

## EXECUTIVE SUMMARY

**The Texas Foster Care Transitions Project**, a research effort conducted by the Center for Public Policy Priorities, provides a first glimpse of a little-known but extremely vulnerable population of young people in Texas —foster youth who have transitioned from the care of the state to independence. These “emancipated”<sup>1</sup> youth have historically received little help as they move from foster care to independence. Through intensive interviews and other data collection, this qualitative study learned about the challenges and outcomes experienced by transitioning foster youth. The findings of this study are based on intensive interviews and research of transitioning youth, foster parents, the service providers, and other professionals who work with the youth.

Children enter the foster care system when their parents are not able to care for them. Many foster children have been the victims of neglect and abuse in their original homes. When they reach age 18, foster youth “age out” of the system and leave the care of the state. Some foster youth leave care at an earlier age either through a process of emancipation or by running away.

Transitioning foster youth often enter independence without access to any formal system of support. They are at extreme risk of poverty and homelessness, victimization and criminal involvement, illness, early childbearing, and low educational attainment. In addition, many show signs of emotional problems, fractured emotional and social attachments, and dysfunctional relationships as a result of past experiences. While many face the problems of any young adult, they have additional issues directly related to their life experiences leading up to and through foster care.

The Texas Foster Care Transitions project focuses on youth in the central Texas area, particularly San Antonio and Austin, who transitioned from foster care to independence in 1990 and 1999. The research team attempted to locate and interview 513 former foster youth to learn about their challenges as they moved from foster care to independence. The first thing we learned is that emancipated foster youth are a highly mobile and disconnected population and they proved to be very difficult to find. Altogether, we were able to locate and interview 30 young adults with foster care experience.

We located 11 of the young people in our target group of 513 former foster youth in state prison. In fact, a special search of state prison records for all 513 young people in our study revealed that 26 of the foster youth in our sample of 513 had been or were currently incarcerated in state prison (5%). This does not include city or county jails. Eleven youth were incarcerated in state prison at the time of the study (21.4 per 1,000 people in our target sample compared to 12.7 per 1,000 19-29 year olds in the Texas population as a whole).

In an attempt to gain a deeper understanding of the challenges faced by emancipated foster youth, the Texas Foster Care Transitions project conducted in-depth interviews and focus group discussions involving 30 young people and 22 service providers and foster parents. These qualitative interviews revealed that transitioning foster youth have many and complex difficulties with housing, health, education, employment, early parenting, incarceration, drug abuse, and more. A content analysis of the interviews with youth and service providers revealed the following trends:

- **Lack of Preparation for Independent Living.** Youth and providers agreed that many emancipated foster youth are unprepared for independent living when they leave the care of the state. Many have little access to services. In fact, our research documents an inconsistent availability of independent living services for youth. While the Texas Department of Protective and Regulatory Services provides independent living training through the Preparation for Adult Living Program (PAL), only half of those we interviewed had received those services. Many young people leave care before these services are provided or refuse to participate in the PAL program. Several youth reported that they would have participated in PAL, but either did not know about the program or lived in rural areas where the program was not available. While some young people who participated in PAL found it helpful, several said that the PAL program did not adequately prepare them for the many challenges they faced living on their own.
- **High Incidence of Untreated Health and Mental Health Problems.** Many emancipating foster youth talked about physical and mental health problems, which they tended to ignore because they had no access to health care services. Close to half of the youth we interviewed (40%) had health problems but more than half (59%) of those interviewed had no health insurance.
- **Fear and Loneliness.** Many young people on their own for the first time experience extreme fear and loneliness. Many are alone for the first time after years of group living and are actually afraid to live alone. Most also lack any home base for emotional and other support.

- **Homelessness.** The lack of housing affordability and accessibility creates a major challenge for emancipated youth. Close to half of the youth we interviewed (40%) had experienced homelessness at least once.
- **Financial Insecurity.** Frequent moves while in foster care can lead to low educational attainment. Most foster children left the system lacking job skills, leading in turn to unemployment and underemployment. While 75 percent of our interview sample had graduated from high school, more than half (60%) had a history of unemployment and financial instability.

In spite of great need for support, emancipated foster youth are disconnected from the resources and opportunities that most kids have and all kids need. Because most have no family to turn to for support, many develop other coping strategies to deal with the enormous challenges they face. These strategies are often self-sabotaging and dysfunctional, sending them spiraling into worse circumstances. Some of these strategies include:

- **Removing themselves from available help.** Many foster youth leave the system before their 18<sup>th</sup> birthday, often acting out in defiance of a system they perceive is too controlling and/or not sensitive to their needs. This essentially closes them off to what help may be offered. Almost half of the young people we interviewed had left care before turning 18.
- **Engaging in risky lifestyles.** Foster youth who reach their teen years often engage in risky behaviors such as drug use, early parenting, dropping out of school, and criminal involvement or victimization. The in-depth interviews revealed that one in five former foster youth had been arrested at least once, one in five reported having been the victim of a crime, and one in five reported a history of substance abuse.

- **Returning to birth families.** Many transitioning youth attempt to reconnect with birth families. While some families may have received help and are now truly able to help their children, many still are not in a position to be a positive force in the youth's lives. Eighty percent of our interview sample had been in contact with their birth family since leaving care. While this reconnection may be good for some, it can sometimes have negative consequences.
- **Learning to get by, but not get ahead.** Transitioning youth learn to live from day to day and often are unable to develop long-range goals and career strategies.
- **Emancipating foster youth often do not get the help they need before, during, or after transition.** Many emancipating teens fit the description of youth who are hard to serve—they may have “bad” attitudes and act out: they may not be “cute” or follow mainstream social norms; they may have drug abuse problems, be pregnant, or leave care early. Some have serious health problems or mental illness. These teens often do not get the help they need and their situations become even more dire.

Transitioning foster youth often do not have the advantages of a healthy, supportive family, yet they are expected to cope with adult situations when they are not fully prepared to do so. We categorize foster youth as adults at age 18, but many situations arise in their lives where they are treated more like teens than like adults. For example, the jobs they are likely to get often do not pay a living wage or have health insurance. It is very difficult for young people to get credit. Many apartment complexes will not even consider young applicants. These young people are asked to be adults in a world that does not always think of them as adults.

As a result of the findings in this research, several recommendations are put forward. Here is a summary of the greatest needs:

- **Build a bridge to future success.** Foster caregivers should work together with other community members to plan a transition that is appropriate to each individual young person. If help begins before transition and young people are provided more assistance during and after emancipation, their outcomes will improve because they will stay connected to resources and help. Our communities should take youth by the hand and walk with them across the bridge to adulthood.
- **Expand independent living skills training and start early.** Foster youth need practical knowledge in a vast array of independent living skills. All foster youth should be provided training that will enable them to develop meaningful skills needed into adulthood.
- **Connect youth to resources and opportunities**  
*Job Training and Placement:* All transitioning foster youth need job training and placement assistance. Some youth may go to college, but not all foster youth are destined to attend college. For those who will not attend college, opportunities should exist to gain job training and work experience while in care. When they leave care, job training and placement assistance become most crucial.

*Transitional housing* A continuum of care should be established for youth with varying amounts of need for supervision and care. There should be opportunities for foster youth to practice living independently in half-way

houses or dorms, for example, before becoming totally independent. Housing assistance should be provided that is appropriate for individual levels of self-sufficiency.

*Medical and Mental Health Care:* Introduce and pass legislation — and appropriate the necessary funding — that will permit the implementation of Medicaid coverage for emancipating foster youth to age 21. Provide avenues for emotional support and mental health services.

*Mentors:* Upon leaving care, transitioning foster youth need healthy, functioning adults in their lives to serve as role models and to provide guidance, emotional support, or just an understanding ear when they need to talk about what's happening to them and how they feel about it.

*Education:* A good education is essential to future success after emancipation. However, because foster youth move so frequently, they often fall behind in school and have a very difficult time completing their graduation requirements. These youth need a stable school career and someone to actively advocate for them in the school system. While Texas does provide tuition assistance to some transitioning youth who go to college, they need more financial and emotional support.

*Financial support and services:* Independence without financial support often sets transitioning youth up for failure. The Foster Care Independence Act of 1999 allows states to use part of new funding for older youth that have left care but are not yet 21. Texas should plan to provide as much support for this age group as possible. In addition, many transitioning youth will be eligible for helping services as soon as they leave care (e.g.,

Medicaid, Food Stamps, TANF). Steps should be taken before they leave care to make sure youth know how to get the help they may be eligible for and need.

- **Give providers knowledge of other resources to make competent referrals.** All foster caregivers and service providers should have knowledge about available community resources and how to connect foster youth with those resources.
- **Provide community systems of support.** A network of families, churches, and other community organizations should be developed for youth to use for emotional and practical support. Transitioning youth need a centralized place in the community where they can gain access to information, resources, and services.
- **Tracking and data collection.** Texas needs reliable outcome information to better plan services for this population. There is little available data about emancipated foster youth. Systematic data collection before, during and after transition would enhance the state's ability to help transitioning youth. The Foster Care Independence Act mandates that states develop outcome measures to assess state performance in the areas of educational attainment, employment, avoidance of dependency on public assistance, homelessness, out-of-wedlock births, high-risk behaviors, and incarceration. Therefore, Texas must develop a comprehensive systematic approach to tracking former foster youth that involves all participants in the system (youth, foster parents, residential programs, Texas Department of Protective and Regulatory Services, and all other agencies and providers that serve or should be serving this population).

- **Fully implement Foster Care Independence Act!**

Help is on the way in the form of new federal legislation and a block grant to the states to serve this population at risk. The passage of the Foster Care Independence Act of 1999 authorized an increase of federal block grant funds for independent living services, from \$70 million in FY 1999 to \$140 million in FY 2000. The Act helps youth who remain in foster care until age 18 by providing additional independent living services. States must also use the money to help transitioning youth finish high school (or get a GED), obtain vocational training and job readiness skills, attain employment and housing, access medical services, and meet mentors who will help them through their transition period.

Specifically, the Act **requires** the states to:

- Use the Title IV-E training funds to train foster care providers regarding independent living issues facing teens who are preparing to transition from foster care. The Foster Care Independence Act gives states the flexibility to define their own age guidelines for services. If regional budgets allow, all children should receive services starting at age 14.
- Develop outcome measures to assess state performance in the areas of educational attainment, employment, avoidance of dependency on public assistance, homelessness, out-of-wedlock births, high-risk behaviors, and incarceration.
- Use part of the funding to help older youth who have left care but are not yet 21.

The law **allows** the states to:

- Use up to 30 percent of their allotted money for transitional housing for 18-21 year olds who have left the foster care system.

- Increase the amount of assets that youth are allowed to own from \$1,000 to \$10,000. This allows youth in care to save up to \$10,000 and still be eligible for federal foster care payments.
- Expand Medicaid coverage to youth 18-21 years of age (or some subset of this group) who were in care on their 18th birthday. States will be allowed, but not required, to provide Medicaid coverage to former foster youth ages 18-21. However, each state will be given flexibility regarding whether to provide coverage at all; to what age (19, 20, or 21); whether to only provide it to foster youth who were receiving Title IV-E funding while in care; and whether to provide it only to eligible youth whose assets, resources, and incomes fall below certain levels. It is therefore imperative that the Texas State Legislature pass legislation (HB98) — and appropriate the necessary funding — that will permit the implementation of Medicaid coverage for emancipated foster youth. If this legislation passes during the 77<sup>th</sup> Legislative session, Medicaid coverage could begin in September 2001.
- Spend additional money on adoption incentive payments in order to find permanent homes for children in foster care. The funding for the adoption incentives is not included in the independent living funds.

The Foster Care Independence Act should be implemented in Texas to provide as much assistance to emancipating foster youth as possible.

### **Conclusion**

The emancipating foster youth in our study were amazing young people. Their openness and honesty in telling their stories was astounding and enlightening. Despite great adversity, many exhibited resiliency, resourcefulness, and insight.

One young man, who despite great personal adversity, maintained a sense of optimism, reflected in this comment:

*“Look around your personal landscape, there are things to be grateful for, you have had an oasis or two along the way or you wouldn’t have made it this far.”*

-Former foster youth, age 27

Several former foster youth attributed their survival and success to one person or one asset that assisted them in independent living. Many reported that the difference between success and failure hinged on one friend or family member— perhaps the person who took them in when they didn’t have a place to stay, the person who gave them a car so they could get to work, or the caseworker who helped them get training. We all have an obligation to work together to ensure that these young people can find the oases they need along their way.

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<sup>1</sup> The term “emancipated” is used in this report to refer to all young people who have left the foster care system either by formal release from the foster care system at their request, by aging out at age 18 years, or by running away from the system before their 18<sup>th</sup> birthday. This group is interchangeably referred to in this report as “emancipated,” “transitioning,” or “former” foster youth.

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# INTRODUCTION

The Texas Foster Care Transitions Project is the first research project of its kind in Texas. The project has studied the challenges and successes of former foster youth as well as the realities of their struggles to provide for themselves. Former foster youth shared with us their stories: where they went when they transitioned out of care, how they obtained money, who helped them, what they did when they got sick, and the advice they would give to young people about to leave the system. Foster care providers shared with us their perspectives of the problems foster youth face and characterized the system for serving them. Only through a better understanding of these perspectives can we begin to design programs that can truly be successful.

This research effort focused on youth in the central Texas area, particularly San Antonio and Austin, who transitioned from foster care to independence. The project looked at youth who “aged out” or emancipated from foster care in 1990 and 1999. While this study was conducted in central Texas, many of the findings generalize to transitioning foster youth statewide and nationwide. Information was collected from a variety of sources including:

- A comprehensive literature review from state and national sources
- Data collection from existing data sources
- In-depth interviews with youth and other stakeholders
- Focus groups with youth and other stakeholders

The goals of the project were to increase understanding about:

1. The availability of existing data on youth that transition out of care and what that data tell us about the whereabouts and circumstances of those young people.
2. The methods currently available for tracking youth that transition out of care.
3. The services available to help youth who transition out of care.

4. The challenges faced by this population and the strategies they currently use to face those challenges.

As a result of this research, we are in a unique position to make recommendations that will inform foster care policy, including the development of new and enhanced services for this population. Many of the recommendations offered in this report come directly from transitioning foster youth and the professionals who work with them on a daily basis. Also addressed are ways to improve data collection and ways to bring about immediate systemic improvements that will help children in the transition from out-of-home care to independence.

This report includes a summary of the existing body of knowledge on foster care emancipation including the findings of national and Texas literature on this topic. Following the literature review is a description of the Texas Foster Care Transition Project including the methodology used for the study and a summary of the findings. The findings include a presentation of existing secondary data collected from Texas state agencies, as well as the original data collected by this research project. The recommendations for policy and systems change that flow from the findings of this and related research will be discussed in the Conclusions section.



## REVIEW OF EXISTING LITERATURE ON FOSTER CARE TRANSITIONS

An estimated 20,000 youth transition out of foster care annually in the United States.<sup>1</sup> In Texas, approximately 700-900 foster youth age out of the system annually.<sup>2</sup> At any given time there are approximately 2,000-2,500 former foster youth, ages 18-21, living in the state.<sup>3</sup> Moreover, the number of transitioning foster youth is likely to increase in the coming years as more children are projected to enter the child protective services system.<sup>4</sup> The rate of confirmed cases of child abuse or neglect in Texas rose from 6 per 1,000 children in 1997 to 7.8 per 1,000 children in 1998.<sup>5</sup>

Foster youth in Texas remain in the care of the state until their 18<sup>th</sup> birthday. They can stay in the foster home after age 18 if they are still in high school or are waiting to start college. They can also stay in a foster home if the foster parents agree to let them stay, however these families do not continue to receive payment from the state.<sup>6</sup> Once youth leave the foster care system, they are in many cases extremely difficult to track due to a variety of factors including unstable housing situations, high mobility and homelessness, incarceration.<sup>7</sup> Though extremely important and needed, little research regarding the outcomes of former foster youth has been conducted in recent years.

Transitioning foster youth face many challenges. Mark Kroner, Director of Self-Sufficiency Services at Lighthouse Youth Services in Southern Ohio, testified before the Subcommittee on Human Resources, Committee on Ways and Means, U.S. House of Representatives and identified several problems. He stated, “Up to a third of the teens we serve have a diagnosable developmental disability. Many of these youth are functioning at a 12 to 14 year old level at age 18. They are usually several years behind in school and are not ready to graduate from high school until they are 20 or 21. They

will in no way be able to become totally self-sufficient at age 18.”<sup>8</sup> Kroner further stated that youth who are transitioning out of care at age 18 receive a “double-whammy.” First, observed Kroner, they come to understand that their birth families are not going

“The transition to self-sufficiency is often very rapid, sometimes unplanned for and unexpected, and results in their feeling “dumped” by the system that cared for them.” CWLA testimony (March 9, 1999)

to help them upon emancipation. They then realize that all of the services and supports the child welfare system had always provided are suddenly gone. Kroner also noted in a Cincinnati Enquirer article about foster children transitioning out of care<sup>9</sup> “most American youth don’t live independently until their mid-20’s. There are more 18 to 24 year-olds living at home now than at any time since the Depression. But we expect foster children to be okay on their own at 18 without any help.”

The Child Welfare League (CWLA) concurs with Kroner’s observations. According to David S. Liederman, CWLA Executive Director,<sup>10</sup> youth in out-of-home care are likely to have a particularly difficult time adjusting to adulthood. As “clients” of the child welfare system, these youth have had other people, many of whom the youth have never met, making all the important decisions in their lives. These clients have not been well-prepared for self-sufficiency and independence, in part, because they have had little opportunity to participate in making decisions.

In her testimony before the Subcommittee on Human Resources, Committee on Ways and Means, U.S. House of Representatives, Cynthia M. Fagnoni, Director of Education, Workforce and Income Security Issues, Health, Education, and Human Services

Transitioning foster youth “need relationships with people who care about them and who are there for them consistently. They say that support and services offered during the critical transitional years make all the difference in the world to helping them make it on their own.”  
CWLA testimony (March 9, 1999)

Division reported “the few available studies that track youth who have exited foster care reveal that many have a difficult time making the transition to living on their own.”<sup>11</sup> Emancipating youth often have no positive adults in their lives to support and assist them with their transition. Huge gaps both within and beyond the foster care service delivery system, and a lack of funding and resources to provide such services, both create and perpetuate the challenges faced by these young people.

At the time of this review, there were only three major studies nationwide that evaluated the outcomes of transitioning foster care youth. They include the 1991 national Westat study<sup>12</sup>, which looked at 810 former foster youth in eight states between 2.5 to 4 years after leaving care; the 1990 Barth study<sup>13</sup> of 55 former foster care youth in the San Francisco Bay area who had been out of care for at least one year and no more than ten years; and the 1998 Courtney and Piliavin study<sup>14</sup>, which evaluated 113 transitioned youth 12 to 18 months after leaving care in the state of Wisconsin. These three studies of transitioning foster youth produced similar findings on the gaps youth experienced in areas such as educational attainment, economic security, housing and homelessness, employment, single parenting, crime and victimization, health and mental health, and access to health care. A summary of these findings follows.

## Educational Attainment

Former foster youth without education, training, and eventual employment often become homeless and ultimately dependent upon various forms of public assistance.

Westat’s 1991 study of 810 former foster youth studied in eight states found that 46 percent of those interviewed 2.5 to 4 years after leaving care had still not completed their high school education.<sup>15</sup> A 1991 study that examined the impact of independent living services on enhancing the ability for former foster youth to be self-sufficient 2.5 to 4 years after their transition found that 54 percent of former foster youth had not completed high school.<sup>16</sup> The Courtney and Piliavin’s 1998 study of youth who had been out of care between 12 and 18 months found that 37 percent had not finished high school.<sup>17</sup> A high school education is a basic need for a stable and secure future. Having children emancipate from care without it is a huge barrier to future success.

## Economic Insecurity

The economic security of emancipated foster youth is endangered by inadequate education and support systems. In the national Westat study nearly 40 percent of those interviewed “were determined to be a cost to the community” by virtue of their dependency on Medicaid or some form of public assistance.<sup>18</sup> A 1998 study reported 32 percent (40 percent females, 23 percent males) of the former foster care clients they studied were on public assistance.<sup>19</sup> The problems of economic insecurity are directly related to a lack of work skills essential for youth to transition successfully.

## Employment

Youth who are leaving the foster care system often lack the support system and the skills to either find or retain a job. It is critical that these individuals be able to find and keep a job with a living wage. Without a job, they are very likely to wind up either homeless or dependent upon public assistance. However, as research indicates, many transitioning youth are not ready for post-care employment. The majority of youth in the foster care system are not receiving job readiness training and placement assistance from the agencies responsible for them.<sup>20</sup> Many barriers keep youth from gaining and

retaining good jobs. Labor market experts identified the following as barriers to employment for youth: developmental barriers including mental health, developmental delay, and physical health problems; drug and alcohol problems; delinquency and incarceration; and homelessness.<sup>21</sup>

Foster youth often transition out of care without the benefit of prior work history, adequate job skills training, or vocational training. Many lack a high school diploma or GED, they are often forced into low-wage, low-benefit jobs or are unemployed. The 1991 Westat, Inc. study reported that 51 percent of the youth studied were unemployed.<sup>22</sup> The Courtney and Piliavin 1998 study reported 39 percent of the youth were unemployed.<sup>23</sup> A study of former foster youth (with an average age of 22), who had been in a program called The Villages in Indiana, found that 49 percent of the youth had been employed, compared to the 67 percent employment rate for 18-24 year olds in the general population.<sup>24</sup>

Many youth face multiple barriers, making the challenge of gaining employment even more difficult. In 1998, (National Child Welfare Resource Center for Organizational Improvement, Phase 2, 1998) 26 foster care service providers were asked to identify what they saw as some of the barriers to employment for former foster youth. They mentioned: transportation; lack of job experience; lack of job skills; lack of education; need for child care; lack of personal contacts; scarcity of affordable housing; lack of flexible jobs, which allow youth to deal with special needs; and unavailability of health care.

## **Housing and Homelessness**

Many transitioning foster youth experience periods of homelessness after leaving care.<sup>25</sup> A system that discontinues support for youth on their 18<sup>th</sup> birthday (or the day they

graduate from high school, if after their 18<sup>th</sup> birthday) can put these foster care clients out of their foster homes or residential facilities with nowhere else to go.

Studies of transitioning foster care youth show high rates of homelessness and temporary homelessness ranging from 10 percent to over 60 percent. The 1991 Westat study indicated that 25 percent of the youth they studied had been homeless at least one night between 2.5 to 4 years after leaving care.<sup>26</sup> The Courtney and Piliavin study reported that 14 percent of the males and 10 percent of the females had been homeless at least once and 22 percent had lived in four or more places in the 12 to 18 months since leaving care.<sup>27</sup>

Studies that document the demographic composition of homeless populations also report large numbers of former foster youth. A 1997 study of 400 homeless people found that 20 percent had lived in foster care and 20 percent currently had one or more children in foster care.<sup>28</sup> An in-depth look at homeless youth and youth at risk of homelessness in Jersey City found that as many as 46 percent of their sample population had lived away from parents or guardians at some time in their lives.<sup>29</sup>

Homelessness is part of a long pattern of residential instability for many foster youth.<sup>30</sup> Many foster children spend much of their lives in care, some experiencing as many as twenty or more placements in foster families, foster group homes, residential treatment centers, basic care facilities, or other out-of-home settings.

There are a great many obstacles facing youth when looking for housing after they leave care. Many landlords will not rent to these youth because they have no credit or renter's history. Those that are working usually do not make enough money to pay the high cost of rent in many locations, and many cannot accumulate the money necessary

for security deposits and advance rent payments, which can amount to hundreds of dollars.<sup>31</sup>

## Single Parenting

The rates of out-of-wedlock births for youth within the first few years after leaving care are quite high. The 1991 Westat, Inc. study found that 27 percent of their participants had given birth to or fathered a child.<sup>32</sup> The Courtney and Piliavin study found that 60 percent of the girls became unwed mothers within 18 months of emancipation.<sup>33</sup>

## Crime and Victimization

Research shows that rates of arrest and incarceration for this population are very high. Courtney and Piliavin found that 27 percent of the males and 10 percent of the females had been incarcerated at least once.<sup>34</sup> The Alexander and Huberty study found that almost 42 percent of those studied had been arrested.<sup>35</sup> The Barth study reported that 31 percent of the youth studied who had been emancipated from foster care had been arrested and 26 percent had served jail time.<sup>36</sup>

## Physical and Mental Health

Foster youth experience a high rate of health and mental health problems both while in care and post-transition. Experts have acknowledged that the information regarding the health status of youth that have left care is limited. However, the health status of those in care can be a fairly reliable predictor of the extent of health problems for transition-aged youth.<sup>37</sup> Abigail English, Director of the Center for Adolescent Health and the Law testified: “High percentages of children and youth in foster care have or are at risk for acute, chronic, disabling, and potentially life threatening conditions, which too often are inadequately identified and treated.”<sup>38</sup>

A study of children entering care found that 95 percent have at least one physical health problem and 60 per cent have multiple physical abnormalities.<sup>39</sup> Research has shown that while some are simply consistent with health problems seen in this age group in the general population, many of these problems and conditions can be directly linked to their status as foster children.

Many children in foster care have serious needs for mental health care. Furthermore, the needs of adolescents are particularly acute.<sup>40</sup> A study of foster children of all ages reported that 77 percent of teenagers needed a mental health referral. Nearly 75 percent were at risk due to a family history of mental illness and/or drug or alcohol abuse and 18 percent had either been sexually abused or were suspected to have been sexually abused.<sup>41</sup> This study also found that of the 77 percent of foster children screened for mental health problems, 15 percent had a previously attempted suicide or were suspect for suicidal ideation and 7 percent admitted to or were suspect for homicidal ideation.<sup>42</sup>

Some emergent mental health problems, such as depression or anxiety disorders, are associated with the change in status during transition.<sup>43</sup> The catalysts for these conditions include: the difficulties they experience while trying to adjust to leaving the foster care system; the obstacles inherent in trying to acquire an education, find a job, or attain housing; the struggles of trying to financially support themselves; and the realization that they do not have a strong family support system.

Most youth were placed in foster care due to negative childhood experiences, particularly abuse and neglect. Research indicates that these types of experiences can have detrimental effects on the health and mental health of adults.<sup>44</sup> The health consequences for adults that experienced abuse and neglect as children include the increased likelihood of experiencing heart disease, cancer, lung disease, skeletal fractures, obesity,

and diabetes.<sup>45</sup> Children who experienced abuse and neglect have the increased likelihood of experiencing depression, suicide attempts, and personality disorders as adults.<sup>46</sup> Additionally, many of these youth were rejected by their families and experienced multiple placements, making it hard for them to attach to people and the community.<sup>47</sup> They are more likely to experience unintended pregnancies and to engage in behaviors associated with poor health outcomes such as substance abuse and alcoholism.<sup>48</sup>

### Access to Health Care

Due to the high rates of health problems experienced by former foster youth, and the potential for health problems at the time of transition, there is a clear need for access to a wide range of health and mental health services including: treatment for acute and chronic health problems; dental and eye care; prenatal and maternity care; HIV/STD prevention services; diagnostic and treatment services, and mental health and substance abuse services.<sup>49</sup>

Unfortunately, despite myriad complex health care needs associated with transitioning foster youth, as well as those needs associated with this age group in general, most foster youth will lose whatever health care coverage (usually Medicaid) they had while in care upon exiting the foster care system, typically at age 18. Courtney and Piliavin (1998) found that 44 percent of those studied reported having problems when trying to acquire needed medical care, with 90 percent of them reporting that this was due to a lack of medical insurance (51% reported having no insurance coverage) or the high cost of care.<sup>50</sup> Although these young people had less access to care, they reported significantly higher levels of physical and mental health problems. The study indicated that there was a particularly dramatic decrease in the provision of mental health services. An earlier study by Cook reported that 30 percent of the youth studied had

trouble accessing health care as a result of inadequate finances and no insurance, indicating that this problem may have worsened during the 1990's.<sup>51</sup>

Transitioning foster youth often do not seek treatment because they are unable to afford it. This population is at risk for chronic, expensive, disabling conditions if left untreated.<sup>52</sup>

### Independent Living Programs (ILP)

Living independently for the first time is a challenge for most young people, even those with family supports and economic stability. For youth with marginal educational attainment, no job skills, and no adults to support and guide them, the challenges of independent living can be insurmountable.

Most states have Independent Living Programs (ILPs) to assist transitioning foster youth on their path to independence. However, the literature indicates that there are inadequacies in ILPs in many states across the country.<sup>53</sup> Although very few formal studies have been conducted that measure ILP effectiveness, site studies were conducted in several locations, including Baltimore County, MD, Harris County, TX, and New York City, NY.<sup>54</sup> Findings from these studies have led to several recommendations for ILPs: First, ILPs need to work with the community to develop employment opportunities for transitioning youth. In the site visits that were performed, researchers found a lack of appropriate, affordable vocational programs and/or apprenticeship opportunities for youth. ILPs also need to provide hands-on practice activities to enable youth to effectively carry out daily life tasks and build self-esteem. However, ILPs report difficulty recruiting mentors who can assist youth in these areas. Another important aspect of ILPs is to offer adequate housing and other transitional support opportunities for youth just out of care. Even when transitional housing programs are

available, the number of units of housing available are inadequate to address the needs of all of the youth who actually require them. Further, providing aftercare services that are extensive enough to meet the needs of transitioning youth is an essential factor of a successful ILP.

Youth need positive adult support to transition successfully. There are many good independent and transitional living programs and services around the country that demonstrate successful and supportive transitions. Effective ILP programs can be linked with improved education, housing, and other outcomes.<sup>55</sup> A Baltimore County study showed that youth who received ILP services were more likely to complete high school, have an employment history, and be employed when they left foster care. A Harris County study showed that ILP graduates achieved full-time employment earlier and were more likely to complete high school or get a GED at a younger age than those who did not receive independent living services. The study also showed that program participants under the age of 21 were more likely to be dependent on public assistance such as subsidized housing and food stamps, than the group of non-program participants under the age of 21. A New York City study of independent living services provided by a specific agency (Green Chimneys Children's Services) showed that 75 percent of their youth had completed high school or received a GED, 72 percent had full-time employment when they left care, and 65 percent had savings accounts.

Other studies looking at the connection between independent living services and outcomes for foster youth found many positive benefits to having an ILP. A 1994 study by E. Mech et al. found that foster youth placed in apartment-type transitional housing scored higher on a life skills knowledge assessment.<sup>56</sup> The Westat, Inc. study found that youth who received training in money management, obtaining a credit card, and buying a car, as well as how to find a job and appropriate educational oppor-

Terry, a former foster youth, tells her story in a *Connect for Kids* article. Terry went into foster care at age 16. At that point the foster care system provided her with housing, clothing, and money to live on. But on her 18<sup>th</sup> birthday, that all ended. She wound up on her own, with no Medicaid card, no money, and no place to live. She slept at the homes of various friends and teachers. Sometimes she slept in Metro stations, once in the emergency room of a hospital. She couldn't find a shelter for teens. Terry believes that independent living should really be about interdependence. "No young person can survive without a network of support. If policy-makers and community leaders want to make sure that the young people leaving care are better prepared to face the world, they need to provide supports like medical assistance and housing. Aging out of foster care shouldn't mean being totally on your own," said Terry. "The end of foster care cannot mean the end of a community's caring."<sup>59</sup>

tunities were more likely to maintain a job for at least a year. However, the Westat, Inc. study also showed that receiving independent living services did not significantly reduce the probability of early parenthood.<sup>57</sup>

## A System of Support

Without support, many transitioning young people, even those who tried hard to stay employed and achieve self-sufficiency, wound up with nowhere to turn, and ultimately, homeless.<sup>58</sup> Interagency collaboration and systems integration could provide better support systems for youth in transition. Interagency collaboration is necessary to make a more user-friendly system of services. Youth need systems that group services together in a logical way and create service pathways that are easy for young people and their foster families or adult mentors to navigate.<sup>60</sup> The child welfare system must proactively work with the education system, or skills assessment and development work will be less effective than needed. The job training system must work with the trans-



portation system or the youth will be unable to get to their jobs. Housing services must connect with social services or the youth may be unable to sustain themselves, pay their bills, or secure the primary health and mental health resources they need.

## **Data Collection and Accountability**

The problems and challenges confronting many transitioning foster youth are monumental and there are huge gaps and inadequacies in the service delivery systems that should be assisting these youth. However, in order to come up with effective solutions, it is important to clearly understand the mechanisms that create gaps and determine where gaps exist. Reliable data must be collected in order to justify requests for additional funding for better independent living and transitional services for youth.

Accountability structures should be developed that are based on child outcomes, not simply on services provided.<sup>61</sup> To measure effectiveness, research must examine much more than just educational activities and number of years in school, but also whether the young person has graduated or earned a GED; completed vocational training, found employment and at what wage; has stable housing and for how long; and other relevant factors that show real outcome measures. It is important to gather additional and improved data about the effective use of state and federal funds spent on ILPs to date.<sup>62</sup> More information is needed about effective interventions: how they are targeted; their duration and the responsible entity (foster parent, social worker, teacher, etc.); and what service configuration or program models are most cost-effective.<sup>63</sup>

Little data are available to help understand what outcomes are achieved through ILP programs.<sup>64</sup> State and local officials reported difficulty in finding youth once they left care to determine their living status. Officials representing some of the survey sites indicated that they either do not follow-up with youth after leaving foster care or have little success finding them. Attempted contact 90 days after program completion re-

sulted in a Maryland official stating that response to follow-up contact in the past was very limited and that only 15 percent of youth returned follow-up letters. Local officials in Texas estimated that about 30-35 percent of foster youth disappear during the initial 90-day period and that some can only be located through word-of-mouth or sibling contacts. They also reported that when youth receive a stipend, follow-up is less difficult.<sup>65</sup>

These and other site efforts indicated that follow-up can be very difficult as early as 90 days after youth leave care. To further complicate this already complex issue, follow-up must be consistent and ongoing to get a true measure of what happens to former foster youth after transition. Innovative ways to encourage youth to remain in contact need to be explored.

## **Conclusion**

Usually at age 18 (sometimes earlier) foster youth face the challenge of moving from the protective environments of foster families, group homes, or residential treatment centers directly into independent living. Many of them will leave the foster care system deficient in the life skills and resources they need to live on their own, and with few or no positive supports in place. As a result, many former foster youth are poor, with high rates of unemployment, homelessness, incarceration, out-of-wedlock births, welfare dependency, high school dropout, substance abuse, and health and mental health problems.

After an extensive search through the available literature on transitioning foster youth, it is evident that future research needs to be conducted to further assist this vulnerable population. Before we can make systematic changes to assist their transition process we need to evaluate what has worked and what has not worked in the past. It is obvious that more services need to be provided, however, services need to be designed

with the real needs of youth in mind. Further, more data collection is the first step in guaranteeing that essential transitioning services get to the youth who need them. This is a community problem that needs full community effort to ensure successful and bright futures for these deserving children.

## TEXAS FOSTER CARE TRANSITIONS PROJECT METHODOLOGY

A core focus of the Texas Foster Care Transitions Project was to learn how transitioning foster youth experience emancipation, and how the decisions of transitioning youth are influenced by the foster care system, family, and others in their lives. This project paints a picture of the status of emancipating foster youth in Texas both from the perspective of the youth as well as current foster care providers and other community stakeholders.

The project focused on policies, youth behaviors, and social support systems. Researchers were interested in the transition from foster care to adult responsibilities, financial decisions, education, health and health care, developing social networks, acquiring housing, criminal involvement, and victimization.

This qualitative study used an interview approach, which allowed us to focus on the research questions and topics central to the overall project, while building in sufficient flexibility to capture emergent themes and unanticipated information. Much of our data take the form of coded transcripts of interviews conducted in interview encounters.

In order to accomplish the goals of the project, the Texas Foster Care Transitions Project researchers used a combination of methodologies to collect information about emancipating youth and systems including:

- **Review of existing literature.** Articles and papers reporting on the issue of transitioning youth nationwide were summarized in the preceding section of this report.

- **Search of existing databases.** Researchers asked a variety of agencies and providers for existing data on emancipated foster youth. Aside from the information provided by the Texas Department of Criminal Justice and the Texas Department of Protective and Regulatory Services reported in the next section of this report, no other agencies were able to provide data on this population.
- **Targeted search for emancipated foster youth from San Antonio (Bexar County) and Austin (Travis County).** After signing confidentiality agreements with the Texas Department of Protective and Regulatory Services (TDPRS), the project obtained a list of youth who emancipated or aged out of PRS responsibility during 1990 and 1999. Youth were included on the list if they were children in the foster system and resided in Travis or Bexar counties at any time during the 1990 or 1999 fiscal year. Some were placed in several locations during the year and may not have been residing in Travis or Bexar counties at the time of their emancipation. Youth were targeted for the study if they were in foster care at the time of emancipation or if they were 17, 18, or 19 years old when they left the foster care system. Youth were not contacted if their living arrangements just prior to emancipation included their parents' home, an adoptive placement or home, a state school or private intensive care facility for the mentally retarded, or any facility for people who are mentally retarded. The primary methods employed to try to locate former foster youth for the study included:
  - **Computer locator services.** The Texas Department of Protective and Regulatory Services (TDPRS) provided the names of youth who emancipated or aged out of care in

San Antonio or Austin in 1990 and 1999. This research effort is focused on youth in the central Texas area who transitioned from foster care to independence when they were between 16 and 19 years of age. Researchers, in an attempt to locate as many of these people as possible, used a computer locator service to try to obtain current addresses and phone numbers. The databases used to search for these were the Autotrack locator service and Public Data search engine. The Public Data locator used the Texas Driver's License database and Criminal Justice records. Autotrack searched a long list of databases including: ABI Business Directory, Active U.S. Military Personnel, Boat Registrations, Dallas County Criminal Histories, FAA Aircraft Registrations, FAA Pilot License, Federal Firearms and Explosives License, Florida Insurance Agents, National DEA Controlled Substance Licenses, National Deeds, National Liens, Judgments and Bankruptcies, National Marine Radio Licenses, National Property, National Trademarks / Service Marks, National UCC Lien Filings, Professional Licenses, Securities Trading, Texas Beverage Licenses, Texas Hunting/Fishing Licenses, Texas State Criminal History, Texas Trademark Registrations, and state-specific databases.

- **Casey Family Programs (Southern Region).** Contact information for some Casey Family Programs alumni were provided.

- **Texas Department of Criminal Justice (TDCJ).** A search of TDCJ records was conducted to determine how many emancipated foster youth in our group of 513 had been incarcerated in the state prison system. Researchers interviewed three inmates of the state prison system.
  - **Texas Department of Juvenile Justice.** Case studies of foster youth in the juvenile justice system were obtained.
  - **Texas Department of Health, Bureau of Vital Statistics.** Requested information had not been provided at the time of this reporting
- **Interviews with providers, advocates, foster parents.** Interviews were conducted with open-ended questions. The interviews sought to elicit information from key informants about what types of services and training are available for emancipating youth, whether data about youth and services are available through their organization, whether the providers stay in contact with former foster youth, and what they perceived to be the major challenges for this population. Twenty-two interviews were conducted with foster care providers, policymakers, service providers and other community stakeholders including representatives of:
    - State and Local Agencies
    - Residential Treatment Centers
    - Basic Child Care Facilities
    - Child Placing Agencies
    - Foster Parents and Foster Family Group Homes
    - Transitional Service Centers
    - Other non-profits who work with this population

This group of research participants will be henceforth referred to as “providers.”

- **Focus groups** with youth, providers, advocates, foster parents, relatives, and other stakeholders. Focus group participants discussed major issues faced during emancipation and the networks of resources they tapped into during the process.
- **In-depth interviews with emancipated youth.** Because of the lack of existing data, the Texas Foster Care Transitions Project located and interviewed transitioning foster youth. We attempted to locate youth who transitioned out in either 1990 or 1999.
  - Using the computer locator service, we were able to locate 184 recent addresses (from 1999 or 2000) out of a total of 513 youth in our group. The project sent 184 cards inviting youth for interviews, however 64 of those were returned undeliverable. Our response rate from the mailing was 8.7 percent, which is a relatively good response rate especially for a population as mobile as this one. Researchers have located and interviewed 16 former foster youth from this list (in addition to 6 youth found by other means).
  - **Supplemental search for research participants.** In order to enlarge the pool of potential research participants, researchers located youth for interviews through other sources included Casey Family Programs (Southern Region), Lifeworks, and by word of mouth and flyers. Researchers located youth (particularly homeless and hungry) through

Lifeworks (Austin) and the Community Transitions Services Center (San Antonio) using flyers and word of mouth.

- **Interviews of incarcerated youth.** Telephone interviews were completed with three of the eleven currently incarcerated youth from the pool of 513 emancipated foster youth.

The following table provides a description of the young people interviewed for this study. Since it is very difficult to locate young people from the transitioning foster care population, any group that can be found may, in a sense, be doing better than the entire population because they are likely more connected to resources. In spite of this, the group that we interviewed faced many extreme hardships and challenges. Because the interview group size is small, these findings cannot be generalized to all former foster youth.

## DESCRIPTION OF YOUTH INTERVIEW SAMPLE (N=22)

CATEGORY	COUNT	%			
<b>DEMOGRAPHICS</b>			History of suicide attempt(s)	5	23%
Male	11	50%	Current mental health problems	7	32%
Female	11	50%	<b>CRIMINAL HISTORY</b>		
20 Years of age or younger	11	50%	Been arrested at least once	6	27%
Older than 20 Years	11	50%	Spent time in jail	6	27%
Currently married	3	14%	Currently incarcerated	3	14%
Have own children	4	18%	<b>HOUSING</b>		
<b>FOSTER CARE PLACEMENTS</b>			Been homeless at least once	9	41%
Average # of years in foster care	8		Currently homeless	3	14%
Average # of placements	6		<b>SERVICES</b>		
Left foster care before 18 <sup>th</sup> birthday	9	41%	TANF recipients	0	0%
Has contacted last foster placement since emancipation	11	50%	Received PAL services	11	50%
<b>FAMILY</b>			<hr/>		
Has contacted birth family since emancipation	16	73%	<b>Data Analysis</b>		
<b>EDUCATION</b>			This research has generated an extensive qualitative data set, requiring a highly organized, consistent data management system. The project implemented transfer, tracking, and storage mechanisms that protected data from corruption and loss, and that maintained respondent confidentiality. Coders read field notes and transcripts from interviews with emancipated youth and providers, built organizational systems to classify the material, and looked for emergent and recurring themes. A content analysis of the youth and provider interviews revealed some common themes about the experiences and perceptions of youth to the foster care system and the transition process. The major themes and findings are presented next.		
High school graduate or equivalent	15	68%			
Currently attending college	4	18%			
College graduate	1	5%			
<b>UNEMPLOYMENT</b>					
Been unemployed at least once	13	54%			
<b>HEALTH</b>					
Currently have health insurance	9	41%			
Currently have physical health issues	5	23%			
History of substance abuse	6	27%			

## RESEARCH FINDINGS

The findings from the Texas Foster Care Transitions Project reported in this section consist of two types of information: 1) the results from our search of existing data bases of information about emancipating foster youth, and 2) the trends and themes that resulted from youth and provider interviews and focus groups.

### Findings from Search of Existing Databases

An extensive search for existing data about transitioning foster youth was conducted. Requests to state agencies such as the Texas Department of Mental Health and Mental Retardation (TXMHMR), the Texas Workforce Commission (TWC), the Texas Rehabilitation Commission (TRC), the Texas Department of Human Services (TDHS), and the Texas Department of Health (TDH), as well as numerous foster homes and residential programs turned up very little existing data about this population.

Currently, the only systematically collected data on transitioning foster youth is the follow-up study of the Preparation for Adult Living (PAL) program participants conducted by the Texas Department of Protective and Regulatory Services (TDPRS). Since not all transitioning foster youth participated in PAL (70.3 percent in 1999) and follow-up data are so difficult to obtain, this information provides only a partial look at transitioning foster youth outcomes. Information about the PAL program and the results of the follow-up study are presented below.

The Texas Foster Care Transitions Project requested that the Texas Department of Criminal Justice (TDCJ) do a special search for the 513 youth in our group of youth who had aged out or emancipated in Austin and San Antonio in 1990 and 1999. The findings of this special research follow the PAL program study findings.

### Preparation for Adult Living Program (PAL) Program

The Child Protective Services (CPS) division of the Texas Department of Protective and Regulatory Services (TDPRS) administers and provides Texas foster care services. As a result of the federal government's implementation of the Title IV-E Independent Living Program, a new program was developed within CPS called the Preparation for Adult Living Program (PAL). The stated mission of the PAL Program is "to ensure that older youth in substitute care are prepared for their inevitable departure from the TDPRS' care and support."<sup>66</sup> PAL is the entity responsible for the development and delivery of independent living skills training. Though the state does not require participation in the PAL program, all foster youth are eligible and encouraged to take advantage of the program. An overview of the PAL program services is presented in Appendix A.

Currently, most youth in state care in Texas begin receiving PAL services at age 16. However, regions that have available funding are authorized to begin providing PAL services at age 14. Any child that has an open case with CPS is eligible to receive PAL services. In certain cases, young adults up to age 21 may be eligible for some services. Support services are based on client need and the availability of funds in any region.<sup>67</sup> The primary objectives of the PAL program are to help youth identify and develop support systems once they leave care, acquire skills and training, and understand their options.

According to TDPRS, 4,011 youth were eligible to participate in the PAL program statewide during FY 1999. Of those, 2,822 participated (70.3 percent).<sup>68</sup> During the previous year (FY 1998), 3,881 youth ages 16 through 20 were eligible for PAL services. Of this number, 2,310 youth received PAL services (59.5 percent). According to state officials, 1,571 youth did not receive PAL services in 1998.<sup>69</sup>

- 10 percent received services in the previous fiscal year,
- 17 percent were ‘closed’ because they were no longer available for services (Examples of why a client was not available for services include runaway; deceased; no longer in paid foster care)<sup>70</sup>
- 14 percent (527 youth) were not served in FY 1998 and no reason was given.

Of the 527 youth who were not served in the FY 1998, an estimated five percent refused services even after efforts to get them involved were made. Approximately 10 percent of the 527 youth turned 16 years old toward the end of that year, and services were being planned for them the next year. Approximately 15 percent of the 527 youth were in rural areas— long distances from PAL training classes. Transportation was a barrier in those situations. Approximately 10 percent were in areas that did not have training classes available at that time.

The following information was obtained during TDPRS follow-up contacts with 511 emancipated youth from the Central Texas region. PAL program staff made contacts between September 1, 1998 and August 31, 1999. Attempts were made to contact 220 additional clients, but they were unsuccessful. Because emancipated foster youth are so hard to find, these results may be from those youth who are most “connected” to help and may not be representative of the true status of this population.

### DEMOGRAPHIC PROFILE OF 1999 PAL PROGRAM PARTICIPANTS<sup>71</sup>

<b>Total Number of Youth Served:</b>	2,822	
Male	1,309	46%
Female	1,513	54%
<u>Age</u>		
16 years	848	30%
17 years	810	29%
18 years	669	24%
19 years	370	13%
20 years	125	4%
Black/Hispanic	15	<1%
Black/Non-Hispanic	857	30%
Black-White/Non-Hispanic	23	<1%
White/Hispanic	769	27%
White/Non-Hispanic	1,090	39%
Asian/Hispanic	7	<1%
Asian/Non-Hispanic	2	<1%
Native American	11	<1%
Other/Hispanic	22	<1%
Other/Non-Hispanic	26	<1%

Source: Texas Department of Protective and Regulatory Services

### FOLLOW-UP OF 511 EMANCIPATED YOUTH

Employed	207	40.5%
High School Diploma/GED	243	47.5%
Received Assistance:		
TANF	16	3%
Food Stamps	17	3%
Medicaid	45	9%
Social Security	5	1%
SSI	49	9.5%
Survivor Benefits	4	<1%

Source: Texas Department of Protective and Regulatory Services



The number of youth who attended college using the Texas Tuition and Fee Waiver program in the year 1998-1999 was 339. These youth did not necessarily emancipate from the system in the past year, they could have aged out of the system in a number of different years. In addition, in FYs 96-99, youth made a 5 percent improvement in their life skills assessments (from pre-testing to post-testing).<sup>72</sup>

The PAL program compiled data regarding health-related conditions and behaviors of 4,011 PAL eligible youth from the ages of 16 through 20. The data are based on either formal diagnoses or were from caseworker or providers' observations.<sup>73</sup>

Emotional Problems <sup>74</sup>	1,702	42%
Drug/Alcohol <sup>75</sup>	301	7.5%
Health Problems <sup>76</sup>	198	5%
Physically Disabled <sup>77</sup>	45	1%
Learning Disabled <sup>78</sup>	612	15%
Other <sup>79</sup>	421	10.5%

*Source: Texas Department of Protective and Regulatory Services*

## What Youth Said About PAL

During interviews and focus groups many transitioning foster youth spoke about the PAL program. Several youth thought the program was extremely valuable in providing some basic life skills. However, some young people left care before services were provided or refused to participate in the PAL program. In fact, only half of those we interviewed had received PAL services. Several youth reported that they would have participated in PAL, but either did not know about the program or lived in rural areas where the program was not available. Some simply refused to participate.

Although the Texas Department of Protective and Regulatory Services provides independent living training, not all youth participate in the program and many that did participate reported that the program does not always meet the needs of emancipating youth. While some youth said they benefited from the PAL program, others said the PAL program was not helpful because the skills being taught were too basic. Some respondents felt PAL should provide more advanced skills such as how to get into college, create a resume, or finance a mortgage.

## Texas Department of Criminal Justice Findings

The Texas Foster Care Transitions Project contracted with Texas Department of Criminal Justice (TDCJ) to do a special computer search to determine how many of the youth on the sample list of 513 emancipated foster youth had been incarcerated in the state prison system. This search revealed that 26 of the foster youth in our sample of 513 had been or were currently incarcerated in state prison (5 percent). This does not include city or county jails. Eleven youth were incarcerated in state prison at the time of the study (21.4 per 1,000 people in our target sample compared to 12.7 per 1,000 19-29 year olds in the Texas population as a whole).

	1999 Inmates	Total Population of 19-29 yr-olds	Incarceration Rate per 1,000 19-29 yr olds
All 19-29 yr olds in Texas	42,374	3,337,908	12.7
Foster Care Transition Sample	11	513	21.4

The Texas Foster Care Transitions Project interviewed 3 of the 11 incarcerated youth from Central Texas who transitioned from the foster care system in 1990 and 1999. The stories told by these incarcerated youth involved childhoods marked by extremely high levels of emotional problems, anger, drug use, and serious mental disorders. The

inmates reported they had not been given adequate support or guidance while in care, or when leaving. Many were left to make important decisions alone about their future at the ages of 16 and 17. These youth reported that the foster care system seemed to let them fall through the cracks. As a result, they transitioned from the foster care system into the criminal justice system.



**Entrance to the prison**

*Martin was seven years old when his experience in the child welfare system began. Martin said his mother placed him in a home for boys because she thought he had behavioral problems. For the next seven years, Martin was moved several times from his mother's care, several boys' homes, and mental health facilities. Overall, Martin believes he was moved about 30 different times until he was placed with a foster family at age fifteen years. However, his troubles intensified around this time as his mother gave up custody of Martin to the state. Martin explained that, he had anger management problems. For example, he had difficulty in school because he could not focus in class and he tended to get into fights.*

*Martin's last placement was at a residential care facility for boys in Waco. He described getting into a fight defending a mentally retarded boy in the program. The situation escalated, Martin became out of control, and he hit a caseworker. As a result, Martin was told that he had to leave the facility. Martin explained that he was used to being kicked out of facilities. Martin thought that he was returning to a place he was familiar with and which might help him. However, upon his arrival, Martin was greeted by six police officers, immediately handcuffed, and taken to a county jail where he was detained over night.*

*The following morning, an attorney advised Martin to plead guilty because the courts would likely only reinstate his probation. Martin pled guilty to terrorist threatening and attempted assault resulting in an eight-year prison sentence in Huntsville, Texas. Although Martin was sixteen at the time of this hearing and in Child Protective Services (CPS) custody, he was tried as an adult. He recalls not hearing from his CPS caseworker for the next nine months. At eighteen, Martin 'aged out' of the Child Protective System and he transitioned into the Texas Criminal Justice System.*

*At age nineteen, Martin is still serving his prison sentence. Despite his challenging past, he has big plans for himself once he is released. Martin has been taking college courses while incarcerated. He wants to complete his education by getting a Bachelor's degree in Psychology and eventually a Master's degree so that he can pursue counseling work with teenagers. Martin believes that if adults "worried more about listening instead of talking," things might turn out differently for children in the system. Martin stated that if and when he begins to work in the child welfare field, he plans to genuinely listen to the youth.*

## FINDINGS FROM IN-DEPTH INTERVIEWS

The Texas Foster Care Transitions Project conducted in-depth interviews with youth who have aged out or were emancipated from the care of the state. In addition, researchers obtained interviews with foster care providers, foster parents, and others who work with transitioning foster youth. The data from these interviews, combined with information from the focus groups conducted by the project, produce information about the challenges of transitioning foster youth and the ways in which they interact with foster care and other systems. In most instances youth and providers gave similar information about the status of this population, thus reinforcing what we have learned about this population and providing a very clear picture of the challenges that transitioning foster youth face.

The youth we interviewed were very open and forthcoming about their experiences. Youth did not appear to be afraid to tell about both their mistakes and their successes. Researchers gained a very good sense of the circumstances surrounding their experiences as well as the emotions that accompanied them. We also asked providers and stakeholders what, in their opinion, were the major challenges faced by emancipating youth. Providers were also asked what emancipation training they provide to their foster youth.

The emotions and perceptions of both the youth and the providers they interact with contribute enormously to explaining their behavior and the decisions youth made. The quality of youths' decisions predicts, in part, their ultimate success in transitioning to independent adulthood. Likewise, the perceptions of providers about their clients can affect their interactions with youth before, during, and after transition. Therefore, the salient themes from both youth and providers' interviews regarding the challenges of transitioning foster youth can tell us a great deal about the needs and challenges of

this population. While many of these themes echo those presented in the review of literature presented earlier in this report, there is much that adds to the existing body of knowledge.

**Many emancipated foster youth feel unprepared for independent living.** Youth and providers agreed that most emancipated foster youth are unprepared for independent living when they leave the care of the state. The youth interviewed for this study reported their biggest problems revolved around housing, money, and health. They also talked about fear, loneliness, and a lack of the basic skills and knowledge needed to live independently.

*“...My husband had to teach me stuff like saving money, how to use a banking account, how to use a credit card, a checking account. Basic things like how to clean a house... He taught me how to wash clothes... I didn't know how to grocery shop... Like I said, I didn't know how to do the basic things, I didn't know how to run a vacuum cleaner... Not knowing how to take care of myself and having to coordinate basic things like medical care, grocery shopping.”* --Former foster youth, 28 yrs.

Foster youth faced a striking number of problems, and those problems are interconnected with each other in intricate ways. Frequent moves while in foster care can lead to low educational attainment. Inadequate education leads to inadequate skills, job insecurity and financial difficulties. Lack of a living wage and health insurance leads to health and housing problems. All these interconnect to aggravate any emotional, health, or financial issues that exist or arise.

The challenges and barriers identified most often by providers and other stakeholders concerned issues regarding the lack of support and support services — financial, educational, family, emotional, and counseling — and the fact that transitioning youth are not ready to be on their own at 18 years of age. Many said that *no child*, regardless of history and upbringing, is totally prepared and ready for independent living at age 18.

The Director of a residential home for pregnant girls summed up the many challenges:

*“Not having a place to live, not having enough money, unrealistic expectations, no job, no (insufficient) education, no day care for their child, no transportation, lack of parenting skills, lack of resources, no support systems. They think that they have a support system, but it doesn't work and nine times out of ten the girls leave here and they're most of the time going to go back home or to the baby's daddy or to whoever the 'boy of the week is' and that doesn't work out unfortunately. They think that it's going to be a permanent relationship but it's not. No job skills, no plans for their future, they're settled on just whatever they're doing right then and just lack of a solid plan. Inability to save money, no budgeting skills or realistic view of money even (they think that \$100 is going to go a lot further than it really does). No savings. And, even if they have an apartment, they don't know how to maintain it. They don't understand what can happen if you don't pay the rent on time, how to set up a phone, electricity – the kind of stuff that they think just happens...”*

*Also, very unrealistic expectations . . . not only not knowing how to parent, but unrealistic expectations of their children, what they can accomplish developmentally. They expect them to be little people. Watching their kids be hungry and ask for something to eat and mom just doesn't have time to get them something. Even their relationship skills just with people in general. A succession of boys in their lives and not knowing how to choose a partner, whether a long-term or short-term partner. Getting taken by people real easily. They're real gullible. They often go back to the same atmosphere as where they were before, whether it be drugs, alcohol, sex – whatever that lifestyle was. The inability to trust people because they've not had any good role models for trust.”* -- Foster care provider

## Financial Insecurity

While 75 percent of our interview sample had graduated from high school, more than half (60%) had a history of unemployment. Many foster youth reported that the most difficult thing about transitioning was their lack of job skills.

The jobs that former foster youth get are typically in the service sector and do not offer living wages or benefits. Youth reported moving from place to place following any job they could get, while experiencing periods of unemployment and insecurity.

Transitioning youth reported their economic instability is aggravated by a lack of credit history. Without credit history and no one to co-sign for them, former foster youth struggle to rent an apartment, or buy a car or a computer. Youth talked about the vicious cycle of needing a credit history to obtain an apartment or a car loan and that no one would take a chance on them so they could earn good credit.

This cycle was explained by one former foster youth:

*“First of all you can't get a car or an apartment if you don't have credit and you can't get credit without prior credit. I wish there was something out there, like a program to get credit or a co-signer for a loan because that would help a lot. Most foster kids don't have parents they can turn to in order to co-sign a loan. It is hard, I can't get anything on my own, and I don't have a co-signer. I don't have credit because no one will give me credit. If the state would co-sign the loan just to give you that chance so you could have something, that would be great.”* --Former foster youth, 19 yrs.

Providers were aware that transitioning foster youth experience financial difficulties. They reaffirmed that emancipating foster youth often have academic and job skill deficiencies. Youth who have not received a good education in care have fewer employment and financial prospects upon emancipation.

## Homelessness

The biggest fear reported by foster youth in transition was not knowing where they are going to live. While affordable housing is a challenge for many youth, transitioning foster youth often have little in the way of a support system to help them. Instead, many found themselves living in the street. Close to half of the youth we interviewed (40 percent) had been homeless at least once. Many youth reported being homeless the first few days and months following transition— some bouncing from friend to friend or from shelter to shelter.



When transitioning youth are able to find housing, it is often far from services and resources. Some were in very rural towns, or in the middle of very dangerous areas of large cities. Many times youth were forced to live in unsafe neighborhoods. Transitioning youth reported having no one to turn to in a time of crisis or emergency. Some had no one to spend holidays with, leading to feelings of despair and isolation. One youth made a particularly chilling remark:

*“Some of these kids don’t have parents, some of these kids had parents who left them when they were really little. If kids don’t have a place to go during the holidays that is how they become cold, that is how they become antisocial.”* -- Former foster youth, age 19.

Instability in housing and security can lead to poor outcomes for transitioning youth. Holding down a job or attending high school or college is difficult if you don’t know where you are going to sleep at night. Housing instability can lead to health problems, depression, and other mental or emotional problems.

Many of the providers interviewed also mentioned housing problems and homelessness as a primary challenge. Several providers indicated that as a result of having nowhere positive to go, many transitioning youth wind up back with birth families or in negative situations. Many seemed uncertain about how housing services could be provided and who should pay for them. Several stated that it would be important to include structure and some kind of adult supervision in a transitional housing program.

An Executive Director of a Basic Child Care facility in San Antonio said:

*“I definitely believe they need some kind of structure. They need housing, but that doesn’t mean the state’s going to have to pay. It just means that we need some structure so that these people have a place to live, that can kind of oversee them for a period of time until they get stable, but the kid needs to pay for those services.”* -- Foster care provider

## **Many emancipated foster youth have serious health problems, but no access to health care.**

Health and mental health problems are common among individuals who are or have been in the foster care system. Most youth in the foster care system were placed there as a result of negative childhood experiences, particularly abuse and neglect. Negative childhood experiences can have detrimental effects on the health and mental health of adults. For some, their health status can be directly linked to their status as foster children, while other health problems are simply consistent with those seen in the same age group in the general population. However, even normal health issues can become major problems for transitioning youth, who often do not have access to health care and no health insurance.

Close to half of the youth we interviewed (40 percent) had health problems and half (50 percent) had no health insurance. While these young people had less access to care, they reported significantly higher levels of physical and mental health problems including conditions such as asthma, cancer, and HIV. Many reported experiences with depression, suicide attempts, and personality disorders. Some youth felt they didn’t need health care and could ignore serious health problems. However, chronic health problems worsened without medication or treatment and some, forced to use the emergency room for minor health problems, are spending years in debt from these health care costs.

*“Well, [none] except for having this asthma thing that I had but I convinced myself that I didn’t have it and I am breathing pretty well so far.”* --Former foster youth, 19 yrs.

Q: “Are there times you needed to see a doctor?”

A: “Yeah. I have just not gone. I don’t have the money to pay for it, so I just don’t go.”

Q: “Were there other challenges, other than the Medicaid, when you transitioned out of the foster care system?”

A: “Really, that was it. That was the main one, because I was sick all the time.”  
--Former foster youth, age 19 years

*“I mean, I’m HIV positive, and that sucks, let me tell you . . . I don’t have my own physician. No, sometimes I go to the hospital. Yeah, . . . if I just need it. I don’t see just a physician, you know what I’m saying. I always been to emergency rooms.”*

--Former foster youth, age 26

Emergence of some health problems can be directly linked to the transition from care. Many youth reported that they were forced to move into precarious living arrangements, which seriously compromised their health and mental health status. Unsafe and unhealthy living arrangements can create new health problems as well as aggravate old ones. Additionally, the loss of access to medical care and health insurance upon transitioning from care aggravates many health problems.

Providers also said health problems and access to health care are major transitional issues for emancipating youth. Several providers reported that mental health issues and problems surrounding lack of access to mental health services and medications were key issues for emancipating youth. Many were concerned about clients not having continued access to counseling and psychotropic medications. They commented on the prevalence of substance abuse and chemical dependency. Providers noted that many youth have no access to needed medications (particularly psychotropic) and they turn to self-medication with illegal drugs.

*“There’s obviously a recognition that for kids in the foster care system there very likely would be some mental health issues. . . . kids in the foster care system obviously have some challenges that people who’ve never been in the foster care system won’t experience and would have no real clue about. Kids in the foster system have a unique set of challenges in helping themselves feel comfortable and fit into their adult world. [They have] extra challenges that they’re going to experience in their lives, and that has a very significant mental health component to it.”* --Foster care provider

## **Many youth told us that transitioning to independence was a scary, challenging, and emotional time.**

Many emancipating youth are overwhelmed by loneliness and the many challenges they face when they first leave the foster care system. Without a home base, many have no place to go for the holidays. Few get the emotional support they need.

*“I think that people [foster kids] need to sit down and have an honest talk with an adult about what it means to live on your own, and some of the issues that you have to take care of on your own. Not just the basics ones of paying the bills and such, but the emotional stuff too.”* --Former foster youth, 25 yrs.

Youth reported that when they left the system they needed case management services and counseling because their problems and emotions escalated due to the stressors from living independently. Many felt confused and said the challenges they faced made them depressed and in need of emotional support, which was rarely available.

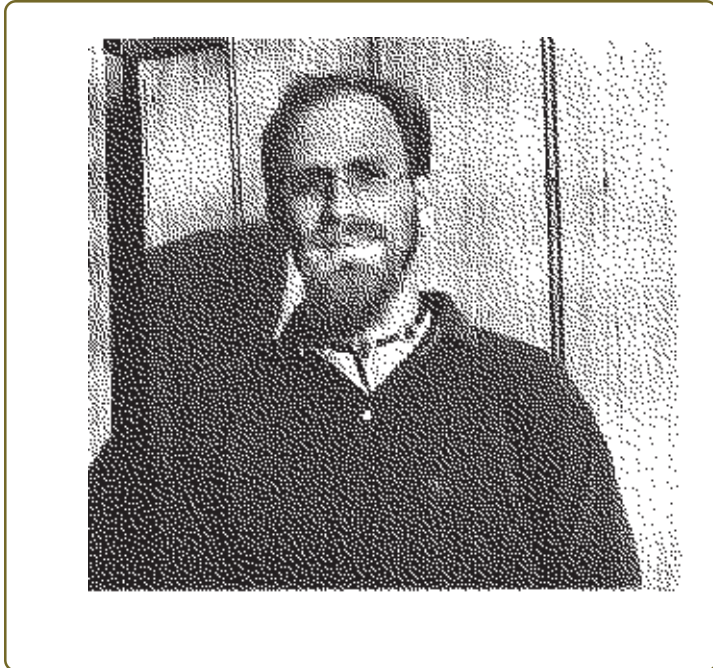
*“I think that [loneliness] was one of the main reasons I went out so much to have a good time. I felt so lonely and I had no options. I would rather have guys passed out on my couch and drunk than to be alone in my apartment. At first, it was really scary sleeping by myself. I just wanted some company. It’s just really hard when you don’t have a family.”*  
--Former foster youth, 19 yrs.

Many youth said that the first few months on their own were very scary. Some, after having lived with many people in residential centers, were alone for the first time and resorted to sleeping with weapons for security. Many former foster youth get needed emotional support from such people as former foster parents, caseworkers, friends, and members of their birth families. However, many have no one to turn to for help.

*“I remember when I first got out there everyday of my life I was scared. I was like oh man. I was in the house alone too so I would sleep with a knife under my pillow.”*  
--Former foster youth, 25 yrs.

Providers also said that youth need a support system, including emotional support. Almost all the providers we interviewed mentioned the need for an emotional support system for emancipating foster youth. While several mentioned that they provided some help to their former foster children, this assistance was usually informal and contact was initiated by the youth. None of the providers we spoke with had formal methods for providing continued emotional support for their foster children who have left care.

**The special needs of foster children are not adequately addressed within the school system.** Frequent moves in foster care lead to an unstable educational experience making successful educational attainment difficult. Youth reported they are at an educational disadvantage because of frequent moves



*Brian moved in and out of the foster care system as his mother continually struggled with a serious drug problem. When he was six and his brother was five years of age, they were placed together with an African American foster family in Colorado. He recalls this experience to be his most positive foster care placement for two reasons. First, his sense of self was reinforced as the couple consistently reminded them that their mother “had troubles but that she still loves them.” Second, he felt completely welcomed and accepted by the mostly African American community, which never made them feel different or unusual about the trans-racial arrangement.*

*At thirteen, Brian’s family situation became worse as his mother was imprisoned. Brian was placed at a youth shelter, and he completely lost contact with his brother until he turned 25 years old. Brian describes feeling completely alone and miserable the next few years. He encountered caretakers that were ultra-conservative, culturally insensitive, and at one placement, sexually abusive. What hurt and frustrated Brian the most, was the investigators looking into his rape allegation discounted his story saying that the sexual contact must have been consensual.*

*At seventeen, Brian ran away with the belief that CPS would not look for him. After about a year on the streets in Houston, he reunited with his mother for a few months. Soon after Brian turned eighteen he learned he was HIV positive. Around this time, Brian attended a local college to study sign language interpreting, for which he had a natural talent. He eventually received his license and moved to Austin to work as an interpreter in the schools, hospitals, police stations, etc. During this interview, Brian received a page from his supervisor that revealed what a valuable and gifted interpreter he is. His supervisor stated, “Congratulations, one year ago you became an employee with us. Now, salary and benefits will increase. Next week we will go out to lunch with the other interpreter to celebrate. The biggest thank you in the world is not enough for everything you have contributed over the last year, I love you.”*

*Overall, Brian has developed an enormously positive outlook on life. He believes that even though he has experienced some great losses and much pain, he knows that he has also experienced a lot of good from people he met along his way.*

within the school year. The foster youth in this study reported that they had experienced an average of six placements during an average of eight years in foster care. Youth reported numerous challenges including: problems transferring grades and getting credit for classes taken, having to repeat classes, interruptions in their curriculum, and accompanying stress.

*“I lost a lot of credits and in the ninth grade I actually went to five different high schools. That really bummed me out. I lost my health credits, I had to take health again, I actually didn’t graduate, I didn’t get to walk on stage because I failed my TAAS test by 2 points. I even went to the committee and contested that I graduate. I begged them and they said no, so I graduated that summer.”*--Former foster youth, 20 years

Youth reported a general lack of support from school staff and counselors as they tried to negotiate the connection between foster care and the school system. Graduating from high school was considered a great accomplishment because they faced more challenges than traditional students due to their sporadic support and frequent moves and transfers. Some faced emancipation before they had completed high school.

Foster youth in our study reported that they felt coerced into going to college because college was the only option that provided a bit of continued financial support following emancipation. Not only were some unprepared scholastically for college, many did not feel emotionally ready to attend college straight out of high school. For those youth who wanted to attend college, many lacked important information such as what entrance tests were required, how to fill out admissions applications or apply for financial aid. Some were not aware that Texas provides college tuition for foster youth. While tuition is paid for some, many youth have no idea how to pay for accompanying expenses such as room and board.

### **Many foster youth felt unloved, misunderstood, and stigmatized by their caseworkers, foster families, and society.**

Most youth told us about at least one caseworker with whom they felt very close and who helped them while they were in care. However, many told stories about caseworkers who were absent or unhelpful. Many foster youth stated that they felt they never escaped the label of a “bad” foster child. This caused confusion and negative self-perception.

*“In foster care... try to hug that kid every once in a while remind yourself that these kids are not born criminals, they are the way they are because life has molded them this way.”* --Former foster youth, 19 yrs.

**Foster children felt controlled by the system.** Many former foster youth reported that they felt “controlled” by a seemingly uncaring system. Particularly for those living in residential group homes, their stay in foster care was very structured. Some reported not being allowed to date or get jobs.

*“We are still kids in our minds, and I am not saying that we are not intelligent because we are all very intelligent, I think that there needs to be more guidance and education because you need to empower not pamper and be patronizing because when it is all taken away kids freak out and wonder what to do.”*--Former foster youth, 25 years

Many youth did not want to be identified as foster children and intentionally broke ties with the state. When youth leave the system, their response is sometimes to go wild.

*“When you first taste the freedom after being so supervised, your first day of freedom is like whoa I can do anything I want and when you get out there you get really stupid. You start partying like crazy and you stop worrying about the rent and you switch from one job to another job to another job because you can’t hold one job down because you have never had a chance to try it out when you are still under care. ... [Foster care] is so structured that when you get out you are not prepared for it and everything slaps you in the face when you get out.”* -- Former foster youth, 25 years

Forty-one percent of the youth we spoke with left care before their 18<sup>th</sup> birthday. Sev-



eral left the care of the state early in order to escape the control. However, at the same time, they removed themselves from any advantages or services available to them through the foster care system (such as college tuition assistance).

**Many emancipating foster youth lack basic life skills.** Many youth, faced with life on their own for the first time reported they did not know how to do the simple tasks that most of us learned before we left home. While their biggest problems were finding housing, health care, and jobs, youth also reported that they did not know how to do things like: clean the house; run a vacuum cleaner; wash clothes; grocery shop; coordinate basic things like medical care; get auto insurance, use a credit card; use a bank; balance a check book; write a resume; save money, and more. Without these skills, youth reported feeling overwhelmed by simple tasks.

Providers also said that foster youth are not ready for independent living at age 18 and faced multiple challenges. Many said that *no child*, regardless of history and upbringing, is totally prepared and ready for independent living at age 18. Furthermore, financial, health, and emotional challenges combine in ways that intensify the difficulties emancipated foster youth face. Providers interviewed for this study articulated in detail a long list of reasons that youth are not ready for independence.

### **How do they cope with adversity?**

In spite of great need for support, emancipated foster youth are in large part disconnected from the resources and opportunities that most young people have and all young people need. Most transitioning youth we spoke with did not know how to connect with resources and services they may be eligible to receive. Many youth left the system without any information about helping services (such as job training, Food Stamps, cash assistance, student financial aid). Youth became frustrated and resisted dealing with daunting applications for services. In some cases, youth waited too long

and then the benefits that were available to them had expired, such as college scholarships or PAL program money for apartment living.

Because most have no family to turn to for support, transitioning foster youth develop other coping strategies to deal with the enormous challenges they face. These strategies are often self-sabotaging, dysfunctional, and can send them spiraling into worse circumstances. Some of these strategies include:

**Removing themselves from available help.** Many foster youth leave the system before their 18<sup>th</sup> birthday, often acting out in defiance of a system that they perceive is not sensitive to their needs. This essentially closes them off from what help may be available. Forty-one percent of the youth we spoke with left care before their 18<sup>th</sup> birthday.

*“I had always been told through the system that once you turned 17, if you ran away they won’t look for you. I mean, if they see you or whatever, but mostly they don’t care. And knowing that, two days after my 17<sup>th</sup> birthday I bolted. I then went to live on the streets of Houston for about 9 months after that. I had no where else to go.”*

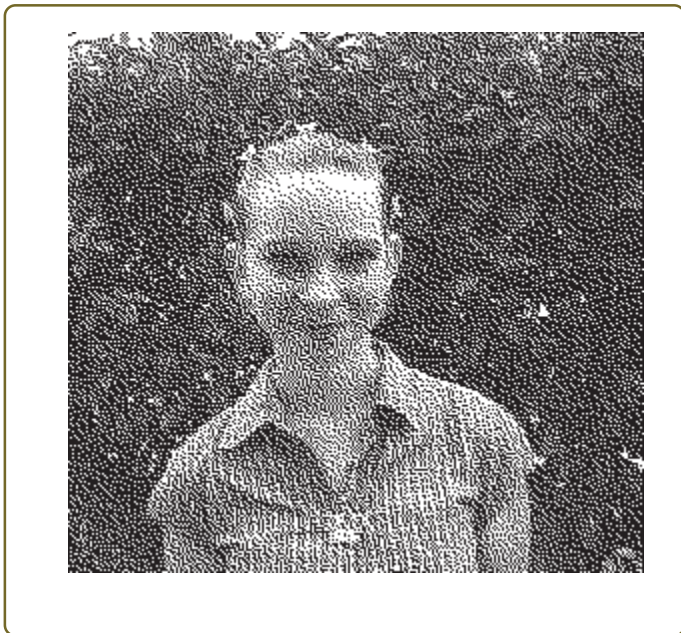
--Former foster youth, 27 yrs.

Former foster youth reported leaving the system early for a number of reasons. Many reported feeling that they were under constant supervision and control of an incompetent and uncaring system. Frustration with the system causes some youth to either give up by running away before emancipation or disassociating themselves from the system entirely upon transition. This urgency to become independent sometimes backfired and resulted in unhealthy situations and added challenges. Without support, many stopped working or going to school and regressed to worse circumstances.

**Engaging in risky lifestyles.** Transitioning foster youth reported engaging in risky behaviors such as drug use, dropping out of school, early parenting, and criminal activity. In-depth interviews revealed that one in five former foster youth had been arrested at least once, one in five reported having been the victim of a crime, and one in five reported a history of substance abuse.

After living in sometimes very restrictive foster care environments, many youth “go wild” when they leave care. Several youth commented that after receiving such constant supervision while in foster care, they wanted to break loose when faced with their first chance of freedom.

*“... when foster children get turned loose after having all those rules they go crazy. I was the party queen. In fact that is how I got pregnant. I was a party queen. All I did was dance, dance, dance every night of the week and Bob let me. He said that I had to work it out of my system, because I had never had that chance. And then I had my daughter and I calmed down.”* --Former foster youth, 28 yrs.



*Molly was about to turn fifteen years old when a caseworker removed her from her abusive family with instructions to take only a few pieces of clothing. Molly never went back home. The three years after her removal, Molly moved from an emergency shelter, to two long-term residential centers, to a couple of foster family homes, and ultimately to the Casey Family Program’s Community Transition Service Center where she has received a great deal of support.*

*“When I first started out [in the system] I had a lot of [caseworkers]. I do not even remember how many I had.” Fortunately, the year before Molly turned eighteen, she had one ‘good’ caseworker who had newborn twins and “even lets me help with them.” Furthermore, her foster mother was her mentor through the Casey Family Program for a year before Molly was placed in her care. “ [My foster mother] saw that I was struggling...and shows she really cares...She is going to let me stay as long as I am either in school, college, or if I have a job...until I am stable enough to be on my own.”*

*Molly was told that she would be transitioning out of care four days before her eighteenth birthday. “I didn’t really think about it too much... whenever I did I thought I am not going to be in care ‘legally’ anymore and the day that it happened, I was happy. It didn’t really feel any different.” Overall, Molly described the transition process positively because, “Everyone was there, my attorney, my caseworker, my foster mom...It kind of feels like I am still in foster care... I know no one really is ‘required’ to see me anymore, like my caseworker and therapist... They are not required to see me, but I know that they are there if I need them.”*

*Molly’s optimistic, confident, forthright attitude is conveyed when she describes her current involvement with the Texas Youth Advisory Board that represents foster care youth in the state. Molly advocates for having lawyers maintain regular contact with children in care that they represent. “We want to recruit new members... that have really good leadership skills and abilities, have been doing really well in school and their placement...”*

Providers also talked about risky behaviors of emancipated foster youth. Providers focused on the problems of out-of-wedlock births. The difficulties that young girls have in trying to care for their children was another recurrent theme among providers. Many mentioned that emancipated foster youth often wind up in jail.

**Returning to dysfunctional families.** Many transitioning youth felt a strong desire to re-connect with their biological families after leaving care. Others felt they had no choice but to try to get needed support from their families. Eighty percent of our interview sample had been in contact with their birth family since leaving care. While some youth received support (emotional and otherwise) from their biological family, some were not given the support they needed because their birth families were not able to provide it. Some birth families even caused harm. One young man went home to his mom because he had nowhere else to turn and she introduced him to the drug crack. He was working nights and was having trouble staying awake. He told us:

*“ I moved in with my mom after she got out of prison and she introduced me to crack cocaine. And that changed my life because that’s the first time I ever got addicted to anything.”* --Former foster youth, 26 yrs.

Providers also talked about challenges or barriers involving the birth families. Almost all mentioned that due to the lack of a post-transition support system, many transitioning youth wind up back at the homes of the families they were removed from due to abuse or neglect. While some families may have received help and are now truly able to help their children, many still are not in a position to be a positive force in the youth’s lives.

**Learning to get by, but not get ahead.** Transitioning youth learn to live from day-to-day and often need help developing long-range goals and career strategies. Lack of stability and unconditional support makes it difficult for foster youth to plan for the

future. Forced to cope with both daily living and difficult emotional issues, it is more challenging for transitioning foster youth to see beyond the present moment.

Not all young people are meant to go to college. However, some youth felt they were being pushed into going to college. Many were not sure this was the best path for them but it was the only option that provided a bit of continued financial support following emancipation. They regretted not having more time to figure out what they were interested in and explore other career options. Others found the tuition assistance extremely helpful and felt that the college scholarship option ran out too quickly. They reported that if they did not seize the opportunity by the time they were 25 years old, they lost it forever.

## Other Provider Findings

The Texas Foster Care Transitions Project interviewed 22 foster care providers and other stakeholders in the Austin and San Antonio area. Providers and other stakeholders were a rich source of data about the challenges of this group. We met and talked with some very dedicated and wonderful people. Providers, foster parents, and others indicated that there is a lack of support and resources for this population. Many of these findings have already been reported in earlier sections of this report. While many of the provider themes parallel what youth said, providers did have different perceptions than youth in some key areas. The following section outlines some themes that were unique to the provider’s interviews.

**Some providers cited mental and emotional characteristics of the youth themselves as some of the primary challenges and barriers to success.** Several characteristics were mentioned by providers as impediments to success including: youth’s lack of self-confidence; lack of motivation; distorted view of reality and unrealistic goals. Providers also mentioned emotional deficits as a result of being in care as a prime

source of challenge during transition. Some believed that youth's sense of entitlement and of lack relational skills led to a lack of success. However, several were quick to point out that the history and experiences of these youth both prior to removal from birth families and while in the foster care system could explain many of these characteristics. Providers said that problems within the foster care system can lead to poor outcomes for youth that age out of care.

*"Kids have a distorted view of reality because the system has always provided for them and they don't feel like they should have to work for anything."* -- Provider

While providers pointed to problems with the foster care as major barriers for transitioning youth, systemic problems in other service delivery systems such as health and mental health care, food stamp and other public assistance programs, also created tremendous challenges and barriers for transitioning youth that needed to access these services once out of care.

*"We assume that foster care kids can take care of themselves because they have had some sort of 'preparation.' We need to change that assumption because it does not work...this is not logical...you realize that you have to offer services for after the kids are 18."*  
-- Provider

**Most providers said that they provide life skills training in addition to PAL.** Providers were asked what kind of training they provide to clients aged 14-18 years to help prepare them for independent living. Most indicated that, although most of their foster children go to PAL classes, they try to provide independent living training above and beyond PAL.

*"We also do the regular curriculum that most independent living folks do...one of the things that [kids] do not often receive is more in the line of the "soft skills," how to handle racism, relationship issues...who is your support system...managing and coping with those birth family reconnections."* -- Provider

Several of the providers listed specific skills and training that they provide to the clients (or encourage the clients to get). These lists included things such as: grocery shopping, budgeting and money management, meal preparation, doing laundry and house-keeping, personal hygiene, programs that help youth to use computer programs to find scholarships for school, job readiness, GED for those that have left high school, vocational training, driver's education/licenses, resume writing, and job application skills training. However not all foster care providers offered all of these skills training.

Providers did mention referring youth to state agencies, such as: the Texas Department of Mental Health and Mental Retardation, the Texas Employment Commission (TEC), the Texas Rehabilitation Commission (TRC), the Texas Department of Human Services (TDHS), and the Texas Department of Health (TDH). Also, several providers in the Austin area mentioned the Austin Collaboration for Transitional Services (ACTS) for specific services for transitioning foster youth and Lifeworks, which is now also part of ACTS. One San Antonio provider indicated that her agency refers to New Life or St. Jude's for independent or transitional living programs. Some providers indicated that their agencies will, at the request of the client, continue to provide counseling/therapy after transition.

*"One of the things we try to do before they leave is work really hard to talk with them about where they are going and what they are going to do and we try to hook them up with resources in the area they want to go. Many times we get the referral information from their PAL coordinator."* -- Provider

**Many of the providers did not seem to know much about services and opportunities for their transitioning clients beyond their own programs.** Several providers said that they did not refer youth to outside services at all. Some indicated that they provided a support network themselves. However, it is important to note that many of these providers had little or no information about referral options, and did

not seem to prioritize finding ways to help youth to get outside assistance once they have left care. There was a widespread lack of knowledge on the part of many of the providers we spoke with about other agencies and organizations that providers could be referring youth to for help or public assistance. For the most part, providers did not systematically keep in touch with youth once they left their facility.

## Cohort Differences

The Texas Foster Care Transitions Study targeted two groups of transitioning youth: those who left care in 1999 and those who left care ten years ago in 1990. See Appendix B for more details about cohort differences. There were some interesting similarities and differences between these two cohorts:

- The two cohorts had about the same average number of years in foster care (1990= 7 yrs; 1999= 8yrs)
- The older cohort was not more likely to be married.
- Both cohorts had about the same number of high school graduates or equivalents.
- The younger cohort had a larger number of youth attending college.
- The older cohort was more likely to be employed full time and have health insurance, but also more likely to have experienced unemployment.
- Both cohorts had experienced homelessness at about the same rate.
- Only the older cohort mentioned a history of substance abuse and was much more likely to have been arrested and to have spent time in jail.
- The older cohort was more likely to be receiving social services but the younger cohort was more likely to have participated in the PAL program.

## Conclusions

Foster youth often do not get the help they need before, during, and after their transition from the foster care system to independence. Many foster youth reach the age of

emancipation with years of troubles behind them already. However, for many, new trouble is just beginning. Foster children become emancipated young people, who are at extreme risk of poverty and homelessness, victimization and criminal involvement, illness, early childbearing, and low educational attainment. In addition to being at risk of economic insecurity, many are very emotionally fragile. Many emancipated youth have fractured emotional attachments to others as a result of being taken from their birth families, often because of abuse and neglect. Multiple placements in foster care can also lead to attachment disorders or exacerbate existing disorders. Then, when they leave foster care, few have networks of friends or family to rely on for support. By the age of independence, many have formed strategies that prevent them from forming healthy relationships and are cast adrift with no safety net in place.

Transitioning foster youth often do not have the advantages of a healthy, supportive family, yet they are expected to cope with adult situations when they are not fully prepared to do so. Some call foster youth adults at age 18, but many situations arise in their lives where they are treated more like teens than adults. Many expect emancipated foster youth to make it “on their own” in an adult world but the jobs they are likely to get often do not pay a living wage or have health insurance. It is very difficult for young people to establish credit history. Many apartment complexes will not even consider youthful applicants. These young people are asked to be adults in a world that does not always think of or treat them as adults. When emancipated foster youth are expected to support themselves and finish high school or college, their chances for success diminish tremendously.

There is little available hard data about emancipated foster youth. Former foster youth are extremely hard to track because they lack stable housing and frequently relocate. In

the introduction to this report, we listed the questions that guide this research. Based on the findings from the Texas Foster Care Transitions Project, the answers are clear:

**Question:** What is the availability of existing data on youth that transition out of care and what do the data tell us about the whereabouts and circumstances of those young people?

**Answer:** Very little

**Question:** What are the methods currently available for tracking youth that transition out of care?

**Answer:** Virtually none

**Question:** What services are available to help youth that transition out of care?

**Answer:** Extremely limited

**Question:** What are the challenges faced by this population?

**Answer:** Enormous

These enormous needs range from basic necessities and life skills to health care and emotional support. In spite of great need for support, emancipated foster youth are in large part disconnected from the resources and opportunities that most young people have and all young people need. Because many have no family to turn to for support, they develop other coping strategies to deal with the challenges they face. These strategies are often dysfunctional and can send them spiraling into worse circumstances. Some of these strategies include:

- Acting out in defiance of a system that they feel is not sensitive to their needs. This can include closing themselves off (running away) from the help that is offered.
- Committing illegal acts to provide for themselves (and sometimes their families).
- Returning to unhealthy relationships with family or friends.

Ideally, children who are removed from the homes of their natural parents would find loving adoptive families to live with. Texas should develop aggressive incentive plans in

order to find permanent homes for children in foster care. However, there will always be children who are not adopted. Many will live in nurturing foster homes and be treated like any other family member. Many of the foster kids interviewed had developed strong connections to a favorite foster family and called them Mom and Dad. However, many also reported placements that were not as supportive and several youth told us that they believed their foster parents were “only doing it for the money.” Many of the perceptions of the youth and the providers were the basis of the following recommendations.

- **Build a bridge to future success.** Foster care providers (i.e., the state or private agencies responsible for foster children) should work together with other community members to plan a transition that is appropriate to each individual young person. If help begins before transition and young people are provided more assistance during and after emancipation, their outcomes will improve because they will stay connected to resources and help. Our communities should take youth by the hand and walk with them across the bridge to adulthood.

Communities should work with state and local government and other community organizations to develop a strategy for providing a continuation of services that begins well before and continues well beyond the 18<sup>th</sup> year. The continuum should create a bridge into young adulthood— a system of support that could be individualized and modified as youth become more independent. It would also provide incentives and means for youth to stay in contact with resources. If they stay in contact, it is much easier to measure their outcomes and provide needed help.

- **Expand independent living skills training and start early.** Foster youth need basic knowledge in a vast array of independent living skills. While some foster care providers are working to give foster youth the skills they



need, there are still a lot of youth who say they did not get the life skills training they need. Prior to the Foster Care Independence Act of 1999, states were only allowed to use federal funds to provide independent living services to children 16 years and older. Now, states have the flexibility to define their own age guidelines for services. If regional budgets allow, all children should receive services starting at age 14. All foster youth should be provided training that will enable them to develop meaningful skills needed into adulthood.

- **Connect youth to resources and opportunities**

*Job Training and Placement.* All transitioning foster youth need job training and placement assistance. Some youth may go to college, but not all foster youth are destined to attend college. For those who will not attend college, opportunities should exist to gain job training and work experience while in care. When they leave care, job training and placement assistance become most crucial.

*Transitional Housing.* A continuum of care for youth should be established with varying amounts of need for supervision. There should be opportunities for foster youth to practice living independently, for example in half-way houses or dorms. Housing assistance should be provided that is appropriate for individual levels of self-sufficiency. For those who are ready to live independently, a mentoring system could provide an opportunity for youth to ask advice. The Foster Care Independence Act of 1999 gives states the option of using up to 30 percent of their allotted money for transitional housing for 18-21 year old youths who have aged out of the foster care system. Texas should use the entire 30 percent to develop housing opportunities.

*Medical and Mental Health Care.* Many young people who have spent time in foster care have existing health problems, some quite serious. Others acquire health problems after leaving state care. Most transitioning youth do not have access to adequate health care. Health care benefits would allow transitioning foster youth in Texas to receive ongoing treatment for existing health and mental health problems before they become severe. Youth with health problems and no health care typically are forced to allow their conditions to persist until they get quite serious. As a result, former foster youth have no choice but to use the emergency room care, at great expense to themselves and often the communities in which they live. Former foster youth are likely to have health care needs beyond those of many of their peers. Rates of employment and access to medical insurance are low for this population. With already exorbitant costs for indigent care in Texas, this expansion opportunity is one way to prevent unnecessary indigent care costs while helping to care for these young people. For the young and uninsured, delaying necessary treatment and ignoring prevention can be dangerous or even deadly, and costly for the communities and states in which they live. It is therefore imperative to pass legislation — and appropriate the necessary funding — that will permit the implementation of Medicaid coverage for emancipating foster youth to age 21. Furthermore, communities need to provide avenues for much needed emotional support and mental health services. Appendix C contains a more detailed discussion of this Medicaid expansion process.

*Mentors.* Upon leaving care these youth need healthy, functioning adults in their lives to serve as role models and to provide guidance, emotional support, or just an understanding ear when they need to talk about what is

happening to them and how they feel about it. Mentoring programs should be expanding and new ones placed in schools and other institutions where transitioning foster youth receive services.

*Education.* A good education is essential to future success after emancipation. However, because foster youth move so frequently, they often fall behind in school and have a very difficult time getting to graduation. These youth need a stable school career and someone to actively advocate for them in the school system while in foster care. Youth also need continued support oriented to education after transition. Education and training are very interconnected with financial security and access to health care. For this reason, a top priority should be providing the necessary support to transitioning youth during the time they are receiving their education or training for a career.

*Financial support and services.* Independence without financial support often sets transitioning youth up for failure. Many need more support than they are receiving. Emancipated youth are expected to pull themselves up by their bootstraps and become self-sufficient, however most do not have the skills to get a job that pays a living wage. The Foster Care Independence Act of 1999 allows states to use part of the new funding for older youth that have left care but are not yet 21. Texas should plan to provide as much support for this age group as possible. In addition, many transitioning youth will be eligible for state services as soon as they leave care (Medicaid, Food Stamps, TANF). Steps should be taken before they leave care to make sure youth get the help they need.

- **Give providers knowledge of available resources to make competent referrals.** All provider agencies, foster parents, and caseworkers should become more knowledgeable about community resources and post-transition services available outside their own agency. In addition, they should facilitate collaboration efforts and connecting youth with resource options. Those who work with this population should be required to be a source of comprehensive information and actual assistance in the acquisition of services. This should include private services as well as those available at all levels of government: city, county, state, and federal. The Preparation for Adult Living Program (PAL) should be responsible for educating clients about and assisting them in the application for benefits, services, and programs for which they are eligible, such as Food Stamps, Medicaid, student financial aid, and so forth.
- **Provide community systems of support.** Youth need community support networks and options. One of the most consistent messages that we heard from youth is the fact that they need emotional support during their transitions. They experience a lot of fear, loneliness, and loss during the transition phase and often need someone to talk to or to ask for advice. A network of families (both foster families and other families in the community), churches, and other community organizations should be developed to provide emotional and practical support. Youth need a safety net to help address problems that may arise. Transitioning youth need a centralized place in the community where they can gain access to information, resources, and services.
- **Tracking and data collection.** There is little available data about emancipated foster youth. Systematic data collection before, during, and after



transition would enhance our ability to help transitioning youth. The only way to completely address the challenges of emancipating foster youth is to keep track of them to get a true sense of transition issues and problems. Furthermore, the Foster Care Independence Act mandates that states develop outcome measures to assess state performance in the areas of educational attainment, employment, and avoidance of dependency on public assistance, homelessness, out-of-wedlock births, high-risk behaviors, and incarceration. Therefore, Texas must develop a comprehensive systematic approach to tracking former foster youth that involves all participants in the system (youth, foster parents, residential programs, Texas Department of Protective and Regulatory Services, and all other agencies and providers that serve or should be serving this population). Texas needs reliable outcome information to better plan services for this population.

- **Fully implement Foster Care Independence Act!**

Help is on the way in the form of new legislation and a block grant to the states to serve this population at risk. The passage of the Foster Care Independence Act of 1999 authorized an increase of federal block grant funds for independent living services, from \$70 million in FY 1999 to \$140 million in FY 2000. Texas will be receiving approximately twice the amount of funding they had previously been receiving for independent living services, with a mandate to develop additional transitional services previously not provided. Texas should also evaluate the need for increased availability of services in rural areas and for people who have had transportation problems.

Although states have been given a great deal of flexibility in determining how they wish to utilize the money, they will be required to submit a state plan to the

federal government, which describes their intentions. That plan must then be approved at the federal level in order for states to proceed. This plan should include a collaborative component in which all agencies, programs, and individuals that serve or should be serving this population are incorporated into a coordinated plan for services.

In overview, the Act helps youth that are likely to remain in foster care until age 18 by providing additional independent living services. States must also use the money to help transitioning youth finish high school (or get a GED), get vocational training and job readiness skills, attain employment and housing, access medical services, and acquire mentors to help them through their transition period.

Specifically, the Act **requires** the states to:

- Use the Title IV-E training funds to train foster care providers regarding independent living issues facing teens who are preparing to transition from foster care. The Foster Care Independence Act gives states the flexibility to define their own age guidelines for services. If regional budgets allow, all children should receive services starting at age 14. Texas Preparation for Adult Living Program (PAL) coordinators are currently working in collaboration with care providers, youth, public and private agencies to develop a five-year plan for expanding services to transitioning youth. Each region in the state is formulating a plan of operation to expend increased funds. In addition, an interagency committee met in November 2000 to discuss ideas for increasing training for foster parents and providers. The Texas Department of Protective and Regulatory Services (TDPRS) Professional Development Division and the National Resource Center for Youth Services are developing recommendations to “train the trainers.”
- Develop outcome measures to assess state performance in the areas of educa-

tional attainment, employment, and avoidance of dependency on public assistance, homelessness, out-of-wedlock births, high-risk behaviors, and incarceration. TDPRS and Administration for Children and Families staff have begun working together to develop methods for increasing data collection in order to track youth who have left the system. They are also beginning to develop outcomes and performance measures related to independent living programs.

- Use part of the funding to help older youth who have left care but are not yet 21.

The law allows the states to:

- Use up to 30 percent of their allotted money for transitional housing for 18-21 year olds who have left the foster care system. TDPRS regional offices are beginning to make plans to provide room and board assistance through service contractors. They are not planning to use the entire 30 percent of the allotted funding for housing. At the time of this report, officials estimated that about 25 percent will be spent for housing. The Department of Housing and Urban Development (HUD) and Child Protective Services (CPS) are working collaboratively to extend eligibility of the Family Unification Program to youth leaving the foster care system between ages 18 and 21. This program provides rental assistance to families at risk of losing their children due to a lack of adequate housing.
- Increase the amount of assets that youth are allowed to own from \$1,000 to \$10,000. This allows youth in care to save up to \$10,000 and still be eligible for federal foster care payments. Although eligibility requirements have not yet been determined, TDPRS has begun discussing allowing youth to have the full \$10,000 in assets and still maintain eligibility for Title-IV-E foster care assistance.

- Expand Medicaid coverage to youth 18-21 years of age (or some subset of this group) who were in care on their 18th birthday. States will be allowed, but not required, to provide Medicaid coverage to former foster youth ages 18-21. However, each state will be given flexibility regarding: whether to provide coverage at all; to what age (19, 20, or 21); whether to only provide it to foster youth who were receiving Title IV-E funding while in care; or whether to provide it only to eligible youth whose assets, resources, and incomes fall below certain levels. It is anticipated that legislation will be filed that will permit the implementation of Medicaid coverage for foster youth who were in care on their 18<sup>th</sup> birthday. **One solution is for the Texas legislature to pass legislation and appropriate the necessary funding to fully implement the legislation.** If this legislation passes during the 77<sup>th</sup> Legislative session, the Medicaid coverage could begin in September 2001.
- Spend additional money on adoption incentive payments in order to find permanent homes for children in foster care. The funding for the adoption incentives is not included in the independent living funds.

**Texas should implement all of the provisions allowed under the Foster Care Independence Act.** In the coming years, Texas will be receiving approximately twice the amount of funding they had previously been receiving for independent living services. States will be required to develop and provide services previously not provided or improve or expand services that are already being provided. Although the states have been given a great deal of flexibility in determining how they wish to utilize the money, they will be required to submit a state plan to the federal government that describes their intentions. That plan must then be approved at the federal level in order for states to proceed. The Foster Care Independence Act should be implemented to provide as much assistance to emancipating foster youth as possible.

In addition to the Foster Care Independence Act, there are two other new pieces of federal legislation passed recently that could help emancipating foster youth. On October 19, 2000, Congress passed a bill that will extend housing assistance to young adults ages 18-21 transitioning from foster care. The provision was included in the FY2001 Housing and Urban Development (HUD) appropriations bill (H.R. 4635). The legislation provides that \$45 million be made available to the YouthBuild program, an increase in funding from \$42.5 million. YouthBuild provides grants on a competitive basis to non-profit organizations that assist high-risk youth between the ages of 16 and 24 to learn housing construction job skills and to complete their high school education. Section 234 of the bill provides for expansion of the Family Unification Housing Program for 18-21 year olds who left the foster care system at the age of 16 or older. This program provides rental assistance to families at risk of losing their children due to lack of adequate housing.

The Workforce Investment Act (WIA) was signed into law on August 7, 1998. The purpose of the Workforce Investment Act is to provide increased training and employment programs and a one-stop delivery system that includes job training, education, and other services through community career centers. If implemented as planned, transitioning foster youth should benefit from this combination of services, which proposes to be individualized to their needs rather than continuing separate programs and activities.

Our communities and individuals should work together to ensure that new legislation is fully implemented and transitioning foster youth have the best possible chance at success. The youth in our study were amazing young people. Their openness and honesty in telling their stories was astounding. Despite

enormous challenges, many exhibited resiliency, resourcefulness, and insight. One young man who, despite great personal adversity, maintained a sense of optimism. He said:

*“Look around your personal landscape, there are things to be grateful for. You have had an oasis or two along the way or you wouldn’t have made it this far.”* -Former foster youth, age 27

Several former foster youth attributed their survival and success to one person or one asset that assisted them in independent living. Many reported that the difference between success and failure hinged on one friend or family member— perhaps the person who took them in when they did not have a place to stay, the person who gave them a car so they could get to work, or the caseworker who helped them get training. We all have an obligation to work together to ensure that these young people can find the oasis they need along their way.



## APPENDIX A. PAL PROGRAM

### Preparation for Adult Living Program (PAL) Program

The Child Protective Services (CPS) division of the Texas Department of Protective and Regulatory Services (TDPRS) administers and provides the state's foster care services. As a result of the federal government's implementation of the Title IV-E Independent Living Program, a new program was developed within CPS called the Preparation for Adult Living Program (PAL). The stated mission of the PAL Program is "to ensure that older youth in substitute care are prepared for their inevitable departure from the TDPRS' care and support."<sup>81</sup> PAL is the entity responsible for the development and delivery of independent living skills training. The objective of the PAL program is to prepare older youth in out-of-home care for departure from state custody and into independent living. Though the state does not require participation in the PAL program, all foster youth are eligible and encouraged to do so.

#### According to TDPRS, services provided by the PAL program consist of:

- An independent living skills assessment. At age 16, participants are tested for independent living readiness. Test results determine individualized training plans for the participant. A post-assessment is conducted sometime between the youth's 17<sup>th</sup> birthday and two months after discharge.
- Independent living skills training, which includes training in personal and interpersonal skills; housing and transportation; planning for the future; job skills; personal health care; and money management.
- Support services, which include vocational assessment and/or training; GED classes; preparation for college entrance exams; driver's education; high school graduation expenses (if otherwise not available); counseling; and mentoring by volunteers to provide guidance and support.

#### Benefits provided by the PAL Program consist of:

- A transitional living allowance – youth who participate fully and complete the PAL program are eligible to receive an "allowance" of up to \$800, which is paid in increments not to exceed \$350 per month.
- A household supplies subsidy in the amount of \$200 in order to purchase items for their apartment, dorm room, or other living arrangements, as long as they are not living with their birth family or foster family.
- A tuition and fee waiver – As a result of 1993 Texas legislation (revised in 1997), youth who are under the conservatorship of TDPRS on their 18<sup>th</sup> birthday or who receive their high school diploma or GED while in care may attend certain state supported colleges, universities, or vocational schools and pay no tuition or fees. As of 1999, Texas was one of only three states in the country that had passed legislation and was providing this benefit (Florida and Maine are the other two.)<sup>82</sup>
- Scholarships – some colleges and universities are also offering students from the PAL program room and board scholarships, which offer assistance with their dorm costs. One state university also provides a staff person to assist PAL students at the school.

#### Other Activities offered through the PAL program

- PEAKS camp – twice a year 40 foster youth are given the opportunity to attend five-day experiential camps. The activities at the camps include: ROPES course activities, canoeing, expressive arts, swimming, hiking, skits, journal writing, and more. The objectives of PEAKS camps are to help the participants increase self-esteem, improve communication and problem-solving skills, and have fun. An adult, preferably the caseworker, must accompany each participant.
- Statewide teen conference – three-day annual conferences, with slots available for approximately 175 youths, are held on a college campus. Participants take part in workshops related to preparation for adulthood. An adult, preferably the case-

worker, must accompany each participant.

- College Weekend – approximately 70 foster youth who plan to attend college participate in college weekend at Texas A & M University at Commerce. Participants attend workshops related to attending college and are individually assisted in filling out needed paperwork, such as financial aid applications.
- Statewide Youth Leadership Committee (Youth Advisory Board) – youth from each region of the state choose topics they want to address and spend the next year formulating recommendations that are then presented to the TDPRS Board. The committee also reviews policies related to foster care.
- Regional Activities – some regions have regional teen conferences. When funding permits, other regional activities can include: wilderness trips, support groups, mentor programs, job development workshops, youth forums, etc.

In addition to many other activities and responsibilities, PAL will provide the state program infrastructure for many of the changes and additions that will occur as a result of the Foster Care Independence Act of 1999.

## APPENDIX B COHORT DIFFERENCES

	<20 Yrs	>20 Yrs	Total #'s			
Total Participants	11	11	22	Satisfied with current job	1	5 6
Male	5	6	11	History of unemployment	5	8 13
Female	6	5	11	History of homelessness	4	5 9
Average Age of Participants	19	25	22	Currently Homeless	1	2 3
Average Age Upon Transition	18	17	18	Current physical health issues	3	4 7
Marital Status				HIV Positive	0	2 2
Single	9	10	19	Past physical health issues	4	6 10
Married	2	1	3	Current mental health issues	2	4 6
# of out of wedlock pregnancies	3	2	5	Past mental health issues	3	8 11
Educational level Achieved				Attempted suicide	1	2 3
9th Grade	1		1	History of substance abuse	0	6 6
10th Grade	1		1	Health insurance	3	6 9
11th Grade		1	1	Arrest history	1	5 6
12th Grade	1	2	3	Jail or prison time	1	5 6
GED	2	3	5	Victim of a crime	1	2 3
High School Diploma	6	4	10	Welfare recipient	0	0 0
College Graduate		1	1	Denied welfare	1	0 1
Currently Attending College	3	1	4	Currently receiving services	2	6 8
Car Owners	5	4	9	Services denied	2	1 3
Home Owners	0	1	1	PAL services received	9	2 11
Business Owners	0	0	0	Job Corps services received	0	2 2
Current Employment Status				Average # of Yrs in foster care	8	7 7.5
Part-time	2		2	Average # of placements	6	6 6
Full-time	2	5	7	Casey participant in care	2	1 3
Unemployed	1	1	2	In contact with last foster placement	8	3 11
Unemployed/Looking	2	3	5	In contact with birth family	9	7 16
Student	2		2			
Student/Looking	1		1			
Incarcerated	1	2	3			





## APPENDIX C MEDICAID EXPANSION

All youth in the foster care system have health care coverage - primarily through Medicaid but occasionally through some other health insurance arrangement. Upon transition from care, however, most lose their health care coverage and are unable to access affordable health care. For many, the result is little or no preventative or non-emergency health care. A solution would be for the Texas State Legislature pass HB98 - and appropriate the necessary funding - that will permit the implementation of Medicaid coverage for former foster youth.

Transitioning foster youth face a host of challenges and barriers that many other youth do not. The three-year continuation of Medicaid benefits now allowed by the federal government could be one way to help smooth their transition. Medicaid benefits would allow these young people to adjust to their independent living status and focus on the tasks before them - seeking employment, going to school, and establishing themselves in their community - rather than having to worry about avoidable or treatable health and mental health problems.

In Texas, many of the public assistance programs are strained to their limits. By providing the Medicaid benefits that would enable transitioning youths to prevent or be treated for their acute and chronic health and mental health conditions, the state would be indirectly assisting these individuals in their efforts to acquire further education or vocational training and/or getting and sustaining employment. In addition to the potential savings in health care costs, this investment could ultimately lead to substantial savings in other programs such as TANF, associated welfare-related programs, and other savings for costs associated with homelessness, mental illness and incarceration.

By virtue of the passage of the Foster Care Independence Act, the federal government has authorized the granting of Medicaid benefits to former foster youth, aged 18-21. On the day that H.R. 3443 was signed into law, Timothy M. Westmoreland, Director of the Department of Health and Human Services, Health Care Financing Administration, sent a letter (Westmoreland, T., December 14, 1999) to state Medicaid directors, encouraging states to take advantage of this option. Westmoreland stated, “the incidence of homelessness, substance abuse, and pregnancy can be high in this population. Clearly, these children continue to need access to medical care. And yet, upon reaching their 18th or 19th birthday, many of these children lose their Medicaid coverage that protected them as foster care children.”

Legislation that would expand Medicaid coverage to transitioning foster youth -- HB 98 -- was filed in late November, 2000. A Senate companion bill is also expected. If this legislation is successful, four state agencies will have a role in the implementation and operation of this program. They are: the Texas Health and Human Services Commission (THHSC); the Texas Department of Protective and Regulatory Services (TDPRS); the Texas Department of Human Services (TDHS); and the Texas Department of Health (TDH). THHSC, which is the designated Medicaid single state agency (a federal Medicaid requirement), would be responsible for amending the state Medicaid plan to include this expansion and then working with the federal government’s Health Care Finance Administration (HCFA) to get it approved. TDPRS, which operates the state foster care system, would be the “identifying” agency and would be responsible for providing information to TDHS regarding who is eligible to participate in the expansion. TDHS would be responsible for the eligibility and enrollment functions, and TDH would be the state payor for services.

In response to the passage of the Foster Care Independent Act, TDPRS and HHSC developed projections regarding the fiscal impact that Medicaid coverage for foster youth could have for fiscal year (FY) 2001 (TDPRS and HHSC, 2000). Assuming coverage for *all* former foster youth eligible under federal law, the projected total general revenue (GR) requirement for Texas for FY 2001 is \$2,439,020. (It is important to note that due to the timeline for this initiative there will be no expansion in FY 2001. However, these numbers provide a good starting point for assessing the fiscal impact in the coming years.) Since FY 2001 coverage for all eligible youth would have covered youth who transitioned in FY 1999, FY 2000, and FY 2001, this figure assumes the following numbers of transitioning youth, ages 18, 19, and 20 during FY 1999 – 2001:

- ◆ FY 1999 – 789
- ◆ FY 2000 – 831
- ◆ FY 2001 – 849
- 2,469 Total

Though the projected total general revenue requirement must assume that all transitioning youth would utilize the Medicaid option, that is not likely to be the case, as at least a small percentage will get jobs with insurance benefits or will access insurance in some other way.

Although there is no guarantee that legislation and funding for this Medicaid expansion will be passed in the 77th Legislative Session, it is nonetheless important to plan for implementation should passage occur. Formal multi-agency planning activities began in July, 2000. Representatives from the relevant state agencies met with legislative staff to begin to explore the specifics of making this Medicaid expansion a reality. A workgroup consisting of appropriate staff members from each agency was formed. The broad objective of the workgroup is to collaborate on developing a

strategy for implementation and operation of a program that will make participation as seamless and accessible as possible to the eligible population. The workgroup will also attempt to ensure that the participating state agencies will be able to integrate this expansion into their current functions with the least possible degree of administrative burden and at the lowest possible cost. Specifically, some of the issues the workgroup and agencies will be addressing will include:

- Exact steps that must be taken by TDPRS and TDHS to implement this expansion should it be authorized. Included in this discussion will be problem solving regarding: the role of the TDPRS caseworkers; the responsibilities of the clients; and automation and interface issues between these two agencies.
  - The State Plan Amendment must be drafted.
  - The manner in which continued eligibility will be handled by the agencies involved must be developed. The goal is for TDPRS and TDHS to ensure that the transitioning foster care clients are smoothly and automatically switched into this new Medicaid category (unless they decline coverage).
  - The manner in which annual re-certifications should be handled must be developed. Once clients are out of the foster care system, it will be up to them to ensure that their annual recertifications occur. TDPRS and DHS will be exploring ways to educate these young people about the Medicaid process in order to help them avoid disruption of services.
  - Deeper investigation into potential costs and benefits should be undertaken.
- Additionally, TDPRS has been working with HHSC regarding the possibility of enrolling transitioning individuals up to age 19 in the Children's Health Insurance Program (CHIP) until enrollment begins for the Medicaid expansion, should the State Legislature approve it.

## Preliminary timeline

The preliminary timeline for the development and implementation (if the legislation is passed and funding appropriated) of this Medicaid expansion is as follows:

- Representatives from HHSC, TDPRS, and TDHS met in August and early September to discuss the issues and agreed upon a proposal regarding the specific steps and process that should be utilized to provide Medicaid coverage to transitioning foster youth. A formal proposal was submitted to appropriate legislative offices in September, 2001.
- Legislation was drafted and pre-filed prior to the 77<sup>th</sup> Legislative Session.
- HHSC did preliminary investigative work on the State Plan Amendment during fall, 2000. The State Plan Amendment will be prepared by March 2001.
- Upon passage of the legislation and approval of appropriation, the State Plan Amendment will be submitted to the federal government for approval. At the latest, this should occur at the end of May 2001.
- The federal government has 90 days to approve or reject the State Plan Amendment. This would closely coincide with the beginning of FY 2002, which begins on September 1, 2001.

Upon federal approval, and assuming that the agencies have completed their preparations for implementation, enrollment into this new category of Medicaid eligibility can occur and the provision of services begin in 2001.

The Foster Care Independence Act of 1999 has provided the states with instruction and funding to help ensure that these young people will have better pre-transition services and newly available post-transition services, with the objective being improved outcomes for former foster youth. The optional provision of the Act that permits Medicaid coverage to former foster youth ages 18-21 who were in care on their 18th birthday is one of the most crucial. Abigail English, Director of the Center for Adolescent Health and the Law spoke for most people who care about these transitioning

foster youth and want to see them given every form of assistance possible to help them in their quest for success and self-sufficiency when she testified that “It is critically important that young people aging out of the foster care system have Medicaid coverage at least until they turn 21. For many, this would provide them with three years of continuous and predictable health insurance, allowing them time to learn to navigate the health and mental health systems, become familiar with their other options and, hopefully, secure employment that would include health insurance or enable them to buy it.”

The State of Texas can afford this expansion. With a State General Revenue expenditure of under \$3 million annually, Medicaid for former foster youth would be virtually unnoticeable in the state’s multi-billion dollar Medicaid budget. But the opportunity it might provide for these young people could be priceless – the chance for productive, happy and healthy lives.

## ENDNOTES

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<sup>1</sup> The term 'emancipated' is used in this report to refer to all young people who have left the foster care system either by formal release from the foster care system at their request, by aging out at age 18 years, or by running away from the system before their 18<sup>th</sup> birthday. This group is interchangeably referred to in this report as 'emancipated', 'transitioning', or 'former' foster youth.

<sup>2</sup> CWLA testimony before the Ways and Means Subcommittee on Human Resources for the hearing on challenges confronting older children leaving foster care. (March 9, 1999). Child Welfare League of America. Retrieved April 10, 2000 from the World Wide Web: <http://www.cwla.org/cwla/publicpolicy/independentlivingtestimony.html>

<sup>3</sup> Texas Department of Protective and Regulatory Services, prepared 3/7/00 for 4/20/00 public hearing on the implementation of the Foster Care Independence Act of 1999

<sup>4</sup> The Texas Department of Protective and Regulatory Services staff at 7/14/00 meeting regarding the implementation of the Foster Care Independence Act of 1999.

<sup>5</sup> Texas Department of Protective and Regulatory Services, prepared 3/7/00 for 4/20/00 public hearing on the implementation of the Foster Care Independence Act of 1999.

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