

Issue Brief



BUILDING BETTER LIVES FOR YOUTH LEAVING FOSTER CARE

Last year, 90 Rhode Island children "aged out" of foster care having never gained placement with a permanent family. Of these youth, 70 were older than age 12 when they entered care and 20 had entered care before the age of 12. Learning to live independently is a lifelong process and for most children this development is continuously supported in a family setting.

For youth who are in the care and custody of the Rhode Island Department of Children, Youth and Families (DCYF), the state has the responsibility to ensure that they have the opportunities to develop the skills and build the support systems necessary to successfully transition from adolescence into adulthood. In most states, youth in state care become emancipated at the age of 18. In Rhode Island, the social worker, the courts and the youth must decide whether to close the case at age 18 or to keep the case open until the age of 21. If the case remains open until the age of 21, youth remain eligible for an array of services and supports.

Youth in state care who have positive and permanent support systems, a solid education, needed services, training that builds life skills, involvement in the community and real work experiences prior to exiting care are more likely to make a successful transition to adulthood.²

RHODE ISLAND YOUTH AGING OUT OF FOSTER CARE, FEDERAL FISCAL YEARS 1998-2005

YEAR	WHO AGE OUT	YEAR # V	VHO AGE OUT
FY 1998	36	FY 2002	62
FY 1999	43	FY 2003	85
FY 2000	82	FY 2004	71
FY 2001	77	FY 2005	90
TOTAL FY 1998-200	01 238	TOTAL FY 2002-2005	308

- ◆ In Rhode Island between federal Fiscal Years (FY) 1998-2001, 238 youth exited foster care to emancipation. This number increased to 308 between FY 2002 2005. The term foster care is used to refer to all types of out-of-home placement, including foster homes, residential facilities, group homes, independent living, shelter care, and other types of living arrangements of children in the care of DCYF (see chart on page 3).
- ◆ Consistently, between 70% and 80% of youth who age out of foster care in Rhode Island were older than age 12 at entry into care and between 20% and 30% entered care prior to age 12.

Source: The Consultation Center, Yale University School of Medicine, for the U.S. Department of Health and Human Services, 2000, 2004, 2005.

TRANSITIONING FROM FOSTER CARE TO ADULTHOOD

Nationally, more than 500,000 children are in out-of-home placements. One in five of these children are 16 years or older.³ Each year, approximately 20,000 children leave the foster care system and attempt to live independently.⁴ Children who do not exit care to a permanent placement, such as reunification with their family, adoption or guardianship, may eventually exit care when reaching emancipation. In essence, these youth "age out" of state care. Many of these youth leave care without the skills that will help them to become responsible, self-sufficient adults, capable of providing a stable and nurturing environment for their own families.⁵

Nationally and in Rhode Island, youth who age out of foster care experience high rates of poverty, homelessness, unemployment, incarceration and poor health. These young adults are also at increased risk of early parenthood and becoming a victim of a violent crime. Without the extended support most families provide young people in transition to adulthood, youth leaving foster care face enormous challenges in building successful lives. Research indicates that specialized mental health services and transition systems that extend beyond the age of discharge are crucial for the success of these youth. These specialized services are also critical for stabilizing youth in guardianship and adoption placements and supporting a system of permanency for older youth.

THE FOSTER CARE INDEPENDENCE ACT OF 1999

In 1999 the Foster Care Independence Act was passed to help young people transitioning from foster care to adulthood succeed. The Foster Care Independence Act established the John H. Chafee Foster Care Independence Program, which increased funding for independent living activities, offered increased assistance for young people ages 18 to 21 who are leaving foster care, emphasized the importance of lifelong supportive connections, expanded the opportunity for states to offer Medicaid to young people transitioning from foster care and increased state accountability for outcomes for young people in transition. Despite the fact that federal spending under the Foster Care Independence Act doubled, the funds appropriated (less than \$1,000 per year, per eligible youth) have not been enough to meet the challenges. 11

RHODE ISLAND CHILDREN IN DCYF PLACEMENT

Children in the care of DCYF can be in various living arrangements, categorized by in-home placement and out-of-home placement. In 2005 in Rhode Island, 2,892 children had in-home placements, including with parents, guardians and friends. A total of 2,855 Rhode Island children were in out-of-home placements, with 1,521(53%) of these children ages 14 and older.¹²

In FY 2005, 86% of youth who exited DCYF were reunified with their families (67%), adopted (18%) or in a guardianship placement (2%). There are still a number of youth who are unlikely to gain a permanent placement.¹³ As of June 2005, a total of 362 youth between the ages of 14 and 17 had a case plan goal of "other planned permanent living arrangement," consisting of long-term foster care. Another 164 youth between the ages of 18 and 23 were in an independent living arrangement or a supervised apartment. Beginning at age 16, these 526 youth develop a transitional living plan that helps to identify services and supports that they need to move toward self-sufficiency.¹⁴

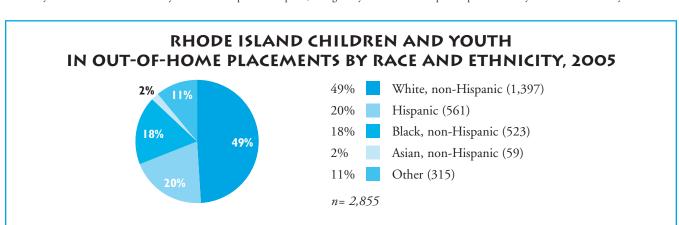
RHODE ISLAND CHILDREN IN OUT-OF-HOME PLACEMENTS BY TYPE. 2005

OUT-OF- HOME PLACEMENTS	STATE TOTAL	AGES 14 & OLDER	% OF TOTAL WHO ARE 14 & OLDER
Relative Foster Homes	576	147	26%
Non-Relative Foster Homes	500	118	24%
Residential Facility	402	305	76%
Private Agency Foster Care	289	127	44%
Group Homes	215	151	70%
Rhode Island Training School	200	194	97%
Relatives	164	79	48%
Independent Living*	122	122	100%
Shelter Care	104	57	55%
AWOL	101	101	100%
Supervised Apartment	77	77	100%
Psychiatric Hospital	49	21	43%
Pre-Adoptive Home**	22	1	5%
Medical Hospital	10	3	30%
Diagnostic Assessment Service- Inpatient	9	8	89%
Respite Care	6	2	33%
Step Parent	6	5	83%
Substance Abuse Facility	3	3	100%
Total in Out-of-Home Placements	2,855	1,521	53%

♦ Of the 1,521 youth ages 14 and older in out-of-home placement in 2005, the most common living situations were Residential Facilities (20%), relative and non-relative foster homes (17%), the Rhode Island Training School for Youth (13%) and in group homes (10%). Another 7% (101) of youth in this age group were considered AWOL.

Source: Rhode Island Department of Children, Youth and Families, RICHIST data system, December, 2005.

^{**} Some youth in foster care homes may also be on the path to adoption, though they are not coded as pre-adoptive homes by the RICHIST data system.



◆ In Rhode Island, Hispanic children comprise 20% of the children in out-of-home placements, yet make up only 14% of the child population in the state. Similarly, Black children comprised 18% of the out-of-home placement population, but only 5% of the state's child population. Comparatively, White, non-Hispanic children represent 49% of children in out-of-home placement, yet comprise 73% of the state's children.

Source: Rhode Island Department of Children, Youth and Families, RICHIST data system, December, 2005.

^{*} This includes 9 youth living in unfunded Independent Living placements.

CONSEQUENCES OF AGING OUT

"Investing in us now is really a long-term investment. You may not think you see a lot out of it now, but we are going to grow up to be better members of society, we'll set examples for other kids and we'll be paying taxes like everyone else instead of being in jail or homeless." (Rhode Island youth in out-of-home placement, personal communication, April 5, 2006).

Youth who age out of state care face significant barriers to success as adults. The consequences of aging out to these young adults manifest themselves in everything from educational attainment, employment and financial security to physical and mental well-being. The consequences of youth aging out without connections to the labor market, housing market and to supportive families are costly to Rhode Island communities. These youth are more likely to enter the criminal justice system, become teen parents and enroll in public assistance programs. Lifelong connections to supportive adults along with access to high quality education and training can help mitigate negative outcomes for youth so that they can become contributing members of society.

PERMANENCE AND LIFELONG CONNECTIONS

"When you leave there is no one there for you. You have no one to turn to when you need help. Who am I going to turn to - my family? Why do you think I was in foster care in the first place? You need someone who supports, cares for and loves you for as long as you are around." (Rhode Island youth in out-of-home placement, personal communication, April 5, 2006).

- Aging out of the foster care system as an older adolescent often means that these young adults do not have connections to a permanent family or support system. Most youth display remarkable resilience, resourcefulness, determination and courage as they prepare to live independently, yet these youth have neither the security of a family, nor the skills and resources necessary for adulthood.
- Permanency laws and policies are well-intentioned, but can often have the negative consequence of aging youth out of care, as preparation for adulthood often becomes the service plan goal. A service plan goal of independent living or other planned permanent living arrangement (long-term foster care) often does not have a concurrent goal of planning for permanent family relationships. As youth emancipate without permanent relationships, they are beginning adulthood unsupported to successfully meet life's challenges.¹⁵
- ◆ Permanency should include the legal, physical and emotional safety and security of a family relationship and include connections with a variety of caring adults. These lifelong connections can be to the birth family, extended family, past, present and future caregivers, or other adults who are significant to the young person. In conjunction with life skills and forming connections to the community, lifelong supportive connections with adults can help to ensure that youth experience positive outcomes as they transition to adulthood.¹6



◆ High school graduation and advancement to post-secondary education are two indicators of success following emancipation, yet these positive education outcomes are less likely among youth in foster care.¹⁷

YOUTH WITH SPECIAL NEEDS

- ♦ In Rhode Island an estimated 40%-60% of youth in out-of-home care have disabilities and many have an Individual Education Plan (IEP), compared to 21% of the entire student population in 2005. Foster youth with disabilities and special needs may encounter more difficulties in finding permanent placements. Therapeutic foster homes are available for youth with special needs, but can often be difficult to get into given the overall shortage of foster care placements.
- ◆ The Office of the Child Advocate (OCA) ensures that DCYF offers the children in its care adequate protection and quality services, while according the children respect for their individual rights and dignity. OCA manages the surrogate parent/educational advocates program for the State of Rhode Island, which provides representation for special needs children in the care of DCYF, who do not have parents able to make education decisions for them.²⁰

HIGH SCHOOL GRADUATION

- ◆ High school graduation is the minimum requisite for college and most employment. Nationally, approximately 50% of foster youth graduate from high school, compared to 70% of their peers. Youth in foster care also have a lower rate of educational performance than their peers, largely a result of disruptions in education due to frequent moves and school placement, as well as high rates of tardiness, absence and truancy. Young adults who drop out of school are three times more likely to be unemployed or earn lower wages than those with a high school degree. You
- ◆ In 2005 in Rhode Island 85% of all youth graduated from high school.²⁴ There are currently no data on the graduation rate for youth in foster care.

POST-SECONDARY EDUCATION

- ◆ Post-secondary education increases the likelihood of employment and the likelihood of higher earnings. A growing number of jobs in today's labor market require a higher level of skill and/or credentials. Research finds that the skill level of an average high school dropout will qualify for 10% of all new jobs between 2000 and 2010, while people possessing higher level skills will qualify for 22% of all new jobs.²⁵
- ◆ Nationally, approximately 20% of foster youth with a high school diploma or equivalent attended a college or university.²⁶
- Planning and preparation for college needs to begin in middle school, so that youth can take appropriate high school courses and begin to explore their options. Youth in foster care tend to move frequently and may not have the positive adult connections in school or otherwise. They may lack guidance on these issues more than other youth and consequently encounter barriers to navigating the college application and financial aid process.

CONSEQUENCES OF AGING OUT (CONT.)

EMPLOYMENT AND FINANCIAL SECURITY

- ◆ In 2004 both nationally and in Rhode Island, 9% of youth ages 16 to 19 were not enrolled in school and not employed or in the armed forces.²⁷ Research indicates that foster youth may be at even more risk than the general population of not being employed. A nationally representative study of youth discharged from foster care showed that two to four years after youth left the system, only 38% had stayed employed and only 48% had held a full-time job.²⁸
- ◆ Although many foster youth do work, their employment is often sporadic and seldom provides the financial security needed to be independent. A recent study of former foster youth found that 33% were living at or below the poverty threshold, a rate three times the national poverty statistic.²⁹ This same survey found that given the economic hardships encountered by many foster youth, nationally about 1 in 6 foster youth were receiving cash assistance from Temporary Assistance to Needy Families at the time of the survey, more than five times the rate for the general population. Overall, 52% of former foster youth reported using public assistance at some point after the age of 18.³⁰

HOUSING AND HOMELESSNESS

- ◆ Low educational attainment and lower paying employment, coupled with the rising cost of housing in Rhode Island, make finding and maintaining safe and affordable housing for youth who have aged out of care nearly impossible. In Rhode Island in 2005 the average cost of a one-bedroom apartment was \$911 per month. For a youth working full-time at the minimum wage of \$7.10 per hour, this average rent would consume 74% of his or her yearly gross income (a housing cost burden exists when more than 30% of household income is spent on housing).^{31,32}
- ◆ National studies indicate that 10% to 36% of youth who were formerly involved with the foster care system were homeless at least briefly after leaving care, compared to national statistics for the general population (of which approximately 1% is homeless at least once during the year).^{33,34} In 2005 in Rhode Island 1,717 children and youth statewide sought emergency shelter services.³⁵ No data are currently available as to how many of these youth were involved with DCYF and how many homeless adults had prior involvement with DCYF as children.

EARLY PARENTHOOD

- ◆ In struggling to find meaningful relationships, foster youth may find having a baby provides a source of unconditional love, affection and biological connection. Several studies indicate that the birth rate for girls in foster care is more than double the rate of their peers outside of the foster care system. Foster youth also report higher rates of sexual activity than other teens.³6 In Rhode Island in 2005, three infants were reported as being placed with a mother in a shelter, group home or residential facility.³7 Youth who are age 18 or older may choose to leave state care if pregnant to establish themselves as the adults in their household.³8
- Research indicates that strong positive connections between adults and teens are an important influence on whether teens become pregnant, or cause a pregnancy. Youth in foster care are not always able to develop these connections and guidance from caring adults.³⁹



"There is no structure to rely on when we age out. How will we get health insurance? Where are we gonna be? What will we need to survive? How will we get those things?" (Rhode Island youth in out-of-home placement, personal communication, April 5, 2006).

- ◆ Research indicates that children in out-of-home placements have significantly higher rates of acute and chronic medical problems, behavioral health problems, developmental delays, and educational disorders than other children from similar backgrounds. Often the trauma of separation from their families and multiple placements within the child welfare system compound these conditions.⁴⁰ Nationally, it is estimated that at least one-third of former foster youth do not have health insurance.⁴¹
- ♦ In Rhode Island, all children in out-of-home placements are provided health insurance coverage through RIte Care, yet accessing the comprehensive array of services while in care can still be challenging. When children age out of the system, accessing primary physical, dental and mental health services becomes even more difficult, as youth lose their health insurance (unless they are disabled and unable to attend school). Without appropriate medical coverage, youth are likely to incur high medical bills, not receive appropriate preventive medical treatment and go without treating chronic conditions such as depression or asthma.⁴²
- ◆ The Foster Care Independence Act allows states to provide Medicaid coverage to youth between the ages of 18 to 21 who have left care. In Rhode Island, RIte Care is available to income eligible youth who have left the care of DCYF until the age of 19.

MENTAL HEALTH

- ◆ There is a much higher incidence of mental health problems among youth in foster care compared to their peers. Over half (54%) of former foster youth in one study had a current mental health problem, compared to less than one-quarter (22%) of the general population.⁴³ Youth in foster care have also been noted as having more serious mental illness as well as a much lower and slower recovery rate from these illnesses.⁴⁴ The occurrence of mental disorders has been associated with difficulties in applying to and completing secondary school, and arranging for financial aid and living arrangements.⁴⁵
- ♦ When mentally disabled youth in the care of DCYF reach the age of 17, the service worker is mandated to initiate the process of transitioning the youth to the adult system by connecting them to Community Mental Health Centers. Once youth age out of the system there is little support to help them afford and manage drug intake, as well as other necessary treatments.

JUVENILE JUSTICE AND CRIMINAL JUSTICE SYSTEMS

- ♦ Youth in out-of-home placement are more likely than their peers to become involved in the juvenile justice system or the criminal justice system as adults. 46 Low levels of education, unemployment or low paying jobs, untreated mental health disorders and a higher likelihood for engaging in high-risk behaviors such as alcohol and drug use, all increase the chances of youth in state care becoming involved in the justice system.
- ♦ In 2005, 200 youth in out-of-home placement were at the Rhode Island Training School for Youth.⁴⁷ Of the 280 adjudicated youth within the care and custody of the Training School on December 31, 2005, 47% (132) had at some point in their childhood been victims of documented child abuse and neglect.⁴⁸ Currently, no data are available on the connection of youth formerly in the care of the DCYF and those serving a sentence at the Rhode Island Department of Corrections.

OPPORTUNITIES FOR RHODE ISLAND YOUTH IN FOSTER CARE

Jim Casey Youth Opportunities Initiative provides assistance to youth between the ages of 14 and 23 who are or have been in foster care. The Initiative helps youth make the connections they need to education, employment, health care, housing, and supportive personal and community relationships. The centerpiece of the Initiative is the Opportunity Passport, which helps youth save and pay for short-term expenses and build long term assets. Approximately 75 youth per year will be served by this initiative.⁴⁹

Life Skills Curriculum is provided by the Rhode Island Foster Parents Association and the Rhode Island Council of Resource Providers for Children, Youth, and Families, through a contract with DCYF. Annually, 120 youth 16 years of age or older in out-of-home placements receive 100 hours of group instruction in 14 skill areas, including job seeking and retention. In 2005, an additional 120 youth were waiting to receive Life Skills training. A grant from the United Way of Rhode Island has helped serve an additional 30 youth annually with the goal of eliminating the wait list by 2008.

Work Opportunities Unlimited is a jobs and career development program. Each year this program provides 60 youth in the care of DCYF with vocational assessment, employment seeking and job support. Coaches help youth in developing and implementing vocational plans. In 2005, 5% of youth who began at Work Opportunities were already employed. A total of 93% of youth obtained employment while in the program. Youth work at a variety of jobs including banks, hospitals, non-profits, and in the service and food industry.⁵²

AS220 is an arts program which provides opportunities for youth to develop artistic talents. Through a contract with DCYF, 30-40 youth per year receive stipends to support the development of their artistic talents. Youth work with adult artists to develop their skills in art and business and are given the opportunity to develop a product to be sold for profit.⁵³

While these programs make a critical difference in the lives of youth in out-of-home care, overall there are 325 slots available per year for youth through these four programs, for a population of more than 1,500 youth ages 14 and older. If youth were only to participate in one program, only 21% of eligible youth in out-of-home care could participate (youth may be engaged in more than one program).

INDEPENDENT LIVING SERVICES IN RHODE ISLAND

- ◆ *Independent Living* services are provided formally to youth in state care ages 16 to 21 and play a pivotal role in supporting successful transitions to adulthood. Youth are eligible for formal life skills training and may have the opportunity to move closer to independence by living in a supervised apartment. In 2005 in Rhode Island, 77 youth lived in supervised apartments. In 2005 in Rhode Island, 113 youth lived in a funded Independent Living apartment and an additional 9 youth lived in an unfunded Independent Living placement. Youth in these living arrangements accounted for 15% of the youth population, ages 14 and older, in out-of-home placements.⁵⁴
- ◆ Budget Article 20 proposes to reduce the upper age limit for youth to receive Independent Living Services from their 21st birthday to their 19th birthday.

SUPPORTS FOR RHODE ISLAND YOUTH IN OUT-OF-HOME PLACEMENTS

- ◆ The Teen Grant Program offers supplemental funding for youth in state care, ages 14 and over, to participate in enrichment activities, attend driver's education, or pay for supplementary expenses, such as the prom and Senior Class activities. Annually in Rhode Island, there is \$72,000 available to support these requests. Teens are eligible for up to \$400 per year. If every request was for the maximum amount, 180 teens out of more than 1,500 potentially eligible teens would be served annually.
- ◆ The Chafee Education and Training Voucher Program (EVT) provides resources to states to allow for vouchers for post-secondary training and education to youth aging out of foster care or to youth who were adopted from the public foster care system after age 16. Some students can be eligible for this program until the age of 23 as long as they are making progress toward the completion of a post-secondary education or training program. The voucher can be up to \$5,000 annually per student. In 2005 in Rhode Island, 40 youth received ETV grants, attending 25 different programs.
- → Higher Education Opportunity Incentive Grant is funded through state General Revenue appropriations, totaling \$200,000. This grant supplements what youth in state care receive to pay for higher education. To qualify a youth must be in state care for a minimum of 2 years, have a high school diploma or equivalent within a year of application, be under the age of 21 and have been accepted to attend the Community College of Rhode Island, Rhode Island College or the University of Rhode Island on a full time basis.

Source: Rhode Island Department of Children, Youth and Families, Program Improvement Plan, 2005.

RHODE ISLAND RESOURCES

The Department of Children, Youth and Families

www.dcyf.ri.gov

Intake

(401) 528-3593

Licensing

(401) 528-3757

Division of Children's Behavioral Health and Education

(401) 528-3756

Adoption and Foster Care Preparation & Support Unit

(401) 528-3799

Office of the Child Advocate

(401) 222-6650

Rhode Island Family Court

Family Services

(401) 458-3425

Court Appointed Special Advocate

(401) 458-3330

Rhode Island Foster Parents Association

www.rifpa.org

(401) 438-3900

Adoption Rhode Island

www.adoptionri.org (401) 724-1910

Casey Family Services

www.caseyfamilyservices.org Jim Casey Youth Opportunities Program (401) 781-3669

Urban League

Minority Recruitment & Child Placement www.ulri.org

(401) 351-5000



PERMANENCY AND LIFELONG CONNECTIONS

- Ensure that DCYF has the systems in place to license an adequate supply of foster care homes both relative and non-relative to safely provide care for children who are not able to live with their parents.
- ◆ Improve placement permanency options for older youth by encouraging adoption through increased adoption tax credits and establishing a formal subsidized guardianship program that includes relative caregivers. Improving the services and supports available to these placements will help to improve permanency options for older youth.
- ◆ Ensure that no youth ages out of DCYF care without the identification of permanent supportive adult relationships. From the opening of a case through transition plans, an earnest search should be conducted for permanent and supportive connections to adults important in the youths life. This will require periodic record reviews to research, identify and contact potential permanent resources for older youth. To do this, caseworkers will need lighter caseloads and more time to spend with each youth reviewing their past connections and identifying potential supportive relationships. Promising practices exist in several states, including Washington, Illinois, North Dakota and California.⁵⁵

EDUCATION

- ◆ Connect youth in out-of-home placements to mentors who can help them to explore educational options and navigate the transition between high school and college or vocational training. Youth in care are less likely to receive the necessary guidance on course selection, post-secondary education and training options and financial aid than their peers. Mentors can help students complete necessary coursework for high school completion, prepare students for college entrance exams, and help complete applications and visit colleges.^{56,57}
- Improve connections between secondary education and post-secondary education, particularly for students with special needs, to ensure a smooth transition and a continuation of appropriate services.
- ◆ Build upon the Chafee Education and Training Voucher Program (EVT) and the Higher Education Opportunity Incentive Grant by expanding eligibility to youth adopted before the age of 16 and for youth who attend school on a part-time basis.

EMPLOYMENT AND FINANCIAL SECURITY

- Build connections to and improve incentives for the business community, state agencies and non-profit organizations to train and hire current and former foster youth. The business community, as well as the state, has a stake in developing the skills and talent of youth in care. Increased training and employment opportunities in fields that pay a sustainable wage are critical for youth who might not otherwise have the social connections into these fields.
- ♦ Enhance employment training, life skills and financial management skills for those aging out of state care, including preserving quality independent living placements for youth up until the age of 21, expanding life skills training so that all youth can enroll and participate, and increasing employment and training service slots in quality programs that make a positive impact in the lives of youth. Preserving and increasing these investments are likely to produce cost-savings in the future as youth transition more successfully to adulthood.



HEALTH

- ◆ Extend health insurance to youth who age out, who emancipate after 18 years old, and youth who are in school attending college part-time. Under the Foster Care Independence Act, Rhode Island should extend RIte Care health coverage to youth between the ages of 18 and 21 who leave the care of DCYF.
- ◆ Improve the transition and coordination of care for youth with mental health disorders to the adult mental health system. Research shows that youth ages 18 to 25 with mental illness may voluntarily discontinue their treatment or reject the idea of living with older mentally ill adults, indicating a need for age-appropriate, youth targeted resources.⁵⁸

HOUSING

- ◆ Improve assistance for youth aging out of care to secure safe and affordable housing. This can be achieved in a variety of ways including, prioritizing youth for public housing and Section 8 vouchers and designating units for former foster youth in new affordable housing projects.
- Establish supportive services and transitional housing for youth who have aged out of DCYF care. This can be done in partnership with the private sector, including the faith based communities, business, non-profits and community groups.

YOUTH INVOLVEMENT

- ◆ Improve opportunities for youth to have a voice in their own care. Older youth need more consistent and timely connections to and information from their social workers.⁵⁹ Youth participation in current Youth Boards, such as the one that advises DCYF, can become more robust by educating youth as to the availability of such opportunities.
- Improve opportunities for youth to have a voice in public policy. Policy youth advisory committees can be an excellent way to engage youth in decision making and can help develop professional skills.
- ◆ Improve opportunities for youth to share their stories. These connections can help to reduce isolation and can inspire other youth to pursue proven paths to success.

IMPROVING DATA CAPACITY

◆ Currently, we do not know enough about the short and long-term outcomes of Rhode Island youth in the care of DCYF who are in out-of-home placements. Efforts need to be made to improve current data systems to better manage cases while they are in DCYF care and develop mechanisms for longitudinal tracking of outcomes for youth in out-of-home placements. Data needs include, but are not limited to, the number of youth with Individual Education Plans, the number of youth who graduate from high school or complete a GED, the number of youth who attend and complete post-secondary education, the number of youth or former foster youth who enter the emergency homeless system, the number of former foster youth who serve a sentence at the Rhode Island Department of Corrections, the number of youth who transition to the adult mental health system and the use of cash assistance benefits by former foster youth.



Patricia Martinez, Jorge Garcia, David Allenson, Diane Savage, Kevin Savage, Kathi Crowe, Maureen Robbins, Susan Bowler, John O'Riley, Melissa Angell, Rhode Island Department of Children, Youth and Families; James Gannaway, Lori Nelson, Bob Bailey, Casey Family Services; Lisa Guillette, Rhode Island Foster Parent Association; Darlene Allen, Adoption Rhode Island; Kimberly Rose, RICORP; Laura Tuscani, Aimee Falso, Work Opportunities Unlimited; Jacqueline Dowdy, Neighborhood Health Plan of Rhode Island; Jametta Alston, Office of the Child Advocate.

Special thanks and acknowledgements to the following youth in the care and custody of the Department of Children, Youth and Families for sharing their time, stories and insight:

Madeline, Marissa, Matthew, Tiffany, Nicole, Kevin, Misty, Hassan, Janae, Alicia, Noël, Kelly, Jeree, Chantae, Zandir, Felicia and Jennifer.

REFERENCES

- ^{1,13} Rhode Island Department of Children, Youth, and Families. (2005). *Rhode Island Program Improvement Plan: Child Welfare Outcomes Annual File (10/1/2004 to 9/30/2005)*. Cranston, RI: Rhode Island Department of Children, Youth, and Families.
- ^{2.16} National Resource Center for Foster Care and Permanency Planning. Hunter College School of Social Work. (2004). *Permanence for the young people*. Casey Family Services.
- ³ The AFCARS Report: Preliminary FY 2003 estimates as of April 2005. (2005). United States Department of Health and Human Services, Administration for Children, Youth and Families, Administration
- ⁴ Health, Education, and Human Services Division. (1999). Foster Care: Effectiveness of independent living services unknown. Washington, DC: United States General Accounting Office.
- ⁵ Dunne, L. (2004). Issue Brief: Effective approaches to supporting youth aging out of foster care: A review of research that is currently underway. Washington, DC: Voices for America's Children.
- ^{6.9} Reilly, T. (November/December 2003). Transition from care: Status and outcomes of youth who age out of foster care. *Child Welfare*, Vol. LXXXII, No. 6, 727-744
- ^{7,15,46} Frey, L., Greenblatt, S.B., & Brown, J. (2005, April). *A call to action: An integrated approach to youth permanency and preparation for adulthood.* New Haven, CT: The Casey Family Services
- 8.28 Wertheimer, R. (2002, December). Youth who "age out" of foster care: Troubled lives, troubling prospects.
 Research Brief. Washington, DC: Child Trends.
- ^{10,23,27,42} 2004 Kids Count data book: State profiles of child well being. (2004). The Annie E. Casey Foundation. Baltimore, MD.
- ¹¹ Frequently asked questions about the foster care independence act of 1999 and the John H. Chafee foster care independence program. National Foster Care Awareness Project. (2000). The Benton Foundation.
- ^{12,37,47,54} Rhode Island Department for Children, Youth, and Families, 2005.
- ^{14,18,51,53} Child and Family Service Program Improvement Plan 2004-2009. (2005). Providence, RI: Rhode Island Department of Children Youth and Families.
- Merdinger, J.M., Hines, A., M, Lemon Osterling, K. & Wyatt, P. Pathways to college for former foster youth: Understanding factors that contribute to educational success. Child Welfare League of America, 44, 6, 867-896.
- ^{19,24} Rhode Island Department of Elementary and Secondary Education, 2005.
- ²⁰ Rhode Island Office of the Child Advocate, 2006.

- ^{21,22,26} Wolanin, T. (2005, December). *Higher education opportunities for foster youth: A Primer for policy makers.* Washington, DC: The Institute for Higher Education Policy.
- ²⁵ Martinson, K. & Strawn, J. (Revised April 2003). Built to last: Why skills matter for long-run success in welfare reform. Washington, DC: The National Institute for Literacy, the Center for Law and Social Policy and the National Adult Education Professional Development Consortium.
- ^{29,30,34,41,43,44,45} Northwest Foster Care Alumni Study. (2005, March 14). *Improving family foster care*. Seattle, WA: Casey Family Programs.
- ³¹ RI Housing Rent Survey. Year-End 2005 vs. Year –End 2004.
- ³² Rhode Island KIDS COUNT analysis of Rhode Island Housing Year End Rent Survey, 2005.
- ³³ Choca, M.J., Minoff, J., Angene, L., Byrnes, M., Kenneally, L., Norris, D., Pearn, D., & Rivers, M.M. (2004). *Can't do it alone: Housing collaborations to improve foster youth outcomes.* Child Welfare League of America. 43,5, 469-492.
- 35 Rhode Island Emergency Shelter Information Project, 2005. Providence, RI: Emergency Food and Shelter Board.
- 36.39 Love, L. T., McIntosh. J, Rosst, M., & Tertzakian, K. (2005). Fostering hope: preventing teen pregnancy among youth in foster care. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
- ³⁸ Aging Out, Screening Tape. Produced and Directed by Roger Weisberg and Vanessa Roth. A Public Policy Productions, Inc.
- ⁴⁰ McCarthy, J. (2002). Meeting the health care need of children in the foster care system: summary of state and community efforts, key findings. Washington, DC: Georgetown University Child development Center.
- ⁴⁸ Rhode Island Training School, 2005.
- ⁴⁹ Jim Casey Youth Opportunities Initiative, Casey Family Services, 2006.
- ⁵⁰ Rhode Island Council of Resource Providers for Children, Youth and Families, 2006.
- Work Opportunities Unlimited. Youth Exit Data Report. April 12, 2006.
- ⁵⁵ Shirk, M. (2006, February). Hunting for grandma. *Youth Today: The Newspaper on Youth Work.15*, 2, 1-25.
- 56.58 Kessler, M. (2004). The transition years: Serving current and former foster youth ages eighteen to twentyone. Tulsa, OK: The University of Oklahoma, National Resource Center for Youth Development.
- 57.59 Massinga, R. & Pecora, P. J. Providing better opportunities for older children in the child welfare system. *The Future of Children*. 14, 1.

Rhode Island KIDS COUNT is a children's policy organization that provides information on child wellbeing, stimulates dialogue on children's issues, and promotes accountability and action. Primary funding for Rhode Island KIDS COUNT is provided by The Rhode Island Foundation, The Annie E. Casey Foundation, the United Way of Rhode Island, Prince Charitable Trusts, Jessie B. Cox Charitable Trust, CVS/pharmacy, Hasbro Charitable Trust, Textron Charitable Trust and other corporate, foundation and individual sponsors.

Rhode Island KIDS COUNT Staff

Elizabeth Burke Bryant, Executive Director

Catherine Boisvert Walsh,

Deputy Director

Leidy Alves, Administrative Assistant Leanne Barrett, Policy Analyst Jill Beckwith, Policy Analyst Dorene Bloomer, Finance Director Raymonde Charles, Program Assistant W. Galarza,

Executive Assistant/Office Manager Kathleen Keenan, Policy Analyst Sonia Rodrigues-Carr,

Covering Kids and Families Project Director

Nicole Rozanski,

Intern, Roger Williams University Nicole Wright,

Intern, Providence College

Rhode Island KIDS COUNT

One Union Station Providence, RI 02903 401-351-9400 401-351-1758 (fax) rikids@rikidscount.org www.rikidscount.org



CVS/pharmacy

CHARITABLE TRUST, INC.

Production of the Rhode Island Kids Count Issue Brief Series is made possible through the generous support of CVS/pharmacy Charitable Trust