

FREQUENTLY ASKED QUESTIONS II

**ABOUT THE FOSTER CARE INDEPENDENCE ACT OF 1999 AND
THE JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM**



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This document is a product of the National Foster Care Awareness Project (NFCAP), written by Susan H. Badeau, policy consultant, edited by MaryLee Allen (Children's Defense Fund) and Robin Nixon, Susan A. Weiss (Casey Family Programs).

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INTRODUCTION

The National Foster Care Awareness Project is pleased to provide *Frequently Asked Questions II About the Foster Care Independence Act of 1999 and the John H. Chafee Foster Care Independence Program (FAQ II)*, the second in a series of publications designed to support the full implementation of the Foster Care Independence Act of 1999 and the newly created John H. Chafee Foster Care Independence Program. Shortly after enactment of the Foster Care Independence Act (FCIA or the Act), NFCAP published a first set of *Frequently Asked Questions (FAQ I)* to assist states to begin working toward implementation of new services and supports for young people transitioning from foster care, as provided by the FCIA.

One year later, as states have grappled with the challenges and opportunities provided by the FCIA, new questions, not addressed in *FAQ I*, have emerged. Many of these questions relate to the provision of different types of services to young people ages 18–21 who are no longer in care. Other questions have arisen as states examine the policy changes necessary to implement specific portions of the FCIA, in particular the extension of Medicaid coverage for young people over age 18.

There is growing acknowledgment that, despite the doubling of funds, the money available to states under the FCIA is still relatively small in comparison to the need, and therefore must be planned for and prioritized with the utmost care. There is also growing recognition that FCIA funds provide an important vehicle to bring a broad range of available services and related dollars to the table, thereby leveraging existing options and opportunities for young people transitioning from care. Consequently, it is not surprising that questions about allowable uses of FCIA funds have also surfaced.

FAQ II seeks to address many of these questions, as well as to point to resources that can provide further guidance and assistance to states and jurisdictions engaged in the multi-year planning and implementation of the FCIA. This publication is intended to provide suggestions and helpful guidance, not legal advice.

A word about using this booklet:

- The FCIA itself makes reference to young people between the ages of “18 and 21”, therefore, we have used this phrase throughout the booklet. Please note that this means young people who have passed their 18th birthday, but not yet reached their 21st birthday.
- Examples of specific state activities are meant as illustrations of possible options, not as a comprehensive compendium of state activities which are continually changing.
- The hope is that many readers will make use of the online version of this publication, which can be found on <http://www.casey.org> as well as on the web sites of many NFCAP partners. (See Appendix A)

For the most current information about the status of implementation of the Act, as well as funding requirements and allocations, please visit the Children’s Bureau website at <http://www.acf.dhhs.gov/programs/cb>.

Finally, readers are encouraged to join the online discussion group sponsored by the National Resource Center for Youth Services at the University of Oklahoma College of Continuing Education, where continued dialogue about these and other questions related to meeting the needs of young people are ongoing. For more information, see their website, located at <http://www.nrcys.ou.edu>.

**Please be aware that laws and regulations change and are subject to different interpretations. This publication is intended to provide the reader with helpful guidance, not legal advice. For the most current information about the status of implementation of the Act and the Chafee Foster Care Independence Program, as well as funding allocations by state, please visit the Children’s Bureau, U.S. Department of Health and Human Services website: <http://www.acf.dhhs.gov/programs/cb>.*

ELIGIBILITY

THE LAW

The Foster Care Independence Act of 1999 (FCIA or the Act) addresses eligibility for services as follows:

Subtitle A – Improved Independent Living Program

SEC. 477. JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM.

(a) Purpose. –

- (1) – (3) refers to “children likely to remain in foster care until 18 years of age”
- (5) to provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age

(b) Applications. –

(2) State Plan. – A plan meets the requirements of this paragraph if the plan specifies which State agency or agencies will administer, supervise, or oversee the programs carried out under the plan, and describes how the State intends to do the following:

- (C) Ensure that the programs serve children of various ages and at various stages of achieving independence.
- (E) Use objective criteria for determining eligibility for benefits and services under the programs and for ensuring fair and equitable treatment of benefit recipients.

(3) Certifications. – The certifications required by this paragraph with respect to a plan are the following:

- (A) A certification by the chief executive officer of the State that the State will provide assistance and services to children who have left foster care because they have attained 18 years of age, and who have not attained 21 years of age.
- (B) A certification by the chief executive officer of the State that not more than 30 percent of the amounts paid to the State from its allotment under subsection (c) for a fiscal year will be expended for room or board for children who have left foster care because they have attained 18 years of age and who have not attained 21 years of age.
- (C) A certification by the chief executive officer of the State that none of the amounts paid to the State from its allotment under subsection (c) will be expended for room or board for any child who has not attained 18 years of age.

(d) Use of Funds. –

- (1) In general. – A State to which an amount is paid from its allotment under subsection (c) may use the amount in any manner that is reasonably calculated to accomplish the purposes of this section.
- (2) No supplantation of other funds available for same general purposes. – The amounts paid to a State from its allotment under subsection (c) shall be used to supplement and not supplant any other funds which are available for the same general purposes in the State.

Subtitle C – Medicaid Amendments

SEC. 121. STATE OPTION OF MEDICAID COVERAGE FOR ADOLESCENTS LEAVING FOSTER CARE. . . .

- (v)(1) For purposes of this title, the term ‘independent foster care adolescent’ means an individual –
- (A) who is under 21 years of age
 - (B) who, on the individual’s 18th birthday was in foster care under the responsibility of a State, and
 - (C) whose assets, resources, and income do not exceed such levels (if any) as the State may establish consistent with paragraph (2)

1. Who are the young people that a state can assist under the John H. Chafee Foster Care Independence Program?

Eligible young people for the John H. Chafee Foster Care Independence Program (Chafee Independence Program) funds are those up to age 21 who are “likely to remain in foster care until 18 years of age” and those who have aged out of foster care, without regard to their eligibility for Title IV-E funded foster care. A portion of funds must be used to serve eligible young people ages 18–21 who leave foster care because they reach age 18. A useful discussion on eligibility issues can be found in the first volume of *Frequently Asked Questions (FAQ I)* on pages 11–14.

The Chafee Independence Program also requires that states make benefits and services available to Indian children in the state on the same basis as other children, again regardless of whether these young people were Title IV-E eligible while in foster care.

While the law creates some limits, it provides states with broad flexibility in determining which young people in their state will most benefit from Chafee Independence Program services. Formerly, eligibility had been restricted to young people ages 16 to 21 who were still in care or who had left care within the past 6 months. The Act now makes clear that states are expected to serve young people at “various ages and stages” of achieving independence. Thus, states may elect to start providing CIP services earlier (many have elected to start at age 13 or 14), and/or may continue to provide services for some amount of time after permanency has been achieved [e.g., through reunification or adoption].

Under the FCIA, there are two areas of services that are limited to young people ages 18 to 21:

Housing: Chafee Independence Program dollars for room or board may only be provided to young people who have left foster care as a result of turning age 18.

Medicaid: the FCIA option to extend Medicaid coverage to age 21 is intended solely for young people who have left foster care on or after their 18th birthday.

All other independent living services envisioned under the Act including life-skills training, case management support, and referral services may be made available to young people both before AND after they turn 18. The only requirement in this regard is that at least some activities funded with Chafee Independence Program dollars be targeted for young people who are past age 18 but not yet age 21.

2. If a young person was in a foster care placement, other than a foster home, on or before his/her 18th birthday, can he/she still be eligible for services under the Chafee Foster Care Independence Program?

In most instances, the answer will be yes. The definition of “foster care” for purposes of the Chafee Independence Program is not limited to placement in a foster home. “Foster care” refers to a young person’s status with the state, as opposed to a particular placement. Thus, a young person who is in the custody of a state, or is a “ward of the state” (or county), is considered to be “in foster care” regardless of the type of placement. The young person’s placement could be in a family foster home, group home, residential treatment facility, kinship care home, pre-adoptive home, independent living program or other state-sanctioned voluntary placement.

A young person who was in the custody of the state and has become homeless for a variety of possible reasons (i.e. running away from a placement) is also still considered to be “in foster care”, if under age 18, for the purposes of the Chafee Independence Program and, therefore, is entitled to services.

3. If a young person is in foster care in one state and then moves to another state sometime between the ages of 18 and 21, can he/she still be eligible for services under the Chafee Foster Care

Independence Program? If yes, which state pays for such services?

A young person’s eligibility for services under the Chafee Independence Program is not determined by placement or geography, but by their legal status with a state. Therefore, a young person in foster care, as defined above, who moves from one state to another, does not lose eligibility for independent living services. The state of that young person’s current residence bears responsibility for providing, and paying for, those services.

CONVENING KEY STAKEHOLDERS

THE LAW

The certifications sections of the Foster Care Independence Act of 1999 (FCIA or the Act) directs states to include a broad range of stakeholders in the planning, coordination and delivery of independent living services:

SEC. 477. JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM.

(b) Applications. –

(3) Certifications. –

- (E) A certification by the chief executive officer of the State that the State has consulted widely with public and private organizations in developing the plan and that the State has given all interested members of the public at least 30 days to submit comments on the plan.
- (F) A certification by the chief executive officer of the State that the State will make every effort to coordinate the State programs receiving funds provided from an allotment made to the State under subsection (c) with other Federal and State programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974), abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops) and school-to-work programs offered by high schools or local workforce agencies.
- (G) A certification by the chief executive officer of the State that each Indian tribe in the State has been consulted about the programs to be carried out under the plan; that there have been efforts to coordinate the programs with such tribes; and that benefits and services under the programs will be made available to Indian children in the State on the same basis as to other children in the State.
- (H) A certification by the chief executive officer of the State that the State will ensure that adolescents participating in the program under this section participate directly in designing their own program activities that prepare them for independent living and that the adolescents accept personal responsibility for living up to their part of the program.

This language in the Act offers states both the responsibility and opportunity to gather together key stakeholders in the state as a multi-year plan for services is developed, and to continue consulting with this group as programs are implemented.

1. Who are the key stakeholders a state should convene?

Ideally, a state will be able to bring together a diverse range of individuals, agencies and community groups in the multi-year planning process. Some will have experience with foster care, others will have expertise in other areas such as education—including special education—health, mental health, juvenile justice, employment and housing. This expansive representation adds to the breadth of perspectives in developing the plan, increases the potential for coordination of services, and provides all participants with ownership of the plan and an incentive to work together for its success.

The law requires, at a minimum, representation from both the public and private sectors, all Indian tribes in the state, transitional living programs, abstinence education programs, programs for disabled youth, school-to-work programs and young people themselves.

The Act further requires (see Appendix B, Certification (D)) that training related to independent living be provided to foster and adoptive parents, workers in group homes and case managers. Therefore, it is important to include these groups in the initial planning stages as well.

2. Can states use any Chafee Foster Care Independence Program dollars in this planning process?

Chafee Independence Program dollars may be used for any activity that is “reasonably calculated to accomplish the purposes” of the FCIA. Convening key stakeholders and consulting widely, as the Act requires, are legitimate uses of a portion of this money.

However, Chafee Independence Program dollars may not be used to supplant existing activities. For example, if a state already sponsors an annual forum, such as a youth conference, Chafee Independence Program dollars can be used to supplement this service by enhancing the conference, but may not be used to supplant the funds that were already utilized to provide this service. States can look for

EXAMPLES OF STAKEHOLDERS TO INCLUDE:

child welfare administrators
independent living coordinators
private direct service providers
school board members
mental health service providers
school administrators
substance abuse service providers
foster/adoptive parents/kinship caregivers
state and local child advocates
foundations
homeless rights advocates
state and local legislators
disability rights advocates
employment professionals
local workforce investment board members
transition program staff
school-to-work program staff
community leaders
police officers
foster care alumni and youth in care
family court judges
medical professionals
business leaders
social workers
African American leaders
Latino leaders
Asian American leaders
each Indian tribe in the state
tribal organizations
religious & youth group leaders
teachers and special educators
local and state media
communications professionals
family planning groups
public & private housing providers
runaway and homeless youth program staff
federal agencies serving young people such as maternal and child health, vocational rehabilitation services, youth service bureaus, extension services

pre-existing opportunities where stakeholders come together, and then use Chafee funds to add a component for discussion and planning specifically related to the Chafee Independence Program.

3. Once a state has identified whom to convene, what are some strategies to ensure maximum opportunity for input and achievement of effective outcomes?

Gathering input and bringing together a diverse group of individuals and organizations can be accomplished in a number of ways. Some of these include:

- stakeholder conferences specifically for this purpose
- special place on the agenda of a larger conference or event
- focus groups with young people, foster and adoptive parents, health care providers, etc.

- surveys and questionnaires
- public forums
- interactive websites, links to related websites
- public education meetings in housing projects, neighborhood organizations, places of worship, teen programs and schools

These stakeholders can then engage in a variety of essential activities that include:

- identifying and evaluating existing services for young people, especially those making the transition from foster care
- assessing service gaps and needs in the state and in specific regions of the state
- identifying models of services being practiced in other parts of the country, and evaluating their potential for a particular state
- creating positive public awareness about young people in foster care and alumni

THE FCIA AND THE ADOPTION & SAFE FAMILIES ACT (ASFA)

THE LAW

The Foster Care Independence Act of 1999 (FCIA or the Act) addresses permanency as follows:

SEC. 101. IMPROVED INDEPENDENT LIVING PROGRAM.

(a) Findings. –

- (1) States are required to make reasonable efforts to find adoptive families for all children, including older children, for whom reunification with their biological family is not in the best interests of the child. However, some older children will continue to live in foster care. These children should be enrolled in an Independent Living program designed and conducted by State and local government to help prepare them for employment, postsecondary education and successful management of adult responsibilities.
- (2) Older children who continue to be in foster care as adolescents may become eligible for Independent Living programs. These Independent Living programs are not an alternative to adoption for these children. Enrollment in Independent Living programs can occur concurrent with continued efforts to locate and achieve placement in adoptive families for older children in foster care.

SEC. 477. JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM.

(a) Purpose. –

(1) to identify children who are likely to remain in foster care until 18 years of age and to help these children make the transition to self-sufficiency. . . .

(4) to provide personal and emotional support to children aging out of foster care, through mentors and the promotion of interactions with dedicated adults

(b) Applications. –

(3) Certifications. –

(D) A certification by the Chief Executive Officer of the State that the State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training to help foster parents, adoptive parents, workers in group homes and case managers understand and address the issues confronting adolescents preparing for independent living, and will, to the extent possible, coordinate such training with the independent living program conducted for adolescents.

1. How can states ensure compliance with both the Foster Care Independence Act of 1999 (FCIA) and the Adoption and Safe Families Act of 1997 (ASFA) with regard to permanency for young people?

Since 1997, Congress has passed, and the President has signed into law, two significant pieces of legislation related to children in foster care. The first, the Adoption and Safe Families Act of 1997 (ASFA), focuses on safety, permanency and well-being for all children and the second, the Foster Care Independence Act of 1999 (FCIA), focuses on services for young people aging out of the foster care system.

As states have grappled with the implications of implementing both of these laws, some have been concerned that they contradict one another. How can a state fulfill the permanency requirements of ASFA, while at the same time, “identifying children who are likely to remain in foster care until 18 years of age” or older?

The clear Congressional intent is for the FCIA to be a compatible, complimentary follow-up to ASFA. In fact, both pieces of legislation clearly recognize the importance of permanence for all young people, including older teens in foster care.

How can a state reconcile permanency planning and independent living services?

ASFA requires that all young people in foster care must have a permanency plan, but independent living is not included as a permanent plan arrangement. “Independent living” describes a set of services and supports, not a permanency plan. Thus, independent living services can and should be provided to all young people regardless of their permanency plan, up to age 21. The FCIA further clarifies this by acknowledging that independent living services can be provided concurrent with continued efforts to achieve permanency for a young person.

Thus, a state can comply with both ASFA and FCIA by ensuring that every young person in care has a permanency plan, that “independent living” is not designated as a permanency plan, and that youth have access to independent living services regardless of their current placement or permanency plan. A young person’s permanency plan may call for an eventual return home, a placement with relatives—possibly in a subsidized guardianship, or adoption. Youth in every one of these situations, as well as young people who continue to live in a stable foster family home placement, can benefit from independent living services.

What does “permanency planning” mean for adolescents?

Shortly after the passage of ASFA, the National Resource Center for Youth Services (NRCYS) looked at what “permanency planning” means for adolescents. The result of this year-long effort is the publication, *Permanency Planning: Creating Life Long Connections: What Does it Mean for Adolescents?* This publication, available on the NRCYS website <http://www.nrcys.ou.edu>, offers three compelling conclusions:

- Adolescents need connections to adults and peers throughout their lifetime.
- Adolescents need to be taught skills that will prepare them to live independently.
- All youth, but particularly adolescents, must be seen as central actors in their own futures.

These findings underscore that young people need permanency planning services concurrent with independent living services. The study recommends that “concurrent planning be incorporated into any effective strategy to prepare adolescents for permanency...” and that states “engage in concurrent planning, continue to discuss adoption while putting independent living programs into place, and continue to provide training in life skills while adoption is pending. It is not an either/or choice.”

Significant research underscores the fact that consistent, secure, permanent relationships with adults are a strong indicator of “resilience” in children, a factor which helps determine the extent to which they are able to overcome obstacles and avoid negative outcomes.¹ Young people themselves repeatedly indicate their desire for these permanent family connections.²

2. How are states defining a young person “likely to remain in foster care until 18 years of age”?

States are finding this definition challenging. Many are using indicators to help determine the likelihood that a child will remain in care until age 18.

For example,

- Louisiana looks at case histories, presenting problems and individual case goals.
- Minnesota has five eligibility criteria, for youth ages 14 and older. The criteria include court orders for long-term foster care or juvenile jurisdiction, transfer of custody to kin, termination of parental rights and professional opinions of case workers.
- Kentucky and Alaska both require that independent living services be provided concurrent with permanency planning for young people over the age of 14, and Alaska further defines the level of such services that should be provided at ages 14, 16 and 17 or older.

In any case, some of these young people may still end up being returned home, placed permanently with relatives or adopted before they reach age 18.

3. What does being identified as a young person “likely to remain in care until 18 years of age” mean?

Identifying “likely” youth can be based on historical evidence that adolescents in foster care as a group have always been more likely to remain there until adulthood. States, therefore, have the option to classify adolescents very broadly as a group likely to be in care until age 18. This makes it possible to have broad eligibility for independent living services under the Chafee Independence Program, without conflicting with ongoing permanency planning efforts.

Identifying youth who are “likely” to remain in care is not the same as making a case decision that such a youth will remain in care. Indeed, provision of quality independent living services, including approaches that teach young people how to have a relationship (covering issues such as self-esteem, loyalty, coping with loss, etc.), can actually enhance the likelihood that the young person will successfully achieve permanency. Gradually providing independent living services recognizes what parents, professionals and young people

1 Robert Blum, Peggy Mann Rinehart, *Reducing the Risk: Connections That Make a Difference in the Lives of Youth*. Division of General Pediatrics and Adolescent Health, University of Minnesota, and Michael Resnick, et. al. *Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health*, Journal of the American Medical Association, September 10, 1997.

2 Amy Clay, *Assisting Youth in Transition*, ABA Child Law Practice (July 1999) Vol. 18, No. 5.

understand—development of independent living skills is a lifelong process that begins in infancy and continues through adulthood.

Identifying youth “likely” to remain in care is simply a way to help states prioritize and allocate limited resources. It does not diminish the requirement or need to continue to work towards permanency for all youth.

4. What strategies can state independent living programs use to increase permanency and lasting adult relationships for young people?

The first strategy, as discussed above, is to ensure that independent living services are provided concurrently with continued efforts to achieve permanency. In addition, states can consider the following strategies:

- Clarify and expand a definition of permanency. Make certain that young people have access to and understand all permanency options including return home, stable foster home placement, legal guardianship with a relative or other caring adult, adoption (including open adoption), or other permanent connections that the youth helps define. Permanent relationships with family members often exist even if they do not live under the same roof.
- Design independent living services to enhance permanent connections. Teach about relationships, values, safety and other life skills that will help a young person develop and maintain satisfying relationships throughout life.
- Involve foster and adoptive parents, young people and young adults who have been adopted in your planning efforts.
- Build upon the relationships each young person already has, while concurrently increasing their opportunities to interact with new families and caring adults.
- Recognize that even when a young person is placed into a “permanent home,” post-placement services, both for the young person and other family members, are necessary to ensure success. Incorporate independent living services into this post-placement planning.
- Develop and track permanency outcomes for adolescents.

5. How are states responding to the requirement for training for foster and adoptive parents, group home workers and case managers?

Independent living programs alone cannot assist young people in developing independent living skills and permanent connections to caring adults. To achieve these outcomes, those who actually live with the young person must be involved. Thus, one of the ways that the Chafee Independence Program is compatible with the permanency goals of ASFA is requiring states to use some of the available training dollars under Title IV-E of the Social Security Act to train foster and adoptive parents, group home workers and case managers. Such training can enhance state efforts to meet both the independent living and permanency needs of young people in transition.

As states develop the training with Title IV-E funds for foster and adoptive parents (as well as workers in group homes and case managers) to address issues related to independent living, several innovative efforts to consider are already underway. Kansas and Missouri, for example, have utilized their Youth Advisory Boards to help define the most critical and appropriate training topics and to develop the training curriculum. In Kansas, members of the State Youth Advisory Board will actually train foster and adoptive parents.

Some states, such as Nevada, are working with planning groups that include youth, to determine standards for caregivers’ roles in preparing young people for independence. Education programs will then be targeted to those standards. Once such standards and training are developed, states will need to insure that any barriers to helping these caregivers prepare youth for independent living are eliminated. For example, some states are looking at ways to enable foster and adoptive parents to work with teens toward the goal of obtaining their drivers licenses.

MEDICAID

THE LAW

SEC. 121. STATE OPTION OF MEDICAID COVERAGE FOR ADOLESCENTS LEAVING FOSTER CARE.

(a) In General. – Subject to subsection (c), title XIX of the Social Security Act, is amended –

(1) in section 1902 (a)(10)(A)(ii)(42 U.S.C. 1396a(a)(10)(A)(ii)), –

(C) by adding at the end the following new subclause:

(XV) who are independent foster care adolescents (as defined in section 1905 (v)(1)), or who are within any reasonable categories of such adolescents specified by the State;” and (2) by adding at the end of section 1905 (42 U.S.C. 1396d) the following new subsection:

(v)(1) For purposes of this title, the term, “independent foster care adolescent” means an individual –

(A) who is under 21 years of age;

(B) who, on the individual’s 18th birthday, was in foster care under the responsibility of a State; and

(C) whose assets, resources and income do not exceed such levels (if any) as the State may establish consistent with paragraph (2).

(2) The levels established by a State under paragraph (1)(C) may not be less than the corresponding levels applied by the State under section 1931 (b).

(3) A State may limit the eligibility of independent foster care adolescents under section 1902(a)(10)(A)(ii)(XV) to those individuals with respect to whom foster care maintenance payments or independent living services were furnished under a program funded under part E of title IV before the date the individuals attained 18 years of age.

Many issues related to state implementation of the FCIA Medicaid option are addressed in the first *Frequently Asked Questions (FAQ I)*. As states have begun to develop their state plans and work with their Medicaid and child welfare agencies, new questions have emerged.

1. How can a state estimate the number of former foster youth ages 18–21 likely to be eligible for Medicaid and the number of those who will actually enroll?

While many young people in foster care lose their Medicaid eligibility upon their 18th birthday, even before the FCIA there were several ways in which some young people could retain their eligibility or qualify for another health care program past their 18th birthday. In each state young people eligible for continued coverage may include:

- Pregnant or parenting youth who also meet Medicaid income eligibility requirements
- Youth with disabilities who receive Medicaid based upon their Supplemental Security Income (SSI) eligibility

- Youth up to age 21 who would have qualified, under welfare rules, for Aid to Families with Dependent Children (AFDC) prior to TANE, if they were dependent children (often referred to as the “Ribicoff option”)
- Youth up to age 19 who meet the eligibility requirements for their State Children’s Health Insurance Program (SCHIP), which may be either a Medicaid expansion or a separate state program
- Youth transitioning from foster care in states that fund this medical coverage with state dollars exclusively

Prior to the enactment of the FCIA, the Congressional Budget Office (CBO) had to estimate the cost of the new Medicaid option. It estimated that about 60% of former foster youth between ages 18 and 21 were already eligible for Medicaid under one of the arrangements listed above and that approximately one half of these young people were already enrolled. It meant that about 30% of former foster youth nationally were already covered by Medicaid.

When a state decides to extend Medicaid coverage to young people ages 18–21 under the FCIA, CBO further estimated that 85% of all former foster youth will be eligible for Medicaid coverage and 75% of those youth will be enrolled in a Medicaid program, either as a result of one of the above arrangements or the newer FCIA Medicaid option. This would result in Medicaid coverage for a total of 64% of former foster youth nationally.

The CBO approach to determining the number of youth likely to enroll is designed to provide a national cost estimate, and is based upon the highest potential number of new youth who will enroll in Medicaid. While it is a place to begin to develop rough state estimates, each state can develop a more tailored estimate by considering a number of additional variables. The number of young people in foster care can be found in data provided by the state Adoption and Foster Care Analysis and Reporting System (AFCARS).

Consider the following example:

State A has one thousand 18 year-old youth in foster care in the year 2000. If we assume that this state had a similar number of foster youth in the 3 previous years, we can expect that there are currently 3,000 former foster youth ages 18, 19 and 20. Prior to the FCIA, 60% of these young people (1,800) would have been eligible for Medicaid and about half of them (900) would have been receiving Medicaid under existing arrangements.

If a state elects to implement the FCIA Medicaid option, 85% of these youth will now be Medicaid eligible (2,550) and 75% of these youth will actually enroll (1,912). Thus, the potential increased Medicaid enrollment in the state, as a result of the Medicaid option, could be up to 1,012 youth.

A state should begin by determining how it will achieve the goal of meeting the health care needs of all young people in transition, and whether the FCIA Medicaid option will be offered to all youth transitioning from foster care who are between the ages of 18 and 21. This is the recommended option. However, the FCIA also provides for state flexibility in covering “reasonable categories” of transitioning young people. With a clear goal of meeting the health care needs of all young people in transition, a state can plan an appropriate and effective outreach strategy.³ During this process, if a state’s initial cost estimate for covering all youth is too high for immediate implementation, an incremental approach could be considered. For example, coverage could be extended to one sub-group each year until all youth are covered. Such reasonable categories could include only young people whose foster care was paid for under Title IV-E of the Social Security Act, or only young people who meet an income eligibility test. Limiting coverage to one or more sub-groups could pose an administrative challenge related to eligibility determination, a challenge which could be avoided by offering this Medicaid coverage to all young people in transition.

³ A. English and K. Grasso, *The Foster Care Independence Act of 1999: Enhancing Youth Access to Health Care*. Clearinghouse Review/ Journal of Poverty Law and Policy, Vol. 34, Nos. 3-4, pp. 217-232 (July-August 2000).

Other factors for a state to consider in estimating the number of children eligible for the new option include:

- The number of youth ages 18–21 in a state who already receive Medicaid benefits as a result of one of the arrangements described above (pregnant or parenting, Ribicoff, SSI, S-CHIP, or a state-funded transition program) may be higher than 60%. If that is the case, the increase that will result from exercising the FCIA Medicaid option may be lower than the CBO estimates.
- The number of eligible youth who actually enroll in Medicaid may initially be lower than projected by CBO based on a state's history in reaching out to and maintaining contact with young people as they leave foster care. To determine this, consider several key questions, such as: How good is the state at maintaining contact with youth as they age out of foster care; what does experience indicate regarding the likelihood that these youth will stay connected to systems; and do many of those who age out disappear for a time and then reappear seeking services at a later date? Effective outreach can help a state improve upon these outcomes.
- The number of youth who enroll in Medicaid will also vary based on the decision each state makes about which subgroups of young people to cover.

Factors like these are likely to alter the number of youth who will become newly enrolled in Medicaid as a result of the FCIA option and result in differences from the application of the CBO estimate.

2. How can a state determine the cost of exercising the FCIA Medicaid option?

To arrive at a realistic cost estimate for implementing the FCIA Medicaid option, each state must first determine which young people will be covered and how many of these youth are likely to enroll, as discussed above.

Next, identify a state's share of Medicaid costs. The Federal share of the Medicaid cost (guaranteed for states electing to implement the FCIA Medicaid option) ranges from 50% for many states to 76.8% in the lowest income states. A chart of this federal/state

match rate (referred to as the FMAP) for all states and jurisdictions is available online at <http://www.aspe.hhs.gov/health/fmap.htm>.

Then determine the typical medical costs associated with the youth who will be covered under this option. CBO estimates that medical costs for foster children are two to five times higher than costs for other children who receive Medicaid, and attributes this higher rate, in large part, to the higher utilization of mental health (including substance abuse) services among these young people. CBO also recognizes that former foster youth with the highest needs may be among those who do not enroll in Medicaid or seek out services. Thus, CBO estimates that it will cost a state \$2,700 per year (approximately twice what it costs to serve all children, ages birth to 18, receiving Medicaid, and about \$1000 per year more than the typical costs of serving non-foster-care teens) to provide medical care under Medicaid for these youth.

A new study, *Health Conditions, Utilization and Expenditures of Children in Foster Care*,⁴ is now available on the Children's Bureau website (<http://www.acf.dhhs.gov/programs/cb/>). It found that average monthly expenditures for foster care youth ages 15–18 vary widely by state. For example, \$173 in California, \$400 in Florida, and \$243 in Pennsylvania. The biggest variable is often the number of young people receiving institutional care. For this age group, institutional services made up 44% of expenditures in California, 20% of expenditures in Florida and 53% of expenditures in Pennsylvania.

The study, consistent with CBO projections, shows that mean monthly Medicaid expenditures for children in foster care (ages 0–18) were between 2.0 and 2.4 times the average expenditures of all children covered by Medicaid, depending on the state. California was 2.0, Pennsylvania was 2.2 and Florida was 2.4. It is reasonable to expect that costs per youth will decrease after age 18, particularly as rates of institutional care significantly decrease for this age group.

If a state has its own state-specific data reflecting the actual utilization and costs of providing medical care under Medicaid to foster youth, then the state is ahead of the game. By looking at the costs of care

⁴ U. S. Department of Health and Human Services, Office for Planning and Evaluation (ASPE) conducted this study which provides a more current and accurate picture of medical costs incurred by foster children. Data are for 1994 and include both state and federal expenditures combined.

for foster children ages 16 and 17, as well as the cost of providing Medicaid to any 18, 19 and 20 year olds who are already covered in a state under other arrangements (pregnant and parenting, Ribicoff, SSI, etc.), it will be possible to generate reasonably accurate cost estimates.

3. Who can supply the state's share of the Medicaid match?

The state share of the Medicaid costs can be provided by the state Medicaid agency, or the child welfare agency, or a combination of both. See Appendix G, December 1, 2000 letter to states from the U.S. Department of Health and Human Services. State legislatures can appropriate new funds for this purpose, or costs can be shifted from other programs. This is an important question that can be best answered for each individual state when all members of the planning team work together to find a solution that reflects both the anticipated costs and the economic realities within that state.

4. What Medicaid services must a state that exercises the FCIA Medicaid option provide to young people ages 18–21?

All Medicaid-eligible young people under age 21 are entitled to receive the services covered by the Early Periodic Screening Diagnosis and Treatment (EPSDT) program. By Federal law⁵, EPSDT provides comprehensive benefits including primary, preventive, developmental and long-term care for children and youth in both the physical (medical, hearing, vision and dental) and mental health arenas. All “medically necessary” services as determined under an EPSDT screening process must be offered even if these services are not covered in the state’s Medicaid plan, provided they are allowable under Medicaid.

To learn more about EPSDT, visit the Health Care Financing Administration (HCFA) website at <http://www.hcfa.gov/pubforms/pub45pdf/smm5t.pdf>.

In addition, the National Health Law Program website at <http://www.healthlaw.org/index.shtml> has several useful fact sheets about the EPSDT Program. These websites provide a chart

detailing the scope of Medicaid/EPSDT services described in 42 U.S.C. 1396d(a). The list is comprehensive and among the many services specified are family planning services, substance abuse treatment, eyeglasses and dental care, mental health and psychiatric care, and community-supported living arrangements such as personal assistance or assistive technology.

As more and more states use managed care plans to provide services to Medicaid beneficiaries, it is important to recognize that these plans, when applied to young people (all children — including those ages 18, 19 and 20), are required to provide the full range of EPSDT services. Furthermore, children in foster care or other out-of-home placement, as well as children receiving foster care or adoption assistance, are considered to be a special needs population. HCFA has recently released the Draft Interim Review Criteria (DIRC) for Children with Special Health Care Needs which outlines the state’s responsibilities in managed care programs enrolling children with special needs.⁶

5. As a state begins to address the health care needs of young people transitioning out of foster care, who could be new community partners?

Electing to implement the FCIA Medicaid option creates new opportunities to establish or enhance linkages with other community partners to best meet the health care needs of young people. In addition to opening communication and working relationships between a state Medicaid agency and a child welfare agency, professionals and advocates familiar with child welfare, youth and independent living services can reach out to community groups that have traditionally focused on health care issues, but may be less familiar with this particular population of young people.

Public agencies to engage could include the Substance Abuse and Mental Health Services Administration (SAMHSA), the Maternal and Child Health Bureau’s Division of Services for Children with Special Health Needs (MCHB/DSCSHN), the MCHB’s Division of Child, Adolescent and Family Health, the

⁵ EPSDT covers all measures described in 42 U.S.C. 1396d(a) necessary “to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan.” 42 U.S.C. 1396d(r)(5).

⁶ For more information about the DIRC or other technical assistance tools related to managed care, Medicaid and serving foster youth, contact Clarke Cagey at HCFA, Special Assistant to the Director, Division of Integrated Health Systems, Family and Children’s Health Programs Group, (410) 786-7700, ccagey@hcfa.gov, or Lynda Honberg, Director, Division of Services for Children with Special Health Needs at the Maternal and Child Health Bureau, (301) 443-6314, lhonberg@hrsa.gov.

State Child Health Insurance Program (S-CHIP) and the State Department of Public Health.

Other potential community partners with valuable experience and expertise include family planning organizations, grassroots health care advocacy groups, legal advocacy organizations and groups from the substance abuse, mental and behavioral health and disability communities. Professional organizations of medical providers, such as the American Academy of Pediatrics and the National Association of Children's Hospitals, can provide valuable linkages and expertise. Many communities have health care and social service organizations specifically focused on the needs of a particular cultural or ethnic group such as Latinos, African Americans, Asian Americans or Native Americans. Finally, health care related foundations (locally or nationally) could be other strong partners, such as the Robert Wood Johnson Foundation. The local United Way may be a good resource for this information.

All of these potential partners can bring new ideas, fresh energy and valuable expertise to this effort. However, they most likely will have little or no experience working with the child welfare community in general and young people leaving foster care in particular. Creating these linkages now can yield lasting benefits for young people that go beyond the scope of health care services.

6. Once a state has adopted the Medicaid option, what are effective ways to get the word out to young people?

Offering Medicaid to young people ages 18–21 will not be meaningful unless they know about this resource and how to access it. Therefore, the development of a comprehensive outreach plan is a critical component to overall planning efforts. Utilize the input of all the members of the state planning team and the new partners described above. Pay particular attention to the feedback provided by the young people themselves. In addition, look at models of outreach that have been developed by such programs as Covering Kids.⁷

Consider print media (newspapers, magazines, newsletters), radio, television and online communications as well as public relations experts as community resources. Identify the most likely places that young people gather, either “in real life” or through the media. Include recreational facilities, night clubs with an under-21 dance night, radio stations that attract a large youth listening audience, fast-food restaurants, church youth groups, homeless shelters, community centers, laundromats, and other places in your community that attract young people. Refer to websites that have been created specifically for young people in foster care and alumni such as <http://www.fosterclub.com>.

⁷ Covering Kids, a national health access initiative, is a program of the Robert Wood Johnson Foundation to help increase the number of eligible children who benefit from health insurance coverage programs. There are 51 statewide and 173 local coalitions funded under Covering Kids to provide a variety of outreach and enrollment activities. For more information, see their website at <http://www.coveringkids.org>.

YOUNG PEOPLE WITH SPECIAL NEEDS

THE LAW

All provisions of the Foster Care Independence Act of 1999 (FCIA or the Act) are equally applicable to young people with disabilities. States are specifically required in their state plans to address the inclusion of youth with special needs.

SEC. 477. JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM.

(b) Applications. –

(2) State Plan. –

(C) Ensure that programs serve children of various ages and at various stages of achieving independence.

(3) Certifications. –

(F) A certification by the chief executive officer of the State that the State will make every effort to coordinate the State programs receiving funds from an allotment made to the State under subsection (c) with other Federal and State programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974), abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies.

1. Who are young people with special needs?

The Maternal and Child Health Bureau's Division of Services for Children with Special Health Needs, <http://www.mchb.hrsa.gov/html/dscshn.html>, defines children with special needs as follows:

Children with special health care needs include all children who have, or are at increased risk for, chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required generally.

In developing the Chafee Independence Program, Congress learned about the tremendous challenges that face youth aging out of foster care, and the increased risk they face of undesirable outcomes. These include increased rates of homelessness, non-marital childbearing, poverty and delinquent or criminal behavior, as well as higher risk of being

targets of crime and physical assaults.⁸ Similar research shows that youth with special needs are much less likely than their non-disabled peers to finish high school, pursue post-secondary education, get jobs or live independently.⁹ Numerous studies indicate that significant numbers of youth in foster care (ranging from a third to three quarters) have or are at risk for acute, chronic, or disabling physical or mental health conditions.¹⁰

Thus, youth aging out of foster care who also have special health or mental health needs face nearly overwhelming challenges. They have often been excluded from independent living programs because of a belief that they cannot benefit from such services if they are not likely to obtain "full independence". The collaboration with programs serving young people with disabilities required in the FCIA provides both a challenge and an opportunity to create and deliver a more comprehensive,

⁸ P.L. 106-169, Findings, paragraph (4)

⁹ John Reiss, Ph.D., Director, Policy and Program Affairs, Institute for Child Health Policy, *Healthy and Ready to Work Transition Activities of State Title V CSHCN Program*, September, 2000

¹⁰ Ronna Cook, et al, *A National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth, Phase I, Final Report*, Volume One 4-1, (1990), Westat Inc., Rockville, MD, and Chernoff et al, *Assessing the Health Status of Children Entering Foster Care*, 93 *Pediatrics* 594 (April 1994)

integrated and appropriate array of services to this group of young people so that they too can achieve their highest level of independence.

2. How can the Chafee Foster Care Independence Program help coordinate services for young people in foster care with special needs?

Young people served by the Chafee Independence Program should have a personalized independent living plan. The law requires young people themselves to participate in designing and carrying out their own plan. Youth with special needs are also likely to have—or be entitled to—an Individual Education Plan (IEP) under the Individuals with Disabilities Education Act (IDEA). They may also have—or be entitled to—an Individual Written Rehabilitation Plan (IWRP) through the Department of Vocational Rehabilitation. Finally, they are likely to have—or be entitled to—a plan of service care and coordination through Title V (Maternal and Child Health Bureau’s Division of Services for Children with Special Health Needs (DSCSHN)).

The multi-agency collaboration required under the Chafee Independence Program helps to coordinate these plans and ensure that they do not conflict. Planning teams can create a seamless plan of services with designated areas of responsibility provided by the schools, the child welfare agency, health care providers and the state vocational rehabilitation agency.

Under IDEA, beginning at age 14, a student’s IEP must include “a statement of transition service needs” which must be updated annually. Beginning at age 16, this statement must include a description of transition services¹¹ that are a “coordinated set of activities that promote movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living or community participation.”¹²

This focus on three outcome areas—post-secondary education and employment, adult living and community participation—are the same three outcome areas that an Independent Living Plan

under the Chafee Independence Program should address. While significant numbers of youth in foster care have special educational needs and should have IEPs, their rights and opportunities under IDEA can often fall to the wayside. This happens as a result of multiple moves, involving multiple school changes, and the fact that there is often no consistent parent or other adult to monitor and advocate for a comprehensive and appropriate IEP. Similarly, although many foster youth are likely to be eligible for services provided through their state Department of Vocational Rehabilitation and/or Title V (DSCSHN), the same obstacles may result in spotty or negligible access to these services. As each state develops its multi-year plan for implementation of independent living services under the Chafee Independence Program, inclusion of representatives from special education, vocational rehabilitation and DSCSHN is essential. Not only will young people be better served by the creation of these linkages, but the child welfare agency can benefit from the expertise and experience these other agencies collectively provide.

3. Why is it important to pay special attention to foster youth with special needs?

While transitioning youth with special needs face the same challenges as their non-special-needs peers, they are at higher-risk for several of the least desirable outcomes such as poverty, early or unintended pregnancy and becoming a victim of sexual assaults. Many of the young people with special needs in foster care may have “invisible special needs” such as learning disabilities or emotional and behavioral challenges. These may have gone undiagnosed and/or untreated and therefore further increase the risk these particular teens have for problematic outcomes.

The National Longitudinal Transition Study (NLT), a 1987 and 1990 survey of 8000 youth with disabilities in 300 school districts found, for example, that 50% of young women with learning disabilities became pregnant within five years of leaving high school—and many of these young women had dropped out of school.

¹¹ Beginning at age 16 or younger, if determined appropriate by the IEP team, the IEP should have a “statement of needed transition services for the child, including, when appropriate, a statement of the interagency responsibilities or any needed linkages.” 42 U.S.C. 1414(d)(1)(A)(vii) & (II).

¹² P.L. 105-17, Section 614

Teenagers with special needs were found, in the same study, to be 68% more likely to live in poverty than their non-disabled peers, and experience a greater degree of social isolation. They often are unable to pick up on the often subtle cues needed to learn social and independent living skills. Many young people leaving foster care read at below grade level, and may also have auditory processing problems, as well as difficulty attending to information. This makes it more challenging for them to benefit from materials and instructional programs designed for typically-developing adolescents or young adults.

A startling finding from the NLT reveals that young people with disabilities are four times more likely to be sexually abused than their non-disabled peers. Sexual education and pregnancy prevention strategies that are designed to meet the needs of young people with special needs are nearly non-existent.

Schools and service providers are not well equipped to help young people with special needs.

Lack of training, knowledge and sensitivity to transition issues of youth with special needs on the part of service providers across the spectrum were cited as the most significant barriers to successful transition of youth with special needs in a Spring 2000 survey of providers, parents and youth in 44 states conducted by the Institute for Child Health Policy. California's School-To-Work Interagency Transition Partnership (SWITP—<http://www.sna.com/switp>) finds that very few school-to-work programs nationwide understand or focus on the unique issues faced by young people with special needs, and some school-to-work programs are not even offered to youth in special education programs. Service providers are often unable to translate factual information about a young person's disability into terms that will assist with other planning efforts.

There is a failure to focus on their overall needs.

Young people with special needs often report that they are not treated in a holistic manner. They only receive treatment and follow-up care based on their diagnosed condition. Concerns they have about continuing education, employment, housing or recreation are typically overlooked. Young people with special health care needs often find that their mental health needs are not addressed, yet these youth are at higher-than-average risk of depression and other mental health challenges.

There is a lack of family networks and service coordination.

The Center for Promoting Employment in Boston has identified the importance of a family network in the creation and maintenance of job opportunities for youth with disabilities. Yet, young people leaving the foster care system are less likely to have such a network available to them. Additional challenges faced by young people with special needs during the transition process include lack of coordination among multiple agencies that serve them. A young person in Maine's Adolescent Transition Partnership (<http://www.ume.maine.edu/cci/matp/matp.html>) described it well, "Sometimes it seems like people from the different agencies do not know what each other does very well—I think that makes it hard for them to help me get what I need." Expectations for these youth are often lowered, and challenges faced by all young people, such as transportation, are even more complex when special needs are involved.

4. How can independent living programs ensure inclusion of and appropriate services to young people with special needs?

Services must be developed and provided in ways that address the multiple needs and learning styles of participants. Suggestions include:

- Information and materials should be tailored to the needs of the audience. Young people with cognitive disabilities, for example, will need materials that are very concrete. Further, many young people have college potential and neither expectations nor materials should be too low to meet their needs.
- Repeated opportunities to practice new skills should be available. Young people with learning disabilities or attention deficits may need information in a multi-modal format. They may be challenged by impulsivity and poor organizational skills, making it difficult for them to process and utilize information presented in traditional ways.
- Use a holistic approach to assess and meet all of the needs of young people. Do not focus solely on a disability or assume that a person with a disability cannot benefit from independent living services.
- Do not neglect the mental health needs of youth in transition. Independent living services should

include strategies to assist youth in obtaining therapy and other mental health services as needed.

The Chafee Independence Program provides an important vehicle for child welfare agencies serving youth in transition to reach out to and coordinate efforts with other agencies and organizations that serve young people with disabilities. These can include special educators, health and mental health care providers, substance abuse treatment facilities, children's hospitals and vocational rehabilitation services.

For some young people with special needs, the challenge is to provide ongoing support related to their disabilities as well as continued assistance towards achieving self-sufficiency. It may mean making sure they receive SSI or other benefits for which they may be entitled. It may mean connecting them to services through the adult Mental Retardation or Developmental Disabilities agencies. The most effective support will be individualized for each young person.

5. Who are potential partners in the community and what resources exist?

As states plan for the transition issues of young people with special needs leaving foster care, consider national, state and community level partners for information and resources.

- On October 25, 2000, President Clinton signed an Executive Order amending the Presidential Task Force on Employment of Adults with Disabilities to include a focus on youth. Among the goals are to "improve employment outcomes by addressing, among other things, ... transitionand independent living issues affecting young people with disabilities." The Executive Order creates a nationally representative Youth Advisory Council to the Presidential Task Force. To learn more about the Task Force, visit the website at http://www.dol.gov/dol/_sec/public/programs/ptfead/main.htm.

- The Healthy and Ready to Work (HRTW) initiative funded by the Division of Services for Children with Special Health Needs of the Maternal and Child Health Bureau (MCHB) provides a wealth of resources to assist communities in meeting the challenges of transition for young people with special needs. In addition to the MCHB website at <http://www.mchbhrtw.org>, most of the nine model sites, located in California, Iowa, Kentucky, Louisiana, Maine, Massachusetts, Minnesota, Ohio and Oregon, also have their own websites. Some particularly useful resources include the needs assessment tools and community collaboration best practice models in California and the "Youthspeak" training materials in Maine. "Youthspeak" provides five youth-written training presentations for employers, teachers, parents, health care providers and policy makers. Oregon's HRTW project includes special resources on providing services to minority youth with special needs, as well as assistance in starting youth organizations.
- The Pacer Program in Minnesota at <http://www.pacer.org> through the Technical Assistance and Training on the Rehabilitation Act (TATRA) project, has extensive materials and examples of programs throughout the country. Another resource is the National Clearinghouse of Rehabilitation Training Materials in Stillwater, Oklahoma. There are also resource centers specifically focused on providing services to Native American, Hispanic and African American persons with disabilities.

At the state and community level, organizations such as the Parent Training Institutes (PTIs) can be valuable partners. Special education teachers, school-to-work programs, disability advocates and local divisions of federal agencies such as the Maternal and Child Health Bureau's Division of Services for Children with Special Health Needs, Departments of Mental Health and Developmental Disabilities, and the Department of Vocational Rehabilitation should also be included in planning and implementation efforts.

HOUSING

THE LAW

SEC. 477. JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM.

(a) Purpose. –

- (5) to provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood.

(b) Applications. –

(3) Certifications. –

- (B) A certification by the chief executive officer of the State that not more than 30 percent of the amounts paid to the State from its allotment under subsection (c) for a fiscal year will be expended for room or board for children who have left foster care because they have attained 18 years of age and who have not attained 21 years of age.
- (C) A certification by the chief executive officer of the State that none of the amounts paid to that State from its allotment under subsection(c) will be expended for room or board for any child who has not attained 18 years of age.

Research shows that youth leaving foster care face a significant risk of homelessness. Young people who provided testimony and feedback to Members of Congress throughout the discussions leading up to the passage of the FCIA highlighted their own experiences with and/or fears of homelessness.

1. Who is eligible for room or board services under the Chafee Foster Care Independence Program?

For the first time, states can use up to 30% of their federal independent living dollars to provide room or board services to young people over the age of 18. Room or board services may be provided, and are currently being provided by many states, to young people older than age 18 through state funded programs. Chafee Independence Program funds must be used to supplement, not to supplant existing programs.

Youth eligible for room or board services under the Chafee Independence Program are those “who have

left foster care because they have attained 18 years of age and who have not attained 21 years of age.” This includes young people who have aged out at age 18 or older up to age 21 who move directly from foster care into independent living programs, as well as those who age out, lose touch with the agency, and then return for assistance before reaching the age of 21. Further, this includes young people who leave care voluntarily at age 18, but find themselves in need of supportive services after leaving, but prior to turning age 21.

The law is also very clear that none of the funds states receive under the Act may be used for room or board services for young people under the age of 18.

2. How are states using up to 30% of their Chafee Foster Care Independence Program dollars to provide room or board for young people leaving foster care?

As states have begun to plan for and implement their newly designed independent living programs under the Chafee Independence Program, providing housing to these young people is, in many cases, least developed and most challenging. While many states are pleased that the new law allows them to spend some of these funds on room or board services for young people over the age of 18, they clearly recognize that 30% of an already limited amount of money will not go very far towards providing a comprehensive package of housing services.

States are grappling with the question of whether to provide some very limited housing assistance to a larger number of young people (i.e. money for security deposits on apartments), or a more complete package of room and board services to a much smaller number of youth. Many states are just starting to create priorities and criteria for use of these dollars.

A second challenge some states have noted is how to maintain open cases on young people over the age of 18 for the purpose of providing housing and other assistance. For states which close foster care cases on the young person's 18th birthday, holding these cases open longer appears to create administrative and caseload burdens in a system that is already weighted down to begin with. Other states have raised questions about whether or not they can (or need to) require young people to remain in foster care, under supervision, in order to access the housing dollars and supports that the Chafee Independence Program offers.

Several states, including Arizona, Louisiana and New Mexico, have responded to this second challenge by maintaining voluntary open cases for young people over the age of 18. Other states, such as Maryland and Connecticut, provided housing and other supportive services to young adults through voluntary agreements prior to the passage of the FCIA. Louisiana's program, known as the "Young Adult Program," allows youth between the ages of 18 and 21 to receive a variety of services, including housing supports, which will enable them to complete high school, go to college or enter vocational training. The housing provided to youth in this program can be located in a foster home, a college dorm or an apartment (both supervised and non-supervised).

Arizona's Voluntary Foster Care Agreement for Young Adults allows young people to continue to receive all traditional foster care and case management services, including room or board, until age 21. Housing and other assistance are also available through the Transitional Independent Living Program to youth who do not wish to remain in care. This program is a limited service, with approximately \$1,800 available per young person, and is often used to meet the initial costs of securing housing.

Other states are considering contracting out case management services that will be provided to former foster youth over the age of 18. Missouri, for instance, is creating contracts with other agencies to serve as fiscal agents to administer funds related to services for youth who left foster care at age 18. Missouri is clear that these services are intended to be short term and flexible, with a goal of helping young people stabilize themselves and move towards self-sufficiency. Thus, the funds may be used for housing "start-up costs," but not long-term housing assistance.

A number of states have recently enacted tuition waivers or other post-secondary support programs for young people leaving foster care in order to obtain college educations. Kansas and Arkansas are two of the states that will use some of the Chafee Independence Program housing dollars to provide the room or board a young person needs while furthering their education at the college level. Kansas is currently developing plans to expand housing support to include non-college-bound youth. Up-to-date information on state tuition waivers can be found on the National Resource Center for Youth Services' website at <http://www.nrcys.ou.edu/tuitionwaivers/usmap.htm>

3. How can states maximize the housing dollars allowable under the Chafee Foster Care Independence Program?

While many states are exploring whether to provide limited housing assistance to many youth or more intensive housing assistance to a fewer number of youth, many other states have recognized that the most effective strategy to maximize the housing options for young people is to use both existing dollars and the new focus on housing promoted by the Chafee Independence Program to leverage

other sources of funding for housing, including state dollars.

As has been noted, some states are using Chafee Independence Program dollars to serve college-bound young people. Youth with special educational needs should have a transition IEP developed through the school. Living independently, including the ability to locate, obtain and maintain appropriate housing, is one of the transition services listed in IDEA for inclusion in IEP planning and implementation. Education staff in some communities have developed strategies to assist young people in exploring their housing options, and teachers have even accompanied youth as they investigate these options in their community. Independent living program providers can coordinate efforts with the schools to assist these young people in obtaining appropriate housing. The school can provide many of the case management and support services, freeing the Chafee dollars to go directly toward the actual housing costs.

There are a number of programs available through the U.S. Department of Housing and Urban Development (HUD) that can include young people leaving foster care. Again, the Chafee Independence Program dollars can be supplemented by funds and services from other programs to extend their reach. Three examples are:

- The Supportive Housing Program (SHP), one of the Stewart B. McKinney Act programs, is designed to move homeless persons from streets and shelters to permanent housing and maximum self-sufficiency. A person must be homeless in order to receive assistance under SHP. While young people in foster care are not typically eligible for SHP dollars, youth in foster care may receive needed supportive services which supplement, but do not substitute for, the state's assistance, and youth who have left foster care are more likely to be eligible.
- The Family Unification Program (FUP) is a collaborative program between local housing authorities and child welfare agencies that links vulnerable families with HUD-funded Section 8 housing subsidies and supportive services so that they can stay together and become self-sufficient

families. Recently enacted legislation enables youth aging out of foster care to receive time-limited Section 8 vouchers (up to 18 months) under FUP. With the FUP vouchers for young people, child welfare and housing agencies in local communities will need to collaborate to design programs and services for former foster youth.¹³

- Special housing grants funded under Section 202 are targeted to provide housing for persons with disabilities—which includes many young people leaving foster care, and special programs for supported housing for the elderly. In Los Angeles, an innovative program has utilized Section 202 dollars, in combination with other funding, to provide intergenerational housing for elderly and youth together.

By including local, county and state housing and homeless experts in planning and implementation of the Chafee Independence Program, a state can identify other ways to combine these funds with other funds or programs to maximize housing options for youth. For example, in New York City, when housing and youth workers recognized that a large number of studio and efficiency rental units were remaining vacant (unable to meet the needs of homeless or low-income families), they created a program allowing youth leaving foster care to achieve a priority status for these particular apartments.

4. Who are other potential housing partners at the state and community levels?

Community development organizations are important partners, as are local initiatives which combine public and private, and often faith-based, efforts to combat homelessness. In addition, some communities have voluntary programs such as Home Share or Home Companions which match homeowners or renters who want to share their living space. Some communities have cooperative living associations, where members each have their own private space but share common spaces for dining, laundry and recreational facilities. There may be opportunities for young people leaving foster care to participate in these programs.

¹³ The Child Welfare League of America is developing models, training and technical assistance to assist communities in creating these collaborations and designing programs. Contact: Maria Garin-Jones, Director, Youth Services, Child Welfare League of America, see Appendix A.

YOUTH INVOLVEMENT

THE LAW

Congress heard directly from young people while considering the Foster Care Independence Act of 1999 (FCIA or the Act). The following sections of the Act reflect Congressional intent that young people take an active role in state implementation of programs and services funded under the Act, as well as in individual service planning and delivery:

SEC. 477. JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM.

(a) Purpose. –

- (5) to provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood.

(b) Applications. –

(3) Certifications. –

- (H) A certification by the chief executive officer of the State that the State will ensure that adolescents participating in the program under this section participate directly in designing their own program activities that prepare them for independent living and that the adolescents accept personal responsibility for living up to their part of the program.

1. How are states listening to and utilizing the expertise of young people in care and those who have aged out of care?

States have taken a variety of approaches to involve foster youth in the design and implementation of independent living services and programs. These range from states with intensive efforts to support and promote highly active youth advisory boards, to states that presently have minimal youth involvement. In light of the requirements of the Chafee Independence Program, all states are evaluating their approach to youth involvement and many are considering stepping up their efforts to include young people in meaningful ways.

States that embrace youth in significant ways report a range of opportunities for youth voices to be heard, input considered and leadership skills developed. Some of these state activities include:

- Annual conferences for teens in foster care and recent alumni of care, with young people

involved in both conference planning and participation

- Youth speakers' bureaus, with young people trained and skilled in public speaking
- Youth or alumni actually delivering independent living services, especially life skills training, to other teens in care
- Youth or alumni assisting in the recruitment and training of foster and adoptive parents
- Training young people as advocates, and engaging their advocacy efforts at legislative and administrative levels
- Young people contributing to, editing or totally managing a newsletter for youth in care and recent alumni
- Peer counseling and mentoring programs— young people serving as mentors for children and youth in foster care
- Handbooks by youth and for youth in foster care

and transitioning to independent living—three excellent examples in Maine, Florida and Kentucky

- Websites targeted to and often created and maintained by foster youth and recent alumni—for example, Maine’s website at <http://www.ylat.usm.maine.edu>
- Creating liaisons and partnerships between young people in foster care and community employers

2. How can youth involvement make a difference?

Youth involvement in implementation of the Chafee Independence Program and related initiatives is key to the overall success of these efforts. It takes hard work to get youth involved and keep youth involved, but the benefits are enormous.

Youth involvement produces results. For example, in various states, including Texas, Maryland and Kansas, the youth voice was instrumental in passing state laws that make higher education more available to former foster youth through the creation of tuition waivers and other opportunities.

In Connecticut, services to parenting teens needed to be strengthened. As a direct result of youth feedback, Connecticut now provides monthly stipends, child care assistance and other supportive services to current or former foster youth who are now parents. In Oklahoma, the Youth Speakers’ Bureau has provided training about the needs and concerns of youth in care to judges, lawyers, mental health providers and medical school staff.

In New Hampshire, the results of a youth survey have led to an Employment Advocate/Mentor program, which strongly supports youth involvement. Employers are reminded that youth should “establish their own goals” and “form partnerships in their communities.” Missouri has involved youth in identifying and reaching out to other young people between the ages of 18 and 21 who could benefit from independent living services.

3. How many states have youth advisory boards?

Half of the states have formal youth advisory boards (YABs) according to the National Independent

Living Association (NILA) at <http://www.nilausa.org>. In the remaining states, two have had youth advisory boards in the past and are currently working to bring them back (Kansas and Hawaii), and two others have formal programs for youth leadership training (Wisconsin and Pennsylvania). Other states are currently reviewing models and approaches to establish YABs. The Child Welfare League of America is creating a National Youth Advisory Board that will represent youth in care and alumni at the national level.

4. How do youth advisory boards function?

Effective youth advisory boards are actively involved in decision making, shaping policy and monitoring implementation of services for young people. Youth advisory boards may be statewide or regional. Several states, such as Louisiana, combine both approaches. Most require that YAB members are current participants in independent living programs. Some YAB’s include alumni. Nebraska goes further. It ensures representation on their YAB of a youth involved with the juvenile justice system, an adopted teen, a teen in a drug or alcohol rehabilitation program, a parenting teen, a homeless young person and representation from a variety of ethnic communities including Native American and refugee youth.

Youth advisory boards meet anywhere from once a year to monthly. In their capacity as advisors, they provide input and feedback to program administrators, legislators and others involved in providing youth services in their state. Transportation to attend meetings can become a barrier to youth involvement. Consequently, several states have taken steps to address this issue. Nebraska has a partnership with Job Corps to provide transportation. Some states provide per diem stipends to young people who take time from work or school to participate on their YAB. Only a few states have paid staff working with the YAB. Texas, for example, has a foster care alumni in a part-time paid position as an advisor of its Youth Advisory Board. The California Youth Connection (CYC) also maintains paid youth and adult staff to facilitate the activities of their organization.

5. Can states use Chafee Foster Care Independence Program funds to support youth involvement on youth advisory boards?

States can use Chafee Independence Program funds to ensure that states involve youth as an integral part of the broad consultation required by the Act in developing states' multi-year plans. Youth advisory boards can also serve as advisors to the state child welfare administrators in the long-term implementation of the state plans.

6. In addition to youth advisory boards, how can states maximize youth involvement?

States can undertake broad outreach. For example, New Hampshire sent a survey to all young people in foster care, asking them to identify their needs as well as asking if they would be interested in participating on a youth advisory board. Utilizing media outlets that target teens, such as radio stations, to reach out to young people is another approach.

States can also include young people in official capacities on other task forces and advisory boards that set, review or oversee policies and practices affecting young people. These might include health care boards, employment and training boards, and education boards. For example, states should specifically consider placing a youth in care or alumni on local Workforce Development Corporation Youth Advisory Councils, established pursuant to the Workforce Investment Act.

Input from young people not involved directly on YAB or other boards is also essential. Several young people active on their state YAB have expressed concern that only those youth with the desire and skills to serve on such a board are heard from. Input can be obtained through surveys, conferences or service-provider agencies (such as health care clinics).

States should also consider Nebraska's example to ensure representation from a diverse universe of young people whose life experiences and contact with public systems are different. In particular, states should obtain input from young people of all ethnic and religious backgrounds, those with disabilities, those who are college-bound and those who are parenting.

7. How do states involve young people in their own individual case plans?

The Chafee Independence Program requires that states facilitate the development of personal responsibility by ensuring that young people participate in the planning and implementation of services at the individual level. Young people must be involved in the case planning process. They must also have some degree of choice and decision making in identifying their own needs and what services they participate in. In a broader context, this requirement of the Act points toward a need for client-centered social work practice, where the determination of the service delivery rests in the hands of the client, with support from professionals and other service providers. Some providers of services to persons with developmental disabilities or mental health needs have developed expertise in client-centered social work practice and may make appropriate partners in this effort. Organizations such as the National Program Office on Self Determination at <http://www.self-determination.org> provide leadership and models of this approach to client services.

Young people should also have consistent opportunities to give structured feedback regarding the quantity and quality of services and supports provided to them in care and after they have aged out. This consumer feedback provides both quality assurance for independent living projects and critical indicators of youth-identified service needs.

TRIBAL INVOLVEMENT

THE LAW:

The Foster Care Independence Act of 1999 (FCIA or the Act) requires that states do more than simply include Indian children in services provided. States must also actively involve Indian tribes in developing programs.

SEC. 477. JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM.

(b) Applications. –

(3) Certifications. –

(G) A certification by the chief executive officer of the State that each Indian tribe in the State has been consulted about the programs to be carried out under the plan; that there have been efforts to coordinate the programs with such tribes; and that benefits and services under the programs will be made available to Indian children in the State on the same basis as to other children in the State.

1. What activities are currently underway in regard to tribal involvement, as required by the Chafee Foster Care Independence Program?

Less than one percent of young people served by federally-funded independent living programs were identified as Native Americans, according to 1996 data from the U.S. Department of Health and Human Services. Therefore, the new requirements for consultation and collaboration under the Chafee Independence Program suggest both new opportunities and new responsibilities for states, tribal organizations and advocates to reach out to, and serve, Indian youth in transition in a more comprehensive way.

Some states have entered into formal state/tribal agreements to provide independent living services to Indian youth. One example is the Sault Ste. Marie Tribe of Chippewa Indians in Michigan, which operates an independent living program for tribal youth under an agreement with the state Family Independence Agency.

States are exploring methods and approaches for ensuring appropriate and meaningful tribal involvement in the development and implementation of their state plan for independent living services under the Chafee Independence Program.¹⁴ While most states have been working towards improved communication and collaboration with tribes around the provision of child welfare services, they also see the requirements under the Chafee Independence Program as adding increased responsibilities. Many see the requirement for state and tribal collaboration for independent living services as an opportunity to expand and improve upon state/tribal relationships that can serve as a model to enhance services to Indian children throughout the child welfare system.

2. What resources exist to enhance and expand tribal involvement?

The National Indian Child Welfare Association (NICWA) has taken a leadership role in ensuring

¹⁴ According to an informal email survey of state independent living coordinators, conducted on behalf of Casey Family Programs in the summer of 2000.

that Indian tribes throughout the nation are informed about their opportunities and responsibilities under the Chafee Independence Program. They are providing initial technical assistance to states and tribes, through written information, phone calls and conference presentations, as states begin to implement this component of the Act. NICWA, in association with Casey Family Programs, has created a publication to assist both tribes and states in thinking through the issues and challenges involved in providing appropriate, comprehensive and culturally competent independent living services to Indian young people.¹⁵ See NICWA's website at <http://www.nicwa.org>.

The National Resource Center for Youth Services is developing a training package for child welfare practitioners in states to assist them in working effectively with tribal governments and with tribal youth as they transition out of either tribal or state foster care.

3. What issues and challenges are tribal communities raising concerning independent living services for Indian youth?

Both research and practical experience have shown that Indian youth are often at higher risk than non-Indian youth for factors related to negative outcomes upon transitioning from foster care.¹⁶ For example, Indian youth are more likely to suffer from depression, anxiety disorders or substance abuse than their non-Indian peers. Suicide rates among Indian youth are higher, and teen pregnancy rates are nearly double those of young women of all races. Indian youth drop out of school at higher

rates than the general population and often face significant challenges to obtaining and maintaining employment. While the research points to these significant risk factors faced by Indian youth, there is little data that addresses the specific needs and status of Indian youth transitioning from foster care. This makes planning difficult.

The combination of these risk factors with the fact that Indian youth are placed in foster care at higher rates than their non-Indian peers, and the limited experience on the part of both states and tribes in providing independent or transitional living services to Indian youth, creates a very challenging situation. There are also wide variances in cultural norms and approaches to independent living among different Indian tribes, even within one state.

Finally, there are separate challenges related to reaching and serving Indian youth who are not living in tribal communities. Often these young people are in urban settings and their needs may go unnoticed by both state and tribal child welfare agencies. NICWA reports that many tribes are finding that Indian youth who had been in foster care in urban settings are coming back to the reservation upon aging out, and are in need of a variety of services.

For states and tribes to be successful in developing and implementing independent living services for Indian youth which effectively respond to these challenges, they need to make a long-term commitment to on-going communication, collaboration and relationship-building among public, private and tribal agencies and community organizations.

15 Nicole Clemens. (December 2000). *Improving Access to Independent Living Services for Tribes and American Indian Youth*, Portland, OR, National Indian Child Welfare Association and Casey Family Programs.

16 For example, see Terry L. Cross & Seathl Ollgaard(1995). *The Status of Child Abuse and Neglect Prevention in American Indian Communities*, Portland, OR: National Indian Child Welfare Association, U.S. Congress, Office of Technology Assessment (1990), *Indian Adolescent Mental Health*, (OTA-H-446), Washington, DC, US Government Printing Office. Beauvais, F., Oetting, E.R., Wolf, W. and Edwards, R.W. (1989), *American Indian Youth and Drugs, 1976–1987: A Continuing Problem*, American Journal of Public Health, 79(5), 634–636.

APPENDIX A

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APPENDIX B

THE FOSTER CARE INDEPENDENCE ACT LEGISLATION

TITLE 1: IMPROVED INDEPENDENT LIVING PROGRAM (P.L. 106–169)

FOSTER CARE INDEPENDENCE ACT OF 1999

Public Law 106–169

106th Congress

An Act

To amend part E of title IV of the Social Security Act to provide States with more funding and greater flexibility in carrying out programs designed to help children make the transition from foster care to self-sufficiency, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

<<NOTE: Foster Care Independence Act of 1999

TITLE I—IMPROVED INDEPENDENT LIVING PROGRAM

Subtitle A—Improved Independent Living Program

SEC. 101. IMPROVED INDEPENDENT LIVING PROGRAM.

(a) Findings.—The Congress finds the following:

- (1) States are required to make reasonable efforts to find adoptive families for all children, including older children, for whom reunification with their biological family is not in the best interests of the child. However, some older children will continue to live in foster care. These children should be enrolled in an Independent Living program designed and conducted by State and local government to help prepare them for employment, postsecondary education, and successful management of adult responsibilities.
- (2) Older children who continue to be in foster care as adolescents may become eligible for Independent Living programs. These Independent Living programs are not an alternative to adoption for these children. Enrollment in Independent Living programs can occur concurrent with continued efforts to locate and achieve placement in adoptive families for older children in foster care.
- (3) About 20,000 adolescents leave the Nation's foster care system each year because they have reached 18 years of age and are expected to support themselves.
- (4) Congress has received extensive information that adolescents leaving foster care have significant difficulty making a successful transition to adulthood; this information shows that children aging out of foster care show high rates of homelessness, non-marital childbearing, poverty, and delinquent or criminal behavior; they are also frequently the target of crime and physical assaults.
- (5) The Nation's State and local governments, with financial support from the Federal Government, should offer an extensive program of education, training, employment, and financial support for young adults leaving foster care, with participation in such program beginning several years before high school graduation and continuing, as needed, until the young adults emancipated from foster care establish independence or reach 21 years of age.

(b) Improved Independent Living Program.—Section 477 of the Social Security Act (42 U.S.C. 677) is amended to read as follows:

The full text of the Foster Care Independence Act of 1999 and the John H. Chafee Program can be found on the Internet at: <http://www.access.gpo.gov/nara/publaw/106publ.html>. Once at the site, scroll down to Pub.L. 106–169 (H.R. 3443).

SEC. 477. JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM.

- (a) Purpose.—The purpose of this section is to provide States with flexible funding that will enable programs to be designed and conducted—
- (1) to identify children who are likely to remain in foster care until 18 years of age and to help these children make the transition to self-sufficiency by providing services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement and retention, training in daily living skills, training in budgeting and financial management skills, substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention);
 - (2) to help children who are likely to remain in foster care until 18 years of age receive the education, training, and services necessary to obtain employment;
 - (3) to help children who are likely to remain in foster care until 18 years of age prepare for and enter postsecondary training and education institutions;
 - (4) to provide personal and emotional support to children aging out of foster care, through mentors and the promotion of interactions with dedicated adults; and
 - (5) to provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood.
- (b) Applications.—
- (1) In general.—A State may apply for funds from its allotment under subsection (c) for a period of five consecutive fiscal years by submitting to the Secretary, in writing, a plan that meets the requirements of paragraph (2) and the certifications required by paragraph (3) with respect to the plan.
 - (2) State plan.—A plan meets the requirements of this paragraph if the plan specifies which State agency or agencies will administer, supervise, or oversee the programs carried out under the plan, and describes how the State intends to do the following:
 - (A) Design and deliver programs to achieve the purposes of this section.
 - (B) Ensure that all political subdivisions in the State are served by the program, though not necessarily in a uniform manner.
 - (C) Ensure that the programs serve children of various ages and at various stages of achieving independence.
 - (D) Involve the public and private sectors in helping adolescents in foster care achieve independence.
 - (E) Use objective criteria for determining eligibility for benefits and services under the programs, and for ensuring fair and equitable treatment of benefit recipients.
 - (F) Cooperate in national evaluations of the effects of the programs in achieving the purposes of this section.
 - (3) Certifications.—The certifications required by this paragraph with respect to a plan are the following:
 - (A) A certification by the chief executive officer of the State that the State will provide assistance and services to children who have left foster care because they have attained 18 years of age, and who have not attained 21 years of age.
 - (B) A certification by the chief executive officer of the State that not more than 30 percent of the amounts paid to the State from its allotment under subsection (c) for a fiscal year will be expended for room or board for children who have left foster care because they have attained 18 years of age, and who have not attained 21 years of age.
 - (C) A certification by the chief executive officer of the State that none of the amounts paid to the State from its allotment under subsection (c) will be expended for room or board for any child who has not attained 18 years of age.

- (D) A certification by the chief executive officer of the State that the State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, and will, to the extent possible, coordinate such training with the independent living program conducted for adolescents.
 - (E) A certification by the chief executive officer of the State that the State has consulted widely with public and private organizations in developing the plan and that the State has given all interested members of the public at least 30 days to submit comments on the plan.
 - (F) A certification by the chief executive officer of the State that the State will make every effort to coordinate the State programs receiving funds provided from an allotment made to the State under subsection (c) with other Federal and State programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974), abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies.
 - (G) A certification by the chief executive officer of the State that each Indian tribe in the State has been consulted about the programs to be carried out under the plan; that there have been efforts to coordinate the programs with such tribes; and that benefits and services under the programs will be made available to Indian children in the State on the same basis as to other children in the State.
 - (H) A certification by the chief executive officer of the State that the State will ensure that adolescents participating in the program under this section participate directly in designing their own program activities that prepare them for independent living and that the adolescents accept personal responsibility for living up to their part of the program.
 - (I) A certification by the chief executive officer of the State that the State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan.
- (4) Approval.—The Secretary shall approve an application submitted by a State pursuant to paragraph (1) for a period if—
- (A) the application is submitted on or before June 30 of the calendar year in which such period begins; and
 - (B) the Secretary finds that the application contains the material required by paragraph (1).
- (5) Authority to implement certain amendments; notification.—A State with an application approved under paragraph (4) may implement any amendment to the plan contained in the application if the application, incorporating the amendment, would be approvable under paragraph (4). Within 30 days after a State implements any such amendment, the State shall notify the Secretary of the amendment.
- (6) Availability.—The State shall make available to the public any application submitted by the State pursuant to paragraph (1), and a brief summary of the plan contained in the application.

(c) Allotments to States.—

- (1) In general.—From the amount specified in subsection (h) that remains after applying subsection (g)(2) for a fiscal year, the Secretary shall allot to each State with an application approved under subsection (b) for the fiscal year the amount which bears the same ratio to such remaining amount as the number of children in foster care under a program of the State in the most recent fiscal year for which such information is available bears to the total number of children in foster care in all States for such most recent fiscal year, as adjusted in accordance with paragraph (2).
- (2) Hold harmless provision.—
 - (A) In general.—The Secretary shall allot to each State whose allotment for a fiscal year under paragraph (1) is less than the greater of \$500,000 or the amount payable to the State under this section for fiscal year 1998, an additional amount equal to the difference between such allotment and such greater amount.
 - (B) Ratable reduction of certain allotments.—In the case of a State not described in subparagraph (A) of this paragraph for a fiscal year, the Secretary shall reduce the amount allotted to the State for the

fiscal year under paragraph (1) by the amount that bears the same ratio to the sum of the differences determined under subparagraph (A) of this paragraph for the fiscal year as the excess of the amount so allotted over the greater of \$500,000 or the amount payable to the State under this section for fiscal year 1998 bears to the sum of such excess amounts determined for all such States.

(d) Use of Funds.—

- (1) In general.—A State to which an amount is paid from its allotment under subsection (c) may use the amount in any manner that is reasonably calculated to accomplish the purposes of this section.
- (2) No supplantation of other funds available for same general purposes.—The amounts paid to a State from its allotment under subsection (c) shall be used to supplement and not supplant any other funds which are available for the same general purposes in the State.
- (3) Two-year availability of funds.—Payments made to a State under this section for a fiscal year shall be expended by the State in the fiscal year or in the succeeding fiscal year.

(e) Penalties.—

- (1) Use of grant in violation of this part.—If the Secretary is made aware, by an audit conducted under chapter 75 of title 31, United States Code, or by any other means, that a program receiving funds from an allotment made to a State under subsection (c) has been operated in a manner that is inconsistent with, or not disclosed in the State application approved under subsection (b), the Secretary shall assess a penalty against the State in an amount equal to not less than 1 percent and not more than 5 percent of the amount of the allotment.
- (2) Failure to comply with data reporting requirement.—The Secretary shall assess a penalty against a State that fails during a fiscal year to comply with an information collection plan implemented under subsection (f) in an amount equal to not less than 1 percent and not more than 5 percent of the amount allotted to the State for the fiscal year.
- (3) Penalties based on degree of noncompliance.—The Secretary shall assess penalties under this subsection based on the degree of noncompliance.

(f) Data Collection and Performance Measurement.—

- (1) In general.—The Secretary, in consultation with State and local public officials responsible for administering independent living and other child welfare programs, child welfare advocates, Members of Congress, youth service providers, and researchers, shall—
 - (A) develop outcome measures (including measures of educational attainment, high school diploma, employment, avoidance of dependency, homelessness, nonmarital childbirth, incarceration, and high-risk behaviors) that can be used to assess the performance of States in operating independent living programs;
 - (B) identify data elements needed to track—
 - (i) the number and characteristics of children receiving services under this section;
 - (ii) the type and quantity of services being provided; and
 - (iii) State performance on the outcome measures; and
 - (C) develop and implement a plan to collect the needed information beginning with the second fiscal year beginning after the date of the enactment of this section.
- (2) Report to the Congress.—Within 12 months after the date of the enactment of this section, the Secretary shall submit to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate a report detailing the plans and timetable for collecting from the States the information described in paragraph (1) and a proposal to impose penalties consistent with paragraph (e)(2) on States that do not report data.

(g) Evaluations.—

- (1) In general.—The Secretary shall conduct evaluations of such State programs funded under this section as the Secretary deems to be innovative or of potential national significance. The evaluation of any such program shall include information on the effects of the program on education, employment, and personal development. To the maximum extent practicable, the evaluations shall be based on rigorous scientific standards including random assignment to treatment and control groups. The Secretary is encouraged to work directly with State and local governments to design methods for conducting the evaluations, directly or by grant, contract, or cooperative agreement.
- (2) Funding of evaluations.—The Secretary shall reserve 1.5 percent of the amount specified in subsection (h) for a fiscal year to carry out, during the fiscal year, evaluation, technical assistance, performance measurement, and data collection activities related to this section, directly or through grants, contracts, or cooperative agreements with appropriate entities.

(h) Limitations on Authorization of Appropriations.—To carry out this section and for payments to States under section 474(a)(4), there are authorized to be appropriated to the Secretary \$140,000,000 for each fiscal year.”

(c) Payments to States.—Section 474(a)(4) of such Act (42 U.S.C. 674(a)(4)) is amended to read as follows:

4) the lesser of—

(A) 80 percent of the amount (if any) by which—

- (i) the total amount expended by the State during the fiscal year in which the quarter occurs to carry out programs in accordance with the State application approved under section 477(b) for the period in which the quarter occurs (including any amendment that meets the requirements of section 477(b)(5)); exceeds
- (ii) the total amount of any penalties assessed against the State under section 477(e) during the fiscal year in which the quarter occurs; or

(B) the amount allotted to the State under section 477 for the fiscal year in which the quarter occurs, reduced by the total of the amounts payable to the State under this paragraph for all prior quarters in the fiscal year.”

(d) Regulations.—Not later than 12 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall issue such regulations as may be necessary to carry out the amendments made by this section.

42 USC 677 note.

(e) Sense of the Congress.—It is the sense of the Congress that States should provide medical assistance under the State plan approved under title XIX of the Social Security Act to 18-, 19-, and 20-year-olds who have been emancipated from foster care.

Subtitle B—Related Foster Care Provision

SEC. 111. INCREASE IN AMOUNT OF ASSETS ALLOWABLE FOR CHILDREN IN FOSTER CARE.

Section 472(a) of the Social Security Act (42 U.S.C. 672(a)) is amended by adding at the end the following: “In determining whether a child would have received aid under a State plan approved under section 402 (as in effect on July 16, 1996), a child whose resources (determined pursuant to section 402(a)(7)(B), as so in effect) have a combined value of not more than \$10,000 shall be considered to be a child whose resources have a combined value of not more than \$1,000 (or such lower amount as the State may determine for purposes of such section 402(a)(7)(B)).”

SEC. 112. PREPARATION OF FOSTER PARENTS TO PROVIDE FOR THE NEEDS OF CHILDREN IN STATE CARE.

- (a) State Plan Requirement.—Section 471(a) of the Social Security Act (42 U.S.C. 671(a)) is amended—
- (1) by striking “and” at the end of paragraph (22);
 - (2) by striking the period at the end of paragraph (23) and inserting “; and”; and
 - (3) by adding at the end the following:
 - (24) include a certification that, before a child in foster care under the responsibility of the State is placed with prospective foster parents, the prospective foster parents will be prepared adequately with the appropriate knowledge and skills to provide for the needs of the child, and that such preparation will be continued, as necessary, after the placement of the child.”.
- (b) Effective Date.—The amendments made by subsection (a) shall take effect on October 1, 1999.

Subtitle C—Medicaid Amendments

SEC. 121. STATE OPTION OF MEDICAID COVERAGE FOR ADOLESCENTS LEAVING FOSTER CARE.

- (a) In General.—Subject to subsection (c), title XIX of the Social Security Act, is amended—
- (1) in section 1902(a)(10)(A)(ii) (42 U.S.C. 1396a(a)(10)(A)(ii))—
 - (A) by striking “or” at the end of subclause (XIII);
 - (B) by adding “or” at the end of subclause (XIV); and
 - (C) by adding at the end the following new subclause:
 - (XV) who are independent foster care adolescents (as defined in section 1905(v)(1)), or who are within any reasonable categories of such adolescents specified by the State;”;
 - (2) by adding at the end of section 1905 (42 U.S.C. 1396d) the following new subsection:
 - (v)(1) For purposes of this title, the term “independent foster care adolescent” means an individual—
 - (A) who is under 21 years of age;
 - (B) who, on the individual’s 18th birthday, was in foster care under the responsibility of a State; and
 - (C) whose assets, resources, and income do not exceed such levels (if any) as the State may establish consistent with paragraph (2).
 - (3) The levels established by a State under paragraph (1)(C) may not be less than the corresponding levels applied by the State under section 1931(b).
 - (4) A State may limit the eligibility of independent foster care adolescents under section 1902(a)(10)(A)(ii)(XV) to those individuals with respect to whom foster care maintenance payments or independent living services were furnished under a program funded under part E of title IV before the date the individuals attained 18 years of age.”.
- (b) Effective Date.—The amendments made by subsection (a) apply to medical assistance for items and services furnished on or after October 1, 1999.
- 42 USC
1396a
note.
- (c) Contingency in Enactment.—If the Ticket to Work and Work Incentives Improvement Act of 1999 is enacted (whether before, on, or after the date of the enactment of this Act)—
- (1) the amendments made by that Act shall be executed as if this Act had been enacted after the enactment of such other Act;
 - (2) with respect to subsection (a)(1)(A) of this section, any reference to subclause (XIII) is deemed a reference to subclause (XV);
 - (3) with respect to subsection (a)(1)(B) of this section, any reference to subclause (XIV) is deemed a reference to subclause (XVI);

- (4) the subclause (XV) added by subsection (a)(1)(C) of this section—
 - (A) is redesignated as subclause (XVII); and
 - (B) is amended by striking “section 1905(v)(1)” and inserting “section 1905(w)(1)”; and
- (5) the subsection (v) added by subsection (a)(2) of this section—
 - (A) is redesignated as subsection (w); and
 - (B) is amended by striking “1902(a)(10)(A)(ii)(XV)” and inserting “1902(a)(10)(A)(ii)(XVII)”.

Subtitle D—Adoption Incentive Payments

SEC. 131. INCREASED FUNDING FOR ADOPTION INCENTIVE PAYMENTS.

(a) Supplemental Grants.—Section 473A of the Social Security Act (42 U.S.C. 673b) is amended by adding at the end the following:

(j) Supplemental Grants.—

(1) In general.—Subject to the availability of such amounts as may be provided in advance in appropriations Acts, in addition to any amount otherwise payable under this section to any State that is an incentive-eligible State for fiscal year 1998, the Secretary shall make a grant to the State in an amount equal to the lesser of—

(A) the amount by which—

(i) the amount that would have been payable to the State under this section during fiscal year 1999 (on the basis of adoptions in fiscal year 1998) in the absence of subsection (d)(2) if sufficient funds had been available for the payment; exceeds

(ii) the amount that, before the enactment of this subsection, was payable to the State under this section during fiscal year 1999 (on such basis); or

(B) the amount that bears the same ratio to the dollar amount specified in paragraph (2) as the amount described by subparagraph (A) for the State bears to the aggregate of the amounts described by subparagraph (A) for all States that are incentive-eligible States for fiscal year 1998.

(2) Funding.—\$23,000,000 of the amounts appropriated under subsection (h)(1) for fiscal year 2000 may be used for grants under paragraph (1) of this subsection.”

(b) Limitation on Authorization of Appropriations.—Section 473A(h)(1) of the Social Security Act (42 U.S.C. 673b(h)(1)) is amended to read as follows:

(1) In general.—For grants under subsection (a), there are authorized to be appropriated to the Secretary—

(A) \$20,000,000 for fiscal year 1999;

(B) \$43,000,000 for fiscal year 2000; and

(C) \$20,000,000 for each of fiscal years 2001 through 2003.”

APPENDIX C

COMPARISON OF PROVISIONS OF THE JOHN H. CHAFFEE FOSTER CARE INDEPENDENCE PROGRAM* AND THE FORMER INDEPENDENT LIVING INITIATIVE

PROVISION	JOHN H. CHAFFEE FOSTER CARE INDEPENDENCE PROGRAM	FORMER INDEPENDENT LIVING INITIATIVE	
FUNDING	Amount	\$140 million capped entitlement	\$70 million capped entitlement
	State Match	20% state match required on total allocation	No state match required for allocation under \$45 million; 50% state match required for claims that exceed \$45 million base
	Allocation Formula	Based on the proportion of children in both Title IV-E funded and state funded foster care in the state for the most recent fiscal year; no state shall receive less than \$500,000 or its 1998 allotment, whichever is greater	Based only on the number of children in Title IV-E funded foster care in the state in 1984
	Set-aside	1.5% of authorized program funds set aside for evaluation, technical assistance, performance measurement and data collection	No set-aside provisions
ELIGIBILITY	Eligible Young People	Eligible young people are those up to age 21 who are "likely to remain in foster care until age 18" and those who have aged out of foster care, without regard to their eligibility for Title IV-E funded foster care; a portion of funds must be used to serve eligible young people 18 to 21 who left foster care because they reach age 18	Eligible young people were those ages 16 to 18 in Title IV-E funded foster care; states also had the option to serve young people up to age 21, and young people who are or were in state-funded foster care as well as those in Title IV-E funded foster care
	Benefits to Indian Children	State must make benefits and services available to Indian children in the state on the same basis as other children	No provision
FOCUS ON YOUNG PEOPLE (18-21)	Participation by Young People in Program Design	Young people must participate directly in designing their program activities and accept personal responsibility for achieving independence	No provision
	Funding for Services to Young People Ages 18 to 21	States must use a portion of their funds for assistance and services for young people ages 18 to 21 who left foster care because they reached age 18	No special targeting of funds on young people transitioning from care
	Use of Funds for Room or Board	States may use up to 30% of their program funds for room or board for young people ages 18 to 21 who have left foster care because they reached age 18, but not age 21	Prohibited

*The John H. Chafee Foster Care Independence Program was established in Title I of the Foster Care Independence Act (P.L. 106-169). Title I of the Act is reprinted in Appendix B.

PROVISION	JOHN H. CHAFFEE FOSTER CARE INDEPENDENCE PROGRAM	FORMER INDEPENDENT LIVING INITIATIVE
EMPHASIS ON PERMANENCE	Clarification that independent living activities should not be seen as an alternative to permanence for children and can be provided concurrently with adoption and other permanency activities	No provision
HEALTH CARE	States given the option to extend Medicaid coverage to young people ages 18 to 21 who were in foster care on their 18th birthday, or some subset of this group; encourages such coverage	No provision
ASSET LIMIT	Asset limit changed to allow young people to have \$10,000 (rather than \$1,000) in assets and remain eligible for Title IV-E funded foster care	Young people had to meet the \$1,000 asset limit in AFDC in order to be eligible for Title IV-E funded foster care
TRAINING FOR STAFF AND PARENTS	States must certify that Title IV-E funds will be used to provide training to help adoptive and foster parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living	No provision
COORDINATION	State must certify in its plan that: State has consulted widely with public and private organizations in implementing the new Program State will coordinate new Program with other federal and state programs for young people State will consult and coordinate with each Indian tribe in the state	No provision
Outcome Measures	HHS, in consultation with federal, state, and local officials, advocates, youth service providers, and researchers, is required to develop outcome measures to assess state performance and the effectiveness of independent living services	No provision
Evaluation	Secretary of Health and Human Services (HHS) must develop outcome measures and data elements to track state performance on outcomes and penalties for states that do not report; 1.5% of authorized program funds is set aside for evaluation, technical assistance, performance measurement, and data collection	States required to report to HHS annually; Secretary of HHS required to evaluate program and report to Congress; no funding specified for evaluation
Penalties	Penalties imposed for misuse of funds or noncompliance with data reporting requirements	No provision
State Application	States may submit one application for funds for a period of five consecutive fiscal years	States required to apply each year or to coordinate planning with their triennial Child and Family Services Plan

ACCOUNTABILITY

APPENDIX D

MINIMUM COMPONENTS OF THE FIVE-YEAR STATE PLAN FOR THE JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM*

DESCRIPTIONS OF HOW A STATE WILL:

- Administer, supervise or oversee the programs carried out under the plan
- Design and deliver independent living services consistent with the purposes of the Chafee Independence Program
- Ensure statewide, although not necessarily uniform, coverage by the program
- Serve children at various ages and stages of development
- Involve both the public and private sectors in service delivery
- Use objective criteria for determining eligibility for and ensuring fair and equitable treatment under the program
- Cooperate in national evaluations of the effectiveness of the services in achieving the purposes of the Chafee Independence Program

CERTIFICATIONS BY THE CHIEF EXECUTIVE OFFICER OF A STATE THAT THE STATE WILL:

- Provide assistance and services to children who have left foster care because they have attained age 18, but not age 21
- Spend no more than 30 percent of its annual allotment for room or board for children who have left foster care because they have attained age 18, but not 21, and none of it for room or board for children under age 18
- Use its training funds authorized under Title IV-E of the Social Security Act to help foster and adoptive

parents, workers in group homes and case managers understand and address the issues confronting adolescents preparing for independent living and, where possible, coordinate such training with independent living programs

- Have consulted widely with public and private organizations in developing the plan and given all interested members of the public at least 30 days to submit comments
- Make every effort to coordinate Chafee Independence Program-funded activities with other federal and state programs for youth (especially programs funded under the federal Transitional Living Grant Program), abstinence education programs, local housing programs, programs for young people with disabilities (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies
- Consult with each Indian tribe in the state about the activities to be carried out under the plan; coordinate the programs with such tribes; and make the programs' benefits and services available to Indian children in the state on the same basis as other children
- Ensure that adolescents participate directly in designing their own independent living activities and accept responsibility for living up to their part of the program
- Have established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan

* See Section 477(b) of the John H. Chafee Foster Care Independence Program

APPENDIX E

DIRECTORY OF USEFUL INTERNET SITES

The following Internet sites offer a variety of information and resources related to foster care and independent living. It is organized in categories related to the chapters of *Frequently Asked Questions II*. In addition, each NFCAP partner has its own website, listed in Appendix A, which also offers a wealth of resource information, materials and links.

INTRODUCTION, ELIGIBILITY, AND CONVENING STAKEHOLDERS

Full text of the Foster Care Independence Act of 1999, and other past, current or pending legislation on the Thomas website: <http://thomas.loc.gov>

Updated status about implementation of the Act, funding notices, and guidance about the FCIA and other Federal initiatives on the Children's Bureau website: <http://www.acf.dhhs.gov/programs/cb>

Full text of both *Frequently Asked Questions I and II* on Casey Family Programs website: <http://www.casey.org>

Timely information about the FCIA and other related foster care issues on the Benton Foundation website: <http://www.connectforkids.org>

Online discussion listserve and listing of all state Independent Living Coordinators on the National Resource Center for Youth Services website: <http://www.nrcys.ou.edu>

U.S. Federal Government Agencies Directory: <http://www.lib.lsu.edu/gov/fedgov.html>

Library of Congress Directory of State and Local Government Internet pages: <http://www.lcweb.loc.gov/global/state/stategov.html>

Cross Cultural/Cross Systems Change Resources: <http://www.pacer.org/tatra/cross.htm>

RESOURCES RELATED TO PERMANENT CONNECTIONS FOR YOUNG PEOPLE

National Resource Center for Foster Care and Permanency Planning: <http://guthrie.hunter.cuny.edu/socwork/nrcfcp/>

National Council of Juvenile and Family Court Judges Permanency Planning Project: <http://www.pppncjfcj.org>

Adoption/Foster/Kinship Care Publications: <http://www.welfareinfo.org/cwadooptionfostercare.htm>

National Resource Center for Special Needs Adoption: <http://www.spaulding.org>

National Adoption Information Clearinghouse, <http://guthrie.hunter.cuny.edu/socwork/nrcfcp/>

North American Council on Adoptable Children (NACAC) (see especially *Shortening Children's Stays: Innovative Permanency Planning Options*): <http://www.nacac.org>

MEDICAID & HEALTH

Center for Adolescent Health and the Law: <http://www.adolescenthealthlaw.org>

FMAP chart: Federal and State matching rates for Medicaid costs: <http://www.aspe.hhs.gov/health/fmap.htm>

State Medicaid officials list: <http://www.hcfa.gov/medicaid/medicaid.htm>

EPSDT requirements and information: <http://www.hcfa.gov/pubforms/pub45pdf/smm5t.pdf>

National Health Law Project: <http://www.healthlaw.org/index.shtml>

American Medical Association Adolescent Health Online: <http://www.ama-assn.org/adolhlth/adolhlth.htm>

Covering Kids: <http://www.coveringkids.org>

YOUTH WITH SPECIAL NEEDS

Maternal and Child Health Bureau, Division of Services for Children with Special Health Needs: <http://www.mchb.hrsa.gov/html/dscshn.html>

State Departments of Mental Health: <http://www.mentalhealth.org/publications/stateresourceguides.cfm>

Department of Education, IDEA:
<http://www.ed.gov/offices/OSERS/OSEP/index.html>

Department of Vocational and Rehabilitation Services:
<http://www.ed.gov/offices/OVAE/>

Healthy and Ready to Work: <http://www.mchbhrw.org>

Maine Adolescent Transition Partnership:
<http://www.ume.maine.edu/ci/matp/matp.html>

Family Voices: <http://www.familyvoices.org>

Families USA: <http://www.familiesusa.org>

Family Village: <http://www.familyvillage.wisc.edu>

National Parent Network on Disabilities:
<http://www.npnd.org>

Presidential Task Force on Employment of Adults with Disabilities: http://www.dol.gov/dol/_sec/public/programs/ptfead/main.htm

Pacer Program Technical Assistance and Training on the Rehabilitation Act: <http://www.pacer.org>

The Bazelon Center for Mental Health Law:
<http://www.bazelon.org>

Federation for Families for Children's Mental Health:
<http://www.ffcmh.org>

The National Association of Protection and Advocacy Systems: <http://www.protectionandadvocacy.com>

HOUSING

U.S. Department of Housing and Urban Development:
<http://www.hud.gov>

National Community Development Association:
<http://www.ncdaonline.org>

National Association of Housing and Redevelopment Officials: <http://www.nahro.org>

National Coalition for the Homeless: <http://nch.ari.net>

National Home of Your Own Alliance:
<http://www.alliance.unh.edu>

Child Welfare League of America:
<http://www.cwla.org/programs/housing>

YOUTH INVOLVEMENT

Child Welfare League of America: <http://www.cwla.org>

Family and Youth Services Bureau: <http://acf.dhhs.gov>

National Clearinghouse on Families and Youth:
<http://www.ncfy.org>

National Network for Youth:
<http://www.nn4youth.org>

National Youth Development Information Center:
<http://www.nydic.org>

National Independent Living Association
<http://www.nilausa.com>

Maine Youth Advisory Board website:
<http://www.ylat.usm.maine.edu>

National Program Office on Self Determination:
<http://www.selfdetermination.org>

State 4-H programs:
http://4h-usa.org/4h/4h_map.htm

TRIBAL INVOLVEMENT

Bureau of Indian Affairs:
<http://www.doi.gov/bia/tribes/entry.html>

National Indian Child Welfare Association:
<http://www.nicwa.org>

Office of Indian Education Programs:
<http://www.oiep.bia.edu>

EMPLOYMENT FOR YOUTH

U.S. Department of Labor: <http://www.dol.gov>

Youth Opportunity Grants 2000 - Grantees 2000:
http://www.doleta.gov/youth_services/grantees2000.asp

Jobs Corps and Youth Opportunities Grantees:
<http://www.yomovement.org/connected/getconn.asp>

America's Jobs: <http://www.usworkforce.org>

School to Work Grantees:
<http://www.stw.ed.gov/Database/statedir.cfm>

Americorps: <http://www.americorps.org>

Workforce Investment Act:
<http://usworkforce.org/wia/finalrule.txt>

LEGAL ISSUES

American Bar Association Center for Children and the Law:
<http://www.abanet.org/child/home.html>

National CASA Association:
<http://www.nationalcasa.org>

National Council of Juvenile and Family Court Judges:
<http://www.ncjfcj.unr.edu>

Juvenile Law Center: <http://www.jlc.org>

APPENDIX F

SELECTED RESOURCE MATERIALS

In addition to the materials listed below, many of the individual National Foster Care Awareness Project (NFCAP) partners have produced articles, materials, fact sheets and other resources related to foster care and independent living issues.

NFCAP Materials available from Casey Family Programs

This *Frequently Asked Questions II* is the second in a series of NFCAP publications, produced with the support of Casey Family Programs, related to the Foster Care Independence Act of 1999 and the John H. Chafee Foster Care Independence Program. The first publication in this series is *Frequently Asked Questions I*.

To receive more information about NFCAP, please contact:

Robin Nixon
Director, National Foster Care Awareness Project
Casey Family Programs
1808 Eye St., NW 5th Floor
Washington, DC 20006
(202) 467-4441 ext. 234
rnixon@casey.org

To receive *Frequently Asked Questions I* or additional copies of *Frequently Asked Questions II*, please contact:

Monica Mellen-Crandell
Casey Family Programs
(206) 282-7300, x8245 or
mmellen-crandell@casey.org

NFCAP Materials available from the Annie E. Casey Foundation

The Annie E. Casey Foundation has prepared a “working draft series” of reports as a collection under the title *Making the Transition to Adulthood*. Prepared for the National Foster Care Awareness Project, the draft series currently includes the following documents:

- *Promising Practices: School to Career and Postsecondary Education for Foster Care Youth*
- *Promising Practices: Supporting Transition of Youth Served by the Foster Care System*
- *Promising Practices: Guidelines for the Development of Foster Care Handbooks*

- *Money Pals: Cash Concepts for Kids 8–11*
- *Money Smarts: Cash Concepts for Kids 12–15*
- *Caregiver’s Handbook for Money Pals and Money Smarts*

For more information, contact:

Talmira Hill
Program Associate
Annie E. Casey Foundation
701 St. Paul Street
Baltimore, MD 21202
talmira@aecf.org

Child Welfare League of America Publications

Robin Nixon and Maria Garin-Jones, *Improving Transitions to Adulthood for Youth Served by the Foster Care System*, 1999

Mark Kroner, *Housing Options for Independent Living Program*, 1999.

Joy Warren and Janet Knipe, California Youth Connection, *Foster Youth Share Their Ideas for Change*, 1999.

For copies, please call CWLA Publications at 1-800-407-6273 or order online at <http://www.cwla.org>

National Indian Child Welfare Association (NICWA)

NICWA, in association with Casey Family Programs, has produced the following document:

The Foster Care Independence Act of 1999 and the John H. Chafee Foster Care Independence Program: Improving Access to Independent Living Services for Tribes and American Indian Youth

For more copies, contact:

David Simmons
National Indian Child Welfare Association
5100 SW Macadam, Suite 300
Portland, OR 97201
(503) 222-4044
<http://www.nicwa.org>

Clearinghouse Review Articles

Two recently published articles in the *Clearinghouse Review: Journal of Poverty Law and Policy* address issues

related to state implementation of the FCIA and services to young people exiting foster care:

- Abigail English and Kathi Grasso, *The Foster Care Independence Act of 1999: Enhancing Youth Access to Health Care*, Clearinghouse Review: Journal of Poverty Law and Policy (July–August 2000), pages 217–232.
- MaryLee Allen and Robin Nixon, *The Foster Care Independence Act and the John H. Chafee Foster Care Independence Program: New Catalysts for Reform for Young People Aging out of Foster Care*, Clearinghouse Review: Journal of Poverty Law and Policy (July–August 2000), pages 196–216.

National Resource Center for Youth Services (NRCYS) publications

NRCYS has a number of relevant materials and publications available on their website at <http://www.nrcys.ou.edu>. Of particular note are:

- *Promising Practices, Models and Policies in the Area of Independent Living/Self-Sufficiency*, 2000.
- *Permanency Planning: Creating Lifelong Connections: What Does it Mean for Adolescents*, 2000.

To order call (918) 660-3700 or visit <http://www.nrcys.ou.edu>

Articles by Young People

- Terry Harrak and Susan Kellam, *Someplace to Call Home*, The Washington Post Magazine, November 12, 2000, pages 14–28.
- Amy Clay, *Assisting a Youth in Transition*, ABA Child Law Practice (July 1999), Vol. 18, No. 5.
- Nell Bernstein, *A Rage to Do Better: Listening to Young People from the Foster Care System*, Pacific News Service, May 2000.

Materials related to Transition Issues for Young People with Special Needs

- U.S. Department of Health and Human Services Bureau of Maternal and Child Health's *Healthy and Ready to Work* (HTRW) initiative has published a catalogue of materials available on their website at <http://mchbhw.org>
- Carol Igoe, *Adolescents Want Control of their Health Care*, Window on Wellness: Health and Wellness Publication for People with Disabilities, Spring, 2000, page 3–7.

Institute for Educational Leadership (IEL) publications

IEL has produced three special reports on transition issues, available at:

<http://www.policyexchange.iel.org>

- *Federal Programs for Children & Families: A Tool for Connecting Programs to People*, Special Report #15, 2000
- *Foster Care: A Guide to Who Controls Federal Programs, Policies & Purse Strings*, Special Report #14, 2000.
- *The Federal Role in Helping Young People Transition from Foster Care: The Independent Living Program and More (Transcript of a July 23, 1999 IEL Policy Exchange seminar)* Special Report #13, 1999.

U.S. Government reports

- *Title IV-E Independent Living Programs: A Decade in Review, July 1999*, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.
- *Health Conditions, Utilization and Expenditures of Children in Foster Care, 2000*, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.
- *Foster Care: Effectiveness of Independent Living Services Unknown, July 1999*, U.S. General Accounting Office (GAO/HEHS-00-13).
- *Draft Interim Review Criteria (DIRC) for Children with Special Health Care Needs*, Maternal and Child Health Bureau, Division of Services for Children with Special Health Needs, Family and Children's Health Program Group, 2000.

Center for Law and Social Policy (CLASP) TANF articles

CLASP has produced a series of articles on how states can serve young people through the Temporary Assistance to Needy Families (TANF) program. These articles are available on their website at:

<http://www.clasp.org>

- Marie Cohen and Mark Greenberg, *Tapping TANF for Youth: When and How Welfare Funds Can Support Youth Development, Education and Employment Initiatives*, 1/2000.

- Marie Cohen, *TANF Funds: A New Resource for Youth Programs*, 10/1999.
- Marie Cohen, *Tapping TANF: When and How Welfare Funds Can Support Reproductive Health or Teen Parent Initiatives*, 4/1999.
- Mark Greenberg, *State Opportunities to Provide Access to Postsecondary Education Under TANF*, 9/1999.

Legal Issues

- Kathi Grasso, *Litigating the Independent Living Case*, American Bar Association Child Law Practice, July 1999.
- Kathi Grasso, *Frequently Asked Legal and Jurisdictional Questions Regarding the Foster Care Independence Act of 1999*, fact sheet, available through Casey Family Programs, www.casey.org.

APPENDIX G



DEPARTMENT OF HEALTH & HUMAN SERVICES

200 Independence Avenue, S.W.
Washington, D.C. 20201

December 1, 2000

Dear State Child Welfare and State Medicaid Director:

Each year more than 20,000 youth across this country are discharged from the child welfare foster care system. The majority of these youth have no health care coverage or families to help them should they become sick, have an accident or become the victims of violence. Accordingly, we encourage your agencies to work together to extend a new Medicaid health benefit to eligible young people as they make the transition from foster care to adulthood.

The bipartisan Foster Care Independence Act of 1999, P.L. No. 106-169 signed December 14, 1999, provides important new help to young people who are making the transition from foster care. Title I of the Act establishes the John H. Chafee Foster Care Independence Program, which increases funding for independent living activities and expands services and supports to help older youths who are leaving foster care prepare for adulthood. Subtitle C of Title I of the Act also offers States an important opportunity to provide Medicaid to the young people, ages 18-21. This new Medicaid option builds on President Clinton's continuing efforts to provide health care coverage to more children, adolescents, and working families.

Health Status of Young People Transitioning from Foster Care

Typically, these young people have significant health concerns but no insurance and limited access to health and mental health services. Studies have shown that children in foster care suffer more frequent and more serious medical, developmental, and psychological problems than nearly any other group of children. A 1995 General Accounting Office report found "...as a group, they are sicker than homeless children and children living in the poorest sections of inner cities." Young people who have been in foster care may be at high risk for continuing health problems because of the circumstances that brought them into foster care, as well as the ongoing instability of their lives.

While in foster care, most of these young people were eligible for Medicaid, either categorically if they received support under the Federal Adoption Assistance or Foster Care Programs (authorized under Title IV-E of the Social Security Act), or through State-elected eligibility categories. Some States also provide health coverage through Medicaid or totally State-funded assistance for young people who remain in foster care beyond age 18. Unfortunately, many children who leave foster care at age 18 or 19 lose the Medicaid coverage they had in foster care.

Expanded Medicaid Eligibility

The Foster Care Independence Act establishes a new optional Medicaid eligibility group for "independent foster care adolescents," i.e., young people who are in foster care under the responsibility of the State on their 18th birthday." If a State takes full advantage of this Medicaid option, all young people in foster care under the responsibility of the State on their 18th birthday who are not yet 21 could be automatically

eligible for Medicaid, without regard to their income status. No income or resource test would be required for these children.

States, however, also have the flexibility under the Act to provide Medicaid to only a “reasonable category” of this broad group of eligible young people. For example, a State may decide to determine eligibility in one or more of the following ways:

- Apply an income or resource test in determining eligibility. In this case, the standards and methodologies used cannot be more restrictive than those used for the State’s low-income families with children eligible under the Medicaid requirements in Section 1931(b) of the Social Security Act.
- Limit eligibility by age. Provide Medicaid eligibility only to youths through age 18 or through age 19, rather than to all eligible 18-21 year olds.
- Limit eligibility by foster care status. Provide Medicaid eligibility only to those children who were eligible for foster care maintenance payments or independent living services under Title IV-E of the Social Security Act.

The Importance of Medicaid Eligibility

Medicaid eligibility entitles young people to the full Medicaid benefits package. This includes the broad array of health care screening, diagnosis and treatment services included in the Early Periodic Screening, Diagnostic, and Treatment Program (EPSDT). When an EPSDT screen identifies a physical or mental disability, illness, or condition, the young person is then eligible to receive all the additional diagnostic, treatment, and follow-up services allowed under the Medicaid Program that are medically necessary to remedy the condition. The young person would be eligible for these services and treatment, even if they are not specified in the State’s Medicaid plan.

The Medicaid State Match

States are responsible for the non-Federal share of Medicaid payments. The Federal medical assistance percentage (FMAP) ranges from 50 percent to 76.8 percent depending on the State’s per capita income. The FMAP is the same percentage that is applied to Federal funding under the Federal Foster Care and Adoption Assistance Programs.

States generally rely on State general funds for Medicaid spending; however, some allow other public entities to share in Medicaid financing. Other public agencies, such as child welfare agencies, may provide or contribute to the State’s share of Medicaid match through an intergovernmental transfer to the State, or local Medicaid agency, under its administrative control. State funds appropriated to child welfare may be transferred or reprogrammed to pay all or a portion of the State share of Medicaid expenditures for this group. In general, Federal funds may not be used for the match unless they are Federal funds specifically authorized by Federal law to be used to match other Federal funds.

Medicaid Plan Amendment Approval Process

To take advantage of the new option, a State Medicaid agency must prepare an amendment to its State Medicaid Plan, adding the eligible group of young people to whom coverage will be provided. At any time, the State may submit the plan amendment to its Health Care Financing Administration (HCFA) Regional Office for approval. The plan amendment may be made effective the first day of the quarter in which it is

submitted to HCFA in approvable form. HCFA Regional Office staff are available to provide technical assistance to States in developing such amendments.

We are excited about the opportunities that the new John H. Chafee Foster Care Independence Living Program provides this most vulnerable population. We urge your State to elect this new Medicaid option to ensure that children transitioning from foster care get the physical and mental health care they need.

Sincerely,

< signed >
Patricia Montoya
Commissioner
Director, Administration on Children, Youth and Families

< signed >
Timothy M. Westmoreland
Director
Center for Medicaid and State Operations
Health Care Financing Administration

cc:
State Human Services Commissioners
Administration on Children and Families Hub Directors and
Regional Administrators
HCFA Regional Administrators
HCFA Associate Regional Administrators for Medicaid and
State Operations
Mary Lee Allen, Children's Defense Fund
Brent Ewig, Association of State and Territorial Health Officials
Robin Nixon, National Foster Care Awareness Project
Lee Partridge, American Public Human Services Association
Matt Salo, National Governors' Association
Joy Wilson, National Conference of State Legislatures



Compliments of the
National Foster Care Awareness Project
December, 2000

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the online version of this document:

www.casey.org

Visit the Benton Foundation website for
information about FCIA implementation
and related resources on foster care:

www.connectforkids.org