

**A National Evaluation of Title IV-E  
Foster Care Independent Living  
Programs for Youth**

Phase 1  
Final Report  
Volume 1

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## EXECUTIVE SUMMARY

*John was discharged from foster care on July 1, 1988, two weeks after his 18th birthday. He had only completed two years of high school, had sporadically worked at the local McDonald's, and had been in foster care since he was seven years old. During those eleven years he was in 10 different living arrangements, including two residential care facilities. Although John acted very tough and sure of himself, he had grown up in care without making friends, or establishing relationships with foster parents or group care providers. John's discharge plan was independent living. At the time of discharge, he was given \$200 to put towards rent for an apartment, a plastic bag filled with some clothes, and a few pots and pans. John did not know where he was going to live or how he was going to support himself*

*Susan was taken into care at age 15 because she was being sexually abused by her father. Although the abuse had been occurring for four years, it was only discovered when she finally ran away from home and began telling her story to a counselor at a runaway shelter. Susan had no other relatives and so she was referred to the local child welfare agency. She was reluctantly taken into care, because there were no available foster placements for teenagers. Susan was placed in an emergency shelter where she was kept for about one month and then placed in a residential care facility because it was the only placement available. During her stay Susan kept wondering, "why am I being punished and not my father?" At the time of discharge (2 and 1/2 years later) Susan's discharge plan was return home. She refused to return home and was planning to move in with her boyfriend, because she had nowhere else to go.*

These two youth represent examples of the situations faced by approximately **34,600** youth, sixteen and older, discharged from foster care between July 1, 1987 and June 30, 1988. Child welfare agencies are faced with serving an increasing proportion of adolescents in substitute care, with a responsibility emerging to provide services to meet their transition needs before discharge from care: the ability to obtain adequate housing **successfully**; procure and maintain employment; achieve positive social relationships; perform **daily** living skills; and live independently of the welfare system.

Congressional concern about such issues resulted in the passage of the Independent Living Initiatives, Public Law 99-272, Comprehensive Omnibus Budget Reconciliation Act of 1985. Initially this law authorized funds for States in fiscal years 1987 and 1988, to establish and carry out programs to assist children 16 years and older to make the transition to independent living. Funds

have since been extended through **1989** and were expanded to include all youth (not just Title IV-E youth) as well as be spent for up to six months of aftercare services.

**The study, A National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth** was designed **to** assess the influence of the Independent Living Initiatives on the policies, programs, services, training and funding provided by state and local foster care agencies to prepare and support adolescents in their transition to independent living. It was also designed to develop, for the first time, national estimates about the characteristics of older youth discharged from care, the number and type of independent living services youth received while in care and ultimately the relationship between outcomes for youth once they have been discharged and whether or not they received independent living services.

The study design involves two phases. Phase I has been completed and this report presents the findings with respect to:

- States' development of independent living policy, program initiative, training, and organizational components since the passage of P.L. 99-272;
- **The** demographic, case history and family characteristics and service needs of an estimated 34,600 youth discharged from foster care between January 1, 1987 and July 31, 1988; and
- The number and type of services youth 16 and older received to prepare them for discharge from foster care. The relationship between youths' demographic and case history characteristics and receipt of services is also presented.

Phase **II** of the study (anticipated completion, December, 1990) will describe and assess the effects of independent living programs on the 34,600 foster care youths' adaptation after leaving the foster care system. Initially the focus of Phase **II** will be to locate youth discharged from foster care during Phase I in order to conduct **followup** interviews. Youth will have been discharged from foster care from two to four **years**. Information will be collected on such outcome factors as youths' ability to obtain adequate housing, find and maintain employment, achieve positive social relationships, perform daily living skills, and live independently of the welfare system.

Data collection activities for Phase I included:

- Review of state independent living plans and program reports;
- Telephone canvas of 50 states and the District of Columbia to update information about their independent living services and policies;
- Process Evaluation of 8 states and 24 county clusters to provide an **indepth** analysis of the effects of **P.L.** 99-272 on the policies, organizational issues, services, clients served, funding sources and community relations; and
- Case Record Abstracts of 1650 adolescents discharged from care between January, 1987 and July, 1988. These abstracts provide information on the individual, family, case history characteristics, as well as the skills attained and services received by adolescents before discharge from care. The sample of adolescents **is** divided between those youth who received independent living services (1100) and those youth who did not receive services (550). The information from the case records was weighted to represent an estimated 34,600 youth (20,700 who had received services and 13,900 who had not received services).

## FINDINGS

Youth leaving care have been impacted by a number of factors including agency policies and programs, their family situations, demographic and case history characteristics, and the **skills** and services attained while in care. Figure 1, Factors Affecting Independent Living at 'Time of Discharge, illustrates a number of these factors. It depicts the low rate of high school completion (7,000, **66%** of 18 year olds did not complete high school), the limited number of youth with job experience (13,500, **39%**), and the number of youth experiencing such problems as emotional disturbance (13,200, **38%**), pregnancy (3,400, **17%**), drug abuse (3,900, **17%**) and health problems (3,100, **9%**) by the time of discharge. The figure also illustrates the lack of stability youth experienced while in care (58% had 3 or more living arrangements). At the same time 69 percent (23,900) of the youths' mothers and 47 percent (16,300) of the youths' fathers visited them during their last year in care. Finally, three percent (1,000) of the youth were reported to have no housing available after discharge. The **key** findings are discussed below. They have been divided into four categories-(1) policy, (2) program initiatives, (3) youth demographic and case history characteristics, (4) youth skills and services attained prior to discharge from foster care.

## Factors Affecting Adolescents At Time of Discharge

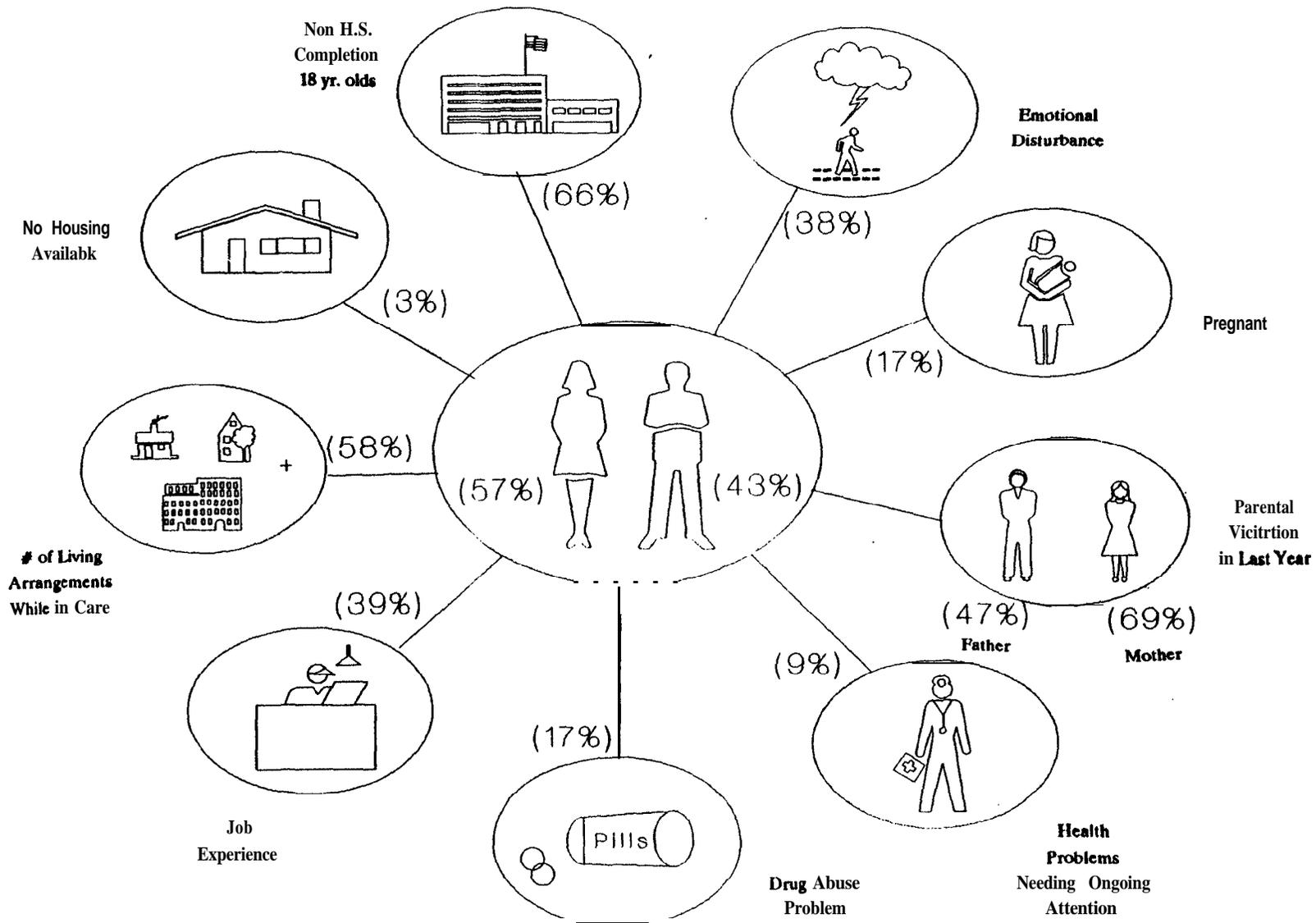


Figure 1:

## POLICY

- There has been a lack of policy that clearly states the philosophy, planning procedures and service requirements for older youth facing discharge from care to their own responsibility. P.L. 99-272 has influenced states to develop policies outlining services adolescents should receive before being discharged from foster care and case planning procedures that must be completed for adolescents. Twenty-two states indicated that they had a written policy which addressed the services **necessary** for adolescents facing discharge prior to P.L. 99-272. Since passage of the law, eighteen more states have or are planning to develop such policies.

## PROGRAM INITIATIVES

- Before the enactment of P.L. 99-272, minimal attention was given to the systematic provision of services to prepare youth for independent living. Presently, every state is **beginning** to provide transition services to youth. Prior to the law, 25 states had basic skills training classes. These programs are now available in all 50 states. Education and employment initiatives have also increased since the implementation of the law. An increase of 18 states are developing education initiatives and 15 more states are developing employment initiatives;
- The law has encouraged not only the development of new programs but also the refinement of existing programs; Community outreach and interagency planning has improved. Since the law, 21 states instituted advisory councils (as compared to six states prior to the law) and 20 states have implemented formal interagency agreements (compared to eight states prior to the law); and
- P.L. 99-272 has been used to substantially expand the training provided to public and private agency workers, foster parents, and the community. Approximately 7,000 staff were targeted to receive training with 1987 funding.

## DEMOGRAPHIC AND CASE HISTORY CHARACTERISTICS

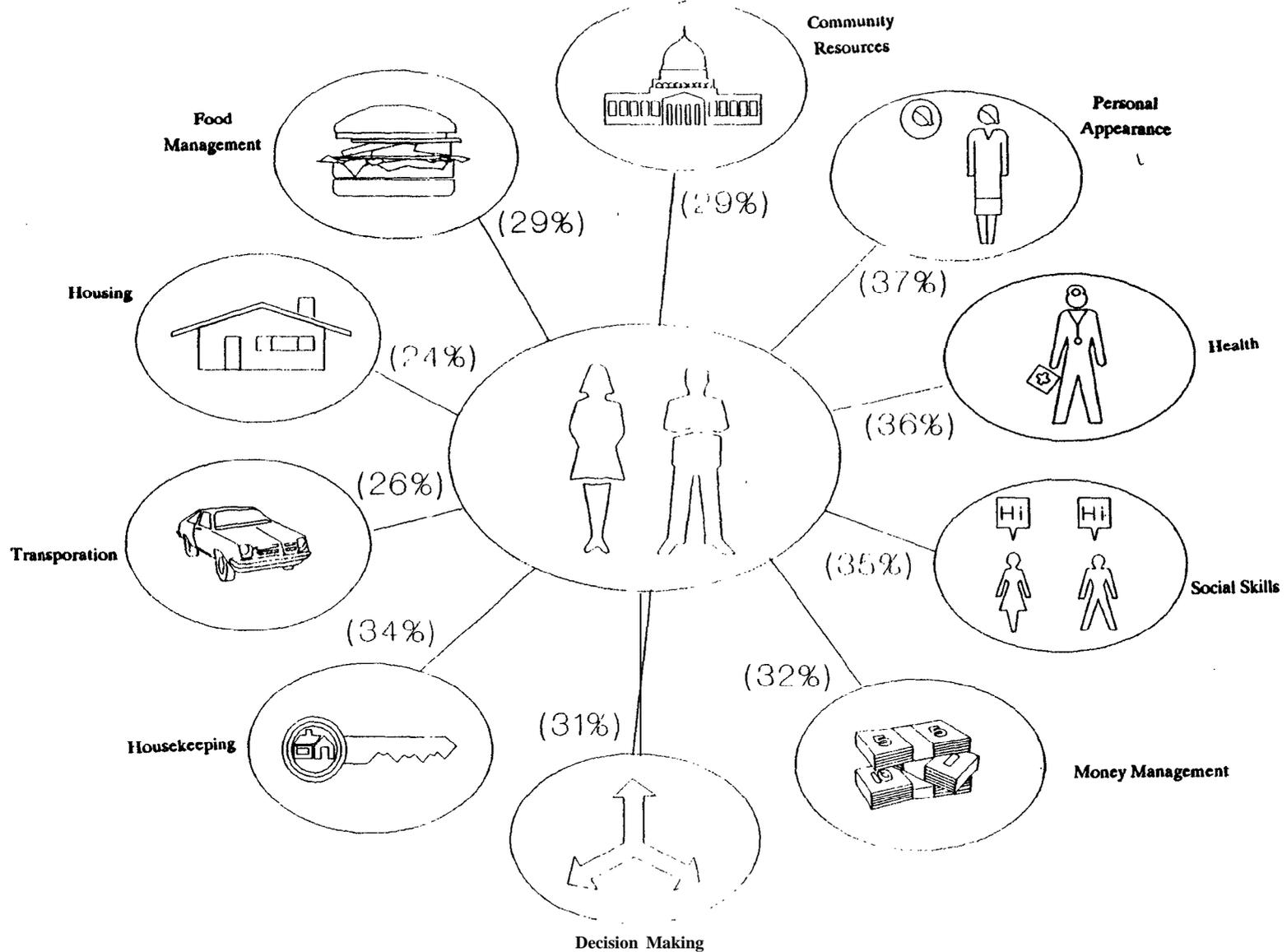
- It is estimated that 34,600 youth 16 and older were discharged from foster care between January 1, 1987 and July 31, 1988 -- 19,700 (57%) were female, 21,000 (61%) were white and 16,300 (47%) were handicapped; Foster care has consistently served slightly more boys than girls. The higher proportion of girls in the study population appear related to the percentage of girls who enter care as teenagers and youth entering as teenagers constitute a greater proportion of the study population.

- Of those handicapped, 38% were clinically diagnosed as emotionally disturbed. The high percentage of emotional disturbance may again be attributed to the number of youth entering foster care as teenagers. According to agency personnel, teenagers are only taken into care when there are severe problems (e.g. sexual abuse, chronic family problems, runaway behavior) which lend themselves to creating emotional problems;
- Forty five percent (15,600) of the youth had experienced at least one runaway episode;
- **25,300 (70%)** of the youth entered care as adolescents. The data suggests that those who entered foster care under age 13 were more likely to be minority and male;
- The majority of the youth 28,400 (82%) had only one placement into care and the median length of time in care was 2.5 years. However, almost 60% (20,100) had three or more different living arrangements during that time; and
- Youth who entered care under the age of 13 (**9,300**), experienced a median length of time in care of nine years. A higher percentage of these youth (35% of the youth under **13** as compared to 16% of youth entering care between ages 13 and 15 and 3% of youth entering care at age **16+**) were more likely to have experienced recidivism.

#### YOUTH SKILLS AND SERVICES ATTAINED PRIOR TO DISCHARGE

- Adolescents leaving foster care have large educational deficits. Only 44% of the 18 year olds completed four years of high school at the time of discharge. The national educational attainment rate for 18 and 19 year olds is 64%. The combined educational attainment rate for the study's 18 and 19 year old population is **48%**, 16% lower than the national rate;
- In 1986, 56% of young men and 55% of young women ages 16-19 held jobs in this country. 13,400 youth (39%) of the youth discharged from care had experienced at least one job. Although these figures are not directly comparable (different time periods, different methods of measurement), the national figure provides a yardstick to use as an indicator of foster care youths status as compared to the general population;
- It was estimated that 20,700 (60%) youth had received some type of independent living service training before discharge, but only 10,800 youth (31%) of the youth were enrolled in an independent living program; Figure 2 illustrates the percentage of youth who received skill training in a number of areas (e.g., health, social skills, money management, decision making, housekeeping, etc.); and
- Children who entered care at an earlier age appear more likely to receive independent living services, particularly minority youth and handicapped males.

# Percentage of Youth Receiving Independent Living Skill Training



**Figure**

## PROGRAM IMPLICATIONS

Overall, there has been a tremendous amount of activity to get services developed and implemented, but a systematic and comprehensive approach to providing these services is not always being pursued. In part this is due to the context in which the funds were initially made available. States were asked to establish permanent **programming** with temporary funding. Also, service development had to be accomplished quickly with little information on service effectiveness.

As with any **new program**, it takes time to put all the pieces in place so that the desired outcomes can be realized. The current focus on services to youth aging out of the system provides the opportunity for professionals to identify how service delivery can be provided more adequately to **all** youth served. The concept of preparing youth to be self-sufficient is a philosophic approach to service delivery as well as a practice. In the broadest sense, service delivery from an early age should promote basic problem solving capabilities, self esteem, an understanding of the child's past losses, relationship building, and independent thinking. As youth get older specific services (e.g. basic skills training, employment experiences, independent living arrangements) need to be incorporated into the youths' service plans. To promote this type of service delivery, the concept of teaching independent living skills needs to be integrated into the events of every day living. This does not mean the development of a new delivery system, rather it requires a reorientation of existing policies and programs in a direction that recognizes the agency's responsibility for facilitating transition out of the foster care system as well as care while in the system. At this time, quantitative information on the effectiveness of specific services or combination of services is very limited. However, the cumulative expertise of child welfare professionals implementing independent living programs can provide important guidance on policy and program needs. Specific suggestions include:

- Make federal funding of independent living initiatives permanent;
- Allow IV-E foster care maintenance payments to be used for otherwise eligible youth in care to age 21;
- Prepare primary caregivers, social workers, supervisors and administrators to support the practice of allowing youth to practice independent living **skills** within their daily living environment. This includes allowing youth to buy their own clothes, make their own transportation arrangements, prepare meals, and make their own decisions. Providers must be prepared to accept the mistakes that youth make and use them as new learning opportunities;

- Allow dollars under the IV-E Independent Living Initiatives to be used for services for youth who have left care to age 21;
- Regard foster parents and other primary caregivers as members of the social services team. Their talents, ideas, and personal resources are essential to the success of informal life skills instruction;
- Review licensing standards to insure that there are not unnecessary barriers which make it difficult for informal life **skills** training to occur in foster homes and group care facilities;
- Implement policies and procedures which require a written assessment of youths' strengths and weaknesses as part of the case planning process;
- Require youth participation in needs assessments and service delivery decisions;
- Implement case review conferences with all youth in care at age 16 to discuss independent living issues;
- Provide formal basic skills training programs which blend the teaching of both tangible and intangible **skills**;
- Develop policies and practices which promote keeping youth in care until they are 21 years **old**, to give them more of an opportunity to complete high school and obtain the skills necessary for living on their own;
- Explore the role birth parents can play in transitioning youth out of care;
- Modify policies and licensing regulations to encourage the development of practice independent living arrangements (e.g., apartments, mentor homes, etc.) for youth while they are still in care;
- Develop aftercare policies which address a discharge plan for youth, the information that should be provided to youth at discharge (e.g., birth certificates, medical records, records about their roots, and community resource information), and services available to youths once they have been discharged; and
- Modify state and local information systems to include information on independent living services provided to youth as **well** as to track youths' skill attainment.

The discussion on implications for service delivery has focused on the overall approach to policies and practices impacting service delivery. Recommendations about which services or combinations of services work best for youth like the two youth described at the outset of this summary will not be made until we have information about youths' adaptation after

discharge from care. Outcome information is a critical component of the equation. Outcome factors include such items as, years of schooling completed, number of weeks employed since discharge, whether or not the youth is on welfare, whether or not s/he is using drugs (and if so when drug use began and how extensive it is), youths' marital status, number of children, positive social relationships, and so forth.

Thus far we have identified the general needs of the population as well as the percentage of youth who received services. Based on their individual life experiences all youth will not necessarily need the same type of service intervention to enhance positive outcomes. The results of Phase I will provide critical baseline data as we enter Phase II of the project. It will allow us to "control for" (or remove the influence of) other factors which may be associated with outcomes for youth--factors such as handicap status, degree of contact with natural and/or foster parents. In combination, findings from the two phases are expected to provide important guidance in providing services to promote the growth and self-sufficiency for all youth in the foster care system.

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# 1. INTRODUCTION

## 1.1 Statement of the Problem

Since the advent of Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980, foster care services have been focused on two **principal** objectives: preventing **out-of-home** placement and achieving some semblance of permanency when out-of-home placement is deemed necessary. Although P.L. 96-272 has been beneficial in curtailing foster placement; this legislation has not been responsive to the needs of older youths in foster care for whom returning home or adoption are not practical options.

About 40% (112,000) of foster care youth in care at a point in time are adolescents, the majority of whom are not likely to be reunified with their families. Approximately 18,000 youths now exit foster care each year between ages 18-21 [American Public Welfare Association 1986]. Homby and Collins [1981] estimated that fewer than 20% of the adolescents in foster care return to their birth homes, and that fewer than one foster care adolescent in 20 are **likely** to be adopted. Agencies are faced with serving an increasing proportion of adolescents in substitute care, with a responsibility emerging to provide services to meet their transition needs before discharge from care: the ability to obtain adequate housing **successfully**; procure and maintain employment; achieve positive social relationships; perform daily living skills; and live independently of the welfare system.

Adolescents leaving foster care do not **all** require the same types of services. Some have had more successful foster care experiences than others, and have been able to form stable relationships with their foster parents. Other youths have been emotionally scarred and lack the social attachments and support structures to make a successful transition to independence. Some do acquire the basic skills for making the transition, while others lack basic skills in budgeting, locating an apartment, finding a job, and even cooking a **meal**. Many do not have a support structure available to help them acquire these skills once discharged from care.

Child welfare personnel have indicated that youth need to be given the tools to deal with special situations that arise because they are in agency custody or they do not have a

meaningful involvement with their birth family. They need to learn the answers to such practical questions as:

- How do I complete parts of a job application if I nor my foster parents have the answers to questions about (i.e., place of birth, name(s) of elementary school(s), childhood illnesses)?
- How do I plan my meals?
- When I go to rent a place to live and they want my parents' name and address, what do I say?
- What do they mean on a credit application, next of kin living with you?
- How do I get medical insurance if the job I get or the school I attend does not offer it?
- What name should I put down for a person to notify in case of emergency?
- What do I say if the reason I left my last job was because I came into foster care?
- Where do I turn if I am sick or lonely or in trouble?
- Where can I get money to help me go to **college**?
- Where are my relatives?

All adolescents approaching adulthood are faced with adjustment issues and the foster adolescent is no exception. Typically, foster youths experience multiple emotional and physical separations from their biological and foster families that complicate the socialization and attachment process. Because adolescence is a time of striving for independence and searching for one's identity, it can become complicated for foster care youths by the fact that they have had many people making decisions that affect the course of their lives. They have been clients in a system in which decisions are made for them by persons they may never have met.

Because agencies are oriented towards protection and care, recommendations and decisions about youths' needs are generally made at an administrative level and through interagency agreements. This creates an environment in which adolescents perceive themselves as having diminished control over their lives, lessening the opportunity for them to make decisions to learn skills necessary for daily living. It is difficult to compensate for the nurturing and family stability that many adolescents in foster care lack, but best practice dictates that youths who

remain in foster care until they are old enough to be discharged should be provided with the supportive services required to assist them toward self-sufficiency.

Recent studies of foster care adolescents have identified a variety of service needs for youth facing discharge from care. Many of these studies have focused on adolescent educational needs, and all have found that they have educational problems. The **Westat** (1986) study of approximately 400 youth found that only 34% of the **18-year-olds** studied had completed high school at the time of discharge. A study conducted by the Citizens' Committee for Children of New York [1984] found that foster youths had serious deficits in reading levels. Festinger [1983] found that educational achievement was an area in which ex-foster care children differed greatly from the norms of the general New York City population. This was especially true for ex-foster care males, who completed college at a rate of 2.3% for the former foster children as compared to 22.1% of the New York City population. In a study of primarily southern black foster care youths, Zimmerman [1987] found that although 70% of those discharged from foster care had entered high school, only 39% had completed the 12th grade, whereas nearly 69% of all southern blacks complete high school or obtain an equivalency degree. Finally, Barth (1988) recently conducted a follow-up study of 55 youth who had been discharged within the last ten years from the California Child Welfare system. Fifty five percent had not graduated high school when they left foster care and 38 percent had still not obtained high school equivalency at the time they were interviewed.

Other needs have also been disclosed by recent studies. The **Westat** (1986) study found that fewer than half of the youths discharged from care had received services to prepare them for independent living. Festinger [1984] found that about half of the graduates of the foster care system "received little, very little, or no preparation for discharge from their agencies." Youths in care were also discharged with minimal experience in living on their own [Cook and **Ansell** 1986]. A study conducted by Pettiford [1981] under the auspices of the Human Resources Administration in New York City found that approximately 33% of the former foster youths were on public aid. This level of dependency was significantly higher than the estimated 12% of public aid users reported among all youths age 18 to 21 in New York City.

Barth's (1988) recent follow-up study of youth who had been living on their own found that the youths' health care needs were large and their access to health care is limited by poor health insurance. Of the 55 youth interviewed, 44 percent indicated a serious illness and 24 percent reported a hospitalization since leaving foster care. Only 33 percent had health insurance.

In addition, almost one-third of the youth had gone through a period when they had no home or moved weekly.

Because the foster care system was developed to meet the dependency and security needs of children who came chiefly from neglected and abusive homes, the system often failed to balance growth and self-sufficiency needs of youths with their dependency needs. Although the **Westat** study found that states were making substantial efforts to develop programs and policies to meet the needs of adolescents who were being discharged from care. to live on their own, the programs were reaching a limited number of youths. In general, independent-living services were not being designed within the context of a comprehensive delivery system, usually consisting of a single program component such as a specialized group home, an independent-living subsidy policy, or a skills-training program.

Congressional concern about such findings resulted in the passage of the Independent Living Initiatives, P.L. 99-272, Comprehensive Omnibus Budget Reconciliation Act of 1985. This law authorized funds for States in fiscal years 1987 and 1988, to establish and carry out programs which will assist **children** 16 years and older to make the transition to independent living. Funds were then extended through fiscal year 1989. In addition to providing funding for programs to prepare adolescents for independent living, the law also requires changes in case plans and in case reviews for all children in State supervised foster care who are 16 years of age or older. Case plans for **all** children 16 and over must, where appropriate, describe programs and services to prepare the child for independent living. Since federally mandated semi-annual case reviews must address agency compliance with case plans, independent living services now must be considered at case reviews as well.

The law does not stipulate that case plans include a discussion of independent living services only for youth with a goal of independent living. Nor does it eliminate the legal obligation for States to simultaneously work toward reunification or adoption where appropriate. The law supports assisting the adolescents in, gaining independent living **skills**, regardless of the adolescent's case plan goal.

The underlying assumption of the law is that its fiscal and programmatic provisions will lead to improvements in the services for adolescents in foster care transitioning to independent living. Improvements are expected in the organization of new programs, the

extension or strengthening of existing services, new delivery methods, utilization of existing training models, and increased efficiency of the Title IV-E foster care programs. The law stipulates various program areas for the States to consider. These include:

- Enabling participants to seek a high school diploma or its equivalent, or vocational training;
- Providing training in daily living skills;
- Providing for individual and group **counseling**;
- Providing for establishment of outreach programs;
- Providing each participant a transitional independent living plan; and
- Providing individuals with other assistance and services to improve their transition to independent living.

## 12 Study Objectives

The purpose of this study is to assess the influence of the Independent Living Initiatives on State and local foster care agencies, and their allocation of resources to prepare and support older adolescents (16 years and older) in their transition from substitute care placement to independent living. This study evaluates the impact of the legislation on the overall service delivery system for adolescents served. Three major objectives were established to guide the research effort.

- To describe and assess the influence of P.L. 99-272 on the policies, programs, services, training, and funding provided by State and local (public and private) foster care agencies to prepare and support adolescents in their transition from supervised substitute care placements to independent living.
- To describe and assess the effects of independent living programs/services on adolescents by comparing adolescents (e.g. characteristics and outcomes) who received such specialized services with those who did not receive such services.
- To develop recommendations for service delivery models designed to improve agency provided (direct/purchased) programs and community resource services for adolescents facing independent living.

The first study objective responds to the need to identify the variety of services being implemented to prepare adolescents in substitute care for independent living. Information was collected on policy, services and number served on the year prior to **P.L.99-272**, the first year of its implementation and future plans in order to identify objective steps states have taken towards implementing independent living services.

The second objective addresses the effects of independent living services by comparing adolescents who have received such specialized services to those who did not receive such services. Specifically, data was gathered to delineate the two groups of adolescents in terms of individual and family backgrounds as well as agency service and placement\_ history experiences. Adolescent post-discharge social adjustment/adaptation, expectations and experiences will also be compared

The third objective is to integrate the first two objectives by finding associations between the types of services available and their effect on the adolescent population. Recommendations for service delivery models designed to improve agency- provided (direct/purchased) programs and community resources will be developed.

The study plan emphasizes the collection of pertinent information from a wide variety of sources to address the interrelationships between P.L. 99-272, independent living services, and pre-existing environmental factors. The study was also designed to develop, for the first time, national estimates about the characteristics of older youth discharged from care, the number and type of independent living services youth received while in care and ultimately the relationship between outcomes for youth and whether or not they received independent living services. The study design involves a two phase study, a formative evaluation and a summative evaluation. (Volume 2, Appendix A, Overview of Research Design, presents a graphic representation of the study design.)

Phase I has been completed and this final report presents the findings with respect to:

- States' development of independent living policy, program initiatives, training, and organizational components since the passage of **P.L. 99-272**;
- The demographic, case history and family characteristics and service needs of an estimated 34,600 youth discharged from foster care between January 1, 1987 and July **31, 1988**; and

- The number and type of services youth 16 and older received to prepare them for discharge from foster care. The relationship between youths' demographic and case history characteristics and receipt of these services was also explored.

Phase II, the summative evaluation, is designed to describe and assess the effects of independent living programs on foster care youths' adaptation after leaving the foster care system. Phase II will also develop recommendations for service delivery models designed to improve agency services. It is anticipated that Phase II will be completed by January, 1991.

This report **has been** divided into seven chapters. Chapter 1 outlines the issues which precipitated the development of the study and the purpose of the study. Chapter Two presents an overview of the study methodology. A conceptual framework defining the continuum of independent living services is presented in Chapter 3. Chapter 4 presents the findings about the adolescents. Included in this chapter is a descriptive analysis of the foster adolescent population discharged from care between January 1, 1987 and July 31, 1988. Also included in Chapter 4 is a description of the types of resources youth take with them upon discharge from the system (e.g., education completed, job experience, and independent living services received). An analysis of the relationship of child demographic and case history characteristics and the receipt of services is also presented. Chapters 5 and 6 provide an overview of independent living state initiatives and a description of specific program models that have been developed, respectively. Study conclusions are presented in Chapter Seven.

## 2. METHODOLOGY

This chapter provides a summary of the survey methodology used to complete Phase I of the **National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth**. A detailed discussion of the data collection activities, sample design, and analysis is provided in Volume 2, Appendices B and C.

### 2.1 Sample Design

The sample design for this study was a multistage stratified design where probability sampling was employed at each stage of selection. The first stage was the selection of eight states from three strata of States using probability proportionate to size sampling. The three strata States were grouped into were defined by the initiatives States had taken in developing independent living services prior to P.L. 99-272: those with a substantial number of initiatives, those with an average number of initiatives, and those which had few initiatives. The eight states selected included Arizona, California, Illinois, Missouri, New York Pennsylvania, Tennessee, and the District of Columbia.

The second stage of selection involved the selection of county clusters. Clusters of counties were formed so that counties within clusters were geographically contiguous, contained a minimum number of foster care adolescents, and represented both urban and rural counties. Approximately 50 counties were selected.

The third stage of selection was the adolescents. States were asked to provide lists of youth 16 and older who were discharged from foster care between January 1, 1987 and July 31, 1988 from the selected counties. Where possible, states were asked to identify whether or not these youth had received independent living services. Eighteen hundred randomly selected case record abstracts were completed.

By selecting states and subsequent sampling units using probability sampling, national estimates were produced from the data collected about adolescents. After data processing, a total of 1646 cases were found to be in scope; were 16 or older, discharged during the study time period,

were in care for **at** least one month, and/or were adjudicated dependent. National estimates *were* obtained by “weighting” each individual case in accordance with the probability of being selected. By use of appropriate weights at each level, the cases obtained were used to represent the much larger database that would have been obtained if all potential data sources had participated and no sampling had been used. The cases were weighted up to represent approximately 34,600 youth. This estimate excludes youth who were in care for less than **one** month and youth adjudicated delinquent.

A number of important issues were taken into account in the process of weighting, including calculation of sampling errors or variances.

**Sampling Errors.** There is some degree of uncertainty associated with any estimate that is made on the basis of a sample. The standard error provides some idea of how much uncertainty is associated with a given estimate as a result of the use of a sample rather than a complete study of the total population (it does not reflect other sources of error). Thus, the standard error indicates the precision of an estimate. Standard errors were calculated for selected estimates presented in this chapter.’

The Phase 1 data collection activity was limited to obtaining historic information on the adolescents through their case records. The information obtained includes demographic and case history characteristics of the youth, family characteristics and experiences and training the youth acquired by the time they were discharged from foster care. The second phase of the study will follow up the youth and interview them about their adaptation. Outcome information will be analyzed in relation to the youths’ background information. Phase II of the study is expected to be completed by January, 1991.

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<sup>1</sup>The range or “window” around an estimate within which one can be confident the estimate lies is called a ‘confidence interval.’ One can be 95 percent certain that the estimates reported in this report about number of youth discharged from care, receipt of services and number of youth who completed school fall within the range specified by the 95 percent confidence intervals. Sampling errors and confidence intervals are provided in Appendix B.)

## 2.2 Data Collection Procedures

The data collection activities for this study included:

- Review of state independent living plans and program reports.
- Telephone canvas of 51 States to update information about their independent living services and policies.
- Process Evaluation of 8 states and 24 county clusters (approximately 50 counties) to provide an in-depth analysis of the effects of **P.L.99-272** on the policies, organizational issues, services, clients served, funding sources and community relations.
- Case Record Abstracts of 1650 adolescents discharged from care between January, 1987 and July, 1988. These abstracts provide information on the individual, family, case history characteristics, as **well** as the skills attained and services received by adolescents before discharge from care, The sample of adolescents is divided between those youth who received independent living services (1100) and those youth who did not receive independent living services (550). The information from the case records was weighted to represent an estimated 34,600 youth (20,700 who had received services and 13,900 who had not received services).

Telephone Canvas. Independent living plans and program reports from each state were reviewed to gather information on demographics, **policy**, organizational context, services and clients served, funding, and problems/barriers to developing independent living programs. After review of this information, states were mailed forms delineating the information that had been collected. **Followup** telephone calls were conducted with each state's independent living coordinator to confirm and where necessary, provide additional information about the states independent living initiatives. Information was collected on independent living initiatives at three points in time, before receipt of funding authorized by P.L. 99-272 (July, **1987**), current initiatives developed since P.L. 99-272 had been received, and future plans. The telephone calls were completed by March, 1988, and the results are presented in Chapter 5, State Initiatives.

Process Evaluation A nationally representative sample of eight States and 47 counties was selected for the study. An in-depth process evaluation was conducted in these States/counties to obtain information on the who has done what, when for whom and with how much with respect to independent living services. The specific areas reviewed included the policies, organizational issues, services, clients served, funding sources and community relations.

Information on these issues was obtained through site visits by senior **Westat** staff consisting of discussions with state and local child welfare administrators, caseworkers, private providers, and other agency staff involved with the programs for those youth 16 and older.

Information from the site visits was used to identify how P.L. 99-272 funds are being used for development of independent living services. Chapter 6, Program Models, includes descriptions of these programs and services. In Phase II we **will** ascertain the impact of these services, within the environmental context in which they were provided, on outcomes for youth by comparing outcomes of youth who received services and those who have not received services.

Case Record Abstract. The case record abstract form was designed to collect detailed information recorded in each sampled adolescent's case record regarding case history and individual characteristics. The collection of detailed case record data was used to provide a description of the foster care population discharged from foster care during the study period, including demographic, case history, and service information about the youth. The information was also used to compare the individual and case characteristics of adolescents who received independent living services with those who did not receive these services. Since it is expected that individual case characteristics may be related to post-discharge experiences in adapting to independent life (**e.g.problems** leading to initial placement in foster care, number of replacements, etc.), case record data will also be used to identify and analyze any case characteristics which are separate and apart from participation in independent living services, but appear to have an effect on post-discharge adaptation. In this way case record abstract information **will** provide the necessary baseline data to be used in analyzing the **followup** data collected during Phase II.

The following chapters provide the results of these data collection activities.

### 3. CONCEPTUAL FRAMEWORK

In order to present information about independent living services and programs, it is important to first clarify what is meant by these terms. The best way to reach consensus about a definition for independent living services and programs is to first identify the skills and attributes that a young person needs to have in order to be successful when on his/her own, and then to look at how and when the skills are being taught. A partial listing of the basic living skills would be the following:

#### Tangible Skills

Educational skills  
Vocational skills  
Money management  
Home management  
(housekeeping, cooking)  
Consumer skills  
Locating community resources  
Use of Transportation  
Sex Education/Health Care/  
Personal Hygiene  
Locating housing  
Understanding the law

#### Intangible Skills

Decision making  
Problem solving  
Planning  
Communication skills  
Interpersonal relationships  
Time management  
Self-esteem  
Confronting anger and past losses, rejections  
Social skills  
Preparing for transition to independence and **termination** from substitute care

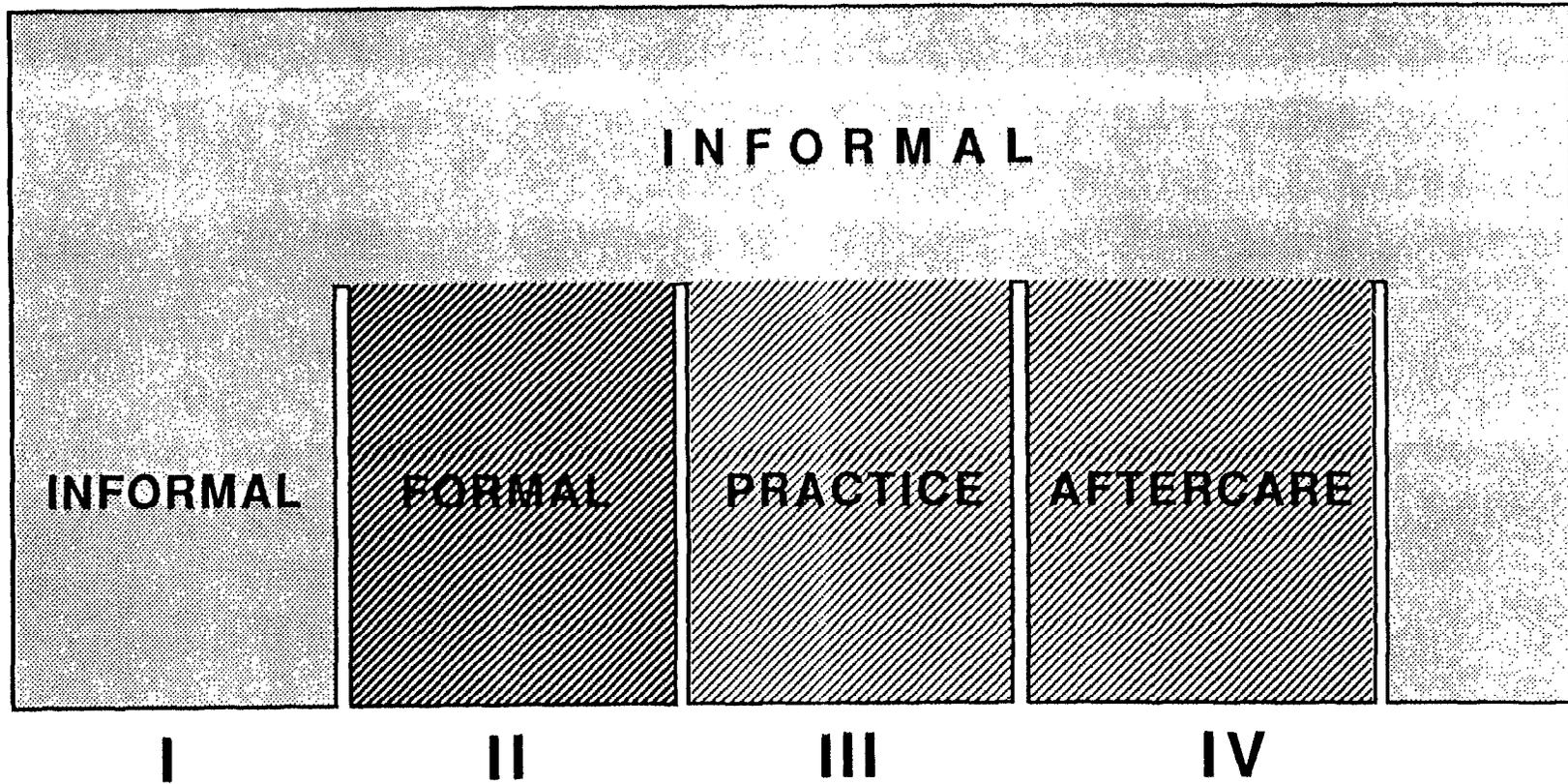
The two lists are purposely separated, with the one on the left representing the tangible skills necessary for the acquisition, utilization, or allocation of resources and the one on the right representing the intangible skills necessary for everyday living. After reviewing these lists, two thoughts come to mind:

1. While the tangible skills are often first associated with independent living, knowledge of the tangible skills is virtually useless unless accompanied by some degree of proficiency in the intangible skills;
2. It takes a long time, perhaps a lifetime, to master both sets of skills.

Developmentally, one begins to acquire these basic living skills at a very early age and continues to refine and perfect them throughout one's lifetime. It makes sense then, to view preparation for independent living not as a singular event but as a series of events that occur along a continuum. Figure 3-1 illustrates the continuum.

Figure 3-1.

# Service Delivery Continuum



During Stage I, basic living skills are acquired informally by observing family members, repeating methods or techniques they have observed, and through trial and error. New skills are often introduced when daily living situations require it. For example, a young child who accompanies his/her parent to the store observes how groceries are selected and purchased. Eventually, the parent will ask the child to go to the store alone to make a purchase. This child has the opportunity to practice what she/he has learned through observation. The practice experience may be positive or negative. Either way, the child obtains *new* information that can be used in other shopping experiences. Informal learning experiences continue throughout the other stages of learning.

During Stage II, basic living skills are acquired through formal instruction and formalized activities. For many young people this formal instruction is provided as part of an educational program or extracurricular activity. Often someone outside of the family is providing the instruction. Formal instruction may occur individually or in groups. A practice component may or may not be part of the program. Through such activities as Boy Scouts, Future Homemakers of America and sports, children learn and acquire intangible skills (interpersonal skills, planning, communication, self-esteem, as well as the tangible skills (i.e., money management, consumer skills).

A Stage III learning experience is primarily experiential. Usually the young person's living arrangement has changed. The youth is no longer living with the adults who are responsible for parenting and now resides in some type of supervised independent living situation. This situation provides the opportunity for the youth to practice all of the skills that have been learned formally and informally. While the youth practices the skills in a real life situation, the supervision component minimizes the **possibility** that the inevitable mistakes will have a life-threatening effect. For many young people, college dormitory life or military life provides a Stage III learning experience. The college freshman and the new Army recruit are away from home and technically on their own, but there is still a safety net under them as they begin to try their wings.

The Stage IV living experience is differentiated from Stage III in that during Stage IV the young person is living independently without the benefit of the safety net. The young person is viewed as an adult and expected to pay his/her own way. However, for many young people there still remains a life line to the adults who are responsible for the parenting (i.e., loans, social

support, a place to be for major holidays). During Stage IV the young adult may seek to improve basic living skills through either the formal or informal methods. Such assistance is not automatically provided. It is made available only if the young adult requested it, and in some situations, has the ability to pay for it (i.e., calling home to get a recipe or signing up for a cooking course).

Most young people outside the foster care system go through the stages outlined in the continuum as they move toward adulthood. However, the age at which one enters a phase may vary greatly. For many young people there is no pressure to move into a Phase III or Phase IV situation. In fact, many young people choose, for a variety of reasons, to delay moving away from home until they are in their mid to late twenties. Quite often the move away from home is accompanied by a positive event such as obtaining a good job or getting married. The move away from home usually comes with the support and encouragement of a parent who is still willing and able to lend a helping hand if things don't work out.

Unfortunately, most youth in the foster care system do not have the option of remaining in a protected **family** environment until they are ready to move out on **their** own. Stage **IV** must be achieved by the age of 21 and in most cases by the age of 18. Often this move is not accompanied by a positive event and no parent is available to lend a helping hand. For many youths in substitute care this situation is compounded by past rejections, unstable placements, and poor interpersonal relationships. These disruptions have prevented basic living skill learning to have occurred in the natural course of events. For these reasons, help with movement along the continuum is more critical for youth in foster care. Special efforts must be made to ensure that the accepted skill levels (tangible and intangible) have been reached by the time they emancipate from the system. Independent living programs and services, must therefore, be defined as those programs and services that have an identifiable method for teaching both the tangible and intangible skills. The methods may vary according to where the program or service is placed along the continuum. **However**, the instruction must be purposeful, not accidental and with specific learning objectives and outcomes in mind.

An example of Stage I programs/services is special training to foster parents so they are better prepared to use daily living experiences in teaching basic living skills. The foster parent clearly understands that preparing youth for independence is part of the job description and knows

how to turn a daily living situation into a learning experience. The foster parent is also trained to introduce skills to meet the youths age and maturity level.

Stage II programs/services provide special instruction to augment the formal instruction that may be occurring in school and other social activities. Typically, youth meet in groups ostensibly to learn the tangible skills. Intangible skills are introduced and taught through the tangible skills. For example, interpersonal relationships might be taught through doing activities surrounding the selection of roommates. The best Stage II programs also incorporate experiential experiences. Job search skills are taught through visits to the workplace and interviews with employers. The home management skills are best taught by having youth prepare meals for the group.

Stage III programs/services enable youth to move out on their own before the substitute care commitment is set aside, thus enabling youth to practice their skills. Supervised apartment living and subsidy programs are designed to simulate total independent living arrangements.

Stage IV programs/services make it possible for those youth who are no longer under the care and custody of the child welfare agency to receive additional instruction and support on a needed basis. These programs and services are designed to simulate the life line that exists in many families.

The following chapters provide information about foster adolescents and the services provided to them within this conceptual framework.

## 4. THE ADOLESCENTS

### 4.1 Demographic and Case History Characteristics

As described earlier, case records were completed on a sample of 1650 adolescents discharged from care between January 1, 1987 and **July** 31, 1988. National estimates were obtained by "weighting" each individual case in accordance with the probability of being selected. The cases were weighted up to represent an estimated 34,600 youth: The **findings** described in this chapter represent this estimate.

Youth discharged from foster care were found to have numerous problems and service needs which could impact their adaptation after discharge. In summary these problems and service needs include:

- Many of the adolescents were handicapped (16,300, 47%), and particularly **emotionally** disturbed (13,200, 38%);
- Fifty-eight percent (20,100) of the youth experienced 3 or more living arrangements during foster care;
- Approximately 30 percent (10,400) of the youth had been in care for an average of nine years;
- Some youth were reported to have drug and alcohol abuse problems (17% and 12%, respectively) and 17 percent (3400) of the female youth had experienced at **least** one pregnancy by the time of discharge;
- A number of youth (**9%**, 3100) were reported to have health problems that would need **ongoing** medical attention after discharge;
- Youth had low academic achievement at the time of discharge (66% of the 18 year olds had not finished high school or completed a GED); and
- **Slightly** less than one-third (10,800) of the youth had received comprehensive independent living services.

To present these and other findings in greater detail, this chapter is divided into four sections. The first section presents a description of the demographic and case history characteristics of adolescents discharged from care, highlighting the differences in characteristics between the youth who entered care under 13, between 13 and 15, and over 16 years old. Section

4.2 presents a discussion of the experiences and training (e.g., jobs held, independent living services received, independent living practice experiences, education levels) youth acquired before discharge from foster care. A description of how demographic and case history characteristics influenced whether or not youth received services, held a job, or completed high school is presented in Section 4.3. The final section summarizes the findings.

#### **4.1.1** Demographic Characteristics

It was estimated that 34,600 youth 16 and older were discharged from foster care between January 1, 1987 and July 31, 1988. Of these youth, it is estimated that 26,000 were discharged from urban settings, and 8,600 youth were from rural settings. The percentage distribution by sex, race, age discharged from care, and handicap status is presented in Table 4-1. Approximately 54 percent of the youth were under 18 at the time of discharge, with the average age at discharge 17.4 years old. Generally the 16 year old youth were discharged because they were returning home or on runaway status, and not because they were being emancipated.

Tables 4-2 to 4-4 present graphs comparing the study sample's sex, race and handicap status distribution to the characteristics of the foster care population reported to the 1986 Voluntary Cooperative Information System (VCIS). In reviewing these comparisons it is necessary to keep in mind that the VCIS data is a snapshot of the entire foster care population at a point in time. It includes children ages 0 - 21 as well as children who may have been in care for less than a month. The study group only includes youth 16 and older who were discharged from foster care.

As seen in Table 4-2, fifty seven percent of the youth discharged from care during the study's time period were female as compared to 49 percent of the children reported to VCIS. As substitute care has consistently served slightly more boys than girls, the higher percentage of girls in the study population raises questions about when this change occurs. The data seem to indicate that a greater percentage of girls enter care as teenagers and youth entering as teenagers constitute a greater proportion of the study population. It is hypothesized that teenage boys are more likely to be adjudicated delinquent, whereas teenage girls are adjudicated dependent, thus entering the child welfare system.

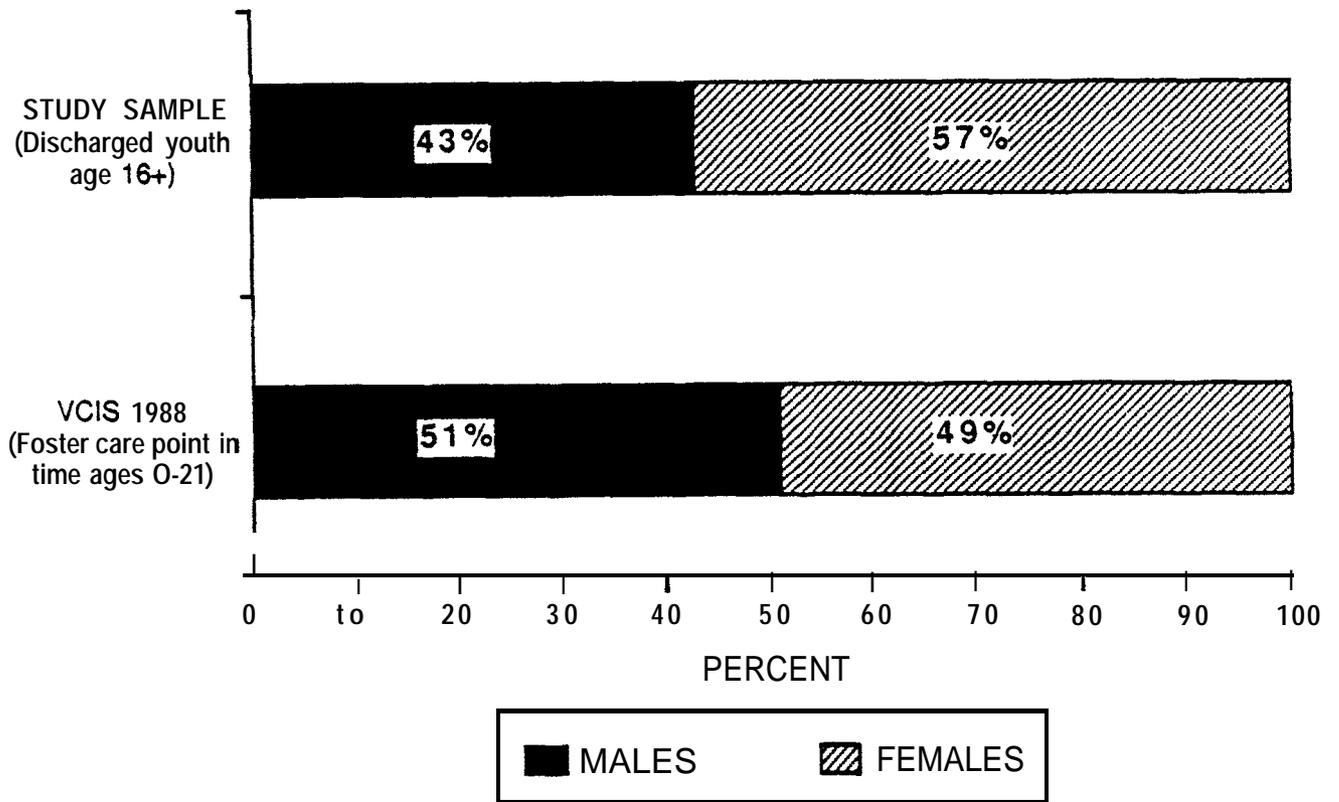
**Table 4-1: Distribution of Sex, Race, Age Left Care, and Handicaps for Youth Discharged From Care\***

<b><u>Sex</u></b>	<b><u>Percentage Distribution</u></b>
Male	43%
Female	57%
N	34,600
<b><u>Race</u></b>	
White, not Hispanic	61%
Black, not Hispanic	30%
Hispanic	4%
Asian or Pacific Islander	1%
American Indian/Alaskan Native	1%
Biracial	3%
N	34,000
<b><u>Age Discharged from Care</u></b>	
16 years old	29%
17 years old	25%
18 years old	32%
> 18 years old	14%
N	34,500
Mean Age	17.4 years old
Median Age	17.7 years old
<b><u>Handicapped</u></b>	
Yes	47%
No	42%
Unknown	11%
N	34,600

\*N's vary based on missing information within each category.

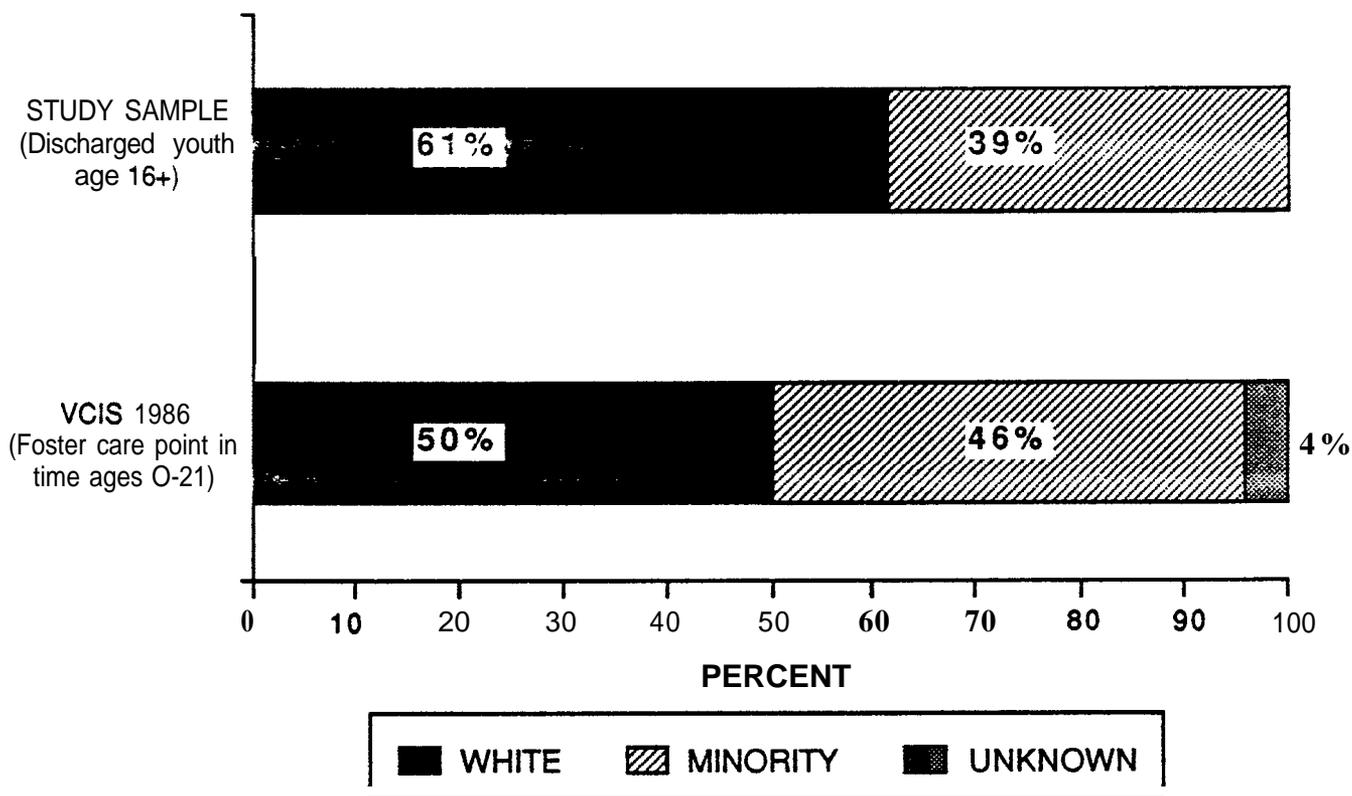
NOTE: Throughout this report estimates (N's) have been rounded.

**Table 4-2: Sex Distribution in Study as Compared to General Foster Care Population Reported to 1986 Voluntary Cooperative Information System (VCIS)**



Race distribution differences can also be noted between the VCIS population and the study group (Table 4-3). A higher proportion of youth in the study group were white (61% as compared to 50%). As will be discussed below, minority youth in the study population were more likely to enter care younger. As the majority of the study population entered care as teenagers, this could account for the differences in the racial **distributions**.

**Table 4-3: Race Distribution in Study as Compared to General Foster Care Population Reported to 1986 Voluntary Cooperative Information System (VCIS)**



The most extreme difference is found in the percentage of youth with handicapping conditions (Table 4-4). **Only** 12 percent of the VCIS population as compared to an estimated 47 percent of the study group were reported as having handicapping conditions. The reader is reminded that the VCIS data represents all youth 0 - 21 at a point in time whereas the study population represents youth **16+** discharged from foster care over an 1&month period. It is not possible to ascertain the percentage of handicapped teenagers in the **VCIS** data. Therefore, the question is why does the older foster care population appear to be more handicapped than the overall foster care population? The older population is comprised of youth who grow up in care (30%) and youth who come into care as teenagers (70%). It is hypothesized that these two groups of youth are more likely to have diagnosed handicapping conditions than the overall foster care population which is comprised of many younger children who are in care for relatively short periods of time. In order for teenagers to enter the foster care system, they must exhibit severe emotional and behavior problems. Also the youth who have grown up in care are likely to have undergone testing which has diagnosed handicapping conditions.

Table 4-5 provides a breakdown of the percentage of study youth with various handicapping conditions. As is presented, 38 percent of the youth were reported to be clinically diagnosed as emotionally disturbed.

Table 4-6 presents the percentage distribution of handicap status by race by sex. The patterns appear to indicate that white youth were more likely to be handicapped than not handicapped (55% and 45% respectively) and white males were more likely to be handicapped than white females (62% and 49% respectively). Minority youth were as likely to be handicapped as not handicapped (50% and 50% respectively).

To obtain a further understanding of the demographic characteristics of the older foster care population discharged from foster care, Table 4-7 presents the distribution of sex, race and handicap status by age entered care. The data suggest that females enter care older than males, particularly between the ages of 13 - 15. Also, minority youth enter care younger than white youth (34% of minority youth enter care under 12 as compared to 23% of white youth). Although there is little difference in the percentage of white and minority youth entering between the ages of 13 - 15 (41% and 43% respectively), 13% more white youth than minority youth enter care at age 16 or older. There appears to be little overall percentage difference between handicapped youth and nonhandicapped youth and age of entry.

**Table 4-4: Handicap Distribution in Study as Compared to General Foster Care Reported to 1986 Voluntary Cooperative Information System (VCIS)**

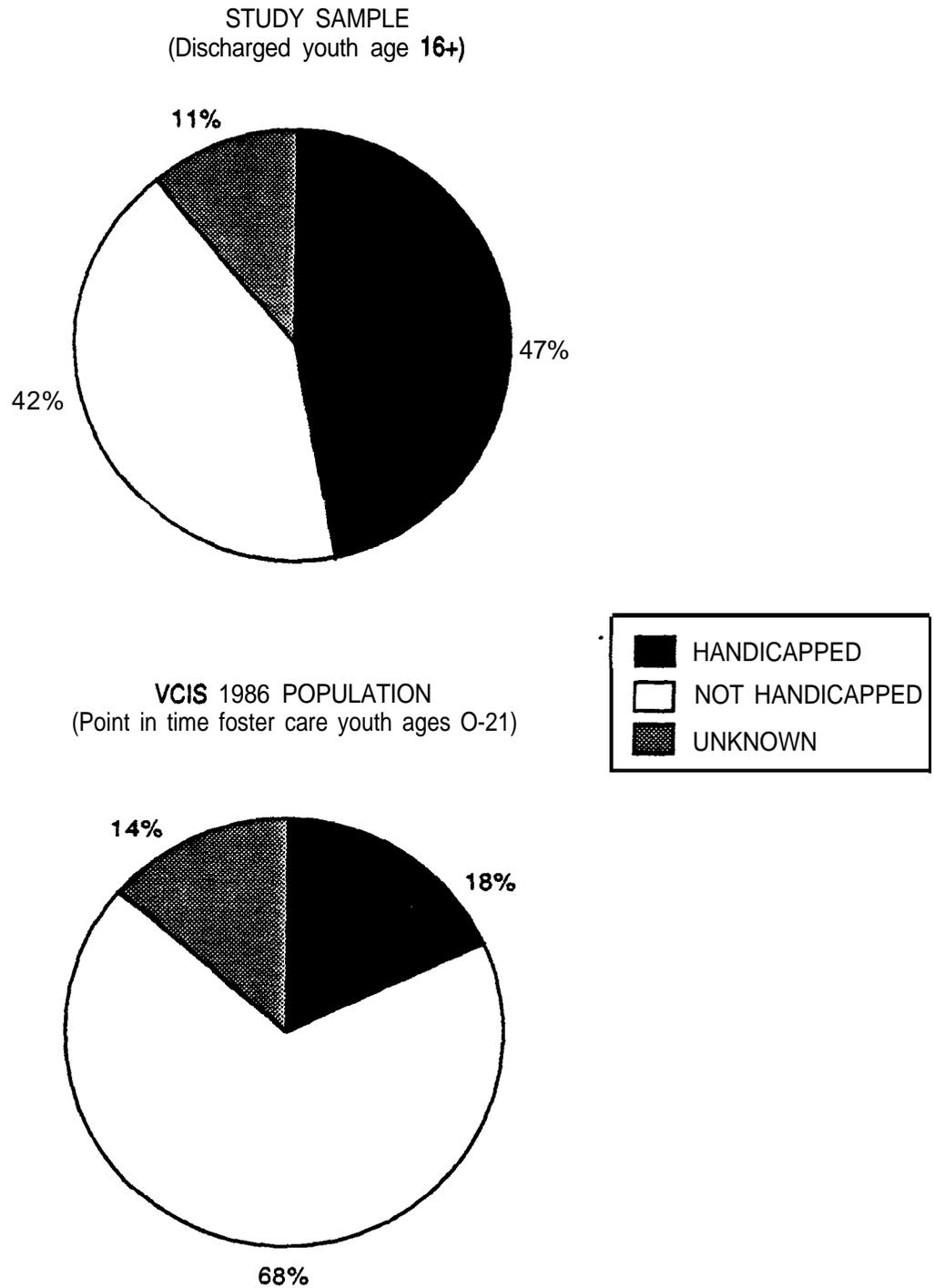


Table 4-5: Percentage of Youth With and Without Handicaps

<u>Type of Handicap</u>	<u>Percentage*</u>
No Reported Handicap	42%
Developmental Disability	9%
Emotional Disturbance	38%
Learning Disability	10%
Hearing, Speech or Sight Impairment	4%
Physical Disability	3%
Other	5%
Handicap Status Unknown	11%
<b>N =</b>	<b>34,600</b>

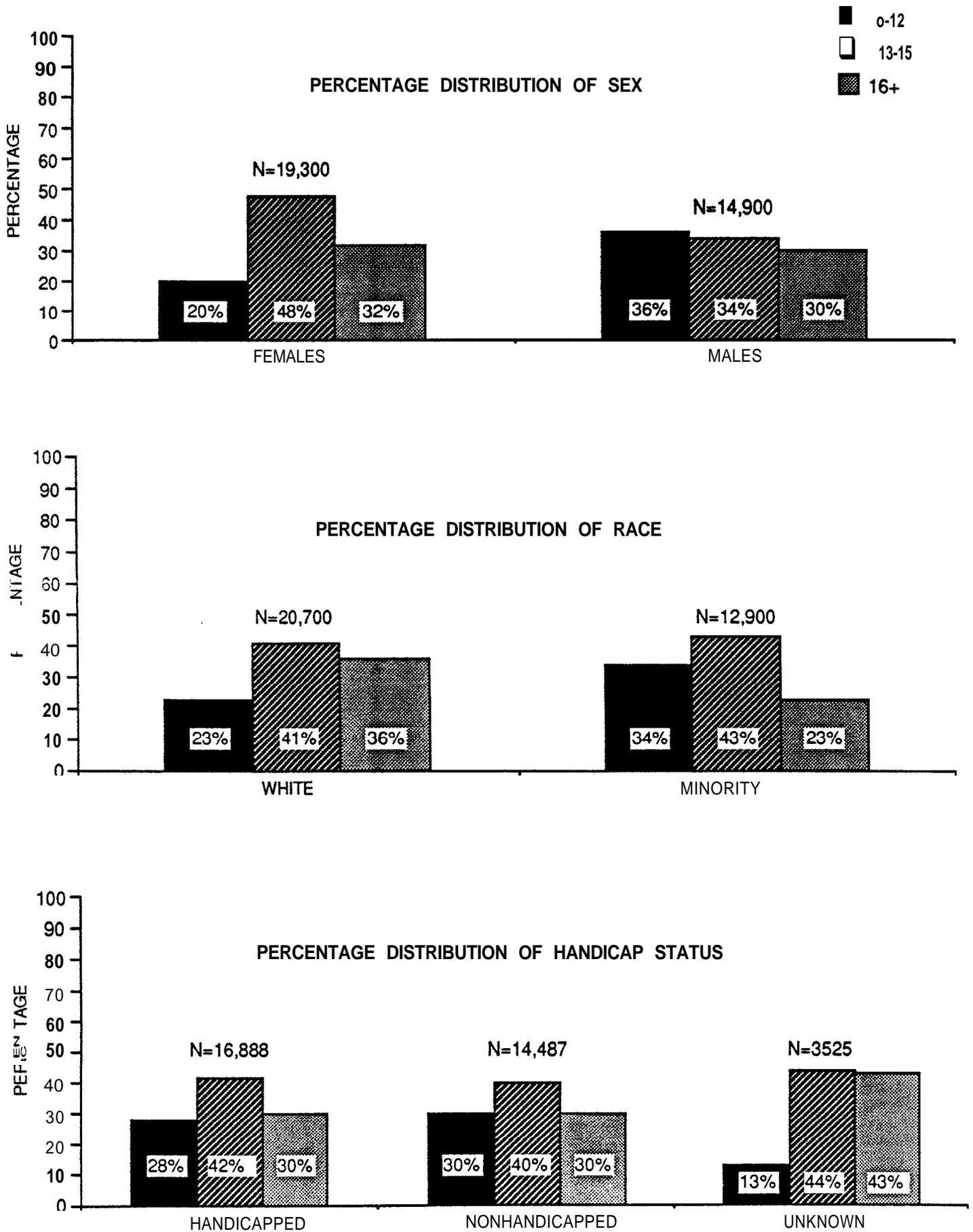
\*Total greater than 100% because any youth can have more than one handicap.

Table 4-6: Percentage Distribution for Handicap Status by Race by Sex

<u>Race and Sex</u>	<u>Total N</u>	<u>Percent of Youth in Row Who Are-</u>	
		<u>Handicapped</u>	<u>Not Handicapped</u>
<b>White</b>	<b>16,200</b>	55%	45%
Male	7000	62%	38%
Female	9300	49%	51%
<b>Minority</b>	<b>10,400</b>	<b>50%</b>	<b>50%</b>
Male	5000	54%	46%
Female	5400	47%	53%

\*N is smaller due to missing data (including those with unknown handicap condition).

**Table 4-7: Distribution of Selected Demographic Characteristics By Age Entered Care**



#### 4.1.2 Case History Characteristics

Table 4-8 provides the percentage distribution of age entered care, length of time in foster care during the youths' most recent or only entry into care, number of placements into foster care and number of different living arrangements youths experienced while in care. Over 70 percent of the youth discharged had entered care as teenagers, with approximately 30 percent of the youth entering at age 16 or older. The average age of entry was 13 years old.

The vast majority of the adolescents studied had only one episode in foster care (82%). For purposes of this study a substitute care episode was defined as each new entry a youth had into care. A new entry was only counted if the youth re-entered foster care after having been formally discharged from care with the intent of permanently **placing** the youth back home or with other identified relative/caretaker.

Although the median length of time youth spent in care was two and one-half years and the majority of the youth only had one placement, the data indicate that youth experienced a great deal of disruption during that placement. Approximately 60 percent of the youth experienced at least three different living arrangements while in placement, with almost a third of the youth experiencing five or more different living arrangements. One of the more disruptive cases abstracted was of a youth who had experienced 32 different living arrangements in less than two months.

It seemed likely that age entered care would be associated with youths length of time in care, number of placements into care, and number of different living arrangements. We reviewed the association of each of these variables and found that the data suggest that there were negative relationships between age entered care and each of these variables, suggesting that for the population the youth who entered younger stayed longer, had more placements, and experienced more living arrangements.

The percentage distribution for age entered care by each of these variables is presented in Table 4-9. **As** is expected, the majority of children who entered care between the ages of 0-12 stayed in care an average of nine years whereas youth who entered care between the ages of 13 - 15 averaged two and one half years and youth who entered at age 16 **or** older averaged one year.

**Table 4-8: Distribution of Age Entered Care, Length of Time in Substitute Care During Last or Most Recent Entry, Number of Placements, and Number of Living Arrangements\***

<b><u>Age entered care</u></b>	
< 13 years old	<b>27%</b>
13-15 years old	<b>42%</b>
16-18 years old	<b>31%</b>
N	<b>34,200</b>
Median age	14
Mean age	13
<b><u>Length of time</u></b>	
<b><u>Percentage Distribution.</u></b>	
1-12 months	31%
13-24 months	21%
25-60 months	27%
> 60 months	21%
N	34,400
Median	2.5 years
Mean	3.5 years
<b><u>Number of substitute care episodes</u></b>	
• 1	82%
2	10%
3	3%
4 or more episodes	<b>4%</b>
Unknown	1%
N	34,600
<b><u>Number of living arrangements</u></b>	
1	<b>20%</b>
<b>2</b>	<b>20%</b>
<b>3</b>	<b>19%</b>
<b>4</b>	• 11%
5 or more	28%
Unknown	2%
N	34,600

\*N's vary based on missing information within each category.

**Table 4-9: Percent Distribution for Age Entered Care by Selected Case History Characteristics: Length of Time in Care, Number of Placements Into Care and Number of Living Arrangements\***

Selected Case History Characteristics	Age Entered Care		
	<u>0 - 2</u>	<u>13 - 15</u>	<u>16+</u>
<b>Length of Time in Care</b>			
1 - 6 months	<b>5%</b>	12%	36%
7 - 12 months	4%	15%	19%
13 - 24 months	6%	24%	31%
25 - 60 months	13%	44%	14%
61+ months	72%	4%	---
<b>TOTAL</b>	100%	100%	<b>100%</b>
<b>N =</b>	9200	14,200	10,700
Median Length of Time in Care	109 mos.	<b>29 mos.</b>	<b>3 mos.</b>
<b># of Placements into Care</b>			
1	<b>65%</b>	<b>84%</b>	<b>97%</b>
2	<b>19%</b>	<b>12%</b>	<b>1%</b>
3	<b>7%</b>	<b>2%</b>	<b>4%</b>
4	<b>2%</b>	<b>1%</b>	<b>4%</b>
5 or more	<b>7%</b>	<b>1%</b>	<b>1%</b>
<b>TOTAL</b>	100%	100%	100%
<b>N =</b>	9300	14,200	<b>10,700</b>
<b># of Living Arrangements</b>			
1	<b>13%</b>	<b>17%</b>	<b>32%</b>
2	<b>17%</b>	<b>19%</b>	<b>25%</b>
3	<b>13%</b>	<b>25%</b>	<b>17%</b>
4	<b>9%</b>	<b>13%</b>	<b>11%</b>
5 or more	<b>48%</b>	<b>26%</b>	<b>12%</b>
<b>TOTAL</b>	100%	100%	100%
<b>N =</b>	9300	14,200	10,700

\*Differences in N's are due to missing information.

Although eighteen percent of the study population had more than one episode or placement into care the percentage of youth with more than one placement is much greater for youth who entered care between the ages of 0-12, (35% for children ages 0-12; 16% for youth 13-15 and 3% of youth entering at ages 16+).

Youth who entered younger also appeared to experience more living arrangements. Although 55 percent of the 16+ youth were in care for one year or less, 14 percent still experienced five or more living arrangements.

Table 4-10 provides the percentage distribution of youths' last living arrangement before discharge. Thirty-nine percent of the youth were living in foster homes prior to discharge, and 33 percent were living in group care facilities.

<b><u>Type of Living Arrangement</u></b>	<b><u>Percentage</u></b>
Foster Home	39%
Group Care Facilities	33%
Independent Living Arrangement	5%
Emergency Shelter	2%
Home	3%
R u n a w a y	2%
Other*	14%
Unknown	2%
Total	100%
N =	<b>34,600</b>

\*Other placements **include** psychiatric institution, detention, and drug rehabilitation programs.

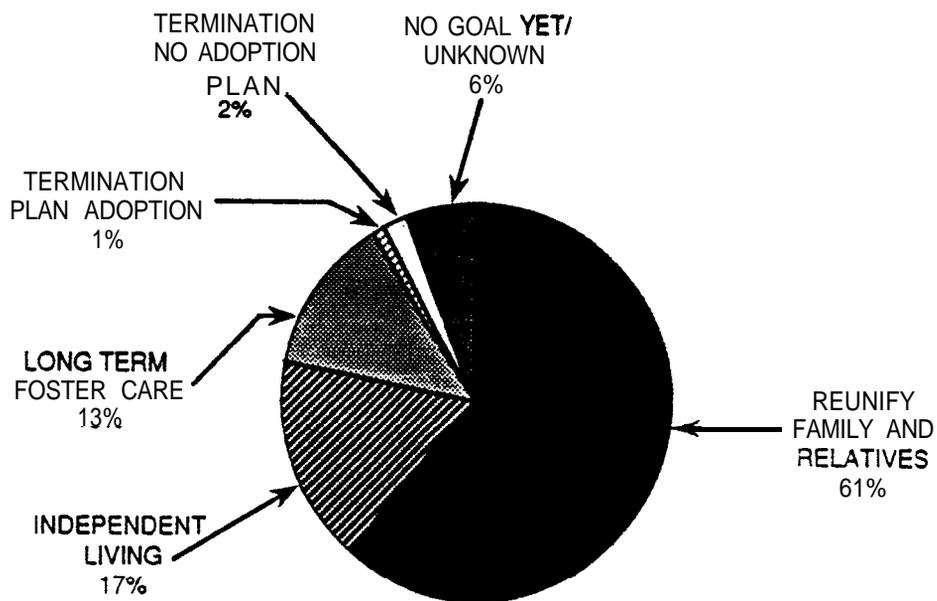
Table 4-11 provides the percentage distribution of initial case plan goals and the recommendation from the youths' periodic review prior to discharge. As expected, the two goals most affected were return home and independent living. Prior to discharge, it had been recommended that 38 percent of the youth have the goal of independent living compared to 17 percent of the youth having this goal at the time of entry. A **possible** explanation for this higher percentage is that some state policies will only allow independent living services to be provided to youth with the goal of independent living and people conducting the periodic reviews wanted to ensure that youth received proper preparation. The higher percentage may also be due to the fact that the youth had been in care for a while, s/he was reaching the age of majority and it was not anticipated that the youth would be returned home so the goal was finally changed.

It was found however, that parental rights had been terminated for fewer than 10 percent of the youth (Table 4-12). This finding suggests that many parents were still important figures in youths' lives and further exploration of the role parents can play after discharge from substitute care is necessary. Also, the question arises as to whether or not child welfare agencies are using parental resources to their fullest potential. This question becomes particularly poignant when looking at the percentage of youth who had contact with parents during their last year in care. Approximately 69% of the youth had at least one visit with their mother and 47% had at least one visit with their father during their last year in placement (Table 4-13).

**Table 4-11: Distribution of Initial Case Plan Goals and Recommendations From the Youth's Periodic Review Prior to Discharge**

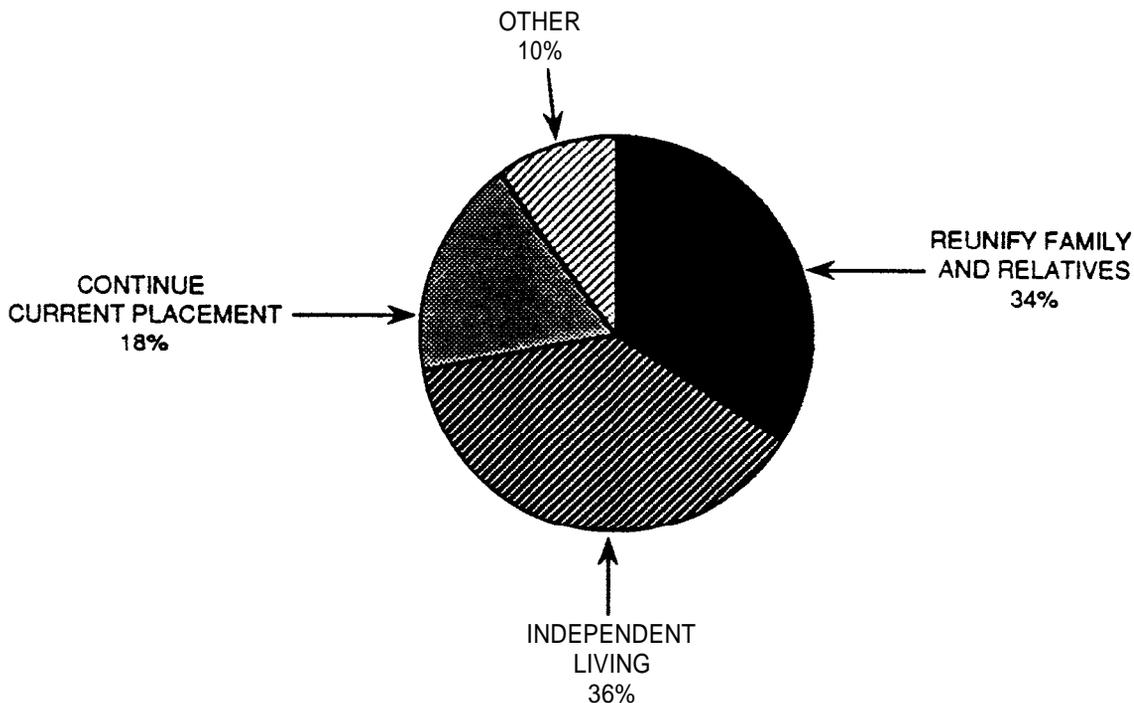
**INITIAL GOAL**

N = 34,600



**GOAL PRIOR TO DISCHARGE**

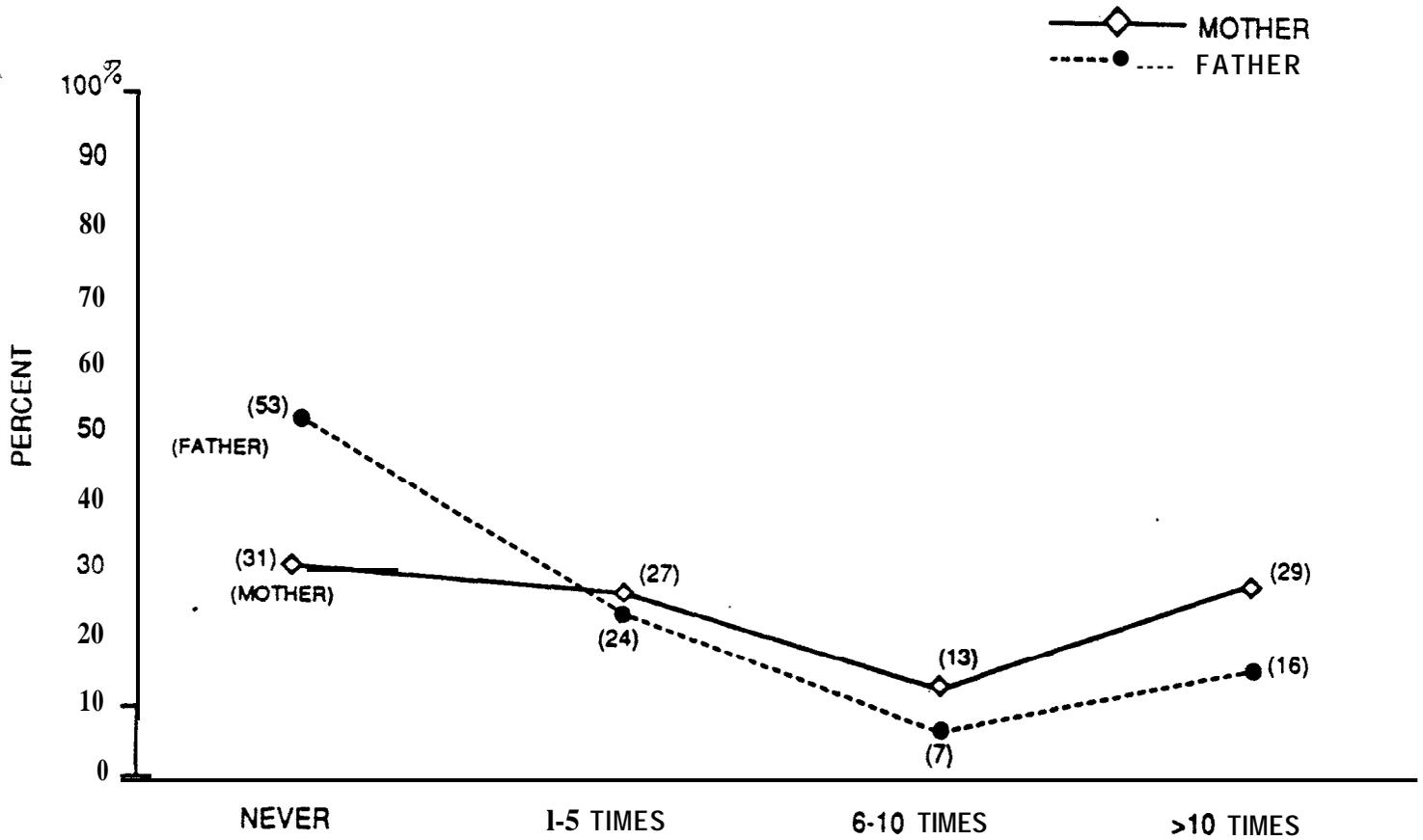
N = 28,200



**Table 4-12: Percentage Distribution of Youth Whose Parental Rights Have Been Terminated**

	Parental Rights Terminated	
	<u>Mother</u>	<u>Father</u>
Yes	7%	8%
No	88%	81%
Unknown	5%	11%
Total	100%	100%
N	34,600	34,600

**Table 4-13: Distribution of Number of Times Parents Visited During Youths' Last Year in Placement**



#### 4.13 Family Characteristics

In order to achieve a more comprehensive understanding of the factors impacting youths' eventual adaptation to living on their own, it is beneficial to understand the characteristics of the youths' families. Approximately 40 percent of the youths' households were receiving public assistance at the time the youths entered foster care.

Table 4-14 provides the percentages of households with specific problems reported for parental figures. Inadequate parenting skills was reported for the highest percentage of households (59%). Problems identified for at least 25 percent of the households include physical abuse and neglect of the children, emotional abuse and neglect of the children and alcohol abuse on the part of the parental figures. Thirty-five percent of the families had four or more problems identified.

**Table 4-14 Percentage of Households With Problems Reported for Parental Figures\***

<b><u>Problem</u></b>	<b><u>Yes. reported</u></b>	<b><u>Not reported</u></b>	<b><u>Total</u></b>
Inadequate parenting skills	59%	41%	100%
Physical neglect of children	34%	64%	100%
Physical abuse of children	32%	68%	100%
Alcohol abuse	31%	69%	100%
Emotional neglect of children	29%	71%	100%
Emotional abuse of children	26%	74%	100%
Sexual abuse of children	17%	83%	100%
Abandonment of children	17%	83%	100%
Drug abuse	14%	86%	100%
Mental illness	13%	87%	100%
Spouse abuse	10%	90%	100%
Prison sentence	7%	9 3 %	100%
Mental retardation	5%	95%	100%

\* N is 34,600 for each listed problem.

**42 Adolescent Skill and Experience Levels Prior to Discharge**

There are many skills and experiences which must be acquired in order to become self sufficient. These include both **tangible** and intangible skills. Also, many youth experienced problems which could **dramatically** impact their ability to adapt to living on their own. Information collected through the case record abstracts allowed an examination of the problems, education levels, and training experienced by youth by the time they were discharged from foster care. This section summarizes these experiences. Section 4.3 will present the findings about which demographic and case history characteristics predict youths' education level, job status and whether or not the youth received independent living services.

**Level of Education.** Table 4-15 presents the education level completed by youth at the time of discharge by age. It appears that a higher proportion of older youth (over 18 year olds) completed four years of high school or more before discharge (62% for 19+ as compared to 44% for 18 year olds). Most state policies require that in order for youth to remain in care past the age of 18, they must be enrolled in an education or vocational program. Therefore, it would be expected that the 19+ would have completed more schooling. They are also older, hence more likely to have more schooling. The national educational attainment rate for 18 and 19 year olds is 64 percent.<sup>1</sup> The combined educational attainment rate for the study's 18 and 19 year old population is 48 percent, 16 percent lower than the national rate. The national education attainment rate increases about 18 percent by age 24 (81% finish 4 years of high school). The **followup** interviews with youth will ascertain whether or not foster care youth complete more schooling after discharge.

<u>Age</u>	<u>Education Level Completed at Time of Discharge</u>				<u>Total</u>	<u>N</u>
	<u>Less than HS graduate or GED</u>	<u>HS graduate GED</u>	<u>Some/compl. college</u>	<u>Unknown</u>		
16	60%	3%		37%	100%	10,000
17	59%	12%	1%	28%	100%	8800
18	39%	43%	1%	17%	100%	11,000
19+	25%	47%	15%	13%	100%	4800

<sup>1</sup>US Department of Commerce, Bureau of Census, "Current Population Survey", unpublished data.

We also attempted to obtain other information about youths' school experiences, including whether or not youths repeated any grades, participation in special education programs, and number of times youths stopped attending school for at least three months (drop out periods). This information was not documented in a number of the case records, thus producing a substantial amount of missing information. Whether or not the youth repeated any grade levels was available for 43 percent of the youth (equivalent to a national estimate of 14,600). Of these cases, 19 percent of the youth had repeated at least one grade.

Thirty percent of the youth had been placed in special education and 11 percent of them had stopped attending school (dropped out) for at least three months (Tables 4-16 and 4-17).

**Table 4-16: Percentage Distribution of Youth Placed in Special Education**

<u>Special Education Placement</u>	<u>Percentage</u>
Yes	30%
No	40%
Unknown	30%
Total	100%
N	34,600

**Table 4-17: Percentage Distribution of Youth Who Stopped Attending School for at Least Three Months**

<u>Stopped Attending School</u>	<u>Percentage</u>
Yes	11%
No	50%
unknown	39%
Total	100%
N	34,600

The extent to which information on the education experiences of youth was missing from the case records is a **finding** which is worth noting. Although one cannot necessarily assume that lack of documentation about youths' education indicates lack of attention by the child welfare agency, the lack of consistency with which documentation was maintained in the area of education does imply that expectations of caseworkers and providers responsibilities in this area are not clearly delineated in this area. This implication is supported by the discussions held with public and private agency personnel. Although all personnel indicated that education was critical to self support, the level of effort toward insuring the educational needs of youth varied widely. In some instances caseworkers made a concerted effort to advocate for youth in the school system. Other caseworkers indicated that they left that role to the foster parent of the youth. In some instances the caseworkers indicated that the **responsibility** lies with the school system.

Problems Experienced by Youth. Table 4-18 lists the problems experienced by youth and the percentage of youth experiencing these problems or their ramifications. Seventeen different problems were listed in the case record abstract. **Abstractors** were instructed to circle all the problems indicated in the case record.

The list of problems includes experiences which may have led to foster care placement as well as problems youth experienced while in care. The problems selected were those which could affect youths service needs, service delivery strategies, as well as impact youths' adaptation after discharge from care.

As is depicted in the table 45% (15,600) of the youth had at least one runaway episode while in care or prior to foster care placement. Comparable to the national percentage of teenage pregnancy, 17% of the female foster care youth had been pregnant. Nine percent of the youth (3100) were facing discharge with parenting responsibilities. Other problems that need to be considered in developing independent living programs are drug abuse (17% of the youth), alcohol abuse (17% of the youth) and emotional scars remaining from sexual, physical and emotional abuse and neglect.

Table 4-18: Youth With Specified **Problems at Discharge\***

<b><u>Problem</u></b>	<b><u>Percentage</u></b>		<b><u>Total</u></b>
	<b><u>Yes. Reported</u></b>	<b><u>Not Reported</u></b>	
Runaway Episodes	45%	55%	1 0 0 %
Emotional Disturbance	3 7 %	63%	100%
Misconduct/Conduct Disorder	30%	70%	100%
Emotional Neglect	26%	74%	100%
Physical Abuse	24%	76%	100%
Physical Neglect	22%	78%	100%
Emotional Abuse	21%	79%	100%
Drug Abuse	17%	83%	100%
Pregnancy* *	17%	83%	100%
Sexual Abuse	16%	84%	100%
Juvenile Delinquency	16%	84%	100%
Assaultive Behavior with non Family	13%	87%	100%
Assaultive Behavior with Family	11%	89%	100%
Alcohol Abuse	12%	88%	100%
Parenting Responsibility	9%	91%	100%
In Need of Health Care	9%	91%	100%
Nowhere to Live Upon Discharge	3%	97%	100%

\*N is **34,600** for each listed problem.

\*\*Percentage reflects only the female population, N = 19,700.

**Job Experience.** In 1986, 56 percent of young men and 55 percent of young woman ages 16-19 held jobs in this country.<sup>2</sup> The percentage of youth who were reported to have experienced at least one job while in foster care is somewhat lower (39%, 13,400 youth). Although these figures are not directly comparable (different time periods, different methods of measurement), the national figure provides a yardstick to use as an indicator of foster care youths status as compared to the general population. The 39 percent of youth experiencing a job in foster care could have held that job at any time during their foster care stay. This suggests that even fewer than 39 percent had jobs during a one year time period, indicating a much lower level of employment than the general 16-19 year old population.

Section 4.3 will discuss the types of demographic and case history characteristics that predicted a foster care youth having a job.

**Independent Living Arrangements.** Only seven percent of the youth were estimated as having experienced an independent living arrangement while still in the care and custody of the child welfare agency. These living arrangements **included** host homes, supervised apartments, and semi-supervised apartments. Program model descriptions of independent living arrangements are found in Chapter 4.

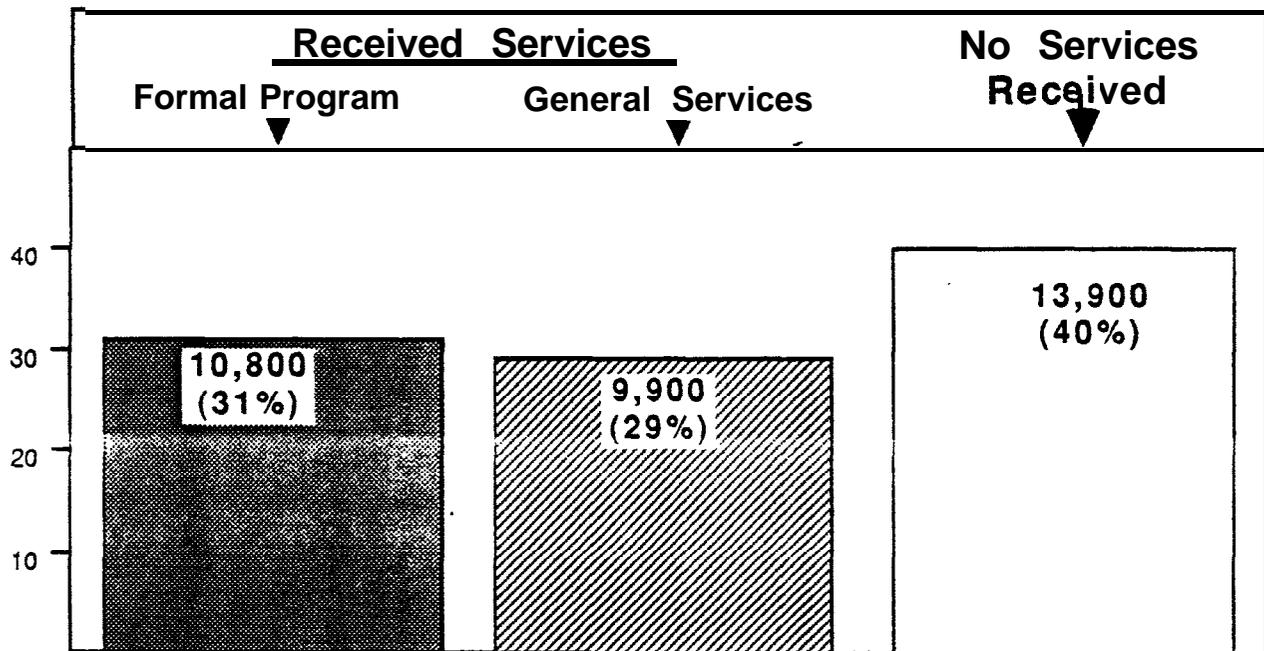
**Independent Living Services.** Estimates of receipt of independent living services were calculated using two different definitions: (1) General **ILS** Services: youth who received training in any skill area, experienced an independent living arrangement, and/or participated in an independent living program, regardless of the comprehensiveness of the service and (2) Formal Program: youth who were reported to have received training through a formal independent living program. In the first definition, the youth may have received services informally through a caseworker, foster parent, or house parent, but the provision of services was not necessarily planned. Youth falling under the second definition had to be enrolled in a program specifically designed to provide independent living services. Estimates were made for both of these definitions to show the extent to which services were being provided on a case specific basis as compared to a more systematic and comprehensive manner.

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<sup>2</sup>US Department of Labor, Bureau of Labor Statistics.

Of the youth studied, it was estimated that 20,700 (60%) were reported to have some type of training before discharge from care. However, it was estimated that only 10,800 (31%) youth were reported to have been enrolled in an independent living program (Table 4-19). Little difference was found between percentage of youth receiving **services** in urban settings as compared to rural settings (Table 4-20).

**Table 4-19: Number of Youth Receiving Independent Living Services**



**Table 4-20: Percentage Distribution of Youth Receiving Independent Living Services by Urban/Rural Status**

<u>Independent Living Services</u>	<u>Urban</u>	<u>Rural</u>
<b>General ILS</b>		
Yes	61%	56%
No	39%	44%
TOTAL	100%	100%
<b>Formal Program</b>		
Yes	32%	28%
No	68%	72%
TOTAL	100%	100%
N =	26,000	8600

Case records were reviewed to ascertain whether or not youth had received training in any of 16 different skill areas. Table 4-21 provides a listing of these **skill** areas and the percentage of youth that were reported to have received training. As is depicted in the table, at least one-third of the youth received training in money management, personal appearance and hygiene, health, housekeeping, educational **planning**, job seeking **skills** and interpersonal skills. In most instances, these **skills** were provided through the youths' living arrangement, by the youths' caseworker, or through a contracted provider.

**Table 4-21: Percentage of Youth Reported Having Received Specific Independent Living Services**

<u>Skill Area</u>	<u>Yes Reported</u>	<u>Not Reported</u>	<u>Total</u>
a. Educational Planning	44%	56%	<b>100%</b>
b. Job Seeking Skills	38%	62%	100%
c. Personal Appearance & Hygiene	37%	63%	100%
d. <b>Health</b>	<b>36%</b>	<b>64%</b>	100%
e. Interpersonal <b>Skills</b>	35%	65%	<b>100%</b>
f. 'Housekeeping	34%	66%	100%
g. Money Management/Consumer Awareness	32%	68%	100%
h. Decision Making/Problem Solving Skills	31%	69%	100%
i. Job Maintenance Skills	30%	70%	100%
j. Food Management	29%	71%	100%
k. Knowledge of Community Resources	29%	71%	100%
l. <b>Transportation</b>	26%	74%	100%
m. Housing	24%	76%	100%
n. Emergency and Safety <b>Skills</b>	18%	82%	100%
o. Parenting <b>Skills</b>	14%	86%	100%
p. <b>Legal Skills</b>	10%	90%	100%

\*N - 34,600 for each listed service

Other service findings indicated that approximately four percent of the youth received payment for participating in skills training programs. Also, it was reported that six percent of the youth were matched with a volunteer to help in their transition from substitute care. A discussion of model volunteer programs is found in Chapter 6.

For the purposes of this study, the definition of aftercare was broadened to include services received after the youth was discharged from substitute care. In some instances this did not necessarily mean the case was closed. In fact, it was found that although older youth were discharged from substitute care placement, their cases were not necessarily closed. Often this was due to the fact that other children in the family were still receiving services. It was also done to provide the youth with the opportunity to receive supportive services once discharged from placement. Using this broader definition of aftercare, the records indicated that aftercare services were provided for **approximately** 30 percent of the youth. For most youth this meant follow-up appointments with their caseworkers. However, other aftercare services received included linkage with community volunteers, one time payments, and educational scholarships.

#### **4.3 Characteristics which Predict Level of Schooling Completed, Job Experience, and Receipt of Independent Living Services**

Youth need a variety of skills and resources to aid their transition from foster care to living in the community. Through the case record abstracts we were able to gather data on three of these -- education completed, job experiences, and receipt of independent living services. In Section 4.2 we looked at the percentage of youth who completed high school, youth who held a job before discharge, and youth who were reported to have received independent living services. This section will examine the demographic and case history characteristics that are related to the attainment of these skill levels and services.

Our efforts to identify the various factors affecting education level, job experience, and receipt of services took a number of considerations into account.

First, we might have been misled by the results if we had considered the effect of only one factor at a time. For example, youths' gender might only appear to influence the amount of schooling completed if it is also closely related to some other factor which could be the true source

of the influence. Suppose that girls had turned out to be more significantly handicapped than boys. In this case, handicap status might be the factor that actually affects the amount of schooling completed -- and gender may only appear to be related to school completion as a by product of the fact that handicap status is associated with gender. The point of this fictitious example is to illustrate one of the problems that we faced. We had to determine whether factors such as gender influenced the youths amount of schooling, job experiences and receipt of services independently of the influence of other important factors (and vice versa).

Second, we also kept in mind that different factors might influence outcomes in these areas only under certain conditions or in certain combinations. For example, perhaps differences in the level of schooling completed only appear among the female youth who enter care at a younger age.

The type of analyses we selected for predicting receipt of services, level of schooling and job experience allowed us to address both of these issues at the same time. Thus, as we describe the findings in the remaining section of this chapter, the reader can assume that any factor we identify as appearing to be related to education, jobs, and services shows this relationship independently of the effects of other factors.

#### 43.1 **Education Level**

Analyses were conducted to ascertain whether specific demographic characteristics predicted the level of education completed by youth. The characteristics examined included:

- The age the youth left care;
- Gender;
- Race; and
- Handicap Status.

Two of the four demographic characteristics appeared related to the level of education completed, handicap status and age left care. Only main effects were found. In other

words each of these factors were independently related to level of education, and interaction among the variables was not related to level of education. The relationships are described below.

**Age left care.** Youth leaving care at older ages seem more likely to complete more schooling (44% of 18 year olds as compared to 62% of 19+ completed 4 years of high school -- Table 4-13 in Section 4.2.). This finding is not surprising in light of the fact that it is expected that older youth are more likely to have completed more schooling. The importance of this finding lies in its program implications about the age at which youth are being discharged and whether or not current policies inhibit youth from staying in care to complete more schooling.

**Handicap Status.** Youth without handicaps completed more schooling than youth with handicaps (Table 4-22). This finding was independent of any other factors such as race, age the youth exited care, or sex.

**Table 4-22: Relationship of Handicap Status by School Completed**

<u>School Completed</u>	<u>% Completed School</u>	<u>Handicap Status</u>	
		<u>Yes, Handicapped</u>	<u>Not Handicapped</u>
Less than High School	63%	71%	56%
High School/Some Completed College	37%	29%	44%
Total	100%	100%	1000%
N	24,000	12,300	<b>11,700</b>
<b>N is smaller</b> due to missing data.			

### 4.3.2 Job Experience

The following factors were examined as predictors of a youth having a job while in foster care:

- **Length** of time in care
- Sex
- **Race**
- Handicap Status
- Enrolled in an independent living program

All characteristics except **sex** of the youth appeared related to youth having a job. Length of time in care and enrollment in an independent living program appeared to have main effects. Handicap status and race had an interactive effect, racial differences in employment only existed for nonhandicapped youth.

**Length of time in care.** For analysis purposes length of time in care was collapsed into two categories -- 1) **two** and one half years in care or **less** and 2) over two and one half years. This division was based on the median length of time spent in care (two and one half years). As is depicted in Table 4-23, youth in care for more than two and one half years were more likely to have held a job. This finding was independent of any of the other factors tested.

**Table 4-U: Relationship Between Length of Time in Care and Reported Job Experiences**

<u>Job Experience</u>	<u>% Job Reported</u>	<u>2 1/2 years or</u>	<u>More than 2 1/2 years</u>
Yes, job reported	39%	27%	56%
No Job reported	61%	73%	44%
Total	100%	100%	100%
N	<b>34,300</b>	<b>20,800</b>	<b>13,500</b>

**Handicap Status and Minority Status.** Although each of these factors had a main effect on jobs there was an interactive effect between the two variables which qualifies each of the main effects. As is seen in Table 4-24, handicapped children were less likely to be employed. The race of the youth impacts this difference. Handicapped white youth were as likely to be employed as handicapped minority youth (35% and 39% respectively), whereas white non handicapped youth were more likely to be employed than minority non handicapped youth (51% and 37% respectively). Thus, when youth are handicapped, it seems that racial differences in employment status are washed out, but when youth have no handicaps, the white youth are more likely to be employed.

<b>Table 4-24: Relationship of Reported Job Experience and Race and Handicap Status</b>			
<b>Handicap status and race</b>	<b>Total N</b>	<b>Job Experience</b>	
		<b>Percent of youth in row who were reported to have . . .</b>	
		<b><u>Yes</u> b</b>	<b><u>No</u> b</b>
<b><u>Handicap</u></b>	<b>16,100</b>	<b>37%</b>	<b>63%</b>
White	10,100	35%	65%
Minority	6,000	39%	61%
<b><u>Not Handicapped</u></b>	<b>14300</b>	<b>46%</b>	<b>54%</b>
White	<b>8,400</b>	<b>51%</b>	<b>49%</b>
Minority	5,918	37%	63%
	30,400	12,500	17,900

**Enrolled in an Independent Living Program** Youth who held a job while in care were also more likely to have been enrolled in an independent living program (Table 4-25). Fifty -seven percent of the youth reported to be in an independent living program held jobs as compared to 30 percent of the youth who were not enrolled in a program.

**Table 4-25: Relationship Between Reported Enrollment Independent Living Program and Reported Job Experience**

<b><u>Reported Job</u></b>	<b><u>N</u></b>	<b><u>Reported Enrollment in Program</u></b>	
		<b><u>Yes</u></b>	<b><u>No</u></b>
Job reported	13,400	57%	30%
No job reported	21,200	43%	70%
TOTAL		100%	100%
Total N	<b>34,600</b>	<b>10,800</b>	<b>23,800</b>

433 **Enrollment in an Independent Living Program**

To identify characteristics which predict receipt of independent living services, we used the definition of service receipt which requires the youths' enrollment in an independent living program. This definition entails a formal decision on staff's part, and therefore reflects systematic criteria that may have been used in selecting youths to receive services. Two separate analyses were conducted to predict receipt of services -- one for demographic characteristics and one for case history characteristics.

The characteristics examined **included:**

- Age entered care;
- Sex;
- Race;
- Handicap Status;
- Length of time in care;
- Number of placements into care; and
- Number of visits by caseworker during last year in care.

A number of these characteristics appear to be related to receipt of services, including:

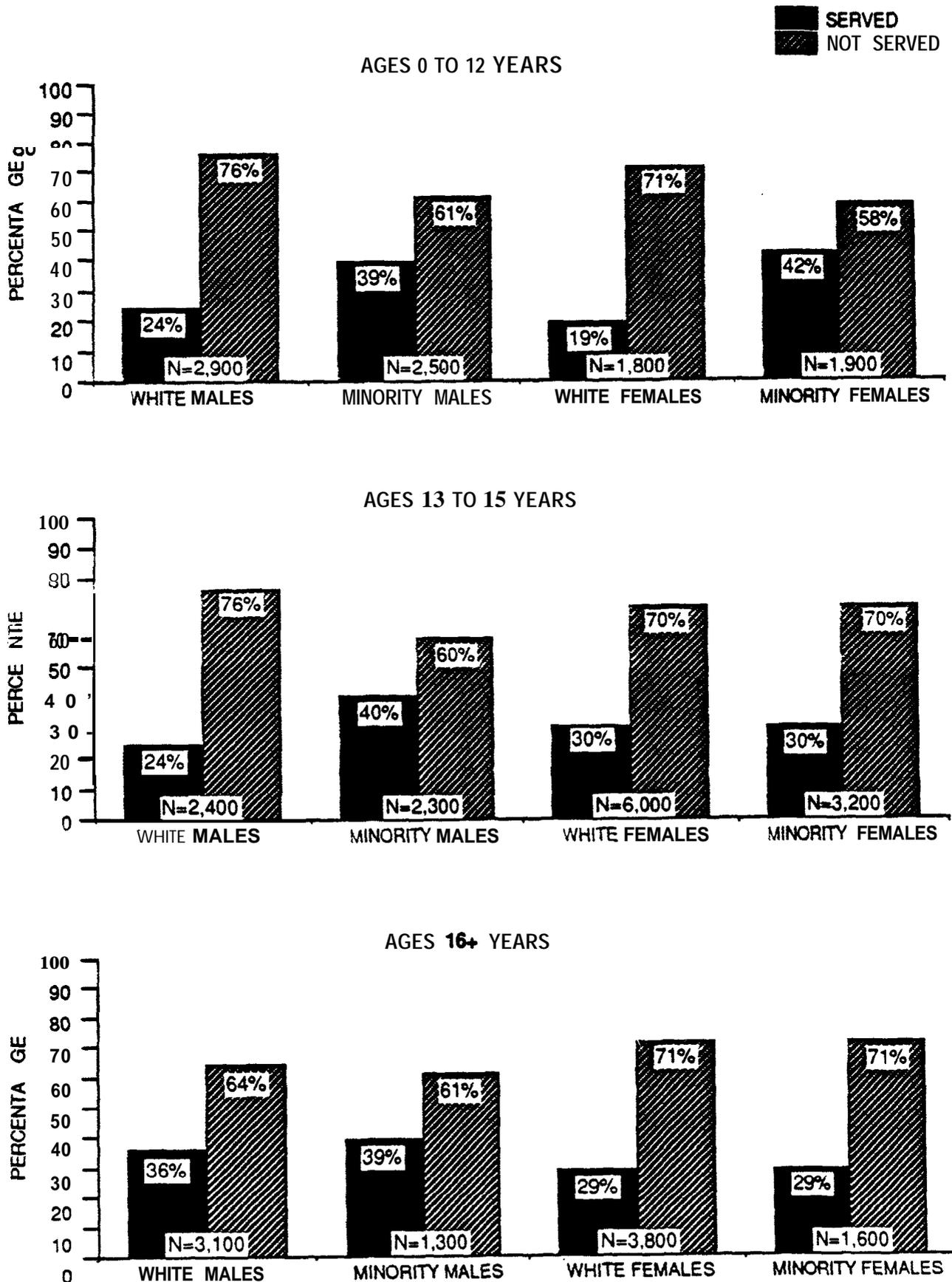
- Race;
- Handicap Status;
- Age entered x Sex;
- Age entered x Sex x Race;
- Age entered x Sex x Handicap;
- Number of visits by caseworker;
- Length of care x Number of Placements; **and**
- Length of care x Number of visits by caseworker.

Race. Minority children were more likely to be enrolled in an independent living program than white youth. Thirty six percent of the minority youth as compared to 27 percent of the white youth were reported to have been enrolled in programs (Table 4-26). Although race had a main effect on enrollment in an independent living program, the age youths enter care and their sex qualify the effect of race. As is presented in the three bar graphs in Table 4-27, the patterns of the findings indicate that minorities are not more likely to receive services than white youth in **all** circumstances. In fact, minorities were **only** more likely to receive services if they entered care between the ages of 0-12 or they were males who entered care between the ages of 13-15. There is very little difference in receipt of services among those in **all** other combinations of sex, minority status and **age** entered care.

**Table 4-26: Relationship Between Minority Status and Reported Receipt of Independent Living Services**

<b><u>Independent Living Services</u></b>	<b><u>N</u></b>	<b><u>Minority</u></b>	<b><u>Status</u></b>
		<b><u>White</u></b>	<b><u>Minority</u></b>
Reported receipt of services	(10,400)	27%	36%
No reported receipt of services	(23,600)	72%	64%
Total		100%	100%
N =	34,000	21,000	13,000

Table 4-27: Relationship of Reported Enrollment in an Independent Living Program and Age Entered, Sex, and Race

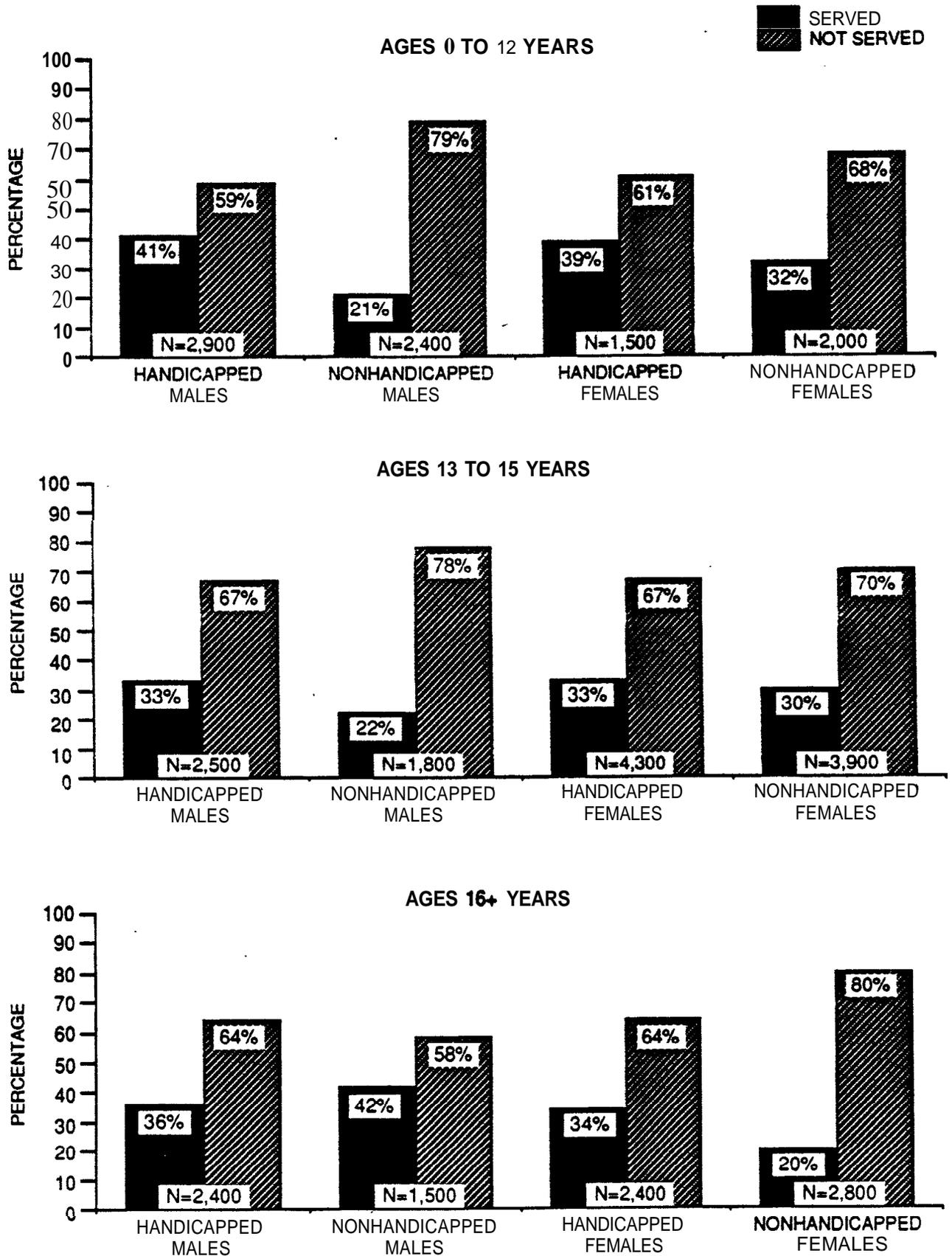


**Handicap Status.** Handicapped youth were slightly more likely to be enrolled in an independent living program than non handicapped youth. Thirty five percent of the handicapped youth as compared to 27 percent of the non handicapped youth were reported to have been in programs (Table 4-28). As with race, the relationship of handicap status to enrollment in an independent living program is qualified by age entered care and sex. As is presented in the bar graphs in Table 4-29, handicap status appears to be most related to receipt of services for the males and females who entered care at age **16+** and males who entered care between the ages of O-12. Among males who entered care at age **16+**, those handicapped were less likely to be enrolled in a program (34% as compared to 42 percent of those not handicapped). The reverse was true for girls who entered care at age **16+**: those handicapped were more likely to be in a program (34% as compared to 20% of those not handicapped). The males who entered care younger were more **likeiy** to be enrolled in a **program** if they were handicapped (**41** percent handicapped and 21 percent non-handicapped). Thus, handicap status was related to enroilmennr in an independent living program for males who entered care younger and females who entered care older.

**Table 4-28: Relationship Between Handicap Status and Reported Enrollment in an Independent Living Program**

<u>Indewndent Living Services</u>	<b>Handicap Status</b>	
	<u>Handicapped</u>	<u>Nonhandicapped</u>
Reported receipt of services	35%	27%
No reported receipt of services	65%	73%
Total	100%	100%
N =	16,200	14,600

**Table 4-29: Relationship of Reported Enrollment in an Independent Living Program and Age Entered, Sex, and Reported Handicap Status**



**Length of Time in Care x Number of Placements into Care.** Youth who are in care for a longer period of time with one episode' of care are more likely to be enrolled in an independent living program. The reader is reminded that placement refers to episodes of care, not living arrangements. As is shown in Table 4-30, **42 percent** of the youth in care for more than two and one half years, with only one episode of care were enrolled in independent living programs as compared to **27 percent** of youth with more than one episode during their stay in care. Number of episodes had the opposite effect on youth who were in care for two and one half years or less. The more placements youth experienced the more likely they were to be in a program (35 percent for youth with more than one episode but only 24 percent for youth with one episode were in a program).

**Table 4-30: Relationship of Enrollment in an Independent Living Program and Length of Care and Number of Placements**

<b>Length of Care &amp; # of placements</b>	<b>Total N</b>	<b>Reported Service Receipt</b>	
		<b>Reported receipt of services</b>	<b>No reported receipt of services</b>
Less than 2.5 years	20,600	26%	74%
1 placement	17,300	24%	76%
> 1 placement	3300	35%	65%
More than 2.5 years	13,300	40%	60%
1 placement	11,000	42%	58%
> 1 placement	2300	27%	73%
TOTAL %	100%	31%	69%
<b>N =</b>	33,900		

**Length of Care x Number of Visits by Caseworker.** Youth who were in care for a longer period of time and had more than 10 visits by their caseworker, during their last year in care, were most likely to be **enrolled** in an independent living program. However, it is striking that even in this case, fewer than half of these youth are enrolled in a program. That is forty six percent of these youth were reported to have been enrolled in an independent living program (Table 4-31).

**Table 4-31: Relationship of Reported Receipt of Services and Length of Time in Call and Number of Visits by Caseworker During Last Year in Placement**

<b>Length of care and number of visits by caseworker during last year in placement</b>	<b>Total N</b>	<b>Reported Service Receipt</b>	
		<b>Percent of youth in row with...</b>	
		<b>Reported receipt receipt of services</b>	<b>No Reported receipt of services</b>
Less than 2 1/2 years	18,700	26%	<b>74%</b>
0 - 10 visits	10,300	15%	85%
> 10 visits	8,400	40%	60%
More than 2 1/2 years	12,100	41%	59%
0- 10 visits	6,300	37%	63%
> 10 visits	5,800	46%	<b>54%</b>
Total	100%	31%	69%
N	30,800		

Visitation appears to have had an impact on youth who were in care less than two and one half years. In fact visitation appears to have an even greater impact for these youth; forty percent of the youth who were visited more than ten times were enrolled in a program as compared to 15 percent of those visited 0-10 times.

#### **4.4 Summary of Findings**

The following were key findings concerning -- 1) the description of the adolescent population discharged from care. 2) the education and job experiences youth had at the time of

discharge, 3) the services provided to these youth before discharge, and 4) the factors which predicted receipt of services:

### 1) Population Characteristics:

- **It is** estimated that 34,600 youth were discharged from care between January 1, 1987 and July 31, 1988 -- **57%** were female, 61% were white, and 47% were handicapped.
- Of those handicapped, 38% were clinically diagnosed as emotionally disturbed.
- 70% (24,200) of the youth entered care as teenagers (40% between ages 13-15 and 30% at **16+**).
- **The majority** of the youth (82%) had only one placement into care. However, almost one-third of the youth had five or more different living arrangements.
- **Forty-five** percent (15,600) of the youth had experienced at least one runaway episode.
- The median length of time in care for those youth who entered under the age of 13 was nine years as compared to two and on **half** years for youth who entered **between the ages of 13-15** and one year for **youth** who **entered** at age **16+**.
- The data **suggest** that for the study population, females entered care older age than **males**, and minority youth entered care at a younger age than white youth.
- Handicap status appears to have no relationship to the age youths enter care or the length of time youths spend in care.
- By the time **of** discharge, 17% (3400) of the girls had been pregnant, 17% (5900) **of** the youth had reported drug abuse problems, 12% (4100) of the youth had **alcohol** abuse problems, and 9% (3100) had health **problems** which would require continued medical attention.

### 2) Education and Job Experience

- 66% of the **18 year olds** and 38% percent of those 19 and older did not complete four years of **high school**. **Sex and race were not related** to education level completed by the time of discharge. Youth who left care at an older age and youth without handicaps were more likely to complete more schooling.
- 39% (13,900) of the youth were reported **to have held a job** while in care;
- **Youth who had been in care for over two and one half years** were more likely to have had a job than youth who were in care for less than two and one half years (56% and **27%**, respectively).

- When youth were handicapped, racial differences in reported employment status were wiped out, but when youth had no handicaps, the white youth were more likely to be employed.
- Youth who were enrolled in an independent **living** program were more likely to have had a job while in care than youth who were not enrolled in such programs (57% and **30%**, respectively).

3) **Provision of Services**

- It was estimated that 20,700 youth (60%) had received some type of independent living **service** training before discharge, but only 10,800 youth (31%) of the youth were reported to have been enrolled in an independent living program.
- At least one-third of the youth received training in money management, personal appearance and hygiene, health, housekeeping, **educational** planning, job **seeking skills**, and interpersonal **skills**.
- 7% percent of the youth had lived in an independent living arrangement.

4) **Factors Which Predicted Receipt of Service**

- Minority youth were more likely to be enrolled in an independent living program than white youth for those youth entering care between the ages of **0-12**. **Minority** males who entered care between the ages of **13-15** were also more **likely** to have been enrolled in a program than white males entering at this age. Among all other combinations of age entering care, race and sex, there was no difference in program enrollment.
- Handicapped males who entered care at an earlier age were more likely to **be enrolled** in an independent living program than their counterparts without handicaps. The reverse was true for females-only the handicapped females who entered care at **16+** youth were more likely to be enrolled in an independent living program than their counterparts.
- Youth in care for more than two and a **half** years with only one episode in care were more likely to be enrolled in an independent **living** program.
- Length of time in care and number of visits by the youths' caseworker interact to effect the enrollment of youth in independent living programs. For those youth in care less than two and one half years, 40% were enrolled in programs if they had been visited by their caseworker more than 10 times as compared to 15% who had been visited less than 10 times. Visitation also slightly effects the percentage of youth enrolled in programs who have been in care for more than two and one **half years** (46% and **37%**, respectively).

- Overall, it appears that youth who were in care for longer periods of time, and had contact with their caseworkers were more likely to be enrolled in independent living programs. The demographic characteristics which were related to program enrollment generally applied to those youth placed in care at an earlier age (those placed earlier stayed longer). The only group of youth for whom this does not seem to apply is the female handicapped population placed into care at **16+**. Additional analysis identifying the type of handicap these girls had, or other presenting problems (e.g. pregnancy, sexual abuse) might provide further explanation for this **finding**.

## 5. STATE INDEPENDENT LIVING **INITIATIVES**

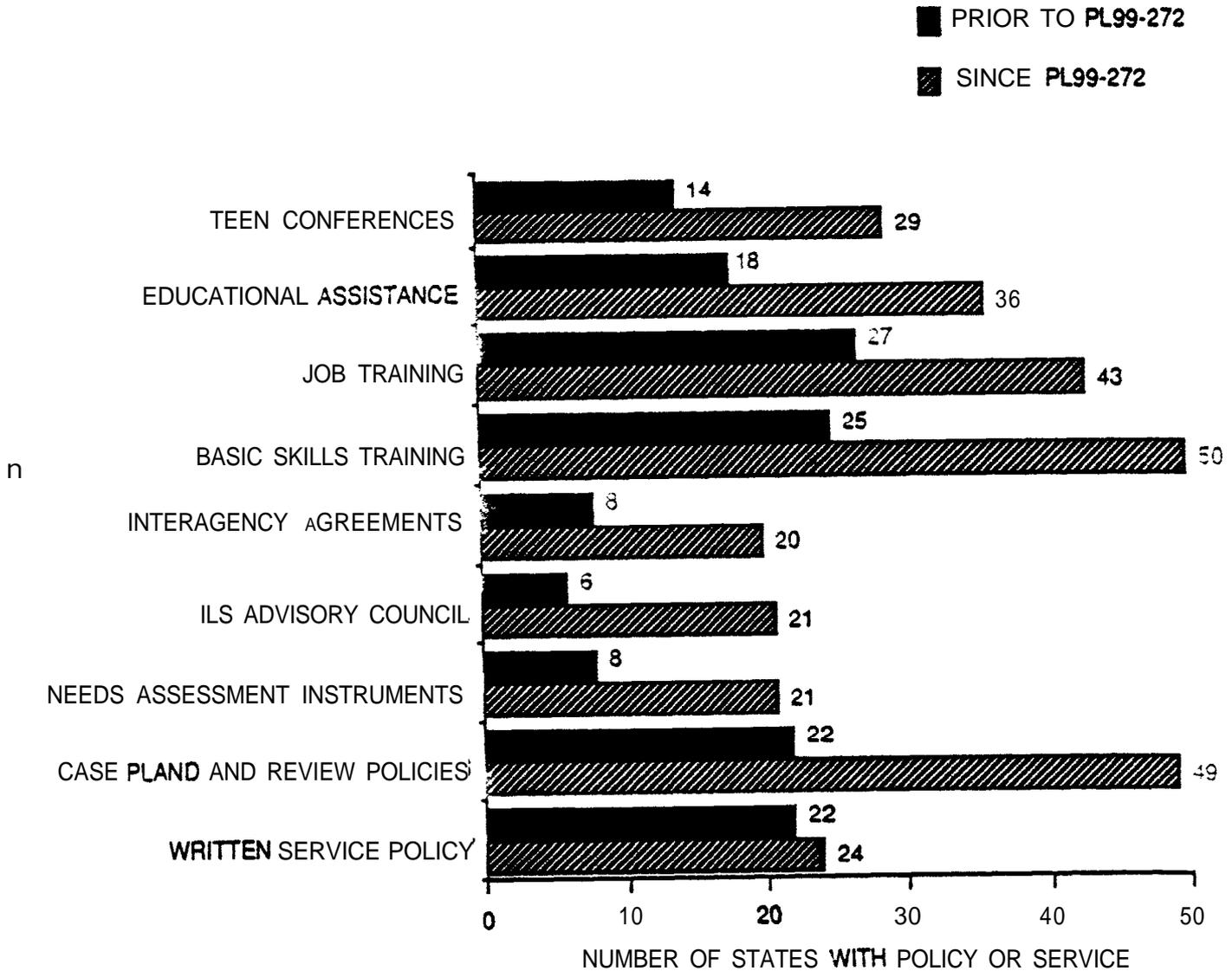
The passage of P.L. 99-272 has had a dramatic effect on the development and implementation of independent living policies and services. Some of the indicators of how the law impacted state level program development as of March, 1988 are presented in Table S-1. As shown in the table, States have implemented policy changes, program changes, service initiatives, and coordination efforts within the community.

Prior to **P.L.** 99-272, independent living programming was equated with developing independent living arrangements. The **funding** provided by this law has allowed **states to** creatively approach preparing youth for **self** sufficiency once they are discharged from foster care. States have taken a **variety** of approaches in **their** efforts to develop independent living initiatives. There are some states that have designed systems which will institutionalize the delivery of services to adolescents facing discharge from foster care. States taking this approach are planning to meet the needs of all **eligible** youth in the state by developing a comprehensive continuum of **services** which includes developing **policy**, assessing youths needs, designing and providing statewide service and training initiatives, as well as evaluating program results.

Other states have developed some new programs/resources that will meet the needs of some youth. This approach is often not systematic and does not establish the mechanisms to assess and plan for the needs of youth in future years. Instead, it continues to **rely** on individual caseworkers to plan services for youth on an individual basis. States that tended to receive relatively small funding allocations have concentrated their funds in one area, for example, **training** staff, providers and/or foster parents. The expectation is that these staff will in turn teach basic living skills to the youth.

Still other states have funded a variety of programs across the **state** in an effort to develop model programs for future replication.

**Table 5-1: Number of States With Various Policies and Services Prior to PL99-272 and the First Year After Implementation of PL 99-272**



A description of the influence of P.L. 99-272 in terms of these state approaches to allocating IV-E funds, policy initiatives, organizational components, staff training and services is presented below.

## **5.1 State Approaches to Allocating Funding**

Three basic approaches were used by states to distribute their first year IV-E independent living funding allocations with the majority of states using a combination of at least two of the approaches. The three approaches include:

- Maintaining funds at the state level;
- Requiring counties, regions or districts to apply for funds; and
- Allocating funds to counties, regions or districts without an application process.

Funding maintained at the State level is being used to hire or contract for state office, local, or regional staff; develop or contract for independent living services or training; purchase curricula; conduct program evaluation; perform statewide independent living needs assessments of youth; and/or conduct statewide conferences.

The Request for Proposal (**RFP**) process was typically used by states to competitively award contracts for services. States have either identified particular services necessary to augment existing programs or to develop new programs or have let **RFPs** for which the public and private agencies can apply. In some instances, the **RFPs** have been **very** general and in essence allow the community to define the service delivery system. In other instances, the **RFPs** are being used to develop model programs which can later be expanded throughout the state.

A number of states kept a small amount of money at the state level and then dispersed funds by formulae to counties, regions, or districts (depending on the state's organizational structures) upon approval of their application proposal. The formula was generally based on the number of IV-E eligible children being served by the applicant. States allocated the untapped funds among the applicants by either applying the same formula or dividing the funds equally. Recipients of the funds then either contracted for services or provided them directly.

In some instances, eligible counties, regions, or districts declined to apply for their allocation. This usually occurred when the eligible applicant had very few IV-E eligibles dispersed across a wide geographic area or had no IV-E eligible youth.<sup>1</sup>

States also **allocated** funds by formula to counties, without an application process. The formula was usually based on the number of IV-E eligibles being served and, in some instances, an amount was **allocated equally** across the counties, regions or districts. The recipient of the funds then either contracted for services or provided services directly.

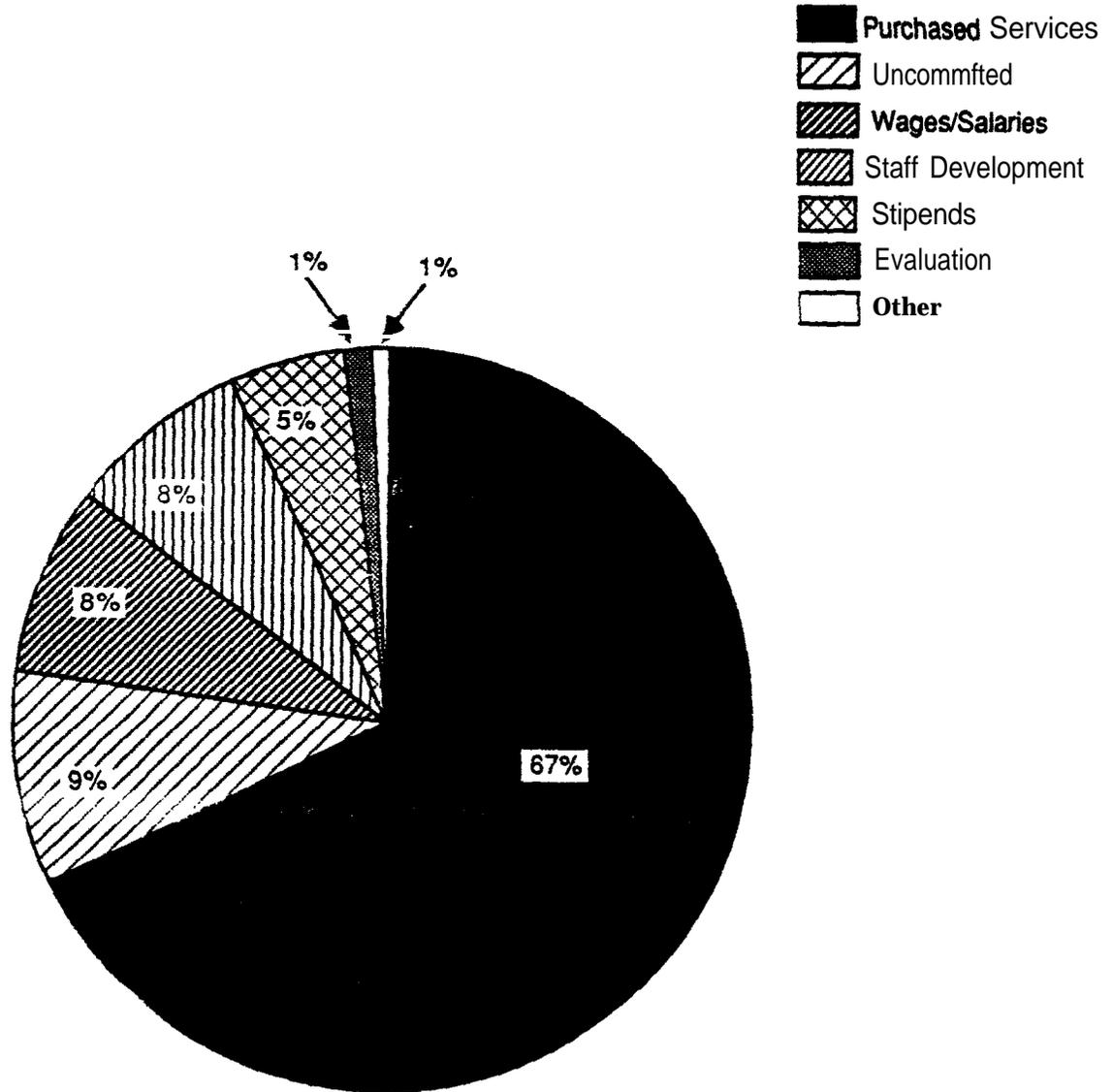
The major categories to which states planned to allocate funds are presented in **Exhibit S-1**, States planned expenditures of 1987 funds. As many states requested **carryover** of their 1987 funds and had until September, 1989 to spend the funds, this exhibit only represents planned expenditures.

**As** is depicted in the exhibit, 67 percent of the funding was planned to be used for purchasing services for youth. These services include basic skill, employment and education training programs, teen conferences, and **curriculum** development. Wages and salaries constitute approximately eight percent of the **\$40,000,000**. Another eight percent of the funding was targeted for staff development, **including** training of public and private agency staff as well as foster parents. Five percent of the funds were earmarked for stipends for youth. A small portion of the funding (1%) will be used for evaluation.

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<sup>1</sup>Initially, first year funding could **only be used** for Title IV-E eligible youth.

Exhibit 5-1: States' Planned Expenditures of 1987 Funds



This chart represents reported plans of 43 states, totalling \$40,000,000

## 5.2 Policy

Table 5-2, Changes in the Number of States with Independent Living Policies Since the Implementation of Public Law 99-272, presents state policy changes in the following areas:

- Services to adolescents;
- Subsidy policy;
- Incorporating independent living services into case plan goals,
- Aftercare **policy**; and
- Licensing regulations.

**Written Policy** for Services to **Adolescents**. There has been a **lack** of policy that clearly states the philosophy, planning procedures, and service requirements for older youth facing discharge from care to their own responsibility. P.L. 99-272 has influenced states to develop policies outlining services adolescents should receive before being discharged from foster care and case planning procedures **that** must be **completed** for adolescents. Twenty-two states indicated that they had a written **policy** which addressed the services necessary for adolescents facing discharge prior to P.L. 99-272. However, since passage of the law, eighteen more states have or are planning to develop such policies.

Often these policies are simple statements indicating that adolescents should be prepared for living on their own when they are discharged from care and that plans for preparation must be reflected in their case plan goal. Some states, however, have taken a more comprehensive approach to policy development. For example, New York has proposed statewide regulatory policy which specifically outlines the type and amount of training youths should receive. The policy specifies standards which must be followed to prepare youths with the goal of independent living for discharge in the areas of basic skills, education and vocational training. The **policy also** stipulates that no child can be discharged to independent living unless the child has an adequate residence in which s/he can reside. It requires that youths be provided a trial discharge status of six months before the youth is **finally** discharged from foster care. During this six-month trial period, districts are required to provide services to the youth. Finally, local districts are required to maintain supervision over youths who are discharged to independent living until the youth reaches the age of 21.

**Table 5-2: Changes in Number of States With Independent Living Policies  
Since the Implementation of Public Law 99-272**

NUMBER OF STATES WITH POLICY					
Type of Policy	Number of states <b>with Policy Prior to P.L. 99-272</b>	Number of <b>States who Developed Policy Since P.L. 99-272</b>	Number of states <b>Planning to Devdop Policy</b>	Total Number of states with, or Developing Policy	Number of <b>States Reporting</b>
Services to Adolescents	22	2	16	44	49
Subsidy Policy	<b>22</b>	---	<b>7</b>	<b>29</b>	<b>49</b>
Incorporating <b>ILS</b> Into Case Plan Goal	19	15	15	49	50
After Care <b>Policy</b>	5	1	<b>8</b>	14	45
<b>Licensing</b> Regulations for IL Arrangements	4	3	7	14	50

Some states have bills pending **before the legislature** which would impact the delivery of IL services to adolescents. For example, Minnesota currently has a bill pending for Children in Need of Protective Services (CHINS) which would decriminalize runaway behavior and status offenses. If passed, part of the bill would grant supervised independent living arrangements for this adolescent population. Independent living arrangements are currently unavailable in this state.

Florida has a bill pending to amend its foster care policy with language providing for a continuum of independent living services, placement of youth under certain conditions in independent living arrangements, authorizing the use of state funds to establish an independent living program for certain minors and requiring training for foster parents as a condition of

**licensure.** This proposed legislation is a direct result of passage of P.L. 99-272. Florida has also redefined independent living to mean a broad range of services to prepare youth to live on their own as young adults, independent of the foster care system. Previously, independent living referred only to independent living arrangements.

Nevada has revised its service manual to include, among other things, its Independent Living Initiative Program which specifically outlines the role and responsibility of the independent living social worker, program participant selection, the **skills** training levels for youth, and case plan requirements for all youth

**Written Subsidy Policy.** A subsidy policy allows states to provide payment to youths to maintain a residence of their own while they are **still** in the care and custody of the public child welfare agency. Twenty **two states** had written policy **deineating** subsidy payments directly to adolescents. Although the number of states with written subsidy policies remained constant since the implementation of P.L. 99-272, four states are in the process of developing independent living subsidy policy. As P.L. 99-272 does not cover subsidy payments, it is not surprising that policy in this area has showed little change. Chapter 6 includes a description of subsidy program models.

**Policy for Incorporating Independent Living Services into Case Plan Goal.** Prior' to **P.L.** 99-272 only nineteen states reported policies in place for incorporating independent living services into the case plan goal. However, due to the requirements of the law, 30 additional states have incorporated or are developing guidelines for addressing independent living services in the case plan **goal.**

For some states incorporating independent living services into the case plan goal merely constitutes expanding their current goals for children in care to include "independent living". Other states, who have had the goal of independent living are broadening the planning procedure for youth. Again, the comprehensiveness of this planning varies greatly. In some instances it is a requirement that all youth with the goal of independent living be offered the services necessary to **help** them transition to independent living. The service decisions are then left to the discretion of individual case workers. Other states are requiring a special case planning conference for all youth in care, at age 16. The purpose of these conferences is to develop a specific plan to address **the** specific needs of the youth, particularly those services necessary to aid the youth once s/he has been discharged from care.

**Aftercare Policy.** Very little attention had been given to developing aftercare policies as of March, 1988. Five states reported that they had an aftercare policy before the law. Although that number rose only slightly to seven states, eight additional states indicated that they were developing or planning to develop aftercare policies. Once adolescents have been discharged from foster care there are little, if any, services provided to them. New York has the most comprehensive aftercare policy. The New York policy requires local jurisdictions to maintain case supervision until the discharged youth reaches the age of 21.

There is currently debate over how to define aftercare services for older youth, when these services should begin, and how long they should last. For example, does aftercare begin after discharge from the youth's last foster care setting or after discharge from the custody of the public agency? The crux of this argument stems **from** the issue of providing services to youth after their 18th birthday. The majority of states currently have a policy to maintain youths in care past their 18th birthday, but most of these policies stipulate that youth be enrolled in an educational or vocational training program to be eligible for extended support. States are divided in how they use these policies: some states, due to financial limitations, encourage foster care maintenance to end at age 18; others extend the support period beyond the 18th birthday. The ambiguity around these policies has given rise to caseworkers finding ways to manipulate state regulations to provide services to youth after age 18. Thus, a number of efforts to provide youth support and services after age 18 have been defined as aftercare services. In essence, many of these services are provided to youth while they are still in the care and custody of the child welfare agency. In order to clear up this confusion around aftercare services, two **policy** issues must be addressed: 1) provision of services to youth past their 18th birthday and 2) provision of aftercare services.

**Licensing Regulations for Independent Living Arrangements.** Very few states have licensing regulations for independent living arrangements. Four states had licensing regulations in place before **P.L. 99-272** and this rose to seven states since **the** implementation of **P.L. 99-272**. seven states have also indicated that they are developing or planning to develop these regulations.

In 1974, Michigan licensing law was amended to authorize licensed child placing agencies to place youth in an unlicensed settings as long as that agency retained supervisory responsibility for the child. Delaware has recently developed two types of licensing regulations.

One covers an agency placing children in independent living arrangements and the other covers an agency's ability to directly provide independent living arrangements.

### **5.3 Organizational Context**

A wide range of processes and procedures were used by states in organizing **their** independent living programs. Through the telephone discussions, information was obtained on the approaches states employed to conduct assessments of the needs of adolescents in care, their case review and case planning procedures, the extent to which youth are involved in the decision making process and the states' use of independent living as a case plan goal. In addition, some discussion will be focused on the ways in which states are developing formal interagency coordination through advisory **councils** and interagency agreements.

**Needs Assessments of Youth.** In developing independent living service programs, states have had to recognize that the foster care population is not a monolithic population but **consists** of many types of youth. These can generally be divided into **four** categories: 1) youths who have obtained basic life skills and may need only some assistance in transitioning; 2) youths who have had multiple placements, may have behavioral/emotional problems, runaway episodes, are unable to live in a family setting and have no placement alternatives; 3) youths who fall between the two extremes; and 4) multiply handicapped youths who are developmentally disabled.

All of these groups need independent living services, but they do not need the same types of experiences, supervision and supportive services. Therefore, it is important that strengths/needs assessments of the youths' capabilities be done before deciding on the appropriate independent living services needed.

Strengths/needs assessments identify youths' basic **skills**, emotional and social capabilities and weaknesses. Assessments may include a basic skills inventory which is a checklist of **skills** that is intended to ascertain a youth's ability to master tasks in a variety of skill areas, such as budgeting, cooking, locating housing. These inventories can be used as a tool in monitoring an individual's progress towards self-sufficiency in identified skill areas. Inventories are also beneficial in determining youths' readiness to live in independent living arrangements.

**P.L. 99-272** has influenced the extent to which states are systematically assessing the needs of adolescents in care. Prior to the law, only eight states reported that a written assessment of adolescents needs was being carried out, however, during our telephone discussions with states, 13 additional states were conducting written needs assessments of youth since the implementation of P.L. 99-272.

The manner in which needs are being **assessed** has taken on several forms, some states are relying upon the discretion of the individual social workers to complete informal assessments, while other states are using social workers who have been trained specifically to assess a defined range of adolescent skills and abilities. Other states are requiring the contractors to assess the need of the youth being served by their programs and to provide training to these youth in the areas of deficiency.

At least twenty-one states are using a formal skills assessment instrument to obtain a uniform profile of each youth's individual needs. Rhode Island, Florida and Nevada will administer assessments to **youth** prior to receiving independent living services and after they have completed the services. The post assessment **will** enable states to measure successes as **well** as modify the case plan accordingly.

Case Review Process. All states indicated that there will be a case review **process** in place either as part of the required six month review or at some other time which specifically addresses independent living skills. Prior to **P.L. 99-272**, seventeen states stated they were systematically reviewing independent living **skills**, however, the most common practice was to address this area on a case by case basis. Forty-nine states reported that they currently address independent living services for all appropriate youth. Illinois and Arizona reported they will implement a system of specialized case reviews for all youth turning 16, regardless of the youths' case plan goal.

Case Plan Procedures. The majority of states reported that case plan procedures which address independent living services, where appropriate, were being done on a case by case basis. Since the requirements in P.L. 99-272, forty-nine (as compared to only 19 prior to the law) states have instituted case plan procedures that specifically address the independent living services through a written description of the independent living services to be delivered. In some situations where the independent living services are being delivered by a contractor, the contractor is

developing and carrying out the case plan while in other instances, the case plan might be developed by the social worker and implemented by the contractor.

**Youth Included in Case Planning and Reviews.** Some states are requiring that youth be included in case planning and reviews while other states are recommending this practice but not making it a requirement. Most states plan to continue the same process that existed prior to **P.L. 99-272**.

**Formal Interagency Coordination.** Independent living advisory councils are being used by many states as part of their, ongoing planning for independent living. These advisory groups can either be a state level initiative where various state level agencies come together to plan **collaboratively** for a comprehensive program or at the local level where various administrators, providers, and consumers plan and develop community based programs and services. Minnesota, for example, encouraged the development of advisory boards in an effort to develop a support network among counties.

Table 5-3 presents the changes in the number of states with advisory councils for independent living services since the implementation of P.L. 99-272. As is depicted by the table, 15 additional states indicated that since **receiving** their independent living funds they are using advisory councils for independent living services. Typically, these groups include state and local agency staff, foster parents, group home and residential group providers, and representatives from the Education, Employment, Mental Health, Health, Housing and legal professions. The compositions of these groups is based entirely upon the perceived needs of the groups. In Maryland, each program accepting independent living funds is required to convene an advisory board for their program.

**Table 5-3: Changes in the Number of States With Advisory Councils for Independent Living Services and Formalized Interagency Agreements Since the Implementation of Public Law 99-272**

<b>Formal Interagency Coordination</b>	<b>Number of states Prior to P.L. 99-272</b>	<b>Additional Number of states since P.L. 99-272</b>	<b>Total Number of states</b>	<b>Number of States Reporting</b>
<b>Advisory Council for ILS</b>	6	15	21	44
<b>Formal Interagency Agreements</b>	8	12	20	44

The use of formalized interagency agreements is less common than the use of informal agreements. Although only twenty states have signed formal agreements with other state agencies for the delivery of a particular service, **many** more indicated that **they** have established linkages and/or are coordinating with other agencies responsible for the service delivery within the state. These agencies **included** the Department of Education, Special and Vocational Education, State and Community Colleges, Department of Labor, Employment and Training, Job Training Partnership Act, Private Industry Councils, Job Corps, mental health agencies, and local housing authorities.

Among the states with **formalized** agreements, Virginia and Louisiana have established agreements with the Department of Corrections (DOC) to provide independent living services for **IV-E** youth under **DOC's** supervision. Missouri plans to develop an agreement with the Department of Public Health for supplemental health evaluations. In Minnesota, counties can also apply for Youth 2000 project grants of up to \$2,000 to form interagency or community task forces to plan for coordination of existing services or the creation of new independent living programs.

#### 5.4 Staffing

The availability of increased funds for independent living services has enabled states to hire additional staff either directly or indirectly through the state and local level contracts that are being funded. States reported that 235 local and **state** level staff have been hired or designated to provide independent living services since P.L. 99-272. This number understates the total number of staff hired because states, in most instances, could not determine or did not know the number of staff at the local level or the number of staff available through contracted programs.

The responsibility of staff ranged from state independent living coordinators who **will** carry out **implementation** of the program to local level social workers responsible for developing individualized plans. In **Illinois**, for example, the funds were used to hire a Statewide Implementation Coordinator and 15 Regional Coordinators responsible for program implementation. In addition, **the state will** contract with transitional advocates who will provide formalized training in **classroom settings** and at the site of the youths' living arrangement. Nebraska used some of its funds to hire a training specialist who is responsible for providing training regarding the needs of youth preparing for independent living. Oregon **will** hire 35 to 40 plan facilitators who are under contract with the agency to provide day to day assistance to youth.

**Volunteers.** Volunteers are a valuable resource to states in their efforts to individualize service delivery and provide a support system to youth that extends beyond the **worker-client** relationship. Some states have begun using volunteers in an **effort to** involve **the** community in the delivery of independent living services as well as give the youth an opportunity to develop a supportive relationship with an adult who is concerned about his **or** her well being.

Approximately **30** states have programs which use volunteers. Some of the programs match youth with a volunteer while the youth is still in foster care. This volunteer makes the commitment to maintain a relationship and provide a support system to the youth once s/he has **left** care. This practice has been one option used in states as a means of providing aftercare **services**.

Several states indicated that they planned to use volunteers as tutors, mentors, and in other supportive roles. Virginia plans to use volunteers to assist with post emancipation support groups as well as chaperones for a foster care conference. In some instances, local agencies will recruit and screen volunteers themselves while other states plan to involve community volunteer programs such as Big Brothers and Big Sisters. At least one state is using paid volunteers. In Utah, Insure Workers serve as paid volunteers who receive \$100 per month to work with youths by running groups and providing them with individual support. Further discussion of specific volunteer programs is provided in Chapter 6.

## **5.5** Training

Perhaps the area that has received the most profound effect of P.L. 99-272 has been in the states enhanced ability to provide training to public agency staff including administrators, supervisors, direct service staff, foster parents, and private agency providers. Training which focuses on the wide spectrum of tangible and **intangible** skills youths need to master is an integral aspect of the delivery system.

Table **5-4** illustrates the number of states that have targeted resources in the area of training before and after P.L. 99-272. As is depicted by the table, the number of states providing training to **public** agency staff, private agency staff, and foster parents has risen dramatically. Before P.L. 99-272, sixteen states were providing training to its public agency personnel, one state was providing training to private agency staff, and **fifteen** states were providing training to foster parents. Since the implementation of P.L. 99-272, this has risen to forty five states, twenty-two states, and forty-four states, respectively. States reported that approximately 7000 staff are targeted to receive training. As of December, 1988, the National Resource Center for Youth Services, University of Oklahoma, provided training to over 4,000 personnel through workshops and keynote speeches.

**Table 5-4: Changes in the Number of States Providing and Not Providing Staff Training Since the Implementation of Public Law 99-272 by Type of Staff Trained**

NUMBER OF STATES PROVIDING TRAINING				
Type of Staff Trained	Number Prior to P.L. 99-272	Number Since P.L. 99-272	Total Number	Number of States Reporting
Child Welfare Agency Staff	16	28	44	50
Foster Parents	15	29	44	50
Private Agency Contract Providers	1	21	22	37
Community	1	3	4	31

5.6 Services

The most apparent effect of P.L. 99-272, is that every state is now developing some aspect of independent living services for youth transitioning from foster care; however, the scope of these services varies greatly. States have taken a variety of approaches to service delivery. Some states are attempting to systematically deliver independent living services using the continuum of care concept. They have decided to provide independent living services to all youth within the state's targeted age group for receiving preparation for independent living. Other states have chosen to develop their services based on the needs documented in the youths' case plans. In these instances, states may be delivering services in a variety of ways across the states depending on the state's capacity to develop independent living services in a particular region, district, or county.

Still other states have chosen to focus their **services** on one area, generally the provision of basic skills training through either direct provision or through a private contracted provider. Services may be provided on an individual basis or through a group setting. Regardless of the manner in which services are delivered, every state has embraced the concept of independent living services.

As is presented in Table 5-5, 25 additional states reported providing basic skills training, 18 additional states reported providing education initiatives, 16 additional states developed employment services, and 15 additional states are planning to hold teen conferences since **P.L. 99-272**.

**Table 5-5: Changes in the Number of States Providing Basic Skills Training, Employment Training, Education Initiatives, and Teen Conferences Since the Implementation of P.L. 99-272**

<b>Type of Service</b>	<b>Number of States Providing Service Prior to P.L. 99-272</b>	<b>Additional Number of States Providing Service Since P.L. 99-272</b>	<b>Total Number of States Providing Service</b>	<b>Number of States Reporting</b>
Basic Skills	25	25	50	51
Education	18	18	36	45
Employment	27	16	43	43
Teen Conferences	14	15	29	45

### **56.1 Basic Skills Training**

Twenty-five states reported that they were providing some level of basic skills **training** prior to PL-99-272 while fifty states have been able to do so since receipt of their IV-E IL funds. Thirteen states reported that 1,142 youth had received basic skills training prior to PL 99-272 while

twenty-nine states reported they are planning to provide basic skills training to 10,115 youth through P.L. 99-272 funding.

The various approaches taken by states to prepare youth with the **tangible** and intangible skills needed in order for them to successfully live independently have included the use of simulation laboratories, interactive videos, contracts with private agencies, group homes, and residential treatment programs. Public agency staff, foster parents, or volunteers are providing the services. Some states are providing training through community colleges and high schools where in some instances youth are provided with school credit for completing the coursework. In Washington, D.C., the independent living program **will** set up a skills laboratory equipped with a kitchen and laundry facility designed to provide youth with hands-on experience practicing day-to-day basic living skills. Georgia will use interactive videos **while** Alabama is making use of a computerized independent living program to teach basic **skills**. A number of states reported that they are contracting with private agency's providers, and residential care facilities for basic skills training through individual and group training sessions, and formal classes in independent living skills development. Several states indicated **that** they have either developed or adapted existing formal daily living skills **curricula** for use in teaching basic **skills**. Descriptions of **models** for these initiatives are found in Chapter 6.

## 5.62 **Education Initiatives**

While most states plan to address the educational skills development of youth on a case by case basis, several states have identified creative approaches **to** ensure that the educational needs of youth are being met.

In addition to providing tutoring, **GED** preparation, and college preparation, states have involved schools, colleges, and the private sector in these programs. In Minnesota colleges are being used as a resource to conduct career interest inventories. Arkansas will provide educational screening evaluations that will help pinpoint inadequate academic skills and the level of remediation needed. In Michigan, community colleges provide tuition free education for low income applicants.

The availability of scholarships is another way states have encouraged youth to pursue higher education. Nevada has obtained scholarship funds for some of its youth through the Junior League of Reno which has established a scholarship fund for foster teens interested in attending postsecondary education. Further descriptions of education initiatives are presented in Chapter 6.

### **5.6.3 Employment Initiatives**

Efforts by states to increase youth's capacity to become gainfully employed include conducting training classes and career planning, individual employability assessments, and job placements. Of the states that provided information on their employment initiative, twenty-eight states provided employment assistance, training, or job placement prior to P.L. 99-272. Fifteen additional states, however, plan to provide employment related assistance to youth. Twenty four states reported that they had targeted 5,504 youth to receive employment assistance services.

Some of the state approaches include developing an employability plan for each youth over 16 who is in the transition phase toward independence and providing temporary employment for these youths. For example, this is being done in Utah. Rhode Island contracted for a daily living basic skills training course which will be operated as an employment situation enabling participants to develop job readiness skills. Three training slots will be developed in preparation for these youths transition to JTPA funded slots. Other states that have already had job placement training programs are focusing their attention on working cooperatively with the programs to make sure that their foster adolescents are accepted. Most states indicated that they expect to utilize existing resources for vocational testing and training. The resources available within the states to implement employment initiatives usually determined whether a state developed contracts or programs or tapped existing resources.

### **5.6.4 Conferences**

Fourteen states have held conferences for youths. Youth conferences are designed to bring youths together for day long or weekend workshops to teach independent living skills, as to focus on building self-esteem, and to prepare youth for their impending termination from foster care. At least 15 additional states are planning statewide or regional conferences as part of their

independent living programs since **P.L. 99-272**. Details about youth conferences and their success as presented in Chapter 6.

## 5.7 Summary

The accomplishments of the states' **first** year federally funded programs need to be viewed within the context in which the funds were made available. First, states received funds later than expected. Then they were asked to establish permanent programming with temporary funding. This particularly impacted local private agencies with whom many states contracted. They were concerned about developing programs which might have to be abandoned after two years. Finally, the use of funds were limited to providing services to Title IV-E eligible youth only. Many states had to spend time identifying these youth, only to find limited numbers of youth **eligible** for services. Within these constraints, the first year's funding focused on identifying youths' needs, identifying the resources available, developing policy, allocating funds, developing staff training and basic skills programs. Specifically:

- Independent living programming, which prior to **P.L.99-272** was equated with independent **living** arrangements only, has been expanded to **include** a range of services
- Every state has identified an individual to be responsible for designing, developing and/or implementing independent living programs. At least 235 new staff have been hired or designated to deliver independent living services since **P.L. 99-272**.
- A major emphasis has been placed on staff training. Over 7,000 staff have been trained since P.L. 99-272.
- The majority of states are incorporating the provision of independent living services into case **planning** and case review procedures.
- ■ Concerted efforts were made to include foster parents, adolescents, and community representatives in the planning and implementation of services.

Overall, states have made creative efforts to prepare youth for discharge from foster care. There has been a tremendous amount of activity to get services developed and implemented, but a systematic and comprehensive approach to providing these services has not always been pursued. Service development had to be accomplished with little information on service

effectiveness. In some instances service decisions had to be made quickly and adequate attention could not be given to the overall delivery system. Finally, the individual needs of youth were not always taken into account. It can be argued that systematic and comprehensive planning has been difficult to accomplish within the barriers faced by states. Many of the barriers to service delivery faced by states in the first year have now been addressed through legislative change. Funding is now available for non-Title IV-E youth, funds can be spent for up to six months of aftercare services, the time limitations for expending 1987 funds have been extended by one year, and a third year of funding has been appropriated. With these barriers addressed, states now have the opportunity to emphasize a more systematic approach to developing independent living services to all children in care.

The concept of preparing youth to be self sufficient is a philosophic approach to service delivery as well as practice. It is an approach to providing care that promotes growth and self sufficiency for all youth. In the broadest sense, service delivery, from an early age should promote basic problem solving capabilities, self esteem, and understanding of the child's past losses. relationship building, and independent thinking. As youth get older, specific services (e.g. basic skills training, employment **experience**, independent living arrangements) need to be incorporated into youths' service plans.

To accomplish both of these efforts the concept of permanency planning needs to be broadened to incorporate a continuum of services and not just be equated with a living arrangement goal. The following chapter presents descriptions of many of the program's states have developed with P.L. 99-272 funding. The programs chosen represent the wide array of services necessary to establish a continuum of services.

## 6. PROGRAM MODELS

As discussed in Chapter 3, **Conceptual** Framework, independent living programs and services are **defined** as those programs and services that have an identifiable method for teaching both **tangible** and **intangible skills** along a four phase continuum:

- **Informal** learning services;
  - a Formal learning services;
  - Supervised practice living; and
- Aftercare services

A wide range of independent living programs and services are **currently** being developed and implemented at each level of the continuum. This section describes a number of these program models. At this time, quantitative information on the effectiveness of the services on youths' outcomes is very limited. However, the cumulative expertise of child welfare professionals implementing these programs can provide important guidance to supplement the limited amount of empirical data on program outcomes. The program models presented here were selected to demonstrate the variety of approaches being used to provide independent living services. They were selected based on child welfare professionals' opinions and recommendations about the types of services which seem to be most effective in working with youths. The descriptions are based on information that was **collected** through a review of the literature, site visit interviews, and telephone interviews with the independent living coordinators of 50 states.

### 6.1 Informal **Learning** Program Models

The services described are not intended to be an exhaustive list of programs being implemented nor necessarily the most **exemplary** programs available. They were selected to the reader with an array of service delivery options to adapt to their specific service delivery system needs.

Many states have used their Federal Independent Living Initiative dollars to develop an informal approach to the teaching of basic living skills. The concept of informal instruction utilizes the primary caregiver (foster parent or child care worker) and the social worker as the teaching opportunities. The potential benefits that can be derived from this method of instruction are great. More youth can be prepared for transition to adulthood. The teaching and learning of life skills can begin at an earlier age. Youth who go on to participate in formal **skills** training programs have the support of their primary caregivers and social workers to try out at home the new skills learned in the formal setting.

In developing an informal teaching approach, the problem has been one of how to get staff (foster parents, child care workers, and social workers) to consistently integrate the teaching of basic life skills into the events of every day living. In response to this problem, administrators have made systematic changes to create a better environment for informal learning to occur. Policies and procedures are being updated and strengthened. Contracts with purchase agencies are being modified to more clearly state expectations about the life **skills** instruction of youth.

To orient staff to the **philosophy** or **informal life skills** instruction, public and private agencies have invested in training programs. These training programs have also been designed to provide staff with the skills to recognize and take advantage of informal teaching opportunities. Described below are examples of informal learning models which are being incorporated into the child welfare system through the delivery system, policy changes, training, and resource availability.

### **6.1.1 Systemic Changes**

Specialized caseloads are certainly not a new concept in the field of child welfare, and units with workers who have caseloads of adolescents have been in existence in some states for a long time. These units were created because it was felt that the adolescent foster care population had unique problems which were best addressed by workers who had an expertise in working with adolescents. Also the problems posed by youth are often frustrating, requiring the support of other caseworkers in a unit. With the rising concern over preparing adolescents for independent living, the concept of adolescent units has been expanded in **some** states.

**Specialized Workers.** Agency administrators have **reorganized** caseloads to create adolescent ~~workers~~ adolescent units, and in some cases, independent living workers. By specializing a ~~one~~ group of youth, the adolescent worker is able to gain a better understanding of adolescent ~~development~~ and behavioral issues. Such knowledge is necessary in order for the worker to ~~take advantage~~ of informal teaching opportunities when they arise. **Adolescent** workers are more ~~apt to involve adolescents~~ in the planning process, support adolescents' exploration of **community resources**, **allow** adolescents to make their own decisions and experience the **consequences of those decisions**.

~~Workers~~ who provide services to young children are often more focused on protecting these **children**. For example, the worker who is used to picking up and delivering a young child to a doctor's ~~appointment~~ may find it easier to do the same for a pregnant teenager rather than help her to ~~figure out how to get~~ to the appointment herself.

~~These~~ agencies have been able to organize adolescent units which allow workers to share ~~ideas and resources~~. Units organized in **this** way have **the** benefit of staff who, because they **serve a single population**, are usually extremely **knowledgeable** of the full range of resources available ~~for their clients~~. This facilitates the referral process when additional resources and services ~~are needed by~~ the client. Also, these units provide the opportunity for workers to reinforce **independent living** skills through informal methods.

In ~~Washington~~, D.C., the Department of Human Services, Division of Child and Family ~~Services~~ established a teen unit in 1982 as a means of providing specialized services to teenagers ~~going into~~ independent living. The unit was originally set up to be staffed with **5** social workers ~~and a supervisor~~, however due to budget constraints the unit is currently staffed by a supervisor ~~and three social~~ workers. All staff have extensive prior experience working with **adolescents** ~~and each~~ requested to be placed in the adolescent unit.

~~Youth~~ referred to this unit are between 16 and 21 years old and have a permanency plan **goal of independent** living. The workers are **responsible** for making referrals to appropriate **placements**, ~~completing~~ evaluations, interacting with the youth's school, and attending court and ~~administrative~~ reviews as well as carrying out the primary casework services related to serving these **youth**.

The Young Adult Program in Arizona has adolescent units which were developed to serve youth in the **substitute** care system 16 years of age or older whose case plan goal was independent living or long term foster care. The youth can be living in a foster home, group home, residential treatment program, or in a subsidized arrangement. There is a cap of twenty youth per full time worker and the workers are responsible for developing individual plans with each adolescent to help them prepare for discharge. These plans include providing supportive casework, matching a youth with a volunteer, and developing plans with youth to **procure** jobs, education and/or training, securing **counselling** and therapeutic **services**, and enrolling youth in a basic skills training program

**Illinois, Missouri,** and Texas have implemented independent living workers/coordinators who focus on **the** youths' independent living preparation issues. These people are responsible for, among other **things**, identifying and **teaching** youth needing preparation for adult life, assessing the needs of youth in care, and identifying and developing community resources that could support the youth in both informal and formal instruction. In most instances these workers do not have case management responsibility.

Illinois is also contracting for Transition Managers who work with youth a minimum of two **hours** per week on **specific** tasks identified by the direct service worker and the youth to help the youth transition to independence. The individual transition managers provide one-on-one training and assistance in activities related to becoming self-sufficient. Assistance provided by the Transition Manager might include transportation of the youth, shared recreation time, work with placement, assisting with locating an apartment, helping the youth deal with bureaucracies, or working with the youth's school or employer. The Department **also contracted** with private providers to provide, with the exception of placement, full case management services. These **services** include weekly contact with the youth, regular contact with the foster home/placement, life skills assessments and training, 24 hour emergency availability, and involvement with the court system. The case managers provide comprehensive individualized services for the more difficult youth to whom caseworkers are unable to provide this level of interaction due to caseload size.

Workers with specialized adolescent caseloads developed and sponsored The I'm Somebody Special Teen Club of Fresno, California and the Teen Association of Oklahoma City. Both teen clubs provide opportunities for social interaction between youth and informal contact with the adult sponsors.

**Policies and Procedures.** Many states have either developed or strengthened policies that call for a written assessment of the youth as part of the case planning process. Also, policies to include youth in the planning process are being strengthened. Arizona now requires case review conferences to focus on independent living issues for all teens age 16 and over. Policies like these will increase and/or improve the quality of the contact between worker, primary caregiver, and youth. Informal learning occurs when youth have the opportunity to interact with the adults in their lives.

Public agencies are recognizing that life skills instruction should be a component of every group home program and residential treatment center. Some states are now modifying contracts with purchase agencies to clearly state this expectation in an effort to ensure that these services are incorporated into the service delivery system. Delaware licensing standards require transitional living programs to conduct an assessment of youths' life skills and specifies the instrument to be used.

Many group homes and residential treatment centers have lead the way in establishing independent living preparation services and programs for the youth in their care. Often this has meant a redesign of agency policy and a reorganization of agency staff. One group home in Raleigh, North Carolina increased the opportunity for youth to informally learn many important life skills just by eliminating the position of cook. The same group home helped a resident learn about money management, financial responsibilities, and credit ratings by permitting her to install a phone of her own. When she was no longer able to pay the high monthly bills she was allowed to experience the consequence of losing the phone.

## **6.12 Training**

Because informal life skills instruction is a new concept to many staff, public and private agencies have had to orient them to the philosophy and to teach them skills needed to do the job. Training has been offered in a variety of formats. Several states (Kentucky, Alabama, Texas, North Carolina, Arizona, Pennsylvania, Florida, Wisconsin, and Georgia) have held conferences to present information about independent living programs, life skills instruction, and working with youth on an informal basis. The focus of these conferences is to raise the

consciousness of state and local public and private agency child welfare staff about the needs of foster care adolescents. In many instances staff from other agencies serving youth (e.g., Juvenile Justice, Mental Health, Education, Employment) have been invited to present at the conferences as well as participate. This has provided for communication among agencies. Hopefully it will lead to a more coordinated service delivery system for adolescents. Foster Parent Associations have also featured independent living workshops at their annual conferences. Regional seminars sponsored by groups like the National Resource for Center Youth Services have brought public and private agency staff together from around the country to discuss the issues. Training events have been as brief as a half day or as long as eight days.

Trainers and training materials have varied. Some agencies have elected to develop their own curricula and use their own trainers. Others have **selected a curriculum** and contracted out for **all** of the training or for **the training or** agency trainers. **The** New Jersey Division of Youth and Family Services Training Office contracted out for the development of a curriculum that has since been incorporated into its Residential Training Academy program as a core elective course for staff.

All levels of staff within both public and private agencies have been targeted to receive training. However, there is a wide degree of difference in how the training has been provided. In one state, foster parents were trained separately from social workers, supervisors, and administrators. Different curricula, different trainers, and a wide gap in time between training sessions discouraged workers and foster parents from working together as a team, and teamwork is essential in order for life skills instruction to be most effective. In another state, foster parents and social workers came together to the training, worked together during the session, and **left** with many ideas already formulated on how to work with a specific youth.

In a group home in Delaware, all staff employed by the agency, including the janitor, were **involved** in the same training. This agency operates with the philosophy that all staff have talents that can be informally taught to the youth.

Vermont chose the train-the-trainer approach and hired 7 district trainers who trained providers and caseworkers in each **social** service district to prepare youth for independence. This training included teaching basic living **skills** as well as job and interviewing skills to youth. **A similar** approach was used in Missouri where the state identified 13 exemplary workers from

within its existing child welfare staff and designated them as the Independent Living Specialists for its independent living program. These specialists received -training through attendance at conferences and workshops.

The train the trainer approach has been used heavily by states to facilitate the training of foster parents, particularly those foster parents who **primarily** work with adolescents. Such training enables them to recognize the importance of assisting youth in developing the daily living skills needed to live independently and to provide continuing support to transitioning youth in their care. Training generally focuses on understanding the needs of adolescents as well as the **tangible** and intangible skills such as decision-making, planning developing a positive self-concept, and time management.

Some states contracted with providers for foster **parent** training. Others have held conferences or training sessions specifically designed for foster parents. Still other states have included foster parents in conferences with social workers and other providers. Also, states have utilized social workers who had received training in this area to train foster parents through group sessions. All of these approaches can be effective in enabling **foster** parents to deveiop the **skills** needed to promote independence in foster youth through providing the youth with experiential learning opportunities they often do not routinely receive in foster homes.

Many agencies are recruiting volunteers to serve as mentors to youth and must prepare them for this job. Nebraska has developed a six session training curricula for this purpose. A handbook for mentors has also been developed by Independent Living Resources to help Boys' Home of Virginia orient and prepare their volunteers for the task of mentoring.

#### 6.13 **Resources**

Assessment - Instruments like the following have been developed and marketed to help states with the assessment process:

1. Indeopendent **Living** Assessment for Life Skills • One component of a life skills instruction program. The assessment instrument is available in print and as software. Developed by Daniel Memorial's Institute of Independent Living.

Available from Daniel Memorial, Independent Living Institute, 7555 Beach Blvd., Suite 102, Jacksonville, Florida 32216.

2. **TeenScope: You Can Make It** - An interactive videodisc system developed by Professional Training Systems. Atlanta, Georgia.
3. **Examining Life Skills Profile Handbook** - Two separate workbooks intended for use by teens and adults together. Developed by Judge Baker Guidance Center. Available through the Judge Baker Guidance Center, Boston, Massachusetts.
4. **Assessment Packet** - A collection of assessment instruments used by child welfare agencies from the point of program application until follow-up after **discharge**. Developed by Independent Living Resources. Available from Independent Living Resources. P.O. Box 1013, **Edenton**, North Carolina 27932.

**Training** - The following training curricula are available to help agencies prepare staff and volunteers to provide **informal** instruction for youth.

1. **Pass It On - Helping Staff To Share Knowledge and Skills with Youth** - Available from the National Resource Center for Youth Services of Oklahoma, 125 North Greenwood, Tulsa. OK 74120.
2. **Push for Youth Goals** - Available from Child and Family Publications, Institute for the Study of Children and Families, Eastern Michigan University, Ypsilanti., MI 48197.
3. **Volunteer Coordinator's Handbook** - Available from the Nebraska Department of Social Services, Division of Human Services, PO Box 95026, Lincoln, NE 68509-5026.
4. **Mentoring: What's It All About** - Available from Independent Living Resources, **PO** Box 1013, **Edenton**, NC 27932.
5. **Preparing Youth for Independent Living** - Available from Child Welfare Institute, 1430 West Peachtree Street, Suite 510, Atlanta, Georgia 30309.

**Videos** - States like Arizona, Texas and Kentucky have developed videos to help staff, foster parents, concerned citizens and teens learn more about the independent living programs in their states. The University of Connecticut Center for the Study of Child Welfare produced a generic video that can be used by any child welfare agency to help explain the need for independent living programs and the roles that foster parents and staff can play in helping youth prepare for the future. **I Thou&t I'd Be A Kid A Lot Longer** is available from the Center for the

Study of Child Welfare, University of Connecticut, School of Social Work, 1798 Asylum Avenue, West Hartford, CT 06117-2698.

## 62 **Formal Learning Program** Models

Formal learning programs have been designed to provide experiences in a **number** of skill areas. These include **both** tangible and intangible skills (See Chapter 3, Conceptual Framework).

States are employing a diversity of formal training approaches in their attempt to provide youth with the tangible and intangible **self** sufficiency skills that **will** assist them **in** preparing for independence. This section focuses on initiatives states used to provide basic **skills** training, educational initiatives, employment experiences, and other special services for youth. Although the curricula used by some formal programs include education and job training as part of the basic skills training, this report presents these initiatives separately from basic skills training programs. Separate sections are **provided** on these skill areas to identify programs that particularly target education and job training initiatives. Formal learning programs are being offered in individual and group settings by public agency staff, foster parents, volunteers, teen conferences, private agency staff and residential care providers. Numerous curricula have been developed to provide skills training. Section 4.1.3, Resources, identifies a number of these curricula.

### 62.1 Basic Skills Training

**Contracted Services.** Contracted basic skills programs are generally conducted as group sessions of 6-15 youth. The sessions can run anywhere **from** six weeks to six months and meet from one to two nights a week. Although some of the curricula used to incorporate tangible and intangible skills, the majority of them have concentrated on teaching tangible **skills**.

Teaching methods include classroom sessions, guest lecturers, experiential practice sessions, and group discussions. Program providers indicated that youth responded most positively to programs which incorporate experiential practice sessions which encourage participation and

stress peer interaction and support throughout the training. Also, the role of the group leader is a critical component of a successful program. Youth respond to energy, honesty, consistency, clear expectations, and leaders who provide an environment in which youth are permitted to make decisions.

Most states contract for basic skills training for youth with private agency providers. However, in California where the state had prior experience contracting with the Community College Foundation, several counties elected to contract with the Community **College** Foundation to provide basic skills training classes. Los Angeles County contracted with 13 community colleges to provide basic skills training classes using the Eastern Michigan curriculum. The curriculum **includes** 4 segments: employability; choices and consequences; self-help skills; and leaving home again. Youth have input into how much time is put into various components.

There are two trainers, hired by the individual community colleges, for each class. Guest speakers are also involved in the program as presenters- In addition, there are ten staff assigned in the regions and a Project Director at the county level. The Community College Foundation also employs eight outreach advisers who assume a variety of outreach **responsibilities** including contacting prospective participants initially by telephone, following that contact up with a letter, and then, prior to enrollment in the program, visiting the youth at his or her residence. To reduce the transportation barrier to attending classes, participants in the program receive transportation to and from class by a bus used by the agency.

Participants in the program receive **25** hours of training as well as a career assessment. Youth also are paid an incentive payment of \$50 per month for participating in the program and a certificate of completion at the end of the scheduled classes.

The county has received very positive feedback from the youth involved in the program. Although some foster parents were **initially** reluctant to enroll their youth in the program. the program now receives **calls** from foster parents who are interested in having their foster youth participate. Relative foster homes tended to be the most reluctant because they generally do not perceive their kids as "foster kids". As of October, 1988, 315 youth had graduated from the program.

Based on input received from the Advisory Group, comprised of 25 youth who were selected by the outreach **advisors,there** will be some changes made in the program. Among the changes proposed are that classes be longer and advanced classes be established. In addition, the youth would like to run their own hot line and have a computer.

**Los Angeles** also contracted with four community agencies for basic skills training for their oldest youth. The agencies direct much of their attention to preparing youth for employment through job training skills. The programs also include other components such as case management and counseling and referrals. The program is structured so that a youth can participate in both the training program operated by the Community College Foundation and one of the community agency programs as long as they are not enrolled in two programs simultaneously. Three of these agencies find jobs for youth who **complete** their programs. There have been a combined **total** of 91 graduates from these programs.

Contra Costa county also chose to utilize community colleges to provide basic skills training to youth. Their approach, which was also used by other counties that contracted with the community **colleges**, was to conduct training at the same time that foster parent **training** took place. The training was held in separate rooms. The agency recruited foster parents by sending out flyers announcing the availability of the training which **would** focus on preparation for independence and indicating that a per diem would be paid for attendance.. The adults essentially self-selected to participate in the program. The first session was 3 hours per week for 9 weeks and was attended by 14 adults and 14 youth. The second session was held for 5 weeks as a **15** hour intensive training. Thirty people participated in this training including 12 adults and 18 youth. The third offering was for 11 weeks, once a week for 3 hours. Participants received 2 **units of** community college credit or 6.5 units of high school credits if they completed the 33 hour course. The training was held at a local high school that has a child care program so that foster parents could bring their kids. Both the foster parents and youth who participated in this simultaneous training felt it was extremely worthwhile.

Illinois has contracted with a number of private providers to provide life skills training to youth through group sessions over a 10 to 12 week period. Among the topics included in this training are finding and keeping a job, securing and maintaining housing, nutrition, shopping and meal preparation, budgeting and money management as **well** as the intangible skills such as

problem solving, improving self-concept, and handling relationships. Some classes allow youth to experience a hands-on approach to acquiring skills.

Mississippi contracted with the National Benevolent Association for a program designed as a weekend living center for 8 to 10 males and 6 to 10 females. The program combines the individual and group **services** in a community based program with support groups, retreats, and **conferences** and intensive training in practical living skills on weekends in an experiential living situation. This program is suitable for teens for whom the residential program also run by the agency is not **feasible**.

The Urban League of Essex County, New Jersey, has taken a similar approach to formalized skill training. Youth participate in **classroom** training. After youth have one month of **classroom** sessions, completed a **vocational** assessment, and participated in a discussion group at the agency owned apartment, s/he is ready to spend a weekend at the apartment. Youth stay at the apartment in pairs and are totally responsible for cooking and cleaning. All of the youth who have been referred to the program are from foster family homes. During the first year of the program. sixteen youths were served.

Minnesota through its Support for Emancipation and Living Functionally Program (SELF) funded several basic skills programs which were implemented throughout the state. The programs are designed to support adolescents living in both metropolitan and nonmetropolitan areas as they prepare for independent living. Two of these programs included a wilderness life skills experience. Bemidji State University (BSU) Outdoor Program Center was contracted with to **hold a 25** day intensive life **skills** program conducted as part of a wilderness camping experience. This project served 16 Title IV-E youth from throughout the state. The other program was with the **Bethany** Crisis Shelter/Camp Widjiwagan and was conducted as a cooperative venture between the two groups. Youth participated in a summer independent living skills training through the Shelter and then took part in a wilderness life **skills** experience under the direction of the camp.

The SELF program in an effort to meet the needs of its American Indian adolescents throughout the Twin Cities metropolitan, area also funded the Upper Midwest American Indian Center to conduct a group independent living skills program which combined American Indian History and Language education.

To leverage their N-E funds the state requested that agencies receiving contracts agree to provide a set number of scholarships to IV-E eligible adolescents which enables counties to include some of their clients in these programs at low cost or no cost.

The approach used by Oregon, as well as in many rural communities, was to develop and provide services as needed based on individual assessments. In Oregon, services were contracted for 2 groups of youth -- youth who are expected to be fully independent as adults and youth with handicapping conditions that may limit full independence. The group of youth expected to be fully independent received specific training and services to prepare for independence while the second group of youth received special training and assistance that **will** encourage independence.

**Public Agency Services.** In Washington, D.C., the Department of Human Services, Family and Child Services Division has developed an innovative new independent living program concept. The program is based on a "Learning Laboratory" concept where youth can receive their classroom instruction and practice experiential learning simultaneously. **The** program, Center for Keys of Life, is housed in a downtown location in a renovated house leased by the Department. The program is staffed by a Project Coordinator, an assistant coordinator, an **administrative** officer, an education specialist, a housing specialist, and two participant counselors.

The learning laboratory is designed to enable youth to attend life skills classes and acquire practical basic living skills through a hands-on learning experience. all in one setting. The Laboratory is equipped with a full kitchen for meal preparation that is stocked with the essentials needed to prepare meals. An area that can be used for eating adjoins the kitchen which is also used for classroom instruction. In addition, the Laboratory has a washer and dryer so that youth can experience first hand how to sort and wash clothing. The idea is to ensure that foster youth can experience what is being taught fist hand. **They** can feel a sense of accomplishment as they develop practical home maintenance skills such as preparing and cooking meals, setting a table, and cleaning the kitchen.

In addition, to the learning lab, the building houses the administrative offices of the program and offices for the program staff. The participant counselors are responsible for identifying and recruiting eligible youth into the program, identifying resources, and providing the

**ongoing support** necessary to ensure a smooth transition to independent living. The education **specialist** provides career assessments as well as educational and vocational counseling while the housing specialist assist youth in identifying appropriate and affordable housing through housing **counseling** and assistance and is responsible for identifying housing resources. Staff share **responsibility** for conducting weekly life skills classes as well as planning field trips which will be an integral part of training program. At the time of the site visit, the summer of 1988, the program was preparing to hold its first orientation session for the youth who had been referred to the program, but no youth had yet been served by the program.

Other public agencies' formalized services include skill training to youth on an individual and group basis. In some states, like Missouri, a number of staff have been identified and trained as independent living coordinators. One of their responsibilities is to run skills training groups for youth.

Jefferson County, Colorado developed an independent **living** program which includes a twelve week skill training program run by agency staff, and a subsidized living arrangement for approximately three months. A skill training curriculum was developed and youth are paid a stipend for attending **classes**. The money is given to youth upon completion of the training to use for start up costs for independent living. The program has been replicated and is also operating in Houston, Texas.

Volunteers. Several states, including New York, established contracts to recruit **and** train volunteers to teach independent living **skills**. In most instances volunteers are used to augment a formalized skill training program. Demonstration programs were established in Syracuse and New York City, New York. In both programs the services of already established volunteer coordinating **services** were used to recruit the volunteers. New York state **personnel** felt that using established volunteer bureaus was critical to establishing a successful volunteer program. These agencies had the time and knowledge to recruit volunteers, screen and train them appropriately, and intervene if problems arose. Fifty volunteers in Syracuse and 75 volunteers in New York City were recruited. They were used in a variety of roles. Some volunteers came to group homes to **talk** with the youth about careers. Others volunteers might spend an evening in a group home **helping** youth make dinner. Still other volunteers were used to help youth **find** suitable housing for themselves. Several successful relationships were established between the volunteers and the youth.

Other states are using volunteers as mentors, role models, big brothers and sisters, tutors, presenters, and chaperones at workshops and conferences. The volunteer support of the business community has been solicited by many programs to share information and to **serve** as corporate sponsors of programs.

Rural Models. States **planning** skills training for youth in rural areas have had to develop programs that take into consideration the limited resources and transportation barriers of rural populations. The most common approach in rural areas has been to assess the availability of resources within each individual community, including those potential resources that can be developed in the child's school, and placement. Programs serving rural areas have found that a coordinated approach to service delivery must be employed. Resources are scarce, there are tremendous transportation barriers, and even when transportation resources are identified the length of travel to attend a program site can be inordinate.

Texas found that it was more feasible in remote areas to have the worker visit the youth in their foster home to provide independent living skills training on an **individual** basis. Training ranges from money management to human sexuality and relationships. The use of the community college training model described earlier has enabled the rural communities in California to **access** independent living skills training. In Missouri, where Independent Living Specialists provide independent living skills training in each area of the state, those specialists **responsible** for serving rural counties had to develop a different implementation strategy from specialists serving the more urban areas. One rural county in Tennessee found it to be most cost effective to some youth living in their own homes as well as in foster care.

In the program developed by the Specialist responsible for Newton, Jasper, and Neosho counties. Missouri, youth referred to the program had to make a 6 month attendance commitment. Two hour weekly group sessions which are held from 7 to 9 pm. The specialist holds the groups in group residential centers and in community centers. Youth are paid \$5.00 for coming to groups and \$8.00 for completing their homework assignments. Foster parents are reimbursed for their transportation cost and \$10.00 per hour for helping kids with certain designated homework assignments.

The specialist creatively identified local resources to aid in providing training. Some of the resources included getting a local car dealer to lend a van so that youth could be taken as a group to experience apartment hunting. A realty company was also recruited to provide information on apartment hunting.

Transportation barriers in rural areas are a reality that must be taken into consideration when developing an independent living program in rural areas. For example, planning and holding groups for basic skills training must take into consideration the proximity of the site selected to all of the prospective enrollees and the transportation resources available to youth. In Missouri the specialist found that even when an incentive payment was paid to foster parents to cover the cost of transporting to groups, there was still not full participation. It was not uncommon for the foster parent to spend an hour driving the youth to group, and 2 hours waiting for them, followed by an hours drive back home for a total of 4 hours. Although foster parents may be committed to the program, the time element often limits or prohibits their full participation.

Minnesota developed and piloted the Living Skill Training in a Group in three **rural** counties. The training program is based on the National Child Welfare Leadership Center (NCWLC) model. Although it was difficult to arrange for transportation in the rural areas, a concerted effort was made to get youth together in a group. It was felt that the content of the training (self awareness, communication, decision making, and interpersonal skills) could best be handled in a group setting.

The training component of the program was conducted over the summer - three months of intensive training During the three months youth were expected to be employed and to participate in groups once a week to cover 19 - 3 hour units. Two of the three counties had a youth retreat to start the training. The program also involves a two to four month period of individual sessions with youth to develop a roots and record book and a longtime life plan.

**Teen Conferences.** Teen Conferences **have been used by states as a means of** providing basic skills **training** and discussing emancipation issues with a large number of foster teens. The format of these conferences has included comprehensive statewide weekend

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\*Johnson, Lyte K, Manual for Living Skill Training in a Group. Daily Living Summer 1988, Volume II, Number 3.

conferences, regional and community based conferences, weekend retreats, and the use of special camps. States indicated that teen conferences give youth an opportunity to come together to receive basic **skills** training as **well** as a social opportunity to share their experiences, anxieties, and fears. Oftentimes the availability of the conference is the youth's first opportunity to stay in a hotel or to venture outside of their community.

These conferences usually draw upon the voluntary involvement of the community at Large who can serve in a variety of capacities such as presenters, role models, chaperones, and as transportation resources. Former foster care youth have also been drawn upon as a valuable resource during conferences serving as facilitators and presenters who can share first hand what the transition from foster care experience is like.

Virginia had a very successful experience in holding a 3 day statewide independent training conference for youth. To recruit youth, the state office requested social workers to submit a List of **eligible** youth. In turn, the state office mailed each of these youth a conference announcement and registration materials which included a pre-paid postcard that youth were responsible for returning in order to register for the conference. The conference was attended by 132 youths and chaperones who participated in independent living **skills** workshops as **well** as enjoyed recreational activities including a conference dance, fashion show, and videos. The conference site was a beach resort hotel which gave youth an opportunity to experience living in a **hotel**.

Philadelphia plans to contract with **Tabor** Children's Services Inc.. for a weekend retreat for **50** adolescents using the group dynamics process to engage the participants to examine and critique their own individual life skill competencies. The retreat will be held away from the city in a camp setting. The camp environment provides a relaxed atmosphere that allows youth to get in touch with their own feelings. The retreat will be structured around group interactions which will enable youth to receive feedback from their peers in a safe and controlled environment. According to planners of the retreat, this can result in awareness of behavior and taking responsibility for one's own actions. Each participant will be assigned to a group which will be facilitated by an adult facilitator and a youth co-facilitator. To promote cohesiveness and group identification among the groups, each group will work together the entire weekend.

Both Mississippi and Texas held conferences in camp-like settings. Mississippi held its teen conferences during four different weekends with one held in a camp-like setting for kids in the rural areas of the state. Texas developed two special S-day camps for participants, aimed at increasing independent living skills, self-esteem, and self-confidence.

**Stipends. The use** of incentive payments for participation in the independent living program was used by states to encourage youths participation in training. The amount and payment mechanisms varied. Most states who paid youth used incentive payment for attending basic **skills** training sessions **or** for completing assignments. In some cases the programs paid the youth half of the incentive payment for attending a class and tied the other half of the payment to successful completion of assignments or to some case plan related task. The amount of the payment averaged about \$50 per month.

States employed different procedures for paying the incentive payments, some states paid the youth a monthly payment, while others chose to make a lump sum payment upon successful completion of the program. Another approach was to hold the payments in an escrow account for use by youth upon discharge from the **foster** care system to ensure that the youth had some **start-up** funds available when faced with living independently. There were some programs that made saving a portion of the incentive payment a program requirement so that youth could begin to establish a **savings** account for the future.

Most professionals indicated that incentive payments were initially helpful in obtaining youths participation. However, they did not motivate youth to continue with a program that the youth did not feel was helpful.

## 63.2 **Education Initiatives**

Most states are making an effort to coordinate the educational aspects of their independent living programs by establishing linkages with education related resources that were already in place, such as the public school district and other academic and vocational support services.

Identifying resources to assist youth in successfully completing high school or obtaining a G.E.D. is a common approach among states. Some states are paying for the **services** of tutors to assist those youth who are experiencing difficulties in mastering basic educational skills such as reading and math. In San Joaquin county, California, the independent living program plans to contract with foster youth as tutors for other foster youth.

Tennessee, combined the tutor/mentor approaches by funding two independent living tutor/mentor contracts. These agencies provide intensive tutorial services to 15 youth each at two sites.

In some cases, states have involved at least one representative from the school system to serve on their advisory board and oftentimes schools are consulted or are party to the youth's transitional plan development.

The Foster Youth Services Program in California is a program which assigns counselors to school districts to monitor the **school** progress of all foster children in the school. The foster care system provides the funding for this program, and it allows for early intervention into the school problems of foster youth.

Other creative approaches to help youth in school include paying youth to stay in school. One program paid a young woman the amount she would make at a job at a fast food chain to keep her in school. Other independent living programs have contracts which require youth to stay in school in order to stay in the program. **If the** youth drops out of school they are out of the program. Counselors are available to help youth with their school work and to monitor their attendance.

### **6.2.3      Employment Initiatives**

States also coordinated the delivery of employment related services by establishing linkages with existing public and private employment related programs and resources. These include state departments of education and vocational training, JTPA, and Private Industry Councils. These resources were used as a referral source to obtain services such as vocational/education training, testing, **counseling**, job training and placement, and summer

employment opportunities. Informal interagency agreements were often established to ensure that all youth referred for service received the appropriate services.

In most instances, States also contracted with private providers who provided classroom instruction and individual counseling in the areas of pre-employment and employment counseling, career assessments, job skills development and training, job matching and job placement, and other employment related support services.

Several other approaches were used to help youth receive appropriate career development and employment training. In New Hampshire, career development teams in each of the 12 **district office areas were formed. These individuals are responsible for helping adolescents** develop skills for securing and maintaining employment by making sure that applications are made to the WIN program and/or **the** New Hampshire Job Training Council.

Other states are using volunteers to provide job opportunity experiences for youth. Covenant House. Rites of Passage Program in New York City uses volunteers, particularly executives, to offer youths opportunities for career-track **employment. The** program emphasizes vocational development and connecting youth with the world of work.

Youth often lack information about a chosen career or have unrealistic career choices. The Colorado Job Opportunity Center employs a technique they call shadowing to help youth make realistic choices.<sup>2</sup> Shadowing allows a youth to spend a day following or shadowing an adult who works in a chosen career field. Youth have the opportunity to see what is involved in doing a particular job and also have an expert available to ask questions about the job.

As part of the Santa Clara County Department of Social Services Independent Living Program, youth are scheduled for a JTPA intake interview. Through special contract, JTPA provides career assessment and vocational training.

In New York, the Job and Independence for Youth (JIFY) demonstration project tested a job club approach in two sites. Job clubs are a self-help group approach to job seeking. Participants were taught such skills as filling out applications, identifying potential employers, and

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<sup>2</sup>Daily Living, Independent Living Resources, Number 4, Fall, 1987.

handling interviewing. Fifty percent of the participants found immediate after school or summer employment and within six months, 70 percent **were** employed.

#### **6.2.4 Resources**

A number of resources are available to help **agencies** develop formalized training programs. Presented below is a listing of some of the curricula that have been developed.

**Program Development Resources** - The following resources are available to help program planners, administrators, staff designated to teach life **skills** and group leaders.

1. Indenendent Living Strategies: A Program To Prepare Adolescents For Their Exit From Foster or Groun Care. Available from the University of Oklahoma, National Resource Center for Youth Services, 125 N. Greenwood Ave., Tulsa, OK 74120.
2. Pnthwavs To Adulthood: Creating Successful Programs To Prepare Teens For Independence. Available from The University of Oklahoma, National Resource Center for Youth Services, 125 N. Greenwood Ave., Tulsa, OK 74120.
3. Rea Set. Go: An Agency Guide To Independent Living. Available from Child Welfare League, **CN94, 300** Raritan Center Pkwy, Edison, NJ 08818.
4. Manual For Living Skill Training In A Group. Available from the State of Minnesota, Department of Administration, Documents Division, 117 University Ave., St. Paul, MN 55155.
5. Job Skills Workshoo Instructional Curriculum. Available from the Publication and Media Department of the Professional Development Program, School of **Social** Welfare, Richardson Hall, The University at Albany, State University of New York, 135 Western Ave., Albany, NY 12222.
6. The Group Worker's Handbook: Workine With Groups. Available from American Foster Care Resources, P.O. Box 271, King George, VA 22485.
7. Daily Living. A newsletter published quarterly by Independent Living Resources, **P.O. 1013, Edenton,** NY 27932.
8. Independent Iiving Services For At-Risk Adolescents. o f **Child Weifare.** Available from Child Welfare League of American, Inc., 440 First Street, N.W., Washington, D.C. 20001-2085.

Youth Training Materials - The following resources are available to help adults teach independent living skills using formal methods of instruction. While many other life skill instructional materials exist, the materials listed below were developed primarily for use with youth who are living in/out of home care.

### **Print Materials.**

1. **Making It On Your Own.** Available from Virginia Commonwealth University, School of Social Work, VCU Box 2027, Richmond, VA 23284-2027.
2. **Supplement To Making It On Your Own.** Available from Office of Research and Public Service, University of Tennessee, School of Social Work.
3. **Road To Independent Living.** Available from American Foster **CAre** Resources, P.O. Box 271, **King** George, VA 22485.
4. **Speak Out.** Available from Independent Living Resources, P.O. Box 1013, **Edenton**, NC 27932.
5. **Decisions. Decisions. Decision!.** Available from the University of Oklahoma, National Resource Center for Youth Services, 125 N. Greenwood Ave., Tulsa, OK 74120.
6. **Move Out and Making It.** Available from Daniel Memorial, Independent Living Institute, 7555 Beach Blvd., Suite 102, Jacksonville, FL 32216.
7. **Meeting Life's Challenges: A Youth Worker's Manual For EmPOWERing Youth & Families.** Available from the University of Oklahoma, National Resource Center for Youth Services, 125 N. Greenwood Ave., Tulsa, OK 74120.
8. **PUSH For Youth GOALS.** Available from Child and Family Publications, Institute for the Study of Children and Families, Eastern Michigan University, Ypsilanti MI 48197.
9. **Life.** Available from The University of Oklahoma, National Resource Center for Youth Services, 125 N. Greenwood Ave., Tulsa, OK 74120.

### Videos.

1. **Choose to Make It.** Available from Foster Youth Services **PRogram**, Mt. Diablo United School District, 270 Salvio St., Concord, CA 94519.
2. **Job Rap.** Available from South Bronx Human Development Organization, 529 **Courtlandt** Ave., 4th Floor, New York, NY **10451**.
3. **Breaking Into The Job Market.** Available from the Publication and Media Department of Professional Development Program, School of Social Welfare, Richardson Hall, The University at Albany, State University of New York, **135** Western Ave., Albany, NY 12222.

A unique resource **facility** has been established in New York City. The Independent Living Skills Center of the South Bronx Human Development Organization, provides ongoing workshops and technical assistance to public and private agency personnel about various aspects of independent living services. The center has collected various training curricula and resource materials and makes them **available** for public use.

They also conduct conferences and interagency forums for agency providers. Video training tapes have been designed **by** the center and are available for public use. The concept has proved so successful in New York City that there are plans to develop and implements resource centers throughout the state.

### 63            **Supervised Practice Living**

Practice living arrangements are being developed and purchased through private agency providers as the need for such **experiential** living to prepare **youth** for self-sufficiency has become more widely recognized. Several innovative models have been implemented by states. These programs typically are **housed** in apartments or houses where the youth is **responsible** for or shares the **responsibility** for shopping, cooking, cleaning and maintaining his **residence** with other youth. The living arrangement is oftentimes supervised by a live-in responsible adult or an agency social worker. Other models place youths in their own apartments in the community. Several supervised independent living programs were identified during the data collection phase of the study.

#### **63.1            Residential Care Facility Models**

A variety of models **have** been developed by residential care facilities (group homes and residential treatment centers) to provide independent living skills training to older youth in their care. These models include supervised apartment programs, semi-supervised apartment programs, and/or group homes which are designed to provide independent living experiences.

Group Homes. Rosemary Cottage in Pasadena, California is a 34 bed residential treatment program for teenage girls ages 13 to 18 that operates a cottage program for girls in need of intensive supervision, and two independent living group homes. Each group home has a 6 bed capacity and is designed for girls in need of developing independent living skills. The group homes are primarily for clients whose goal is emancipation.

The group home is operated on a system which is designed to reward positive behavior and let each girl know how well she is doing in the program. Level advancement is based on completing the level **goals**.

Participants in the group home program each have an opportunity to plan **the** houses weekly menus, which are checked and approved by the live-in **child** care worker, shop for the food, and prepare meals. This task is rotated on a weekly basis so that each girl gets to serve as "cook of the week". Girls in the program also receive educational and vocational counseling and other support services.

Buena Vista House. in El Sobrante, California is another group home that is operated as an emancipation home for four boys and two girls. The program also operates on the level system, and serves youth 17 and **18**. Youth who participate in the program must be in **school** or in a work program. The youth are **responsible** for menu planning and rotate cooking assignments. This program has 24 hour live-in coverage **in** 3 day blocks.

**Iona** House in Washington, D.C, is an 18 bed group care facility that has an apartment component. The program is **staffed** by a director, full-time **vocational/educational specialist** and a social worker. The program also employs a consulting psychologist. Girls referred to the program are between 13 and 21 and must be in school or working. The program consists of life skills training and covers such issues as problem solving and using community resources.

Four years ago an apartment component was added to the program. The agency leased two one-bedroom apartments so that girls can transition out of the group home into an independent living arrangement. The girls in the apartment program are expected to work and pay rent which is held in an escrow account to be given back to them at discharge. The amount of rent charged is based on the girls' financial capability.

Supervised Apartments. Since 1983, Jones & Associates has been under contract with the D.C. Department of Human Services, Child and Family Services **Division** to operate an independent living project for youth ages 17-21, referred to as the Bridge Program. This program was funded in response to the city's need to address the problem of youth leaving the foster care system who did not have sufficient life skills needed to live independently. This supervised practice living program combines life, social, and survival skills instruction and counseling with an experiential living environment which is designed to prepare these youth for a **successful** transition to living independently.

The program, designed to serve up to 40 participants, is operated in a twelve unit apartment building leased by the program. The building is centrally located and has access to public transportation. The forty youth referred to the program share ten two bedroom apartment units for living quarters while the other two apartments are used. to **hold** life skills instruction, counseling, and as staff **offices**. Each apartment is fully furnished and consists of a living room, dining room, kitchen, bath, and bedrooms. The bedrooms each have two beds, two desks for studying and two storage chests to store linen and other furnishings. The residents are responsible for doing their own meal planning, cooking, **cleaning**, and laundry and receive a monthly payment for incidentals.

Clients are expected to abide by a code of conduct and the terms of a lease. This includes cooperation with roommates and staff, keeping the apartment dean, keeping appointments, going to work and/or school or training program, and participating in the life skills development program. All activities are supervised by the Independent Living Program Staff which consists of a project director, advisors, and counselors.

The program **serves** both males and females and client selection and acceptance into the program is conducted jointly by the program staff and staff of the Department of Human Services, who make the referrals. Upon the youth's enrollment into the program, he or she is assigned an advisor who, along with the youth, develops an individualized program **for** the youth based on assessed needs and the youth's self appraisal and personal goals. Each client's progress through the program is monitored using several assessment instruments.

The client enters the Final Emancipation Phase when he or she has mastered the independent living skills program and is ready to be separated from the program or discharged from the foster care system by the judge at a court hearing.

This program also includes a college phase which has been very successful in assisting youth in obtaining scholarships and financial aid. There are currently 20 youth attending college **through** the program.

The Idaho Youth Ranch has developed the "Emancipation Home" which is a 7 unit, 3 story apartment building in Boise, Idaho. Two of the apartments are occupied by resident staff. The other five apartments house up to 9 boys. The program **includes** a three level system which the boys must complete. Each level incorporates skill development expectations in financial, vocational, consumer, educational, housing and personal and **social** areas. Skill development is only one aspect of the program. Agency personnel found that developing life skills necessary to live independently was only one aspect of the boys' needs. It was discovered that there was a more basic need to "develop an attitude of independence (e.g., self reliance, responsibility, **resourcefulness**, enough self esteem) to withstand the inevitable rejections of job seeking and relationship **building**".<sup>3</sup>

**Semi-Supervised Apartments.** **New Life** Youth Services of **Cincinnati**, Ohio began placing its older youth in privately owned, individual apartments in 1981. This program uses the "scattered site" apartment approach, placing youth in apartments throughout the community. Youth are placed in agency leased apartments within a 10 mile radius of the program office. All landlords are provided with an explanation of the program and the rules and expectations of the youth. Also landlords are given a 24 hour number to call if there is any problem.

The project is staffed by a full time director, two full time licensed social workers, two advocates who provide client training and a part time worker. Youth enter the program between the ages of 16 **1/2** and 19 and stay an average of 8 to 9 months. The program begins with an interview of the youth and an assessment of their independent living skills. Youth are required to attend school, maintain employment, or do both. Youth receive a \$50 weekly allowance, \$10 of

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<sup>3</sup> **Jones, Michael**, 'Idaho's Emancipation Home: One Agency's Experience, Daily Living, Winter, 1988, Volume II, No. 1.

which is placed in savings. The program includes a formalized training program designed to increase youths' self sufficiency.

**Tabor** Children's Services runs an apartment program for approximately 10 youth. The program serves youth aged 17 to 20 who need assistance making the transition to independence. One social worker provides case management and counseling for the youth. The program also offers life skills training such as job hunting, apartment living, food preparation and buying, money management, and banking. Youth in an independent living arrangement are given a monthly budget of \$500 for six months to one year and must account to his social worker with receipts as **well** as meet weekly with the social worker. Youth involved in the program are expected to work and save an agreed-upon portion of the earnings from their employment.

The program offers a monthly task/support group that assist youth with completing real life tasks so that they can acquire the skills and knowledge to **live** on their own and how to gain support from others. This has primarily been done through individual counseling and group sessions.

### 63.2 **Stipends and Subsidies**

Several states provide stipends as a form of cash maintenance to youth who are still under the care of the state but who may be in college or are employed and living on their own. In Illinois, the Youth In Transition program provides stipends or cash maintenance payments to 200 to 250 aged 17 to 21 adolescents for whom the Department is legally responsible. To be eligible for the program the youth must, among other criteria, have a permanency planning goal of independent living, meet the age guidelines, be a ward of the Department and either be employed **full** or part-time or be in a college or other educational training program on a full or part-time basis. Youth in this program receive a cash payment of \$250 per month.

Several other states also offer subsidies to youth in an effort to motivate youth to complete higher education, remain employed, and achieve economic independence. A subsidy policy allows states to provide payment to youths to maintain a residence of their own while they are still in the care and custody of the public child welfare agency. Currently there are

approximately 25 states which have written policies delineating subsidy payments directly to adolescents and states which are providing subsidies through residential placements.

Subsidy policies range from very specific policies which outline such issues as eligibility criteria, agency role, parents' or guardians' role, the amount of the subsidy, and the youth's responsibilities -- to policies which simply indicate that a subsidy can be paid.

**Eligibility Criteria:** Policies vary in the ages in which independent living arrangements can be subsidized. For example, Illinois and West Virginia stipulate that the youths must be 17 and not yet 21 years of age, whereas Florida, Colorado, and Oregon policies only require a youth to be 16 years old. It is believed that most youths are not ready for independent living arrangements until they were at least 17 years old. Most policies require the youth to be in the custody of the agency for at least six months, and/or currently employed or enrolled in school or a training program. There is a variation as to whether or not a youth must have the goal of independent living and whether or not the court must sanction the placement. Policies also vary on the extent to which youths must demonstrate they have obtained the basic skills necessary for beginning independent living. For example, in some states actual participation in a basic skills course is required while other states rely on the caseworker's judgment as to whether or not the youth has acquired the necessary skills.

**Agency Role:** Some state policies provide explicit instructions for the agency, and particularly the caseworker with regard to agency supervision of an independent living arrangement. In all instances, the number of contacts with the youth is specified. These range from weekly to monthly contacts. The agency approval process is also outlined in the policies. Some states require all levels of administration (from local to state office) to sign off on the arrangement. In many instances the department is responsible for the cost of medical and dental expenses. However, some states have indicated that if a youth is not in a licensed facility, medical and dental payments cannot be provided.

**Parent/Guardian Role:** Most states will subsidy policies also require that the youth's parent or legal custodian provide written approval if the youth is under 18.

**Amount of Subsidy:** The base amount of subsidy paid to youths ranges from \$300 to \$500 per month. In general, the subsidy amount is based on a minimum wage salary for a forty

hour week. Some states **also** provide a one time start up cost to cover security deposits or other essentials the youths might need to purchase. The amount of the youth's contribution to his living arrangement varies by state as well as by the youth's circumstances. Some policies require that the youths be able to contribute at least \$100 per month. Also, in some states the agency contribution is reduced **\$1** for every \$1 the youth contributes.

**Youth's Responsibility:** Other responsibilities of the youth outlined in policy may **include** signing a contract to enter into an independent living arrangement, keeping appointments with caseworkers, maintaining a job and/or schooling, and staying out of trouble with the law. Consequences for youths who do not uphold their responsibility usually result in removal from the placement. As would be expected, consequences are often determined on an individual basis.

### **6.3.3 Transitional Foster Homes**

Transitional foster homes are being used to provide youth who have acquired the skills necessary to function on their own in the community with an opportunity **to** experience living more independently prior to living totally on their own. This concept is being used in several states where the home of a volunteer or foster home is used to help prepare youth with the experiential **skills necessary** to transition **successfully** to independence. Most of the programs are based on a similar model that requires that youth meet certain **eligibility** requirements in order to be accepted into the program. These include enrollment in regular school, GED classes, trade or vocational school, or college or be willing to become involved in one of the above. The youth must also maintain at least part-time employment. Youth participating in the programs also have a social worker, counselor, or other advocate who assist them in becoming self-sufficient.

Transitional homes provide a safe testing ground for youth before they are thrust into an independent living situation. Connecticut, Delaware, and Illinois are among the states that have funded transitional living programs. The Connecticut Department of Children and Youth Services currently has one transitional living program for boys and one program for girls and plans to fund similar programs in other areas of the state.

Fairfax County, Virginia, has established a foster parent mentor program. Mentors provide temporary housing for teens, but at the same time teach the youths skills needed to live

independently. Mentors also serve as advisors once the youths have been discharged. Youth are paid a \$475 monthly subsidy of which \$210 is automatically deducted and paid to the mentor for room and board. Foster parents are also paid a \$12 per day stipend to provide training to the youth and provided special support for the agency (e.g., workshops and employment services for youth).

Several other types of living arrangements have been developed including the short term “contract to run” adolescent “safe houses” established in Massachusetts. A supervised home sharing concept is being piloted in Baltimore County, Maryland Adolescents are paired with adult mentors to share their homes. They receive a subsidy payment to pay rent and cover living costs.

#### 6 . 4 Aftercare **Service Models**

For the purpose of this report, **aftercare** services are defined as services for youth once they have been discharged from an out of home placement. Therefore, older youth who leave care and **return** to their own homes and receive services from the **child** welfare system are considered to be receiving aftercare services. **In** many instances, workers have kept the cases of these youth open so that the youth could receive support services from the agency. On the other hand, subsidized living arrangements for older youth are not considered an aftercare service, but a type of Supervised Practice Living. The youth is still considered to be in an out-of-home living arrangement that is subsidized by the child welfare agency.

Typically aftercare services are those most often neglected by agencies, whether they are stipulated in the policy manual or not.<sup>4</sup> There are some program models developing. A few of these examples include drop-in centers such as The Door in New York City, the Center for Youth Services in Washington, D.C., and the Ozone House in Ann Arbor, Michigan. These programs provide services to youth who are currently living on their own and may need help in obtaining health care, housing, employment, education, and/or social support.

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<sup>4</sup>Stone, Helen D. **Ready, Set, Go: An Agency Guide to Independent Living.** Washington, D.C. Child Welfare League of America, Inc., 1987.

The On Your Own program in Baltimore County, **Maryland**, serves older adolescents aged 16 to 21 who are not **eligible** or appropriate for existing child welfare services. In most instances youth are about to leave foster care situations, family situations, or are already living on their own. The program provides individualized goal planning services in such areas as housing employment, vocational training, peer and family relationships, and referral to and linkages with community resources. It is the contention of the program coordinator that youth are not always ready to deal with these issues when they are in a structured environment. Therefore, there have to be services available for youth when they are actually living on their own. The **services** are provided by staff members who work with youth individually and in groups.

Other options for aftercare programs include identifying and matching youth while in foster care with a volunteer who **will** maintain a relationship and provide a support system once the youth has left care, In some instances agencies recruited and screened volunteers themselves. Some agencies have used community volunteer programs such as Big Brothers and Big Sisters.

Boys Home in Covington, Virginia is piloting a new project which transitions its residents back to their home communities. The objective of the project, **Handholding** with a Home Community, is to provide emotional support to the youths as they make the transition to adulthood. Boys will be matched with volunteers from participating communities while in placement at the Boys Home. Upon discharge the local handholding program will **assist** with locating housing, employment, and needed services. The program concept is to develop local community programs, not just identify individual volunteers within each participating community.

Some agencies concentrate on coordinating **community** resources for youth to contact once they have left care and provide youth with a community resource handbook. Aftercare services have also been incorporated into some group home and residential treatment center programs by providing a short period of **followup** services. These services include counseling, group sessions, financial support, and scholarship programs.

A program sponsored by Temple University in Philadelphia, Pennsylvania, is recruiting foster parents to provide boarding home facilities for youth after discharge from care.

The independent living initiative funding has been expanded to include aftercare services for up to six months after discharge. This option will provide states and programs with the opportunity to develop more extensive aftercare services.

## 7. CONCLUSIONS

The findings detailed in the previous chapters provide an assessment of the impact of the independent living initiatives (**P.L. 99-272**) on state and local foster care agencies' development of policies, programs and services. Also provided are national estimates about the characteristics of youth 16 and older who were discharged from care between **January 1987-July 31, 1988**. The findings regarding education and job experiences youth had at the time of discharge, the independent living services provided to youth before discharge, and the factors predicting receipt of independent living services were also provided. This final chapter notes the key results of the study and discusses their implications.

### 7.1 Policy and Program Initiatives

**Summary of Findings.** The passage of **P.L.99-272** has had a substantial effect on the development and implementation of independent living policies and services. Some of the indicators of how the law impacted state level policy and program development include:

- Prior to the enactment of **P.L. 99-272**, independent living programming was narrowly equated with developing independent living arrangements. This definition has been expanded to include a continuum of services. Funding has allowed states to creatively approach preparing youth for discharge from foster care.
- Every state is beginning to provide transition services to youth. Prior to passage of **P.L. 99-272**, 25 states had basic skills training **classes**. These programs are now available in all **50** states. Education and employment initiatives have also increased since the implementation of **P.L. 99-272**. An increase of 18 states are developing education initiatives and 15 more states are developing employment initiatives.
- Every state has identified an individual to be responsible for designing, developing and/ or implementing independent living programs. At least 235 new staff have been hired or designated to deliver independent living **services** since **P.L.99-272**.
- Prior to the law, 22 states had policies for services to adolescents, currently 24 states have policy and 16 states are developing policy. Also 49 states now have policies incorporating independent living services into the case planning and case review process as compared to 22 states prior to the law.
- Prior to the law only eight states reported conducting needs assessments of youth in foster care, presently **21** states are planning to implement formal needs assessment instruments.

- P.L. 99-272 has been used to substantially increase the training provided to public and private agency workers, foster parents, and the community. Approximately 7,000 staff were targeted to receive training with 1987 funding.
- Community outreach and interagency planning has been impacted by **P.L.99-272**. Since passage 21 states instituted advisory councils (as compared to six states before the passage of the law) and 20 states have implemented formal interagency agreements(compared to eight states prior to the law).

**Implications.** Until the passage of P.L. 99-272, minimal attention was given to the systematic provision of services to adolescents. In particular, emphasis on the skills and resources youth would need to function as self-sufficient adults was often left to the discretion of individual caseworkers or other service providers. The funding from the law has provided states the opportunity to address these service deficits. Overall there has been a tremendous amount of activity to get services developed and implemented, but a systematic and comprehensive approach to providing these services is still not always been pursued. In part this is due to the context in which the funds were **initially** made available. First, states received funds later than expected. Then they were asked to establish permanent programming with **temporary** funding. Finally, funds were limited to providing services to Title IV-E youth only. The initial barriers to the program have been addressed through legislative change.

Other barriers to implementation are inherent to the delivery system itself. Foster care services were originally developed to provide a protective environment for youth coming from abused, neglected, and abandoned situations. A major focus of the system was to meet the dependency and security needs of these children. However, this process has sometimes neglected the need to balance the growth and self sufficiency needs of youth with their dependency needs. In many instances staff (administrators, foster parents, child care workers and social workers) need to have their attitudes about service delivery refocused. They must be prepared to accept the mistakes that may occur when youth are provided the opportunity to make decisions and practice self sufficiency skills.

Also, the preparation for independent living must not be viewed as a singular event, but as a series of events that occur along a continuum. Thus, the concept of preparing youth to be self-sufficient is a philosophic approach to service delivery as well as a practice. It is an approach to providing care that promotes growth and self sufficiency for all youth. In the broadest sense, service delivery from an early age should promote basic problem solving capabilities, self esteem,

an understanding of the child's past losses, relationship building, and independent thinking. As youth get older specific services (e.g. basic skills training, employment experiences, independent living arrangements) need to be incorporated into the youths' service plans. To promote this type of service delivery, the concept of teaching independent living skills needs to be integrated into the events of every day living.

Implementing change into an existing system is never easy. Especially when the system is charged with parenting over 280,000 **children** daily and 500,000 annually and has workers with large caseloads who have daily crises which need immediate attention. The current focus on services to youth aging out of the system provides the opportunity for professionals to identify how service delivery can be provided more adequately to all youth served. By viewing service delivery as a continuum, in which tangible and intangible skills for self sufficiency are incorporated throughout a child's stay in the program, does not mean the development of a new delivery system. Rather it requires a reorientation of existing policies and programs in a direction that recognizes the agency's responsibility for facilitating transition out of the system as well as care while in the system.

As with **any** new **program**, it takes time to put all the pieces in place so that the desired outcomes can be realized. In the future, we should see foster parents more willing to allow youth to do such things as buy their own clothes, make their own transportation arrangements, prepare family meals, and make their own decisions. Existing foster parents should be supported in their attempts at providing these kinds of learning opportunities. New foster parents should be recruited to **fill** the slots of those foster families that are unable to take on the role of informal instructor. Training of the foster parent role in teaching life skills should become part of the **pre-**service and in-service foster parent training.

Foster parents should be regarded as a member of the social services team. Their talents, ideas, and personal resources are essential to the success of informal life skills instruction.

Social service agency staff beginning at the level of board member and administrator should be better prepared to support the public and private primary caregivers that allow youth to learn and practice the life skills at home. Most learning situations will be positive ones but occasionally mistakes will be made. Primary caregivers, social workers, supervisors, and

administrators must all be prepared to accept the mistakes and use them as new learning opportunities.

Specific suggestions for policy and changes include updating and strengthening policies and procedures to require a written assessment of youths' strengths and weaknesses as part of the case planning process. By formalizing assessments and including youth participation in these assessments, services can then be targeted to meet identified needs of the youth. It is imperative that youth be an integral part of this process so that they become involved in the decisions about the services they receive. This decisionmaking can be emphasized by implementing case review conferences with all youth in care at age 16 to discuss independent living issues.

Agencies should assess licensing standards to make sure that there are no unnecessary barriers in existence which make it difficult for informal life skills training to occur in group care facilities. Contra- with group care providers can delineate agency expectations **about** developing environments in which independent living services can exist.

Currently, basic skills training programs concentrate on imparting tangible skill knowledge to youth. Professionals who have provided skill training for a number of years indicated that it is imperative that training also incorporate the teaching of **intangible** skills. It was found that no matter how well youth learned basic **skills**, they were less able to transfer the learning to new situations if they had a poor self image and lacked decision making and problem solving skills. Also, **youth** were often able to understand the **consequenses** of their own behavior. Skills programs must provide a safe environment in which youth are allowed to make mistakes and have the opportunity to learn how to rectify them. Experiences must be provided for youth to practice internalizing consequences of their behavior in a supported environment. Finally, issues about birth parents need to be discussed with foster adolescents. Whether nor not these parents are still a part of the youths' life, their presence or **lack** of presence is part of the youths' self concept. Transition from care often rekindles past losses and often provides the vehicle for discussing the youths' family situation, present and past.

For many of these issues to be adequately addressed, services must begin before the age of 16 and be incorporated into informal training situations. However, formal training programs can use the teaching of tangible skills as a way to address the intangible skills. For

example, a group discussion about money management provides the opportunity for group discussions about values. Discussions about locating an apartment can be used to discuss fears about being on one's own and training programs which provide experiential opportunities **allow** youth to develop self esteem through accomplishing tasks.

On the other hand, residential treatment programs that concentrate on the therapeutic treatment of each resident must not neglect the developmental skills which lead to helping the independent process. The provision of formalized training programs must incorporate a blending of tangible and intangible skills.

Formal learning programs can be integrated with existing community resources. Youths facing discharge from care are the concern of the entire community, not just the child welfare agency. Child welfare agencies who do not include community members on advisory boards and request community resources to help train foster youth are doing a disservice to youth as well as the community as a whole. If youth are integrated into the community while still in the care and custody of the agency, the ultimate transition will be less threatening.

Policies and licensing regulations will need to be modified to encourage the development of practice independent living arrangements for youth **while** they are still in care.. Regulations are necessary to allow placing agencies to place youth in apartments, mentor homes, etc., **and** to license agencies which want to directly provide these living arrangements.

As many adolescents are not ready to experience such independent living services as supervised apartment living until **age** 18, it seems logical that service delivery needs to be available until age 21. In this way youth can be provided the opportunity to complete school, and experience living on their own while **still** in the care and custody of the public welfare agency. Beyond this, youth also need services once they are discharged from care and custody.

The first step to ensuring that these services will be available is to establish policy. Aftercare policy needs to address a variety of issues. First it must begin with the discharge plan and information provided to youth at the time of discharge. Youth need to be given medical information, birth certificates, and other pertinent information and records about their roots. Knowledge of available community resources must also be provided to youth. This can be done through resource directory or a staff person who help youth identify the specific resources they will

need upon discharge. Finally, aftercare policies need to outline the specific service and length of time these services will be provided to youth once they have been discharged. These services might include establishing a mentor in the community for the youth to contact once they have been discharged, providing peer counseling groups, or even providing health insurance coverage for a limited period of time.

## 73      The Adolescents

**Summary of Findings.** The following were key findings concerning --the description of the adolescent population discharged from care, the education and job experiences youth had at the time of discharge, the services provided to these youth before discharge, and the factors which predicted receipt of services.

### 1) Population Characteristics:

- It is estimated that **34,600 youth** were discharged from care between January 1, 1987 and July 31, 1988 -- 57% were female, 61% were white, and 47% were handicapped.
- Of those handicapped, 38% were clinically diagnosed as emotionally disturbed.
- 70% (24,200) of the youth entered care as teenagers (40% between ages 13-15 and 30% at 16+).
- The majority of the youth (82%) had **only** one placement into care. However, almost one-third of the youth had five or more different living arrangements.
- Forty-two percent (15,600) of the youth had experienced at least one runaway episode.
- The median length of time in care for those youth who entered under the age of 13 was nine years as compared to two and one-half years for youth who entered between the ages of 13-15 and one year for youth who entered at age 16+.
- The data suggest that for the study population, females entered care older age than males, and minority youth entered care at a younger age than white youth.
- Handicap status appears to have no relationship to the age youths enter care or the length of time youths spend in care.

- By the time of discharge, 17% (3400) of the **girls** had been pregnant, 17% (5900) of the youth had reported drug abuse problems, 12% (4100) of the youth had **alcohol** abuse problems, and 9% (3100) had health problems which would require continued medical attention.

## 2) **Youth Skills and Services Attained Prior to Discharge**

- Adolescents leaving foster care have large educational deficits. Only 44% of the 18 year **olds** completed four years of high school at the time of discharge. The national educational attainment rate for 18 and 19 year olds is 64%. The combined educational attainment rate for the study's 18 and 19 year old population is **48%**, 16% lower than the national rate;
- In 1986, 56% of young men and 55% of **young** women ages 16-19 **held** jobs in this country. 13,400 youth (39%) of the youth discharged from care had experienced at least one job. Although these figures are not **directly** comparable (different time periods, different methods of measurement), the national figure provides a yardstick to use as an indicator of foster care youths status as compared to the general population;
- It was estimated that 20,700 (60%) youth had received some type of independent **living** service training before discharge. but only 10,800 youth (31%) of the youth were enrolled in an independent living program: Figure 2 illustrates the percentage of youth who received **skill** training in a number of areas (e.g., health, **social** skills, money management, decision making, housekeeping, etc.).
- Children who entered care at an earlier age appear more **likely** to receive independent **living** services, **particularly** minority youth and handicapped males.
- Seven percent of the youth had **lived** in an independent living arrangement.

**Implications.** The findings about the adolescent population provide a picture of the characteristics of the youth who were discharged from care as **well** as the experiences they had and services they received while in care. It is tempting to make service recommendations based on these findings.. However, one must be cautious in developing recommendations, for at this time we do not have information about the youths adaptation after discharge from care. Outcome information is a critical component of the equation. Until we know how youth are doing after discharge (e.g., years of schooling completed, length of time employed since discharge, whether or not the youth is on welfare, using drugs, engaged in positive social relationships, etc.) we cannot make recommendations about the best since intervention to enhance positive outcomes.

The same caution needs to be exercised in applying the findings about number and types of independent living services provided. Findings suggest that services have been targeted to youth who have been in care the longest (except for **16+** handicapped girls). It appears that available resources have been applied to those children for whom workers and agencies feel most **responsible** and with whom they have had the most interaction. With lack of information about what type of services work best and for who, this decision may be **the best** way to target resources. On the other hand, after completing Phase 2 we may find that youth who were in care for longer periods of time adapt better to independence (whether or not they received **services**) than youth in care for shorter periods of time who did not receive services. This finding could lead to a very different recommendation.

There are **certain findings** which can **impact** current service **delivery**. The extensive disruption in youths' lives (1/3 had five or more different living arrangements **while** in care) must be taken into account when designing and delivering transition services. First, services should not only be provided through the youth's living arrangement, for s/he may not be there long enough to complete the training. Also, providing youth with the **tools** to cope with the possible ramifications of these disruptions on their **self-esteem as well** as relationships with peers and adults must be incorporated into the independent living curriculum.

The low percentage of youth who have had parental rights terminated coupled with the high number of youth who enter as teenagers and number of youth who had parental visits during their last year in care, suggest that many parents are **still** important figures in youths' lives. Further **exploration** of the role parents can play in transitioning youth to the community is necessary.

The findings about youths' education also provide information for service delivery suggestions. First, about 16 percent less of the **18** and 19 year old foster care youth complete high school than the national completion average for 18 and 19 year **olds** (48% and **64%**, respectively). As discussed earlier, there was a tremendous amount of missing information in the case records about youths' educational history and attainment. Although one cannot necessarily assume that lack of documentation about youths' education indicates lack of attention by the child welfare agency, the lack of consistency with which documentation was maintained in the area of education does imply that expectations of caseworkers and providers are not clearly delineated in this area. Best practice dictates that educational advocacy be stressed as a major responsibility of the

caseworker. However, the responsibility cannot be solely that of the workers. Educational achievement must be seen as a community issue in which the education system and the child welfare system work together to target those youth who need special programming, develop the programs and monitor youths progress.

There are states which require that educational plans be developed for youth. The development of these plans -incorporates team meetings with school Personnel to insure that **all** delivery systems are working towards the same goal. These plans **also** become part of the youths casework plan, and progress towards completion of the plan is corporated into the administrative and court reviews of youths. Individual education plans are only one step in addressing the educational needs of foster youth. Child welfare professionals need to examine the reasons for each educational achievement on the part of foster care youth and then deveiop viable programs to meet the needs of the youth they **serve**.

### 73 What Next

As the development of independent living service and programs continues , the need for information about the effectiveness of these services becomes even more critical. **Presently** child welfare professionals are making service delivery decisions based on experiences from practice. Although this is a valuable tool it does not provide information on how youth do once they have been discharged from care. Many questions still need to be answered. Some of these will be addressed **by** the second phase of this study, including:

- What are the outcomes for foster youth discharged from care with regards to such issues as employment, education, health care, housing, welfare status, and quality of life?
- How do the outcomes with regards to employment, education, health care, housing, quality of life, compare between adolescents who received independent living **services** and those who did not receive services?
- What individual and family background characteristics are related to the differences in youths outcomes?
- What agency services and placement history characteristics are related to the differences in youths outcomes?

- What **programs** and services appear to be most effective in aiding adolescent's transition to independence?
- What combination of services appear to be most effective in aiding adolescent's transition to independence?

These questions need to be answered so that informed service delivery choices can be made about service delivery practices. The **specific** benefits of service delivery options need to be assessed within the environments in which they are provided so that findings can be used to replicate programs.

Finally, state and local information systems need to be modified to include information on independent living services provided to youth as **well** as to track youths' skill attainment. **Currently**, very **few** states are systematically tracking information about independent living services. Information is needed on youths' needs, services they have received, how the services were delivered, and the cost of the services. The services tracked should include outcome information about youths' education level, job training and other independent living skills attained by the time of the youths' **discharge**. Also, systematic record keeping on youths' discharge plans could be incorporated into the tracking system. Because these tracking systems have yet to be developed, there is a perfect opportunity for states to develop systems which could provide comparable national data about the needs of youth, services delivered and the results of these services for youth.

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**APPENDIX A**  
**OVERVIEW OF RESEARCH DESIGN**

The purpose of this study is to assess the influence of the Independent Living Initiatives on State and local foster care agencies, and their allocation of resources to prepare and support older adolescents (16 years and older) in their transition from substitute care placement to independent living. This study evaluates the impact of the legislation on the overall service delivery system for adolescents served. Three major objectives were established to guide the research effort.

- To describe and assess the influence of **P.L. 99-272** on the policies, programs, services, training, and funding provided by State and **local** (public and private) foster care agencies to prepare and support adolescents in their transition from supervised substitute care placements to independent living.
- To describe and assess the effects of independent living programs/services on adolescents by comparing adolescents (e.g. characteristics and outcomes) who received such specialized services with those who did not receive such services.
- To develop recommendations for service delivery models designed to improve agency provided (direct/purchased) programs and community resource services for adolescents facing independent living.

The **first** study objective responds to the need to identify the variety of services being implemented to prepare adolescents in substitute care for independent living. Information was collected on policy, services and number served on the year prior to **P.L.99-272**, the first year of its implementation and future plans in order to identify objective steps states have taken towards implementing independent living services.

The second objective addresses the effects of independent living services by comparing adolescents who have received such specialized services to those who did not receive such services. Specially, data was gathered to delineate the two groups of adolescents in terms of individual and family backgrounds as well as agency service and placement history experiences. Adolescent post-discharge social adjustment/adaptation, expectations and experiences will also be compared.

The third objective is to integrate the first two objectives by finding associations between the types of services available and their effect on the **adolescent** population. Recommendations for service delivery models designed to improve agency- provided (direct/purchased) programs and community resources will be developed.

The study plan emphasizes the collection of pertinent information from a wide variety of sources to address the interrelationships between **P.L.99-272**, independent living services, and pre-existing environmental factors. The study was also designed to develop, for the first time, national estimates about the characteristics of older youth discharged from care, the number and type of independent living services youth received while in care and ultimately the relationship between outcomes for youth and whether or not they received independent living services. The study design involves a two phase study, a formative evaluation and a summative evaluation. Figure 1, Overview of Research Design, presents a graphic representation of the study design.)

Phase I has been completed and Volume 1 presented the findings with respect to:

- States' development of independent living policy, program initiatives, training, and organizational components since the passage of **P.L.99-272**;
- The demographic case history and family characteristics and service needs of an estimated 34,600 youth discharged from foster care between January 1, 1987 and July **31, 1988**; and
- The number and type of services youth 16 and older received to prepare them for discharge from foster care. The relationship between youths' demographic and case **history** characteristics and receipt of these services was also explored.

Phase II, the summative evaluation, is designed to describe and assess the effects of independent living programs on foster care youths' adaptation after leaving the foster care system. Phase II will also develop recommendations for **service** delivery models designed to improve agency services. It is anticipated that Phase II will be completed by January, 1991.

**OBJECTIVE 1:** Describe and assess the influence of PL W-272 on the policies, programs, training, services, and funding provided by State and local (public and private) foster care agencies to prepare and support adolescents in their transition from supervised substitute care placements to independent living.

Associated Research Question	Evaluation Criteria	Data Collection Methods/ Information Sources	Relevant Data Set	Analysis Plans
<p>1. How has PL99-272 influenced the environment for the development and delivery of ILS. How are the States and local agencies addressing the delivery of services to adolescents served by the Title IVE foster care program and those not served by the program?</p> <p>2. What initiatives have been developed to enable adolescents to seek a high school diploma or its equivalent or take part in appropriate vocational training? Do these initiatives differ for adolescents served by the Title IVE foster care program and those not served by the program?</p> <p>3. What initiatives have been implemented to provide training in daily living skills, budgeting, locating and maintaining housing and career planning. Do these initiatives differ for adolescents served by the Title IVE foster care program and those not served by the program.</p> <p>4. What provisions have been implemented to provide for individual and group counseling? Do these provisions differ for adolescents?</p> <p>5. What steps have been taken to integrate and coordinate services already available to adolescents?</p>	<p>Each research question will be discussed and assessed with respect to each of the following 6 criteria categories, as appropriate.</p> <ul style="list-style-type: none"> <li>• Policy:               <ul style="list-style-type: none"> <li>- changes in policy,</li> <li>- inclusiveness of policy, and</li> <li>- impetus for policy development</li> </ul> </li> <li>- state definition of success for youth regarding adolescent population served.</li> <li>• Organizational context:               <ul style="list-style-type: none"> <li>- steps in service delivery process,</li> <li>- number and types of staff,</li> <li>- staff training,</li> <li>- foster parent training,</li> <li>- interagency collaboration</li> <li>- purchase of service arrangements, and</li> <li>- communication between state and local public agencies.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Telephone interviews with ACYF Regional Office Program Specialists.</li> <li>• Telephone canvass of all state agencies (n=51 state agencies).</li> <li>• Review of State plans and State evaluation reports.</li> <li>• Review of written policy statements in the study agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant statutes and administrative codes related to adolescent substitute care services.</li> <li>• Selected practice and policy issues related to agency-provided (direct/purchase) adolescent substitute care services.</li> <li>• Agency/community resource service components:               <ul style="list-style-type: none"> <li>- organizational context;</li> <li>- goals and objectives;</li> <li>- staffing and methods of service delivery;</li> <li>- descriptions of services and activities;</li> <li>- Availability and coverage of services (e.g. applications vs. slots; waiting list statistics, etc.);</li> <li>- evaluation criteria; and</li> <li>- eligibility criteria.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• State level assessments - case studies of states and agencies.</li> <li>• Matrix of state independent living policies, program characteristics, and numbers served.</li> <li>• Summary of state plans and state evaluation reports.</li> <li>• Log linear models.               <ul style="list-style-type: none"> <li>- determinants of receipt of ILS</li> </ul> </li> <li>• Multiple Regression/ Canonical Correlation               <ul style="list-style-type: none"> <li>- effects of ILS on pre-discharge outcome</li> <li>- effects of ILS on independent living skill attainment</li> </ul> </li> <li>• Changes in funding sources and funding strategies.</li> </ul>

Figure A-1. Conceptual Design Framework

A-3

**OBJECTIVE 1:** Describe and assess the influence of PL W-272 on the policies, programs, training, services, and funding provided by State and local (public and private) foster care agencies to prepare and support adolescents in their transition from supervised substitute care placements to independent living. (Continued)

Associated Research Question	Evaluation Criteria	Data Collection Methods/ Information Sources	Relevant Data Set	Analysis Plans
<p>1.6 What initiatives have been made to establish outreach programs designed to attract individuals who are eligible to participate in the program? Are different outreach activities being implemented for adolescents served by the Title IVE program and those not served by the program?</p> <p>1.7 What initiatives have been taken to assess the needs of individual participants and to provide each participant with a written transitional independent living plan? Do all case plans, where appropriate, include a written description of the programs and services which will help such children prepare for the transition from foster care to independent living?</p> <p>1.8 What provisions have been made to provide adolescents with other services and assistance designed to improve their transition to independent living.</p> <p>1.9 What program evaluation procedures have been implemented by State and local programs.</p>	<p>1. Programs/services developed:</p> <ul style="list-style-type: none"> <li>- number and types of programs/services,</li> <li>- effectiveness of individual service activities,</li> <li>- comprehensiveness, and</li> <li>- new methods attempted.</li> </ul> <p>2. Clients served:</p> <ul style="list-style-type: none"> <li>- number and types of clients served,</li> <li>- client involvement in service planning, and</li> <li>- changes in eligibility.</li> </ul> <p>3. Allocation of funding:</p> <p>4. Community relations:</p> <ul style="list-style-type: none"> <li>- input on community priorities/initiatives.</li> <li>- volunteerism</li> </ul>	<p>Interviews with appropriate State/local (public and private) agency personnel and community personnel. This will include foster parents, agency staff from employment and training as well as other community resource agencies (n = approximately 25 interviews per state)</p> <p>Agency case record abstracts for all sampled adolescents (n = 2400)</p> <p>Life skills inventory assessment of pre-discharged adolescents (n = approximately 300)</p>	<p>• Budgets for fiscal years '85 - '86, '87, '88. Budget plans for fiscal year '89</p> <p>• Agency case record information:</p> <ul style="list-style-type: none"> <li>- demographic;</li> <li>- case history;</li> <li>- services received; and</li> <li>- family information.</li> </ul>	

Figure A-1. Concept Design Framework (continued)



**OBJECTIVE 2:** To describe and assess the effects of independent living programs/services on Title IV-E foster care adolescents by comparing adolescents in foster care (e.g., characteristics and outcomes) who received such specialized services with those who did not receive such services. (Continued)

Associated Research Question	Evaluation Criteria	Suggested Methodology/Source	Relevant Data Set	Analysis Plans
<p>8 How do the quality of life experiences compare between adolescents who received independent living services and those who did not receive these services?</p> <p>9 How do the functional skill experiences compare between adolescents who received independent living services and those who did not receive services?</p> <p>10 What individual and family background characteristics are related to the differences in education, employment, health care, housing and quality of life experiences of adolescents who received ILS and those who did not?</p> <p>11 What agency policies, services and placement history experiences are related to the differences in education, employment, health care, housing and quality of life experiences of adolescents who received ILS and those who did not?</p> <p>12 How do former foster care children (with or without ILS) compare with other young adults in the general population with respect to education, health, employment, quality of life, etc.</p>	<p><b>Other Basic Living Skills</b></p> <ul style="list-style-type: none"> <li>- whether or not have a drivers license</li> <li>- whether or not have a checking/savings account</li> <li>- self perception about ability to cook, clean house, etc.</li> </ul> <p><b>Quality of life:</b></p> <ul style="list-style-type: none"> <li>- differences in way spend leisure time,</li> <li>- differences in contact with birth parents, siblings, or relatives,</li> <li>- differences in number and types of relationships (married/significant other),</li> <li>- drug/alcohol use,</li> <li>- children/pregnancy,</li> <li>- criminal justice involvement, and</li> <li>- welfare dependency.</li> </ul> <p><b>Functional skills:</b></p> <ul style="list-style-type: none"> <li>- differences in awareness of community resources;</li> <li>- differences in actual use of additional social services/community resources; and</li> <li>- differences in goal setting.</li> </ul>	<p>Life skills inventory • assessment of pre-discharged adolescents (n = approximately 300).</p> <p>Available data on other young adults (e.g., census and other education and employment longitudinal studies)</p>	<p><u>Case Management/Case Review Data</u></p> <ul style="list-style-type: none"> <li>• Case Plan goals (initial and updates);</li> <li>• Services recommended/provided;</li> <li>• Permanency planning efforts/outcomes; and</li> <li>• ILS assignment decisions.</li> </ul> <p>Specific data items to do comparisons on post discharge experiences in employment, education, health care, housing, quality of life and functional skills (see evaluation criteria).</p>	

A-9

**OBJECTIVE 3:** To develop recommendations for service delivery models and resource services for adolescents facing independent living.

ed to improve agency provided (direct/purchased) programs and community

Associated Research Question	Evaluation Criteria	Suggested Methodology/Source	Relevant Data Set	Analysis Plans
<p>1. What existing agency-provided (direct/purchased) programs made services open to be most effective in aiding the adolescent's transition to independent living?</p> <p>2. What combination of services appear to be most effective in aiding the adolescent's transition to independent living?</p> <p>3. What principles are useful for improving the utilization of existing community resources, and their integration with agency-provided (direct/purchased) programs, to support adolescents facing independent living?</p>	<p>Findings on attitudes and opinions of interviewed respondents regarding the overall effectiveness of selected programs and services.</p> <p>Findings on the association between post-discharge adjustment and the adolescents participation in particular service components.</p>	<ul style="list-style-type: none"> <li>• Telephone interviews with ACYF Regional Office Program Specialists.</li> <li>• Telephone canvass of all state agencies (n=51 state agencies).</li> <li>• Review of State plans and State evaluation reports.</li> <li>• Review of written policy statements in the study agencies.</li> <li>• Interviews with appropriate State/local (public and private) agency personnel (n=8 states; approx. 3 county clusters per state).</li> <li>• In-person/telephone interviews with adolescents (n=1666).</li> <li>• Agency case record abstracts for all sampled adolescents (n=2466).</li> <li>• Life skills inventory assessment of pre-discharged adolescents (n=approximately 300).</li> </ul>	<p>Agency services provided in preparation for independence.</p> <p>Expected/actual helpfulness of agency services in terms of post-discharge:</p> <ul style="list-style-type: none"> <li>- transition problem resolution;</li> <li>- education/employment status;</li> <li>- financial security; and</li> <li>- relationships with parents/family, peers.</li> </ul> <p>Adolescent's attitudes and opinions about services received.</p> <p>Adolescent's current status with regard to employment, education, health, housing, quality of life, and functional skills. (see objective 2).</p>	<p>Canonical Correlation and Cox Proportional Hazard Method</p> <ul style="list-style-type: none"> <li>- how difference service delivery models predict outcomes for adolescents.</li> </ul>

A-7

Figure A- 1. Conceptual Design Framework (continued)

**APPENDIX B**  
**DATA COLLECTION**

## DATA COLLECTION

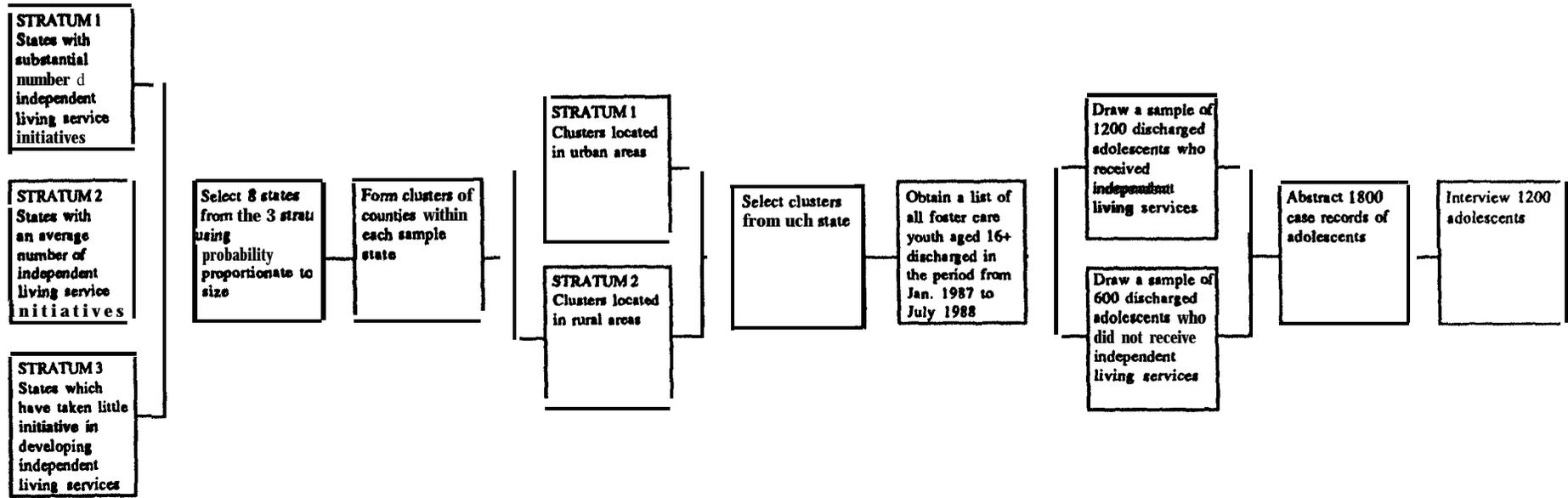
To accomplish the objectives of Phase I, the following data collection activities were conducted.

- Review of state independent living plans and program reports;
- Telephone canvas of 50 states and the District of Columbia to update information about their independent living services and policies;
- Process Evaluation of 8 states and 24 county clusters to provide an **indepth** analysis of the effects of P.L. 99-272 on the policies, organizational issues, services, clients served, funding sources and community relations;
- Case Record Abstracts of 1650 adolescents discharged from care between January, 1987 and July, 1988. These abstracts provide information on the individual, family, case history characteristics, as well as the skills attained and services received by adolescents before discharge from care. The sample of adolescents is divided between those youth who received independent living services (1100) and those youth who did not receive services (550). The information from the case records was weighted to represent an estimated 34,600 youth (20,700 who had received services and 13,900 who had not received services).

This appendix presents a discussion of the sample design and data collection activities.

### 1. **Sample** Design

The sample design for the study is a multistage stratified design with probability sampling employed at each stage of selection. Figure 1 shows the sequence of steps followed to implement the sample design. The first stage was the selection of eight states, the second stage involved the selection of county clusters, and the third stage of selection was the adolescents. By selecting states and subsequent sampling units using probability sampling, national estimates were produced from the data collected about adolescents. Also, it permitted the calculation of sampling errors which measure the precision of the national estimates. A description of the stages of the sample design, stratification employed at the stages, and selection procedures used to draw the sampling units at each stage is given below.



Group states into 3 strata based on their initiatives prior to 99-272 in developing independent living services

certainty states were identified on the basis of state sizes of foster care populations

3 states selected from Strata 1

3 states selected from Strata 2

2 states selected from Strata 3

Clusters of counties were formed so that:

1. Counties within a cluster are geographically contiguous
2. Clusters contained a predetermined minimum number of foster care adolescents
3. Counties must have a number of foster care adolescents exceeding a predetermined cutoff to be included in the study
4. Clusters were entirely composed of either urban counties or rural counties

Clusters were selected proportionate to size

22 clusters selected

Stratify these lists into those receiving independent living services and those who have not according to the state definition

Figure B-1. Sample Design for the National Evaluation

Title IV-E Foster Care Independent Living Program for Youth

Selection of First Stage Sampling Units -- States. A sample of eight States was selected from three strata of States using probability proportionate to size sampling where the fifty States and the District of Columbia constituted the State universe. Exhiit 1 shows the **universe** of States for each stratum as well as the States that were selected from each stratum.

The extent to which independent living **services** have been developed and implemented throughout the country varies greatly. On one end of the spectrum there are States that have developed policies, programs, and special&d services to reach a number of youth in their care. On the other end of the spectrum there are States which have minimal services available. For this reason States were grouped into three strata where the strata were defined by the initiatives States had taken in developing independent living services prior to **P.L.** 99-272. Information was gathered on each State's initiatives on independent living for foster care youth prior to the requirements of P.L. 99-272 within several areas including demographics, policy, **staffing**, training, services and clients served. The sources of this information were the Title IV-E Independent Living Initiatives Plans for the States and the Study of Independent Living Services for Youth in Substitute Care.

Four general areas 1) policy; 2) case review process; 3) designated independent living staff, and; 4) independent living training for staff and/or foster parents, were determined to be the most important elements in developing a comprehensive independent living program and were used in stratifying states.

Exhibit B-1. State compositions of stratum universes and stratum samples for National Evaluation of Title IV Foster Care Independent Living Programs

Stratum 1 Universe

Arizona  
 District of Columbia  
**Maryland**  
 New York  
**Texas**  
 west Virginia

Stratum 2 Universe

Colorado  
 Connecticut  
**Delaware**  
 Florida  
**Illinois**  
 Indiana  
 Iowa  
 Massachusetts  
 Michigan  
**Pennsylvania**  
 Rhode Island  
 Tennessee  
 Virginia

Stratum 3 Universe

Alabama  
 Alaska  
 Arkansas  
**California**  
 George  
 Hawaii  
**Idaho**  
**Kansas**  
**Kentucky**  
**Louisiana**  
 Maine  
**Minnesota**  
 Mississippi  
 Missouri  
 Montana  
 Nebraska  
 Nevada  
 New Hampshire  
 New Jersey  
 New Mexico  
 North Carolina  
 North Dakota  
 Ohio  
 Oklahoma  
 Oregon  
 South Carolina  
 South Dakota  
**Utah**  
 Vermont  
 Washington  
**Wisconsin**  
**Wyoming**

---

Stratum 1 Sample

Primary:  
 New York  
 Maryland  
 west Virginia

Reserve:  
**Texas**  
 D.C.  
**Arizona**

Stratum 2 Sample

Primary:  
 Pennsylvania  
**Illinois**  
 Tennessee

Reserve:  
 Michigan  
**Florida**  
 Iowa

Stratum 3 Sample

Primary:  
**California**  
 Missouri

Reserve:  
 Ohio  
 Washington

States having an extensive independent living **policy** and meeting the other three criteria were assigned to Stratum 1. States having an extensive policy and possessing at least one of the other three criteria, or States having a minimal **policy** and at least two of the other three criteria were placed in Stratum 2. In Stratum 3 were placed States which had an extensive policy but possessed none of the other three criteria, States which had a minimal policy and satisfied only one of the three criteria, and States which had no written policy.

**Selection of Second Stage Units -- Clusters of Counties** Within each of the sampled States, counties were grouped into clusters so that counties within a cluster were geographically contiguous. County clusters were stratified by metropolitan status (urban versus rural), thus each cluster of counties is composed entirely of urban or rural counties. Counties were clustered to ensure efficient workload sizes for persons doing the case record abstraction in Phase I and for interviewers who will be conducting the in-person interviews with selected adolescents in Phase II.

After the formation of clusters of counties, the clusters were stratified by metropolitan status. This stratification was ensured that a representative sample of adolescents with respect to urban/rural location was achieved. Two urban and one county cluster were selected, except in Washington, DC. where clustering was not **possible**.

To select the clusters from each stratum, probability proportionate to size sampling was used. The measure of size for the county clusters was the number of adolescents aged 16 to 21 years in foster care programs located in the county cluster. These numbers were provided by the State Offices of each of the eight states. Exhibit B-2 lists the counties selected within each State. A total of 22 county clusters (47 counties) was selected.

After county clusters were selected, the sampling frames of adolescents within the chosen county clusters were constructed. All foster care adolescents who were between the ages of 16 to 21 years of age at the time of discharge from their foster care programs and whose discharge dates were in the interval from January 1, 1987 through July 1, 1988 constituted the frame.

At the time when States were asked to assign foster care adolescents to counties, a request was made to have the States classify all eligible adolescents as either receiving independent living services or not receiving independent living services. Adolescents were then stratified on the basis of this classification, and sampling rates were set for the recipient stratum and the **non-**

**Exhibit B-2. Counties Selected Within Each State**

State	County <b>Cluster</b>
<b>California</b>	<b>Los Angeles</b> Contra Costa, San Joaquin, <b>Stanislaus</b> Siskiyou, Humboldt, Glenn
Tennessee	Shelby <b>Weahley, Henry, Stewart</b> <b>Knox, Sevier</b>
<b>Arizona</b>	<b>Maricopa</b> <b>Pima</b> <b>Coconino</b> , Apache, Navajo, Yavapai
<b>Missouri</b>	St. Louis City and County Jasper, Newton <b>Stoddard, Dunklin</b> , Cape Girardeau
District of <b>Columbia</b>	
<b>Illinois</b>	<b>Chicago</b> <b>Sangamon</b> , Menard, Macon, <b>Williamson</b> , Saline, Franklin
<b>Pennsylvania</b>	Clinton, <b>Tioga</b> , Bradford Lancaster, Adams, York Philadelphia
New York	Livingston, Monroe, Ontario <b>Cayuga, Seneca, Cortland</b> New York City

recipient stratum. Realizing that the definition of independent living services varied from State to State, definition for analysis purposes was refined and standardized. (See Appendix C).

For stratification purposes, states were asked to stratify adolescents according to their definition of-independent living services. In some instances counties were able to identify which youth received services. In other instances the division was made based on youth's goal or living arrangement. There were also states which could not separate the youth into the two categories. For these states a random sample of youth was selected.

Originally 2400 abstracts were to be completed. Due to budget constraints the contract was modified to complete 1700 case record abstracts. To accomplish the change the original sample of youth (2700) was randomly subsampled to 2200 cases and 1780 cases were completed. Of these 1780 cases, 1650 cases were found to be "in scope." Exhibit B-3 presents the expected sample size for each county cluster, the number of cases actually abstracted and the number of cases found to be "in scope." The criteria for in scope cases was:

1. Youth discharged between January 1, 1987 - July 31, 1988
2. Youth between the ages of 16-21 at time of discharge
3. Youth in care for more than one month
4. Youth adjudicated dependent

The majority of the cases not abstracted were from New York. Originally 1000 cases were to be abstracted from New York and this was subsampled to 500. The other cases were dispersed across the other sites and were nonlocatable. To adjust for missing cases, a nonresponse adjustment was mathematically calculated when computing national estimates. This procedure was accomplished by computing the factor of:

Total **Eligible** Cases Selected

---

Total Eligible Cases Found

This factor was then multiplied by the base weight, thus compensatory for loss of nonlocated cases. Weighting procedures are discussed in Appendix C.

Exhibit B-3. County Sample Size

County Cluster	Expected Sample Size	Number of Cases Located & Abstracted	Number of Cases In Scope	
			Received services	Not Received services
<u>Arizona</u>				
Maricopa	130	116	102	9
<b>Pima</b>	57	<b>50</b>	29	17
Coconino, Apache, Navajo, Yavapi	34	21	11	10
<u>California</u>				
Los Angeles	<b>195</b>	140	32	90
Contra Costa, San Joaquin, <b>Stanislaus</b>	<b>21</b>	75	42	33
Siskiyou, Humboldt, Glenn		18	15	3
District of Columbia	48	42	37	5
<u>Illinois</u>				
Chicago	<b>254</b>	125	107	14
Sangamon, Menard, Macon	<b>23</b>	44	25	16
<b>Williamson, Saline, Franklin</b>		<b>18</b>	7	8
<u>Missouri</u>				
St. Louis City and County	<b>119</b>	<b>119</b>	<b>48</b>	52
Jasper, Newton	<b>22</b>	<b>22</b>	<b>4</b>	10
Stoddard, <b>Dunklin</b> , Cape Girardeau				18
<u>Pennsylvania</u>				
<b>Clinton, Tioga</b> , Bradford	39	<b>62</b>	<b>47</b>	14
Lancaster, Adams, York	<b>68</b>			17
<b>Philadelphia</b>	<b>382</b>	300	99	129
<u>New York</u>				
Livingston, Monroe, Ontario	100	46	24	21
<b>Cayuga</b> , Seneca, <b>Cortland</b>	27	<b>13</b>	<b>10</b>	3
New York City	408	<b>359</b>	<b>320</b>	17
<u>Tennessee</u>				
Shelby	98	83	57	26
<b>Weakley</b> , Henry, Stewart	29	<b>18</b>	<b>17</b>	1
Knox, Sevier	83	<b>68</b>	<b>40</b>	28
<b>Total</b>	2200	1782	1106	541

## 2. Data Collection Procedures

### 2.1 Pretest Plans

The instruments and data collection forms for Phase I were pretested in Richmond, Virginia. The pretest focused on the design of the data collection instruments and the plans for their use. In particular, we examined the following issues:

- Universe list preparation and sampling procedures;
- The availability of the information requested in **the** Respondent Information Summary Sheet and the Case Record Abstract Forms;
- The approach planned for tracing and contacting the post-discharge adolescents;
- The wording of all abstract and interview questions, and the clarity of the associated definitions and instructional manual completed procedures; and
- The ability of the respondent to provide the answers requested in the interview instruments and discussion guides.

The pretest was conducted by the **Westat** project director and staff, who traveled to Virginia to conduct the pretest in person.

### 22 State Recruitment Process

The process of recruiting the 51 states to participate in the telephone update conversations included telephone calls as well as letters to the HI-IS regional offices, the state child welfare administrators and the state independent living coordinators. The steps in this process were as follows:

1. Two letters were developed, one for the HI-IS regional office contacts and the other for the State Administrators for Child Welfare Services. A copy of the state letter will be sent to the person designated as the State Independent Living Coordinator. The purpose of the letters were to: 1) inform them of the study and its objectives; 2) describe the phases of the study design; 3) identify the planned data collection activities for Phases I and II of the study; and 4) to

request state involvement in the study through participation in the state telephone confirmation call.

2. A member of the project team contacted each of the ten regional offices by telephone to inform them that **Westat** was under contract with the Administration for Children, Youth and Families, Department of Health and Human Services to conduct A National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth. During the call we discussed the purpose and objectives of the study, gave an overview of the research design, and **described** the proposed data collection activities. In addition, the regional office representative was informed of those states within their region that had been randomly selected for inclusion in the study. The regional office representative was asked to identify the name, address and telephone number of the State Child Welfare Administrators in their region to be contacted regarding participation in the 51 state telephone confirmation calls.
3. A follow-up letter was sent to each regional **office** in order to provide them with some additional information on the study. The letter included, as attachments, a copy of the letter **Westat** sent to the State Child Welfare Administrators for the states in their region, a blank copy of the Telephone Update Guide States were being asked to review, and a Reference to the Telephone Update Guide.
4. After contacting the region and obtaining the names, addresses and telephone numbers of the Child Welfare Administrators in the 51 states, a letter was sent to each state's Child Welfare Administrator. The purpose of this letter was to inform them of the study, its purpose, objectives, research design and The Phase I collection activities. The letter also explained how **Westat** gathered information on the independent living initiatives of the 51 states and requests states' involvement in reviewing the information included on the Telephone Confirmation Guide to confirm its accuracy and completeness.
5. The letter sent to the states also informed them of our interest in having the State Independent Living Coordinator review the information. To facilitate and expedite this process, a copy of the state letter was sent directly to the state's independent living coordinator. We indicated to states that this procedure would be followed unless they requested a different process. **Follow-up** telephone calls were made to the independent living coordinator to answer any questions they might have and to schedule an appointment to discuss this information.
6. Further recruitment of the eight States selected for the Process Evaluation and follow-up work with adolescents was conducted during the Telephone Confirmation Calls. Through **followup** letters, the States that had been randomly selected to participate in other aspects of the study, were provided details of study participation.

## 23 Telephone Confirmation Calls

The purpose of the telephone confirmation calls was to obtain input from the 51 States on the accuracy and completeness of the information that had been gathered on the status of their independent living initiatives. The primary source of information on State independent living initiatives was a review of each state's 1987 Title IV-E Independent Living Initiatives Plan.

Information was gathered on initiatives within several areas including demographics, policy, organizational context, services and clients served funding and problems/barriers to developing independent living programs. We were interested in obtaining information on independent living initiatives at three points, before receipt of funding authorized by P.L. 99-272 (July, 1987), current initiatives developed since P.L. 99-272 had been received, and plans for future initiatives.

The Telephone Update Guide sent to the states (Appendix D) contained state specific information that represented what we knew about the State's independent living initiatives. The State's Independent Living Coordinator was asked to **review** the information to confirm **its** accuracy and completeness. This guide was developed based on an **all** inclusive independent living continuum of care concept, and it was not expected that states would have information available for all of the areas.

The designated independent living coordinator within each state was contacted **by** letter and then with a follow-up telephone call to answer any questions they might have and **to** schedule a date and time to conduct the telephone confirmation call.

Prior to the scheduled confirmation call, we asked states to collect as much missing information as possible so that we could confirm and discuss State independent living activities. We did not expect States to spend an inordinate amount of time collecting information, rather they were asked to only gather information which was readily available. The data collection took place January-March, 1988.

## 2.4 Process Evaluation in Eight States

Site visits to the eight study states began in June, 1988 and were completed by October, 1988. A process evaluation was conducted in these States, the sample of adolescents was selected, and case record **abstractors** were trained.

The purpose of the process evaluation was to document the different ways in which the sample States approached the delivery of independent living services. Meetings and informal discussions were conducted with the following types of people:

- State and local Child Welfare Administrators responsible for the development of policy, the design of procedures based on policy, and oversight of operational programs in the area of adolescent services;
- Foster care caseworkers and other agency staff involved with programs for those 16 and older;
- Private providers of foster care services and independent living services where independent living services are available;
- Managers of programs in other State and local agencies, e.g., employment and training (JTPA) programs, mental health services, education services; and
- Community based advocates and advocacy groups involved with welfare children 16 and older.

Senior **Westat** staff and consultants served as members of two person teams that conducted the site visits. Each team spent five working days in a sampled State. During that time they gathered and recorded case study information as well as performing other tasks required to select the sample of adolescents. Each visit was planned to the extent practical before the team arrived on site. However, agendas retained sufficient flexibility to allow the team members to conduct interviews not anticipated prior to arrival on site and to adapt their schedules around the requirements of interviewees with special needs.

Prior to arrival at the site we worked with the State liaison (Independent Living Coordinator) to plan the visit. The liaison was able to advise us as to whom we should speak and their accessibility, travel distances, any recordkeeping procedures or regulations regarding access that could present problems.

The typical study visit began with interviews of the State administrator and senior managers on his/her staff. During these interviews we identified key policy documents and program reports to be reviewed and made arrangements to do so while on site. In a centralized system, interviews of area supervisors responsible for the sampled county clusters followed the administrative interviews. In decentralized States these interviews occurred locally in conjunction with other local interviews. Typically, one day was set aside for each of the county clusters in our sample. This included travel to the site, agency **interviews, interviews** with **local** providers, advocates, and representatives of other programs identified as **providing** support services **to the** adolescent transitioning out of foster care. Other activities included sample selection and training of **abstractors**.

By using case study teams composed of senior staff these teams operated with the flexibility required to respond properly to unplanned findings and the need to adjust interview schedules and review of program documents and records around the requirements of local personnel. Interviews with key administrators and persons identified as being particularly knowledgeable about independent living services were conducted jointly by the two team members. Other interviews were conducted independently. All team members were prepared to take a lead role in training situations, in sample selection and in abstracting situations.

Discussions and meetings were conducted in accordance with The Agency and Community Reporting Form (See Appendix E). This reporting form was designed to be completed by team members after conducting all interviews and synthesizing the information.

Senior staff and consultants familiar with foster care programs and the independent living initiative performed the case study site visits. Four persons were trained as members of the case study team.

A one day training session was held in **Westat** offices prior to the case study site visits. The purpose of this training was to ensure that all staff had the same understanding of what was to be accomplished on site and the way to plan and budget their time. The Reporting Form was reviewed. During the session emphasis was placed on the type of information needed, likely sources of information, and the persons to be interviewed. The training also covered the outline of

the case study report that was to be prepared at the conclusion of the site visit as further insurance that each member of each team was totally familiar with what was expected.

## 25 Case Record Abstracts

The Case Record Abstract Form is presented in Appendix **F**. The form was designed to collect detailed information recorded in each sampled adolescent's case record regarding case history, individual characteristics and family characteristics. Also, records were reviewed to obtain information on the skills and independent living services attained by youth prior to discharge from foster care.

Study team members trained the **abstractors** during the course of their site visit. In all but two sites, agency staff were hired to complete the case record abstract. Trainers also completed one case record abstract during the training session.

The Case Record Abstract Form Manual was provided to each abstractor to be used as a reference document while abstracting records. This manual included the following sections:

- Introductory information on **Westat**, the study background, project organization, and abstracting tasks;
- Ethics of survey data collection, specifically confidentiality and data security; and
- Abstracting procedures, including general instructions for abstract entries and item-by-item study **definitions/instructions**.

### 3. Quality Control

Several methods were used in addition to training to ensure that the data compiled in reports prepared for ACYF were of the highest quality. Some of these procedures were intended as a verification that the work done met established standards, other procedures are designed to correct problems identified during processing. Some form of quality control was built into each type of data collection.

The primary tools we used to ensure the quality of information gathered for the process evaluation were the use of two-person teams to visit each State and the expertise of the individuals selected to conduct the site visits.

A team approach for the case studies builds the opportunity for verification into data collection. When possible team members concluded each day on site by reviewing and comparing their notes and identifying any areas where their information appeared to differ. These points were targeted for clarification.

The standardized case study report outline also provided a means for checking the comprehensiveness of information gathered. Should needed information be found to be missing (or notes unclear as to specific details) at the time reports were being prepared, the team leader called the State liaison for assistance in obtaining clarification.

Abstracted data was subjected to rigid quality control procedures. First, the **Westat** field director provided ongoing supervision to the **abstractors**. She was available for question resolution throughout the field period. Second, two types of checks were performed on the content of the records submitted from the field by **abstractors**.

The first check was a verification of the abstracted data. The case study team members randomly subsampled up to five cases in each county at the time the samples were selected. While still in the field **they** arranged to obtain access to these files and performed the abstracting task. The subsampled records were returned to the **files** and were included in the local abstracting assignment. The abstract records completed by the case study team members were compared with the same records completed by the local **abstractors**.

All abstract records were reviewed for internal consistency and adherence to instructions by **Westat** data preparation personnel. When problems were found (for example, missing data) the **abstractors** were contacted to ascertain if the information was missing from the record or simply the reported abstract. Where possible, missing data was obtained.

**APPENDIX C**  
**DATA ANALYSIS**

## DATA ANALYSIS

To appropriately address Phase I goals and objectives three major analytic **strategies** were employed. The activities included: (1) State level **assessments** of the impact of **P.L. 99-272**, (2) child level descriptions of demographic, case history, and youth skills and services attained prior to discharge, (3) child level assessments (based on case record information) of the way(s) in which various child and agency characteristics affect a child's receipt of independent living services and attainment of education level and job experience. The results of these analyses were presented in Volume 1, Chapter 4 of this report. This appendix presents a discussion of the definition of independent living services, the weighting and estimation procedures, and **analytic** techniques used.

### 1. **Definition of Independent Living Services**

For the purposes of this study an operational definition of independent living services was developed which was broad enough to encompass the array of necessary basic living skills, yet restrictive enough to reasonably determine whether or not an adolescent should be assigned to the received or not received services sample group. The definition of independent living **services** used was:

- A service, program of services, or financial subsidy designed to aid and support youth aged 16-21, who are in substitute care under the supervision of the child welfare agency, in the transition to financial and social independence. **The** service, program of services, or financial subsidy must be stipulated in the youth's service plan. Services may be provided directly by the child welfare agency, or by other public or private agencies, under purchase of **service** agreements.

The definition was used for two different study aspects -- (1) stratification of youth for sampling and (2) estimation and analyses of youth who received services and youth who did not receive services. For stratification purposes states were provided the definition and asked to categorize youth **accordingly**. However, in some instances states were unable to distinguish whether or not youth had received services, but could categorize youth by those who should have received some independent living training by virtue of their goal or living arrangement. For

purposes of stratification, these agency definitions were used. However, **final** categorization of youth for data analysis was based on information provided in the case record about service receipt.

Service receipt was then estimated in two ways. To meet the overall study definition case records were reviewed to ascertain whether or not youth had been enrolled in an independent living program, lived in an independent living arrangement, received an independent **living** subsidy, or received training in one or more identified skill areas (see Exhibit C-1 for listing of skill areas). If it was found that youth met one or more of the above criteria they were counted as receiving "general" independent living services. An estimated 20,700 youth fit this definition. However, a narrower definition was also applied which required that the youth be purposefully enrolled in an independent living program. Only an estimated 10,800 youth fit this definition. The later definition was used for study analyses.

## 2. **Weighting and Estimation**

Each sampled adolescent whose case record was located and who was determined to meet the survey eligibility criteria<sup>1</sup> received a sampling weight.

Sampling weights were needed to obtain national projections of foster care youth receiving independent living services as well as demographic and case history characteristics of older foster care youth.

Before describing the specifications for calculating the **sampling** weights, a brief review of the sample design will be given. First, the 50 states and the District of Columbia were grouped into three strata based on the scope and magnitude of foster care independent living initiatives undertaken by the states. Within each strata, states were sampled with probability proportionate to size where the state size was a function of (a) total foster care youths; (b) total foster care youth aged 16 years and above; and (c) **Title IV-E** foster care youth aged 16 years and above. New York and California were states selected with certainty.

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<sup>1</sup>To meet eligibility criteria a youth had to be discharged from care between January 1, 1987 and July 31, 1988, between the ages of 16-21, have been in care for at least one month, and have been adjudicated dependent.

Exhibit C-1. Skill Areas Listed in Case Record Abstract

- a. Money Management/Consumer Awareness
  - b. Food Management
  - c. Personal Appearance & Hygiene
  - d. Health
  - e. Housekeeping
  - f. Housing
  - g. Transportation
  - h. Educational Planning
  - i. Job Seeking Skills
  - j. Job Maintenance Skills
  - k. Emergency and Safety Skills
  - l. Knowledge of Community Resources
  - m. Interpersonal Skills
  - n. **Legal Skills**
  - o. Decision Making/Problem **Solving** Skills
  - p. Parenting **Skills**
  - q. Other (SPECIFY)
-

Within each sampled state, counties were grouped into two strata. The first stratum was composed of counties within **MSA's**. Counties having small foster care populations were clustered with adjacent counties to achieve minimum workload sizes. Counties or county clusters were the second-stage sampling units and they were selected probability proportionate to size.

After the selection of the counties or county clusters, each state containing sample counties, or **county** clusters provided a **list** of all **foster care** youth aged 16 years and above located at foster care living arrangements within the selected counties. The state was also asked to identify those foster care adolescents who received independent living services and adolescents who did not receive independent living **services**. Some states were not able to perform this identification. For those states who were able to identify present recipients of independent living services, two strata were formed.

For each sample county or county cluster where this stratification of adolescents was performed, the stratum of independent living services recipients or expected recipients was over-sampled. For each county or county cluster where stratification of adolescents was not possible, a uniform adolescent sampling rate was used. For some selected counties or county clusters all **inscope** foster care youth were sampled with certainty so that the adolescent weights were 1.

Three stages of sampling (states, counties, and adolescents) have been described, and there was a sampling weight component for each sampling stage. Exhibit C-2 shows the state weights, county weights, **and** adolescent weights for each of the twenty-two sample counties or county clusters. For each eligible adolescent record, the appropriate state weight, the county weight, and the adolescent weight were added. For counties or county clusters in Exhibit C-2 having two weights, the adolescent stratum code was used to assign the correct adolescent weight to the adolescent record. The adolescent stratum code corresponds to the classification of the selected adolescent as a recipient or non-recipient of independent living services by state or county officials rather than **Westat's** classification based on information abstracted from adolescent case records.

**Sampling Error.** There is some degree of uncertainty associated with any estimate that is made on the basis of a sample. The standard error provides some idea of how much uncertainty **is** associated with a given estimate as a result of the use of a sample rather than a

**Exhibit C-2. State Weights, County Weights, and Adolescent Weights for Survey of Foster Care  
Independent Living Programs for Youth (continued)**

State	State Weight	County or County Cluster	County Weight	Adolescent Weight for those receiving services	<b>Adolescent</b> Weight for those not <b>receiving services</b>
<b>Tennessee</b>	9.490	Shelby	1.785	1 .000	1 .000
		<b>Knox Sevier</b>	<b>4. 494</b>	<b>1, 000</b>	<b>1, 000</b>
		Weakley Henry Stewart	10.337	1 .000	1 .000
Pennsylvania	2.001	Philadelphia	1.104	2.805	<b>2.805</b>
		Lancaster <b>Adams</b> York	11.79	1 .000	2.125
		Clinton <b>Tioga</b> Bradford	7.631	1 .000	1 .000

**Exhibit C-2. State Weights, County Weights, and Adolescent Weights for Survey of Foster Care  
Independent Living Programs for Youth (continued)**

<b>State</b>	<b>State Weight</b>	<b>County of County Cluster</b>	<b>County Weight</b>	<b>Adolescent Weight for those receiving services</b>	<b>Adolescent Weight for those not receiving services</b>
<b>Arizona</b>	<b>3.532</b>	<b>Maricopa</b>	<b>1.000</b>	<b>1.000</b>	<b>8.844</b>
		<b>Pima</b>	<b>1.000</b>	<b>1.000</b>	<b>8.844</b>
		<b>Coconino</b>	<b>2.512</b>	<b>1.000</b>	<b>3.520</b>
		<b>Apache Navajo Yavapai</b>			
<b>California</b>	<b>1.000</b>	<b>Los Angeles</b>	<b>1.731</b>	<b>6.133</b>	<b>6.133</b>
		<b>Contra Costa San Joaquin Stanislaus</b>	<b>6.124</b>	<b>1.6842</b>	<b>1.6842</b>
		<b>Siskiyou Humboldt Glenn</b>	<b>5.722</b>	<b>1.000</b>	<b>1.714</b>

**Exhibit C-2. State Weights, County Weights, and Adolescent Weights for Survey of Foster Care Independent Living Programs for Youth (continued)**

<b>State</b>	State Weight	County or County Cluster	County <b>Weight</b>	Adolescent Weight for those receiving services	Adolescent Weight for those not <b>receiving</b> services
New York	1 .000	New York	<b>1 .000</b>	<b>3.986</b>	45.20
		<b>Cayuga</b> Seneca <b>Cortland</b>	10.018	1 .000	3.118
		Livingston	7.676	1 .000	<b>4.070</b>
		Ontario		<b>1 .000</b>	<b>4.070</b>
		Monroe		<b>2.000</b>	<b>8.139</b>

complete study of the total population (it does not reflect other sources of error). Thus, the standard error indicates the precision of an estimate. Standard errors were calculated for selected estimates presented in this report. Standard errors were calculated for the number of youth discharged from foster care (urban and rural), the number of youth receiving independent living services (urban and rural), and the number of youth 18 and older who completed high school (Table C-1) presents the estimates, standard error, coefficient of variation (C.V.) and range around each estimate.

The range or "window" around an estimate within which one can be confident the estimate lies is called a "confidence interval." One can be 95 percent certain that the estimates reported about the number of youth discharged from care, number who received services and number of youth who completed school fall within the range specified by the 95 percent confidence intervals

Two main problems arise when trying to apply standard statistical packages to data that are collected under complicated sample designs -- distortions due to considering that the overall population reflects the effective size of the database, and distortions due to ignoring the clustering effects inherent in such data. The overall effect of the distortion is that the estimates are correct, but they are not associated with the appropriate sampling errors. Therefore, in order to calculate the variance estimation presented in this study the SAS procedure PROC WESVAR was used. It involves developing replicate weights for eligible adolescents. The procedure is described in Mohadjer et. al<sup>2</sup>, with further details available from Westat, Inc.

Basically, the first step in calculating replicate weights was the formation of pseudostrata. A pseudostratum either contained a group of second stage units (counties or county clusters) or random half samples of adolescents. For all pseudostrata containing a group of second stage units, with one exception, there were two second stage sampling units in the pseudostratum. One pseudostratum contained three second stage sampling units. The procedures for creating half samples of adolescents differed slightly depending upon whether or not adolescents were stratified by receipt/non-receipt of independent living services.

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<sup>2</sup>L. Mohadjer, D. Morganstein, A. Chu and M. Rhoads (1986). Estimation and Analysis of Survey Data Using SAS Procedures WESVAR, NASSREG, and NASSLOG. Proceedings of the Section on Survey Research Methods. Washington: American Statistical Association

Table C-1. Standard Error for Selected Estimates

Variable	Estimate	CV' (%)	Standard Error	95% Confidence Interval	
				Lower	Upper
<b>Youth in MSA</b>	26019.00	10	<b>2685.889</b>	20754.654	3X283.342
Youth in Non-MSA		43 *	3758.757		
Receiving <b>ILS-1</b> <sup>2</sup>	2073 1.50	11	2448.685	15932.078	25530.922
Not Receiving <b>ILS-1</b>	13885.50	22	3 138.908	7733.251	20037.749
Rec. <b>ILS-1</b> in MSA	15910.60	11	1770.394	12440.628	19380.572
Not Rec. <b>ILS-1</b> in MSA	10108.60	10	1109.325	7934.323	12282.877
Rec. <b>ILS-1</b> in Non-MSA	--	35 *	1691.674	--	--
Not Rec. <b>ILS-1</b> in Non-MSA		77 *	2936.343	--	
Receiving <b>ILS-2</b> <sup>3</sup>	10768.40	9	990.974	8826.091	12710.09
Not Receiving <b>ILS-2</b>	23848.70	16	3896.753	16211.065	3 1486.335
Rec. <b>ILS-2</b> in MSA	8371.26	5	439.702	7509.445	9233.075
Not Rec. <b>ILS-2</b> in MSA	17647.70	13	2337.107	13066.971	22228.429
Rec. <b>ILS-2</b> in Non-MSA	--	37 •	888.083	--	--
Not Rec. <b>ILS-2</b> in Non-MSA		<b>50</b> *	3118.110		
<b>18 comp. H.S./College</b>	4862.60	23	1159.457	2590.065	7135.135
<b>&gt; 18 comp. H.S./College</b>	2987.20	19	573.636	1862.874	4111.526

\*Too unreliable to estimate; CV greater than 25%.

•The coefficient of variation is the measure of variability of the estimate relative to the estimate's size. CV = Standard Error of the estimate ÷ the estimate.

<sup>2</sup>ILS-1 = general service receipt

<sup>3</sup>ILS-2 = enrollment in an independent living program

Once pseudostrata were constructed, replicate weights were produced. Replicate weights used the product of the full sample weights and factors which are functions of elements of a balanced orthogonal matrix. The factors which were needed to transform the full sample weights into replicate weights are given by the following expressions:

	First half sample	Second half sample
All pseudostrata except 12	$f_{rp1} = 1 + d_{rp} (0.1)$	$f_{rp2} = 1 \cdot d_{rp} (0.1)$
pseudostratum 12	$f_{rp1} = 1 + d_{rp} (0.1)(1.4142)$	$f_{rp2} = 1 - d_{rp} (0.1)(0.7071)$

The r-th replicate weight for the s-th adolescent in the j-th half sample within the pth pseudostratum is  $f_{rpj} \times W_{pjs}$  is the full sample weight. There were 32 replicate weights calculated for each adolescent.

**Applying** standard statistical packages to data that are collected under complicated sample designs does not permit the incorporation of the features of the sample design into computation of statistics for the tests of hypotheses. The statistical software computes these statistics under the assumption of simple random sampling, with the result being test statistics which are too large. Consequently, the null hypothesis is rejected too often. Therefore the conclusions about the statistical significance of differences may be in error. To eliminate these distortions, analytic software which is capable of explicitly taking the complex sampling design into account must be used. When this software is unavailable the statistical procedure of standardizing weights can be applied to take into account differential weights so that cases are still getting proper representation with respect to the population and the significance tests are based on the size of the actual sample, rather than the full population which the fully weighted up data base would represent. This procedure was used in analyzing the data for this report. To calculate standardized weights the following procedures were followed.

First sampling weights were calculated for each eligible foster care adolescent for which a case record abstract was completed. In probability sampling, the sampling weight accounts for the fact that foster care adolescents have different chances of selection. It also **reflects** the fact that the proportion of sampled foster care youth for which case records were located varied by site and age of youth.

Calculating frequencies using the unstandardized weights would produce population estimates, and the analyses would not be conducted relative to the actual number of **abstracts** completed in the survey. Therefore, for all statistical analyses, standard weights were used. If  $w_i$  denotes the sampling weight for the  $i$ th foster care adolescent, then the standardized weight for this adolescent is  $(nw_i)/\sum w_i = 1$ . Here  $n$  is the total number of foster care youth for which a case record abstract was completed. The sum of the standardized weights is simply the number of completed abstracts. The relative size of the standardized weight for each foster care adolescent, when compared to others in the sample, is the same as the relative size of the unstandardized weight. Performing statistical analyses using the weighted data rather than the **standardized** weighted data would not reflect the fact that adolescents within some sites were oversampled in order to achieve sampling targets for analytical subdomains. It is essential that the sampling weights be standardized to the number of completed case record abstracts to have correct relative weights for the different individuals in the sample.

Although standardizing weights removes the distortion that would **otherwise** result from considering that the overall population reflects the effective size of the database, it does not adequately take account of the clustering effects inherent in the design. Therefore, using standardized weights still has limitations in that it may reveal relationships that would not emerge as significant if the design effect were completely taken into account. In the analyses presented here, we can assume that if a relationship was not found - it does not exist. However, if a relationship was found, it may prove to be non-existent in future **analyses** that take the design effect completely into account. To mitigate the problem of finding relationships where they do not actually exist, a more conservative **.025** probability than the usual **.050** was used in identifying significant relationships. However, the reader is cautioned that this is not equivalent to the use of specialized software packages; in some cases it might have been overly-stringent, and in others it might not have been stringent enough.

### 3. Analytic **Approach**

State-level assessments. To provide an overview of the states' response to **P.L. 99-272**, confirmation telephone calls were made to all fifty states and the District of Columbia. These telephone calls collected information on states' policies, **services** and number receiving independent living services at three points in time, the year prior to **P.L. 99-272**, the current or first year of implementation, and future plans. The information collected from the telephone calls was coordinated with the information provided by states through their state plans and reports. The analysis of this information included an overview of the impact of the law by describing the state of the art with respect to the criteria listed in Exhibit C-3.

## Exhibit C-3

Table 1: Variables to provide description of states' independent living policies, procedures and services

### Policy

- State has written policy for services to adolescents
- State has written subsidy policy
- State has policy for incorporating ILS into case plan
- State has follow-up aftercare policy
- State has written policy about age receiving IL services
- State has licensing regulations for IL arrangements
- Other policy initiatives have been taken:
  - Bills pending in State legislature
  - Statute revisions or new statutes
  - Revised regulations

### Organizational Context

- Written needs assessment of adolescents in care
  - developed by worker
  - developed by contractor
- Use of formal skills assessment instrument
- Case review process which addresses ILS
- Case plan procedures which address ILS
- Youth included in case planning and reviews
- Contracts with youth
- Goal of IL

### Staffing

- State has one or more **FT** employees at the state level responsible for IL program/policy development
  - Number of staff
- State has hired/designated staff responsible for implementing and/or coordinating services
  - Number of staff
- State has hired/designated staff at the local level responsible for IL program implementation
  - Number of staff

### Services

- State has or is planning to develop basic living skills training through:
  - Life skills instruction classes or groups
  - Training by foster parents who received training
  - Individualized instruction by worker
- Basic living skills training is provided to IV-E eligible adolescents
- Basic living skills training is being provided to non IV-E adolescents
- Employment assessments, job training and/or placement is being provided to IV-E adolescents
- Employment assessments, job training and/or placement is being provided to non **IV-E** adolescents

Table 1 Continued

- Where available, number of youth served will be provided
- State has undertaken the following education initiatives:
  - Tutoring
  - GED preparation
- Teen conferences being held:
  - Statewide
  - In** some regions
  - In some counties
- Youth receive stipends for participating in the IL program
- State has the following independent living arrangements
  - Supervised apartment living
  - Stipends
  - Specialized IL foster homes
  - Other (Specify) \_\_\_\_\_
- State has IL group home programs
  - Number of programs statewide
- State has residential treatment programs providing ILS
  - Number of programs statewide
- State has an advisory council for **ILS**
- State has formalized interagency agreements with other public agencies to provide **ILS**
- State is using volunteers as:
  - Mentors
  - Tutors
  - Other

**Training**

- Specialized training has been or will be provided to child welfare agency staff
  - Number trained
- Specialized training has been or will be provided to private agency staff
  - Number trained
- Specialized training has been or will be provided to foster parents
  - Number trained
- Specialized training has been or will be provided to community
  - Number trained

Contracts

- Number of contracts with private providers for ILS
  - Zero
  - One to four
  - Five to nine
  - Ten or more
- State has expanded existing contracts to include ILS
- Additional contracts were established to provide IL service:
  - Using State funds
  - Using IV-E funds

**Exhibit C-3** (continued)

Table I Continued

Funding

- States' manner of appropriating funds will be categorized and number of states per category will be provided

Barriers to **Program** and **Policy** Imolementation

- Barriers will be delineated
- Number of states indicating barrier **will** be provided

Tabulations of the number of states which had each of the listed variables were provided in Volume 1, Chapter 5. Also, the impact of the law was **assessed** by **identifying** and **tabulating** the number of states that have made changes (since the receipt of P.L. 99-272 funds) for each of the variables. State-level **assessments** also include **descriptions** of various independent **living service models** developed by the states. The programs **described** were based on child welfare professionals' opinions and recommendations about the types of services which seem to be most effective in working with youth.

**Child-level descriptions.** The strategy underlying the analytic approach for child-level descriptions was to calculate marginal totals on **all** basic and derived variables and to examine simple two-way relationships using the **chi-square** statistic. The simple two-way relationships focused on age entered care differences for various demographic and case history characteristics.

Frequencies for basic and derived variables were presented in Volume 1, Chapter 4. Table C-2 presents the results of the  $\chi^2$  analyses for age entered care. Age entered care **was** divided into three categories--youth who entered between the ages of 0-12, 13-15, and 16 +.

**As is** depicted in Table C-2, age entered care was not related to youths' need of health care or pregnancy. All other variables tested--handicap status, sex, race, runaway episodes, age respondent left care, and the family's receipt of welfare at the time of entry--appeared related to the age the respondent entered care. Table C-3 shows the nature of the relationships for those data not presented in Volume 1 (runaway episodes, receipt of welfare, and age the youth left care).

**As is** presented, children who entered care between the ages of **13-15** were more likely to have experienced a runaway episode. Also, the families of children who entered care between the ages of 0-12 were more likely to be receiving welfare at the time of entry than the families of youth who entered care over age 12.

Table C-2. Chi Square analysis of tables relating age entered care to key characteristics of interest

Age entered care (0-12; 13-15; 16+) Cross-tabulated with:	Chi-Square	df	P
Handicap status	22.243	4	< .0001
<b>Sex</b>	61.798	4	< .0001
<b>Race</b>	43.873	4	< .0001
<b>In need of health care</b>	3321	4	.506
Runaway episodes	25.844	4	< .0001
<b>Pregnancy</b>	7.868	4	.097
Age respondent left care	283.851	8	< .0001
Family Receiving Welfare	110.901	4	< .0001

Table C-3. Percent Distribution for Age Entered Care by Selected Characteristics:  
Runaway Episodes, Pregnancy, Family Receiving Welfare at Time of Entry

Selected Characteristics	Age Entered Care		
	0-12	13-15	16+
<b>Runaway Episodes</b>			
<b>Yes</b>	<b>40%</b>	51%	42%
<b>No</b>	<b>56%</b>	43%	51%
<b>Unknown</b>	<b>4%</b>	6%	7%
TOTAL	100%	100%	100%
N	442	676	508
<b>Age Left Care</b>			
16	17%	45%	19%
17	15%	26%	<b>34%</b>
18	36%	22%	<b>39%</b>
<b>19+</b>	32%	7%	8%
TOTAL	100%	100%	100%
N	442	676	508
<b>Family Receiving Welfare</b>			
<b>Yes</b>	<b>58%</b>	38%	27%
<b>No</b>	<b>22%</b>	42%	48%
<b>Unknown</b>	20%	20%	25%
TOTAL	100%	100%	100%
N	442	676	508

N's reflect use of standard weights.

## Characteristics which Predict Receipt of Independent Living Services, Level of Schooling Completed, and Job Experience

**Receipt of Independent Living Services.** To ascertain the relationship of receipt of independent living **services** to child demographic and case history characteristics, both **chi-square** and log linear analyses were used. The **chi-square** analyses were done to ascertain the relationship between receipt of services and specific child problems (e.g., drug abuse, pregnancy) that could **affect** youths' adaptation after discharge. The results of these analyses are presented in Table C-4. As is presented it appears that receipt of independent living **services** were initially found to be significantly related to the following characteristics:

- \* School completion
- \* Physical Abuse
- \* Emotional Abuse
- \* Assaultive Behavior with Non Family Member
- \* Drug Abuse
- \* Pregnancy
- Job Experience

As we were concerned about the amount of missing information for the variables related to youths' problems (e.g. abuse, pregnancy, and assaultive behavior) the results were not presented in Volume 1. Also, further analyses identifying the interactive effects of these variables with other demographic and case history characteristics was not pursued during Phase I. Further analyses of these relationships will be addressed in Phase II when we have more complete information from the youths about these problems before discharge from care as well as their status since discharge from care. It will be important to ascertain the impact of **service** receipt for these problems as they are related to youths' outcomes

A variety of child, and case history characteristics may affect the likelihood that a given adolescent received independent living services prior to discharge from foster care. Our strategy was to examine the way in which each of these (independent or predictor) variables affected the (dependent) variable - receipt vs. nonreceipt of independent living **services**. Note

Table C-4. **Chi-Square** analysis of two way tables relating receipt of independent living **services** to key characteristics of interest

<b>Service Receipt</b> (Received vs. Not Received) Cross-Tabulated With:	<b>Chi-Square</b>	<b>df</b>	<b>P</b>
School Completion	41.290	2	<.0001
Physically Abused	16.385	2	<.0001
Sexually Abused	4.035	2	.133
Emotionally Abused	18.059	2	<.0001
Physically Neglected	2.202	2	.333
Emotionally Neglected	.249	2	.883
In Need of Health Care	7.096	2	.029
Educationally Deprived	.440	2	.803
Educationally Delayed	.431	2	.806
Emotional Disturbance	8.302	2	.016
Assaultive Behavior with Family	2.542	2	.280
Assaultive Behavior with Non-Family	32.267	2	<.0001
Juvenile Delinquency	5.226	2	.073
Alcohol Abuse	6.086	2	.048
Drug Abuse	3.949	2	.0139
Runaway Episodes	1.980	2	.372
Pregnancy	12.519	2	.002
Parenting Responsibility	.574	2	.750
No where to live upon discharge	1.253	2	.535
Discharge Date	2378	3	.498
Job Held	104.981	1	<.0001

that the dependent variable in question is categorical (i.e., nominal rather than ordinal or interval). In addition, most of the independent variables of interest (child demographic and case history characteristics) are also categorical. These facts mean that it would be inappropriate to use standard regression (or multiple regression) procedures. Nevertheless, the task of relating two sets of independent variables of interest makes it desirable to use an analytic approach that (1) permit us to test the effect each predictor variable had on receipt of independent living **services independent** of the effects of any of the other predictor variables, and (2) permit us to identify any **interactive** effects of the predictor variables which could mean that the effect of a given predictor variable occurs only under certain circumstances or that one predictor variable modifies (**potentiates** or mitigates) the effect of another predictor variable. For example, does age affect a child's receipt of services independent of the child's sex? Does sex affect receipt of services independent of the child's age? Are the different sexes more likely to receive independent living services at different ages? This last example is a question that concerns an interaction between age and sex. Interactive effects among predictor variables were anticipated and therefore the analytic technique chosen enabled us to identify any (and all) interactions among the predictor variables examined in each analysis.

Recent developments in regression-like models specifically designed for application to categorical data have begun to replace many older and more limited methods. Both **linear**<sup>3</sup> and **log-linear**<sup>4</sup> models have been developed for use with discrete category **data**.<sup>5,6,7</sup> The log-linear approach focuses on model building. This approach helped to systematically simplify the statistical model which attempts to predict the receipt of independent living **services** by including only those predictor variables and interaction terms which are necessary to account for the independent living services data.

The log-linear procedure analyzes multi-way frequency tables based on categorical variables in a way that is conceptually similar to an analysis of variance model. Consider a **three-way** frequency table which reflects the three categorical dimensions A, B, and C. Let  $f_{ijk}$  the

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<sup>3</sup>Everitt, B.S. (1977). The analysis of contingency tables. New York, NY: Halstead Press.

<sup>4</sup>Bishop, Y.M.M., Fienberg, S.E., and Holland, P.W. (1975). Discrete multivariate analysis: Theory and practice. Cambridge, MA: MIT Press.

<sup>5,6,7</sup>Everitt, B.S. (1977). The analysis of contingency tables. New York, NY: Halstead Press. / Feinberg, S.E. (1977). The analysis of contingency tables. Cambridge, MA: MIT Press. / Knoke, D.A., & Bollen, K.A. (1982). Log-linear models. Beverly Hills, CA: Sage.

observed frequency in cell (i, j, k) of the three-way table. Essentially, the log-linear approach assumes that the natural logarithm of the expected cell values is a **linear** function of **ANOVA-like** parameters:

$$\ln F_{ijk} = a + v^A_i + v^B_j + v^C_k + v^{AB}_{ij} + v^{AC}_{ik} + v^{BC}_{jk} + v^{ABC}_{ijk}$$

where  $F_{ijk}$  is the expected cell frequency under the log-linear **model** and the number of free parameters in the model is limited to the number of cells in the contingency table. The  $v$ 's represent "effects" with the superscript indicating the categorical variable (or interaction term) in question. Thus, the  $v^A_i$  effect is present if the marginal totals of A reflect an unequal (nonrectangular) distribution; the  $v^{AB}_{ij}$  effect is present to the extent that A and B are associated (not independent), and so on. If there are no effects, then all cell frequencies are essentially equal.

To identify characteristics which predicted receipt of **services**, we used the definition of **service** receipt which required the youths' enrollment in an independent living program. This definition entails a formal decision on **staff's** part, and therefore reflects systematic criteria that may have been used in selecting youths to receive services. **Two** separate log linear **analyses** were conducted to predict receipt of **services** -- one for demographic characteristics and one for case history characteristics.

The characteristics examined included:

- \* Age entered care
- \* **Sex**
- Race
- Handicap Status
- \* Length of time in care
- \* Number of placements into care (recidivism)
- \* Number of visits by caseworker during last year in care

A discussion of the **findings** was presented in Volume 1, Chapter 4. The results of the log linear analyses are provided in Tables C-S and C-6.

Table C-5. Log linear analysis of service receipt as a function of key demographic characteristics

source	DF	Maximum Likelihood Chi-Square	Probability
<b>A g e e n t e r e d</b>	2	2.51	<b>.2852</b>
<b>Sex</b>	1	0.38	5386
<b>Race</b>	1	9.95	<b>.0016</b>
Handicap <b>Status</b>	1	18.90	<b>.0001</b>
<b>Age Ent x Sex</b>	2	10.01	<b>.0067</b>
Age Ent. x Race	2	5.23	<b>.0730</b>
Age Ent. x Handicap	2	0.65	<b>.7242</b>
<b>Sex x Race</b>	1	1.69	<b>.1940</b>
<b>Sex x Handicap</b>	1	<b>.21</b>	<b>.6460</b>
Race x Handicap	1	1.02	3127
Age Ent. x Sex x Race	2	8.26	<b>.0160</b>
Age Ent. x Sex x Handicap	2	11.36	<b>.0034</b>
Sex x Race x Handicap	1	3.04	<b>.0815</b>
Age Ent. x Race x Handicap	2	2.19	3350
Age Ent. x Sex x Race x Handicap	2	6.84	<b>.0327</b>

Table C-6. Log linear analysis of service receipt as a function of key case history characteristics

Source	DF	Maximum Likelihood Chi-Square	Probability
Length of Time in Care	1	389	<b>.0486</b>
Number of Living Arr.	1	132	<b>.2504</b>
Length of Time x # of Living Arr.	1	<b>13.84</b>	<b>.0002</b>
Visitation by Caseworker	1	30.12	<b>&lt;.0001</b>
Length of Time x Visitation	1	<b>12.39</b>	<b>.0004</b>
# of Living Arr. x Visitation	1	<b>0.00</b>	<b>.9931</b>
Length of Time x # <b>Arr.</b> x Visitation	1	1.67	<b>.1960</b>

**Level of Schooling Completed.** Log linear analyses were conducted to ascertain whether specific demographic characteristics predicted the level of education completed by youth. The characteristics examined included:

- \* The age the youth left care
- \* Gender
- \* **Race**
- \* Handicap Status

For this analysis the level of education was divided into two categories, less than four years of high school completed and four years or more of high school completed.

**The** nature of the relationships between these characteristics and level of education completed were discussed in Volume 1. Table C-7 presents the results of the log linear analysis.

**Job Experience.** The following factors were examined as predictors of a youth having a job while in foster care:

- \* Length of time in care
- \* **Sex**
- \* **Race**
- \* Handicap Status
- \* Enrollment in an independent living program

Log linear analyses was used to predict the relationship between these **characteristics** and job experience. Again, the nature of significant relationships between these variables and job experience are **discussed in** Volume 1 and the results of the log linear analysis are presented in Table C-8.

Table C-7. **Log linear analysis** of job experience as a function of key demographic and case history characteristics

Source	DF	Maximum Likelihood Chi-Square	Probability
Length of Time in Care	1	57.1	<.0001
<b>Sex</b>	1	2.73	.0985
Length of Time in Care x Sex	1	1.01	.3137
Race	1	2131	<.0001
Length of <b>Time</b> in Care x Race	1	.039	.5332
<b>Sex x Race</b>	1	217	.1408
Length of Time in Care x Sex x Race	1	421	.0403
Handicap Status	1	8.99	.0027
Time in Care x Handicap	1	133	.2495
Sex x Handicap	1	3.92	.0477
Time in Care x Sex x Handicap	1	4.22	.0399
Race x Handicap	1	11.15	.0008
Time in Care x Race x Handicap	1	.77	.3795
<b>Sex x Race x Handicap</b>	1	2.14	.1434
Time in Care x Sex x Race x Handicap	1	2.92	.0875
Received Services	1	72.42	<.0001
Time in Care x Received Services	1	.11	.7441
Sex x Received <b>Services</b>	1	.01	.9217
Time in Care x Sex x Received Services	1	.05	.8206
Race x Received <b>Services</b>	1	.71	.4005
Time in Care x Race x Received Services	1	2.61	.1059
Sex x Race x Received Services	1	121	.2713
Time in Care x Sex x Race x Received <b>Serv.</b>	1	1.79	.1811
Handicap x Received Services	1	.50	.4811
Time in Care x Handicap x Received Serv.	1	.97	.3244
Sex x Handicap x Received Services	1	.04	.8340
Time in <b>Care x Sex x Handicap x Rec. Serv.</b>	1	2.67	.1021
Race x Handicap x Received Services	1	1.02	.3119
Time in Care x Race x Handicap x Rec. Serv.	1	4.35	.0375
Sex x Race x Handicap x Received Services	1	.01	.9065
Time in Care x Sex x Race x Hand. x Rec. Serv.	1	.14	.7057

Table C-8. Log linear analysis of educational completion as a function of key characteristics

Source	DF	Maximum Likelihood Chi-Square	Probability
Age Left	1	63.88	< .0001
Sex	1	3.54	.0599
Age Left x Sex	1	1.76	.1841
Race	1	2.99	.0839
Age Left x Race	1	1.21	.2708
Sex x Race	1	0.02	.8976
Age Left x Race x Sex	1	0.54	.4629
Handicap Status	1	10.57	.0012
Age Left x Handicap	1	1.24	.2654
Sex x Handicap	1	4.77	.0289
Age Left x Sex x Handicap	1	3.04	.0814
Race x Handicap	1	0.18	.6726
Age Left x Race x Handicap	1	0.62	.4326
Sex x Race x Handicap	1	0.89	3460
Age Left x Sex x Race x Handicap	1	0.32	.5686

**APPENDIX D**  
**TELEPHONE CONFIRMATION FORM**

**TELEPHONE UPDATE GUIDE**

**STATE DESCRIPTION**

**Prior to PL99-272**

**Current**

**Future Plans**

**DEMOGRAPHIC INFORMATION ON ADOLESCENT** E O P -

- **number**
  
- **number IV-e/non IV-E**
  
- **demographic breakdown (race, sex, special needs status, current living arrangement, length of time in care)**
  
- **case plan goals**

**POLICY**

- **Written policy for services to adolescents**
  
- **Written policy for discharged adolescents not returning home/adopted plans for**
  
- **Written independent living arrangement policy**

Prior to PL99-272

Current

Future Plans

**POLICY (continued)**

- **Written Subsidy policy**
- **Follow-up/after care policy**
- **Written policy for incorporating ILS into case plan**
- **Written policy for independent living as a case plan goal**
- **Goal limitation on receipt of services**
- **Written policy • bou age receiving independent living services and age limitations**
- **Written policy about age of discharge from care**
- **Licensing regulations for independent living arrangements**

Prior to PL 99-272

Current

Future Plans

**POLICY (continued)**

- Written **policy** that requires **skills training**
- Other **laws/policies** in **independent living services**

**ORGANIZATIONAL CONTEXT**

- Written **needs assessments of adolescents in care**
- **Case review process which addresses ILS**
- **Case plan procedures which address ILS,**  
where  appropriate
- Youth **included in case planning and reviews**
- **Contracts** with youth

X. **Goal of independent living** who **receives this goal**

Prior to PL99-272

Current

Future Plans

**ORGANIZATIONAL CONTEXT (continued)**

- Staff assigned to designing and implementing ILS
  - # of staff if State office; other responsibilities
  - # of staff statewide (public agency) providing ILS
  - adolescent units

- Number of contracts with private providers for ILS

list type of services provided

- Advisory council for ILS

- types of members

- Interagency agreements with other public agencies to provide ILS

types of services provided from other agencies

Prior to PL99-272

Current

Future Plans

**SERVICES AND CLIENTS SERVED**

• **Following services available:**

- **Specialized training for agency staff in ILS/  
developmental needs of youth**
  - # trained
  
- **Specialized training for foster parents in  
ILS/developmental needs**
  - # trained
  
- **Basic skills programs**
  - # and demographics of youth served
  
  - who provides the service

**Prior to PL99-272**

**Current**

**Future Plans**

**SERVICES AND CLIENTS SERVED** (continued)

- **Employment training**

- **# and demographics of youth served**

**who provides the training**

- **Education initiatives**

**# and demographics of youth served**

**who provides the help**

- **types of services**

Prior to PL99-272

Current

Future Plans

**SERVICES AND CLIENTS SERVED (continued)**

- **Individual Therapeutic Counseling**
  - **# and demographics of youth served**
  - **who provides the service**
  
- **Group Therapeutic Counseling**
  - **# and demographics of youth served**
  - **who provides the service**
  
- **Teen Conferences**
  - **# and demographics of youth served**

Prior to PL99-272

Current

Future Plans

**SERVICES AND CLIENTS SERVED** (continued)

- **Independent Living Arrangements**
  - **types of arrangements available**
  - **# and demographics of youth served**
  
- **IL Group Home Programs**
  - **# of programs**
  - **# and demographics of youth served**
  - **types of services**
  
- **Residential Treatment Programs providing ILS**
  - **# of programs**

**Prior to PL99-272**

**Current**

**Future Plans**

**SERVICES AND CLIENTS SERVED (continued)**

- # and demographics of youth served

- types of services

- **Use of Volunteers**

- # of volunteers

- # and demographics of youth served

- **Aftercare Services**

- types of services available

- # and demographics of youth served

**Prior to PL99-272**

**Current**

**Future Plans**

**SERVICES AND CLIENTS SERVED** (continued)

- type of documentation youth receive at discharge (life books, community resource books, health records)

- Other Services

types of services

- # and demographics of youth served

**FUNDING**

- Title IV-E initiative \$ for ILS (broken down by service if available)
- Other Federal \$ spent for ILS (broken down by service if available)
- State foster care \$ spent for ILS (broken down by service if available)

Prior to PL99-272

Current

Future Plans

**FUNDING (continued)**

- Local \$ spent for ILS (broken down by service if available)
- Private \$ spent for ILS (broken down by service if available)
- Other State \$ spent for ILS (broken down by service if available)

 **PROBLEMS/BARRIERS, IF ANY, TO ILS DEVELOPMENT**

**APPENDIX E**

**AGENCY & COMMUNITY REPORTING FORM**

A NATIONAL EVALUATION OF TITLE IV-E FOSTER CARE  
INDEPENDENT LIVING PROGRAMS FOR YOUTH

AGENCY AND COMMUNITY REPORTING FORM

Date: \_\_\_\_\_  
State: \_\_\_\_\_  
**Westat** Associates: \_\_\_\_\_

Introduction to Respondent

My name is \_\_\_\_\_ and I work for **Westat** Research in Rockville, Maryland. We are under contract with the Administration for Children, Youth, and Families, Department of Health and Human Services to study the various approaches used in providing independent living services to youth in foster care. This discussion will address the policies and practices of (AGENCY NAME) regarding the provision of independent **living** services. I will be talking with a variety of personnel, including agency staff and leaders from the community in your area.

- This form is to be used as a guide during interviews. The **Westat Associate** is responsible for providing the answers to each question, based on the information they receive from **all** respondents. Therefore, every question will not be asked to each respondent.

I. IDENTIFICATION OF RESPONDENTS

Resbondent 1

Resbondent 2

Respondent 3

Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Position/  
Title

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

n

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of time  
in current  
position

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Role with regard  
to independent  
living services

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of time working  
With independent  
living services (include  
past positions)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I. IDENTIFICATION OF RESPONDENTS

Respondent 4

Respondent 5

Respondent 6

Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Position/  
Title

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of time  
in current  
position

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Role with regard  
to independent  
living *services*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of time working  
with independent  
living services (include  
past positions)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I. IDENTIFICATION OF RESPONDENTS

	<u>Respondent 7</u>	<u>Respondent 8</u>	<u>Respondent 9 . .</u>
Name	_____	_____	_____
Position/ Title	_____	_____	_____
Address	_____ _____	_____ _____	_____ _____
Phone Number	_____	_____	_____
Length of time in current position	_____	_____	_____
Role with regard to independent living services	_____ _____ _____	_____ _____ _____	_____ _____ _____
Length of time working with independent living services (include past positions)	_____	_____	_____

• Use additional identification of respondent sheets when more than nine respondents have been interviewed.

**II. IMPACT OF TITLE IV-E**

1. Describe agency and community perceptions of the impact of Title IV-E funds on development of policy, programs and services for adolescents transitioning from foster care.
2. Upon completion of **all** interviews, summarize the specific changes that have taken place since the receipt of Title IV-E funds with respect to independent living services.

Policies developed

Philosophy of independent living services (e.g. who served, age served, comprehensiveness of program)

Staff hired to develop, provide independent living services

Staff trained in providing independent living services and identifying independent living service needs of youth

Foster parents trained in independent living services

Independent living services provided (e.g. types of services, number of youth served, service providers)

Interagency agreements to provide independent living services

Aftercare services

Case reviews (adolescents' involvement in case **planning** and reviews)

Independent living arrangements (subsidies)

3. Discuss state plans for providing independent living services next fiscal year and upon completion of funding.

**4. Funding**

Amount of funding allocated for independent living services from the following sources

	<b><u>1986</u></b>	<b><u>1987</u></b>	<b><u>1988</u></b>
Title IV-E Initiative	_____	_____	_____
Other federal funds	_____	_____	_____
State funds	_____	_____	_____
Local funds	_____	_____	_____
Private funds	_____	_____	_____

Funding sources for specific services will be collected in Section VI

**.II. AGENCY BACKGROUND INFORMATION**

Note: When available, the following information should be filled in **prior** to the site-visit. Remaining information should be obtained at the beginning of the site-visit discussion. Agency staff will have been asked for the information prior to the site-visit.

1. **Independent Living Services Laws and Policies**

	<b><u>Does agency have law or policy?</u></b>	<b><u>Year Implemented</u></b>
■ <b>General policy outlining philosophy of service delivery and specific services adolescents should receive</b>	_____	_____
■ <b>Discharge planning for youth not returning home/being adopted</b>	_____	_____
■ <b>Independent Living Arrangement policy</b>	_____	_____
■ <b>Subsidy policy</b>	_____	_____
■ <b>Followup/Aftercare Services</b>	_____	_____
■ <b>Requirements for adolescent's case plan</b>	_____	_____
■ <b>Independent living as a case plan goal</b>	_____	_____
■ <b>Goal limitation on receipt of services</b>	_____	_____
■ <b>Age at discharge from care</b>	_____	_____
■ <b>Licensing regulations for independent living arrangement</b>	_____	_____
■ <b>Skills training requirement in policy</b>	_____	_____
■ <b>Age limitations for receipt of independent living services</b>	_____	_____
■ <b>Other laws/policies in independent living services</b>	_____	_____

2. **Statistics**

- A. Ask States to provide VCIS data (1987) for youth **16** and older in the categories outlined on the following chart. Where possible collect all VCIS flow data; first day total, #placed in care, children served, #exited care, and last day total. Where possible have information stratified by IV-E eligible, non IV-E eligible.



B. Collect the following statistics for youth 16-21 for time periods specified for each item:

	IV-E eligible	Non IV-E eligible
-Living Arrangement (March 1988)		
<b>%Own Home</b>	_____	_____
<b>%Foster Home</b>	_____	_____
<b>%Pre Adoptive Placement</b>	_____	_____
<b>%Group Home</b>	_____	_____
<b>%Residential Treatment Center</b>	_____	_____
<b>%Independent Living Arrangement</b>	_____	_____
<b>%Runaways (AWOL)</b>	_____	_____
- Median Length of Time in Care (Fiscal Year '87)	_____	_____
- %of Youth Receiving Independent Living Services (July '87-July '88)	_____	_____

C. If possible, provide an estimate of the number of homeless youth, statewide.  
If any such cases, provide case vignettes of 1-3 youth.

3. **Organization**

A. Describe the **following** organizational aspects of the agency:

- Organizational relationship within state agency (e.g. state or county administration)
- Internal agency organization, specifically:
  - county input into state program and policy decisions regarding independent living services
  - the different types of units servicing adolescents and the function of each unit
  - overview of the steps in the service delivery process
- External agency organization, specifically:
  - Number and types of contracts with private **providers** for ILS
  - Advisory council for **ILS** (membership, when it meets, mission)
  - Interagency agreements with other public agencies (e.g. education system) to provide ILS (discussion of actual services provided)

B. Agency definition of adolescents:

- What ages are included?
- **Does** age trigger type of services received?
- What type of adolescent population does the agency serve?
- What are the social, emotional, educational, employment and basic skills needs of adolescents facing discharge? How are youths' needs assessed?

V . **PHILOSOPHY AND POLICY**

1. Describe the agency's philosophy about providing independent living services.
  - Definition
  - Comprehensive service delivery system or single component such as a living arrangement
  - Targeted population (age, broad or limited population, other youth **characteristics**)
  - Changes in philosophy since P.L. 99-272
  
2. Describe the ILS policies in place before P.L. 99-272, the policies which have been developed since P.L. **99-272**, and plans for future policy development (Information should be collected on all agency policies identified on page 6).
  - Identify policy changes since P.L. 99-272
  - Impetus for policy development
  - Inclusiveness of the policy
    - a Coals and Objectives
    - a Age limits
    - a Population addressed (case plan goal)
    - a Services addressed
    - a Comprehensiveness
    - Restrictions
  - How do policies effect provision of services?
  
3. Describe the barriers, if any, to the **ILS** policy development.
  - Administrative
  - **Community**
  - **Legislative** (including existing laws)
  - Funding
  
4. Describe the policy barriers, if any, to providing independent living services (e.g. foster care youth not allowed to have a driver's license)
  
5. Describe the attitudes and policies toward and use of reunification services for adolescents in foster care.
  
6. Describe the attitudes and policies concerning adoption for older children and adolescents.
  - Agency established age limits
  - Adoption as case plan goal

V. ORGANIZATIONAL CONTEXT (FOR EACH CATEGORY: DESCRIBE ANY CHANGES THAT HAVE BEEN IMPLEMENTED SINCE P.L. 99-272)

Case Review

1. Describe the case review **processes** conducted for all youth, and particularly adolescents. What role does the youth play in these reviews?
2. Do case service plans address the self-sufficiency needs of youth in care regardless of the youths goals? Explain.
3. What type of exit plans are established with youth facing discharge from care?

Training

1. Have public agency staff, and private agency staff, been trained in the developmental and independent living service needs of adolescents? Describe:

**Who has been trained- (type of staff and number of staff)**

- Content of training (types of materials used)

When and how often training is offered

Number of training hours

Is training mandatory?

Does training include component which emphasizes educational needs of youth and intervention strategies with the school system?

2. Does the agency provide any specialized training for foster parents who provide care to adolescents? Describe:

- When and how often is training offered?

- Number of training hours

- Scope and context **of training (types of materials used)**

- **Special** foster parent characteristics necessary for providing services to adolescents

- Foster parent incentives

- **How** foster parent training of younger children incorporates training for independence

- **Is training mandatory?**

### Staffing:

1. Describe the roles and responsibilities of all staff members designated to work with adolescents and independent living services. Include:
  - Whether or not responsibilities are focused on ILS or include other programmatic issues
  - Length of time position has existed
  - Description of tasks performed
  - Communication and interaction between staff members

### Organizational Practices

1. Are there local practices that encourage youth to become dependent instead of independent? Explain.
2. Is there an understanding by caseworkers (public/private) of the developmental needs of **all** youth in **substitute** care to eventually become self-sufficient? Is there an understanding of the types of services necessary to help youth achieve this goal?
3. How does the agency currently handle its adolescent caseload? Are any changes planned?
4. Is there an understanding by administrators, caseworkers, foster parents, other service providers of the wide spectrum of tangible and intangible skills that youth need to master in order to transition to living on their own.
5. Is there an understanding by caseworkers, foster parents and other service providers of the informal process of teaching independent living skills. If yes, how was this accomplished? Provide concrete examples of caseworkers, foster parent behaviors. If no, explain agency's approach to service delivery.
6. How do the key players who provide services to youth (foster parents, case workers, volunteers, other care providers) coordinate their efforts? Are there any formalized procedures established to insure coordination?
7. What type of documentation do youth **recieve** at the time of discharge (e.g. life books, community resource guide, health records, birth certificates)

**.I. SERVICES (DESCRIBE ANY CHANGES THAT HAVE BEEN IMPLEMENTED SINCE P.L.99-272)**

1. What are the specific independent living services and programs available in the following areas;

- Basic skills programs
- Employment Training
- Education initiatives
- Individual/group **counselling**
- Teen Conferences
- Other services that have been **developed**

For each **service/program** identified describe the following: (Be sure to include group home and RTC programs)

- Service provider/s
- Goals and Objective of the service/program
- Staffing and methods of service delivery
- Description of services and activities
- Admissions process and/or eligibility criteria
- Availability and coverage of service (applications, slots, waiting list statistics)
- Service definitions
- Strengths and Weaknesses
- Actual number being served
- Funding
- Length of time service has been offered

2. How is the effectiveness of services being evaluated?
3. How are the service needs of the rural adolescent population being met?
4. Other than through individual contracts, is there a general contract provision requiring group homes and **RTC's** to provide independent living services?
5. What type of independent living arrangements are **available** for youth? Is staff aware of the variety of independent living arrangements that can be developed for youth?
6. Must youth demonstrate knowledge of **basic skills before moving into a supervised or unsupervised living arrangement?**
7. For each type of independent living arrangement **describe:**
  - Eligibility criteria
  - Subsidies
  - Agency role
  - Supervision
  - Time Frames
  - Contracts with youth
8. Describe how volunteers are used to provide independent living services.
  - Number of volunteers
  - Tasks they perform
  - Number of youth served
9. Describe the types of **aftercare** services available.
  - How does the agency define aftercare
  - Number and types of youth served
10. What efforts are made to assist youth in school?

11. **COMMUNITY RELATIONS** (DESCRIBE ANY CHANGES THAT HAVE BEEN IMPLEMENTED SINCE P.L. 99-272)

1. Other than those provided through the child welfare agency, what resources are available and **accessible** in the community to assist adolescents in their efforts to achieve self-sufficiency? (These resources do not necessarily have to be available only to adolescents)
2. Describe the work and relationship of the agency with other public and private agencies toward preparing youth for transition from substitute care.
  - Describe interagency agreements
  - Services provided through these agreements
  - Number of youth served
3. Describe the agency's relationship and work with the community (e.g. advocacy groups, volunteer groups) in providing independent living services.
4. Describe the agency's outreach efforts to the community to educate the people about the service needs of youth facing discharge from care.
5. Describe the community resources used to provide after care services.

12. **RECOMMENDATIONS**

1. Describe community and agency personnel's recommendations for developing and implementing services for adolescents in substitute care.
  - Laws
  - Policies
  - Licensing
  - Service Provision (what should be provided, who should **receive** services)
  - Funding
  - **Ages**

**APPENDIX F**  
**CASE RECORD ABSTRACT**

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1

**A NATIONAL EVALUATION OF TITLE IV-E  
FOSTER CARE INDEPENDENT LIVING  
PROGRAMS FOR YOUTH**

**CASE RECORD ABSTRACT FORM**

**Study County and State:** \_\_\_\_\_

**Subject ID#:** . . . . .

**Abstractor Name** \_\_\_\_\_

**Abstractor ID#:** \_\_\_\_\_

**Date of Completion:** \_\_\_\_\_

**Conducted for:**

**Department of Health and Human Services  
Office of Human Development Services  
Administration for Children, Youth and Families**

**Conducted by:**

**Westat, Inc.  
1650 Research Blvd.  
Rockville, MD 20850**



. A - 6 . How many years Of vocational schooling did youth complete at time of discharge?

Less than 1 year .....0  
1 year ..... 1  
2 years ..... 2  
3 years ..... 3  
4 years ..... 4  
Unknown ..... 9

A-7 Excluding summer vacations, did subject ever stop attending high school or junior high school for at least three months and then return?

Yes..... 1  
NO ..... 2 (A-9)  
unknown..... 9 (A-9)

A-8 Total number of times subject stopped attending junior high or high school for at least three months.

TOTAL NUMBER OF TIMES

Unknown 99

A-9 Has subject received a general equivalency diploma (GED)?

Yes, received GED..... 1  
No, did not receive GED.....  
Unknown..... 9

A-10 Did subject ever repeat any school grade?

Yes, repeated at least one grade level..... 1  
No, did not repeat ..... 2 (A-12)  
Unknown ..... 9 (A-12)

A-11 Eater all school grade(s) subject repeated:

grade(s) repeated

A-12 Was subject ever placed in a special education classroom?

Yes..... 1  
No ..... 2 (A-15)  
Unknown ..... 9 (A-15)

A-13 In what type of special education program was subject placed?  
(CIRCLE YES OR NO FOR EACH ITEM)

	YES	NO	UNK
Emotionally disturbed .....	1	2	9
Learning disabled .....	1	2	9
Educationally mentally handicapped .....	1	2	9
Trainable mentally handicapped .....	1	2	9
Physically disabled .....	1	2	9
Reading remediation .....	1	2	9
Other (SPECIFY) .....	1	2	9

A-14 Was subject placed in a self contained classroom or did they receive itinerant services?

Self contained <b>classroom, only</b> .....	1
Itinerant services, <b>only</b> .....	2
Combination of 1 and 2 .....	3
Other (SPECIFY) .....	4
Unknown .....	9

A-15 Does subject have any clinically **diagnosed** disabling conditions?  
(CIRCLE YES OR NO FOR EACH ITEM)

	YES	NO	UNK
No known disabling conditions .....	1	2	9
Developmental Disability .....	1	2	9
Emotional disturbance .....	1	2	9
<b>Specific</b> learning disability .....	1	2	9
Hearing, speech or sight impairment .....	1	2	9
Physical disability .....	1	2	9
Other clinically diagnosed conditions (SPECIFY) .....	1	2	9

A-16 Has this child ever been adopted?

<b>Yes</b> .....	1
<b>No</b> .....	2
Unknown .....	9



A-17a Last job held prior to discharge from substitute care:

1; Job description \_\_\_\_\_

2. Average number of hours worked per week?

- Less than 20 hours ..... 1
- 20 - 29 hours ..... 2
- 30-40 hours ..... 3
- More than 40 hours ..... 4
- Unknown.... "....." 9

3. Hourly or weekly pay: \$ \_\_\_\_\_ per hour or

\$ \_\_\_\_\_ per week

Unknown 9 9 9 9 9

4. Dates of employment from / \_\_\_\_ - \_\_\_\_ - to \_\_\_\_ / \_\_\_\_ -  
Unknown 9 9 9 9 9 9 9 9

5. Was this job part of a job corps or other job training program?

- Yes, Job Corps..... 1
- Yes, Other job training..... 2
- No ..... 3
- Unknown ..... 9

6. Reason for leaving job: (CIRCLE ONE)

- Quit to accept other employment-.,..... 1
- Quit, other reason..... 2
- Fired..... 3
- Laid off... ..... 4
- Temporary job..... 5
- Had not left job at  
time of discharge..... 6
- Other reason (SPECIFY) ..... 7
- Unknown..... 9

INSTRUCTION: IF YOUTH ONLY HAD ONE JOB WHILE IN CARE. SKIP TO A-18, OTHERWISE ANSWER A-17b

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A-17b Prior job held while in substitute care:

1. Job description \_\_\_\_\_

2. Average number of hours worked per week?

- Less than 20 hours ..... 1
- 20 - 29 hours .....\*
- 30-40 hours.....“..... 3
- More than 40 hours..... 4
- Unknown..... 9

3. Hourly or weekly pay: \$ \_\_\_\_\_ per hour or  
\$ \_\_\_\_\_ per week

Unknown 9 9 9 9 9

4. Dates of employment from t \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ -

Unknown m m Y Y m m Y Y  
9 9 9 9 9 9 9 9

5. Was this job part of a job corps or other job training program?

- Yes, Job Corps. .... 1
- Yes. Other job training..... 2
- No.....

6. Reason for

- acceptother
- Quit. other reason.....2
- Fired .....3
- Laid off.....4
- Temporary job .....5
- Other reason (SPECIFY) .....6
- Unknown.....9

A-18 Total number of job terminations (for any reason) while in substitute care:

- Zero .....0
- One .....1
- Two..... 2
- Three ..... 3
- Four ..... 4
- Five or More..... 5
- Unknown..... 9

**B. Family Structure**

**B-1** What was the subject's household composition at the time of their most recent (or only) entry into substitute care? (CIRCLE YES OR NO FOR EACH ITEM A-L. CIRCLE YES ONLY IF PERSON LIVED IN THE SUBJECTS HOUSEHOLD)

	YES	NO	UNK
a. Birth mother .....	1	2	9
b. Birth father .....	1	2	9
c. Adoptive mother.....	1	2	9
d. Adoptive father .....	1	2	9
e. Step <b>mother</b> .....	1	2	9
f. Step father.....	1	2	9
g. Grandmother.....	1	2	9
h. Grandfather .....	1	2	9
i. Other <b>adult relatives</b>			
not <b>parental</b> .....	1	2	9
j. Adults unrelated.....	1	2	9
k. Biological <b>siblings</b>			
(including half siblings) .....	1	2	9
l. Unrelated children			
(include step siblings).....	1	2	9

**B-2** What is the **race/ethnicity** of the subject's birth mother? (CIRCLE ONE)

- White - Not Hispanic..... 1
- Hispanic .....
- Black - not Hispanic .....
- Asian or Pacific Islander .....
- American Indian or **Alaskan** native.....
- Unknown.....

**B-3** What is the **race/ethnicity** of the subject's birth father? (CIRCLE ONE)

- White - Not Hispanic .....
- Hispanic** .....
- Black - not Hispanic.....
- Asian or **Pacific** Islander . - .....
- American Indian or **Alaskan** native.....
- Unknown**.....

**B-4** Have the parental rights of this subject's birth/adoptive mother been **legally** terminated?

- Yes**.....
- No.....
- Unknown.....

B-5 Have the **parental** rights of this subject's birth/adoptive **father** been **legally** terminated?

Yes..... 1  
 No.....2  
 Unknown.....9

B-6 Were any members of the household receiving public assistance at the time the subject entered substitute care (most recent episode)?

Yes..... 1  
 No..... 2  
 Unknown.....9

B-7 Which of the following problems were reported in the case record for the subject's **parental figures?**(**CIRCLE YES OR NO FOR EACH ITEM, A-N**)

	YES	NO	UNK
a. Physical abuse of children in <b>household</b> .....	1	2	9
b. <b>Physical</b> neglect of children in household.....	1	2	9
c. Sexual abuse of children in household .....	1	2	9
d. Emotional abuse of children in household.....	1	2	9
e. Emotional neglect of children in household .....	1	2	9
f. Abandonment of children in household.....	1	2	9
g. Alcohol abuse .....	1	2	9
h. Drug abuse.....	1	2	9
i. <b>Mental</b> illness.....	1	2	9
j. Mental retardation.....	1	2	9
k. Inadequate <b>parenting</b> skills .....	1	2	9
l. Spouse abuse .....	1	2	9
m. Prison sentence .....	1	2	9
n. Other ( <b>SPECIFY</b> ).....	1	2	9

\_\_\_\_\_  
 \_\_\_\_\_

C. **Case History Data**

C-1 **Date case was opened**

      /        
m m y y

Unknown

9 9 9 9

C-2 **Date of subject's first substitute care placement**

      /       to       /        
m m y y m m Y Y

Unknown

9 9 9 9 99 9 9

c-3 **Date of subject's most recent substitute care placement**

      /       to       /        
m m Y Y m m Y Y

**Unknown**

9 9 9 9 99 9 9

C-4 **Date of subject's discharge from most recent substitute care placement**

      /        
m m Y Y

**Unknown**

9 9 9 9

C-5 **Total number of placements while in substitute care:**

- One** ..... 1
- Two**..... 2
- Three** ..... 3
- Four** ..... 4
- Five or more** ..... 5
- Unknown**..... " " ..... 9

C-6 **Total number of placements with relatives or friends prior to placement in substitute care:**

- One ..... 1
- Two**..... 2
- Three ..... 3
- Four** ..... 4
- Five or more** ..... 5
- Unknown**..... 9

c-7 At the time subject's **case was** closed, which of the following items were reported as problems for the subject? (CIRCLE YES OR NO FOR EACH ITEM)

	YES	NO	UNK
a. Physically abused .....	1	2	9
b. Sexually abused .....	1	2	9
c. Emotionally abused .....	1	<b>2</b>	<b>9</b>
d. Physically neglected .....	1	<b>2</b>	<b>9</b>
e. Emotionally <b>neglected</b> : .....	1	2	9
f. In need of health care.....	1	2	9
g. Educationally deprived. ....	1	2	9
h. Educationally delayed .....	1	<b>2</b>	<b>9</b>
i. Emotional disturbance .....	1	<b>2</b>	<b>9</b>
j. Misconduct/conduct disorder.....	1	2	9
k. <b>Assaultive</b> behavior <b>with</b> family .....	1	2	9
l. <b>Assaultive</b> behavior with <b>non-</b> family members .....	1	2	9
m. Status offender (other than runaway) ..	1	2	9
n. Juvenile delinquency.....	1	<b>2</b>	<b>9</b>
o. Alcohol abuse .....	1	<b>2</b>	<b>9</b>
p. Drug abuse.....	1	2	9
q. <b>Runaway episodes</b> .....	1	<b>2</b>	<b>9</b>
r. <b>Pregnancy</b> .....	1	<b>2</b>	<b>9</b>
s. Parenting responsibility ...“I.....““.”.....	1	2	9
t. Nowhere to <b>live</b> upon <b>discharge</b> .....	1	<b>2</b>	<b>9</b>
u. <b>Other (SPECIFY)</b> .....	1	2	9

ANSWER QUESTION C-8 ONLY IF CIRCLED YES FOR ITEM 'f-la need of health care', IN QUESTION c-7.

C-8 **Please list** the **health** problems that were reported for youth?

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ANSWER QUESTION C-9 ONLY IF CIRCLED YES FOR ITEM 'q-runaway episodes' IN C-7.

C-9 **What is the total** number of times **the** subject ran away during his entire time in substitute care?

- One .....
- Two.....
- Three .....
- Four .....
- Five or more .. ..“.”.....
- Unknown.....

**INSTRUCTION: USE THE FOLLOWING CODES TO DESIGNATE TYPE OF LIVING ARRANGEMENT FOR QUESTIONS C-10 THROUGH C- 14.**

- NON-RELATIVE FOSTER FAMILY HOME.....01
- RELATIVE FOSTER FAMILY HOME .....02
- PRE-ADOPTIVE HOME .....03
- EMERGENCY SHELTER .....04

**CHILD CARE FACILITY**

- GROUP HOME.....05
- DRUG REHAB PROGRAM .....06
- PSYCHIATRIC **INSTITUTION(HOSPITAL)**.....07
- RESIDENTIAL TREATMENT PROGRAM.. .....08
- SECURED **FACILITY(DETENTION)** .....09

**INDEPENDENT LIVING ARRANGEMENT**

- HOST** HOME .....10
- SUBSIDY .....11
- SUPERVISED APARTMENT.. .....12
- SEMI-SUPERVISED APARTMENT.. .....13
- ALL OTHER LIVING ARRANGEMENTS.....14
- LIVING ARRANGEMENTS **UNKNOWN**  
OR HAVE NOT BEEN REPORTED.....99

COMPLETE LIVING ARRANGEMENTS FOR LAST EPISODE IN **SUBSTITUTE** CARE (date entered QC-3,.

ORDER OF LIVING <b>ARRANGEMENT</b>	LIVING <b>ARRANGEMENT CODE</b>	START <b>DATE</b>	END <b>DATE</b>
C-10 Last living arrangement	-- --	- I - - - m m y y 9 9 9 9	- / - - - m m y y 9 9 9 9
C-11 Previous living arrangement	- -	- / - - - m m Y Y 9 9 9 9	- / - - - m m Y Y 9 9 9 9
C-12 Previous living arrangement	-- --	- / - - - m m Y Y 9 9 9 9	- / - - - m m Y Y 9 9 9 9
C-13 Previous living arrangement	- -	- w / - - - m m Y Y 9 9 9 9	- - - - / m m Y Y 9 9 9 9
C-14 Previous living arrangement	-- --	- / - - - m m Y Y 9 9 9 9	- / - - - m m Y Y 9 9 9 9

C-15 **Total number of different living arrangements while in substitute care:**  
 (Include living arrangements for all substitute care episodes)

One ..... 1  
 Two.....2  
 Three ..... 3  
**Four** ..... 4  
 Five or more .....5  
 Unknown .....9

C-16 **Total number of pre-adoptive placements while in substitute care:**

**Zero** .....1  
 One ..... 2  
 Two..... 3  
**Three** .....4  
 Four or more .....5  
 unknown.....9

c-17 **Was** subject ever **placed** in substitute care through another agency/system?

Yes.....1  
**No**..... 2 (C-19)  
 Unknown.....9 K-19)

C-18 **What other agency/system had** subject in substitute **care** placement? (CIRCLE YES OR NO FOR EACH ITEM)

	YES	NO	UNK
Juvenile Court System .....	1	2	9
Mental Health System.....	1	2	9
Voluntary Agency.....	1	2	9
<b>Education System</b> .....	1	2	9
<b>Developmental Disability System</b> .....	1	2	9
Other (SPECIFY).....	1	2	9

c- 19 During subject's **last year in substitute care**, approximately how often was there visitation between subject and parental figures?

	Parental Figure	Parental Figure	Parental Figure	Parental Figure
	Relationship	Relationship	Relationship	Relationship
Never	1	1	1	1
1-5 times	2	2	2	2
6-10 times	3	3	3	3
More than 10 times	4	4	4	4
Unknown	9	9	9	9

c-20 If there was **no** visitation between subject and parental figure during the subject's **last year in** substitute care, approximately how often were there other types of contacts between subject and parental figures (phone calls, letters etc.)?

	Parental Figure	Parental Figure	Parental Figure	Parental Figure
	Relationship	Relationship	Relationship	Relationship
Never	1	1	1	1
1-5 times	2	2	2	2
6-10 times	3	3	3	3
More than 10 times	4	4	4	4
Unknown	9	9	9	9

C-21 During subject's **last year in** substitute care, approximately how often was there **visitation between subject** and caseworker?

Never ..... 1  
**1-5** Times. ....  
**6-10** Times..... 3  
 More than **10** times. ....  
**Unknown**..... 9

**D-J Recommendation from most recent periodic review (CIRCLE ONE):**

Return to home of parent(s), relatives or other caretakers with whom subject resided prior to entering substitute care.....\*.....01

Place with a parent, relative or other caretaker with whom subject was not residing at time of entry (excluding adoption plans) .....02

File for termination of parental rights.....03

Find an adoptive placement.....04

Finalize adoptive placement .....I.....““...~.....\_.....05

Independent living in the community, upon reaching age of majority or emancipation .....06

Guardianship .....“ “ “ “.....\_.....\_.....\_.....07

Continue current placement for specified period of time . . . . .08

Continue current placement for unspecified period of time.....09

Change current placement but continue in substitute care . . . . .10

Other (SPECIFY) \_\_\_\_\_ 11

---

Unknown .....99

**D-5 Did recommendation include provision of services to prepare subject for independent living?**

**Yes..... 1**

**No ..... 2**

**Unknown ..... 9**

**D-6 Did youth participate in developing recommendation?**

**Yes..... 1**

**No..... 2**

**Unknown..... . .**

D. Case Management and Review Data

D-1 Initial use plan goal for last entry into substitute care (date entered in QC-3; CIRCLE ONE)

- Return to home of parent(s), relatives, or other caretakers with whom subject resided prior to entering substitute care.....1
- Place with a parent, relative, or other caretaker with whom subject was not residing at time of entry .....2
- Termination, plan for adoption . . . . .3
- Termination, no plan for adoption . . . . .4**
- Independent living in the community, upon reaching age of majority or emancipation . . . . .5
- Long-term substitute care .....6
- Guardianship .....7
- No permanency plan goal established, other than the care and protection of the youth.....8
- Permanency plan goal unknown, not reported, or is in preparation and not yet available.....9

D-2 Date of most recent periodic case review:

    — — — — —  
    mo.   y r .

Unkaowa   99   99

D-3 Did this review occur during subject's most recent placement (since date entered in QC-3)

- Yes .....1
- No ..... 2 (D-7)
- Unknown .....9 (D-7)

**D-J Recommendation from most recent periodic review (CIRCLE ONE):**

- Return to home of parent(s). relatives or other caretakers with whom subject resided prior to entering substitute **care**..... 01
- Place with a parent. relative or other caretaker with whom subject was not residing at time of entry (excluding adoption plans) ..... 02
- File for termination of parental rights ..... 03
- Find an adoptive placement .....04
- Finalize** adoptive placement ..... **05**
- Independent living in the community. upon **reaching** age of majority or emancipation ..... 06
- Guardianship ..... 07
- Continue current placement for specified period of time ..... 08
- Continue current placement for unspecified period of time ..... 09
- Change current placement but continue in substitute care ..... 10
- Other (SPECIFY) \_\_\_\_\_ ..... **11**

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- Unknown . . . .....99

**D-S** Did recommendation include provision of services to prepare subject for independent living?

- Yes** . . . ..... 1
- No** . . . ..... 2
- Unknown**..... " 9

D-6 Did youth participate in developing recommendation?

- Yes** ..... 1
- No** ..... 2
- Unknown ..... 9

D-7 Date of most recent dispositional hearing:

	<u>    </u> mo.	<u>    </u> yr.
Unknown	99	99

D-8 Did this review occur during youth's most recent placement (since date entered in QC-3)

Yes.....	1
No.....	2 (D-12)
Unknown.....	9 (D-12)

D-9 Decision/recommendation from most recent dispositional hearing (CIRCLE ONE):

- Return** to home of **parent(s)**, relatives or other caretakers with whom subject resided prior to entering substitute care. . . . .01
- Place** with a parent, relative, or other caretaker with whom subject was not residing at time of envy (excluding adoption plans) .....02
- Find** an adoptive home. . . . .03
- Place** in **finalized** adoptive home..... 04
- Independent living in the community. upon reaching age of majority or emancipation** .....05
- Guardianship** . . . . .06
- Continue current placement for specified period of time.....07
- Continue current placement for unspecified period of time.....08
- Change current placement but continue in substitute care.....09
- Other (SPECIFY) \_\_\_\_\_ .....10
- Unknown .....99

D-10 Did **recommendation/decision** include provision of services to prepare subject for independent living?

Yes.....	1
No.....	2
Unknown.....	9

D-11 Dii Youth participate in developing recommendation?

Yes....	1
No.....	2
Unknown.....	9

OFFICE USE ONLY

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D-12 Was youth enrolled in program/s which provided specialized independent living services training?

Yes ..... 1  
 No ..... 2 (D-14)  
 Unknown.....9 (D-14)

D-13 Write the name/s of the program/s:

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D-14 Does the record show that the subject received formal skills training in any of the following areas: (CIRCLE YES OR NO FOR EACH SKILL AREA IN WHICH TRAINING WAS PROVIDED INDICATE WHO PROVIDED THE TRAINING USING THE FOLLOWING TRAINER CODES

TRAINER CODES	
Foster Parent	1
Child Welfare Caseworker	2
Group home or RTC	3
Volunteer	4
Private contract provider	5
Job Corps	6
Public Agency Provider	7
Other (SPECIFY)	8
Unknown	9

SKILL AREA	YES	NO	UNK	TRAINER CODE	
				1	2
a. Money Management/Consumer Awareness	1	2	9	_____	_____
b. Food Management	1	2	9	_____	_____
c. Personal Appearance & Hygiene	1	2	9	_____	_____
d. Health	1	2	9	_____	_____
e. Housekeeping	1	2	9	_____	_____
f. Housing	1	2	9	_____	_____
g. Transportation	1	2	9	_____	_____
h. Educational Planning	1	2	9	_____	_____

TRAINER CODES	
Foster Parent	1
Child Welfare Caseworker	2
Group home or RTC	3
Volunteer	4
Private contract provider	5
Job Corps	6
Public Agency Provider	7
Other (SPECIFY)	8
Unknown	9

SKILL AREA	YES	NO	UNK	TRAINER CODE	
				1	2
i. Job Seeking Skills	1	2	9	_____	_____
j. Job Maintenance Skills	1	2	9	_____	_____
k. Emergency and Safety Skills	1	2	9	_____	_____
l. Knowledge of Community Resources	1	2	9	_____	_____
m. Interpersonal Skills	1	2	9	_____	_____
n. Legal Skills	1	2	9	_____	_____
o. Decision Making/Problem Solving Skills	1	2	9	_____	_____
p. Parenting Skills	1	2	9	_____	_____
q. Other (SPECIFY)	1	2	9	_____	_____
_____					
_____					

**BOX 1: IF SUBJECT DID RECEIVE SKILL TRAINING IN ANY OF THE AREAS LISTED IN QUESTION D- 14, THEN ANSWER D- 15, OTHERWISE SKIP TO D- 17**

D-15 Did youth receive payment for attending independent living skills training?

- Yes ..... 1
- No ..... 2 (D-19)
- unknown ..... 9 (D-19)

D-16 Enter total amount paid to subject for independent living skills training.  
(If payment was made on an as session payment rather than a lump sum, enter the amount paid per session or per hour.)

Total payment \$ \_\_\_\_\_ (D-19)  
Unknown 9 9 9 9 9 9

or

Per Session \$ \_\_\_\_\_ (D-19)  
Unknown 9 9 9 9 9 9

or

Per Hour \$ \_\_\_\_\_ (D-19)  
Unknown 9 9 9 9 9 9

D-17 Does the record indicate why skills training was not provided?

- Yes ..... 1
- No ..... 2 (D-19)

D-18 According to the record, why didn't the subject receive independent living skills training?

- Training not available . . .\*.....\*..... 1
- Youth refused to participate . . . . . 2
- Transportation problem..... 3
- Other (SPECIFY)** ..... 4
- Unknown.....\*..... 9

D-19 Did subject receive psychological **counselling**?

- Yes ..... 1
- No ..... 2
- Unknown..... 9

D-20 Was subject matched with a volunteer to help in their transition from substitute care?

- Yes ..... 1
- No ..... 2
- Unknown..... 9

D-2 I Did subject receive an independent living subsidy for an independent living arrangement?

Yes ..... 1  
 No ..... 2 (D-24;  
 Unknown ..... 9 (D-24)

D-22 How much was the subsidy payment<sup>3</sup>

a. start up cost \$ \_\_\_\_\_  
 (enter exact amount)  
 Unknown 9 9 9 9 9

b. monthly maintenance payment \$ \_\_\_\_\_  
 (enter exact amount)  
 Unknown 9 9 9 9 9

D-23 For what period of time was the subsidy payment received?

Less than 1 month ..... 0  
 1 month ..... 1  
 2-6 months ..... 2  
 7-12 months ..... 3  
 More than 12 months ..... 4  
 Unknown ..... 9

D-24 Does the case record outline aftercare services for the subject?

Yes ..... 1  
 No ..... 2 (END)  
 Unknown ..... 9 (END)

D-25 What aftercare services are indicated in the use record? (CIRCLE YES OR NO FOR EACH R-EM)

	YES	NO	UNK
a Follow-up appointment/r with caseworker .....*	1	2	9
b. Linkage with community volunteer.....	1	2	9
c. Referral/s to community resources . . . . .	1	2	9
d. One time payment (for rent, living expenses, etc.).....	1	2	9
e. Scholarship . . . . .	1	2	9
f. Other (SPECIFY).....*	1	2	9

**END**

RESPONDENT INFORMATION SUMMARY SHEET\*

County & State \_\_\_\_\_

Subject Name \_\_\_\_\_

Subject ID# . . . . .

Abstractor Name \_\_\_\_\_

Abstractor ID# . . . . .

Date of Completion \_\_\_\_\_

A. Demographic Data for Youth

A-1 **Sex:** Male .....1  
Female.....  
Unknown .....9

A-2 **Date of Birth:** - M o . Day Yr. or age \_\_\_\_\_

A-3 **Race/Ethnicity:** White - not Hispanic . . . . .1  
**Hispanic**..... ..2  
Black . aot Hispanic .....  
Asian or Pacific Islander . . . . .4  
American Indian or Alaskan native.. .....5  
Unknown .....9

\*If information is not available in use record abstract, youth's caseworker wilt be contacted.

A-4 Last know residence:

Address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(Apartment #)  
\_\_\_\_\_  
(City) (State) (Zip)

Telephone: ( ) - \_\_\_\_\_  
A.C.

A-5 Living arrangement at **last** known residence:

- Foster **family** home..... 1
- Adoptive foster home (relatives and non-relatives) . . . . . 2
- Natural **parents** or relatives ..... 3
- Group home for children ..... 4
- Emergency shelter **care**..... 5
- Child care **facility** (for residential treatment  
and **other** group living) ..... 6
- Independent living ..... 7
- All **other** living arrangement categories ..... 8
- Living **arrangement** is unknown or has not been reported..... 9



**Names of persons likely to know whereabouts of respondent •**

\_\_\_\_\_  
**(Name)** (Relationship to Respondent)

\_\_\_\_\_  
**(Street)** **(Apt.)**

\_\_\_\_\_  
**(City)** **(State)** **(Zip)** (Telephone)

\_\_\_\_\_  
**(Name)** (Relationship to Respondent)

\_\_\_\_\_  
**(Street)** **(Apt.)**

\_\_\_\_\_  
**(City)** **(State)** **(Zip)** (Telephone)

\_\_\_\_\_  
**(Name)** (Relationship to Respondent)

\_\_\_\_\_  
**(Street)** **(Apt.)**

\_\_\_\_\_  
**(City)** **(State)** **(Zip)** (Telephone)

• If additional contacts available, record on supplemental sheets.

**A-21**      **If youth had a bank account, indicate:**

**Name of Bank:**      \_\_\_\_\_

**Bank Account No.:**      \_\_\_\_\_

**A-22**      **If youth had a credit card, indicate:**

**Credit Card Name:**      \_\_\_\_\_

**A-23**      **Did youth have a driver's license?**

**Yes.....1 (A-24)**

**No.....2 (A-25)**

**Unknown .....9 (A-25)**

**A-24**      **Driver's License No.:**      \_\_\_\_\_

**A-25**      **Social Security No.:**      \_\_\_\_\_

**A-26**      **Armed Forces No.:**      \_\_\_\_\_