



Youth Transitioning from Foster Care: Background and Federal Programs

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Summary

While most young people have access to emotional and financial support systems throughout their early adult years, older youth in foster care and those who are emancipated from care often face obstacles to developing independent living skills and building supports that ease the transition to adulthood. Older foster youth who return to their parents or guardians may continue to experience poor family dynamics or a lack of emotional and financial supports, and studies have shown that recently emancipated foster youth fare poorly relative to their counterparts in the general population on several outcome measures.

Recognizing the difficulties faced by older youth in care and youth emancipating from foster care, Congress created a new Independent Living initiative (P.L. 99-272) in 1986 to assist certain older foster youth as they enter adulthood. The legislation authorized mandatory funding to states under a new Section 477 of the Social Security Act. In 1999, P.L. 106-169 rewrote Section 477 to create the John H. Chafee Foster Care Independence Program (CFCIP) and doubled the total annual funds available to states from \$70 million to \$140 million. The law also expanded the population of youth eligible to receive independent living services—with no lower age limit—and gave states greater flexibility in designing independent living programs. Independent living services can refer to assistance in obtaining a high school diploma and training in daily living skills, among other services.

The CFCIP has been amended three times. In 2002, the Promoting Safe and Stable Amendments of 2001 (P.L. 107-133) authorized discretionary funding for states to provide education and training vouchers (ETV) to youth who age out of foster care and youth adopted from care at age 16 or older. For FY2010, Congress appropriated \$45.4 million to the ETV program. The CFCIP was amended again in 2008 by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351). The act expanded eligibility for the program by adding as an additional program purpose that youth who are in foster care on their 16th birthday but who subsequently leave care for adoption or kinship guardianship are eligible for CFCIP service. The law also extended the ETV program to youth who leave care at age 16 or older for kinship guardianship; made tribal entities eligible to apply directly for CFCIP and ETV funds directly from the federal government; and authorized additional supports and services outside of the CFCIP to older youth in care, including providing states the option, beginning in FY2011, to extend Title IV-E foster care to youth ages 18 to 21. In 2010, the program was amended for a third time by the Patient Protection and Affordable Care Act (P.L. 111-148, PPACA), which requires states to educate youth aging out about the importance of a health care power of attorney.

Along with the CFCIP, federal child welfare law and other federal programs are intended to help older foster youth and recent alumni make the transition to adulthood. The Title IV-E foster care program has protections in place to ensure that older youth in care have a written case plan that addresses the programs and services that will assist in this transition. Further the law that established the CFCIP created a new optional Medicaid eligibility pathway for “independent foster care adolescents;” this pathway is often called the “Chafee option.” Beginning in 2014, eligible young people who emancipate from foster care will be covered under a mandatory Medicaid pathway until age 26, as required under PPACA. Federal law also authorizes funding for states to provide other types of assistance. Further, the Higher Education Act authorizes services specifically for youth in foster care or recently emancipated youth, including education and housing services.

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A significant number of youth spend at least some time in foster care during their teenage years. On the last day of FY2010, approximately 157,000 youth ages 13 through 19 comprised 35% of the foster care caseload nationally.¹ Most teenagers left foster care and were reunified with their parents or primary caretakers, adopted, or placed with relatives. However, 27,829 youth aged out, or were emancipated, when they reached the age of majority in their states, usually at age 18.² The share of youth who exit to emancipation has increased in recent years, from about 9% (26,500 youth) in FY2006 to 11% in FY2009 and FY2010.³

Youth who spend their teenage years in foster care and those who are likely to age out of care face challenges as they move to early adulthood. While in care, they may forego opportunities to develop strong support networks and independent living skills that their counterparts in the general population might more naturally acquire. Even older foster youth who return to their parents or guardians can still face obstacles, such as poor family dynamics or a lack of emotional and financial supports, that hinder their ability to achieve their goals as young adults. Perhaps the strongest evidence that youth who have spent at least some years in care during adolescence have not adequately made the transition to young adulthood is their poor outcomes across a number of domains. During their early adult years, these youth are much more likely than their peers to forego higher education, describe their general health as fair or poor, become homeless, and rely on public supports.

The federal government has recognized that older youth in care and those aging out are vulnerable to negative outcomes and may ultimately return to the care of the state as adults, either through the public welfare, criminal justice, or other systems. In 1986, Congress passed legislation to assist certain older youth in care under a new Independent Living program, enacted as part of P.L. 99-272. The legislation authorized mandatory funding to states under Section 477 of the Social Security Act and was made permanent in 1993 as part of P.L. 103-66. In 1999, the Foster Care Independence Act (P.L. 106-169) rewrote Section 477 to create the permanently authorized John H. Chafee Foster Care Independence Program (CFCIP) and doubled the annual funds available to states from \$70 million to \$140 million. The law also expanded the population of youth eligible to receive independent living services, including youth who have left care through age 21, and gave states greater flexibility in designing independent living programs.

Independent living programs are intended to assist youth prepare for adulthood, and may include assistance in obtaining a high school diploma, career exploration, training in daily living skills, training in budgeting and financial management skills, and preventive health activities, among other services. Further, P.L. 106-169 required states to provide services to tribal youth on the same basis as other youth in the state. The act also encouraged youth in foster care to participate directly in designing their own activities that prepare them for independent living and further stated that youth “accept personal responsibility for living up to their part of the program.” Other

¹ U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. *The AFCARS Report #16: Preliminary FY2010 Estimates*, June 2011, at http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#afcars. (Hereafter referenced as U.S. Department of Health and Human Services, *AFCARS Report #18*.)

² *Ibid.*

³ Using data from 2002 through 2008 on children in foster care in 15 states, researchers have projected that the number of youth who are expected to leave foster care upon turning age 18 will likely decline between 2009 and 2013, due primarily to the decrease in the number of entries in foster care among children ages 10 through 17. Fred Wulczyn and Linda Collins, *A 5-Year Projection of the Number of Children Reaching Age 18 While in Foster Care*, University of Chicago, Chapin Hall Center for Children, 2010, <http://chapinhall.org/research/report/5-year-projection-number-children-turning-age-18-while-foster-care>.

related provisions in P.L. 106-169 enable states to use up to 30% of their CFCIP funds for housing on current and former foster youth ages 18 to 21, and to extend health care to these youth through a new Medicaid pathway known as the “Chafee option.”

The CFCIP has been amended three times. In FY2002, the Safe and Stable Families Amendments of 2001 (P.L. 107-133) authorized discretionary funding to states to provide vouchers for eligible youth through a new Education and Training Voucher (ETV) program. Youth were made eligible for the vouchers if they age out of foster care or are adopted from care at age 16 or older (up to age 21 or age 23, depending on when they received the voucher). For FY2010, Congress appropriated \$45.4 million to the ETV program. The CFCIP was amended a second time in 2008 by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351, Fostering Connections).⁴ The act expanded eligibility for the CFCIP by adding as an additional program purpose that youth who are in foster care on their 16th birthday but who subsequently leave care for adoption or kinship guardianship are eligible for CFCIP service. The law also extended the ETV program to youth who leave care at age 16 or older for kinship guardianship, and made tribal entities eligible to apply directly for CFCIP and ETV funds directly from the federal government. Finally, the CFCIP was amended in 2010 by the Patient Protection and Affordable Care Act (P.L. 111-148, PPACA), the health care reform law, to require states to ensure that eligible youth are educated about the importance of designating an individual to make health care treatment decisions for them.

Along with the CFCIP, federal child welfare law and other federal programs are intended to help current and former youth in foster care make the transition to adulthood. The federal foster care program has protections in place to ensure that older youth in care have a written case plan that addresses the programs and services they need in making the transition. Further, federal law authorizes funding for states and local jurisdictions to provide workforce support and housing to older foster youth and youth emancipating from care. P.L. 110-351 and P.L. 111-148 authorized additional supports and services to older youth in care outside of the CFCIP. P.L. 110-351 provides states the option, beginning in FY2011, to extend Title IV-E foster care to youth ages 18 to 21. P.L. 111-148 requires states, as of January 2014, to provide Medicaid coverage to eligible young people who age out of foster care.

This report begins with a discussion of the characteristics of youth who have had contact with the child welfare system, including those who entered care, as well as those who exited care via emancipation. The report then provides an overview of the federal foster care system, including the Chafee Foster Care Independence program, and provisions in federal foster care law that are intended to help prepare youth for adulthood. The report goes on to discuss other federal support—through other programs—for youth aging out of care in the areas of education, health care, employment, and housing. The report seeks to understand how states vary in their approaches to serving older youth in care and those who are recently emancipated. A small number of states are known to extend foster care to youth ages 18 to 21 (and beyond in some cases), and more states are seeking to do so with the passage of P.L. 110-351. Less than half of states provide Medicaid coverage to former foster youth beyond age 18 through the Chafee pathway option; however, youth will automatically receive coverage beginning in 2014 with the new Medicaid pathways for this population. The report also intends to demonstrate that, despite

⁴ For further information about implementation of the youth provisions of the act, see CRS Report R40218, *Youth Transitioning from Foster Care: Issues for Congress*, by Adrienne L. Fernandes-Alcantara.

negative outcomes for the group on average, many former foster youth are engaged in decisions about the services they receive and they display resiliency.

Appendix A provides a summary of outcome statistics for youth who were in foster care, compared to youth in the general population; and **Appendix B** provides funding tables for the Chafee Foster Care Independence program, including information about funds returned to the Federal Treasury.

Who Are Older Youth in Foster Care and Youth Aging Out of Care?

Children and adolescents age 17 and younger can enter state child welfare systems due to abuse, neglect, or for some other reason, such as the death of a parent or child behavioral problems. Some children remain in their own homes and receive family support services, while others are placed in out-of-home settings, usually in a foster home, relative placement, or institution (e.g., residential treatment facility, maternity group home). This section provides demographic and other information on youth who have had contact with the child welfare system, but did not necessarily enter care, as well as the characteristics of only those youth who entered in care. In addition, the outcomes experienced by young people who left care via emancipation is discussed.

Characteristics of Youth Who Have Had Contact with the Child Welfare System

The National Survey of Child and Adolescent Well-Being (NSCAW), a national random sample study of maltreated children or those at risk of maltreatment, was authorized by legislation (the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, P.L. 104-193) to reform welfare.⁵ NSCAW is gathering information associated with 5,501 children from public child welfare agencies in 92 localities across the nation. It is the first national longitudinal study of its kind and the first to relate child well-being to family characteristics, experience with the child welfare system, community environment, and other factors. The study has gathered this information at five intervals since an investigation of maltreatment was closed, even for those children who did not enter out-of-home foster care. For the fifth interval, information was collected by age cohort. One of these cohorts included 620 youth ages 18 to 21 in the sample who were ages 12 to 15 years old when baseline data were collected.⁶ The purpose of collecting data on this age cohort was to learn about the extent of their contact with the child welfare system, how they are developing during their transition to adulthood, and which services they need and/or have received to support this transition. Overall, the study demonstrates that youth who have been the subject of a child welfare investigation, regardless of whether they were removed from their homes, were more likely to have challenges in making the transition to adulthood than their same-age peers, and that many youth in need of certain services were not receiving those services.

⁵ U.S. Department of Health and Human Services. *National Survey of Child and Adolescent Well-Being, Overview*, available, along with the NSCAW reports, at http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/index.html.

⁶ U.S. Department of Health and Human Services. *National Survey of Child and Adolescent Well-Being, Adolescents Involved with Child Welfare: A Transition to Adulthood*, April 2008, at http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/transition_adult/transition_adult.pdf.

Almost a third (31.9%) of the youth in the sample were involved in a child welfare services investigation due to physical abuse. A caregiver's failure to supervise was reported for 29.1% of youth; sexual abuse, for 14.5%; a caregiver's failure to provide, for 9.5%; emotional abuse for 7.2%; moral/legal or educational abuse, for 6.3%; and abandonment, for 1.6% (figures add to 100.1% because of rounding). Slightly more than a quarter of these investigations were substantiated, meaning that child welfare services decided that the allegations of maltreatment were valid, and nearly one out of five (17.2%) of the youth were placed in out-of-home foster care during their adolescence. Nearly 60% (57.6%) of the families with youth in the sample were involved with a previous child welfare investigation. Of those families, two-thirds of the abuse and neglect incidents were substantiated.

At Wave 5, more than half (55.5%) of the youth in the sample were living with a caregiver. The balance of the sample were either married and living with their spouse (9.5%), cohabiting with a boyfriend or girlfriend (17.5%), living alone (11.8%), or living with non-relatives (6.3%). The share of youth living with caretakers is consistent with that of their peers in the general population. And like their peers generally, many of the youth in the study were currently employed full or part time (58.1%). Despite these similarities, youth involved in a child welfare services' investigation (even if they did not enter out-of-home care) tended to face negative outcomes across several domains relative to their peers generally as they made the transition to adulthood.

Across several health indicators, youth in the sample were more likely to report negative outcomes. (The study did not evaluate whether the shares of youth in the sample, compared to shares of youth in the general population, are statistically significant.) For example, about one-fifth (21.6%) of young adult females reported being in fair or poor health, compared to females in the general U.S. population ages 18 and older (12.9%). Further, the sample youth were also far more likely to report being depressed in the year prior to the interview (9.5% compared to 27.5%). While the share of youth in the sample having reported to be sexual active was about the same as it is for the general population ages 20 to 24, a larger proportion of sample youth had been sexual activity at an earlier age. Youth in the sample were almost more likely to be in an intimate relationship involving physical violence. More than one-third (34.3%) of young adult females had been in such a relationship. This is higher than the 22.1% lifetime prevalence for intimate-partner violence among adult females.

In education, young adults in the sample scored, on average, substantially below the normative mean of 100 in all categories of a cognitive test. The proportion who scored significantly lower than the mean was 15.0% for applied problems, 25.3% for passage comprehension, 29.7% for word-letter identification, and 43.6% for calculation. The sample youth were also more likely to report living in poverty. About four out of ten (41.8%) of sample youth were living in households with incomes below 100% of the federal poverty level, compared to an estimated 30% of all 18-to-24 years living below the poverty level.

Finally, the study suggests that the needs of youth in the sample are not being met. Many young adults in the study who reported having emotional, behavioral, learning, or attentional problems did not get services to address these problems. For example, among youth with clinically significant mental health scores and considered in need of mental health services, just over one quarter (27.6%) received outpatient mental health services and 13.3% receive inpatient mental health services (some received both services). In addition, only half of youth with symptoms consistent with alcohol or drug dependence were receiving substance abuse services.

Characteristics of Youth in Foster Care

Other studies provide data on youth who were removed from their homes and placed in a foster care setting. The Foster Care Dynamics report, a longitudinal study of children in 11 state child welfare systems from 2000 through 2005, provides detailed information about older youth who have been placed in out-of-home care.⁷ The study examined state administrative data to determine the typical trajectory of children across four age categories who first entered foster care during the five-year period: less than age one; one through five; six through 12; and 13 through 17. The study found that teenagers make up a significant share of the foster care population; have shorter median lengths of stay relative to younger children; live in placements other than foster family homes; experience more placements in their first year in care than younger children; and most often exit care through reunification, although running away and reaching the age of majority are exit pathways for about 10% to 24% of these older youth, depending on their age.

From 2000 through 2005, about 350,000 children entered care in the 11 states, of whom 27% were teenagers ages 13 through 17. Youth in the age 13 through 17 category comprised the second largest share of children in care (n=94,965), only after children ages six through 12 (n=95,676). The incidence rate for entering care for youth ages 13 through 17 was about 2.5 per 1,000 over the five-year period; this is compared to about 9.0 per 1,000 infants under age one; about 2.5 per 1,000 children ages one through five; and about 1.8 per 1,000 children ages six through 12. In three cohort years (2000-2001, 2002-2003, and 2004-2005), fifteen-year-olds comprised the second largest share of children in care by single-year age category (approximately 7%), only after infants under the age of one, who comprised 18% to 20% of the caseload.

Of those youth ages 13 through 17 who entered care from 2000 to 2005, 49% lived in congregate care (e.g., a residential school), 37% in foster family homes, and 13% in kinship care. The remaining two percent lived in an independent living arrangement or other arrangement. Across all age categories, 41% to 43% of children were moved within their first six months in foster care; however, a greater share of teenagers experienced multiple placements within their first six months of entering care. About 18% of youth ages 13 through 17 had two or more placements, compared with 12% to 16% of children in other age categories. Teenagers were also more likely to move to new living arrangements in the six to twelve months after entering care. While older youth in care had a shorter median length of stay than younger children in care, this median length of stay increased over the five-year period. The median lengths of stay for infants decreased from 18.7 months in 2000 to 17.6 months in 2004 (data were not available for 2005), and increased for youth ages 13 through 17 from 6.6 months in 2000 to 7.8 months in 2005.

Generally, teenagers were less likely to be adopted or placed with relatives as they got older and were more likely to run away and exit by reaching the age of majority or some other pathway such as independent living. With the exception of 17-year-olds, about the same share of teenagers were reunified as children ages three to 12. One-third to 46% of youth ages 13 through 17 exited to reunification. The balance of youth lived in an independent living arrangement or some other arrangement (12.4% to 15.1% for each age 13 through 17), ran away (6.7% to 11.7%), lived with a relative (5.1% to 8.4%), or reached the age of majority (0.9% to 23.9%). About two percent or less of the teenagers were adopted.

⁷ Fred Wulczyn, Lijun Chen, Kristen Brunner Hislop, *Foster Care Dynamics 2000-2005: A Report from the Multistate Foster Care Data Archive*, Chapin Hall Center for Children, University of Chicago, 2007.

Although older youth tend to have shorter spells in foster care, they are more likely to re-enter care after their first exit. About 28% of youth who were discharged at ages 13 through 17 during 2000 to 2002 reentered care within one year, followed by infants, at 26%. Children ages one to five were least likely to reenter care, at 15%.

Outcomes for Young Adults Formerly in Foster Care

Finally, data is available for those youth who were placed in out-of-home care and ultimately exited via emancipation. The data on these youth demonstrate that they have experienced challenges in transitioning to adulthood. This transition for all youth has becoming increasingly complex. During this period, young people cycle between attending school, working, and living independently. Many youth can rely on assistance from their families for financial and emotional supports during the transition. On average, parents give their children an estimated \$38,000—or about \$2,200 a year—between the ages of 18 and 34 to supplement wages, pay for college tuition, and help with housing costs, among other types of financial assistance.⁸ Parents also allow their adult children to live with them⁹ and provide their children with non-material assistance, such as help with obtaining a driver's license, guidance on applying to college, advice on finances and establishing a new household, and connections to other caring adults in their communities. For older foster youth and those who have already aged out of care, this assistance is often not in place. Being in care may inherently cause instability because of multiple out-of-home placements, school transfers, and the challenge in maintaining relationships with parents and other kin. Youth may experience further instability if they cannot afford to live on their own or are unable to live with relatives or friends upon emancipation. In most states, youth may not remain in foster care beyond age 18, a time when most young people explore educational and career options. (P.L. 110-351 has authorized states to seek Title IV-E foster care reimbursement for youth ages 18 to 21, at state option, beginning in FY2011.)

Research on the transition for former foster youth is limited and most of the studies on outcomes for these youth face methodological challenges—they tend to be dated; include brief follow-up periods (e.g., no more than a year after exit from care); have low response rates, non-representative samples, and small sample sizes; and do not follow youth prior to exit from foster care.¹⁰ Few studies include comparison groups to gauge how well these youth are transitioning to adulthood, in relation to their peers in the foster care population or general population. However, two studies—the Northwest Foster Care Alumni Study and the Midwest Evaluation of the Adult Functioning of Former Foster Youth—have tracked outcomes for a sample of youth across several domains, either prospectively (following youth in care and as they age out) or retrospectively

⁸ Bob Schoeni and Karen Ross, “Material Assistance Received from Families During the Transition to Adulthood.” In Richard A. Settersten, Jr., Frank F. Furstenburg, Jr., and Rubén Rumbaut, eds., *On the Frontier of Adulthood: Theory, Research, and Public Policy*, pp. 404-405. Chicago: University of Chicago Press, 2005.

⁹ According to the National Longitudinal Survey of Adolescent Health (“Add Health”), a nationally representative survey that tracks a cohort of youth over time, approximately 41% of surveyed youth age 21 in the study's third wave (2001-2002) lived with their parents. See Mark E. Courtney et al., *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21*, Chapin Hall Center for Children, University of Chicago, December 2007, p. 1, at http://www.chapinhall.org/article_abstract.aspx?ar=1355. (Hereafter referenced as Courtney et al., *Midwest Evaluation at Age 21*.)

¹⁰ For a compendium of outcome studies and their methodologies, see Mark E. Courtney and Darcy Hughes Heuring, “The Transition to Adulthood for Youth “Aging Out” of the Foster Care System” in Osgood et al., eds., *On Your Own Without a Net*, appendix. (Hereafter referenced as Mark E. Courtney and Darcy Hughes Heuring, *The Transition to Adulthood for Youth “Aging Out” of the Foster Care System*.)

(examining current outcomes for young adults who were in care at least a few years ago) and comparing these outcomes to other groups of youth, either those who aged out and/or youth in the general population.

Both studies indicate that youth who spent time in foster care during their teenage years tended to have difficulty during the transition to adulthood and beyond. (The studies do not posit that foster care, per se, is associated with the challenges former foster youth face in adulthood. In fact, children tend to have a range of challenges upon entering care.¹¹) The Midwest Evaluation has examined the extent to which outcomes in early adulthood are influenced by the individual characteristics of youth or their out-of-home care histories. The study found that still being in care, as opposed to having left care, and having certain other characteristics (i.e., having aspirations to graduate from college, feeling close to at least one family member, and expressing satisfaction with their experience in foster care) more than doubled the odds of working or being in school at age 19.¹²

The two reports exclude youth with developmental disabilities or severe mental illness that precluded them from participating, as well as youth who were incarcerated or in a psychiatric hospital.

Northwest Foster Care Alumni Study

Researchers with the Northwest Foster Care Alumni Study interviewed and reviewed the case files of 479 foster care youth who were in public or private foster care any time from 1988 to 1998 in Oregon or Washington.¹³ On average, they interviewed youth who were 24.2 years old, with a range of 20 to 33 years old. The youth tended to be females (60% versus the 48% of females in foster care nationally in FY2010¹⁴); to have entered care as adolescents (11.1 years versus 8.1 years for children entering care in FY2006; nearly 60% of the youth in the study were age 12 and older at the time they entered care); and to have exited care between the ages of 15 and older (the mean age at exit was 18.5 years versus 9.6 years in FY2008 for foster youth nationwide).¹⁵ Surveyed young adults experienced these outcomes even though most (83.6%) reported having access to “a lot” of child welfare services and supports, and about eight out of ten (81.5%) said that they felt loved while in care. These findings suggest that a confluence of factors, including the reasons they entered care, family dynamics, and access to services and

¹¹ Fred Wulczyn et al. *Beyond Common Sense: Child Welfare, Child Well-Being, and the Evidence for Policy Reform* (New Brunswick: AldineTransaction, 2005), p. 116. (Hereafter referenced as Wulczyn et al., *Beyond Common Sense*.)

¹² Mark E. Courtney et al., *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19*, Chapin Hall Center for Children, University of Chicago, May 2005, pp. 68-70, at http://www.chapinhall.org/article_abstract.aspx?ar=1355.

¹³ Peter J. Pecora et al., *Improving Foster Family Care: Findings from the Northwest Foster Care Alumni Study*, Casey Family Programs, 2005, at http://www.casey.org/Resources/Publications/pdf/ImprovingFamilyFosterCare_FR.pdf. (Hereafter referenced as Peter J. Pecora et al., *Improving Foster Family Care*.) See also Peter J. Pecora et al., *What Works in Foster Care?: Key Components of Success From the Northwest Foster Care Alumni Study* (Oxford, U.K.: Oxford University Press, 2010).

¹⁴ U.S. Department of Health and Human, *AFCARS Report #18*.

¹⁵ These youth were placed in care prior to the enactment of the Foster Care Independence Act (P.L. 106-169) and most entered care because of sexual abuse and other type of maltreatment, which is not a primary reason for most children entering care (though the definition of sexual abuse in the U.S. Department of Health and Human Services’ data collection system for children in foster care is not identical to the definition in this study). For additional information about the sample of youth, see pages 18 to 21 and 25 to 31 of the study.

supports before and after care, among many other variables, have likely influenced how well they function as adults.

The study compared the mental health status, educational attainment, and employment and finances for the foster care alumni to those of the general population.

- **Mental health:** Over 54% of foster care alumni had at least one mental health problem (depression, social phobia, panic disorder, and post-traumatic stress disorder, among others), compared to 22.1% of the general population.¹⁶ About one quarter of the alumni experienced post-traumatic stress disorder (PTSD). This figure is greater than the prevalence of PTSD among Vietnam or Iraq war veterans—about 15%. Alumni tended to have similar recovery rates as their counterparts in the general population for major depression, panic syndrome, and alcohol dependency, but lower rates of recovery for other disorders such as generalized anxiety disorder, PTSD, social phobia, and bulimia.
- **Education:** While alumni have obtained a high school diploma or passed the general education development (GED) test at the same rates as 25-to-34-year-olds generally (84.5% versus 87.3%), they are much less likely to have a bachelor's degree—1.8% versus 22.5% of all young people.
- **Employment and finances:** One third of alumni reported living below the poverty line, which is three times the national poverty rate. Further, almost 17% were dependent on Temporary Assistance for Needy Families (TANF), compared to 3% of the general population (although the high rate of participation in Oregon and Washington could have been due, in part, to TANF rules in those states). The alumni employment rate was 80%, while the general employment rate was 95%. Other indicators show that alumni were not financially secure. One third lacked health insurance (versus 18% of the general population) and 22% were homeless at least one day during the year after they left foster care (versus 1% of the general population who were homeless within the last year).

Midwest Evaluation on the Adult Functioning of Former Foster Youth

Few foster care alumni studies are prospective, meaning that they follow youth while in care through the time they leave care and beyond. The Midwest Evaluation is an ongoing study that tracks 600 or more (depending on the data collection wave) current and former foster youth in three states—Illinois, Iowa, and Wisconsin. All of the surveyed youth entered care prior to their 16th birthday.¹⁷ Surveyed youth responded to researcher questions about outcomes in three data collection waves: at wave 1, when they were ages 17 and 18, at which time most were in care; at wave 2 when they were age 19, at which time some remained in care; at wave 3, when they were age 21 and no longer in care; and wave 4, when they were ages 23 and 24 and at least a couple of years out of care. Of those who remained in care beyond age 18, all were in Illinois, the only state

¹⁶ In a nationally representative study of children ages 11 to 14 entering foster care, 56.1% had a clinical/borderline score on the total problem behaviors checklist. Researchers often use this list as a proxy for mental health issues. Wulczyn et al., *Beyond Common Sense*, p. 108.

¹⁷ Courtney et al., *Midwest Evaluation at Age 21*.

of the three that retains court jurisdiction of foster youth (with the youth's permission) until age 21.¹⁸

At wave 1, about half to 70% of youth in care reported receiving any one category of independent living services (educational services, employment/vocational support, budget and financial management support, housing services, health education services, and youth development services).¹⁹ At wave 2, not more than half of the youth in care reported receiving at least one independent living service.²⁰ At wave 3, receipt of services decreased for youth, regardless of whether they remained in care. No more than approximately one third of the youth reported receiving at least one independent living service.²¹

For youth in the fourth wave, their mean age was 24 years old and just over half (53.5%) were female.²² Nearly one-quarter had left foster care within the previous two to three years; about 20% had left within the past three to four years; 10% had left within the past four to five years; 30% had left care in the past five to six years; and 17% had left care in the last six to seven years. Most (54.5%) identified as African American, followed by white (29.9%), multiracial (5.8%), and other races. Approximately 4% identified as Hispanic. More than two-thirds of youth (62.9%) reported feeling lucky to have been placed in foster care, compared with 15% who neither agreed nor disagreed with feeling lucky, and 22% who disagreed or strongly disagreed. Youth were also asked whether they felt prepared to be self-sufficient. Over one-quarter said that they felt somewhat prepared and 65.5% said they felt very prepared; the remaining 7% said they did not feel very prepared or did not feel prepared at all. When they exited foster care years earlier, only one-quarter had said they felt very prepared.

At ages 23 or 24, most youth reported strong family ties, with 94% having said that they felt somewhat or very close to at least one biological family member. The greatest shares of youth reported feeling very close to their siblings, followed by another relative (aunt, uncle, or cousin), grandparent, biological mother, and biological father. The surveyed youth were most likely to be in daily contact (in this order) with their siblings, biological mother, another relative, grandparent, or biological father. Overall, most youth reported that they had social support, based on a 5-point scale with 1 meaning that they had support none of the time and 5 meaning they had support most of the time. The youth had a mean score of a 3.8.

¹⁸ Iowa amended its child welfare statute in 2006 to create a program that provides continuing support to foster youth ages 18 to 21. The Iowa youth in the Midwest study were already too old to benefit from the program when it was implemented.

¹⁹ Mark E. Courtney, Sherry Terao, and Noel Bost, *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave State Care*, Chapin Hall Center for Children, University of Chicago, May 2005, pp. 28-30, at http://www.chapinhall.org/article_abstract.aspx?ar=1355.

²⁰ Mark E. Courtney et al., *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19*, Chapin Hall Center for Children, University of Chicago, and Partners for Our Children, University of Washington, May 2005, pp. 17-19, at http://www.chapinhall.org/article_abstract.aspx?ar=1355.

²¹ Courtney et al., *Midwest Evaluation at Age 21*, pp. 22-25.

²² Mark E. Courtney et al., *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Ages 23 and 24*, Chapin Hall Center for Children, University of Chicago, 2010, <http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth>.

Emancipated Youth Compared to Youth in Care at Midwest Evaluation Wave 3

Findings from wave 3 of the Midwest Evaluation suggest that youth who remain in care as late as age 20 tend to experience an easier transition to adulthood than their counterparts who emancipate at age 18. The study found that the young adults from Illinois (who were more likely to remain in care than youth in Wisconsin and Iowa) were almost two times as likely to have ever attended college than their peers in the other two states; and were more likely to have higher earnings and delayed pregnancy. See the last section of this report for further information.

Youth at Midwest Evaluation Wave 4 Compared to Youth Ages 23 and 24 Generally

For each of the four data collection waves, wherever possible, researchers asked the same questions that were taken directly from the National Longitudinal Survey of Adolescent Health (“Add Health”), a nationally representative survey that tracks a cohort of youth over time.²³ The former foster youth surveyed at wave 4 in the Midwest Evaluation were less likely to have attained a four-year college degree compared to the Add Health youth (2.5% versus 19.4%). Youth in the Midwest evaluation who were not currently in school reported barriers to enrolling or staying in school, including that they could not pay (39.9%), needed to work full-time (19.7%), needed to care for a child (13.8%), or had no transportation (3.2%), among other reasons. While youth formerly in care were almost as likely to report ever holding a job as Add Health youth (94.7% versus 97.3%), a smaller share were currently employed (48.0% versus 75.5%) and they had lower median hourly wages (\$9.45 versus \$12.00) and mean annual incomes (\$8,000 versus \$18,300). About 47% of former foster youth reported having any savings or checking account, compared to 85% of youth generally. A greater share of former foster youth did not have enough money to pay rent (38.6%), compared to their counterparts in the Add Health survey (7.4%) and were more likely to report having received food stamps (67.7% versus 7.2% for females; 26.8% versus 1.5% for males).

Table A-1 in Appendix A presents the outcomes for youth surveyed in wave 4 and Add Health participants surveyed at ages 23 and 24 across ten domains—living arrangements, educational attainment, employment and income, economic hardships, health, sexual behavior and pregnancy, relationships and family formation, involvement with the criminal justice system, transition to adulthood, orientation to the future, and mentoring. **Table A-1** indicates that at age 23, former foster youth and youth generally shared some common characteristics, but that the former foster youth experienced more negative educational and employment outcomes, among other outcomes.

In addition to assessing the outcomes of youth at ages 23 and 24, the Midwest researchers have classified these youth into four subgroups, based on their similar characteristics across multiple indicators.²⁴ The profiles of the youth vary based on their living arrangements, educational attainment, and current employment status; whether they have children and whether they live

²³ The Add Health sampled young adults from across the country, the majority (about 75%) of whom were white. Data from the Add Health survey were collected six to seven years before wave 4 of the Midwest Evaluation. As a result, data on earnings and income have been adjusted by the Consumer Price Index (CPI) for comparison purposes.

²⁴ Mark E. Courtney, Jennifer L. Hook, and JoAnn S. Lee, *Distinct Subgroups of Former Foster Youth During Young Adulthood: Implications for Policy and Practice*, University of Chicago, Chapin Hall Center for Children and University of Washington, Partners for Our Children, March 2010, <http://www.chapinhall.org/research/brief/distinct-subgroups-former-foster-youth-during-young-adulthood-implications>.

with their children; and whether they have been convicted of a crime since leaving care. The alumni were categorized as follows:

- **Accelerated adults:** The highest percentage of youth (36.3%) were classified under this category. These youth were most likely to live on their own in a fairly stable situation (83.5%). Almost all had a high school diploma and over half had attended some college (54.3%). Three quarters were employed (74.8%). About half had children (51.9%), and they reported one of the lowest rates of criminal conviction (13.7%) relative to the other groups. Although these youth were generally high functioning, about one-third had been homeless or couch surfed and over one-third receive food stamps at age 23 or 24.
- **Struggling parents:** Nearly one out of four youth were categorized as struggling parents. They tended to live on their own (45.6%) or with relatives or friends (44.2%), and to have obtained a high school diploma (52.4%). Few (3.4%) were attending college (3.4%). Nearly all had children (98.0%), most of whom lived with them. Most were unemployed (74.5%) and most had not been convicted of a crime since leaving care (85.3%).
- **Emerging adults:** Emerging adults comprised 21.1% of the sample. All lived with relatives, friends, or others. Almost half had attended some college (45.5%) and just over one-third were currently employed (36.6%). Most did not have children (73.2%) and almost none had been convicted of a crime since leaving care (94.3%).
- **Troubled and troubling:** Nearly one out of five (17.5%) of youth were categorized as troubled and troubling. The majority of the group had lived in multiple placements, were in jail or a treatment program, or had an unstable living situation (71.6%). Four out of 10 did not have a high school diploma, but most were employed (90.2%). About one out of five of the youth had been convicted of a crime since leaving care (17.6%).

Resiliency of Current and Former Foster Youth

Despite the generally negative findings from the two major evaluations on youth aging out of foster care, many youth have demonstrated resiliency by overcoming obstacles, such as limited family support and financial resources, and meeting their goals. As mentioned above, youth in the Northwest Evaluation have obtained a high school diploma or passed the general education development (GED) test at close to the same rates as 25-to-34-year-olds generally (84.5% versus 87.3%). Further, youth in the third wave of the Midwest Evaluation were just as likely as the general youth population to report being hopeful about their future. (See **Table A-1**.) Over one-third of the youth have been classified as fairly high functioning because they are attached to work or school and live on their own.

Current and former foster youth are also working to make improvements to the child welfare system. At hearings in the 110th Congress that focused on older youth in foster care, these young people highlighted their struggles, successes, and their advocacy work on behalf of foster children. At a February 27, 2008 hearing before the Ways and Means' Subcommittee on Income Security and Family Support, a foster care alumni chronicled her life in care with 11 placements through her recent graduation from college. In her testimony, she urged Congress to improve conditions for children in foster care:

I have accomplished a lot, but it is in spite of all of the uncertainty I experienced in foster care—not because of it. I want something better for the youth who are currently in the foster care system. I want them to have families to love and protect them and homes they know they can always return to. I want them to leave foster care to live with a family, a relative—someone who will be permanent in their lives. I do not want the youth currently in foster care to age-out of foster care with no family and no one to turn to for help or support.... Congress has the power to do something, and I ask you on behalf of all of my brothers and sisters who cannot be sitting here with me to do something now.²⁵

The next section of this report describes the federal services and supports available to youth in foster care, and demonstrates how some states have varied in their approaches to serving older foster youth and youth who have recently emancipated from care.

Overview of Federal Child Welfare Support for Foster Youth

Historically, states have been primarily responsible for providing child welfare services to families and children that need them. While in out-of-home foster care, the state child welfare agency, under the supervision of the court (and in consultation with the parents or primary caretakers in some cases), serves as the child's parent and makes decisions on his or her behalf that are to promote his or her safety, permanence, and well-being.

Safety refers to the state child welfare system's goal of ensuring that children in foster care are protected from further abuse or neglect. *Permanence* refers to the state's goal of ensuring that children do not spend too many of their formative years in a foster care placement, and that the state either returns them to their families quickly and safely or quickly finds another safe and permanent home for them. *Well-being* is inextricably linked to safety and permanency. The term refers to efforts by the child welfare system to promote positive outcomes for children in care, including education and physical and mental health outcomes, as well as supportive families. In most cases, the state relies on public and private entities and organizations to provide these services. The federal government plays a role in shaping state child welfare systems by providing funds and linking those funds to certain requirements.

Title IV-E of the Social Security Act provides foster care, case planning, and services to older foster youth. Title IV-E foster care authorizes federal funding for eligible children, and requires states to follow certain case planning and management practices for all children in care (Section 472). The Chafee Foster Care Independence program authorizes funding for states to provide independent living services to older foster youth and those who have emancipated from care (Section 477). Both programs are discussed below.

²⁵ U.S. Congress, House Ways and Means Committee, Income Security and Family Support Subcommittee, "Hearing on Improving the Child Welfare System," February 27, 2008, available at <http://waysandmeans.house.gov/hearings.asp?formmode=detail&hearing=612>.

Federal Foster Care

Federal support for foster care preceded, by several decades, the 1980 (P.L. 96-272) creation of Title IV-E foster care under the Social Security Act. However, the 1980 law established this support as an independent funding source for states to provide foster homes for children in foster care. The law also stressed the importance of case planning and review to achieve permanence for foster children.

Case Planning and Review

Federal child welfare provisions under Title IV-B and Title IV-E of the Social Security Act require state child welfare agencies, as a condition of receiving funding under these titles, to provide certain case management services to all children in foster care. These include monthly case worker visits to each child in foster care (Section 422(b)(17)); a written case plan for each child in care that documents the child's placement and steps taken to ensure their safety and well-being, including by addressing their health and educational needs (Section 475(1)); and procedures ensuring a case review is conducted not less often than every six months by a judge or an administrative review panel, and at least once every 12 months by a judge who must consider the child's permanency plan (Section 475(5)). Specific case plan and case review procedures pertain to older youth in care. For a child age 16 or older, the written case plan must also include a description of the programs and services that will help the child prepare for the transition to independent living (Section 475(1)(D)). Permanency plan hearings, which are to be conducted at least once a year after a child enters care, must consider for children age 16 and older, the services needed to assist them transition to independent living (Section 475(5)(C)). Further, the court or administrative body conducting the hearings is to consult, in an age-appropriate manner, with the child regarding the proposed permanency or transition plan for the child (Section 475(5)(C)).

The Fostering Connections to Success and Increasing Adoptions Act of 2008 added requirements about a transition plan for older youth. The law requires that a youth's caseworker, and as appropriate, other representative(s) of the youth, assist and support him or her in developing a transition plan. The plan is to be directed by the youth, and is to include specific options on housing, health insurance, education, local opportunities for mentors, workforce supports, and employment services. The plan must be implemented 90 days prior to a youth's 18th birthday (or the 19th, 20th, or 21st birthdays of youth in states that take up the option to extend foster care), "whether during that period foster care maintenance payments are being made on the child's behalf or the child is receiving benefits or services under [the Chafee Foster Care Independence Program]."

The new health care reform law, the Patient Protection and Affordable Care Act (P.L. 111-148), adds another element to the transition plan. The law requires that the plan addresses the importance of designating another individual to make health care treatment decisions on behalf of the youth if he or she becomes unable to participate in these decisions *and* does not have a relative who would be authorized to make these decisions under state law, or he or she does not want a relative to make those decisions. In addition, the transition plan must provide the youth with the option to execute a health care power of attorney, health care proxy, or other similar document recognized under state law. As part of program instructions issued by HHS on June 7, 2010, concerning implementation of PPACA, states and tribes that have submitted a Title IV-E plan or have been approved to operate a Title IV-E program must submit, by December 31, 2010,

a Title IV-E amendment that reflects implementation of, and compliance with, the new requirement.²⁶

Program instructions issued by HHS in July 2010 provide additional guidance on the transition plan.²⁷ The instructions encourage child welfare agencies to use the plan to build on earlier efforts to help young people make the transition from foster care, including through the case planning process and permanency hearings. Child welfare agencies are encouraged to begin engaging youth in the transition plan process “well in advance” of the 90-day period.

Title IV-E Reimbursement for Foster Care

Title IV-E currently reimburses states for a part of the cost of providing foster care to eligible children and youth, who, because of abuse or neglect (or some other reason), cannot remain in their own homes and for whom a court has consequently given care and placement responsibility to the state. Under this program, a state may seek partial federal reimbursement to “cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child’s personal incidentals, liability insurance with respect to a child, and reasonable travel to the child’s home for visitation” (Section 475(4)). States may also seek reimbursement for related costs of administration, child placement (e.g., case planning), training, and data collection.

Under the Chafee Foster Care Independence Program (see below), states must certify that they will use Title IV-E foster care program funding (and Adoption Assistance program funding) to provide training relevant to foster parents and others (adoptive parents, workers in group homes, and case managers) to help them understand and address the issues confronting adolescents preparing for independent living and coordinating this training, where possible, with independent living programs.²⁸ Although case planning and review procedures (described above) apply to all foster children in state care, federal reimbursement to states under Title IV-E may be made only on behalf of a child who meets multiple federal eligibility criteria (Section 472), including those related to the child’s removal and the income and assets of the child’s family. For purposes of this report, the most significant eligibility criteria for the federal foster care program are the child’s age and placement setting.

Eligibility

Prior to FY2011, once a child reached his or her 18th birthday, he or she was no longer eligible for federal foster care assistance. The age limitation on Title IV-E eligibility was created by the program’s eligibility link to the now-defunct Aid to Families with Dependent Children (AFDC) program.²⁹ Children qualified as dependents under the AFDC program until age 18. As was the

²⁶ U.S. Department of Health and Human Services, Administration on Children Youth and Families, Administration for Children and Families, Children’s Bureau, *Program Instruction: Public Law (P.L.) 111-148, the Patient Protection and Affordable Care Act*, June 7, 2010, ACYF-CB-PI-10-10, http://www.acf.hhs.gov/programs/cb/laws_policies/policy/pi/2010/pi1010.htm.

²⁷ U.S. Department of Health and Human Services, Administration on Children Youth and Families, Administration for Children and Families, Children’s Bureau, *Program Instruction: Guidance on Fostering Connections to Success and Increasing Adoptions Act of 2008*, ACYF-CB-PI-10-11, July 9, 2010, http://www.acf.hhs.gov/programs/cb/laws_policies/policy/pi/2010/pi1011.htm.

²⁸ Section 477(b)(3)(D).

²⁹ For additional information, see Section 8.3A, Question 2 of the *Child Welfare Policy Manual*.

case with AFDC, federal law permitted states to make continued claims for otherwise eligible foster youth until their 19th birthday provided that the youth was a full-time student and was expected to complete high school or an equivalent training program by age 19. States must have elected this option in its definition of “child” for purposes of the state’s AFDC program.

Pursuant to P.L. 110-351, states have the option, as of FY2011, to seek reimbursement for the cost of providing foster care to eligible youth until age 19, 20, or 21. The law makes this change by inserting a definition of “child” as it pertains to older youth in care. This definition specifies that a state may seek reimbursement for a youth age 18 or older who is (1) completing high school or a program leading to an equivalent credential; (2) enrolled in an institution that provides post-secondary or vocational education; (3) participating in a program or activity designed to promote, or remove barriers to, employment; or (4) employed at least 80 hours per month (i.e., part-time). States may exempt youth from these requirements due to a medical condition, as documented and updated in their case plan.

In its July 2010 program guidance, HHS advises that states and tribes can make remaining in care conditional upon whether youth pursue certain educational or employment pathways. For example, extended care could be provided just to those youth enrolled in post-secondary education. Still, the guidance advises that states and tribes should “consider how [they] can provide extended assistance to youth age 18 and older to the broadest population possible consistent with the law to ensure that there are ample supports for older youth.” As of mid-April 2011, 11 states (Alabama, Arkansas, Illinois, Maryland, Massachusetts, Minnesota, Nebraska, New York, Tennessee, Texas, and West Virginia) and the District of Columbia amended their Title IV-E state plans to extend the maximum age of foster care.³⁰ HHS approved plans for three states—Alabama, Illinois, and Maryland—and was reviewing plans for the other states and DC. All but two of the states (and DC) that submitted IV-E amendments to extend care, Tennessee and West Virginia, would allow youth to remain in care under the four conditions listed above and would exempt youth from these conditions if a youth is incapable of meeting them for medical reasons. Tennessee would only allow youth to remain in care if they are completing high school or a program leading to an equivalent credential, or are enrolled in an institution that provides post-secondary or vocational education. West Virginia would allow youth to remain in care if they met the two education-related requirements or were participating in a program or activity to remove barriers to employment.

In states that extend foster care, youth ages 18 or older who emancipate from foster care may later determine, prior to their state’s optional older age, that they would like to return to care because of the challenges they face living on their own, or for other reasons. The July 2010 program instructions issued by HHS permit states and tribes to extend foster care assistance in a way that permits a youth to stay in care continuously or “leave care and return at some point after attaining age 18” (up to age 19, 20, or 21, depending on the state) so long as the original court order remains in effect and other IV-E eligibility criteria are satisfied. It appears that in at least a small number of states, youth are already permitted to reenter care.

³⁰ This information is based on correspondence with the U.S. Department of Health and Human Services, Children’s Bureau, April 2011.

P.L. 110-351 also authorizes states, for the first time, to provide Title IV-E subsidies on behalf of youth 18 or older (until age 19, 20, or 21, at the state's option) who left foster care after age 16 for adoption or kinship guardianship, and meet the criteria listed above. This change was made by adding a definition of "child" as it relates to these youth.

Eligible Placement Setting

Until FY2011, federal reimbursement of part of the costs of maintaining children in foster care could be sought only for children placed in foster family homes or child care institutions. As mentioned above, states now have the option of seeking federal maintenance payments to support youth remaining in care up to age 20. States that take up the option are permitted to claim reimbursement for youth placed in a "supervised setting in which the individual is living independently." The act directs HHS to establish in regulation what qualifies as such a setting. As part of the July 2010 program instructions issued by HHS, the department stated that it does not have plans "at this time" to issue "forthcoming regulations" that describe the kinds of living arrangements considered to be independent living settings, how these settings should be supervised, or any other conditions for a young person to live independently. The instructions advise that states and tribes have the discretion to develop a range of supervised independent living settings that "can be reasonably interpreted as consistent with the law, including whether or not such settings need to be licensed and any safety protocols that may be needed."

States may not seek federal reimbursement of foster care costs for children who are in "detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent."³¹

Chafee Foster Care Independence Program

A second Title IV-E program, the Chafee Foster Care Independence program (CFCIP), provides services to older youth in foster care and youth transitioning out of care.³²

Overview

The Foster Care Independence Act of 1999 (P.L. 106-169) replaced the prior law Independent Living Program, established in 1985, with the John H. Chafee Foster Care Independence Program. The 1999 law doubled the annual funds available to states for independent living services from \$70 million to \$140 million. Youth served include those who are expected to leave foster care because they have not been placed in a permanent family before reaching the state's legal age of majority and those who have emancipated from care (until age 21). As enacted by P.L. 106-169, the purposes of the program are to—(1) identify youth who are likely to remain in foster care until age 18 and provide them with support services to help make the transition to self sufficiency; (2) assist these youth to obtain employment and prepare for and enter college or other postsecondary training or educational institutions; (3) provide personal and emotional support to youth aging out of foster care through mentors and other dedicated adults; (4) enhance the efforts of former foster youth ages 18 to 21 to achieve self sufficiency through supports that connect

³¹ Section 472(c) of the Social Security Act.

³² See Appendix E for proposed legislative changes to the CFCIP.

them to employment, education, housing, and other services; and (5) assure that youth receiving services recognize and accept personal responsibility for preparing for and then making the transition from adolescence to adulthood. As discussed below, the law has been amended twice to expand the purposes of the CFCIP and to create a new Education and Training Voucher program for eligible youth.

CFCIP-funded services may consist of educational assistance, vocational training, mentoring, preventive health activities, and counseling. States may dedicate as much as 30% of their program funding toward room and board for youth ages 18 to 21, including for those youth enrolled in an institution of higher education or who remain in foster care in states that provide care to youth until ages 19, 20, or 21.³³ Room and board are not defined in statute, but typically include food and shelter, and may include rental deposits, rent, utilities, and the cost of household startup purchases. CFCIP funds may not be used to acquire property to provide housing to current or former foster youth.³⁴ The act also required that youth in the program be actively involved in decisions about the services they receive.

In addition, the law changed the amount of earnings or other resources that foster youth may accumulate to assist in their transition to independent living. Eligibility for foster care maintenance payments under Title IV-E of the Social Security Act is based on whether the children's original families would qualify for AFDC, as it was in effect on July 16, 1996. Under those rules, children could not remain eligible for Title IV-E services if they accumulated assets of more than \$1,000. P.L. 106-169, however, changed this asset limit to \$10,000. The act also encouraged states to provide Medicaid coverage to youth ages 18, 19, and 20 who have emancipated from foster care by authorizing a new Medicaid eligibility pathway for "independent foster care adolescents," commonly called the "Chafee option" (see section on Medicaid in "Other Federal Support" below, which also describes a new mandatory Medicaid pathway for certain eligible youth who leave foster care). In 2002 (P.L. 107-133), discretionary funds—up to \$60 million annually—were authorized for eligible current and former foster care youth to receive education and training vouchers.

Legislative History

The CFCIP is the successor to earlier efforts by Congress to better support the transition of youth from foster care to independent living. In 1985, Congress established the Independent Living Program (ILP), under a new section 477 of the Social Security Act, in response to several surveys showing that significant number of individuals who used homeless shelters had been recently discharged from foster care. The ILP awarded grants to states to provide services that would prepare youth to live independently outside of the child welfare system. Youth ages 16 to 18 who met the eligibility criteria of Title IV-E qualified for ILP services. In 1988 (P.L. 100-647), ILP eligibility was expanded to include children ages 16 to 18 in foster care, regardless of their federal Title IV-E eligibility. The 1988 law also permitted states to use ILP funds to serve certain youth for six months after their emancipation from foster care. In 1990, P.L. 101-508 gave states the option of providing independent living services to any youth up to age 21 who had emancipated from care. In 1993 (P.L. 103-66), Congress permanently authorized funding for the program at \$70 million annually.

³³ U.S. Department of Health and Human Services, *Child Welfare Policy Manual*, Section 3.1G, Questions 1 and 4.

³⁴ *Ibid*, Section 3.1G, Questions 1 and 3.

Since the CFCIP was established in 1999 under P.L. 106-169, the program has been amended three times. In 2002, P.L. 107-133 authorized additional funding to provide education and training vouchers to youth who age out of foster care and youth who are adopted from care at age 16 or older. In 2008, P.L. 110-351 expanded eligibility for the program by adding as an additional program purpose that youth who are in foster care on their 16th birthday but who subsequently leave care for adoption or kinship are eligible for CFCIP services. The law also extended the ETV program to youth who leave care at age 16 or older for kinship guardianship; and made tribal entities eligible to apply directly for CFCIP and ETV funds directly from the federal government. In 2010, the program was amended for a third time by the Patient Protection and Affordable Care Act to require states to make assurances about educating young people aging out about a health care power of attorney and assisting the youth with executing the power of attorney.

Eligibility for CFCIP Benefits and Services

The Foster Care Independence Act of 1999 required states to ensure that independent living programs serve children of “various ages and various stages of achieving independence” and use objective criteria for determining eligibility for benefits and services under the program. The act further specified that states are to provide services under the CFCIP for children who are “likely to remain in foster care until 18 years of age” or are “aging out of foster care.” It also addressed the responsibilities of the states to consult with American Indian tribes and provide services to tribal youth. Foster youth who are in runaway status or lose contact with their child welfare agency continue to be under the custody of the state, and therefore, are eligible for services upon returning. Those youth in care who have been adjudicated through the juvenile justice system are eligible for CFCIP services as long as they are not in a detention or related facility.³⁵ (The juvenile corrections facility is responsible for all services for foster youth who are confined in a locked setting.) Finally, foster children who are not citizens may be eligible for CFCIP services while under state custody.

The Foster Care Independence Act further requires states to provide certain services to youth who meet specific age and other criteria. States may provide room and board with CFCIP funds and Medicaid through the Chafee pathway (see below for further information) only to those youth who are eligible for CFCIP services. Youth are eligible for an education and training voucher (until age 23) if they emancipate from care or were adopted from care at age 16 or older. However, to be eligible for a voucher at age 22 or 23, they must have received one at age 21.

Youth Likely to Remain in Foster Care Until Age 18

Under the former ILP, states could provide services to current foster youth ages 16 and 17 who were eligible for Title IV-E foster care maintenance payments, or to “other children in care,” regardless of Title IV-E status. P.L. 106-169 removed reference to a minimum eligibility age and required states to provide supports to children “likely to remain in foster care” until age 18. This phrase is not defined in the act, and states are to create eligibility standards using objective criteria. States can provide services to any child age 17 and younger regardless of their placement in a kinship care home, family foster home, pre-adoptive home, or any other state-sanctioned placement so long as the child is in state custody. HHS’s *Child Welfare Policy Manual* requires

³⁵ U.S. Department of Health and Human Services, *Child Welfare Policy Manual*, Section 3.4, Question 5.

states that place children in foster care settings in other states to fund independent living services for foster youth ages 16 to 18 regardless of their placement in another state.³⁶

According to the National Foster Care Coalition, a child welfare advocacy organization, many states have developed indicators to help determine the likelihood that a child will remain in care until his or her 18th birthday.³⁷ For example, Louisiana determines a child's eligibility for independent living services by reviewing his or her case history, presenting problems, and individual case goals. Kentucky and Alaska require that services be provided concurrently with permanency planning for young people over the age of 14. Alaska further defines the level of such services that should be provided at age 14 and older.

A 2008 survey of independent living coordinators in 45 states (including the District of Columbia) by the Chapin Hall Center for Children at the University of Chicago found that in about half of the states (24, 53.3%), youth as young as age 14 are eligible for CFCIP-funded services. Seven states provide these services at a younger age, while 13 provide services at an older age. One state said that the age depends on the county, and another state did not report on the minimum age for services.³⁸ Nearly all (40) of the surveyed states reported that foster youth are eligible for CFCIP-funded services regardless of their permanency plan. Further, nearly half of the states (22) said that young people who are placed with a permanent legal guardian are ineligible or are eligible under certain circumstances.

Permanency Planning

The Adoption and Safe Families Act of 1997 (ASFA, P.L. 105-89) amended the Social Security Act at Section 475(5), which required that all young people in foster care have a permanency plan. ASFA established that, in addition to reunification, adoption, placement with a relative, and legal guardianship, "another planned permanent living arrangement" (APPLA) is specified as a permanency option, and may include independent living. While the CFCIP is intended to expand independent living services for older youth in foster care, Section 477 of the act encourages states to continue their efforts to achieve permanency for a young person, including by specifying that states should continue to locate and achieve placement in adoptive families for older youth in care. In his introductory remarks about the Senate version of P.L. 106-169 (S. 1327), Senator Jay Rockefeller described the intent of the legislation:

"[A] youth's need for a family does not end at any particular age. Each of us can clearly recall times when we have had to turn to our own families for advice, comfort, or support long after our 18th or 21st birthdays. Many of us are still in the role of providing such support to our own children who are in their late teens or 20s. Therefore, an important provision in

³⁶ U.S. Department of Health and Human Services, *Child Welfare Policy Manual*, Section 3.1F, Question 2.

³⁷ National Foster Care Awareness Project, *Frequently Asked Questions II: About the Foster Care Independence Act of 1999 and the John H. Chafee Foster Care Independence Program*, December 2000, p.16, at http://www.nrcys.ou.edu/ycd/programs/pdfs/faq2_final.pdf. (Hereafter referenced as National Foster Care Awareness Project, *Frequently Asked Questions II*.) Some of the members of the National Foster Care Awareness Project, which no longer exists, are now members of the National Foster Care Coalition. The National Foster Care Coalition produced the *Frequently Asked Questions III* publication about the program.

³⁸ Amy Dworsky and Judy Havlicek, *Review of State Policies and Programs to Support Young People Transitioning Out of Foster Care*, University of Chicago, Chapin Hall Center for Children, 2009, pp. 7-8, at <http://www.wsipp.wa.gov/pub.asp?docid=08-12-3903>. (Hereafter referenced as Amy Dworsky and Judy Havlicek, *Review of State Policies and Programs to Support Young People Transitioning Out of Foster Care*.)

this Senate version of the Foster Care Independence Act states that Independent Living (IL) programs are not alternatives to permanency planning—young people of all ages need and deserve every possible effort made towards permanence, including adoption.”³⁹

Youth Aging Out of Foster Care

Prior to the enactment of the CFCIP, states had the *option* to serve young people who had emancipated from care until age 21. The Foster Care Independence Act *requires* states that receive CFCIP funds to provide independent living services to youth who have aged out of care between the ages of 18 through 21. According to HHS’s *Child Welfare Policy Manual*, this requirement does not preclude states from providing services to other former foster care youth ages 18 to 21 who exited care prior to their eighteenth birthday.⁴⁰ The 2008 Chapin Hall survey of 45 states found that than half of the states (19; 42.2%) reported that former foster youth are eligible for aftercare services if they were not in care on their eighteenth birthday. Slightly more states (about 21) reported that these youth could receive services if their discharge outcome was reunification, adoption, or legal guardianship.

Former foster youth continue to remain eligible for aftercare services until age 21 if they move to another state. The state in which the former foster youth resides—whether or not the youth was in foster care in that state—is responsible for providing independent living services to the eligible young person.⁴¹ Separately, several states have developed recommitment policies for youth who have been discharged from care that specify a time limit in which they may be eligible for services. Under such a policy, youth who turn age 18 while in runaway status may reenter care to receive services.⁴²

American Indian Youth

The prior federal Independent Living Program did not specify that states consult with American Indian tribes or serve Indian youth in particular. P.L. 106-169 required that under the CFCIP, states must certify that each federally recognized Indian tribal organization in the state has been consulted about the state’s independent living programs and that there have been efforts to coordinate the programs with these tribes.⁴³ In addition, P.L. 106-169 provides that the “benefits and services under the programs are to be made available to Indian children in the state on the same basis as to other children in the state.” “On the same basis” has been interpreted by HHS to mean that the state will provide program services equitably to children in both state custody and tribal custody.⁴⁴ The importance of tribal involvement was explained by Representative J.D. Hayworth during debate of the House version of P.L. 106-169 (H.R. 1802) in June 1999, when he said that tribes are in the best position to identify the needs of tribal youth and local resources available for these young people.⁴⁵

³⁹ U.S. Congress, *Congressional Record*, July 1, 1999, p. S8124.

⁴⁰ U.S. Department of Health and Human Services, *Child Welfare Policy Manual*, Section 3.1B, Question 2.

⁴¹ U.S. Department of Health and Human Services, *Child Welfare Policy Manual*, Section 3.1F, Question 3.

⁴² National Foster Care Coalition, *Frequently Asked Questions III*, p. 9.

⁴³ U.S. Department of Health and Human Services, *Child Welfare Policy Manual*, Section 3.1I, Question 4.

⁴⁴ U.S. Department of Health and Human Services, *Child Welfare Policy Manual*, Section 3.1I, Question 5.

⁴⁵ U.S. Congress, *Congressional Record*, June 25, 1999, p. H4969.

P.L. 110-351 added and modified provisions in the CFCIP pertaining to Indian youth. As of FY2010, the law permits an Indian tribe, tribal organization, or tribal consortium that receives direct funding from HHS to provide child welfare services or enters into a cooperative agreement or contract with the state to provide foster care, to apply for and receive an allotment of CFCIP and ETV funds directly from HHS. To be eligible, a tribal entity must be receiving Title IV-E funds to operate a foster care program (under a Title IV-E plan approved by HHS or via a cooperative agreement or contract with the state). Successful tribal applicants are to receive an allotment amount(s) out of the state's allotment for the program(s) based on the share of all children in foster care in the state under the custody of the tribal entity. Tribal entities must satisfy the CFCIP program requirements established for states, as HHS determines appropriate, and they must submit a plan to HHS that details their process for consulting with the state about their independent living or ETV programs, among other information. For example, in their state plans, tribal entities must discuss the process for consulting with the state to ensure that tribal youth who previously received independent living services through the state will continue to receive the same services through the tribal entity.

The law also requires that as of FY2010, a state must certify that it will negotiate in good faith with any tribal entity that does not receive a direct federal allotment of child welfare funds, but would like to enter into an agreement or contract with the state to receive funds for administering, supervising, or overseeing CFCIP and ETV programs for eligible Indian children under the tribal entity's authority.

National Child Welfare Resource Center for Youth Development Survey of Tribal Consultation and Independent Living Services

In 2007, the National Child Welfare Resource Center for Youth Development reviewed select parts of five-year state child welfare plans, known as the Child and Family Service Plan, to determine the extent to which (1) states have consulted tribes and involved tribal officials in the development of independent living programs and (2) tribal youth have accessed independent living services.⁴⁶ Based on a review of these five-year child welfare plans for 28 states, the NCWRCYD determined that the plans provided limited information about tribal consultation. In one-third of the plans, states did not provide a response about consulting tribes. (States may have provided this information in other parts of the plans that were not reviewed and/or may have in fact consulted widely with tribes.) However, some of the state plans detailed their consultation process with tribal entities. The NCWRCYD also reviewed annual child welfare progress reports (known as Annual Progress and Service Reports, which update the five-year plans) and found that 39 states reported consulting with tribes, but that only four states elaborated with additional information.

The Role of Youth Participants

Section 477 of the Social Security Act requires that states ensure youth in independent living programs participate directly in designing their own program activities that prepare them for

⁴⁶ University of Oklahoma, National Child Welfare Resource Center for Youth Development, *Tribal Youth Transitioning to Adulthood: Current Status of Independent Living Services Provided to Indian Youth*, November 2007. The NCWRCYD reviewed at least one of the following documents for each state: Child and Family Service Plans (CFSP) for FY2005-FY2009 and Annual Progress and Service Reports (ASPR) for FY2005 and FY2006.

independent living and further that they “accept personal responsibility for living up to their part of the program.” This language builds on the positive youth development approach to serving youth.⁴⁷ Youth advocates that support this approach view youth as assets and promote the idea that youth should be engaged in decisions about their lives and communities.

States have also taken various approaches to involving young people in decisions about the services they receive. These include annual conferences, with young people involved in conference planning and participation; youth speakers’ bureaus, with young people trained and skilled in public speaking; youth or alumni assisting in the recruitment of foster and adoptive parents; and young people serving as mentors for children and youth in foster care, among other activities.⁴⁸ Some states have also established formal youth advisory boards to provide a forum for youth to become involved in issues facing youth in care and aging out of care.⁴⁹ Youth-serving organizations for current and former foster youth, such as Foster Club, provide an outlet for young people to become involved in the larger foster care community and advocate for other children in care. States are not required to utilize life skills assessments or personal responsibility contracts with youth to comply with the youth participation requirement, although some states use these tools to assist youth make the transition to adulthood.⁵⁰

Program Administration

States administer their independent living programs in a few ways. Some programs are overseen by the state independent living office, which employs an independent living coordinator and other staff. For example, in Maine, the state’s independent living manager oversees six specialized life skills education coordinators assigned to cover all of the state’s district offices for the Department of Health and Human Services. In some states, like California, each county (or other jurisdiction) administers its own program with some oversight and support from a statewide program. Other states, including Florida, use contracted service providers to administer their programs. Many jurisdictions have partnered with private organizations to help fund and sometimes administer some aspect of their independent living programs. For example, the Jim Casey Youth Opportunities Initiative has provided funding and technical assistance to multiple cities to provide financial support and training to youth exiting care.⁵¹

Education and Training Vouchers

As mentioned above, in 2002, Congress passed legislation (P.L. 107-133) to authorize discretionary funding to eligible current and former foster care youth for education and training vouchers worth up to \$5,000 annually per youth (states may determine the annual period to which to apply the \$5,000 ceiling⁵²). Youth qualify for a voucher if they are eligible for CFCIP services or were adopted from foster care after 16 years of age. (Youth are eligible if they are ages 18 to

⁴⁷ For additional information about the positive youth development movement in youth policy, see CRS Report RL33975, *Vulnerable Youth: Background and Policies*, by Adrienne L. Fernandes-Alcantara.

⁴⁸ National Foster Care Coalition, *Frequently Asked Questions II*, pp. 30-31.

⁴⁹ For a list of jurisdictions with youth advisory boards, see <http://groups.fosterclub.com/>.

⁵⁰ U.S. Department of Health and Human Services, *Child Welfare Policy Manual*, Section 3.1A, Question 1.

⁵¹ For further information about the Jim Casey Youth Opportunities Initiative, see <http://www.jimcaseyyouth.org/communities.htm>.

⁵² U.S. Department of Health and Human Services, *Child Welfare Policy Manual*, Section 3.5C, Question 7.

21 who have left foster care because they have aged out; youth likely to remain in foster care until age 18, as determined by the state; and former foster care recipients age 21 and younger, as determined by the state.) In 2008, P.L. 110-351 extended the ETV program to youth who leave foster care at age 16 or older for kinship guardianship.

The vouchers are available for the cost of full-time or part-time attendance at an institution of higher education, as defined by the Higher Education Act of 1965.⁵³ (ETV funds may be used to pay for health insurance, which may cover mental health services; but they may not be used to pay directly for a doctor's visit or dental insurance.⁵⁴) A current fiscal year's ETV funds may not be used to finance a youth's educational or vocational loans incurred prior to that current fiscal year.⁵⁵ Students may receive the vouchers if they are in good standing and making progress toward completing their program or graduating, though states may have additional requirements such as periodically meeting with a caseworker or limiting the funding to a certain number of semesters.⁵⁶ Only youth receiving a voucher at age 21 may continue to participate in the voucher program until age 23.

Funding received through the ETV program does not count toward the student's expected family contribution, which is used by the federal government to determine a student's need for federal financial aid (even for those students who are classified as *independent*, meaning that their parental financial information is not included in the financial aid analysis). However, the total amount of education assistance provided under the CFCIP and other federal programs may not exceed the total cost of attendance, and students cannot claim the same education expenses under multiple federal programs.

Program Administration

States and counties may use ETV dollars to fund the vouchers and the costs associated with administering the program, including for salaries, expenses, and training of staff who administer the state's voucher program. States are not permitted to use Title IV-E Foster Care or Adoption Assistance program funds for administering the ETV program.⁵⁷ They may, however, spend additional funds from state sources or other sources to supplement the ETV program or use ETV funds to expand existing post-secondary funding programs.⁵⁸ Several states have scholarship

⁵³ Section 472 of the Higher Education Act, as amended defines "cost of attendance" as tuition, fees, and other equipment or materials required of all students in the same course of study; books, supplies, and allowance for transportation and miscellaneous personal expenses, including computers; room and board; child care expenses for a student who is a parent; accommodations related to the student's disability that is not paid for by another source; expenses related to the youth's work experience in a cooperative education program; and student loan fees or insurance premiums on the loans. Section 102 of the Higher Education Act of 1965, as amended identifies "institutions of higher education" for purposes of student assistance (under Title IV of the Higher Education Act) to include traditional higher education institutions (i.e., public or private, nonprofit two- and four-year colleges and universities) as well as other postsecondary institutions (i.e., proprietary or for-profit schools offering technical training programs usually of less than two-years' duration, and vocational schools).

⁵⁴ National Foster Care Coalition, *Frequently Asked Questions III*, p. 12.

⁵⁵ U.S. Department of Health and Human Services, *Child Welfare Policy Manual*, Section 3.5C, Question 5.

⁵⁶ National Foster Care Coalition, *Frequently Asked Questions III*, p. 7.

⁵⁷ *Ibid*, Section 3.5C, Question 5.

⁵⁸ *Ibid*, Section 3.5C, Question 6.

programs, tuition waivers, and grants for current and former foster youth that are funded through other sources.⁵⁹

Generally, states administer their ETV program through their independent living program. Some states, however, administer the program through their financial aid office (e.g., California Student Aid Commission) or at the local level (e.g., Florida, where all child welfare programs are administered through community-based agencies). Some states contract with a non-profit service provider, such as the Orphan Foundation of America or the Student Assistance Foundation.

Youth Enrolled in the Program

Youth may enroll in the program if they are in care or have aged out of care. The state with the placement and responsibility for a youth in foster care is to provide the voucher to that youth. The state must also provide a voucher to any youth who is currently receiving a voucher and moves to another state for the *sole* purpose of attending an institution of higher education.⁶⁰ If a youth permanently moves to another state after leaving care and subsequently enrolls in a qualified institution of higher education, he or she can apply for a voucher in his or her current state of residence.⁶¹

HHS's Administration for Children and Families reported that states provided vouchers to 11,365 youth in FY2006; 12,692 youth in FY2007; 16,700 youth in FY2008; and 16,600 youth in FY2009 under the Education and Training Voucher program (these are the most recent data available and do not include all states).⁶²

Funding for States

States must provide a 20% match (in-kind or cash) to receive their full federal CFCIP and ETV allotment. CFCIP funds are often mixed with state, local, and other funding sources to provide a system of support for youth likely to age out of care and those who have emancipated. To be eligible for CFCIP general and ETV funds, a state must submit a five-year plan (as part of what is known as the Child and Family Service Plan (CFSP) and Annual Progress and Service Report (APSR), discussed below) to HHS that describes how it intends to carry out its independent living program, including how it involves the public and private sectors to do so. Among other things, a state must ensure in the plan that CFCIP services are available statewide (although services do not have to be identical in all places), that the program serves children of various ages and stages of achieving independence, and that it uses objective criteria to determine eligibility for, and receipt of, CFCIP services. P.L. 110-351 added the requirement that states must ensure that eligible youth

⁵⁹ For example, see National Governors Association, Center for Best Practices, *State Policies to Help Youth Transition Out of Foster Care*, Issue Brief, December 2007. (Hereafter referenced as National Governors Association, *State Policies to Help Youth Transition Out of Foster Care*.) See also, Liliana Hernandez and Toni Naccarato, "Scholarships and Supports Available to Foster Care Alumni: A Study of 12 Programs Across the U.S.," *Children and Youth Services Review*, vol. 32, no. 5 (May 2010), pp. 758-766.

⁶⁰ U.S. Department of Health and Human Services, *Child Welfare Policy Manual*, Section 3.5, Question 1.

⁶¹ National Foster Care Coalition, *Frequently Asked Questions III*, p. 7.

⁶² U.S. Department of Health and Human Services, Administration for Children and Families, *FY2009 Justification of Estimates for Appropriations Committees*, p. D-87; and information provided to the Congressional Research Service by the U.S. Department of Health and Human Services, Administration for Children and Families, September 2009 and March 2010.

receive education about the importance of designating an individual to make health care treatment decisions for them and other information about a health care power of attorney.

The box below includes the full list of certifications that the state must make when submitting its plan. Under Section 477 of the Social Security Act, HHS must approve a state's plan for independent living services if it contains all of the required materials. The plan must be submitted on or before June 30 of the calendar year in which the plan is to begin. States may make amendments to the plan and notify HHS within 30 days of modifying the plan. HHS is to make the plans available to the public. Mandatory and discretionary funds provided under the CFCIP may only supplement, rather than supplant, any funds from other federal sources (e.g., Social Services Block Grant or Runaway and Homeless Youth program) or non-federal sources that may be available for independent living programs in the state.

The 2008 survey of 45 states by Chapin Hall (see above) found that 31 of the states (68.9%) spend additional funds—beyond the 20% match—to provide independent living services and supports to eligible youth.⁶³ Of the 31 states, 22 reported that they used funds to provide services for which CFCIP dollars cannot be used.⁶⁴

Use of Funds

States may apply to receive mandatory funds for purposes specified in the CFCIP. Also as described in HHS's *Child Welfare Policy Manual*, states may also use CFCIP funding to establish trust funds for youth eligible under the program (Section 3.3E, Question 1). However, states may not use CFCIP funds to train foster parents, workers in group homes, and case managers in issues confronting adolescents; however, states may use funding under the Title IV-E Foster Care program or Adoption Assistance program for this purpose.

A comprehensive report on the development and implementation of the CFCIP was produced by the GAO in November 2004.⁶⁵ GAO found that a majority of states use CFCIP funds to provide training on employment-related skills; independent living skills; assistance with obtaining a high school diploma or its equivalent; assessments; and counseling for youth younger than 16. Nearly all states provide these same services, as well as independent living arrangements for youth ages 18 to 21, although provision of services varies within and across states. Separately, the 2008 survey by Chapin Hall asked states if they used CFCIP funding for matched savings accounts, which provide matching funds to youth who accumulate their own funds in a savings account (six states do use funds for this purpose); room and board for youth ages 18 to 21 (39 states); and room and board for current foster youth (11 states).⁶⁶

⁶³ Amy Dworsky and Judy Havlicek, *Review of State Policies and Programs to Support Young People Transitioning Out of Foster Care*, p. 14.

⁶⁴ The authors of the survey note that some of the services for which states reported spending non-CFCIP dollars can, in fact, be funded through the CFCIP.

⁶⁵ U.S. Government Accountability Office. *HHS Actions Could Improve Coordination of Services and Monitoring of States' Independent Living Programs*, GAO-05-25, November 2004, p. 17, at <http://www.gao.gov/new.items/d0525.pdf>. (Hereafter referenced as U.S. Government Accountability Office. *HHS Actions Could Improve Coordination of Services and Monitoring of States' Independent Living Programs*.)

⁶⁶ Amy Dworsky and Judy Havlicek, *Review of State Policies and Programs to Support Young People Transitioning Out of Foster Care*, pp. 12-13.

CFCIP and ETV funds are distributed to each state based on its proportion of the nation's children in foster care. **Table B-1** in **Appendix B** provides the CFCIP and voucher allotments for each state (and for a small number of tribes) in FY2010 and FY2011.

CFCIP State Plan Requirements

To receive funds under the CFCIP, a state must describe in its CFCIP plan how it will

- design and deliver programs to achieve the program purposes;
- ensure statewide, although not necessarily uniform, coverage by the program;
- ensure that the programs serve children of various ages and at various stages of achieving independence;
- involve the public and private sectors in helping adolescents in foster care achieve independence;
- use objective criteria for determining eligibility for and ensuring fair and equitable treatment of benefit recipients; and
- cooperate in national evaluations of the effects of the programs in achieving the purpose of the CFCIP.

The state must also certify that it will

- provide assistance and services to eligible former foster youth;
- use room and board payments only for youth ages 18 to 21;
- expend not more than 30% of CFCIP funds on room and board for youth ages 18 to 21;
- use funding under the Title IV-E Foster Care program and Adoption Assistance program (but not the CFCIP) to provide training to help foster parents and others understand and address the issues confronting adolescents preparing for independent living and coordinate this training, where possible, with independent living programs;
- consult widely with public and private organizations in developing the plans and give the public at least 30 days to comment on the plan;
- make every effort to coordinate independent living programs with other youth programs at the local, state, and federal levels, including independent living projects funded under the Juvenile Justice and Delinquency Prevention Act, abstinence education programs, local housing programs, programs for disabled youth, and school-to-work programs offered by high schools or local workforce agencies;
- consult each Indian tribe about the programs to be carried out under the plan, that there have been efforts to coordinate the programs with such tribes, and that benefits and services under the programs will be made available to Indian children in the state on the same basis as other children in the state (beginning in FY2010, states must also negotiate in good faith with any tribal entity that does not receive a direct federal allotment of child welfare funds, but would like to enter into an agreement or contract with the state to receive funds for administering, supervising, or overseeing CFCIP and ETV programs for eligible Indian children under the tribal entity's authority);
- ensure that eligible youth participate directly in designing their own program activities that prepare them for independent living and that they accept personal responsibility for living up to their part of the program;
- establish and enforce standards and procedures to prevent fraud and abuse in the programs carried out under its plan;
- ensure that the ETV program complies with the federal program requirements, including that (1) the total amount of education assistance to a youth provided through the ETV program and under other federal and federally supported programs does not exceed the total cost of attendance and (2) does not duplicate benefits under the CFCIP or other federal or federally assisted benefit program; and
- ensure that eligible youth receive education about (1) the importance of designating an individual to make health care treatment decisions for them (should they become unable to do so, have no relatives authorized under state law to do so, or do not want relatives to make those decisions); (2) whether a health care power of attorney, health care proxy, or other similar document is recognized under state law; and (3) how to execute such a document.

Source: Section 477 of the Social Security Act.

Hold Harmless Provision

Section 477 of the Social Security Act's includes a "hold harmless" clause that precludes any state from receiving less than the amount of general independent living funds it received under the former independent living program in FY1998 or \$500,000, whichever is greater. (There is no hold harmless provision for ETV funds.) The general funding for independent living services doubled nationally with the implementation of the CFCIP, however, the percentage change in funds received varies across states. This is because the distribution of funding was changed to reflect the most current state share of the national caseload (instead of their share of the 1984 caseload in all previous years). In FY2007 (the latest year for which final data are available), three states (the District of Columbia, Louisiana, and New York) received the same funding amount they received in FY1998. Eight states (Alaska, Delaware, Idaho, New Hampshire, North Dakota, South Dakota, Vermont, and Wyoming) each received \$500,000 because their FY1998 allotments were this amount or less.

Unused Funds

States have two years to spend their CFCIP and voucher funds. For instance, funds allotted for FY2008 may be spent in FY2008 or FY2009. If a state does not apply for all of its allotment, the remaining funds may be redistributed among states that needs these funds as determined by HHS. If a state applies for all of its CFCIP allotted funds but does not spend them within the two-year time frame, the unused funds revert to the federal treasury. **Table B-2** in **Appendix B** shows the FY2008 (the latest year for which data for returned funds are available)⁶⁷ final allocations, dollars expended, and dollars returned to the federal treasury for general CFCIP allotments.⁶⁸ That fiscal year, the 50 states, Puerto Rico, and Washington, DC, were allocated a combined total of \$137.9 million in general CFCIP funds, of which \$352,337 (0.3%) was returned to the treasury. No states returned all of their funds. Two states (Louisiana and Wyoming), Puerto Rico, and Washington DC each returned between less than 0.1% and 14.6% of their funds.

Table B-3, also in **Appendix B**, shows that in FY2008 (the latest year for which data are available), the 50 states, Puerto Rico, and Washington, DC, received \$44.7 million in funds for the vouchers, of which 10 states⁶⁹ collectively returned \$1.4 million (3.2%).⁷⁰ States did not report to HHS the reasons for not spending ETV funds. Based on past Congressional Research Service (CRS) discussions with HHS staff, staff with the Orphan Foundation of America (which administers funds in a small number of states), and a small number of states, the reasons may include (1) the lack of infrastructure to absorb and distribute funds, including training child welfare workers and knowledge about educational financial aid; (2) mechanisms for distributing funds to youth and tracking youth outcomes; (3) federal fiscal year deadlines; and (4) youth's knowledge about the ETV program.⁷¹

⁶⁷ This information was provided to the Congressional Research Service by the U.S. Department of Health and Human Services, Administration for Children and Families in January 2010.

⁶⁸ Ibid, September 2009.

⁶⁹ These states are Kentucky, Louisiana, Massachusetts, Maryland, Michigan, North Carolina, Oklahoma, South Dakota, Texas, and Wyoming. The states each returned between less than 0.1% and 68.1% of their funds.

⁷⁰ Ibid.

⁷¹ This information was provided to the Congressional Research Service in June 2007.

Training and Technical Assistance

Training and technical assistance grants for the CFCIP and ETV program are awarded competitively every five years, with non-competitive grants renewed annually.⁷² The most recent cooperative agreement was made for FY2010 through FY2014. The National Child Welfare Resource Center for Youth Development, housed at the University of Oklahoma, currently provides assistance under the grant.⁷³ The NCWRCYD helps states and tribes implement their independent living programs and involve foster youth in programming and services. The NCWRCYD emphasizes the principles of youth development, cultural competence, permanent connections, and collaboration in developing and carrying out state and tribal programs and services for youth in care. Training and technical assistance requests from states have involved providing assistance with more effective implementation of state CFCIP plans, including discussions around allowable expenditures of both CFCIP and ETV funds, permanency planning for adolescents, and educating the courts on laws affecting for older youth, among other types of issues.⁷⁴ Assistance is provided through national conferences and meetings, on-site technical assistance, and information made available on the NCWRCYD website and through publications.

National Youth in Transition Database

Section 477 requires that HHS consult with state and local public officials responsible for administering independent living and other child welfare programs, child welfare advocates, Members of Congress, youth service providers and researchers to (1) “develop outcome measures (including measures of educational attainment, high school diploma, avoidance of dependency, homelessness, non-marital childbirth, incarceration, and high-risk behaviors) that can be used to assess the performance of states in operating independent living programs;” (2) identify the data needed to track the number and characteristics of children receiving services, the type and quantity of services provided, and state performance on the measures; and (3) develop and implement a plan to collect this information beginning with the second fiscal year after the passage of P.L. 106-169. The law further required that by December 2000, HHS was to submit to the House Ways and Means Committee and Senate Finance Committee a report detailing a plan and timetable for collecting the data from the states and a proposal to impose penalties of not less than 1% or more than 5% of the states’ CFCIP funding for states that do not comply with the data collection requirements, based on the degree of noncompliance.

History

In its September 2001 *Report to the Congress*, “Developing a System of Program Accountability Under the John H. Chafee Foster Care Independence Program,” HHS outlined a plan and timetable for developing a data collection system. The report stated that HHS administrators and an HHS working group consulted with stakeholders and reviewed child welfare literature to identify the data elements to be collected and reported in the database, as well as the outcomes relevant to assessing the CFCIP. The report discussed a penalty structure for states not in

⁷² This information was provided to the Congressional Research Service by the U.S. Department of Health and Human Services, Office of the Secretary in July 2008.

⁷³ For more information about the type of assistance that is provided, see <http://www.nrcys.ou.edu/yc/about.html>.

⁷⁴ This information was provided to the Congressional Research Service by the U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau in December 2008.

compliance with the reporting requirements. HHS also established a pilot test in 2001 involving seven states and an Indian tribe. In each of the jurisdictions, caseworkers collected data about older youth, identified unclear data elements, and described any difficulties encountered while collecting the information. According to HHS, the pilot test enabled the agency to assess the burden for workers collecting the data and to learn if the capacity to report data varied significantly across states and agencies.

Acting on the advice of the Department's General Counsel, HHS decided to produce formal regulations for this mandatory data collection process instead of following their initial plan of producing Program Instructions. The September 2001 report stated that HHS would publish the final outcomes and measures in the *Federal Register* and seek public comment by May 2002. The agency anticipated administering the database nationally in October 2003. However, a notice of proposed rulemaking (NPRM) for the data collection system was not published until July 14, 2006.

The NPRM provided for a 60-day comment period during which HHS heard from states and child welfare advocates. After this period, the final regulations underwent a full agency and department review as well as Office of Management and Budget (OMB) clearance before final publication on February 26, 2008.⁷⁵ The final rule establishing the NYTD became effective April 28, 2008, sixty days after publication and requires states to report data on youth beginning in FY2011.

Data Collection

HHS will use the NYTD to engage in two data collection and reporting activities.⁷⁶ First, states collect information twice each fiscal year on eligible youth who currently receive independent living services whether they continue to remain in foster care, were in foster care in another state, or received child welfare services through an Indian tribe or privately operated foster care program. These youth are known as *served youth*. Second, states collect information on foster youth on or about their 17th birthday, two years later on or about their 19th birthday, and again on or about their 21st birthday. Foster youth age 17 are known as the *baseline youth* and at ages 19 and 21 are known as the *follow-up youth*. These current and former foster youth are tracked regardless of whether they receive independent living services at ages 17, 19, and 21. States have the option of tracking a sample of youth who participated in the outcomes collection at age 17 to reduce the data collection burden. Information will be collected on a new group of foster youth age 17 every three years.

Consistent with the statutory requirement developed by Congress in P.L. 106-169, HHS will penalize any state not meeting the data collection procedures for the NYTD from 1% to 5% of its annual Chafee fund allotment, which includes any allotted or re-allotted funds for the general CFCIP program only. The penalty amount will be withheld from a current fiscal year award of the funds. ACF will evaluate a state's data file against data compliance standards, provided by statute. However, states will have the opportunity to submit corrected data.

⁷⁵ U.S. Department of Health and Human Services, "Chafee National Youth in Transition Database," 73 *Federal Register* 10338, February 26, 2008.

⁷⁶ For additional information, you may request a copy of a Congressional Distribution Memorandum, *Chafee Foster Care Independence Act National Youth in Transition Database*, by Adrienne L. Fernandes.

According to HHS, the department will make NYTD data files available to the public within a few months after completing each annual round of data collection.⁷⁷ As HHS has explained, NYTD data files are reported semiannually, and because states have a window of time to collect baseline outcomes data from youth, surveying a cohort of 17-year-olds in care (the *baseline youth*) will take 18 months.⁷⁸

Training and Technical Assistance⁷⁹

Training and technical assistance for NYTD is provided to states through HHS; the National Child Welfare Resource Center for Youth Development (NCWRCYD) based at the University of Oklahoma; the National Resource Center for Child Welfare Data and Technology (NRCCWDT), housed at the Child Welfare League of America; and a contractor, ICF International, which was selected in September 2008. The contractor is developing and deploying the system used to receive and process states' NYTD data and provide technical assistance to states around data reporting. The Children's Bureau has annually convened national technical assistance meetings for states in each year since 2008. At the conferences, federal staff and staff from NCWRCYD and NRCCWDT have assisted states in understanding the NYTD regulation and implementation requirements. In coordination with ICF, NCWRCYD, and NRCCWDT, HHS has developed a technical assistance strategy in preparing for NYTD implementation, including a technical assistance toolkit and a series of regional and national conference calls.

Evaluation of Innovative CFCIPs

Section 477 provides that HHS is to conduct evaluations of independent living programs funded by the CFCIP deemed to be innovative or of national significance. The law reserves 1.5% of total CFCIP funding annually for these evaluations, as well as CFCIP-related technical assistance, performance measurement, and data collection.

Pursuant to Section 477, HHS contracted with the Urban Institute and its partners to conduct the Multi-Site Evaluation of Foster Youth Programs. The goal of the evaluation was to determine the effects of independent living programs funded by P.L. 106-169 in achieving key outcomes, including increased educational attainment, higher employment rates and stability, greater interpersonal and relationship skills, reduced non-marital pregnancy and births, and reduced delinquency and crime rates. HHS and the evaluation team initially conducted an assessment to identify programs that could be evaluated rigorously, through random assignment to treatment and control groups, as required under Section 477 of the Social Security Act. The evaluation team, in coordination with HHS and a federally appointed technical work group, established criteria for selecting the sites. Such criteria included that the program should take in sufficient numbers of youth to allow for an adequate sample size; have excess demand so that random

⁷⁷ This information was provided to the Congressional Research Service by the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau in June 2011.

⁷⁸ The data files will be maintained at the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University.

⁷⁹ This information was provided to the Congressional Research Service by the U.S. Department of Health and Human Services, Office of the Secretary in July 2008, December 2008, and January 2010.

assignment is possible while serving the same number of youth as before the evaluation; and be reasonably stable, relatively intense, and consistently implemented; among other considerations.⁸⁰

The evaluation team determined that it could use random assignment at four innovative programs in California and Massachusetts—an employment services program in Kern County, California; a one-on-one intensive, individualized life skills program in Massachusetts; and, a classroom-based life skills training program and tutoring/mentoring program, both in Los Angeles County, California.⁸¹ The 1,400 youth participating in the evaluation at the four sites were assigned to intervention and control groups, and were surveyed at three points: baseline, one year after baseline, and two years after baseline. The researchers conducted in-person interviews with the youth to obtain information on youth characteristics, program interventions and services, and intermediate and longer-term outcomes. Researchers also conducted interviews with program administrators, community advocates, and directors of community provider agencies. Further, the evaluation team held focus groups with youth, independent living program staff, and other agency staff responsible for referring youth to the programs. The team used extracts of state administrative data to determine child and family demographics, child welfare placement history, physical and mental health status, and delinquency history. Data specific to each site were also collected by the team. The findings from the two Los Angeles sites were made available in July 2008 and findings from the other sites were made available in June 2011.⁸²

In short, the evaluation of the Los Angeles and Kern County programs found no statistically significant impacts as a result of the interventions; however, the life skills program in Massachusetts showed impacts for some of the education outcomes that were measured. The program is known as the Massachusetts Adolescent Outreach Program for Youth in Intensive Foster Care, or Outreach.⁸³ The program assists youth who enroll voluntarily in preparing to live independently and to have permanent connections to caring adults upon exiting care. Outreach is intended to help youth achieve a range of outcomes, including receiving a high school diploma, continuing their education, avoiding non-marital childbirth and high-risk behaviors, and gaining employment, among other outcomes. The program provides services that are tailored to each youth and emphasizes a youth development approach, which emphasizes that youth can be empowered to make positive decisions about their lives. A core feature of the Outreach model is that the social workers in the program oversee a small caseload (approximately 15 youth each) and have regular (approximately once a week) interactions with the youth. The workers seek to develop a close relationship with the youth, with the goal of the youth viewing the worker as his or her advocate. Caseworkers assist youth with tasks like obtaining their driver's licenses,

⁸⁰ U.S. Department of Health and Human Services, *Evaluation of the Life Skills Training Program: Los Angeles County*, July 2008, at http://www.acf.hhs.gov/programs/opre/abuse_neglect/chafee/reports/eval_lst/eval_lst.pdf. (Hereafter referenced as U.S. Department of Health and Human Services, *Evaluation of the Life Skills Training Program: Los Angeles County*.)

⁸¹ Additional information regarding the Multi-Site Evaluation of Foster Youth Programs is available at http://www.acf.hhs.gov/programs/opre/abuse_neglect/chafee/.

⁸² The reports are available at U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, “Multi-Site Evaluation of Foster Youth Programs (Chafee Independent Living Evaluation Project), 2001-2010,” http://www.acf.hhs.gov/programs/opre/abuse_neglect/chafee/index.html.

⁸³ Mark E. Courtney et al., *Evaluation of the Massachusetts Adolescent Outreach Program for Youths in Intensive Foster Care: Final Report*, U.S. Department of Health and Human Services, Administration for Children & Families, Office of Planning, Research and Evaluation, OPRE Report #2011-14, July 2011, http://www.acf.hhs.gov/programs/opre/abuse_neglect/chafee/reports/eval_mass/eval_mass.pdf.

applying for college, and gaining employment. Caseworkers may also refer youth to service providers as needed.

To assess the effectiveness of the Outreach program, researchers randomly assigned nearly 200 youth born between 1985 and 1990 to the treatment program (the program) or to a control group that received intensive foster care services as usual. To be eligible, youth had to be in intensive foster care (also referred to as therapeutic foster care for youth with additional needs), have a service plan goal of independent living or long-term care,⁸⁴ and be deemed appropriate for Outreach services by the youth's caseworker. Youth were followed for two years and were interviewed at the start of the evaluation ("baseline") and once each year after that. The outcome data are based on the youth's second follow-up interview, as well as educational data acquired by the National Student Clearinghouse, a repository of information on the enrollment status and educational achievements of postsecondary students.

The baseline characteristics of youth in both the treatment and control groups were similar, except that Outreach youth were more likely to have had prior placement in foster care and to have run away from home.⁸⁵ The impact evaluation examined educational, employment, and other outcomes that can reflect how well a young person is transitioning to adulthood. Outreach youth were more likely than their counterparts in the control group to report having ever enrolled in college and they were more likely to stay enrolled. Outreach youth were also more likely to experience outcomes that were not a focus of the evaluation: youth were more likely to remain in foster care and to report receiving more help in some areas of educational assistance, employment assistance, money management, and financial assistance for housing. According to the study, remaining in care and enrolling and persisting in college appear to be strongly interrelated. In short, the Outreach youth may have been less successful on the educational front if they had not stayed in care.

Youth in the program reported similar outcomes as the control group for multiple other measures. For example, Outreach youth did not report better outcomes in employment, economic well-being, housing, delinquency, pregnancy, or preparedness for various tasks associated with living on one's own.

PART Review

In calendar year 2004, the CFCIP was reviewed through the U.S. Office of Management and Budget's Program Assessment Rating Tool (PART) process.⁸⁶ The evaluation concluded that program results were "not demonstrated" because the CFCIP lacked long-term performance measures and time frames for these measures, as well as adequate progress in achieving its annual performance goals; and because some states did not use all of their CFCIP or ETV funding. OMB made the determination about the performance measurement because the National Youth in Transition Database, which will provide long-term performance and annual performance measurement beginning in FY2011, had not yet been implemented. The PART review also found

⁸⁴ In addition to reunification, adoption, placement with a relative, and legal guardianship, "another planned permanent living arrangement" (APPLA) is specified as a permanency option, and may include independent living. It does not, however, include long-term foster care.

⁸⁵ These differences were taken into account in the impact analyses.

⁸⁶ U.S. Office of Management and Budget, *Detailed Information on the Independent Living Program Assessment*, 2004, at <http://www.whitehouse.gov/omb/expectmore/summary/10002146.2004.html>.

that no independent evaluations of the program have been routinely conducted. While the Multi-Site Evaluation will provide information about outcomes for youth who receive independent living services, according to the PART review, it is not sufficiently national in scope.

The PART has established two goals for the program:

- Promote the efficient use of CFCIP funds by (1) increasing the percentage of states that completely expend their allocations within the two-year expenditure period, and (2) decreasing the percentage of funds that remain unexpended by states within that period.
- Increase the percentages of CFCIP youth who avoid high-risk behaviors which might otherwise lead to criminal investigations and incarceration. The baseline measurement will be taken in FY2011, the first year the NYTD is implemented.

Assessments of the CFCIP

There does not appear to be a clear picture of the types of services provided through CFCIP-funded programs, although the National Youth in Transition Database and the evaluation of innovative independent living programs will provide a national overview about the number of youth served, the types of services provided, and best practices in assisting current and former foster youth make the transition to adulthood. Three sources—an evaluation of independent living services described in states' Child and Family Services Review documents, a GAO report on the CFCIP, and a report on ETV programs in six states—provide some insight into how states carry out their independent living programs.⁸⁷

Child and Family Services Review

The U.S. Department of Health and Human Services determines state compliance with federal child welfare policies, and helps to ensure that positive outcomes are achieved for children and families involved in the child welfare system, by conducting reviews of state and child welfare programs.

The most comprehensive component of HHS's review system is the Child and Family Services Reviews (CFSR).⁸⁸ Conducted by the Children's Bureau, the reviews assess state conformity with

⁸⁷ Other resources illustrate how select jurisdictions and programs provide independent living services for older current and former foster youth. See, for example, U.S. Government Accountability Office, *Disconnected Youth: Federal Action Could Address Some of the Challenges Faced by Local Programs That Reconnect Youth to Education and Employment*, GAO-08-313, February 2008; National Governors Association, Center for Best Practices, *State Policies to Help Youth Transition Out of Foster Care*, Issue Brief, January 2007; Wilhelmina A. Leigh et al., *Aging Out of the Foster Care System to Adulthood: Findings, Challenges, and Recommendations*, Joint Center for Political and Economic Studies and Black Administrators in Child Welfare Inc., December 2007; and Rachel H. Sherman, "Serving Youth Aging Out of Foster Care," Welfare Information Network Issue Note, vol. 8, no. 5 (October 2004), pp. 5-7. See also the University of Chicago Law School, "Transition From Foster Care to Adulthood Wiki" at <http://fostercaretoadulthood.wikispaces.com/> and the University of Oklahoma, National Child Welfare Resource Center for Youth Development, "State by State Facts Page," at http://www.nrcys.ou.edu/yd/state_pages.html.

⁸⁸ For additional information, see CRS Report RL32968, *Child Welfare: State Performance on Child and Family Services Reviews*, by Emilie Stoltzfus.

certain requirements of Title IV-B and Title IV-E.⁸⁹ During the review process, a joint federal and state team determines whether states are in substantial conformity with seven outcomes related to the safety, permanency, and well-being of children, and whether states have in place child welfare systems to achieve these goals. The team reviews statewide administrative data; conducts interviews with children and families served, as well as foster parents, service providers, case workers, court personnel, and other key stakeholders; and systematically reviews the cases of a random sample of children served.

The first round of reviews was conducted between 2001 and 2004 in all 50 states, the District of Columbia, and Puerto Rico, and a final report was prepared discussing the findings in each jurisdiction.⁹⁰ This initial round found that no state's child welfare programs met the criteria that HHS established as demonstrating "substantial conformity" with all of federal child welfare policy requirements. As a result, all states had Program Improvement Plans (PIP) to work toward complying with the requirements, and nearly all states (43) had achieved their PIP goals.⁹¹

The second round of review has been completed for all states and nearly all states are working toward completing their two-year PIPs (a small number of states have completed their PIPs). The second round had a focus on older youth. For this second round, HHS has directed the federal and state evaluators to interview, at the state-level, youth being served by the state child welfare agency, especially those youth who are eligible to receive independent living services.⁹² Also in the second round, 10 of 40 foster care cases reviewed were to involve children who were ages 16 or 17 as of the last day of the 12-month review period or the date that they exited care, as applicable.⁹³ This is to ensure that the reviewers had enough applicable cases to determine whether states were adequately providing independent living services for youth with a goal of emancipation.⁹⁴

GAO Report

The 2004 report by the GAO evaluated its implementation.⁹⁵ The report was based on survey data collected from independent living coordinators in all 50 states, the District of Columbia, and Puerto Rico as well as review of the jurisdictions' CFCIP plans for FY2001 through FY2004.

⁸⁹ In 2000, HHS published a final rule to establish a formal review process consistent with legislative mandates to improve federal oversight of state child welfare programs. The final rule established the CFSR and Title IV-E Foster Care Eligibility Reviews. The Foster Care Eligibility Reviews are conducted to validate a state's claim for federal reimbursement of payments made on behalf of eligible children, and are not discussed in this report.

⁹⁰ The reports are available at http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm.

⁹¹ For further information, see U.S. Department of Health and Human Services, Children's Bureau, "Children and Family Service Reviews: Status of Program Improvement Plans and Subsequent Child and Family Services Reviews," http://www.acf.hhs.gov/programs/cb/cwmonitoring/general_info/pipstatus.pdf.

⁹² U.S. Department of Health and Human Services, Administration for Children & Families, Children's Bureau, *Child and Family Services Review Stakeholder Interview Guide*, June 2008, available at http://www.acf.hhs.gov/programs/cb/cwmonitoring/tools_guide/stakeholder.htm.

⁹³ U.S. Department of Health and Human Services, *Child and Family Services Review Procedures Manual, Chapter 4*, available at http://www.acf.hhs.gov/programs/cb/cwmonitoring/tools_guide/proce_manual.htm.

⁹⁴ U.S. Department of Health and Human Services, *Child and Family Services Review Onsite Review Instrument and Instructions*, July 2008, available at http://www.acf.hhs.gov/programs/cb/cwmonitoring/tools_guide/proce_manual.htm.

⁹⁵ U.S. Government Accountability Office. *HHS Actions Could Improve Coordination of Services and Monitoring of States' Independent Living Programs*, pp. 18-19.

After the 1999 passage of P.L. 106-169, forty states reported expanded independent living services to youth younger than they had previously served and 36 states reported serving older youth. In addition, 45 states reported offering assistance with room and board to emancipated foster youth. According to officials in the states GAO visited for the study, funds were also used to improve the quality of existing independent living services, refocus the attention of their programs, or develop new services to assist youth of all ages in the programs.

The GAO report also raised concerns about the implementation of the CFCIP. The report indicates that states varied in the percentage of eligible youth served. In 2003, forty states reported serving between 10% and 100% of eligible youth, with one-third of the states serving less than half of eligible youth. GAO also found gaps in the availability of mental health services, mentoring services, and securing safe and suitable housing, particularly in rural areas. Further, although 49 states reported increased coordination with a number of federal, state, and local programs that can provide or supplement independent living services, child welfare administrators and youth interviewed by GAO said that they were unaware of the services. Finally, the lack of uniformity among the states' CFCIP five-year plans precluded using them at the state and federal level to monitor how well the programs serve eligible youth.

Implementation of the ETV Program

In 2007, the National Foster Care Coalition, in partnership with Casey Family Programs, a foundation supporting child welfare research and advocacy, reported on six states' (California, Maine, Montana, New York, North Carolina, and Wyoming) experiences with implementing the ETV program.⁹⁶ These states serve as few as 31 youth to as many as nearly 2,000 youth in a given school year, with average awards ranging from \$2,950 to \$4,318 for each youth. Three of the states (Montana, New York, and North Carolina) contract with a non-profit service provider to administer the ETV program, while the other three states administer the program through the independent living coordinator or state financial aid office.

The report describes the best practices employed by the states in implementing their ETV programs, as well as the challenges they have encountered.⁹⁷ One promising approach was the application process for some states, which involves a web application process that allows students and schools to view application and approval status and deadlines. Other states reported providing extensive promotion and outreach about the program through information sessions, annual teen conferences for foster youth, and mailings; and providing additional educational supports to youth through financial aid counseling, mentoring, tuition waivers, and scholarships. Contracting through a third-party was also identified as an important practice that has lent to more efficient

⁹⁶ National Foster Care Coalition, *The Chafee Education and Training Voucher Program: Six States' Experiences*, National Foster Care Coalition and Casey Family Programs, 2007, at <http://www.casey.org/Resources/Publications/pdf/ChafeeETV.pdf>.

⁹⁷ In a separate publication, from 2005, the National Foster Care Coalition identified promising practices for ETV programs. These include (1) a clearly defined application process and a funding process transparent to stakeholders, including informing students of the amount of funding they receive; (2) open lines of communication between applicants/participants and ETV administrators, including multiple methods for contacting the ETV office; and (3) individual assessments for all applicants to ensure that ETV funds are based on their unmet financial need as calculated by their educational institution; among other approaches. See National Foster Care Coalition, *Frequently Asked Questions III: About the Chafee Foster Care Independence Program and the Chafee Educational and Training Program*.

administration of the voucher program. The report also identified youth feedback about the program as another important feature of the programs.

In addition, the report also identified barriers to successfully administering the ETV program. Some of the challenges include (1) meeting the demand for the program; (2) recruiting youth to the program and ensuring that these youth have sufficient support to remain in school; (3) managing awards for youth whom schools are unable to locate once awards are issued or awarding funds to youth who have dropped out; (4) tracking how voucher funds are spent; (5) conveying to university financial aid staff the rules associated with the ETV program; (6) maintaining the confidentiality of youth's foster care experiences; (7) connecting non-college-bound youth to vocational programs; and (8) meeting the needs of parenting youth, among others. The states indicated that they are working to address these challenges.

Other Federal Support for Older Current and Former Foster Youth

In addition to the federal programs under Title IV-E, other federal laws authorize some funding for service or assistance to older current and former foster youth. This section describes a Medicaid pathway for certain former foster youth; educational, workforce, and housing supports; and a grant to fund training for child welfare practitioners working with older foster youth and youth emancipating from care.

Medicaid

In the Foster Care Independence Act, Congress encouraged states to provide Medicaid coverage to children who were aging out of the foster care system. The law created a new optional Medicaid eligibility pathway for “independent foster care adolescents;” this pathway is often called the “Chafee option.”⁹⁸ The law further defined these adolescents as individuals under the age of 21 and who were in foster care under the responsibility of the state on their 18th birthday. Within this broadest category of independent foster care adolescents, the law permits states to restrict eligibility based on the youth's income or resources, and whether or not the youth had received Title IV-E funding.⁹⁹

In all states, youth age 19 or younger with family incomes at or below 100% of the federal poverty limit (or up to 250% in some states) are eligible for Medicaid or State Children's Health Insurance Program (SCHIP). Youth ages 18 to 21 in foster care who do not qualify for Medicaid or SCHIP may be eligible for Medicaid coverage through the “Ribicoff” pathway, named for the late former senator, Abraham Ribicoff. Ribicoff youth must meet the income and resource requirements for the former Aid to Families with Dependent Children program but do not meet other categorical requirements for AFDC. Older foster youth may also be eligible under a pathway for children under age 21 who are taken into state custody. This pathway allows the state

⁹⁸ Section 1902(a)(10)(A)(ii)(XVII) of the Social Security Act.

⁹⁹ Section 1905(w)(1) of the Social Security Act.

to extend Medicaid eligibility to youth under age 21 in foster care regardless of the income or resources of their biological or foster parents.¹⁰⁰

Former foster youth may also qualify for Medicaid through other eligibility pathways available to certain groups of adults, such as for pregnant women with family income equal to or less than 133% of the federal poverty limit (FPL), some low-income adults with children, and some adults with high medical expenses (i.e., “medically needy”).¹⁰¹ These youth may be also eligible for Medicaid or SCHIP coverage through waivers, known as Section 1115 waivers, that provide comprehensive coverage to categorically ineligible adults with incomes up to at least 100% of the FPL.

According to the 2008 survey by Chapin Hall of 45 states, 29 states (64.4%) have extended the Chafee option to eligible youth.¹⁰² Of the 28 states that responded to a follow-up question about eligibility requirements, 25 states reported that to be eligible, youth must have been in foster care on their 18th birthday; 15 states reported that youth must complete an application to be eligible; one state said that youth are automatically eligible; and nine states reported other eligibility criteria. Another 14 states reported that former foster youth are eligible for SCHIP (six of the states) or Medicaid through other pathways (13 of the states). Youth are eligible for Medicaid by meeting the “medically needy” criteria (seven states), through a 100% state funded program (three states), and through other, unspecified pathways (three states). One state reported that former foster youth are not categorically eligible for Medicaid.

The Chafee option will likely become a moot pathway in the next few years. As part of the health care reform law, the Patient Protection and Affordable Care Act, youth who were in foster care on their 18th birthday (or an older age allowed by the state) will be eligible under a new mandatory Medicaid pathway specifically for former foster youth until age 26 regardless of their annual income.¹⁰³ This provision is effective January 1, 2014. HHS has not issued guidance about this pathway.

¹⁰⁰ Sonja Schwartz and Melanie Glascock, *Improving Access to Health Coverage for Transitional Youth*, National Academy for State Healthy Policy, p. 5, July 2008, at http://www.nashp.org/sites/default/files/transitional_youth.pdf.

¹⁰¹ For information about Medicaid eligibility pathways, see CRS Report RL33019, *Medicaid Eligibility for Adults and Children*, by Jean Hearn.

¹⁰² Amy Dworsky and Judy Havlicek, *Review of State Policies and Programs to Support Young People Transitioning Out of Foster Care*, p. 11. A 2006 survey of state human service officials by the American Public Human Services Association (APHSA) found that 17 states reported extending Medicaid coverage to eligible youth through the Chafee option. See Sonali Patel and Martha A. Roherty, *Medicaid Access for Youth Aging Out of Foster Care*, American Public Human Services Association, 2007, at <http://www.aphsa.org/Home/Doc/Medicaid-Access-for-Youth-Aging-Out-of-Foster-Care-Rpt.pdf>. Puerto Rico was not included in this analysis.

¹⁰³ Youth will be eligible if they are not eligible or enrolled under existing (at the time P.L. 110-351 was passed) Medicaid mandatory eligibility groups (or described in any of the existing Medicaid mandatory eligibility groups), regardless of whether they have income that exceeds the upper income eligibility limit established under any such group. Children in foster care who are not Title IV-E eligible generally still qualify for Medicaid coverage because all states have implemented one or more mandatory or optional Medicaid eligibility categories that allow them to cover children in care regardless of their IV-E eligibility status..

Other Educational Support¹⁰⁴

The Higher Education Opportunity Act (HEOA), was signed into law on August 14, 2008 as P.L. 110-315, and amended the Higher Education Act (HEA) to authorize services specifically for youth in foster care or recently emancipated youth, including housing services, among other related changes. The act authorizes that youth in foster care (including youth who have left foster care after reaching age 16) and homeless children and youth are eligible for what are collectively called the federal Trio programs. The Trio programs are designed to identify potential post-secondary students from disadvantaged backgrounds, prepare these students for higher education, provide certain support services to them while they are in college, and train individuals who provide these services. The programs are known individually as Talent Search, Upward Bound, Student Support Services, and Educational Opportunity Centers. P.L. 110-315 directs the Department of Education to require applicants seeking Trio funds to identify and make available services, including mentoring, tutoring, and other services, to these youth. In addition, the bill authorizes services for current and former foster youth (and homeless youth) through Student Support Services—a program intended to improve the retention and graduation rates of disadvantaged college students—that include temporary housing during breaks in the academic year.¹⁰⁵

Separately, HEOA allows additional uses of funds through the Fund for the Improvement of Postsecondary Education to establish demonstration projects that provide comprehensive support services for students who were in foster care (or homeless) anytime before age 13. As specified in the law, the projects can provide housing to the youth when housing at an educational institution is closed or unavailable to other students.

As of July 2009, the College Cost Reduction Act (P.L. 110-84) allows certain youth who have been in foster care to claim independent status when applying for federal financial aid. The act amended the definition of “independent student” in the Higher Education Act to include any child “who is an orphan, in foster care, or a ward of the court at any time when the individual is 13 years of age or older” and “is an emancipated minor or is in legal guardianship as determined by a court of competent jurisdiction in the individual’s state of legal residence.”¹⁰⁶ Students who claim independent status are typically able to access greater federal education assistance because they

¹⁰⁴ Though not discussed here, a small part of the allocation formula population factor for the Title I-A program of Education for the Disadvantaged (authorized under the Elementary and Secondary Education Act, as amended) accounts for the number of children ages five to 17 who are in institutions for delinquent children or foster homes when making grants to local education agencies (LEAs). For additional information, see CRS Report RL33731, *Education for the Disadvantaged: Reauthorization Issues for ESEA Title I-A Under the No Child Left Behind Act*, by Rebecca R. Skinner.

¹⁰⁵ The Department of Education issued regulations to provide further clarification about the changes made by P.L. 110-315, including the changes pertaining to foster youth. U.S. Department of Education, “High School Equivalency Program and College Assistance Migrant Program, The Federal TRIO Programs, and Gaining Early Awareness and Readiness for Undergraduate Program,” 75 *Federal Register* 65712-65803, October 26, 2010.

¹⁰⁶ The previous definition included an individual who is an orphan or ward of the state (or was until age 18). 29 U.S.C. 1087vv(d). The College Cost Reduction and Access Act Technical Amendments of 2007 (H.R. 4153), would make a correction to the definition of independent student to include any child who “is an orphan, in foster care, or a ward of the court, or was an orphan, in foster care, or a ward of the court any time when the individual was 13 years of age or older.” The Higher Education Opportunity Act (P.L. 110-315) makes additional changes to the definition of independent student to include “an orphan, in foster care, or a ward of the court, or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;” and “is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual’s state of legal residence.”

are exempt from including information about income and assets from their parents. An “independent” student’s expected “family” contribution is the amount that the federal need analysis system determines should be contributed, based only on his or her available income (and assets, if applicable), as well as basic living expenses, federal income tax liability, and other expenses. The act does not specify the length of time that the child must have been in foster care or the reason for exiting care, to be eligible to claim independent status. The law first became effective for the 2009 to 2010 school year.

Workforce Support

Workforce Investment Act Programs

The Workforce Investment Act authorizes job training programs to unemployed and underemployed individuals through the Department of Labor (DOL). Two of these programs—Youth Activities and Job Corps—provide job training and related services to targeted low-income vulnerable populations, including foster youth.¹⁰⁷ The WIA Youth Activities program focuses on preventative strategies to help in-school youth stay in school and receive occupational skills, as well as on providing training and supportive services, such as assistance with child care, for out-of-school youth. Job Corps is an educational and vocational training program that helps students learn a trade, complete their GED, and secure employment.

To be eligible, foster youth must meet age and income criteria as defined under the act. Young people current or formerly in foster care may participate in Youth Activities if they are ages 14 to 21, and in Job Corps if they are ages 16 to 24 (20% of participants must be ages 22 to 24).¹⁰⁸

Foster Youth Demonstration Project

The Workforce Investment Act authorizes funding for pilot programs.¹⁰⁹ Under this authority, the Department of Labor’s Employment and Training Administration awarded grants to five states in FY2005—California, Illinois, Michigan, New York, and Texas—to design and implement programs to improve the self sufficiency, education attainment, and employment skills of youth aging out of foster care. The purpose of the grant was to encourage states to develop best practices around serving foster youth in the workforce investment system, and integrate these practices across workforce investment boards across each state. The five states were required to target the programs to youth in areas with the largest foster care populations. These areas are Los Angeles, Chicago, Detroit, New York City, and Houston. DOL awarded each state \$800,000 total for FY2005 and FY2006; states were required to provide 100% matching funds.

The sites have differed in their recruitment and delivery strategies, but all have provided youth with academic instruction and support, preparation for and exposure to the work place, support in developing skills for self-sufficiency, and the supportive services intended to help them succeed academically and in the work place.

¹⁰⁷ Authorization of appropriations under WIA expired in FY2003 but is annually extended through appropriations acts. Youth in foster care are also eligible for WIA’s Youth Opportunity program, however, Congress has not appropriated funding for the program since FY2003.

¹⁰⁸ 29 U.S.C. 2801(13) and 29 U.S.C. 2884(1).

¹⁰⁹ 29 U.S.C. 2916.

With their own funding, Casey Family Programs and its partners conducted an evaluation of the program.¹¹⁰ At all of the sites, youth formed strong relationships with staff, and staff remained relatively consistent over time. The sites also reported improvements in their programs. For example, multiple sites changed their program classes and activities to accommodate the individual needs of youth. Partnerships with workforce investment boards and other public agencies have also been formed to provide youth with job training experience, and at some sites, new relationships between the workforce agencies and the child welfare agencies have developed at the state level. These partnerships appear to have been difficult to build.

The evaluation concluded that no single agency can meet the needs of youth in foster care or aging out of care; case workers—who serve as social workers, counselors, mentors, and teachers—are highly valued by the youth; well-defined programs tended to be more successful in leveraging other services for youth; and the sites lacked consistency in the ways they defined and collected the data, among other findings. The programs are continuing to serve eligible youth, with funding from Casey Family Programs and a 100% match by the states and other lead partners.

Housing Support

Family Unification Vouchers Program

Current and former foster youth may be eligible for housing subsidies provided through programs administered by the Department of Housing and Urban Development's (HUD) Family Unification Vouchers program (FUP vouchers). The FUP vouchers were initially created in 1990 under P.L. 101-625 for families that qualify for Section 8 tenant-based assistance and for whom the lack of adequate housing is a primary factor in the separation, or threat of imminent separation, of children from their families or in preventing the reunification of the children with their families.¹¹¹ Amendments to the program in 2000 under P.L. 106-377 made youth ages 18 to 21 who left foster care at age 16 or older eligible for the vouchers. These youth are eligible for the vouchers for up to 18 months.

FUP vouchers were initially awarded from 1992 to 2001. Over that period, approximately 39,000 vouchers were distributed.¹¹² Each award included five years of funding per voucher and the voucher's use was restricted to voucher-eligible families for those five years. At the end of those five years, public housing authorities (PHAs), which administer the vouchers, were eligible to convert FUP vouchers to regular Section 8 housing vouchers for low-income families. While the five-year use restrictions have expired for all family unification vouchers, some PHAs may have continued to use their original family unification vouchers for FUP-eligible families and some may have chosen to use some regular-purpose vouchers for FUP families. Congress appropriated \$20 million for new FUP vouchers in each of FY2008 and FY2009, and \$15 million in

¹¹⁰ Institute for Educational Leadership, *Foster Care Youth Demonstration Project: Final Evaluation Report, Executive Summary*, July 2008, at http://www.casey.org/Resources/Publications/EmPLOY/pdf/DOL_FinalReport_ES.pdf and <http://iel.org/programs/casey.html>.

¹¹¹ 42 U.S.C. 1437(f)(x).

¹¹² This information is based on correspondence with the National Center for Housing and Child Welfare, a child welfare organization, in August 2008.

FY2010.¹¹³ Congress has specified that amounts made available under Section 8 tenant-based rental assistance and used for the FUP are to remain available for these purposes.¹¹⁴

A survey of states in 2008 by Chapin Hall found that 12 states provided housing assistance through FUP vouchers, and another nine states gave youth priority access to Section 8 vouchers.¹¹⁵ Finally, 18 states reported providing housing assistance through other housing programs, such as transitional living programs with a housing component.

Other Support

Older current and former foster youth may be eligible for housing services and related supports through the Runaway and Homeless Youth program, administered by the U.S. Department of Health and Human Services.¹¹⁶ The program is comprised of three sub-programs: the Basic Center program (BCP), which provides short-term housing and counseling to youth up to the age of 18; the Transitional Living program (TLP), which provides longer-term housing and counseling to youth ages 16 through 22; and the Street Outreach program (SOP), which provides outreach and referrals to youth who live on the streets. In FY2010, 6.6% of youth in the BCP and 19% of youth in the TLP reported having been in foster care at some point (similar data were not collected for youth in the SOP).¹¹⁷ Youth transitioning out of foster care may also be eligible for select transitional living programs administered by HUD, though the programs do not specifically target these youth.¹¹⁸

The Foreclosure Prevention Act of 2008 (P.L. 110-289), was signed into law on July 30, 2008, and enables owners of properties financed in part with Low-Income Housing Tax Credits (LIHTCs) to claim as low-income units those units occupied by low-income students who were in foster care. Owners of LIHTC properties are required to maintain a certain percentage of their units for occupancy by low-income households; students (with some exceptions) are not generally considered low-income households for this purpose. The law does not specify the length of time these students must have spent in foster care nor require that youth are eligible only if they emancipated.

¹¹³ U.S. Congress, House Committee on Appropriations, *Joint Explanatory Statement, Division K*, report to accompany FY2008 Consolidated Appropriations Amendment to H.R. 2764/P.L. 110-161, 110th Cong., 1st sess., p. 2396; U.S. Congress, House Committee on Appropriations, *Omnibus Appropriations Act, 2009, Division I, committee print of the House Committee on Appropriations on H.R. 1105/P.L. 111-8*, 111th Cong., 1st sess., p. 1987; and U.S. Congress, House Committee on Appropriations, *Departments of Transportation and Housing and Development, and Related Agencies Appropriations Act, 2010*, report to accompany H.R. 3288/P.L. 111-117, 111th Cong., 1st sess., December 8, 2009, H.Rept. 111-366, p. 46.

¹¹⁴ For a list of FUP sites by state, see National Center for Housing & Child Welfare, “Cumulative List of FUP Sites,” <http://www.nchcw.org/fup/sites.aspx>.

¹¹⁵ Amy Dworsky and Judy Havlicek, *Review of State Policies and Programs to Support Young People Transitioning Out of Foster Care*, p. 13.

¹¹⁶ For additional information, see CRS Report RL33785, *Runaway and Homeless Youth: Demographics and Programs*, by Adrienne L. Fernandes-Alcantara.

¹¹⁷ Congressional Research Service analysis, based on U.S. Department of Health and Human Services, Administration for Children and Families, “NEO-RHYMIS,” http://www.acf.hhs.gov/programs/cb/cwmonitoring/general_info/pipstatus.pdf.

¹¹⁸ National Alliance to End Homelessness, “Federal Funding for Youth Housing Programs,” information presented at National Alliance to End Audio Conference, March 9, 2006, available at <http://naeh.org/content/article/browse/?type=24&topic=Youth>.

Grant to Support Curriculum for Supervising Older Youth in Care

In FY2006, the U.S. Department of Health and Human Services awarded grants under Title IV-B of the Social Security Act (Promoting Safe and Stable Families) to fund the development of curriculum for child welfare supervisors and their staff who work with older youth in foster care. The grants were awarded through FY2008 to six entities: the Hunter College School of Social Work; Massachusetts Department of Social Services; San Francisco State University; University of Iowa; University of Houston; and University of Louisville Research Foundation. Each of the entities provided at least a 25% match to the federal grant award of (up to) \$250,000 annually for three years.

The six entities were directed to develop, implement, evaluate, and disseminate a training curriculum for public child welfare agency supervisors.¹¹⁹ The purpose of the curriculum was to strengthen supervision of staff interactions with older youth in care and/or in independent living programs, and to ensure that staff adequately: (1) assess a youth's readiness for independent living services, support, and training; (2) identify culturally competent independent living program services and activities; (3) utilize positive youth development principles for involving youth in decisionmaking, implementation, and evaluation of training and program activities;¹²⁰ (4) identify areas of stress and its impact on youth in foster care; (5) work with youth to help them deal with crisis situations and to assess the results of the intervention; (6) work with youth to develop and maintain permanent connections; and (7) collaborate with both inter-and intra-agency resource people to achieve positive outcomes for youth transitioning to adulthood. Each entity was required to conduct an evaluation of the project, either in-house or by contracting with a third-party evaluator.

¹¹⁹ U.S. Department of Health and Human Services, "Training of Child Welfare Agency Supervisors in the Effective Delivery and Management of Federal Independent Living Service for Youth in Foster Care," *70 Federal Register* 35087, June 16, 2005.

¹²⁰ In the fall of 2000, HHS awarded twelve grants for Independent Living Training for Child Welfare practitioners. One of the findings from the completed projects was that child welfare supervisors needed training on youth development to understand the unique developmental and service needs of youth in care.

Appendix A. Outcomes for Young Adults Formerly in Foster Care

Table A-1. Comparison of Outcome Domains Between Young Adults in the Midwest Study and Young Adults in the Add Health Study

Outcome	Midwest Evaluation (Wave 4)— Former Foster Youth at Age 23 and 24	Add Health— Youth Surveyed at Age 23 and 24
Current Living Arrangement		
Lives in own place	49.0%	63.2%
Lives with biological parent(s)	7.0%	29.4%
Lives with other relative	14.1%	3.4%
Lives with non-relative foster parent(s)	3.8%	0%
Lives with spouse/partner	7.3%	0.7%
Lives with a friend	6.5%	1.2%
Lives in group quarters (e.g., dormitories, barracks)	1.7%	1.1%
In Jail or Prison	7.0%	0.1%
Homeless	0.7%	0.1%
Other living arrangement	3.0%	0.8%
Highest Educational Attainment		
No high school diploma or GED	24.4%	7.3%
High school diploma only	33.7%	26.2%
GED only	9.8%	5.4%
One or more years of college, but no degree	25.6%	27.6%
Two-year college degree	3.2%	9.4%
Four-year college degree	2.5%	19.4%
One or more years of graduate school	0.5%	4.8%
Employment, Income, and Assets		
Ever held a job	94.7%	97.3%
Currently employed ^a (nonincarcerated youth only)	48.0%	75.7%
Mean hourly wage ^a	\$10.14	\$13.94
Mean income ^a	\$12,064	\$20,349
Any savings/checking account ^a	47.3%	85.1%
Owns a vehicle ^a	44.9%	81.3%

Outcome	Midwest Evaluation (Wave 4)— Former Foster Youth at Age 23 and 24	Add Health— Youth Surveyed at Age 23 and 24
Economic Hardships		
Not enough to pay rent ^a	28.5%	7.4%
Not enough money to pay utility bill ^a	26.9%	11.8%
Gas or electricity shut off	8.7%	4.3%
Evicted ^a	8.6%	0.7%
Receipt of food stamps ^a	61.5% - females 19.9% - males	8.3% - females 1.2% - males
Receipt of TANF	6.6% - females ^a 2.0% - males	6.5% - females ^a 1.5% - males
Health and Access to Health Care Services		
Description of general health as fair ^a	14.6%	3.6%
Description of general health as poor ^a	1.2%	0.3%
Health conditions or disability limits daily activities ^a	12.5%	5.0%
Has medical insurance ^a	57.0%	78.0%
Did not receive needed medical care ^a	13.0%	22.6%
Received psychological or emotional counseling ^a	11.3%	6.5%
Attended substance abuse treatment program	5.1%	2.4%
Sexual Behaviors and Pregnancy		
Age at first intercourse	16.0 - female 15.0 - male	17.0 - female 16.0 - male
Used birth control at time of most recent intercourse ^a	51.6% - females 51.9% - males	68.2% - females 68.4% - males
Ever paid by someone to have sex ^a	9.4% - females 12.4% - males	3.9% - females 3.1% - males
Ever pregnant (females only) ^a	77.0%	40.4%
Impregnated partner (males only) ^a	60.7%	28.4%
Received prenatal care (females only) ^a	94.2%	84.4%
Relationships and Parenting		
Ever married	16.1% - females ^a 13.2% - males	30.2% - females ^a 18.2% - males
Currently married	13.4% - females ^a 11.8% - males	27.7% - females ^a 16.3% - males
Currently cohabiting	26.4% - females ^a 21.4% - males	15.7% - females ^a 16.3% - males
At least one living child ^a	66.8% - females 44.3% - males	30.1% - females 18.3% - males

Outcome	Midwest Evaluation (Wave 4)— Former Foster Youth at Age 23 and 24	Add Health— Youth Surveyed at Age 23 and 24
Criminal Justice		
Ever arrested ^a	57.2% - females 81.2% - males	4.3% - females 17.4% - males
Arrested since age 18 ^a	38.7% - females 64.0% - males	0.3% - females 2.9% - males
Ever convicted ^a	28.2% - females 58.8% - males	2.0% - females 10.3% - males
Convicted since age 18 ^a	18.4% - females 42.8% - males	1.6% - females 9.1% - males
Transition to Adulthood and Orientation Toward the Future		
Became socially mature ^a	69.4% - faster than others 23.4% - about the same rate as others 6.5% - slower than others	58.5% - faster than others 8.5% - about the same rate as others 32.8% - slower than others
Took on adult responsibilities ^a	67.8% - faster than others 25.4% - about the same rate as others 6.8% - slower than others	62.9% - faster than others 8.5% - about the same rate as others 28.5% - slower than others
Thinks of self as an adult ^a	Most or all of the time – 88.2% Sometimes – 7.3% Never or seldom – 4.3%	Most or all of the time – 77.9% Sometimes – 5.8% Never or seldom – 2.0%
Will live to 35 (mean score based on 1 to 5 scale, with 1 being almost no chance to 5 being almost certain) ^a	4.49	4.66
Will be married within next 10 years (mean score based on 1 to 5 scale, with 1 being almost no chance to 5 being almost certain) ^a	3.40	3.96
Will have a middle-class income by age 30 (mean score based on 1 to 5 scale, with 1 being almost no chance to 5 being almost certain) ^a	3.66	4.17
Mentoring		
Maintained a positive relationship with a caring adult since age 14 ^a	66.4%	76.2%
Closeness to mentor ^a	9.3% - not at all to a little close 26.5% - somewhat close 64.1% - very or quite close	10.7% - not at all to a little close 31.5% - somewhat close 57.8% - very or quite close

Source: Congressional Research Service presentation of data in Mark E. Courtney et al., *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Ages 23 and 24*, Chapin Hall Center for Children, University of Chicago, 2010.

Note: The Midwest Evaluation has tracked the outcomes of foster youth at ages 17 and 18, age 19, age 21, and age 23 and 24. For each of the four data collection waves, wherever possible, researchers asked the same questions that were taken directly from the National Longitudinal Survey of Adolescent Health (“Add Health”), a nationally representative survey that tracks a cohort of youth over time.

- a. Indicates that the difference between the youth in the Midwest Evaluation and youth in the Adolescent Health Survey is statistically significant.

Appendix B. Funding for the Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher (ETV) Program

Table B-1. Final FY2009 and Estimated FY2010 CFCIP General and ETV Allotments by State

Excludes funding for CFCIP technical assistance and ETV set asides

State	Final FY2010			Estimated FY2011		
	CFCIP	ETV	Total	CFCIP	ETV	Total
Alabama	\$2,020,511	\$677,380	\$2,697,891	\$2,174,877	\$725,247	\$2,900,124
Alaska	627,046	210,218	837,264	683,316	227,862	911,178
Arizona	2,995,850	1,004,364	4,000,214	3,209,948	1,070,406	4,280,354
Arkansas	1,012,123	339,316	1,351,439	1,153,688	384,715	1,538,403
California	19,346,731	6,486,023	25,832,754	18,990,900	6,332,808	25,323,708
Colorado	2,276,271	763,124	3,039,395	2,500,762	833,917	3,334,679
Connecticut	1,545,485	518,127	2,063,612	1,501,971	500,855	2,002,826
Delaware	500,000	90,369	590,369	500,000	85,633	585,633
District of Columbia	1,091,992	213,590	1,305,582	1,091,992	222,076	1,314,068
Florida	6,375,916	2,137,537	8,513,453	6,045,111	2,015,835	8,060,946
Georgia	2,869,119	961,877	3,830,996	2,530,101	843,701	3,373,802
Hawaii	500,000	153,280	653,280	500,000	153,065	653,065
Idaho	500,000	165,997	665,997	500,000	152,119	652,119
Illinois	5,132,172	1,720,569	6,852,741	5,388,295	1,796,810	7,185,105
Indiana	3,559,387	1,193,290	4,752,677	3,923,550	1,308,368	5,231,918
Iowa	1,980,853	664,084	2,644,937	2,070,771	690,530	2,761,301
Kansas	1,812,230	607,553	2,419,783	1,785,308	595,338	2,380,646
Kentucky	2,094,365	702,139	2,796,504	2,167,937	722,932	2,890,869
Louisiana	1,455,538	487,972	1,943,510	1,509,859	503,485	2,013,344
Maine	565,888	180,641	746,529	565,888	173,159	739,047
Maryland	2,226,843	746,553	2,973,396	2,224,722	741,868	2,966,590
Massachusetts	2,996,999	1,004,749	4,001,748	3,044,324	1,015,176	4,059,500
Michigan	5,812,955	1,948,803	7,761,758	5,591,145	1,864,453	7,455,598
Minnesota	1,729,978	579,978	2,309,956	1,706,714	569,130	2,275,844
Mississippi	942,292	315,905	1,258,197	1,047,373	349,263	1,396,636
Missouri	2,760,494	925,460	3,685,954	3,126,978	1,042,739	4,169,717
Montana	500,000	155,014	655,014	517,062	172,422	689,484
Nebraska	1,607,101	546,933	2,154,034	1,661,642	562,082	2,223,724

State	Final FY2010			Estimated FY2011		
	CFCIP	ETV	Total	CFCIP	ETV	Total
Nevada	1,442,032	483,443	1,925,475	1,507,650	502,749	2,010,399
New Hampshire	500,000	98,847	598,847	500,000	97,836	597,836
New Jersey	2,537,781	850,795	3,388,576	2,463,536	821,504	3,285,040
New Mexico	638,253	213,975	852,228	633,788	211,346	845,134
New York	11,585,958	2,841,411	14,427,369	11,585,958	2,944,748	14,530,706
North Carolina	2,828,025	948,100	3,776,125	3,011,830	1,004,341	4,016,171
North Dakota	500,000	119,464	619,464	500,000	128,764	628,764
Ohio	4,844,801	1,624,227	6,469,028	3,847,835	1,283,120	5,130,955
Oklahoma	3,044,704	1,020,742	4,065,446	2,748,409	916,499	3,664,908
Oregon	2,583,757	866,209	3,449,966	2,667,723	889,594	3,557,317
Pennsylvania	5,577,023	1,869,706	7,446,729	5,324,569	1,775,559	7,100,128
Puerto Rico	1,815,903	608,784	2,424,687	1,688,101	562,923	2,251,024
Rhode Island	691,704	231,895	923,599	666,281	222,182	888,463
South Carolina	1,436,571	481,613	1,918,184	1,557,810	519,476	2,077,286
South Dakota	500,000	142,779	642,779	500,000	156,116	656,116
Tennessee	2,074,536	695,492	2,770,028	2,120,931	707,257	2,828,188
Texas	8,088,940	2,711,831	10,800,771	8,418,737	2,807,357	11,226,094
Utah	747,741	250,682	998,423	870,393	290,246	1,160,639
Vermont	500,000	115,610	615,610	500,000	111,722	611,722
Virginia	1,937,748	649,633	2,587,381	1,869,814	623,518	2,493,332
Washington	3,199,303	1,072,572	4,271,875	3,122,620	1,041,286	4,163,906
West Virginia	1,267,884	425,060	1,692,944	1,336,663	445,731	1,782,394
Wisconsin	2,127,412	713,219	2,840,631	2,140,491	713,779	2,854,270
Wyoming	500,000	111,179	611,179	500,000	121,506	621,506
Total for States	137,808,215	44,648,113	182,456,328	137,797,373	44,555,153	182,352,526
Tribes	2,322,030	22,622	2,344,652	102,627	26,241	128,868
Total for States and Tribes	\$137,900,000	\$44,670,735	\$182,570,735	137,900,000	44,581,394	182,481,394

Sources: Congressional Research Service, based on data provided by the U.S. Department of Health and Human Services in June 2011.

Note: The Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351) permits, as of FY2010, an Indian tribe, tribal organization, or tribal consortium that receives direct funding from HHS to provide child welfare services or enters into a cooperative agreement or contract with the state to provide foster care, to apply for and receive an allotment of CFCIP and ETV funds directly from HHS. To be eligible, a tribal entity must be receiving Title IV-E funds to operate a foster care program (under a Title IV-E plan approved by HHS or via a cooperative agreement or contract with the state). For FY2010 and FY2011, the following tribes received CFCIP funding: Prairie Band of Potawatomi (Kansas), Santee Sioux Nation (Nebraska), Confederated Tribe of Warm Springs (Oregon), and Port Gamble S'Klallam Tribe (Washington). For FY2010 and FY2011, the following tribes received ETV funding: Prairie Band of Potawatomi (Kansas), Confederated Tribe of Warm Springs (Oregon), and Port Gamble S'Klallam Tribe (Washington).

Table B-2. FY2008 Chafee Foster Care Independence Program: Final Funds Allotted, Expended, and Returned to Federal Treasury, by State

Excludes funding for CFCIF technical assistance

State	Dollar Amount Allocated	Dollar Amount Expended	Dollar Amount Returned to Treasury	Percent of Allotment Returned to Treasury
Alabama	\$1,857,787	\$1,857,787	\$0	0%
Alaska	522,787	522,787	0	0
Arizona	2,525,936	2,525,936	0	0
Arkansas	891,385	891,385	0	0
California	20,510,930	20,510,930	0	0
Colorado	2,112,690	2,112,690	0	0
Connecticut	1,933,323	1,933,323	0	0
Delaware	500,000	500,000	0	0
District of Columbia	1,091,992	1,083,040	8,952	0.8
Florida	7,587,151	7,587,151	0	0
Georgia	3,419,915	3,419,915	0	0
Hawaii	611,302	611,302	0	0
Idaho	500,000	500,000	0	0
Illinois	4,768,674	4,768,674	0	0
Indiana	2,955,015	2,955,015	0	0
Iowa	2,346,569	2,346,569	0	0
Kansas	1,659,470	1,659,470	0	0
Kentucky	1,974,336	1,884,309	90,027	4.6
Louisiana	1,358,131	1,358,131	0	0
Maine	565,888	565,888	0	0
Maryland	2,816,920	2,816,920	0	0
Massachusetts	2,984,866	2,984,866	0	0
Michigan	5,228,383	5,228,383	0	0
Minnesota	1,857,527	1,857,527	0	0
Mississippi	831,422	831,422	0	0
Missouri	2,642,745	2,642,745	0	0
Montana	509,288	509,288	0	0
Nebraska	1,605,998	1,605,998	0	0
Nevada	1,310,081	1,310,081	0	0
New Hampshire	500,000	500,000	0	0
New Jersey	2,749,950	2,749,950	0	0
New Mexico	611,821	611,821	0	0
New York	11,585,958	11,585,958	0	0

State	Dollar Amount Allocated	Dollar Amount Expended	Dollar Amount Returned to Treasury	Percent of Allotment Returned to Treasury
North Carolina	2,885,189	2,885,189	0	0
North Dakota	500,000	500,000	0	0
Ohio	4,317,011	4,317,011	0	0
Oklahoma	3,067,151	3,067,151	0	0
Oregon	2,767,342	2,767,342	0	0
Pennsylvania	5,486,142	5,486,142	0	0
Puerto Rico	1,729,037	1,475,788	253,249	14.6
Rhode Island	737,716	737,716	0	0
South Carolina	1,277,115	1,277,115	0	0
South Dakota	500,000	500,000	0	0
Tennessee	2,237,027	2,237,027	0	0
Texas	8,007,405	8,007,405	0	0
Utah	629,991	629,991	0	0
Vermont	500,000	500,000	0	0
Virginia	2,035,856	2,035,856	0	0
Washington	2,714,388	2,714,388	0	0
West Virginia	1,096,969	1,096,969	0	0
Wisconsin	1,983,421	1,983,421	0	0
Wyoming	500,000	499,891	109	0.0
Total	\$137,900,000	\$137,547,663	\$352,337	0.3%

Source: Congress Research Service, based on data from the U.S. Department of Health and Human Services, Administration for Children and Families, June 2011.

**Table B-3. FY2008 Chafee Foster Care Education and Training Voucher Program:
Final Funds Allotted, Expended, and Returned to Federal Treasury, by State**

Excludes funding for ETV set asides

State	Dollar Amount Allocated	Dollar Amount Expended	Dollar Amount Returned to Treasury	Percent of Allotment Returned to Treasury
Alabama	\$625,790	\$625,790	\$0	0%
Alaska	176,099	167,398	8,701	4.9
Arizona	850,853	850,853	0	0
Arkansas	300,260	283,174	17,086	5.7
California	6,909,043	6,909,043	0	0
Colorado	711,653	711,653	0	0
Connecticut	651,234	651,234	0	0
Delaware	93,908	93,908	0	0
District of Columbia	207,052	207,052	0	0
Florida	2,555,708	2,555,708	0	0
Georgia	1,151,988	1,151,988	0	0
Hawaii	205,915	205,915	0	0
Idaho	161,759	161,759	0	0
Illinois	1,606,313	1,606,313	0	0
Indiana	995,388	995,388	0	0
Iowa	790,434	790,434	0	0
Kansas	558,987	558,987	0	0
Kentucky	665,049	431,011	234,038	35.2
Louisiana	455,811	386,099	69,712	15.3
Maine	181,520	181,516	4	0
Maryland	948,871	903,466	45,405	4.8
Massachusetts	1,005,443	1,005,443	0	0
Michigan	1,761,164	1,727,827	33,337	1.9
Minnesota	625,702	625,702	0	0
Mississippi	280,062	280,062	0	0
Missouri	890,200	890,200	0	0
Montana	171,552	171,552	0	0
Nebraska	540,975	540,975	0	0
Nevada	441,297	441,297	0	0
New Hampshire	100,203	100,203	0	0
New Jersey	926,312	926,312	0	0
New Mexico	206,090	206,090	0	0

State	Dollar Amount Allocated	Dollar Amount Expended	Dollar Amount Returned to Treasury	Percent of Allotment Returned to Treasury
New York	2,620,762	2,620,762	0	0
North Carolina	971,867	799,348	172,519	17.8
North Dakota	116,379	116,379	0	0
Ohio	1,454,172	1,454,172	0	0
Oklahoma	1,033,160	719,228	313,932	30.4
Oregon	932,170	932,170	0	0
Pennsylvania	1,847,990	1,847,990	0	0
Puerto Rico	582,421	582,421	0	0
Rhode Island	248,497	248,497	0	0
South Carolina	430,192	430,192	0	0
South Dakota	145,059	46,202	98,857	68.1
Tennessee	753,536	753,536	0	0
Texas	2,697,269	2,276,969	420,300	15.6
Utah	212,211	212,211	0	0
Vermont	120,576	120,576	0	0
Virginia	685,772	685,772	0	0
Washington	914,333	914,333	0	0
West Virginia	369,511	369,511	0	0
Wisconsin	668,109	668,109	0	0
Wyoming	113,756	111,452	2,304	2.0
Total	\$44,670,377	\$43,254,182	\$1,416,195	3.2%

Source: Congress Research Service, based on data from the U.S. Department of Health and Human Services, Administration for Children and Families, June 2011.