

TRANSITIONING YOUTH
A CASE FOR THE NATIONAL FOSTER CARE REGISTRY
PREPARING YOUTH TO AGE OUT OF THE FOSTER CARE SYSTEM

History of Foster Care

The foster care system has been around for quite a while. While it didn't start out as we know it today, it had similar goals and motives. You may be surprised at how United States foster care all began and how it has progressed since its earliest days.

English law established in 1562 allowed children from poor families to be placed with wealthy families—as indentured servants. Once the children became of age, they were allowed to go and live their lives as their own. While this type of servitude was an upgrade from its predecessor, it obviously wasn't the best situation for the child. Before this arrangement, orphaned children were placed in almshouses. There, they did not learn a trade—which was critical for later survival. One of the reasons that these setups were not ideal was that it opened up the children to abuse and exploitation.

A minister from New York—in 1853—started the free foster home movement. Charles Loring Brace saw a need, and acted. At that time, a large number of immigrant children were without homes, shelter, or food. Many children were sleeping on the streets each night. Brace then advertised the need for families to willingly provide these children with free homes and free food. Even though it had progressed from early indenture in the 1500s, it still had a long way to go. At this time, it was still considered that the child was indentured.

Slowly, the foster care program began to take shape. The government became interested and involved themselves in finding and providing homes to these homeless children. Soon, licensing was required to make sure the children were taken care of in a respectable, responsible, and loving manner.

Starting in the early 1900s, these social and governmental agencies began to monitor and supervise foster parents. The time of placing a child with any willing family was over. These agencies began taking the child's welfare and needs into account, and started to create reports and records.

However, these reports and records only evaluate a small percentage of children and youth in foster care and has not addressed such issues as the foster care stigma of being indentured and preparing youth, not reunited with family, for the aging out process.

The foster care system has come a long way. With such humble and heartfelt beginnings, it has grown to be more about the child's needs. Modernly, the foster care system all started with Charles Loring Brace and his aching heart for the homeless children of the New York streets.

Present Day

As reported by Kenneth Larimore to the North American Association of Christians in Social Work in October 2012 at their Annual Convention in St. Louis, MO.

PREPARING AT-RISK FOSTER ADOLESCENTS FOR INDEPENDENT LIVING: PREPARING TO AGE OUT OF THE FOSTER CARE SYSTEM

For over 20 years, a series of federal laws has provided funding for programs that support adolescents in their transition from foster care to emancipation (Collins, 2001; Mendes & Moslehuddin, 2006; Tweddle, 2007); however, young people making this transition continue to have poor prospects for successful adult living (Berzin, 2008; Scannapieco, Connell-Carrick, & Painter, 2007). The most recent legislation is the Foster Care Independence Act of 1999. The mandate of the act requires independent living programs to provide life skills training and education for emancipating foster adolescents with the expectation that they will be self-sufficient upon reaching adulthood (Krebs & Pitcoff, 2004, 2006). Research concerning the self-sufficiency of adolescents emancipated from foster care shows that many of these independent living programs are not working (Berzin, 2008; Courtney et al., 2001).

Background of the Study

Historically, foster adolescents have not had the needed support to meet self-sufficiency outcomes and are therefore ill-prepared to make the transition from foster care to independency and self-sufficiency (Courtney et al., 2001; Freundlich, Avery, & Padgett, 2007; Keller, Cusick, & Courtney, 2007; Scannapieco, Connell-Carrick, & Painter, 2007). Foster adolescents may spend months, sometimes years, in a structured foster care system that often denies them the opportunity to make their own decisions and practice the skills necessary for adulthood. As a result, emancipated adolescents have trouble successfully living and working independently. Research by Courtney, Piliavin, Grogan-Kaylor and Nesmith (2001), has shown a high degree of homelessness among adults who were former foster adolescents. Thirty-nine percent of homeless subjects used in the study of Piliavin et al. reported a history of placement in foster care. Other researchers indicated rates of homelessness in the range of 12-35% among adults formerly in foster care (Pecora et al., 2003; Scannapieco, Connell-Carrick, & Painter, 2007). There are two primary explanations for why adolescents who were in foster care are vulnerable to homelessness. Both are particularly important for adolescents who have just been discharged from care. First, adolescents coming out of foster care are poorly prepared for independent living (Berzin, 2008; Keller, Cusick, & Courtney, 2007; Scannapieco, Connell-Carrick, & Painter, 2007). Many leave their placement with no job prospects and/or no high school diploma (Mendes & Moslehuddin, 2006). Second, the negative experiences foster adolescents experienced from their birth families may leave them more prone to psychosocial problems and impede their ability to secure and maintain stable housing (Mendes & Moslehuddin, 2006). Educational achievement eludes many of these adolescents as shown by graduation rates from high school as low as 33% (Reilly, 2003). It is interesting to note that adolescents, formerly in foster care, have considerably more involvement with the law than non-foster adolescents. Research (Buehler, Orme, Post, & Patterson, 2000; Mendes & Moslehuddin, 2006;) found that since leaving foster care, 25% of former foster adolescents have been involved in criminal activities, and they are also more prone to substance abuse and mental health problems. Since 2000, there have been gaps in the literature of foster care outcomes.

Statement of the Problem

Typically when children are removed from their home by the child welfare authorities, by law, they become wards of their prospective state under the guise of *parens patriae* (Anderson, 2001). Although many of these young people return home within one year of their stay in the system, a significant number of them, after remaining in the system over time, spend a large portion of their middle to late childhood years continually mired down in the foster care system (U.S. Department of Health and Human Services, 2006). Unfortunately, a growing body of knowledge now shows that many children in the foster care system are deciding to emancipate themselves. In various studies (Charles & Nelson, 2000; Child Welfare League of America, 2003; National Foster Care Awareness Project, 2000; Scannapieco, Connell-Carrick, & Painter, 2007), it was estimated that approximately 20,000 to 25,000 youths per year leave the foster care system. The result is that many are leaving the system unprepared to live independently. A longitudinal study by the Chapin Hall Center for Children at the University of Chicago, Courtney et al. (2005) examined outcomes for current and former foster youth from Wisconsin, Illinois, and Iowa, showed that outcomes in multiple domains were worse for foster youth than the general population. They found that 62% of the American teens who were enrolled in school at 19 were in a 4 year college, compared with only 18% of foster youth. They found that 37% of youth who had exited foster care by age 19 were neither employed nor in school. Fully 90% of 19-year-old foster youth earned less than \$10,000 per year, compared with only 79% of the overall population of American 19-year-olds. Foster youth experienced higher rates of hospitalization due to drug use or emotional problems than the general population of 19 year olds. Foster adolescents were more than twice as likely to become a parent by the age of 19 as the general population of 19 year olds (Shirk & Stangler, 2004). Thus the problem that the author of this study will determine if the staffs of five private nonprofit foster care agencies located in the state of Ohio were effective in developing advance strategies for adolescents in their charge to live independently as emancipated individuals.

Introduction to the Literature Review

Emancipation is the point at which an adolescent, who has turned 18 in an out-of-home placement, is no longer under the care of the child welfare system and is turning or has turned 18. When young adults in foster care are emancipated the state no longer has responsibility for their welfare. These young adults are the most vulnerable in our society as they have suffered extreme abuse and/or neglect (Henderson & Jackson, 2004; (Mendes & Moslehuddin, 2006). Once emancipated, these adolescents are forced into independence unprepared and unsupported while their similar age peer group continue to receive parental support.

Shirk and Strangler (2004) found that most Americans don't expect their children to complete the transition to adulthood until the age of 26. According to Shirk and Strangler (2004), this transition period generally involves a long transition period during which young people may leave and return home again on three or more occasions. It has been estimated that each year more than 20,000 American adolescents will exit the foster care system with the expectation that they will be able to live self-sufficiently (Child Welfare League of America, 2003; Mendes & Moslehuddin, 2006). As a result, many young adults leave care with little social, emotional or financial support from their families as compared to their peers in the general population and they typically make the transition to independence earlier (Leathers & Testa, 2006; Courtney et al., 2001; Scannapieco, Connell-Carrick, & Painter, 2007). Stein (2006; 2008) identified five measures of readiness to living independently for young adults formerly in foster care:

employment, education, living arrangements, supportive networks, and cost to the community. Courtney et al. (2001) included other measures, such as health care and safety, legal involvement, and preparedness for life in the community.

Researchers from the early 1980s (Euster, Ward, Varner, & Euster, 1984; Festinger, 1983; Jones & Moses, 1984; Mauzerall, 1983; Zimmerman & Williams, 1982) strongly suggested that child welfare workers and policy makers needed to examine and respond to the fact that many young people exiting out-of-home care were not sufficiently prepared for living independently. In outcome studies in the 1990s, researchers continued to paint a disturbing picture. Between 10% and 40% of young adults formerly in foster care were unemployed and many had trouble keeping steady employment (Cook, 1991; Courtney & Piliavin, 1998). Graduation rates from high school for these young people were as low as 34% (Barth, 1990). Several researchers reported homelessness to be a problem (Barth, 1990; Courtney & Piliavin, 1998). In a more recent study, Mason et al. (2003) looked at 222 young people from four foster care agencies six months after they left care. The researchers found 9% of all the young adults, whose average age was 19, had been homeless at least once. Based on 100 young people leaving foster care in Nevada, Reilly (2003) reported that 36% indicated there were times when they had not had a place to live.

Most of these researchers examined the rates of prior out-of-home placements among people who were recently homeless at the time of the study; few researchers examined the rates of homelessness among people with histories of child welfare involvement. A number of researchers indicated the rate of homelessness was in the range of 12% to 35% among this group (Courtney et al., 2001; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Pecora et al., 2003; Scannapieco, Connell-Carrick, & Painter, 2007; Benedict et al., 2006).

Within the literature, researchers are in agreement that there are two primary explanations for why adolescents in out-of-home care are vulnerable to becoming homeless at some point in their adult lives. Both of these are particularly important for young adults leaving care. First, young adults who exited foster care were poorly prepared for independent living (Berzin, 2008; Scannapieco, Connell-Carrick, & Painter, 2007). Mendes and Moslehuddin (2006) found that the officials in the United States, the United Kingdom and Australia, have failed to provide the precare, transitional, and postcare supports and services needed to guarantee improved outcomes for young adults leaving care. A majority of these young people left their placements without a job or a high school diploma (Mendes & Moslehuddin, 2006; Reilly, 2003). Second, the experiences borne by this group, both before and during foster care placements, may have left them more prone to psychosocial problems that impede their ability to secure and maintain stable housing. Members of this group are also more prone to substance abuse and mental health problems (Mendes & Moslehuddin, 2006; Buehler et al., 2000).

McMillen and Tucker (1999) conducted a study of older adolescents who exited the child welfare system and transitioned into independent living. The researchers examined the status of young adults at the time of their exit from the child welfare system in order to examine the system's effectiveness in preparing them for life after placement. They discovered what type of adolescent stays in out-of-home care until they are young adults. McMillen and Tucker offered a backdoor look into who is best served by permanency planning efforts.

There are two reasons that McMillen and Tucker (1999) continued the study of young people who were 16 to 18 years of age and exiting from out-of-home care. First, in previous studies, researchers did not adequately assess key exit status variables, such as where the young adults were living and the reasons for exit. Second, the kinds of adolescents in out-of-home care and the system itself keep changing. McMillen and Tucker studied young adults who were discharged from the care and custody of the Missouri Division of Family Services. Case records were reviewed and randomly sampled. There were 477 young people who met the initial criteria for the study: (a) alternative care case closed between October 1, 1992 and September 30, 1993, (b) alternative care case opened six months or longer at time of case closing, and (c) age 17 or older at the time of case closing. These 477 adolescents constituted 8.8% of the 5,442 young people who left alternative care in Missouri during this time frame (McMillen & Tucker). From the 477 case records, 300 were randomly selected after fitting the criteria of the targeted population, 252 were placed in the final sample. The sample included case records of 167 females (66.3%) and 85 males (33.7%); 194 were White (77%), 55 were Black (21.8%), and 3 were of mixed race (1.2%). The final sample of 252 young adults was from 71 different counties. There were 72 young people (28.6%) considered to be from urban areas, and who were identified as having a case manager in Jackson County (Kansas City), St. Louis city, or St. Louis County (McMillen & Tucker).

The state database system contained data relative to age, race, entrance and discharge dates, and placement episode information, including placement type and length of stay. Pertinent information was abstracted from case records by the first author ($n=193$, 76.6%), second author ($n=30$, 11.9%), and an additional state employee ($n=29$, 11.5%) trained in the abstraction methods (McMillen & Tucker, 1999). Information abstracted included: (a) family problems at time of placement, (b) educational status at discharge, employment status at discharge, (c) involvement in independent living skills classes, (d) reasons for release from custody, and (e) whether the young adult had become a parent (McMillen & Tucker). To account for a deficiency in other studies, McMillen and Tucker assessed educational progress in addition to high school completion. Case reviewers rated educational status for each young person at the time of exit from 0 (*much worse than expected*) to 4 (*better than expected*). Because the authors were unable to use independent raters to compare and reconcile ratings, each of the 5 points on the scale was grounded with explicit descriptors to increase reliability (McMillen & Tucker).

Case records also revealed information on several possible problem areas that the young adults may or may not have had at the time of discharge. Criminal involvement was defined as any indication in the case record that the young person had been arrested for a felony or was involved with a gang. If caseworkers noted a continual pattern of alcohol or drug use in the case record, the young adult was considered to have substance abuse problems (McMillen & Tucker, 1999).

Given these rough indicators, the most significant limitation in the methods used concerns measurement. Because case records and computer database information were used for all the data collection, no information on the reliability and validity of the measures used was available. McMillen and Tucker (1999) found the method did compare favorably with other studies in the substantive area in which administrative data or case records alone were used.

McMillen and Tucker (1999) showed that adolescents who stayed in care past the age of 17 tended to enter care as early teenagers, stay for several years, and have many placements. Few

adolescents entered care early and had a stable placement history. Only five adolescents (2%) entered out-of-home care before age 10 and had fewer than three placements. Another 52 (20.6%) entered care before age 10 and had three or more placements. The majority of adolescents comprised of 161 (63.9%) entered care after age 10 and had three or more placements. The mean age at discharge was 18.42. The young adult's status at the time of discharge had shown that 74 young adults (29.4%) had never held a job prior to leaving care. No employment information was available on 20 young adults (8%). Thus, 160 (63.4%) were known to have some employment experience prior to leaving out-of-home care (McMillen & Tucker).

Review of Critical Literature

The literature critical to the study was organized into three themes: (a) legislation, (b) outcomes of young adults after leaving foster care, and (c) evaluations of independent living programs. In the literature, researchers provided a wealth of information leading to an overall understanding of the nature and effectiveness of independent living services, practices and research. Within the literature, researchers have presented both strengths and limitations that this researcher will attempt to explicate throughout this review.

Legislation

Preparing adolescents in out-of-home care for successful independent living has not been a primary goal of the child welfare system. Mallon (1998) stated that although the goal of the developers of the Adoption Assistance and Child Welfare Act of 1980 was to restructure the out-of-home care system in order to prevent unnecessary placement of children in care and to move children in a timely manner towards permanence, the act failed to address the need for independent living skills for adolescents living in out-of-home care.

Festinger (Scannapieco, Connell-Carrick, & Painter, 2007) brought awareness to the issue of preparing young people for independent living. Festinger examined the outcomes of 277 adolescents who left foster care in the New York metropolitan area. The Festinger found that these adolescents had poor outcomes as young adults; one third had not completed high school and 21% were receiving public assistance.

In response to Festinger (Scannapieco, Connell-Carrick, & Painter, 2007) who documented the poor outcomes of former foster adolescents, the Independent Living Initiative was enacted in 1985 to help young people in foster care to learn skills necessary to prepare them for life after aging out of foster care. With this legislation, lawmakers amended the Title IV-E of the Social Security Act and provided federal funds to states so that professionals might teach young adults, ages 16 to 18, about daily living skills and how to become self-sufficient (Collins, 2001; Leathers & Testa, 2006). The main goal of the proponents of the independent living program was to prepare foster adolescents to function in society without depending on public assistance (Geenen et al., 2007). State officials were given a tremendous amount of flexibility on how to use the funds. However, adolescents in lockup facilities, including juvenile offenders and those in mental institutions were not eligible to participate in independent living programs (Collins, 2001). The legislation was important because with it lawmakers responded to a problem and provided resources for the development of programs. However, due to the multiple challenges faced by child welfare agencies, the needs of adolescents in foster care received little attention, the resources provided were small, and the development of programs was limited (Collins).

Consequently, the overall impact of the independent living program services on young adults was minor (Collins).

In 1999, members of Congress reviewed the plight of emancipated young people and saw that there was still not enough being done to resolve this problem. As a result, they passed the Foster Care Independence Act of 1999 to provide increased funding for independent living program services. For example, with the passage of the act, lawmakers increased the funding for independent living program services, extended services to the age of 21, allowed young adults to use up to 30% of the money for room and board, and allowed for a more broad range of services (Lemon, Hines, & Merdinger, 2005). Another advancement of the act was the ability to extend Medicaid health insurance for former foster care youth up to age 21 (Collins, 2001).

The Foster Care Independence Act also established the Chafee Foster Care Independence Program. The Chafee Foster Care Independence Program has five purposes as follows:

1. Identify adolescents who are expected to be in foster care to age 18 and help them make a transition to self-sufficiency;
2. Help these adolescents to receive the education, training and services necessary to obtain employment;
3. Help them prepare for and enter post-secondary training and education institutions;
4. Provide personal and emotional support for young adults aging out of foster care; and
5. Provide a range of services and support for former foster care recipients between ages 18 and 21 to complement their own efforts to achieve self-sufficiency and to assure that the program participants recognize and accept their personal responsibility for adulthood (Collins, 2004).

Recent legislation has focused on higher education of foster care adolescents. With this legislation, the Chafee Education and Training Voucher Program, lawmakers provided resources to state officials so that they could provide vouchers for post-secondary education to young adults who are either aging out of foster care or are adopted from public foster care after age 16 (Collins, 2004).

Scannapieco, Schagrin, and Scannapieco (1995) found that the independent living program has a positive impact on the ability of young people to be self-sufficient at the time of emancipation. They compared 90 young adults who were eligible to attend an independent living program from 1988 to 1993. A total of 44 young adults participated in the program while 46 did not. Those who participated in the independent living program were more likely to finish high school and be employed at the time of discharge from the child welfare system. In this study, 87% of the young people who did not complete the independent living program also did not graduate from high school. Researchers found no significant differences by age, ethnicity, and gender of the adolescents who participated and those who did not participate (Scannapieco et al.).

Lindsey and Ahmed (1999) also compared the outcomes of young adults who had participated in the independent living program services and the outcomes of young adults who had not. The data was collected using questionnaires from former foster care adolescents who had emancipated between July, 1992 and July, 1995 and used interviews with 46 current independent living program participants and 13 staff of the program. Of the emancipated young adults, 44 participated in independent living program services and 32 had not. Lindsey and Ahmed compared the young people in areas of employment, economic well-being, education, and

housing and found that those who did not complete an independent living program did not do well, especially in the areas of employment and education. One surprising finding was that those with independent living program experience were not doing better financially, as they were more likely to use public assistance than non-participants. The independent living program staff believed that this was due to the program staff teaching young adults how to access available resources when they needed to. In all four areas, researchers found that young people with higher education levels and employment had greater housing stability and were more financially secure, whether or not they had participated in the independent living program. These findings by Lindsey and Ahmed (1999) indicated that independent living program participation does not provide an adequate preparation for living independently. The adolescents may need the experience of actually putting into practice the skills that they have learned from the program (Barth, 1990).

Outcomes of Youth after leaving Foster Care

In the Independent Living Initiative of 1985, lawmakers provided a framework for states to develop services to help young adults in foster care develop independent living skills (Collins, 2001; Reilly, 2003). Despite the fact that the initiative was implemented for more than 15 years, the outcomes of adolescents who transition out of foster care generally have been poor (Berzin, 2008; Courtney et al., 2001; Scannapieco, Connell-Carrick, & Painter, 2007). Findings showed that large segments of young adults are not adequately prepared educationally, vocationally, financially, and emotionally to live on their own. Likewise, once young adults leave care their adult developmental outcomes are just as poor (Buhler et al., 2000; Courtney et al., 2001; Courtney & Dworsky, 2006; Keller, Cusick, & Courtney, 2007). In a national evaluation of independent living programs, Cook (1994) interviewed 810 young adults, ages 18 to 24, two and four years after discharge. The first wave of the study included case record reviews of 1,644 young adults; out of those, 810 were located for face-to-face interviews. On average, Berzin (2008) indicated only about half of the young adults had completed either high school or their GED, about the same number of young adults were employed, nearly 40% were receiving some sort of public assistance, and as many as 60% of females were reported as pregnant or parenting. Courtney et al. (2001) reported similar findings in the second wave of their longitudinal study. Courtney et al. examined a sample of adolescents at two points in time, just prior to leaving care ($N=149$) and 12 to 18 months post care ($N=113$). Courtney included some additional findings such as incarceration rates and victimization rates. Courtney et al. found that, 12 to 18 months after leaving foster care as many as 27% of males and 10% of females had been incarcerated. In addition, the researchers found 37% of young adults 12 to 18 months after discharge, experienced one or more of the following issues: rape, sexual assault, or homelessness (Courtney et al.).

Both Cook (1994) and Courtney et al. (2001) presented valuable information. In her study, Cook presented the first national evaluation of independent living programs. It was one of the first attempts to track young adults over a period of time in order to gather longitudinal information related to their outcomes. In addition, it was one of the first and only studies to use a large sample size, utilizing a multistage, stratified design with probability sampling at each of the three stages of selection (Cook). With the larger sample size, Cook gives strength to the study, primarily because the sample allowed for multivariate analysis of the data. The majorities of outcome studies use cross-sectional designs, have small sample size, and conduct only bivariate descriptive analyses (Kerman, et al, 2002). A final strength of the Cook study involves her

attempt to compare the outcomes of her sample to those of the general population. Cook pointed out that young adults who have been in foster care most closely resemble the 18 to 24 year olds living below the poverty level than they do the general population of 18 to 24 year olds.

In their study, Courtney et al. (2001) exhibited many of the same strengths as Cook (1994). They employed a longitudinal design, offering important information about intermediate and adult developmental outcomes of the sample over time (Cook & Campbell, 1979). Courtney et al. also attempted to use standardized measures when examining the outcomes related to education, employment, and social support.

While the two studies provide valuable information, both studies indicated limitations. In the Courtney et al. (2001) study, researchers used a small sample size. Because of the smaller sample size, Courtney et al. (2001) were unable to conduct multivariate analyses and only provided descriptive statistics about the population. Cook (1994) and Courtney et al. experienced a primary limitation of sample attrition which is common in longitudinal designs. In the Cook study, from wave one to wave two the attrition rate was approximately 49%. The attrition rate of the Courtney et al. study at wave two, while less than the Cook study was around 24% (Courtney et al.). For both studies with such high attrition rates, it is difficult to know how representative the final sample actually is which is a consideration that leaves questions as to what the outcomes may have looked like if nearly 50% had not dropped out of the study.

The researchers' failure to examine a single program model (e.g., skill building classes vs. community based activities) was a final limitation of both studies, making it difficult to connect program characteristics to outcomes (Kerman et al., 2002). Without the ability to make the link between programs and outcomes, it is impossible to know what aspects of programming contribute to or hamper positive outcomes, therefore what to change to improve the program design, services, and delivery.

Reilly (2003) examined the post-discharge functioning of foster care adolescents. Areas assessed were demographic information, including (a) living arrangements, education, and employment; (b) health and substance abuse; (c) support systems; (d) foster care experiences and legal issues; (e) positive values and thriving indicators; and (f) personal adjustment. The researcher conducted interviews with 100 young adults who had been out of foster care for at least 6 months.

With regard to demographic characteristics, most of the respondents in Reilly's (2003) study were females (55%), white (46%), and never married (84%). Further, the ages of the respondents ranged from 18 to 25 years of age with the average age being 20.2 years. Ages at the time that respondents entered foster care ranged from 6 months to 17 years; the average age was 9.3 years. Additionally, 50% of the respondents resided in apartments and 31% had not finished high school (Reilly).

With regard to living arrangements in the study, Reilly (2003) reported the following: (a) 29% lived with spouse, partner, or boyfriend, or girlfriend; (b) 24% lived with friends; (c) 11% lived alone; (d) 7% lived with their birthparents; (e) 8% lived with other relatives; (f) 7% lived with siblings; (g) 7% were incarcerated in a state prison; (h) 3% lived with former foster parents; (i) 2% were in the military; and (j) 2% were homeless. Further, from the time respondents had left foster care, occasionally 36% did not have a place to live (19% had lived on the streets and 18%

had lived in a homeless shelter). In regard to the stability of the young people's living arrangements, 35% had moved five or more times since leaving foster care (Reilly). A study by Courtney et al. (2001) found 12 to 18 months after discharge from the foster care system, 31% of former foster youth were without stable housing.

With regard to health care, Reilly (2003) found 30% had a serious health problem since leaving foster care, 32% needed health care and could not obtain it, and 55% had no health insurance. Only 54% of the foster care adolescents reported their health as good or excellent. In regards to children, 38% had children and more than 70 pregnancies had occurred (Reilly).

In regard to legal issues, Reilly (2003) determined that 45% of the young adults had trouble with the law. Additionally, 41% had spent time in jail, 26% had formal charges filed against them, and 7% were incarcerated at the time of the study.

In regard to preparation for independent living in Reilly (2003) found a majority had some exposure to independent living services during their time in foster care. The services reported were: (a) job seeking (73%), (b) housekeeping (72%), (c) educational planning (71%), (d) money management (67%), (e) interpersonal skills (66%), (f) food management (65%), (g) community resources (61%), (h) transportation (61%), (i) job maintenance (59%), (j) housing (51%), (k) parenting skills (47%), and (l) legal skills (37%). However, 53% reported that they were not satisfied with the services they received. Also, 31% did not have a place to live after discharge and 50% did not have at least \$250 when they emancipated from foster care. Additionally, most adolescents reported that they had infrequent contact with their caseworkers (Reilly).

In regard to support systems, Reilly (2003) found that young people in foster care reported close or very close relationships with siblings (64%) and former foster parents (54%) and most reported that they could rely on family (52%) or friends (58%) when they encountered problems. Reilly found respondents reported contact with the following: (a) siblings (74%), (b) relatives (63%), (c) former foster parents (54%), (d) grandparents (45%), (e) their birthmothers (37%), (f) group home staff (35%), (g) their birthfathers (30%), and (h) previous caseworkers (29%).

In regard to the relationship between overall adjustment and indicators or difficulties and successes, Reilly (2003) found the following for positive experiences: (a) Respondents receiving more areas of training before leaving foster care were significantly more satisfied with services they received in preparation for being on their own; (b) they were significantly more satisfied with the quality of care that they received; (c) and they were significantly more satisfied with their current living arrangements.

Further, respondents receiving more services in preparation for being on their own were significantly satisfied with their current living arrangements and had significantly less trouble with the law (Reilly, 2003). Respondents with large social support networks had significantly more overall satisfaction with their lives and respondents employed while in foster care were significantly more likely to have regular employment after leaving foster care. For negative experiences, the following results were found: (a) Participants with more foster care placements were significantly more likely to have encountered violence in their dating relationships; (b) participants had significantly more trouble with the law, and (c) they were significantly more likely to have spent time in jail or had significantly higher rates of pregnancy (Reilly). Reilly

found participants were significantly more likely to have been homeless at some time after leaving foster care.

In summary, young adults who exit foster care face serious problems in successfully transitioning to live on their own (Reilly, 2003). However, the data from the study has shown that the likelihood of adolescents having successful outcomes increases when they receive training and services.

Evaluations of Independent Living Programs

There have been limited comprehensive evaluations of existing independent living program services conducted in recent years. Of the studies conducted, methodological problems have limited the ability of the studies to determine the impact of independent living programs (Collins, 2001). Most evaluations of independent living programs had small samples, had no comparison group, and used few standardized measures. Further problems included variations of programs among different states and counties (U.S. General Accounting Office, 1999). However, studies showed that at least some assistance is helpful to some former foster adolescents (Collins, 2001). The following is a review of several key studies that evaluated the outcomes of independent living programs.

Researchers for the Westat project gathered case record data of 1,644 young adults who had left care between January 1987 and July 1988 (Cook, 1991). In the second phase, the researcher interviewed with 810 of these adolescents, ages 18 to 24, to determine their outcomes after leaving foster care (Cook, 1994). In the study, researchers measured eight outcomes: (a) maintaining a job for at least a year, (b) education status, (c) accessing health care, (d) costs to the community, (e) avoiding young parenthood, (f) satisfaction with life, (g) social networks, and (h) a composite measure of self-sufficiency.

The outcomes of former foster adolescents were compared to adolescents in the general population and those living below the poverty level. According to the Cook (1994), former foster adolescents had people who could provide help, advice, and closeness. Cook also found better outcomes among young adults who were trained in multiple skill areas. An example would be young people who received independent living skills training in five core areas (i.e., budgeting, obtaining credit, consumer skills, education, and employment), were likely to have positive outcomes in the areas of accessing health care, satisfaction with life, and overall self-sufficiency. The findings showed that, for best results, services needed to be targeted toward the outcomes they were intended to improve and they needed to be provided in combination (Cook).

McMillen, Rideout, Fisher, and Tucker (1997) examined the views of former foster adolescents about the independent living services they received while in foster care. The researchers held focus groups and asked former foster adolescents to describe the services that were most beneficial in their transition to independent living. The sample included 25 young adults, 24 who were females who had participated in independent living skills classes while living in out-of-home care. The various aspects of the independent living skill classes that the young adults found helpful were: (a) the classes and activities, due to the fact they reduced the stigma and isolation of being in out-of-home care; (b) financial instruction; (c) skill classes, such as finding an apartment, birth control usage, cooking, changing tires, building relationships, and finding community resources; and (d) stipends for independent living. The various aspects of the

independent living skill classes that the young adults found least helpful were: (a) independent living specialists were seen as very helpful while caseworkers were not seen as helpful, and (b) foster care was seen as intrusive and the transition from foster care to living on their own was difficult.

Mallon (1998) evaluated the outcomes of independent living programs in New York. The sample included all young adults ($N=46$) who had been discharged from a New York City independent living program to independent living between December 1987 and December 1994. All respondents were male and 96% were people of color. Data were gathered at three points of time: (a) case opening, (b) case closing, and (c) follow-up. Data sources included case records and semi-structured interviews with 43 of the 46 former clients. Results indicated that 75% had completed high school or had obtained a GED at the time of discharge. Further, 72% of the participants had full-time employment at discharge. However, of those not employed at discharge ($n=10$), eight did not have a high school diploma or a GED. Additionally, 65% had savings accounts at discharge. However, at follow-up, only 39% had savings accounts. When asked what respondents most wished they had learned more about before leaving care, 90% reported having difficulty with budgeting. Most young adults (46%) shared an apartment. However, a large percentage (21%) lived with their families. In regards to life skills preparation, young adults improved in all 14 life skills categories (i.e., personal appearance, health care, educational planning, housekeeping skills, money management, food management, job seeking skills, job maintenance skills, transportation, housing skills, knowledge of community resources, emergency/safety skills, legal issues, and interpersonal skills). The majority of young people (96%) reported having at least one person in their lives with whom they had a strong, close relationship. Of the participants, 67% reported that they had regular contact with staff members from the program and the young people reported that the staff members were most helpful since their discharge.

Conclusion

Research related to the population of young adults within the foster care system and their readiness to live self-sufficient lives following emancipation is still relatively new and underdeveloped. The researchers in the 80s and 90s strongly suggested that child welfare workers and policymakers needed to address the fact that young people exiting out-of-home care were not adequately prepared to live independently. The researchers also revealed that foster adolescents, when they are emancipated, face serious problems, such as homelessness, poverty, involvement in the criminal justice system, health problems, pregnancy, and unstable employment. The Independent Living Initiative was passed in 1985 to address the needs of foster care young adults and in 1999, the Foster Care Independence Act was passed which increased funding for independent living programs services, extending services to the age of 21, and allowing for a more broad range of services.

Researchers evaluating the impact of independent living programs on the outcomes of young adults found the adolescents who participated in independent living programs were significantly more likely to: (a) have graduated from high school, (b) have a history of employment, (c) be living on their own, (d) be self-supportive, and (e) be employed at discharge.

The studies presented in the critical review of literature provided some of the most comprehensive information to date related to outcomes and related to the young adults' readiness

for emancipation. The literature has limitations which include a body of research that is primarily descriptive in nature that focuses on the outcomes of young people once they have emancipated from foster care (Kerman et al., 2002). With such a predominant focus on outcomes, there is a gap in the literature regarding the readiness of foster care youth for self-sufficiency. To obtain these outcomes, the use of the Ansell-Casey Life Skills Assessment tool (Casey Family Programs, 2003) would provide agencies officials with numerical scores that would give caseworkers an indication of readiness of the young adults for emancipation as well as an indication of which programs are best preparing the adolescents to leave out-of-home care to live on their own.

Recommendations for Further Research or Intervention

To ensure that adolescents aging out of the foster care system successfully transition into adulthood, it is imperative that agencies:

1. ensure that adolescents are actively and meaningfully engaged in completing an independent living program;
2. ensure that adolescents are engaged in developing an effective discharge plan with their caseworker. Young adults benefit from a single, coherent planning process that “brings it all together” for them in a clear and meaningful way. By effectively engaging with young people and becoming partners in the planning process, staff can enable adolescents to identify their own talents and needs based on a comprehensive self-assessment. Staff can provide instruction in goal setting and identifying methods to help adolescents achieve their goals;
3. be informed about the range of resources that exist to promote best practice in the field of transitional living, independent living, and self-sufficiency services. Adolescents receive better quality services when providers work in a collaborative manner. Collaboration among organizations can also help to improve the knowledge base of staff and maximize available resources;
4. have a written discharge policy to ensure that adolescents have access to life skills instruction, a support network, healthcare services and coverage, education and employment, and safe, stable, and affordable housing upon discharge. Ensure that ample time is allotted for discharge planning so that young adults are adequately prepared to transition out of foster care;
5. allow young people to receive foster care and Chafee services up to age 21 regardless of discharge age;
6. maintain adolescents with special needs in the foster care system until they are linked with adult services;
7. identify a continuum of state and local resources available;
8. fully utilize Chafee in combination with other resources to maximize housing assistance available to youth;
9. form collaborations to create cross-system dialogue between child welfare agencies and other community based agencies invested in young people;
10. develop partnerships with housing authorities to meet the housing needs of young people exiting the system; and
11. develop housing programs that include landlord recruitment, transitional housing, and rental subsidies.

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Into The Future With Foster Care

The National Foster Care Registry's mission is to ensure foster care youth age out with housing, employment and practical support systems and to enrich the current foster care system in the area of aging out for transitioning youth.

The National Foster Care Registry (NFCR) and its Board of Directors realize programs that help youth aging out of the foster care system find sustainable housing and employment are critical to the youth's ability to achieve self-sufficiency. Additionally, these youth will benefit from programs that help them find and maintain viable employment and lifelong connections to caring adults who will provide the needed support to navigate the challenges ahead of them.

Helping Youth Leaving Foster Care to Become Self-Sufficient

An estimated 26,000 foster children will be released from foster care each year at age 18 or older without a permanent family, facing difficult challenges in making the transition to adulthood and stability. In addition to success in school, having a good job, and demonstrating the ability to make responsible choices, young people aging out of foster care must immediately become self-sufficient and acquire stable housing. Just as importantly, these youth will greatly benefit and sustain gains, if they have a lifelong connection to a caring, supportive family or adult.

a) Meeting the Purposes of the Authorizing Statute

The Foster Care Independence Act of 1999 requires independent living programs to provide life skills training and education for emancipating foster adolescents with the expectation that they will be self-sufficient upon reaching adulthood (Krebs & Pitcoff, 2004, 2006). Research concerning the self-sufficiency of adolescents emancipated from foster care shows that many of these independent living programs are not working (Berzin, 2008; Courtney et al., 2001).

The National Foster Care Registry will design, develop and implement, with an exemplary board of directors, foster care alumni, homeless and formerly homeless youth, foster care professionals, social workers, statisticians and advocates a project that will identify, qualify, register and certify youth development organizations that provide independent living programs providing education, training, employment services, and financial support for individuals between ages 16 and 24 leaving foster care for independent living as well as: (1) develop outcome measures to assess state and private organizations performance in operating such programs; (2) identify data elements needed to track such performance, services, and the individuals served; and (3) develop and implement a plan to collect such data.

The National Foster Care Registry substantially changes the landscape of independent living programs that states and private organizations now offer young people transitioning from foster care into adulthood. The new initiative offers the most important catalyst in decades for states and communities to develop sustained advocacy on behalf of youth in foster care transitioning into adulthood. This initiative provides a broad framework for reforming services and systems to more effectively meet the needs of young people, quantify the scope of "independent living" program successes by defining outcome measures, strengthening existing programs and resources, increasing organizational accountability and enhancing the outcome focus of policies and practices.

Key provisions of the initiative include:

Empowering foster care alumni, advocates, homeless and formerly homeless youth, foster care professionals, social workers and statisticians who will partner to create systemic reform and policy change that improves the lives of thousands of youth aging out of the foster care system across the country.

- An accountability system within the current foster care system that improves current practices with regard to youth aging out of the foster care system and becoming homeless and unemployed
- A responsive foster care system that will prevent youth homelessness and unemployment
- Certified foster care ambassadors who push for safe, secure, stable and affordable housing, education and sustainable employment at the local, state and federal levels
- A nationwide organization that will ensure youth aging out of the foster care system age out with safe, secure, stable and affordable housing, education and sustainable employment.
- Foster care alumni youth with real power in improving the foster care system policies, procedures and accountability with concrete changes
- Identify adolescents who are expected to be in foster care to age 18 and help them make a transition to self-sufficiency;
- Help these adolescents to receive the education, training and services necessary to obtain employment;
- Help them prepare for and enter post-secondary training and education institutions;
- Provide personal and emotional support for young adults aging out of foster care; and
- Provide a range of services and support for former foster care recipients between ages 16 and 21 to complement their own efforts to achieve self-sufficiency and to assure that the program participants recognize and accept their personal responsibility for adulthood (Collins, 2004).

NFCR will work with federal, state, and local officials, advocates, youth service providers, and researchers to develop outcome measures to assess state and private organizational performance. Outcomes include educational attainment, employment, and housing. NFCR will develop accountability procedures, certifications and penalties for non-compliance. In response to the Recommendations for Further Research or Intervention indicated in the above cited research and report NFCR will accomplish the following:

<i>Recommendations for Further Research or Intervention</i>	<i>NFCR Activities</i>
1. ensure that adolescents are actively and meaningfully engaged in completing an independent living program;	Develop a monitoring database system that ensures youth progress in completing their ILP and input into a system that is interactive with AFCARS.
2. ensure that adolescents are engaged in developing an effective discharge plan with their caseworker. Young adults benefit from a single, coherent planning process that “brings it all together” for them in a clear and meaningful way. By effectively engaging with young people and becoming partners in the planning process,	This is accomplished through a comprehensive database system that includes youth self assessment and youth assessment of assistance from case worker and support system.

<p>staff can enable adolescents to identify their own talents and needs based on a comprehensive self-assessment. Staff can provide instruction in goal setting and identifying methods to help adolescents achieve their goals;</p>	
<p>3. be informed about the range of resources that exist to promote best practice in the field of transitional living, independent living, and self-sufficiency services. Adolescents receive better quality services when providers work in a collaborative manner. Collaboration among organizations can also help to improve the knowledge base of staff and maximize available resources;</p>	<p>NFCR will develop a nationwide database that consists of proven and certified successful transitional living, independent living, and self-sufficiency service organizations. And will collaborate with state and federal agencies to ensure accountability for outcome measures. NFCR will also work to provide capacity building for organizations that are struggling with best practices and successful fulfillments.</p>
<p>4. have a written discharge policy to ensure that adolescents have access to life skills instruction, a support network, healthcare services and coverage, education and employment, and safe, stable, and affordable housing upon discharge. Ensure that ample time is allotted for discharge planning so that young adults are adequately prepared to transition out of foster care;</p>	<p>Develop a aging out policy and procedure to be implemented at the local level through each NFCR state office through a youth aging out database system that documents milestones from 16 years of age. (at some point NFCR will reach capacity to implement project for youth upon initial entrance into foster care system.</p>
<p>5. allow young people to receive foster care & Chafee services up to age 21 regardless of discharge age;</p>	<p>Advocate for youth aging out to receive foster care and Chafee services up to age 24.</p>
<p>6. maintain adolescents with special needs in the foster care system until they are linked with adult services;</p>	<p>Advocate on behalf of youth with special needs in the foster care system to receive foster care and Chafee services until they are linked with adult services</p>
<p>7. identify a continuum of state and local resources available;</p>	<p>Develop a comprehensive interactive database of continuum of state and local resources database available to youth and caseworkers.</p>
<p>8. fully utilize Chafee in combination with other resources to maximize housing assistance available to youth;</p>	<p>Develop a certification process with incentives that will ensure organizations are utilizing funding to maximize housing assistance for youth.</p>
<p>9. form collaborations to create cross-system dialogue between child welfare agencies and other community based agencies invested in young people;</p>	<p>NFCR's membership base will consist of child welfare agencies and other community based agencies invested in young people. Annually there will be a summit entitled Solutions Collaborative where cross-system dialogue and solutions based activities will be developed through various partnerships, collaborations, JVs, etc.</p>
<p>10. develop partnerships with housing authorities to meet the housing needs of young people exiting the system; and</p>	<p>NFCR will develop a database that consists of housing authorities, developers and landlords that will be certified as a Foster Care Youth Pathway organization that provides housing and support services to youth aging out of the foster care system.</p>

11. develop housing programs that include landlord recruitment, transitional housing, and rental subsidies.	Draft legislation that provides targeted funds for youth aging out to use for housing only. (similar to the college voucher program offered).
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b) Project Design

Goals, Objectives, and Outcomes

The goals, objectives, and outcomes of the National Foster Care Registry are as follows:

Goal #1: Develop training and certification program for Foster Care Ambassadors (FCAs) that will enable them to identify, register, quantify and certify organizations that provide direct services to youth aging out of the foster care system.

Objective #1: Train and certify ten (10) FCAs within 2 years

Outcome: Those who successfully complete the FCA training and certification program will be certified to qualify and analyze the successfulness of an organizations programs and services based on specified outcome measures, goals and objectives through customized organizational assessments.

Goal #2: Quantify and certify direct provider programs and services for youth transitioning successfully to adulthood

Objective #2: Identify 25% of foster care youth between the ages of 16-24 within 2 years

Outcome: By the end of the 2-year period, NFCR will have the capacity to identify 25% of all foster care youth aged 16-24 to determine where they are in the aging out process.

Goal #3: Register and Certify Foster Care Pathway Organizations (FCPOs)

Objective #3: Identify 156 national organizations within 2 years

Outcome: By the end of the 2-year period, 156 foster care youth direct service providers will be certified as FCPOs. There will be national hard numbers to indicate program and services successes, strengths and weaknesses. Information will be accessible to all industry organizations, government agencies and professionals.

Linkages

The National Foster Care Registry is in the planning initial stages and already has attracted high interest among industry professional, advocates, agencies and institutions that provide services to foster care youth and advocate on their behalf. The following individuals have committed to support NFCR Bruce Wagnitz – Board Chair, Cynthia Hobson – President, Katherine Jones, Maryland_Delegate CT Wilson - National Spokesman, Helen Ramaglia, Boris Moore, Alyssum Maguire.

The following organizations have pledged their support of NFCR:

The Dream Center for Youth Development: Improves the lives of disadvantaged youth through providing housing, job training, employment, life skills training and positive development activities.

The Purple Project: Provides an online and offline support system and resource community that is devoted to enhancing and positively changing the quality of life, for current and former youth that are linked to the foster care community.

Treehouse: The Re-Envisioning Foster Care in America Movement began in 2010 to inspire widespread collaboration & investment in foster care innovation!

Orangewood Children's Foundation: The mission of Orangewood Children's Foundation is to provide life-changing prevention and intervention programs for abused and neglected children, young adults and at-risk families through one-on-one support and community partnerships to end the cycle of child abuse.

CASA volunteers - Court Appointed Special Advocates speak up for the best interests of abused and neglected children in courts and communities.

Foster Change Network: As Alumni of the foster care system and successful professionals, FCN Consultants have witnessed the overwhelming demand for ways youth in and adults from the foster care system can connect as many live in foster care, and in isolation after foster care, for years without meeting another individual who has shared the same experience.

National Foster Parent Association: A champion for the thousands of families that open their heart and their home to the over 400,000 children in out-of-home placement in the US.

New Youth Services, Inc. serves as a bridge linking together the people and resources needed for youth to transition successfully into adulthood.

Our Fields of Hope Foundation: A national project that will develop programs and services for foster children. Dedicated to changing health care for foster children and addresses questions and answers for the health care needs of foster children.

Fostering SuperStars - Foster care alumni dedicated to equipping children in care with the tools to recognize and overcome trauma.

The Orange Duffel Bag - Provides at-risk teens and young adults programs proven to improve their education success, ongoing advocacy, support to their guardians and caring adults, and service to the community in a spirit of offering hope and positive systemic change.

Fostering Media Connections - Fostering Media Connections harnesses the power of journalism and media to drive public and political will behind policy and practice that improves the well-being of children experiencing foster care.

c) Project Personnel

Mr. Bruce Wagnitz is Chairman of the Board of the National Foster Care Registry (NFCR) who oversees the operations of all NFCR affiliates and programs along with a 25 member Board of Directors. His mission is to develop a team of foster parents and national professionals that will come together to address questions and answers for the health care needs of foster children. Bruce is a foster parent himself and the former President of the south Florida chapter of Foster Adoptive Parents. Bruce is also the Executive Director of the Our Fields of Hope Foundation, which is dedicated to changing health care for foster children.

Our Fields of Hope is a national project that will develop programs and services for foster children. Bruce dedicates his time to working closely with individuals in the foster care area around the world to come up with new and beneficial programs designed for our foster children. His goal is to make these programs available to communities around the country so that foster children can have access to them when they need them.

Ms. Cynthia Hobson is the President/CEO of the National Foster Care Registry (NFCR) who oversees the operations of all NFCR affiliates and programs. Ms. Hobson is the founder of NFCR. She is passionate about making sure homeless youth are moving toward self-sufficiency and that there are available resources to prevent youth homelessness. Ms. Hobson has more than 20 years of organizational development and success in program development and funding both in the nonprofit and for profit sectors. Cynthia is also the Executive Director of The Dream Center for Youth development, which is dedicated to improving the lives of homeless and runaway youth.

The NFCR will initially employ one VP of Ambassador Relations, three Directors one for Ambassador Recruiting, Orientation/Training/Certification and Reporting, CEO, CFO and 10 Ambassadors initially for a total of 16 paid staff members. As the organization rolls out its strategic implementation program additional staff will be added to include a maximum of 56 Ambassadors, one for each state, 2 in California/Texas/New York, 7 additional VPs, and 10 additional support staff. (See Organizational Structure).

The Foster Care Youth Advisory Board will be staffed with a Program Director. Alyssum Maguire will take the helm to design, develop and implement the Foster Care Youth Advisory Board. She has more than 10 years of experience in positions requiring effective collaboration, leadership, critical thinking, communication, facilitation, and creative problem solving skills.

The NFCR Foundation will be staffed with an Executive Director, Executive Assistant, Program Manager and Grant Manager. These positions have not been developed yet. Once the core organization activities have been implemented a designated team will be commissioned to develop and fill the positions.

The NFCR's personnel policy states: "NFCR provides equal opportunity to all applicants without regard to race, color, religion, age, sex, physical or mental disability, national origin, marital status, sexual orientation, or any other legally protected status. In addition to complying with the letter and spirit of this policy, NFCR practices policies of recruiting, hiring, training, management development, promotion, and compensation based only on an equal-opportunity basis."

d) Management Plan

Timeline of Responsibilities and Milestones

The following is a chart that provides a timeline.

Date	Activity	Responsibility
PHASE I		
	<u>Develop training program for FCAs</u>	VP Ambassador Relations/Team
	<u>Develop certification program for FCAs</u>	VP Ambassador Relations/Team
	<u>Define outcomes measures for organizations providing youth aging out of the foster care system.</u>	VP Solutions/Team
	<u>Develop certification program for organizations providing youth aging out of the foster care system.</u>	VP Ambassador Relations/Team/ VP Solutions/Team

Design interactive software for training, registration and certifications for FCAs	VP Information Technology/Team
Design interactive software for training, registration and certifications for FCPOs	VP Information Technology/Team
Develop policies and procedures for NFCR state offices	VP Operations
Develop organizational policies and procedures	Board of Directors
Obtain collaboration agreements from individuals and organizations	Board of Directors
Develop organizational computer network	VP Information Technology/Team
PHASE II	
Present to state, federal and local agencies	Board of Directors
Identify and obtain office space	VP Operations
Install organizational computer network	VP Information Technology/Team
Recruit required staff and volunteers	VP Human Resources
PHASE III	
Implement training program for FCAs	VP Ambassador Relations
Implement certification program for FCAs	VP Ambassador Relations
Implement certification program for organizations providing youth aging out of the foster care system.	VP Ambassador Relations/VP Solutions Reporting
Implement interactive software for training, registration and certifications for FCAs	VP Information Technology/Team
Implement interactive software for training, registration and certifications for FCPOs	VP Information Technology/Team
Implement policies and procedures for NFCR state offices	VP Operations/VP Ambassador Relations
Implement organizational policies and procedures	VP Operations

The Board Chair and President will work collaboratively with the Board of Directors in leading NFCR from its current stage to a more mature organization capable of delivering on its long term vision. Specifically, ensuring that NFCR's fiscal, operations, fundraising, marketing, human resource, technology, and programmatic strategies are effectively implemented across all segments of the organization.

Community Involvement In Program Operations

NFCR works collaboratively with local school systems to ensure youth aging out of foster care are prepared educationally to enter into the workforce or meet the necessary requirements to enter an institution of higher education. Educational requirements will be included as a

component of the Foster Care Aging-Out System (FCAOSYS) that follows educational milestones within the youth aging-out process.

The Boys & Girls Club of America will serve as a collaborative partner in helping to promote the Foster Care Youth Advisory Board. BGCA will provide space for meetings, activities, transportation for FCYAB members.

Youth Development Organizations (YDO) and Youth Shelters (YS) are instrumental in developing the certification program that is used to develop best practices based on individual outcomes measures. In addition, YDOs will become members of NFCR and participate annually in the Solutions Collaborative Conference.

Faith-based Organizations will serve as a source for information dissemination and platforms to reach youth aging out of the foster care system.

Healthcare Organizations are vital to the aging-out process and ensuring youth have the required and necessary healthcare they need. This is a component of the aging-out process. Each youth 16 and above will be required to have a primary care physician (PCP), annual checkups, and a healthcare plan and resource guide upon emancipation. This process is also part of the best practices development component for YDOs/YSs.

Social Service Agencies will serve as the point of contact between NFCR, foster care youth and social workers. FCAOSYS will interact with the AFCARS currently being used by social services agencies.

Local Chambers of Commerce will be utilized to reach local Businesses to obtain information regarding required skills needed for workforce development in local jurisdictions. This component will be implemented as part of FCAOSYS to determine best practices in youth employment training.

Foster Care Homes (Parents) are given the opportunity to participate in a monthly roundtable to contribute to establishing best practices for the aging out program.

Once a year all YDOs and YSs will be certified through FCAOSYS to determine outcome measures, suggestions for improvement, need for continuation or expansion of services, and qualitative data on the program's progress toward stated goals and objectives.

The community will be invited to a year-end event that will recognize achievements and contributions of foster care youth. The event will include entertainment, testimonies of the successes of youth who have aged out during the year, and food, and will be held at a centrally located site.

e) Resources

Facilities, Equipment, and Supplies

The NFCR will have a presence in all 50 states and the District of Columbia. Headquartered in the Washington, DC metropolitan area, administrative offices will be equipped with desktop computers, telephone system, printer/copier/fax. Administrative offices will serve as the

information center to member organizations and point of contact for youth to call to report concerns with certified organizations.

There will be 53 field offices. Each field office will be used as the monthly meeting facility for the Youth Advisory Board, Ambassador training, and record keeping. Each Ambassador will be assigned an electronic Notebook that includes FCAOSYS with access to AFCARS. Field offices will preferably be located within local Boys & Girls Club, YMCA, YWCA and local Universities as a collaborative agreement.

Number of People Served and Cost Justification

Of the 26,000 youth aging out of foster care each year, it has been reported that 25% of them will be or become homeless within 2-4 years. According to the Jim Casey Youth Opportunities Initiative, taxpayers and communities are paying on average \$300,000 per youth for youth aging out of foster care over their lifetime. This amount includes public assistance, incarceration, and absorbed community costs (wages lost as a result of dropping out of high school). The total cost of doing nothing for aging out youth is \$7.8 Billion in total costs.

NFCR will for a fraction of the total cost to taxpayers, increase the number of young people connected to caring families, caring adults, and support networks, increase the number of young people completing high school, vocational training and/or college, increase the number of young people with employable sustainable skills, reduce the number of unplanned pregnancies, and lower healthcare costs. The project will cost approximately \$3 Million.

Phase I of the project will include an active board of 25 committed industry professionals participating in the design and development of training, certification, software, policies and procedures. We anticipate a budget of \$750,000 for this phase.

Phase II consists of presentation to state, federal and local agencies, identifying and obtaining office space, installation of organizational computer network and recruiting required staff and volunteers. We anticipate a budget of \$1MM for this phase.

Phase III is the implementation phase of all components. We anticipate a budget of \$1.25MM for this phase.