family court to assure the needs and best interests of the child are addressed during the court process. CASA volunteers speak on behalf of abused and neglected children in foster care. Each program is an independent, non-profit organization that recruits, trains and supports volunteers to work within the foster care system once appointed by the court. Advocates provide written recommendations to the court representing the best interests of the child.

Cultural Competence: The ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms and values the worth of individuals, families, and communities and projects and preserves the dignity of each. It is a continuous process of learning about the differences of others and integrating their unique strengths and perspectives into our lives, serving as a vehicle used to broaden our knowledge and understanding of individual and communities.

Cultural Competence is

1   a defined set of values and principles which are reflected within the behaviors, attitudes, policies and structures of [Name of agency], agencies, family/youth organizations, providers and community stakeholders to result in appropriate and effective services for all;
2   the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities served; and,
3   the integration of the above in all aspects of policy making, administration, practice, service delivery, and systematic involvement of families and youth, key stakeholders and communities.

Linguistic competence is the capacity of [Name of organization] and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences. Linguistic competence involves the development of interagency and internal capacity to respond effectively to the mental health literacy and communication needs of the populations served, and to possess the

policy, structures, practices, procedures and dedicated resources to support this capacity.

Cultural refers to integrated patterns of human customs, beliefs, and values of racial, ethnic, religious, or social groups.

Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by children, youth and families and their communities.

Cultural Brokers are individuals who help to communicate differences and similarities across cultures to eliminate the cultural gap between them. They may also mediate and negotiate more complex processes within organizations, government, communities, and between interest groups or countries. Cultural brokers are knowledgeable about the beliefs, values and norms of their cultural group, and the system they have helped to navigate successfully for their families. They can serve as cultural liaisons, cultural guides, or mediators of distrust between cultures, models, mentors and catalysts for change. Excerpt from *Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Broker Programs*, National Center for Cultural Competence. Document available at: http://www.culturalbroker.info/index.html

Dependency: A state of reliance on other people or things for existence or support; a tendency to rely on others to provide nurturance; to make decisions; and to provide protection, security, and shelter **(The Social Worker's Dictionary).** In legal terms, dependency refers to the legal status of a child or youth who is in the care and custody of the state, and whose status is supervised by the court.

Discharge: To officially release, send away or discharge a child or youth from an environment or system.

Dispositional Hearing: A court hearing held to decide what action should be taken after the court has conducted an adjudicatory hearing and has determined the case is within its jurisdiction. Decisions commonly made at the dispositional hearing include whether the child should be removed from parental custody or removal from parental custody should continue. It is also required the court find that the department (child welfare agency) has demonstrated the investment of "reasonable efforts" to avoid removal or to attempt reunification. The timeline runs from the date the child was initially removed from parental custody and placed in the custody of a child care agency.

Education Training Vouchers (ETVs): The ETV Program is a national program whereby funds are provided to state Child Welfare systems for provision to youth who qualify. ETV offers financial assistance to eligible youth to attend a post-secondary

program at an accredited college, university, vocational or technical college. The maximum ETV award is $5,000 per academic year. Awards are determined by the Cost of Attendance (COA) formula established by the program in which the youth is enrolled, and any unmet need the youth may have within their financial aid award. Awards vary and not every youth is guaranteed to receive the maximum amount. ETV funds may be used for tuition, fees, books and supplies, housing, transportation and other education related costs. Youth may access these funds while still in foster care or after aging out of foster care. Youth may receive the funds as long as they are performing satisfactorily in their academic program up to age 21. At age 21 if the youth remains continuously enrolled in the academic program, performing satisfactorily the youth may continue to receive the funds up to age 23.

Emancipation: The process through which a state terminates all financial support, care and supervision of a youth in the care and custody of the state through the child welfare system. Emancipation is also the statutory process through which a juvenile can appeal to the court to grant legal adult status to a minor. An emancipation order may be granted by a judge, in which case a minor would be granted all the legal rights of an adult. This type of emancipation is often confused with the term emancipation as it applies to the end of foster care status which occurs when youth in foster care reach the age of 18 or older and are emancipated from care.

Emerging Adulthood: Emerging adulthood is a hypothetical phase of the life span between adolescence and full-fledged adulthood which encompasses late adolescence and early adulthood, proposed by Jeffrey Arnett in a 2000 article in the American Psychologist.

Emotional Maltreatment: Parental or other caregiver acts or omissions, such as rejecting, terrorizing, berating, ignoring, or isolating a child, that cause, or are likely to cause**,** serious impairment of the physical, social, mental, or emotional capacities of the child.

Expungement: The destruction of records of minors or adults, after the passage of a specified period of time or when the person reaches a specified age.

FAFSA: (Free Application for Federal Student Aid) A form that can be prepared annually by current and prospective college students (undergraduate and graduate) in the United States to determine their eligibility for student financial aid.

FYSB: The Family and Youth Services Bureau (FYSB) is a Federal agency dedicated to supporting young people and strengthening families. The Bureau does so by providing runaway and homeless youth service grants to local communities. The Bureau also funds research and demonstration projects.

FUP: The Family Unification Program (FUP) is a housing subsidy program for families in the child welfare system and for youth aging out of the foster care system. Child welfare agencies refer families and youth in need of housing assistance to local public housing agencies where they are provided with a Section 8 voucher to subsidize their rent.

Financial Self-sufficiency: The point at which a person is able to take full responsibility for all personal expenses.

Foster care: Foster care is 24-hour substitute care for children placed away from their birth parents. An agency (state, local, tribal, non-profit, juvenile justice or child welfare) is involved in placement and care responsibility for the child. Foster care includes foster family homes (kin and non-relative), group homes, residential facilities, or child care institutions.

Guardian ad Litem (GAL): An adult person (lawyer or trained lay person) appointed by the court to represent a child's best interests in juvenile or family court (see Court-Appointed Special Advocate).

Guardianship: A relationship in which one person, called a guardian, is appointed by a Court to make decisions and act for another person, called a ward. A guardian of the person makes decisions about the ward's personal matters, such as housing, medical care, recreation, and education.

Harm: An injury received as a result of physical abuse, sexual abuse, neglect, or emotional maltreatment.

Harm Reduction: Harm reduction (or harm minimization) is a range of public health policies designed to reduce the harmful consequences associated with various human behaviors, both legal and illegal. Harm reduction policies are used to manage behaviors such as recreational drug use and sexual activity in numerous settings that range from services through to geographical regions.

Host home: A situation in which a youth rents a room in a family or single adult's home, sharing basic facilities and agreeing to basic rules, while being largely responsible for his/her own life.

Health and Human Services (HHS): One of the largest federal agencies, the Department of Health and Human Services is the principal agency for protecting the health of all Americans. Comprising twelve operating divisions, HHS' responsibilities include public health, biomedical research, Medicare and Medicaid, welfare, social services, and more.

HiSet: The HiSet exam is one of three tests U.S. states and territories use to measure high school equivalency skills. The General Educational Development (GED) and the Test Assessing Secondary Completion (TASC) are the other options. Some states offer only one of these tests. Other states offer all three tests and let you decide which one you wish to take.

HUD: The U.S. Department of Housing and Urban Development is the federal government agency charged with providing affordable housing options for all Americans.

IEP: Individualized Educational Plans are the formal case planning mechanism utilized by the school system to ensure that children and youth who are receiving and/or in need of special educational services and supports receive those to which they are entitled by law. Like the child welfare case plan, the IEP describes tasks, timelines, and persons responsible for tasks that will contribute to the achievement of educational goals and objectives.

Independence: State of being self-sufficient as an adult of legal age. In the context of transition services, this state would apply to youth and young adults after emancipation from the child welfare system, juvenile justice system, or other state custody status.

Independent Living: Those segments of the human services fields (including, at a minimum, child welfare, youth development, developmental disabilities, vocational, mental health, etc.) dedicated to the development of programs, policies, and services that best support the positive development of youth and adults as citizens, community members, employees, and family members.

Independent living services: Support for a young person living on his or her own. These services include therapeutic group homes, supervised apartment living, and job placement. Services teach youth how to handle financial, medical, housing, transportation, and other daily living needs, as well as how to get along with others.

Independent Living Service Plan: See Transition Services Plan below.

Independent Living (State) Plan: The plan required by Federal Law (see Foster Care Independence Act of 1999 above) to be developed by states and submitted to the Secretary for Health and Human Services once every five years, as part of the state's child and family services plan. The state Independent Living, or Chafee plan, outlines the scope of services available in the state to youth preparing for and making the transition to adulthood, certifies that the state will comply with federal requirements for such programs, and details the state's financial and other resource contributions to the program.

Institution: A large structured facility or group of facilities housing anywhere from 40 to several hundred children, youth, and/or young adults, with most services provided on-grounds. Institutions may have as their goal residential treatment for children and youth with severe behavioral/emotional disturbance, diversion from juvenile corrections placement, or as a placement alternative for youth considered hard to place in the community.

Interdependency: Interdependency represents the ability to meet one's physical, cultural, social, emotional, economic, and spiritual needs within the context of relationships with families, friends, employers, and the community. This term is used rather than independent because the relationships cultivated throughout life are the basis for successful adult functioning, rather than a particular level of self-sufficiency or individual independence.

Investigation: An inquiry or search by law enforcement and CPS to determine the validity of a report of child abuse or neglect and/or to determine if a crime has been committed.

Jurisdiction: The power of a particular court to hear cases involving certain categories or allegations.

Juvenile and Family Courts: Established in states to handle legal matters concerning juveniles. Most often they have jurisdiction over child abuse and neglect, status offenders, and juvenile delinquency. In some states, they also have jurisdiction over domestic violence, divorce, child custody, and child support.

Kinship Care: The full-time nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or other adults who have a kinship bond with a child.

LHC: The Louisiana Housing Corporation is the state government agency charged with providing affordable housing options for all Louisiana Citizens.

LGBTQI2S: Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Two-Spirit.

Life Skills: Life skills typically include both hard (tangible) and soft (intangible) skills that support a youth's ability to develop emotionally into an adult. Hard skill areas include meeting transportation needs, maintaining one's home, knowing legal rights and responsibilities, being aware of community resources, managing money, and identifying health care needs. Soft skills include making decisions, solving problems, communicating effectively, developing meaningful relationships with others, developing a sense of one's self, and cultural awareness. Relevant life skills are taught at

developmentally appropriate stages of a youth's life. There are intrinsic differences in life skills taught across diverse cultures.

Lobbying: The act of urging or advocating, resulting in positive outcomes for the child/youth. Lobbying generally refers to advocacy in the legislative context, for changes to existing laws or the introduction and passage of new legislation to benefit children, youth, and families.

Mandated Reporter: A person who, in his/her professional capacity, is required by state or provincial law to report suspected child abuse or neglect to the designated state or provincial agency. In some states, all adults are mandated to report suspected child abuse or neglect.

McKinney Act: The Stewart B. McKinney Homeless Assistance Act (PL100-77) was the first -- and remains the only -- major federal legislative response to homelessness. In 1987 Congress passed the act to improve services for homeless persons, including emergency shelters, health care, and job training. Subtitle VII-B of the legislation specifically addresses education of homeless children.

Mentor: A wise and trusted counselor or teacher who serves as a senior sponsor, supporter and loyal advisor. Someone, usually over the age of 21, who acts as a supportive role model for a vulnerable or at-risk youth. Mentors can be volunteers, students, paid adults, former clients, etc.

Multidisciplinary Team: A group established among agencies or individuals to promote collaboration and shared decision making around the protection of children and the promotion of their well-being. Some multidisciplinary teams address issues related to individual children and families, while others focus more on community wide prevention and protection strategies.

National Youth Transition Data Base (NYTD): Public Law 106-169 required the [Administration for Children and Families](#) (ACF) to develop a data collection system to track independent living services that states offer to youth transitioning out of the foster care system (i.e., mental health services, job skills training, career counseling, etc.). The data collection process was intended to be used to develop outcome measures to assess states' performance in operating independent living programs. The National Youth in Transition Database (NYTD) collects information on youth in foster care, including sex, race, ethnicity, date of birth, and foster care status. It also collects information about the outcomes of those youth who have aged out of foster care. States began collecting data in 2010, and the first data set was submitted in May 2011.

Neglect: Failure of parents or other caregivers, for reasons not solely due to poverty, to provide the child with needed age appropriate care, including food, clothing, shelter,

protection from harm, supervision appropriate to the child's development, hygiene, education, and medical care.

New Opportunities Waiver (NOW): New Opportunities Waiver offers people age 3 and older who otherwise would require the level of care of an Intermediate Care Facility for the Developmentally Disabled (ICFs/DD) services which allow them to remain in their communities. Services are based on the need of the recipient and are developed using a person-centered process to formulate an individualized plan. (57)

Partner: A person who shares or is associated with another in some action or endeavor with joint interest, shared roles and responsibilities.

Pell Grant: A Pell Grant is a subsidy the U.S. federal government provides for students who need it to pay for college. Federal Pell Grants are limited to students with financial need, who have not earned their first bachelor's degree, or who are enrolled in certain post-baccalaureate programs, through participating institutions.

Perkins Loans: A Federal Perkins Loan is a 5% fixed interest rate loan for undergraduate and graduate students with exceptional financial need. Because of its low interest rate, need-based award, and generous cancellation policies, it is one of the most affordable options for students in post-secondary education.

Permanency: Permanency in child welfare is a concept that encompasses more than time. It involves a sense of having a place to call home; a feeling of belonging and connectedness; and an identity linked to family, tradition, culture, and community. Formal permanency is the achievement of permanent legal status for a child or youth with a family or other caregiver through adoption or long-term guardianship.

Permanency Planning: Process through which planned and systematic efforts are made to assure that children are in safe and nurturing family relationships expected to last a lifetime.

Permanent Supportive Housing (PSH): The Permanent Supportive Housing Program provides decent, safe, affordable, community-based housing that provides tenants with the rights of tenancy and links to voluntary and flexible supports and services for people with very low incomes and chronic, disabling health conditions. (58)

Petition: A legal document filed with the court to initiate a juvenile or family court action. The petition sets forth the alleged grounds for the court to take jurisdiction of the child.

Positive Youth Development: The process in which all youths engage over time in order to meet their needs and build their competencies. A positive youth development philosophy and approach reflect our desire for positive outcomes in the developmental

process and our purposeful efforts to design environments and services that will contribute to the achievement of desired outcomes.

PCWA: Public Child Welfare Agency; the county or state organization that oversees the welfare of children and youth.

Relational Permanency: An emotional attachment between the youth and caregivers and other family members and kin.

Residential Treatment Center: A facility or group of facilities usually serving between 15 to 40 youth and utilizing a combination of on-grounds and community-based services. Some residential treatment centers may be much larger, serving several hundred youth in a campus-based setting.

Resiliency: The power or ability to return to the original form, position, etc., after being bent, compressed, or stretched; elasticity. 2. Ability to recover readily from illness, depression, adversity, or the like; buoyancy.

Reunification: Family Reunification – the process of returning children in temporary out-of-home care to their families or origin – it is the most common goal and outcome for children in child welfare.

Self-Sufficiency: The ability to care for, provide and maintain adequately for one's self without the need or assistance of a person and/or agency.

Semi-Supervised Apartment (Scattered Site or Single Site Apartments): A privately owned apartment rented by an agency or youth in which a youth lives independently or with a roommate, with financial support, training, and some monitoring. Apartments may be scattered in a community, or an agency may support a group of apartments in a complex or single building.

Service Coordinator: Similar to a care manager, a service coordinator works with a young person to secure the services and supports needed to transition successfully to adulthood. A youth may have a service coordinator in addition to a care manager, where the service coordinator specializes in brokering community supports and services, such as employment, education, and housing.

Shared House: A minimally supervised house shared by several young adults who take full responsibility for the house and personal affairs. These homes may or may not have live-in staff to provide support and supervision. The house may be sponsored or owned by a CBO, or young people may secure the housing independently and rent as a group.

Shelter: A facility whose purpose is to provide short-term emergency housing to teens or adults in crisis.

Shelter Plus Care: A Shelter Plus Care Program provides rental assistance for hard-to-serve homeless persons with disabilities in connection with supportive services funded from sources outside the program.

Single Room Occupancy (SRO): A room for rent, often near a city center. SRO's are often remodeled motels utilized by community housing agencies to provide low-cost housing to eligible populations at risk of homelessness, including youth or young adults.

Specialized Family Foster Home: A situation in which a youth is placed with a community family specially licensed to provide care and sometimes specifically trained to provide independent living services.

Specialized Group Home: Sometimes referred to as semi-independent living programs, these homes are usually staffed as a group home, but house older teens and focus on developing self-sufficiency skills.

Special Needs: Any condition that requires extra attention or specialized services to assist a youth or young adult, such as: developmental disabilities, pregnancy, children, physical disabilities, mental illness, chemical dependency, etc.

State Independent Living Coordinator: Individual designated to oversee Chafee-funded Independent Living Programs in the state and to ensure the guidelines are followed. The Coordinator may act as a liaison between counties and the state child welfare office in county administered states, between the state and regions in state administered states, or may directly implement the states independent living program statewide.

Strengths-Based Approach: The philosophy of seeing or evaluating a person, group or system by their assets and/or positive attributions instead of focusing on their deficits. A strengths-based approach is foundational to a positive youth development philosophy, and provides the context for design and implementation of all services for youth in transition.

Subsidized Housing: Government-supported, low-income housing. Monthly rent is based on income. A CBO or public child welfare agency may also provide subsidized housing for youth in transition through the direct provision of no- or low-cost transitional housing or through housing stipends given directly to youth in the community during a transition period of 18 months to three years.

Subsidy Programs: A situation in which a youth receives a monthly stipend that can be used toward a self-chosen living arrangement and food and personal supplies. The youth are required to follow certain agency guidelines and participate in agency activities, such as life skills classes, in order to maintain the subsidy.

Supervised Apartment: An apartment building, rented or owned by an agency, in which numerous youth live with a live-in supervisor who occupies one of the units.

Supplemental Nutritional Assistance Program (SNAP): SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. SNAP is the largest program in the domestic hunger safety net. The Food and Nutrition Service works with state agencies, nutrition educators, and neighborhood and faith-based organizations to ensure those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

Supplemental Security Income (SSI): SSI makes monthly payments to people who have low income and few resources and are age 65 or older, blind, or disabled.

Systems Youth: Youth in the care and custody of the state, either through child welfare, juvenile justice, or federally recognized tribes. Young adults ages 18-21 may still be considered systems youth when they maintain foster care status, though the youth must voluntarily agree to remain in custody, and the custodial status remains voluntary until the youth is discharged from services or reaches the age when services must terminate by state policy or statute.

Temporary Assistance to Needy Families (TANF): The U.S. federally structured welfare program established in 1996 to replace the *Aid to Families with Dependent Children (AFDC)* program; the Job Opportunities and Basic Skills Training (JOBS) program; emergency assistance; and some provision in *Medicaid, Supplemental Security Income (SSI),* and other programs. The program is part of the *Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L.104-193)* and gives the states more authority to create and manage their own welfare programs. States are permitted to cut their welfare spending by up to 25 percent without losing the fixed federal block grants. Unlike the AFDC program, TANF cash assistance is no longer considered an entitlement, lifetime eligibility of benefits is reduced to a total of five years, and benefits to legal immigrants are restricted.

Title IV-B: The nature of this program is to fund child welfare services. Eligible services under Subpart 1 (Yearly appropriation. 25 percent state match required) include emergency caretaker and homemaker services, emergency financial assistance, family preservation activities, mental health services, alcohol and drug abuse counseling, and post-adoption services. Eligible services under Subpart 2 (Capped entitlement, 25 percent state match required) include a range of family support and family preservation services.

Title IV-E: This is an entitlement program that funds foster care maintenance (or room and board costs), for eligible children, and adoption assistance payments for children

with special needs. Children are Title IV-E eligible and, therefore, entitled to federal financial participation in the costs of their foster care placement, if they enter foster care from families who are eligible for Aid to Families with Dependent Children (AFDC) or from families who would have been AFDC eligible if the family had applied for AFDC benefits. Children with special needs are eligible for adoption assistance payments if they were eligible for Title IV-E at the time of their foster care placement or became eligible for SSI before adoption.

Title XX: Title XX of the Social Security Act, also referred to as the Social Services Block Grant (SSBG), is a capped entitlement program. States are entitled to their share, according to a formula, of a nationwide funding ceiling or "cap", which is specified in statute. Block grant funds are given to states to help them achieve a wide range of social policy goals, which include preventing child abuse, increasing the availability of child care, and providing community-based care for the elderly and disabled. Funds are allocated to the states on the basis of population. The federal funds are available to states without a state matching requirement.

Transition: In the child welfare arena, transition is generally understood to be the period of time from late adolescence to the early adult years during which the youth increases their level of skills and practice of independent living and begins taking on the tasks and responsibilities of interdependent adult living.

Transition Facilitator (TF): A term for a professional who assists a youth during the transition to adulthood.

Transitional Services: Transition services represent the array of services available to a youth or young adult who has reached adolescence and is beginning to move through the transition process, or may be at any point in the transition process. Transition Service planning and delivery include a wide range of supports and opportunities including:

- direct delivery of IL skills training,
- opportunities to practice life skills in real life settings with support,
- community resource referral,
- physical and mental health services,
- education and employment preparation and support,
- strengthening relationships,
- achieving family permanency
- opportunities to participate in community life, community leadership,
- opportunities to be mentored
- work experience
- transitional housing and housing preparation and support

Transition Service(s) Plan: A plan developed that outlines steps to be taken to prepare a youth without stable family support for life after the child welfare system**.** A youth or young adult may have a transitional service plan in addition to a case plan, or may only have a transitional service plan while participating in aftercare services or post-foster care transitional programs.

Transitional Living Program (TLP): In general, TLP is the term referring to the broad array of possible living arrangements that help youth learn skills needed for the next, less supervised setting. Some campus programs have assigned a house to serve as a transitional living experience before a youth leaves the system and moves out on his/her own. Some agencies refer to TLP as housing-based services for older homeless youth and young adults who are not in the system.

Transitional Living Group Home: A home often affiliated with a residential treatment center to which older teens move upon completion of treatment goals. The focus while a youth lives in the transitional home is to acquire life skills and to prepare for a return to the community and for self-sufficiency.

Transitional Living Program for Older, Non-System Youth: The *Transitional Living Program for Homeless Youth* is a federally funded transitional program for youth ages 16-21 funded by the Department of Health and Human Services as one of the Family and Youth Services Bureau's Runaway and Homeless Youth Programs. This funding is available to community based public and private agencies for the purpose of providing transition services for up to 18 months to homeless youth who are not eligible for services under an existing system, such as the child welfare system. While the Transitional Living Program funded by HHS is the most commonly known TLP, it is not the only transitional program, and should not be categorized as such. A transitional living program can be any program in a community that is designed to assist youth in transition. The terms "transitional living program" and "independent living program" can be used interchangeably without attribution to funding source. For the purposes of this document, the term transitional services is the broad term encompassing all supports, services, and opportunities designed to help youth make successful transitions to adulthood.

Trauma Informed Care: Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological, and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

Welfare Investment Act: (P.L.105-220) The Workforce Investment Act of 1998 (WIA) was implemented to consolidate, coordinate, and improve employment, training,

literacy, and vocational rehabilitation programs in the United States, and for other purposes.

Welfare to Work Partnership: The national organization of business and government leaders established in 1997 to facilitate the transition of public assistance recipients to the private-sector workforce. The executives of business corporations work in partnership with government representatives to create meaningful jobs for former welfare clients and provide training and mentoring to succeed in those jobs.

Women Infants and Children (WIC): The Special Supplemental Nutrition Program for Women, Infants, and Children. WIC helps income eligible pregnant and breastfeeding women, women who recently had a baby, infants, and children up to five years of age who are at health risk due to inadequate nutrition.

Wraparound Approach: A process for planning and implementing services and supports that is based upon individualized, strength-based, needs-driven planning and service delivery.

Youth-Guided: Encompasses the principles of: youth have rights; youth are utilized as resources; youth have an equal voice and are engaged in developing and sustaining the policies and systems that serve and support them; youth are active partners in creating their individual support plans; youth have access to information that is pertinent; youth are valued as experts in system transformation; youths' strengths and interests are focused on and utilized; adults and youth respect and value youth culture and all forms of diversity; and youth are supported in a way that is developmentally targeted to their individual needs.

Youth Advisory Council /Committee: A group of youth recruited, trained, and supported by a private or public agency to act in an advisory capacity to the agency. Young people on an advisory committee or council may participate in agency governance, advocate on the agency's behalf to policymakers and legislators, act as a liaison between the agency and the community, represent the views and needs of their peers being served by the agency, and participate in program development, implementation, and evaluation.

Youth-Driven: Defined as, "ensuring that youth have a primary decision making role in their care as well as the policies and procedures governing their care in their community. This includes choosing services and providers; setting goals, designing and implementing programs, and monitoring outcomes. "
- (adapted from www.samhsa.gov)

Youth Voice: Assuring youth are present in all events where decisions are made regarding their lives.

Youth Worker: A person who works with young people in a community or other program setting with the goal of promoting their positive development. Youth workers may be paid staff or volunteers.

Sources:
- *The Child Welfare League of America Standards of Excellence for Transition, Independent Living and Self-sufficiency Services.* (2005). CWLA Press.
- *Facilitating Cross-System Collaboration: A Primer on Child Welfare, Alcohol and Other Drug Services, and Courts.* (2013). Substance Abuse and Mental Health Administration.
- *Google*

Appendix Ten: Louisiana 2015 NYTD Data Report

NYTD
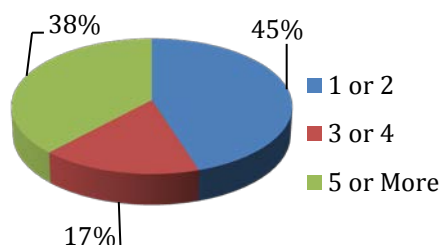### National Youth in Transition Database

Data Snapshot
Louisiana

Youth Services	Includes information about all youth who received at least one
(FY 15 Total Served: 1,857)	independent living service paid for or provided by the state CFCIP agency.

<table>
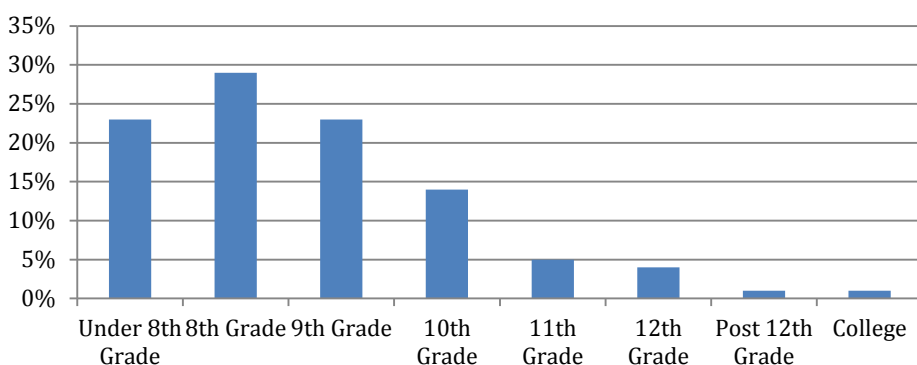<tr><td rowspan="8">Characteristics of youth receiving services (FY 15)</td><td>Male</td><td>58%</td><td>In Foster Care</td><td>84%</td></tr>
<tr><td>Female</td><td>42%</td><td>In Federally Recognized Tribe</td><td>1%</td></tr>
<tr><td>White</td><td>41%</td><td>Adjudicated Delinquent</td><td>38%</td></tr>
<tr><td>Black</td><td>60%</td><td>Receiving Special Education</td><td>21%</td></tr>
<tr><td>American Indian</td><td>1%</td><td>Age range</td><td>14-21</td></tr>
<tr><td>Other Race</td><td>1%</td><td>Mean age</td><td>16</td></tr>
<tr><td>Hispanic</td><td>2%</td><td></td><td></td></tr>
</table>

Number of services received (FY15)

38% 45%
- 1 or 2
- 3 or 4
17%
- 5 or More

Education level of youth receiving services (FY 15)

Bar chart showing percentages by education level:
- Under 8th Grade: 23%
- 8th Grade: 29%
- 9th Grade: 23%
- 10th Grade: 14%
- 11th Grade: 5%
- 12th Grade: 4%
- Post 12th Grade: 1%
- College: 1%

Type of services received (FY 11-15)
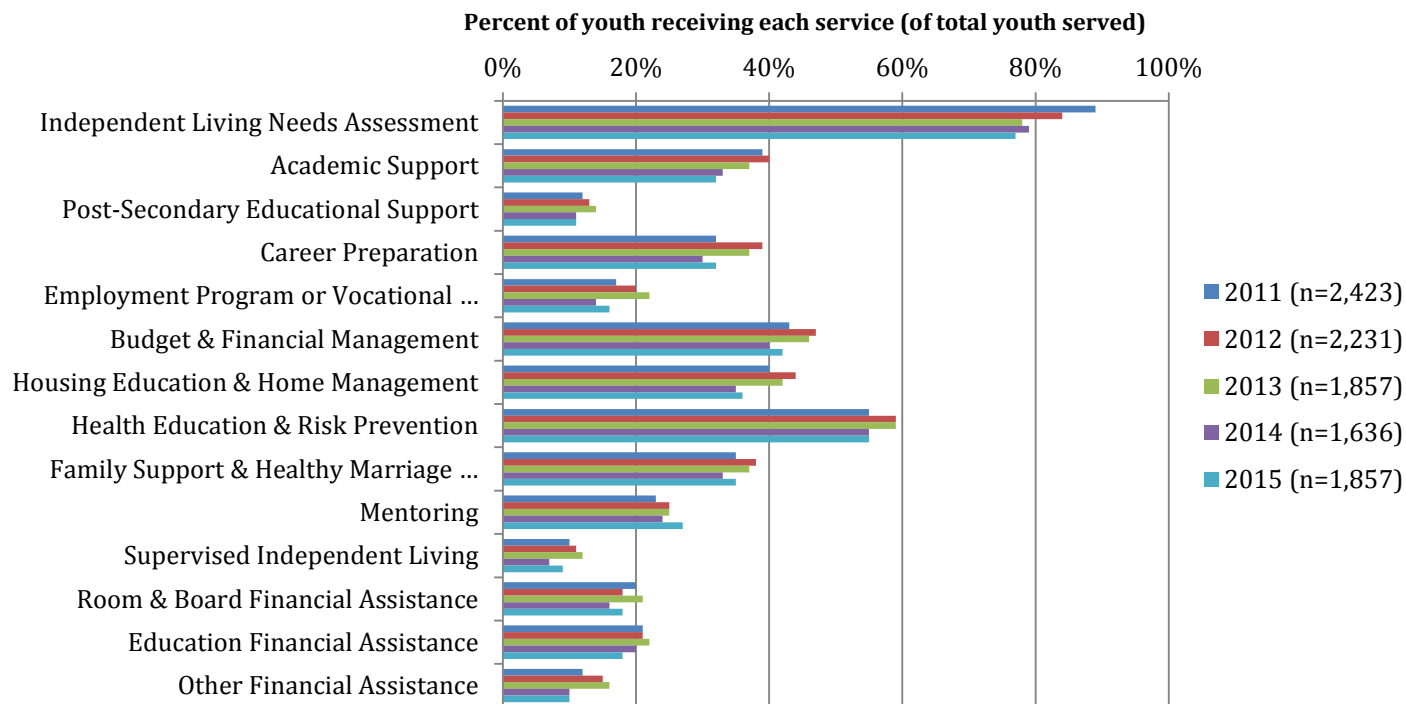
Percent of youth receiving each service (of total youth served)

Categories (top to bottom):
- Independent Living Needs Assessment
- Academic Support
- Post-Secondary Educational Support
- Career Preparation
- Employment Program or Vocational …
- Budget & Financial Management
- Housing Education & Home Management
- Health Education & Risk Prevention
- Family Support & Healthy Marriage …
- Mentoring
- Supervised Independent Living
- Room & Board Financial Assistance
- Education Financial Assistance
- Other Financial Assistance

Legend:
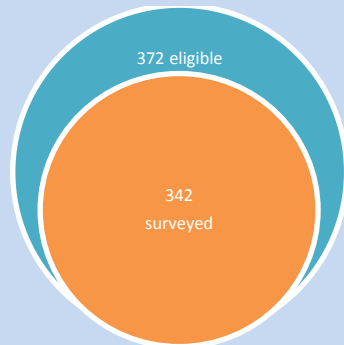- 2011 (n=2,423)
- 2012 (n=2,231)
- 2013 (n=1,857)
- 2014 (n=1,636)
- 2015 (n=1,857)

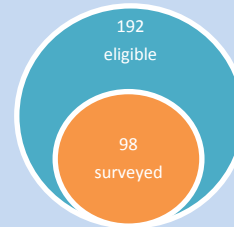| Youth Outcomes	Includes information about all youth who were eligible to take the NYTD survey at ages 17, 19 and 21.		
	Baseline Population (17-year-olds in foster care, FY 11)	**Follow-Up Population Sample** (19-year-olds, FY 13)	**Follow-Up Population Sample** (21-year-olds, FY 15)
Survey participation, FY 11-15	372 eligible / 342 surveyed	192 eligible / 98 surveyed	192 eligible / 141 surveyed
	92% surveyed	**51% surveyed**	**73% surveyed**
Characteristics of survey participants			
Male	56%	44%	49%
Female	44%	56%	51%
White	34%	46%	36%
Black	65%	53%	65%
American Indian	6%	1%	0%
Hispanic	2%	3%	0%
In foster care	100%	0%	0%
Reasons for non-participation			
Youth declined	2%	9%	1%
Parent declined	0%	0%	0%
Incapacitated	1%	0%	0%
Incarcerated	<1%	2%	1%
Runaway/missing	3%	1%	0%
Unable to locate	2%	38%	14%
Outcomes reported			
Employed full- or part-time	**7%**	**39%**	**50%**
Receiving public assistance	**N/A**	**20%**	**31%**
Finished high school or GED	**7%**	**40%**	**44%**
Attending school	**82%**	**39%**	**18%**
Referred for substance abuse treatment	**22%** (in lifetime)	**4%** (in past 2 years)	**3%** (in past 2 years)
Incarcerated	**31%** (in lifetime)	**27%** (in past 2 years)	**23%** (in past 2 years)
Had children	**5%** (in lifetime)	**10%** (in past 2 years)	**26%** (in past 2 years)
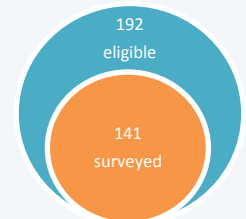
Homeless	**6%** (in lifetime)	**18%** (in past 2 years)	**16%** (in past 2 years)
Connection to adult	**95%**	**91%**	**76%**
Medicaid coverage	**94%**	**58%**	**47%**

References

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2. *Enhancing Permanency for Youth in Out-of-Home Care* (2010). Washington State
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    Retrieved from: *https://www.childwelfare.gov/pubPDFs/enhancing.pdf*

3. Ansell, Dorothy I*. (2002) Permanency vs. Independent Living: The Dilemma of
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