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Volume 104

TRANSITIONING FROM FOSTER CARE



Youth in foster care are a vulnerable population. VCPN has reported previously on the conditions and challenges of youth entering foster care (see Volume 85 'Mental Health Needs of Foster Children'). Children and youth generally enter foster care due to some combination of physical abuse, neglect, or sexual abuse (Gardner, 2008). The maltreatment and prior living conditions result in many challenges and hardships.

Most youth entering foster care achieve permanency, either returning to their biological parents or relatives or being adopted. For a minority of foster youth, the goal of permanency is not achieved and they remain in foster care until they are 18, considered the 'age of majority.' Many of the youth in this situation have entered foster care in adolescence, sometimes after extensive efforts to keep them in their biological homes. If they are unable to return home, adoptive placements may not be available for adolescents and the youth remain in the custody of a local department of social services. They may have multiple placements or be in residential care until they are old enough that they are discharged. These youth are described as 'aging out' of foster care.

The 2013 AFCARS Report (U.S. Department of Health and Human Services, 2014) showed 402,378 children in foster care in the United States. Of these, 1% (4450) were on runaway status. About 7% (27,577) were age 17. An estimated 28,000 to 29,000 youth

'age out' of the foster care system each year (U.S. Department of Health and Human Services, 2012).

For most young people in the general population, the transition into adulthood is a gradual process. Many continue to receive support from parents or caretakers, both financial and emotional, sometimes for many years. For youth 'aging out' of foster care, the transition can be abrupt. Even if the state offers services to youth after age 18, they cannot be compelled to remain in foster care. They may leave the system on their birthday, whether or not they are prepared to care for themselves.

Often, the adolescents entering foster care have many challenges that pre-date their entry into the system. While the foster care system works to remediate physical, mental, behavioral, educational and emotional conditions of the youth, at the time of their exit from care, many foster youth still face challenges. Therefore, it is not surprising that studies over two decades have repeatedly documented that youth transitioning into adulthood from foster care experience significant difficulties with poorer outcomes than non-foster care youth in employment, housing, education, justice system involvement, mental health, substance use, physical health, and early parenting (Courtney, 2009; Geiger & Schelbe, 2014; National Youth in Transition Database, 2014).



Overall Outcome for Foster Youth 'Aging Out' of Care

There are outcome studies of former foster youth. Before examining results of studies, a word of caution. Many studies are quite dated and may not reflect the composition or characteristics of youth 'aging out' of today's foster care system with the supports and services available to them (see for example, *A National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth*, Cook, Fleischman & Grimes, 1991). Samples can also be a problem with high attrition or idiosyncratic features. The National Youth in Transition Database (NYTD), started in 2010, is providing more current data, but the response rate has varied widely from 12% to 100% at the state level for youth age 17 and from 26% to 95% with one state reporting no follow-up at age 19.

That said, a comprehensive review of literature by Courtney (2009) found that studies of outcomes for former foster youth documented a very difficult transition. Most studies indicated youth aging out of care were less likely than peers to have a high school diploma or GED. For example, Courtney and Dworsky (2006) found 58% of former foster youth had completed high school at age 19 compared to 87% of a national comparison group. The NYTD survey (2014) found that by age 19, 55% had received a high school diploma. Berzin (2008) noted that former foster youth attend college, earn college credits, complete college and receive bachelor's degrees at low rates.

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Transitioning

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Low rates of school completion can contribute, at least in part, to findings that foster youth have lower earnings and greater welfare use than non-foster youth. They have higher rates of living in poverty (Berzin, 2008). Courtney's review (2009) also found higher rates of dependency upon public assistance, higher unemployment rates, and lower wages among former foster youth.

The NYTD survey (2014) found that 12% of youth age 19 who had been in foster care or who remained in foster care were employed full-time. An additional 24% had part-time work for a total of 36% with some employment. About a third (30%) had received employment-related skills training. Fourteen percent of youth who had been in foster care or remained in foster care were receiving SSI (Social Security Disability), 24% were receiving educational aid, and 15% had other financial support. Of youth who had exited foster care, 36% were receiving public assistance.

Comparison statistics with youth in the general population are difficult to locate. According to the U. S. Bureau of Labor Statistics, summer employment data for youth ages 16 to 24 in 2015 found 52.7% employed full or part-time, similar to 2014. Readers can note that more youth may work in summer than during the school year.

As a group, foster youth in transition pose little threat to community safety. Still, they are much more likely than their peers to be arrested as they transition into adulthood (Cusick, Courtney, Havlicek, & Hess, 2010). Both Courtney's review (2009) and the review by Berzin (2008) found that former foster youth have high rates of involvement with the criminal justice system. Former foster youth are arrested, spend time in jail, and are convicted of crimes at higher than average rates compared to peers. For example, Reilly (2003) found that 45% had experienced involvement with the criminal justice system and 41% had spent time in jail. In the study by Reilly (2003) engaging in illegal activity to obtain money was "not uncommon" (p. 735) with 24% supporting themselves by dealing drugs and 11% by prostitution. The NYTD survey (2014) indicated that after two survey waves at ages 17 and 19, 43% of former foster youth reported being incarcerated at some time after age 17.

Cusick et al. (2010), examining data from over 700 youth, found that multiple placements and group or residential care were associated with later criminal behavior. Youth who are more troubled and have difficulty engaging with a foster family have a greater likelihood of unstable placements. These youth also can lack attachments to adults and may be more likely to return to their family of origin after discharge from foster care.

Courtney's 2009 review indicated that former foster youth exhibited greater mental health problems than the general population. For example, in a sample of 251 homeless young people who completed a job training class, those who had transitioned from foster care were significantly more likely to have mental health and substance abuse difficulties compared to young people who had not been in foster care (Lenz-Rashid, 2006). The NYTD survey (2014) found that by age 19, 33% of former foster youth had been referred for substance abuse counseling. This finding is similar to other studies that found that rates of substance abuse were significantly higher than comparison youth and more former foster youth also reported living with someone with a substance abuse diagnosis (Berzin, 2008; Courtney, 2009).

Some studies found similar health status between former foster youth and non-foster youth, but other studies (such as Reilly, 2003) showed former foster youth reporting health conditions that limited their ability to engage in moderate activity, more emergency department visits, and more hospitalizations. Former foster youth had more difficulty obtaining affordable health coverage, and they left health problems untreated. However, in the NYTD survey (2014) the majority (71%) of the 19-year-olds had Medicaid. (Readers can note that as of January, 2014, youth aging out of foster care are eligible for health insurance until age 26 under the Affordable Care Act.)



Former foster youth have higher rates of adolescent pregnancy and single parenting than their peers (studies reviewed by Geiger & Schelbe, 2014). For example, among the 100 youth in Reilly's study, more than 70 pregnancies had occurred. However, the NYTD survey (2014) found only 17% of the former foster youth who were 19 had become parents in the last two years. Using data from the Midwest Evaluation of the Adult Functioning of Former Foster Youth, Dworsky and Courtney (2010a) found that

a third of young women aging out of foster care had been pregnant at least once by age 18 compared to 13.5% of their counterparts not in foster care. By age 19, half the former foster youth had been pregnant compared to 20% of subjects in the Add Health study (National Longitudinal Study of Adolescent Health- a federally-funded longitudinal study of a representative sample of youth). The children of former foster youth had higher rates of health, education, and behavioral problems and were more likely to be living in foster care or being raised by others (Courtney, 2009). Berzin (2008) noted that not only are rates of teen parenthood among foster youth higher than the national average, they are also likely to have greater numbers of children when in their twenties, a finding also of Dworsky and Courtney (2010a).

A majority of former foster youth retain contact with foster parents, a potential source of support and encouragement. The majority of former foster youth also maintain contact with biological family members and more than half live with a biological relative within four years of leaving foster care. While families of origin may offer positive support, there also can be risks, such as the youth needing to support the parent or relative or the youth being exposed to a problematic home environment.

Courtney et al. (2011), using data from the Midwest Evaluation of the Adult Functioning of Former Foster Youth and comparing former foster youth, now age 26, to data from the Add Health Study, found similar findings to the 2009 literature review by Courtney. Fewer than half of the former foster youth were employed at age 26 and the majority who were employed did not earn a living wage. Far too many of the young men (74.2%) and young women (42.8%) had been or were incarcerated. Prior foster youth who were mothers often could not support themselves and were trying to raise children alone. Many of the males who fathered children had little or no relationship with the children. Much higher percentages of the former foster youth (71.7% of women and 52.7% of men) reported having children at age 26 compared to 40.7% of women and 27.7% of men in the Add Health study. Sixteen percent of the children whose birth mothers and 65% of the children whose birth fathers were formerly in foster care were living with someone other than their parent compared with just 2% of children whose birth mothers and 37% of the children whose birth fathers were in the Add Health study.

There were some success stories of youth who had "beat the odds" and graduated from college or were attending higher education, and who had jobs and stable families. (Readers can visit the VCPN website for sources of success stories about foster youth and also take notice of the articles in the printed issue that interview former foster youth.)

Homelessness

Among the greatest challenges for youth leaving foster care is achieving housing stability. Over the past twenty years, researchers have identified foster care history as associated with higher levels of homelessness (Dworsky et al., 2012). Studies reviewed by the CWLA found 27% to 30% of homeless individuals reported a history of foster care. Surveys of foster youth reviewed by the CWLA found 34% to 36% of former foster youth reported homelessness. A 2008 study of 265 adolescents who left the foster care system (Fowler, Toro & Miles) found that more than two-fifths (40%) experienced homelessness in the two years following their exit and 20% were chronically homeless. A longitudinal study of foster youth 'aging out' of foster care (Dworsky, Napolitano & Courtney, 2013) found that between 31% and 46% had been homeless at least once by age 26. The NYTD (2014) found more modest data with 19% of 19-year-olds reporting they had been homeless within the past two years.

Housing can be a challenge for many youth, and youth in the general population may live with parents well into young adulthood. Youth aging out of foster care may lack family support from either biological or foster families and as a group, foster youth 'age out' with few assets such as bank accounts and rental deposits and co-signers for leases (Dworsky et al., 2012).

In order to learn more about which former foster youth were most at risk for homelessness, researchers at Chapin Hall at the University of Chicago (Courtney et al., 2011; Dworsky et al., 2013) used data from the Midwest Evaluation of the Adult Functioning of Former Foster Youth. The Midwest Study followed more than 700 youth who had been in foster care from age 17 or 18 in 2002-2003 until 2010-2011 when they were age 26.

Similar to other studies, the Chicago researchers found a high rate of homelessness among the Midwest Study sample of youth. By age 26, between 31% and 46% of the youth reported at least one episode of homelessness after leaving foster care. Their analysis found six factors associated with an increased risk of homelessness for former foster youth.

- ❖ Running away from a foster care placement
- ❖ Being male
- ❖ A history of physical abuse prior to entering foster care
- ❖ Having symptoms of a mental disorder
- ❖ Engaging in delinquent behaviors
- ❖ A history of multiple placements

Other studies show similar findings. For example, Reilly (2003) found that multiple placements while in foster care and less education correlated with more difficulties after leaving foster care. A study by Lenz-Rashid



Children's Bureau

An Office of the Administration for Children & Families

National Youth in Transition Database

Public Law 106-169 established the John H. Chafee Foster Care Independence Program (CFCIP) at section 477 of the Social Security Act. This legislation provides states with flexible funding to implement programs to assist youth in making a transition from foster care into self-sufficiency. The law also mandates that the Administration for Children and Families (ACF) develop a data collection system to document independent living (IL) services that states are providing to youth as well as develop outcome measures that may be used to assess States' performance in operating IL programs.

The National Youth in Transition Database (NYTD) requires states to engage in two data collection activities. First, states are to collect information on each youth who receives IL services paid for or provided by the state agency that administers the CFCIP. Second, states are to collect demographic and outcome information on certain youth in foster care to determine the collective outcomes of youth 'aging out' of foster care. States began collecting data for NYTD on October 1, 2010 and report to ACF semiannually.

States report all foster youth who receive IL services to the federal government. A survey is conducted around the youth's 17th birthday and this data serves as a baseline. States track youth as they age and conduct a new outcome survey at ages 19 and 21. The purpose of NYTD is to determine the effectiveness of providing Independent Living services to youth who have experienced foster care and 'aged out' of the child welfare system by measuring the outcomes of these youth over time. The federal government requires states to maintain a 60% survey participation rate for former foster youth. For states providing extended foster care to age 21, the compliance rate is 80%. Virginia is responsible for a 60% NYTD compliance rate.

(2006) underscores the impact of mental health diagnoses. In her sample of homeless youth, mental health issues had a significant effect upon the young person's ability to secure employment, even after participating in a structured employment training program. Trauma, anxiety, depression, social skills deficits, and behavioral and conduct problems resulting from mental health issues were related to the youth's ability to obtain and sustain employment. The former foster youth had greater mental health issues than the youth who were homeless with no foster care history.

A subgroup of foster youth who appear to be at particular risk of both homelessness and continuing the cycle of child maltreatment are adolescents who are pregnant or parenting (Dworsky & Courtney, 2010a; Geiger & Schelbe, 2014). Adolescent pregnancy in the general population is associated with a number of poor outcomes including dropping out of school, increased risk of poverty, likelihood of a second pregnancy

(repeat pregnancy) within a short time frame, and increased risk of child maltreatment. (Interested readers can refer to VCPN Volume # 13 and 52 for a complete review.) Foster youth and former foster youth who become parents during adolescence add the stresses of parenting to the stresses of transitioning out of foster care.

Studies reviewed in Geiger & Schelbe (2014) indicate an elevated risk for teens in foster care to become pregnant prior to age 19 (50% compared to 27% of the general population). It is hypothesized that foster care youth perceive benefits in the pregnancy and that having a child is a way to create a missing family or fill an emotional need (Dworsky & Courtney, 2010a). In reality, becoming a parent can greatly complicate the task of leaving foster care and establishing independence. Placement stability and remaining in foster care past age 18 seems to mitigate the risk of becoming pregnant (Dworsky & Courtney, 2010a).

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Why Do Youth Aging Out of Foster Care Have High Risk for Negative Outcomes?

As mentioned earlier, most of the older youth in foster care who are without a permanent family have entered the system during their adolescence. Youth who enter care in adolescence may have spent many years in dysfunctional homes prior to intervention from child protection. The outcomes they experience while transitioning to adulthood appear to be a function of their challenges and difficulties that predate entry into the foster care system (Berzin, 2008; Courtney, 2009). For example, if foster youth are matched with non-foster youth who share similar family characteristics (such as parents with low educational attainment and below-poverty income living in risky homes and physical environments), there are few outcome differences (Berzin, 2008). Therefore, the negative outcomes were predicted not by the experience of being in foster care, but rather by the circumstances that caused entry into the foster care system.



Foster Youth with Disabilities

According to Geenen & Powers (2007) the transition of youth with disabilities from foster care has largely been ignored. For example, follow-up studies such as the Midwest Evaluation of the Adult Functioning of Former Foster Youth excluded foster youth with disabilities or severe mental illness. However, other investigations such as the National Evaluation of Title IV-E Independent Living Programs found that youth with disabilities who were emancipated from foster care (47% of the sample) were less likely than foster youth without disabilities to be employed, graduate from high school, have social support, and were less likely to be self-supporting.

Estimates indicate that 30% to 40% of foster children of all ages have a diagnosed developmental disability (Geenen & Powers, 2007). (Interested readers can consult VCPN # 85.) According to Geenen & Powers, some youth with disabilities residing in foster care may have little or no opportunity to learn and practice independent living skills. Further, youth with disabilities face more obstacles as well as greater impact of typical stresses associated with foster care.

What Are the Costs?

A study in May, 2013 by the Jim Casey Youth Opportunities Initiative showed that, on average, for youth “aging out” of foster care taxpayers and communities pay \$300,000 in costs such as public assistance, incarceration, and lost wages to the community over the youth’s lifetime. That translates into almost \$8 billion nationally each year (Strangler, 2013).

Responses

The federal government recognized the need to help prepare foster youth for the transition to adulthood and Title IV-E of the Social Security Act was amended in 1986 to create the Independent Living program (Courtney et al., 2011). States received funds specifically designated to help youth with the transition from foster care to independent living.

Federal support was enhanced in 1999 with the creation of the John Chafee Foster Care Independence Program. The Act provided states with flexible funding to assist youth making a transition from foster care to self-sufficiency. Funding could be used to assist youth ages 18 to 21 who had left care and were living independently. This legislation doubled available funding to \$140 million per year, expanded the age range eligible for services, and allowed states to use the funding for a broader range of services. States also had the option of expanding Medicaid coverage for youth leaving foster care until age 21.

The Chafee legislation also mandated that the Administration for Children and Families (ACF) develop a data collection system to track the Independent Living (IL) services that states provide to youth. The ACF was also to create outcome measures that could be used to assess states’ performance in operating their IL programs. The Promoting Safe and Stable Families Amendment of 2001 added provisions to fund education and training vouchers. Eligible youth can receive up to \$5,000 per year for post-secondary education and vocational training (Geiger & Schelbe, 2014).

More recently, The Fostering Connections to Success and Increasing Adoptions Act (Public Law 110-351, signed into law by President Bush in October, 2008) represents a fundamental change from the goal of preparing youth to be independent at age

18 to offering support into young adulthood (Courtney, 2009). The Law amends Title IV-E of the Social Security Act to encourage states, beginning in 2011, to allow youth to remain in foster care to age 21. States can receive Title IV-E reimbursement for costs associated with supports to young people to remain in foster care through age 21. The change recognizes that most youth are not ready to be self-supporting at age 18 and need support to obtain educational credentials and training required for many jobs and careers. Indeed, parents typically provide significant support to children throughout their twenties and into their early thirties (Courtney, 2009).

The Fostering Connections to Success Act also requires child welfare agencies to help youth develop a transition plan during the 90-day time period immediately before a youth exits from care at age 18 and older. The plan is personalized for the youth, and with the youth’s input. It includes specific options on housing, health insurance, education, employment, and continuing support services.

Since the passage of Fostering Connections, at least 24 states and the District of Columbia have implemented legislation authorizing continued foster care. The policy shift has challenges for state systems. Some states are reluctant to expand their role, even with data that indicate that poorly prepared youth are very expensive. There is little research to indicate which independent living strategies and trainings are effective. There is a paucity of models to demonstrate how social service agencies can cooperate with other service agencies and accomplish the task of transitioning youth into adulthood.

Transitioning into adulthood is a process, not an event. Moving from a dependent child to an independent and fully functioning adult requires years of preparation and should not be a last-minute effort.



Housing

A review of housing programs (Dworsky & Dion, 2014) found nearly 60 state and local programs that had provided housing or housing assistance to youth who had ‘aged out’ of foster care. The researchers developed a program typology. One set of programs provided single-site housing and a high level of supervision. A second approach was programs with scattered-site housing or rental assistance and a low level of supervision. A third approach was programs that

provided more than one type of housing with different levels of supervision. While some programs gathered some statistics on youth outcome, the research had many problems. The authors concluded that no research base exists for knowing the outcomes of provision of housing assistance to youth who age out of foster care. There is scant evidence to guide policy-makers and service providers.

One federal program that addresses housing for youth transitioning from foster care is the Family Reunification Program (FUP) (Dion et al., 2014). FUP was first authorized in 1990 and in 2000 Congress extended eligibility to youth ages 18 to 21 who exit foster care at age 16 or older. FUP is a special-purpose voucher program under the U. S. Department of Housing and Urban Development's Housing Choice Voucher (also known as 'Section 8'). The primary purpose of FUP is to provide vouchers to child-welfare involved families for whom the lack of housing is the primary reason for imminent out-of-home placement of children or delays in family reunification. Youth ages 18-21 who leave foster care after age 16 and who do not have adequate housing are also eligible for a time-limited housing voucher. FUP offers vouchers for up to 18 months of rental subsidy and supportive services to help youth gain skills for independent living. The program is a collaborative effort between local child welfare and local public housing agencies.

According to a 2012 survey (Dion et al., 2014), fewer than half of the Public Housing Authorities that operate a FUP currently serve youth exiting foster care. Lack of referrals was the main reason cited for not serving foster youth. Some public child welfare agencies did not have sufficient funding or trained staff to provide the required support services. For those that used the voucher system, most (66%) of the youth were able to procure a lease within the required time limit. About half of the youth who secured leases used the subsidy for the full 18 months.

Health Needs

The long-term effect of child maltreatment and trauma on physical health is described in VCPN Volume # 87. Stress and trauma can alter the developing brain and cause changes in the body's biochemistry. The Adverse Childhood Experiences (ACE) studies measured the amount of trauma and adverse events that ordinary adults experienced as children and then considered the current health status. Researchers Felitti and Anda (2009) found that as the ACE score increased, the negative health effects were cumulative. Exposure to trauma and adverse events in childhood has profound effects upon health 50 years later. Most youth enter the child welfare system and foster care due to child maltreatment. Therefore the level of health oversight should be higher for foster youth and former foster youth than for the general population.

Transition Timeline for Health Care



1. Assessment by Primary Care Provider
(As recommended by American Academy of Pediatrics (AAP) & Child Welfare League of America (CWLA))
 - A. Initial health screening within 72 hours of placement (medical, mental health, dental)
 - B. Comprehensive assessment within 1 month
 - C. On-going assessments every 6 months
 - D. Perform laboratory, diagnostic tests as needed: vision and hearing screening; assess risk for Human Immunodeficiency Virus (HIV); cholesterol; tuberculosis.
 - E. Make referrals to specialists as needed
2. Coordinate care with all parties involved
(Including caseworker, biological, and foster family)
 - A. Utilize Health Education Passport (HEP) & encourage adolescent to bring HEP to all health visits to be updated by health care provider
 - B. Send copies of health records (with adolescent approval) to all parties involved
 - C. Care Coordination for high risk groups
 - I. Pregnant/parenting youth
 - II. Adolescents with mental health problems
3. Assess adolescent's knowledge of health condition and problem solving skills
 - A. Determine adolescent's knowledge of diagnosis, associated problems, treatment, medications, health professionals involved, and contact information for specialists
 - B. Assess goals
 - C. Instill a sense of independence and responsibility
4. Determine health insurance coverage
5. Community Services- employment, housing, education
 - A. Link adolescent to support services and Independent Living Programs in their local area
6. Identify adult providers
 - A. Identify and communicate health needs to adult primary care provider and specialists
 - B. Send records with adolescents approval
 - C. Initiate transition of care



SOURCE—Lopez, P., & Allen, P. J. (2007). Addressing the health needs of adolescents transitioning out of foster care. *Pediatric Nursing Journal*, 33(4).

According to Lopez and Allen (2007), health care transition for youth in foster care requires: 1) a youth-centered approach; 2) identifying needs, preferences, and strengths of the adolescent; and 3) consideration of the youth's post-secondary goals. Transition can begin between ages 12 and 16 years. For youth with disabilities, a formal transition plan is suggested about age 14 as part of the IEP (Individualized Educational Plan).

Youth entering care should have a comprehensive health, dental, and mental health assessment (see VCPN, volume 85 for more information). These assessments become the baseline data for tracking health changes during foster care. Aggressive care and

management of health conditions should be undertaken as well as preventative health and dental care. Assessment and management includes but is not limited to: immunizations; tracking growth and development; assessing risk for obesity; obtaining baseline laboratory data; vision and hearing screens; and complete dental care. Care includes gynecological examinations, screening for STIs, performing pap tests, and reproductive health care.

Part of the assessment is understanding the adolescent's knowledge of his or her health. How much does the youth know

Resources for the Transition to Independent Living

Casey Family Programs

2001 Eighth Avenue, Suite 2700
Seattle, WA 98121
Website: <http://www.casey.org/>
Phone: (206) 282-7300



Casey Family Programs was established to prevent the need for foster care by providing support to families in need. Their goals include improving the child welfare system, reducing the need for foster care, and demonstrations of projects that support safe and permanent families. **Casey Family Programs** tries to improve welfare systems by offering free consultation to help systems make data-driven policy decisions. This group also provides services to 1,100 plus youth and families. Resources provided by this organization include: life skills assessments; tools to enhance the work of professionals; and resources for youth to learn paths to success.

Resources Available:

Endless Dreams: A Video and Curriculum to Educate Teachers and Child Welfare Professionals About Foster Care

Leila Gorbman: Producer, Peter Rummel: Videographer, Sion Jones: Editor,
Funded by Casey Family Programs, 2013, 15 minutes
Available at: <http://www.casey.org/endless-dreams/>

Casey Life Skills: Assessment Helps Youth Build a Future

This tool allows youth to think about directions for their future. Assessment areas include: improving work ethic, organizational skills (bills, budgeting, and goal-setting), and making permanent connections with caring adults for guidance. Accounts can be created here: <http://lifeskills.casey.org/>

Knowing Who You Are: Helping Youth In Care Develop Their Racial And Ethnic Identity

Available at: <http://www.casey.org/knowning/>

This is a two-part learning tool to improve understanding of racism and discrimination. The first part is a 25-minute video showing the interviews of 23 individuals discussing issues of racial and ethnic identity. The second part to this tool is an e-learning assessment.

From Foster Care

By John Emerson and Lee Bassett (2010), 99 Pages.
Available from: <http://www.casey.org/supporting-success/>

This book is a tool to educate the professionals as well as youth involved in foster care. It discusses the policies and structure that facilitate the transition from foster care to higher education and independence. It explains the twelve elements that will support foster youth in their transition. Lastly, collegiate programs that support foster youth are also mentioned.

Improving Higher Education Outcomes for Young Adults in Foster Care

Website: http://www.casey.org/media/SupportingSuccess_Resources.pdf



The **Casey Family Programs** offers a wide variety of resources for “improving higher education outcomes for young adults in foster care.” A compiled, comprehensive guide on a multitude of resources, the **Casey Family Programs** summer article provides information on scholarships, financial aid, and transitioning to college tips focusing on foster care youths planning to enroll in higher education. With information on statewide, community, and specific colleges, the **Casey Family Programs** article supports students transitioning from foster care to college and equips them to succeed.



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about any diagnoses, medications, and treatments? Can the youth describe his or her conditions? Is the youth able to converse with doctors and ask questions? Does the youth know his or her insurance carrier and how to monitor claims? Once the youth transitions into self care, the insurance available as a youth in foster care may no longer be assessable. The youth may need to locate and purchase health insurance.

A ‘Health Passport’ system where records and the youth’s history are maintained in a notebook is recommended. The complete health history includes birth history, illnesses, immunization records, allergies, medications, and descriptions of accidents and injuries. Some agencies are establishing electronic records rather than paper ones.

Youth need to have an action plan for any ongoing health conditions, such as asthma. The goal is to educate youth to know what symptoms require immediate attention. Youth should practice scheduling medical appointments, and learn to be responsible for managing and taking medications and implementing treatments.

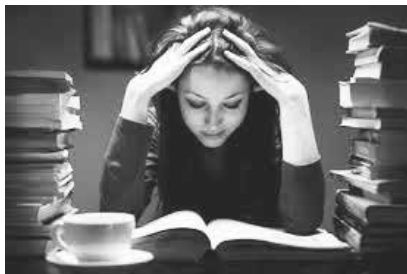
To coordinate care, a case worker can involve the adolescent, the foster family, and the biological family, if appropriate. With the adolescent’s approval, all parties can have copies of health care documents or access to the electronic record.

Youth with substance abuse issues or mental health diagnoses will have additional challenges to manage. Services designed for adolescents and young adults will be more beneficial than generic services.

Pregnant and Parenting Youth

Adolescent pregnancy has negative consequences for teens (see VCPN, volumes 13 and 52 for a more thorough review of literature on teen pregnancy). As mentioned earlier, foster youth have higher rates of early pregnancy. While youth in foster care are similar to their peers in the age when they become sexually active, foster youth engage in higher rates of risky sexual behaviors such as unprotected sex. Geiger & Schelbe in a 2014 review of literature mention that foster youth may fear negative consequences if they talk with foster parents or social workers about sexual activity. Social workers and foster parents may not introduce conversations about sexual activity and invite discussion. Youth may lack access to professional services as well.

Programs to assist foster youth may need to be tailored or modified to reflect the unique needs of older youth in foster care. Independent living programs should be considered earlier and parenting issues (such as skills in interacting with children, basic child care skills, safety, and child development) should be incorporated into IL programs in addition to addressing sexual behavior, sex education, and reproductive health. Programs should be targeted to young men as well as women (Geiger & Schelbe, 2014).



Education

According to Dworsky and Courtney (2010b), estimated rates of college graduation among former foster youth range from one to eleven percent. Some funding has been made available so that foster youth can pursue higher education. The Chafee Education and Training Voucher (ETV) program, started in 2001, provides former and current foster youth with up to \$5,000 of assistance each year to cover tuition and fees, books and supplies, room and board, transportation, and other qualified expenses. In recent years, between \$42 million and \$47 million has been appropriated annually by Congress to help States pay for postsecondary education and training and related costs. Foster youth who are eligible for services under CFCIP (Chafee Foster Care Independence Program) also meet criteria for ETV funds and may receive the lesser of \$5,000 a year or the total cost of attending an institution of higher education. Students who participate in the ETV program before their 21st birthday may continue to receive support through age 23.

Many states also have tuition waiver programs that allow foster youth to attend public institutions at no charge or at a significantly reduced fee. There are scholarships and grants that are specifically targeted for former foster youth (Dworsky & Courtney, 2010b).

However, there are additional challenges once funding is secured. Geiger & Schelbe (2014) note that many youth in foster care do not meet the eligibility criteria required for postsecondary education due to inadequate academic preparation. Additionally, youth engaged in higher education need social and emotional support that is often lacking for youth 'aging out' of foster care. For former foster youth who have already had children, parenting responsibilities can be a barrier to completing or pursuing education.

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Scholarships for Former Foster Youth



John H. Chafee Foster Care Independence Program—Children's Bureau
U. S. Department of Health and Human Services
200 Independence Avenue, S. W.
Washington, D. C. 20201

Phone: 1-877-696-6775

Website: <http://www.acf.hhs.gov/programs/cb/resource/chafee-foster-care-program>



The **John H. Chafee Foster Care Independence Act (FCA)** was passed in 1999 to provide States with flexible funding to implement programs that assist youth making the transition from foster care to adulthood. The FCA established the Chafee Foster Care Independence Program (CFCIP) which provides a continuum of services and activities for current and former foster youth to promote self-sufficiency. The **Education Training Voucher (ETV) Program** was enacted as part of the Promoting Safe and Stable Families Amendments in 2001, providing vouchers of up to \$5,000 or the total cost of attendance (whichever is less) per year for post-secondary education and training. ETV funds may be used for expenditures associated with post-secondary education and vocational programs to youth otherwise eligible for services under CFCIP. Vouchers may also be provided to youth who are adopted from foster care after age 16 and to youth up to the age of 23, as long as they are participating in the program at age 21 and making satisfactory progress on their course of study.

Great Aspirations Scholarship Program (GRASP)

4551 Cox Road, Suite 110
Glen Allen, VA 23060
Phone: (804)-527-7726

Website: <http://grasp4va.org/>
Email: info@grasp4virginia.com



Created in 1983, the **Great Aspirations Scholarship Program (GRASP)** is available to foster youth who plan to enroll in higher education after completing high school. GRASP is a non-profit organization that has provided financial aid to students, advised parents and students, and educated the community by financial aid seminars. With goals to improve the lives of families, **GRASP** seeks to provide for youth regardless of financial or social circumstances. The Last Dollar Scholarships are available to students who received at least a 2.0 GPA throughout high school and expect to attend a post-secondary school in Virginia. Students must also meet with a **GRASP** advisor during their senior year in order to be eligible for the \$500 scholarship.

Foster Care to Success

21351 Gentry Drive
Suite 130
Sterling, VA 20166
Phone: (571) 203-0270
Email: info@fc2success.org

Website: <http://www.fc2success.org/contact-us>



Foster Care to Success (FC2S) is the largest provider of college funding and support services for foster youth in the United States. **FC2S** provides foster youth with a variety of programs and resources to aid them during transitioning to independent living such as: Meet our Fellows, Casey Family Programs Continuing Education and Job Training scholarship, Aim Higher Fellows, Reach USA, student care packages, and mentoring and support. **FC2S** has shaped public policy, volunteer initiatives, and the programs of other organizations working with older foster youth. This organization has been recognized by the Department of Health and Human Services, and their experience with foster youth helped shape the Foster Care Independence Act of 1999 and the design of the Education Training Voucher (ETV) Program.



Transitioning

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Data from the Midwest Evaluation of the Adult Functioning of Former Foster Youth suggest that youth are more likely to pursue postsecondary education if they are allowed to remain in foster care until age 21 (Dworsky & Courtney, 2010b). Any amount of higher education can have benefits. Although not as great a benefit as a four-year degree, even a year of college can improve the youth's ability to obtain and keep a job and results in higher earnings.

Promising Prevention Practices

Authors have identified important outcomes for youth exiting foster care. These include: employment history; economic stability; educational attainment; living arrangements; supportive networks; costs to the community; health and mental health status; legal involvement (Reilly, 2003). Two recent dissertations (Chavarria & Johnson, 2014; Gonzalez, 2015) have explored the success stories of former foster youth. Efforts to prevent negative outcomes should address these keys areas.

Criteria identified by authors above are similar to outcomes utilized by the federal NYTD (National Youth in Transition Database). These include: financial self-sufficiency; educational attainment; positive connections with adults; housing; incidence of high-risk behaviors; and access to health insurance.

While research on independent living programs is limited, some studies have found that receiving training and services increased the likelihood of successful outcomes (Reilly, 2003). Authors have suggested ideas to lower the risk of homelessness and poor outcomes for youth exiting foster care. These could be incorporated into the youth's transition plan:

- ❖ Ensure that all youth exiting care have a concrete plan for housing.
- ❖ Increase the availability of housing for former foster youth.
- ❖ Be certain that youth aging out of foster care have financial literacy and build financial assets prior to exiting care.
- ❖ Youth need to have health care. Studies have documented that adolescents in foster care have complex health

care needs that require intensive and comprehensive services. Youth should leave foster care with a complete health history including birth history, chronic illnesses, past hospitalizations and surgeries, immunization status, allergies, and medications should be gathered and documented.

- ❖ Target youth most at risk for homelessness and offer those youth additional attention.
- ❖ Offer specialized mental health services that will assist youth in understanding and accepting their pasts.
- ❖ Use evidence-based pregnancy prevention programs and strategies to delay parenting until youth are stable as adults.
- ❖ Make certain that youth have access to preventative care for reproductive health.
- ❖ Extend foster care services beyond age 18.
- ❖ Allow re-entry into foster care if a period of trial independence is not working well.

Independent living skills need to be taught throughout the growing years. Children and youth need: educational opportunities; career planning; financial skills; community involvement; knowledge of home maintenance; nutrition knowledge and cooking skills; understanding of preventative health care; safety training; driver's license; skills in clothing maintenance; communication and relationship skills, among others. Since some are high-risk for victimization, older youth should receive evidence-based prevention programs for dating violence (see VCPN, volume # 78). Prevention of substance abuse is also a consideration (see VCPN, volume # 82).

While there are Independent Living initiatives to help youth in foster care learn self-sufficiency skills, there are very few formalized services for foster care alumni (Geiger & Schelbe, 2014). There appear to be many benefits for youth who remain in care until age 21.

Relationships are a key component to the success of youth. Therefore, establishing positive, ongoing relationships is vital (Geenen & Powers, 2007). Youth should have some control over how independent living dollars are spent and should have choices of which services to purchase with their IL money. A person-directed plan (as opposed to a service-driven model) means that youth can choose from services and providers. A social worker could act as an agent or broker to help youth obtain desired services (Geenen & Powers).

Summary

Learning how to manage oneself, live independently, and contribute to society is an ongoing process. However, youth aging out of foster care, especially if they are living

in a residential setting, may lack normal, expected activities that help prepare youth for adulthood. Foster youth approaching adulthood may have never spent the night at a friend's home, participated on a sports team, or joined the drama club. They may not have interacted with a variety of adults who served as mentors, who can help the youth network, and who can serve as a reference for the youth. Youth in foster care may not have had opportunities to develop career interests and they may lack practice in making decisions. They are likely to arrive at age 18 with disrupted academics and lack of resources such as bank accounts and savings (Success Beyond 18, 2013).

Addressing the needs of youth transitioning from foster care is a multi-faceted process that requires a multi-disciplinary approach ((Lopez & Allen, 2007). Youth enter foster care with complex needs and often have long-term health and mental health difficulties that persist into adulthood. Implementing an individualized transition plan that results in successful adaptation to adult responsibilities requires coordinated efforts and multiple resources.

An individualized, flexible, creative approach to transition is needed if youth are going to overcome their substantial obstacles to successful adulthood. A provider-driven system where youth must fit into what is offered may be less desirable than a system where youth can choose what services they wish to purchase. Relationships are often a key factor in youth being successful, and therefore families and mentors must play vital roles since services cannot replace relationships (Geenen & Power, 2007).

References are Available on the Website or by Request

Special Thanks To.....

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& Youth Services Supervisor
Virginia Department
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VIRGINIA'S PICTURE

Statistics

The numbers of children in foster care in Virginia have declined in recent years. In June, 2009 there were 6,658 children in care. That number fell to 4,784 in November, 2014. According to Virginia Performs, Virginia's Performance Leadership and Accountability system, nationally the average rate of children placed in foster care has declined from 6.9 per 1,000 children in 2004 to 5.4 per 1,000 children in 2012. During this same time period, Virginia's rate of placing children in foster care declined from 3.8 to 2.5 per 1,000 children. This rate ranks Virginia as the lowest in the nation for placing children in foster care. Also, Virginia has gradually been improving in the percentage of children who are placed within families while in foster care (83% in 2013). Discharges from foster care into a permanent placement in 2013 were 74.4% (Virginia Performs, found at Virginia.gov, 2015).

While Virginia has a very low rate of children in foster care, it is tied for first in the nation for the percentage of foster youth (21%) who "age out" of foster care (KIDS COUNT Data Center, 2015). Readers can note that the percentage is influenced by the low number of children and youth entering care and a higher percentage of youth entering care in adolescence. According to the KIDS COUNT Data Center, in 2013 Virginia had 343 youth enter care at age 16 or older. That number represents 13% of all youth entering Virginia's foster care system. Virginia, as noted above, has a low number of youth overall in care.

"Aging out" refers to children who turn age 18 while in foster care and who have no permanent family placement. According to Voices for Virginia's Children (2014), in 2012 Virginia had over 600 youth turn 18 while still in foster care. Em Parente, Ph. D., LCSW, Foster Care Program Manager for the Virginia Department of Social Services, said that in 2014, Virginia had over 500 youth turn 18 while still in foster care. She adds, "Virginia's number of children 'aging out' of care has lowered steadily since 2008, but that trend is also true nationally."

Virginia foster care workers who were interviewed agreed that it is more difficult to achieve permanency for youth who enter foster care at an older age. For example, Nikki Smith, foster care worker with Harrisonburg-Rockingham Social Services District commented, "Most youth who 'age out' of care are older when they enter the foster care system. We are able to achieve permanency for children who are younger when they enter care."



Independent Living Services (IL)

Public Law 106-169 established the John H. Chafee Foster Care Independence Program (CFCIP) which provides states with flexible funding to implement programs that assist youth in making a transition from foster care to self-sufficiency. Chafee Independent Living funds assist foster care youth and former foster care youth ages 14 to 21. Youth who are being released from the Department of Juvenile Justice who were in foster care prior to commitment to DJJ are also eligible. Most departments begin the IL process at age 14. For example, Smith says that she begins IL services with a yearly plan starting at age 14.

For those who are turning 18 and desire IL services, the Virginia Department of Social Services recommend that a written contract be generated between the youth and the local agency. Youth can discontinue IL services and also can request to reinstate services if they request reinstatement within 60 days. Information about eligibility requirements and the application can be accessed on the Virginia Department of Social Services website. Acceptance of IL services is based on the willingness of the young adult to comply with recommendations.

Youth who have 'aged out' of foster care may be living independently, in a transitional living program, or with relatives. The youth can receive assistance in purchasing household goods and supplies, and can receive assistance with utility and rent deposits. Youth may qualify for a stipend. Currently, the stipend is a maximum of \$644/month. Some localities supplement the basic benefit. Amy Woolard of Voices for Virginia's Children notes that funding for an additional stipend must come from monies available through the Children's Services Act (CSA) which requires a state-local match and is dependent upon a locality's ability to provide the matching funds. The Virginia Department of Social Services can't continue maintenance payments to foster parents. However, some foster parents allow youth to continue to live in their home for free. If the youth receives an additional amount through CSA, former

foster parents can work out an agreement with the youth for a portion of the CSA stipend to go towards household expenses.

According to Letha Moore-Jones, MSW, MACE, State Independent Living Coordinator & Youth Services Supervisor for the Virginia Department of Social Services, there has been a paradigm shift in how Virginia views its responsibility to provide services to older youth in the child welfare system. The shift in practice and philosophy includes a strong focus on the need for older youth in care to have permanent connections to responsible adults. The other emphasis is to create, in collaboration with key stakeholders on the federal, state and local levels, a transition plan that is youth-driven and that offers a combination of assistance in mastering life skills, educational or vocational training, employment, health education, family planning, and other related services.

Moore-Jones states that the delivery of child welfare services is guided by the principles of the Virginia Children's Services Practice Model. Four of those principles relate to the commonwealth's Independent Living Program:

- ❖ Providing youth and family-driven practice
- ❖ Creating permanent family and life-long adult and family connections
- ❖ Partnering with others in a system that is family-focused, child-centered and community-driven
- ❖ Believing that how work is accomplished is important

Virginia Department of Social Services (VDSS) has received technical assistance from the Casey Family Programs and from the National Resource Center on Permanency and Family Connections (NRCPF) in developing an integrated approach to youth permanency and preparation for adulthood. Moore-Jones explains that as a result, VDSS, local departments of social services, and foster youth have identified promising strategies for older youth transitioning from foster care. These are:

- ❖ *Concurrent Planning*—This approach involves considering all reasonable options for permanency at the earliest possible point following a youth's entry into foster care and concurrently pursues those options that will best serve the youth's needs.
- ❖ *Family Finding*—Workers use methods and strategies to locate and engage relatives of the youth with the goal of creating meaningful, life-long connections to family.



Virginia's Picture

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- ❖ **Permanency Roundtables**—These planning meetings provide professional consultation in order to have an in-depth consideration of the youth's situation and prioritize action steps for a permanency plan.
- ❖ **Engagement of Youth Voice**—This approach emphasizes youth input into decision-making.

The range of services offered through IL is broad and includes services based on a written assessment of the youth's life skills. A formalized life skills assessment can determine strengths and needs. Areas of focus include personal development skills such as self-esteem, communication skills, decision-making, conflict resolution and anger management. IL skills include career exploration, obtaining job skills, money management knowledge and understanding of legal issues. Some workers use the Casey Assessment tool (see resources, this issue of VCPN).

Workers can help the youth with tasks such as developing a budget, establishing a bank account, and balancing a checkbook. Adults who can support the youth on an ongoing basis are identified. Workers can offer assistance in obtaining a high school diploma or GED or in arranging for college or technical training. Assistance can be provided in obtaining and maintaining employment. Mental health or substance abuse counseling can be arranged. Workers can assist both with smaller tasks (such as obtaining documents) and with long-term planning.

Elizabeth Graham, LCSW, Independent Living Coordinator from Chesterfield/Colonial Heights DSS describes some of the approaches her agency has adopted. Their youth have monthly meetings with their family services specialist and also benefit from two weekend conferences a year. The Virginia Department of Social Services contracts with Project Life (description below) to offer two yearly statewide youth conferences. Not only can the youth experience weekends away from home, but they can tackle new experiences like a ropes course or participate in something exciting, like a dance.

Graham's agency uses a team approach and relies upon input from the youth as well. The foster care worker, foster care supervi-

sor, the guardian ad litem, biological parents or kin, a parent support coach, and service providers all meet with Graham and the youth to discuss the IL plan and the effectiveness of services. As the youth matures, they work closely with the Great Expectations program (see description below) which provides a coach and mentor for assistance with planning higher education. Local community colleges such as John Tyler and J. Sergeant Reynolds have Great Expectations staff available on campus.

Funding for needed services and stipends is available through a variety of sources. There are Chafee Independent Living funds, CSA funding (a combination of state and local funds), Community Services Board funding, Medicaid, and private insurance. According to Graham, services are terminated when the youth is age 21 or 23 (depending upon the youth's circumstances and the funding source), or if the services are completed and goals met, or if the youth is non-compliant with the services, or at the youth's request.

It is important to note that IL services in Virginia do not include some critical components such as regular casework support or a guarantee of housing. According to Amy Woolard of Voices for Virginia's Children, since stipends are limited, youth must work full-time jobs to pay for housing and utilities and this responsibility can preclude them from attending school or being able to devote sufficient time to studies to be successful in school.

Foster Youth with Additional Needs

IL services after foster care are not equally suitable for all youth according to workers interviewed. "Youth have to be emotionally ready to work with the program," comments Smith. The key to success, according to several workers who were interviewed, is a youth with a support system of caring adults, in addition to the DSS worker. Youth with untreated mental health conditions and those with developmental disabilities have additional challenges. Sometimes youth resist mental health treatment and sometimes because of long waiting lists, mental health treatment can be difficult to arrange.

A November, 2009 study by the Virginia Department of Social Services Office of Research found that almost 17% of youth in foster care who were age 16 or older had been diagnosed with at least one disability. The most common diagnosis was emotional disturbance, followed by medical conditions such as intellectual disability, physical disability or visual or hearing impairment.

Transitioning from foster care is even more complicated for youth with disabilities. VDSS created a document in 2013, *Virginia Department of Social Services Transition of Youth with Disabilities out of Foster Care* with guidance specific to youth with disabilities. It is available on their website.

Fostering Futures Proposal

The federal Fostering Connections Act allows states to extend foster care to youth until age 21 and to receive federal IV-E matching funds for doing so. The program also allows adoption assistance to continue for youth who were adopted at age 16 or older, an incentive thought to increase adoptions for older youth. Opting to implement the program would allow access to \$10.1 million in additional IV-E funds from the federal government. A bill was introduced during the 2015 Virginia General Assembly but did not survive the budget process.

Chauncey Strong is a former foster youth. He is the Virginia Chapter Advisor and on the Board of Directors for the Foster Care Alumni of America. Strong related that some of Virginia's larger localities were already providing a full range of foster care services to youth over age 18 who wanted to remain with foster parents and continue their education. However, VDSS clarified that the Code of Virginia only permits DSS local agencies to provide foster care placement services to youth ages 18 to 21 when one of two exceptions are met. The two exceptions are: 1) the youth is under age 19, is attending school full time, and expects to receive a diploma or complete training before age 19; or 2) the youth is in a court-approved permanent foster care placement and is pursuing an educational or training program. Otherwise, only IL services can be provided. IL services do not include foster care placements, group home placements, or residential placements. IL services do not include a clothing allowance or maintenance payments to foster parents.

Dr. Parente noted that in some localities, youth who have 'aged out' and who are in the IL program are using part of the IL stipend to reimburse former foster parents for expenses. These agencies have helped youth work out living arrangements with their former foster parents.

Amy Woolard of Voices for Virginia's Children said that legislation will be introduced again next year with the hope that Virginia can join other states that extend a full range of services to youth 18 to 21 who have 'aged out' of foster care. "Moving Virginia into the Fostering Connections Transition Services Program would change and expand services for former foster youth. The local portion of the cost would be nearly eliminated, and instead the program would be financed by state/federal funds through IV-E. The VDSS budget would pay for about half and the federal IV-E match would be 50 percent. In one year, the commonwealth would pay about \$10 million but we are already spending about \$7 million on these youth and we would draw down \$10 million in new federal money," Woolard explained.



Medicaid to age 26 for former foster youth

During the 2015 General Assembly, legislation was passed to ensure that young adults who were formerly in foster care are able to access Medicaid benefits in Virginia, regardless of the state where they resided at age 18. This provision is part of the Affordable Care Act and mirrors the provision allowing young adults to remain on their parents' insurance to age 26. According to Voices for Virginia's Children, the legislation is a model for other states.

Training

VDSS, in collaboration with NRCPPF has developed a worker training curriculum entitled *Unpacking the NO of Permanency for Older Adolescents*. Segments of the training have also been offered to judges, guardian ad litem, CASA volunteers, foster parents, and private providers. There is also a mandatory course, *Permanency Planning for Teens: Creating Life-Long Connections*.

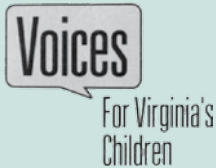
Judy Gundy, Family Services Training Program Manager for the Virginia Department of Social Services explains, "Youth need to connect with someone and have an adult in their life. It is important to have people share the important moments in life, like weddings and graduations."

BJ Zarris, MSW, now retired, created worker training curriculum, *Transition Planning for Older Youth in Foster Care*, which was piloted in March, 2015 with permanency workers. Gundy said that based on the pilot, revisions were made on the course. The training will be available for workers sometime in the fall of 2015.

"We stressed the importance of engaging with youth and preparing them to participate in IL services," explained Zarris. "Each youth needs a team and we gave tips about team composition and how to work together." Zarris noted that participation in the IL program requires an annual transition plan and, in addition, a specific plan must be developed during the 90-day period immediately prior to the projected date when foster care services will no longer be received. The training allows practice in developing the plan and introduction to tools such as the Casey Life Skills Assessment. "IL services require knowledge and skills but also someone who is authentic with the youth," notes Zarris.

Gundy comments, "The transition into adulthood is a process, not an event. The

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GROUP SUPPORTS FOSTERING FUTURES

Voices for Virginia's Children, the Virginia Poverty Law Center and FACES of Virginia Families are co-leading a diverse group of supporters of the Fostering Futures effort. Fostering Futures is Virginia's name for the federal Fostering Connections Transition Services program. The program extends transition services, including housing, to youth 'aging out' of foster care through age 21. It allows adoption assistance to continue for any youth adopted at age 16 or older, which could increase older-youth adoptions. Youth must be in school, working, or involved in a job training/job skills program in order to qualify.

Fostering Futures has endorsement and support from over 30 groups that include service providers, faith-based organizations, child and youth advocates, foster care alumni groups, and professional associations. Among the supporters are the Family Foundation of Virginia, Prevent Child Abuse Virginia, the Virginia Association of Community Services Boards, and the Virginia League of Social Services Executives. Supporters also include countless families and youth across the commonwealth. All recognize that Virginia must open opportunities to success for youth who 'age out' of the foster care system, rather than shutting doors to them simply because they turn 18 years old.

Amy Woolard of Voices for Virginia's Children, commented, "All of these groups and individuals are coming together to support Fostering Futures and the youth the program will serve. We've accumulated this support over the last few years of working on bringing the program to Virginia, and anticipate that even more groups will join the effort in the coming months and through the legislative session."

Moving Virginia into the Fostering Connections Transition Services program is affordable, according to Woolard. "The local portion of the cost would be nearly eliminated, and instead the program would use state and federal funds through IV-E. The Virginia Department of Social Services budget would pay about half of the costs and the federal IV-E match would be 50%. The commonwealth's costs would be approximately \$10 million but we currently spend over \$7 million in CSA funding on this population. State dollars would be supplemented by \$10 million in new federal money." Woolard concludes, "Through both grassroots efforts and direct advocacy with legislators and the Governor's office, our coalition's goal is for youth in the foster care system to be a top priority within the upcoming biennial budget and beyond, beginning with successful passage of the Fostering Futures program."

For more information and to join the effort, contact Amy Woolard at (804) 649-0184, Ext. 24 or by E-mail: amy@vakids.org

Think of us

913 W Grace St Suite C
Richmond, VA 23220

Phone: 203-685-0044
Email: info@thinkof-us.org
Website: <http://www.thinkof-us.org>



Think of us is creating a self-development platform that is designed to support youth—and targeted to foster youth—in developing their abilities to thrive beyond self-sufficiency as they prepare, transition and acclimate to adulthood. On this site, youth will find online content and self-coaching content to guide them through their own decisions around their life, work, education, and health.



Virginia's Picture

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course focuses on the importance of engaging a team of supportive adults to help youth in foster care develop and implement an incremental plan. Participants learn to utilize assessments, track progress and change plans as needed."

An additional resource has been developed by and for youth. Young people who are in transition or who have transitioned from foster care developed an online course for youth in conjunction with Virginia DSS. *The Transition Planning for Youth in Foster Care* is a five-module video eLearning that is available on the VDSS website: www.dss.virginia.gov/family/fc/independent.cgi. Youth ages 17 to 25 highlight the importance of being involved in a strength-based and youth-driven transition plan to achieve self-sufficiency and permanent connections. The online course has five modules: 1) What Is a Transition Plan?; 2) Who Is Involved; 3) How to Develop a Plan; 4) What I Need to Know to Plan; and 5) What Happens Next?

Project LIFE (Living Independently, Focusing on Empowerment)

This collaboration between the Virginia Department of Social Services and United Methodist Family Services (UMFS) promotes permanent family connections for older youth while they transition from foster

care. Project LIFE serves foster youth ages 14 to 21 throughout five regions of Virginia. Each region has an Independent Living Consultant responsible for implementing the vision, mission, and goals of VDSS and Project LIFE. They collaborate with local departments of social services to provide support, training, and technical assistance. Among other resources, their website offers the VDSS Transitional Living Plan templates. See: www.vaprojectlife.org/



Sophia Booker is the Youth Network Coordinator for Project LIFE. She is an undergraduate student at Virginia Commonwealth University (VCU) and is a Social Work major. She joined the Project LIFE program in 2010. She said a friend of hers was attending a meeting and recruited her to become part of a Youth Advisory Council. "Project LIFE helped with my support network," said Booker. "The program helped me identify resources and helped me learn how to communicate effectively."

Booker and her twin sister were adopted at age 14. Booker said at that time, she trusted few people and did not connect well with others. She believed that people would leave and not be dependable. Her association with Project LIFE began to change her outlook.

She participated in some of the summer learning opportunities and conferences, making friends and contacts that continue to support her. Project LIFE provided training in public speaking and boosted her confidence.

There are many plans for Project LIFE, according to Booker. "We want youth to know that their voice is valuable. We have resources on social media and it is easy to use the sites. We are in the process of expanding our Youth Network to give youth more opportunities to use their voice for a meaningful cause. We know that their voice matters and we want them to know that as well!" Although Project LIFE has served 1,700 youth since 2009, Booker hopes that the numbers will increase. She says, "Project LIFE is effective! I'm living proof. They have been a big part of my life!"

Interested readers can contact Sophia Booker at (804) 353-4461 ext. 1504 or by E-mail: sbooker@umfs.org



Great Expectations
FOSTERING POWERFUL CHANGE

Great Expectations

Great Expectations was launched in the fall of 2008 at five Virginia community colleges, each of which received a grant to pilot components of the program. Dr. Jennifer Gentry, Vice Chancellor of Institutional Advancement, relates that the program started when Mark Fried became aware of the large number of foster youth transitioning into independent living. "He pledged \$1 million dollars," said Dr. Gentry. "Mark and his wife are champions for the underserved."

Spotlight on the Valley Region: Braley & Thompson, INC.

Braley & Thompson, Inc. is a private agency offering services to youth ages 17 to 21. They are assisting foster youth who are transitioning from foster care in the areas of Radford, Harrisonburg, and Roanoke. They contract with departments of social services in Harrisonburg, Radford and Roanoke City and the counties of Giles, Montgomery, and Rockingham. Most of the youth served are in either their senior year of high school or are enrolled in a community college.

Wes Bell, Independent Living Program Manager, explains the model. The agency procures housing, provides transportation as needed, and serves as a support system for the youth. "We offer programs and individualized teaching in life skills such as meal

preparation, how to budget and manage money, social interaction skills, and how to grocery shop. We allow youth to make decisions and to make mistakes and experience natural consequences," Bell explained.

Nikki Smith, foster care worker with Harrisonburg-Rockingham Social Services District likes the comprehensive service model offered by Braley & Thompson. "So many youth are not quite ready to live on their own. They need a support system and people who are interested in their progress," remarks Smith.

The workers from Braley & Thompson, Inc. are able to offer the individualized attention that the transitioning youth require. Case managers are limited to 3 to 4 cases

each. By having support, the youth can then focus on completing school and the requirements of higher education. "We stress that their education comes first," says Bell. "We have maintained a good relationship with the Great Expectations programs at Blue Ridge Community College and New River Community College. Most of our youth are successful in completing educational programs and they stay in touch after graduation."

More information is available from: Wes Bell, Independent Living Program Manager, Braley & Thompson, Inc., 2754 Brandon Ave SW, Apt C4, Roanoke, VA 24015, (540) 400-0717, FAX: (540) 989-9141, E-mail: Wesley.bell@rescare.com

According to Rachel Mayes Strawn, Ph.D., Program Director, the infrastructure was already in place. “We simply added the coaches to help the foster youth navigate the system and be successful,” she explained. Since then, the program has expanded to community colleges across the commonwealth. Great Expectations helps Virginia’s foster youth complete high school, gain access to a community college education and transition successfully from the foster care system to living independently. Key components of the program include:

- ❖ Individualized tutoring
- ❖ Career exploration and coaching
- ❖ Help in applying for college admission and financial aid
- ❖ Help in applying for and maintaining employment
- ❖ Life skills training, including financial management
- ❖ Personalized counseling
- ❖ Student mentors

An online resource for Virginia youth aging out of care is *Great Expectations: Fostering Powerful Change* (<http://greatexpectations.vccs.edu/>). The site has resources: Finding a Home; Managing Money; Staying Healthy; Finding Childcare; Transportation; Legal Issues; Independent Living. A checklist is available as well as success stories.

Across the Commonwealth of Virginia, 18 community colleges participate. There are 463 students enrolled and another 611 served but not currently enrolled in classes. The participants receive advice about college requirements and regulations. Youth are offered help with admissions packets and with financial aid applications. There are regular meetings and opportunities for students to interact with students from other schools.

Based on data from 2010, Chmura Economics & Analytics (2011) performed an analysis of the impact of the Great Expectations program. One finding was that former foster youth had lower math, reading and writing scores than other Virginia Community College students. The cumulative grade point average for former foster youth was 1.98 while the average of other students was 2.52. Former foster youth received public assistance for longer time periods than other students (2.5 years while the comparison group averaged 5.4 months). Former foster youth had lower educational attainment and less success in the labor market, with unemployment rates far higher than peers and lower wages earned.

The study found costs associated with aging-out youth. The 29.7 million dollars for costs in 2010 were as follows: \$25.6 million lost due to problems arising from the foster youth’s lower skill levels; total welfare costs amounted to \$1.1 million; costs due to criminal behavior and incarceration were \$2.4

Virginia Resources for the Transition to Independent Living



State Resources:

<http://agingoutinstitute.com/select-your-state/>
<http://agingoutinstitute.com/Select-your-state/virginia/>

The first site allows the consumer to select the state where the foster youth lives and then directs them to specific state resources. The second site listed is specific resources that are offered through the Commonwealth of Virginia.

Virginia Department of Social Service

801 East Main Street
 Richmond, VA 23219

Phone: (804)-552-3431
 Email: citizen.services@dss.virginia.gov



VIRGINIA DEPARTMENT OF
 SOCIAL SERVICES

Transition of Youth with Disabilities Out of Foster Care- Virginia Department of Social Services

Website: https://www.dss.virginia.gov/files/division/dfs/fc/intro_page/guidance_manuals/other/transition_planning_youth_disability.docx

The Virginia Department of Social Services (VDSS) in 2009 found that 17% of foster care youth 16 and older have been diagnosed with at least one disability, most commonly emotional disturbance, and other conditions such as intellectual disabilities, physical disabilities, and visual/hearing impairment. This article provides local departments of social services with tools to successfully transition youth with disabilities from foster care into adulthood. They advise initiating transition planning at 16 years old in order to inform youth about resources for transitioning and specialized services available.



Services for Older Youth

Website: www.dss.virginia.gov/family/fc/independent.cgi
 (Former Foster Youth)

The site contains a 5-module video on transition planning that features former foster youth transitioning to adulthood. There is also information about eligibility, educational opportunities, and funding.

Children’s Cabinet

Office of the Secretary of Education
 Patrick Henry Building
 1111 East Broad Street
 Richmond, VA 23219

Phone: (804) 786-1151

Website: <https://hr.virginia.gov/media/3895/2014-2015-childrens-cabinet-annual-report-final2.pdf>



The **Children’s Cabinet** was established in 2014 under the Executive Order 21 signed by Governor Terry McAuliffe. The Children’s Cabinet is co-chaired by the Secretary of Education and the Secretary of Health and Human Resources. This initiative focuses on facilitating connections at the state level and collaboration with local partners to promote positive outcomes in the five priority issue areas. The five priority issue areas identified in Executive Order 21 include: beyond the barriers, raising the foundation; access to basics; triumph over transitions; and working parents building families. Within this Executive Order the **Children’s Cabinet** addressed the needs of transitioning youth. With a proactive approach to enhance the services for transitioning youth (in Virginia’s juvenile justice, mental health, and foster care systems) factors putting youth at-risk will be identified along with ways to reduce the impact.



Virginia's Picture

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million and healthcare costs were estimated at \$ 0.6 million. According to Dr. Strawn, those costs average to \$41,000 each year for each 'aging out' youth. Therefore, Great Expectations has the potential to save the commonwealth far more than the program costs. Dr. Strawn related that a goal of Great Expectations is to reach half of eligible foster and former foster youth in Virginia, about 2,500 youth.

More information is available from their website: <http://greatexpectations.vccs.edu/> or contact Dr. Rachel Mayes Strawn, Virginia Community College System, 300 Arboretum Place, Suite 200 Richmond, VA 23236, (804) 819-4690 or E-mail: rstrawn@vccs.edu

Virginia Scholarships for Higher Education

Virginia youth who are in foster care or who were in foster care when they turned 18 are eligible for a number of financial aid resources.

- ❖ Chafee Education and Training Vouchers (ETV) – Assists eligible foster care and former foster youth and youth adopted at age 16 or older from foster care with post-secondary education and training expenses up to \$5,000 per year. Grants can be used for colleges, universities, community colleges and one-year training institutions. Youth ages 16 to 21 are eligible for ETV. Those receiving funds prior to their 21st birthday may continue to receive support through age 23. Youth applying for ETV must have a high school diploma or a GED.

- ❖ Virginia Tuition Grant Program- Provides tuition and fees based on financial need at any Virginia Community College for youth who have a diploma or GED and were in foster care when turning 18, or are in the custody of DSS or are considered a special needs adoption. For more information, visit: <http://cdn.vccs.edu/wp-content/uploads/2013/07/vatuitiongrantflyer.pdf> and visit : [www.schev.edu/Students/fact sheetVTAG.asp](http://www.schev.edu/Students/fact%20sheetVTAG.asp)

- ❖ GRASP Scholarships- Great Aspirations Scholarship Program is a nonprofit charitable organization. GRASP has advisors in every area high school in Hanover, Henrico, Chesterfield, Petersburg, New Kent, Hopewell, Powhatan, Charles City and most of Richmond City.

- ❖ Fostering A Future Scholarship- Children's Action network and the Dave Thomas Foundation for Adoption have partnered to create a national scholarship program to

benefit youth adopted from foster care.

- ❖ Casey Family Scholars Program – Offers 100 scholarships annually, ranging from \$2,500 to \$6,000 for young people under age 25 who have spent at least 12 months in foster care and were not adopted. More information can be found at: <http://greatexpectations.vccs.edu/school/financial-aid/scholarships/>

Foster Care Alumni of America– Virginia Chapter

The Virginia Chapter is part of a national organization (Foster Care Alumni of America or FCAA) that gives a voice to adults who were in foster care as children. The organization started in 2004 and now has 19 state chapters. The Virginia Chapter started in 2008 and welcomes alumni of foster care as members (any adult who was in foster care or an out-of-home placement). Allies (adults who were not in foster care but believe in the mission of FCAA) are also welcomed to join the Virginia chapter.

Chauncey Strong, MSW, Virginia Chapter Liaison is also a member of the board of directors for FCAA. He comments that the theme of FCAA is 'Connecting Today and Transforming Tomorrow.' FCAA advocates for improving the foster care system through the National Foster Care Youth & Alumni Policy Council , a partnership between FCAA and Foster Club, with support from Casey Family Programs.

The National Policy Council has several priorities: 1) extending foster care capacity to serve youth up to age 21 who want to remain in the system; 2) increasing opportunities for foster youth and former foster youth to pursue higher education; 3) improving access to mental health treatment for foster youth; 4) increasing normalcy for foster youth; and 5) decreasing vulnerability by educating foster youth about their rights. Strong feels that their positions are having an impact. Information about the National Policy Council is available at: <http://nfyapc.drupalgardens.com/>

On a personal level, Strong is passionate about the need to support foster youth at least through age 21. He would also like to see foster youth be able to have permanent families and more contact with siblings and with non-abusive family members. Being treated equally is important, he says. For example, some youth in foster care are not able to experience normal teenage activities such as obtaining a driver's license, dating, or have a sleepover with friends. Strong says, "We need to keep working hard to improve the system."

For more information about FCAA, contact Chauncey Strong, MSW, FCAA VA-Chapter Board Director, E-mail: va.chapter@fostercarealumni.org or through Chapter Voicemail: (641) 715-3900 Ext. 744007# or visit the website at: www.fostercarealumni.org

Interagency Partnership to Prevent & End Youth Homelessness: Strategic Plan (2014)

IPPEYH was formed in order to leverage state resources more effectively to assist youth ages 14 to 24 who are at risk for or experiencing homelessness. The target population includes youth involved in foster care or juvenile justice systems, and youth who are not enrolled in an educational institution or who are at risk of dropping out. The mission is to maximize the effectiveness of state services and resources for youth at risk of or experiencing homelessness and to better coordinate and share resources among state agencies.

The group met four times in 2014 in addition to the many subcommittee meetings and proposed a strategic plan. The document includes plans to identify youth who are homeless or at-risk for homelessness; to identify housing options and relevant best practices; to ensure that every youth exiting foster care or the juvenile justice system has a verified discharge/transition plan for permanent housing for at least six months; and to implement best practices to meet the housing needs of the target population. Additionally, the group aims to develop strategies for working with youth with unique barriers to housing (such as LGBTQ youth, youth with poor credit; undocumented youth). Finally, the group endeavors to educate youth about housing rights through peer education and other avenues. There are plans to assess the fidelity of Virginia's child services practice model and to improve training and support across disciplines. Further, the group hopes to enhance natural supports and extend foster care to age 21. There are plans for a Youth on the Move media package. There are a group of recommendations for increasing access to education and employment and enhancing youth's success.

The group developed an inventory of available housing programs, current strategies addressing homelessness, and potential funding sources. The IPPEYH also identified issues, barriers, and recommendations for better serving Virginia's homeless and at-risk youth. The work resulted in a strategic plan for addressing youth homelessness over the next three years. In December, 2014, the plan was approved by the Governor's Coordinating Council on Homelessness.

Elements of the plan which are currently underway include: 1) efforts to identify available metrics in order to evaluate the success of the group's efforts over time and 2) the cultivation of a relationship with a youth advocacy group to ensure that youth voice is incorporated into the work of IPPEYH. The group continues to meet and work focuses on the plan's implementation.

The Strategic Plan is available from: Pamela Kestner, MSW, Special Advisor on Families, Children and Policy, Office of the Secretary of Health and Human Services, Email: pamela.kestner@governor.virginia.gov

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Advocates for Richmond Youth



Advocates for Richmond Youth is a participatory youth-led action research team addressing youth homelessness in the Richmond area. Participatory action research puts the traditional research subjects in the role of the researcher and honors them as experts. The group is spear-headed by Alex Wagaman, Ph.D., MSW, Assistant Professor at Virginia Commonwealth University (VCU) and involves young people ages 18 to 25 who have direct experience with homelessness or unstable housing.

Dr. Wagaman related that during her first year of teaching, she was asked by St. Joseph's Villa to help in a study of the needs of homeless youth. She recruited a group of homeless and unstably housed youth and learned that four of the eleven were former foster youth. Dr. Wagaman and the youth worked together for six months from July, 2014 to January 2015 on the research project. Youth received a stipend and met weekly over a dinner. The research team divided into two groups to understand the issues from multiple perspectives. One team interviewed direct service providers and a second team developed an interview protocol for youth.

The research team that directly interviewed youth learned that most homeless youth did reach out for help and support. However, it was difficult to access what resources were available and there was a definite lack of resources. Homeless and unstably housed youth had to rely upon informal support, which was risky.

The research led to a set of recommendations which were presented through VCU School of Social Work to the community in various venues. Recommendations were:

- ❖ Expand the definition of homelessness.
- ❖ Develop a variety of housing programs for youth under age 25. Include access to coaches, counselors and other resources.
- ❖ Help service providers learn how to effectively work with youth by providing training and evaluation.
- ❖ Develop a permanent Youth Advisory Group.
- ❖ Conduct a needs assessment and count of homeless and unstably housed youth in Richmond.
- ❖ Increase access to transportation so homeless youth can access jobs and other opportunities outside of the center of the city.
- ❖ Increase opportunities for internships, employment training, and job readiness programs.
- ❖ Address barriers to affordable housing by: tenant rights education; addressing lack of rent control; reducing barriers such as credit and background checks; and change

policies that limit housing for those in school.

The research was intended to begin a dialogue that could move stakeholders to action. Therefore, the sample was small. Dr. Wagaman commented that homeless youth are a difficult population to track and finding larger samples would require considerable resources. However, the youth she worked with are interested not only in helping individual youth, but also in assisting with policy-level changes.

VCPN staff talked to Tiffany Hayes, a member of the research team. She said she became connected to the project through an ad on Craig's List. "I was getting ready to age out of foster care and nothing was in place for me," she explained. "I e-mailed and they responded. My therapist encouraged me to attend."

Tiffany is glad that she participated. "They were a big support to me," she said. "Sometimes strangers treat you better than the people you know. I shared my story with Ms. Alex and she did not want to see me and my child not straight. I tried to advocate for myself while I was in foster care, but my voice was not heard."

Tiffany related that she had lived with an aunt and uncle from ages 9 to 13. She entered foster care and was moved about once a year. "A lot of the moving was because I did not want to accept people I did not know as parents," she explained. Tiffany said that she lived in a group home from age 17 to 20, and then she entered an Independent Living Program.

Through the Mayors Youth Academy, Tiffany did obtain a job with a contractor for Comcast. Later she transitioned to another IL program which she thought would better fit her needs. She left Comcast and began to work at Food Lion. At this point it was near Tiffany's 21st birthday. Her income was not enough to support her and her son. Tiffany and her worker tried several avenues for support such as applying to SSI and other benefits but she was not eligible.

Tiffany's worker at the department of social services along with her IL worker helped her find housing. However, that placement did not work out. She had an application in for public housing and finally obtained a housing unit in October, 2014. She is pleased with the housing but also notes, "I feel like where you live is what you make it. They (the public housing authority) keep the area fairly clean and have a good attitude and care about the community."

Tiffany took advantage of the **Great Expectations Program** (see Virginia's Picture for a description of this program). She describes the staff as "very supportive" and notes that she was able to obtain tutoring. The staff helped her apply to school and

helped with getting books and gas cards to pay for mileage.

Learning to manage a car was a major challenge. Tiffany said she was able to obtain a car loan. However, she had a motor vehicle accident and her car was 'totaled.' "I've had some poor decision-making in the past. Now I am learning to take ownership of my decision-making. You learn by failing. When I fall, I pick myself up."

Currently, Tiffany works two jobs and is enrolled in a paralegal studies program. Her son is attending a Montessori preschool. They attend church where Tiffany is part of a Women's Ministry. Tiffany is a single parent for her son. "He is a blessing!" she says. He is now four years old, very smart and cute, and very loveable. "I have to do for him and he is my motivation!"

Tiffany reflects upon her progress, "I have always been a giving and caring person. However, I don't think I would be this far along if I did not have support." Tiffany summarized by saying, "Foster care helped me. I did not have a family."

Tiffany has ideas based on her experiences. She offered some insights:

- ❖ Take ownership of the role you play.
- ❖ "The social worker is basically your parent. It is their duty to be helpful." The social worker needs to be willing and able to spend time with foster youth. "It is not just the material things that are needed."
- ❖ The group home was too restrictive and did not allow practice or activities that would help develop independent living skills. "I could not go anywhere or do things without them running a background check. It also disrupted my ability to build normal relationships. If you don't have some independence, you don't know the reality and you lack preparation."
- ❖ IL classes are offered only when it is convenient to the foster home or the worker.
- ❖ "The best thing that foster care could do is to keep connected. Once your services are done, you don't have a therapist anymore. You are terminated and they are not supposed to keep in contact with you."

To other foster youth, Tiffany would offer this thought, "Complaining won't change your status. Instead, show motivation and have an optimistic outlook for the future." She adds, "Speak up when you need something and do not be afraid. They offer things and you should use what is offered."

For more information on **Advocates for Richmond Youth**, contact Alex Wagaman, E-mail: mawagaman@vcu.edu Also, see VCPN's website.



Department of
PSYCHOLOGY

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Continuing Needs

Youth need support that continues into early adulthood in order to achieve growth and skills for self-sufficiency. Society has changed, requiring more education of youth and longer periods of dependency. Many of those who lack education, employment skills or adequate resources will continue to pose challenges and will be costly to society. Innovative and effective ways to support young adults emerging from foster care are not a luxury, but rather a necessary part of the foster care system.

Virginia's Independent Living program is continuing to advance and to address the changing needs of youth transitioning into adulthood. The shifts in philosophy and policy should result in improved outcome for these vulnerable young adults.

Some resources:

- ❖ Virginia Department of Social Services—Services for Older Youth: www.dss.virginia.gov/family/fc/independent.cgi
- ❖ Letha Moore-Jones, MSW, MACE, Virginia's State Independent Living Coordinator & Youth Services Supervisor: letha.moore-jones@dss.virginia.gov

References Available Upon Request

VCPN is on the web – Visit us at:
<http://psychweb.cisat.jmu.edu/graysojh/>

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E-mail: graysojh@jmu.edu

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Check Our Website for

- ❖ National Resources and Scholarships
- ❖ Virginia Resources and Scholarships
- ❖ Reference List
- ❖ Examples of Successful Interventions
- ❖ Transitioning Resources

And
More!

