Aged-Out and Homeless in Philadelphia

Prepared for the

Greater Philadelphia Urban Affairs Coalition

by

Philadelphia SAFE AND SOUND

Safe Kids. Sound Futures.

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The Greater Philadelphia Urban Affairs Coalition
The Greater Philadelphia Urban Affairs Coalition (GPUAC) unites government, business, neighborhoods, and individuals to improve the quality of life in the region, build wealth in urban communities, and solve emerging issues. GPUAC carries out this mission in three ways: through policy development, program implementation, and by providing professional services to allow social entrepreneurs to carry out programs and projects.

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Introduction

Introduction

In any given year, there are approximately 500,000 children in foster care throughout the United States. Of these, about 20,000 age out each year and are at risk for a variety of problems, including homelessness, un-/under-employment, criminal activity, and a lack of education. Recognizing the need for continued, and in many instances increased, diligence in guiding these at-risk youth toward independence, the Greater Philadelphia Urban Affairs Coalition (GPUAC) contracted with Philadelphia Safe and Sound (PSS) to study the needs and experiences of youth in Philadelphia who had become homeless after aging-out of the child welfare system. Over the course of several months, we spoke with many youth and key informants who openly shared their experiences, thoughts, feelings, and recommendations on a variety of issues related to this vulnerable population. What we heard was both enlightening and distressing.

Throughout this study, we were struck by the inconsistent approaches to care and by the incongruous attitudes toward and of youth. On many levels, there were youth and systems of care professionals who had strong and positive views with each doing their part to support positive outcomes. We spoke with youth who responsibly recognized their roles in making uninformed and, at times, harmful decisions. We also spoke with experts and service providers who were doing the best they could within existing resource and service coordination constraints. On the other hand, we spoke with youth who could not acknowledge the parts they played, blaming family, social and educational services, and "the world" in general. We also found that along the continuum of care that these youth received, there were service providers, administrative and legislative policies, families, and "support" networks that were inconsistent, contradictory, negligent, and impeding on youth success. Given this complex scenario, we recommend that readers of this report bear in mind the following:

No one solution. At a minimum, there are two tactics for handling this vulnerable population of youth: prevention and intervention. One is addressing the needs of youth while they are in care, essentially preparing them for independence and preventing them from becoming homeless upon discharge. Two is actively intervening and treating/serving youth who have become homeless after discharge to shorten the periods of homelessness, and providing the necessary tools for youth to become self-sufficient. Both approaches are necessary and require complex and multi-level solutions to create a solid continuum of care and support.

No one problem/cause. Although finger pointing often can be the first and sometimes the only reaction to a disturbing situation, the findings from this study highlight how inappropriate that reaction can be. Youth who age out of foster care do not become homeless because of any one reason. We found that at almost every step in these youths' lives, obstacles or problems were compounded to create complex barriers to success. Systems failed these youth on a multitude of levels. Youth themselves made uninformed, harmful, irresponsible, or inappropriate decisions. Administrative and legislative policies did not support a smooth transition to self-sufficiency. Just as there is no one remedy, there is no one source to blame.

No one responsibility. To fix a complex problem, there cannot be a simple resolution. Given the variety of causes, we cannot assume it is one entity's responsibility to prevent youth from leaving care for the streets. Nor is it one entity's responsibility to intervene and serve those youth who already have become homeless. Tackling homelessness among aged-out youth is an ambitious endeavor that requires cooperation, coordination and initiative at all levels. All social and educational systems need to be involved and proactive in developing and implementing a complex network of care for these youth. Youth need to be active in their care and treatment and advocate for themselves. Multiple problems must be addressed by multiple responses from multiple systems.

Un-informed actions → un-informed results. Noble intentions are admirable and appropriate in many cases, but if true systems reform is to happen to better serve these youth, then we have to make decisions based on evidence and not on well-intentioned actions. Findings from this study underscore the need for valid and reliable data that all systems can access and utilize to maximize and create services. It is not enough to anecdotally report that services are working or failing, or that a youth is merely incorrigible. Youth outcomes and progress must be measured and tracked for empirical decision making, and youth must be assessed for targeted and appropriate treatment. Data and information are powerful tools to ensure that youth are successful, and they are crucial components in supporting cross-system communication and coordination.

Youth: valuable commodities. No real systems change can occur unless all stakeholders believe that these youth can and will succeed. Youth need to be valued, heard, believed, supported and guided. It cannot be acceptable to discharge youth to the streets or to allow them to be disrespected while in care. Youth should be offered appropriate services and encouraged to access those services. Youth also need to be guided in accepting responsibility for their actions and to be viewed within a developmentally appropriate context. While few may

think of these youth as the promise of our future, investing in them will have tremendous benefits, not only in systems cost savings but in increased human capital.

The above considerations, coupled with the recommendations contained in this report, can be starting points for change. Although preventing aging-out youth from becoming homeless or serving those youth who already are homeless can seem like impossible tasks, there are achievable and potentially short-term approaches to begin the reform process. Outlined below are strategies that can yield strong results in a relatively short time period (within 18 months).

Short-Term Attainable Strategies

Department of Human Services (DHS) Policy Changes

1. Create an Office of the Ombudsman with an independent, external ombudsman with full authority to investigate allegations on a timely basis, to whom youth can disclose information regarding abuse without retribution and whom youth and staff view as credible.

2. At least six months prior to the youth's discharge hearing, have the caseworker ask the youth to identify who they see as a likely support after DHS care. In cases where the worker feels the identified supports are not in the youth's best interests, work to develop alternatives while simultaneously working with the youth-identified support system, as this constitutes a likely living arrangement post-DHS care. Involve youth-identified supports in the transition/discharge process to enhance the possibility of developing healthy relationships.

3. Institute a "trial discharge" period similar to policies in Connecticut, New York and Maine, which would leave the case open for at least six months post DHS discharge and would provide a mechanism for re-entry. Ensure that youth are aware that they can return to care without significant paperwork, without penalty and without judgment.

4. Broaden the Selected Needs Assessment Resources and the Independent Living Grid within the *Pennsylvania Model: A Guide to Independent Living* training curriculum to include biopsychosocial assessments and their key components. In addition to life skills assessment, require biopsychosocial assessments to identify strengths and needs beyond basic self-sufficiency skills. This assessment should include mental health symptomatology, drug use, sexual behavior, relationship issues (family and peers), support system involvement, legal involvement, and use of free time that results in a profile of youth needs. Based upon this profile, youth-to-service matching – beyond the provision of life skills training – should commence.

Youth Rights/Legal Involvement

1. Develop policies and procedures, together with Family Court, the Juvenile Law Center, and court-appointed attorneys, that ensure that no youth are discharged to the streets or discharged without meeting basic self-sufficiency goals (e.g., high school diploma or GED).

2. Adopt the *Court Protocol for Youth 16 and Older*, a mechanism for better serving older youth in care and for ensuring a successful transition from DHS custody to independence.

3. Require the child advocate attorney and/or child advocate social worker to become more involved in youth cases to ensure youth receive timely, accurate information and timely services.

4. Provide all youth with a hard copy of *Know Your Rights: A Guide for Youth in Substitute Care* at the time when independent living becomes the youth's goal. Youth should be required to sign a form stating that they received a copy of this information. These forms should be submitted to supervisors (for input into DSS CARES) and the court for tracking and accountability purposes.

5. Mandate that caseworkers notify youth of their discharge or emancipation hearing date in person and secure transportation to ensure 100% attendance. If for some reason the youth is not present at this hearing, grant an automatic 30-day extension and reschedule the hearing.

Accountability Mechanisms Through Continual Data Reviews

Currently, the DSS CARES system is uniquely positioned to improve case identification and subsequent case coordination. Include School District data within DSS CARES to improve case identification and subsequent case coordination through the DSS CARES system.

Use DSS CARES to:

1. Develop protocols for case identification and coordination with subsequent staff accountability through the DSS Service Coordination Dashboard.

2. Track and monitor adherence to coordination requirements of all foster care cases.

3. Use these coordination requirements to develop and subsequently monitor performance measures by DSS and service provider agencies as they relate to foster care youth in general and the aging-out population specifically.

4. Move toward performance-based contracting for all providers serving foster care youth. Require case identification and coordination for all.

Staff Training/Workforce Development

1. Develop competency-based training and require that caseworkers pass competency tests on specific content within pre-determined time intervals.

2. Provide all staff with competency-based training in adolescent development. Have this component embedded within the *Pennsylvania Model: A Guide to Independent Living* training curriculum.

Using these short-term strategies as springboards for longer-term and more intensive reforms can build momentum and provide a sound foundation for multi-systems reform. As illustrated throughout the rest of this report, the complicated needs of these youths require a complex system of care to ensure a proper transition to successful adulthood.

The report is divided into five sections to provide greater detail about the project and offering specific recommendations for reform.

Section 1 contains the problem statement and study purpose.

Section 2 describes the project's methodology.

Section 3 summarizes the results of key informant, focus group, and survey data within 11 categorical areas of findings. Within each of these 11 categories, we provide specific recommendations for improved services for youth prior to leaving care and in the delivery of services to homeless young adults.

Section 4 summarizes policy-related information within six categorical areas comparing Pennsylvania (and Philadelphia) to other areas of the country. Specific policy recommendations are provided within each of these areas.

Section 5 summarizes promising approaches currently underway or planned in Philadelphia and presents what lies ahead. ■

Section 1

Problem Statement and Study Purpose

Problem Statement

Roughly 20,000 youth age out of the child welfare system annually. What is known about how they fare while in, and after leaving care, can be both distressing and discouraging. Generally speaking, aging-out youth are more likely to experience multiple placements, less likely to have stable attachments to caring adults, and more likely to have behavioral/mental health issues than young children who enter care and are permanently placed. Upon discharge, youth who have aged out of foster care are typically unprepared to live on their own. It is not surprising that about one in four aging-out youth leave the foster care system with hopes of being self-sufficient adults only to find themselves homeless before the age of 25 (Ferrell, 2004). The following provides a brief summary of what is known about youth who age out of foster care and highlights the inter-connectedness of issues that, when taken together, can negatively build upon one another. The results summarized below are consistent around the country.

Approximately half of the youth who age out of foster care leave the system without a high school degree (Westat, 1991; Barth, 1990; Ferrell, 2004; Armstead & Brian, 2005). While the risk for poor educational achievement is increased by just being in the foster care system [youth who have been in foster care are two times more likely to drop out of school as compared to other teens (Blome, 1997; Westat, 1991; Barth, 1990, Ferrell, 2004)], risks are even more pronounced for older youth (Blome, 1997; Ferrell, 2004).

Aging-out youth are more likely to leave care without a high school diploma or GED and consequently are less likely to be employed. About 30 percent of youth aging out of foster care in Illinois, 23 percent in California, and 14 percent in South Carolina had no earnings during an entire 13-quarter period of a large national study (Goerge, Bilaver, Needell, Brookhart, & Jackman, 2002). Of those who did obtain employment [about 40% in a Midwestern study (Courtney, Dworsky, Ruth, Keller, Havlicek, & Bost, 2005)], average incomes were substantially below the poverty level (Goerge, Bilaver, Needell, Brookhart, & Jackman, 2002).

Youth who have aged out of care are less likely to have a high school diploma or GED, less likely to be employed, and less likely to earn a self-sufficient wage. Consequently, these youth are at increased risk for housing instability and/or homelessness. Rates of homelessness among the aging-out youth population range from 11% (Office of Children's Administration Research, 2004) to 25% within two to four years of leaving care (Cook, 1991). In a study of homeless adults, the rate of shelter use was two times higher for those who had been in out-of-home-placements (Park, 2004).

Youth who have aged out of the foster care system are more likely to have had multiple placements which increases the risk for behavioral health problems and involvement in the juvenile and criminal justice systems. When compared to adults from the general population matched for age, gender, race/ethnicity (Casey Family Study): the rate of post-traumatic stress disorder (PTSD) among former foster youth was about five times that of the general population; the rate of PTSD among former foster youth exceeded the rate of American war veterans; the rate for drug dependency among former foster youth was seven times that of the general population; the rate for alcohol dependence among former foster youth was two times the rate of the general population; and the rate of panic disorder was at least three times that of the general population. Research further indicates that compared with the general population, former foster youth have a higher rate of involvement with the criminal justice system (Osgood, Foster, Flanagan, & Ruth, 2005). As the number of foster care placements increases, the likelihood of delinquent and/or criminal behavior increases (Schwartz & Fishman, 1999; Widom, 1991). In turn, those with a criminal record are less likely to complete school, find stable housing and earn a livable wage, thus negatively affecting a youth's ability to successfully transition to adulthood.

Clearly, a number of adolescents are unsuccessful after aging out of foster care. While there may be individual issues that impact success (e.g., developmental disabilities), there is an additional complicating factor that impacts outcomes and goes beyond the individual youth – service delivery systems. These systems (e.g., child welfare, educational institutions, juvenile justice, and mental health) are complex environments that have the responsibility to deliver complementary services to adolescents aging out of care. However, the operating procedures of these systems often inhibit or confound identification, subsequent intervention, transitional planning and discharge of adolescents who are aging out of the foster care system.

In this report, we identify strengths and areas of improvement within the current "standard" system of care for this population. We also emphasize and recognize that both the youth and the systems that serve them are individually and collectively responsible for ensuring that youth are given and take advantage of every opportunity to become independent and self-sufficient.

Study Purpose

In support of the efforts being made by the Blueprint to End Homelessness (www.blueprinttoendhomelessness.org) initiative, GPUAC contracted with Philadelphia Safe and Sound (PSS) to collect and synthesize data to inform the continued understanding of this unique and vulnerable population.

The goals of the study were as follows:

1) Identify types of services youth received and the planning process leading to their discharge from care.

2) Identify strategies, strengths, weaknesses and gaps in services and planning for this group.

3) Determine the needs of young adults who are currently homeless and have been in substitute care at ages 16 or older.

4) Provide specific recommendations for improved services to youth prior to leaving care and in the delivery of services to homeless young adults. ■

Section 2

Project Methodology

Methods

Overview. A mixed-method, non-experimental research design was used for this project. The researchers obtained qualitative data through *interviews and focus groups* with homeless young adults who had been in Philadelphia's substitute care system (n=77 participants), and through *key informant interviews* with individuals with vast knowledge of Philadelphia's service system and the needs of homeless young adults (n=16 participants). The researchers obtained quantitative data through *surveys* of homeless young adults who had been in Philadelphia's substitute care system (n=75). Finally, a policy analysis was conducted to assess how federal, state and local jurisdictions addressed key issues facing this population through laws, regulations and administrative policies.

Procedures

Recruitment. The researchers recruited focus group and survey participants through programs known to serve this population (e.g., drop-in centers, independent living programs) and through youth participants themselves. Flyers were posted at program locations and announcements made at meetings and drop-in centers. Researchers asked youth to tell people who they knew to be in similar situations to sign up for participation. Researchers identified key informants through programs known to serve this population, through GPUAC recommendations, and through individuals recommended by initial key informants.

Project Recruitment:
Agencies by Participant Type

Organization	Focus Group Participants	Survey Participants	Key Informants
Achieving Independence Center			1
Attic Youth Center	14	14	2
Behavioral Health and Wellness Center			1
Best Practice Institute			1
Catholic Social Services			1
Covenant House	18	18	1
Department of Human Services			2
Department of Behavioral Health			1
Job Corps			1
Juvenile Law Center			1
People's Emergency Center	2	2	
Philadelphia School District			2
Valley Youth House	22	20	2
Youth Health Empowerment Project	21	21	
Total	**77**	**75**	**16**

Measures. The researchers generated content areas/ questions for each data collection tool by reviewing the literature on effective independent living interventions/ transitional systems for older youth in the child welfare system. Five primary key word combinations (Homeless Youth, Homeless Young Adults, Homelessness and Child Welfare, Homelessness and Foster Care, Adolescents and Foster Care) were searched using the MedLine and PsychInfo databases, and researchers conducted internet searches to identify successful prevention strategies used in other locales (e.g., a study conducted by the Urban Institute that identified effective and well-targeted homelessness prevention activities). This information was synthesized with information provided by the Blueprint to End Homelessness – Children and Youth Committee. The researchers generated a draft interview guide and survey instrument and elicited feedback from five young adults, 18-20 years, who were homeless and had been in the child welfare system and two key informants identified by GPUAC as having specific content knowledge in this topic area. This was done to ensure that each of the three data collection tools met content and face validity. Individuals provided feedback on general content (e.g., what did we fail to cover; do we have enough that addresses safety nets?) and specific content (e.g., what skills are needed, what do youth really need to be taught; what types of programs are best used to teach needed skills?). The researchers integrated this feedback and started data collection. (The focus group guide and the survey can be found in Appendices A and B, respectively.)

Data Collection: Youth Focus Groups. Staff at various recruitment sites assisted with youth recruitment. Focus groups were scheduled before or after mandatory program meetings and during busy drop-in times to facilitate participation. At the beginning of each focus group, the facilitator explained the project goals and asked youth to think about four primary issues to maximize interview productivity:

1) the type of services and the planning process that they received prior to their discharge from care;

2) their perspective on the effectiveness/utility of the services and planning process;

3) their perspective on what was missing from the planning process; and

4) areas for improvement with specific suggestions when possible.

Participants were reimbursed $50 for their participation. The researchers conducted thirteen focus groups (lasting between 1.5 – 2 hours) for a total of 75 participants. Additionally, the researchers conducted interviews (lasting 1 hour) with 2 individuals who were interested in participating but did not want to talk in a group setting.

At the close of the meeting/interview, the researchers summarized the information and reviewed it with participants to assure accuracy. Individuals were given a phone number/e-mail address and asked to contact PSS if they thought of additional information. The project team completed a debriefing session once per week whereby they aggregated information and identified common and unique themes.

Data Collection: Youth Surveys. Focus group participants were asked to complete the paper/pencil survey either prior to or after the focus group. To make the survey available to those youth who were unable to participate in a focus group or individual interview but wanted their voices heard, the researchers left surveys and envelopes with case managers and program staff. Youth did not place names or any identifying information on the surveys. The survey took approximately 30– to– 45 minutes to complete, and participants received $25 for survey completion (for focus group participants, this was in addition to the $50 they received at the end of the focus group session). In no cases did the survey have to be read to the youth.

Data Collection: Key Informant Interviews. Key informants were contacted by telephone and project goals were explained. If they agreed to participate, a face-to-face or telephone interview was scheduled, and key informants were asked to think about three primary issues prior to the scheduled meeting to maximize interview productivity:

1) identification of transitional/ independent living service gaps, including where service demand exceeds availability or where services are altogether non-existent;

2) recommendations for service development, refinement and/or expansion; and

3) internal, external and recommended accountability mechanisms.

In the majority of the cases, PSS project staff contacted key informants directly. In some cases, however, other key informants or GPUAC staff made preliminary contact to facilitate cooperation. Sixteen key informant interviews were conducted and generally lasted about one hour. All but two key informants contacted agreed to participate in the project; contact information for recommended key informants within two important groups (e.g., caseworkers, foster parents) was not provided. Key informants were

offered $50 for their time; all but one key informant refused the stipend. The dollars not reimbursed were divided and donated to the four primary service providers who assisted with recruitment and allowed use of their facilities for data collection.

At the close of the meeting/interview, the researchers summarized information and reviewed it with participants to assure accuracy. Individuals were given a phone number/e-mail address and asked to contact PSS if they thought of additional information. After the meeting, the project team completed a debriefing session whereby they combined information and identified common and unique themes.

Data Collection: Policy Analysis. The researchers identified and defined issues related to youth aging out of foster care based upon a comprehensive review of the literature. Laws, regulations and administrative policies were then examined to assess how the federal, state and local jurisdictions were addressing these issues and to determine what policies had been most effective in addressing each issue. The researchers compared and contrasted the most effective policies with current Pennsylvania policy to identify areas of concordance and policy gaps. Recommendations were proposed to either address gaps or strengthen current policy in Pennsylvania, and subsequently in Philadelphia, for youth aging out of foster care.

Characteristics of Youth Participants. Participants ranged in age from 15 years (1 youth) to 25 years (1 youth), with 87% between the ages of 18 and 23. About equal numbers of males (47%) and females (51%) participated, with two youth identifying themselves as transgender (2%). The vast majority of youth (75%) were African-American; 19% were Latino/a. The majority of youth identified themselves as straight (64%) with 21% identifying as gay / lesbian and 15% as bisexual. Approximately 60% did not have any type of housing and did not appear to be enrolled in any type of housing program. Twenty-seven percent of participants had at least one child; 11% were expecting a child. Of those with children (n=19), 37% had two or more. Fourteen of the 19 youth with children were female (74%). Nine of the 14 mothers reported that they were caring for at least one of their children. Of the eight young women who were expecting a child, three already had children, two of whom reported that they had some responsibility for their child's care.

Methodological limitations: Although this project met all requirements of the original Request For Proposal, there were limitations in design. First, this project did not employ a comparison group design. A comparison group would have allowed the researchers to compare the experiences of the homeless aging-out youth to those who had not been homeless at any point. While a number of researchers posit that the aging-out homeless population is perhaps the best source of information about what is missing from efforts to engage foster care youth in preparing for independence (Osgood, Foster, Flanagan, & Ruth, 2005), a comparison group would have provided the ability to address the degree to which the experiences of youth in this study are representative of other youth who did not become homeless subsequent to foster care discharge.

Second, the study did not employ a random design to select sites or individual youth within sites to participate in focus groups and surveys. Instead, sites were purposefully selected based on the population of youth that they served. As participation was purely voluntary, the sample of youth constituted a convenience sample.

Third, the methodology of this study purposefully privileged the voices of a select group of youth. While key informants within the foster care system, provider sites, school system, and other key institutional settings were interviewed, specific foster care caseworkers and families that shared experiences with these youth across time were not interviewed. Requests for the names/contact information for such individuals to serve as key informants were made, but these requests went unanswered.

Finally, because of the lack of data collection and tracking systems, researchers were unable to assess the overall proportion of youth who were homeless/not homeless post-DHS care for cohorts of youth who had aged out of the system. ■

Section 3

Results of Focus Group, Key Informant and Survey Data

Facilitator Observations

Participant youth consisted of a diverse mix of ages, genders and sexual identities. They actively participated in the groups; were anxious to tell their stories; had practical, intelligent, and well thought-out recommendations; presented an overall selfless goal of making the transition process for current aging-out youth easier; and had a real desire to have their ideas recognized as helpful and useful. Many youth recognized their current situation was one to avoid, and they were hopeful that their participation would provide information that could prevent other youth from becoming homeless. With the exception of a few, participant youth were well-groomed and appropriately dressed for the weather, but their demeanors widely varied. Many youth appeared discouraged, downtrodden and defeated, and were also visibly depressed or disengaged. Some youth were animated and focused, while others were angry and defiant. A few youth, mostly males, exhibited a bravado and an "I don't need anyone" attitude that was jarring given their current housing and financial needs.

While some youth spent most of the time blaming the DHS system for all of their problems, other youth acknowledged their responsibilities for their life choices and recognized that both they and DHS played a part in their becoming homeless. Not surprisingly, those youth who had a more balanced attitude and outlook were also those who had a more optimistic outlook about their futures and lived in better circumstances. The vast majority of the youth displayed open and almost needy attitudes, looking for guidance, money and support from anyone who could provide it. A few youth asked for legal advice and educational feedback from one focus group facilitator; one youth wanted to know if one of the facilitators would help him find a job; other youth made mental notes of helpful information provided by fellow group members (e.g., places to buy inexpensive groceries).

Participant youth clearly had needs that made it difficult for them to achieve and maintain independence. Some expressed hope for the future and had plans for employment and/or higher education, but they did not have a clear vision of how to accomplish those goals and/or were not participating in activities that would help them achieve those goals. A few youth expressed career plans that would be difficult to attain, and they had little knowledge of the education and finances needed to have those careers. For example, one young woman wanted to be a pediatrician but did not have a high school diploma or GED. She admitted to having serious mental health problems, was currently living in a shelter with no idea of where she would be living next, was pregnant with her second child, was unemployed, and was not enrolled in any educational or training program. While her aspirations were admirable, she appeared to have no one to guide her on the interim steps she needed to take to get there; no one to help her address her mental health, financial, or housing needs; and no one to emotionally and socially support her through life. This young woman's story reflects the disconnected and isolated status of almost every youth in this project. Many of the youth had few, if any, people to support and guide them, and most did not have even one friend. In other words, the vast majority of the 77 youth who were participants in the focus groups did not have any personal or community connections. They lived in unstable housing situations with unclear or nonexistent career goals. Most youth did not know what their lives would look like beyond the next day or the next week.

As this report illustrates, the system in its entirety failed to meet some of the key needs of the vast majority of participant youth. Their plight was not the result of one system's failure, but the failure of many. The Department of Human Services (DHS), the School District of Philadelphia (SDP), the Philadelphia Court of Common Pleas Family Division, and the court-appointed child attorneys/social workers all bear some responsibility for not adequately supporting, preparing or monitoring the youth's initial placement, ongoing care, transition planning, and subsequent discharge. As stated by one key informant, "systems failure exists across the board." Consequently, *comprehensive systems reform* is necessary to curtail a trajectory of life-long problems for these adolescents. Extensive improvements in how these youth are treated, provided with services and kept informed are sorely needed by all involved with their care.

In-Care Experiences That Impact Social/Emotional Development

Placement instability. A child reaches her/his optimal potential for positive and healthy development when s/he is in a secure and safe environment with a consistent caregiver (Ainsworth & Bowlby, 1991). For children in foster care, placement stability is crucial to positive development. Homeless youth who had aged out of DHS care and were participants in this project averaged five different foster care placements while under DHS auspices, with 29% (or roughly one in three youth) reporting six or more. The majority of these youth experienced placement instability and inconsistent care-giving, which can have a strong impact on positive outcomes.

Recommendation(s):

As part of quality assurance, develop a mechanism that reviews a random sample of youth under DHS care to ascertain whether Pennsylvania Standards for Child Welfare regarding the minimization of placement change are enforced, so that youth can develop and sustain social networks.

Using DSS CARES, develop a placement change monitoring system with benchmarks for minimizing placement change.

Maltreatment while in care. In addition to the maltreatment issues that brought youth into care, homeless youth who had aged out of DHS care experienced maltreatment while in care. At least one participant in 10 of the 12 focus groups reported abusive treatment across the continuum of DHS placements, including foster care homes, kinship care homes, group homes, and residential treatment facilities. Reports included being locked in basements and closets, being denied food, being sexually assaulted, and being beaten. Focus group participants reported that they were reluctant to talk with caseworkers because the caseworker visits (DHS as well as private provider) typically occurred in the company of the placement provider.

Foster care youth did not typically view disclosure of abusive treatment as an option:

1) for fear of retribution after the worker left;

2) for fear that the next placement would be worse;

3) because they did not have a positive relationship with the caseworker; and

4) because of past experience post disclosure (e.g., remained in placement with continued sexual abuse but put on medication for acting out behaviors).

Recommendation(s):

Develop policy and procedures for case visitation such that at least 50% of contact with youth in care occurs outside of the physical placement without the foster care parents/group home/Residential Treatment Facility (RTF) staff present.

Develop policy and procedures for case visitation such that at least 50% of contacts with youth inside of the physical placement are surprise visits.

Develop policy and procedures for case visitation such that a core set of questions are always asked.

Develop an independent, external ombudsman/ office of the ombudsman:

1) to whom youth can disclose information regarding abuse without retribution;

2) with full authority to investigate allegations on a timely basis; and

3) whom youth and staff view as credible.

Develop policies, procedures and protocols for information gathering such that, at a minimum, bi-annual contact between court-appointed attorneys and youth under their auspices occurs.

Within the DSS CARES system, include variables that correspond to the above recommendations so that they can be tracked, monitored and built into a performance-based contracting and staff evaluation system. Youth specifically recommended that all placements have a "30-day trial period." After this period, youth would ALSO get to say if the placement was working or not.

Given that a sizable portion of youth have experienced trauma while with their birth parent(s) or while in out-of-home placement, work with the Department of Behavioral Health (DBH) such that youth receive "trauma-informed" care across the full continuum of services that are provided. Assure that foster care youth, in general, and the aging-out population specifically, are addressed within system reform efforts of DBH's Blue Ribbon Commission on Children's Behavioral Health.

Problems in kinship care. Research suggests that kinship placements can provide consistent care and stability for children. However, many youth stated that family members are not always the best fit for children/ youth who are being removed from their homes. Youth who had been in kinship care stated that:

1) many of these other family members had problems similar to their birth parent(s);

2) the youth had never met the family member so it was just like a foster home with little true concern or love for the child/youth; and

3) although other family members agreed to the placement, they resented the child/youth for causing problem(s) for their birth parent(s), specifically, and the larger family, in general.

Youth strongly believed that their kinship placements were "automatically" approved and that oversight occurred far less often than it did when they were in other types of placements. Key informants validated these perspectives, stating that "when a family member is found and they are willing to step up to the plate, well, you

think you have hit gold, and there is generally little follow through compared to non-family placements, which could also benefit from more visits." Youth believed "if someone had cared enough and really checked my aunt out, there is no way I would have been placed there. Don't just assume because it's family that it is OK." As stated by another, "Staying with family isn't always a good idea - they don't want you either."

Recommendation(s):

Develop accountability mechanisms such that approvals of kinship placements adhere *in practice* to the policies surrounding placement of children/youth in such homes.

Within the DSS CARES system, track and monitor adherence to staff oversight requirements of kinship care placements. Use DSS CARES to develop a performance-based contracting and staff evaluation system for this subgroup of foster care youth.

Youth experiences with caseworkers. As stated earlier, a child reaches her/his optimal potential for positive and healthy development when s/he is in a secure and safe environment with a consistent caregiver (Ainsworth & Bowlby, 1991). For children in foster care, caseworker stability is also crucial to positive development. Reported DHS experiences revealed system-wide inconsistencies in treatment, message and service delivery. The vast majority of youth reported having "too many caseworkers to count" with many caseworkers regarded as unsupportive, vindictive or "mean." As stated by one youth, "Whenever there was a problem, my caseworker would say, 'I don't get paid enough to deal with this crap.' Caseworkers need to be there because they love you, not for a paycheck." Another youth reported, "When my mother died, I was depressed and angry. I either cried or yelled. I was out of control. My caseworker told me I needed to 'get over it' because it wasn't like I knew my mother or anything. She said I hardly ever saw her so what was the big deal. That WAS the big deal. Now I will never be able to know her or find out why she let me live in all the horrible places I lived in."

Conversely, some youth had diligent and caring caseworkers who were involved in their care. One youth reported, "I know I was lucky because my last caseworker was great. She cared about me; I wasn't just a job. I was always afraid that she would leave, and I would end up with another bad one." But other youth stated they only heard from their caseworkers before a court hearing and then "it was to get information, so they looked like they knew what they were doing in front of the judge."

Youth further affirmed that many of their caseworkers gave out inconsistent or incorrect information. As stated by one youth, "They tell you one thing today and something totally different tomorrow, and then they say they never said that, like you are crazy or something." Another youth reported getting most of her information from her peers: "I would find things out from other kids. I still do. You should get the same information no matter what caseworker you have." Others said their caseworkers purposefully withheld information, especially when their relationship was strained. One youth said of her caseworker, "She let me know that things were going to stop, but she wouldn't tell me how to get stuff extended. After I decided to leave, then she told me all the things I could have gotten but now couldn't."

Recommendation:

Provide ALL youth with a hard copy of *Know Your Rights: A Guide for Youth in Substitute Care* at the time that independent living becomes the youth's goal. Youth should be required to sign a form stating that they received a copy of this information, and these forms should be submitted to supervisors (for input into DSS CARES) and to the court for tracking and accountability purposes.

Provide workshops on rights and responsibilities when independent living becomes the youth's goal. These workshops could be provided by the Juvenile Law Center.

Have the child advocate attorney and/or child advocate social worker become more involved in youth cases to ensure that youth are provided with timely, accurate information and timely services.

During staff performance reviews, select a random sample of youth from staff caseloads for feedback on interactions, etc. Develop training programs to address deficiencies in interaction and to enhance social competency skills for staff and youth.

Important Note: It is recognized that youth may present with a variety of behavioral and attitudinal challenges (many as a result of the developmental stage of their age group) which can impact the youth-worker relationship. How the worker handles the behavioral and attitudinal challenges presented by the youth further impacts the relationship. While these interactions can be challenging, a worker's unwavering commitment to the youth and the process is needed for positive outcomes (Roth & Brooks-Gun, 2002). Consequently, enhancing staff expertise in the ways in which they can

successfully navigate this developmental period and enhancing youth social skills would benefit all.

Care is not "adolescent friendly." It is widely recognized that adolescents are a unique population requiring different assessment and therapeutic approaches. Both classic and contemporary adolescent theorists (e.g., Piaget, Steinberg) discuss the maturational and developmental considerations of this developmental period given that youth are in a continuous state of social, biological, cognitive and emotional development (Feldman & Elliott, 2003). Unfortunately, the messages adults send to adolescents are frequently in direct opposition to the tasks and behaviors commonly found during this developmental period (see table below). For example, adolescents will try out their need for some semblance of independence, but they are not, and do not want to be, totally independent. They will test limits and thereby appear rebellious; they will engage in risk-taking behaviors; they will be impulsive and moody. Being able to successfully navigate through these behaviors in the presence of positive, consistent and committed adult relationships provides youth with the necessary tools to effectively transition to adulthood. Consequently, adults need to understand the developmental tasks of adolescence so that they can place adolescent behavior into an appropriate context. Adolescents need levels of autonomy that increase over time, opportunities for negotiation around rules and limits (e.g., curfew), "clemency" for words said in anger, and guidance on how to learn from mistakes.

Information obtained from focus groups and key informants alike illustrates the divide between what adolescents need and what they get. For example, youth consistently stated that caseworkers/provider staff/foster parents were spiteful, punishing them for mistakes through continual threats of discharge and never letting them forget what they did wrong. A few youth also claimed that their caseworkers denied them visits to their families as punishment for violating the rules. They felt treated like children: not being afforded the ability to process mistakes or the consequences of those mistakes; not being afforded the ability to discuss what seemed to them like arbitrary rules; and not being afforded the privileges given to other youth their age.

Key informants stated that procedures and protocols within various systems do not lend themselves to providing increasing levels of autonomy nor for looking at alternative behaviors/responses when mistakes are made or rules are not followed. Rather, most policies have built-in automatic discharges no matter what the circumstance and do not provide allowances for mistakes. Key informants elaborated that many staff are not in a "mindset" for the negotiation that is required during this developmental period. Instead, staff look for compliance, power and control. As stated by one key informant, "How many of our own kids are perfect? Why do we expect more from these kids than from our own who did not grow up in the system? Kids make mistakes, they don't always exercise good judgment, and they don't think things through. Thirty-day notices do little other than teach them we can't be trusted to stand by them. It defeats the purpose when they are not given opportunities to learn from their mistakes." When youth engage in behaviors that workers have told them to avoid, workers may see it as purposeful "disobedience" rather than behavior that characterizes normal adolescent development. This is not to say that adolescents should not be held accountable for their behavior. Consistent discipline practices are critical to development. Rather, it is to provide an alternative way of viewing behaviors so that consistent, developmentally-appropriate responses can commence (also refer to page 31: Existing practice does not foster independence)

Adolescent Characteristics vs. Adult Expectations

Adolescent Characteristics	Adult Expectations
Rebel	Conform
Struggles with Independence	Expects Compliance/Fosters Dependence
Invulnerable So Takes Risks	Vulnerable So Avoid Risks
Can Be Implusive	Expects Restraint
Can Be Moody	Expects "Calm"
Short-Term Thinking	Look at Long-Term Consequences
Experiment	Abstain

Adults often expect developmentally-advanced, adult behaviors from adolescents.

Recommendation(s):

Provide all staff with *competency-based* training in adolescent development. Have this component embedded within the *Pennsylvania Model: A Guide to Independent Living* training curriculum.

Re-structure programs to provide youth with more responsibilities and increased freedoms to enhance independence.

Re-visit automatic 30-day notices by recognizing that adolescents make mistakes and exercise poor judgment.

Given that nearly 4 million people over the age of 25 still live with their parents due to economic realities (US Census 2000; Child Welfare League of America), expand board extension allowances at least to age 25.

Confidentiality and Labeling: Confidentiality and labeling. Everyone, including youth, needs environments where they feel that their personal information is protected and respected. Participants relayed numerous stories of staff disregarding the confidentiality of their personal stories, resulting in being labeled by others at the placement. "Everyone knows your business before you even get there," one young woman stated in regards to new youth arriving at her group home placement. "They say, 'The new girl is retarded' or 'Yeah, she gets down on any guy she can.' I'm not telling these people anything. I don't want them talking about me." The youth said these breaches impacted their trust in staff whether it was a violation of their own confidentiality or that of another young person.

Recommendation(s):

Include a clear description of the confidentiality policy to be read and signed by each RTF or group home staff member.

As stated previously, develop an independent, external ombudsman/office of the ombudsman to whom youth can disclose confidentiality-violation issues.

Expand professional development activities to address issues related to confidentiality as well as alternatives to labeling.

In-Care Experiences That Impact Educational Attainment

School instability. Completing high school is critical for a youth to successfully transition to adulthood. While staying in school and graduating can be challenging for many adolescents in traditional family settings, the youth in this study experienced the additional challenges of living in multiple out-of-home placements and, consequently, attending multiple schools. The youth who completed the survey attended three to five different schools on average, and 28% of them attended five or more schools while in the foster care system. During the focus groups, youth reported that by the time they were able to adjust and "fit in" to the culture of the new school, they were moved again. These moves made it extremely challenging to find and maintain friends and mentors, and they frequently found themselves below the academic level of their peers. As a result, many youth in this study chose to be truant or dropped out all together.

Recommendation(s):

Increase the educational stability of children and youth in foster care by:

Amending § 3130.67(b)(2)(iv) of Title 55 to state, "Assurances that every effort possible in the child's placement in foster care is made to place the child in the same school district in which the child is enrolled at the time of placement." [See section 4 for a complete review of applicable federal, state and local policies.]

Developing strategies to increase foster parent recruitment in school districts with high rates of foster care placements. These strategies could include an advertisement campaign that targets identified school districts. The campaign could include a focus on the importance of foster care children and on youth being placed in their current school district.

Amending § 6351 (f) of the Juvenile Act to require that at each hearing, the court shall: determine the extent of efforts made to place the child in the same school in which the child was enrolled at the time of placement. [See Section 4 for a complete review of applicable federal, state and local policies.]

Requiring the Pennsylvania Department of Education to issue a Basic Education Circular (BEC) that would describe the procedures for allowing a child in placement to continue attending the school s/he attended prior to placement, at

minimum, for the duration of the school year. The BEC would outline the conditions that need to be satisfied for this to occur, such as: continuation in the same school district is in the child's best interest; and the placement is within a reasonable distance of the school.

Implementing an automated passport program that provides a record of a foster child or youth's medical, behavioral, psychological and educational status in order to make educational record transfers within the state faster and more accurate.

At the federal level, joining with the American Bar Association in order to encourage the U.S. Department of Education to broadly interpret "awaiting foster care placement" so as to "include children and youth placed by public agencies in interim, emergency or short-term placements," thus ensuring these children and youth "uninterrupted educational access."

Ensure that all professionals involved with children in foster care have responsibility for their educational achievement by:

Developing a Program Revision Request (PRR) for the state fiscal year 2008-09 budget to be presented to the Departments of Education and Public Welfare. The PRR would be to pilot the Foster Care Youth Education Services (FCYES) program. This pilot program, a joint initiative of the Departments, would award grants to a select number of counties in order to improve educational services for foster care children and youth by increasing interagency coordination and collaboration. Each county receiving a grant would be required to develop a local Foster Care Youth Education Services plan. Key components of each plan would be: how the county would improve the coordination of education-related services among foster parents, the courts, the children and youth agency, schools and other service providers; development of interagency agreements on sharing information and transferring records; development of protocols for assessing supplementary services needed by foster care children and youth to assist with their education, such as tutoring, mentoring, counseling and remediation; development of a countywide database that contains placement, demographic, health, and education records for children and youth in foster homes; and how the county will track and report educational outcome data. [See Section 4 for a complete review of applicable federal, state and local policies.]

Establish clear educational benchmarks and outcomes for youth aging out of care by:

Establishing short- and long-term benchmarks for educational achievement of youth aging out of care. Assure that these youth meet or exceed School District of Philadelphia (SDP) graduation rates of public high school students. In 2004-05, approximately 61% of public high school students graduated within four years of entering *(Report Card, 2006)*. Assess the percentage of 14, 15, 16, and 17 year olds who are on track for graduation. Implement specialized tutoring programs for those who are not on track for graduation. Use the current graduation rate of 61% as the short-term benchmark; within the next two years, revise this figure so that the vast majority of youth leave care with a minimum of a high school education.

Since youth in RTFs do not take the Pennsylvania System of School Assessment (PSSA) test, establish contractual standards that require providers to have youth take the PSSA and begin benchmarking these scores against other students in the SDP.

Youth experiences with SDP. In addition to the school instability issues noted above, most youth also cited serious deficiencies in the educational system. Many stated that they did not have books, that teachers did not care if they learned or not, and that few teachers took the time to get them up to speed when they were newly transferred.

Problems with educational credit while in RTFs. In addition to attending multiple public schools, many youth were placed in RTFs for extended periods of time. Youth and key informant reports alike stated that, while these youth received academic instruction from RTF educational staff, the SDP did not always give students full or partial credit for their studies. Consequently, these students often returned to the public school system behind by a year or more (i.e., retained in grade), which caused feelings of anger and frustration, and frequently led to truancy and dropping out.

Recommendation(s):

Have SDP delineate the array of issues considered when deciding upon whether youth are/are not given credit for their educational work while in RTFs.

Amend the contracts of RTFs so that their educational programs meet SDP standards so as

to assure full credit for all educational work completed by RTF youth.

Lack of educational oversight while in RTFs. In order for the SDP to monitor the educational programming for a youth in an RTF, students must be identified by SDP as needing educational services, and these youth must be on the active roll in SDP. Since chronic truancy was very common among the youth participating in this study, many were unable to receive educational oversight of the RTF by the SDP.

Recommendation(s):

Amend the above policy such that DHS youth who were not in school at the time of their enrollment in RTFs can be re-enrolled in school and receive SDP services and/or oversight.

Appearance. For the youth who participated in this project, less than 50% left care with a high school diploma or GED. Youth articulated many reasons for non-completion. One reason involved the harassment/bullying inflicted upon the foster care students at the hands of non-foster care youth at school. *One of the most challenging and easiest to correct issues* that they faced was how they were dressed. The vast majority of youth stated that they "never saw their clothing allowance" because it sometimes was used for non-foster care children in the home or for general household expenses. As a result, they were forced to wear the same, frequently ill-fitting clothes every day. As stated by one girl, "I had one pair of jeans that were 'floods' that I had to wear every day. I used to roll up the bottom so other kids thought that I wanted them to be short." Given the importance of appearance during this developmental stage, it is not surprising that their "lack of decent clothing" would draw attention to them. For many, the harassment became too much, and the youth stopped going to school. Given that many foster parents were uninvolved in their education (e.g., never attended back to school night, never asked to see grades), truancy generally went unnoticed.

High school diploma versus GED. A high school education is considered a minimal requirement for self-sufficiency. Research consistently documents the labor market benefits of obtaining a high school education, with graduates (who have not gone on to college) having significantly higher earnings and wages when compared to high school dropouts (Chaplin, 1999). For high school dropouts, obtaining a GED has been seen as one way for them to improve their labor market incomes. While some studies find positive effects of GED attainment for dropouts, others find no effects at all (Tyler, Murane, & Willett, 1998). Research also shows that high school graduates earn from 11% to 23% more than their counterparts who have earned a GED. Hence, the economic cost for youth who decide to get a GED in lieu of a high school education is large (Chaplin, 1999). Though the evidence is persuasive, many teenagers receive incorrect information that a GED is similar to a high school degree (Chaplin, 1999).

The high school diploma versus GED issue was raised as a polarizing issue among focus group participants. Youth who were disconnected from school while under DHS care stated that they were typically discouraged from re-enrolling in school to obtain their high school diploma, but they were encouraged to obtain their GED. In many cases, caseworkers would not assist in re-enrollment activities, focusing exclusively on GED preparation with little justification, explanation or discussion with the youth. This disconnection between the worker and the youth views generally resulted in a lack of any type of educational programming for the youth. Youth felt that completing a GED marked them as "less than," that GEDs are viewed with negativity by others. Youth also voiced concern about a GED's negative impact on future wages. They saw finishing high school as a true accomplishment and were unwilling to negotiate when they felt completion was within their reach.

Recommendation(s):

Engage youth in a frank dialogue regarding their educational goals. While the caseworker may have valid issues with respect to GED preparation in lieu of high school completion (e.g., if the student has been out of school for four years, obtaining a GED would be a more time-efficient process), share reasons for GED recommendation while maintaining an openness to the alternative.

In-Care Experiences That Impact Comprehensive, Targeted Service Delivery

Overall Lack of Cross-System Coordination/ Collaboration. There are few bridges between the systems involved with youth aging out of foster care. The various individuals who interact with these youth work within their professional silos, function in very specific capacities and are often unaware of the youth's multi-system involvement (e.g., SDP is generally unaware of DHS status). This results in poor case planning overall and within multidimensional domains, causing a number of multi-problem youth to fall through various service delivery cracks.

Recommendation(s):

The system is uniquely poised to improve case identification and subsequent case coordination through the DSS CARES system. Use DSS CARES to: develop protocols for case identification and coordination with subsequent staff accountability through the DSS Service Coordination Dashboard; track and monitor adherence to coordination requirements of all foster care cases; use these coordination requirements to develop and subsequently monitor performance measures by DSS agency and service provider agency as it relates to foster care youth, in general, and the aging-out population, specifically; and move toward performance-based contracting for all foster care youth such that case identification and coordination is a requirement for all.

Lack of DHS/SDP cross-system coordination / collaboration: A DHS/SDP partnership is crucial if youth aging out of foster care are to lead productive, fulfilling lives. Recognizing the importance of collaboration between these two systems, in October of 2004, Judge Field (Philadelphia Family Court) decreed that SDP and DHS would have access to certain data fields in each other's electronic records.

To date, SDP has never sought access to DHS data except to request information on individual cases as needed, and SDP's IT department has never set up a system of computerized access to DHS files.

Conversely, DHS does have full access to SDP data for 19 staff; they were provided with authorization (log-ins and passwords) to directly access the SDP's main data files on the School Computer Network (SCN – includes individual level information on everything from report card grades to attendance to demographics). School district key informants sensed that most DHS staff are not aware of their agency's access to the SCN. This seemed true since the DHS key informants voiced concern about the lack of data accessibility and information sharing with SDP. However, during key informant interviews with individuals from both agencies, it was apparent that both recognized past and current problems in case identification and coordination, and all voiced a commitment to improvement.

Recommendation(s):

At a most basic level, assure there is a system of computerized access to DHS and SDP files by DHS and SDP staff. If these computerized access systems do not already exist, create them. Train DHS and SDP staff on how to access each other's electronic files for the purpose of case coordination.

Include SDP data within DSS CARES to improve case identification and subsequent case coordination through the DSS CARES system. Once included, use DSS CARES to: develop protocols for case identification and coordination with subsequent staff accountability through the DSS Service Coordination Dashboard; and track and monitor adherence to coordination requirements of all foster care cases.

Have an optimized system with inter-agency working arrangements in place to assure multidimensional service provision and continuity of care without unnecessary overlap of services.

In-Care Experiences That Impact Independence

Existing practice does not foster independence. Developmentally, youth require some level of independence in early adolescence that increases over time (Roth, 1998). Increased autonomy provides for a variety of opportunities that enhance mastery of necessary life and independent living skills. Unfortunately, policies and practices preclude an adolescent's ability to develop these skills while in care. According to one youth, "You can't do anything yourself. You have to go through DHS, it can take months, and sometimes it doesn't even happen. You can't get or fill out paperwork for medical care without DHS, you can't get or fill out paperwork for Temporary Assistance for Needy Families (TANF) without DHS, and you need a letter from DHS for food stamps. How can we learn anything like that?" For youth who had been in group home and/or RTF settings, they reported that everything was done for them so they had no real independent living preparation. They stated that their money was controlled so they were not able to learn to budget or manage their money because the programs controlled how much they spent, and on what they could spend it. Also, strict rules were enforced, and in practice, they were given little independence (e.g., they had to adhere to an 8 p.m. curfew no matter what). Although youth did acknowledge that there were occasions when independent living "information" was provided, they still felt that they were not given the opportunity to try out skills, and/or that programs and the skills they taught were not independent enough. It is not surprising then that the vast majority of youth felt unprepared to live on their own upon leaving DHS.

Transition Planning

Lack of youth knowledge of/involvement in transition planning. While transition planning for the aging-out population is required and policy stipulates that this begins at age 16, the vast majority of homeless youth who have aged out of DHS report having limited involvement in, or knowledge of, their individual transition plan. The level of information provided appeared to have been dependent on the level of involvement by, and the relationship with, the DHS caseworkers. Of those youth who received independent living services, all reported being referred to them by their caseworkers. Of those youth who reported leaving care with no services, they either had multiple, short-term caseworkers or felt that their caseworkers did not care. Youth responses, as well as corroboration by key informants, illustrate the lack of standardized service delivery for aging-out youth. While paperwork may have been in place, youth (and individuals from other systems who have contact with the youth) knew very little, if anything, about the existence of the plan or of its contents. As stated by one key informant, "these kids are clueless upon discharge."

Of the 75 youth surveyed, the following illustrates:

1) the disconnect between policy and practice;

2) the disconnect between the Federal Mandate Section 475(1) Social Security Act and practice; and

3) the lack of youth involvement or knowledge about their transition/discharge from DHS.

Problems with transition planning/oversight in RTFs. A number of key informants stated that youth in RTFs are at an even greater disadvantage for lack of transition planning. They stated that while RTFs are mandated to do transition plans, oversight is problematic with many youth "falling through the cracks." Further, there are no transition requirements, resulting in a general lack of consistency in programming when it does exist. While the Achieving Independence Center (AIC) is beginning "mobile services," developing policies and procedures for standardized implementation and oversight was recommended.

Recommendation(s):

Develop transition case manager positions and assign one to each youth whose goal is independent living. The case manager coordinates all necessary services within and across various city systems and private providers.

Within the DSS CARES system: automate the transition plan within an overall discharge plan for inclusion (baseline status, skill updates and status tracking); establish and track essential "benchmarks" to independent living (i.e., a template for professionals and other supporters to assist the youth in developing needed skills in a methodical, supportive manner) that are monitored for status and compliance by judicial oversight; develop protocols for staff accountability through the DSS Service Coordination Dashboard; develop and monitor performance measures by DSS as they relates to the aging-out population; develop and

During the transition/discharge process…

The youth did not participate in any discussions about getting ready to leave DHS care	68%
The youth did not have a written Transition/Independent Service Plan	55%
The youth did not get a copy of a Transition/Independent Service Plan	66%
The DHS worker did not participate in the development of such a plan –or– the youth was unaware of such	62%
The AIC coach did not participate in the development of such a plan –or– the youth was unaware of such	78%
The child advocate did not participate in the development of such a plan –or– the youth was unaware of such	68%
A Transition/Independent Service Plan was not reviewed in court by a judge –or– the youth was unaware of such	65%
The youth did not attend all court dates –or– the youth was unaware of such	55%
The youth was not given the Ansell-Casey Assessment –or– the youth was unaware of such	83%
The youth was not given other assessments –or– the youth was unaware of such	68%

Youth are often insufficiently informed of/involved with their discharge from DHS care.

monitor performance measures by service provider agencies as they relate to the aging-out population; and move toward performance-based contracting for the aging-out population.

Amend the Juvenile Act {42 Pa.C.S. Section 6351(8)} and the Administration of County Children and Youth Social Services Program regulations {55 Pa. Code Section 3130.72 (5)} to require that the determination of services that are needed for assisting in the transition to independent living be lowered from 16 years of age to 14 years of age. [See Section 4 for a complete review of applicable federal, state and local policies.]

Need for psychosocial assessments. In general, youth outcomes heavily depend upon their self-sufficiency skills in combination with their functional status in eight critical life areas (mental health, drug use, sexual behavior, family relationships, peer relationships, support system involvement, legal involvement, and use of free time). This is particularly relevant to youth who have not achieved permanency. Research shows that many of these youth suffer from serious health and behavioral health problems that preclude their adoption (Osgood, Foster, Flanagan, & Ruth, 2005). Yet, few youth participants acknowledged being asked questions about other areas of their lives. This is concerning given the behavioral health and substance abuse issues reported by this group (see page 41). Limited, non-comprehensive assessments can result in a cascading effect of inadequate transition/ intervention plans, incomplete intervention/ treatment matching, poor service engagement, poor utilization of resources, and weakened client outcomes (Meyers and McLellan, 2004).

Recommendation(s):

Broaden the Selected Needs Assessment Resources and the Independent Living Grid within the *Pennsylvania Model: A Guide to Independent Living* training curriculum to include biopsychosocial assessments and their key components. In addition to life skills assessment, require biopsychosocial assessments to identify strengths and needs beyond basic self-sufficiency skills. This assessment should include: mental health symptomatology, drug use, sexual behavior, relationship issues (family and peers), support system involvement, legal involvement, and use of free time that results in a profile of youth needs. Based upon this profile, youth-to-service matching – beyond the provision of life skills training – should commence.

Discharge from Care

Youth status at time of DHS discharge. When child welfare agencies remove children from their birth families, they take on parental responsibilities, which include the child's preparation for productive adult living. In Philadelphia, DHS (and the other youth-serving systems) fell short in this respect for the vast majority of homeless youth who had been under their auspices and participated in this project. Homeless youth who had been in DHS care were *discharged from such care without the means to meet even basic living requirements.* As illustrated below, large numbers of homeless youth who had been in the DHS system did not possess the most basic of all requirements to avert short- or long-term homelessness at the time of DHS discharge. As the following table illustrates, almost half of youth who participated in the survey were discharged without an identified place to live. Housing stability was further compromised by a variety of unmet non-housing needs.

Status of Youth at the Time of Discharge from DHS Care

At the time of DHS discharge, did youth _____?	% Answered Yes
Have a place to live for at least 6 months?	53%
Know what housing resources were available?	36%
Have a high school diploma or GED?	42%
Have a job?	29%
Know how you would earn money to pay your bills?	46%
Know how much it would cost to live on your own?	38%
Have a bank account?	38%
Have health insurance/or applied for health insurance?	51%
Have an adult to support you?	49%
Feel prepared to live on your own?	37%
Know what type of non-housing resources were available?	33%

A significant majority of youth survey participants had unmet housing, employment, educational and financial needs.

Subsets of these variables were combined to assess the proportion of youth who had few if any skills to live independently. As seen in the following table:

- Approximately one out of every four youth left care without a place to live, without a job and without adult support;
- Approximately one out of every two youth left care without a job and without a high school education/ GED; and
- Approximately one out of every five youth left care without a job and without a high school education/ GED and without adult support.

Compounding these barriers, youth lacked the identification needed for employment, school enrollment, state benefits, or housing applications. Slightly more than one out of every ten youth did not have any form of identification.

Combined Status of Youth at the Time of Discharge from DHS Care (n=73)

At the time of DHS discharge, the youth:	%That Did Not Have Key Things Needed for Self-Sufficiency
Did not have a place live for at least 6 months and did not have a job and did not have a high school education or GED and did not have an adult for support.	14%
Did not have a place live for at least 6 months and did not have a job and did not have an adult for support.	25%
Did not have a job and did not have a high school education or GED and did not have an adult for support.	22%
Did not have a job and did not have a high school education or GED.	48%
Did not have at least one type of identification.	11%

Almost half of youth survey participants had neither a job nor a high school diploma/GED at time of discharge; one in four had neither a place to live nor an adult to go to for support.

Recommendation(s):

Amend the Juvenile Act {42 Pa.C.S. Section 6351(8)} and the Administration of County Children and Youth Social Services Program regulations {55 Pa. Code Section 3130.72 (5)} to require that youth not be discharged from foster care unless there is a comprehensive and realistic transition plan in place. The transition plan should include: education, employment, housing, health and mental health care, health insurance coverage, connections with family and/or caring adults, connection with community resources and social services, and competencies in daily living skills. As stated earlier, utilize DSS CARES to track status of the plan and to measure staff and agency performance. [See Section 4 for a complete review of applicable federal, state and local policies.]

Adopt the *Court Protocol for Youth 16 and Older* as prepared by the Juvenile Law Center for the Philadelphia Family Court in the document *Dependent Youth Aging Out of Foster Care in Pennsylvania: A Judicial Guide*, a mechanism for better serving older youth in care and for ensuring a successful transition from DHS custody to independence.

Work with Family Court, the Juvenile Law Center, and court-appointed attorneys to develop policies and procedures that disallow youth to be discharged to the streets or discharged without meeting basic self-sufficiency goals (e.g., high school diploma or GED).

Provide opportunities to have life skills taught in real situations, such as taking transportation (critically important for youth returning from out of state or out of Philadelphia placements), going to laundromats, and opening bank accounts.

Lack of information regarding discharge date/ youth absence at final court hearing. Leaving care is a critical moment in a youth's life, and it is paramount that the youth be very clear on what discharge means and what services will continue to be available. It is also a time for the judge to review the youth's status and assure that all paperwork for benefit extensions has been filed, that the youth has a place to live, that discharge goals have been met, etc.

Despite the significance of this time in a youth's life, the majority of focus group participants stated that they were not forewarned of their impending discharge and were "kicked out" of the system at age 18. According to one youth, "She came to my school on my 18th birthday, and told me I was no longer in DHS. She did not tell me where to go for money or where to go to live. She really did not tell me anything. When I went home to my foster mother, she said that I could not stay there any more. The worker had come by and said that, since I was 18,

I was no longer supposed to be in her home. So I left with a bag of my things."

Not surprisingly, a slight majority of youth were absent from their final court hearing. Fifty-three percent of study participants reported that they either did not attend or did not know whether or not they had attended the court hearing that discharged them from care. Focus group discussions revealed that many youth never saw a court hearing notice. Those who were aware of the hearing stated that they were not given sufficient notice, they could not find a ride to court, or they were at the courthouse but in the wrong room.

Recommendation(s):

Work to ensure that all youth attend their discharge or emancipation hearing by mandating that caseworkers notify youth of the hearing date in person and that transportation be secured. If for some reason the youth is not present at this hearing, grant an automatic 30-day extension and reschedule the hearing.

"Self-discharge" from DHS. Some youth under DHS care chose to terminate their DHS involvement at age 18. Youth stated that this was frequently in response to problematic relationships with caseworkers, encouragement from caseworkers, abuse histories in DHS placements, feeling let down by the system, feeling as if the workers (DHS and private providers) did not respect or understand them, feeling as if they were treated like children, and feeling the need to save face when threats to end DHS involvement (made by youth and caseworkers alike) were made. Under these circumstances, the youth's motto became "anyplace but DHS" even though they were typically unprepared for independent living. Furthermore, they did not want to deal with any more "systems," including SDP, which limited their educational attainment and further compromised their ability to become self sufficient.

Recommendation(s):

When youth ask to terminate their involvement from DHS or choose not to apply for a board extension, conduct an independent case review that includes: an interview with the youth to ascertain whether the youth is ready for independent living; what might be needed to facilitate readiness; and whether there is a way for the DHS/youth relationship to be salvaged.

Similar to policies in Connecticut, New York and Maine, leave a case open for at least six months post-DHS discharge thereby providing a mechanism for re-entry for any youth who leaves DHS care (e.g., institute a "trial discharge"). Work with the youth so that they are aware that they can return to care without significant paperwork, without penalty and without judgment.

Continued reliance on biological parent(s). Despite court-ordered separation from birth families, the vast majority of youth stated that they relied on birth parent(s) to varying degrees at the time of, and after, their discharge from care (about one in three youth went to live with their birth parent(s) upon DHS discharge; two out of five youth lived with their birth parent(s) at some point since leaving DHS care). Youth felt that DHS and private providers paid little attention to the importance of these individuals, and therefore did very little to include them in the discharge process. This created situations with numerous disadvantages for the youth and birth parent(s) alike, resulting in few long-term reunifications. When youth returned to the homes of their birth parent(s), most relationships were tenuous at best, and youth found themselves in need of alternative housing and alternative adult support.

Living in abusive relationship(s). Female participants discussed their reluctance and fear to stay on the streets and eloquently talked about their "ability to put up with anything to avoid the streets or adult shelters." They discussed their pain from not having a loving family as well as their need to have "someone" no matter what the cost. Consequently, it was not uncommon for these young women to stay with older boyfriends, many of whom were emotionally and physically abusive. Having children made these young women even more dependent upon the relationship, causing considerable feelings of helplessness and hopelessness, and feeling alone in the world. These young women stated that while they were aware of what constituted a "healthy relationship," they felt it was outside their realm of possibility.

Time to homelessness: It is not surprising that many youth had lived on the streets or spent time in a shelter given:

1) the pervasive lack of education, skills and social supports that are needed to be independent;

2) the pervasive lack of housing supports relative to the aging-out population;

3) the eligibility requirements for housing supports that were available.

With respect to the latter, youth and key informants alike discussed the fact that housing supports were available

only to those who were functioning well and had the greatest chance to succeed. To access the majority of housing supports, youth were required to be employed, thus negating large numbers of youth from accessing independent living services. Youth and key informants were quite vocal about how basic needs of finding a place to sleep, shower and eat competed with and overshadowed a job search. This created an untenable situation for most youth, rendering them unable to access housing. The youth with the most need were those who were the most under-served or not serviced at all. As seen in the following table, the vast majority were homeless within three months after leaving DHS care, with two out of five youth homeless immediately upon DHS discharge.

Youth were extremely angry that they had no place to live, especially given "all of the abandoned houses in Philly." A number of youth recommended that the city partner with trade organizations such that:

1) aging-out youth be given apprenticeships in various trades needed to re-furbish the houses (e.g., carpentry, electrician);

2) trade staff and apprentices renovate and re-furbish the houses; and

3) renovated houses be included in the low-income housing market with aging-out youth being folded into the preference category for vouchers.

Time to Homelessness Post DHS Discharge

Immediately	41%
1 - 3 months	22%
4 - 6 months	10%
7 - 12 months	6%
13+ months	20%

Two out of five youth survey participants were homeless immediately upon DHS discharge.

Support person(s)/system. Few youth reported stable, long-term supportive relationships with caring adults. Some youth had support from current program staff; some had family members whom they felt they could contact; and some had boyfriends/girlfriends. However, few youth had someone they could rely on for stable or consistent support. Most key informants noted that support systems are critical to a youth's success, but it appears that in practice, stable and supportive relationships are missing (and have been missing) for many youth. The table on the following page illustrates the absence of support systems across a range of usual options. Most disconcerting is the lack of support requested/received from the individuals who were officially in place to provide support (e.g., 75% report never seeking support or advice from court-appointed attorneys/social workers; 57% report never seeking support or advice from social workers/probation officers; 64% report never seeking support or advice from foster parents).

Additionally, youth reported that they were rarely asked who they would rely on post-DHS discharge or who they considered their support system to be. When there was discussion, youth said that they were discouraged from engaging identified support systems when caseworkers did not believe it was in their best interest. Nonetheless, youth frequently maintained these relationships (as there were few other resources available) without the benefit of intervention to build/structure healthy relationships. Since most youth went to live with these individuals at some point post-DHS discharge, it is not surprising that these arrangements were unsuccessful. Key informants were steadfast in their belief that birth parent(s) be involved in discharge planning while other potential resources were explored. The table on page 38 illustrates the array of living arrangements between DHS discharge and the day of the survey.

Youth Support Systems

The youth has gone to (Percentages do not add up to 100% because youth were asked to indicate all answers that applied.)	Never	During Foster Care	Now
Friends/peers for support or advice.	18%	26%	50%
Boyfriend/girlfriend for support or advice.	31%	21%	43%
Relatives for support or advice.	44%	22%	31%
Birth Parents for support or advice.	44%	26%	29%
Coaches for support or advice.	56%	17%	22%
Self help/support groups for support or advice.	61%	14%	22%
Minister/spiritual leaders/church for support or advice.	64%	10%	19%
Teachers for support or advice.	51%	26%	18%
Foster parents for support or advice.	64%	21%	16%
Social worker/probation officer for support or advice.	57%	26%	12%
Internet chat rooms or groups for support or advice.	78%	10%	8%
Court appointed attorneys/social workers for support or advice.	75%	12%	7%

Youth survey participants reported a lack of available support/advice across a range of usual options.

Living Arrangements Since Discharge from DHS* (n=75)

Live(s/ed) with Birth Parent(s)	
Immediately after leaving care	30%
Between leaving care and now	18%
Now	12%
Live(s/ed) with Other Relatives	
Immediately after leaving care	11%
Between leaving care and now	21%
Now	5%
Live(s/ed) with Foster Parent(s)	
Immediately after leaving care	16%
Between leaving care and now	32%
Now	12%
Live(s/ed) with Boyfriend/Girlfriend	
Immediately after leaving care	11%
Between leaving care and now	37%
Now	14%
Live(s/ed) in a Van/Car	
Immediately after leaving care	9%
Between leaving care and now	7%
Now	11%
Live(s/ed) Outdoors/On the Street	
Immediately after leaving care	11%
Between leaving care and now	16%
Now	16%
Live(s/ed) by "Couch Surfing"	
Immediately after leaving care	20%
Between leaving care and now	23%
Now	7%
Live(s/ed) in a Shelter	
Immediately after leaving care	18%
Between leaving care and now	18%
Now	13%

Youth survey participants reported a wide variety of (few) reliable and (many) unstable living arrangements between DHS discharge and the day of the survey. (*NOTE: Percentages add up to more than 100% due to the lack of stable housing upon leaving care and because youth were asked to indicate all answers that applied.)

Recommendation(s):

Have youth identify who they see as a likely support post-DHS care. In cases where the worker feels the identified supports are not in the youth's best interests, work to develop alternatives while simultaneously working with the youth-identified support system as this constitutes a likely living arrangement post-DHS care. Involve youth-identified supports in the transition/discharge process to enhance the possibility of building/structuring healthy relationships.

Develop a Program Revision Request (PRR) for the state fiscal year 2008-09 budget to be presented to the Department of Public Welfare. The PRR would supplement with state funds CFCIA funding for room and board for former foster youth ages 16 to 24. [See Section 4 for a complete review of applicable federal, state and local policies.]

Offer tax relief or other incentives to landlords of foster youth who have aged-out of the system.

Require that local housing authorities take action to assist foster youth with accessing public housing programs. To access Family Unification Program (FUP) vouchers, the local housing authorities should amend its selection criteria to include youth who are aging out of the system. To access Section 8 vouchers, require that foster care youth be folded into the preference category for homeless families. [See Section 4 for a complete review of applicable federal, state and local policies.]

Develop a continuum of staff-supervised housing with step-up and step-down levels of supervision for the aging-out population.

Develop a program similar to "Habitat for Humanity" wherein youth receive apprenticeships from trade organizations and assist in renovating abandoned houses to be used as homes for homeless youth and families.

Educate and provide written information about the range of services available to domestic violence victims. Incorporate this information into the *Pennsylvania Model: A Guide to Independent Living* training curriculum, *Rights and Responsibilities for Foster Care Youth* document, and recommended workshops conducted by the Juvenile Law Center.

Current Status of Youth

Quality of life issues. Homeless youth who have aged out of DHS care face significant barriers to living independently and experience a poor quality of life. While there was some diversity on the level of homelessness experienced by these aging-out youth, all were "one paycheck away" from being on the streets. Of those youth in transitional housing programs, few were making enough money to afford their own apartments. Of those youth in shelters or "couch surfing," most were unemployed or not making enough money to be self-sufficient. Most lacked the skills, education or social support to be independent. All those who had been in a shelter reported unsanitary and unsafe conditions and preferred to be outside rather than being in these adult-supervised shelters.

Percent Reporting _____ as a Fairly or Very Serious Issue Within the Three Months Prior to the Survey (n=75)

	% reported as a fairly serious or very serious issue
Subsistence Issues	
Hunger	20%
Finding a place to sleep	42%
Finding a place to shower/wash clothes	31%
Figuring out a way to get around the City	18%
Figuring out where to spend the day	24%
Issues w/Financial Resources	
Not enough money in general	68%
Not enough money for medicine	29%
Concerns about employment (or lack thereof)	52%
Behavioral Health Issues	
Feeling sad/down/bummed out	42%
Feeling nervous/worrying	36%
Being high/buzzed	17%
Figuring out a way to get money for drugs	17%
Boredom/loneliness	41%
Having a support system/someone to talk to about important stuff	38%
Safety Issues	
Afraid of being the victim of a crime	32%
Afraid of getting beaten up/raped	28%
Problems with the law/police	25%
Parenting Issues	
Finding someone to help with my kids	28% (those with kids)

Youth survey participants reported many obstacles in their path to self-sufficiency, namely 1) financial instability, 2) unreliable living arrangements, and 3) depression, loneliness and isolation.

Behavioral Health Issues. Approximately 70% of foster youth have serious emotional disturbances (Child Welfare League of America, 2003). It is not surprising then that almost every youth in this project reported behavioral problems and had been prescribed an array of psychotropic medications at some point in their lives (e.g., Depakote, Risperdal, Seroquel, Abilify, Tegretol, Mellaril, Ritalin, Adderall). Many youth noted that their psychiatrists never discussed the reason for, or meaning of, their diagnosis and never discussed the reason for medication; how long they would need to take the medication (e.g., at least one year after becoming stable, always); how it might make them feel; how long it would take to start working; what the side effects would be; and how long the side effects would last (e.g., should feel better after a week or so).

Youth felt that DHS "pushed" medication too easily, and one youth stated that "they were just throwing medication at the problem." They discussed their need for "talk therapy" stating that they needed someone to listen and help them sort out their feelings. "My DHS caseworker was not a very active listener. Whenever I would try to express anything or to advocate for myself, I was always asked if I was taking my medicine. It made me feel powerless...as if I had no control over my situation and as if no one really cared."

Consequently, the majority of youth stated that they never started taking the medication, or they discontinued the medication within a couple of weeks. Some of the youths' sentiments were echoed by key informants. A number of key informants stated that youth are medicated "too quickly and heavily," noting that youth need better mental health services. Without appropriate behavioral health treatment, these youth are more likely to drift from placement to placement (Rubin, Alessandrini, Feudtner, Mandell, Localio & Hadley, 2004), causing a variety of situations that further compromise positive outcomes (e.g., school instability, difficulty in establishing and maintaining personal and community connections).

Given the high rates of co-morbidity, where 41% of youth in the mental health system met criteria for a substance use diagnosis (Aarons, Brown, Hough, Garland, & Wood, 2001), and up to 75% of substance abusing youth have a co-existing mental health disorder (Crowley & Riggs, 1995; Greenbaum, Foster-Johnson, & Petrilla, 1996), it is surprising that substance use was such a "taboo" topic with the youth. Participants were initially reluctant to even discuss the topic with group facilitators, fearing reprisals from current programs (e.g., discharge). After repeated assurances of the anonymity of the information, youth began to disclose their use of alcohol and other drugs. Most youth reported underage drinking; however, few reported regular use. Substance use was said to start in early adolescence (10-14 years), with harder drug use beginning in late adolescence (15-17 years). Almost all of the youth verbally acknowledged their use of marijuana (many reporting regular use), and some disclosed their use of cocaine and/or opiates. When asked if anyone within their support networks had asked about substance use, youth stated that discussions were exclusively focused on zero tolerance policies, closing the door for discussion. When asked if they had considered treatment, youth insisted that if they were to disclose their problems with drugs/alcohol, they would be "kicked out" of whatever programs they were attending rather than being referred to substance abuse treatment. Consequently, youth hid their drug use from existing service providers, thereby preventing them from receiving needed assessments and from accessing needed treatment. Youth with a past history of abuse/dependence discussed their lack of shelter options due to a variety of "triggers" common in the adult shelter system.

The most insensitivity concerning medication was portrayed in the story disclosed by a 20-year-old mother of two children. She told of repeated sexual abuse in her foster care placement and her acting out behavior as a result. Rather than being asked why she was doing what she was doing (e.g., cutting, drinking heavily), she was "drugged up," causing her to feel more powerlessness. She talked of how her behavior fluctuated between crying and yelling during sessions with her psychiatrist. He asked if she was taking her medication. He "instructed" her that she needed to listen to him, take her medicine, and then she would get better.

"I would try to explain things. Maybe it would sound irrational because I was so emotional. I didn't just say 'I am having a really hard time here. This is what is happening to me in this home.' I would yell, 'You are not listening to me! These people are treating me like crap. This man keeps coming into my bedroom.' And I would get upset...really upset...I was taking the medication, but I was also drinking. And I was tired. I didn't get much sleep; I was being abused over and over again in this place where I was supposed to be protected. So these aren't the things that they want to hear...or that they're thinking about. They're thinking 'what I expect from you is to listen to me and talk to me right, don't yell at me, and don't cry. Take your medicine and talk.' What I needed was for them to listen to me, for them to talk with me and not at me, for them to see my trauma. They just could not see beyond my emotions. They refused to listen to my words. And I stayed in that house until I could not take

it anymore, and then I ran away. I spent the next three years drinking, but I am sober now and trying to get my life together for me and for my kids."

Key informants emphasized the importance of transition planning in those RTFs that serve youth with behavioral health problems, recommending the creation of step-down programs that focus on independent living skills. While including independent living skills training as part of RTF contracting was said to be maximally beneficial, key informants stated that this was not always feasible because young people's therapeutic goals can frequently supersede independent living goals. Youth participants mentioned the transition back to the city as a critical point where they could have utilized additional supports around transportation, locating local resources, and understanding the changes that had occurred in the city.

Recommendation(s):

Work with the Department of Behavioral Health (DBH) to ensure that youth aging out of foster care are a priority population during its system reform efforts. Review the final report of DBH's Blue Ribbon Commission on Children's Behavioral Health to ensure this population of high risk and/or high need youth is adequately addressed. Provide additional information/comments in writing to the Commission where necessary.

Work with the Department of Behavioral Health in developing staff development programs and in developing appropriate substance abuse polices to ensure that substance abuse/dependence be appropriately viewed as a behavioral health problem necessitating treatment. Review the final report of DBH's Blue Ribbon Commission on Children's Behavioral Health with respect to substance abuse/dependence recommendations. Provide additional information/comments in writing to the Commission where necessary.

As stated earlier, broaden the Selected Needs Assessment Resources and the Independent Living Grid within *The Pennsylvania Model: A Guide to Independent Living* training curriculum to include biopsychosocial assessments and their key components. Include mental health symptomatology, substance use behaviors, and other key psychosocial areas in this assessment. Require that assessment results be incorporated into case planning, such that targeted treatment (including treatment for youth with co-occurring disorders) and medication oversight occurs.

Make behavioral services available to youth regardless of their diagnostic status (e.g., does not yet have a diagnosis). Review the final report of DBH's Blue Ribbon Commission on Children's Behavioral Health with respect to this issue. Advocate for and follow DBH's Blue Ribbon Commission's recommendations.

The importance of the psychiatric relationship has been noted in research with this population: "regular contact with a health care professional provided the basis for building trust and understanding and facilitating the ability to gauge compliance with medication regimens and to monitor and tailor medication to minimize side effects" (Muir-Cochrane, Fereday, Jureidini, Drummond, & Darbyshire, 2006). Having this stable, trusting relationship with a psychiatric nurse/psychiatrist in the community is critical for young people with behavioral health needs that require medication in order to live independently. These services may be both easier to access and connote less stigma for the young person if they first appear in locations the youth are familiar with and that are intended to support their overall independent living. Have access to counselors/therapists at sites/agencies where youth go for other services (e.g., the AIC). Sites should partner with hospitals or behavioral health agencies to have visiting psychiatric nurses/psychiatrists on site one to two days a week where youth can: be assessed and prescribed medication; receive information regarding medication (e.g., reason for prescription, potential side effects and how to mitigate them, the desired method for ceasing medication if so desired, how to access professional advice to answer any questions); have the ability to openly discuss their reservations or refusal to take any given medication; receive information and training on self-advocacy around medication prescription and management; and develop a relationship with the service provider so as to make it easier for youth to connect to these services once discharged from care. It would also provide an easy and known contact if the youth needs to enter into the formal behavioral health system.

Increase the number of Treatment Foster Care (TFC) homes and provide continued training and support for TFC foster parents to ensure placement stability for these youth.

As stated earlier, work with DBH so that youth receive "trauma-informed" care across the full continuum of provided services.

Implement life skills curricula at RTFs whenever possible. If a youth's therapeutic goals supersede independent living goals, ensure that youth are linked with step-down programs where they will learn the necessary skills to successfully transition to adulthood. Include ways in which there will be continuity in medical insurance in all transition plans; provide knowledge of and connection to community behavioral health services that the young person trusts and that are conveniently located near the youth's new living situation; and identify (with the first and pre-discharge appointments already scheduled) a specific therapist post RTF discharge.

Discharge youth from RTFs with a specialized case manager who can assist the youth in learning to manage the community behavioral health system.

Lack of peer relationships. By late adolescence/early adulthood, peers constitute one of the primary social groups and support systems for youth. Surprisingly, friendships were uncommon for the vast majority of these youth. When asked directly about the status of relationships with people their age and whether they ever helped one another out, youth were quick to state that there were few, if any, individuals in their lives they would call a "friend." They stated that they could only afford to look out for themselves since they could barely keep themselves afloat; that there was little time for others in the course of looking for a place to sleep; and that "so-called friends" can get in the way or "one-up" them when searching for resources. This was particularly true for female participants who felt back-stabbing, gossiping and general malcontent were not worth the price of friendship.

Barriers to self-sufficiency: employment and lack of post-secondary education. Few youth were employed, and of those who were, few met minimum income requirements for self-sufficiency. According to *The Self-Sufficiency Standard for Pennsylvania 2006*, individuals must earn $8.48 per hour and work a 40-hour work week to be able to live independently (Pathways, 2006). Of the participant youth who were employed at the time of the survey (n=36 or 48% of participant youth), only 18% earned income that would allow them to live independently. Stated differently, four out of five youth were earning less than the minimum income necessary to live in Pennsylvania. And even for the one in five who did earn an income to live independently, they were employed in unskilled jobs and had little to no savings, so they were in fact "one paycheck away" from being on the streets.

Given their lack of self-sufficiency through employment, it is not surprising that many youth did not have enough money to meet basic living needs. This is compounded by the fact that approximately 50% of the youth did not have enough money to purchase clothes or pay for public transportation, two factors that impact the ability to secure and maintain employment.

Percent Reporting Insufficient Funds for:

Rent	45%
Food	27%
Clothing	53%
Transportation	46%
Savings	68%
Recreation	67%

Most youth worked in unskilled jobs. As illustrated below, many youth were employed in minimum wage jobs that did not offer health insurance or transferable skill sets for other types of employment. Youth stated that while there were programs to teach interviewing skills, resume preparation, etc., they felt that there were few actual job training or career development programs available to them. This was compounded by the fact that 59% did not have any opportunities for advancement at their current place of employment. Similarly, many youth were unaware of career options and asked whether there were any "tests" that they could take that could help them identify

Type of Jobs Held by Participant Youth (n=36)

Fast Food/Food Service	44%
Housekeeping	6%
Security	8%
Retail Sales	14%
Other (e.g., parking attendant, teacher's assistant)	28%

A significant majority of youth survey participants hold minimum wage jobs that do not offer health insurance.

potential careers. Surprisingly, although there are two identified job training/career inventories listed in *The Pennsylvania Model: A Guide to Independent Living* training curriculum, none of the youth were assessed with these tools.

About one in four youth needed to supplement their income through illegal means. Because of the lack of opportunities to make a living wage, 23% of participant youth reported at least one source of illegal income since discharge from DHS. Money was obtained from drug dealing (10%), trading sex for money (8%), and stealing (8%). Resorting to illegal behavior to meet basic living needs did not occur exclusively post-DHS discharge. One youth reported that she was forced to steal and was arrested for theft when her foster parent refused to buy her underwear. In addition to illegal forms of income, 14% of participant youth reported obtaining money from "hustling," and 4% reported working at strip clubs.

Over half (58%) had yet to obtain a high school diploma or GED; one in 10 (12%) had some post-secondary education; and less than one in 10 (7%) were satisfied with their educational level. On a positive note, half of the participant youth (51%) were attending some type of educational program.

Overall Status of Youth

	Percent responding "Yes"
Identification	
Has birth certificate	69%
Has social security card	75%
Has a state issued photo ID	71%
Finances / Insurance	
Has a checking or savings account	39%
Has medical insurance	74%
Has a prescription plan	65%
Has a dental plan	68%
Medical Status	
Has serious health problem(s)	24%
Receives medical care at a doctor's office or at a health clinic	63%
Receives medical care at the emergency room	64%
Needs to take any medications for a health problem	35%
Is able to get needed medications	75%
Safety Issues	
Sees a mental health counselor/therapist	42%
Needs to take medications for a mental health problem	25%
Is able to get needed medications	77%
Sees a counselor for drug problems	19%
Safety	
Feels safe where living	64%

Recommendations:

Utilize the career preparation tools highlighted within *The Pennsylvania Model: A Guide to Independent Living*.

Strengthen DHS' partnership and increase access to the array of programs (e.g., job readiness programs, internship programs, shadowing programs, and volunteer opportunities) provided through the Philadelphia Youth Network (PYN) and the Philadelphia Workforce Development Corporation (PWDC) so that youth can learn job skills beyond those necessary to obtain a job.

Develop apprenticeships with Philadelphia businesses for youth who have aged out of DHS.

Provide tax incentives to Philadelphia businesses for employing and training youth who have aged out of DHS.

Provide sufficient financial support to permit foster youth to continue with post-secondary education or other training opportunities. Develop a Program Revision Request (PRR) for the state fiscal year 2008-09 budget to be presented to the Pennsylvania Department of Education to waive tuition and room and board at the 14 universities of the State System of Higher Education and community colleges for qualified youth who are aging out of the foster care system or have aged out of the system and have not reached 21 years of age. Community college as defined by the Public School Code is a public college or technical institute which provides a two-year, post-secondary, college-parallel, terminal-general, terminal-technical, out-of-school youth or adult education program, or any combination of these. [See Section 4 for a complete review of applicable federal, state and local policies.]

Improve the preparation of foster care youth for post-secondary opportunities by advocating for the passage of S. 1429 or H.R. 609, federal legislation that specifically provides that foster care children be eligible for Talent Search, Upward Bound and Educational Opportunity Center (TRIO) and Gaining Early Awareness and Readiness Undergraduate Program (GEAR UP). [See Section 4 for a complete review of applicable federal, state and local policies.]

Develop comprehensive outreach strategies to provide information to foster care youth about post-secondary and other training opportunities. This strategy should include those who work with adolescents: case managers, foster parents, high school guidance officers, college and vocational program counselors, financial aid offices, youth and alumni organizations, homeless shelters, and residential programs. Juvenile Court judges, Court Appointed Special Advocates (CASAs), and other advocates should also be made aware of the program. The outreach should include basic information regarding eligibility criteria, how to apply, the process for awarding vouchers, and communicating with students.

Service gaps/ expressed needs. There was wide variation in the services youth received (or did not receive) during or post DHS care. At the time of the focus groups, a portion of the youth was actively participating in the Achieving Independence Center (AIC) and in the Valley Youth House transitional housing program. Some youth, on the other hand, had not heard of the AIC, were still unaware of what resources or supports were currently available, and were unclear as to who was eligible to receive what services. The table on the following page highlights limited service delivery while in care as well as services youth felt they still needed.

Service Delivery

Service Areas	This service was part of my transition plan	I have received this service or training	I would like to receive this service
How to get needed identification (e.g., Social Security card)	39%	16%	12%
How to complete my HS education	39%	22%	9%
How to complete my GED	17%	16%	14%
How to go to college	27%	13%	19%
How to go to a trade school	25%	14%	17%
How to get information about/receive financial aid	26%	14%	14%
How to look for a job	33%	19%	12%
How to prepare for the job interview	32%	18%	14%
How to get a job/get job training	30%	20%	14%
How to keep a job	31%	20%	15%
How to open a checking/savings account	25%	14%	19%
How to budget my money	31%	10%	21%
How to pay bills	25%	12%	23%
How to look for a place to live	33%	9%	24%
How to afford my own place to live	35%	7%	25%
How to take care of household chores like laundry, cooking	31%	13%	15%
How to be a good parent	27%	12%	18%
How to get cash assistance - TANF	26%	14%	18%
How to get food stamps	29%	11%	23%
How to get my school records	30%	23%	23%
How to get my medical records	34%	22%	16%
How to get health insurance	27%	19%	17%
How to get/where to go for health care	27%	22%	17%
How to get/where to go for counseling	34%	19%	15%
How to get/where to go for drug/alcohol treatment	28%	16%	19%
How to get/where to find dentist	37%	25%	12%
How to find a mentor	35%	15%	16%

Lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth.
LGBTQ youth in foster care often experience serious challenges in foster placements with families that do not accept their orientation. In some cases, these youth may become targets for victimization in their foster families and/or group homes (Gordon, 2006). One study noted that many child care workers, due to their own prejudices against non-gender conforming behavior, are unwilling or fail to recognize the needs of LGBTQ youth, and consequently may not sufficiently advocate for them when abuse occurs in foster placements and other settings (Child Welfare League of America, 2006). These conditions may serve to increase the chances that LGBTQ youth will leave the system prematurely and therefore not be prepared for independent living. Although these youth face the same difficulties as any foster youth who chooses to leave the foster care system prematurely, LGBTQ youth face unique challenges that increase their vulnerability and disenfranchisement.

Approximately 36% of the youth (n=27) who completed the survey identified as lesbian, gay, or bisexual; and two youth identified as transgender. In an effort to further understand the unique needs of aging-out LGBTQ youth, two focus groups were conducted at the Attic Youth Center. Fourteen youth participated in these groups, sharing diverse thoughts and experiences that underscore the need for better transitional services and supports for this subgroup of youth. Despite a few targeted programs for LGBTQ youth (e.g., Bethel House, Transgender Information Program), most youth reported a lack of "gay friendly" resources. Most youth and one key informant reported that there are few safe havens for LGBTQ youth, that DHS needs to make more efforts to be "gay friendly," and that more foster families need to be trained on how to support a youth who comes out as LGBTQ while in their care (some youth reported that their foster families returned them to the system when they revealed their sexual orientation). Although few reported overt discrimination based on their sexual orientation, many noted that their foster families, group home staff, and DHS caseworkers displayed negative attitudes and made pejorative comments toward them. Some youth reported more intensive monitoring. One young woman stated, "Staff would not let me use the bathroom with other girls because they thought I might try to make it with them." Some reported being "picked on" by their straight peers. Almost all of the LGBTQ youth reported a lack of trust in their caseworkers and therefore did not rely on them for assistance when coming out or when transitioning out of the system. These youth reported that they would have preferred a mentor or peer counselor to help them with these issues.

Recommendation(s):

For those LGBTQ youth who find themselves aging out of care and potentially homeless, ensure continued access to child welfare services, transitional housing and shelter services staffed with personnel who deliver specialized, culturally sensitive services to this population.

Work with DHS, SDP, and the Office of Supportive Housing in advocating against victimization in the shelter, school or neighborhood and in developing policies and procedures for culturally appropriate care.

Develop foster care placements that are "gay friendly" so that youth do not have to be placed in group homes or RTFs because of community-based placements being uncomfortable/not agreeing with their sexual orientation.

As stated previously, develop an independent, external ombudsman/office of the ombudsman, with full authority to investigate allegations on a timely basis, to whom youth can disclose information regarding discrimination, differences in treatment or pejorative comments without retribution.

Address heterosexism, homophobia and culturally appropriate services by developing a staff development program for caseworker, private provider staff and foster care parents.

Review and advocate for adoption of the extensive recommendations found in the *Summary Report of January 2004 Philadelphia CWLA/Lambda Listening Forum Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Questioning ("LGBTQ") Young People and Adults Involved with the Child Welfare System.*

Staff training/ workforce development. Quality service delivery is contingent upon a highly-skilled and trained staff. As noted previously, many youth reported DHS caseworkers and SDP teachers did not impart the right information they needed to make informed choices, and they did not understand nor care for them.

Recommendation(s):

Develop minimum standards for ongoing training and staff development with respect to the aging-out foster care population.

Develop competency-based training such that caseworkers are required to pass competency tests on specific content within pre-determined time intervals.

Develop strategies for recruiting, training and rewarding competent staff.

Create a training curriculum for school personnel regarding the social and emotional issues facing children in foster care and the specific needs this population may have in meeting educational objectives.

Incorporate the importance of educational achievement into the training curriculum for children, youth workers and foster parents.

Reduce caseworker workload to meet Child Welfare League of America caseload recommendation of 17 active families per caseworker and no more than one new case for every six open cases.

Data/ evaluation/ monitoring. Most key informants discussed the need to have better automated data systems for the purpose of decision making, case planning, case coordination and accountability monitoring. Regardless of affiliation, key informants discussed the advantages of:

1) a system geared toward tracking the aging-out youth over time by new initiatives to assess whether system improvements were being made;

2) a system that was able to collect outcome information on 19, 20, and 21-year-olds to assess whether service and policy adjustments were needed;

3) benchmarks that would provide ways in which to assess worker, provider and system performance;

4) being able to identify youth who would need transition planning three months prior to their 16th birthday;

5) knowing what youth were aging out of DHS or were on board extensions;

6) cross-walking youths whose goal is independent living with AIC enrollees;

7) identifying whether youth were SDP-active prior to placement in an RTF or group home;

8) identifying the full range of systems and services with which the youth was involved;

9) monitoring the utilization of services so that adjustments could be made; and

10) knowing the effectiveness of services so the appropriate referrals could be made.

While there was clearly an understanding of the need for better data coordination and cross-system utilization, as stated earlier, this was frequently not the case. Examples include but are not limited to:

1) DHS and SDP were frequently unaware of the cross-systems involvement of youth, with most unable to obtain information necessary for case management.

2) The databases of DHS and the AIC were not integrated or easily merged.

3) The educational and psychosocial status of youth at the time of RTF or group home discharge was not automated, making accountability and outcomes assessment difficult, if not impossible.

4) AIC outcome data were not available.

5) DHS outcome data were not available.

Recommendation(s):

The Chafee Foster Care Independence Act of 1999 (CFCIA) mandated states to report information on services and outcomes for aging-out youth for inclusion in a National Youth in Transition Database (NYTD). This database will include outcome measures related to educational attainment, employment, homelessness, incarceration, and high-risk behaviors. Collecting data for the NYTD should be a priority for Philadelphia, and data should be analyzed internally or locally to provide DHS with regular feedback on these youth in order to adjust services and revise policies and procedures.

Use the DSS CARES Service Coordination Dashboard to create a system of accountability whereby caseworker and provider performance is monitored and evaluated for effectiveness and efficiency. Performance analyses should include staff training compliance, caseworker/youth caseload ratios and case planning processes.

Use the DSS CARES data warehouse to conduct cross-systems analyses on outcomes for 16 and

17-year-olds who are "on deck" for emancipation and/or board extensions. Analyses should include an examination of characteristics that may predict which youth take advantage of board extensions and which do not, which youth become homeless and which you do not, etc.

Provide a data collection mechanism whereby youth who have left DHS care are able to provide follow-up information and status (e.g., housing status, employment, income) through web-based assessment forms. Youth would be monetarily compensated for each time s/he completed an interim and final assessment. Longitudinal analyses then would be possible to identify predictors of identified outcomes and to assist in the development and maintenance of targeted programming.

Evaluate the effectiveness of the new promising approaches directed at improving the outcomes of youth who age out of DHS care (see page 64).

Form a partnership between schools and county children and youth agencies to develop appropriate and feasible education indicators that can be used to measure educational outcomes for foster youth.

Require that educational outcome data be linked to Title IV, Part E of the Social Security Act – the largest federal funding source for child welfare programs.

A note on other sub-populations of aging-out youth. Aging-out youth are a diverse population, possessing a variety of needs, risks and strengths. As part of this project, we explored the unique needs of two sub-groups (youth with behavioral health problems and LGBTQ youth). However, there are other, perhaps more vulnerable and marginalized, sub-populations such as teen parents and youth with developmental disabilities.

Research indicates that girls who have a history of foster care placement are more likely to become pregnant and become parents in their teen years (Carpenter, Clyman, Davidson, & Steiner, 2001; Courtney & Dworsky 2006; Budd, Holdworth, & HoganBruen, 2005). In a study of teen pregnancy and foster care experiences, nearly half of the young adult females with foster care histories had been pregnant by age 19, a rate nearly two and a half times higher than that found among 19-year-old women with no foster care background (Courtney & Dworsky, 2006). As stated earlier, 27% of the participants in this project had at least one child with 11% expecting a child. Of those with children (n=19), 37% had two or more. Fourteen of the 19 youth with children were female (74%). Participant youth who were parents reported a dearth of mother/baby programs, teen father programs and housing programs that accept children. A number of the young women who were parents discussed their interest in Job Corps, but stated that there were very few slots for young women with children.

With respect to developmental disabilities, it has been reported that 50% of children in foster care experience some type of developmental delay, four to five times greater than the incidence of developmental delays in the general population (Dicker, Gordon, & Knitzer, 2002). Foster care youth with developmental disabilities are at high risk for a variety of problems impacting their independence. The non-appearance of this sub-group in the project sample highlights the need to ascertain the prevalence of developmental disabilities in aging-out youth who become homeless.

Recommendation(s):

Conduct additional studies on the aging-out population that include samples of youth who are teen parents or who have developmental disabilities.

Provide sexual health services on an ongoing basis to teenagers in foster care. ■

Section 4

Policy Analysis

Since 1986, the federal government has provided states with funding to develop independent living programs for youth aging out of the foster care system. The purpose of this funding is to address the issues youth in foster care face as they transition to adulthood and work towards self-sufficiency. In 1999, Congress passed the Chafee Foster Care Independence Act of 1999 (CFCIA). This act increased the total amount of funding available to states by 100 percent, from $70 million to $140 million per year. In addition, states were given greater flexibility with regard to providing independent living services. The major provisions of the CFCIA were:

- expanding eligibility for independent living services;
- requiring states to offer services to former foster youth until they reach age 21;
- allowing a portion of funds to be used for room and board;
- improving national data collection efforts; and
- enabling states to extend Medicaid health care coverage to former foster youth.

This section assesses how federal, state and local jurisdictions have addressed key issues facing this population (i.e., health care, secondary education, post-secondary education and training, housing, independent living/life skills preparation, exiting care before age 18) through laws, regulations and administrative policies; determines what policies had been most effective; and provides policy recommendations for Pennsylvania and Philadelphia. Please note that the policies discussed may cross issues (i.e., a policy focused on independent living/life skills preparation may also include provisions addressing high school and post-secondary education).

Health Care

Issue: Continuation of health care is not automatic when youth age out of foster care. Given that a majority of these youth are either unemployed or underemployed, they do not have employer-sponsored health care insurance.

Impact: It is difficult for former foster youth to obtain health care coverage during the first years they are on their own. This lack of access to health care negatively influences the ability of these youth to lead stable adult lives.

Current policies – federal government and other jurisdictions. The CFCIA permits the option of providing Medicaid to youth who age out of care until they turn 21. Six states have adopted the CFCIA Medicaid option. In addition, 29 states have medical coverage extended for youth 18 to 21 still in care, not using CFCIA funds. This coverage includes the State Child Health Insurance Program (SCHIP), the Ribicoff option and standard Medicaid categories. The Congressional Budget Office estimates that 60 percent of former foster youth qualify for publicly funded health programs.

Current policy – Pennsylvania. In Pennsylvania, youth who are under age 19 and discharged to live independently are eligible to apply for medical assistance (MA). Youth older than 19 generally are eligible for MA, with the exception of youth who are receiving Temporary Assistance for Needy Families (TANF), General Assistance or Social Security Insurance (SSI), or some other form of government benefits. For youth over 19 who do not qualify for MA, they do have the option of purchasing Adult Basic Coverage from the state.

Discharge plans for youth who will not be eligible for MA once discharged should specify the insurance that will be obtained by the youth and how he or she will cover the cost of insurance.

Recommendation(s) – Health Care:

Ensure that former foster care youth have access to physical and behavioral health care.

Adopt the CFCIA option of providing Medicaid to youth who age out of care until they turn 21 in Pennsylvania. To meet this recommendation, the state Department of Public Welfare should amend the Medicaid state plan to permit youth who age out to receive Medicaid until they turn 21.

Secondary Education

Issue: A large percentage of youth who age out of foster care do not have a high school diploma or GED.

Impact: With low educational attainment, youth are at a higher risk of becoming homeless, participating in criminal activity, using or abusing substances, and being unemployed.

Current policies – federal government and other jurisdictions. The CFCIA does not include provisions addressing secondary education. The federal McKinney-Vento Homeless Education Assistance Improvements Act of 2001 (McKinney-Vento) guarantees that homeless children can exercise the option of remaining in one stable school setting as they move from one temporary residence to another. Although McKinney-Vento does not

specifically apply to children in foster care, it does apply to children who are "awaiting foster care placement."

As discussed below, states and local jurisdictions have enacted laws and policies that make improvements in meeting the educational needs of youth in foster care. This includes uninterrupted educational access; referral for needed evaluations and services; and stronger collaboration between social services and schools

- **New York:** A law enacted in 2005 requires the local Department of Social Services to address the educational and vocational needs of children in foster care. The law is intended to ensure prompt enrollment in appropriate programs and referral for needed evaluations and services. Schools are required to be involved with the educational components of children's permanency plans. The Permanency Hearing Report must document steps taken to: refer young children who may have developmental delays or disabilities for early intervention and preschool evaluations and services; promptly enroll eligible children in pre-kindergarten programs, if available; refer school-aged children for special education evaluations or services, as appropriate; promptly enroll children who are diploma-bound in appropriate high school programs; and assist children age 16 and over who do not intend to earn a diploma in becoming employed or enrolled in a vocational program.
- **Illinois:** Through law and administrative policies, children and youth are allowed to remain in the school they are attending when first placed in foster care. Within a short time period following placement of the child or youth, a caseworker determines, in consultation with their supervisors and school personnel, if it is in the child's best interest to be transferred to another school.
- **Broward County, Florida:** The public schools and social services department operate under a "memorandum of understanding," which addresses issues of school stability. It details procedures for school selection, enrollment and transportation of children in foster care. Schools have designated paid staff to act as liaisons to the child welfare agency and to the court. They also have selected staff serving as "foster care designees," who are the single point of contact for that school in addressing the needs of children in foster care. This includes the coordination of school administration and staff to address the needs of children in foster care.
- **California:** As long as it is in the child's best interest, when placed in foster care children are permitted to remain in their current school for the remainder of the school year. Schools are required to designate "a foster care education liaison to oversee placement, transfer and enrollment" of children in foster care.
- **California and Washington:** A program has been developed that provides children in foster care with a passport of automated health records and data. In California, youth using the ePassport can access and update their records at any time and any place.

Current policy – Pennsylvania. Pennsylvania regulations (§ 3130.87 of Title 55) require that when children are placed in foster care, the county children and youth agency has the responsibility for ensuring their education.

§ 3130.87 Education.

1) The county agency shall ensure that children who are receiving services are enrolled in, or have access to, education in conformance with the Public School Code of 1949 (24 P. S. §§ 1-101—27-2702).

2) If the county agency directly operates an educational program, the program shall comply with applicable requirements of the Department of Education.

3) If a child receiving services is beyond the age of compulsory school attendance, the county agency shall ensure that the child has the opportunity to obtain career counseling or continuing education.

Also required by regulation [§ 3130.67(b)(2)(iv) of Title 55], when a child is placed in foster care, the children and youth agency must provide "assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement." If placed outside of the school district a child is attending at the time of placement, the child has the right to attend school where the foster family lives.

Older youth with disabilities, who have an Individual Education Plan, are entitled to "transition services" to assist this population with the transition from high school to adulthood.

Recommendation(s) – Secondary Education:
Establish that all professionals involved with children in foster care have responsibility for their educational achievement.

1) Develop a Program Revision Request (PRR) for the state fiscal year 2008-09 budget to be presented to the Departments of Education and Public Welfare. The PRR would be to pilot the Foster Care Youth Education Services (FCYES) program.

This pilot program, a joint initiative of the departments, would award grants to a select number of counties to improve educational services for foster care children and youth through increasing interagency coordination and collaboration.

Each county receiving a grant would be required to develop a local Foster Care Youth Education Services plan. Key components of each plan would be:

- how the county would improve the coordination of education-related services among foster parents, the courts, the children and youth agency, schools and other service providers;
- development of interagency agreements on sharing information and transferring records;
- development of protocols for assessing supplementary services needed by foster care children and youth to assist with their education, such as tutoring, mentoring, counseling and remediation;
- development of a countywide database that contains placement, demographic, and health and education records for children and youth in foster homes; and
- how the county will track and report educational outcome data.

2) Create a training curriculum for school personnel regarding the social and emotional issues facing children in foster care and the specific needs this population may have in meeting educational objectives.

3) Incorporate the importance of educational achievement into the training curriculum for children and youth workers and foster parents.

Increase the educational stability of children and youth in foster care through the following actions:

1) Amend § 3130.67(b)(2)(iv) of Title 55 to state "Assurances that every effort possible in the child's placement in foster care is made to place the child in the same school district in which the child is enrolled at the time of placement."

2) Develop strategies to increase foster parent recruitment in school districts with high rates of foster care placements. These strategies could include an advertisement campaign that is targeted to the identified school districts. This campaign could focus on the importance of foster care children and youth being placed in their current school district.

3) Amend § 6351(f) of the Juvenile Act to require that, at each hearing, the court shall determine the extent of efforts made to place the child in the same school in which the child was enrolled at the time of placement.

4) Require that the Pennsylvania Department of Education issue a Basic Education Circular (BEC) describing the procedures for allowing a child in placement to continue attending the school s/he attended prior to placement, at minimum for the duration of the school year. The BEC would outline the conditions that need to be satisfied for this to occur, such as:

- continuing in the same school is in the child's best interest; and
- placement is within a reasonable distance from the school.

5) Implement an automated passport program that provides a record of a foster child or youth's medical, behavioral, psychological, and educational status in order to make educational record transfers within the state faster and more accurate.

6) At the federal level, join with the American Bar Association to encourage the U.S. Department of Education to broadly interpret "awaiting foster care placement" so as to "include children and youth placed by public agencies in interim, emergency or short-term placements," thus ensuring these children and youth "uninterrupted educational access."

Collect timely and accurate data on the educational attainment of children and youth in foster care as a measure of accountability.

1) Form a partnership between schools and county children and youth agencies to develop appropriate and feasible education indicators that can be used to measure educational outcomes for foster youth.

2) Require that educational outcome data be linked to Title IV, Part E of the Social Security Act – the largest federal funding source for child welfare programs.

Post-Secondary Education and Training Opportunities

Issue: Youth who age-out of foster care face more barriers to accessing post-secondary education and training opportunities than most other youth. Only 20 percent of foster youth who are qualified attend college, which is significantly below the 60 percent of their peers.

Impact: Education opens doors to many types of careers. Children who are in foster care do not grow up with the cultural expectation of college.

Foster care youth are less likely to receive the proper preparation during the middle and high school years to enroll in post-secondary programs. As discussed above, foster care youth are less likely than their peers to graduate from high school. In addition, while in high school only 15 percent of foster care youth enroll in college preparatory courses, compared to 32 percent of their peers.

A second major barrier to foster youth enrolling in post-secondary programs is a financial one. When compared to their peers, foster youth are more likely to be low-income and not have the means to pay for college. In general, youth typically receive assistance from their family in paying for tuition and housing. This assistance is not available to youth in foster care. College students also rely on family to cosign loans. Foster care youth may not have a family member to be a cosigner for a loan, and they also may not have a credit history upon which to rely for loans independently. In addition, if they go to school locally, they are not likely to have the option of living at home.

A third barrier is that youth in foster care are not aware of their options once they graduate from high school. A majority of foster care youth do not have relationships with positive adult role models to encourage them to pursue post-secondary or training opportunities. In pursuing a secondary education, it is a major disadvantage for youth not to have an adult who exposes them to a wide range of career options and who can counsel them on the types of education and training required to attain their goals.

In addition to identifying their post-secondary options, foster care youth need assistance in how to access information about financial aid programs for which they may be eligible and in how to successfully fill out the applications for financial assistance. Foster care youth can find the application process for federal financial aid confusing.

Related to youth accessing information and completing applications for financial aid is the issue that there is not sufficient funding available to meet the post-secondary or training needs of youth who age out of the foster care system.

Current policies – federal government and other jurisdictions. The CFCIA (amended by U.S. Public Law 107-133 in 2002) authorizes $60 million annually to provide vouchers for youth in foster care to attend an institution of higher education. This funding permits states to provide a maximum of $5,000 per year to eligible youth. These vouchers are given on a first come, first serve basis and pay for attendance at accredited public or private colleges, at universities, or at vocational training institutions. Youth can receive this voucher until age 23 if: they were receiving the voucher at age 21, are still enrolled in a post-secondary education or training program, and are making progress.

A majority of foster care youth should be eligible for Pell Grants. These grants, based on need, are the only federal aid that students do not have to repay. Most independent living programs, regardless of whether they offer other state-sponsored assistance, encourage youth to apply for Pell Grants. For the 2005-06 award year, the maximum Pell Grant award for full-time students was $4,050. The grants can be used for tuition and school-related expenses such as dormitory fees, books and campus food plans. However, this is a small portion of the amount that is needed to fully cover the cost of tuition, fees, room and board. Currently for the 14 schools of Pennsylvania's State System of Higher Education, the total costs range from $11,000 to $14,400 per year.

The federal government also provides support to middle and high school youth through the Talent Search, Upward Bound and Educational Opportunity Center (TRIO) program and the Gaining Early Awareness and Readiness Undergraduate Program (GEAR UP). Both of these programs are aimed at supporting low-income youth in

overcoming barriers associated with enrollment in higher education. However, these programs have not specifically targeted foster youth or their unique circumstances.

Ten states offer scholarships to foster youth who have successfully completed their secondary education. The financial benefits vary from $500 per year to full tuition. Some of the scholarships are competitive, some are limited in number, and others are available to any foster youth who qualifies. Other states offer limited, case-by-case assistance for special training and short-term vocational courses. Fifteen states currently provide tuition waivers for post-secondary education.

- **Michigan:** Foster care youth have access to the Tuition Incentive Program (TIP). This program targets youth who have been Medicaid eligible for 24 of the last 36 months. TIP pays for tuition and mandatory fees at participating Michigan colleges in pursuit of an Associate's degree, certificate or a Bachelor's degree. Students receive a maximum of $2000 for pursuit of a Bachelor's degree. A student is required to apply prior to high school graduation or GED completion. The application can be completed as early as the sixth grade. To qualify for TIP, a youth must be less than 20 years old at the time they graduate from high school or complete their GED. Students must combine TIP with any other financial aid for which they qualify.
- **Wisconsin:** Foster care youth have access to a scholarship fund of $100,000. The scholarships are given on a one-time-only basis.
- **Kentucky:** Youth can apply for the Kentucky tuition waiver which allows students who are, or who have been, in custody of either the Kentucky Cabinet for Families and Children or the Kentucky Department of Juvenile Justice to apply for a waiver of tuition and mandatory student fees.
- **Illinois:** Department of Children and Family Services awards 48 scholarships per year. Scholarships provide up to four years of tuition and academic fees for Illinois state universities with a $445 monthly stipend and medical card.
- **Ohio:** To supplement community resources, such as grants and scholarships, some counties levy funds.
- **Minnesota:** University presidents are given the authority to waive tuition for youth under the age of 21 who have been in the custody of the Department of Human Services. If a youth turns 21 years of age, he or she can petition for the waiver to be continued until completion of the program.
- **Georgia, Louisiana and Missouri:** These states cover a youth's educational expenses that are not paid for by the Pell Grant.
- **California:** The Higher Education Outreach and Assistance Act for Emancipated Foster Youth provides a variety of supports for youth. All state university and community governing boards are charged with expanding access and retention programs directed at emancipated foster youth. These programs should include: accommodating unusual housing needs; providing technical assistance; and advising campuses on how to improve outreach, delivery of services and tracking retention of emancipated foster youth.
- **Massachusetts:** The Educational Financial Aid Proposal for Adoptive and Foster Children was passed June 20, 2000. It provides state college tuition waivers for Department of Social Services (DSS) foster and adoptive youth. It expands higher education financial assistance to current DSS foster children by covering 50 percent of the cost of attendance at a state school. To be eligible for expanded financial aid, a foster child must meet all of the following requirements: the youth is a current foster child who was placed in the custody of the State through a Care and Protection Petition; the youth is age 24 or under; the youth has been in the custody of the State for at least one full year; the youth contributes to his/her educational costs through enrollment in a work-study program; and the youth attends college full time.
- **Oregon:** Oregon's scholarship program provides scholarships to any accredited Oregon institution of higher education, public or private. However, the amount of the scholarship is limited to the annual tuition rate for the state university system. Eligible youth are ones who were in foster care at least 12 months from ages 16 to 21. Eligible youth must also enroll in an Oregon college or university within three years of graduating from high school or obtaining a GED, or within three years of leaving foster care.

Funding for the scholarship program comes from a combination of state appropriations and private gifts to the state's scholarship fund.

Current policy – Pennsylvania. Pennsylvania does not provide any additional post-secondary opportunities for foster care youth beyond what is provided through the federal programs.

Recommendation(s) – Post-Secondary Education and Training Opportunities:

Provide sufficient financial support to permit foster youth to continue with post-secondary education or other training opportunities.

1) Develop a Program Revision Request (PRR) for the state fiscal year 2008-09 budget to be presented to the Pennsylvania Department of Education to waive tuition and room and board at the 14 universities of the State System of Higher Education and community colleges for qualified youth who are aging out of the foster care system or have aged out of the system and have not reached 21 years of age. Community college as defined by the Public School Code is a public college or technical institute which provides a two-year, post-secondary, college-parallel, terminal-general, terminal-technical, out-of-school youth or adult education program, or any combination of these. (Note: If this would be too costly because of the number of youth that would automatically qualify, an application process could be implemented. Or, the university presidents in the State System of Higher Education could be given the authority to waive the tuition based on the youth's application.)

Improve the preparation of foster care youth for post-secondary opportunities.

1) Advocate for the passage of S. 1429 or H.R. 609, federal legislation that specifically provides that foster care children be eligible for TRIO and GEAR UP.

Provide information on resources available and the process for applying for post-secondary opportunities and other training opportunities.

1) Develop comprehensive outreach strategies to provide information to foster care youth about post-secondary opportunities and other training opportunities. This strategy should include those working with adolescents: case managers, foster parents, high school guidance officers, college and vocational program counselors, financial aid offices, youth and alumni organizations, homeless shelters, and residential programs. Juvenile Court judges, Court Appointed Special Advocates (CASAs), and other advocates should also be made aware of the program.

The outreach should include basic information regarding eligibility criteria, how to apply, the process for awarding vouchers, and communicating with students.

Housing

Issue: Youth who age out of foster care face challenges in finding and maintaining affordable, stable housing.

Impact: Many former foster youth return to their biological families after leaving care. Based on several studies, it is estimated that 10 to 25 percent of former foster youth are homeless for at least one night once they leave care.

Current policies – federal government and other jurisdictions. Prior to passage of the CFCIA, federal funding requirements restricted using independent living funds for room and board. This led to a lack of developing housing alternatives for youth who age out of foster care.

To ensure these youth have affordable housing options, the CFCIA permits states to use 30 percent of their federal funds for room and board for former foster youth ages 18 to 21.

The federal Family Unification Program (FUP) vouchers are permitted to be used for youth aging-out of foster care. To be eligible for the 18 month FUP voucher, a youth has to be at least 18 years old and not more than 21 years old (has not reached his/her 22nd birthday) who left foster care at 16 or older and who does not have adequate housing. Eligibility is based on certification from the public child welfare agency and determination by the local housing authority. To use these vouchers for aging-out youth, the local housing authority must amend its selection criteria.

The Runaway and Homeless Youth Act funds the Transitional Living Program for Older Homeless Youth (TLP). Grantees provide housing and independent living services to homeless youth ages 16 to 21.

- **California:** Some California counties have implemented a Transitional Housing Placement Program (THPP). This community care licensed program helps current foster care youth to transition successfully to adulthood. Participants in the program must be at least 16-years-old and no older than 18, and they must be involved in an Independent Living Program. The program offers an environment that is safe and supportive where a youth can learn and practice independent living skills.

Complementing THPP is the Temporary Housing Placement+ (THP+) which assists youth ages 18 to 24 who have already left the foster care system. Youth participate in THP+ for a maximum of 24 cumulative months.

Under existing law, counties are required to pay 60 percent of the costs for these transitional housing services, with the state paying the remaining 40 percent. As a result, only three counties have elected to participate. Legislation has been introduced (SB1576) to eliminate the county share requirement.

- **Texas:** The Preparation for Adult Living (PAL) program requires that youth over the age of 16 be provided with services to successfully transition to adulthood. Through collaboration with public and private agencies, PAL assists youth in developing support systems and locating housing.

  PAL provides youth with a lifetime maximum of $3,000 of benefits and financial assistance. After completing the PAL Program, youth can receive an allowance of up to $1,000. Youth between the ages of 18 and 21 who have aged out of foster care are eligible for aftercare housing assistance of $500 per month to be used for rent, deposits, utilities and/or food.

- **Illinois:** Youth who are close to aging out are referred by their caseworkers to the Youth Housing Program where they request either housing advocacy or cash assistance. The youth is assigned to a Housing Advocate in the region. Services offered include: housing advocacy; start-up grants of $800 to cover move-in expenses ($1,200 if the youth is pregnant, parenting or disabled); partial housing subsidies in cases where the housing cost exceeds 30 percent of the income of the youth; cash assistance in the event of a crisis; and follow-up services for three months.

- **Kentucky:** Through a legislatively mandated (HB376) homelessness prevention project, individuals exiting from state-operated or supervised institutions (corrections, mental health and foster care programs) are provided with discharge planning.

- **Cincinnati, Ohio:** Lighthouse Youth Services Housing Continuum serves youth in foster care between the ages of 16 and 19. The continuum of housing options includes: scattered-site apartments, supervised apartments, four or five youth sharing homes, host homes, and boarding homes. Youth can move from an unsuccessful living arrangement to one that will better meet their needs. A majority of the funds to support the program is from the Children's Services County Levy, with a minimal amount of funds being contributed from the referring agencies.

- **New York City:** The city capitalizes on existing public housing programs to meet the housing needs of youth aging out of the foster care system. One example is that New York accesses non-Family Unification Program (FUP) housing resources that are not restricted by the 18-month FUP time limit for youth. Another example is that New York includes youth, who are discharged from foster care and who do not have housing, in the priority category for Housing Choice vouchers (formerly Section 8).

Current Policy – Pennsylvania. The CFCIA grants provide counties with the option of offering room and board services to youth who are discharged from foster care. However, only a small number of counties have exercised this option.

For the counties that do provide housing services, youth are gradually given more responsibility for their living expenses and, within a certain time period, are fully responsible for paying for all their expenses. In addition, youth are required to comply with program rules. These rules generally include that youth be active with educational or vocational training.

As of federal fiscal year 2004-05, Pennsylvania had 11 grantees for the Transitional Living Program for Older Homeless Youth (TLP), including Youth Services, Inc. and CH Pennsylvania Under 21 in Philadelphia.

Recommendation(s) – Housing:

Increase state funding for housing for former foster care youth.

1) Develop a Program Revision Request (PRR) for the state fiscal year 2008-09 budget to be presented to the Department of Public Welfare. The PRR would supplement with state CFCIA funds for room and board for former foster youth ages 16 to 24.

Increase availability of housing for former foster care youth.

1) Offer tax relief or other incentives to landlords of foster youth who have aged out of the system.

2) Require that local housing authorities take action to assist foster youth with accessing public housing programs. To access FUP vouchers, the local housing authorities should

amend their selection criteria to include youth who are aging out of the system. To access Housing Choice vouchers, require that foster care youth be folded into the preference category for homeless families.

3) Fund residential providers to develop staff-supervised housing for youth with disabilities.

Independent Living Services/Life Skills Preparation

Issue: Life skills, the milestones that should be reached during maturation into young adulthood, are the keys to youth becoming self-sufficient.

Impact: Youth who age out of the foster care system without the skills to live independently face many barriers in successfully transitioning to adulthood.

Current policies – federal government and other jurisdictions. Current and former foster youth are offered support to achieve self-sufficiency through the CFCIA. States that submit a plan are provided with grants to meet the multiple needs of youth transitioning to adulthood. Activities and programs include, but are not limited to, help with education, employment, financial management, housing, social and emotional support, and assured connections to caring adults.

- **Texas:** The Preparation for Adult Living (PAL) program requires that youth in foster care over the age of 16 receive services to assist with the transition to adulthood. To the extent funding is available, regions may offer the services to children as young as age 14.

  PAL has an Independent Living Skills component that must include: personal/interpersonal skills, job skills, housing and transportation, health, planning for the future, and money management.

- **San Antonio, Texas:** The Transition Center, launched by Casey Family Programs in collaboration with community groups, is a central intake point for youth between the ages of 14 and 21 who are, or have been, in foster care in Bexar County. The center works with Baptist Children's Home Ministries, a local youth-serving agency, providing training to prepare 250 to 300 youth each year for adult living. In addition, the center offers personalized planning and case management for 150 older youth and young adults.

  The Transition Center provides youth with multiple services to meet their needs, including:

  - employment assistance, which includes resume writing, job search assistance, and vocational coaching;
  - career development through Project Quest, an intensive career planning and counseling program that helps young adults identify and train for meaningful careers;
  - community college enrollment, in which an on-site counselor from Alamo Community College helps youth fill out applications, apply for financial aid and achieve placement into the college's programs;
  - transitional housing that includes access to 18 beds set aside for youth in the community; and
  - peer support and advocacy that includes the offering of peer group meetings at the center and an alumni outreach effort staffed by recent foster care graduates.

- **Baltimore, MD:** The UPS School-to-Career Partnership provides youth with part-time work (15 to 25 hours per week) at UPS for $8.50 to $9.50 per hour plus health benefits. To qualify, a youth needs to complete work readiness training and demonstrate preparedness. In addition, UPS reimburses youth for tuition at colleges or vocational training programs. The program includes a counselor hired by UPS to assist foster care youth on the job and Living Classroom that transports youth to and from work.

- **The Jim Casey Youth Opportunities Initiative (JCYOI):** The Jim Casey Youth Opportunities Initiative has as its centerpiece the development of an Opportunity Passport. The Opportunity Passport utilizes state-of-the-art technology to help both former foster care youth and youth currently in foster care to access financial, educational, training and career opportunities, as well as health care.

  The JCYOI Opportunity Passport has three distinct components:

  – An Individual Development and Education Account (IDEA);

  – A debit account; and

  – A "door opener," which provides youth with pre-approval for low-interest loans, student aid, or tuition waivers; assists with registration for community college courses; and expedites access to job training or adult education courses.

- **California:** Existing law requires statewide standards for the Independent Living Program for former foster youth. The program is administered by the counties, with each county annually reporting to the State Department of Social Services regarding county implementation of the program. The law also requires the case plan for a foster child 16-years-of-age or older to, when appropriate, specify independent living skills.

  Legislation has been introduced (SB1289) to require that county independent living programs provide mandatory, monthly, one-on-one case management for foster children 14-years-of-age or older. The case management would focus on identified issues related to a foster child's approaching exit from foster care.

- **New York:** It is the responsibility of the Family Court to periodically review the services needed by youth in foster care aged 16 and older to successfully transition from foster care to independent living.

  New York's Social Services Law mandates the provision of an array of services and programs to assist a youth's successful transition from foster care to adulthood. This includes vocational preparation programs and placement of children in "federally funded job corps program[s]." Foster care youth aged 16 and older may be provided with an independent living stipend. They are also allowed to save their monthly-earned income for future use.

- **Erie County, New York:** The Erie County Family Court has created "benchmark permanency hearings." These hearings are intended to ensure that the needs of youth are met so they can successfully transition to adulthood, including lifetime personal connections. The hearing recommendations are from an individualized, comprehensive transition plan that is developed by a team of individuals, including the youth. The plan identifies for youth the benchmarks that are essential to succeeding in living independently as an adult. It also provides guidance for professionals and other significant adults to assist youth in developing needed skills in a methodical, supportive manner. The hearing is attended by the youth, a person he or she selects, the foster care professionals, attorneys, foster parents, a school liaison, and other appropriate service providers.

Current policy – Pennsylvania. Currently Pennsylvania does not specify spending limitations or expectations on Independent Living funds for aftercare services. The state is encouraging greater attention to funding and services for the population who have aged out of foster care.

Most counties provide stipends to older youth when they complete Independent Living programs or upon discharge.

The federal Administration for Children and Families conducted Pennsylvania's Children and Family Service Review in 2002. A key finding of this review was the inadequacy and inconsistency of Independent Living services for eligible youth. In response to this finding, Pennsylvania's Program Improvement Plan (PIP) included developing and implementing Independent Living practice standards in order to provide uniformity of service delivery across the Commonwealth. Through the Independent Living (IL) Practice Standards Workgroup, formed by the Office of Children and Youth and Families of the Department of Public Welfare, Pennsylvania Child Welfare Standards for Serving Older Youth have been developed.

Recommendation(s) – Independent Living Services/Life Skills Preparation:

Improve transition planning for youth who age out of the foster care system.

1) Amend the Juvenile Act {42 Pa.C.S. Section 6351(8)} and the Administration of County Children and Youth Social Services Program regulations {55 Pa. Code Section 3130.72 (5)} to require that the age eligibility requirement for services needed to make a transition to independent living be lowered from 16-years-of-age to 14-years-of-age.

2) Amend the Juvenile Act to require that youth not be discharged from foster care, unless there is a comprehensive and realistic transition plan in place. The transition plan should include:

- education;
- employment;
- housing;
- health and mental health care;
- health insurance coverage;
- connections with family and/or caring adults;
- connection with community resources and social services; and
- competencies in daily living skills.

3) Advocate that the Office of Children and Youth and Families of the Department of Public Welfare, finalize and implement *Pennsylvania Child Welfare Standards for Serving Older Youth*.

4) Require that county children and youth agencies implement assessment tools such as the Daniel Memorial Independent Life Skills System and the Ansell-Casey Life Skills Assessment, once a youth's permanency goal is independent living.

Exiting Care Before Age 18

Issue: Budget constraints along with adolescent behavior issues combine to put pressure on the system and courts to discharge older youth from care prior to their 18th birthday.

Impact: Youth who leave care before 18 are at an even higher risk of not having the life skills needed to successfully transition to adulthood.

Current policies – federal government and other jurisdictions.

- **Arizona:** The Voluntary Foster Care Program for Young Adults permits youth in foster care to voluntarily remain in foster care until they reach age 21.
- **California:** Under current law, youth are allowed to remain in foster care until they turn 19 if they continue to attend high school or the equivalent level of vocational or technical training on a full-time basis, or they continue to pursue a high school equivalency certificate; it is reasonably expected that prior to his or her 19th birthday the youth will complete the educational or training program or receive a high school equivalency certificate before his or her 19th birthday.

  Legislation has been introduced to amend the current law to permit youth to remain in foster care until 21 if a child meets any of the following conditions on his or her 18th birthday:

  – The child is in attendance at a high school.

  – The child continues to pursue a high school equivalency certificate.

  – The child is in attendance at a university or community college, vocational or technical training program, or internship on a full-time or part-time basis.

  – The child is employed on a full-time or part-time basis.

Current policy – Pennsylvania. Youth who are in foster care prior to their 18th birthday are entitled to continue in foster care until they reach age 21. The youth is required to be engaged in a course of instruction and to request that the court retain jurisdiction until completion of the course or treatment up to age 21.

Pennsylvania law or regulation does not define "a course of treatment or instruction." Without an explicit definition, there can be a broad interpretation of "course of instruction or treatment," such as training in finances, establishing and maintaining housing, and obtaining health insurance.

Recommendation(s) – Exiting Care Before Age 18:

Strengthen the current requirement that youth can remain in custody until age 21.

1) Amend the Juvenile Act {42 Pa.C.S. Section 6302 Definition of Child. (3)} to allow youth to remain in foster care until 21 if the youth meets any of the following conditions on his or her 18th birthday:

– The child is in attendance at a high school.

– The child continues to pursue a high school equivalency certificate.

– The child is in attendance at a university or community college, vocational or technical training program, or internship on a full-time or part-time basis.

– The child is employed on a full-time or part-time basis. ■

Section 5

Promising Approaches / What's Ahead / Summary

Promising Approaches

Despite the many challenges discussed, there is movement toward improvement in Philadelphia. DSS CARES, the Older Youth Initiative, and the Achieving Independence Center (and its mobile unit) have been designed to address systemic barriers to appropriate intervention. While outcome data are unavailable at this time, the innovations they represent warrant discussion.

DSS CARES. DSS CARES is a unique technology that organizes individual and aggregate data. The technology is built on a set of practice principles that emphasize collaboration and client-centered approaches. Case managers, as well as senior managers and Commissioners, use the tool to support an integrated approach and improve the outcomes for clients. Its primary function is to enhance the efficiency, effectiveness and practicality of the City's human service system. The system is especially impressive when applied to those families and individuals who are involved with multiple systems.

DHS's older youth initiative. The City of Philadelphia's Department of Human Services (DHS) recognizes the unique needs of youth aging out of the foster care system and the crucial role providers play in preparing these youth for independence. Currently, DHS is piloting an intensive discharge planning process for youth placed in group homes (the "Older Youth Initiative"). Twenty providers (serving approximately 300 youth) are being required to enhance programming that will increase stability and permanence for youth placed in groups homes and who are soon to be aging out. In addition to requiring providers to conduct Ansell-Casey assessments, the Older Youth Initiative mandates that providers have a discharge planning checklist for all aging-out youth. During the Fall of 2006, DHS will hold multiple training sessions for providers in order to ensure compliance with these protocols.

Achieving Independence Center (AIC). Since it began in December 2002, the AIC has served over 17,000 youth aged 16 and older. Over the past four years, the AIC has adopted a more holistic approach to serving older youth in substitute care. Its philosophy is to provide the same supports a youth would get from her/his family to best prepare her/him for independence. Youth are required to complete two core curricula (Life Skills Training and Parenting Classes) with a choice of other services they can voluntarily access. Support services include: an on-site DHS social worker, mentoring, education classes, employment training, and housing assistance. Recently, on-site HIV, sexually transmitted disease, and pregnancy testing have been added to better respond to youth's health needs. Planned additions include a "mobile unit" that will deliver services to youth outside the Philadelphia area. The AIC allows all youth aged 16 to 21 who have been in foster care to access services, regardless of whether the youth is currently under DHS auspices or not. Approximately 45% of the youth currently enrolled in the AIC are youth who have left the foster care system. Participant youth spoke highly of the AIC, recommending that all youth and individuals involved in foster care system be "mandated" to attend. They recommended that eligibility be extended to younger and older youth.

What's Ahead

Results from this study indicate that those aging-out youth who participated in this study possessed a variety of needs, strengths and risks that made them vulnerable to becoming homeless after leaving foster care. While this study was not able to capture the universe of aging-out homeless youth, the 77 youth who voiced their thoughts and opinions provided invaluable information on their experiences with being discharged from care and having few resources and inadequate/unstable housing options. These results beg the question, what does all of this mean for youth who are still in the child welfare system and facing imminent discharge? Who are they, and how many are at increased risk for homelessness? In order to provide a glimpse of which youth DHS, the SDP, and Family Court should be focusing their reform efforts on, data from DHS were obtained on youth who are "on deck" for aging out.

In 2005, there were 523 17-year-olds in DHS care. Assuming they remained in care, they would age out of the system at some point in 2006. Data current to July 1, 2006 indicated that close to one in four of them were discharged at age 18 (22%) and that close to one in three of them (29%) were discharged at age of 17. Encouragingly, 49% of them were on board extensions and hence, will remain in DHS care as long as they continue to qualify for board extension status.

With respect to risk status, the 17-year-olds who were in care in 2005 had many risk factors that are associated with the increased likelihood that they will have a homeless experience post-DHS care: they entered placement at an older age (mode age of placement was 16); spent approximately 1.5 years in care on average, with the median time in care totaling just over two years; and experienced three placements on average despite their short time in care.

The current 2006 cohort of 17-year-olds (n=448) shared similar risks: they also entered placement at older ages (mode age of placement was 16) and experienced three different placements on average. Fifty percent of these youth (n=226) are living in group homes or institutions; 13 of them (3%) are in Independent Living placements; and 132 (29%) are in foster homes. These factors (entering care at older ages, experiencing multiple placements, and living in group homes or other types of residential settings) increase a youth's risk for homelessness, unemployment and dependency on other social service systems. If only 51% of them apply for and are granted board extensions, then approximately 220 young adults may be leaving care unprepared to live independently.

While data on 17-year-olds may hint at the numbers of aging-out youth who may struggle with independence, data on 16-year-olds are equally important, as 16-year-olds are the youth who may most benefit from transitional planning and early interventions. As of July 1, 2006, there were 551 16-year-olds in care. Current DHS policy mandates that all 16-year-old youth be referred to the Achieving Independence Center (AIC) to begin preparation for post-DHS care. According to AIC data, there were 98 16-year-olds enrolled at this writing, but only 82 of them are on active status. This data seems to indicate that only 82 of the 551 16-year-olds (15%) are receiving AIC services. With potentially 85% of 16-year-olds not benefiting from participation in AIC services, there may be large numbers of youth who do not take full advantage of the transition services provided by DHS and, consequently, would be unprepared for independent living post-DHS care.

These 16 and 17-year-old cohorts cannot go unnoticed. If true systems reform is to occur, all systems should be aware of the potential volume of youth at increased risk for aging out without adequate independent living preparation.

Summary

The information gained from this project contributes to the knowledge base regarding homeless youth who have aged out of a foster care system. Although results are cause for concern and indicate a need for systems reform, this project also found that there are promising initiatives that can provide solid supports as these youth transition to adulthood. Despite the indication that the youth who participated in this study were failed by multiple systems and at various points throughout their care, this study also indicates that the time is ripe for system-wide reforms that are attainable and realistic.

There is no question that much could have been done to better prepare these youth for life after foster care. At different points in their lives, these youth could have been steered toward different trajectories that may have resulted in greater independence and self-sufficiency. In many cases, youth would have benefited from DHS caseworkers and court-appointed attorneys with smaller, more manageable caseloads that allowed for more individualized attention and support. These youth also would have had better chances to rely on stable and supportive adults if they had not been moved from foster home to foster home or had not had multiple caseworkers throughout their time in care. Participant youth were very vocal about how the limited and conflicting information provided to them contributed to their frustrations with the child welfare system and ultimately contributed to their voluntarily leaving the system prematurely and unprepared. Had standardized information been provided, some of these youth may have felt more prepared to live on their own. These youth also reported a pervasive dissatisfaction with the educational system, with many of the youth receiving inadequate educational services in congregate care placements and/or choosing to drop out of school altogether. Had better communication and coordination between SDP and DHS occurred, these youth may have become less disgruntled about their educational experiences. These youth also would have benefited from greater participation and support from their child advocates. With more supportive and available adults in these youths' lives (including their advocates and attorneys), these youth may have had access to crucial information that could have helped them make more informed decisions about their futures.

The issues related to the lack of permanent, life-long family connections, varying degrees of trauma, and multiple placements for youth in transition cannot be underestimated. Without the consistency and support of a caring adult or participation in effective independent living programs, these youth remain at a significant social and emotional disadvantage. The ordinary events of transition became the extraordinary opportunities for mistakes and poor decisions by participant youth. Unfortunately, there were few compensating influences for these youth; certainly no one who could help them temper their impulsivity or mitigate their faulty judgment.

Information contained in this report suggests that a paradigm shift is needed if aging-out youth are to be better prepared for independent living after DHS care. In addition to the specific recommendations listed throughout this report, the following expectations should guide policy and practice:

- It cannot be acceptable to discharge youth "to the streets;"
- Youth should be expected to graduate, rather than drop out, from high school;
- Independent living programs need to be accessible to all youth, not just those who are most capable;
- Safety nets should be available for discharged youth who do not make it on their own so that they can come back to care within six-months or one year of leaving;
- Youth should be viewed as worthwhile investments, deserving of services (based upon comprehensive assessments) that address more than just minimum needs;
- Youth perspective or questioning of rules/decisions should not be seen as a signs of disrespect or insubordination but rather as key parts of their developmental process;
- All systems should invest in high-quality staff recruitment, screening, and professional development programs;
- Caseworkers, policymakers, educators, and researchers need to have the opportunity to access reliable cross-systems data to monitor and analyze youth progress and outcomes;
- Performance-based contracting should be implemented across all systems;
- Employee salary increases should be based upon merit so high performers are appropriately compensated;
- Staff and youth need to be taught to respect one another and learn how to work through problems; and
- Judicial oversight should hold systems accountable and initiate system-level litigation when appropriate services are not provided.

There is no question that systems change is difficult. Under the circumstances, change will be especially challenging given the array of systems that require reformation. Nonetheless, systems reform is achievable with strong, local leadership; multi-system collaboration and participation; and an unequivocal commitment to valuing and supporting the success of aging-out youth. These vulnerable youth need support at every step and in all facets of their lives, and the experiences of the youth who participated in this study underscored the importance of system-wide support. This study should serve not only as a wake-up call for reform but as a springboard for hope. ■

Section 6

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Appendix A: Focus Group Questions

Section A. Background Information:

Some questions just to have general idea of the youth we are speaking with:

How old were you when you were placed in DHS care/ foster care?

How old were you when you left DHS care/foster care?

When you left, did you have a high school diploma or a GED (why or why not)?

When you left, were did you have a job?

When you left, did you have the documentation that you needed to get a job, apartment etc (e.g., social security card, birth certificate, driver's license/state id)?

When you left care, did you have a discharge or transition plan?

When you left, did you have a place to stay that you knew you could stay for at least 6 months?

Were you aware of housing resources that were available to you? Did you have a good sense of how much it would cost to afford your own housing?

When you left care, did you know how you were going to earn money to pay your bills?

When you left care, had you applied for health care?

Did you attend your last court hearing before you were discharged?

Section B: Transition Planning

Was there any independent living skills or life skills assessment done before you transitioned out of DHS care/foster care (someone who asked you questions about things like your career goals, where you wanted to live, how to look for housing, budgeting, and how to live on your own)? [Youth who have recently been discharged may recognize the term Ansell Casey Assessment.]

Was there any planning/type of other assessment (someone who asked you a bunch of questions bout how you were feeling, where you wanted to live, what you had planned for your future) before you transitioned out of DHS care/foster care?

About how old were you when planning started? Were you a key part of the planning process?

Who participated in your transition planning? Your DHS worker? AIC coach? Child Advocate?

Was there a written plan? If yes, did you have input?

Did you receive a copy of your transition plan?

Was your transition plan ever reviewed in court by the judge in your case?

Did your transition plan include any of the following?

Educational goals (pursuing post secondary education and financial aid)

Employment goals

Housing goals (where you are going to live/ how you are going to pay for it)

Goals related to money management (budgeting, opening a bank account)

Goals related to getting health insurance and health care

Goals related to getting your identification documents

If you were having a hard time meeting the goals of the plan, did someone work with you on figuring out a way to meet them?

Who helped you in meeting the goals of your plan?

What, if anything, did you find helpful about this planning?

What could have been more helpful about the planning?

What were your expectations for yourself after leaving care? Where did you see your life going?

Section C: Transition Services

What services specific to independent living, higher education and employment were available to you or other youth getting ready to be discharged from care?

Did you receive services about how to move on to college or a trade school?

Did you receive services about how to pay for college or trade school?

Did you feel like going on to college or a trade school was a real possibility?

Did you receive services to help you get a job or job training?

Did you receive services that taught you to budget, pay your bills, and save your money?

Did you receive services that taught you how to take care of household chores like cooking or doing your own laundry?

Did you receive services that showed you how to look for

housing? Services that explained how to afford and maintain your housing? What your rights as a tenant are? If you are a parent, did you receive parenting skills training?

How did you find out about these services?
Your provider agency? Your DHS worker? Your foster parents? Peers?

What services did you / didn't you participate in? Why? Why not?

Where were these services provided? At AIC? At your placement?

What did you like about these services?

What did you dislike about these services? What could make these services better (addressing barriers such as time, location, staffing, childcare etc)?

At the time of discharge, did you feel that you were ready to be discharged? If not, what types of things do you wish you had before discharge (e.g., housing support, a checking account, a social worker, a job on a public transportation route, someone to support you / be there for you)?

Would learning how to open a checking account or bank account make a difference?

Would learning about how to get a job make a difference?

Would knowing more about how to go to college or trade school and financial aid made a difference?

Would knowing more about how to find, afford, and maintain housing made a difference?

Would knowing more about how to get health insurance and health care make a difference?

Knowing what you know now, what do you think would have helped you prepare for this transition? How could things be improved to help young people make the transition from foster care to living independently? Think big – anything is a possibility.

Knowing what you know now, what would you have done differently to prepare for your discharge from care?

Knowing what you know now, would having the opportunity to have a trial discharge or re-enter care if you are still 21 helped better prepare you for being on your own?

Section D: After Discharge

How soon did you become homeless after exiting DHS care? Immediately? 1-3 months? 3-6 months? 1 year or more?

For those who did not become immediately homeless, where did you live before you became homeless? With family? With a former foster parent? With friends? On the street?

How did you lose that housing? Kicked out? Asked to leave? Left on your own?

What services were available to you after you left foster care (whether you use/d them or not -- AIC, Youth Build, Job Corp, YHEP, the Attic, Voyage House, PYN, Covenant House, the city shelter system, etc.)? Did you have input into what you attended / could apply for? How did you find out about these services?

What services did you / do you participate in?

What did you / do you like about these services?

What did/do you dislike about these services? What could make these services better (barriers such as time, location, staffing, etc.)

Do you want services that teach you how to open a checking account or bank account?

D o you want more employment and training services?

Do you want more services that help you graduate high school?

Do you want more services to help you get into college or trade school?

Do you want more services about how to get financial aid?

Do you want more housing resources and programs?

Do you want services that help you get health insurance and health and mental health services?

Do you want more services that help you be a good parent?

What services were/are missing?

Do you want more services that help you maintain healthy relationships?

Do you want more mentoring programs?

Where do you see yourself in the future? In a year? Three years? Five years?

Section D: After Discharge (cont.)

Ideally, what things would be helpful for young people after they leave the foster care system to help them transition to independent living – ask specifically about employment services, housing, health insurance, health care, counseling (mental health care, higher education – community college/4 year colleges, maintaining connections with foster parents/case workers, etc.?

Section E: Community Connections/Supportive Relationships

Who has helped you go through this transition (e.g., peers, mentors, professionals, community adults –teachers, religious leaders, employers, relatives, family or origin, etc.)?

Who do go to for help or if you have a question?

Do you feel like you need additional adult support? If yes, how/where do you think this could be best provided?

Section F: LGBT Issues

The issues of gay, lesbian and transgender youth as come up in some of our other conversations – that it is harder for these youth – that there is discrimination. Have you noticed this? If yes, please explain.

Where you ever placed in an environment where your sexual orientation and/or gender identity conflicted with the environment you were placed in?

Did/do you have a trusted adult you can talk to about your sexual orientation and/or gender identity issues?

Were problems faced by LGBT teens addressed in your transition plan?

Was your LGBT status taken into account during the development of your transition plan?

Do you feel that there are sufficient services available to the LGBT community?

Appropriate and safe housing facilities?
Appropriate life skills training?
Appropriate mental health resources?
Appropriate safety training?

What housing and life skills training skills are specific to the LGBT community? What are needed?

Section G: Recommendations

What could be done to help youth in DHS care to be ready to live independently after discharge? / What could have been done to help you so that you would not have to be in your current situation? What services / preparations / etc are needed?

What could the city do?

What worked? What would you want more of?

What could the city get rid of?

What could the city add?

Section H: Comment on Past Recommendations

(Suggestions from other groups: Only use at the end of the session once the group has had a chance to develop their own ideas – add as appropriate)

Do you think the following might be helpful?

Transitional living programs that were all in the same apartment building?

A transition coach who would lead all of your other casewokers?

A counselor/therapist available and optional through various programs?

Peer advocates – young people who have been in your situation and are now living independently?

Before you leave care, workshops/courses/ect on your rights and responsibilities, the services that are available to you while in care and after you leave, how to fill out paperwork so there are no lapses between services, what board extensions are and how you apply for them, etc with paper copies of everything for future reference?

Directory (in paper, online or via phone line) for available services from DHS and community?

Section I: Status Information:

How old are you?

Where are you living? What type of housing (if any)? Where in the city? Do you feel safe in your neighborhood?

If without own apartment, where do you spend time during the day?

Are you in school or a vocational training program (if yes where; if no, do you have plans to attend school or a vocational training program)?

What type of vocation or career do you see for yourself?

Are you working (if yes where)?

If in subsidized living (like at Valley Youth House) -- does your take-home pay cover your expenses if your rent was not subsidized?

Do you have any children? How many? Do they live with you?

Do you use any drugs or alcohol?

Have you ever been arrested? If yes, were you able to have your record expunged? Has this affected your ability to get a job?

Did you or do receive counseling (mental health or substance use treatment – therapist, psychiatrist, etc.) If yes, did you find these services helpful?

Appendix B: Survey

Survey – You will be paid $25 for completing this

Tell Us A Little About Yourself:

(Please write in your answer)

How old are you? _____

What is your birth date? (mm/dd/yy) ____/_____/_____

Are you ....? *(circle all that apply)*

Male

Female

Transgender

Which of the following best describes your race/ethnicity?

(Please circle all that apply)

African American

Latino/a

Caucasian

Asian/Pacific Islander

Native American

Other : _____

How would you describe your sexual orientation?

(Please circle all that apply)

Straight

Gay

Lesbian

Bisexual

What is the highest level of education you have completed?
(circle your response)

8th grade or less	Some college
Some high school (gr. 9-12)	Post-secondary vocational training/ certificate/apprenticeship
High school diploma	2 year college degree
GED	4 year college degree or higher

What level of education you would like to reach someday?
(circle your response)

I am happy with my current educational level	Some college
8th grade or less	Post-secondary vocational training/ certificate/apprenticeship
Some high school (gr. 9-12)	2 year college degree
High school diploma	4 year college degree or higher
GED	

Are you currently attending school? Yes No

If yes, what type of school are you attending?
(please circle your answer)

A GED program? Yes No

High school? Yes No

A vocational school? Yes No

An apprenticeship program? Yes No

A 2-year college? Yes No

A 4-year college? Yes No

Are you currently working? Yes No

What type of job do you have? _____

- How much do you make an hour? $_____ per hour
- How many hours do you work every week? _____ hours
- Do you have health insurance through your job? Yes No
- Do you have on-the-job training? Yes No
- Are there opportunities for advancement? Yes No

If you are not working, are you currently looking for a job? Yes No

Do you need help looking for a job? Yes No

Where do you usually get money needed to live? *(Circle all that apply)*

Work	Cash assistance - TANF
Social Security	Sell drugs
Dance at clubs	Sex for money
Family/friends	Steal
Housing Assistance	Tuition Vouchers/Other Grant Dollars
Food Stamps	WIC
Panhandle/beg	Other: _____

Do you have enough money every month for:
(Please circle your response)

Transportation: Yes No
Food: Yes No
Clothing: Yes No
Rent: Yes No
Savings: Yes No
Recreation: Yes No

Where do you get food? *(Circle all that apply)*

Grocery Store	Corner Store	Church/Food Bank
Shelter	Soup Kitchen	Other: _____

Do you receive food stamps? Yes No

Are you currently pregnant – is your significant other pregnant? Yes No

Do you have any children?

Total # of children		Total # put up for adoption	
Total # you are caring for		Total # in foster care	
Total # being raised by other parent		Total # raised by family and/or friends	

Please tell us some things about what it was like when you were getting ready to leave DHS care.

Did you have a written Transition/Independent Service Plan?	Yes	No	
Did you have input into the plan?	Yes	No	
Did your DHS worker participate in the plan?	Yes	No	Don't know
Did an AIC coach participate in the plan?	Yes	No	Don't know
Did your child advocate participate in the plan?	Yes	No	Don't know
Did you get a copy of the plan?	Yes	No	
Was the plan reviewed in court by a judge?	Yes	No	Don't know
Did you go to all of your court dates?	Yes	No	Don't know
Were you given the Ansell Casey Assessment?	Yes	No	Don't know
Were you given any other types of assessment?	Yes	No	Don't know
Did you participate in the discussions about getting ready to leave DHS care?	Yes	No	

Please **check** the box(es) if the statement is true about the service area listed on the left.

Service Areas	This service was part of my transition plan	I received this service or training prior to transition	I was offered this training or services but did not participate	I am receiving this training now	I did not know this service was available to me	I would like to receive this service, or receive this service again
How to get needed identification (e.g., birth certificate, social security card)						
How to complete my HS education						
How to complete my GED						
How to go to college						
How to go to a trade school						
How to get information about/ receive financial aid						
How to look for a job						
How to prepare for the job interview						
How to get a job/get job training						
How to keep a job						
How to open a checking/savings account						
How to budget my money						
How to pay bills						
How to look for a place to live						
How to afford my own place to live						
How to take care of household chores like laundry, cooking						
How to be a good parent						
How to get cash assistance - TANF						
How to get food stamps						
How to get my school records						
How to get my medical records						
How to get health insurance						
How to get/where to go for health care						
How to get/where to go for counseling						
How to get/where to go for drug/ alcohol treatment						
How to get/ where to find dentist						
How to find a mentor						

How did you find out about resources/services that were available to you?
(Circle all that apply)

DHS caseworker	Other Caseworker	From a friend (word of mouth)
AIC	Flyers/Pamphlet	Internet
Foster parents	Birth Parents	Other: _____

Please tell us some things about what it was like when you left care.
(Please circle the appropriate response)

At the time you left care:

Did you attend your last court hearing before discharge?	Yes	No	Don't know
Did you have a high school diploma or GED?	Yes	No	
Did you have a job?	Yes	No	
Did you have an adult to support you?	Yes	No	
Did you have a place to live for at least 6 months?	Yes	No	
Did you know what housing resources were available?	Yes	No	
Did you know what type of other resources were available?	Yes	No	
Did you know how much it would cost to live on your own?	Yes	No	Don't know
Did you know how you would earn money to pay your bills?	Yes	No	
Did you have a bank account?	Yes	No	
Had you applied for health insurance?	Yes	No	Don't know
Did you feel prepared to live on your own?	Yes	No	
Have information on your legal rights?	Yes	No	Don't know
Have information about your responsibilities?	Yes	No	Don't know

Please tell us a little more about yourself.

Have you ever been in detention, jail or prison?	Yes	No
Have you been in detention, jail or prison in the past year?	Yes	No
Are you currently on probation or parole?	Yes	No
Have you ever used drugs?	Yes	No
Have you ever used drugs at least one a month?	Yes	No
Have you ever used drugs at least once a week?	Yes	No
Have you ever used drugs every day?	Yes	No
Do you use drugs now?	Yes	No
Have you ever received drug treatment?	Yes	No
Are you receiving drug treatment now?	Yes	No
Have you ever drank alcohol?	Yes	No
Have you ever drank at least one a month?	Yes	No
Have you ever drank at least once a week?	Yes	No
Have you ever drank every day?	Yes	No
Do you drink now?	Yes	No
Have you ever received alcohol treatment?	Yes	No
Are you receiving alcohol treatment now?	Yes	No
Have you ever been told you had a mental health problem?	Yes	No
Do you have a mental health problem now?	Yes	No
Have you ever received counseling for a mental health problem?	Yes	No
Are you receiving counseling now?	Yes	No
Have you ever received medicine for a mental health problem?	Yes	No
Are you receiving medicine for a mental health problem now?	Yes	No

Please tell us about the places you have stayed.

Please Circle the time period:

With Foster Parents	Immediately After Leaving Care	Between Leaving Care and Now	Now	Never
With Birth Parents	Immediately After Leaving Care	Between Leaving Care and Now	Now	Never
With other Relatives	Immediately After Leaving Care	Between Leaving Care and Now	Now	Never
In a Room	Immediately After Leaving Care	Between Leaving Care and Now	Now	Never
In an Apartment	Immediately After Leaving Care	Between Leaving Care and Now	Now	Never
In a Shelter	Immediately After Leaving Care	Between Leaving Care and Now	Now	Never
Stayed Outdoors	Immediately After Leaving Care	Between Leaving Care and Now	Now	Never
Stayed in a Van/Car	Immediately After Leaving Care	Between Leaving Care and Now	Now	Never
With a Boyfriend/Girlfriend	Immediately After Leaving Care	Between Leaving Care and Now	Now	Never
In a Group Home	Immediately After Leaving Care	Between Leaving Care and Now	Now	Never
With Friends (Couch Surfing)	Immediately After Leaving Care	Between Leaving Care and Now	Now	Never
In a college dorm	Immediately After Leaving Care	Between Leaving Care and Now	Now	Never
In a residential treatment facility	Immediately After Leaving Care	Between Leaving Care and Now	Now	Never
In transitional housing	Immediately After Leaving Care	Between Leaving Care and Now	Now	Never

How soon did you become homeless after leaving DHS care?

(Please circle the appropriate response)

Immediately 1-3 months 4-6 months 7-12 months After a year

Have you ever stayed at an emergency shelter? Yes No

About how many nights in the past year have you stayed in the following places?

Emergency shelter_____ nights
Transitional housing_____ nights
With friends_____ nights
Outdoors (street, car)_____ nights

Do you feel that you were ever discriminated against based on your sexual orientation or gender identity? Yes No

Please circle the number that best expresses whether the following things were are an issue for you in the past 3 months.

	Rate whether the following is an issue for you in the past 3 months				
Issue to be rated	**Very serious issue**	**Fairly serious issue**	**Somewhat serious issue**	**Not too serious issue**	**Not an issue at all**
Hunger	5	4	3	2	1
Not enough money in general	5	4	3	2	1
Not enough money for medicine	5	4	3	2	1
Job situation	5	4	3	2	1
Finding a place to sleep	5	4	3	2	1
Finding a place to shower/wash clothes	5	4	3	2	1
Boredom/loneliness	5	4	3	2	1
Feeling sad/ down/bummed out	5	4	3	2	1
Feeling nervous/worrying	5	4	3	2	1
Being high/buzzed	5	4	3	2	1
Finding someone to help with my kids	5	4	3	2	1
Having someone to talk to about important stuff	5	4	3	2	1
Problems with the law / police	5	4	3	2	1
Afraid of getting beaten up/raped	5	4	3	2	1
Afraid of being the victim of a crime	5	4	3	2	1
Figuring out a way to get around the City	5	4	3	2	1
Figuring out a way to get money for drugs	5	4	3	2	1
Figuring out where to spend the day	5	4	3	2	1

Now tell us a little about what you have to help you live on your own.
(Please circle your answer)

Do you:

Have your birth certificate?	Yes	No	Don't know
Have your social security card?	Yes	No	Don't know
Have a state issued photo ID?	Yes	No	Don't know
Have a checking or savings account?	Yes	No	Don't know
Have medical insurance?	Yes	No	Don't know
Have insurance that covers prescriptions that you get filled at a pharmacy?	Yes	No	Don't know
Have insurance that covers dental care?	Yes	No	Don't know
See a counselor/therapist for how you feel/your behavior?	Yes	No	Don't know
Need to take any medications for how you feel/your behavior?	Yes	No	Don't know
If yes - Are you able to get needed medications?	Yes	No	Don't know
See a counselor for drug problems?	Yes	No	Don't know
Have any serious health problems?	Yes	No	Don't know
See a doctor at his/her office or go to a health clinic when you are sick?	Yes	No	
Go to the emergency room when you are sick?	Yes	No	
Need to take any medications for a health problem (don't include a cold or other temporary health issue)?	Yes	No	Don't know
If yes - Are you able to get needed medications?	Yes	No	Don't know
Do you feel safe where you are living?	Yes	No	Don't know

Now please tell us a little about your time in foster care.
(Please write in your answers)

How old were you when you were first placed in foster care? _____

How old were you when you left foster care? _____

How many different foster placements did you live in? _____

How many different DHS caseworkers did you have? _____

What type(s) of placements did you have while in foster care?
(Circle all that apply)

Placement in a non-family home Group Home

Placement with a family member Residential Treatment Center

Other _____

Were you ever placed outside of Philadelphia?

Yes No Don't Know

Were you ever placed outside of Pennsylvania?

Yes No Don't Know

How many different schools did you attend while you were in foster care? _____

Do you now, or have you ever gone to any of the following groups of people for help, support or advice? *Please check all time frames that apply:*

Birth Parents	Never	During Foster Care	After I left Foster Care	Now
Relatives	Never	During Foster Care	After I left Foster Care	Now
Friends/peers	Never	During Foster Care	After I left Foster Care	Now
Coaches	Never	During Foster Care	After I left Foster Care	Now
Foster parents	Never	During Foster Care	After I left Foster Care	Now
Teachers	Never	During Foster Care	After I left Foster Care	Now
Boyfriend/girlfriend	Never	During Foster Care	After I left Foster Care	Now
Internet chat rooms or groups	Never	During Foster Care	After I left Foster Care	Now
Self help/support groups	Never	During Foster Care	After I left Foster Care	Now
Social worker/ probation officer	Never	During Foster Care	After I left Foster Care	Now
Minister/spiritual leaders/ church	Never	During Foster Care	After I left Foster Care	Now
Court appointed advocates	Never	During Foster Care	After I left Foster Care	Now
Other _____	Never	During Foster Care	After I left Foster Care	Now

Is there anything else you think we need to know?

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Thank you so much for participating in this survey!

Your opinions are very important!