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Youth Transitioning from Foster Care: Background and Federal Programs

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Summary

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

The federal government recognizes that older youth in foster care and those aging out are vulnerable to negative outcomes and may ultimately return to the care of the state as adults, either through the public welfare, criminal justice, or other systems. Under the federal foster care program, states may seek reimbursement for youth to remain in care up to the age of 21. In addition, the federal foster care program has certain protections for older youth. For example, states must annually obtain the credit report of each child in care who is age 14 and older. States must also assist youth with developing what is known as a transition plan. The law requires that a youth's caseworker, and as appropriate, other representative(s) of the youth, assist and support him or her in developing the plan. The plan is to be directed by the youth, and is to include specific options on housing, health insurance, education, local opportunities for mentors, workforce supports, and employment services. Other protections require states to ensure that youth age 14 and older are consulted about the development and revisions to their case plan and permanency plan, and that the case plan includes a document listing certain rights for these youth.

Separately, the federal government provides funding for services to assist in the transition to adulthood through the John H. Chafee Foster Care Independence Program (CFCIP). The law enables states to provide these services to youth who are (1) likely to age out of foster care (with no lower age limit), (2) youth who age out of care, and (3) youth age 16 or older who left foster care for kinship guardianship or adoption. Independent living services may include assistance in obtaining a high school diploma, career exploration, training in daily living skills, training in budgeting and financial management skills, and preventive health activities, among other services. The CFCIP requires that states ensure youth in independent living programs participate directly in designing their own program activities that prepare them for independent living, and further that they "accept personal responsibility for living up to their part of the program." The Chafee Education and Training Voucher (ETV) program separately authorizes discretionary funding for education and training vouchers for Chafee-eligible youth to cover their cost of postsecondary education (until age 23). A recent evaluation of independent living programs, such as those that provide mentoring and life skills, shows mixed results. One promising independent living program has social workers who oversee a small caseload and have regular, ongoing interactions with the youth. The youth in this program are more likely to attend college and stay enrolled than their peers not in the program.

Along with the CFCIP, other federal programs are intended to help current and former youth in foster care make the transition to adulthood. Federal law authorizes funding for states and local jurisdictions to provide workforce support and housing to older foster youth and youth emancipating from care. Further, the law that established the CFCIP created an optional Medicaid eligibility pathway for youth who age out of foster care; this pathway is often called the "Chafee option." Beginning on January 1, 2014, eligible young people who were in foster care at age 18 are covered under a mandatory Medicaid pathway until age 26. In addition, youth in foster care or recently emancipated youth are specifically eligible for certain education and other services.

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This report provides background on teens and young adults in and exiting from foster care, and the federal support that is available to these youth as they transition to adulthood. It begins with a discussion of the characteristics of youth who have had contact with the child welfare system, including those who entered care, as well as those who exited care via emancipation because they have reached the legal age of majority. The report then provides an overview of the federal foster care system, including the Chafee Foster Care Independence program (CFCIP), and provisions in federal foster care law that are intended to help prepare youth for adulthood. The report goes on to discuss federal support for youth aging out of care in the areas of education, health care, employment, and housing. The report seeks to understand how states vary in their approaches to serving older youth in care and those who are recently emancipated. For example, 22 states, D.C., and the Eastern Band of Cherokee in North Carolina are receiving federal funding to extend foster care to youth beyond age 18 (as of June 2016).

Appendix A provides a summary of the characteristics and outcomes of youth who are or were in foster care compared to youth in the general population, where applicable, **Appendix B** includes the state plan requirements under the CFCIP, and **Appendix B** and **Appendix D** include funding data for the CFCIP.

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

Children and adolescents can come to the attention of state child welfare systems due to abuse, neglect, or for some other reason, such as the death of a parent or child behavioral problems. Some children remain in their own homes and receive family support services, while others are placed in out-of-home settings. Such settings usually include a foster home, relative placement, or institution (e.g., residential treatment facility, maternity group home). A significant number of youth spend at least some time in foster care during their teenage years. They may also stay in care beyond age 18, up to age 21 (and sometimes beyond), if they are in a state that extends foster care. On the last day of FY2015, approximately 126,000 youth ages 13 through 20 comprised 29% of the foster care caseload nationally.[1] Most teenagers left foster care and were reunified with their parents or primary caretakers, adopted, or placed with relatives. However, 20,789 youth aged out that year, or were emancipated, when they reached the age of majority in their states, usually at age 18. The share of foster care youth emancipating was 9% in both FY2006 and FY2015 and between 10% and 11% in the intervening years.[2] Youth who spend their teenage years in foster care and those who are likely to age out of care face challenges as they move to early adulthood. While in care, they may forego opportunities to develop strong support networks and independent living skills that their counterparts in the general population might more naturally acquire. Even older foster youth who return to their parents or guardians can still face

[1] U.S. Department of Health and Human Services (HHS), Administration on Children, Youth and Families (ACYF), Administration for Children and Families (ACF), Children's Bureau (CB), *The AFCARS Report, #23*. The number of youth ages 18, 19, and 20 may include only those receiving federal Title IV-E foster care maintenance payments.

[2] Ibid., *The AFCARS Report #14, #15, #16, #17, #18, #19, #21, and #22*. From FY2006 through FY2012, the number and share of emancipating youth were as follows: FY2006—26,517 (9%); FY2007—29,730 (10%); FY2008—29,516 (10%); FY2009—29,471 (11%); FY2010—27,854 (11%); FY2011—26,286 (11%); FY2012—23,396 (10%); FY2013—23,090 (10%), and FY2014—20,789 (9%). Using data from 2002 through 2008 on children in foster care in 15 states, researchers projected that the number of youth who were expected to leave foster care upon turning age 18 would likely decline between 2009 and 2013, due primarily to the decrease in the number of entries in foster care among children ages 10 through 17. Fred Wulczyn and Linda Collins, *A 5-Year Projection of the Number of Children Reaching Age 18 While in Foster Care*, University of Chicago, Chapin Hall Center for Children, 2010.

obstacles, such as poor family dynamics or a lack of emotional and financial supports, that hinder their ability to achieve their goals as young adults. Perhaps the strongest evidence that youth who have spent at least some years in care during adolescence have not adequately made the transition to young adulthood is their poor outcomes across a number of domains. During their early adult years, these youth are much more likely than their peers to forego higher education, describe their general health as fair or poor, become homeless, and rely on public supports.

The Foster Care Dynamics report, a longitudinal study of children in 11 state child welfare systems from 2000 through 2005, provides detailed information about older youth who have been placed in out-of-home care.[3] The study examined state administrative data to determine the typical trajectory of children across four age categories who first entered foster care during the five-year period, including teens ages 13 to 17. The study found that these teens tended to have shorter median lengths of stay relative to younger children; live in placements other than foster family homes (i.e., residential treatment facilities, group homes, etc.); experience more placements in their first year in care than younger children; and exit care through reunification, although running away and reaching the age of majority were exit pathways for about 10% to 24% of these older youth, depending on their age. More recent research shows that the majority of children in group care settings—or non-family settings ranging from those that provide specialized treatment or other services to more general care settings or shelters—are teenagers. In FY2013, 7 out of 10 children in group care settings were ages 13 to 17 (33% were ages 13-15 and 41% were ages 16-17).[4]

Research on former foster youth is limited and most of the studies on outcomes for these youth face methodological challenges—they tend to be dated; include brief follow-up periods; have low response rates, non-representative samples, and small sample sizes; and do not follow youth prior to exit from foster care.[5] Few studies include comparison groups to gauge how well these youth are transitioning to adulthood in relation to their peers in the foster care population or general population. However, two studies—the Northwest Foster Care Alumni Study[6] and the Midwest Evaluation of the Adult Functioning of Former Foster Youth[7]—have tracked outcomes for a sample of youth across several domains, either prospectively (following youth in care and as they age out and beyond) or retrospectively (examining current outcomes for young adults who had been in foster care) and comparing these outcomes to other groups of youth, either those who aged out and/or youth in the general population.

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

[4] For further information, see CRS In Focus IF10226, *Use of Group Care for Children in Foster Care*, by Emilie Stoltzfus; HHS, ACYF, ACF, CB, A National Look at the Use of Congregate Care in Child Welfare, 2015.

[5] For a compendium of outcome studies and their methodologies, see Mark E. Courtney and Darcy Hughes Heuring. "The Transition to Adulthood for Youth 'Aging Out' of the Foster Care System" in Osgood et al., eds., *On Your Own Without a Net*, appendix, 2005. For more recent information about evaluations, see Marla McDaniel et al., *Preparing for a "Next Generation" Evaluation of Independent Living Programs for Youth in Foster Care: Project Overview*, Urban Institute, Center on Labor, Human Services, and Population, prepared for the U.S. Department of Health and Human Services, Office of Planning, Research, and Evaluation, December 2014, http://www.acf.hhs.gov/opre/resource/preparing-for-a-next-generation-evaluation-of-independent-living-programs-for-youth-in-foster-care-project-overview. (Hereinafter Marla McDaniel et al., *Preparing for a "Next Generation" Evaluation of Independent Living Programs for Youth in Foster Care: Project Overview.)*

[6] Peter J. Pecora et al., *Improving Foster Family Care: Findings from the Northwest Foster Care Alumni Study*, Casey Family Programs, 2005, http://www.casey.org/northwest-alumni-study/.

Mark E. Courtney et al., *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 26*, University of Chicago, Chapin Hall Center for Children, 2011, http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth.

Both studies indicate that youth who spent time in foster care during their teenage years tended to have difficulty as they entered adulthood and beyond.[8] The Northwest Study looked at the outcomes of young adults who had been in foster care and found that they were more likely to have mental health and financial challenges than their peers generally. While they were just as likely to obtain a high school diploma, they were much less likely to obtain a bachelor's degree. The Midwest Evaluation has examined the extent to which outcomes in early adulthood are influenced by the individual characteristics of youth or their out-of-home care histories. The study has tracked the outcomes of youth who were in foster care since age 17. Data were most recently collected when these young people were age 26. Compared to their counterparts in the general population, youth in the Midwest study fare poorly in terms of education, employment, and other outcomes. For further information about these studies, see **Appendix A**.

Separately, states have reported to HHS since FY2010 on the characteristics and experiences of certain current and former foster youth through the National Youth in Transition Database (NYTD). Among other data, states must report data on a cohort of foster youth beginning when they are age 17, and later at ages 19 and 21. Information is to be collected on a new group of foster youth at age 17 every three years.[9]

Resiliency of Current and Former Foster Youth

Despite the generally negative findings from the two major evaluations on youth aging out of foster care, many youth have demonstrated resiliency by overcoming obstacles, such as limited family support and financial resources, and meeting their goals. For example, youth in the Northwest Evaluation obtained a high school diploma or passed the general education development (GED) test at close to the same rates as 25- to 34-year-olds generally (84.5% versus 87.3%). Further, youth in the Midwest Evaluation were just as likely as the general youth population at age 23 or 24 to report being hopeful about their future.[10]

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

> I have accomplished a lot, but it is in spite of all of the uncertainty I experienced in foster care—not because of it. I want something better for the youth who are currently in the foster care system. I want them to have families to love and protect them and homes they know they can always return to. I want them to leave foster care to live with a family, a relative—someone who will be permanent in their lives. I do not want the youth currently in foster care to age-out of foster care with no family and no one to turn to for help or

[8] The studies do not posit that foster care, per se, is associated with the challenges former foster youth face in adulthood. In fact, children tend to have a range of challenges upon entering care. For further information, see Fred Wulczyn et al. *Beyond Common Sense: Child Welfare, Child Well-Being, and the Evidence for Policy Reform* (New Brunswick: Aldine Transaction, 2005), p. 116. (Hereinafter referenced as Fred Wulczyn et al., *Beyond Common Sense*.)

[9] See CRS Report R43752, *Child Welfare: Profiles of Current and Former Older Foster Youth Based on the National Youth in Transition Database (NYTD)*, by Adrienne L. Fernandes-Alcantara.

[10] The survey of youth at age 26 also asked about future expectations; however, it did not compare the outcomes of these youth to the general population. Mark E. Courtney et al., *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 23 or 24*.

> support.... Congress has the power to do something, and I ask you on behalf of all of my brothers and sisters who cannot be sitting here with me to do something now.[11]

Overview of Federal Child Welfare and Other Support for Foster Youth

The federal government recognizes that older youth in foster care and those aging out are vulnerable to negative outcomes and may ultimately return to the care of the state as adults, either through the public welfare, criminal justice, or other systems. Under the federal foster care program, states may seek reimbursement for youth to remain in care up to the age of 21. In addition, the federal foster care program has protections in place to ensure that older youth in care have a written case plan that addresses the programs and services they need in making the transition, among other provisions. Separately, the John H. Chafee Foster Care Independence Program (CFCIP) provides mandatory funding for independent living services and supports (until age 21) to youth (1) who will likely age out of foster care without reunifying with their parents, being adopted, or being placed with relatives or other guardians; (2) youth who aged out; and (3) youth age 16 or older who left foster care for kinship guardianship or adoption. Independent living services are intended to assist youth prepare for adulthood, and may include assistance in obtaining a high school diploma, career exploration, training in daily living skills, training in budgeting and financial management skills, and preventive health activities, among other services. The Chafee Education and Training Voucher (ETV) program separately authorizes discretionary funding for education and training vouchers for Chafee-eligible youth to cover their cost of postsecondary education (until age 21, or age 23 if they received a voucher at age 21). The federal foster care program, the CFCIP, and the ETV program are administered by the Children's Bureau in the U.S. Department of Health and Human Services' (HHS's) Administration for Children and Families (ACF).

Along with the CFCIP, other federal programs are intended to help current and former youth in foster care make the transition to adulthood. Federal law authorizes funding for states and local jurisdictions to provide workforce support and housing to older foster youth and youth emancipating from care. As of January 1, 2014, states must also provide Medicaid coverage to eligible young people who age out of foster care.

Federal Foster Care

Historically, states have been primarily responsible for providing child welfare services to families and children that need them. While in out-of-home foster care, the state child welfare agency, under the supervision of the court (and in consultation with the parents or primary caretakers in some cases), serves as the child's parent and makes decisions on his or her behalf that are to promote his or her safety, permanence, and well-being.[12] In most cases, the state relies

[11] U.S. Congress, House Ways and Means Committee, Income Security and Family Support Subcommittee, "Hearing on Improving the Child Welfare System," February 27, 2008.

[12] Safety refers to the state child welfare system's goal of ensuring that children in foster care are protected from further abuse or neglect. Permanence refers to the state's goal of ensuring that children do not spend too many of their formative years in a foster care placement, and that the state either quickly and safely returns them to their families or quickly finds another safe and permanent home for them. Well-being is inextricably linked to safety and permanency. The term refers to efforts by the child welfare system to promote positive outcomes for children in care, including education and physical and mental health outcomes, as well as supportive families.

on public and private entities and organizations to provide these services. The federal government plays a role in shaping state child welfare systems by providing funds and linking those funds to certain requirements.[13]

Federal support for foster care preceded, by several decades, the creation of the foster care program under Title IV-E of the Social Security Act in 1980 (P.L. 96-272). However, the 1980 law established this support as an independent funding source for states to provide foster homes for children in foster care. The law also stressed the importance of case planning and review to achieve permanence for foster children. Title IV-E requires states to follow certain case planning and management practices for all children in care. Title IV-B of the Social Security Act, which authorizes funding for child welfare services, includes related oversight provisions.

Title IV-E Reimbursement for Foster Care[14]

Title IV-E currently reimburses states for a part of the cost of providing foster care to eligible children and youth, who, because of abuse or neglect (or some other reason), cannot remain in their own homes and for whom a court has consequently given care and placement responsibility to the state. Under this program, a state may seek partial federal reimbursement to "cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement."[15] States may also seek reimbursement for related costs of administration, child placement (e.g., case planning), training, and data collection.

Under the Chafee Foster Care Independence Program (discussed in the next section), states must certify that they will use Title IV-E foster care funding to provide training relevant to foster parents and others (adoptive parents, workers in group homes, and case managers) to help them understand and address the issues confronting adolescents preparing for independent living and coordinating this training, where possible, with independent living programs.[16] Although case planning and review procedures (described previously) apply to all foster children in state care, federal reimbursement to states under Title IV-E may be made only on behalf of a child who meets multiple federal eligibility criteria,[17] including those related to the child's removal and the income and assets of the child's family. For purposes of this report, the most significant eligibility criteria for the federal foster care program are the child's age and placement setting.

Eligibility

Prior to FY2011, once a child reached his or her 18th birthday, he or she was no longer eligible for federal foster care assistance under Title IV-E. This age limit was created by the program's eligibility link to the now-defunct Aid to Families with Dependent Children (AFDC) program.[18]

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[13] For further information, see CRS Report R42794, *Child Welfare: State Plan Requirements under the Title IV-E Foster Care, Adoption Assistance, and Kinship Guardianship Assistance Program*, by Emilie Stoltzfus.

[14] For further information, see CRS Report R42792, *Child Welfare: A Detailed Overview of Program Eligibility and Funding for Foster Care, Adoption Assistance and Kinship Guardianship Assistance under Title IV-E of the Social Security Act*, by Emilie Stoltzfus.

[15] Section 475(4) of the Social Security Act.

[16] Training funds for adoption assistance must also be used for this same purpose. Section 477(b)(3)(D) of the Social Security Act.

[17] Section 477 of the Social Security Act.

[18] For additional information, see HHS, ACYF, ACF, CB, Section 8.3A, Question 2 of the *Child Welfare Policy* (continued...)

Children qualified as dependents under the AFDC program until age 18. As was the case with AFDC, federal law permitted states to make continued claims for otherwise eligible foster youth until their 19th birthday provided that the youth was a full-time student and was expected to complete high school or an equivalent training program by age 19. States must have elected this option in their definitions of "child" for purposes of the states' AFDC programs.

Extended Foster Care

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

In program guidance, HHS advises that states and tribes can make remaining in care conditional upon whether youth pursue certain educational or employment pathways.[20] For example, extended care could be provided just to those youth enrolled in post-secondary education. Still, the guidance advises that states and tribes should "consider how [they] can provide extended assistance to youth age 18 and older to the broadest population possible consistent with the law to ensure that there are ample supports for older youth." In other guidance, HHS has advised that youth can remain in foster care if they are married or enlisted in the military.[21]

As of October 2016, HHS has approved Title IV-E state plans for about half of all states (22), the District of Columbia, and three tribal entities (the Eastern Band of Cherokee in North Carolina; the Navajo Nation, which is in Arizona, New Mexico, and Utah; and the Keweenaw Bay Indian Community in Michigan) to extend the maximum age of foster care.[22] These 22 states include Alabama, Arkansas, California, Connecticut, Hawaii, Illinois, Indiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New York, North Dakota, Oregon, Pennsylvania, Tennessee, Texas, Washington, West Virginia, and Wisconsin. All states with approved plan amendments, except for Indiana, extend care until age 21; Indiana extends care until age 20.

Except for four states—Tennessee, Washington, West Virginia, and Wisconsin—jurisdictions with approved plan amendments allow youth to remain in care under the four conditions listed previously and exempt youth from these conditions if a youth is incapable of meeting them for medical reasons. Tennessee allows youth to remain in care so long as youth are in school, or are incapable of performing these activities for medical reasons. West Virginia enables youth to

(...continued)

Manual. (Hereinafter referenced as HHS, ACYF, ACF, CB, *Child Welfare Policy Manual*.)

[19] Section 675(8) of the Social Security Act.

[20] HHS, ACYF, ACF, CB, *Program Instruction: Guidance on Fostering Connections to Success and Increasing Adoptions Act of 2008*, ACYF-CB-PI-10-11, July 9, 2010. (Hereinafter referenced as HHS, ACYF, ACF, CB, *Program Instruction: Guidance on Fostering Connections to Success and Increasing Adoptions Act of 2008*.)

[21] U HHS, ACYF, ACF, CB, *Child Welfare Policy Manual*, Section 8.3A, Question 4.

[22] This information is based on correspondence with HHS, ACYF, ACF, CB, October 2016. Four other states—Alaska, North Carolina, Ohio, and Virginia—recently enacted legislation to extend the age at which youth can remain in foster care beyond 18.

remain in care if they are completing high school or completing a program leading to an equivalent credential. Washington allows youth to participate in education and employment but does not make exceptions for youth with a documented medical condition. Wisconsin provides extended care to youth in postsecondary education who have a documented disability.

In states that extend foster care, youth age 18 or older who emancipate from care may later determine, prior to their state's optional older age, that they would like to return to care because of the challenges they face living on their own, or for other reasons. Instructions issued by HHS permit states and tribes to extend foster care assistance in a way that permits a youth to stay in care continuously or "leave care and return at some point after attaining age 18" (up to age 19, 20, or 21, depending on the state) so long as the original court order remains in effect and other IV-E eligibility criteria are satisfied.[23]

P.L. 110-351 also authorized states, for the first time, to provide Title IV-E subsidies on behalf of youth 18 or older (until age 19, 20, or 21, at the state's option) who left foster care after age 16 for adoption or kinship guardianship, and meet the criteria listed previously. This change was also made by adding a definition of "child" as it relates to these youth. Notably, HHS has advised that states can extend care to youth age 18 to 21 even if they were not in foster care prior to 18; and that young people can leave care and later return before they reach the maximum age of eligibility in the state (with certain requirements pertaining to how long youth can leave and remain eligible for foster care maintenance payments). In addition, state child welfare agencies can choose to close the original child abuse and neglect case and reopen the case as a "voluntary placement agreement" when the young person turns age 18 or if they reenter foster care between ages 18 and 21. In these cases, the income eligibility for Title IV-E would be based on only the young adult's income.[24]

Eligible Placement Setting

Federal reimbursement of part of the costs of maintaining children in foster care may be sought only for children placed in foster family homes or child care institutions, but youth who remain in care beyond age 18 can live in a "supervised independent living setting.[25] Foster family is not defined in law; a child care institution is defined as a private institution, or a public institution that accommodates no more than 25 children, and is approved or licensed by the state. States may not seek federal reimbursement of foster care costs for children who are in "detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent."[26]

P.L. 110-351 directed HHS to establish in regulation what qualifies a "supervised independent living setting." In program instructions issued by HHS, the department stated that it did not have plans to issue regulations that describe the kinds of living arrangements considered to be independent living settings, how these settings should be supervised, or any other conditions for a young person to live independently. The instructions advised that states and tribes have the discretion to develop a range of supervised independent living settings that "can be reasonably interpreted as consistent with the law, including whether or not such settings need to be licensed

[23] HHS, ACYF, ACF, CB, *Program Instruction: Guidance on Fostering Connections to Success and Increasing Adoptions Act of 2008*.

[24] HHS, ACYF, ACF, CB, *Child Welfare Policy Manual*, Section 8.3A, Question 5.

[25] Section 472(c) of the Social Security Act.

[26] Section 472(c) of the Social Security Act.

and any safety protocols that may be needed."[27] States appear to allow youth age 18 and older to live in a variety of settings. For example, in Minnesota youth can live in apartments, homes, dorms, and other settings. The state has explained that it is trying to determine how best to assist youth who pursue postsecondary education out of state, given that caseworkers must continue to meet with these youth at least once a month. Youth may live with roommates, and the state does not allow youth to live with their parent(s) from whom they were removed or significant others. The state does not require independent living settings to be licensed, and each county is given discretion on how to handle background checks for roommates and any safety concerns at the independent living setting.[28]

Case Planning and Review

Federal child welfare provisions under Title IV-B and Title IV-E of the Social Security Act require state child welfare agencies, as a condition of receiving funding under these titles, to provide certain case management services to all children in foster care. These include monthly case worker visits to each child in foster care;[29] a written case plan for each child in care that documents the child's placement and steps taken to ensure their safety and well-being, including by addressing their health and educational needs;[30] and procedures ensuring a case review is conducted not less often than every 6 months by a judge or an administrative review panel, and at least once every 12 months by a judge or administrative body who must consider the child's permanency plan of returning home or certain other outcomes specified in the law.[31] Further, the court or administrative body conducting the hearings is to consult, in an age-appropriate manner, with the child regarding the proposed permanency plan or transition plan for the child.[32]

For youth age 14 and older, the written case plan must include a description of the programs and services that will help the child prepare for a successful transition to adulthood.[33] Permanency plan hearings, which are to be conducted at least once a year after a child enters care, must consider for children age 14 and older the services needed to help them transition to a successful adulthood.[34] In addition, any child in foster care who is age 14 or older must be consulted in the development of, and about any revisions to, his/her case plan[35] and permanency plan.[36] These children are allowed to choose up to two members of the case and permanency planning teams (subject to state disapproval of any individual that it has good cause to believe would not act in the child's best interest). One of the child-selected individuals would be permitted to be the child's advisor and advocate for application of the reasonable and prudent parenting standard.[37]

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[27] HHS, ACYF, ACF, CB, *Program Instruction: Guidance on Fostering Connections to Success and Increasing Adoptions Act of 2008*.

[28] Fostering Connections Resource Center, *State Approaches to Providing Foster Youth with Options for Supervised Independent Living*, webinar, April 12, 2012.

[29] Section 422(b)(17) of the Social Security Act.

[30] Section 475(1) of the Social Security Act.

[31] Section 475(5) of the Social Security Act.

[32] Ibid.

[33] Section 475(1)(D of the Social Security Act.

[34] Section 475(5)(C) of the Social Security Act.

[35] Section 475(1)(B) of the Social Security Act.

[36] Section 475(5)(C)(iv) of the Social Security Act.

[37] "Reasonable and prudent parenting" means "the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and (continued...)

Additionally, for any child in foster care at age 14 or older, the state child welfare agency is required to include in the child's case plan a document listing certain rights with respect to (1) education, health, visitation, and court participation; (2) provision of certain identification documents and information, if leaving foster care at age 18 or older; and (3) the right to be safe and avoid exploitation. The case plan also needs to include a signed acknowledgement by the child that he/she was given a copy of the list of rights and that they were explained.[38] Further, the state must annually obtain the credit report of each child in care who is age 14 or older, provide the child with a copy of the report at no cost, and assist the youth with interpreting and resolving any inaccuracies in the report.[39] Minor children do not usually have the legal ability to sign a contract or apply for credit and generally do not have credit reports. Those with credit reports may have them because of error, fraud, or identity theft. Credit reports for children cannot be requested from the three major credit reporting agencies (Equifax, Experian, and TransUnion) using the standard online procedures for requesting credit reports for adults. States must request reports individually from the reporting agencies, each of which has established separate procedures (with varying details and requirements) that a state must follow to request and receive a credit report for a minor. States must also assist youth who remain in foster care at age 18 or older (and receive Title IV-E foster care maintenance payments) with obtaining their credit report and addressing any inaccuracies; however, the youth can request his or her own credit report.[40]

The law stipulates that no child under the age of 16 may have a permanency plan of another planned permanent living arrangement (APPLA).[41] In addition, if a child is assigned a permanency plan of APPLA, the state must meet additional requirements for the child as part of the child's annual permanency hearing and, separately, as part of the periodic review (every six months) of a child's status in foster care.[42] These requirements are designed to ensure that the state child welfare agency continues to look for a permanent family for children with an APPLA designation, that the court continues to revisit whether APPLA is an appropriate permanency plan for the child, and that the child is consulted about his/her desired permanency outcome and ability to participate in age- or developmentally appropriate activities.

States must also assist youth with developing what is known as a transition plan.[43] The law requires that a youth's caseworker, and as appropriate, other representative(s) of the youth, assist

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developmental growth of the child," and, further, as the standard that a caregiver—the child's foster parent or a designated official at the child care institution where a child is placed—must use "when determining whether to allow a child in foster care under the responsibility of the state to participate in extracurricular, enrichment, cultural, and social activities." Section 475(10)(A) of the Social Security Act.

[38] Section 475A(b) of the Social Security Act.

[39] Section 475(5)(I)) of the Social Security Act.

[40] HHS, ACYF, ACF, CB, *Program Instruction: Annual Credit Report Required by the Child and Family Services Improvement and Innovation Act (Public Law (P.L.) 112-34)*, ACYF-CB-PI-12-07, May 8, 2012.

[41] Section 475(5)(C)(i) of the Social Security Act. This provision was added by P.L. 113-183. The effective date for the provision is one year after enactment (September 29, 2015), although for children in foster care who are under the responsibility of an Indian tribe the effective date is three years after the law's enactment (September 29, 2017). The Adoption and Safe Families Act of 1997 (ASFA, P.L. 105-89) amended Title IV-E to require that all young people in foster care have a permanency plan of reunification, adoption, placement with a relative, or legal guardianship. "Another planned permanent living arrangement" (APPLA) may be selected only if these permanency goals are not possible or appropriate. In selecting APPLA, states must document a "compelling reason" for determining that the other case permanency goals would not be in the child's best interest.

[42] Section 475A of the Social Security Act.

[43] Section 475(5)(H) of the Social Security Act.

and support him or her in developing the plan. The plan is to be directed by the youth, and is to include specific options on housing, health insurance, education, local opportunities for mentors, workforce supports, and employment services. The plan must address the importance of designating another individual to make health care treatment decisions on behalf of the youth if he or she becomes unable to participate in these decisions *and* does not have a relative who would be authorized to make these decisions under state law, or he or she does not want a relative to make those decisions.

In addition, the transition plan must provide the youth with the option to execute a health care power of attorney, health care proxy, or other similar document recognized under state law. The plan must be implemented 90 days prior to a youth's 18th birthday (or the 19th, 20th, or 21st birthdays of youth in states that take up the option to extend foster care), "whether during that period foster care maintenance payments are being made on the child's behalf or the child is receiving benefits or services under [the Chafee Foster Care Independence Program]." Through program guidance, HHS has encouraged child welfare agencies to use the plan to build on earlier efforts to help young people make the transition from foster care, including through the case planning process and permanency hearings.[44] Child welfare agencies are encouraged to begin engaging youth in the transition plan process "well in advance" of the 90-day period. For any child who is being discharged from foster care due to his or her age (i.e., at age 18, or at age 19, 20, or 21, if the state elects to provide Title IV-E assistance to that older age), the state is required to provide the following documents or information: (1) an official or certified copy of the child's U.S. birth certificate; (2) a social security card issued by the Commissioner of Social Security; (3) a driver's license or state-issued identification card (meeting the requirements of the REAL ID Act); (4) health insurance information; and (5) a copy of the child's medical records. (The law requires provision of a given document if the child is eligible to receive it.)[45]

These requirements and related programs pertaining to older youth in care are summarized in **Figure 1**.

[44] HHS, ACYF, ACF, CB, *Program Instruction: Guidance on Fostering Connections to Success and Increasing Adoptions Act of 2008*.

[45] Section 475(5)(I) of the Social Security Act.

Figure 1. Federal Requirements and Programs for Older Youth in Foster Care and Leaving Care

FEDERAL REQUIREMENTS

Case Plan and Permanency Plan

The state's **written case plan** for children age 14 and older must include a description of the **programs and services** that will help them **prepare for the transition to a successful adulthood** and a document **listing certain rights** with respect to – 1) education, health, visitation, and court participation; 2) provision of certain identification documents and information, if leaving foster care at age 18 or older (see below); and 3) the right to be safe and avoid exploitation. These **children must be consulted about** the development of, and any revisions, to the case plan (as well as their **permanency plan**, which establishes their permanency goal of returning home or other specified outcomes). Further, these children are allowed to **choose up to two members of the case and permanency planning teams** subject to state disapproval of any individual that it has good cause to believe would not act in their best interest (Section 475(1), Section 475(5)(C), and Section 475A(b)).

APPLA

No child under the age of 16 may have a permanency plan of another planned permanent living arrangement (APPLA). If a child is assigned a permanency plan of APPLA, the state must meet **additional requirements** for the child as part of the child's annual **permanency hearing** and, separately, as part of the **periodic review** (every six months) of a child's status in foster care. These requirements are designed to ensure that the state child **welfare agency continues to look for a permanent family for children with an APPLA designation**, that the court continues to revisit whether APPLA is an appropriate permanency plan for the child, and that the child is consulted about his/her desired permanency outcome and ability to participate in age or developmentally-appropriate activities (Section 475(5)(C) and Section 475A(a)).

Essential Documents

The state must provide a child age 14 or older with his or her **credit report on an annual basis** and free of charge, and assist them with interpreting and resolving any inaccuracies in the report (Section 475(5)(1)).

The state must review and update the **education and health care records** for each child in care (per Section 475(1)(C)) and **supply these records to the child** at no cost when the child leaves foster care if he or she ages out (Section 475(5)(D)). The state must also provide youth aging out with documents for which they are eligible, including a U.S. birth certificate, social security card, driver's license or state-issued identification card, health insurance information, and a copy of their medical records (Section 475(5)(I).

Transition Plan

For children who are within 90 days of aging out of care, the state must develop a **transition plan** that is **directed by the youth and includes specific options** on housing, health insurance, education, local opportunities for mentors, workforce supports, and employment services. It must also address the importance of designating another individual to make health care treatment decisions on behalf of the youth as needed (Section 475(5)(H)).

FEDERAL PROGRAMS

Extended Foster Care

States and tribes may elect to receive partial federal reimbursement for the cost of **extending foster care for a youth up to age 19, 20, or 21** who are Title IV-E eligible and (1) completing high school or a program leading to an equivalent credential; (2) enrolled in an institution that pro-

FEDERAL PROGRAMS *(CONTINUED)*

Extended Foster Care *(continued)*

vides post-secondary or vocational education; (3) participating in a program or activity designed to promote, or remove barriers to, employment; or (4) employed at least 80 hours per month. States and tribes may also seek reimbursement for an older youth's foster care if the youth has a documented medical condition that makes him or her incapable of participating in these activities. States may seek reimbursement for these youth to live in "independent living settings." (Section 472 and Section 475(8)).

Chafee Foster Care Independence Program

States and tribes receive formula grants to states (based on relative share of foster care population) for **services to assist youth in making a successful transition from foster care to adulthood**. The program is available for **children "likely to remain in foster care" until 18 years of age and former foster youth age 18 to 21**. This includes children who left care at age 16 or older because they were adopted or placed in a kinship guardianship arrangement. States must provide no less than 20% of the total program funding (Section 477).

Chafee Education and Training Vouchers Program

States and tribes receive formula grant funding (based on relative share of the foster care population) of post-secondary **education and training vouchers** to cover the cost of full-time or part-time **attendance at an institution of higher education**. The vouchers are available to eligible students; eligibility criteria are the same as for the general Chafee program. Students can receive up to $5,000 annually until age 23 (and only if they received an ETV at age 21). States must provide no less than 20% of the total program funding (Section 477(i)).

Source: Congressional Research Service (CRS), based on Title IV-E of the Social Security Act. All statutory references are to the act.

Chafee Foster Care Independence Program

The Chafee Foster Care Independence Program (CFCIP), authorized under Section 477 of the Title IV-E of the Social Security Act, provides services to older youth in foster care and youth transitioning out of care.[46] This section provides an overview of the program, as well as information about program eligibility, youth participation, program administration, funding, data collection, and training and technical assistance.

Overview

The Foster Care Independence Act of 1999 (P.L. 106-169) replaced the prior-law Independent Living Program, established in 1985, with the John H. Chafee Foster Care Independence Program. The 1999 law doubled the annual mandatory funds available to states for independent living services from $70 million to $140 million.[47] The purposes of the program are to

- identify children (youth) who are likely to remain in foster care until age 18 and provide them with support services to help make the transition to self-sufficiency;
- assist these youth to obtain employment and prepare for and enter college or other postsecondary training or educational institutions;
- provide personal and emotional support to youth aging out of foster care through mentors and other dedicated adults;
- enhance the efforts of former foster youth ages 18 to 21 to achieve self-sufficiency through supports that connect them to employment, education, housing, and other services;
- assure that youth receiving services recognize and accept personal responsibility for preparing for and then making the transition from adolescence to adulthood;
- make education and training vouchers, including postsecondary training and education, available to youth who have aged out of foster care;
- provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption; and
- ensure that youth who are likely to remain in foster care until 18 years of age have regular, ongoing opportunities to engage in age- or developmentally appropriate activities.

States may use CFCIP funding to provide services listed in the authorizing statute. CFCIP-funded services may consist of educational assistance, vocational training, mentoring, and preventive health activities, among other services. States may dedicate as much as 30% of their program funding toward room and board for youth ages 18 to 21, including for those youth who are enrolled in an institution of higher education or who remain in foster care in states that provide care to youth until ages 19, 20, or 21.[48] Room and board are not defined in statute, but they

[46] Section 477 of the Social Security Act.

[47] P.L. 113-183 increases the annual mandatory funding authorization for the program to $143 million beginning with FY2020.

[48] HHS, ACYF, ACF, CB, *Child Welfare Policy Manual*, Section 3.1G, Questions 1 and 4. In a study of how 30 states use Chafee room and board funds, states reported that they generally use the funds to provide rental start-up costs, ongoing support, and emergency uses. For further information, see Michael R. Pergamit, Marla McDaniel, and Amelia Hawkins, *Housing Assistance for Youth Who Have Aged Out of Foster Care: The Role of the Chafee Foster Care* (continued...)

typically include food and shelter, and may include rental deposits, rent, utilities, and the cost of household startup purchases. CFCIP funds may not be used to acquire property to provide housing to current or former foster youth.[49] Also, as described in HHS's *Child Welfare Policy Manual*, states may use CFCIP funding to establish trust funds for youth eligible under the program.[50] Youth are eligible for an education and training voucher (until age 23) if they are eligible for the Chafee program. Youth who qualify for the CFCIP, including youth who left foster care at age 16 or older for kinship guardianship or adoption, are eligible for the Chafee Education and Training Voucher (ETV) Program.

Eligibility for CFCIP Benefits and Services

The CFCIP requires states to ensure that independent living programs serve children of "various ages and various stages of achieving independence" and use objective criteria for determining eligibility for benefits and services under the program. It further specifies that states are to provide services under the CFCIP for children who are "likely to remain in foster care until 18 years of age," "aging out of foster care," "and youth after attaining 16 years of age, have left foster care for kinship guardianship or adoption."

The number of youth who receive independent living program assistance with CFCIP dollars and/or other independent living dollars is collected by HHS via states through a database known as the National Youth in Transition Database (NYTD, discussed further in a following section).[51] Separately, states reported to HHS that they provided ETV vouchers to 16,400 youth in FY2008; 16,650 youth in FY2009; 17,400 youth in program year (PY) 2010; 17,100 youth in PY2011; 16,554 youth in PY2012; and 16,548 in PY2013.[52]

Youth Likely to Remain in Foster Care Until Age 18

Under the former Independent Living Program, states could provide services to current foster youth ages 16 and 17 who were eligible for Title IV-E foster care maintenance payments, or to "other children in care," regardless of Title IV-E status. The law establishing the CFCIP removed reference to a minimum eligibility age and required states to provide supports to children "likely to remain in foster care" until age 18. This phrase is not defined in the act, and states are to create eligibility standards using objective criteria. States can provide services to any child age 17 and younger regardless of their placement in a kinship care home, family foster home, pre-adoptive home, or any other state-sanctioned placement so long as the child is in state custody. HHS's

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Independence Program, Urban Institute, https://aspe.hhs.gov/basic-report/housing-assistance-youth-who-have-aged-out-foster-care, prepared for HHS, ACYF, ACF, Office of the Assistant Secretary for Planning and Evaluation (OPRE), May 2012.

[49] HHS, ACYF, ACF, CB, *Child Welfare Policy Manual*, Section 3.1G, Questions 1 and 3.

[50] HHS, ACYF, ACF, CB, *Child Welfare Policy Manual*, Section 3.3E, Question 1.

[51] CRS Report R43752, *Child Welfare: Profiles of Current and Former Older Foster Youth Based on the National Youth in Transition Database (NYTD)*, by Adrienne L. Fernandes-Alcantara. See also, HHS, ACYF, ACF, CB, Data Brief #3, "Highlights From the National Youth in Transition Database (NYTD), Federal Fiscal Year 2013," July 2014.

[52] This is based on correspondence with HHS, ACYF, ACF, CB, June 2016. Program year is July 1 of one year through June 30 of the next. In more recent years, HHS has reported the data based on the program year to better align with the school year.

Child Welfare Policy Manual requires states to fund independent living services for foster youth ages 16 to 18 regardless of their placement in another state.[53]

A 2008 survey of independent living coordinators in 45 states (including the District of Columbia) by the Chapin Hall Center for Children at the University of Chicago found that in about half of the states (24, 53.3%), youth as young as age 14 are eligible for CFCIP-funded services. Seven states provide these services at a younger age, while 13 provide services at an older age. One state said that the age depends on the county, and another state did not report on the minimum age for services.[54] Nearly all (40) of the surveyed states reported that foster youth are eligible for CFCIP-funded services regardless of their permanency plan. Further, nearly half of the states (22) said that young people who are placed with a permanent legal guardian are ineligible or are eligible under certain circumstances.

Youth Aging Out of Foster Care

Prior to the enactment of the CFCIP, states had the *option* to serve young people who had emancipated from care until age 21. The Foster Care Independence Act *requires* states that receive CFCIP funds to provide independent living services to youth who have aged out of care between the ages of 18 through 21. According to HHS, this requirement does not preclude states from providing services to other former foster care youth ages 18 to 21 who exited care prior to their 18th birthday.[55] As of FY2010, states can use the Chafee program to provide services for youth who left foster care at age 16 or older for kinship guardianship or adoption.

The 2008 Chapin Hall survey of 45 states found that almost half of the states (19; 42.2%) reported that former foster youth are eligible for aftercare services if they were not in care on their 18th birthday. Slightly more states (about 21) reported that these youth could receive services if their discharge outcome was reunification, adoption, or legal guardianship.[56]

Former foster youth continue to remain eligible for aftercare services until age 21 if they move to another state. The state in which the former foster youth resides—whether or not the youth was in foster care in that state—is responsible for providing independent living services to the eligible young person.[57]

American Indian Youth

The prior federal Independent Living Program did not specify that states consult with American Indian tribes or serve Indian youth in particular. The CFCIP requires that a state must certify that each federally recognized Indian tribal organization in the state has been consulted about that state's independent living programs and that there have been efforts to coordinate the programs with these tribes. In addition, the CFCIP provides that the "benefits and services under the programs are to be made available to Indian children in the state on the same basis as to other

[53] HHS, ACYF, ACF, CB, *Child Welfare Policy Manual*, Section 3.1F, Question 2.

[54] Amy Dworsky and Judy Havlicek, *Review of State Policies and Programs to Support Young People Transitioning Out of Foster Care*, University of Chicago, Chapin Hall Center for Children, 2009, pp. 7-8, https://www.chapinhall.org/sites/default/files/Review_State_Policies_02_09.pdf. (Hereinafter referenced as Amy Dworsky and Judy Havlicek, *Review of State Policies and Programs to Support Young People Transitioning Out of Foster Care*.)

[55] HHS, ACYF, ACF, CB, *Child Welfare Policy Manual*, Section 3.1B, Question 2.

[56] Amy Dworsky and Judy Havlicek, *Review of State Policies and Programs to Support Young People Transitioning Out of Foster Care.*

[57] HHS, ACYF, ACF, CB, *Child Welfare Policy Manual*, Section 3.1F, Question 3.

children in the state." "On the same basis" has been interpreted by HHS to mean that the state will provide program services equitably to children in both state custody and tribal custody.[58] The importance of tribal involvement was explained by Representative J.D. Hayworth during debate of the House version of P.L. 106-169 (H.R. 1802) in June 1999, when he said that tribes are in the best position to identify the needs of tribal youth and local resources available for these young people.[59]

As of FY2010, the law permits an Indian tribe, tribal organization, or tribal consortium to apply to HHS and receive a direct federal allotment of CFCIP and/or ETV funds. To be eligible, a tribal entity must be receiving Title IV-E funds to operate a foster care program (under a Title IV-E plan approved by HHS or via a cooperative agreement or contract with the state). Successful tribal applicants are to receive an allotment amount(s) out of the state's allotment for the program(s) based on the share of all children in foster care in the state under the custody of the tribal entity. Tribal entities must satisfy the CFCIP program requirements established for states, as HHS determines appropriate, and they must submit a plan to HHS that details their process for consulting with the state about their independent living or ETV programs, among other information, through what is known as the Child and Family Services Plan (CFSP) and annual updates to that plan. Four tribes—Prairie Band of Potawatomi (Kansas), Santee Sioux Nation (Nebraska), Confederated Tribe of Warm Springs (Oregon), and Port Gamble S'Klallam Tribe (Washington)—receive CFCIP and ETV funds.

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

The Role of Youth Participants

The CFCIP requires that states ensure youth in independent living programs participate directly in designing their own program activities that prepare them for independent living and further that they "accept personal responsibility for living up to their part of the program." This language builds on the positive youth development approach to serving youth.[60] Youth advocates that support this approach view youth as assets and promote the idea that youth should be engaged in decisions about their lives and communities.

States have also taken various approaches to involving young people in decisions about the services they receive. These include annual conferences, with young people involved in conference planning and participation; youth speakers' bureaus, with young people trained and skilled in public speaking; youth or alumni assisting in the recruitment of foster and adoptive parents; and young people serving as mentors for children and youth in foster care, among other activities.[61] Most states have also established formal youth advisory boards to provide a forum for youth to become involved in issues facing youth in care and aging out of care.[62] Youth-serving

[58] Ibid., Section 3.1I, Question 5.

[59] U.S. Congress, *Congressional Record*, June 25, 1999, p. H4969.

[60] For additional information about positive youth development, see CRS Report RL33975, *Vulnerable Youth: Background and Policies*, by Adrienne L. Fernandes-Alcantara.

[61] National Foster Care Coalition, *Frequently Asked Questions II About the Foster Care Independence Act of 1999 and the John H. Chafe Foster Care Independence Program*, December 2000, pp. 30-31.

[62] Judy Havlicek, Ching-Hsuan Lin, and Fabiola Villalpando, "Web Survey of Foster Youth Advisory Boards in the (continued...)

organizations for current and former foster youth, such as Foster Club, provide an outlet for young people to become involved in the larger foster care community and advocate for other children in care. States are not required to utilize life skills assessments or personal responsibility contracts with youth to comply with the youth participation requirement, although some states use these tools to assist youth in making the transition to adulthood.[63]

Program Administration

States administer their independent living programs in a few ways. Some programs are overseen by the state independent living office, with an independent living coordinator and other program staff. For example, in Maine the state's independent living manager oversees specialized life skills education coordinators assigned to cover all of the state's district offices for the Department of Health and Human Services. In some states, like California, each county (or other jurisdiction) administers its own program with some oversight and support from a statewide program. Other states, including Florida, use contracted service providers to administer their programs. Many jurisdictions have partnered with private organizations to help fund and sometimes administer some aspect of their independent living programs. For example, the Jim Casey Youth Opportunities Initiative has provided funding and technical assistance to multiple cities to provide financial support and training to youth exiting care.[64]

Chafee Education and Training Vouchers

Vouchers are available for youth who qualify for the CFCIP to cover the cost of (full-time or part-time) attendance at an institution of higher education, as defined by the Higher Education Act of 1965 (HEA). HEA defines "cost of attendance" as tuition, fees, and other equipment or materials required of all students in the same course of study; books, supplies, and allowance for transportation and miscellaneous personal expenses, including computers; room and board; child care expenses for a student who is a parent; accommodations related to the student's disability that are not paid for by another source; expenses related to the youth's work experience in a cooperative education program; and student loan fees or insurance premiums on the loans.[65] HEA defines "institutions of higher education" to include traditional higher education institutions (e.g., public or private, nonprofit two- and four-year colleges and universities) as well as other postsecondary institutions (e.g., proprietary or for-profit schools offering technical training programs usually of less than two-years' duration, and vocational schools).[66]

Youth are eligible to receive ETVs until age 21, except that youth receiving a voucher at age 21 may continue to participate in the voucher program until age 23 if they are enrolled in a postsecondary education or training program and are making satisfactory progress toward completion of that program. Given the age restriction, this may preclude former foster youth who delay college enrollment or are applying to graduate school from receiving the voucher.

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United States," *Children and Youth Services Review*, vol. 60 (January 2016).

[63] HHS, ACYF, ACF, CB, *Child Welfare Policy Manual*, Section 3.1A, Question 1.

[64] For further information about the Jim Casey Youth Opportunities Initiative, see http://jimcaseyyouth.org/our-work-states.

[65] Section 132(a)(2) of the Higher Education Act.

[66] Section 101(a) of the Higher Education Act.

Funding received through the ETV program does not count toward the student's expected family contribution, which is used by the federal government to determine a student's need for federal financial aid. However, the total amount of education assistance provided under the ETV program and other federal programs may not exceed the total cost of attendance, and students cannot claim the same education expenses under multiple federal programs.[67] In addition, a current fiscal year's ETV funds may not be used to finance a youth's educational or vocational loans incurred prior to that current fiscal year.[68]

Program Administration

The ETV program is administered by HHS, which provides funding to states to carry out the program. The state with the placement and responsibility for a youth in foster care is to provide the voucher to that youth. The state must also continue to provide a voucher to any youth who is currently receiving a voucher and moves to another state for the *sole* purpose of attending an institution of higher education. If a youth permanently moves to another state after leaving care and subsequently enrolls in a qualified institution of higher education, the state where he or she resides would provide the voucher.[69]

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

States and counties may use ETV dollars to fund the vouchers and the costs associated with program administration, including for salaries, expenses, and training of staff who administer the state's voucher program. States are not permitted to use Title IV-E foster care or adoption assistance program funds for administering the ETV program.[70] They may, however, spend additional funds from state sources or other sources to supplement the ETV program or use ETV funds to expand existing postsecondary funding programs.[71] Several states have scholarship programs, tuition waivers, and grants for current and former foster youth that are funded through other sources.[72]

Funding for States

States must provide a 20% match (in-kind or cash) to receive their full federal CFCIP and ETV allotment. CFCIP funds are often mixed with state, local, and other funding sources to provide a system of support for youth likely to age out of care and those who have emancipated. The 2008 survey of 45 states by Chapin Hall found that 31 of the states (68.9%) spend additional funds—

[67] HHS, ACYF, ACF, CB, *Child Welfare Policy Manual*, Section 3.5B, Question 1.

[68] Ibid., Section 3.5C, Question 5.

[69] Ibid., Section 3.5, Question 1.

[70] Ibid., Section 3.5C, Question 5.

[71] Ibid., Section 3.5C, Question 6.

[72] For example, see Amy Dworsky and Alfred Perez, *Helping Former Foster Youth Graduate From College: Campus Support Programs in California and Washington State*, Chapin Hall Center for Children, University of Chicago, 2009; and Liliana Hernandez and Toni Naccarato, "Scholarships and Supports Available to Foster Care Alumni: A Study of 12 Programs Across the U.S.," *Children and Youth Services* Review, vol. 32, no. 5 (May 2010), pp. 758-766; and Casey Family Programs, *Supporting Success: Improving Higher Education Outcomes for Youth in Foster Care: A Framework for Program Enhancement*, 2010.

beyond the 20% match—to provide independent living services and supports to eligible youth.[73] Of the 31 states, 22 reported that they used funds to provide services for which CFCIP dollars cannot be used.[74]

To be eligible for CFCIP general and ETV funds, a state must submit a five-year plan (as part of what is known as the Child and Family Service Plan (CFSP) and Annual Progress and Service Report (APSR)) to HHS that describes how it intends to carry out its independent living program. **Appendix B** includes the full list of certifications that the state must make when submitting its plan. The plan must be submitted on or before June 30 of the calendar year in which the plan is to begin. States may make amendments to the plan and notify HHS within 30 days of modifying the plan. HHS is to make the plans available to the public.

CFCIP and ETV funds are distributed to each state based on its proportion of the nation's children in foster care. **Appendix C** provides the CFCIP and voucher allotments for each state (and for a small number of tribes) in FY2015 and FY2016.

Hold Harmless Provision

The CFCIP includes a "hold harmless" clause that precludes any state from receiving less than the amount of general independent living funds it received under the former independent living program in FY1998 or $500,000, whichever is greater. There is no hold harmless provision for ETV funds. The general funding for independent living services doubled nationally with the enactment of the CFCIP; however, the percentage change in funds received varies across states. This is because the distribution of funding was changed to reflect the most current state share of the national caseload (instead of their share of the 1984 caseload in all previous years).

Unused Funds

States have two fiscal years to spend their CFCIP and voucher funds. If a state does not apply for all of its allotment, the remaining funds may be redistributed among states that need these funds as determined by HHS. If a state applies for all of its CFCIP allotted funds but does not spend them within the two-year time frame, the unused funds revert to the federal Treasury. In FY2013 (the most recent year data are available), the 50 states, Puerto Rico, Washington, DC, and four tribes were allocated a combined total of $137.9 million in general CFCIP funds, of which $3 million (2.2%) was returned to the Treasury by 15 jurisdictions. Also in FY2013, the 50 states, Puerto Rico, Washington, DC, and three tribes received $41.6 million in funds for the vouchers, of which 21 jurisdictions collectively returned $1.6 million (3.8 %).[75] **Table D-1** in **Appendix D** shows the percentage and share of funds returned for both programs from FY2005 through FY2013, as well as a list of jurisdictions that have returned these funds.

Training and Technical Assistance

Until FY2015, training and technical assistance grants for the CFCIP and the ETV program were awarded competitively every five years, with non-competitive grants renewed annually with this period. The most recent cooperative agreement under the old system was made for FY2010

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

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

[75] This information was provided to the Congressional Research Service by the HHS, ACYF, ACF, CB, October 2016.

through FY2014. The National Child Welfare Resource Center for Youth Development (NCWRCYD), housed at the University of Oklahoma, provided assistance under the grant. Beginning with FY2015, HHS has operated the National Capacity Building Center for Public Child Welfare Agencies with ICF International, a policy management organization, to provide training and technical assistance on a number of child welfare issues, including youth.[76] These activities had previously been supported through multiple training and technical assistance centers.

National Youth in Transition Database (NYTD)

The CFCIP requires that HHS consult with state and local public officials responsible for administering independent living and other child welfare programs, child welfare advocates, Members of Congress, youth service providers, and researchers to (1) "develop outcome measures (including measures of educational attainment, high school diploma, avoidance of dependency, homelessness, non-marital childbirth, incarceration, and high-risk behaviors) that can be used to assess the performance of states in operating independent living programs"; (2) identify the data needed to track the number and characteristics of children receiving services, the type and quantity of services provided, and state performance on the measures; and (3) develop and implement a plan to collect this information beginning with the second fiscal year after the passage of the law establishing the CFCIP.

In response to these requirements, HHS created the National Youth in Transition Database (NYTD). The final rule establishing the NYTD became effective April 28, 2008, 60 days after publication, and it required states to report data on youth beginning in FY2011.[77] HHS uses NYTD to engage in two data collection and reporting activities.[78] First, states collect information twice each fiscal year on eligible youth who currently receive independent living services whether they continue to remain in foster care, were in foster care in another state, or received child welfare services through an Indian tribe or privately operated foster care program. These youth are known as *served youth*. Second, states collect information on foster youth on or about their 17th birthday, two years later on or about their 19th birthday, and again on or about their 21st birthday. Foster youth at age 17 are known as the *baseline youth,* and at ages 19 and 21 they are known as the *follow-up youth*. These current and former foster youth are tracked regardless of whether they receive independent living services at ages 17, 19, and 21. States may track a sample of youth who participated in the outcomes collection at age 17 to reduce the data collection burden. Information is to be collected on a new group of foster youth at age 17 every three years. States began reporting data for FY2011.

Consistent with the statutory requirement developed by Congress in the CFCIP authorizing statute, HHS is to penalize any state not meeting the data collection procedures for the NYTD from 1% to 5% of its annual Chafee fund allotment, which includes any allotted or re-allotted funds for the general CFCIP program only. The penalty amount is to be withheld from a current fiscal year award of the funds. HHS is to evaluate a state's data file against data compliance standards, provided by statute. However, states have the opportunity to submit corrected data.[79]

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[76] HHS, ACYF, ACF, CB, "Child Welfare Capacity Building Collaborative," https://capacity.childwelfare.gov/states/.

[77] HHS, ACYF, ACF, CB, "Chafee National Youth in Transition Database," 73 *Federal Register* 10338, February 26, 2008.

[78] For additional information, see CRS Report R43752, *Child Welfare: Profiles of Current and Former Older Foster Youth Based on the National Youth in Transition Database (NYTD)*, by Adrienne L. Fernandes-Alcantara.

[79] The data files are maintained at the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell (continued...)

Evaluation of Innovative Independent Living Programs[80]

The CFCIP provides that HHS is to conduct evaluations of independent living programs funded by the CFCIP deemed to be innovative or of national significance. The law reserves 1.5% of total CFCIP funding annually for these evaluations, as well as CFCIP-related technical assistance, performance measurement, and data collection. HHS conducted an evaluation of promising independent living programs, and is in the process of identifying new ways of conducting research in this area.

For the initial evaluation, HHS contracted with the Urban Institute and its partners to conduct an what is known as the Multi-Site Evaluation of Foster Youth Programs. The goal of the evaluation was to determine the effects of independent living programs funded by the CFCIP authorizing statute in achieving key outcomes, including increased educational attainment, higher employment rates and stability, greater interpersonal and relationship skills, reduced non-marital pregnancy and births, and reduced delinquency and crime rates. HHS and the evaluation team initially conducted an assessment to identify programs that could be evaluated rigorously, through random assignment to treatment and control groups, as required under the law. Their work is the first to involve rigorous evaluation (using random assignment) of programs for this population.

The evaluation team examined four programs in California and Massachusetts—an employment services program in Kern County, CA; a one-on-one intensive, individualized life skills program in Massachusetts; and a classroom-based life skills training program and tutoring/mentoring program, both in Los Angeles County, CA. The evaluation of the Los Angeles and Kern County programs found no statistically significant impacts as a result of the interventions; however, the life skills program in Massachusetts showed impacts for some of the education outcomes that were measured.

The Massachusetts program is known as the Massachusetts Adolescent Outreach Program for Youth in Intensive Foster Care, or Outreach.[81] Outreach assists youth who enroll voluntarily in preparing to live independently and in having permanent connections to caring adults upon exiting care. Outreach is intended to help youth achieve a range of outcomes, including receiving a high school diploma, continuing their education, avoiding non-marital childbirth and high-risk behaviors, and gaining employment, among other outcomes. A core feature of the Outreach model is that the social workers in the program oversee a small caseload (approximately 15 youth each) and have regular (approximately once a week) interactions with the youth. The workers seek to develop a close relationship with the youth, with the goal of the youth viewing the worker as his or her advocate.

The impact evaluation examined educational, employment, and other outcomes that can reflect how well a young person is transitioning to adulthood. Outreach youth were more likely than their counterparts in the control group to report having ever enrolled in college and they were

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(...continued)

University. As HHS has explained, NYTD data files are reported semiannually, and because states have a window of time to collect baseline outcomes data from youth, surveying a cohort of 17-year-olds in care (the *baseline youth*) takes 18 months.

[80] The body of research about the efficacy of independent living and related programs for youth in and aging out of foster care is scarce.

[81] Mark E. Courtney et al., *Evaluation of the Massachusetts Adolescent Outreach Program for Youths in Intensive Foster Care: Final Report*, HHS, ACYF, ACF, Office of Planning, Research and Evaluation (OPRE), OPRE Report #2011-14, July 2011, http://www.acf.hhs.gov/opre/resource/evaluation-of-the-massachusetts-adolescent-outreach-program-for-youths-in.

more likely to stay enrolled. Outreach youth were also more likely to experience outcomes that were not a focus of the evaluation: youth were more likely to remain in foster care and to report receiving more help in some areas of educational assistance, employment assistance, money management, and financial assistance for housing. According to the study, remaining in care and enrolling and persisting in college appear to be strongly interrelated. In short, the Outreach youth may have been less successful on the educational front if they had not stayed in care. Youth in the program reported similar outcomes as the control group for multiple other measures, including in employment, economic well-being, housing, delinquency, pregnancy, or preparedness for various tasks associated with living on one's own.

HHS has contracted with the Urban Institute and Chapin Hall for additional research on the Chafee program. Citing the lack of experimental research in child welfare, the research team is examining various models in other policy areas that could be used to better understand promising approaches of working with older youth in care and those transitioning from care. Researchers have identified a conceptual framework that takes into account the many individual characteristics and experiences that influence youth's ability to transition successfully into adulthood, as well as trauma from maltreatment and other experiences that may influence this transition.[82] In addition, researchers have published a series of briefs that discuss outcomes and programs for youth in foster care in the areas of education, employment, and financial literacy. The briefs discuss that few programs have impacts for foster youth in these areas. The briefs also address issues to consider when designing and evaluating programs for youth in care.[83]

Related research, conducted by the social research organization MDRC, has used random assignment to evaluate whether an independent living program for youth who were formerly in care (or the juvenile justice system) in Tennessee has promising outcomes. The program, YVLifeSet at Youth Villages, provides intensive, individualized case management provided by a case manager who has eight clients. Over a nine-month period, youth receive support for employment, education, housing, mental or physical health, and life skills. The evaluation of youth outcomes after one year following their enrollment in the study found that compared to their peers, youth who had been randomly assigned to the program had greater earnings, increased housing stability and economic well-being, and some improved outcomes related to health and safety. These youth did not have improved outcomes in the areas of education, social support, or criminal involvement.[84]

Other Federal Support for Older Current and Former Foster Youth

In addition to the federal programs under Title IV-E, other federal programs provide assistance to older current and former foster youth. This section describes a Medicaid pathway for certain

[82] Marla McDaniel et al., *Preparing for a "Next Generation" Evaluation of Independent Living Programs for Youth in Foster Care: Project Overview*.

[83] HHS, ACF, OPRE, "Planning a Next Generation Evaluation Agenda for the John H. Chafee Foster Care Independence Program, 2011-2014," http://www.acf.hhs.gov/opre/research/project/planning-a-next-generation-evaluation-agenda-for-the-john-h-chafee-foster.

[84] Erin Jacobs Valentine, Emily Skemer, and Mark E. Courtney, *Becoming Adults One-Year Impact Findings from the Youth Villages Transitional Living Evaluation*, MDRC and Chapin Hall Center for Children, University of Chicago, May 2015.

former foster youth; educational, workforce, and housing supports; and a grant to fund training for child welfare practitioners working with older foster youth and youth emancipating from care.

Medicaid[85]

In the Foster Care Independence Act that established the Chafee Foster Care Independence program, Congress encouraged states to provide Medicaid coverage to children who were aging out of the foster care system. The law created a new optional Medicaid eligibility pathway for "independent foster care adolescents"; this pathway is often called the "Chafee option."[86] The law further defined these adolescents as individuals under the age of 21 who were in foster care under the responsibility of the state on their 18th birthday. Within this broadest category of independent foster care adolescents, the law permits states to restrict eligibility based on the youth's income or resources, and whether or not the youth had received Title IV-E funding.

In all states, youth age 19 or younger with family incomes at or below 100% of the federal poverty limit (or up to 250% in some states) are eligible for Medicaid or the State Children's Health Insurance Program (CHIP). Youth ages 18 to 21 in foster care who do not qualify for Medicaid or CHIP may be eligible for Medicaid coverage through the "Ribicoff" pathway, named for the late former Senator, Abraham Ribicoff. Ribicoff youth must meet the income and resource requirements for the former Aid to Families with Dependent Children (AFDC) program but do not meet other categorical requirements for AFDC. Older foster youth may also be eligible under a pathway for children under age 21 who are taken into state custody. This pathway allows the state to extend Medicaid eligibility to youth under age 21 in foster care regardless of the income or resources of their biological or foster parents.[87]

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

As of January 2011, more than half (30) of all states had extended the Chafee option to eligible youth.[88] Of these states, five reported requiring youth to have income less than a certain level of poverty (180% to 400%). Four states permitted youth who were in foster care at age 18 in another state to be eligible under the pathway. States also reported whether the youth is involved in the process for enrolling under the Chafee option. In 15 states, youth are not directly involved in the enrollment process. For example, some states automatically enroll youth. In the other 15 states, youth are involved in enrollment with assistance from their caseworker or they enroll on their own. Most states that have implemented the Chafee option require an annual review to verify that

[85] For further information about Medicaid pathways for children in and transitioning from foster care, see CRS Report R42378, *Child Welfare: Health Care Needs of Children in Foster Care and Related Federal Issues*, by Emilie Stoltzfus et al.

[86] Section 1902(A)(10)(ii)(XVII) of the Social Security Act.

[87] Sonja Schwartz and Melanie Glascock, *Improving Access to Health Coverage for Transitional Youth*, National Academy for State Healthy Policy, p. 5, July 2008, http://www.nashp.org/improving-access-health-coverage-transitional-youth/.

[88] Amy Dworsky and Judy Havlicek, *Review of State Policies and Programs to Support Young People Transitioning Out of Foster Care*, p. 11.

youth continue to be eligible for Medicaid. States generally have a hierarchy to determine under which pathway youth qualify. For example, in most states, youth who qualify for the Chafee option and receive Supplemental Security Income (SSI) would be eligible for Medicaid under the SSI Medicaid pathway.[89]

As of January 1, 2014, certain former foster youth are eligible for Medicaid under a specific mandatory pathway created for this population in the Affordable Care Act (ACA). Former foster youth are eligible if they meet the following requirements:

- are under 26 years of age;
- were not eligible or enrolled under existing Medicaid mandatory eligibility groups, or described in any of the existing Medicaid mandatory eligibility groups, but have income that exceeds the upper income eligibility limit established under any such group;
- were in foster care under the responsibility of the state on the date of attaining 18 years of age (or 19, 20, or 21 years of age if the state extends federal foster care to that older age); and
- were enrolled in the Medicaid state plan or under a Medicaid waiver while in foster care.

The ACA specifies that income and assets are not considered when determining eligibility for the new eligibility group of former foster care youth. Youth age 18 and older who were formerly in care and do not qualify under the pathway for former foster youth may be eligible for Medicaid under other mandatory pathways available to adults generally. For example, if former foster youth meet certain income and other criteria, they may qualify under the pathways available to low-income pregnant women and adults with disabilities who are eligible for SSI.

As of mid-September 2016, the Centers for Medicare and Medicaid Services (CMS) had not issued a final rule with regard to the new Medicaid eligibility group for former foster youth who aged out of foster care. However, in January 2013 it proposed rules for this group and in December 2013 it provided some clarifying guidance. This guidance notes that any youth who was in foster care—as that term is defined in federal child welfare regulations—may qualify for the new former foster youth Medicaid eligibility group. This includes youth who were in the care and placement responsibility of a state or tribal child welfare agency without regard to whether the youth received Title IV-E assistance or were placed in licensed or unlicensed foster care living arrangements. Additionally, the proposed rule interpreted the law to mean that a youth must be enrolled in Medicaid at the time he or she ages out of foster care (as opposed to at any time while the child was in foster care). The subsequent guidance also explained that states have flexibility in determining the process for verifying that youth were in foster care receiving Medicaid at age 18 (or a later age if applicable), and may allow youth to attest to this themselves. Separately, the subsequent guidance clarified that individuals who would qualify for Medicaid under both the new group for former foster youth and the new low-income adult category must be enrolled under the group for former foster youth.

HHS advised that the new Medicaid option does not completely supersede the Chafee pathway. For example, states may continue to use this pathway to cover any youth who turned age 18 in

[89] Michael R. Pergmait et al., Providing Medicaid to Youth Formerly in Foster Care Under the Chafee Option: Informing Implementation of the Affordable Care Act, Urban Institute, for HHS, Office of the Assistant Secretary for Planning and Evaluation, November 2012, http://www.urban.org/publications/412786.html.

foster care and were not enrolled in Medicaid.[90] The guidance further advised that states are not required to cover eligible foster youth who aged out of care in another state; however, CMS signaled that it would approve state plan amendments to cover these youth. In addition, youth are eligible if they were in foster care at age 18 prior to January 2014, and meet the other eligibility criteria.[91]

Educational Support[92]

Federal Financial Aid

For purposes of applying for federal financial aid, a student's expected family contribution (EFC) is the amount, according to the federal need analysis methodology, that can be expected to be contributed by a student and the student's family toward his or her cost of education. Certain groups of students are considered "independent," meaning that only the income and assets of the student are counted.[93] Individuals who are or were orphans, in foster care, or wards of the court at age 13 or older are eligible to apply for independent student status.[94] The law does not specify the length of time that the youth must have been in foster care or the reason for exiting as factors for eligibility to claim independent status; however, the federal financial aid form, known as the Free Application for Federal Student Aid (FAFSA), instructs current and former foster youth that the financial aid administrator at their school may require the student to provide proof that they were in foster care.

The FY2014 appropriations law (2014, P.L. 113-76) amended the Higher Education Act to direct the Department of Education (ED) to modify the FAFSA form so that it includes a box for applicants to identify whether they are or were in foster care, and to require ED to provide these applicants with information about federal educational resources that may be available to them.[95]

[90] However, because more than 99% of children in foster care are estimated to be enrolled in Medicaid, this circumstance may not occur often. Anne M. Libby et al., "Child Welfare Systems Policies and Practices Affecting Medicaid Health Insurance for Children: A National Study," *Journal of Social Science Research*, vol. 33, no. 2 (2006).

[91] HHS, Centers for Medicare & Medicaid Services, "Medicaid, Children's Health Insurance Programs, and Exchanges: Essential Health Benefits in Alternative Benefit Plans, Eligibility Notices, Fair Hearing and Appeal Processes for Medicaid and Exchange Eligibility Appeals and Other Provisions Related to Eligibility and Enrolment for Exchanges, Medicaid and CHIP, and Medicaid Premiums and Cost Sharing; Proposed Rule," 78 *Federal Register* 4594, January 22, 2013; and U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, "Medicaid and CHIP FAQs: Funding for the New Adult Group, Coverage of Former Foster Care Children and CHIP Financing," December 2013.

[92] Though not discussed here, a small part of the allocation formula population factor for the Title I-A program of Education for the Disadvantaged (authorized under the Elementary and Secondary Education Act, as amended) accounts for the number of children ages 5 to 17 who are in institutions for delinquent children or foster homes when making grants to local education agencies (LEAs). For additional information, see CRS Report R44461, *Allocation of Funds Under Title I-A of the Elementary and Secondary Education Act*, by Rebecca R. Skinner and Leah Rosenstiel.

[93] 29 U.S.C. 1087vv(d). Other groups of eligible students include those age 24 or older; students of any age in graduate or professional school; and students under age 24 who are married, have legal dependents other than a spouse (i.e., children), are in the armed services, or are veterans of the armed services. Students may also be considered independent by a financial aid administrator who "makes a documented determination of independence by reason of other unusual circumstance."

[94] This category was revised by the College Cost Reduction Act (P.L. 110-84), enacted in 2009. The previous definition included an individual who is an orphan or ward of the state (or was such until age 18).

[95] 20 U.S.C. 1090 note.

TRIO Programs

The Higher Education Act (HEA) authorizes services, including housing services, among other related supports, specifically for youth in foster care or recently emancipated youth.[96] The act provides that youth in foster care, including youth who have left foster care after reaching age 16, and homeless children and youth are eligible for what are collectively called the federal TRIO programs. The programs are known individually as Talent Search, Upward Bound, Student Support Services, Educational Opportunity Centers, and McNair Postbaccalaureate. The TRIO programs are designed to identify potential postsecondary students from disadvantaged backgrounds, prepare these students for higher education, provide certain support services to them while they are in college, and train individuals who provide these services. HEA directs the Department of Education (ED), which administers the programs, to (as appropriate) require applicants seeking TRIO funds to identify and make available services, including mentoring, tutoring, and other services, to these youth.[97] In addition, HEA authorizes services for current and former foster youth (and homeless youth) through Student Support Services—a program intended to improve the retention and graduation rates of disadvantaged college students—that include temporary housing during breaks in the academic year.[98] TRIO funds are awarded by ED on a competitive basis. In FY2015, Congress appropriated $900 million to TRIO programs.[99]

Separately, HEA allows additional uses of funds through the Fund for the Improvement of Postsecondary Education (FIPSE) to establish demonstration projects that provide comprehensive support services for students who were in foster care (or homeless) at age 13 or older. FIPSE is a grant program that seeks to support the implementation of innovative educational reform ideas and evaluate how well they work. As specified in the law, the projects can provide housing to the youth when housing at an educational institution is closed or unavailable to other students. Congress appropriated $67.8 million to FIPSE for FY2015; no funds were appropriated for FY2016.[100]

Workforce Support

Workforce Innovation and Opportunity Act Programs

The Workforce Innovation and Opportunity Act, which superseded the Workforce Investment Act as of July 1, 2015, authorizes job training programs to unemployed and underemployed

[96] In 2008, the Higher Education Opportunity Act (HEOA, P.L. 110-315) amended HEA to add foster youth as an eligible population for these services.

[97] 20 U.S.C. 1070a-11(6)(c)—general provisions; 20 U.S.C. 1070a-12(c)(7)—Talent Search; 20 U.S.C. 1070a-13(d)(7)—Upward Bound; 20 U.S.C. 1070a-14(a)(3), (c)(5), and (c)(6)—Student Support Services. Notably, the section of HEA that authorizes the McNair Postbaccalaurete program does not specify that current and former foster youth are eligible for services under the program. Another section of the law (pertaining to documentation of status as a low-income individual) specifies that notwithstanding that section of the law, foster youth and certain former foster youth are eligible for all of the programs except the McNair Postbaccalaurete program.

[98] These changes were made by the Higher Education Opportunity Act (P.L. 110-315) in 2008. The Department of Education issued regulations to provide further clarification about the changes. See, U.S. Department of Education, "High School Equivalency Program and College Assistance Migrant Program, The Federal TRIO Programs, and Gaining Early Awareness and Readiness for Undergraduate Program," 75 *Federal Register* 65712-65803, October 26, 2010.

[99] CRS Report R42724, *The TRIO Programs: A Primer*, by Cassandria Dortch.

[100] U.S. Department of Education, *FY2016 and FY2016 Department of Education Justification of Appropriation Estimates to the Congress, Higher Education*.

individuals through the Department of Labor (DOL). Two of these programs—Youth Activities and Job Corps—provide job training and related services to targeted low-income vulnerable populations, including foster youth.[101] The Youth Activities program focuses on preventative strategies to help in-school youth stay in school and receive occupational skills, as well as on providing training and supportive services, such as assistance with child care, for out-of-school youth.[102] Job Corps is an educational and vocational training program that helps students learn a trade, complete their GED, and secure employment. To be eligible, foster youth must meet age and income criteria as defined under the act. Young people currently or formerly in foster care may participate in both programs if they are ages 14 to 24.[103] In FY2016, Congress appropriated $871 million to Youth Activities and $1.7 billion to Job Corps.[104]

Housing Support

Family Unification Vouchers Program

Current and former foster youth may be eligible for housing subsidies provided through programs administered by the Department of Housing and Urban Development's (HUD's) Family Unification Vouchers program (FUP vouchers). The FUP vouchers were initially created in 1990 under P.L. 101-625 for families that qualify for Section 8 tenant-based assistance and for whom the lack of adequate housing is a primary factor in the separation, or threat of imminent separation, of children from their families or in preventing the reunification of the children with their families.[105] Amendments to the program in 2000 under P.L. 106-377 made youth ages 18 to 21 who left foster care at age 16 or older eligible for the vouchers for up to 18 months. The Housing Opportunity Through Modernization Act (P.L. 114-201), enacted in July 2016, extended the upper age of eligibility for FUP vouchers, from 21 to 24, for youth who emancipated from foster care. It also extended assistance under the program for these youth from 18 to 36 months and allows the voucher assistance to begin 90 days prior to a youth leaving care because they are aging out. It also requires HUD, after consulting with other appropriate federal agencies, to issue guidance to improve coordination between public housing agencies, which administer the vouchers, and child welfare agencies. The guidance must address certain topics, including identifying eligible recipients for FUP vouchers, coordinating with other local and family providers participating in the Continuum of Care,[106] implementing housing strategies to assist

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

[102] In 2014, DOL issued guidance to encourage coordination between the Youth Activities program and Chafee program, and cited examples of communities where such collaboration is underway. U.S. Department of Labor, Employment and Training Administration, Training and Employment Notice No. 32-13, "Supporting Successful Transition to Adulthood for Current and Former Youth in Foster Care Through Coordination with the John H. Chafee Foster Care Independence Program," May 28, 2014.

[103] 29 U.S.C. 2801(13) and 29 U.S.C. 2884(1).

[104] U.S. Department of Labor, Employment and Training Administration, "Summary of Appropriated Budget Authority, Fiscal Year 2016."

[105] 42 U.S.C. 1437(f)(x).

[106] HUD funds for the CoC program are made available to local communities, which are also called Continuums of Care. Nearly every community in the country has become part of a CoC. Local communities establish CoC advisory boards made up of representatives from local government agencies, service providers, community members, and formerly homeless individuals who meet to establish local priorities and strategies to address homelessness in their communities.

eligible families and youth, aligning system goals to improve outcomes for families and youth, and identifying child welfare resources and supportive families for families and youth.

FUP vouchers were initially awarded from 1992 to 2001. Over that period, approximately 39,000 vouchers were distributed.[107] Each award included five years of funding per voucher and the voucher's use was restricted to voucher-eligible families for those five years. At the end of those five years, PHAs were eligible to convert FUP vouchers to regular Section 8 housing vouchers for low-income families. While the five-year use restrictions have expired for all family unification vouchers, some PHAs may have continued to use their original family unification vouchers for FUP-eligible families and some may have chosen to use some regular-purpose vouchers for FUP families. Congress appropriated $20 million for new FUP vouchers in each of FY2008 and FY2009 and $15 million in FY2010.[108] Congress has specified that amounts made available under Section 8 tenant-based rental assistance and used for the FUP are to remain available for these purposes.

A 2014 report on the FUP program examined the use of FUP vouchers for foster youth. The study was based on a survey of PHAs, a survey of child welfare agencies that partnered with PHAs that served youth, and site visits to four areas that use FUP to serve youth. The survey of PHAs showed that slightly less than half of PHAs operating FUP had awarded vouchers to former foster youth in the 18 months prior to the survey. PHAs reported that youth were able to obtain a lease within the allotted time, and many kept their leases for the full 18-month period they were eligible for the vouchers. In addition, 14% of total FUP program participants qualified because of their foster care status. According to the study, this relatively small share was due to the fact that less than half of PHAs were serving youth, and these PHAs tended to allocate less than one-third of their vouchers to youth. PHAs that provide FUP vouchers indicated that they most often did not provide them to youth due to a lack of referrals. In addition, about half of child welfare agencies working with PHAs reported that they do not refer all FUP-eligible youth they identify. This may be due to the financial burden of providing youth with supportive services, as required under the law. Of the child welfare agencies working with PHAs, 40% indicated that cost was somewhat a challenge or a major challenge in referring youth. Child welfare agencies also reported concerns that the FUP vouchers do not necessarily lead to permanency for these youth and that the 18-month time limit is too short.[109]

Other Support

Older current and former foster youth may be eligible for housing services and related supports through the Runaway and Homeless Youth program, administered by HHS.[110] The program is

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

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

[109] M. Robin Dion et al., *The Family Unification Program: A Housing Resource for Youth Aging Out of Foster Care*, Mathematica Policy Research and Chapin Hall Center for Children, University of Chicago, for U.S. Department of Housing and Urban Development, May 2014, https://www.huduser.gov/portal/publications/Supportive_housing_for_youth.pdf.

[110] For additional information, see CRS Report RL33785, *Runaway and Homeless Youth: Demographics and* (continued...)

comprised of three subprograms: the Basic Center program (BCP), which provides short-term housing and counseling to youth up to the age of 18; the Transitional Living program (TLP), which provides longer-term housing and counseling to youth ages 16 through 22; and the Street Outreach program (SOP), which provides outreach and referrals to youth who live on the streets. Youth transitioning out of foster care may also be eligible for select transitional living programs administered by HUD, though the programs do not specifically target these youth.

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

(...continued)

Programs, by Adrienne L. Fernandes-Alcantara.

Appendix A. Characteristics and Outcomes of Youth in or Formerly in Foster Care

This appendix provides a detailed overview of the characteristics and outcomes of youth who have had contact with the child welfare system and did not necessarily enter foster care; teenagers in foster care; and those who have exited care and are transitioning to adulthood.

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

The National Survey of Child and Adolescent Well-Being (NSCAW), a national random-sample study of maltreated children or those at risk of maltreatment, was authorized by legislation (the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193) to reform welfare.[111] In the first NSCAW, HHS gathered information associated with 5,501 children from public child welfare agencies across the country at five intervals since an investigation of maltreatment was closed, even for those children who did not enter out-of-home foster care. For the fifth interval, information was collected by age cohort. One of these cohorts included 620 youth ages 18 to 21 in the sample who were ages 12 to 15 when baseline data were collected.[112] The purpose of collecting data on this age cohort was to learn about the extent of their contact with the child welfare system, how they are developing during their transition to adulthood, and which services they need and/or have received to support this transition. Overall, the study demonstrates that youth who have been the subject of a child welfare investigation, regardless of whether they were removed from their homes, were more likely to have challenges in making the transition to adulthood than their same-age peers, and that many youth in need of certain services were not receiving those services. The study did not evaluate whether the shares of youth in the sample, compared to shares of youth in the general population, are statistically significant.

History of Child Welfare Involvement

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

[111] HHS, ACYF, ACF, OPRE, *National Survey of Child and Adolescent Well-Being (NSCAW), 1997-2014 and 2015-2022*. http://www.acf.hhs.gov/opre/research/project/national-survey-of-child-and-adolescent-well-being-nscaw.

[112] Ibid. *National Survey of Child and Adolescent Well-Being, Adolescents Involved with Child Welfare: A Transition to Adulthood*, April 2008.

Living Situation

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

Health

Across several health indicators, youth in the sample were more likely to report negative outcomes. For example, about one-fifth (21.6%) of young adult females reported being in fair or poor health, compared to females in the general U.S. population ages 18 and older (12.9%). Further, the sample youth were also far more likely to report being depressed in the year prior to the interview (9.5% compared to 27.5%). While the share of youth in the sample having reported being sexual active was about the same as it is for the general population ages 20 to 24, a larger proportion of sample youth had been sexually active at an earlier age. Youth in the sample were more likely to be in an intimate relationship involving physical violence. More than one-third (34.3%) of young adult females had been in such a relationship. This is higher than the 22.1% lifetime prevalence for intimate-partner violence among adult females.

Education

In education, young adults in the sample scored, on average, substantially below the normative mean of 100 in all categories of a cognitive test. The proportion who scored significantly lower than the mean was 15.0% for applied problems, 25.3% for passage comprehension, 29.7% for word-letter identification, and 43.6% for calculation. The sample youth were also more likely to report living in poverty. About 4 out of 10 (41.8%) sample youth were living in households with incomes below 100% of the federal poverty level, compared to an estimated 30% of all 18- to 24-year-olds living below the poverty level.

Unmet Needs

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

Characteristics of Youth in Foster Care

Other studies provide data on youth who were removed from their homes and placed in a foster care setting. The Foster Care Dynamics report, a longitudinal study of children in 11 state child

welfare systems from 2000 through 2005, provides detailed information about older youth who have been placed in out-of-home care.[113]

Demographics

From 2000 through 2005, about 350,000 children entered care in the 11 states; 27% were teenagers ages 13 through 17. Youth in the 13 through 17 age category comprised the second-largest share of children in care (n=94,965), after only children ages 6 through 12 (n= 95,676). The incidence rate for entering care for youth ages 13 through 17 was about 2.5 per 1,000 over the five-year period; this is compared to about 9.0 per 1,000 infants under age 1; about 2.5 per 1,000 children ages 1 through 5; and about 1.8 per 1,000 children ages 6 through 12. In three cohort years (2000-2001, 2002-2003, and 2004-2005), 15-year-olds comprised the second-largest share of children in care by single-year age category (approximately 7%), after only infants under the age of 1, who comprised 18% to 20% of the caseload.

Placement Setting

Of those youth ages 13 through 17 who entered care from 2000 to 2005, 49% lived in congregate care (e.g., a residential school), 37% in foster family homes, and 13% in kinship care. The remaining 2% lived in an independent living arrangement or other arrangement. Across all age categories, 41% to 43% of children were moved within their first six months in foster care; however, a greater share of teenagers experienced multiple placements within their first six months of entering care. About 18% of youth ages 13 through 17 had two or more placements, compared with 12% to 16% of children in other age categories. Teenagers were also more likely to move to new living arrangements in the 6 to 12 months after entering care. While older youth in care had a shorter median length of stay than younger children in care, this median length of stay increased over the five-year period. The median lengths of stay for infants decreased from 18.7 months in 2000 to 17.6 months in 2004 (data were not available for 2005), and increased for youth ages 13 through 17 from 6.6 months in 2000 to 7.8 months in 2005.

Exit Outcomes and Reentry

Generally, teenagers were less likely to be adopted or placed with relatives as they got older and were more likely to run away and exit by reaching the age of majority or some other pathway such as independent living. With the exception of 17-year-olds, about the same share of teenagers were reunified as children ages 3 to 12. One-third to 46% of youth ages 13 through 17 exited to reunification. The balance of youth lived in an independent living arrangement or some other arrangement (12.4% to 15.1% for each age from 13 through 17), ran away (6.7% to 11.7%), lived with a relative (5.1% to 8.4%), or reached the age of majority (0.9% to 23.9%). About 2% or less of the teenagers were adopted.

Although older youth tend to have shorter spells in foster care, they are more likely to re-enter care after their first exit. About 28% of youth who were discharged at ages 13 through 17 during 2000 to 2002 re-entered care within one year, followed by infants, at 26%. Children ages 1 to 5 were least likely to re-enter care, at 15%.

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

Outcomes for Young Adults Formerly in Foster Care

Northwest Foster Care Alumni Study

Researchers with the Northwest Foster Care Alumni Study interviewed and reviewed the case files of 479 foster care youth who were in public or private foster care any time from 1988 to 1998 in Oregon or Washington.[114] On average, they interviewed youth who were 24.2 years old, with a range of 20 to 33 years old. The youth tended to be females (60% versus the 48% of females in foster care nationally in FY2015);[115] to have entered care as adolescents (11.1 years versus 8.1 years for children entering care in FY2006; nearly 60% of the youth in the study were age 12 and older at the time they entered care); and to have exited care at age 15 or older (the mean age at exit was 18.5 years versus 9.6 years in FY2008 for foster youth nationwide).[116] Surveyed young adults experienced these outcomes even though most (83.6%) reported having access to "a lot" of child welfare services and supports, and about 8 out of 10 (81.5%) said that they felt loved while in care. These findings suggest that a confluence of factors, including the reasons they entered care, family dynamics, and access to services and supports before and after care, among many other variables, have likely influenced how well they function as adults.

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

- Mental health: Over 54% of foster care alumni had at least one mental health problem (depression, social phobia, panic disorder, and post-traumatic stress disorder, among others), compared to 22.1% of the general population.[117] About one-quarter of the alumni experienced post-traumatic stress disorder (PTSD). This figure is greater than the prevalence of PTSD among Vietnam or Iraq War veterans—about 15%. Alumni tended to have similar recovery rates as their counterparts in the general population for major depression, panic syndrome, and alcohol dependency, but lower rates of recovery for other disorders such as generalized anxiety disorder, PTSD, social phobia, and bulimia.
- Education: While alumni have obtained a high school diploma or passed the general education development (GED) test at the same rates as 25- to 34-year-olds generally (84.5% versus 87.3%), they are much less likely to have a bachelor's degree—1.8% versus 22.5% of all young people.
- Employment and finances: One-third of alumni reported living below the poverty line, which is three times the national poverty rate. Further, almost 17% were dependent on Temporary Assistance for Needy Families (TANF), compared to 3% of the general population (although the high rate of participation in Oregon

[114] Peter J. Pecora et al., *Improving Foster Family Care: Findings from the Northwest Foster Care Alumni Study*, Casey Family Programs, 2005, at http://www.casey.org/Resources/Publications/pdf/ImprovingFamilyFosterCare_FR.pdf.

[115] HHS, ACYF, ACF, CB. *The AFCARS Report #19: Preliminary FY2015 Estimates*, June 2016.

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

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

and Washington could have been due, in part, to TANF rules in those states). The alumni employment rate was 80%, while the general employment rate was 95%. Other indicators show that alumni were not financially secure. One-third lacked health insurance (versus 18% of the general population) and 22% were homeless at least one day during the year after they left foster care (versus 1% of the general population who were homeless within the last year).

Midwest Evaluation on the Adult Functioning of Former Foster Youth

Few foster care alumni studies are prospective, meaning that they follow youth while in care through the time they leave care and beyond. The Midwest Evaluation is an ongoing study that tracks 600 or more (depending on the data collection wave) current and former foster youth in three states—Illinois, Iowa, and Wisconsin. All of the surveyed youth entered care prior to their 16th birthday.[118] Surveyed youth responded to researcher questions about outcomes in three data collection waves: at wave 1, when they were ages 17 and 18, at which time most were in care; at wave 2 when most were age 19, at which time some remained in care; at wave 3, when most were age 21 and no longer in care; wave 4, when they were ages 23 and 24; and wave 5, when most were age 26. Of those who remained in care beyond age 18, all were in Illinois, the only state of the three that retains court jurisdiction of foster youth (with the youth's permission) until age 21.[119]

The mean age of young people in the wave 5 interview was 26.1 years old and just over half (53.5%) were female.[120] The majority of youth (55.0%) identified as African American, followed by white (29.8%), multiracial (8.7%), and other races. Approximately 4% identified as Hispanic. At age 26, most youth reported strong family ties, with 94% having said that they felt somewhat or very close to at least one biological family member. The greatest shares of youth reported feeling very close to their siblings, followed by another relative (aunt, uncle, or cousin), grandparent, biological mother, and biological father. The surveyed youth were most likely to be in daily contact with (in this order) their aunt, uncle, cousin, or other relative; or their siblings, biological mother, grandparent, or biological father. Overall, most youth reported that they had social support, based on a 5-point scale with 1 meaning that they had support none of the time and 5 meaning they had support most of the time. The youth had a mean score of a 3.8.

For each of the four data collection waves, wherever possible, researchers asked the same questions that were taken directly from the National Longitudinal Survey of Adolescent Health ("Add Health"), a nationally representative survey that tracks a cohort of youth over time.[121]

Table A-1, below, presents the outcomes for youth surveyed in wave 5 and Add Health participants surveyed at ages 26 across 10 domains—living arrangements, educational attainment, employment and income, economic hardships, health, sexual behavior and pregnancy, relationships and family formation, involvement with the criminal justice system, transition to

[118] Courtney et al., *Midwest Evaluation at Age 21*.

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

[120] Mark E. Courtney et al., *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Ages 23 and 24*, Chapin Hall Center for Children, University of Chicago, 2010.

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

adulthood, orientation to the future, and mentoring. **Table A-1** indicates that at age 26, former foster youth and youth generally shared some common characteristics, but that the former foster youth experienced more negative educational and employment outcomes, among other outcomes. For example, the former foster youth surveyed at age 26 in the Midwest Evaluation were less likely to have attained a four-year college degree compared to the Add Health youth (2.5% versus 23.5%). Youth in the Midwest Evaluation who were not currently in school reported barriers to enrolling or staying in school, including that they could not pay, became employed, needed to care for a child, or had no transportation, among other reasons. While youth formerly in care were almost as likely to report ever holding a job as Add Health youth (93.6% versus 98.2%), a smaller share were currently employed (48.3% versus 79.9%). Their mean annual income was about $13,000, compared to about $32,000 for their peers generally.

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

Outcome	Midwest Evaluation (Wave 5)—Former Foster Youth at Age 26	Add Health—Youth Surveyed at Age 25 and 26
Current Living Arrangement		
Lives in own place	31.1%	48.4%
Lives with biological parent(s)	3.9%	17.2%
Lives with other relative	13.8%	N/A
Lives with non-relative foster parent(s)	1.8%	N/A
Lives with spouse/partner	35.7%	26.1%
Lives with a friend	4.4%	N/A
Lives in group quarters (e.g., dormitories, barracks)	1.3%	.7%
In jail or prison	5.2%	.5%
Homeless	1.3%	0%
Other living arrangement	1.5%	0.6%
Highest Educational Attainment		
No high school diploma or GED	19.9%	6.1%
High school diploma only	30.7%	18.1%
GED only	9.4%	3.8%
One or more years of college, but no degree	31.7%	26.0%
Two-year college degree	4.4%	9.8%
Four-year college degree	2.5%	23.5%
One or more years of graduate school	0.7%	12.8%
Employment, Income, and Assets		
Ever held a job	93.6%	98.2%
Currently employed[a] (non-incarcerated youth only)	48.3%	79.6%
Mean hours worked per week at current job[a]	36.2	41.5

Outcome	Midwest Evaluation (Wave 5)—Former Foster Youth at Age 26	Add Health—Youth Surveyed at Age 25 and 26
Paid vacation days[a]	52.0%	76.7%
Paid sick days	40.7%	76.7%
Retirement plan	38.8%	71.8%
Mean income[a]	$13,989	$32,312
Owns a residence[a]	9.4%	30.4%
Economic Hardships		
Not enough to pay rent[a]	27.9%	5.9%
Not enough money to pay utility bill[a]	31.4%	13.1%
Gas or electricity shut off	13.4%	4.2%
Evicted[a]	10.3%	0.8%
Receipt of food stamps[a] (based on survey at ages 23 and 24)	61.5% - females 19.9% - males	8.3% - females 1.2% - males
Receipt of TANF (based on survey at ages 23 and 24)	6.6% - females[a] 2.0% - males	6.5% - females[a] 1.5% - males
Health and Access to Health Care Services		
Description of general health as fair[a]	15.6%	7.5%
Description of general health as poor[a]	2.2%	1.1%
Health conditions or disability limits daily activities[a]	14.8%	8.1%
Has health insurance[a]	58.7%	78.0%
Did not receive needed medical care[a]	12.8%	25.3%
Sexual Behaviors and Pregnancy		
Ever diagnosed with a sexually transmitted infection[a]	18.4%	11.0%
Ever paid by someone or paid someone to have sex[a]	2.6%	1.4%
Ever pregnant (females only)[a]	79.2%	55.0%
Received prenatal care (females only) [a]	87.3%	97.4%
Relationships and Parenting		
Ever married	22.0% - females[a] 18.6% - males	35.6% - females[a] 28.3% - males
Currently married	18.1% - females[a] 15.9% - males	30.9% - females[a] 23.8% - males
Currently cohabiting	20.2% - females[a] 21.6% - males	26.6% - females[a] 24.0% - males
At least one living child[a]	71.7% - females 52.7% - males	40.7% - females 22.7%- males
Living with any children[a]	91.2% - females 44.6% - males	98.6% - females 68.9% - males

Outcome	Midwest Evaluation (Wave 5)—Former Foster Youth at Age 26	Add Health—Youth Surveyed at Age 25 and 26
Criminal Justice		
Ever arrested[a]	59.0% - females 81.8% - males	14.8% - females 41.0% - males
Arrested since age 18[a]	41.6% - females 68.2% - males	4.9% - females 22.1% - males
Ever incarcerated[a]	42.8% - females 74.2% - males	5.7% - females 23.1% - males
Incarcerated since age 18[a]	32.4% - females 64.0% - males	3.0% - females 8.5% - males
Orientation Toward the Future (based on survey at ages 23 and 24)		
Will live to 35 (mean score based on 1 to 5 scale, with 1 being almost no chance to 5 being almost certain)[a]	4.49	4.66
Will be married within next 10 years (mean score based on 1 to 5 scale, with 1 being almost no chance to 5 being almost certain)[a]	3.40	3.96
Will have a middle-class income by age 30 (mean score based on 1 to 5 scale, with 1 being almost no chance to 5 being almost certain)[a]	3.66	4.17

Source: Congressional Research Service presentation of data in Mark E. Courtney et al., *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 26*, 2011; and Mark E. Courtney et al., *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Ages 23 and 24*, Chapin Hall Center for Children, University of Chicago, 2010.

Note: The Midwest Evaluation has tracked the outcomes of foster youth at ages 17 and 18, age 19, age 21, ages 23 and 24, and age 26. For each of the four data collection waves, wherever possible, researchers asked the same questions that were taken directly from the National Longitudinal Survey of Adolescent Health ("Add Health"), a nationally representative survey that tracks a cohort of youth over time. Comparable data were not reported in Add Health at age 26 for some measures and therefore outcomes are used for ages 23 and 24.

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

Appendix B. State Plan Requirements Under the Chafee Foster Care Independence Program (CFCIP)

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

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

The state must also certify that it will

- provide assistance and services to eligible former foster youth;
- use room and board payments only for youth ages 18 to 21;
- expend not more than 30% of CFCIP funds on room and board for youth ages 18 to 21;
- use funding under the Title IV-E Foster Care program and Adoption Assistance program (but not the CFCIP) to provide training to help foster parents and others understand and address the issues confronting adolescents preparing for independent living and coordinate this training, where possible, with independent living programs;
- consult widely with public and private organizations in developing the plans and give the public at least 30 days to comment on the plan;
- make every effort to coordinate independent living programs with other youth programs at the local, state, and federal levels, including independent living projects funded under the Juvenile Justice and Delinquency Prevention Act, abstinence education programs, local housing programs, programs for disabled youth, and school-to-work programs offered by high schools or local workforce agencies;
- consult each Indian tribe about the programs to be carried out under the plan, ensure that there have been efforts to coordinate the programs with such tribes, and ensure that benefits and services under the programs will be made available to Indian children in the state on the same basis as other children in the state (beginning in FY2010, states must also negotiate in good faith with any tribal entity that does not receive a direct federal allotment of child welfare funds but would like to enter into an agreement or contract with the state to receive funds for administering, supervising, or overseeing CFCIP and ETV programs for eligible Indian children under the tribal entity's authority);
- ensure that eligible youth participate directly in designing their own program activities that prepare them for independent living and that they accept personal responsibility for living up to their part of the program;

- establish and enforce standards and procedures to prevent fraud and abuse in the programs carried out under its plan;
- ensure that the ETV program complies with the federal program requirements, including that (1) the total amount of education assistance to a youth provided through the ETV program and under other federal and federally supported programs does not exceed the total cost of attendance, and (2) it does not duplicate benefits under the CFCIP or other federal or federally assisted benefit programs; and
- ensure that eligible youth receive education about (1) the importance of designating an individual to make health care treatment decisions for them (should they become unable to do so, have no relatives authorized under state law to do so, or do not want relatives to make those decisions); (2) whether a health care power of attorney, health care proxy, or other similar document is recognized under state law; and (3) how to execute such a document.

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

Table C-1. FY2015 and FY2016 CFCIP General and ETV Allotments by State

Funding in nominal dollars; excludes funding for CFCIP technical assistance and ETV set-asides

	FY2015		FY2016	
State	**Chafee**	**ETV**	**Chafee**	**ETV**
Alabama	$1,485,912	$480,143	$1,441,038	$467,620
Alaska	$649,840	$209,983	$692,685	$224,778
Arizona	$4,721,017	$1,525,504	$5,138,520	$1,667,463
Arkansas	$1,244,927	$402,273	$1,203,817	$390,642
California	$18,549,969	$5,994,055	$17,956,353	$5,826,882
Colorado	$1,918,374	$619,885	$1,830,397	$593,968
Connecticut	$1,391,813	$449,737	$1,287,002	$417,635
Delaware	$500,000	$74,373	$500,000	$65,175
District of Columbia	$1,091,992	$138,894	$1,091,992	$100,688
Florida	$5,906,927	$1,908,707	$6,234,797	$2,023,207
Georgia	$2,494,116	$805,924	$2,848,232	$924,258
Hawaii	$500,000	$114,950	$500,000	$125,321
Idaho	$500,000	$142,178	$500,000	$123,987
Illinois	$5,477,416	$1,769,918	$5,421,287	$1,759,221
Indiana	$4,059,701	$1,311,812	$4,571,089	$1,483,329
Iowa	$2,079,031	$671,798	$1,890,809	$613,572
Kansas	$2,092,389	$676,114	$2,120,818	$688,210
Kentucky	$2,348,213	$758,779	$2,374,107	$770,403
Louisiana	$1,358,131	$419,013	$1,369,239	$444,321
Maine	$585,906	$189,324	$589,574	$191,318
Maryland	$1,464,600	$473,257	$1,275,300	$413,838
Massachusetts	$2,799,692	$904,665	$3,143,968	$1,020,225
Michigan	$4,791,837	$1,548,387	$4,254,794	$1,380,691
Minnesota	$1,849,521	$597,636	$2,000,246	$649,085
Mississippi	$1,239,025	$400,366	$1,385,370	$449,556
Missouri	$3,483,302	$1,125,561	$3,743,029	$1,214,622
Montana	$731,808	$236,469	$741,710	$240,687
Nebraska	$1,492,891	$485,652	$1,209,016	$392,329
Nevada	$1,565,585	$505,888	$1,436,926	$466,286

	FY2015		FY2016	
New Hampshire	$500,000	$90,053	$500,000	$90,835
New Jersey	$2,297,848	$735,895	$2,297,848	$732,632
New Mexico	$680,989	$220,048	$748,353	$242,842
New York	$11,585,958	$2,434,088	$11,585,958	$2,301,357
North Carolina	$2,962,643	$957,320	$3,118,348	$1,011,911
North Dakota	$500,000	$129,995	$500,000	$140,101
Ohio	$4,007,569	$1,294,967	$3,959,690	$1,284,929
Oklahoma	$3,460,680	$1,118,250	$3,625,684	$1,176,543
Oregon	$2,650,475	$856,449	$2,323,888	$754,107
Pennsylvania	$4,672,819	$1,509,929	$4,693,810	$1,523,153
Puerto Rico	$1,376,075	$444,652	$1,169,025	$379,351
Rhode Island	$586,562	$189,536	$579,452	$188,033
South Carolina	$1,045,253	$337,753	$1,094,694	$355,231
South Dakota	$500,000	$132,749	$500,000	$120,497
Tennessee	$2,681,986	$866,631	$2,406,052	$780,770
Texas	$9,713,182	$3,138,623	$9,602,069	$3,115,894
Utah	$887,220	$286,687	$936,232	$303,809
Vermont	$500,000	$102,873	$500,000	$115,263
Virginia	$1,418,699	$458,424	$1,454,006	$471,828
Washington	$3,332,852	$1,076,945	$3,347,416	$1,086,244
West Virginia	$1,439,026	$464,993	$1,441,038	$467,620
Wisconsin	$2,143,949	$692,775	$2,188,125	$710,052
Wyoming	$500,000	$103,932	$500,000	$101,099
Total for States	$137,817,720	$42,584,812	$137,823,803	$42,583,418
Tribal Entities				
KS Prairie Band of Potawatomi	$19,429	$6,278	$17,966	$5,830
NE Santee Sioux Nation	$10,070	$0	$12,829	$4,163
OR Confederated Tribe of Warm Springs	$38,724	$12,513	$30,608	$9,933
WA Port Gamble S'Klallam Tribe	$14,057	$4,542	$14,794	$4,801
Total for Tribal Entities	$82,280	$23,333	$76,197	$24,727
Total for States and Tribal Entities	**$137,900,000**	**$42,608,145**	**$137,900,000**	**$42,608,145**

Source: Congressional Research Service, based on correspondence with the U.S. Department of Health and Human Services, Administration on Children Youth and Families, Administration for Children, Children's Bureau, June 2016.

Notes: The Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351) permits, as of FY2010, an Indian tribe, tribal organization, or tribal consortium that receives direct funding from HHS to provide child welfare services or enters into a cooperative agreement or contract with the state to provide foster care to apply for and receive an allotment of CFCIP and ETV funds directly from HHS. To be eligible, a tribal entity must be receiving Title IV-E funds to operate a foster care program (under a Title IV-E plan approved by HHS or via a cooperative agreement or contract with the state).

Appendix D. Funding Returned to the Treasury for the Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher (ETV) Program

Table D-1. Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher (ETV) Program Funds Returned By States to the Treasury, FY2006-FY2013

Funding in nominal dollars; "jurisdiction" refers to each of the 50 states, the District of Columbia, Puerto Rico, and tribal entities

	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013
Total amount and share of CFCIP funds awarded to jurisdictions that were returned	$2,131,044 (1.5%)	$230,136 (0.2%)	$352,337 (0.3%)	$662,419 (0.5%)	$1,635,560 (1.2%)	$1,561,295 (1.1%)	$1,574,858 (1.1%)	$2,989,810 (2.2%)
Jurisdictions returning CFCIP funds	6 jurisdictions: Indiana, Kentucky, Missouri, Texas, Virginia, Wyoming	5 jurisdictions: Kentucky, Massachusetts, Montana, North Carolina, Wyoming	4 jurisdictions: District of Columbia, Kentucky, Puerto Rico, Wyoming	7 jurisdictions: Alaska, Louisiana, Massachusetts, Montana, Puerto Rico, West Virginia, Wyoming	7 jurisdictions: Alaska, District of Columbia, Michigan, Nebraska, Confederated Tribe of Warm Springs (Oregon), West Virginia, Wyoming	13 jurisdictions: Arizona, District of Columbia, Kentucky, Massachusetts, Michigan, Mississippi, Nebraska, New Mexico, New York, Confederated Tribe of Warm Springs (Oregon), Puerto Rico, West Virginia, Wyoming	11 jurisdictions: District of Columbia, Georgia, Kentucky, Michigan, Nebraska, Nevada, New Mexico, Confederated Tribe of Warm Springs (Oregon), Puerto Rico, Tennessee, Wyoming	15 jurisdictions: Alaska, Georgia, Hawaii, Kentucky, Louisiana, Maine, Michigan, Mississippi, Nebraska, Santee Sioux Nation (Nebraska), Confederated Tribe of Warm Springs (Oregon), Puerto Rico, Washington, West Virginia, Wyoming

	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013
Total amount and share of ETV Funds awarded to jurisdictions that were returned	$2,098,492 (4.6%)	$1,482,704 (3.4%)	$1,416,195 (3.2%)	$1,747,853 (3.9%)	$599,842 (1.3%)	$1,109.495 (2.5%)	$1,222,613 (2.7%)	$1,561,711 (3.7%)
Jurisdictions returning ETV funds	16 jurisdictions Alaska, California, Idaho, Kentucky, Michigan, Missouri, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, Vermont, Virginia, Washington, West Virginia, Wyoming	17 jurisdictions: Alabama, California, Idaho, Kentucky, Louisiana, Michigan, Mississippi, New Mexico, North Carolina, North Dakota, Oklahoma, Pennsylvania, South Carolina, South Dakota, Texas, West Virginia, Wyoming	12 jurisdictions: Alaska, Arkansas, Kentucky, Louisiana, Maine, Maryland, Michigan, North Carolina, Oklahoma, South Dakota, Texas, Wyoming	18 jurisdictions: Alaska, California, Colorado, Georgia, Hawaii, Kentucky, Maine, Michigan, Montana, Nebraska, New Mexico, New York, North Carolina, Oklahoma, Puerto Rico, South Carolina, Texas, Wyoming	14 jurisdictions: Alabama, Alaska, Georgia, Massachusetts, Michigan, Mississippi, New Mexico, North Dakota, Oklahoma, Confederated Tribe of Warm Springs (Oregon), Puerto Rico, South Carolina, West Virginia, Wyoming	21 jurisdictions: Alabama, District of Columbia, Georgia, Idaho, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Michigan, New Hampshire, New Mexico, North Carolina, North Dakota, Confederated Tribe of Warm Springs (Oregon), Puerto Rico, South Carolina, South Dakota, Vermont, West Virginia, Wyoming	18 jurisdictions: Alaska, Arizona, Idaho, Iowa, Kentucky, Louisiana, Maine, New Mexico, North Dakota, Oklahoma, Confederated Tribe of Warm Springs (Oregon), Puerto Rico, South Carolina, South Dakota, Port Gamble S'Klallam Tribe (Washington), West Virginia, Wyoming	21 jurisdictions: California, Georgia, Prairie Band of Potawatomi (Kansas), Kentucky, Louisiana, Massachusetts, Minnesota, Mississippi, Nevada, New Mexico, North Dakota, Oklahoma, Confederated Tribe of Warm Springs (Oregon), Puerto Rico, South Carolina, South Dakota, Washington, Port Gamble S'Klallam Tribe (Washington), West Virginia, Wisconsin, Wyoming.

Source: Congressional Research Service, based on information provided by the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Administration for Children and Families, Children's Bureau, 2008-2016.

Notes: The Chafee Foster Care Independence Program (CFCIP) receives annual mandatory funding of $140 million (Section 477(h)(1) of the Social Security Act (SSA). Of this amount, HHS is required to reserve 1.5% ($2.1 million) for evaluation, technical assistance, performance measurement, and data collection activities (Section 477(g)(2) of the SSA). The remaining approximately $137 million is generally allotted to states, the District of Columbia, and Puerto Rico (Section 477(c) of the SSA). Effective with FY2010, eligible tribes may receive direct CFCIP funding out of the CFCIP allotment otherwise slated for the state(s) in which they are located (Section 477(j) of the SSA). Some states returned negligible amounts (e.g., $1) under each of the programs.

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