

Child Welfare League of America

STANDARDS

OF

**CWLA Standards of Excellence
for Transition, Independent Living,
and Self-Sufficiency Services**

EXCELLENCE

**Child Welfare League of America
Washington, DC**

The Child Welfare League of America is the nation's oldest and largest membership-based child welfare organization. We are committed to engaging people everywhere in promoting the well-being of children, youth, and their families, and protecting every child from harm.

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Contents

FOREWORD	v
ACKNOWLEDGMENTS	xI
HOW TO USE CWLA STANDARDS	xv
DIFFERENTIATION OF CWLA STANDARDS OF EXCELLENCE, ACCREDITATION STANDARDS, AND STATE LICENSING	xvII
INTRODUCTION	1
1 COMMUNITY FRAMEWORK FOR TRANSITION, INDEPENDENT LIVING, AND SELF-SUFFICIENCY SERVICES	19
2 THE SYSTEM FOR DELIVERING TRANSITION, INDEPENDENT LIVING, AND SELF-SUFFICIENCY SERVICES	35
3 ORGANIZATION AND ADMINISTRATION OF TRANSITION, INDEPENDENT LIVING, AND SELF-SUFFICIENCY SERVICES	55
4 THE CONTINUUM OF INDIVIDUAL CARE/CASE MANAGEMENT FOR TRANSITION, INDEPENDENT LIVING, AND SELF-SUFFICIENCY SERVICES	99
5 ENSURING SAFE AND SUPPORTIVE TRANSITIONAL AND INDEPENDENT LIVING ARRANGEMENTS FOR YOUTH	145
GLOSSARY	171
REFERENCES	189
INDEX	197

Foreword

Setting standards and improving practice in all child welfare services have been major goals of the Child Welfare League of America (CWLA) since its formation in 1920. With the issuance of this revision, CWLA reaffirms its commitment to establishing standards of excellence that can be used as goals to advance and guide contemporary practice. As we continue to learn more about the essentials for the healthy growth of children, youth, families, and communities, CWLA can help to redefine the responsibility of society to provide for children the conditions and opportunities that encourage their development.

Since the inception of its program of standards development, CWLA has formulated a series of standards based on current knowledge, children's developmental needs, and tested ways of meeting these needs most effectively. The preparation of standards involves an examination of current practices and the assumptions on which they are based, a survey of the professional literature and standards developed by others, and a study of the most recent experiences of social work and related fields—child development, child care, education, mental health, psychology, medicine, psychiatry, and sociology—as well as other appropriate and pertinent fields such as management, business, technology, communication, and marketing, as they bear on child welfare practice and management.

The final formulation of standards follows an extended discussion of principles and issues by experts in each service area, the drafting of a preliminary statement, and a critical review by CWLA member agencies, representatives of related professions, and other national organizations.

CWLA's preparation of standards involves the wide participation of local, state, and national agency representatives. Many CWLA member agencies, including state human service departments as well as private agencies, have contributed the professional time and travel costs of their staff members who developed these standards, reviewed draft statements, and made suggestions for revision. Representatives of national organizations, governmental agencies, sectarian agencies, universities, and professional associations in related fields have taken part in the various committees.

Purpose of CWLA Standards

CWLA standards are intended to be standards of excellence—goals for the continuing improvement of services for children and their families. They are not the criteria for CWLA membership, although they do represent those practices considered to be most desirable in providing services to children and their families. As goal standards, they reflect what we as a field collectively recognize as the best ways to work with children and their families. They provide us with a vision to which we can aspire. They also are used in the development of the standards of accrediting organizations.

CWLA standards are directed to all who are concerned with the enhancement of services to children and their families, including parents; public and private child welfare agency governing board members; direct service, supervisory, and administrative staff members; the general public; citizen groups; public officials; courts and judges; legislators; professional groups; organizations serving children and their families; organizations whose functions include the planning and financing of community services; state or local agencies entrusted by law with functions relating to the licensing or supervision of organizations serving children and their families; tribal organizations; advocacy groups; and federations whose membership requirements involve judgments on the nature of services rendered by their member agencies.

Standards of excellence can stimulate the improvement of services only as they question the value of present practices, con-

vey a conviction that change is desirable, offer a philosophic base from which to examine current practice, and provide a vision toward which we can aim. They provide the means to test the premises from which practice develops and allow the measurement of current services and performance against what is known to be the best possible practice.

Standards are of use in planning, organizing, and administering services; in establishing state and local licensing requirements; and in determining requirements for accreditation. They offer content for teaching and training in child welfare and other related fields, in professional schools, in in-service training and staff development programs, and in the orientation of the organization's governing body members, staff members, and volunteers. They can help to explain and justify expenditures and budget requests to fundraising bodies and appropriation committees of legislatures.

Finally, standards can promote an understanding of how a service may more effectively meet the needs of children and their families, what it should be expected to do, and how it can be used. In that way, standards promote increased public interest, understanding, and support for pertinent legislation, improved financing, and the provision of quality services to children and their families.

Development of CWLA Standards

To maintain their visionary quality, CWLA standards are subject to continual review and revision, since knowledge about children, families, communities, human behavior, and the treatment of human needs continues to grow. Developments in management and the social sciences; the continuing evaluation of the effectiveness of current social service practices, policies, and programs; and shifting patterns of social values and social organizations lead to the continued modification of the vision for quality in child welfare practice and management.

The Committee on CWLA's *Standards of Excellence for Transition, Independent Living, and Self-Sufficiency Services* met for the first time in September 2000 to begin the process of reviewing CWLA's current standards and to suggest additions or revi-

sions. The committee was composed of individuals representing CWLA public and private member agencies from various geographic regions of the country, researchers, alumni of foster care, and representatives of national organizations concerned with continually improving the quality of services to youth in transition from foster care to independent living.

The committee began with the framework established in the 1989 volume and crafted standards that built on the philosophy, values, and practice recommendations of the earlier work. The committee held three additional meetings, circulated and reviewed drafts of chapters, and received a draft of the completed revision in December 2003 for final review. CWLA's board of directors approved the content of this volume on February 1, 2004. It henceforth stands as CWLA's policy for the provision of transition, independent living, and self-sufficiency services.

Standards from an International Perspective

CWLA standards are frequently requested by international officials and child welfare professionals and advocates from other countries who are interested in learning what is considered best practice in North America in a range of practice areas. For example, CWLA's *Standards of Excellence for Adoption Services* (2000a) were used as a reference for the development of the Hague Convention Regulations on Intercountry Adoption.

CWLA promotes best child welfare practices and supports the enhancement of children's rights throughout the world. Consistent with this effort, we find these standards to be compatible with and supportive of the UN Convention on the Rights of the Child, a blueprint for ensuring children's well-being and protections as a matter of right everywhere.

Bringing CWLA Standards to the Field

These revised standards represent a large step forward in our thinking and practice with regard to transition services for youth. They emphasize the importance of providing a range of supports and services for young people within a community

context. They expand upon the previous standards in a number of important ways—by framing the standards within an expanded policy context including the Foster Care Independence Act, by infusing the philosophy of positive youth development in the services and practices described, by highlighting the role of permanency and permanent connections for youth as a critical service outcome for youth, and by stressing the important role that child welfare agencies, service providers, and the community must play to ensure the presence of a continuum of services that meets the multiple needs of vulnerable youth transitioning from foster care. The standards are consistent with the CWLA National Framework (Morgan, Spears, & Kaplan, 2003), which envisions a world in which the universal needs of children are met through caring families, communities, and systems.

The revised standards call on professionals and citizens alike to work together to provide the highest quality services, so that every child, young person, and family is strengthened by the service experience and helped to move forward with their lives. We encourage agencies, practitioners, advocates, and concerned citizens to use the standards as a vehicle for pursuing these important goals.

GEORGE W. SWAN, III
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Child Welfare League of America, Inc.

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President/CEO
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How to Use CWLA Standards

CWLA standards employ a two-part format designed for quick and easy access to pertinent information. One volume, *CWLA Standards of Excellence for the Management and Governance of Child Welfare Organizations* (1996), presents the generic components of child welfare practice that apply across the field. The components of each specific service are presented in separate volumes and encompass those service elements applicable to a particular arena of child welfare practice. Each is updated on a regular basis.

The contents page of each standard affords a rapid overview of the general and specific subjects covered. For information on a particular practice, the index lists in alphabetical order each subject of interest and its related categories in the text. Each standard is designated by a number. The digit before the decimal point indicates the chapter in which the standard can be found; the digits after the decimal point designate its numerical order within the chapter. The first (nonindented) paragraph of each numbered section represents the standard. The rest of each section may be considered as elaboration, explanation, or illustration. The introductory chapter affords an historical background and philosophical overview, and provides perspective for the remainder of the volume.

Various aspects of an issue may be discussed in more than one volume of CWLA's standards, and the reader is urged to consult

those volumes as appropriate. In addition to this volume on transition, independent living, and self-sufficiency services, CWLA's standards series includes volumes addressing services for adoption, child care, child protective services, family foster care, family preservation, family support, health care for children in out-of-home care, in-home aides, kinship care, pregnant and parenting adolescents, and residential services. Information on obtaining these volumes is available from CWLA at the address listed on the copyright page of this volume and at www.cwla.org.

Differentiation of CWLA Standards of Excellence, Accreditation Standards, and State Licensing

CWLA Standards of Excellence

CWLA standards of excellence are intended to be used as goals for practice in the field of child welfare services. They are intended to provide a vision of what is best for children and their families and, as such, encourage the continual strengthening of services. CWLA standards carry no implication of control or regulation. Rather, by bringing together the collective experience of the field to bear upon the work of each organization, they provide a valuable tool for both public and private agencies.

The standards present practices considered to be most desirable in providing services, regardless of an organization's auspices or setting. CWLA's standards are widely used to influence practice throughout North America and internationally.

CWLA standards of excellence make it possible to compare what exists with what is considered most desirable for children and

their families, and to judge the extent to which current performance approximates or deviates from the most desirable practice. The standards have an educational purpose as well, disseminating what is accepted to be the best current thinking and practice in each child welfare service area.

Since CWLA initiated its standards-setting function, it has continued to revise established standards and to develop new ones as new services emerge. Setting standards involves consultation with national experts and direct service practitioners, a comprehensive review of the literature, and the achievement of professional consensus based on knowledge, experience, and research.

Standards for Accreditation

Published by accrediting organizations, accreditation standards constitute a set of requirements for current agency administration, management, and service delivery. They are rigorous but realistic descriptions of practice standards that a competent provider organization should be able to meet. They establish a system based on measurable criteria.

State Licensing

Through the licensing of child-placement agencies, residential group care facilities, family foster homes, and child day care facilities, states exercise their police power to protect children from risks against which they would have little or no capacity for self-care and protection. Police power, as defined by Black's Law Dictionary (§1401), is "the exercise of the sovereign right of the government to promote order, safety, health, morals, and the general welfare within constitutional limits and is an attribute of government using the power of the state to enforce laws for the well-being of its citizens." It is the basis of licensing laws. Licensing requirements provide basic protections by the state for the well-being of children and their families.

Introduction

Learning to live independently, or interdependently, is a life-long process. Childhood and adolescence are the developmental stages of life during which the competencies and relationships needed for a productive adult life are usually acquired. For most children, this process takes place as part of growing up in a family. Ongoing experiences in the family and in the community allow children to develop the knowledge and fundamental skills needed to move from dependence toward interdependence. In the family setting, children receive a range of supports, including economic and emotional supports, from parents and other family members as they make the transitions from childhood to adolescence and from adolescence to adulthood.

For many children, however, this family support is unavailable, sometimes for a few days, other times for months, years, or their entire childhood. When parental care and protection are unavailable, local government agencies, acting in loco parentis, become the community's designated agent, facilitating safety and permanence for children in foster care through reunification, adoption, guardianship, or other permanent family relationships. At the same time, care/case workers, service providers, and caregivers must be aware of and support the development of knowledge, skills, and competencies that contribute to eventual self-sufficiency for all children and youth in foster care. An eventual transition to self-sufficient adulthood is a major goal for all children in care, whether they will return to a family, be adopted, or live independently. The goals of permanence and of interdependence should be considered concurrently for all youth in care and for those formerly in care who are in need of support.

Transition, independent living, and self-sufficiency (TILSS) services are defined as those programs, services, and opportunities intended to support young people in out-of-home care to develop to their full potential; contribute to their schools, programs, and the community; and succeed in work, family, and community life as adults. Each youth's need for such services is unique. TILSS services are tailored to individual strengths and needs and help youth acquire a critical range of skills, knowledge, and experiences, as well as ensure they have sufficient support for permanency, safety, and well-being through their transitional years. The philosophy and practice of positive youth development are at the heart of successful TILSS program development and implementation. Equally important is the active and meaningful participation of young people; youth involvement is a critical component of this equation.

Youth development is an ongoing process in which young people are engaged in meeting their basic needs and developing the skills and competencies needed to become contributing members of society. A positive youth development approach builds on the strengths and potential of all young people and is promoted by providing young people with supports (things done with young people instead of for them) and opportunities (things done by young people instead of to them). Programs that embrace a positive youth development approach make special efforts to:

- foster caring relationships between young people and adults,
- ensure that young people feel safe,
- support young people in learning about the world, and
- provide opportunities for young people to be engaged in activities that are meaningful to them.

Core Elements of Positive Youth Development in TILSS Programs

The Child Welfare League of America (CWLA) has identified eight core elements of positive youth development in TILSS programs. These components provide a framework for the de-

velopment of TILSS programs and are critical in supporting the healthy development of young people involved with the foster care system.

Embrace Total Youth Involvement

Total youth involvement is a core element of youth development philosophy. Services must be planned, delivered, and evaluated with the involvement of youth at all levels. Mutual respect and responsibility are promoted through involvement.

Create Healthy and Safe Environments

Young people must be able to feel both physically and emotionally safe in their programs. Youth and adults should work to create an environment that values individual differences and uniqueness of the youth involved in the program.

Promote Healthy Relationships

Meaningful relationships are crucial for all young people, regardless of their situation. Young people in foster care need love, nurturing, and stability. They need to know that “someone cares for me” and “someone believes in me.” Staff, youth, and family members must have the freedom and responsibility to create a climate that fosters healthy relationships.

Learn by Doing

Life skills are best learned by young people when they have opportunities to experience and practice them first hand. Young people in foster care must be supported in experiencing success, making their own decisions, and taking responsibility for their choices.

Create Community Partnerships

TILSS programs function most effectively when they are integrated into a system of linked services in the community. Youth and adults should work to identify existing community re-

sources for young people and strategies for accessing these supports prior to a youth's departure from the program. Young people should also be encouraged to get involved with the community. Involvement with the community promotes a sense of membership and civic engagement as well as opportunities to develop skills while "giving back."

Realize that Interdependence Takes Time

No one is truly independent. The expectation that young people leaving foster care are self-sufficient at the age of 18 is both unrealistic and unfair. Young people need concrete opportunities to try, to fail, to learn, and to grow while a safety net is in place. This process takes time.

Build in Feedback and Self-Assessment

Youth, staff, family members, and alumni* of foster care must be involved continuously in feedback and assessment efforts. This ongoing evaluation of program services will result in improved programs and service delivery and will increase the investment and involvement of youth in their programs.

Value Individual Strengths

Programs must build on the strengths of young people in the context of their families, their cultures, and their communities. This process begins with the recognition that every young person has something to offer.

Youth development is a process and not an activity or a program. Embracing a positive youth development approach ensures that TILSS programs, as well as the relationships that care/case managers and other adults develop with youth in

* The term *alumni* as used throughout this volume refers to individuals who have been involved with the child welfare system at some point during their lives. The term is intended to be more inclusive, encompassing both young adults who have recently transitioned out of care as well as those who have not so recently been involved with the foster care system. Similar terms include: former foster youth, former consumers, and graduates of foster care. Based on conversations with youth and alumni, the term *alumni* is currently preferred.

the context of these programs, are reflective of a core belief in the strengths and potential of youth. Parents, caregivers, care/case managers, and other adults working with young people have a responsibility to identify and build on the talents, capacities, and abilities that all youth possess.

These standards provide a framework for the successful planning, delivery, and coordination of TILSS services, as well as the development of a continuum of family, community, and agency resources. The continuum of TILSS services for youth in care, as detailed in these standards, is consistent with and functions within the larger context of CWLA's *Making Children a National Priority: A Framework for Community Action* (Morgan et al., 2003), a roadmap for communities striving to ensure the well-being and healthy development of all children and youth.

Though awareness of and support for the development of competencies for interdependence are important for children and youth of all ages, these standards focus on the specific array of TILSS services for adolescents and young adults. They address services for those teens likely to leave foster care as young adults and those likely to be in foster care during the teen years before achieving permanency with a family. This population includes young adults who have left the foster care system but who may still require support and assistance.

TILSS Services for Foster Youth: History and Legislation

In the early 1980s, older adolescents in foster care and young adults who had been discharged from foster care became a source of great concern to professionals in human services and to society at large. Many young people released from foster care were returning to the care of the state as adults, either through the welfare or criminal justice systems or as residents in shelters for the homeless (Stone, 1987).

Congressional attention to the needs of teenagers in foster care was prompted by several factors. The Adoption Assistance and Child Welfare Reform Act of 1980 (P.L. 96-272) established requirements for case plans and case reviews, prompting con-

cern among advocates for those young people aging out of the system with no support or case planning.

Data collection required by the act indicated that nearly half of the children in care in 1984 were teens, many of whom could be expected to leave the child welfare system as adults. At the same time, research (Festinger, 1983) illustrated the struggles faced by emancipated foster youth, including tremendous educational deficits and significant levels of poverty. Finally, in *Palmer v. Cuomo* (1986), the New York Superior Court ruled that the New York City child welfare agency had failed to provide sufficient planning and preparation for discharge to the plaintiffs, a group of former foster youth, some of whom had become homeless after leaving foster care.

In 1986, these concerns culminated in the passage of legislation creating the federal Title IV-E Independent Living Initiative; by 1987, funds were allocated and program implementation began in all 50 states and the District of Columbia. In some states, federal funds supplemented state funds that were already being used to provide independent living services to older teens in foster care (e.g., Maryland had implemented a state-funded program in 1985).

In 1990, the Independent Living Initiative was amended to extend eligibility for independent living services to age 21, to require a state match for part of the funds, and to incrementally increase funding through 1992. In 1993, the initiative was permanently authorized and funded at \$70 million. During the 13 years it was in place, the initiative facilitated the development of a wide range of services for older youth, and supported improved outcomes for youth as a result of lifeskills training and support (Cook, 1990, 1991). The implementation of independent living programs across the country stimulated the development of a new specialized area of child welfare and social work practice.

In the 1990s, the well-being of young people leaving the foster care system once again emerged again as a concern. Though all states had independent living programs in place, limited staffing and resources meant that programs were serving an average of half the eligible youth. Studies conducted in the late 1990s again indicated that young adults leaving the foster

care system were experiencing tremendous challenges to their well-being and ability to lead productive lives (Courtney & Piliavin, 1998). The Adoption and Safe Families Act of 1997, although emphasizing the importance of safety, permanency, well-being, and shorter lengths of stay in foster care for children and youth, did not address the needs of those young people who were not adopted and did not return to their birth-family, or who remained in foster care for some length of time awaiting permanency.

The Foster Care Independence Act of 1999 (P.L. 106-169) provides additional resources for supporting youth transitioning out of foster care, as well as young adults who have left care but not reached age 21. The act reinforces the idea that learning to live independently is a lifelong process, emphasizes permanency as a priority of child welfare services, and eliminates any lower age limits on initiation of independent living services for foster youth.

Title I of the act, the John H. Chafee Foster Care Independence Program, replaces the Title IV-E Independent Living Initiative in its entirety. The program provides increased funds for the following purposes: Assisting children and youth who are likely to remain in care to age 18 in obtaining training and services necessary to gain employment and prepare for postsecondary education, giving personal and emotional support to youth aging out of care, and providing a range of services and support to young adults who have left care from age 18 to 21.* States are required to consult with tribes in the development of their annual plan for independent living services, to ensure that appropriate services and the requirements of the Indian Child Welfare Act are met with respect to services and decisionmaking regarding Indian youth.

The Foster Care Independence Act gives states new flexibility to provide Medicaid for young people ages 18 to 21 who are transitioning from foster care. It creates a new optional Medicaid eligibility group for “independent foster care adolescents” who are young people younger than 21 who were in foster care under the responsibility of the state on their 18th birthday. A state may provide Medicaid to all young people

* The full text of the law (P.L. 106-169) can be found on the Library of Congress website, www.thomas.loc.gov, in the “Bill Text” Section.

younger than 21 who were in foster care on their 18th birthday or to “reasonable categories” of this group of young people. Interest in supporting this population of young people has brought legislative changes to other federal programs as well. Both the Welfare to Work employment assistance program and the Family Unification Program under Section 8 housing assistance have been amended to include foster youth as eligible participants. In 2002, Congress added the Chafee Educational and Training Voucher Program to the Chafee Program to support education and training opportunities for youth aging out of foster care and for those youth adopted from foster care at age 16 or older (Promoting Safe and Stable Families Amendments of 2001, P.L.107-133).

The well-being and future prospects of youth transitioning from foster care continue to find their way into federal and state legislative agendas. Recent proposed legislation includes the Foster Care Mentoring Act of 2003 and additional funding to support adoption efforts for older youth through reauthorization of the Adoption Promotion Act of 2003. State legislation and local policymaking directed at promoting permanency for older youth include efforts in California (2003) and New York City (2003) and supporting child welfare agency efforts to ensure safe transitions for foster youth.

Statement of Need

All children and youth need ongoing opportunities for supported learning to develop the attitudes, skills, and knowledge that contribute to success in family life, citizenship, and the world of work. The trauma of abuse, neglect, and subsequent removal from their family, the experience of foster care, as well as placement changes and delays in achieving permanency frequently disrupt or create obstacles to normal developmental opportunities and experiences. Thus, foster children and youth in particular need supplemental supports and services that enable them to learn lifeskills, facilitate social and community connections, learn about resources they can access once on their own, and build educational and vocational competency. This is true regardless of age, permanency plan,

or placement. Caregivers, service providers, and other community members must consciously and conscientiously support the acquisition of these skills, connections, and competencies for foster children from birth through adulthood.

Unique challenges exist for those young people who will leave foster care on their own, without the support of a family. Approximately one-third of the children in foster care today are teenagers, and 20,000 to 25,000 of these older youth age out of foster care each year and must make the transition to self-sufficiency. These challenges fall most heavily on youth of color and those who are part of various cultural, ethnic, and racial communities (primarily African American, Latino/Hispanic, and American Indian) that are disproportionately represented in the child welfare system and frequently experience disparate and inequitable service provision (CWLA, 2003).^{*} The services and supports available to young people leaving foster care vary widely from state to state and even from community to community, and only limited research is available that informs the field regarding the effectiveness of existing services. What research there is, however, clearly demonstrates that young people leaving the foster care system as young adults experience multiple challenges as they struggle to make a successful transition to adult life (see Table 1).

As shown in Table 1, youth formerly served by the foster care system experience multiple challenges in the transition to self-sufficiency across the spectrum of housing, education, employment, incarceration, and early parenthood. In addition, youth in care and those exiting care face significant health challenges (Halfon, Berkowitz, & Klee, 1992; Hochstadt, Jaudes, Zimo, & Schachter, 1987; Schor 1982; Simms, 1989). Most children enter foster care in a poor state of health, and most enter with developmental, behavioral, and emotional disturbances. Even when compared with other children of the same socioeconomic

^{*} For every 1,000 African American children in the general population, 21 were in foster care on September 30, 2000. Sixteen out of every 1,000 American Indian/Alaska Native children, 7 out of every 1,000 Hispanic/Latino children, and 5 out of every 1,000 white children were in foster care on that date. Although African American children represent 15% of the total population younger than 18, they make up 40% of the foster care population. In addition, African American children experience longer stays in care (CWLA, 2003).

Table 1. Summary of Outcomes for Youth Formerly Served by the Foster Care System

Study	Homelessness	Education	Employment	Incarceration	Costto	
					Early Parenthood	Community
<i>Barth (1990)</i> Documents the experiences of youth emancipated from foster care.	30% reported no housing or having to move weekly.	At follow-up, 45% of 21-year-olds had completed high school.	75% were working, with an average income of \$10,000.	31% had been arrested while 26% had served jail time.	40% reported a pregnancy since discharge; most were unplanned.	Almost 40% received AFDC or general assistance funds.
<i>Cook (1991)</i> Examined the impact of independent living services on enhancing the ability of foster youth to be self-sufficient; 2.5 to 4 years postdischarge.	25% reported at least one night of homelessness.	54% had completed high school.	38% maintained employment for one year.	No data reported.	60% of the women had given birth.	40% were a cost to the community.
<i>Alexander & Huberty (1993)</i> Conducted with a sample of former residents from The Villages in Indiana, with an average age of 22 years.	Average number of moves during the last 5 years was 7.4.	27% had some college or vocational training.	49% were employed, compared with 67% of 18- to 24-year-olds in the general population.	Almost 42% had been arrested in comparison to 30.1% of the general population in Indiana.	No data reported.	14% received assistance in the form of food stamps, general assistance, and/or AFDC.
<i>Courtney & Piliavin (1998)</i> Looked at foster youth transitions to adulthood, 12 to 18 months postdischarge in the state of Wisconsin.	12% reported living on the street or in a shelter since discharge.	At 12 to 18 months postdischarge, 55% had completed high school.	50% were employed. Average weekly wage ranged from \$31 to \$450.	18% experienced postdischarge incarceration.	No data reported.	32% received public assistance.
<i>Reilly (2003)</i> Examined outcomes for former foster youth in Clark County, Nevada, six months to three years postdischarge.	36% indicated there were times when they didn't have a place to live.	50% left care without a high school degree. 75% wanted to obtain a college degree.	63% were employed when interviewed with an average hourly wage of \$7.25.	41% had spent at least one night in jail and 7% were incarcerated at the time of the interview.	38% had children. At the time of interview, 70 pregnancies occurred among the 100 youth.	Limited data reported: 25% had Medicaid and 11% received other public assistance.

background, children in foster care suffer much higher rates of serious chronic physical disabilities, birth defects, developmental delays, and emotional problems (American Academy of Pediatrics, 1994).

Health and Mental Health Needs

Adolescents in foster care are at higher risk for continuing medical problems, which are exacerbated by multiple placements, lack of continuity of intervention and record keeping, and declining emphasis on preventive measures (e.g., immunizations) as they enter adolescence. In addition, adolescents in foster care report feeling low levels of trust in adults and the service system, which may prevent their accessing health care and other services.

During the time immediately following statutory discharge from the foster care system (usually at age 21) youth formerly in foster care experience tremendous problems both in terms of their health status and in their ability to access health services. Because health coverage ends at the time of emancipation, young people lose both routine preventive care and the care they need to treat chronic medical conditions.

The mental health of children and youth is also a critical issue, with mental health services repeatedly identified as the number one health care need for this population (Kaplan & Sadock, 2000). In the United States, 4 million children and youth suffer from a major mental illness that significantly impairs functioning at home, at school, and with peers (U.S. Public Health Service, 2000). A substantial number of children and youth also experience substance abuse disorders, mental health disorders, or co-occurring disorders. A study of mental health service use among youth reveals that nearly 43% of youth who receive mental health services in the United States have been diagnosed with a co-occurring disorder (SAMHSA, 2002).

Between 75% and 80% of children and youth, however, do not receive the mental health specialty services they need (U.S. DHHS, 1999). Nowhere is this more evident than for children placed in out-of-home care. More than 80% of children in foster care have developmental, emotional, or behavioral prob-

lems (Centers for Disease Control and Prevention, 2000; *Comprehensive Textbook of Psychiatry*, 1995; Kaplan & Sadock, 2000). In addition, youth suicide continues to be the third leading cause of death among youth 15 to 24 in the U.S. Among persons ages 15 to 19 years, firearm-related suicides accounted for 62% of the increase in the overall rate of suicide from 1980-1997 (Kaplan & Sadock, 2000; National Center for Injury Prevention, n.d.).

Education and Employment

Securing and maintaining employment are critical factors in achieving self-sufficiency in early adulthood. Youth who must leave foster care at age 18 are often still in high school. If they have been able to secure employment at all, most are still in entry-level positions. Research suggests that about half of the youth leaving care are employed at the time of discharge (Mech, 1994a, 1994b). Furthermore, since only 35% to 45% of teenagers in foster care are able to graduate from high school, their employment prospects are particularly discouraging. Clearly, the realities of educational underachievement and difficulties with securing and maintaining employment place these youth at a significant disadvantage for meeting their health needs, achieving economic self-sufficiency, and maintaining long-term well-being.

Housing and Homelessness

Young people exiting foster care are at greater risk for homelessness than youth in general. In New York, for example, Shaffer and Caton (1984) found that 50% of the homeless young people who came to shelters had previously lived in a setting provided by the child welfare system; in a foster home, a group home, or other child care institution. Nationally, as many as 25% of youth leaving foster care experience homelessness during the year following emancipation (Cook, 1991). In a national study of youth accessing services from urban health clinics, 41% of homeless youth served had a history of placement in foster care (National Coalition for the Homeless, 1998).

A national survey of shelters for runaway and homeless youth conducted by the National Association of Social Workers found that 38% of the youths surveyed had been in foster care at some time during the previous year alone. An additional 11% had arrived from another runaway or crisis shelter, accounting for a total of 49% of youth coming from some out-of-home arrangement in the previous year alone. Finally, a report by the National Alliance to End Homelessness found “an overrepresentation of people with a foster care history in the homeless population” and that “homeless people with a foster care history are more likely than other people to have their own children in foster care.”

Support Networks

Like most young people their age, youth leaving foster care cannot achieve immediate economic independence or social interdependence. They carry the additional burdens of the long-term effects of abuse and neglect and of not having access to family members who might provide for some of their needs. This vulnerable population of young people needs sustained support from the child welfare system to ensure that their long-term developmental needs are met and they have the skill set and knowledge base to access the services they will need during and after the transition to adulthood. Most important, they deserve the opportunity to achieve their potential as healthy adults and productive citizens.

Additional services and supports must be made available to all youth transitioning from out-of-home care, both before and after leaving care. Federal, state, and local governments; the child welfare system; and the communities they serve must ensure that all young people, regardless of their cultural, ethnic, or racial identity, receive services that address the full spectrum of their needs in a manner that reflects the cultural strengths of their families and communities.

Goal of TILSS Services

Interdependence is a desirable outcome for all young people. Interdependence can be viewed as a two-part goal:

- a lifelong connection to family (birth, kin, adoptive, or identified) supplemented by a strong social network of support, and
- achievement of competency in the knowledge, skills, and relationships needed to participate actively and successfully in family and community life as well as in the workplace.

The coequal emphasis on connections to family and the acquisition of competencies moves discussion of independent living beyond its current definition as a discrete service, delivered separately from other child welfare services and supports. In actuality, the developmental goal for young people is *interdependence*; the supports, services, and opportunities that can help them achieve this goal are transition services, and transition services facilitate the development of permanent relationships, self-sufficiency skills, and other competencies. Permanency is, in fact, a critical component of the transition to adulthood for foster youth, and TILSS services and programs must inform and support permanency efforts. The child welfare system must strive concurrently to help youth in foster care achieve permanency while ensuring that they are learning the skills they need to function as adults. There is no inherent conflict in the idea of concurrent permanency and TILSS services, rather the tendency of the system itself is to focus on obstacles to permanency for older youth and thus prioritize preparation for independence.

Services should promote successful interdependence. For older youth, who may have spent several years in foster care, who may have experienced more disruptions in placement, and who must be included in decisionmaking about their lives, extra effort must be extended to ensure that both competency development and family connections are fully addressed. The experience of foster care can contribute to feelings of dependence and disempowerment for youth, who are often excluded from decisionmaking in case management and court processes. Young people must be included extensively in both individual case planning and in program planning for foster care and independent living services. Engaging foster youth in decisionmaking creates an environment where they are more likely to be motivated to develop needed competencies—and where

they are also more likely to succeed in developing, maintaining, or strengthening needed family ties.

Federal and state resources are critical to the ongoing efforts of child welfare professionals, local service providers, resource families/caregivers, community members, and the young people themselves. A successful system of support, however, can only be achieved through collaborative and creative program planning and implementation on the part of these diverse stakeholders.

The child welfare agency, as the legal custodian and decisionmaker regarding services to foster youth, is responsible for ensuring that the opportunities necessary for acquiring TILSS skills are made available to young people in their care. The agency is also legally responsible for ensuring that youth achieve permanency before leaving the child welfare system. Other stakeholders, however, including foster care alumni, service providers, community-based organizations, policymakers, businesses, media, and concerned citizens, can provide significant support and opportunities to youth as a complement to the efforts of caregivers and the child welfare agency. The child welfare agency plays a pivotal role in facilitating collaboration around this issue: The agency must encourage all relevant community institutions to act as part of a comprehensive network of support that helps young people to become healthy, productive adults.

In the case of American Indian youth, the youth's tribe has the authority to direct service planning and to make decisions, though resources are often limited. TILSS planning and services must be done in conjunction with tribal social services, and collaboration is usually required to garner the resources necessary to support youth into adulthood. Off-reservation Indian organizations may be especially important resources to American Indian youth making the transition in urban settings. Child welfare organizations must consider the full range of resources available from community agencies that have a mutual concern and responsibility and must be prepared to provide the necessary leadership in the community. Programs and services traditionally offered by non-child welfare systems, such as mental health, housing, disabilities, employment, runaway and homeless youth, substance abuse, health, and de-

linquency prevention programs and services, as well as mainstream community organizations such as faith-based groups, banks, and local businesses, should all be considered stakeholders with a role to play in addressing these issues. Child welfare organizations have a responsibility to familiarize and connect young people with non-child welfare systems as well as community supports.

Scope of These Standards

CWLA's *Standards of Excellence for Transition, Independent Living, and Self-Sufficiency Services* focus on the planning and provision of transition, independent-living, and self-sufficiency services provided by voluntary and public child welfare and youth-serving agencies. Each agency's approach to working with all young people should include a comprehensive long-term plan that focuses on permanency, positive youth development, and the activities necessary to prepare an adolescent for eventual self-sufficiency and interdependence. These standards provide the framework for the successful planning, delivery, coordination, and development of family, community, and agency resources toward this process. They are built upon and consistent with CWLA's *Framework for Community Action* (Morgan et al., 2003), a resource to support agencies and communities in improving child and family well-being, and are grounded specifically in a positive youth development philosophy.

These standards recognize the significance of the challenge for agencies to incorporate and to integrate TILSS programming into the existing child welfare service continuum, especially for adolescents and young adults, and including those young adults who have left the formal foster care system. They describe:

- a framework for the provision of TILSS services (Chapter 1),
- the process by which the TILSS service and support needs of youth in foster care are identified and addressed as part of a youth service system (Chapter 2),

- the organization and administration of TILSS services (Chapter 3),
- the range of individual TILSS services and elements of program support and care/case management (Chapter 4), and
- transitional living arrangements and housing options (Chapter 5).

These standards are intended for a broad audience, including public and private child welfare agencies, community-based organizations, program administrators, courts, consumers, young people, family members, and other stakeholders concerned with building and maintaining healthy children, families, and communities. They are complemented by a number of CWLA “best practice” products, intended to build upon the standards framework and provide detailed guidance in particular areas of practice.

Index*

A

- Abilities, identifying, 4.55
- Accessibility, of independent living housing options, 5.20
- Accreditation standards, meeting, 3.19
- Adjudicatory hearing, **171**
- Administration, **171**
- Administrative databases, maintained by public agencies, 3.18
- Administrative functions and operations, evaluating, 3.19
- Administrators, 3.22, 3.28
- Adolescence, 1.5
- Adolescents. *See* Youth
- Adoption, **171**, 4.30
- Adoption and Safe Families Act of 1997, **7**, **171**, **181**
- Adoption Assistance and Child Welfare Reform Act of 1980 (P.L. 96-272), **5–6**
- Adoption Promotion Act of 2003, **8**
- Adult(s): developing relationships with significant, 4.17; lifelong emotional relationships with, 2.4
- Adult mentors: connecting with, 4.31; interaction with, 2.22, 2.23; sharing an apartment with a youth, 5.12. *See also* Mentors
- Adult services, linkages to and coordination with agencies providing, 2.25
- Adult supporters, role of, 1.9
- Adulthood, transition to, 2.6
- Advancing social justice, as a core principle, **21**
- Advisory committees, 3.4
- Advocacy, **171**; in behalf of and in partnership with youth, 2.13; educational, 4.43; in the legislative context, **180**
- AFDC (Aid to Families with Dependent Children), **184**
- Affordability, of independent living housing options, 5.20
- African American children, number in foster care, **9**
- Aftercare services, **171**, 4.70; provision of, 2.25; when permanency not achieved, 1.5
- Agency, **172**
- Agency (providing independent living services): advisory committee for, 3.4; conducting research, 3.17; confidentiality and safeguards in the use of records and data systems, 3.13; cultural competence of, 3.10; evaluating administrative functions and operations, 3.19;

* Reference locators in **bold type** indicate page numbers. All other reference locators indicate standard sections.

- evaluating program and administrative effectiveness, 3.14; evaluating program performance, 3.18; evaluating youth and family outcomes, 3.18; fiscal planning and management, 3.15; governance structure for, 3.2–3.3; identifying desired outcomes for, 3.6; incorporating research into practice, 3.17; liability, 3.20; management information system, 3.11; managing quality services, 3.17–3.19; mission and purpose of, 3.5; operations manual, 3.9; policies and procedures for, 3.8; providing staff with sufficient and accessible resources, 3.16; record keeping by, 3.12
- Agency-owned sites, versus private, 5.17
- Age-out, **172**
- Aid to Families with Dependent Children (AFDC), **184**
- Alcohol, youth dependent on, 5.28
- Alternative housing, 5.25. *See also* Housing
- Alternative living arrangement. *See* Living arrangements
- Alumni, **4**; helping identify the content of inservice training, 3.35; including in the development of training programs, 3.32; longitudinal data regarding, 1.8; in paraprofessional and support roles, 3.25; role of, 1.9
- American Indian youth, 5.28; child welfare agency role, 1.10; maintaining identity for, 4.22; notification required for agency involvement, 1.7; spiritual development and cultural identity, 4.26; TILSS planning and services for, **15**
- American Indian/Alaska Native children, number in foster care, **9**
- American Youth Policy Forum, compendium of youth programs, 4.57
- Apartments: condition and furnishings, 5.20; semi-supervised, 5.17; supervised, 5.10; supplementing out-of-home care settings, 4.63
- Appropriated funds, flexibility in the use of, 3.3
- Approval, of all living arrangements, 5.20
- Assessments, **4**, **172**; data on the results of, 3.12; included in care/case management, 2.15; of lifeskills competency levels, 4.4; required for educational services, 2.17; strengths- and needs-based, 4.5; tools for, **172**
- Assets, accumulating, 4.60
- Attachments, **172**, 4.17
- ## B
- Background checks, of all prospective staff, 3.30
- Backup consultant, 3.28
- Backup housing plans, 5.25
- Basic assumptions, TILSS services grounded in, 1.7
- Basic education skills, 4.57
- Basic needs, of children and youth, **20**
- Basic skills, acquisition of, 4.46
- “The Basics”, as a universal need, **174**
- Behaviors, manifesting the stress and uncertainty of transition, 4.66
- Bilingual and bicultural competency, as staff qualifications, 3.26
- Birth families: connections with, 4.25; developing healthy relationships with, 4.35; encouraging connections to, 4.29; involving in the transition plan, 4.9; reestablishing contact with, 1.9; separation from, 4.25

- Birthparents: developing relationships with, 4.25; educational advocacy roles, 4.45; providing complete information about, 4.35; reunification with, 2.4
- Bisexual, youth identified as, 5.28
- Boarding homes, **172**, 5.15
- Budgets, development of personal, 4.16
- Building capacity, as a core principle, **22**
- (**
- Campus-based group homes or apartments, **172–173**
- Care management, 4.44
- Care providers, 5.20, 5.24
- Care/case coordinator, responsibilities of during transition, 4.68
- Care/case management, 2.11, 2.15
- Care/case management services, **173**, 1.10
- Care/case manager, **173**, 2.16
- Care/case plans, 2.15; development of, 3.28; identifying relationships, 4.29; living arrangements consistent with, 5.3; transition plans as a portion of, 4.9
- Career(s): exploring diverse, 4.56; providing preparation and training in, 4.59
- Career advancement, opportunity for, 4.59
- Career counseling services, identifying, 4.49
- Career exploration, through experience, 4.56
- Career interest inventory, completing, 2.18
- Career role model, meeting and shadowing, 2.18
- Caregivers, **173**, 4.23; as advocates for special education services, 4.48; involving in educational progress, 4.45; participation on the multidisciplinary team, 4.2; recruiting and retaining, 4.23; role of, 1.9; training about identity formation, 4.21; training to teach lifeskills, 4.15
- Caring person, connecting with, 2.4
- CASA (court-appointed special advocate), **176**
- Case manager. *See* Care/case manager
- Case plan, **173**
- Case review, conducting prior to discharge, 4.66
- Caseloads, **173**, 3.27
- Casework and management information system. *See* Management information system
- Casey Family Programs, scholarships, 4.51
- Causal agents, youth as, 4.3
- CBO (community-based organization), **175**
- Celebration or a graduation party, at transition, 4.69
- Chafee Educational and Training Voucher Program, **8**
- Chafee plan, **178–179**
- Chafee Program (P.L. 106-169), **174**
- Chemically dependent youth, 5.28
- Child abuse screenings, for staff, 3.30
- Child care and youth workers, role of, 1.9
- Child Protective Services (CPS), **174**
- Child welfare, **174**
- Child welfare agency: facilitating collaborative, **15–16**; providing documentation at transition, 4.68; provision of aftercare services, 2.25; responsibilities to foster youth, **15–16**; role in delivering TILSS services, 3.7; role in developing and implementing TILSS services, 2.7; role of, 1.10; seeking information and professional assistance from consultants, 3.29
- Child welfare services, **174**, **184**
- Child welfare system, **9**, **174**
- Child well-being, **174**

- Children: ages 14 and older, 1.8; older than 10, 1.8; universal needs, **20–21**; younger than age 10, 1.7
- Clerical and administrative support staff, 3.25
- Client satisfaction, monitoring, 2.11
- Cluster apartments. *See* Supervised apartments
- Coach, **175**
- Collaboration, **175**; of employment-based organizations, 4.61; with the juvenile and adult justice systems, 4.61; for a strong continuum of services, 2.2
- Collaborative approach, to delivering TILSS services, 3.1
- Collaborative training, 3.36
- Community, **175**; collective responsibility of, 1.13; identifying and attracting competent employees, 3.21
- Community agencies, collaboration with the child welfare agency, 1.13
- Community approach, role of TILSS services in, 1.5
- Community connections, building, 1.6
- Community employment programs, school referrals of youth to, 4.49
- Community events, connecting youth with, 4.34
- Community involvement: of the agency, 3.19; results of, 2.2
- Community life, playing an active role in, 4.32
- Community organizations, collaborations with, 2.2
- Community partnerships, creating, **3–4**
- Community resources: for independent living housing options, 5.20; knowledge of and access to, 4.33
- Community service, 2.18, 4.32
- Community support/zoning, for independent living housing options, 5.20
- Community-based group homes, **175**, 5.8
- Community-based organization (CBO), **175**
- Community-based system, of transition support services, **37**
- Competencies, acquisition of, **14**
- Comprehensive screenings, assessing physical health, mental health, and substance abuse, 4.37
- Concrete experiences, 4.7
- Concurrent planning, **175**
- Confidentiality, **175**, 3.13
- Consultants, 2.16; as resources for agency staff, 3.16; role in delivering services, 3.29; role in the TILSS service system, 2.16; seeking out beyond professional arenas, 3.29
- Contingency plan, for alternative living arrangements, 5.3
- Continued education, forms of, 4.51
- Continuum: of independent/transitional living options, 5.5; of living arrangements options, **176**; of services, **176**, 2.5
- Contract. *See* Performance contract or agreement
- Contracted services, delivery of, 3.37
- Co-occurring disorders, **11**
- Coordinated approach, for improved academic outcomes, 4.54
- Coordinated service delivery system, **36, 37**
- Core elements: of a coordinated system of TILSS services, 2.1–2.6; of positive youth development, **2–5**
- Core principles, in behalf of children and youth, **21–22**
- Cost to community, of youth formerly served by the foster care system, **10**
- Court sanction/support, for independent living housing options, 5.20

- Court-appointed special advocate (CASA), **176**. *See also* Guardian ad litem
- Court-related issues, in selecting a living arrangement, 5.3
- CPS (Child Protective Services), **174**
- Credit, establishing, 4.16
- Criminal activities, youth engaging in, 5.28
- Criminal and child protective services record checks, 3.30
- Criminal histories, youth with, 5.28
- Crisis management, 5.28
- Critical practice domains. *See* Practice domains
- Cross-system training, 3.36
- Cultural activities, 2.22, 4.34
- Cultural competence, **176**, 2.3, 3.10, 3.26
- Cultural diversity, of staff, 3.24, 3.26
- Cultural fit, of independent living housing options, 5.20
- Cultural needs, addressing in assessment and service planning, 4.22
- Cultural staffing patterns, 3.19
- Culturally competent agency, 3.10
- Culturally supportive work environment, 3.26
- Culture, 3.10
- Curfews, monitoring, 5.21
- D**
- Daily living tasks, mastering, 3.33
- Damages, 5.20
- Data system personnel, 3.25
- Data systems, use of, 3.13
- Databases, public, 3.18
- Decompensation, potential triggers for, 4.38
- Dental examination, 4.37
- Dependency, **176**
- Deposit money, forfeiting, 5.20
- Development, effect of trauma on, 4.47
- Developmental disabilities, youth with, 5.28
- Developmental readiness: providing services and supports on the basis of, 1.7; providing services in accordance with, 2.6
- Direct services, caseloads of workers providing, 3.27
- Disabilities: describing in terms of functional limitations, 4.38; employment organizations serving people with, 4.61; screening tool to flag, 5.28; specialized supports for youth with, 4.62; youth with, 2.17
- Discharge, **177**, 4.64–4.70; conducting a case review prior to, 4.66; ensuring basic resources prior to, 4.67; planning for, 4.64; setting the estimated date for, 4.65
- Discontinuation of support services, optimal age for, 1.7
- Dispositional hearing, **177**
- Diverse cultural groups, retaining staff members from, 3.26
- Diversity, respecting and valuing, **22**
- Documentation, of TILSS services, 3.12
- Dormitories, 5.16
- Drugs, youth dependent on, 5.28
- {**
- Early parenthood, **10**
- Easing of the impacts of harm, **21**
- Education: of youth, **125–126**; of youth formerly served by the foster care system, **10**; of youth leaving foster care, **12**
- Education for All Handicapped Children Act (P.L. 94-142), 2.17
- Educational advocacy, 4.43. *See also* Advocacy
- Educational advocates, parents and caregivers as, 4.45
- Educational care/case management, providing, 4.44

Educational care/case manager or advocate, 2.17

Educational competence, 1.6

Educational goals, setting and completing, 1.14

Educational intervention, early, 4.43

Educational outcomes: factors contributing to poor, 4.53; improving, 4.43

Educational records: ensuring collection and retrieval of all, 4.50; ensuring complete, 4.48; retrieval and collection of, 2.17

Educational services, 2.17

Electronic monitoring bracelets, 5.21

Emancipation, **11, 177**

Emergencies, managing, 5.24

Emergency shelter care, 5.11. *See also* Shelters

Emotional maltreatment, **177**

Employability, skill areas essential to, 4.57

Employees. *See* Staff

Employment, of youth, **10, 12, 133, 4.55–4.62**

Employment and training programs, 4.57

Employment competence, 1.6

Employment services, 2.18

Employment-based collaborations, developing, 4.61

Environments, creating healthy and safe, **3**

Evaluations: options for, 3.18; of program performance, 3.18; of youth outcomes, 2.12

Exit surveys, 3.18

Experiences, required by children and youth, **20–21**

Experiential learning, 4.12; providing opportunities, 4.7; in RTCs, 5.6

Expungement, **177**

External systems and resources, 3.33

Extracurricular activities, participation in, 4.52

F

Familial separation, trauma of, 4.24

Familial/parental issues, 3.33

Families: as the best place for healthy development, 1.7; history of illness, 4.38; lifelong connection to, **14**; process of separating from, 4.20; records on, 3.12; safety factors within, 3.24; safety net of, **146**; supporting as a core principle, **21**

Family and Youth Services Bureau (FYSB), **177**

Family connections, youth-defined, 2.4

Family courts, **179, 1.12**

Family foster care, 5.9

Family group conferencing, 4.35

Family history, access to, 4.8

Family members, role of, 1.9

Family reunification, 4.30. *See also* Reunification

Family support and preservation strategies, 4.30

Family Unification Program (FUP), **8, 177–178**

Federal education and training vouchers, 4.51

Federal funding, for TILSS services, 2.14

Federal poverty line, living at or below, **133**

Feedback, **4, 2.1**

Feelings, effects of unresolved, 4.28

Finances, managing for independent living services, 3.15–3.16

Financial assistance, to complete postsecondary programs, 4.51

Financial literacy, teaching, 4.16

Financial planning skills, teaching, 4.16

Financial resource management systems, 3.15

- Financing, the system of TILSS services, 2.14
- Fiscal planning and management, 3.15
- §504 accommodation plan, 4.48
- Flexibility, in determining age of discharge, 4.65
- Focus groups, with former program consumers, 3.18
- Follow-up surveys, 3.18
- Formal learning opportunities, 4.6
- Formal Learning phase, of preparing for independent living, 4.12
- Formal permanency, **181**
- Former foster youth. *See* Alumni
- Foster care, **178**; alumni of, **4**; mental health care for children in, **11**; planning for the transition to adulthood, 1.8
- Foster Care Independence Act of 1999 (P.L. 106-169), **7-8, 146, 174, 3.22, 3.23, 3.24, 4.65**
- Foster Care Mentoring Act of 2003, **8**
- Foster care status, termination of legal, **172**
- Foster care system, summary of outcomes for youth formerly served by, **10**
- Foster family: involving in the transition plan, 4.9; strong relationships with, 4.35
- Foster parents: cultural and personal style, 5.9; educational advocacy roles, 4.45; helping to increase self-sufficiency, 5.9; as informal care/case managers, 5.9; preparation and training, 3.33; role, 1.9; supporting youth throughout the process of gaining independence, 5.9
- Foster youth: engaging in decision-making, **14-15**; history of TILSS services for, **5-8**; leaving foster care on their own, **9**; multiple challenges faced by former, **9**; role in out-of-home care, 1.14; struggles faced by emancipated, **6-7**; supplemental supports and services needed by, **8-13**
- Framework for Community Action, 16, 20*
- FUP (Family Unification Program), **8, 177-178**
- Future, developing a sense of hope for, 4.18
- FYSB (Family and Youth Services Bureau), **177**
- ## G
- Gangs, youth involved in, 5.28
- Gay, youth identified as, 5.28
- Gender identification, placing in shelters according to, 5.11
- Goals, setting clear and realistic, 4.9
- Goodness of fit, of a living arrangement, 5.3
- Governance structure: responsibilities of, 3.3; for TILSS services, 3.2
- Graduates of foster care. *See* Alumni
- Graduation party, at transition, 4.69
- Group approach, to instruction, 4.6
- Group care workers and supervisors, preparation and training for, 3.31
- Group homes: campus-based, **172-173**; community-based, 5.8; transitional, 5.7; transitional living, **186**
- Guardian ad litem, **178**. *See also* Court-appointed special advocate (CASA)
- Guardianship, 4.30
- ## H
- Hard skill areas. *See* Tangible lifeskills
- Harm, **21, 178**
- Healing, as a universal need, **175**
- Health, maintaining good, 4.36

- Health care services, 2.19; challenges of accessing, 4.39; diversity of, 4.38
- Health care system, developing an understanding of, 4.38
- Health challenges, faced by foster youth, **9, 11**
- Health competence, 1.6
- Health evaluation and intervention, 2.19
- Health needs, of youth in foster care, **11–12**
- Health records, consolidating and updating, 4.41
- Health-related documentation, obtaining, 4.8
- Health-related information, providing youth with access to, 4.38
- Healthy relationships, promoting, **3**
- HHS (U.S. Department of Health and Human Services), **186**
- High risk youth, 5.21, 5.28
- Hispanic/Latino children, number in foster care, **9**
- HIV: counseling and testing, 2.19; youth living with, 5.28
- Home, maintaining personal safety in, 4.42
- Homeless: certification as, 5.20; education of children, **180**; overrepresentation of people with a foster care history, **13**
- Homelessness: discharge to, 2.20, 4.63; federal legislative response to, **180**; of youth exiting foster care, **12–13**; of youth formerly served by the foster care system, **10**
- Homes: boarding, 5.15; group, **172–173, 186**, 5.7, 5.8; host, **178**, 5.13; shared, 5.14
- Hope, for the future, 4.18
- Host homes, **178**, 5.13
- Hosts, 5.13
- Housing: alternative, 5.25; establishing backup plans, 5.25; outcomes, 1.6; services, 2.20, 5.26; subsidized, 5.18; of youth, **12–13**, 4.63
- Housing arrangements. *See* Living arrangements
- Housing programs: rules and policies, 5.22; supervision and monitoring system, 5.21
- Identity: cultural needs during development, 4.22; development of, 4.20; elements of, 4.20
- Identity formation, 1.6; complicated for youth in foster care, 4.25; training staff and caregivers in the stages, 4.21
- IEP (Individual Educational Plan), **125, 179**, 4.48
- IEP managers, for students receiving special education services, 4.44
- Illness, family history of, 4.38
- Immigrant youth, **133**, 5.28
- Improved academic outcomes, coordinated approach to achieve, 4.54
- Incarceration, of youth formerly served by the foster care system, **10**
- Independence, **178, 179**
- Independent living, **178**; housing options, 5.20; not replaced by family support and preservation strategies, 4.30; stages in preparing for, 4.12; state plan, **178–179**; workers and supervisors, 3.31
- Independent Living Coordinator, 1.11
- Independent Living Initiative, **6**
- Independent living programs: Chafee-funded, **183**; implementation of, **6**; through experiential learning, 5.1. *See also* Transitional living programs
- Independent living service plan. *See* Transition plan
- Independent/transitional living: options, 5.5; selecting, 5.3
- Indian Child Welfare Act, **7**, 3.22; requirements of, 2.3; requiring

- notification of the tribe, 5.28; supervisors demonstrating understanding of, 3.23; tribe having final decisionmaking authority, 4.2; understanding of, 3.24
- Individual apartment units, without live-in staff, 5.17
- Individual counseling, 2.24
- Individual development account, 4.60
- Individual Educational Plan. *See* IEP
- Individualization, 4.20
- Informal care/case manager, 5.9
- Informal learning, 4.6, 4.12
- Information: managing for the agency, 3.11; sharing between child welfare practitioners and educators, 4.50
- In-home aides, 3.25
- Inservice training, 3.31; curriculum for TILSS staff, 3.32; for foster parents and kinship caregivers, 3.33; for TILSS workers and supervisors, 3.35
- Insurance, obtaining to cover damages, 5.20
- Intangible lifeskills, **179–180**, 4.12
- Interagency agreements, 2.9
- Interagency collaboration, achieving, 2.2
- Interdependence, **1**; competencies for, **5**; services promoting successful, **14**; time required to achieve, **4**; as a two-part goal, **13**; understanding self-sufficient adulthood as, 1.7
- Interdependency, **179**
- Interests, identifying, 4.55
- Interpersonal approach, of staff, 3.24
- Investigation, **179**
- It's My Life: A Transition Framework*, 1.6, 4.1, 4.11
- J**
- Job coaching, assisting youth with, 4.58
- Job descriptions, for staff, 3.21, 3.28
- Job duties, for paraprofessionals and support staff, 3.25
- Job placement agencies, working with, 4.58
- Job readiness skills, developing, 2.18, 4.57
- Job readiness training, 4.57
- Job training programs, 4.49
- John H. Chafee Foster Care Independence Program, **7**, **174**
- Judges, role of, 1.12
- Jurisdiction, **179**
- Juvenile and family courts, **179**, 1.12
- Juvenile correctional institutions, 5.6
- Juvenile Justice and Delinquency Prevention Act of 1974, 5.20
- K**
- Kinship care, **179**
- Kinship caregivers, 3.33
- Kinship family members, encouraging connections to, 4.29
- Knowledge, of workers providing TILSS services, 3.24
- L**
- Lawsuits, fear of, 3.20
- Lead role, for service delivery and care management, 3.7
- Leadership: nurturing, **22**; opportunities within the larger community, 4.32; in organizing a system of TILSS services, 2.7; provided by administrators, 3.22
- Learning: by doing, **3**, 1.8, 3.33, 4.6; effect of trauma on, 4.47; experiential opportunities for, 4.7
- Leases/contracts, for independent living housing options, 5.20
- Legal liability, risks of, 3.20
- Legal services, 2.21

- Legislative and executive bodies, appropriating adequate resources, 3.3
 - Lesbian, youth identified as, 5.28
 - Level of supervision, required by a youth, 5.3
 - Liability. *See* Legal liability
 - Licensing: of independent living housing options, 5.20; meeting contractual obligations of, 3.19; required for living arrangements, 5.4
 - Life- and personal skills inventory, 4.4
 - Life management skills, role models of, 5.9
 - Lifeskills, **179–180**, 1.6; acquiring as a lifelong process, 4.13; assessing competency levels, 4.4; assigning, 1.8; practicing, **3**, 4.14; teaching, 4.12; training staff and caregivers to teach, 4.15
 - Literacy skills, acquisition of, 4.46
 - Live-in roommate, **180**. *See also* Mentor apartments
 - Live-in staff, 5.10, 5.14
 - Living arrangements, **176**; alternative, 4.30; considerations in selecting a, 5.3; ensuring safe and supportive, **146**, 5.1–5.28; licensing required for, 5.4; obtaining the most appropriate, 5.1; range of options, 5.2; responsibility for overseeing youth in, 5.27; securing safe, stable, and affordable, 4.63
 - Living wage, positions paying, 4.59
 - Lobbying, **180**
 - Low-income housing, 5.18
- M**
- Making Children a National Priority: A Framework for Community Action*, **5**
 - Management, of the system of TILSS services, 2.15
 - Management framework, for delivering TILSS services, 3.1
 - Management information system: developing and maintaining, 3.11; evaluating program and administrative effectiveness, 3.14
 - Mandated reporter, **180**
 - Manual. *See* Operations manual
 - Marketable skills, essential to employability, 4.57
 - Math skills, acquisition of, 4.46
 - McKinney Act, **180**
 - Measuring results, as a core principle, **22**
 - Medicaid, for young people, **7–8**
 - Medical history, obtaining family, 4.8
 - Medical issues, in selecting a living arrangement, 5.3
 - Medical problems, youth with long-term, 5.28
 - Medical records, 2.19
 - Mental health: competence, 1.6; ensuring for youth, 4.36; issues, 5.3, 5.28; needs of youth in foster care, **11–12**; screening prior to leaving care, 4.37; services, 2.19
 - Mentor apartments, **180**
 - Mentors, **180**, 4.23; assisting youth preparing for independence, 5.12; connecting with peer and adult, 4.31; interaction with, 2.22, 2.23; recruiting and retaining, 4.23; role of, 1.9
 - Mission statement, for the agency, 3.5
 - Money, learning to save, 4.60
 - Money management, teaching, 4.16
 - Monitoring process, for youth in TILSS living arrangements, 5.27
 - Multidisciplinary team, **180–181**, 4.2

N

- Neglect, **181**
- Neighborhood watch, 5.20
- Neighborhood/environment, of independent living housing options, 5.20
- Neighbors, assisting youth in becoming good, 5.20
- Nonsystem youth, **181**
- Nurturing leadership, as a core principle, **22**
- Nurturing relationships, required by children and youth, **20**

O

- On-call system, for housing programs, 5.24
- On-campus housing, 5.16
- Operations manual, 3.9
- Opportunities, **2**; required by children and youth, **20**; as a universal need, **174**
- Organization providing independent living services. *See* Agency
- Organizational capability, of independent living housing options, 5.20
- Orientation, for foster parents and kinship caregivers, 3.33
- Orientation and preservice training, 3.31
- Orientation period, for new staff, 3.28
- Orphan Foundation of America, scholarships, 4.51
- Outcome evaluations, using experimental designs, 3.18
- Outcomes: evaluating, 2.12, 3.18; identified for youth, 1.6; identifying for the agency, 3.6; joint planning of, 2.10
- Out-of-home care: role of youth in, 1.14; supplementing with

apartment experiences, 4.63.
See also Foster care

- Overseeing, activities of youth in TILSS living arrangements, 5.27

P

- Palmer v. Cuomo* (1986), **6**
- Paraprofessionals, 3.25
- Parenting, information on the responsibilities of, 4.19
- Parenting skills, teaching effective, 4.19
- Parents, involving in educational progress, 4.45
- Partner, **181**
- Past, making sense of, 4.28
- Peer consultation, making available to staff, 3.28
- Peer involvement, 4.6
- Peer mentors, connecting with, 4.31
- Peer support, 2.24
- Pell Grants, 4.51
- Performance contract or agreement, transition plan as, 4.10
- Performance evaluation, for staff, 3.28
- Performance review, of staff, 3.23
- Performance-based agreements, for staff, 3.28
- Permanency, **14**, **181**; exploring options, 2.4; family support and preservation strategies as the first consideration, 4.30; hearing, **181**; options and processes, 1.8; options when children cannot return home, 4.30; planning, **181**; planning process, 2.4
- Permanent family connections, for youth, 2.4
- Personal attributes, of staff, 3.24
- Personal budgets, development of, 4.16
- Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193), **184**

Personnel: recruiting and selecting, 3.21. *See also* Staff

Petition, **181–182**

Phasing-out process, 4.65

Phones, for independent living housing options, 5.20

Physical disabilities, youth with, 5.28

Physical health: ensuring for youth, 4.36; screening prior to leaving care, 4.37

Placement agencies. *See* Job placement agencies

Planning: concurrent, **175**; youth-directed, 4.3

Policies: for housing programs, 5.22; related to the sharing of information, 3.13

Policies and procedures, developing and maintaining for the agency, 3.8

Poor educational outcomes, factors contributing to, 4.53

Positive youth development, **182**, 1.7; activities, 2.23; philosophy, 2.1; programs, 1.4

Postprogram options, for independent living housing options, 5.20

Postsecondary planning, with youth, 4.51

Practice domains, 1.6, 4.11

Preemployment skills, 4.57

Preservice training, 3.33, 3.34

Prevention, promoting as a core principle, **21**

Priorities, joint planning of, 2.10

Privacy, maintaining for youth and family members, 3.13

Procedures, related to the sharing of information, 3.13

Professional training, for staff, 3.24

Program performance, evaluating, 3.18

Promoting prevention, as a core principle, **21**

Protection from harm, required by children and youth, **21**

Providers. *See* Care providers

Psychosocial coping skills, developing, 1.8

Public child welfare agency. *See* Child welfare agency

Public databases, 3.18

Public transportation, 5.23

Purpose, written, 3.5

Q

Quality, managing, 3.17–3.19

R

Reading skills, acquiring, 4.46

“Real life” practice, providing, 4.7

“Real World” environment, practicing lifeskills in, 4.14

Records: compiling on youth and families, 3.12; confidentiality and safeguards in the use of, 3.13; educational, 2.17, 4.48, 4.50; health, 4.41; medical, 2.19; supervisors reviewing regularly, 3.28

Recreation activities, 2.22

Recruitment, of staff, 3.21

Referrals, data on, 3.12

Regressive tendencies, prior to transition, 4.66

Relationships: promoting healthy, **3**; promoting with a significant adult, 4.17; as a universal need, **174**

Religion, as a critical element of identity, 4.26

Research: conducting, 3.17; incorporating into agency practice, 3.17

Resident managers, of shared homes, 5.14

Residential treatment center (RTC), **182**, 5.6, 5.7

Resource packet, for youth at transition, 4.68

Resources: advocacy to access and optimize, 2.13; for

- agency staff, 3.16; assessing the adequacy of, 3.19
 - Respecting and valuing diversity, as a core principle, **22**
 - Respite site, 5.11
 - Responsibilities: clearly defining for TILSS services, 2.9; identified in the transition plan, 4.9
 - Results, measuring, **22**
 - Resumes, developing, 4.55
 - Reunification: with birthparents, 2.4; as a permanency option, 4.30; planning for, **175**
 - Role models, of life management skills, 5.9
 - Roles: clearly defining for TILSS services, 2.9; establishing for delivering TILSS services, 3.7
 - RTC. *See* Residential treatment center
 - Rules, for housing programs, 5.22
 - Runaway and Homeless Youth Act, 5.19
 - Runaway and Homeless Youth Programs, **186**
 - Rural areas, enhancing economic opportunities, 4.61
- (**
- Safe environments, creating, **3**
 - Safety: educating youth about, 4.42; of independent living housing options, 5.20; as a universal need, **174**
 - Safety factors, within a family, 3.24
 - Safety net, of family, **146**
 - Scattered-site apartments. *See* Semi-supervised apartments
 - Scholarships, 4.51
 - School employee, monitoring educational progress, 4.44
 - School experiences, for youth in foster care, **125**
 - Schools, as environments for practicing self-advocacy skills, **125**
 - §504 accommodation plan, 4.48
 - Security mechanisms, to protect paper and computer records, 3.13
 - Selection, of staff, 3.21
 - Self-advocacy skills: practicing, **125**; teaching to youth, 4.56
 - Self-assessment, **4**
 - Self-determination: assessing the level of, 4.18; practicing, **125**
 - Self-sufficiency, **182**; achieving within the context of a permanent family, 4.30; assessing skills, 5.6; preparing for, 4.11, 4.12
 - Semi-supervised apartments, **182**, 5.17
 - Sense of hope for the future, developing, 4.18
 - Sense of self: creating, 1.6; developing a healthy, 4.20; developing a positive, 4.24
 - Separation, from the family, **146**
 - Separation issues, addressing, 4.25, 4.28
 - Service coordinator, **182**
 - Service delivery system, **36**, 3.1
 - Service duplication, avoiding, 2.8
 - Service plan, updated, 3.12
 - Service system, developing and implementing, 2.7–2.25
 - Service utilization, monitoring, 2.11
 - Services, **182**
 - Sex offenders, youth identified as, 5.28
 - Sexual minority groups, 5.28
 - Sexuality, developing a healthy sense of, 4.27
 - Shared homes, 5.14
 - Shared house, **182**
 - Shared purposes, identifying for the youth-serving system, 2.8
 - Shelter Plus Care Program, **183**
 - Shelters, **182**. *See also* Emergency shelter care
 - Sibling/guide, versus a parent or authority figure, 5.12

- Significant adults, identifying supports needed from, 4.29
- Single room occupancy (SRO), **183**
- Single-site apartment. *See* Semi-supervised apartments
- Skills: identifying, 4.55; learning through practice, 4.7; of workers providing TILSS services, 3.24
- Small group settings, 5.4
- Social history, creating, 4.8
- Social justice, advancing as a core principle, **21**
- Social relationships, maintaining personal safety in, 4.42
- Social work, integrating with TILSS housing services, 5.26
- Social workers, within the child welfare agency, 1.10
- Socialization activities, 2.22
- Soft skill areas. *See* Intangible lifeskills
- Special education services, coordinating, 4.48
- Special needs, of youth, 3.33
- Spiritual identity, cultivating, 4.26
- SRO (single room occupancy), **183**
- Stability, of a living arrangement setting, 5.3
- Staff: caseload size for, 3.27; cultural diversity and competence of, 3.26; inservice training for, 3.35; interpersonal approach of, 3.24; liability of, 3.20; monitoring the performance of, 3.28; personal attributes of, 3.24; preparation and training of independent living and group care, 3.31; preparation and training of TILSS, 3.32; recruitment of, 3.21; selection of, 3.21; supervision and support, 3.28; supervisory and administrative guidance to, 3.12; support, 3.25; for TILSS services, 3.21; training about identity formation, 4.21; training on record maintenance and confidentiality, 3.12; training to teach lifeskills, 4.15; workload/caseload standards for, 3.27. *See also* Personnel
- Staffing, assessing the adequacy of, 3.19
- Stakeholders, providing support to foster youth, **15–16**
- Standards of Excellence for Family Foster Care Services*, 3.33
- Standards of Excellence for Kinship Care Services*, 3.33
- Standards of Excellence for the Management and Governance of Child Welfare Organizations*, **56**
- Standards on the Health Care of Children in Out-of-Home Care*, 2.19
- Standards, scope of these, **16–17**
- State- and local-level services, coordinating, 2.8
- State Independent Living Coordinator, **183**, 1.11
- State independent living plan, **178–179**
- States: enabling legislation for TILSS support services, 2.14; licensing regulations, 5.4; promoting permanency for older youth, **8**
- Statutory age limit, for foster care, **172**
- Statutory discharge, from the foster care system, **11**
- Statutory or policy framework, providing, 3.3
- Stewart B. McKinney Homeless Assistance Act (P.L. 100-77), **180**
- Stigma, associated with mental health and substance abuse issues, 4.38
- Strategies: for achieving goals, 4.9; utilizing evidence-based, **22**
- Strengths: focusing on, 4.1; valuing individual, **4–5**
- Strengths and needs assessment, conducting, 4.5
- Strengths-based approach, **183**
- Stress management, guidance regarding, 4.64

- Subsidized housing, **183**, 5.18
- Subsidy programs, **183**
- Substance abuse screening, prior to leaving care, 4.37
- Substance use, effect on ability to manage illness, 4.38
- Suicide, youth, **12**
- Supervised apartments, **183**, 5.10
- Supervised Practice phase, of preparing for independent living, 4.12
- Supervision, of staff, 3.28
- Supervision model, consistent, 3.28
- Supervisors: availability of, 3.28; inservice training for, 3.35; involving immediate in the selection process, 3.21; modeling strength-based practice, 3.28; monitoring staff performance, 3.28; preparation and training of, 3.31, 3.34; professional qualifications, competencies, responsibilities, and qualities of, 3.23; reviewing staff case records regularly, 3.28
- Support networks: developing, 4.5; for youth leaving foster care, **13**
- Support services, minimum age for discontinuation of, 1.7
- Support staff, 3.25
- Supporting families, as a core principle, **21**
- Supportive relationships, building, 1.6
- Supports, **2**; for staff, 3.16, 3.28; for youth, 4.3; for youth with disabilities, 4.62
- “Surrogate parent” designations, 4.48
- Surveys: exit, 3.18; follow-up, 3.18
- System of TILSS services: after-care services, 2.25; consultant services, 2.16; educational services, 2.17; employment services, 2.18; financing, 2.14; housing services, 2.20; individual counseling, 2.24; legal services, 2.21; management of, 2.15; mental health services, 2.19; peer support, 2.24; positive youth development activities, 2.23; socialization, cultural, and recreation activities, 2.22. *See also* TILSS services
- Systems youth, **184**
- T**
- TANF (Temporary Assistance to Needy Families), **184**
- Tangible lifeskills, **179–180**, 4.12
- Target group, for TILSS services, 1.3
- Team, multidisciplinary, **180–181**, 4.2
- Technology: acquisition of skills, 4.46; enhancing agency effectiveness, 3.11
- Teenagers, number in foster care, **9**
- Teenagers in foster care. *See* Foster youth
- Telephones, for independent living housing options, 5.20
- Temporary Assistance to Needy Families (TANF), **184**
- TILSS (transition, independent living, and self-sufficiency) plan, developing an ongoing, 4.9
- TILSS (transition, independent living, and self-sufficiency) services, **2**; base assumptions, 1.7; building and maintaining an effective workforce, 3.21–3.30; clearly defining roles and responsibilities, 2.9; continuum of, **5**, 2.5; continuum of individual care/case management for, 4.1–4.70; core elements of a coordinated system of, 2.1–2.6; definition of, 1.2; developing and implementing, 2.7–2.25; ensuring a full range of, 3.37; establishing roles in delivering, 3.7; goal of, **13–16**, 1.1;

- governance structure for, 3.2; history and legislation, **5–8**; organization and administration of, 3.1–3.37; organizing and delivering, 3.5–3.10; positive youth development as the foundation for, 1.4; providing, 3.1; role in the community approach, 1.5; statement of need for, **8–13**; tailoring, 1.8; target group for, 1.3; training program for, **89**. *See also* System of TILSS services
- TILSS support systems, formalizing a positive youth development philosophy, 2.1
- Time frame, for a living arrangement, 5.3
- Title IV-B, **184–185**
- Title IV-E Independent Living Initiative, **6, 185**
- TLPs (transitional living programs), **186, 5.19**
- Total youth involvement, as a core element, **3**
- Training: about identity formation, 4.21; on careers, 4.59; collaborative, 3.36; cross-system, 3.36; of foster parents, 3.33; of group care workers and supervisors, 3.31; inservice, 3.31, 3.32, 3.33, 3.35; job, 4.49; job readiness, 4.57; for kinship caregivers, 3.33; in lifeskills, 4.15; orientation and preservice, 3.31; preservice, 3.33, 3.34; professional, 3.24; on record maintenance and confidentiality, 3.12; for TILSS services, **89**; for TILSS staff members, 3.32
- Transgender, youth identified as, 5.28
- Transience, of youth in foster care, 4.53
- Transition, **185**; celebrating, 4.69; continuum of service, **176**; determining the appropriate age for, 4.65; ensuring basic resources prior to, 4.67; to independence, **146**; involving youth in the planning and process of, 4.3; planning for, 4.64; supporting successful, 4.70
- Transition plans, **185, 1.8**;
decisionmaking about, 1.14;
developing, 4.9; documenting the strengths and needs assessment, 4.9; facilitating the implementation of, 2.16;
identifying relationships, 4.29; including aftercare expectations, 2.25; living arrangements consistent with, 5.3; monitoring and evaluating, 4.10; updating during case reviews, 4.66
- Transition services, **14, 185–186**
- Transition, independent living and self-sufficiency services. *See* TILSS services
- Transitional group homes, 5.7
- Transitional living arrangements continuum, **176**
- Transitional living group home, **186**
- Transitional living programs (TLPs), **186, 5.19**
- Transportation: aides, 3.25; to basic needs and services, 5.23
- Trauma, effect on learning and development, 4.47
- Tribal social services, role in TILSS planning and services, **15**
- Tuition waivers, through foster care-specific eligibility criteria, 4.51
- ## U
- U.S. Department of Health and Human Services (HHS), **186**
- U.S. Department of Housing and Urban Development, **187**
- Unannounced visits, by housing program staff, 5.21
- Universal needs, **20–21, 174–175**

Utilities, for independent living housing options, 5.20
Utilization review, of services, 3.19
Utilizing evidence-based strategies, as a core principle, **22**

V

Values, of workers providing TILSS services, 3.24
Vision examination, 4.37
Vocational and job training programs, identifying, 4.49
Voluntary sector funding, for independent living services, 2.14
Volunteer activities, 4.32
Volunteers, use of, 3.24

W

“Wannabe” profile, 5.28
Welfare to Work employment assistance program, **8**
Welfare to Work Partnership, **187**
Work environment, creating a culturally supportive, 3.26
Work maturity skills, 4.57
Workers providing TILSS services, 3.24
Workforce, building and maintaining an effective, 3.21–3.30
Workforce development organizations, 4.61
Workforce Investment Act (P.L. 105-220), **187**
Working collaboratively, as a core principle, **21**
Workloads, 3.27

Y

Young people. *See* Youth
Youth: active participation of, **3**, 1.8, 3.32, 4.9, 5.3; allowing access to information in their records, 3.13; becoming good neighbors, 5.20; chemically dependent, 5.28; of color, **9**; in

community life, 4.32; connecting with culturally specific events, opportunities, and services, 4.34; connections to community resources, 4.33; with criminal histories, 5.28; defining research questions, 3.17; developing a positive sense of self, 4.24; developing healthy relationships with birth families, 4.35; with disabilities, 2.17, 4.62, 5.28; discharging from care, 4.64–4.70; educating about safety, 4.42; education of, **125–126**, 4.44; effect of trauma on learning and development, 4.47; employment, **133**, 4.55–4.62; focusing on the strengths of, 4.1; gifts and strengths of, 1.7; in governance positions, 3.2; helping identify the content of inservice training, 3.35; high risk, 5.17, 5.21, 5.28; housing of, 4.63; identifying natural skills and abilities, 4.55; identifying permanent family connections, 2.4; identifying safety and wellness support persons, 4.40; learning to save money and accumulate assets, 4.60; living with HIV infection, 5.28; with long-term medical problems, 5.28; managing physical and mental health needs, 4.38; with mental health issues, 5.28; mentoring other young adolescents, 4.31; needing ongoing adult supervision, 5.15; outcomes, 1.6, 3.6; participating in TILSS services, 1.3; passing responsibility to, 5.4; permanent family connections for, 2.4; planning and process of transition, 4.3; records on, 3.12; requiring ongoing services or lifetime custodial care, 1.13; resources in place prior to discharge, 4.67; responsibility for living

- arrangements, 5.27; role in out-of-home care, 1.14; selecting caregivers and mentors, 4.23; separation issues of, 4.25; setting personal goals, 4.9; sex offenders, 5.28; with special challenges, 2.25; suicide, **12**; in system improvement efforts, 2.1; transition issues, 3.33; transitional living for older, nonsystem, 5.19
- Youth advisory boards, 2.1, 3.2
- Youth advisory committee, **187**
- Youth advocacy, individual and collective, 1.4
- Youth development: core elements of positive, **2–5**; as an ongoing process, **2**; as a process, **4**. *See also* Positive youth development
- Youth outcomes. *See* Outcomes
- Youth workers, **187**
- Youth-directed planning, 4.3
- YWCA, 5.15

[

- Zoning requirements, for independent living housing options, 5.20