

Youth Exiting Foster Care:

Efficacy of Independent Living Services in the State of Idaho

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Abstract

A six-year, quantitative, longitudinal research study was conducted in the State of Idaho evaluating the efficacy of independent living services delivered to foster youth who exited care at age 18 between 1996 and 2002. Research outcome results report that foster youth exiting care need continued support to make successful transitions to independent living. Reported outcomes show pregnancy and child bearing rates as high as 62.5 % in 2002, homelessness as high as 32% in 1998, and social service dependency rates as high as 78.6% in 2002. Based on research findings, five key independent living program recommendations are outlined to provide policy makers, researchers, program administrators, and intervention workers with important information to facilitate program change, prevention, implementation, and positive independent living outcomes for foster youth.

Youth Exiting Foster Care: Efficacy of Independent Living Services in the State of Idaho

Literature Review

The United States child welfare system serves more than 700,000 children and adolescents each year in out-of-home care due to parental neglect, abuse, and abandonment. Although many children are reunited with their families or adopted, many will remain in foster care until they leave the child welfare system at age 18. Recent estimates indicate approximately 20,000 eighteen year olds leave foster care each year that are often not prepared to live independently. Recent research on youth exiting foster care show that there is a need for increased assistance to support youth in their transition from foster care to independent living due to the increased likelihood of early parenting, instability in relationships, not graduating from high school, lower school performance, increased health and mental health problems, homelessness, substance abuse, and a higher rate of unemployment (Bussey, Feagans, Arnold, Wulczyn, Brunner, Nixon, Dilorenzo, Pecora, Weiss, and Winterfeld 2000).

In 1999, there was a call nationally for Federal legislation, doubling funding for state-wide independent living (IL) programs. Several prominent quotes emerged in support of new Federal legislation. "About 20,000 children are cut off from foster care annually. But two-thirds do not finish high school, 61 percent have no job skills, and 38 percent are diagnosed as emotionally disturbed", said Representative Nancy Johnson, and "For our nation's foster youth, their 18th birthday can be the start of a very tough road alone. The end of foster care should not be the end of caring for these young people", said President Clinton. The overwhelming passing of the House Bill Public Law 106-169-DEC. 14, 1999 was evidence that states need to do more to support foster youth exiting care (Superville, 1999).

Federally funded Independent living (IL) services began in the 1980's due to the increased numbers of youth leaving foster care remaining under the care of states through welfare programs and by entering the justice system. Federal funding for IL services was initiated in the 1980's to address the increased numbers of youth leaving foster care but maintaining dependency on the state through welfare program eligibility or entering the justice system. Public child welfare systems identified this trend and recognized the need for fundamental systems change. In 1986 the passage of an amendment to Title IV-E of the Social Security Act established the federal Title IV-E Independent Living Initiative. This Initiative funded IL services to youth in foster care in all 50 states and the District

of Columbia. The act was amended in 1990 to extend services to youth until the age of 21, and ratified again in 1993 to fund the program at the \$70 million fiscal year level over a five year period (Bussey et al., 2000).

In 1999 the Foster Care Independence Act was passed by the United States Legislature creating the John H. Chafee Foster Care Independence Program. This program challenged child welfare agencies to provide programs and services to foster youth in the areas of education, housing, employment, counseling, life skills, and decision making. Each state receives a yearly minimum grant in the amount of \$500,000 to fund their independent living programs. Prior to the passage of this act, states were not required to maintain follow-up data for more than three months prior to the youth exiting foster care. Under the new act, states are required to focus on measurement of outcomes for the youth, rather than the process to establish a baseline of the efficacy of IL services (Bussey et al., 2000). An example of outcome measurement would be obtaining a college degree compared to a process measurement of attended college for a period of time.

In spite of the requirements to focus on measurement of outcomes, only a small number of state-wide outcome studies have been published. For example, 141 young adults who left care in the state of Wisconsin in 1995 and 1996 were interviewed on their transitional experience between 12 months and three years after leaving care. The study utilized an interview method that involved three waves of interviews. The first interview was completed before the youth transitioned out of care, the second 12-18 months later, and the third approximately three years after the youth exited out-of-home care (Courtney, M., Piliavin, I., Grogan-Kaylor, A., Nesmith, A, 2001).

The research results indicated that most youth transitioning from in-home care to self-sufficiency did not appear to have the needed supports to meet self-sufficiency outcomes. Only three-fifths were employed and most lacked medical care, experienced housing instability, were victims of violence, had unreliable access to mental health care, lacked vocational skills, and needed the continuance of social services. The published study had strengths that included random selection from 42 different demographic locations throughout the state, a strong female to male ratio, identified key areas important for intervention, and a clearly stated purpose of how research data may be utilized by child welfare practitioners and policymakers (Courtney et al., 2001).

An early study conducted by Trudy Festinger and colleagues (1983), focused on two outcome measures for 394 youth in New York who had left the child welfare system. Of the 394 youth selected, 277 youth participated in the study. The outcomes of this study indicated that one-third of the respondents had not completed high school, and 21 percent were receiving some type of public assistance. Research study evaluation found that a high percentage of youth who age out of foster care lack the advantages of having a strong family support system and stable community ties, did not graduate from high school, experienced homelessness, utilized social services, used drugs, lacked housing, had serious money troubles, and experienced unemployment. Because of few supports, the outcomes demonstrated a continued use of governmental services, marginal financial existence, and a high rate of teenage pregnancy (Collins, 2001).

This study identified several areas of improvement needed in the implementation of IL programs indicating that new programs do not provide apprenticeships, affordable vocational programs, and connections to potential employers. Although many states help young people to develop daily living skills, most programs involve classroom-based activities. Hands-on activities to practice these skills are rare. The study also identified that the availability of transitional housing services is extremely limited, and adolescents leaving foster care need more transitional housing than is available (Collins, 2001).

There are several limitations to this study. They include the lack of research studies that have been conducted focusing on IL program outcomes and that more accurate raw data needs to be compiled to effectively evaluate the efficacy of IL programs. One strength of the article is that multiple IL programs from multiple states were included in the study (Collins, 2001).

Conclusions reached from this study include:

- Implementation of individualized IL plans and services should be expanded.
- Policy and programs need to be developed in states in support of transitioning foster youth.
- Longitudinal outcome studies are needed to determine the impact of IL programs for youth aging out of foster care.
- Process of IL program service delivery is not a useful success measure of program implementation.

Foster Youth Independent Living Programs in the State of Idaho

The State of Idaho Department of Health and Welfare in 1994 provided an initial state-wide framework for independent living (IL) services to children in the child welfare system who exited foster care prior to the John H. Chaffee Independent Living Act of 1999. This framework was established to provide transitional supports for youth in Idaho that transitioned to independent living from the foster care system (State of Idaho, 1996).

Idaho Department of Health and Welfare's (IDHW), (1996) reports that Idaho served 77.5% of the youth eligible for IL services in fiscal year 1995. Planning and administration was decided by each region of the state (7 separate regions). This regional control of IL services meant that youth in remote areas would be served as well as those in populated areas. However, the limitations of the reported findings are that this success is not measured by how successful clients became with the services provided, but primarily by the types of services delivered. It was evident that services across the state were not implemented consistently to all eligible youth (State of Idaho, 1996).

Another limitation of this report indicated is that specific data regarding services and outcomes is missing or reported inaccurately. Although a data reporting system is in place, it is not utilized consistently and accurately across the state. The strength in this finding is the recognition by IDHW, "Specific data on youth served and outcome evaluations continue to be deficient aspects of the program in some regions, as well as case planning efforts after youth leave alternate care placements. The Department will be able to focus more resources on those eligible youth and provide for further integration of IL services" (State of Idaho, 1996).

In 1997, IDHW reported concerns that the regionalization of the IL program services was inconsistent across the state. Changes in the eligibility for youth affected the IL program. Eligible youth numbered 76, which is less than 50% of the 164 eligible youth from the previous year. This change was accounted for due to the juvenile justice population formerly being counted in IDHW statistics, however, in 1997 the Department of Juvenile Corrections was established as a separate entity. Twenty seven percent fewer youth entered care than the previous year, and Idaho reported that the average stay in care was two years (State of Idaho, 1997).

This report details the expansion of services by developing a partnership with Casey Family Program, a private foster care agency. The Partnership efforts were directed to expanding existing funding and services for eligible youth. Of the youth served by Casey Family Programs, one hundred percent of IL plans

were developed for eligible youth in foster care. As stated previously, this success measurement is based on process not outcomes for foster youth in the State of Idaho. Although plans were developed for all eligible youth, the actual outcome measurements indicate, as reported by the regional IL coordinators, that of the 244 eligible youth who left foster care in the state of Idaho, only 22 were actually served. As a result of these reports, IDHW encouraged workers to discuss aftercare services with youth leaving care and emphasized that they can receive IL services until age 21 (State of Idaho, 1997), although no state-wide core standards or outcome measurements on the delivery of IL services to foster youth was implemented.

Another limitation is that only purchased services are currently recorded in the IDHW database. Perhaps future services should include non-pay services such as IL groups, foster parent interventions, and social worker interventions and services that don't require additional funding. Outcome measurement can be assessed by including non-pay services in the youth's IL plan goals and objectives.

According to the Urban Institute, "Outcome management enables organizations to define and use specific indicators to continually measure how well service and programs are leading to desired results. With this information, managers can better develop budgets, allocate their resources, and improve their services. A successful outcome management program includes a process to measure outcomes plus the use of that information to help manage and improve services and organizational outcomes" (Urban Institute, 2003).

IDHW set a goal to enhance the efficacy of their IL program by providing professional training on the IL program to foster parents, case managers, and group home staff who cared for and served youth in foster care. This training was provided to all regions in Idaho by the National Resource Center on Youth Services, University of Oklahoma (State of Idaho, 1997).

In 1997, IDHW embraced a commitment to provide individualized IL services by assessing the strengths and needs of the youth in care. These individualized services were identified through a written transitional plan for all IL eligible youth-16 or older. This plan was incorporated into their case plans for care. IDHW authorized services that included educational, counseling, parenting, transportation, and work experience programs. Although services were authorized, of the 244 eligible youth who left the foster care system, only 29 were actually receiving IL services. According to the report, "Outcome data was

not complete as youth were still working on their independent living plans” (State of Idaho, 1998).

The State of Idaho implemented the John H. Chafee Foster Care Independence Program on October 1, 1999. The program offered IL services to all qualifying foster care youth between the ages of 15 and 21. Each youth is assessed for their current level of readiness for independent living utilizing the Ansell-Casey Life Skills Assessment (ACLSA) (State of Idaho, 2000).

Researchers from Casey Family Programs began developing an effective life skills assessment tool for child welfare practice in 1994 that facilitated the creation of the Ansell-Casey Life Skills Assessment (ACLSA). The ACLSA is used as an effective assessment and planning tool that can measure the efficacy of intervention through aggregate data results. According to Casey Family Programs, “Results became even more meaningful with the passage of Federal legislation authorizing the John Chafee Independence Program. The program requires agency-level evaluation. Given the variety of uses for the ACLSA and the ACLSA Individual Report, agencies can develop creative and flexible methods by which to measure progress and identify program needs (Casey Family Programs, 2003).

Once the ACLSA has been completed, an individualized IL plan is then developed with each youth in conjunction with their social worker based on their strengths and needs. The individualized plans focus on the youth’s strengths and needs. Areas of services range from basic living skills, education and vocational training, employment, social skills development, and other areas identified in the youth’s assessment (State of Idaho, 2000).

According to the report, four hundred youth were eligible for independent living services in 1999, and a total number of 372 youth were served. One hundred two of the youth had exited foster care and were receiving services that supported their independent living. Twenty two of the youth entered a college program, 13 obtained employment, and 75 were living independently (State of Idaho, 2000).

The fiscal year independent living reports submitted for publication and transmitted to the Federal Government by the State of Idaho between 1996 and 2002 indicate the State’s independent living program’s inconsistency of State-Wide plan development, inadequate and unequal state-wide service delivery to eligible youth in foster care, and the lack of outcome measurements versus process measurements reported. A reliable example is in the final report for fiscal year 1999. The report states that 123 youth exited foster care that were not

eligible for foster care services, but continued to remain eligible for independent living services. Of the 123 youth, only 35 of the youth received independent living services after leaving foster care (State of Idaho, 2000).

Summary and Additional Considerations

National and longitudinal research indicates that youth exiting foster care lack the skills to successfully live independently as measured by job employment, teenage pregnancy, use of social services, obtaining housing, justice system involvement, and educational obtainment. Many studies focusing on a cross-sectional view of independent living services have been conducted in Idaho and other states focusing on process measurements. There is a need for additional research utilizing a longitudinal research design with an intensive quantitative component derived from clearly defined outcome measures. This would provide policy makers, researchers, program administrators, and intervention workers with important information to evaluate the current efficacy of independent living programs to facilitate program change, prevention, implementation, and positive outcomes for foster youth.

The Department of Health and Human Services in partnership with the Children's Bureau (2003), reports that prevention is a major initiative of the U.S. Department of Health and Human Services. A primary focus of this effort is to share information on prevention programs that demonstrate positive outcomes for children and families. Important initiatives are focusing on reducing teen pregnancy and out-of-wedlock births and promoting safe and stable families (Dept. of Health & Human Services, 2003).

The prevention of unintended teenage pregnancy is seen as an important social and health care issue. Agencies working with youth need to know the most effective ways of preventing unintended teenage pregnancies. Research indicates that few health authorities reported joint planning for pregnancy prevention with social services, youth, and voluntary agencies. It is recommended that pregnancy prevention services focus on training, counseling, advice, accessibility, equity, access to contraceptives, and confidentiality. Research based evidence shows that as youth are made aware of and have access to pregnancy prevention services on a local level, the risk of unwanted pregnancy is reduced (Peckham, S., 1997).

Research Purpose

The purpose of this study is to evaluate, identify, and report whether independent living services delivered to foster youth after the implementation of the 1999 John H. Chafee Foster Care Independence Program in the State of Idaho, impact the efficacy of IL services as compared to the IL services delivered prior to the program being implemented in 1999. Research results can be utilized to report and make program recommendations to policy makers, program administrators, and intervention workers on current IL services delivered to foster youth on a state-wide and national program level to facilitate program change, enhancement, and development.

Research Methods and Design

Participants

The participants in this study are youth age 18 and over who exited foster care within thirty days of the fiscal year reported under the IDHW's jurisdiction for the fiscal years 1996, 1997, 1998, 2000, 2001, and 2002, who are eligible for Title IV-E Independent Living grant funded services, regardless of whether payments are being made. The youth are eligible for IL services until the age of twenty-one (21). The participants automatically qualified for IL services under the State of Idaho's IL policies and procedures, and were receiving some type of IL services prior to exiting foster care.

***Fiscal year 1999 was excluded from this study due to lack of sufficient research data and state conversion system operations.**

Demographics

Fiscal Year= Oct. 1-Sep. 30	1996	1997	1998	2000	2001	2002
Gender						
Male	6	9	11	12	11	34
Female	14	24	14	20	29	58
Age						
18 Years	14	22	19	32	13	51
19 Years	6	9	6		21	28
20 Years		2			6	13
Race/Ethnicity						
Caucasian	17	30	25	29	36	87
Hispanic	3	2		1	2	3
African American		1				1
Native American				2	2	1
Other						
Marital Status						
Never Married	19	32	24	30	34	86
Married	1	1	1	2	6	6
Separated/Divorced						
Parental Status						
No Known Children	16	21	14	29	24	70
Pregnant	1	6	5	1	10	9
One child	3	5	6	2	6	11
Two Children		1				2
TOTAL PARTICIPANTS	20	33	25	32	40	92

Instruments

The instrument utilized is the foster youth's non-identifying case record. Pre-existing data was collected by IDHW through independent living coordinator fiscal year reports and electronic case records. The instrument used by IDHW established regional requirements for manual reporting and converted to electronic data collection in fiscal year 2000. Data used for our comparative analysis will comprise the following:

- **Educational Attainment (G.E.D, diploma)**
- **Employment**
- **Dependency (Use of social services, etc.)**
- **Homelessness**
- **Teenage pregnancy/ Child Bearing Rates**

Limitations

A considerable limitation to this study is that state-wide core service standards for IL program implementation has not been developed or implemented. In 1996, the State of Idaho reported concerns that the regionalization (7 regions) of the IL program services was inconsistent across the state (State of Idaho, 1997).

The most evident limitation is that some IDHW IL programs in Idaho have a comprehensive array of service delivery utilizing the (ACLSC) assessment measures based on the youth's strength and needs, while concurrently providing IL grant funding to support and empower the youth until age 21, while other IDHW IL programs utilize IL grant funding as a form of crisis support without a formal IL plan utilizing the (ACLSA) assessment. This data was obtained through IDHW individual electronic case data records and in discussion with other state-wide social workers.

Another limitation of this study is that prior to fiscal year 2000, all IL data in IDHW was reported by IL coordinators manually. The data reported previously to fiscal year 2000 may be missing or under-report some key outcome measures. It is also important to note that the Idaho Child Welfare Electronic data system was merged with other key database systems within the state of Idaho. The merging process allowed a more comprehensive data analysis where many key missing outcome data points were therefore obtained in relation to dependency utilization, pregnancy rates, and homelessness. Although education and employment status may be under-reported, it is extremely important to note that dependency, pregnancy rates, and homelessness may also be under-reported. The data reported are individual outcome data points from individual case records. For example, a 37.5% pregnancy and child birth rate amongst foster youth may actually be higher for that particular year due to under-reported or missing data within the IDHW's data reporting systems.

Ethical Issues

Data were collected anonymously through IDHW manual and individual electronic methods. The Internal Review Board (IRB) from Eastern Washington University approved the study concurrently with approval from IDHW. There were no risks to the participants in this study, and the benefits are that we can learn if the Chafee Foster Care Independence Act of 1999 has made a difference in the efficacy of independent living for youth aging out of foster care.

Research Question

Was Independent Living better Pre-Chafee or Post-Chaffee? The Independent Variable is the implementation of the Chafee Foster Care Independence Act of 1999 in the State of Idaho, and the Dependent Variable is the efficacy of Independent Living for youth aging out of foster care in the State of Idaho.

Research Hypothesis

H₀ There was no difference between Pre-Chafee and Post-Chaffee data outcomes.

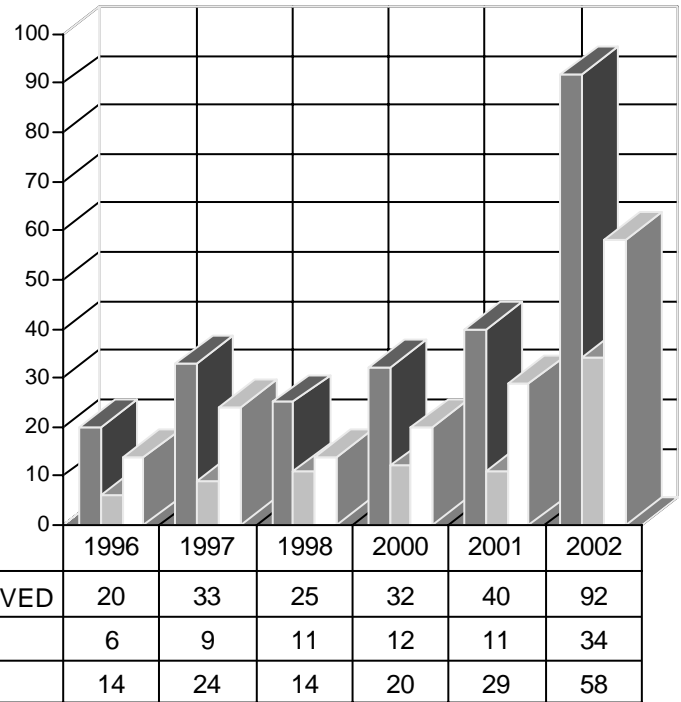
H₁ There was significant differences between Pre-Chafee and Post-Chafee data outcomes.

Data Analysis & Results

Fiscal year, individual case record
 Quantitative data analysis was completed
 and compiled utilizing a summary
 percentage statistical method for each
 individual year with each outcome.
 Example: 1996=26 youth /4 pregnant
 Or with child(ren) at one
 point in time within the year=

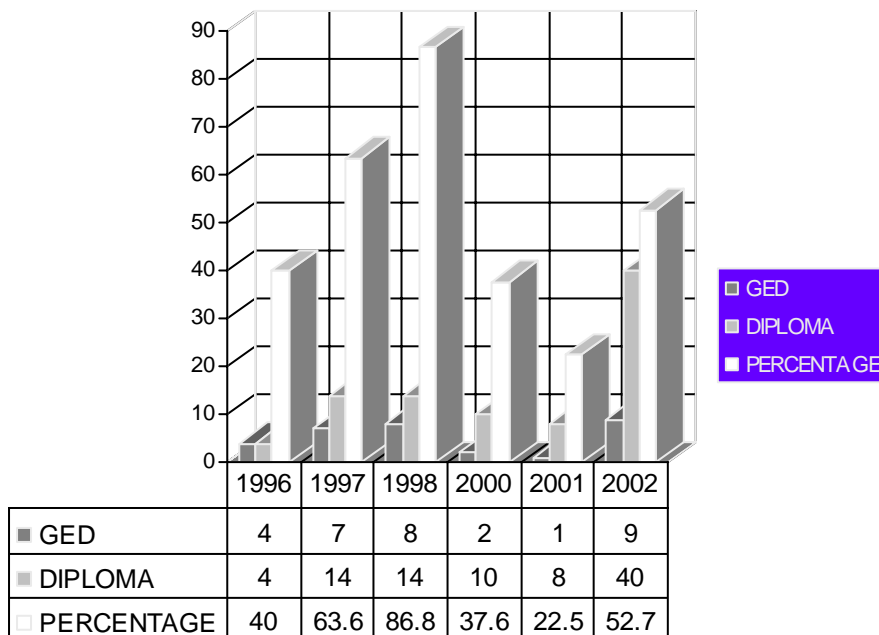
15.38% pregnancy/child rate.

PARTICIPANTS



Yearly Outcome Statistical Analysis Comparison: State-Wide Percentages

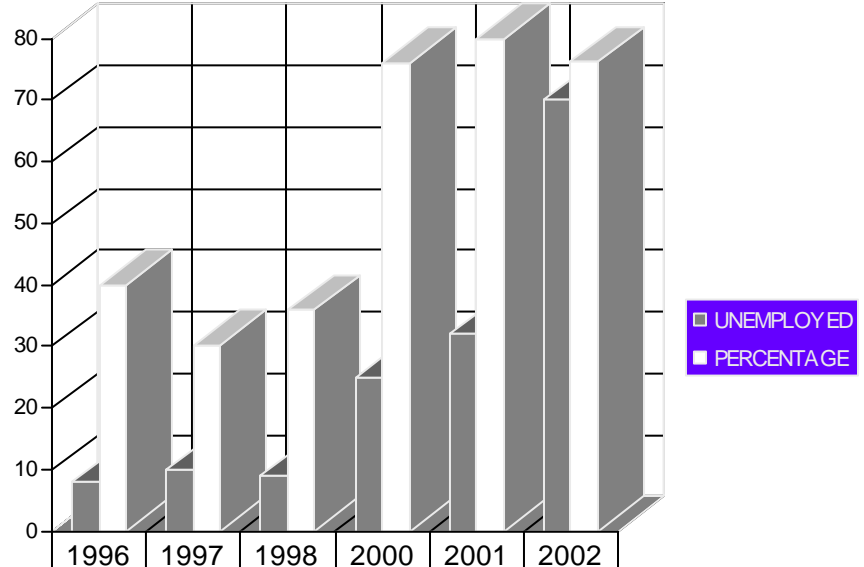
OUTCOME #1: EDUCATIONAL OBTAINMENT



1996 (N=20)
 1997 (N=33)
 1998 (N=25)
 2000 (N=32)
 2001 (N=40)
 2002 (N=92)

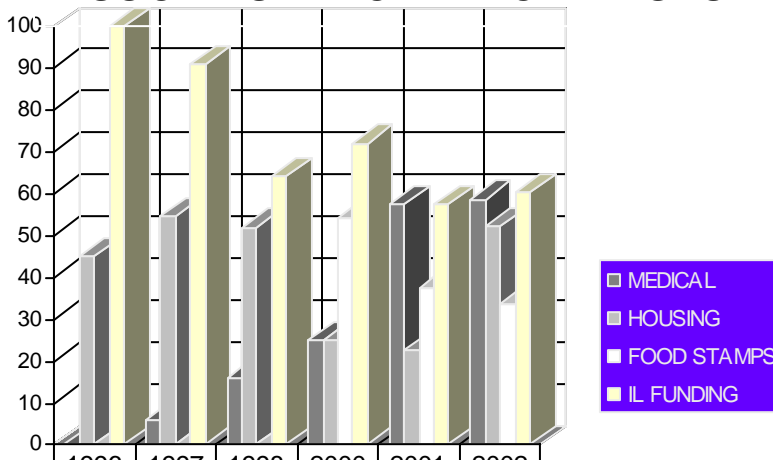
OUTCOME #2: UNEMPLOYMENT

1996 (N=20)
 1997 (N=33)
 1998 (N=25)
 2000 (N=32)
 2001 (N=40)
 2002 (N=92)



	1996	1997	1998	2000	2001	2002
■ UNEMPLOYED	8	10	9	25	32	70
□ PERCENTAGE	40	30.3	36	76.1	80	76.3

OUTCOME #3: DEPENDENCY/USE OF SOCIAL SERVICE PERCENTAGES

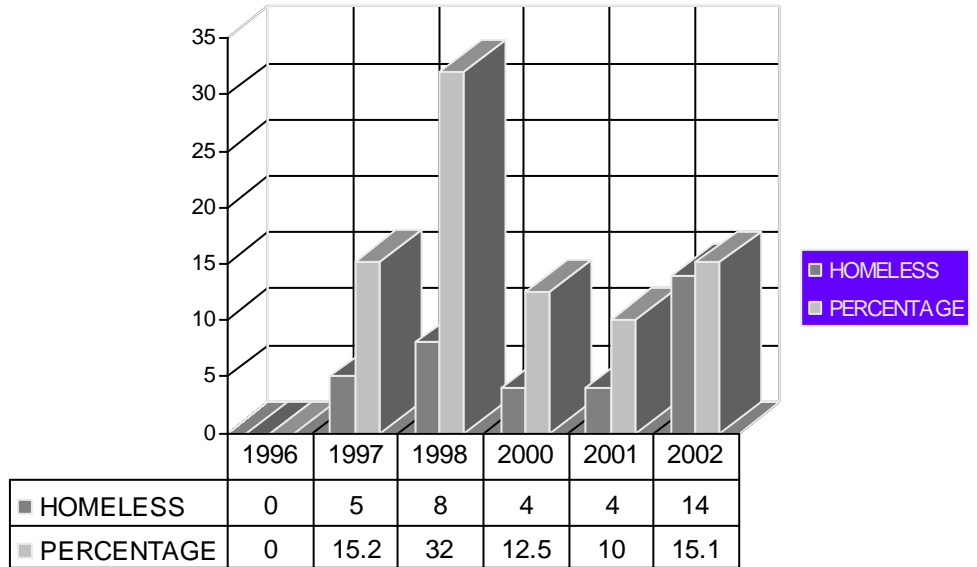


1996 (N=20)
 1997 (N=33)
 1998 (N=25)
 2000 (N=32)
 2001 (N=40)
 2002 (N=92)

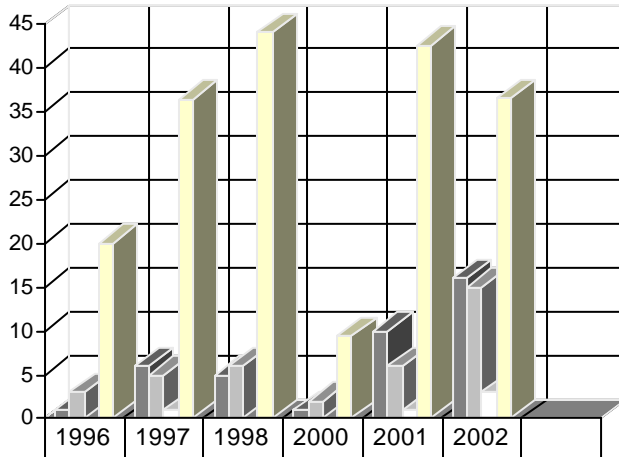
	1996	1997	1998	2000	2001	2002
■ MEDICAL	0	6	16	25	57.5	58.7
■ HOUSING	45	54.5	52	25	22.5	52.17
□ FOOD STAMPS	0	0	0	54.4	37.5	33.7
■ IL FUNDING	100	90.9	64	71.9	57.5	60.2

OUTCOM E #4: HOM ELESSNESS

1996 (N=20)
 1997 (N=33)
 1998 (N=25)
 2000 (N=32)
 2001 (N=40)
 2002 (N=92)



OUTCOM E #5: PREGNANCY/CHILD RATES

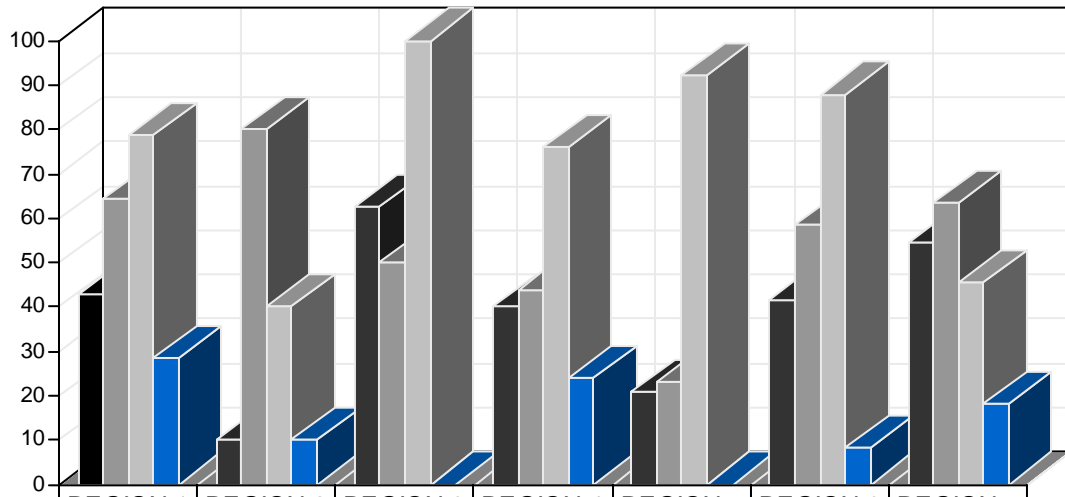


1996 (N=20)
 1997 (N=33)
 1998 (N=25)
 2000 (N=32)
 2001 (N=40)
 2002 (N=92)

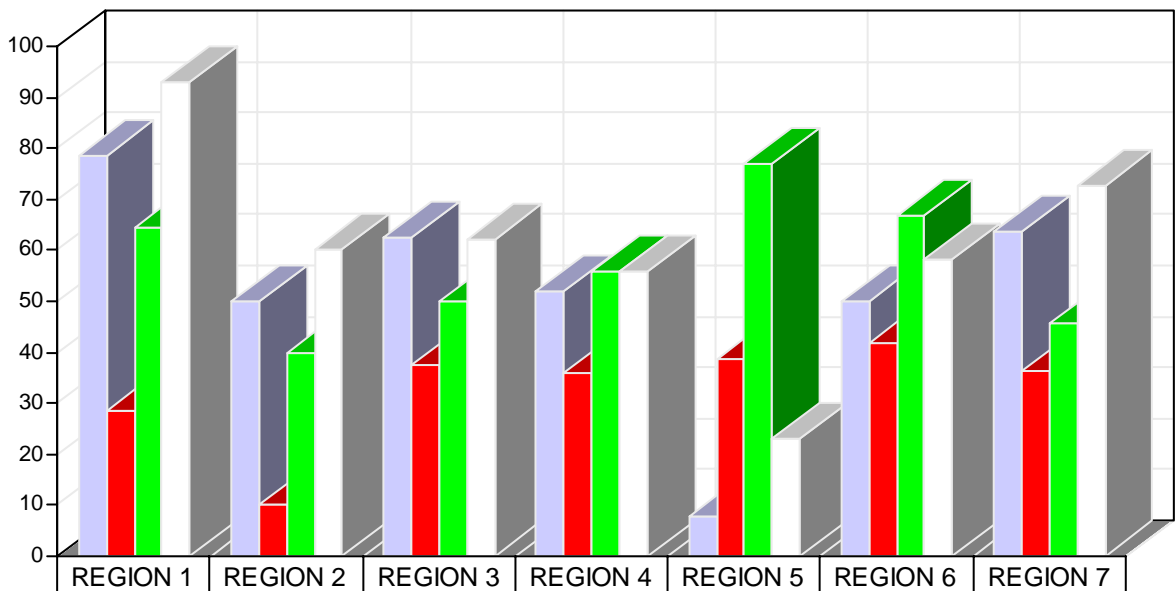
■ PREGNANT	1	6	5	1	10	16
■ 1 CHILD	3	5	6	2	6	15
■ 2 CHILDREN		1			1	3
■ PERCENTAGE	20	36.4	44	9.4	42.5	36.5

Note: The 2001 State of Idaho Dept. of Health and Welfare Bureau of Vital Statistics reports that there were 99,787 females in the State of Idaho between the ages of 15 and 24 in 2001. A total number of 8,875 live births were reported with a total of 2,776 of the children in the second birth order. There was a total of 11,651 children in this category, for a total state-wide pregnancy, child birth/children rate of **11.68%** for comparison purposes

2002 State-Wide Regional Independent Living Outcome Percentages (N=92)



	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7
■ PREG/CH %	42.9	10	62.5	40	20.7	41.7	54.6
■ GED-HS/DIPL %	64.3	80	50	44	23.1	58.4	63.6
■ UNEMPLOY %	78.6	40	100	76	92.3	88	45.5
■ HOMELESS %	28.6	10	0	24	0	8.3	18.2



	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7
■ HOUSING ASST %	78.6	50	62.5	52	7.7	50	63.6
■ FOOD STAMPS	28.6	10	37.5	36	38.5	41.7	36.4
■ MEDICAL	64.3	40	50	56	76.9	66.7	45.5
■ YTH-IL FNDING	92.9	60	62	56	23.1	58.3	72.7

Discussion

Research results report the follow outcomes and research findings.

- Inconsistent independent living service delivery without core standards of practice on a state-wide level.
- Statistical significance of pre/post Chafe IL program findings in the seven regions in Idaho varies significantly due to program inconsistencies related to the lack of core-service standards of practice.
- Utilization of independent living funds and services for emergency assistance vs. prevention and support.
- Process based evaluation and program reporting.
- Pregnancy/child rates up to five times higher than the state wide average for foster youth in some regions.
- Under-reporting of outcomes for IL youth on a state-wide basis.
- High rates of social service utilization and homelessness amongst IL youth.
- More IL youth served post-chafee implementation.
- Positive outcomes for IL youth receiving IL services utilizing individual, goal oriented, realistic, achievable, and strengths-based IL plans focusing on all levels of service implementation.
- A need for state-wide IL program change, improvement, evaluation, and core service standards.

The research results from this study indicate that Independent Living services and supports are needed to empower, support, and launch youth into truly living “INDEPENDENTLY” without continued social service supports. Evidence supports that need for IL program change, development, enhancement, and a recognition by the social work community to empower foster youth through IL programs.

According to the Social Work Code of Ethics (1999), The primary mission of the social work profession is to enhance human well-being and help meet the basic needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living. Social workers promote social justice and social change with and on behalf of clients. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals’ needs and social problems (National Association of Social Workers, 1999).

The John H. Chafee Foster Care Independence Act of 1999 outlines independent living services to be provided to help these children make the transition to self-sufficiency (Public Law 106-169-DEC 14, 1999. 113. STAT. 1824).

Self-sufficiency is achieved by delivering services such as obtaining a high school diploma, independent living skills, substance abuse prevention, and preventative health activities including smoking and pregnancy prevention, prepare for and enter postsecondary training and educational institutions, provide emotional mentorship, financial assistance, housing, counseling, employment education, room and board, and other appropriate supports to foster care youth between the ages of 18-21 (Public Law 106-169-DEC 14, 1999. 113. STAT. 1824.).

Research indicates that factors influencing risk to children of being abused or neglected by their parents are the substance abuse of parents, single teenage parenting, having a history of childhood abuse and becoming a victimizer later in life, poverty, lack of social supports, unemployment, and friendships (Dept. of Health & Human Services, 2003).

The risk factors of becoming a victimizer later in life directly relate to foster youth as most have experienced abuse, neglect, substance abuse, poverty, lack of social supports, unemployment, incarceration, and lack of friendships. Effective IL services can be utilized as a prevention program for foster youth today to prevent and reduce child abuse and neglect for future generations (Dept. of Health & Human Services, 2003).

Based on research outcome results from this study evaluating outcomes for foster youth reporting pregnancy and child bearing rates as high as 62.5 % in 2002, homelessness as high as 32% in 1998, and social service dependency rates as high as 71% in 2000, five key independent living program recommendations are outlined to facilitate program change, development, and to ultimately enhance independent living services to youth exiting foster care on a state-wide and national service delivery level to promote self-sufficiency and the prevention of child abuse and neglect for future generations.

5 Key Independent Living Program Recommendations

1. Develop state-wide IL core service standards, and train all program administrators/directors, managers, and social workers on effective delivery of IL services to all qualified foster youth on a state-wide and national level.
2. Implement and enhance IL services on a state-wide and national level with all foster care youth who are eligible at the earliest age possible. Individual, goal oriented, realistic, achievable and strengths based IL plans will engage youth while focusing on all levels of service implementation.
3. Increase the ability to provide appropriate and effective IL services by preserving and enhancing collaboration through training and joint service delivery efforts with Casey Family Programs at a state-wide and national level.
4. Develop data reporting tools that measure goal outcomes for foster youth who have exited care including pay and non-pay services as identified in the plan vs. process measurements to utilize as a program evaluation and improvement tool on a state-wide and national level.
5. Develop and implement a pregnancy prevention program to all foster youth on a state-wide and national level providing education, public awareness, training, counseling, advice, and access to contraceptives.

Need for Additional Research and Outcome Measurement

According to the Urban Institute, the utilization of outcome management is program improvement. The data help to identify program problems, service characteristics, positive outcomes for clients, and effective and successful practitioners. The identification of positive outcomes starts discussions surrounding the identification of problems and major accomplishments (Urban Institute, 2003).

Research and evaluation studies provide program administrators, policy makers, and service providers with the needed information to evaluate program effectiveness. This allows them to rely on performance measures and outcomes to link services, revise or refine approaches, policies, and practices. The utilization of research and evaluation concentrated on program effectiveness ensures better outcomes for children and families (Dept. of Health & Human Services, 2003).

Longitudinal research evaluating independent living service outcome measurements must be developed, and is imperative to evaluate the efficacy of independent living services on a state-wide and national level. The implementation of research based outcome measurements will facilitate the continued evaluation, creation, and enhancement of independent living services to foster youth, ultimately to support and empower foster youth into successful adulthood as productive citizens, parents, and leaders.

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