

GARDEN STATE COALITION FOR YOUTH AND FAMILY CONCERNS, INC.

BRIDGES TO INDEPENDENCE

**Improving Transitions to Adulthood for
Youth Served by the New Jersey
Division of Youth and Family Services**

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Executive Summary

A. PROJECT OBJECTIVE

The *Bridges to Independence Project* is a 14-month initiative undertaken by the Garden State Coalition for Youth and Family Concerns, Inc. that examined the correlation between foster care and youth homelessness in the State of New Jersey. Funded in chief by The Annie E. Casey Foundation, the Fund for New Jersey and The United States Department of Health and Human Services (USDHHS), the Garden State Coalition embarked on this project during the summer of 2000 in response to major improvements that were made to the federal Title IV-E Independent Living Program, specifically to assist youth exiting the foster care system.

B. LINK BETWEEN FOSTER CARE AND YOUTH HOMELESSNESS

According to the New Jersey Division of Youth and Family Services (DYFS), there are, on average, more than 800 youth who age out of the foster care system in New Jersey each year. Many of these youth are discharged from foster care at age 18, and are unprepared and ill-equipped to function independently of the child welfare system. Research consistently shows that former foster youth continue to be at higher risk for homelessness than the general population. Among the youth (ages 18-21) served by Covenant House New Jersey in 2000, 46 percent of the population had spent time in foster care within the past year. In fact, many shelter programs within the state report a large representation of former foster youth among their clients, suggesting that youth placed in a foster care arrangement during childhood are more likely to experience homelessness than youth who have not been a part of the child welfare system.

C. PROJECT METHODOLOGY

The *Bridges to Independence Project* was designed to accomplish four major research objectives in an effort to gain a better understanding of the needs of New Jersey youth as they exit the foster care system. The four objectives are as follows:

- ✓ **Youth Profile** - developing a richer profile of teenagers in the care and custody of DYFS;
- ✓ **Service Profile** - understanding the services provided to NJ youth transitioning from the foster care system;
- ✓ **Barriers** - identifying specific barriers to independence that may contribute to youth homelessness among former foster youth; and

- ✓ **Service Gaps** - discovering gaps in the services provided to foster youth transitioning to independence.

To gather information in these areas, the project utilized five primary research methods:

Literature Review. The project team conducted an extensive literature review of research focused on the needs of youth aging out of the foster care system, concentrating on the outcomes of former foster youth, the efficacy of ILPs, and the “best practice” models of quality independent living programs. This research effort continued throughout the life of the project.

Task Force. A statewide task force consisting of state and national policy makers, providers, academics, consultants, and advocates provided ongoing support and direction to the project team. The mission of the *New Jersey Task Force to Prevent Youth Homelessness* was to provide guidance and oversight to the project and to assist in prioritizing the needs of youth aging out of foster care.

Key Informant Survey. Based on an instrument fielded by the Muskie School of Public Service at the University of Southern Maine, this research tool was used to solicit opinions from the task force members and other stakeholders on how transitions and outcomes might be improved for foster youth. The survey consists of six open-ended questions, which were used to develop a list of problems that hinder a foster youth’s transition to independence. Approximately 45 surveys were distributed, of which 26 were completed and returned.

Provider Survey. This survey design utilized techniques fielded by the Muskie School and the Child Welfare League of America to gather factual data regarding New Jersey youth, and services in the following areas: medical and mental health; education; employment; emotional development; and the extent to which providers track former foster youth. One hundred surveys were sent to DYFS-funded providers serving youth age 16 and older throughout New Jersey, of which 51 were completed and returned. The data was compiled and analyzed using a statistical database program.

Focus Groups. A series of focus groups were held with foster parents of adolescents and former foster youth. Approximately 300 notices were mailed by DYFS to foster parents of adolescent youth; 22 responded with interest, of

which 9 ultimately participated. The second set of focus groups involved former foster youth, 18 years of age or older, having recently left the care and custody of DYFS. A number of youth were identified through providers of youth services, of which 11 responded to our appeal and participated in the focus groups. Consent forms were obtained from all participants and a small remuneration was provided.

D. FINDINGS

The first opportunity to gather specific information on the needs of foster youth in New Jersey came from Key Informant Survey feedback and follow-up discussions conducted with the project-convened *New Jersey Task Force to Prevent Youth Homelessness*. Based on this information, the team identified the three most critical challenges facing adolescent youth within New Jersey as follows: **a lack of housing, failed relational support, and limited medical and mental health services.**

Next, research was conducted using the Provider Survey, intending to develop a richer profile of teen-agers in the care and custody of DYFS; an understanding of the services provided to older youth in transition from foster care in New Jersey; and the specific identification of barriers to independence that may contribute to youth homelessness. The major findings are summarized in Table A.

Service gaps for youth aging out of the foster care system were revealed by comparing the needs of former foster youth, as determined by the Key Informant Survey, the Provider Survey, and by focus group meetings, to the services available to NJ youth. The major service gaps are summarized below:

- **Mental Health.** Currently, there exists no continuum to move foster youth from the child welfare system into appropriate care within the adult mental health system.
- **Physical Health.** Few of the former foster youth we interviewed in the focus groups knew about and/or accessed Medicaid, despite their eligibility. **Few DYFS contract providers, in fact, routinely offer information and assistance on health insurance to aging out foster youth.** Most of the youth who transitioned out of foster care during the period of this survey apparently left care with no post-DYFS health insurance.
- **Financial Assistance for Education.** The lack of

financial assistance for educational pursuits appears to play a significant role in the low number of foster children who attend and graduate from post-secondary educational and vocational programs.

- **Aftercare.** Few youth in the focus groups had knowledge of existing ILP services, and a majority had never been provided assistance in accessing those services. **Currently there are over 80 agencies and/or programs within the State able to provide out-of-home care and services to youth in foster care. DYFS currently contracts with 26 agencies to provide Independent Living services to youth ages 15 and older. Of those 26 agencies, only 5 are contracted simultaneously to provide aftercare services to eligible youth ages 18-21.** The number of available aftercare placements is far shy of the number of youth who age out of DYFS's care each year, but there are often vacancies in these programs because so few youth are referred for services.
- **Support Targeted to Adolescents.** Former foster youth, foster parents and DYFS-funded providers expressed concerns regarding the need for improved and specialized training for caseworkers, better individualized planning and support in meeting the needs of foster youth, accessibility to programs and services, and the need to provide services beyond the traditional age of emancipation. **Many DYFS-funded programs stated that the needs of adolescents aging**



Table A: Major Findings From the Provider Survey

<p style="text-align: center;">Youth Profile</p>	<ul style="list-style-type: none"> • 45% of DYFS providers knew of a youth served in 2000 who experienced homelessness after leaving foster care. • Only 38% (570) of foster youth who were eligible for Chafee Independent Living services in 2000 received those services. • Most foster youth who access aftercare services in New Jersey have no prior relationship with the agency.¹ • All of the DYFS-funded aftercare programs for youth ages 18-21 have experienced significant enrollment vacancies and most eligible youth never accessed those services in 2000.
<p style="text-align: center;">Services Profile</p>	<p>Health:</p> <ul style="list-style-type: none"> • 63% of providers did not assist youth in securing post-foster care health insurance. • Only 23% of providers helped youth access adult mental health evaluations. <p>Education:</p> <ul style="list-style-type: none"> • Nearly 82% of providers did not provide any tuition assistance for youth pursuing educational or vocational goals. • Only 6% of programs offered help completing a college application. <p>Employment:</p> <ul style="list-style-type: none"> • 94% of programs helped youth complete employment applications. • 84% of programs relied on youth seeking employment opportunities on their own. <p>Emotional Development:</p> <ul style="list-style-type: none"> • 86% of providers offered support networks for interaction with families and former foster parents. • 61% of providers did not offer a mentor program for youth in care. • Half of providers assisted youth in creating a record of their personal history.
<p style="text-align: center;">Barriers</p>	<p>Educational Barriers:</p> <ul style="list-style-type: none"> • 35% of providers indicated a lack of mentors as the most significant barrier to youth striving for their G.E.D. • 87% of providers indicated poor test scores and 85% indicated a lack of mentors as the most significant barriers to youth earning a high school diploma. • 85% of providers reported lack of finances and 60% reported lack of transportation as significant barriers to youth enrolling in a college program. • 72% of providers reported lack of finances as a significant barrier to youth enrolling in vocational training. <p>Employment Barriers:</p> <ul style="list-style-type: none"> • Low skill level, lack of experience, and lack of transportation were reported most often by providers as barriers that prevent youth from seeking, gaining, or maintaining employment.

¹ The 51 Provider Survey respondents are all DYFS-funded providers serving youth in a broad range of settings; only 13 respondents are Chafee Independent Living Programs. These 13 programs served 226 youth in 2000, which equals approximately 51 percent of the total number of youth actually served by DFYS in Chafee-funded programs in 2000. Therefore the youth profiled by the respondent providers actually include a majority of the recipients of Chafee services.

out of the foster care system are underestimated and the current system of planning does not take into account the drastic difference in needs between young children and adolescent youth.

- **Transportation.** Transportation was a concern for foster parents and youth service providers, who were concerned that a lack of transportation impeded youths' access to programs and services, a factor particularly impacting youth in rural areas.
- **Mentor Programs.** Few DYFS-funded programs operate formalized mentor programs.
- **Housing.** Forty-five percent of DYFS-funded programs knew of youth who experienced an episode of homelessness after leaving their care in 2000. Because the practice of follow-up by DYFS

providers has been irregular, the project team could not access reliable information on the number of youth known to have become homeless during this period, but this is a critical question commended to further research. The research revealed pervasive concerns regarding a lack of safe, affordable housing for former foster youth. This concern was raised persistently in every phase of the project and eventually became one of the three most significant barriers identified by *The New Jersey Task Force to Prevent Youth Homelessness*. The need for transitional living placements among aging-out foster youth far outpaces the present supply. Until adequate resources are marshaled to support a sufficient number of housing options for foster care youth in New Jersey, the experience of homelessness among former foster youth will remain sadly predictable.

E. RECOMMENDATIONS

Based on the data presented on the experiences, needs and barriers facing former foster youth, foster parents and community-based providers, the Bridges to Independence Project endorses the following recommendations in an effort to better meet the needs of adolescent youth as they exit the foster care system. The primary aim of these recommendations is to prevent homelessness among New Jersey foster youth by addressing the specific needs, systemic barriers, or service gaps identified during the course of the project.

- A. **Transition Package.** DYFS should provide all youth exiting the foster care system with a *transition package* that provides the basic supports necessary for self-sufficiency. DYFS should ensure placements for all foster youth in a DYFS-contracted aftercare program designed to strengthen the transition to adulthood.
- B. **Extended Care Policy.** New Jersey should adopt an Extended Care Policy that *entitles* youth to remain in the care of DYFS until age 21, as opposed to age 18. If a foster youth reaches age 18 and decides to leave care, the State should permit a 3 month window beginning on the youth's 18th birthday to allow the youth to change his or her mind and return to care.
- C. **Tuition Support.** New Jersey should provide full tuition support at state-administered colleges, universities and vocational programs for present and former foster youth, as well as grants that provide youth with the financial resources necessary to pay for room and board while enrolled in school.
- D. **Adolescent Specialization Teams.** DYFS should create adolescent specialization teams, involving a reorganization that establishes focused teams of case workers and youth experts in each district office solely responsible for coordinating services to the adolescent population.
- E. **Housing Continuum and Homeless Youth Act Funding.** New Jersey must adopt a continuum of safe, affordable housing options for youth leaving the foster care system. A component of this continuum includes an increase in annual funding for the New Jersey Homeless Youth Act to \$4 million, funding 200 transitional living placements for youth.
- F. **Training for Caseworkers and Foster Parents of Adolescents.** DYFS must provide specialized and continuing training for caseworkers and foster parents of adolescents to build their capacity to support youth crossing their bridges to independence.

I. Nature and Scope of Work

The Bridges to Independence Project furnishes New Jersey policy makers, advocates, and academicians with the first empirical examination of the connection between homelessness and foster care in New Jersey. This report details the findings of the project, a 14-month initiative that examined the correlation between foster care and youth homelessness in the State of New Jersey. The findings may contribute to a better understanding of the needs of this population and the level of services they currently receive.

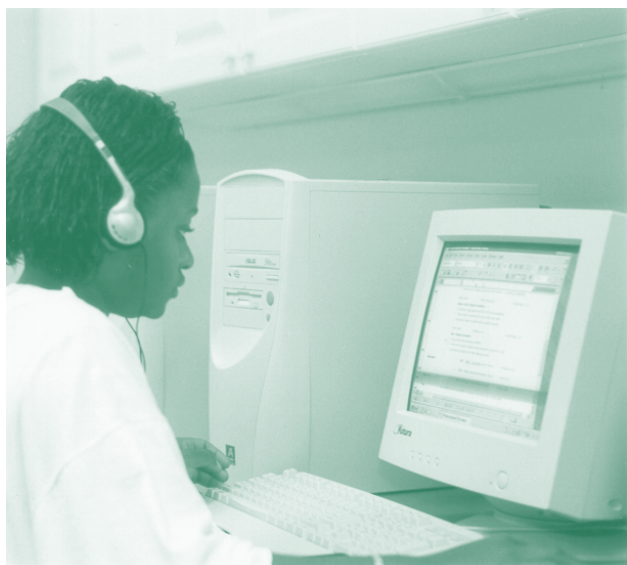
Funded in chief by The Annie E. Casey Foundation, the Fund for New Jersey and the United States Department of Health and Human Services, the Garden State Coalition embarked on *The Bridges to Independence Project* during the summer of 2000 in response to major improvements that were made to the federal Title IV-E Independent Living Program, specifically to assist youth exiting the foster care system. These improvements, passed by the U.S. Congress in 1999 as the John H. Chafee Foster Care Independence Act (more commonly referred to as the Chafee Foster Care Independence Program), heightened attention to the efficacy of independent living programs (ILPs) for young people across the nation. New Jersey recently adopted a 4-year plan to implement the Chafee Program, which provides a critical window to review

the status of the program and to determine how it should be improved in order to better prepare youth for self-sufficiency upon their exit from the foster care system.

A primary goal of the project is to provide a tool that will act as a starting place for stakeholders to begin to examine and address the very specific needs of youth aging-out of care and to seize this unique opportunity to advocate for improvements to ILPs as New Jersey implements its Chafee Plan.

Summarizing the major components of the project, this report is organized into four parts:

1. A comprehensive and concise description of the Title IV-E Program and the federal guidelines for the Chafee Program.
2. A summary of relevant research regarding outcomes for foster youth, the efficacy of Title IV-E Independent Living Programs, and a review of best practice literature that identifies characteristics of quality programs.
3. Findings from primary research including:
 - Descriptive data regarding available services to this population and the demographics of youth in the sample;
 - Comprehensive data analysis of the needs of aging-out foster youth in New Jersey;
 - Service gaps for youth aging out of foster care within the state of New Jersey—as determined by comparing the needs of former foster youth within the state of New Jersey to the services available by New Jersey Independent Living Programs.
4. Recommendations regarding improvements to Independent Living program policy and implementation based on primary and secondary research findings.



II. Description of the Problem

Of the more than 500,000 children in foster care throughout the United States last year, more than 98,000 were over the age of 16 (U.S. DHHS, [AFCARS 1](#)). Most of these youth will be discharged from foster care at age 18, and many are unprepared and ill-equipped to function independent of the child welfare system. Research shows that a significant percentage of children accessing youth shelters have been in the care and custody of the child welfare system. Indeed, individuals placed in a foster care arrangement during childhood are more likely to experience homelessness than individuals who have not been a part of the system.

The link between homelessness and prior episodes of foster care was evident in a 1997 national study of runaway and homeless youth, which concluded that among the 31,800 runaway youth accessing federally funded shelters, 58 percent (18,444) had been in foster care (NNFY 3). Additionally, a study conducted in 1997 by Roman and Wolfe found that 36 percent of the 1,209 homeless individuals whom they surveyed had a foster care history (Jones, 41). Studies that have tracked outcomes for former foster youth offer similar findings. In 1991, the Westat study found 25 percent of its sample of former foster youth to have been homeless at least one night (U.S. GAO, [Effectiveness 3](#)) while a study conducted by Courtney et al ([Foster Youth 11](#)) found that in the 12 to 18 months after leaving the child welfare system, 12 percent of the sample had been homeless at least once and 22 percent had lived in four or more places.

Youth homelessness is a severe problem in New Jersey. Based on data from the Federal Bureau of Investigation's National Crime Center, The Garden State Coalition estimates that at least 13,000 youth find themselves homeless in New Jersey each year (GSC, i). However, very little research has been

conducted on the correlation between foster care and youth homelessness, leaving mostly anecdotal evidence that many New Jersey adolescents turn 18 years-old, are discharged from care, and devolve to homelessness, delinquency, and dependence. According to the New Jersey Division of Youth and Family Services (DYFS), there are, on average, over 800 youth who age out of the foster care system each year. Many shelter programs within the state are reporting a large representation of former foster youth among their clients. Among the youth (ages 18-21) served by Covenant House New Jersey in 2000, 46 percent of the population had spent time in foster care within the past year (Covenant House New Jersey).

Since the implementation of the federal Title IV-E program in 1985, state independent living programs have been specifically commissioned to prepare youth



exiting the foster care system to live independently. Nevertheless, research consistently shows that former foster youth continue to be at higher risk for homelessness than the general population, and they confront other poor outcomes disproportionately, including substandard

education, mental and physical health problems and unemployment (Charles; Courtney, [Foster](#); CWLA; Jones; U.S. GAO, [Challenges](#); U.S. GAO, [Effectiveness](#)).

States have only recently begun to examine the efficacy of their independent living programs, primarily because they had not previously developed the infrastructure and capacity to track the outcomes of youth after leaving the system (U.S. GAO, [Effectiveness 15-16](#)). Without consistent and current data on the outcomes of program participants, federal and state programs will be unable to determine the quality of their programs and make the changes necessary to ensure improved outcomes for young people formerly in foster care.

III. Project Methodology

The primary objective of *Bridges to Independence* is to address the shortage of information available on the incidence of homelessness among former foster youth within the State of New Jersey and to develop recommendations to strengthen and support the transition experience for foster youth. The analysis conducted provides empirical information on the outcome of youth exiting the foster care system given the current policy and practices.

The project involved collaboration between the Garden State Coalition for Youth and Family Concerns, Inc. (GSC), the New Jersey Division of Youth and Family Services (DYFS), and The New School for Social Research. The totality of the project involved four separate components. At the start of the project, the team conducted an extensive review of published literature dealing with the national and regional outcomes for youth aging out of foster care. The project team examined literature on the unique needs of adolescents in foster care, suggestions for best practices in meeting the needs of youth aging out of the system, and methods for gathering and presenting research on the efficacy of independent living services.

Second, the project team convened a statewide task force consisting of state and national policy makers, providers, academicians, consultants and advocates. The mission of the *New Jersey Task Force to Prevent Youth Homelessness* was to provide guidance and oversight to the project team and to assist in prioritizing the needs of youth aging out of foster care. A major goal of the task force was the development of policy reforms improving outcomes for foster youth transitioning to independence.

The first interactive research tool used by the project team was the Key Informant Survey, which was employed to solicit opinions from the task force members and other stakeholders on how transitions and outcomes might be improved for foster youth (see

Appendix A). This survey is based upon an instrument fielded by the Muskie School of Public Service at the University of Southern Maine (Jones, Appendix C). The survey, which consisted of six open-ended questions, was distributed to a mix of policy makers, agency administrators, advocates and child welfare professionals. Approximately 45 surveys were distributed, of which 26 were completed and returned.

The team analyzed the completed surveys and derived a list of eight barriers unique to youth within the State of New Jersey. The list consisted of service and systemic problems which respondents believed hinder a foster youth's transition from foster care to self-sufficiency in New Jersey. During a subsequent task force meeting, the group was asked to rank the barriers and identify the three most critical needs currently facing New Jersey foster youth. The project team chose to narrow the list to the three most critical needs in order to begin a fruitful discussion around possible policy recommendations. To accomplish this task, task force members ranked the barriers in order of importance.

The third method used by the project team to collect information was the Provider Survey, developed to gather information from child welfare providers throughout New Jersey offering out-of-home care to adolescent youth, in the care and custody of DYFS (see Appendix B). The goal of the survey was to develop a concrete sense of the services currently being offered to youth to prepare them for long-term self-sufficiency and to understand the factors that contributed to youth homelessness. The survey design was primarily original but also utilized techniques based upon instruments fielded by the Muskie School and the Child Welfare League of America. Surveys were forwarded to managers/directors responsible for operating programs serving youth, ages 16 and older, in the care and custody of DYFS between January and December 2000. The survey was organized into seven

sections, and gathered factual data in the following areas:

- Organization Information
- Program Information
- Medical and Mental Health Information
- Education
- Employment
- Emotional Health and Development
- Tracking [former foster youth]

One hundred surveys were sent to DYFS-funded agencies (providers) throughout New Jersey, of which 51 were completed and returned. With the assistance of The New School University, the data was compiled and analyzed using a statistical database program. The results of the analysis are summarized in this report.

The final component of the project included a series of *focus groups* with foster parents and former foster youth. Focus groups with foster parents consisted of licensed DYFS foster parents currently caring for adolescents. The goal of this focus group was to gather information on the challenges facing both foster youth and foster parents in the transition to independence. Approximately 300 notices were mailed by DYFS to foster parents of adolescent youth,

requesting that foster parents interested and willing to participate in the focus group contact the project team. Approximately 22 people responded with interest, of which 9 ultimately participated. The foster parents participating in the focus group resided in southern, northern, or central New Jersey. Each parent participating in the focus group was reimbursed \$25 for transportation costs.

The second set of focus groups involved former foster youth, 18 years of age or older, who recently left the care and custody of DYFS. The primary goal was to evaluate their perceived readiness as they left the system, as well as the challenges they faced living independent of the child welfare system. The project team posed general questions concerning their history, experiences while in foster care, knowledge of community access to medical and mental health services, education, and employment opportunities. Focus groups were held in Newark and Atlantic City. Youth, who voluntarily participated in the groups, were identified through Garden State Coalition member agencies, and other independent providers throughout New Jersey. Eleven youth from throughout the state participated in the focus groups. For their participation in the focus groups, each youth was provided with a long distance telephone card.



IV. The Independent Living Program (Title IV-E)

Thousands of youth exit foster care every year throughout the country. Nationally, the transition to adulthood often comes with little external support or familial contacts, and inconsistent determinations, on the part of the child welfare agency, as to a youth's actual ability to function outside the foster care system (Kellam, Unholy 1). In 1985, Congress authorized Public Law 99-272, which featured a unique program specifically designed to assist youth prepare to transition from the foster care system. Originally enacted for a limited period, the Independent Living Program (ILP) was re-authorized indefinitely as part of the Omnibus Budget Reconciliation Act of 1993.

The program provided federal subsidies to each state, based on the number of children eligible for foster care services the state in 1984, and earmarked the funds to help foster youth, 16 and older, learn the skills necessary to negotiate the transition from foster care to independence. The program enabled states to deploy, at their discretion, an array of independent living services, including classes and programs that foster *basic living skills* such as financial management, nonviolent conflict resolution, job skills, health and safety, food management, and communication. More in-depth skills could be derived from experiential learning opportunities (mastering advanced skills while under the protection of the foster care system) such as learning how to secure an apartment, managing a household, applying for utility services, opening a checking account, or buying a car. These skills usually involved a secondary component of the ILP called *aftercare services*. Aftercare services were defined as those services provided to youth after they have been formally discharged or emancipated from the child welfare system.

The ILP legislation did not include enough funding to support initiatives in every state for all of the young people approaching emancipation from care and the law inhibited states' abilities to secure stable post-

care living conditions for youth by precluding states from using federal subsidies under the program for housing. In response to these and other ongoing challenges, Congress passed the John Chafee Foster Care Independence Act in December 1999. The Chafee Independent Living Program provides major improvements over the former law (see Table 1) including increased funding to states, expanded Medicaid coverage for former foster youth, and proper training for child care professionals (including foster parents)². Furthermore, it mandates the United States Department of Health and Human Services (USDHHS) to develop outcome measures and a system of evaluation (NFCAP, FAQ II 13). One unique element of the Chafee Act is the recognition that youth who leave foster care may require assistance, for a period of time, after leaving the protection of the foster care system. This provision allows any child having been in foster care at the age of 18, to return to a state authority to seek some services at any time before the age of 21.

The Chafee Act also includes a modernized funding formula, which bases federal support for independent living services on the state's total number of children in foster care for the most recent fiscal year, proportionate to the national foster care census. Congress allocated tens of millions of dollars in new funding for the program in order to cultivate a new regime of transitional services for foster care adolescents. New Jersey's proportionate share of the national foster care population actually declined from 1984 to 1998, a result of the state's policy to discourage formal placements in favor of other alternatives. New Jersey was one of only two states in the nation, therefore, that did not receive supplemental funding under the Chafee program. The New Jersey Department of Human Services, which oversees DYFS, did not lose money under the plan, however, since a provision of the federal law entitles states to receive no less than their prior allocation under the Independent Living Act.

² Other problems identified were a limit on the amount of savings maintained by foster youth, and low funding for ILP services, both of which were addressed in the John Chafee Foster Care Independence Act of 1999.

The new federal law permits New Jersey, for the first time, to include post-care housing initiatives under the Chafee funding umbrella, but with no additional federal support forthcoming. The New Jersey Department of Human Services responded by setting aside \$3 million from the state's unspent Temporary Assistance to Needy Families (welfare) surplus over two years, fiscal years 2001 and 2002, to fund an array of independent living services. This new short-term funding permitted the state to use approximately \$350,000 from its annual federal Chafee grant (totaling approximately \$2.2 million) to fund a limited number of housing initiatives for former youth transitioning to adulthood.

According to census reports provided by DYFS, there were approximately 1,500 youth ages 16 and older, in the care and custody of DYFS at any given time in 2000. Eligibility requirements for participation in the Independent Living Program include placement outside of the home in an approved foster home, or in a licensed care facility. Between October 1999 and September 2000, only 38 percent (approximately 570) of eligible youth were reported to be participating in independent living services.

ILP services in New Jersey include curriculum-based instruction for youth ages 16 and older, and aftercare services for youth ages 18-21. As mentioned earlier, curriculum instruction includes standardized courses, featuring topics such as money management, communication, conflict resolution, and managing a household. The aftercare program includes case management services to assist former foster youth in accessing medical and mental health care through an expanded Medicaid program, employment and housing assistance, and minimal financial assistance to off-set necessities such as utilities, rental deposits, and furniture.

All ILP services in New Jersey are provided via community based agencies and organizations. DYFS contracts with these agencies to provide services directly to youth within their communities. Currently there are over 80 agencies and/or programs within New Jersey able to provide out-of home care and services to youth in foster care. DYFS currently

contracts with 26 agencies to provide Independent Living services to youth ages 15 and older. Of those 26 agencies, only five are contracted simultaneously to provide aftercare services to eligible youth ages 18-21 (NJ Bureau of Licensing).

New Jersey, like all states, was mandated to provide a detailed Chafee implementation plan to the federal government by June 30, 2001 (U.S. DHHS, Program Instruction, 9-10). This plan, mandated by Congress, must include input from advocates, youth, and other critical parties around the state. Major requirements include an explanation of goals, strategies, and an *implementation plan* for achieving the following:

- Helping youth make the transition to self-sufficiency;
- Helping youth receive the education, training and services necessary to obtain employment;
- Helping youth prepare for and enter post-secondary training and education institutions;
- Providing personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults;
- Providing financial, housing, counseling, employment and other appropriate support and services to former foster care recipients between 18 and 21 years of age.

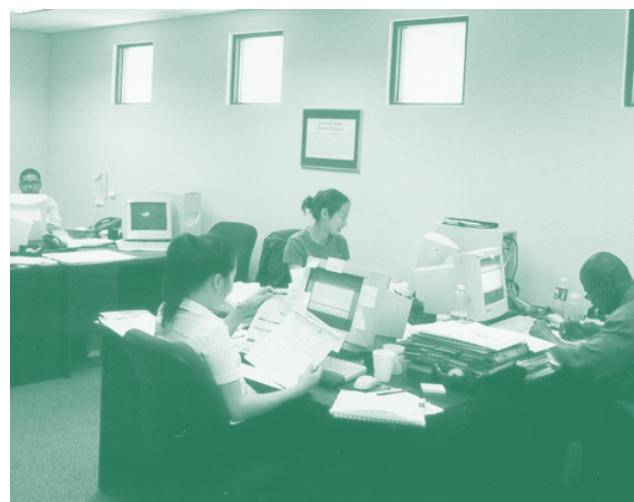


Table 1: Comparison of Provisions of the Chafee Act and the Former Independent Living Initiative (Source: National Foster Care Awareness Project)

	Provision	Chafee Foster Care Program	Former Independent Living Program
Funding	Amount	\$140 million capped entitlement	\$70 million
	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 are 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 reached age 18.	Eligible young people were those 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 Title IV-E funded foster care.
Focus on Young People (18-21)	Funding for service to young people ages 18 to 21	States must use a portion of their funds to assist and serve young people 18 to 21 who left foster care because they reached age 18.	No special targeting of funds for young people transitioning from care
	Use of funds for room and board	States may use up to 30% of their funds for room and board for young people age 18 to 21 who have left foster care because they reached age 18.	Prohibited
Accountability	Outcome measures	USDHHS, 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 for USDHHS must develop outcome measures and data elements to track state performance on outcomes and penalties for state that do not report; 1.5% of authorized program funds is set aside for evaluation, technical assistance, performance measurement, and data collection.	States were required to report to USDHHS annually. The Secretary of USDHHS was required to evaluate programs and report to Congress. No funding was specified for evaluation.

V. Outcomes for Former Foster Youth

Enactment of the Chafee legislation sparked renewed interest in the outcomes experienced by former foster youth. Several states have attempted to track former foster youth to determine their success after leaving the foster care system, but the transient character of this population makes locating these youth very challenging (U.S. GAO, *Effectiveness*, 14-16). Several studies have produced consistent findings showing that former foster youth disproportionately face poor outcomes, including inferior education, homelessness, mental and physical health problems and unemployment. These outcomes more closely resemble those of people living at or below the federal poverty level, than that of the general population (11). The three largest, most frequently sourced studies examining outcomes for foster youth are summarized in Table 2.

Educational Outcomes. In 1997, Blome conducted the most recent and comprehensive study on educational outcomes of former foster youth. This research used a longitudinal quasi-experimental design that matched 167 foster youth with 167 non-foster youth in terms of race, gender, age, and math and verbal abilities (Jones, 19). The study reports the following findings, indicating negative educational outcomes for foster youth in comparison to non-foster youth (23):

- Foster care youth were more likely to drop out of high school (37%) than non-foster youth (16%).
- Foster care youth who dropped out of high school were less likely to have received a high school diploma or a GED certificate (93% versus 77%).
- Foster youth participated more in vocational clubs than did non-foster youth.
- Foster youth were more likely to report that they had been disciplined in school, suspended, and had been in “serious trouble with the law.”

Other studies on outcomes of foster youth have produced consistent findings. Westat, Inc. conducted a study collecting data from former foster youth in eight states. This research found that 46 percent of youth exited the foster care system without a high school diploma. In a cohort study conducted by the University of Wisconsin, researchers found that for youth who had left the foster care system in the last 18 months, 37 percent had not completed high school. In a 1990 study conducted by Barth, researchers found that 38 percent of their youth also failed to earn their high school diploma before leaving the foster care system (Jones, 23-24; U.S. GAO, *Challenges* 5).

Poor educational outcomes for foster youth are likely the result of a complex combination of factors. The Blome study attributed the differences in the educational outcomes of foster youth versus non-foster youth to school stability. Foster youth changed schools more frequently than other youth, some three or more times since fifth grade (Jones, 23). The lack of family support for educational pursuits may have also attributed to the lack of success. This research found that foster parents were less likely to monitor their children’s homework, visit the classroom, or volunteer at school. Additionally, many youth chose to work versus completing school.

Employment Outcomes. Unemployment is particularly prevalent for individuals formerly in foster care. Although researchers have not determined the number of former foster youth in the labor market, it is clear that a substantial percentage of youth exiting the foster care system are unable to acquire and maintain a job. In the Westat study, over 50 percent of former foster youth were unemployed at the time of the study, and over 60 percent had not maintained regular employment for at least one year (U.S. GAO, *Challenges* 4-5). Courtney et al found high levels of unemployment (39 percent), including 19 percent of the youth having never held a job since leaving foster care. Race was also found to be an indicator of

Table 2: Outcomes of Former Foster Youth

(Sources: General Accounting Office, Challenges of Helping Youth Live Independently, May 1999 and the Muskie School of Public Service, Improving Economic Opportunities for Young People Served by Foster Care System, Phase One, 1998).

STUDY/DESIGN	OUTCOMES
<p>Westat, Inc. (1991)</p> <p><u>Sample:</u> only study using a nationally representative sample. 810 former foster youth from eight states with youth out of care 2.5 – 4 years (n=810).</p> <p><u>Method:</u> Repeated interviews conducted 2.5 to 4 years after youth discharged from care. 69% conducted by phone, 31% in person.</p>	<p>Education:</p> <ul style="list-style-type: none"> • 46% had not completed high school <p>Homelessness:</p> <ul style="list-style-type: none"> • 25% were homeless at least one night <p>Employment:</p> <ul style="list-style-type: none"> • 51% were unemployed • 62% had not maintained a job for at least a year <p>Other:</p> <ul style="list-style-type: none"> • 40% were a cost to the community • 42% had birthed or fathered a child
<p>Barth (1990)</p> <p><u>Sample:</u> 55 young adults from the San Francisco Bay Area; out of care at least 1 year, but no more than 10 years (n=55).</p> <p><u>Method:</u> Interviews, 76% in person and 24% by phone.</p>	<p>Education:</p> <ul style="list-style-type: none"> • 38% had not completed high school <p>Homelessness:</p> <ul style="list-style-type: none"> • 35% were homeless or moved frequently <p>Employment:</p> <ul style="list-style-type: none"> • 25% were unemployed <p>Other:</p> <ul style="list-style-type: none"> • 47% received some type of public assistance or had problems paying for food or housing • 38% had no health or medical coverage • 40% of females reported a pregnancy • 35% had been arrested or spent time in jail or prison
<p>Courtney et al (1995) (1998)</p> <p><u>Sample:</u> Wisconsin; cohort tracking 141 youth while in care and 113 youth (80% of the first sample) 12 to 18 months after leaving care (n=113).</p> <p><u>Method:</u> Interviews, more than 80% in person. Multi-variate regression analysis.</p>	<p>Education:</p> <ul style="list-style-type: none"> • 37% had not completed high school <p>Homelessness:</p> <ul style="list-style-type: none"> • 12% were homeless for at least one night • 22% had lived in four or more places <p>Employment:</p> <ul style="list-style-type: none"> • 39% were unemployed • 19% had not had a job since leaving foster care <p>Other:</p> <ul style="list-style-type: none"> • 27% of males and 10% females were incarcerated at least once • 44 percent reported problems obtaining health insurance • 32% received some type of public assistance

employment; former foster youth were more likely to be employed if they were Caucasian than if they were African American (Foster Youth 7).

In the 1990 study conducted by Barth, there is a clear indication that limitations in education and job skills for former foster youth were obstacles to getting better jobs (U.S. GAO, Challenges 6). Researchers note that those youth with a high school diploma were better able to get employment, but even these jobs, without additional education, did not provide the economic stability necessary for long-term self-sufficiency (Jones, 31-32). A review of these studies provides the following observations on economic outcomes for foster youth:

- Teenage employment is an important predictor of adult employment. Foster youth should be encouraged to obtain employment experience either through part-time work or through volunteering.
- Helping youth acquire multiple skills, as well as assistance with continuing education and employment skills, will increase their chances of adult employment.
- Discrimination in youth employment - employers and employees need to be trained in cross-cultural interactions.

Health Outcomes. Many former foster youth lack access to health care, either because they do not know how to locate providers or because of an inability to pay for services. Even with the passage of the federal Child Health Insurance Program (CHIP), many former foster youth do not know about the program or their eligibility for health care insurance. This is particularly alarming since research indicates that foster youth have more negative health outcomes than non-foster youth. In the Wisconsin study, the RAND Mental Health Inventory was used to measure the psychological stress of subject individuals. The results indicated that the foster youth were under more psychological stress than the general

population (Courtney, Wisconsin Study, 7). In the Barth study, 13 percent of the youth had been hospitalized for an emotional problem and over 35 percent had no health or medical coverage (U.S. GAO, Challenges 5).

In addition to mental health problems, research indicates far more physical health problems for foster youth than for non-foster youth. The Wisconsin study used the RAND General Health Rating Index to assess the health status of its sample and found that foster youth did indeed have lower physical health ratings than other adolescents (Courtney, Wisconsin Study, 7-8). In the follow-up wave of this study, researchers concluded that once youth leave the care and custody of the child welfare system, that need, especially for mental health services, only increases. Yet, despite the urgent need for medical care, many youth who have recently aged-out of the system are without health insurance (Courtney, Foster Youth 8-9).

Homelessness. Studies tracking outcomes for former foster youth indicate that these individuals are at an increased risk for homelessness. In 1991, the Westat study found 25 percent of its sample of former foster youth to have been homeless at least one night, while the Wisconsin study found that in the 12 to 18 months after leaving the child welfare system, 12 percent of the sample had been homeless at least once and 22 percent had lived in four or more places. Youth in the San Francisco study demonstrated the largest prevalence of homelessness of the three studies, with over 30 percent of their youth having been homeless or living a nomadic lifestyle since leaving care (U.S. GAO, Challenges 5).

A GAO review of state reports combined with site visits to transitional housing programs found many obstacles that impede housing attainment for youth

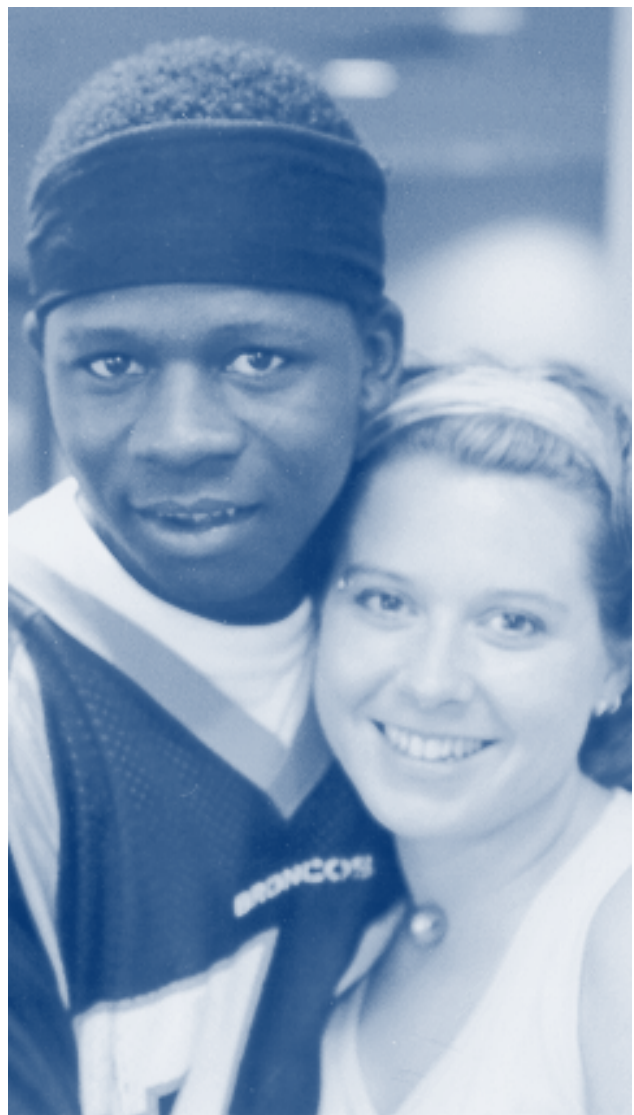
aging out of the child welfare system. For instance, without any work experience or credit history, many former foster youth were not even considered by landlords. Additionally, foster youth living in urban areas often find it difficult to afford expensive rents or to save the money necessary for a security deposit (U.S. GAO, [Challenges](#) 8-9).

The link between homelessness and prior episodes of foster care is also reinforced by studies conducted on the homeless population. A 1997 national study of runaway and homeless youth concluded that among the 31,800 runaway youth accessing federally funded shelters, 58% (18,444) had been in foster care (NNFY 3). Additionally, a 1997 study conducted by Roman and Wolfe found that 36 percent of the 1,209 homeless individuals that were surveyed had a foster care history (Jones, 41).

Interrelatedness of Outcomes. While it is virtually impossible to establish causal links between the outcomes that are discussed above, it is clear that these factors interact in a manner that challenges self-sufficiency. As policy makers, advocates and practitioners are now analyzing the connection between foster care and homelessness, it is important to call attention to the interrelatedness of homelessness to other poor outcomes facing former foster youth. For this population, poor educational attainment, unemployment, and health barriers exacerbate one's vulnerability to homelessness.

In the Barth study, 47 percent of former foster youth accessed public assistance and 53 percent expressed serious financial hardship (U.S. GAO, [Challenges](#) 5). In the Wisconsin study, a large number of former foster youth experienced physical and

sexual assault and, to a lesser extent, both young women and men had been incarcerated at least once since leaving the foster care system (Courtney, [Foster Youth](#) 10-11). Considering these poor outcomes, combined with the lack of familial support, this population is left extremely susceptible to homelessness.



VI. Effectiveness of the IL Program

Independent living programs provide a wide array of services to provide foster care youth with the tools necessary to live interdependently. These include assistance with finishing one’s education and finding employment; life skills training, such as money management, hygiene, housekeeping, and nutrition; and transitional services like supervised practice living arrangements (U.S. GAO, [Challenges 5](#)).

As established in the previous section, many studies have documented the outcomes of current and former foster youth. However, few studies have been able to measure what outcomes are achieved through ILPs. While states are required to measure participant achievement 90 days after program completion, there is very little standardization within or between states in terms of how outcomes are measured, and many officials report difficulty in locating youth once they have left foster care (U.S. GAO, [Challenges 9](#)).

Further, in order to examine the effectiveness of the IL program, researchers must compare program participants with non-program participants, but few major studies of this kind have been conducted.

Three small studies in Baltimore, Houston, and New York City are summarized in Table 3. Each of these studies reports a link between program participation and improved educational and/or economic outcomes.

However, the largest, most frequently sourced study of this kind was conducted at the University of Wisconsin. Additionally, two noteworthy qualitative evaluations were conducted; one a study conducted by the USDHHS on the federal ILP and a national study of ILP services conducted by the Child Welfare League of America. The significant findings from these studies are summarized below.

Table 3: Summary of Major Findings of Three Program Effectiveness Studies

(Source: GAO, *Challenges in Helping Youth Live Independently*, May 1999).

STUDY	MAJOR FINDINGS
Simmons (1990) Harris County, TX	Graduates of the Texas ILP achieved full-time employment earlier and were more likely to complete high school or a GED at a younger age than youth who did not receive ILP services.
Scannapieco et al (1995) Baltimore County	Youth who received ILP services were more likely to complete high school, have an employment history, and be employed when they left foster care.
Mallon (1998) New York City	Independent living services provided by Green Chimneys Children’s Services showed 75 percent of youth had completed high school or a GED, 72 percent had full-time employment when they left care, and 65 percent had savings accounts.

U.S. Department of Health and Human Services

In *Effectiveness of Independent Living Services Unknown*, the U.S. General Accounting Office (GAO) reports that approximately 20,000 youth exit from the foster care system each year with the expectation that they are prepared to live self-sufficiently (2), but they are not tracked and whether they maintain self-sufficiency is unknown. This report, commissioned by Congresswoman Nancy L. Johnson (Chair of the Ways and Means Subcommittee on Human Resources) was published in November 1998 after Congress raised questions as to whether states were adequately preparing youth to live independently of the child welfare system.

In November 1999, likely in response to this report and pending legislation before Congress, the United States Department of Health Human Services (USDHHS) published *Title IV-E Independent Living Programs: A Decade in Review*. Up until this point, USDHHS had never conducted a comprehensive evaluation of the Independent Living Program. This review, based on the analysis of statistical data, 464 ILP final reports, and other materials collected from all 50 states, provided descriptive information about independent living programs and the areas in which



the programs could be improved, but was unable to track youth in order to collect outcome data following discharge. The USDHHS researchers discovered that due to a lack of standardized data and various reporting timeframes between and within states it was difficult to aggregate national data precisely, revealing that the program would benefit enormously from more data collection regarding the outcomes of youth served and rigorous evaluation of which types of services lead to more positive outcomes (vi).

Despite these limitations, the study found that approximately 67,600 youth were served by independent living programs in FY 1996, more than 2 ½ times as many youth as in FY 1989. Surprisingly, more than 32,000 youth who were eligible for services in FY 1996 did not receive any services. The states were found to provide similar services, which have been expanding steadily over time, that focus on both tangible skills (such as job training, and educational support), and intangible skills (such as decision-making, communications, and conflict resolution). The most commonly reported barriers to successful implementation of IL programs were resource availability, federal eligibility requirements, and transportation limitations. Regarding program gaps and areas for improvement, the study reports the following (viii-xi):

- a need to start ILP services earlier by lowering the eligibility age restriction and to continue them longer through the aftercare component;
- better coordination between child welfare agencies of permanency planning and independent living units to ensure that a wide range of services are available to youth;
- increased emphasis on addressing the needs of special populations to tackle the added challenges these youth face as they transition to self-sufficiency; and
- expanding programs that provide hands-on, experiential activities that allow for a “learning by doing” approach as opposed to programs that provide only classroom lessons.

Child Welfare League of America (CWLA)

In 1998 CWLA initiated a study examining youth after leaving foster care, as well as existing aftercare services to develop an assessment of what gaps in services exist and strategies for improvement. Data collection consisted of a survey of community-based organizations (CBOs), interviews with former and current program participants, and a one-day meeting with key policy makers and advocates. Results are published in CWLA's report entitled *Improving Transitions to Adulthood for Youth Served by the Foster Care System: A Report on the Strengths and Needs of Existing Aftercare Services*, which outlines:

- the needs of individuals after discharge from the system;
- a profile of the organizations providing independent living programs, including service provision and capacity; and
- strategies to better meet the needs of youth leaving foster care.

Needs of Former Foster Youth. CWLA interviews with former and current ILP participants revealed areas in which services were unsatisfactory or were needed but not being provided. Youth reported a lack of knowledge relating to employment, skills and housing were the primary deficits in their preparation for independent living. Other areas not sufficiently addressed during their ILP experiences were time management, budgeting, career options, sources of financial aid, access to community resources, and strategies for self-advocacy. Systemic problems included scarce financial support for college, and a lack of “normalizing” activities such as obtaining a driver’s license.

Former foster youth stated that many times providers had to “manipulate or bend the rules” in order to get necessary tasks accomplished. Foster youth viewed this bureaucratic interference as “poor role modeling”

by a system charged with the parental responsibility for their care (3). Additionally, former foster youth were eager for the opportunity to give back to their communities because of their involvement with the system, specifically with the various agencies that provided assistance to them while in the system. Many former foster youth stated that their experiences had “empowered” them to help current foster children become better prepared to face the challenges of self-sufficiency. Many looked forward to volunteering their time to foster youth and a few were already working with agencies serving foster youth.

During the one-day meeting, key policy makers and advocates prioritized the primary needs of former foster youth. Those needs included housing, educational and employment assistance, knowledge of and access to services, and positive, adult relational support. There was a lack of access to individual housing, but also a need for emergency shelters, temporary housing and long-term transitional housing options. The insufficiency of educational and employment support fell on a continuum of services stretching from services provided during care to those provided after their exit from the system. The need for consistent, positive adult relations in the life of former foster youth was emphasized, as well the importance of peer relationships. During interviews, many foster youth cited that maintaining peer relationships had just as much of an impact on their success as those relationships built with adults (3).

Program Profile. The second component of the study involved surveying CBOs to identify the characteristics of agencies providing independent living program services, concentrating on the services provided and the capacity of these agencies. Relevant findings include the ages of youth accessing aftercare services, how youth are referred to CBOs, services provided by CBOs, services most needed and most difficult to provide, and the capacity needs of CBOs providing services to youth.

Most of the agencies surveyed provided formal aftercare services to youth between the ages of 17 and 20 years of age; however, fewer services were available to youth ages 22 or older, even though youth were still in need

of the services at an older age. Additionally, 25 percent of youth age 16 or younger accessed services, demonstrating a possible need for service provision beginning at an earlier age (8).

A majority of the youth accessing aftercare services through an agency had a previous relationship with that agency. Eighty-six percent of the agencies surveyed provided services to youth currently in foster care, or youth that were previously in their care. Less than 1/3 of the aftercare agencies received their referrals from shelters, or other homeless agencies, which may indicate a lack of services for youth no longer connected with the system (9). Most youth were referred by former foster care youth, friends or family, foster parents, or schools. Only a small percentage of youth were referred by general informational sources.

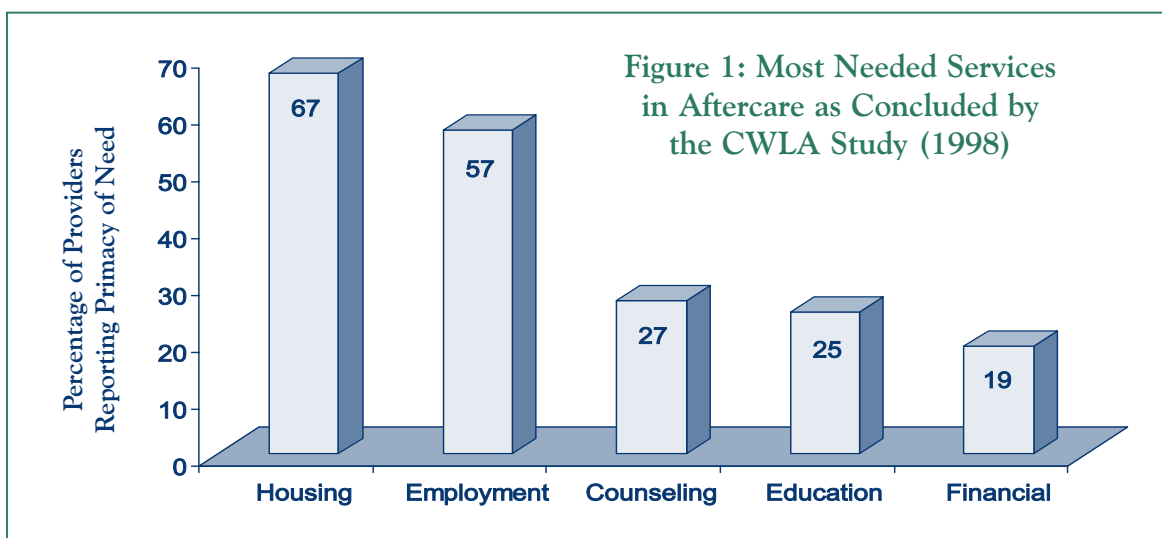
Regarding the services provided to foster youth, the study established that the primary service need is for housing (67 percent), with employment being the second highest need (57 percent) among former foster youth. Other areas of critical need include accessing support services, which included mentoring, advocacy, peer support and accessing community services. Agencies also identified health care, family support, emergency shelter and transportation among those services needed in aftercare programs (14).

The report also documents services that are the most difficult to provide for former foster youth. Where

housing is identified as the biggest need, it is also identified as the most difficult to provide for a majority of the agencies surveyed (15)³. Employment, counseling, and financial assistance were also among the most difficult services to provide to former foster youth.

One element impacting the provision of all services is the capacity or the resources of the organizations serving former foster youth. One obvious challenge is a lack of financial resources. Yet other needs identified in the study include the availability of networking opportunities, information sharing, and staff training. The authors highlight networking as particularly important to reducing the gaps in the service continuum for former foster youth, by maximizing information sharing among agencies serving this population and assuring that if a participant's needs are not being met at one organization, staff can direct them to another (19-20).

Strategies for Program Improvement. The report concludes by synthesizing findings and offering general strategies for strengthening programs and services, as well as approaches for improving systemic responses to the needs of current and former foster youth. Strategies for program improvement included community resource banks; telephone hotlines, enhanced and creative GED programs, and resource/drop-in centers. In terms of system support, suggestions centered on community and employer education regarding the needs of former



³ The major barrier for housing was the inability to access federal funds for room and board. This restriction was removed with the passage of Chafee.

foster youth; increased availability of building and mentoring relationships; public and private collaboration; an employer network supported by CBOs to improve employment opportunities (20-21).

University of Wisconsin (Courtney et al)

In conjunction with the State of Wisconsin, Courtney et al conducted a 4-year study, beginning in 1995, which tracked a cohort of youth from foster care to independence. The study is divided into three waves: the first consisted of interviews before exiting care (1995), the second part consisted of interviews done 12 to 18 months after the youths exit from care (1998), and the third consists of continued follow-up with the sample.⁴ This study, *The Wisconsin Study of Youth Aging Out of Out-of-Home Care*, is the only study of its kind in that it follows the same set of youth through the transition to independence. This allows researchers to document exactly how and if the skills provided while in foster care translate into self-sufficiency after their exit from foster care.

The study found that youth face the “fundamental” need of housing and employment, since ILP services made little difference for either when compared to concrete assistance such as financial assistance, housing assistance or having established a work history before leaving care (Courtney, Foster Youth 14). Assistance in locating a home and/or job was more beneficial to the youth than the classes provided through ILP. Additionally, youth who worked while in foster care often exhibited more confidence and higher skill levels, which assisted them in finding employment.

While some respondents (about ¼) stated that their families continued to be a problem for them, some families clearly remained a significant and positive factor after youth left the foster care system (9). However, the involvement of the family, when appropriate, was absent from most IL programs. Often, families which can include parents, siblings, or extended relatives, can provide assistance with support and stress after a youth’s discharge from the system. These researchers suggest that those agencies working with youth after their discharge can assist other agencies by sharing the success of this interaction (13).

⁴ The final part of this study is still in progress.

The study indicates that the four primary areas of immediate concern for policy makers should include (12):

- ✓ The role of the family after discharge;
- ✓ Factors affecting employment and housing;
- ✓ Transitional support; and
- ✓ Medical and mental health care.

Conclusions

The findings of these ILP evaluations confirm that independent living programs can improve outcomes for youth aging out of the child welfare system, but there is an urgent need to strengthen these services and aftercare programs to meet the unique, complex needs of youth exiting the foster care system. For instance, there is a need to provide services to youth younger than 16 and older than 20 years of age to make the transition to self-sufficiency a successful, ongoing process. Additionally, while access to housing and employment were both identified as primary needs and the most challenging to provide, relational connections to family, friends, and other caring adults was stressed by former foster youth as being instrumental to their success after leaving the system.

Programs must focus on results by establishing measurable outcomes that ensure accountability. One of the Chafee program requirements is that USDHHS develop measures to assess state performance and the effectiveness of the independent living services by examining how program participants are faring after aging out of the child welfare system. This will require standardization at the local level so that positive and negative indicators can be measured in the same way. Once the methodology is in place, states that do not demonstrate success in improving outcomes for former foster youth will be penalized (Kellam, Easing 2).

VII. Best Practices

In light of recent changes in federal law, the National Resource Center for Youth Services (NRC) at the University of Oklahoma, and the Muskie School of Public Service, have developed a list of criteria they refer to as “suggested practices” given the absence of a uniform set of criteria. In *Promising Practices: Supporting Transition of Youth Served by the Foster Care System*, the goal of the research team was to propose a set of criteria to be used by policy makers, practitioners, and community-based organizations to identify quality programs, which assist with the transition of youth from foster care into self-sufficiency (Sheehy, 1).

In the development of the criteria, researchers tapped current literature, survey data, and the feedback and experiences of experts in the field. Experts include youth in care, former foster youth, direct service providers, policy makers, program administrators, and advocates. Results from surveys and interviews were combined with findings from current research regarding outcomes for former foster youth and existing information regarding the effectiveness of IL programs. Researchers developed a list of four core principles and 13 criteria by which to establish an evaluation system for ILPs. The four core principles dictate an overall philosophy to which all programs serving foster youth should ascribe. The four principles include: *youth development; collaboration; cultural competence; and permanent connections.*

Table 4 describes the 13 criteria developed by the researchers, which recognize the interrelatedness of the needs and outcomes of foster youth. Each criterion includes several program components, which serve as a checklist for providers to assist them in making a sound analysis of their current programs. Furthermore, the authors outline the notable practices of independent living programs across the country that meet a large number of these criteria and the subsequent program components and provide services

that promote a comprehensive preparation for the transition to independence. Four of the most frequently mentioned programs, as summarized by the study, are identified as follows, indicating the specific criteria that are most effectively demonstrated by the program (Sheehy, 22-60):

Casey Family Program San Antonio Division, TX

Life Skills. The program emphasizes the importance of providing a real world component that prepares youth for life after care and continues to support youth after their exit from care. The program emphasizes the importance of their community links and collaboration with health, mental health and education and vocational programs.

Education. Youth receive support to complete high school through Project Quest, a collaborative project involving two other organizations. Involvement lasts 1-2 years and involves an educational/apprenticeship track. Youth follow either a career plan or a post-secondary educational plan. The program also participates in a partnership with the community college district. Community College representatives come to the program offices 2-3 times per month to help youth with financial aid forms, admissions, and enrollment.

Child and Family Tennessee, Transitional Living Programs, TN

Employment. The agency operates an economic development program that works closely with area businesses. Transitional Living youth can choose to participate in this program. Youth will be united with an adult who works with various industries. The industries hire the youth and the adult serves as a job coach.

Supervising Independent Living. The agency owns two apartment buildings and is a community housing agent. This allows the program to provide a continuum of housing resources and supports, including both agency-owned housing and agency assistance in helping youth establish their own living situations upon program completion.

Health. Provides access to substance abuse and mental health treatment. They have a full-time service clinic and a separate substance abuse program.

Oklahoma Dept. of Human Services, Independent Living Program, OK

Education. The program provides educational advocates through both the ILP and Citizens Caring for Children (CCC), a contracted service provider. Program youth have access to two scholarship programs through the Youth with Promise Foundation. CCC provides support for youth in post-secondary educational settings including care packages sent to youth during exam weeks. In addition, IL youth in post-secondary educational programs receive an allowance based on their performance.

Health. Youth are provided with a “Medical Lifeline” when they leave care. The “Medical Lifeline” lists their doctor, dentist, therapist, medical information and immunization history.

Counseling Activities. Oklahoma ILP youth participate in “Making peace with the past,” a program designed by an IL graduate. Program graduates will also provide support to program youth having difficulties.

Denver Department of Human Services Alive-E Youth in Transition, CO

Community Linkages. The program connects youth with spiritual community, program graduates serve as Life Skill instructors, informal mentors. The program director noted that these mentoring relationships occur as an informal outgrowth of the Life Skills instruction. Additionally, the program encourages youth to transition from care to college, reflecting the program’s belief that “Education is the best community link.”

Supervising Independent Living. The program works with two agencies recruited to provide supervised apartment living situations for program youth. Three residential treatment centers support youth in supervised apartment living settings.

Youth Development. Alumni youth return as volunteers to teach IL Skills to current program youth. This program was initialized at the request of youth enrolled in the program. The program also established a youth advisory board in 1997.

Table 4: Criteria Checklist for Effective Independent Living Programs

(Source: Promising Practices Supporting Transition of Youth Served by the Foster Care System)

<p>1. A plan of transition for each youth that is:</p> <ul style="list-style-type: none"> ✓ Based on an assessment of need ✓ Developed with active youth involvement ✓ Reviewed on a periodic basis 	<p>8. Counseling services focused on emotional well-being and cultural identity that help youth:</p> <ul style="list-style-type: none"> ✓ “Make peace with the past” (e.g. trauma counseling) ✓ Work through the emotional states of transition ✓ Promote cultural identity/development ✓ Identify and engage in appropriate leisure activities
<p>2. A clearly defined life skills instruction component that provide youth with:</p> <ul style="list-style-type: none"> ✓ Knowledge and understanding of a core set of life skills ✓ Opportunities to practice skills in a “real world” environment 	<p>9. Permanent connection activities that help youth:</p> <ul style="list-style-type: none"> ✓ Reunite with family members ✓ Return to their home communities ✓ Consider and prepare for adoption and other permanent connections ✓ Develop expand personal support systems
<p>3. Educational supports aimed at helping youth:</p> <ul style="list-style-type: none"> ✓ Obtain his/her secondary education degree ✓ Increase literacy ✓ Select a career field ✓ Develop an educational and career plan ✓ Begin a post educational/vocational program 	<p>10. Youth development activities that provide opportunities for youth to:</p> <ul style="list-style-type: none"> ✓ Increase their advocacy skill ✓ Participate directly in designing program activities ✓ Participate in community services (e.g. peer tutoring, counseling, and education)
<p>4. An employment component that:</p> <ul style="list-style-type: none"> ✓ Provides opportunities for career exploration ✓ Provides assistance in the development of an educational and career plan ✓ Provides career-related work experience ✓ Provides career role models ✓ Provides career exploration ✓ Builds and manages partnerships with local education institutions, industries, and employment programs 	<p>11. Aftercare services that provide:</p> <ul style="list-style-type: none"> ✓ Information and referral ✓ Temporary financial assistance ✓ Help in establishing and maintaining own living arrangements ✓ Peer support opportunities ✓ Opportunities to share personal transition experiences with younger youth ✓ Personal support during the transition to self-sufficiency
<p>5. Established community linkages that:</p> <ul style="list-style-type: none"> ✓ Connect youth with community resources ✓ Connect youth with adult mentors ✓ Create job/career opportunities for youth ✓ Create leadership opportunities for youth 	<p>12. On-going training component that:</p> <ul style="list-style-type: none"> ✓ Orients new staff and care providers to ILP philosophy ✓ Provides continuing education for experienced staff and care providers ✓ Encourages staff and care providers to develop new knowledge and skills ✓ Educates the community, schools, employers about the needs of youth while in transition
<p>6. A supervised independent living component that allows youth to:</p> <ul style="list-style-type: none"> ✓ Select their own housing ✓ Pay their own bills and maintain their own budget ✓ Work out landlord/roommate disputes ✓ Assume the lease or establish their own housing arrangement at the end of the program 	<p>13. On-going evaluation component that measures:</p> <ul style="list-style-type: none"> ✓ Immediate program outcomes ✓ Short-term outcomes for youth (6-12 months after program completion) ✓ Long-term outcomes for youth (over a year after program completion)
<p>7. Health care services that:</p> <ul style="list-style-type: none"> ✓ Prepare youth to manage their own medical/dental/mental health needs ✓ Connect youth with appropriate health resources in their own community ✓ Work on subsistence abuse issues 	

VIII. Project Findings

During the course of this project, the project team conducted original research in three discrete phases, as described in the Methodology Section, *supra*, intending to develop a richer profile of teen-agers in the care and custody of DYFS; an understanding of the services provided to older youth in transition from foster care in New Jersey; and a specific identification of the barriers to independence that may contribute to youth homelessness among former foster children. To summarize, we gathered qualitative and context-setting data in phase one of our work (the Key Informant Survey), which we used to develop and refine the survey of DYFS-funded programs in phase two. Finally, during the third phase of the project, we convened focus groups with former foster youth and foster parents to discuss individualized experiences and explore proposed solutions. Throughout the project, we were aided in our investigation of the problem and development of recommendations by a group of experts who participated in our *New Jersey Task Force to Prevent Youth Homelessness*.

A. Overview

The first opportunity to gather specific information on the needs of foster youth in New Jersey came from Key Informant survey feedback and follow-up discussions we conducted with the project-convened *New Jersey Task Force to Prevent Youth Homelessness*. Based on our Key Informant survey responses and additional information gleaned from roundtable discussions with the Task Force, we identified eight barriers to successful transitions to independence for foster youth in New Jersey (Table 5). We asked the Task Force to narrow and prioritize the list of barriers, which they did in identifying the three most critical challenges facing adolescent youth within New Jersey: a lack of housing, failed relational support, and limited medical and mental health services.

⁵ October 1, 1999 – September 30, 2000

⁶ Two providers did not respond, leaving age-distribution data unavailable for 90 youth.

B. The Provider Survey

i. Youth Profile

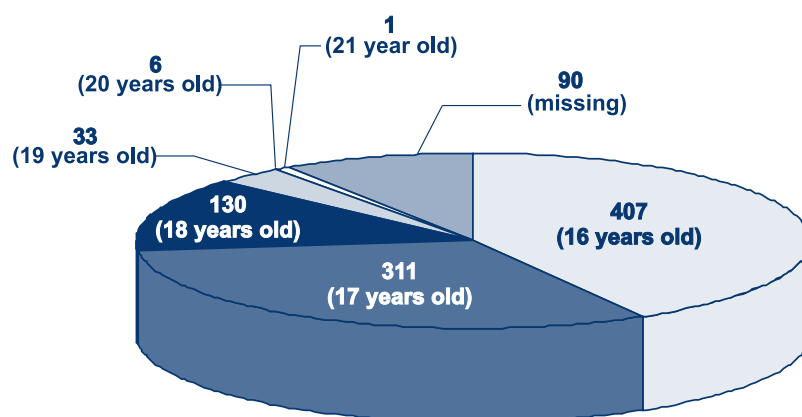
Originally, the project team proposed to conduct original research chiefly among ILP providers to develop a database of young people in care and a profile of needs and service gaps. Based on original data from the DYFS, the team learned that most of the 1500 youth in DYFS care, age 16 and older, who were eligible for the ILP in Fiscal Year 2000 did not receive any ILP services. In fact, only about 570 youth accessed some level of service from community based providers contracting with DFYS to provide Chafee funded ILP services.⁵ Consequently, the team decided to broaden the distribution of our survey to 100 DYFS-funded programs serving older youth in a broad range of settings.

Fifty-one providers responded to the survey, yielding a response rate of 51 percent. The 51 respondent programs served 978 youth, ages 16 and older, in the care and custody of DYFS in 2000. By age, the distribution of youth served in 2000 is set forth in Figure 2.⁶

One hundred percent of the programs accepted direct referrals from DYFS. Nearly 16 percent of programs accepted young people referred by a public community agency. Nearly 14 percent of programs accepted referrals from a homeless shelter or homeless service provider. Again, nearly 14 percent of programs accepted referrals from a community based private sector provider and approximately 10 percent of the responding programs accepted referrals from the courts or local probation departments.

Of the 978 youth identified by the programs, 23 youth earned a G.E.D. in 2000. Sixty-eight youth graduated from high school that year, while another 90 abandoned their educational pursuits prior to attaining

Figure 2: Age Distribution of Youth (Age 16+) in Custody of DYFS
As Reported by Provider Survey Respondents (n=51, 2=missing)



a high school diploma or a G.E.D. in 2000. Thirty-two youth enrolled in a college or university in 2000, and another 112 youth enrolled in a vocational training program.⁷

Most of the youth in care profiled through the Provider Survey had contact with family members, but in most instances contact was minimal. According to providers,⁸ 919 youth, age 16 and older, had contact with at least one member of their families while in care in 2000. When asked about the frequency of contact, 31 youth providers reported regular contact: approximately 1 to 4 times per month. Ninety-two percent of programs reported that any lack of contact was chiefly a product of the disinclination of family members to visit with youth.

Forty-five percent of the providers reported that youth who were served by their program in 2000 subsequently experienced an episode of homelessness.

⁷ Three providers did not respond to these questions.

⁸ Only 46 providers responded, resulting in missing data for 5 providers.

⁹ One provider did not respond to this question.

ii. Services for Youth

Using classifications developed by DYFS in its contract and licensing protocols, 47 respondent programs from throughout New Jersey self-identified, providing the following distribution of programs in the survey:

- 13 Group home programs
- 10 Shelter care programs
- 8 Residential programs
- 7 Independent living programs
- 4 Treatment home programs
- 2 Transitional living programs
- 1 Foster care program
- 1 Therapeutic foster care program
- 1 Life skills program

Thirteen of the respondent programs,⁹ or slightly more than one quarter, identified themselves as Chafee Independent Living programs, contracted by DYFS to provide services to youth. This group of thirteen programs served 226 youth, ages 16 and older,

in their Chafee Independent Living Programs in 2000, which represents approximately 40 percent of the total number of youth actually served by DYFS in a Chafee-funded program in 2000. An additional 65 youth were identified by responding agencies as having been referred for Chafee services to another program, bringing the total number of youth identified as Chafee program participants to 291. **This means that the youth described in the Provider Survey represent approximately 51 percent of the total number of youth actually served by DYFS in a Chafee-funded program in 2000.**

iii. Mental, Physical and Emotional Health

The responding programs, including those serving a majority of the youth receiving Chafee services from DYFS in 2000, provided limited health services for young people in transition from care to independence. The Provider Survey revealed:

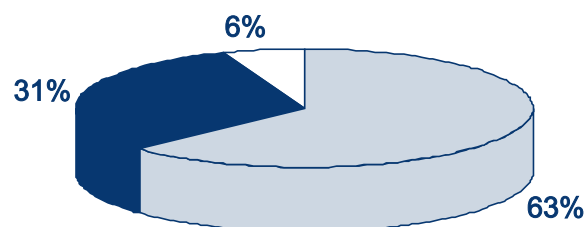
Sixty-three percent of DYFS-funded programs are not routinely able to assist youth in care to enroll in public or private adult health insurance programs before they leave care. In New Jersey non-means tested medical insurance is available to former foster youth (until the age of 21), through a Medicaid Extension program, which secures health insurance for all former foster youth if they are enrolled in the new program.

Most DYFS-funded agencies do not secure for youth with particular mental health needs basic services to help them transition to adulthood. Only 27.5 percent of DYFS-funded programs help foster youth access an adult mental health evaluation in anticipation of future benefits.

Ten percent of DYFS-funded programs obtain a placement for a foster youth at an adult residential therapeutic placement when necessary.

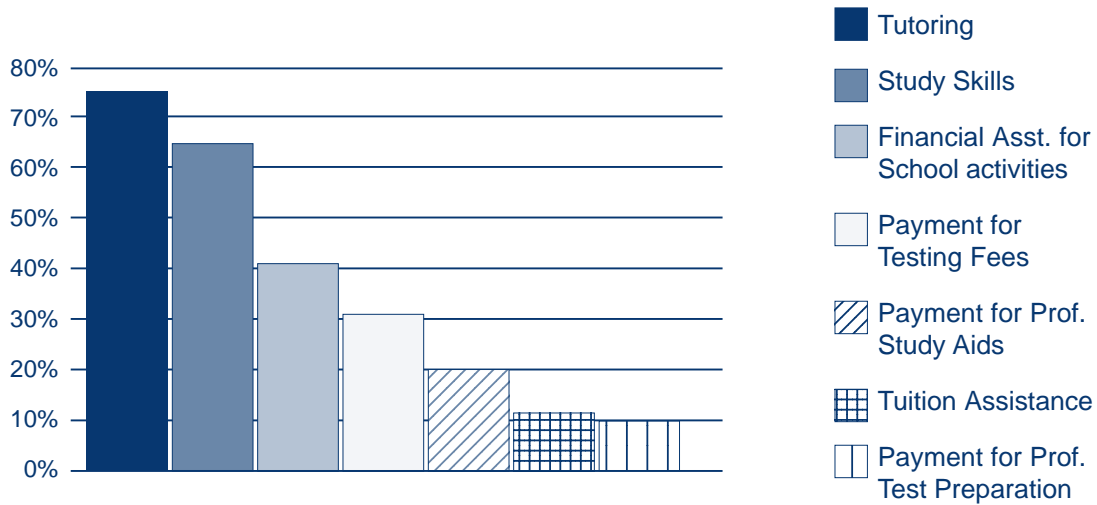
Fifty-nine percent of DYFS-funded programs do not continue to provide family mental health counseling when a young person leaves foster care.

Figure 3: Percentage of Providers Assisting Youth With Adult Health Insurance Enrollment Before Leaving Care
As Reported by Provider Survey Respondents (n=51)



■ No Assistance ■ Provide Assistance □ No Response (missing)

Figure 4: Most Frequently Offered Education Services as Reported by Provider Survey Respondents
(n=51, 3 missing)



iv. Education

DYFS-funded programs offered a range of educational services to youth, but tutoring and study skills were the only components offered by a majority of programs.

Forty-one percent of DYFS-funded programs provided financial assistance for youth to participate in school-sponsored activities in 2000.

Just over 31 percent of programs supported testing fees for young people.

Fewer than one-fifth of the programs helped youth purchase professional self-study aids for test preparation.¹⁰

Nearly 82 percent of DYFS-funded programs did not provide any tuition assistance for youth, ages 16 and older, pursuing educational or vocational goals in 2000.

Only six percent of the programs offered youth in care any type of assistance completing an application for college.

v. Employment

DYFS-funded programs were asked to indicate whether or not they *required* youth to be employed and to indicate their level of assistance to youth in identifying employment opportunities. As Figure 5 depicts, most programs did not require that their youth be employed, but they nonetheless offered services needed to help youth gain employment.

Ninety-eight percent of DYFS-funded programs coached youth on appropriate attire for employment.

Ninety-four percent of DYFS-funded programs helped youth to complete employment applications.

Ninety percent of DYFS-funded programs helped to prepare youth for job interviews.

Eighty-two percent of DYFS-funded programs helped youth to develop a resume for employment.

¹⁰ Three providers did not respond to this question.

Adolescent youth in care are often without the specialized skills needed to obtain and maintain employment. Programs were asked to indicate any other assistance provided to the youth they serve. Despite the foregoing, most DYFS-funded programs indicated that they provided minimal assistance to youth in locating employment.

Eighty-four percent of DYFS-funded programs relied on youth seeking employment on their own.

Twenty percent of programs referred youth for employment through Americorps and Job Corps programs. Seventy-seven percent of programs explicitly excluded such an arrangement, and three percent of programs did not respond.

Nearly 18 percent of programs relied on programs offered by the Department of Labor to help foster youth obtain employment, and 78 percent of programs explicitly excluded such an arrangement.

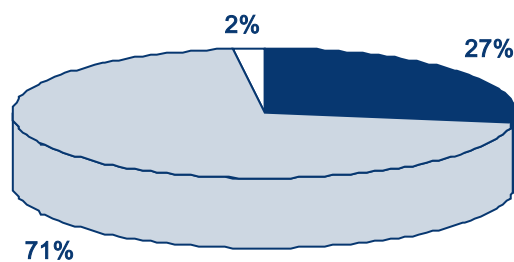
Nearly 14 percent of DYFS-funded programs used a state or county employment service, while 82 percent of programs did not engage in such a collaboration and 4 percent of programs did not respond.

Only two percent of DYFS-funded programs utilized an employment agency to assist foster youth to obtain employment.

vi. Emotional Health and Development

Because youth in DYFS care must often manage frequent changes in their familial interactions and living arrangements, their stress, anxiety and emotional trauma is expected to be higher than other youth their age. There is also a decreased opportunity for individual attention to critical independence skills such as self-esteem, leadership, self direction and communication. It is critical that youth, especially those in DYFS care, are exposed to programs and opportunities that build self esteem, as well as good decision making and communication skills. We asked DYFS-funded programs to identify services they offered which help youth to build self-esteem, decision-making and communication skills.

Figure 5: Percentage of Providers that Require Youth 16+ to be Employed as Reported by Provider Survey Respondents (n=51)



■ Require Employment □ Do Not Require Employment □ Missing

Eighty-six percent of DYFS-funded programs offered support networks for youth to interact with families, siblings and former foster parents.

Sixty-nine percent of DYFS-funded programs connected youth in care with churches, synagogues or other religious institutions.

Fifty-nine percent of DYFS-funded programs allowed youth to engage in civic organizational activities facilitated by schools or local communities. However, only 32 percent of DYFS-funded programs encouraged civic participation, either in school or in the community, including after school sports and community service.

Forty-three percent of DYFS-funded programs enrolled youth in care in various teen conferences.

However, 61 percent of DYFS-funded programs did not offer a mentor program for youth in care.

Given the importance for youth to maintain links to their heritage and their past, programs were also asked whether or not they assist youth in creating or

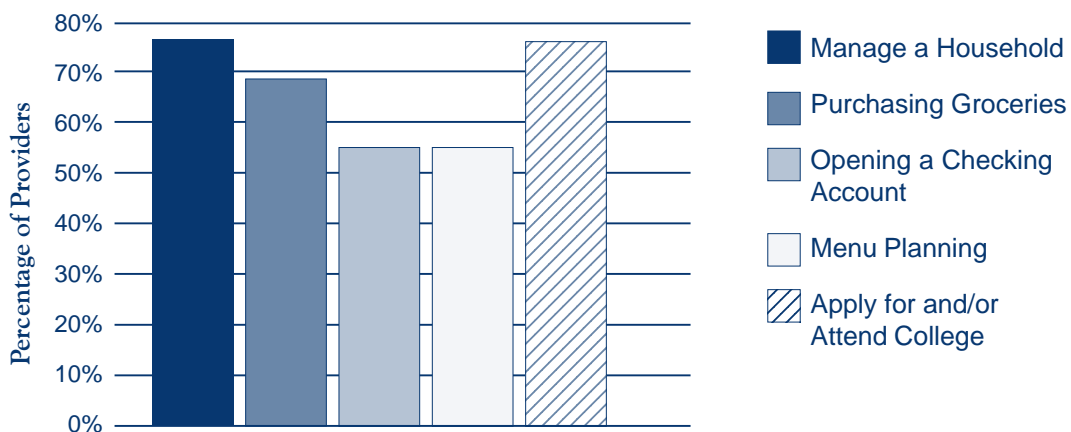
maintaining a record of their personal history (i.e. life book, or photo album). For former foster youth, access to historical documentation (whether familial or medical) was very important to them, especially to their mental and emotional healing and health. Yet of those providers responding to the survey¹¹ only 25 indicated they did assist youth in creating or maintaining a history book.

vii. Experiential Learning

In the studies introduced previously, many researchers stated the importance of providing youth with experiential opportunities *prior* to their departure from the foster care system. Especially critical to their self-sufficiency is the ability to become confident in obtaining and maintaining employment and housing prior to their exit from foster care. DYFS-funded programs were asked to indicate what opportunities they provided to their youth to “learn and adapt lasting independent living skills.”

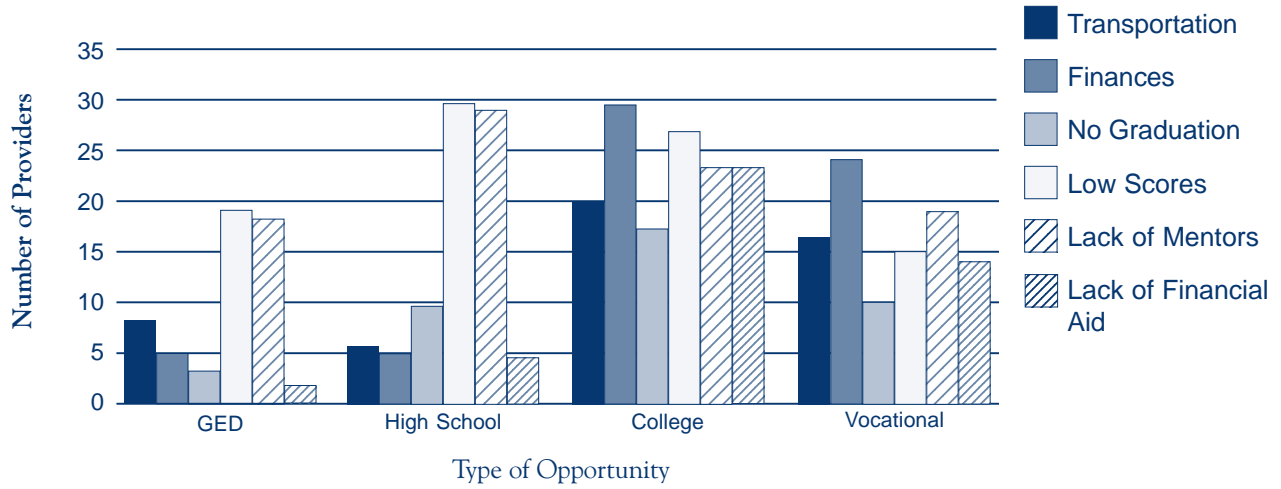
Other opportunities indicated by providers included caring for an infant, managing their health care, driver’s education, and budgeting. Additional research would be useful in determining the extent of the provider’s assistance in “applying for or attending college” to discover the extent to which youth are able to remain in and graduate from college.

Figure 6: Providers Offering Experiential Opportunities For Youth in Care as Reported by Provider Survey Respondents (n=51, 4 missing)



¹¹ Four of the 51 providers did not respond to this question.

Figure 7: Barriers to Educational/Vocational Opportunities as Reported by Provider Survey Respondents (n=33, 18 missing)



viii. Barriers

We asked DYFS-funded programs to identify the primary barriers they understood to most significantly impair a youth’s ability to pursue educational and vocational opportunities. As Figure 7 shows, responding providers indicated significant concern for a lack of financial resources, poor test scores/education, and a lack of mentors.

The Muskie study indicated that school systems often fail to motivate foster youth with the same intensity as non-foster youth. This could influence the extent to which foster youth are adequately prepared for regular and/or standardized testing necessary for passing state proficiency exams, and college entrance test.

This concurs with representations of former foster youth during the focus groups who were very disturbed by the lack of emphasis the system placed on education for foster youth. Some young people spoke of low expectations by adults for success on the part of adults in the educational and foster care systems. One youth stated that her caseworkers did not understand the critical need for a good education, especially for foster

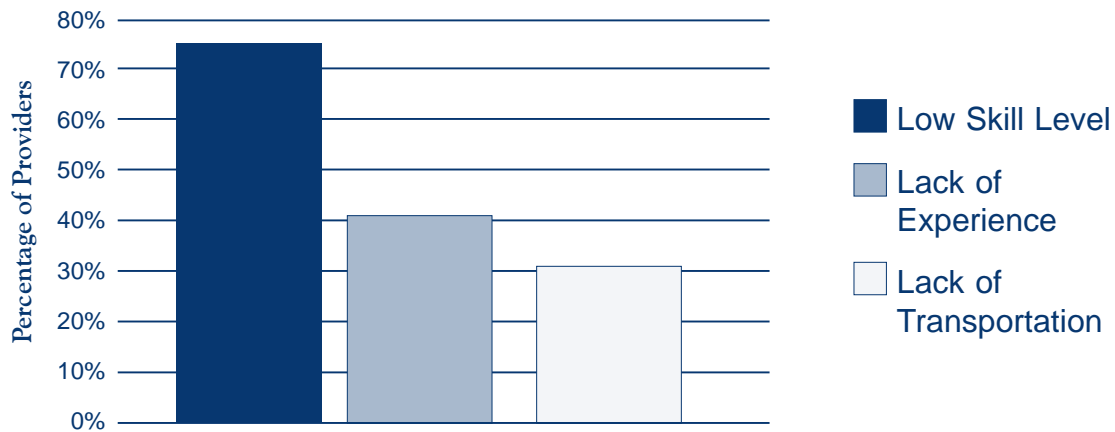
youth. This concern was also conveyed by the foster parents. Their experience involved caseworkers using school hours to schedule doctor’s appointments, and visitations.

DYFS-funded programs were asked what challenges they faced when assisting youth in *seeking, gaining and maintaining* employment. As Figure 8 shows, skill level was the most significant, identified barrier to obtaining lasting employment

Among the former foster youth interviewed in the focus groups, most were working, but a majority stated that no one was instrumental in assisting them in obtaining that employment. Youth interviewed in each location seemed to face similar challenges of matching their special needs and limited skills with employment opportunities. Limited skills and opportunities were also a critical issue for foster parents caring for youth dealing with cognitive and/or developmental delays.

Ironically, experience and skill often come with increased levels of employment. Programs were subsequently asked to indicate which of the barriers was the “most difficult for youth to overcome,” and many repeated their concerns in the area of skill and

Figure 8: Providers Identifying Barriers to Youth Seeking, Gaining, and Maintaining Employment as Reported by Provider Survey Respondents (n=51, 3 missing)



experience. In fact, 37 percent of DYFS-funded programs identified skill level as the chief barrier, followed by 12 percent of respondents who named an experiential gap as primary.

Understanding that a critical component to long-term, safe interdependent living is the support of an interested community, and preferably a family, we asked DYFS-funded programs to identify the problems that contribute to a lack of contact between youth in care, age 16 and older, and family members. Forty-seven programs identified families' unwillingness to visit as one of the two most significant barriers. Twenty five programs identified a lack of family as one of the two most significant barriers, followed by 15 programs citing youths' unwillingness, and 10 programs identifying the danger to the youth posed by the family. Only 6 programs pointed to insufficient support from DYFS in facilitating contact with the family as a primary barrier.

C. Service Gaps

- **Currently, there exists no continuum to move foster youth from the child welfare system into**

appropriate care within the adult mental health system. Because the adult system operates separately from the child welfare system, youth exiting the system must be linked with the adult system, via the same assessment and evaluative methods used by the adult mental health system. By all accounts in each phase of the project, there is a lack of proper psychiatric evaluation of youth before leaving the foster care system. Proper evaluation *before* leaving the system would better facilitate a youth quickly accessing resources available through the adult mental health system, and in accessing federal disability assistance.

- **Regarding physical health care, few of the former foster youth we interviewed in the focus groups knew about and/or accessed Medicaid, despite their eligibility. Few programs, in fact, routinely offer such information and assistance.** This is, perhaps, not surprising since the Medicaid extension program was enacted into law in June 2000 and has only entered the implementation phase at DYFS since January 2001. Still, all of the young people we met in the focus groups were eligible for coverage, but only one knew that was the case. For those who did access Medicaid, their

concern was a lack of providers willing to service Medicaid patients. Former foster youth in both Atlantic City and Newark had problems accessing quality medical care, and stated there is a lack of providers, especially for vision and dental care.

- **The lack of financial assistance appears to play a significant role in the low number of foster children who attend and graduate from post-secondary educational and vocational programs.** While low test scores also appear to be a significant factor, few DYFS-funded programs adopted an aggressive strategy to assist youth to succeed in the testing and application processes. Where the programs appear to have focused considerable effort is in strengthening basic pre-employment skills, but there is not a corollary investment in helping youth obtain employment. This may be a function of the reality that most DYFS-funded programs do not require youth to work and, therefore, do not actively facilitate youth employment.
- **When we spoke with youth regarding their knowledge of programs and services, few youth had knowledge of existing services, and a majority had never been provided assistance in accessing those services.** This is supported by the representations of the 5 DYFS-funded aftercare agencies that revealed current vacancies among the 70 placements for aging-out foster youth. Given the fact that approximately 800 youth age out of DYFS care each year, one might reasonably expect to find waiting lists maintained by the aftercare agencies. **DYFS aftercare programs apparently remain a well-kept secret.**

One former foster youth stated that he had heard of life skill classes and actually looked forward to the classes, but stated he never got information on how to access the program. Another former foster youth stated she learned of the transitional living program from her sister, while another young person had never heard of the independent living program or the life skill classes. Most, though not all, youth reported that they did not speak with their caseworker immediately before exiting the

system. Most stated that they only received a letter in the mail informing them of their discharge from the system.

Foster Parents were also asked about their knowledge of life skills and/or aftercare programs for their foster youth as they age out of out-of-home care. Foster parents expressed a concern that the current number of aftercare programs offered through the State was insufficient to serve all of their youth, and others were not even aware aftercare programs existed. Those foster parents with experience working with aftercare services had come across programs or services being offered by one provider, but not offered by another provider. Their concern was that some youth in certain areas of the State might not be able to access sufficient services. More than one foster parent stated they spoke with two different staff members within the same organization providing different responses to the same request. Some foster parents stated that case management, or the availability of a service within some organizations “depends upon [with whom] you speak.”

- **Former foster youth, foster parents and DYFS-funded providers expressed concerns regarding the need for improved and specialized training for caseworkers, better individualized planning and support in meeting the needs of foster youth, accessibility to programs and services, and the need to provide services beyond the traditional age of emancipation. A primary concern of the Task Force, foster parents, and youth was the disturbing lack of knowledge, on the part of caseworkers, regarding the existence of and availability of programs and services for *adolescent* foster youth.** Members of the Task Force specifically identified a lack of knowledgeable staff equipped to assess and refer youth based on their specific and/or long-term needs.
- **Many DYFS-funded programs also stated that the needs of adolescents aging out of the foster care system are underestimated and the current system of planning does not take into account**

the drastic difference in needs between young children and adolescent youth. Foster parents stated that caseworkers lacked knowledge on the availability of programs and services, and are most often focused on the needs of younger children in their caseloads. Inconsistency and poor planning also contributed to the frustration of youth. One former foster youth stated that he saw his caseworker about twice a month, or only when there was a crisis. Another youth stated that foster parents “needed to be trained better, and that most are not prepared to deal with the needs of youth entering into the child welfare system.”

- **The issue of transportation mentioned earlier was also a concern for foster parents regarding their youth’s access to program and services - a factor particularly impacting youth in rural areas.** Under New Jersey’s Chafee plan, funds have been available for driver’s education since the end of 2000. However, the foster parents interviewed were not aware of this service. The concern of auto insurance was a major concern for foster parents. In order for youth to get a car, or drive a car provided by the foster parent, the youth has to be indemnified by the foster parent’s auto insurance or obtain their own policy which is extremely cost prohibitive for a first time youth driver. The State does not cover this cost and the fees for including a teenage driver on the foster parent’s insurance was reportedly too expensive for most foster parents.
- Offering “personal and emotional support to youth through mentors” is a program requirement set out by the federal agency charged with oversight of the Chafee Act, the Administration for Children and Family (USDHHS/ACF Program Plan Requirements). **However, few DYFS-funded programs operate formalized mentor programs.** One provider indicated that a mentor program was needed to “work with youth on an individual basis teaching skills, [and] focusing on a particular plan.” The lack of mentors was a definitive concern expressed by the foster parents interviewed, especially for youth with special

developmental needs. Two foster parents, who provided care for multiple special needs youth, were most concerned with assistance in accessing employment opportunities for their youth. The lack of formalized mentor arrangements system-wide is especially troubling given the critical need for youth to experience relational support in spite of familial disinterest or incapacity.

In the focus groups, many youth expressed a desire to have someone in their life who could provide them with advice and guidance as young adults. One young man stated that DYFS “thinks I am mature enough to know all this.” Youth were also asked where they saw themselves five years in the future, to which one youth responded, “[I] do not see five years down the road.” Conversations with youth indicated that they feel they often fail to access the level of support and encouragement needed, from those within the system. Mentor programs, and other opportunities for youth to uncover their skills and interests could also help in their understanding of what steps are needed in order to make their goals a reality.

- **Forty-five percent of DYFS-funded programs knew of youth who experienced an episode of homelessness after leaving their care in 2000. The research revealed pervasive concerns regarding a lack of safe, affordable housing for former foster youth. This concern was raised persistently in every phase of the project and eventually became one of the three most significant barriers identified by *The New Jersey Task Force to Prevent Youth Homelessness*. There is a critical need for creative solutions to the lack of affordable housing available to young people.** New Jersey’s Chafee Plan goes some distance in innovating new models of housing, including mentor homes and Chafee-funded beds. But by virtue of sorely limited resources, the continuum offered in the plan will remain elusive for most of the 800 young people leaving care each year. **Until adequate resources are marshaled to support a sufficient number of housing options for foster care youth in New**

Table 5: Barriers to Self-Sufficiency for Foster Youth Within New Jersey

BARRIER	SPECIFIC PROBLEMS OUTLINED BY TASK FORCE
Lack of Housing	<ul style="list-style-type: none"> • Shortage of safe, affordable housing options for transitional adolescents • Lack of transitional, supervised or semi-supervised group settings • Lack of emergency housing • Lack of aftercare financial support services
Limited Educational Support	<ul style="list-style-type: none"> • Lack of consistent programming including tutors, GED and college prep • Lack of financial support (i.e. tuition waivers)
Failed Relational Support	<ul style="list-style-type: none"> • Lack of positive, nurturing relationships with family • Scarcity of mentor programs • High rates of multiple placements • Frequency of institutional or multi-youth placement for adolescents
Limited Medical and Mental Health Services	<ul style="list-style-type: none"> • Need for personal history records • Inconsistent follow-up of physical and mental health needs • Inadequate mental health counseling while in care • Lack of enrollment of transitioning youth in state provided medical insurance programs and adult mental health services; full implementation of 2000 NJ Family Care Act • Failure to maximize available services through collaboration and in particular the failure to link youth with adult diagnosis and SSI in order to ensure access to adult mental health services
Limited Employment Services and Opportunities	<ul style="list-style-type: none"> • Need for training and/or orientation in basic (i.e. job coaching) and core employment skills • Lack of assistance identifying and obtaining employment • Lack of support maintaining employment
Systemic Barriers	<ul style="list-style-type: none"> • Shortage of law guardians specializing in adolescent permanence • Lack of adolescent specialized teams in district offices • Limited permanency planning for adolescents • Need to expand youths' right to increased stay in care beyond 18th birthday • Hindered by licensing standards that disallow certain providers from housing youth 18 to 21, and interpretation of current DYFS policy that results in youth remaining in care beyond their high school graduation or 18th birthday in only rare and exceptional circumstances • Poor knowledge of existing services by caseworkers, law guardians and foster parents, leading to inequitable access • Limited resources

Jersey, the experience of homelessness among former foster youth will remain sadly predictable.

- The Provider Survey reveals a paucity of both family reunification and post-secondary educational and vocational enrollment for older youth in the care of DYFS. Eliminating those two experiences for youth leads many young people in search of residential programs, such as transitional living programs. At present, however, there are only 94 transitional living placements for youth aging out of DYFS care throughout the State. **The need for transitional living placements among aging-out foster youth far outpaces the present supply.**

The shortage of safe, affordable housing may contribute to the phenomenon of youth homelessness in New Jersey. In the fall of 1998, the GSC and the New Jersey office of the U.S.

Department of Housing and Urban Development initiated a joint effort to document the presence and experience of homeless youth. Because existing methodologies for counting the homeless have not, up to this point, been designed to include this sub-population, homeless youth are undercounted across the nation, and those agencies serving these youth have been unable in most instances to access federal funds supporting housing assistance and program development. Collaborations with the New School University and local, state and federal agencies led to the creation of an inexpensive and technically sound model for counting homeless youth in myriad communities.¹²

One of the primary goals of the youth count is to determine the number of youth who are either homeless or at risk for homelessness and the characteristics and behaviors of those youth. The survey also records the number of youth who have

Table 6: Comparison of Youth Homelessness Risk Samples from Camden, Jersey City and Trenton, NJ

Status	Camden (N=53)	Jersey City (N=12)	Trenton (N=66)
Homeless	20.8%	12.5%	26.0%
At-Risk for Homelessness	50.9%	33.0%	33.0%
Not Homeless/Not At-Risk	28.3%	54.5%	41.0%
Total	100%	100%	100%
Homeless or At-Risk for Homelessness	71.7%	45.5%	59.0%

N=Number of youth interviewed by Street Outreach Teams

Table 7: Homeless and At-Risk Youth with a History in Foster Care in Trenton, NJ

Status	Homeless Youth (N=17)	Youth At-Risk for Homelessness (N=22)
Youth with a History in Foster Care	12.0%	11.0%
Youth Currently in Foster Care	1.5%	0.0%

¹² Excerpt from the working draft of *Guidelines for Homeless Youth Population Survey*, Garden State Coalition for Youth and Family Concerns, Inc.

been in foster care. Since the creation of the model, GSC has conducted homeless youth counts in Jersey City (November 1998), Camden (July 1999), and Trenton, NJ (December 2000). As seen in Table 6, **a comparative analysis of the counts done in each of the three cities demonstrates the concern surrounding homelessness among youth in New Jersey, as well as the presence of former foster youth among that homeless and at-risk population** (Table 7).

The presence of former foster youth who have become homeless on the streets of New Jersey's major urban centers is in part due to a lack of adequate housing options. Although former foster youth interviewed wanted to maintain some independence, many of the youth stated that they would be interested in housing opportunities that would allow them to remain in a cooperative or family situation. Foster parents were also well aware of the problems facing their youth in obtaining safe, affordable housing. Foster parents suggested allowing licensed foster homes to become "independent living" or "transitional housing" options for youth aging-out of foster care. Foster parents were also willing to be trained to provide life skills courses to youth, and also expressed the desire for general training opportunities for better working with their adolescent youth.

In addition to frequent and inconsistent changes in caseworkers, foster parents stated that many caseworkers do not involve youth in their case management. Youth interviewed stated that they were infrequently involved in the case planning. One youth stated that his caseworkers "didn't follow up," though another youth described her worker as "battling the system to keep my case open after I turned 18." Overall, most of the youth claimed that no one asked them about their dreams or goals for the future, therefore they were not assisted in planning or pursuing those ambitions. In this way, the perspective of many youth was that DYFS was offering them short-term shelter until they turned 18, and little more.

- **The lack of tracking and poor documentation of youth outcomes will further obscure the quality of the ILP in New Jersey and may impeded the adoption of needed service enhancements.** The Chafee Act requires that the USDHHS develop outcome measures that will assess the performance of states in operating the Chafee program, including educational attainment, homelessness, employment, and incarceration (NFCAP, 21). With this in mind, the Provider Survey asked programs to indicate whether or not they tracked youth after leaving their care and service. **Fifty-one percent of DYFS-funded programs did follow-up with youth after leaving their service.**

For those programs that did follow-up with former youth, group homes and residential facilities were more likely to follow-up, followed by shelters.

Of those providers that did conduct follow-up with former youth, 23 percent conducted follow-up within one month of the youth's leaving care and 16 percent did so six months after youth left their service. When providers did follow-up with youth, 47 percent usually inquired as to the youth's education, 47 percent inquired as to the youth's housing needs and 43 percent inquired about the youth's employment status.

In order to gather and document outcomes, New Jersey will need to track its former foster youth. Under the current New Jersey Chafee Plan, aftercare agencies will now be responsible for providing case management services to youth aging-out of the foster care system. Given the number of designated aftercare agencies, the ratio of providers to youth exiting the system may be as high as 1 to 160. At the same time, the low enrollment rates of former foster youth in DYFS-funded aftercare programs during the course of the project causes concern that meaningful follow up work will not occur.

IX. Recommendations

Many youth are aging-out of the foster care system in New Jersey without basic supports, including a quality education (or high school diploma), appropriate familial and/or relational contacts, medical history and records, and appropriate vocational skills and experience. They are desperate for employment, skills, and proper health care – all of these needs compounded by an absence of safe and affordable housing. For adolescent youth aging out of the foster care system, their needs are unique and varied. Current practices provide services to youth in a disorganized and scattered fashion, leaving some young people well suited to transition to adulthood, and others utterly rudderless.

Based on the data presented on the experiences, needs and barriers facing former foster youth, foster parents and community-based providers, the Bridges to Independence Project endorses the following recommendations in an effort to better meet the needs of adolescent youth as they exit the foster care system. Six recommendations follow, supplemented by specific suggestions for legislators, providers, and caregivers on how each can participate in better equipping foster youth to live independently of the system.

The primary aim of each recommendation is to prevent homelessness among New Jersey foster youth by addressing a specific need or systemic barrier identified during the course of the project.

Recommendation A: *DYFS should provide all youth exiting the foster care system with a transition package that provides basic supports necessary for self-sufficiency. DYFS should ensure placements for all transitioning foster youth in a DYFS-contracted aftercare program designed to strengthen the transition to adulthood.*

To ensure that each youth exiting the foster care system in New Jersey has at least the minimum resources and tools necessary for self-sufficiency, DYFS should provide youth exiting the system with a

transition package to aid the transition to adulthood. This package, modeled after Wisconsin's plan, includes the following (Wisconsin, 6):

1. Driver's License or access to transportation to school, employment, and other significant activities;
2. High school diploma or GED or enrollment in a program that is designed to result in a diploma or GED;
3. Access to birth certificates, social security cards, medical records, and other critical documents;
4. Access to life-sustaining funds for a period of six months following exit from the foster care system; and
5. Medicaid.

Medicaid is available to youth in New Jersey who were in foster care on their 18th birthdays, up until age 21 regardless of financial resources or income. However, administrators working with transitioning youth complain that there is still bureaucratic confusion. The youth receive a new Medicaid card by mail each month and the youth is responsible for contacting DYFS if they have moved. Youth contact DYFS using a toll free hotline, which also serves as a place for youth to report if they did not receive a Medicaid card, lost their card or they have other health benefits (Caplan, email).

A critical problem results from the population's transitory experiences, which cause periods when youth are without cards and thus without health benefits. **One Medicaid card should be given to youth when exiting care that expires on their 21st birthday.** Because Medicaid through the Chafee program is an entitlement for all youth exiting care until the age of 21 regardless of income or resources, monthly Medicaid cards designed to ensure continued eligibility and prevent fraud are unnecessary, inefficient and ineffective.

Providing youth with a single insurance card until their 21st birthdays avoids the bureaucratic confusion associated with the current implementation process

that often leaves youth temporarily without health care benefits.

Aftercare Support

In New Jersey, youth can enroll in aftercare services six months before their 18th birthdays and are eligible to receive services for six months after their 18th birthdays. **Most youth are not utilizing these services. Currently, there are only five DYFS-contracted aftercare agencies, with fewer than 70 spaces for the 800 youth who age out of care each year.** Most alarming, there were actually significant vacancies among these placements when the project team contacted them in May and June, 2001. In phone interviews with directors and coordinators at these agencies, an ineffective referral system was described as the primary impediment to youth receiving services. The phone interviews revealed that there are often aftercare vacancies at these agencies due to a severe lack of referrals.¹³

Special assistance is also required in meeting the mental health needs of youth – both for those youth with severe mental health needs, as well as less specialized assistance for other youth. In the six months before youth age out of foster care, adolescent specialization teams (DYFS) and aftercare agencies can assist youth in accessing appropriate mental health care. Currently, there exists no continuum to move foster youth from the child welfare system into appropriate care within the adult mental health system. Because the adult system operates completely separate from the child welfare system, youth exiting the system must be linked with the adult system, via the same assessment and evaluative methods used by the adult mental health system. However, when youth attempt to access services *after* they have left the care of the child welfare system, they often must deal with significant periods of homelessness, due to and compounded by, the absence of appropriate mental health care.

Youth must be properly assessed and linked to services available to them as adults, *before* they leave the foster care system. This requires assisting them in completing and filing applications for Supplement Security Income (SSI) in anticipation of their eligibility as adult recipients when appropriate. SSI is a federal program that provides benefits for disabled persons and includes differing criteria for children and adults.

The transition package should include *confirmation* of a youth's enrollment in the State's medical insurance program for former foster youth. Before exiting care, youth may also need assistance in securing a placement in an appropriate mental health facility (or appropriate supervised housing setting). Finally, DYFS should secure for youth an initial appointment with a community-based mental health provider that can continue to meet the therapeutic and/or medication needs of the young person.

We recommend that aftercare support services be available for a longer period of time, including a full year after aging out of the foster care system. Additionally, we recommend that all youth exiting care be referred to an aftercare agency.



¹³ Telephone interviews with Executive Directors or Aftercare Managers during May-June 2001 at the following five New Jersey aftercare agencies: Catholic Charities, CrossRoads; Independence: A Family Built, Chafee B.U.I.L.T.; Catholic Charities, Regional Independent Living & Aftercare; Robin's Nest, On My Own – Lower Region; and Family Services of Burlington Co., On My Own – Upper Region.

Recommendation B: *New Jersey should adopt an Extended Care Policy that entitles youth to remain in the care of DYFS until age 21, as opposed to age 18. If a foster youth reaches age 18 and decides to leave care, New Jersey should permit a 3 month window beginning on the youth's 18th birthday to allow the youth to change his or her mind and return to care.*

Few 18 year-old youth are ready to live on their own, particularly without significant familial support. The connection between homelessness and foster care, as evidenced by Covenant House New Jersey's census data, discussed *supra*, is in no small part a result of the relative youth and inexperience of former foster care teenagers trying to live on their own. Presently, New Jersey only allows for extension of care, beyond 18, in extreme cases and for very limited periods of time, as determined by the youth's caseworker. Conversely, New York State has adopted an extended care policy, which permits 18 to 21-year old foster care youth to remain in care past their 18th birthdays, until the age of 21.

A handful of states have implemented or proposed policies very similar to that of New York State. In fact, Connecticut allows extension of care to age 23 in certain circumstances if youth are enrolled full-time in a college program (Connecticut, 1). The State of Maine has adopted an innovative *grace period* procedure. This allows youth refusing the offer of extended care a 90 day period, beginning on the youth's 18th birthday, during which time the youth can change his or her mind and continue care and support by the foster care system (Maine, 2).

The recommended revisions to New Jersey's policy will authorize DYFS to continue care and support of youth, if the youth so chooses, until the age of 21 years.

For youth refusing the offer of extended care, their case should remain open for a 90 day *grace period*, beginning on the youth's 18th birthday, to allow for the youth to change their mind. The youth should be advised in writing of the 90 day grace period by their caseworker, prior to age 18. This allows for a reasonable amount of time for them to think about and explore their options and determine whether or not they are ready for self-sufficiency.

Recommendation C: *New Jersey should provide full tuition support at state-administered colleges, universities and vocational programs for present and former foster youth, as well as grants that provide youth with the financial resources necessary to pay for room and board while enrolled in school.*

Research indicates that children in foster care are less likely to attend post secondary school than non-foster care children. As reported earlier, in New Jersey there are on average over 800 youth in foster care who age out each year. Of the nearly 400 youth who participated in basic life skills courses, about 120 never completed high school, 31 obtained a GED and only eight went on to attain any kind of post secondary education. Most of these youth cite finance as the primary reason why they do not go on to post secondary education. This is not because foster youth do not have the skills or abilities to attend college, but because many lack support for educational opportunities and lack understanding of the skills needed to attain this goal (*Review of the Independent living program in the State of New Jersey*, pp. 31).

By earning a college degree or a vocational training certificate, these youth will be able to assimilate more successfully in their communities. Education allows greater self-reliance and independence, which in turn has been found to reduce crime rates, the rate of homelessness and financial dependency. Tuition waivers and grants for living expenses are tools that the State of New Jersey should use to make it easier for children currently in foster care and/or youth who have been adopted from the foster care system, to get a post secondary education. In doing so, it is important that New Jersey policy focus both on students pursuing a college degree and youth seeking vocational training.

Colleges and Universities. This report recommends that the State of New Jersey provide a 100 percent tuition waiver to its former foster youth and grants to pay for room, board, food and other college expenses. These grants should be made available after the students have applied for other state and federal assistance. Ten states currently provide some kind of tuition waiver for former foster children:

¹⁴ Conversation with Glenn Daly: Director of Youth Development at Massachusetts Health and Human Services.

Massachusetts, Maine, Connecticut, Maryland, West Virginia, Virginia, Florida, Texas, Minnesota and Iowa. (<http://www.nrcys.ou.edu>). The Commonwealth of Massachusetts provides a full tuition waiver in-state for all youth under the age of 24 who were adopted through the State Department of Social Services or aged out of the system without being adopted.¹⁴ In addition, the State also provides a \$6000 grant to those youth who aged out of the system to help them with room, board, fees and other expenses.¹⁵

Similarly, Texas and Maryland provide full tuition and fee waivers for students who are in foster care on or after their 18th birthday or who were adopted after their 14th birthday. However, Texas also provides an additional \$1000 to help with room and board. (<http://www.nrcys.ou.edu>). Connecticut's tuition program is the most comprehensive of all the states providing financial help for children in foster care. Connecticut's program provides full college cost support, including health care and tutoring expenses, after a \$500 contribution from the students. The students may satisfy the \$500 contribution by filing for financial aid, receiving a state or federal grant or using money they receive from a scholarship. The students must be under the guardianship of the Department of Children and Families when they turn eighteen and they have to be in a full-time education program from ages 18 to 21. (<http://www.state.ct.us/dcf/Policy/adoles42/42-20-21.htm>).

Vocational Programs. Another way in which the State of New Jersey can help children within the foster care system assimilate successfully into their communities is to provide tuition waivers for vocational programs in which the students receive a certificate. In New Jersey, vocational schools prepare students for work in specific industries. For those youth who age out of the system, this report recommends that DYFS continue to provide living expenses and food through their aftercare programs while the state provides a full tuition waiver. We recommend:

- The tuition waiver program should apply before any loan-based financial aid. It should cover 100 percent of tuition.
- The grant program should only apply to non-tuition expenses that remain after

scholarships and other federal and state aid have been accounted for.

- There should be a five-year limit for receiving funds from the date the student enters school or until the student reaches 25, whichever comes first.
- The students should be required to maintain good academic standing to continue to receive the tuition waiver or the grant.

Recommendation D: *DYFS should create adolescent specialization teams in each district office, consisting of focused teams of case workers and youth experts solely responsible for coordinating services tailored specifically to the adolescent population.*

Too often, public policies and programs address youth problems as if they happen in a vacuum. The generic approach falters in that regard. Currently, the same caseworker who works with very young children, including infants and toddlers, is asked to work with teen-agers. This approach misses an important point: permanence, in the planning context, will often mean dramatically different things for infants (e.g.: adoption, reunification) than for older adolescents (e.g.: independent living). As adolescence is the transition period between childhood and adulthood, the tasks of this period are all related to making that transition. Case workers relayed to the project team a need to “triage,” given their burdensome caseloads, often leading to judgments where caseworkers acknowledged providing more rigorous care for younger, more vulnerable children. This generic approach does not allow caseworkers to address the tasks that adolescents face such as establishing a satisfying self-identity and interpersonal bonds beyond the foster care setting including partnering; learning to handle growing sexual maturity in a responsible manner; and developing the capacity for economic viability. The generalist approach of New Jersey's foster care case management system does not recognize the unique characteristics of young adults.

To make progress in helping adolescents in foster care,

¹⁵ Ibid.

case management and DYFS programming must begin to focus on the specific needs of that population. This report recommends the creation of *specialization teams*, which would involve a reorganization at DYFS that establishes teams of experts and focused case workers who coordinate programs tailored specifically to the adolescent population. To be clear, we support adolescent specialist caseworkers and not an extra layer of specialists to assist the overburdened existing staff. Studies have found that services targeted toward adolescents' needs and outcomes achieve the best results. Some states have already implemented such programs. In Maine, there are Life Skills caseworkers for adolescents in every region. (www.nrcys.ou.edu) Their job is to assist adolescents to gain knowledge and skills necessary to live independently. The Life Skills caseworkers help the young adults to identify and meet goals in areas such as housing, employment, relationships, school, health, money, getting into and paying for college, and good decision making. (www.nrcys.ou.edu) The Life Skills caseworker has to keep up with the current trends and problems facing adolescents and must develop programs to address their needs.

In Wisconsin, adolescent units consist of caseworkers who run small group sessions to discuss costs of living, money management, housing and landlords. (Phone Conversation with Director of Children Services in Wisconsin) These group sessions are helpful in assessing the needs of the adolescents. Additionally, the group sessions provide specialists with an opportunity to obtain the youths' opinion on what they perceive to be the problem with the foster care system.¹⁶ The caseworkers in this unit strongly advocate talking to youth when they have their "guard down." They strongly urge caseworkers to avoid lecturing as much as possible. They advocate speaking one on one with the youth during recreational activities. One caseworker commented, "the kids tended to share more information during camp outs and cookouts." The specialists also arrange meetings with past graduates to allow them to speak with and mentor those young adults who are dealing with similar issues that they faced.¹⁷

¹⁶ Phone Conversation with Director of Children Services in Wisconsin.

¹⁷ Ibid.

Based on components found prevalent in states that have adolescent specialization teams, a similar program in New Jersey should have the following components:

Provide Specialized Training For Case Managers:

Assure that the specialists are provided with the necessary specialized training to meet the unique needs of older youth in care.

Youth Advisory Committee:

Conduct bi-monthly meetings, led by an adolescent specialization team member, to have the youth discuss among themselves some of the new issues they are facing.

Coordinating Programs:

Programs should be coordinated based on life skills assessments of the young people. Young people must be part of designing the programs.

Contacts after Discharge:

Specialists should serve as mentors for youth after discharge.

Recommendation E: *New Jersey must fund a continuum of safe, affordable housing options for the 800 youth who each year age out of DYFS care. This continuum must be developed in concert with the federal government and housing experts, and feature as a component an increase in annual funding for the New Jersey Homeless Youth Act to \$4 million to fund 180 transitional living placements for youth.*

The shortage of safe, affordable housing for former foster youth remains one of the most critical contributing factors to adolescent homelessness. The state must continue to support, both directly and through tax incentives to the private sector, the development of transitional housing, where youth

reside for up to 18 months and build the skills necessary to live interdependently. One of the innovations proposed by DYFS in its Chafee plan is the creation of a wide range of housing options, including mentor homes, supervised apartments, special needs group homes and wrap-around vouchers. In this way, DYFS has begun to respond creatively to the need for additional flexibility in housing options. The issue, though, is not one of type, but rather one of resource scarcity. There simply are not adequate funds presently allocated to ensure that each youth leaving care will have access to safe, affordable housing.

From 1999 to 2001, the number of transitional housing placements for former foster youth between the ages of 16 and 21 years, has grown dramatically, from 37 to 94 beds. The surge owes entirely to three developments: the State's decision to fund a number of housing programs from the federal Chafee grant; the enactment of the New Jersey Homeless Youth Act; and the support of the federal government under the federal Runaway and Homeless Youth Act to fund, for three years, an unprecedented five transitional living programs for youth in New Jersey.

The New Jersey Homeless Youth Act contains a significant measure of law reform that enables homeless youth in a crisis to seek emergency shelter and includes an annual appropriation of \$1 million to fund a new regime of services for homeless youth, including transitional housing for older adolescents who are not easily reunified with family. The law characterizes these services as skill-building, experiential learning programs where young people live for up to 18 months while developing the skills necessary to transition to long-term, safe permanent housing.

DYFS earmarked more than \$600,000 of the funds for new transitional living programs to serve youth and funded three programs located in Bergen, Mercer and Essex Counties. All together, the programs can serve up to 20 youth at a given time. In June 2001, the State Legislature appropriated an additional \$418,000 under the New Jersey Homeless Youth Act and DYFS wisely earmarked all of the funding for new transitional housing. The funding is very likely to support two new programs, providing an additional 10 to 12 beds.

While this progress is remarkable, it still falls far shy of the need. Each year, hundreds of 16 to 18 year old foster children leave state care in need of the skills and the housing essential for a safe passage to adulthood. Upon distribution of the newly appropriated Homeless Youth Act funds, the State will have in place up to 107 transitional placements. In contrast, there are 150 transitional beds available for former foster children in a one block area in New York City, dwarfing the number currently available in the entire State of New Jersey.

The original bi-partisan sponsors of the Homeless Youth Act advocated a \$4 million appropriation in order to establish more transitional living beds for youth, a proposition supported by more than 30 advocacy and human services organizations statewide. We propose that the New Jersey Department of Human Services recommend, and the legislature support, supplemental funding for the New Jersey Homeless Youth Act to \$4 million. These funds will support 180 transitional placements for youth as a step in the direction of creating the continuum of housing necessary for New Jersey's youth.

Recommendation F: DYFS should provide specialized and continuing training for caseworkers and foster parents of adolescents.

In *Promising Practices: Supporting Transition of Youth Served by the Foster Care System*, one recommended component of a successful transition program was the consistent and on-going assessment and training of staff working with adolescent foster youth (Sheehy, *Promising* addendum). The criteria specifically outlines an on-going training component that:

- ✓ Orients new staff and care providers to ILP philosophy;
- ✓ Provides continuing education for experienced staff and care providers;
- ✓ Encourages staff and care providers to develop new knowledge and skills; and
- ✓ Educates the community, schools, employers about the needs of youth while in transition.

The USDHHS, in their 10-year review of Independent Living services, identified enhanced training as one of the reforms needed in improving services to adolescent youth in foster care. The USDHHS identified a need for training specific to youth development for both agency workers and foster parents. They also recommended expanding training opportunities for child welfare staff, providers and foster parents.

In early interviews with community advocates and DYFS staff, it was stated that caseworkers often do not have knowledge of the Independent Living Program itself, and subsequently any services offered via the program. This research was confirmed in interviews with the Task Force, former foster youth and foster parents, who stated their primary concern surrounding DYFS staff working with youth, was the disturbing lack of knowledge regarding the existence of and availability of programs and services for *adolescent* foster youth. Additionally, interviewees complained of a failure, on the part of the caseworkers, to involve adolescent youth in their case planning. Other concerns for former foster youth and foster parents were their lack of contact with youth and inconsistencies in assessment resulting in poor planning for adolescent youth.

Based on our numerous field interviews, it appears the current training system has been unsuccessful in ensuring that all staff serving adolescent youth within the child welfare system are aware of all programs needed to meet the needs of children in the charge of DYFS. For every youth ages 15 and above, given their age and likelihood of aging-out of the system, a *primary* and *basic* plan of action is independent living. When adoption or returning home is no longer an option for the youth, no other system of specialized care exist for this age group. The lack of knowledge, on the part of DYFS staff of existing programs and services for the adolescent youth, indicates that the existing training curriculum may be deficient in preparing caseworkers to plan for adolescent youth exiting from the child welfare system.

Extended training (beyond the standard training for all foster parents), in particular, can provide caretakers with the skills to assist in assessing and responding to the needs and/or behavioral changes that often accompany adolescence. The training of foster parents in the specific needs of adolescent youth can also assist in reducing the need for moving children into new placements or into institutional care settings, because of the inability of foster parents to immediately and successfully deal with certain situations. One foster care agency in New York State has created a model that utilizes staff to conduct monthly trainings for foster parents, providing them with the skills, understanding, and preparation for dealing with the special needs of youth.

The on-going training of foster parents in the needs and challenges facing young adults as they reach the age of emancipation can also assist in counteracting other reductions and failures of service delivery. Supplemental training for foster parents could more cost-effectively fill the gaps created by decreases in community-based services, and overcrowded schools unequipped to handle the special needs of foster youth. Better preparing foster parents to deal with the special needs of their adolescent youth can only help in bringing emotional stability to the youth and confidence to the caretaker – both contributing to the youth's preparedness to live self-sufficiently upon exiting the system.



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Key Informant Survey

RESPONDENT: _____

BRIDGES TO INDEPENDENCE: KEY INFORMANT QUESTIONS 10-4-00

Working in collaboration with New School University Milano School of Management, the Garden State Coalition is performing a comprehensive literature review, a statewide survey of homeless youth providers and independent living providers and surveying youth in foster care and on the streets. In addition, we are asking a series of questions of select key informants to assist us in providing a more complete understanding of the needs of youth aging-out of foster care.

Please complete the attached and FAX back to Lisa Eisenbud at (973) 621-7658 by November 10, 2000. A Garden State Coalition staff member may be contacting you to discuss your responses in greater detail.

We would like to extend our gratitude to the Edmund S. Muskie School of Public Service at the University of Southern Maine and the National Resource Center for Youth Services at the University of Oklahoma for their professional courtesy in allowing us to utilize their survey instruments for our project.

1. What do you believe are the most significant barriers facing older youth as they prepare to leave care?
2. What do you believe are the three most difficult barriers facing older youth as they leave care?
3. Please suggest three things older youth can do for themselves to increase their likelihood of educational and economic success as they prepare to leave care?
4. Please cite three examples of programs/supports that increase the likelihood of successful transitions for older youth preparing to leave care?
5. If you had to choose one intervention or program that should be available to all adolescent youth in care, what would that be? Why?
6. What public policy changes affecting older youth in care would you suggest?

Please complete the attached and FAX back to Lisa Eisenbud at (973) 621-7658 by November 10, 2000. A Garden State Coalition staff member may be contacting you to discuss your responses in greater detail.

Provider Survey

October 30, 2001

Working in collaboration with the Robert J. Milano Graduate School of Management and Urban Policy (The New School For Social Research), the Garden State Coalition has embarked upon the *Bridges to Independence Project*. Funded in part by The Fund for New Jersey and The Anne E. Casey Foundation, the project's goal is to examine the paucity of information available in New Jersey on the correlation between adolescent preparation for independent living and homelessness, and the needs of the aging-out population.

This research project, done with the cooperation of the New Jersey Department of Youth and Family Services (DYFS) is designed provide us with an overview of services provided to adolescent youth, ages 16 and older, in the care and custody of DYFS. The attached survey should be completed by the director of the program listed on the first page of the survey. **Your answers to the attached survey should ONLY cover information regarding:**

- youth ages 16 and older, in the care and custody of the DYFS, from January to December 2000

The survey has 7 sections, containing a total of 31 questions. We ask that you answer ALL of the questions on the survey to the best of your ability. All specific information reported in the survey will be **kept strictly confidential**, including the name of the agency and the individual completing this survey. Information will be summarized for reporting purposes.

Please complete and return the survey by January 31, 2001. The completed survey may be mailed to the Garden State Coalition, 330 Washington Street, Newark, NJ 07102, or faxed to (973) 286-0190. If at anytime you have questions regarding the survey, or the mission of the project, please contact us by phone at (973) 286-3404, or via email at gscl@aol.com. We appreciate your participation in this effort.

Lisa Eisenbud
Executive Director

Yvonne Moore
Research Assistant

Enclosures

BRIDGES TO INDEPENDENCE

SERVICE PROVIDER SURVEY

The purpose of this survey is to gather information on services your agency provides to youth ages 16 and older. We only want information on those youth currently in the custody of the New Jersey Department of Youth and Family Services (DYFS). Information requested on the number of children served should be ONLY for the time period January to December 2000.

The survey has 7 sections, containing a total of 32 questions. Sections include:

1. Organization Information
2. Program Information
3. Medical and Mental Health Information
4. Education
5. Employment
6. Emotional Health and Development
7. Tracking [former foster youth]

Information gathered from this survey will tell us about the services provided to adolescent youth in the care and custody of DYFS. Our goal is to document the special needs and/or barriers adolescents' face as they begin their exit from the foster care system. The GSC *Bridges to Independence Project* hopes to develop policy recommendations to stem the tide of former foster youth who are becoming homeless young adults. All specific information contained in the completed survey will be **kept strictly confidential**, including the name of the agency and the individual completing this survey. Information will be summarized for reporting purposes.

Please complete and return the survey by **January 31, 2001**.

The completed survey may be mailed to the **Garden State Coalition, 330 Washington Street, Newark, NJ 07102**, or faxed to (973) 286-0190. If at anytime you have questions regarding the survey, or the mission of the project, please contact the Garden State Coalition by phone at (973) 286-3404, or via email at gscl@aol.com. We appreciate your participation, and look forward to your input.

AGENCY:

PROGRAM:

Person completing this questionnaire:

Mailing Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

First, please tell us about your agency:

1. This program is licensed by the New Jersey Division Youth and Family Services (DYFS) as a **(please circle one)**:

- | | |
|----------------------|---------------------------------|
| a) Foster care | f) Treatment Home care |
| b) Group Home care | g) Non-DYFS Public Institutions |
| c) Residential | h) Independent Living |
| d) Para/kinship care | i) Other: _____ |
| e) Shelter care | |

2. Please tell us the TOTAL number of youth, ages 16 and older, who **were in the custody of DYFS** and were served by **this program in 2000**:

16 years old: _____	19 years old: _____
17 years old: _____	20 years old: _____
18 years old: _____	21 years old: _____

3. Because a variety of avenues exist from which youth can be referred to your program, please tell us who refers youth, ages 16 to older, to your agency. **(Please circle ALL that apply):**

- a. New Jersey Department of Youth and Family Services
- b. another community-based private service provider
- c. a homeless shelter or homeless service provider
- d. a public community agency
- e. Other _____

4. We would like to ask you about your participation in the Chafee Independent Living Program (formerly Title IV-E Independent Living Program). Is your program a Chafee Independent Living, contracted with DYFS to provide services to youth?

(please circle one) Yes ? No ?

If you answered Yes, please go to question #5.

If you answered No, please go to question #7

5. Please tell us the total number of youth, ages 16 and older, who were served by **YOUR** Chafee Independent Living Program in 2000.

16 years old: _____	19 years old: _____
17 years old: _____	20 years old: _____
18 years old: _____	21 years old: _____

6. A young person's participation in the independent living program is voluntary. There may be youth being served by your program, who do not participate in the Chafee Independent Living Program. In 2000, did your program serve youth, ages of 16 and older, who **DID NOT participate in the Chafee Independent Living Program?**

(please circle one) Yes ? No ?

If yes, what **was the total** number of youth in your program **NOT** being served by the Chafee Independent Living Program, by age, in 2000?

16 years old: _____ 19 years old: _____
17 years old: _____ 20 years old: _____
18 years old: _____ 21 years old: _____

7. If you are not contracted to provide Chafee Independent Living services, **youth in your program may be served by another program.** Please tell us the total number of youth, ages 16 and older, who were provided Independent Living services by another program (outside of your agency) in 2000, according to their age:

16 years old: _____ 19 years old: _____
17 years old: _____ 20 years old: _____
18 years old: _____ 21 years old: _____

PROGRAM SERVICES

Medical and Mental Health

8. Youth may be eligible for a variety of health insurance programs once they leave the care and the custody of DYFS. Are you able routinely to assist youth in care to enroll in private or public adult health insurance programs **before** they leave care?

(please circle one) Yes No

If yes, please indicate the number of youth enrolled in 2000: _____

9. Youth may need a variety of mental health services once they leave the care and the custody of DYFS. PRIOR TO LEAVING CARE, which services do you secure for youth, ages 16 and older, which they may utilize as independent adults, after leaving the care and custody of DYFS? **(Please circle each service you provide)**

- a) Individual mental health counseling
- b) Family mental health counseling
- c) Medication monitoring
- d) An adult mental health evaluation in anticipation of a need for adult Social Security Insurance (SSI) eligibility
- e) A completed adult SSI application
- f) Placement at an adult residential therapeutic placement
- g) Other: _____

Educational Services

10. Please tell us the number of youth served by your program, in 2000, who were classified as eligible for special education services: _____

Of those, how many received special education services in 2000? _____

11. How many youth in your program earned a G.E.D. in 2000? _____

12. How many youth in your program graduated from high school in 2000? _____

13. How many youth served by your program in 2000, abandoned their educational pursuits prior to attaining a high school diploma or a G.E.D. in 2000? _____

14. How many youth in your program enrolled in a college institution in 2000? _____

15. How many youth in your program enrolled in a vocational training program in 2000? _____

16. What educational/vocational assistance did your program offer to youth, ages 16 and older, in 2000? (Please circle all that apply)

- a) Tutoring
- b) Study skills
- c) Financial assistance to participate in school sponsored activities
- d) Payment for professional tutoring for test preparation (college entrance, postal, or civil service exams, etc.)
- e) Purchasing professional self-study aids for test preparation
- f) Payment for testing fees
- g) Tuition assistance
- h) Other: _____

17. What do you see as barriers for youth in your care in pursuing educational and/or vocational opportunities? (Please mark all that apply with an X in the appropriate box)

<i>Barriers</i>	G.E.D.	High school	College	Vocational Training
Lack of Transportation				
Lack of Finances				
Lack of Graduation				
Low Test Scores				
Lack of Mentors				
Lack of Scholarships or Financial Aid				
Other: (please specify)				

Employment

18. In 2000, were youth served by your program, ages 16 and older, required to be employed?

(please circle one) Yes No

If yes, how many hours per week: Part time (less than 30 hrs.) Full-time

19. Youth in foster care are often without the specialized skills needed to successfully gain employment. Please tell us about any services your program offered in 2000 which assisted youth in acquiring skills which help them secure employment: **(Please mark all that apply with an X in the appropriate box)**

Employment services	Our program provides:
Creating a resume	
Conducting job interviews	
Completing employment applications	
Appropriate attire/dress	
Other: (please specify)	

20. In 2000, please tell us how employed youth, served by your program were required to handle their earnings?

- a) Were youth required to participate in savings program? (please circle one) Yes No
- b) Were youth required to purchase personal items? (please circle one) Yes No
- c) Other (please explain):

21. It is often difficult to find employment for youth **in DYFS** care. How does your program find employment for the youth served by your program? **(Please circle all that apply)**

- a) Americorp/Job Corp
- b) State/County Employment Service
- c) Public School Employment Service
- d) Department of Labor program (please specify): _____
- e) We utilize an employment agency
- f) Youth seek out employment on their own
- g) Other: _____

22. Often, external barriers contribute to foster youth being unable to find or maintain employment. What barriers exist for foster youth in your program, which prevent them seeking, gaining or maintaining employment? **(Please circle ALL that apply):**

- a) Transportation
- b) Child Care
- c) Skill Level
- d) Need for Experience
- e) Educational Level
- f) Lack of Personal Contacts
- g) Other:

23. Of those items circled above, which **ONE** would you identify as being the most difficult for youth to overcome?

Emotional Health and Development

Because children in foster care must often times manage frequent and excessive changes in their familial contacts and living arrangements, their stress levels and/or emotional trauma is expected to be higher than other youth their age. There is also a decreased opportunity for individual attention to critical independence skills such as self-esteem, leadership, self-direction and communication.

24. It is critical that youth, especially those youth in the foster care system, are exposed to programs, and opportunities to build self-esteem, as well as good decision-makings and communication skills. Please tell us about services or activities your program offers, which help youth build self-esteem, as well as good decision-makings and communication skills. **(Please place an X beside each service you provide)**

Opportunity	Through our program, youth participate in:
Support networks (family, siblings, former foster parents)	
Mentor program	
Teen conferences	
Civic organizations (school or community)	
Church, synagogue, or other religious institutions	
Cultural organizations	
Other: (please specify)	

b). If your program encourages civic participation either in school, or in the community, please provide **a specific example** of youth participation.

c.) If your program has a formal Mentoring program, would you be willing to share information on your program?

(please circle one) Yes No

If yes, please attach a copy of a brochure, flyer, or other printed material on your Mentoring program.

25. Independent living skills are often learned through positive interaction and contact with family members. How many youth, ages 16 and older, served by your program in 2000 had contact with at least one member of their family while in care?

b.) Of those youth, ages 16 and older who did have contact with at least one member of their family in 2000, what was the frequency of contact?

- 1) 1 - 4 times per month
- 2) once per month
- 3) once every other month
- 4) once each quarter (every three months)
- 5) once per year

26. In serving the needs of youth, ages 16 and older, what problems contribute to a lack of contact between youth in care and family members? **Please circle the top TWO reasons.**

- a) Youth unwillingness to visit with family
- b) Family unwillingness to visit with youth
- c) No family
- d) Family is a threat to youth's safety
- e) Insufficient support from DYFS in facilitating contact with family
- f) Other:

27. Research shows that experiential learning provides youth with a realistic, yet safe, opportunity to learn and adapt lasting independent living skills. Experiential learning is the opportunity to practice and **become proficient in** a skill [or set of skills] learned in a classroom or group setting, **while remaining eligible** for program and/or DYFS services. Does your program provide any experiential learning opportunities?

(please circle one) Yes No

If you answered yes above, please tell us which experiential learning opportunities you provided to youth in 2000: (Please place an X beside each opportunity you provide)

Learning Opportunity	In our program, youth have an opportunity to:
Purchasing groceries	
Paying rent	
Opening a checking account	
Applying for utility service	
Applying for or attending college	
Menu planning	
Managing a household (assignment of cleaning responsibilities, social activities)	
Other (please specify):	

28. Does your program assist foster youth in creating and/or maintaining a record of their personal history (an example would be a life book, or photo album, etc.)

(please circle one) Yes No

29. Are there other activities sponsored by your program, not mentioned above, which help youth build self-esteem, and manage anger or stress? Please explain.

Tracking

Youth often continue to seek assistance after they have left the care of the state through informal contacts, and many agencies maintain information on former foster youth. We would like to know about any efforts your programs takes to stay in contact with former foster youth served through your program.

30. Do you obtain follow-up information on discharged youth after services have ended?

(please circle one) Yes No

a. If yes, at what intervals are follow-up conducted? (Please circle one)

- 1) monthly
- 2) every 6 months
- 3) every 7-12 months
- 4) 13 months or longer

b. What follow-up information do you obtain (Circle ALL that apply):

- 1) Employment
- 2) Education
- 3) Housing
- 4) Parenting Status
- 5) Needs
- 6) Other _____

31. One of the most critical resource needs facing youth exiting the foster care system is housing. Do you know of any youth who were served by your program in 2000, who later experienced an episode of homelessness?

(please circle one) Yes No If yes, how many: _____

Comments:

Follow up Questions

32. Please share any additional comments or suggestions you may have about this survey, or about preparing young people in foster care for their successful transition to independence? **Please feel free to use back side of this page.**

Please complete and return to:

Lisa Eisenbud, Executive Director, Garden State Coalition, 330 Washington St., Newark, NJ 07102

Fax (973) 286-0190 **No later than January 31, 2001**

We would like to extend our gratitude to the Edmund S. Muskie School of Public Service (University of Southern Maine), the National Resource Center for Youth Services (University of Oklahoma), and the Child Welfare League of America for their professional courtesy in allowing us to utilize their survey instruments for our project.

New Jersey Task Force to Prevent Youth Homelessness

The following individuals served on the Task Force in conjunction with the Bridges to Independence Project. They generously provided the project team information and insight. Their participation in the Task Force does not denote an endorsement of the project team's findings and recommendations, nor does it suggest the imprimatur of their organizational affiliates.

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